

# Adaptation of the Training Resource Package For Family Planning (TRP) to Improve Pre-Service Education



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## ABOUT E2A

The Evidence to Action Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive health care needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services. A Cooperative Agreement awarded in September 2011, E2A will continue until September 2019. E2A is led by Pathfinder International in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

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## ACRONYMS

|                |   |
|----------------|---|
| <b>AYSRH</b>   | Adolescent and Youth Sexual and Reproductive Health                 |
| <b>E2A</b>     | Evidence to Action Project  |
| <b>DHS</b>     | Demographic and Health Survey                                       |
| <b>ECSA</b>    | East, Central, and Southern Africa Health Community                 |
| <b>ECSACON</b> | East, Central, and South Africa Health Community College of Nursing |
| <b>FP</b>      | Family Planning   |
| <b>HIP</b>     | High Impact Practice  |
| <b>HTSP</b>    | Health Timing and Spacing of Pregnancy                              |
| <b>ICM</b>     | International Confederation of Midwives                             |
| <b>ICN</b>     | International Council of Nurses                                     |
| <b>IST</b>     | In-Service Training   |
| <b>IUD</b>     | Intrauterine Device   |
| <b>LAM</b>     | Lactational Amenorrhea Method                                       |
| <b>RH</b>      | Reproductive Health   |
| <b>LARC</b>    | Long-Acting Reversible Contraception                                |
| <b>MEC</b>     | Medical Eligibility Criteria  |
| <b>MNCH</b>    | Maternal, Newborn and Child Health                                  |
| <b>MOH</b>     | Ministry of Health  |
| <b>PSE</b>     | Pre-Service Education   |
| <b>SDG</b>     | Sustainable Development Goal  |
| <b>STI</b>     | Sexually Transmitted Infection                                      |
| <b>TRP</b>     | Training Resource Package for Family Planning                       |
| <b>WHO</b>     | World Health Organization   |

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# Preface

## Pre-service education & a stronger health workforce

The nursing and midwifery workforce is experiencing growing demand for accessible, acceptable, and affordable quality care, and universal coverage. In 2006, the World Health Organization (WHO) estimated that an additional 2.4 million doctors, nurses, and midwives were needed globally to meet demand for care,<sup>1</sup> and there is no indication that this deficit has significantly declined in the past decade. However, more health professionals, alone, will not be sufficient to address global health needs: the health workforce will need adequate competencies to respond to evolving needs. Important global guidance documents, such as the *Global Strategy for Human Resources for Health Workforce 2030*, WHO's *Transforming Health Workers*, and *State of the World's Midwifery Report*, underscore the important role of pre-service education in preparing a competent health workforce and paving the way for a systematic approach to health worker education and regulation.

Pre-service education plays a critical role in developing the required professional competencies of nurses and midwives and prepares them for service provision in the long-term. The expectation is that when competent nurses and midwives graduate and are deployed with the requisite knowledge and skills to provide quality health services, they directly contribute to decreasing morbidity and mortality. To produce competent health workers, pre-service education must be guided by evidence-based curricula, and national service delivery and training policies and guidelines; be responsive to national health care needs; and be regulated through continuous learning and licensure.

Nurses and midwives are frontline providers who are most likely to be deployed to primary healthcare facilities, and their training should be prioritized to improve family planning/reproductive health service delivery. A global analysis conducted by the United Nations Population Fund in 2014 concluded that midwives, when educated to international standards, have the competencies to deliver 87 percent of the 46 essential reproductive, maternal, and newborn health services needed by women and newborns.<sup>2</sup>

Strengthening pre-service education for nurses and midwives in family planning can improve health outcomes for women, newborns, infants, and children. Quality family planning/reproductive health pre-service education for nurses and midwives is therefore a “best buy” for countries seeking to reduce maternal, newborn, and child mortalities and morbidities. However, schools face considerable challenges in offering quality pre-service education for family planning, including:

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<sup>1</sup> World Health Organization (WHO), *The world health report 2006: working together for health*, Geneva: WHO (2006).

<http://www.who.int/whr/2006/en/>

<sup>2</sup> United Nations Population Fund (UNFPA), *The State of the World's Midwifery 2014*, New York: UNFPA (2014),

<https://www.unfpa.org/sowmy>

- pressure to add new curricula components for emerging or increasing disease burdens, such as HIV and AIDS, Zika, and other non-communicable diseases;
- rapidly increasing size of the student bodies to meet the demand for a trained health workforce;
- limited numbers of educators with adequate knowledge and skills to conduct competency-based training and ensure the development of clinical competencies and skills;
- and a shortage of teaching resources.

The workforce must be supported by up-to-date national FP/RH policies, guidelines, and standards, as well as regulation, accreditation, and licensure. Although several evidence-based family planning/reproductive health tools and national service delivery policies and guidelines have been developed to support health worker training, these tools and guidelines tend to be geared toward in-service training; thus, their application to pre-service education is often very limited. This guide was developed to address this resounding challenges.

Long pre-service education curricula review cycles of five or more years and lack of resources for capacity building of educators limit the timely application of global evidence-based tools. This guide provides guidance on adaptation of evidence-based family planning and adolescent and youth sexual and reproductive health training tools to improve pre-service education curricula for family planning. This guide accounts for pre-service education curricula adaptation or development being a comprehensive process that includes multiple interconnected pieces working together to contribute to a competent health workforce.



