

2003

Training in Reproductive Health



J H P I E G O

An Affiliate of
Johns Hopkins
University

WORKING TO IMPROVE THE HEALTH OF WOMEN AND FAMILIES THROUGHOUT THE WORLD

TABLE OF CONTENTS

| | |
|---|----|
| Overview | 1 |
| TRH Highlights in 2003 | 2 |
| Programmatic Objectives | 5 |
| Objective 1: Capacity Building | 7 |
| Objective 2: Reproductive Health Policy | 16 |
| Objective 3: Learning Interventions | 19 |
| Objective 4: Global Expert Resource Development | 22 |
| 2003 Annual Expenditure Summary | 25 |
| Learning Materials, Publications, and Presentations | 27 |

For 30 years, JHPIEGO has been committed to improving the health of women and families throughout the world. JHPIEGO is dedicated to excellence—ensuring quality service delivery and strengthening human capacity development. The organization’s work spans a continuum of client-centered care—from prevention to treatment—in reproductive health and family planning, HIV/AIDS, maternal and neonatal health, and cervical cancer. As an affiliate of Johns Hopkins University, JHPIEGO draws on the University’s extensive expertise to develop innovative responses to the challenges of today’s reproductive health needs.

Training in Reproductive Health (TRH) Project
JHPIEGO
1615 Thames Street
Baltimore, Maryland 21231, USA
www.jhpiego.org

Editors: Katrin DeCamp, Dana Lewison

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

Cover Design: Youngae Kim

This publication was made possible through support provided by the Service Delivery Improvement Division, Office of Population and Reproductive Health, Bureau for Global Health, 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.

TRAINING IN REPRODUCTIVE HEALTH ANNUAL REPORT 1 JULY 2002–30 JUNE 2003

OVERVIEW

Strengthening the health workforce in low-resource settings to improve provider performance and increase the availability of high-quality reproductive healthcare services is one of the major goals of the Training in Reproductive Health (TRH) Project. Innovative training and service delivery approaches, such as self-paced and on-the-job training, e-learning, and performance and quality improvement, are implemented in countries to help achieve many of our programmatic objectives.

Important themes, lessons learned, and best practices that have emerged as a result of TRH programs include the following:

- Human capacity development approaches must be employed to effectively produce human resources for family planning and reproductive health programs.
- Strengthening preservice education leads to sustainable training systems and produces competent healthcare providers.
- Expanding the role of nurses and clinical officers increases access to postabortion care services.
- Utilizing the performance and quality improvement approach can dramatically increase the quality of service delivery in family planning and reproductive health.
- Innovative training and learning approaches are effective and efficient mechanisms for conducting clinical training in family planning and reproductive health.
- The competency-based approach to clinical training has wide application across content areas (e.g., HIV, maternal and newborn health, cervical cancer).
- Transfer of learning interventions are essential to ensure that knowledge and skills acquired during training are applied on the job.
- The Internet can dramatically increase access to family planning and reproductive health information for healthcare professionals in developing countries.

In FY 2003, TRH worked in 21 countries in Africa, Latin America and the Caribbean, and Asia. Examples of our many significant accomplishments this year, which provide evidence for the above, are summarized in this report. Additional information can be obtained by contacting the TRH Project Director, Dr. Ronald H. Magarick (rmagarick@jhpiego.net).

TRH HIGHLIGHTS IN 2003

In FY03, the TRH Project demonstrated important results in areas such as postabortion care (PAC), counseling and testing for HIV, infection prevention, service delivery, and human resources development. These key activities and results are summarized below, and then described more fully according to the Strategic Objective that they addressed, on pages 7–24.



Photo by Grand Imperial Hotel, Kampala, Uganda

This year, TRH work resulted in:

- Strengthening and expansion of postabortion care services in Africa and the Caribbean**

In Zambia, service delivery statistics (see **Figure 1**) show that from 2000 to 2003, more than 21,000 women suffering from postabortion complications benefited from strengthened PAC services, which included treatment with manual vacuum aspiration (MVA) and linked family planning services to prevent future unwanted pregnancies. In Malawi (see **Figure 2**), service delivery statistics from four central hospitals show that nearly all (95%) of MVA patients from January 2002 through June 2003 were counseled for family planning services, with an overall family planning acceptance rate of 74%. In Haiti, strengthened PAC services and improved family planning method mix were achieved at two national hospitals and eight departmental hospitals. And in Burkina Faso and Guinea, the quality of PAC services at four national teaching hospitals improved substantially after the implementation of a performance and quality improvement (PQI) process.

Figure 1. Postabortion Care Services Provided by Year at Strengthened PAC Service Delivery Sites in Zambia

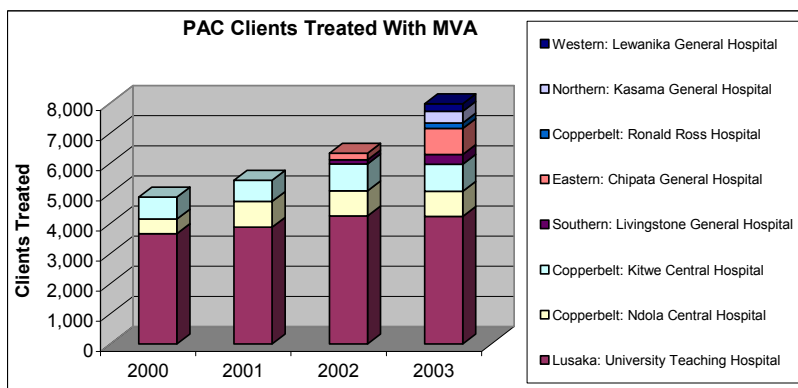
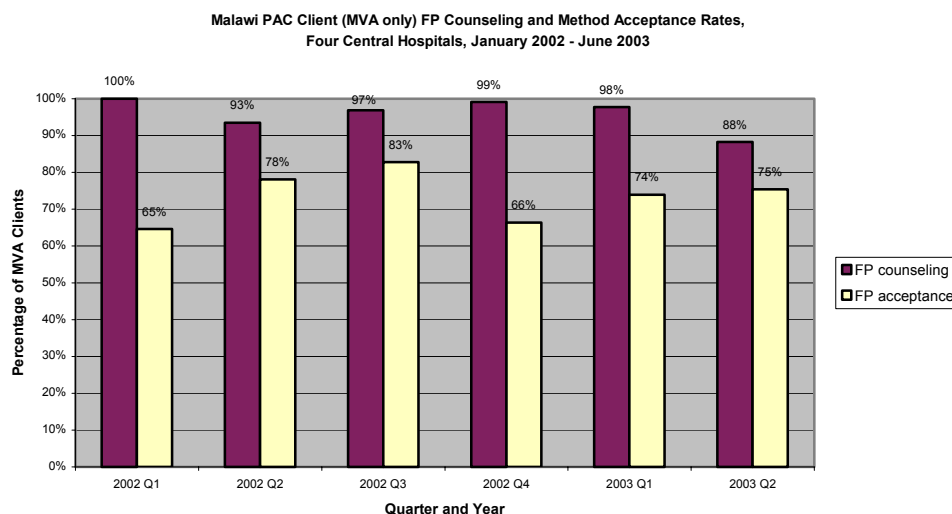


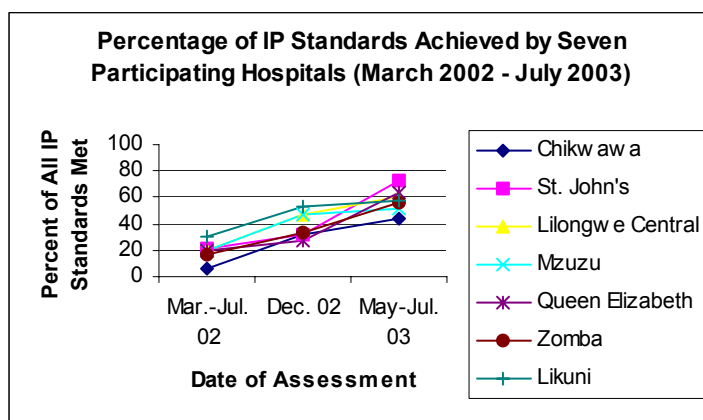
Figure 2. Family Planning Counseling and Method Acceptance Rates at Four Hospitals in Malawi



- Integration of family planning into counseling and testing services in Kenya**
 The TRH Project developed a 2-day, group-based orientation package on family planning for HIV counselors, and trained 28 counselors with the package. The package received official approval from the Ministry of Health. As a member of the Ministry of Health Task Force on family planning/HIV integration, JHPIEGO/TRH contributed to the development of the Ministry's Strategy for Integration of HIV Voluntary Counseling and Testing Services and Family Planning Services.
- Increased access and capacity to provide counseling and testing for HIV in South Africa**
 TRH and HOPE *worldwide*, a faith-based organization, undertook a collaborative training effort in counseling and testing for HIV in South Africa. JHPIEGO/TRH trained 25 HOPE *worldwide* staff using materials that we adapted from the Centers for Disease Control and Prevention's Global AIDS Program. The TRH Project also helped strengthen HOPE *worldwide's* ability to track and monitor their training programs through the installation of a Training Information Monitoring System (TIMS®).
- Use of information technology to monitor the training capacity in the Caribbean**
 The TRH Project developed a sustainable information system to monitor the capacity building and distribution of skilled trainers in voluntary counseling and testing throughout the Caribbean region. This effort assisted ministries of health and partner agencies in seven countries to assess progress toward coverage goals and provided a basis for planning future training and deployment in the region.
- Use of innovative approaches to train providers in HIV voluntary counseling and testing in seven Caribbean countries**
 TRH expanded the availability and accessibility of integrated reproductive health and HIV counseling and testing services to more than 200 public sector service delivery sites in Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Guyana, and Trinidad and Tobago.

