Integration of Youth-Friendly Sexual and Reproductive Health into Pre-Service Nursing Training: The Experience of Ghana

African Youth Alliance (AYA)
AYA
The African Youth Alliance (AYA) was launched by Pathfinder International, the Program for Appropriate Technology in Health (PATH), and the United Nations Fund for Population Activities (UNFPA) in the fall of 2000. AYA was funded with a grant from the Bill and Melinda Gates Foundation and administered through the U.S. Committee for the UNFPA. AYA sought to improve overall adolescent sexual and reproductive health and reduce the spread of HIV/AIDS and other sexually transmitted infections in four African countries – Botswana, Ghana, Tanzania, and Uganda.

The main beneficiaries for the project were young people between the ages of 10 and 24, with an emphasis on 10-19 year olds. The secondary targets included teachers, health workers, social workers and parents. In addition, the tertiary target group included religious leaders, the media, politicians, and policy makers. The latter group was crucial for creating a supportive environment for the project. The project was developed with a focus on six broad areas, including:

1) Advocacy and policy – The creation of supportive community and political environments through advocacy and policy efforts at both the national and community levels, and efforts to improve communication between young people and the adults in their lives.
2) Behavior change communication – The development and expansion of behavior change communication through interpersonal communication; folk and mass media, including drama; life planning skills programs for youth; peer education and counseling; and social marketing campaigns.
3) Youth-friendly services – The improvement of young people’s access to – and the quality of – reproductive health services by developing, expanding and institutionalizing youth-friendly services in a variety of settings.
4) Institutional capacity building – Strengthening the institutional capacity of the country-level partners so they can better plan, implement, manage, and sustain programs and services.
5) Life and livelihood skills development – The integration of sexual and reproductive health into existing livelihood skills development and training programs for youth.
6) Coordination and dissemination – Coordination and information sharing of program activities, lessons learned, and best practices.

Pathfinder International was responsible for the youth-friendly services and institutional capacity building components implemented in each country.
Pathfinder International
Pathfinder is a comprehensive reproductive health care organization whose programs address reproductive health in all its dimensions. Pathfinder works to improve individuals’ access to quality family planning and reproductive health information and services, provide young people with sexual and reproductive health services tailored to their needs, offer care for women suffering complications of unsafe abortion, prevent the spread of HIV/AIDS while providing care and treatment to those living with HIV/AIDS, and advocate in the U.S. and abroad for sound reproductive health programs and policies. In all of its programs, Pathfinder works with communities, partner organizations, and governments to strengthen local skills and create lasting change.

In Ghana, Pathfinder was first registered and incorporated as an international nongovernmental organization in January of 2002. Until the establishment of AYA, Pathfinder had not been present in the country, though it had funded limited family planning activities through the Planned Parenthood Association of Ghana.

Nurses and Midwives’ Council of Ghana
The Nurses and Midwives’ Council of Ghana (NMCG) was established in 1972 to provide oversight to the nursing and midwifery profession in Ghana. The NMCG’s focus is on the training and education of nurses and midwives and the maintenance and promotion of standards of professional conduct and efficiency. The specific functions of the NMCG include admission of students into the training programs, development of content and courses of instruction, examination of students, registration of nurses and midwives, and granting certificates and badges.

The leadership of the NMCG is comprised of 11 elected registered nurses and 5 elected registered midwives, a representative from the Ghana Medical Association, a health administrator, and another person appointed by the commissioner responsible for education.
Executive Summary

This case study documents a successful collaboration between AYA/Pathfinder and the Nurses and Midwives’ Council of Ghana (NMCG) in the integration of Adolescent Sexual and Reproductive Health (ASRH) into the curriculum of nursing and midwifery training institutions in Ghana. AYA/Pathfinder identified the negative attitude of service providers toward young clients as a major reason for low patronage of existing health facilities by young people. Existing service providers were often poorly informed and ill-prepared to address the health needs of adolescents. As in-service training can be costly and is often not sustainable because of staff attrition and transfer, it was determined that the integration of ASRH topics into the curricula of the nursing and midwifery training institutions appeared to be a cost effective and sustainable way to improve the attitudes of service providers and make them receptive to young people seeking services. The NMCG was chosen as an appropriate organization with which to collaborate to integrate ASRH into pre-service curriculum. As a result of this joint effort between AYA/Pathfinder and NMCG, ASRH is now a two-credit hour course for all five disciplines of nursing in Ghana: General Nursing, Public Health Nursing, Community Nursing, Mental Health Nursing, and Midwifery.