# Introduction

The US Agency for International Development (USAID)-funded Evidence to Action Project (E2A)—with a mandate to strengthen family planning and reproductive health (FP/RH) service delivery globally—supported adaptation of the Training Resource Package for Family Planning (TRP) (see Box 1) to improve the quality of pre-service education (PSE) for nurses and midwives in Tanzania and Uganda. E2A developed an Adolescent and Youth Sexual Reproductive Health (AYSRH) Training Module and an FP Training Module to further enhance FP/RH training in PSE. Using the two modules and further adapting them to context of PSE in the two countries, E2A sought to produce competent frontline health workers with the knowledge, attitudes, and skills to strengthen FP service delivery including youth-friendly FP/RH services. E2A worked with several partners on this effort including: the East, Central and Southern Africa Health Community (ECSA) and its college of nursing (ECSACON), Pathfinder International, the IBP Initiative, and professional associations, regulatory councils, national ministries of health and education, and nursing and midwifery schools in the two countries. Collaborating with these regional and national stakeholders allowed the international partners to help influence policies and decision-making toward improved PSE for FP.

## BOX 1. TRP OVERVIEW

In 2010, the World Health Organization (WHO), USAID, and the United Nations Population Fund spearheaded development of the Training Resource Package for Family Planning (TRP). The TRP contains curriculum components and tools needed to design, implement, and evaluate training. It offers essential resources for family planning/reproductive health (FP/RH) trainers, supervisors, and program managers. The materials are appropriate for providing up-to-date PSE and in-service training in the public and private sectors. The TRP was developed using evidence-based technical information from the following WHO publications:

- Family Planning: A Global Handbook for Providers, 2011
- WHO Medical Eligibility Criteria for Contraceptive Use, 5<sup>th</sup> edition (2015)
- Selected Practice Recommendations for Contraceptive Use, 2008 update and 2016 update

The TRP is intended to be a long-term resource that is regularly updated to incorporate new materials and comply with recent technical guidance. The TRP includes the following content types:

- Guidance on how to design and implement training in-service training interventions
- Guidance on how to use the TRP, including how to adapt the materials for in-service training
- Modules to facilitate acquisition of core FP knowledge and skills
- Modules on each contraceptive method

## Overview of this How-To Guide

This “How-To Guide” provides guidance on adaptation of the TRP and other evidence-based tools to design FP training for PSE, including AYSRH curricula. This guide is meant to be used with illustrative FP and AYSRH training modules for PSE, also developed by E2A and described in the section below.

Adaptation of the TRP and other training materials for PSE is often complex and there is no set recipe for experts adapting prototype training materials. The process will therefore require collaborative and creative decision-making by key stakeholders—educators, regulatory councils, professional associations, service delivery managers, and preceptors. This guide describes a general systematic process for adaptation of the TRP and other evidence-based tools to design FP and AYSRH curricula for PSE. The process elaborated in this guide can be used to adapt different prototype training materials for specific country contexts, for in-service or pre-service training, and for multiple health worker cadres, such as clinical and medical officers and community health workers.

### How is this guide organized?

The guide is organized into four sections and presented through “tasks” with essential background and supporting information:

- **Section 1:** Evidence Generation & Development of Rationale for Adaptation for the TRP
- **Section 2:** The Planning Workshop
- **Section 3:** The Adaptation
- **Section 4:** Appendices (useful tools for TRP adaptation)

While the tasks in this guide are presented sequentially, the actual process can be dynamic. Tasks can be accomplished concurrently, and in some instances, decisions at later stages sometimes necessitate review at earlier stages of the process.

### What is the purpose of this guide?

This guide aims to benefit those tasked with developing and designing PSE for nurses and midwives in ways that include:

- Providing standardized, mandatory, basic minimum core curriculum competencies for effective, evidence-based FP/RH and AYSRH service provision.
- Providing guidance on competency-based education to optimize learning and prepare nurses and midwives for desired, observable, and measurable performance that they must attain to be deemed competent.
- Providing suggestions on how to use competency-based training methods with large numbers of students in one class, so that students can gain adequate hands-on clinical experience.

## Who should use this guide?

This guide can be used by the following groups.

- **Regulatory councils and PSE managers** responsible for curricula design and approval to benchmark can use this guide to improve the quality of PSE for nurses and midwives, comparing curricula content with evidence-based training materials and tools.
- **Educators** can use this guide for guidance on effectively using the TRP and other evidence-based training tools to include and update FP/RH in curricula components, teach using competency-based training practices, and monitor and evaluate PSE.
- **In-service FP/RH training managers and trainers** can use this guide to link PSE and in-service training (IST) to ensure consistency of content, and that the two types of training build from one another.
- **Global and regional institutions** aiming to support countries to adapt evidence based FP/RH and AYSRH tools can use this guide to update and enhance PSE.

## Why should you adapt the TRP?

The TRP is comprehensive, with 12 modules. More modules are being added and several of the existing modules are being updated to include new evidence-based technical information. The TRP was initially developed for IST, and modules to be used alone or together, depending on training needs. The TRP modules range in time from three days to one week of classroom instruction and practice. However, the duration of PSE programs is fixed, with time allocated to each module, such as the RH course unit or module, limited. It is therefore not possible to include the entire TRP in nursing and midwifery programs, which allocate a limited training period FP.

It is essential to adapt the TRP to align with core FP/RH competencies to be developed among students, as specified in curricula. These core competencies are often linked to post-training job expectations for each specific cadre. Adaptation might be needed to align curricula content with changes in core competencies; emerging evidence-based FP/RH content and practices; new technology; and national service delivery and training policies, guidelines, standards, and scopes of practice. Adaptations can also facilitate delivery of essential core competencies in FP and AYSRH during the short time allocated to FP in PSE without compromising the quality of training.

Adaptations will also need to be made based on pedagogy—broad guidelines on how content, knowledge, skills, and attitudes are delivered. In most cases, course units are delivered based on a template that includes learning outcomes or objectives, specific objectives or related tasks, trainer and learner activities, materials to be used for effective training, length of each session, and learner assessment methods after the session or delivery of competencies. Adaptations can be made to increase emphasis on select components of the curriculum; adjust the pace and time allocation due to additions and reductions to the curriculum; and, adjust student activities and evaluation procedures.