- Improvement in infection prevention processes in East, Central, and Southern Africa**
 In Malawi, TRH implemented a performance and quality improvement (PQI) initiative to develop, apply, and monitor national hospital-based infection prevention standards in response to the risk of HIV transmission in this high-prevalence country. A followup assessment found continuing positive achievement of infection prevention standards at all seven hospitals involved in the initiative (see **Figure 3**). In another initiative, JHPIEGO/TRH co-hosted a 6-day workshop for government officials from 16 East, Central, and Southern African countries on the contribution of good infection prevention practices to the quality of healthcare.

Figure 3. Percentage of Infection Prevention Standards Achieved by Seven Malawian Hospitals



- Improvement in the quality of reproductive health services in Kenya through improved onsite supervision**
 As part of a collaborative supervision study with Family Health International, supervision was strengthened at 28 health facilities across 15 districts in Kenya. The intervention, which focused on improving supervisors' knowledge, skills, and attitudes, combined training with followup support, which enhanced the transfer of learning to the supervisors' worksites and improved client-provider interaction.
- Strengthened capacity of the Malawian Ministry of Health to plan for adequate and appropriate numbers of healthcare providers**
 TRH supported the Malawian Ministry of Health and Population in organizing a workshop to develop staffing projections for the health sector. The results from this workshop were used to develop the country's strategic human resources plan, which includes components on training and deployment plans and policies. This plan was formally approved by the Ministry.
- Ensuring of a sustainable supply of community health officers to address Ghana's reproductive health needs**
 This year, TRH and Ghana Health Services worked with the country's six rural and community health schools to develop a supplement to the preservice curriculum for community health officers, strengthen teachers' skills, and design a mechanism for students to gain clinical experience at their villages. As a result of these efforts, approximately 400 new students began their studies and will be able to serve as

community health officers upon graduation without having to undergo costly inservice training.

- **Strengthened training and service delivery capacity of the Philippines Department of Health in modern family planning services**

TRH trained a core group of 50 Philippines trainers in family planning methods, counseling, and the use of the auto-disable syringe. This group of trainers from the regional level in turn trained 400 trainers from the provincial level. In addition, TRH is supporting the training of an additional 400 frontline municipal-level workers in the use of the auto-disable syringe.

This year, through the TRH Project, JHPIEGO also:

- Conducted a 14-week e-mail course on “Meeting the Family Planning and Reproductive Health Needs of Clients with HIV/AIDS in Limited-Resource Settings” and started a second course
- Collaborated with USAID, Haiti’s Ministry of Health and Population, and other agencies in conducting in Haiti the first francophone Maximizing Access and Quality (MAQ) Exchange
- Continued to improve access to high-quality, up-to-date reproductive health information for providers, trainers, faculty, and students through the ReproLine® (Reproductive Health Online) website
- Published learning materials on infection prevention, the Standard Days Method™ of fertility awareness, and HIV/AIDS, and a self-directed learning package on breast and pelvic examination
- Developed a network of trainers in voluntary counseling and testing throughout the English-speaking Caribbean region
- Organized and presented a conference on “International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities” in collaboration with the Minority Health Professions Foundation, with support from USAID

PROGRAMMATIC OBJECTIVES

TRH has identified four program objectives that define our mission and guide our work. These objectives, described below, are linked to the Training Results Framework (TRF) of USAID’s Office of Population and Reproductive Health. The TRH Project has worked closely with ministries of health and education, educational institutions, international donors, developing country organizations, private organizations, and other USAID Cooperating Agencies to meet 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)

Table 1. Countries Where TRH Worked in 2003

| REGION AND COUNTRY | NEW IN FY03 |
|--|----------------------------|
| Africa, East and Southern Kenya Malawi South Africa Uganda Zambia | ✓ |
| Africa: West; and Haiti Burkina Faso Côte d'Ivoire Ghana Guinea Haiti Senegal | |
| Asia; Europe; and Near East Egypt Philippines Turkey | ✓ ✓ |
| Latin America and the Caribbean Guyana Jamaica St. Kitts and Nevis St. Lucia St. Vincent and the Grenadines Suriname Trinidad and Tobago | ✓ ✓ ✓ ✓ ✓ ✓ |

OBJECTIVE 1: CAPACITY BUILDING

Capacity building, a prerequisite for sustainability, is the primary and overarching theme of the TRH Project's work. Below are examples of TRH activities in 2003 that addressed capacity building, including work in postabortion care (PAC), preservice education, counseling and testing for HIV, and development of human resources in healthcare.



Photo by Chandrakant Ruparelia

Standardized, High-Quality Postabortion Care Services Established in Zambia

Since its inception, the TRH PAC program in Zambia has made a dramatic impact on PAC services nationwide. Comprehensive PAC services are fully functional at eight hospitals, including all three national referral hospitals and six of nine provincial hospitals. Service delivery statistics show that, from 2000 to mid-2003, more than 21,000 women suffering from postabortion complications have benefited from strengthened PAC services, which include treatment with manual vacuum aspiration and linked family planning services to prevent future unwanted pregnancies. In 2003, an average of 61% of PAC patients accepted a modern family planning method, showing a steady and sustained increase from previous years: 30% in 2001 and 55% in 2002.

Through this initiative covering all nine provinces in Zambia, more than 130 public health managers and hospital administrators have been thoroughly oriented to the PAC expansion program and elements of high-quality PAC services. More than 240 service providers have been trained in infection prevention and more than 170 in family planning. In addition, 37 providers have been trained to provide comprehensive services, 29 of whom have been trained as PAC clinical trainers. Currently, six of the institutions strengthened through the TRH Project are serving as model PAC clinical training sites. These are the backbone of an integrated PAC clinical training network that TRH is helping the National PAC Task Force to establish at the provincial level, which will in turn enable the Task Force to reach its goal of introducing high-quality PAC services to 100 sites nationwide.

Comprehensive Postabortion Care Services Established and Expanded in Malawi

The TRH Project's efforts in Malawi this year have resulted in increased capacity for PAC service delivery, the expansion of PAC services from four central hospitals to eight additional district and mission hospitals, and improved performance monitoring of PAC services. An evaluation of Phase One of the national PAC program was conducted in collaboration with EngenderHealth, PAC training materials were revised based on evaluation results, and support was continued to the four Phase One central hospitals for both service delivery and their PAC on-the-job training programs.

Program expansion began with a site needs assessment phase, followed by provider training and initial PAC/infection prevention orientation onsite visits. Under the national PAC program component supported through TRH, there are now nearly 50 PAC service providers deployed in more than 12 central, district, and mission hospital sites, geographically covering all three regions of the country. Nineteen of these providers have been certified as competent by the Ministry of Health and Population after completing a competency-based PAC on-the-job training from PAC providers who were also qualified as clinical trainers. As

the four central hospitals also serve as teaching hospitals for medical interns in addition to medical, clinical officer, and nursing/midwifery students, the skilled PAC providers and qualified PAC trainers deployed there will build the PAC service delivery skills of new cohorts of Malawian providers. In addition, the central hospitals have all adopted a standard logbook to record routine data to monitor their performance in family planning counseling and service provision as well as other indicators of PAC quality of care onsite. This logbook was distributed to the eight expansion hospitals for their use.

Quality of Postabortion Care Services in Burkina Faso and Guinea Expanded and Improved

The quality of PAC services at four national teaching hospitals in Burkina Faso and Guinea improved substantially after implementation of a performance and quality improvement (PQI) process. A baseline assessment using a tool based on operational performance standards for PAC service delivery developed as part of the PQI process showed that the two teaching hospitals in Burkina Faso each met 35% of the PAC performance standards, while the two teaching hospitals in Guinea met 25% and 21%. An analysis of performance gaps was conducted and action plans to remedy these gaps were developed and implemented by the sites. Sites in both countries showed immediate improvement through recognition and implementation of actions that required no external assistance. Followup assessments in Burkina Faso 3 months later revealed that the two sites had already improved, scoring 68% and 65% overall. In addition, 57% and 53% of the activities identified in the action plans had already been completed. Actions were taken to improve PAC services in the areas of pain management, counseling, availability of family planning supplies, and links to other reproductive health services.

During FY03, TRH also supported improved monitoring of PAC services in both Guinea and Burkina Faso. Service statistics show that the two national hospitals in Burkina Faso where the TRH PAC program began in 1997 have maintained a high volume of PAC cases over the past 5 years (1998–2002), greatly increasing access to high-quality PAC services. The average annual percentage of manual vacuum aspiration clients counseled about family planning for each of the 5 years at these two hospitals is extremely high—between 91% and 100%—and these high levels are being sustained over time. The average annual percentage of manual vacuum aspiration clients who received a family planning method at the hospital in Bobo-Dioulasso rose over the 5-year period from 19% to 48%. At the 10 newer regional PAC facilities in Burkina Faso, the average annual percentage of PAC patients who were counseled about family planning at every site in 2001 and 2002 is extremely high, ranging from 85% to 100%. These high levels of family planning counseling are being maintained over time, similar to the two national PAC sites. The annual percentage of PAC patients who received a family planning method was also high (more than 50%) at six of the 10 facilities for both years.