The case study found that cordiality, trust, and commitment of the partners involved were key to a successful partnership and the development of the curriculum. The case study further shares the lessons learned in the process of integration, including the need to quickly identify the organization with which to partner. This challenge, though overcome, left less time for project implementation.

The partnership between AYA/Pathfinder and NMCG was a successful one. At the conference of the West Africa College of Nurses in Abuja in 2005, AYA/Pathfinder and NMCG were considered to be doing pioneering work through their integration of ASRH into pre-service training in Ghana. It is recommended that AYA/Pathfinder provide further technical and financial support to the NMCG where possible and explore opportunities to share their experience in Ghana with affiliate members of the West Africa College of Nurses.

Purpose and Methodology

The purpose of this case study is to document and share the AYA/Pathfinder and NMCG experience of integrating Adolescent Sexual and Reproductive Health (ASRH) into pre-service training institutions in Ghana with others working in the ASRH field and with affiliate councils in the subregion. It is hoped that others might use the lessons learned and processes described in this document to replicate similar efforts.

The case study is comprised of information from project records such as project proposals, minutes of meetings, and workshop and field reports. Other documents that were reviewed included those provided by the NMCG. One-on-one and group interviews were also conducted with key people involved in the project implementation, including the NMCG members, principals, and tutors. Information gathered from these sources was analyzed for this case study.
The Problem

Reproductive health status of young people in Ghana

In the wake of the 1994 International Conference on Population and Development (ICPD) in Cairo, there has been increased interest in the health of young people aged 10-24. Many countries have recognized adolescents and young people as a priority group and have put issues concerning them on their development agenda. Young people constitute nearly half of the world’s population and are also its future leaders. Yet this group is faced with enormous social and developmental challenges. Many adolescents do not have the ability or the social support to resist pressure to have sex, to negotiate safer sex, or to protect themselves against unintended pregnancy, Sexually Transmitted Infections (STIs) and HIV. It is estimated that young people between the ages of 15 to 24 currently represent the fastest growing group of new HIV cases in the world, with about 6,000 new cases every day. In sub-Saharan Africa, two-thirds of HIV-positive young adults are women. In other developing regions, the proportion of HIV-infected females ranges from one-third to one-half.¹

In Ghana, 10-24 year-olds constitute about a third (6.6 million) of the population.² The median age at first sexual intercourse for women age 25-49 years is 18 years and for men age 25-59 years is 20 years. By age 18, almost half of women (48%) and one-fourth of men (25%) reported having had sexual intercourse. By age 20, 71% of women and 55% of men have had sex.³ Among sexually active adolescents 15-19 years, 92% of women currently do not use any modern method.⁴ Unmet need for contraceptives is high among 15-19 year olds and increased from 50% in 1998 to 57% in 2003. Unmet need for spacing is higher (53%), than limiting (4%).⁵

According to the National AIDS Control Program report for 2004, young people between 10 to 24 years of age account for 11% of the 76,065 cumulative reported AIDS cases in Ghana.⁶ The HIV/AIDS prevalence among the same group is 2%. However, in some of the age groups and sites across the country, prevalence rates are as high as 7% to 12%. This trend is worrisome and calls for urgent strategic approaches to address the problem.

Therefore, young people merit special attention in addressing their SRH needs. Consequently, several international conventions have articulated the rights of young people to equal and free access to reproductive health information and services. In Ghana, policy and legislative interventions such as the Revised National Population Policy (1994), ASRH Policy, and the Reproductive Health Standard Policy and Protocol are in place to ensure unrestricted access to health services, particularly SRH services.