Nursing and midwifery curricula are skills-based, competency-based training methods that have been increasingly applied to produce health workers who have knowledge, skills, and competencies to

provide services relevant to the needs of the communities they serve. The adaptation might be necessary to reflect a shift from traditional lecture to competency-based learning.

Please note that significant changes to content and pedagogy may have implications for educators, who may have limited FP/RH knowledge and competence-based teaching skills. These educators may be challenged to effectively develop competencies in students that are aligned with adapted curricula, and may be resistant to implement new changes. Adaptation and subsequent implementation of the adapted curricula should therefore include all key stakeholders, such as in-service and pre-service educators, regulatory councils, professional associations, service delivery managers, clinical mentors, and preceptors (see Box 2).

## BOX 2. What are the key principles for adaptation of the TRP?

### Ensure country ownership and alignment.

Decisions about adaptation should be **country-owned, country-led, context-specific**, and aligned with national policies, guidelines, and standards for training and service delivery as well as the scopes of practice of the specific cadre. Curricula review and adaptation is a complex process that often requires collaborative, and creative decision-making from all key stakeholders to provide guidance and suggest specific tasks to contribute to a complete and systematic adaptation process. This collaborative process will ensure the adapted curricula is acceptable.

### Make evidence- and need-based adaptations that are cognizant of time constraints.

Adaptation should be **evidence based, need based**, and **feasible** to implement curricula within time allocated for the FP topic.

### Integrate adaptations with core competencies.

Adapted content should be conducted in such a way that it is uniform and seamless to integrate with the core curricula components. Adaptation, regardless of its rationale, should follow national curricula review and approval guidelines to ensure that the changes maintain their fidelity to the core components of the curricula. The process should include time and resources for adaptation of materials, including approval, dissemination, and building capacity for use of adapted curricula. The adapted curricula should include adequate time and resources for teaching core competencies in FP.

### Adaptations may require change.

Adaptations should not be made to make it easier or more convenient to teach the program content or stick to what is familiar because educators lack appropriate technical knowledge or time to teach the content.

### Decide what to include in pre-service education and what to leave for in-service training.

Adaptations should consider feasibility of building technical competencies within the allocated teaching time. Adaptations should also consider capacity of PSE schools, such as availability of equipped skills laboratories and clinical instructors, and client volumes for students to acquire competencies during practicum. Where there are capacity limitations for acquisition of complex competencies, such as intrauterine device (IUD) and implant insertions and removals, teaching these competencies should be delayed to IST. Likewise, decisions about teaching certain complex competencies depends on the cadre of health worker being trained; for example, it might not be feasible to train nurses who do not have competencies in bimanual pelvic examinations to insert IUDs.

## How should the FP and AYSRH Training Modules be used with this guide?

E2A adapted the TRP to enhance FP/RH training for PSE for nurses and midwives in Uganda and Tanzania. Based on this experience and through use of evidence-based tools, E2A developed two modules that can be used globally: an ***FP Training Module for PSE*** and an ***AYSRH Training Module for PSE***. E2A also adapted the TRP Instructor’s Guide to respond to the PSE needs and for use with the modules. The entire package of evidence-based tools—this How-to Guide, along with the two adapted modules for PSE and instructor’s guide—is designed to support up-to-date training on FP/RH and AYSRH. Please see the graphic on the following page for the contents of each tool.

The modules contain curriculum components and tools needed to design, implement, and evaluate training. They offer essential resources for FP/RH instructors, ministries of health and education, and directors of nursing and midwifery schools. The modules were designed to harmonize and strengthen FP and AYSRH training topics for pre-service nursing and midwifery education, and are meant to be aligned with each country’s PSE and FP policies and guidelines. The modules seek to encourage active involvement of students in the learning process.

The modules are designed for use by pre-service educators with a thorough understanding of adult learning principles and the ability to provide clinical training on FP and AYSRH topics in a pre-service setting. The training sessions are designed for competency-based and learner-focused learning. Lesson plans are designed to actively involve the students in the learning process. The modules may be adapted to fit the circumstances in the country where they will be used, the pre-service educators who will be conducting training, and the level of expertise and skills of the students.

## Structure of the FP and AYSRH Training Modules

Each session includes lesson plans on different topics that encourage team teaching and allocation of topics for teaching to the most knowledgeable educator. Each topic has its own objectives, PowerPoint presentations, simulation skills practice in the form of role-plays, discussions, case studies, and clinical practice using objective competency-based skills checklists. At the end of each topic there might be some instructions for the educator to give to students in preparation for the next topic, including materials from previous topics that students need to bring for the next topic.

# The Training Resource Package for Pre-Service Education in FP and AYSRH

| ADAPTATION  | IMPLEMENTATION/EVALUATION  |
|---|--|
| HOW-TO GUIDE  | INSTRUCTOR'S GUIDE   |
| Introduction and rationale for the adaptation of the TRP for PSE<br>How the Instructor's Guide should be used | The Training Resource for Pre-Service Education in FP and AYSRH                                      |
| Guidance on how to plan and organize for adaptation<br>An overview of the design of the Training Resource     | How the Instructor's Guide should be used  |
| Steps on how to adapt the TRP<br>Clinical Practicum   | How should the Training Resource Package for Pre-Service Education in FP and AYSRH should be used    |
| Guidance on how to monitor the adaptation process   | An overview of the design of the Training Resource Package for Pre-Service Education in FP and AYSRH |
|   | An overview of the design of the Training Resource Package for Pre-Service Education in FP and AYSRH |
|   | Clinical Practicum   |
|   | Appendices   |
|   | A: Adult learning  |
|   | B: Using case studies  |
|   | C: Facilitating role plays   |
|   | D: Demonstration return demonstration  |
|   | E: Competency-based checklists   |
|   | F: Pre/post tests and answer keys  |