Postabortion Care Services Strengthened in Haiti

This year, building on our work in Haiti that began in 1997, The TRH Project helped to expand high-quality PAC and family planning services to additional healthcare delivery sites throughout the country. Strengthened PAC services and improved family planning method mix have now been achieved at 10 public-sector referral hospitals in Haiti, including:

- two national hospitals (Isaie Jeanty Maternity and the National University Hospital of Haiti); and
- eight departmental hospitals in Cap Haïtien, Fort Liberté, Gonaïves, Jacmel, Port de Paix, Hinche, les Cayes, and Jérémie.

Other achievements include:

- Strengthened capacity to effectively provide and expand access to high-quality PAC and other reproductive health services. A core group of 16 clinical trainers has been trained in clinical training skills and this group is currently providing updates to service providers throughout Haiti in infection prevention, PAC, and long-term and permanent family planning methods. A total of 142 trainers and providers received PAC training in FY03.
- Successful introduction of the performance improvement approach for PAC in two reference hospitals. These sites scored 28% and 47% overall during the baseline assessment of the percentage of PAC service delivery standards met. Action plans for improving the quality of services were developed and are currently being implemented at each site.
- Improved routine monitoring of PAC services at service delivery sites through use of a standardized logbook, monthly tally sheet, and wall graphs to record and analyze service delivery statistics and aid in program decision-making. The logbook has since been taken up at the national level by the Ministry of Health and adopted as the basis of their national PAC reporting system.

Performance Improvement Workshop for Postabortion Care Providers and Administrators Conducted in Haiti

In an effort to improve the quality of comprehensive PAC services at sites providing these services in Haiti, TRH held a 5-day performance improvement workshop in March. The JHPIEGO/Haiti team defined desired PAC performance for 17 providers and hospital administrators from departmental hospitals across the country. The team also presented the results of PAC monitoring services at two institutions to demonstrate the importance of monitoring in the performance improvement process and in decision-making and identification of problems. In small group activities, participants familiarized themselves with the use of the data collection tools, identified difficulties in filling them out, and suggested ways to facilitate their use.

On the last day of the workshop, the JHPIEGO/Haiti team presented a final version of the performance standards assessment tool, and participants reached consensus on its content. Teams from the various health centers duplicated the document for purposes of performance improvement in their own departments, and administrators in attendance said that they would support the integration of PAC in their institutions by becoming more involved in the administrative and logistical aspects.

Work with Faith- and Community-Based Organizations Extends Reach of TRH

In Zambia, the TRH Project is working with the Ministry of Health to bring life-saving services to women in all parts of the country through the National PAC Task Force. One of the first organizations to actively begin the expansion of improved PAC services was the Churches Health Association of Zambia (CHAZ), an umbrella, faith-based organization (FBO) that provides leadership and technical support to the vast network of mission health facilities in the country. Church-affiliated institutions provide almost one-third of all healthcare in the country, and up to half in rural areas. TRH works to harmonize training materials and standardize approaches within Zambia's National PAC expansion strategy—including using CHAZ trainers in its own PAC activities, such as infection prevention training, PAC skills standardization, and clinical training skills courses.

This work in Zambia is just one example of the type of collaboration TRH currently has with 32 international FBOs and community-based organizations (CBOs) in the field of family planning/reproductive health. The extent of TRH collaboration with FBOs and CBOs demonstrates the breadth and depth of the Project's impact—beyond governments and ministries of health to the heart of communities.

TRH Experiences in Preservice Education Presented in West and Central Africa

From 23 to 27 September 2002, the Family Health and AIDS Prevention Project and Support for Analysis and Research in Africa/Academy for Educational Development (SARA/AED) held the Second Regional Forum on Preservice Education in West and Central Africa, or "Forum 2002," during which TRH experiences in strengthening preservice education were presented. The purpose of the meeting was to reinforce the process of strengthening preservice education in reproductive health at medical and nursing/midwifery schools by sharing best practices and lessons learned in the region. TRH experiences in Ghana and Morocco were among those highlighted. Delegations from 16 countries (Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Guinea, Mali, Niger, Rwanda, Senegal, and Togo) attended the Forum. Participating collaborating agencies and donors included: Advance Africa, Deliver, Family Care International, PRIME II, University Research Corporation, the World Bank, the World Health Organization, the United Nations Population Fund, and USAID.

A document featured during the Forum was the *Preservice Implementation Guide: A Process for Strengthening Preservice Education*, which was developed under the TRH Project. The guide was presented on the first day, and copies were distributed to participants so they could refer to it during group work to update action plans developed in 1996 at the first Forum held in Burkina Faso. The structure of the Forum followed that of the guide, which presents four distinct phases in strengthening preservice. According to participant evaluation forms, the guide and the participants' presentations provided useful insight for the 16 country delegations in developing their action plans. These action plans will be the driving force in revitalizing each country's initiative to strengthen reproductive health training in their preservice institutions.

Preservice Implementation Guide Published

JHPIEGO's *Preservice Implementation Guide: A Process for Strengthening Preservice Education* was published in English and French this year. The guide describes the step-by-step process used to create a positive environment on the national level for strengthening medical, nursing, and preservice education, and the steps taken on the institutional level to improve the existing curriculum and its implementation. The guide was adapted from the World Health Organization's document *Integrated Management of Childhood Illness (IMCI): Planning, Implementing and Evaluating Pre-Service Education* (2001). The Spanish translation of the guide will be published in FY04.

The *Preservice Implementation Guide* contains an introduction to the preservice strengthening process, as well as a description of its four phases: 1) plan and orient; 2) prepare for and conduct teaching; 3) review and revise teaching; and 4) evaluate teaching. Working together, and with the assistance of this document, national authorities, administrators, staff of teaching institutions, and technical and donor organizations will be able to improve the basic education of healthcare providers. Strengthening both content and

teaching practices will ensure that those who graduate are, in fact, well prepared for their role as healthcare providers.

Evaluation Demonstrates Effectiveness of Preservice Program in Ghana

The TRH Project has been working with the Ministry of Health in Ghana since 1998 to strengthen preservice midwifery education in family planning and maternal and newborn health at 12 schools. In May 2002, TRH undertook a case-control study comparing the knowledge and skills of 72 midwives who graduated in 2000 from JHPIEGO-assisted schools to those of 70 midwives who graduated the same year from schools that were not yet part of the program. Initial analysis of the data in FY03 indicates that midwives from schools where the intervention took place had statistically significant higher scores for the following clinical skills: family planning counseling, handwashing, abdominal palpation, vulval swabbing, controlled cord traction, preparation of decontaminant, and instrument cleaning.

The group also scored significantly higher in overall knowledge, and on the following subscales: antenatal care, childbirth, partographs, postpartum hemorrhage, family planning, infection prevention, and STI/HIV/AIDS. A full analysis of results from this evaluation will be disseminated within Ghana in FY04 to inform decisions made by the schools regarding their educational programs for midwives.

Performance and Quality Improvement Process Used to Strengthen Infection Prevention Practices in Malawi

In collaboration with the Malawian Ministry of Health and Population (MoHP) and other partners, TRH implemented a performance and quality improvement (PQI) initiative to develop, apply, and monitor national hospital-based infection prevention standards in response to the risk of HIV/AIDS transmission in this high-prevalence country. In FY03, the PQI teams established at each of the hospitals as part of the PQI initiative conducted two followup assessments using the infection prevention assessment tool developed in FY02.

The trend analysis from these two assessments and the baseline assessment document showed continuing positive achievement of infection prevention standards for each of the seven hospitals. In six of the seven hospitals, there were dramatic improvements—from less than 30% of all infection prevention standards met at baseline to 50% to 70% met a year later. Practice and support areas where most hospitals have made drastic improvements in infection prevention practices include: the Maternal and Child Health/Family Planning Outpatient Clinic, Central Sterilization and Supply, Operating Theatre, and Laundry Unit. Improvements in practices include: decontamination of medical equipment using a chlorine solution, changes in traffic patterns, and improved handwashing procedures implemented by hospital personnel. Neither the MoHP nor TRH provided external technical or financial assistance after the training was completed; the changes resulted solely from training the PQI teams and providing them with the national infection prevention standards document.

Acceptability Study of Standard Days Method™ Launched in Burkina Faso

On 19 and 20 December 2002, four midwives completed a course for both trainers and supervisors in the Standard Days Method (SDM) at the Division of Family Health in Ouagadougou, Burkina Faso. This activity launched a pilot study to test the programmatic feasibility of introducing the SDM into the current contraceptive method mix at three Family Health and AIDS (FHA) Project clinics in Ouagadougou and the surrounding area. The study is also evaluating the acceptability of this method by clinic providers and clients.

The TRH Project, in partnership with the Institute for Reproductive Health (IRH) at Georgetown University, is conducting the study with support from the Laboratory for Applied Studies in Development in Benin. The SDM study was developed in close collaboration with the regional FHA office and partners in the FHA/Burkina office, with input and collaboration from the Ministry of Health.