Barriers to youth utilization of SRH information and services

Both empirical and anecdotal evidence however, suggest that health care providers do not adequately meet the SRH needs of young people who visit health facilities. As a result, young people either do not access SRH services, or do so reluctantly. Reasons for low health facility use by youth include the service providers’ lack knowledge of adolescents’ health needs and service providers’ negative attitudes. Community members generally perceive service providers’ attitudes as negative. This is especially true among young people who feel service providers can be hostile and rude, which translates to low numbers of adolescents using health facilities for SRH services such as prevention and treatment of reproductive tract infections and STIs, and contraception. The negative attitude of service providers could be attributed to their lack of knowledge of the needs of young people or the skills required to serve them. Compounding the problem is that until recently, reproductive health and family planning services were limited to adults and married couples.

The Solution

The African Youth Alliance Program

In 2000, Ghana was selected as one of four countries to receive funding from the Bill and Melinda Gates Foundation through AYA, which aimed to improve the reproductive health of young people between the ages of 10-24 in Botswana, Ghana, Tanzania and Uganda. Pathfinder International, the Program for Appropriate Technology in Health (PATH), and the United Nations Fund for Population Activities (UNFPA) launched the program in Ghana in April 2001.

The goal of the Youth-Friendly Services (YFS) component of the program, which is the focus of this case study, was the facilitation of young people’s access to SRH services through clinical and outreach service delivery channels. YFS are defined as services that can effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining young people. To achieve the YFS component objectives in Ghana, Pathfinder adopted a number of strategies, including the integration of ASRH into the pre-service curricula of the nursing and midwifery training institutions.

Integration of ASRH into Pre-Service Curriculum

In-service ASRH training can be costly and is often not sustainable because of staff attrition and transfer. Pathfinder believed that integrating ASRH into the pre-service curriculum of all nursing and midwifery disciplines (General Nursing, Public Health Nursing, Community Health Nursing, Mental Health Nursing, and Midwifery) would be a more cost effective and sustainable way to improve the service providers’ attitudes and make them receptive to young people seeking services. By including ASRH in the licensure examination, all future nurses and midwives must demonstrate basic knowledge and skills in ASRH. Pre-service training of nursing and midwifery students in ASRH helps ensure that providers are open to serving young people and are better able to meet their SRH needs, therefore improving access to and use of YFS.
Implementing Activities

The process of integrating ASRH into the pre-service curricula of nursing and midwifery training colleges in Ghana involved a number of negotiations and meetings, both formal and informal. The process is listed in the box below.

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<td>• Sensitization of the leadership of the Nurses and Midwives Council about the importance of ASRH</td>
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1. Identifying the appropriate organization
AYA/Pathfinder recognized the need to integrate ASRH into pre-service training to ensure that service providers could adequately respond to young clients’ needs. Initially, AYA/Pathfinder explored ASRH integration with the School of Nursing at the University of Ghana. However, AYA/Pathfinder eventually identified the NMCG as the statutory body responsible for training and certification of nurses and midwives in Ghana, and therefore came to an agreement with NMCG to be a partner in this work.

In March 2004, AYA/Pathfinder initiated the process of integrating ASRH into the pre-service nursing and midwifery curriculum with the NMCG. The process was smooth and cordial at all levels and the NMCG showed intense commitment toward the exercise. The commitment of the NMCG facilitated the conclusion of the process within a record time. It took only nine months from the time NMCG was identified until the draft curriculum was developed and all tutors were trained in its use.

2. Dialogue and sensitization of the NMCG
The sensitization and dialogue involved a number of meetings with the NMCG leadership to discuss the feasibility of integrating ASRH into the pre-service curriculum. At their first visit to the NMCG, Pathfinder staff presented brochures and fliers about AYA/Pathfinder’s activities. This preliminary information-sharing made subsequent interactions smoother. The NMCG met with AYA/Pathfinder officials in April 2004, including Pathfinder’s Ghana country representative and the Assistant Program Technical Officer (APTO) for YFS. The NMCG team
was led by the registrar/chief executive, and included the senior deputy registrar, the deputy registrar and acting secretary, and the registrar.

AYA/Pathfinder case for integration

During a one-hour consultative meeting, the AYA/Pathfinder team explained the role of AYA/Pathfinder in the promotion of youth-friendly SRH information and services. It was emphasized that AYA/Pathfinder ensures quality, accessible and affordable reproductive health services on a sustainable basis to young people. AYA/Pathfinder’s support would include technical assistance and funding to improve facilities’ ability to meet the criteria for YFS, a facility assessment tool, and training manuals to guide YFS implementation. During the discussions the AYA/Pathfinder team reiterated their concern about the inability of adolescents to access SRH services, and in particular the issue of negative service provider attitudes toward young clients.