# Adapting the TRP for Pre-Service Education

## Overview of the Tasks

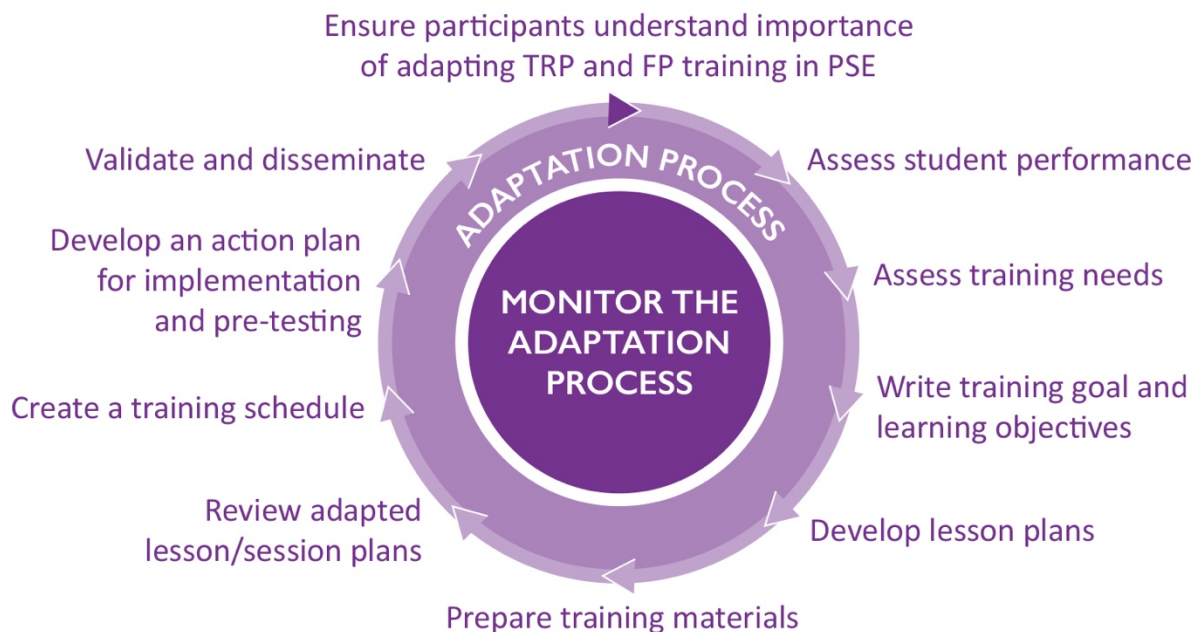
The tasks in this guide are essential for successful adaptation of the TRP and other evidence-based global tools and practices to enhance health worker training in preservice education. The tasks in each section do not need to be completed in sequence. Rather, they should be modified to each country context and depend on the purpose of curricula review, whether it is to update training materials and job aids, or to develop new or update the entire FP and AYSRH topical areas.

## Who should lead and facilitate the process of adaptation?

Adaptation should be a participatory process led by those with authority over curricula development, review, and approval. These include regulatory councils and “champion” educators and professional associations. The process should foster ownership among all key stakeholders in PSE and IST, including training program developers, policymakers, and content experts.

Although the process should be country led and informed by the country context, it can be initiated and facilitated by regional bodies with a mandate to strengthen health workforce development, such as ECSA, the West African Health Organization, the International Confederation of Midwives (ICM), or the International Council of Nurses (ICN).

**Figure 2. Illustrative adaptation process**



## SECTION 1

# Evidence Generation & Development of Rationale for Adaptation for the TRP

The objectives of the tasks included in this section are to:

- **Foster country ownership of the adaptation process.**
- **Ensure those involved in the adaptation process understand the rationale for adapting the TRP to enhance FP and AYSRH training.**

### TASK 1.1

## Foster country ownership and leadership for the adaptation process

### Why it is important to foster country ownership?

PSE curricula are bloated with technical content additions for emerging health problems without increases in the duration of training programs. Class sizes have increased due to demand for supply of health workers. Educators are already over stretched, and schools have limited resources. There is therefore likely to be initial resistance to change curricula. It is essential to foster country ownership to have requisite national support for adaptation.

Additionally, some updates may have implications for teaching, such as need to increase hours of classroom teaching and clinical attachment that requires planning during the national curricula review process. The adapted curricula content will depend on country leadership planning for resources and time to disseminate and ensuring all accredited schools have the capacity to implement the adapted curricula. Note that it might be necessary for IST FP/RH training programs to include educators in planned ISTs to build their capacity in adapted curricula and support for practicum training of students at practicum sites.

### Who needs to be engaged to own the process?

Engage IST and PSE managers and educators, professional associations and regulatory bodies, student representatives, and potential employers from public and private sectors. Some of the PSE managers could be from the Ministry of Education in countries where education of the health workforce is under the Ministry of Education.

A small group of decision-makers should be selected to serve as “FP/RH champions” who can advocate for change. To engage these decision-makers, follow this process.



1. Conduct meetings with all key stakeholders and influencers (one-on-one and/or in group; disseminate TRP/other global tools).
2. Share messages developed during Task 1, with emphasis on the benefits of ensuring adequate development of FP/RH competencies in PSE.
3. Reach consensus on training program that will benefit from application of the TRP (nurses, midwives, medical officers etc.).
4. Clarify importance and role of key stakeholders in the adaptation, implementation, and sustainability of adapted training materials. <sup>1</sup>

## TASK 1.2

### **Conduct situational analysis to understand the need to adapt the TRP and enhance FP/RH and AYSRH training.**

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#### Understand education, policy, technology

Understand the policy environment to identify gaps in curricula content, and lack of alignment between what is taught and what policy defines and expects in terms of FP and AYSRH service delivery for the cadre of health worker.