The purpose of the study is to respond to the current unmet need for family planning in Burkina Faso and to build on current practices by integrating a new and effective method into the contraceptive method mix at existing reproductive health clinics in Burkina. The SDM has proven to be a highly effective method of family planning (failure rate is less than 5%), and it is acceptable in a wide variety of cultural settings, including Benin and other West African countries. Part of its attractiveness is its accompanying visual aid, CycleBeads™, a simple device consisting of a color-coded string of beads representing a woman's menstrual cycle. These beads help women and couples identify the days of a woman's cycle when she can get pregnant and the days when pregnancy is very unlikely.

The December interactive training activity included role plays, case studies, and a review of SDM training materials and scientific articles. Two colleagues from Benin led the training with assistance from a Georgetown/IRH representative. The four trainers/supervisors who received training are competent midwives, experienced in counseling and family planning. This training was replicated in early 2003 for five additional trainers/supervisors, including both doctors and midwives. Trainers and supervisors who took these courses then trained and supervised providers in the provision of SDM services.

Innovative Approaches Applied to Training Providers in Voluntary Counseling and Testing Services in Seven Caribbean Countries

TRH expanded the availability and accessibility of integrated reproductive health and HIV voluntary counseling and testing (VCT) services to more than 200 public sector service delivery sites in six Caribbean countries in FY03. TRH worked closely with the USAID/Caribbean Regional Program, national AIDS programs, ministries of health, nongovernmental organizations, and faith-based and community-based organizations in seven Caribbean countries (Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Guyana, and Trinidad and Tobago) to develop human capacity and scale up HIV VCT services. In all seven countries, the VCT training program focuses on integrating VCT into reproductive health services, specifically, making VCT available at antenatal care and sexually transmitted infection clinical sites. Currently, 38 trainers and 387 counselors trained by the program in VCT service provision are using the *VCT Performance Standards* developed under the program to monitor and improve the quality of VCT services at the more than 200 public sector sites.

VCT Performance Standards Adapted in Jamaica

From 9 to 11 September 2002, 22 nurses, contact investigators, counselors, and representatives from the Jamaican Ministry of Health and nongovernmental organizations working in HIV/AIDS met in Kingston, Jamaica, to review and adapt proposed performance standards for voluntary counseling and testing (VCT). The standards were based on a VCT counseling protocol developed by the Centers for Disease Control and Prevention and adapted by JHPIEGO/TRH in collaboration with counterparts in Jamaica. VCT program best practices documents developed by UNAIDS and Family Health International also informed the development of the performance standards, which will be used to facilitate the TRH

Project's efforts to integrate VCT into existing healthcare services in Jamaica and the Eastern Caribbean.

To provide a context for the use of performance standards in performance improvement, participants reviewed the quality and performance improvement process and discussed how the standards were developed. Participants then worked in small groups to revise the performance standards for use in Jamaica and the Eastern Caribbean. The standards included components on group education, pretest counseling, the HIV test (with emphasis on appropriate infection prevention practices), post-test counseling, and referral of the HIV-positive client to appropriate care and support services.

Sustainable Supply of Community Health Officers Ensured in Ghana

By integrating Community-Based Health and Planning Services (CHPS) training into the preservice curriculum of community health nurses, TRH is making it possible for community health nursing graduates to be placed as community health officers upon graduation and provide high-quality basic curative and preventive services and appropriate referrals to rural communities without health posts. The CHPS training covers a range of 12 services needed at the community level, including provision of family planning counseling services and referrals, as well as education for the prevention of sexually transmitted infections, including HIV/AIDS.

Over the past year, TRH and Ghana Health Services have worked with Ghana's six rural and community health schools to: 1) develop a supplement to the community health nursing preservice curriculum for teachers to use for training in CHPS skills; 2) strengthen the teachers' skills to train their students, particularly in clinical skills building; and 3) design a system for students to gain field experience with practicing community health officers at their villages. As a result of these efforts, approximately 400 new students in these six schools who began their studies in 2003 will be able to serve as community health officers upon graduation 2 years later without the government or a donor having to pay for extra, expensive inservice training courses after graduation. In addition, principals, tutors, and relevant district officials at each of the six schools have been oriented to the CHPS process and revised curriculum.

Capacity of Malawian Ministry of Health and Population to Plan Human Resources Strengthened

In FY03, JHPIEGO worked with the Malawian Ministry of Health and Population (MoHP) to develop a strategic human resources plan for the health sector that includes components on training and deployment plans and policies—an ambitious undertaking that is not commonly done in sub-Saharan Africa. This project was begun partly in response to concerns that human resources devoted to family planning and reproductive health service delivery were rapidly decreasing. In December 2002, JHPIEGO supported the Malawian Ministry of Health and Population (MoHP) in organizing a 1-week workshop to develop staffing projections for the health sector. The results from this workshop were used to develop the strategic human resources plan. This document was formally approved by the Ministry at a special human resources joint implementation plan subcommittee meeting in March 2003, and has laid the foundation for all continued human resources development efforts in the health sector. Analysis of the human resources data revealed that a more skilled health workforce is needed, particularly nurses, to provide increased levels of family planning and reproductive health coverage. The direction of human resources planning will be to support a system focused on primary healthcare, increasing the proportion of mid- and high-level health

workers within the health sector from the actual 2003 level (17%) to a higher level (45%) to meet projected needs in 2013.

Initiative to Strengthen HIV/AIDS Service Delivery in South Africa Launched

TRH began the roll out of its Competency-Based Training for HIV/AIDS Services initiative with its first training-of-trainers course in South Africa. The course is the first step in a comprehensive program to strengthen the HIV/AIDS training capacity of the South African Department of Health and selected nongovernmental organizations. The ultimate goal is to improve service delivery through competency-based training.

In October 2002, at the request of USAID/South Africa, JHPIEGO/TRH conducted an assessment in collaboration with the South African Directorate of HIV/AIDS Prevention to determine the gaps in knowledge, skills, and attitudes among HIV/AIDS service providers. This assessment revealed that training and service delivery practices among counselors at all levels—from clinicians to lay counselors—required strengthening in counseling and testing for HIV, prevention of mother-to-child transmission of HIV/AIDS, and home-based care. In response, TRH is using a systematic approach to strengthen HIV/AIDS training capacity of the public sector through the Directorate, and of the private sector through HOPE *worldwide*, an international, faith-based organization, and other selected nongovernmental organizations.

The work with the Directorate focused on strengthening training and supervision systems, both at the national and provincial levels. To support HOPE *worldwide's* mission to train 22,000 lay counselors in counseling and testing for HIV by the end of 2005, TRH is developing a cadre of trainers capable of providing competency-based training and counseling and testing for HIV for lay counselors working at the community level.

To launch the initiative, the TRH Project conducted a training course for 23 public and private sector participants from 9 to 14 June. The participants—trainers currently conducting training programs on HIV/AIDS topics such as prevention of mother-to-child transmission, counseling and testing for HIV, home-based care, and management of sexually transmitted infections—included staff from the South African Department of Health, members of HOPE *worldwide*, and representatives of the University of the Witwatersrand Consortium. The training skills course was adapted for the South African context and includes HIV/AIDS content such as counseling and testing for HIV, and strengthening of home-based care training.

Access and Capacity to Provide High-Quality Counseling and Testing for HIV Increased in South Africa

As a result of JHPIEGO/TRH assistance in FY03, access and capacity to provide high-quality voluntary counseling and testing (VCT) for HIV/AIDS services in South Africa have increased, resulting in increased client demand for and use of VCT services at the six HOPE *worldwide* (a faith-based organization) clinics with trained providers. Sixteen competent, trained HOPE *worldwide* staff and lay counselors are now providing standard, high-quality VCT services in two provincial and four district clinics across South Africa as a result of a collaborative training initiative implemented by TRH and HOPE *worldwide*. Nine counseling trainers have been trained and are working at the national level, with eight providing counseling at service delivery sites in four provinces. These nine trainers are responsible for training HOPE *worldwide* staff and lay counselors in VCT and other HIV/AIDS-related services. The training approach used was originally tested and developed as part of family planning work under TRH.

JHPIEGO has also helped to strengthen HOPE *worldwide's* ability to effectively track and monitor their training programs and participants through the installation of a Training Information Monitoring System (TIMS[®]). This system is also being used as a tool to assist in the development and implementation of followup/supervision and deployment plans for counselors trained in VCT.

Family Planning Integrated into Voluntary Counseling and Testing In Kenya

This year, JHPIEGO/TRH developed a 2-day group-based orientation package on family planning for voluntary counseling and testing (VCT) counselors and trained 28 VCT counselors using this orientation package. The TRH Project has also played a key advocacy role in raising the importance of the issue of the integration of family planning into HIV programming in Kenya. As a member of the Ministry of Health (MOH) Task Force on family planning/HIV integration, TRH contributed to the development of the MOH's Strategy for the Integration of HIV Voluntary Counseling and Testing Services and Family Planning Services. The orientation package on family planning for VCT counselors, which received official endorsement from the Kenya MOH, fills a crucial gap in the availability of materials to promote the integration of HIV and family planning services in Kenya. The package will also act as a tool to address the first steps outlined in the MOH's national family planning and HIV/AIDS integration strategy. JHPIEGO/TRH took an active role in helping to create this strategy, with the national Family Planning/HIV Integration Task Force.