The team expressed AYA/Pathfinder’s willingness to facilitate the process of integration of ASRH into the pre-service nursing and midwifery training curriculum and indicated that the integration would be highly effective in ensuring future nurses were more receptive to young people. The AYA/Pathfinder team then discussed the following questions with NMCG leadership:

- What is the NMCG’s position regarding additions to or modifications in the pre-service curriculum?
- Will the NMCG take the lead role in assisting stakeholders to make these changes?

AYA/Pathfinder affirmed its responsibility to provide technical assistance and offered support for the review and integration of ASRH content into the curriculum. AYA/Pathfinder also assured the NMCG that the NMCG would lead the process and AYA/Pathfinder’s role would be to facilitate and provide assistance as needed.

NMCG’s reaction to AYA/Pathfinder presentation

The NMCG was immediately receptive to the collaboration with AYA/Pathfinder. The registrar assured AYA/Pathfinder of the NMCG’s commitment to the project and promised to take the leadership role. The NMCG noted that the initiative was timely because everybody was aware of the need for ASRH services, but steps had not yet been taken to address the need. The NMCG also mentioned that the curriculum is reviewed every five years, and the next review was scheduled for 2008. However, because they acknowledged the importance of ASRH, they agreed to incorporate ASRH topics into the nursing training by first developing an addendum to the curriculum. Later, when the review is conducted in 2008, the addendum will be added as a regular part of the curriculum.

Before proceeding, the NMCG said they would need to consult with their stakeholders. Accordingly, the NMCG proposed that ASRH topics be included as an addendum to a section on emerging issues or to a section on reproductive health. The NMCG also proposed that:

- The ASRH component of the curriculum be developed,
- Principals of the various training institutions be trained, and
• Tutors who will be responsible for the course be trained.

In response to the proposal about developing ASRH content, AYA/Pathfinder acknowledged that although Ghana’s Ministry of Health/Ghana Health Service (MOH/GHS) had developed a training manual on adolescent health, that manual encompassed all aspects of adolescent health and was not ASRH-specific. Since Pathfinder has its own training manual that comprehensively discusses ASRH issues and YFS, “A Comprehensive Training Course, Reproductive Health Services for Adolescents, Module 16,” the NMCG agreed to work closely with a consultant and, using the Pathfinder manual as a guide, review its own curriculum and make the necessary modifications. The NMCG was urged to network with stakeholders who are influential in affecting change and work with the MOH.

3. Development of the proposal and signing of the Memorandum of Understanding

The NMCG presented AYA/Pathfinder with a proposal for the project and a Memorandum of Understanding (MOU) was signed between AYA/Pathfinder and the NMCG. The project was titled Integration of Youth-Friendly Sexual and Reproductive Health Services into Pre-Service Training in Ghana. The MOU specified the roles and responsibilities of the two partners in the implementation the project. The NMCG took the lead role to ensure that ASRH was fully integrated into the pre-service training curriculum. The role of AYA/Pathfinder was to provide technical and financial support and to facilitate overall implementation of the project.

4. Curriculum review and development

The curriculum review and development phase was the first practical step toward integration. It involved a series of activities aimed at identifying gaps in ASRH coverage in the current curricula of all the nursing disciplines and developing an addendum to address the gaps. Technical assistance from Pathfinder headquarters was provided throughout this process. Specifically, it involved the following steps:

1. Preparatory work
2. A five-day workshop where the following activities were carried out:
   • Review of the NMCG’s existing curricula to identify gaps in relation to ASRH;
   • Review of Pathfinder’s ASRH Module 16 and other reference material, including the MOH curriculum, to identify key content;
   • Field trip to two facilities, one public and one private, offering YFS under AYA;
   • Drafting a two-credit hour course on ASRH;
   • Drafting implementation guidelines for teaching ASRH.