Have up to date information on job expectations of each health workforce cadre, FP service delivery policies and standards, and technical content of health worker education in the country. Have thorough knowledge of current contraceptive technology, and evidence-based global tools. Compare these global tools and job descriptions with curricula content to identify gaps in PSE, and focus areas for adaptation.

#### Understand the health system

Understand the PSE systems in the country, including the curricula review processes, and how FP/RH content is sanctioned. The roles of decision-makers and stakeholders must be defined to identify “champions” in the adaptation process, and to estimate the time and resources required for implementation of all stages of the adaptation process.

It is particularly important to clearly understand who has responsibility for validation and approval of curricula. Processes differ from country to country; responsibility for validation and approval could fall under regulatory councils, the education department of the ministry of health or education, or a vocational training body that is not necessarily technical. While a vocational training body might not be involved in curricula review, they need to be consulted and aware that the curricula are being updated, and the reviewers need to be aware of the guidelines and expectations for curricula approval.

## Conduct document review

Review FP/RH service delivery policies, guidelines, service standards, and training policies, including those for IST, to ensure that training is aligned with country guidelines and is cognizant of country context. These documents can include:

- International FP/RH tools and guidelines
- Regulatory documents, such as scopes of practice, training standards, curricula, and job descriptions of each health worker cadre
- Policies and strategies, including FP/RH service delivery guidelines and standards, AYSRH policies and strategies
- Data sources, such Demographic and Health Surveys and Family Planning 2020 (FP2020) Performance Monitoring and Accountability reports, where available
- Country FP/RH goals, commitments, and priorities related to FP2020, Costed Implementation Plans, and the Sustainable Development Goals (SDGs)
- Global guidance documents and goals related FP, MNCH, and HIV
- Global evidence and standards, including the USAID HIPs, WHO Medical Eligibility Criteria for Contraceptive Use (MEC), standards for AYSRH and FP, particularly on impact of a trained regulated health workforce on reduction of maternal and newborn mortality

## Conduct key informant Interviews or focus groups discussions

These can be held with policymakers, educators, clinical instructors, regulatory councils, professional associations, practicum site service providers, FP/RH program managers, providers, program personnel, and international development partners that support FP/RH. WHO's *Essential Competencies Framework: Adolescent Health and Development for Health Workers in Primary Health Care Settings* and Jhpiego's *Midwifery Education Rapid Assessment Tool: Guide and Handbook* can be used for guidance.

## Use self-administrated questionnaires

Questionnaires with policymakers, educators, clinical instructors, regulatory councils, professional associations, practicum site service providers, FP/RH program managers, providers, program personnel, and international development partners can be used to elicit information on training and service delivery policies, curricula components, and FP/RH core competencies of various health worker cadres.

Use information from the questionnaires to provide evidence for messaging and formulate key messages. The key messages should be used to:

- Advocate for the importance of effective competency-based FP/RH and AYSRH training in PSE.
- Obtain buy-in, and foster country ownership and leadership for the adaptation process.
- Address any resistance to making changes to curricula.

Key messages used to engage national stakeholders should underscore the importance of developing FP/RH and AYSRH competencies in PSE in relation to country demographic data and FP/RH and AYSRH policies, strategies, and priorities. They should relay the need for curricula to reflect global initiatives and guidelines on PSE from entities such as WHO, Global Health Workforce Alliance, the International Confederation of Midwives, and the International Federation of Obstetricians and Gynecologists.

Use information from the assessment to plan for the adaptation.

## SECTION 2

### Planning for the Adaptation

This section includes participatory tasks that involve key stakeholders as FP/RH Champions. To ensure design of a complete and systematic adaptation process, tasks in this section should be accomplished during a two- to three-day workshop. During this workshop, stakeholders will further validate information from the situational analysis and build capacity of country leadership to facilitate the adaptation process.

The objectives of the tasks in this section are to:

- **Mobilize the adaptation team.**
- **Decide which elements of the PSE program to address.**
- **Design the adaptation workshop/activities.**

#### TASK 2.1

##### **Develop the planning team.**

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This team will facilitate the process of adaptation, approval, dissemination, and implementation of the updated curricula.

Key stakeholders who are responsible for training programs, curricula review and approval should serve as the planning team. These stakeholders can include: PSE and IST program managers, regulatory councils, professional associations, FP/RH service delivery program managers, national master trainers, clinical instructors and mentors, providers from practicum sites, and student representatives.

Educators that teach each level of PSE within the training program curricula that will be updated and members of the curricula review committee should also participate. Ideally, planning should take place in a workshop setting for consensus building and joint planning and to foster ownership and ease validation. Planning should entail the following tasks.

#### TASK 2.2

##### **Present findings of situational analysis.**

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This background information will help to define desired performance, assess actual performance, and identify areas of the curricula for adaptation and capacity building of educators. Present an overview of the country context:

- FP/RH and AYSRH policies, standards, and guidelines
- Situation of FP/RH and AYSRH in the country
- FP/RH and AYSRH service delivery practices

Present competencies and scopes of practice:

- FP/RH-related scopes of practice for the selected professional PSE program for FP/RH and AYSRH strengthening
- FP/RH-related competencies in curricula, including when these were last updated and when they are due for updating
- Expected FP/RH and AYSRH competencies to be developed as directed by the scopes of practice, job expectations, and standards

### TASK 2.3

#### **Provide an overview of the TRP and the adapted TRP FP and AYSRH Training Modules for PSE.**

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- Present the TRP's purpose and structure, and demonstrate how to access it online or on flash drives, depending on Internet connectivity.
- Provide an overview of the contents of the adapted, illustrative FP Module for PSE.
- Demonstrate how the TRP was adapted for PSE, using one of the sessions in the FP Training Module.
- Disseminate other key reference materials that will be used during the adaptation such as MEC.