Quality of Reproductive Health Services in Kenya Improved through Use of a Performance and Quality Improvement Approach

Supervision has now been strengthened at 28 health facilities across 15 districts in Kenya as a result of an intervention implemented as part of a collaborative study conducted by the TRH Project and Family Health International. The supervision study is testing whether training onsite, in-charge supervisors using a performance and quality improvement (PQI) approach significantly improves the quality of family planning and reproductive health services in clinics, compared to the quality of care in control clinics where supervisors did not receive the training. The intervention, which focused on improving supervisors' knowledge, attitudes, and skills, used an approach that combined training with followup support (documented as effective in a previous collaborative study with Family Health International), thus enhancing the transfer of learning to the worksite. Based on observations made during followup visits, supervisors and health inspectors had made significant improvements in service delivery. Health inspectors have oriented the District Health Management Teams (DHMTs) in their regions to supervision skills and the PQI approach. They have also assisted the DHMTs in developing and implementing action plans to improve service provision at the facility level.

Initial findings from a bivariate analysis of the pretest and post-test data from the on-site supervisor training demonstrate that supervisors at the intervention sites improved in their efforts to identify problems and motivate staff compared with the control group supervisors, as they did for infection prevention practices. The post-test only findings show that supervisors at training intervention sites were more likely to use specific techniques for communicating with staff, assessing staff performance, and making meetings more productive, compared with supervisors at control sites. When interacting with clients, providers at training intervention sites were more likely than those at control sites to exhibit positive behaviors such as referring to the client by name and asking the client questions.

Increasing the Number of Skilled Reproductive Healthcare Providers in the Philippines

In FY03, TRH worked to strengthen the training and service delivery capacity of the Philippines Department of Health in modern family planning services. Starting in June, JHPIEGO/TRH trained a core group of 50 trainers from the Department of Health and Institute of Maternal and Child Health, a local nongovernmental organization providing training support in family planning and reproductive health. These local trainers were given a Contraceptive Technology Update to refresh their knowledge of family planning methods, learn the use of auto-disable syringes for providing Depo-Provera®, and strengthen their family planning counseling and training skills. The TRH Project is supporting this first generation of trainers from the regional level in training 400 other trainers from the provincial level, providing them with family planning updates, training them in use of the auto-disable syringe, and strengthening their counseling skills. In addition, TRH is supporting the training of an additional 400 frontline municipal-level service providers in the use of auto-disable syringes for Depo-Provera injections. The training is also addressing issues related to improving access and quality of family planning programs.

OBJECTIVE 2: REPRODUCTIVE HEALTH POLICY

In 2003, the TRH Project continued its advocacy role in promoting sound reproductive health policies and strategies. Below are examples of our work on guidelines for reproductive healthcare and infection prevention, gender issues, and male circumcision, and our participation in the Maximizing Access and Quality (MAQ) initiative.



Photo by Chandrakant Ruparelia

Zambian National Infection Prevention Guidelines Approved

In January, the Central Board of Health and the Ministry of Health in Zambia approved the first edition of the Zambian national infection prevention guidelines. Infection prevention has routinely been singled out as a weak element in quality of care in Zambia, and this effort will help update and standardize infection prevention practices throughout the country. Funded under the TRH cooperative agreement, this document provides clear and simple guidance on infection prevention topics applicable at all levels of healthcare service delivery, and incorporates the latest principles in infection prevention. A technical working group led by the Central Board of Health's Clinical Services and Diagnostics Directorate and supported by JHPIEGO/Zambia and Baltimore staff produced the guidelines, which will be disseminated through a series of training events that will strengthen infection prevention technical capacity in all districts in the country.

Infection Prevention Practices Strengthened in East and Southern Africa

Ministry of Health and other government officials from 16 East, Central, and Southern African countries were provided with the tools needed to implement updated infection prevention practices in their countries at a 6-day workshop co-hosted by JHPIEGO/TRH, the Commonwealth Regional Health Community Secretariat (CRHCS) in Tanzania, the World Health Organization (WHO), the Regional Centre for Quality of Health Care in Uganda, and REDSO/ESA in Kampala, Uganda, in June 2003. The theme of the workshop was the contribution of good infection prevention practices to the quality of healthcare.

The workshop highlighted the importance of infection prevention for family planning and reproductive health services, which clients seek when they are in generally good health and a consultation is not urgent. Under such circumstances, it is particularly important to offer clients good quality services that will improve, not damage, their quality of life and general health. An additional background highlight was the anecdotal evidence that healthcare providers may be leaving the services and becoming more difficult to recruit because they fear putting their own health in jeopardy. Good infection prevention helps to protect the provider as well as the client. Sixty-seven high-level policymakers were introduced to the newly published JHPIEGO manual *Infection Prevention Guidelines for Healthcare Facilities with Limited Resources*, and the WHO/Regional Office for Africa (AFRO) policy entitled *WHO Regional Office for Africa (WHO/AFRO) Infection Prevention and Control Policies and Guidelines*. Country representatives developed country-specific infection prevention action plans for immediate followup and implementation. Seven of 16 countries have subsequently requested that JHPIEGO assist the CRHCS/WHO in training in advocacy and guidelines adaptation.

Gender Workshop for Program Managers Held at JHPIEGO Headquarters

On 23 October 2002, TRH hosted “Integrating Gender Into Reproductive and Sexual Health Programs: A Workshop for Program Managers” at its Baltimore headquarters. The training workshop exemplified interagency collaboration, with participation from a broad range of organizations, including the Interagency Gender Working Group (IGWG) of USAID, Futures Group, Family Health International, Cultural Practice LLC, Regional Centre for Quality of Health Care, and Population Reference Bureau. These organizations helped procure key resources and develop the design of the training workshop.

The workshop focused on the first activity in the TRH gender initiative—dissemination of the new IGWG manual, *Enhancing Reproductive and Sexual Health Options: A Manual for Gender Integration in Programs*, in the US and overseas. Discussion focused on building program manager capacity to implement gender-integrated programs worldwide and on strengthening gender expertise within reproductive and sexual health programs. It was well attended with participants from the Program for Appropriate Technology in Health, Georgetown University Institute for Reproductive Health, Family Planning Association of Trinidad and Tobago, International Planned Parenthood Federation, Johns Hopkins University Center for Communication Programs, Synergy Project, Population Reference Bureau, John Snow, Inc., and JHPIEGO. The workshop has enhanced the capacity of Cooperating Agencies to understand and use IGWG products.

Workshop Stresses Importance of Gender Integration in Programming

From 10 to 12 June, TRH co-facilitated a 3-day regional workshop in Guyana on implementing gender-integrated programs in reproductive health and HIV/AIDS programs. The workshop, entitled *Gender Integration in Reproductive Health and HIV/AIDS Programming: A Workshop for Program Managers*, was held in collaboration with the USAID Interagency Gender Working Group (IGWG).

Thirty participants from the Latin America and Caribbean region were selected for the interactive training that highlighted a new IGWG tool, *A Manual for Integrating Gender into RH and HIV/AIDS Programs: From Commitment to Action*. The workshop was designed to foster participants’ understanding of gender issues and to develop their skills in integrating gender-sensitive reproductive health programs. Facilitated by multiple organizations—including JHPIEGO/TRH, The Centre for Development and Population Activities/Policy

Project, The Futures Group/Policy Project, Cultural Practice LLC, and Family Health International—the workshop stressed the importance of gender integration in reproductive health and HIV/AIDS programs and projects; short- and long-term implications of addressing gender from a programmatic view; values related to gender integration; guiding principles and elements of gender integration; and the importance of applying gender integration to the program cycle.

The program implementation manual for gender integration was developed for reproductive health professionals to use in designing, implementing, and evaluating programs. TRH has participated in the IGWG program implementation sub-committee for the past 5 years, and is currently collaborating with the IGWG and key Cooperating Agencies on a gender initiative to build global capacity to implement gender-sensitive reproductive health programs. In addition, TRH is working with the IGWG to assist other key agencies to utilize the new manual and build gender expertise within reproductive health programs.

JHPIEGO Assumes Chair of Postabortion Care Consortium

After 10 years of working with Postabortion Care Consortium members to advance PAC services worldwide, JHPIEGO began a 2-year period term as chair of the Consortium in November 2002. During the last decade, JHPIEGO has served as a founding member of the Consortium and has contributed, through policy advocacy activities, to its promotion and technical initiative efforts.

JHPIEGO has played a major role in furthering PAC policy and will continue its leadership on this important issue of women's health. PAC Consortium agencies jointly and severally encourage technical agencies, governments, and donors to incorporate PAC programs and policies into their action plans. This is a vital step in reducing deaths and injuries related to unsafe abortion, and assuring that women who receive PAC services are counseled regarding a family planning method and receive family planning services as appropriate to their individual needs.

First Francophone MAQ Exchange Held

In May, JHPIEGO/TRH conducted a Maximizing Access and Quality (MAQ) Exchange in Haiti in collaboration with USAID/Washington, USAID/Haiti, Haiti's Ministry of Public Health and Population (MOH), Family Health International, and other USAID Cooperating Agencies. The 3-day workshop, held near Port-au-Prince at Moulin sur Mer, was the first MAQ Exchange to be conducted in French. The goal of the Exchange was to share best practices and lessons learned in other countries, to learn about the participants' experiences in Haiti, and to work with these participants to address some of the quality and access issues they currently face.

Participants included both public and private sector institutional program managers from Haiti's nine departments and two sub-departments; the Director of Reproductive Health from the MOH; departmental directors from the MOH; and representatives from the USAID mission, USAID/Washington, and Management Sciences for Health/Haiti. As a result of the Haiti MAQ Exchange:

- Participants learned to use the performance improvement approach to help them apply the best practices they learned in the workshop to their daily work. Four small groups developed focused action plans to close the gaps between desired and actual

performance. Participants made personal commitments of actions they will take to maximize access and quality both personally and within their institutions.