Preparatory work

Some preparatory activities were conducted ahead of the workshop, including discussions between Pathfinder headquarters’ senior ASRH associate, APTO, the NMCG registrar, deputy registrar and project coordinator. A consultant hired by NMCG was also involved in the discussions. During these discussions the workshop agenda and the sharing of responsibilities were agreed upon.
The review meeting

The participatory review and development of the curriculum brought together 25 key stakeholders for a five-day workshop. Pathfinder’s ASRH associate facilitated the workshop, with support from the APTO and NCMG’s consultant. The participants were experts in all the disciplines of nursing and represented the following health institutions:

- MOH/GHS facilities and training institutions;
- Quasigovernmental health institutions (military and police hospitals);
- Christian Health Association of Ghana (CHAG);
- Department of Nursing, University of Ghana; and
- NMCG.

The meeting involved presentations on the ASRH situation in Ghana, group work and plenary sessions on the definition and characteristics of YFS, and a value-clarification exercise. In addition, a young woman was invited to share some of the difficulties she had encountered when accessing reproductive health services (see Testimony below).

A Young Woman’s Testimony

“I went to a center for emergency contraceptives. I pretended to be shy and spoke in a low tone. I did not want the other patients to hear it. When I said I wanted emergency contraceptives, the nurse who took my history sniffed, ‘what!’ with plain disapproval. Then I tried to speak a little louder, she insisted she could not hear me, this time irritated. I kept trying. When she could finally hear me, all the other patients sitting yards away were staring at me. Then I had to wait for more than 30 minutes to see the doctor. During the session with the doctor, a lot of nurses came in to say ‘hi’ or to just stand there and watch. Some even sat in while I stammered my request for emergency contraceptives to him. Though the doctor was nice, he took me round the various rooms within the clinic, asking for emergency contraceptives and telling the nurses that I needed them. Though I was a mystery client, I felt embarrassed at being paraded about the whole clinic.”

Participants were divided into groups to review the Pathfinder curriculum and reference material, with the goal of identifying the content to be integrated into the pre-service curriculum. Participants discussed the groups’ results and determined which key ASRH topics and content should be adopted. A subgroup was formed to harmonize the key results from the groups. The AYA/Pathfinder staff also gave feedback as to how the groups’ findings should be harmonized. Once the results were merged, they were compared to the AYA/Pathfinder staff members’ suggestions, and further revisions were made.

Through consultations with stakeholders, fourteen ASRH topics were identified as important to ASRH integration into the pre-service curriculum. These topics are shown in the box below.
ASRH topics integrated into the curriculum

- The nature of adolescence
- Adolescent vulnerabilities, risk-taking behaviors, and their consequences
- Adolescent behavior and life skills
- Communicating with the adolescent client
- The RH visit and the adolescent client
- Safer sex and protection for adolescents
- Contraceptive options for adolescents
- STIs, HIV, and adolescents
- Counseling the adolescent on reproductive health
- Sexual identity and orientation
- Sexual abuse
- Pregnancy and postpartum issues
- Providing YFS
- Common adolescent mental health problems and substance abuse

A facilitators’ meeting was held at the end of each day of the workshop to assess the day’s activities. On day one, AYA/Pathfinder suggested that detailed information be provided on key content and issues to guide the teaching of the subject or guide the tutor. Consequently, instructions to participants were reviewed and clarified using concrete examples of the intended output. Participants quickly grasped the concept and this led to significant improvements in the review process. The groups provided more detail in their outlines and were able to identify the key points within the time allotted. Comments were documented, summarized, and presented during a session by leaders of each group to ensure that there was a general agreement or consensus on all issues.

Workshop participants also embarked on a field trip to learn more about YFS. They visited two AYA/Pathfinder supported facilities, one run by GHS and one run by the Planned Parenthood Association of Ghana. In preparation for the field trip, participants reviewed the facility assessment tool. While at the sites, they had fruitful interactions with the staff of the two facilities, but did not have an opportunity to observe interactions between service providers and youth clients due to the timing of their visit.

The NMCG and AYA/Pathfinder have different definitions for the word “curriculum.” Because the training schools are tertiary institutions, they do not use a competency-based curriculum, but rather use an accredited course syllabus. The syllabus usually mentions the objectives of the course and a short description of what will be taught. For an addendum such as ASRH they provide a list of content to be covered. However, the details of the information, and how it is presented, are the responsibility of the individual tutor. AYA’s concern was how to ensure that individual tutors’ attitudes and perspectives did not dictate how topics are taught. They feared that sensitive subjects would not be covered or that inaccurate information would be taught due to tutor biases (e.g., not covering all family planning methods in the lesson on adolescents and contraception due to the tutor’s opinion that some methods are not good for adolescents).
After discussions with the NMCG and the consultant, it was decided that when the key content is listed, important attitudinal aspects would be included so that the tutor would not have the freedom to interpret the curriculum in their own way.