### TASK 2.4

#### **Consider which PSE training program and cadre of health worker to address.**

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Different PSE curricula may require different reviews depending on the job description within the cadre; for example, there might be a difference in job expectations between certain levels of nurses and midwives, or midwives and clinical officers. The following considerations should be made when deciding which curricula to review:

- Need for development and adaptation; for example, curricula that is due for review and updating.
- Curricula that are similar and easily adaptable for another cadre; for example, it might be best to review the curricula for nurses and midwives at the same time as the post- training functions for community health workers.

- Cadre who are expected to provide the bulk of FP/RH (including AYSRH) services upon deployment and therefore highly likely to use the acquired knowledge and skills.
- Frontline cadre who are mostly deployed to facilities that provide primary health services.

Depending on the intensity of the adaptation, the FP and AYSRH technical areas could be conducted in two or more workshops. Some of the participants for FP and AYSRH may differ; for example, not all FP providers and in-service trainers may have requisite technical knowledge and skills on AYSRH and gender.

## TASK 2.5

### **Develop objectives and approach for the adaptation and prepare the schedule of activities.**

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Develop objectives for the adaptation that should be clear and achievable in the given time. The objectives should be based on the identified adaptation need. See Appendix 1 for illustrative “Objectives for Adaptation Workshop.”

The adaptation can be conducted in phases, depending on the scope of adaptation. If the adaptation is to be conducted in phases, the objectives and adaptation activities should be broken down in way that will ensure accomplishment in the most efficient and resource-sensitive way. For example, it might be necessary to start with dissemination and use of the TRP to update educators, and those who will be involved in the adaptation process, and then conduct the adaptation including development of training materials in a different setting.

There are various approaches for review of curricula; some countries have guidelines and standards for curricula review and these should be followed. Where guidelines do not exist, the following advantages and disadvantages between workshop setting and individual or small groups working from their work stations will help to decide the approach for curricula review and adaptation.

### **Workshop**

A workshop setting where all identified participants work together, full-time, for a specified period, have the following advantages and disadvantages. Decisions should be made based on most efficient use of available resources to accomplish the tasks.

#### **Advantages:**

- Multiple stakeholders can be represented and allows for capacity building.
- Accomplishments are within a fixed, agreed-upon timeframe.
- Reviewers’ knowledge and skills can be assessed and limitations addressed prior to adaptation process.
- Allows for timely consensus building and proceeding with the adaptation.

- Allows for immediate review of the adapted training materials.

**Disadvantages:**

- Takes educators away from their work; in places where there are few educators, this might interfere with teaching schedules.
- Requires financial resources and can be quite expensive.
- Costs may be a limitation to number of stakeholders who participate in the adaptation process.

It might be necessary to conduct the adaptation process in several workshops for availability of key participants, such as educators. One option might be to start with dissemination of the TRP and a contraceptive technology update for educators or all those who will be involved in the adaptation process in one setting, and then conduct the adaptation, including development of training materials, in a different setting.

## Individual or small group adaptation

Sections for adaptation can be assigned to individuals or small groups to work on within a given time. This should be based on criteria including known expertise of the personnel assigned to adapt in the content area of adaptation. Adaptation instructions and expected products should be very clear. This will require people to manage who will remotely or periodically provide support to reviewers ensuring that everyone has the key resources for effective adaptation.

**Advantages:**

- Tasks for curricula review can be assigned to many people individually, or in small groups, with flexible timeframes, depending on availability.
- This approach may be less costly than a workshop setting, as reviewers work from their workplaces using their own resources.

**Disadvantages:**

- Sessions build upon each other. It might take time for people adapting one module to understand the contents of a previous module, and without thorough understanding, they might make assumptions about what was taught.
- Some reviewers might have limited knowledge and skills; some content may be open to misinterpretation.
- Dependent on all reviewers delivering within the timeframe, there is a risk that not all reviewers will review according to expectations if not supported to deliver on time.
- Will require a group review, or if review is not conducted consistently, the adaptation process might require more time.
- Capacity building, and knowledge and skills updates are a challenge unless there are mechanisms for a quick online update, which might not be possible in low-resource settings.

## TASK 2.6

### **Select participants who will participate and conduct the adaptation to update curricula.**

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These participants will be responsible for the actual product that results from adaptation and will be a good resource for presenting adapted curricula for approval, dissemination, building capacity for implementation of updated curricula, and providing feedback.

Policymakers, curriculum users and recipients, educators, trainers, student association representatives, regulatory councils, professional associations, clinical mentors, and technical experts in instructional design should be broadly represented during the adaptation process. Participants from the planning workshop should be involved in the adaptation, along with:

- Additional educators from public- and private-sector schools
- Additional representatives from the regulatory councils
- National curriculum development committee
- Content experts, as relevant
- FP/RH master in-service trainers for FP and AYSRH
- Representatives of professional associations
- Additional providers from a wider range of practicum training sites

When reviewing individually or in small teams at workplaces, the stakeholders listed above may be assigned to adapt different parts of the curricula. At some point, however, they should come together to review, to reach consensus, and to compile of all the adapted materials.



## TASK 2.7

### Design the adaptation workshop or prepare a plan for individual adaptation by individuals outside of a workshop setting.

**Table 1: Illustrative time allocation based on adaptation need**

| Adaptation Need   | Estimated Time  |
|---|-----------------|
| Curricula have been recently updated and the TRP is used to validate the contraceptive technology and to build that capacity of educators                                 | 3-day workshop  |
| Curricula needs substantial revisions, such as development of learning objectives, and competencies, knowledge, skills, and attitudes domains, as well as content outline | 5-day workshop  |
| Curricula needs adaptation to develop lesson plans and training materials and capacity building of educators  | 10-day workshop |

#### Create a schedule for the adaptation process.

For off-site adaptation, develop a plan that identifies reviewers for the curricula to be adapted, and a timeframe including any on-site support and when reviewers should submit reviewed sections. Specify who will be responsible for follow-up and communication mechanisms.