- French MAQ Exchange modules were distributed on CD-ROM for use by the Technology-Assisted Learning Center at the Institut Haïtien de Santé Communautaire, which provides access to reproductive health information for health professionals in Port-au-Prince. French MAQ Exchange modules were also distributed to Haiti MAQ Exchange facilitators on CD-ROM, and paper copies were distributed to all MAQ Exchange participants.

TRH Participates in National Stakeholders' Meeting on Strengthening Male Reproductive Health and Circumcision Services in Zambia

In the continuing effort to explore male circumcision as a viable reproductive health intervention, two JHPIEGO/TRH staff participated in a 2-day meeting in Zambia entitled *Strengthening of Male RH and Circumcision Services in Zambia*. Attendees reviewed the international data and perspectives on male circumcision and HIV infection, which indicate that there is strong observational evidence suggesting that male circumcision has a protective effect against HIV transmission and acquisition.

Noting the lack of national policies, guidelines, and protocols in Zambia to guide male circumcision services, participants recommended that JHPIEGO/TRH draft an orientation package on male reproductive health and circumcision. It was also suggested that TRH provide technical assistance in drafting clinical guidelines and assessment instruments for male circumcision in Zambia. In the coming year, TRH will finalize a learning resource package for trainers and initiate service delivery for male circumcision as a reproductive health initiative. JHPIEGO will continue to work with the Government of Zambia and interested partners to develop the necessary tools and approaches to increase access to comprehensive, high-quality male circumcision services, with adequate infection prevention practices and correct surgical technique. The program will also incorporate counseling on HIV/AIDS and sexually transmitted infections, family planning, and other relevant reproductive topics.

OBJECTIVE 3: LEARNING INTERVENTIONS

In 2003, TRH continued to develop new learning interventions to improve reproductive health training and service delivery. Following are examples of our use of new learning technologies and approaches, and descriptions of some of our recently published learning materials.

E-Mail Course Given on Family Planning Needs of Clients with HIV/AIDS in Limited-Resource Settings

TRH addressed the crucial need for healthcare professionals to have updated, timely information about the integration of family planning into HIV/AIDS services through an e-mail-based course entitled, "Meeting the Family Planning and Reproductive Health Needs of Clients with HIV/AIDS in Limited-Resource Settings." A total of 164 healthcare professionals with limited time for and access to training increased their knowledge of family planning and HIV/AIDS through participation in the 14-week course, which began in October 2002. The participants represented 30 countries in East and West Africa, Asia, Latin America, and the Caribbean. Most participants reported applying their new knowledge on the job. The course covered the following topics: risk assessment, prevention of sexual

transmission of HIV, counseling the HIV-positive client about family planning, HIV and contraceptive methods, prevention of mother-to-child transmission, and infection prevention for healthcare providers.

Of the participants, 46.7% provided family planning/reproductive health counseling or services and 28.5% were healthcare professionals who care for HIV clients. At pretest, only 19% (n = 164) of the participants scored 80% or higher (the passing score), while at post-test, 80% of the participants scored 80% or higher, suggesting an increase in knowledge. As a result of the course, most participants (77%, n = 110) indicated they were able to provide improved family planning/reproductive health services to clients. This included being able to discuss more knowledgeably with clients the following topics: HIV/AIDS risk behavior, dual protection, issues related to mother-to-child transmission, and appropriate methods of family planning. A second 14-week e-mail-based course, with 240 registered participants, started in May 2003.

Standard Days MethodTM CD-ROM Introduces New Fertility Awareness Method

In FY03, JHPIEGO/TRH and the Institute for Reproductive Health (IRH) at Georgetown University developed a CD-ROM on the Standard Days Method (SDM), a fertility awareness method. Both English and Spanish (El Método de Días Fijos) versions are now available on one CD-ROM. The multimedia learning CD-ROM introduces the SDM to reproductive healthcare providers via audio narration, presentation graphics, quizzes, and resources (e.g., a reference guide for counseling clients and a frequently-asked questions handout) that can be printed and used in a service delivery setting.

The SDM is a new, simple method of family planning that enables a client to use a color-coded string of beads to keep track of where she is in her menstrual cycle. These beads help the woman know what day it is in her cycle and therefore when she should avoid unprotected intercourse, and what days she is least likely to become pregnant. Using a computer model based on data from the World Health Organization, the IRH determined that women who usually have menstrual cycles between 26 and 32 days in length are potentially fertile on days 8 through 19 of their cycles. In testing the SDM in a clinical trial with approximately 500 women in 3 countries (Bolivia, Peru, and the Philippines), the IRH found that women were able to use the method correctly and, when used correctly, it was more than 95% effective.

“Care of Women with HIV Living in Limited-Resource Settings” ReproLearn[®] Tutorials Now Available on One CD-ROM

TRH has developed three tutorials for a recently released multimedia CD-ROM for physicians, faculty, and healthcare trainers who work with women with HIV/AIDS. The CD-ROM from JHPIEGO, entitled *Care of Women With HIV Living in Limited-Resource Settings*, contains 12 tutorials. The newest tutorial supported by TRH is “Infection Prevention for Healthcare Providers.” The Health Resources and Services Administration and the JHPIEGO/Maternal and Neonatal Health Program supported additional tutorials.

With audio narration, presentation graphics, full-text references (such as scientific articles and manuals), job aids, links to related resources on the web, text transcripts, and a self-grading quiz, the tutorials equip healthcare providers with the necessary technical knowledge to provide high-quality services and to train other providers to meet the reproductive health needs of women with HIV/AIDS. The tutorials offer an engaging, visual learning environment for quick knowledge updates without extensive reading.

MAQ Exchange ReproLearn Tutorial on Transfer of Learning Produced

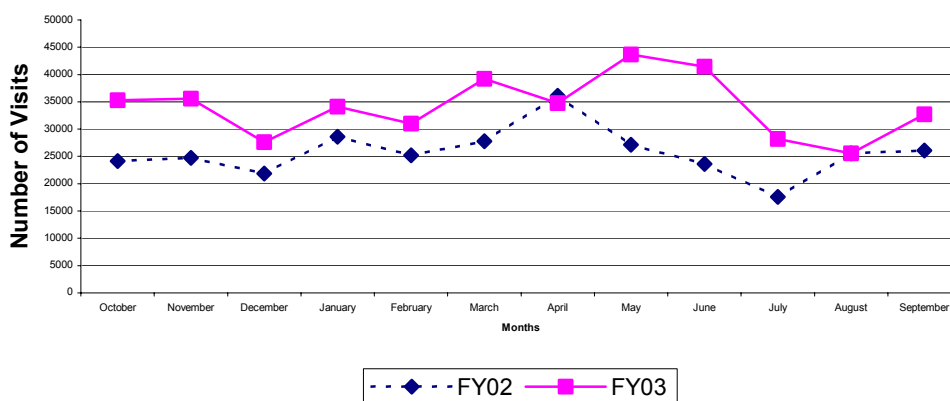
“Transfer of Learning,” the first in a series of ReproLearn tutorials to be produced as part of the Maximizing Access and Quality (MAQ) Exchange, was produced this year and is available on the ReproLine website. As the MAQ initiative continues to develop, new strategies for implementing best practices at the healthcare delivery level have emerged. Transfer of learning is an approach that ensures that knowledge and skills acquired during a learning intervention (e.g., best practices learning during a MAQ Exchange) are applied on the job.

The “Transfer of Learning” module and accompanying guide provide specific directions to supervisors, trainers, learners, co-workers, and others on what each of these groups can do before, during, and after a learning event to increase the likelihood that learning will be applied in the service delivery setting. Based on *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers* developed by PRIME II and JHPIEGO, this multimedia tutorial includes an introduction, PowerPoint slides and audio narration, a quiz, and a list of resources.

Access to Up-to-Date Family Planning and Reproductive Health Information Improved

The TRH Project’s suite of technology-based learning products has improved access to high-quality, up-to-date reproductive health information for a range of healthcare providers, trainers, faculty, and students. Since 1995, JHPIEGO has made up-to-date scientific reproductive health reference information and learning materials available on the Reproductive Health Online (ReproLine®) website (www.reproline.jhu.edu). From July 2002 to June 2003, ReproLine averaged more than 107,000 visits per month from more than 125 countries, demonstrating that it is a widely used resource. Visits to the family planning section of ReproLine® increased in FY03 from FY02, receiving 391,820 visits from July 2002 to June 2003, compared with 298,849 visits from July 2001 to June 2002 (see **Figure 4**). Usage of the family planning section was high and sustained over the 12-month period. In FY03, more than 1,200 CD-ROMs containing family planning information and HIV Prevention and Care tutorials (a subset of ReproLine called ReproLearn® tutorials) were distributed at international conferences. In a 2003 survey of 709 ReproLine users from more than 75 countries, 59% reported working in reproductive health, and 42% reported their profession as physician, nurse, or midwife.