**Outcome of the workshop**

One significant result of the workshop was a forty-two page addendum to the NMCG curriculum on ASRH, including key attitudes and skills to be taught during the practicum. Participants also developed the following guidelines for implementing the course:

- Pilot curriculum in all schools;
- Train clinicians and tutors;
- Add addendum to curriculum;
- Identify youth-friendly facilities for practicals;
- Solicit support of national, regional, and district health management;
- Schools should acquire ASRH manuals (Pathfinder’s Module 16) for their use; and
- Allot two credit hours for the course, one hour lecture and six hours of practicum per week. The semester is 18 weeks, thus allowing for 18 hours of lecture and 108 hours of practical application.
5. Dissemination of draft curriculum

Although the NMCG was the statutory body with the mandate to develop and review the curriculum of nursing and midwifery training institutions in Ghana, they had partners and stakeholders whose input was crucial and were consulted at every stage to ensure acceptance and sustainability of the project. Some of these stakeholders included the principals and tutors of the various training institutions, the Human Resource Department of the MOH, and key staff of GHS.

Therefore, the next step in the integration process was the dissemination of the draft curriculum to stakeholders such as clinical nurses, nursing tutors, doctors, and paramedical staff. The objective of the dissemination was to elicit feedback on the document to improve the quality of the final version. The dissemination exercise was held in six sessions at six nursing institutions in different regions of the country: Pantang, Akim Oda, Korle-bu, Cape Coast, Kumasi, and Tamale. The selection of the training institutions ensured representation of all the nursing disciplines in the country.

In all, 261 stakeholders participated in the exercise. The dissemination workshops were facilitated by the AYA/Pathfinder program technical officer and APTO for YFS, with support from members of the NMCG. Participants were taken through a sensitization session to give them an insight into YFS and ASRH. The following topics were covered:

- The AYA project;
- Barriers to accessing SRH services by adolescents (a story from Module 16 was read, which stimulated extensive discussion and led to pledges by participants to discard their values);
- The adolescent reproductive health situation in Ghana; and
- YFS

During the discussion of the draft curriculum the issues raised were compiled and forwarded to the NMCG. The issues and comments of all the exercises were collated by the NMCG, and reviewed in collaboration with AYA/Pathfinder.

In all the dissemination sessions:

- Participants were extremely interested. The number of attendees exceeded the 30 that were anticipated, and at the end of the exercise 81 extra service providers participated.
- Participants showed a great commitment to teaching and providing YFS to adolescents.
- The exercise was doubly beneficial by reaching a cross-section of service providers who would not normally have had the opportunity to be trained in YFS. Therefore it was a cost-effective way of sensitizing providers in the non-AYA facilities, in addition to achieving the original objective of the exercise.
6. Training of trainers of selected nursing and midwifery tutors and clinicians

Another major activity in the integration process was the Training of Trainers (TOT). There are 48 public and 2 private nursing and midwifery training institutions in Ghana, and a number of health facilities designated as practicum sites. Staff from these institutions needed to be trained on the new curriculum so that they could also train the nursing and midwifery students. Training tutors who in turn trained other pre-service training tutors proved to save both time and money.

Two, two-week TOT workshops were held for 20 and 23 participants from the southern and northern sectors of the country respectively. Participants were drawn from nurse training institutions and health facilities in the private, quasigovernment, and public sectors. The goal of the workshops was to equip participants with the requisite knowledge, attitudes, and skills to educate and train nursing tutors on quality, youth-friendly ASRH services. The specific objectives were to:

- Demonstrate the knowledge, attitudes, and skills needed to educate and train tutors in ASRH and YFS;
- Describe the nature of adolescence;
- Demonstrate knowledge of adolescent reproductive rights;
- Demonstrate effective communication and counseling skills to be used with adolescent clients;
- Describe the impact of STIs and HIV/AIDS on adolescents;
- Explain contraceptive options for sexually-active adolescents;
- Discuss the life skills that are necessary for the healthy development of adolescents during pregnancy, and postpartum; and
- Demonstrate ways to make programs youth friendly.