For a workshop, develop a schedule aligned with allocated time for the workshop. Review each objectives and scope of the adaptation and duration of the activity. Develop activities for the adaptation including time allocation for each activity and overall sessions.

#### Prepare a guide or session plans for the adaptation process.

Development of a guide or session plans will help to ease facilitation and optimize time management to accomplish the set objectives. The plans or guide for will be applied to implement activities described in Task 3 and are for a workshop setting.

#### Compile training materials, including handouts, anatomic models for demonstration, samples of all contraceptives available in country and job aids.

The following list of materials will be necessary for updates, demonstration of some procedures to enhance understanding, and transfer of learning during the adaptation process.

- Prepare to use both the web-based TRP, if possible, and the flash drives. Ensure that each group has someone with a laptop who with a high level of basic computer literacy in Microsoft Word, PowerPoint, and Excel.
- Obtain a computer projector for displaying the presentation, flip charts, markers, and pens, etc.

- Obtain equipment and supplies for practice on anatomical models, including arm models, implants, surgical drapes and gloves, antiseptic solution (or substitute plain water), local anesthetic, needles and syringes, a surgical blade (for Implants) for any demonstration.
- Prepare handouts from the TRP. This will provide a quick reference of where to locate various materials.
- Link the sections of the curricula to be updated with the TRP and other materials.
- Develop evaluation tools
  - For pre-post test tools, adapt from the TRP and IST curricula;
  - For country policies and guidelines and demographic data, adapt from the national materials;
  - For training, adapt from training guidelines and standards
- Prepare daily evaluation template (e.g., journals of takeaway messages), and workshop evaluation.

## SECTION 3

### The Adaptation

This section describes the facilitated workshop approach. The tasks are designed for the facilitators who will be responsible for the final products of the workshop. Participants should go through the process below.

The objectives of the tasks included in this section are to:

- **Assess performance and training needs.**
- **Decide which parts of curricula to adapt.**
- **Adapt curricula using the TRP.**
- **Develop lessons plans using the FP and AYSRH Training Modules.**
- **Pre-test the adapted curriculum.**
- **Monitor use of the adapted curricula.**

#### TASK 3.1

### Ensure participants understand the importance of adapting TRP and FP training in PSE.

It is important for participants involved in the adaptation process to understand the country, regional, and global FP and AYSRH contexts. Participants should appreciate the importance of FP and AYSRH as it relates to improving maternal, newborn, and child health. They should know why it is important for PSE to graduate competent health workers with adequate knowledge, skills, and attitudes to provide quality services upon deployment, and to instill a positive attitude toward FP and AYSRH among students. The sub-tasks described below comprise a facilitated process to ensure participants understanding of these subjects.

### Provide an update on the national, regional, and global contexts of FP/RH.

This might include:

- FP/RH training policies, guidelines and standards
- Country status of FP (reference Demographic Health Survey, or where available, FP2020 Performance Monitoring and Accountability data and FRP/RH commitments, strategies and priorities, e.g., Costed Implementation Plans, FP2020 commitments)
- The role of providers in FP/RH service delivery, IST, and the importance of PSE
- Regional or national efforts to address FP/RH in PSE (both successes and challenges)

- Global FP/RH-related initiatives: FP2020; SDGs; Every Woman, Every Child; Ending Preventable Maternal Deaths

## Provide an update on global evidence-based FP/RH tools and practices.

This might include:

- USAID High Impact Practices
- Global Consensus Statements (e.g., Expanding Contraceptive Choice to Include LARCs for Youth)
- Global tools with focus on the PSE FP and AYSRH Training Modules
- Medical Eligibility Criteria for Contraceptive Use, 2015;
- Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030);
- WHO’s Selected practice recommendations for contraceptive use, Third edition 2016
- *Family Planning: A Global Handbook for Providers*, 2018

## Familiarize participants with the TRP and the FP and AYSRH Training Modules.

- Open the TRP on flash drives or online if participants have access to Internet connectivity.
- Use the adapted FP and AYSRH Training Modules to demonstrate how the TRP was adapted for PSE taking into consideration the time allocated for PSE and the level of students.
- Individually or in small groups, give participants time to review the table of contents in the TRP “Facilitators Guide” and organization of the TRP, as well as the FP and AYSRH Training Modules for PSE to navigate the TRP and a module of their choice.
- Go through a module, its contents, lesson plan, PowerPoint presentations, and training materials. Aim to select sections of the lesson plans that impart new knowledge or provide contraceptive technology update.
- Provide an overview of the contents of this How-To Guide.
- Explain that specific sections of the is guide will be applied during the adaptation process.

## TASK 3.2

### Assess performance needs.<sup>3</sup>

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#### Define desired performance.

##### *What FP/RH and AYSRH competencies are PSE schools expected to develop?*

State the desired performance in specific, observable, and measurable terms. Information used to identify the desired performance includes:

- FP/RH- and AYSRH-related scopes of practice
- FP/RH and AYSRH competencies and job expectations in national standards and guidelines and existing curricula
- Job descriptions

#### Assess actual performance.

##### *Is PSE graduating health professionals with adequate competencies (knowledge, attitudes, and skills to provide FP/RH services upon deployment)?*

Educators may describe overall performance of the students in FP/RH as well as issues related to current FP/RH training and curricula.

Clinical instructors and service providers from practicum training sites may provide their observations on knowledge of students prior to practicum training.

Service delivery supervisors can provide information on readiness of newly graduated and deployed health workers to provide FP/RH services.

Conduct “Strengths, Weaknesses, Opportunities, and Threats” (SWOT) analysis of the current FP/RH and AYSRH training in PSE using the following guiding questions:

- *What is being taught?* Compare objectives and curricula, job description with the FP and AYSRH Training Modules for PSE.
- What is the duration of the sessions, classroom time, and clinical practice? How adequate is this to develop competencies?
- How is content being taught/what teaching methods are used, and how is student learning assessed for both knowledge and skills? For example, do educators have and always use prepared lesson plans and training materials? Are the teaching methods competency based?