Figure 4. A Comparison of Visits to the Family Planning Section of ReproLine in FY02 and FY03



Information Technology Used to Synthesize Capacity Building and Service Delivery Data to Respond to Caribbean HIV/AIDS Epidemic

This year, JHPIEGO/TRH developed a sustainable information system to monitor the capacity building and distribution of skilled voluntary counseling and testing (VCT) trainers and counselors throughout the Caribbean region, assisting ministries of health and partner agencies in the region in assessing progress toward coverage goals and providing a basis for planning future training and deployment. JHPIEGO/TRH has worked in Jamaica since 2001 implementing the Training Information Monitoring System (TIMS[®]) at the Ministry of Health (MOH) in Kingston, to track the inservice training of MOH employees. Building on this project's success, JHPIEGO implemented a new TIMS database to cover the Caribbean VCT Program for HIV/AIDS training in early 2003. This database, housed and maintained at the Caribbean HIV/AIDS regional training office in Kingston, is now being used successfully to track training of VCT trainers and service providers in Jamaica and six other countries in the region. Statistics are now regularly produced to show the distribution of trainers and providers by country and parish, qualification, type of facility, and facility affiliation.

In 2003, JHPIEGO/TRH used geographic information systems technology to map TIMS data into a regional map. The map shows the distribution of Caribbean region VCT trainers and service providers by country and, in Jamaica, VCT counselors and trainers by parish as well as by facility. JHPIEGO/TRH also mapped MOH service delivery data on antenatal care client caseload by parish, and compared this to the VCT counselor deployment map to assess a balance between the client volume and the quantity of VCT counselors in place in each parish.

Self-Directed Learning Package for Breast and Pelvic Examination Published

In November 2002, with TRH support, JHPIEGO published a self-directed learning package for breast and pelvic examination. This package was developed to help learners independently acquire skills in breast and pelvic examination, under the guidance of a facilitator, using JHPIEGO's *Guidelines for Performing Breast and Pelvic Examinations* and half-hour training video on *How to Perform Breast and Pelvic Examinations*. The package can be incorporated into a preservice curriculum, used in conjunction with another inservice course, or adapted for on-the-job training. Use of anatomic models for practice and skill assessment is an essential component of this innovative learning approach.

The package comprises a Learning Activity Packet (LAP) and a Facilitator's Guide. The LAP directs learners step-by-step through the materials on breast and pelvic examination. The Guide advises the facilitator how to structure the activities for different learning situations, whether preservice, inservice, or on the job. It includes information on coaching and determining competency, and contains a final evaluation questionnaire.

OBJECTIVE 4: GLOBAL EXPERT RESOURCE DEVELOPMENT

The TRH Project's fourth programmatic objective focuses on maximizing the effectiveness and impact of an expanded group of international reproductive health experts and institutions. We have continued to achieve this objective through professional development, institutional partnerships, and expansion of a global network of trainers. Below are examples of our activities this year that focused on developing global human resources.

Voluntary Counseling and Testing Program in Caribbean Exceeds Target in Building Network of Trainers

The Jamaica Voluntary Counseling and Testing (VCT) Program, which JHPIEGO/TRH began in January 2002, has exceeded its goal of developing a network of more than 300 VCT service providers and 16 qualified VCT trainers in that country. By 30 June 2003, the program had developed 316 VCT providers, 16 qualified VCT trainers, and 14 candidate VCT trainers. Candidate trainers become qualified and can conduct VCT skills courses on their own only after they conduct a VCT skills course in collaboration with a master or advanced trainer.

As a result of this TRH initiative, qualified VCT providers are now available in all 13 parishes on the island, and VCT trainers are available in each of the four Regional Health Authorities (RHAs). VCT providers include staff from the Jamaican Ministry of Health and RHAs, as well as key nongovernmental organizations throughout Jamaica. Under TRH, the program has expanded to four Eastern Caribbean (EC) countries: Trinidad and Tobago, St. Kitts and Nevis, St. Vincent and the Grenadines, and St. Lucia, as well as Guyana and Suriname on the South American coast. A Clinical Training Skills course conducted in St. Kitts has already trained 18 candidate trainers from four countries, further expanding the number of VCT service providers available to counsel clients in the EC. Once these candidate trainers are qualified, they will be available to train, support, and supervise additional counselors in the EC.

Conference Promotes Capacity of Historically Black Colleges and Universities (HBCUs) to Provide Technical Assistance in Reproductive Health

In November 2002, JHPIEGO/TRH organized and presented a conference in Washington, DC, co-sponsored by the Minority Health Professions Foundation (MHPF), with support from USAID, on "International Reproductive Health: Challenges, Priorities and Opportunities for HBCUs." The conference was attended by 157 participants, including representatives of 22 HBCUs. The conference raised the visibility of this USAID-MHPF initiative as well as that of HBCUs in the international community, and provided guidance and support to HBCUs seeking to partner with USAID and Cooperating Agencies in international family planning and reproductive health programs.

Trainer Development Data Compiled

Table 2 on the next page summarizes our progress in development of trainers, and shows the numbers of candidate and qualified clinical, advanced, and master trainers, classroom faculty, and clinical instructors developed from 1993 through 2003. **Table 3** presents a breakdown of these trainers by region.

Table 2. Trainer Development: 1 October 1993–30 June 2003

| | CANDIDATE | QUALIFIED | DEFINITION |
|----------------------|-----------|-----------|--|
| Clinical Trainers | 2,222 | 567 | 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 | 140 | 124 | 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 | 22 | 35 | 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 | 231 | | A person who can impart knowledge to others, but who does not train others in clinical skills. These professionals usually function in preservice settings. |
| Clinical Instructors | 79 | | 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. |

The total number of trainers above, from JTIMS, Indonesia, Kenya, Malawi, and Nepal TIMS = 3,420.

Note: The term "Clinical Instructor" was changed to "Clinical Preceptor" in JTIMS by the Learning and Performance Support Office last year.

Table 3. Trainers Developed from 1 October 1993–30 June 2003, by Region

| REGION | NUMBER OF TRAINERS |
|--------------------------------------|--------------------|
| Africa | 1,455 |
| Asia: Central; Europe; and Near East | 575 |
| Asia: South and Southeast | 711 |
| Latin America and Caribbean | 647 |
| USA | 32 |
| Total | 3,420 |

2003 ANNUAL EXPENDITURE SUMMARY

(1 July 2002–30 June 2003)

| EXPENSE DESCRIPTION | FY 2003 EXPENSES |
|--|------------------|
| Country Project Expenses | |
| Africa: East and Southern; West; and Haiti | \$ 3,643,653 |
| Asia: Central; Europe; and Near East | 249,898 |
| Latin America and Caribbean | 355,426 |
| HBCU Field | 100,022 |
| Country Projects Subtotal | 4,348,999 |
| Core Project Expenses | |
| New Initiatives | 2,033,333 |
| Materials Development | 694,897 |
| Program Management | 531,448 |
| Technical Leadership | 846,401 |
| Research | 377,877 |
| Core Projects Subtotal | 4,483,956 |
| GRAND TOTAL | 8,832,955 |

2003 COUNTRY PROJECT EXPENSES
(1 July 2002–30 June 2003)

| REGION | FY 2003 EXPENSES |
|---|-------------------------|
| Africa: East and Southern; West; and Haiti | |
| Côte d'Ivoire | 103,033 |
| Ghana | 695,024 |
| Guinea | 22,563 |
| Haiti | 348,489 |
| Kenya | (3,828) |
| Malawi | 1,437,784 |
| REDSO/ESA | 300,312 |
| Senegal | 43,280 |
| South Africa | 269,400 |
| Uganda | 34,955 |
| Zambia | 310,346 |
| Zimbabwe | 82,295 |
| Total | 3,643,653 |
| Asia: Central; Europe; and Near East | |
| Georgia | 27,020 |
| Nepal | 50,361 |
| Philippines | 131,178 |
| Turkey | 254 |
| Ukraine | 41,085 |
| Total | 249,898 |
| Latin America and Caribbean | |
| Bolivia | (17,965) |
| Guyana | 15,956 |
| Jamaica/Eastern Caribbean | 336,734 |
| Peru | 20,701 |
| Total | 355,426 |
| Training in Reproductive Health | |
| HBCU Field | 100,022 |
| Total | 100,022 |
| TOTAL COUNTRY EXPENSES | 4,348,999 |

LEARNING MATERIALS, PUBLICATIONS, AND PRESENTATIONS

LEARNING MATERIALS

Breast and Pelvic Examination Learning Activity Packet. (Self-directed learning package includes Learner's Guide and Facilitator's Guide.)

Habilidades Avanzadas de Capacitación para Profesionales en Salud Reproductiva. (Spanish translation of *Advanced Training Skills for Reproductive Health Professionals.*) Authors: L Schaefer, R Sullivan, A Blouse, J Smith, and E Lowry. (Corresponding Notebook for Trainers and Guide for Participants available in Spanish.)

Infection Prevention Guidelines for Healthcare Facilities with Limited Resources. Authors: L Tietjen, D Bossemeyer, and N McIntosh. (TRH provided partial support for printing.)

Standard Days Method™: A Simple Fertility Awareness-Based Method of Family Planning. CD-ROM in English and Spanish (with Institute for Reproductive Health, Georgetown University).

Voluntary Counselling and Testing Learning Resource Package for Jamaica. (Includes reference manual, Notebook for Trainers, Handbook for Participants, and Counselling and Testing Protocol Booklet.)

TECHNICAL REPORTS

Agababyan L, SJG Brechin, L Levin, K Garrison, and A Tamberg. 2002. *Capturing Successes of Clinical Training Systems in Uzbekistan Using a Self-Directed Assessment Paradigm.* JHP-14.