Analysis of the two groups’ pre- and post-tests indicated a general increase in knowledge. However, in the case of the northern sector group, there was a drop in knowledge regarding some specific questions. The answers to these questions were discussed extensively and clarified. The trainees also agreed that electronic copies of Module 16 should be distributed with the hard copies of the module.

7. Step-down training of all tutors and clinicians

The next goal of the TOT participants was to organize step-down trainings for other nursing and midwifery tutors and clinicians of the various training institutions, so participants were asked to plan how they would conduct the step-down training. AYA/Pathfinder however, could not fund the step-down training. Therefore, each participant was urged to present a step-down training schedule to the NMCG so that support and supervision from the NMCG could be coordinated. As of December 2005, nine institutions had conducted step-down training.

8. Teaching and examining students on ASRH

The NMCG introduced the curriculum as a two-credit examinable course taught in all disciplines in the fall of 2005. Questions on ASRH have been included in the fall examination, set for February/March 2006 and NMCG affirmed that ASRH issues would be included on the yearly licensing exam.
Key Achievements and Results

The AYA/Pathfinder collaboration with NMCG achieved the project goal of integrating ASRH into the pre-service training for nurses and midwives. The outcomes of the one-year partnership included the following:

- An addendum was developed to integrate ASRH into the curriculum of the nursing and midwifery training institutions. The curriculum is a two-credit hour examinable course for all nursing and midwifery training institutions in Ghana. The course is also part of the licensing examinations conducted by the NMCG.
- AYA/Pathfinder and the NMCG built trust between their organizations. The NMCG clearly had a sense of ownership, which translated into commitment to the program. NMCG took the lead role, while AYA/Pathfinder facilitated the process and provided technical assistance.
- All stakeholders were sensitized on ASRH issues and the need to integrate these issues into the curriculum of the nursing and midwifery training colleges. The project also raised awareness of the need for continuous review of the curriculum.
- Nursing and midwifery councils in the West Africa subregion realized the need to integrate ASRH into their curricula. The registrar/chief executive of the NMCG recognized the new draft curriculum as a pioneering work in the subregion. She shared her experience with colleagues at the 2005 West African Chapter of the International College of Nurses Conference in Abuja, where it was of great interest to participants.
- The project strengthened the capacities of NMCG members. Members acknowledged that their involvement with the project and the partnership with AYA/Pathfinder enhanced their skills in developing MOUs and integrating programs in pre-service curricula. They noted that the experience they have gained through the partnership engendered their collaboration with other organizations in similar projects.

Lessons Learned

- It is necessary to identify the appropriate pre-service and licensure authority in order to save time and resources.
- Plans should have been made to better monitor the integration process, including the step-down training.
- Trust and cordiality in such collaborations are critical. Trust results in transparency and ensures that partner organizations feel ownership of the process and its outcome, and supports sustainability of the efforts. Cordiality facilitates problem solving.
- Commitment to this type of effort is essential. The NMCG, for example, had a demanding schedule that necessitated a firm commitment toward the goal and strict adherence to the work plan. The commitment of NMCG’s leadership led to the achievement of the project goal within nine months of the project start date. Committed leadership was essential to moving the project forward on such a short timeframe.
- Integrating ASRH into pre-service can be used to advocate for the RH needs of youth and garner broader support for YFS.
Conclusions and Recommendations

The collaboration between AYA/Pathfinder and NMCG to integrate ASRH into the pre-training curriculum in Ghana was pioneering work in West Africa. The commitment of the two partners toward addressing the SRH problems of young people, and the process adopted facilitated fast and successful implementation of the project. Significant successes were shared with member councils in West Africa. The timely implementation of the project demonstrated the need to immediately identify the appropriate authority with the national mandate for curriculum development to avoid wasting time and resources.

Because of the experiences gained from the partnership, and the originality of this work in the subregion, it is recommended that AYA/Pathfinder capitalize on its successes and assist other member councils in West Africa in implementing similar projects. It is also recommended that Pathfinder continue to monitor the project activities, particularly the step-down training and provide technical support when requested and available.