Brechin SJG, D Sacknoff, K Curran, S Asport, and M Vargas. 2003. *Evaluation of the Institutionalization of Family Planning/Reproductive Health Inservice Training in Bolivia.* JHP-17.

Özek B, T Tüzer, TF Dean, L Levin, and SJG Brechin. 2003. *Establishing Integrated Family Planning/Reproductive Health Preservice and Inservice National Clinical Training Systems in Turkey.* JHP-18.

Schenck-Yglesias C, T Norton, D Sacknoff, M Sánchez, and SJG Brechin. 2002. *Increasing Access to Reproductive Health Information in Low-Resource Settings: Evaluation of a Technology-Assisted Learning Center in La Paz, Bolivia.* JHP-19.

Sulistomo A, AW Roestam, D Soemarmo, D Suryaningsih, A Pfitzer, and D Kabira. 2003. *Achievements of the National Clinical Training Network in Indonesia (1997–2000): A Review.* JHP-20.

OTHER PUBLICATIONS AND PRESENTATIONS

Anderson J. 2002. *The Clinical Care of Women with HIV Infection*. Presentations at Annual Meeting of Medical Association of Jamaica, Montego Bay and Kingston, Jamaica, 27–28 July.

Anderson J, N Maier, T Norton, N McIntosh, and W Fleming. 2002. *A Multimedia Educational Tool Addressing Care and Support Needs of Women with HIV Living in Limited-Resource Settings*. Poster Presentation at Fourteenth International Conference on AIDS, Barcelona, July.

Bossemeyer D. 2003. *Improving Infection Prevention Practices and Environmental Hygiene in Malawi: A Performance and Quality Improvement (PQI) Process*. Presentation at Global Health Council Annual Conference, Washington, DC, 29 May.

Curran K. 2002. *The Caribbean Regional Voluntary Counselling and Testing Programme*. Presentation at Annual Meeting of Coalition of National AIDS Programme Coordinators, Georgetown, Guyana, 30 October.

Damiba A. 2002. *Experiences of the Family Health and AIDS Prevention Project in West Africa*. Presentation at Conference on International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities, Washington, DC, 20 November.

Fogarty L, S Wyss, and A Kyei. 2003. *Results of a Strengthened vs. Standard Preservice Midwifery Curriculum in Ghana*. Presentation at Johns Hopkins All University Seminar on Africa (HAUSA), Baltimore, MD, 21 March.

Garrison K. 2002. *An Orientation to the Performance Improvement Process*. Presentation at International Society for Quality in Health Care (ISQUA) Conference, Paris, 7 November.

Giri K. 2002. *Advances in Contraceptive Technology*. Presentation at Conference on International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities, Washington, DC, 20 November.

Hornby P, S Ozcan, and C Schenck-Yglesias. 2002. *Human Resources for Health Modeling Exercise: Scenarios and Strategies*. Presentation at Malawi Ministry of Health Stakeholder Meeting. Lilongwe, Malawi, 10 December.

Hughes R, V Mtonga, J Nikisi, and M Ndhlovu. 2002. *Expanding Postabortion Care Services in Zambia: Lessons Learned in Scaling Up a National Program*. Presentation at American Public Health Association Annual Meeting. Philadelphia, PA, 13 November.

Kyei A, S Wyss, K Spratt, L Fogarty, and L Schaefer. 2003. *Strengthening Preservice Midwifery Education in Ghana*. Poster Presentation at Global Health Council Annual Conference, Washington, DC, 27–30 May.

Lacoste M, J Gondwe, L Linyenga, C Schenck-Yglesias, and P Krystall. 2002. *Establishing an Electronic Nursing Registry at the Nurses and Midwives Council of Malawi: More Effective Use of Personnel Data for Planning and Decision-Making*. Presentation at ECSACON Quadrennial Meeting and Sixth Scientific Conference. Dar es Salaam, Tanzania, 6 August.

Lacoste M, L Ng'oma, L Ncube, D Bossemeyer, and E Necochea. 2002. *Performance and Quality Improvement: Developing and Implementing National Infection Prevention Standards in Malawi*. Presentation at ECSACON Quadrennial Meeting and Sixth Scientific Conference. Dar es Salaam, Tanzania, 6 August.

Necochea E. 2002. *CaliRed: A Performance and Quality Improvement Model for Maternal and Neonatal Health Services in Guatemala*. Presentation at International Society for Quality in Health Care (ISQUA) Conference, Paris, 7 November.

Norton T. 2002. *Increasing Access to Reproductive Health Information in Low-Resource Settings: Lessons Learned from the Establishment of a Technology-Assisted Learning Center in La Paz, Bolivia*. Presentation at American Public Health Association Annual Meeting. Philadelphia, PA, 13 November.

Pleah T and R Mason. 2002. *Postabortion Care Services*. Presentation at Conference on International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities, Washington, DC, 20 November.

PRIME II and JHPIEGO. 2002. *Transferencia del Aprendizaje: Una Guía para fortalecer el desempeño del personal en el campo de la salud*. (Spanish translation of *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*.) Intrah and JHPIEGO Corporation: Baltimore, MD.

PRIME II and JHPIEGO. 2002. *Le Transfert de l'Apprentissage: Un Guide pour renforcer la performance des prestataires de soins de santé*. (French translation of *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*.) Intrah and JHPIEGO Corporation: Baltimore, MD.

Rawlins B, K Garrison, P Lynam, and A Njeru. 2003. *High-Performing Healthcare Facilities in Kenya: Why They Exceed Expectations*. Presentation at Global Health Council Annual Conference, Washington, DC, 28 May.

Rawlins B, K Garrison, and P Lynam. 2002. *Focusing on What Works: A Study of High-Performing Health Facilities in Kenya*. Presentation at American Public Health Association Annual Meeting. Philadelphia, PA, 12 November.

Schaefer L (ed). 2003. *Guide pour la mise en œuvre de la formation de base* (French translation of *Preservice Implementation Guide: A Process for Strengthening Preservice Education*). JHPIEGO Corporation: Baltimore, MD.

Schaefer L. 2003. *How to Strengthen Preservice Education Systems*. Presentation at Global Health Council Annual Conference, Washington, DC, 27 May.

Schaefer L (ed). 2002. *Preservice Implementation Guide: A Process for Strengthening Preservice Education*. JHPIEGO Corporation: Baltimore, MD.

Schaefer L and S Stemmler. 2002. *Strengthening Preservice Education: Developing the Next Generation of Family Planning/Reproductive Health Providers*. Presentation at Conference on International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities, Washington, DC, 20 November.

Schenck-Yglesias C. 2003. *Malawi Health Human Resource Information Systems; Supporting the Development and Monitoring of Health Human Resource Deployment and Training Policies and Plans*. JHPIEGO Country Report. (May)

Schenck-Yglesias C and M Lacoste. 2003. *Malawi Postabortion Care Evaluation: Beyond Clinical Performance Measures*. Presentation at Johns Hopkins All University Seminar on Africa (HAUSA), Baltimore, MD, 21 March.

Schenck-Yglesias C, M Lacoste, and J Gondwe. 2003. *Linking Information Systems to Track the Deployment and Training of Family Planning/Reproductive Health Human Resources in Malawi*. Presentation at Eighth International Congress in Nursing Informatics, Rio de Janeiro, 24 June.

Schenck-Yglesias C, T Norton, D Sacknoff, and K Curran. 2003. *Increasing Access to Reproductive Health Information in Low-Resource Settings: Lessons Learned from the Establishment of a Technology-Assisted Learning Center in La Paz, Bolivia*. Presentation at Health Information and Publications Network Conference, Washington, DC, 18 June.

Schenck-Yglesias C, L Schaefer, and SG Brechin. 2003. *Using the Training Information Monitoring System (TIMS) to Track Health Human Capacity Building in Developing Countries*. Presentation at Eighth International Congress in Nursing Informatics, Rio de Janeiro, 24 June.

Schenck-Yglesias C. 2002. *Using GIS to Explore Health Human Resource and Reproductive Health Indicator Data for the Malawi Ministry of Health and Population*. Presentation at American Medical Informatics Association Symposium, San Antonio, TX, 13 November.

Schenck-Yglesias C, T Norton, D Sacknoff, and K Curran. 2002. *Increasing Access to Reproductive Health Information in Low-Resource Settings: Lessons Learned from the Establishment of a Technology-Assisted Learning Center in La Paz, Bolivia*. Presentation at American Public Health Association Annual Meeting, Philadelphia, PA, 13 November.

Sullivan R. 2003. *Delivering Winning Presentations*. Presentation at Global Health Council Annual Conference, Washington, DC, 27 May.

Sullivan R. 2003. Talking through: Discussion Basics. *T & D* 57(3): 22–24.

Sullivan R and B Williams. 2002. *Competency-Based Approaches to Clinical Training*. Presentation at Conference on International Reproductive Health: Challenges, Priorities and Opportunities for Historically Black Colleges and Universities, Washington, DC, 20 November.

OTHER

JHPIEGO TrainerNews™ (monthly electronic newsletter, 10 issues from July 2002–June 2003).

MAQ *Bulletin* (Francophone MAQ Subcommittee Newsletter published in English and French by JHPIEGO/Academy for Educational Development). Volume 2, January 2003.

TRH Direct (monthly electronic newsletter, 10 issues from July 2002–June 2003).