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<sup>3</sup> Tasks 3.2-3.10 in this section are adapted from the TRP’s “8 Steps for Planning and Designing Adaptation.”

- Who implements curricula and what is their preparation on FP/RH subject matter and teaching skills? Ask about both the classroom and practicum training.
- What is the capacity of the schools to develop competencies, teaching faculty, equipment, practicum training sites?
- When were curricula last updated? How are the teaching materials compared to what is in the TRP/evidence-based tools, and post-training FP/RH job expectations of the cadre?

To support the SWOT analysis:

- See Appendix 2 for a tool that can help with assessment of current teaching on adolescent reproductive health topics.
- Use the illustrative framework below (Table 2) to guide assessment of current actual performance for content, pedagogy, and teaching capacity.

**Table 2: Illustrative Framework: Assessing PSE Performance to Develop FP/RH Competencies**

|   | Yes | No | Observations |
|---|-----|----|--------------|
| <b>Infrastructure Management</b>  |     |    |              |
| Sufficient classroom space to facilitate theoretical learning   |     |    |              |
| Availability of library resources including access to online materials  |     |    |              |
| Fully equipped clinical lab for simulation and practice   |     |    |              |
| Schools accredited and there is a system for renewal of accreditation licensure   |     |    |              |
| <b>Practicum Training Sites</b>   |     |    |              |
| Sufficient practicum training sites that are easily accessible to teaching staff and students to attach students for practicum training                 |     |    |              |
| Practicum training sites with adequate clinical equipment, commodities, and teaching equipment, such as anatomic models to train students to competency |     |    |              |
| Practicum training sites model high-quality service provision and practices consistent with national FP/RH standards & evidence-based practices         |     |    |              |
| Providers at practicum training sites prepared to coach students to competency  |     |    |              |

|   | Yes | No | Observations |
|---|-----|----|--------------|
| <b>Educators, Clinical Instructors, and Preceptors</b>  |     |    |              |
| Acquired and maintain their FP/RH clinical knowledge and skills   |     |    |              |
| Prepared to teach and receive continuous knowledge and skills updates   |     |    |              |
| Have teaching resources that they need to be effective in preparing competent students  |     |    |              |
| Have support they need to perform optimally; includes access to teaching resources, supportive supervision  |     |    |              |
| Accredited pre-service education schools with sufficient midwives and others to educate existing students in the academic/theory components of the curriculum is competency-based |     |    |              |
| <b>Curriculum</b>   |     |    |              |
| Aligned with national FP/RH training policies, guidelines. and standards and in-service training curricula  |     |    |              |
| Aligned with relevant professional standards from international professional bodies such as International Confederation of Midwives and International Council of Nurses           |     |    |              |
| Up-to-date, reviewed in the last five years and have been validated by the authorized regulatory and professional bodies  |     |    |              |
| Competency based and learner focused to effectively prepare FP/RH competencies according to standards   |     |    |              |
| Established system to review and revise curriculum every five years   |     |    |              |
| Curricula review is conducted with broad participation of key stakeholders including educators, clinical instructors, regulatory councils, professional bodies, content experts   |     |    |              |
| Established system to monitor and support implementation of curriculum  |     |    |              |

## Identify performance gaps.

### *What gaps in the development of FP/AYSRH competencies in PSE can be addressed with use of the FP and AYSRH Training Modules for PSE?*

- Summarize the key weaknesses identified from the SWOT analysis.
- Compare desired performance and actual performance, and the learning outcomes and content in curricula against the FP and AYSRH Training Modules, other evidence based tools, and national guidelines and standards.
- Supplement this information with findings from interviews with stakeholders, such as providers, managers, supervisors, and representatives from ministry of health, health training institutions, and regulatory bodies identified during planning phase above.

## Identify the underlying or root causes of the performance gaps.

### *Why do these performance gaps exist?*

This is an important component of Task 3.2, as updating curricula and building the capacity of educators might not be the only solution to address all challenges. Addressing some of the non-training related issues would make implementation of updated curricula more effective. These could include low motivation, shortage of educators and clinical instructors, and low salaries. It might not be possible for the group to address some of these issues, but adaptation of the TRP to update curricula should take these types of challenges into consideration. Apply problem-solving processes and provide hints on how to overcome some of the non-training issues raised. See Table 3 on next page for illustrative suggestions on how to respond to the root causes of performance gaps.



**Table 3: Suggestions for Responding to Root Causes of Performance Gaps<sup>4</sup>**

| Root Cause  | Suggested Responses  |
|---|--|
| Lack of clarity on expectations of the competencies to be developed in students, and curricula and training materials not updated   | The adaptation process aims to address this gap.<br>Recommend that policymakers ensure dissemination of policies, guidelines, standards, and job descriptions of different cadres of health workers.   |
| Limited infrastructure and lack of teaching materials and learning resources  | Address this gap when conducting simulation training and ways of improvising to address lack of training resources.  |
| High student-to-teacher ratio   | Class sizes will be considered in use of competency-based training methods during the adaptation process.  |
| Little motivation and incentives to perform as expected. This can be due to shortage of educators, high student-teacher ratio, work overload, low pay, poor working conditions. | Empathize, but explain the limitation of addressing this in this forum.  |
| Limited capacity (knowledge, skills, attitudes including lack of competency-based teaching skills) of educators to teach FP/RH  | The dissemination of the adapted curricula should include capacity building of educators and encourage whomever attends the first capacity-building sessions to orient others as part of their own performance goals. Raise awareness of this need with managers of continuous professional education program, and awareness about online FP/RH courses. |
| Lack of time and adequate practice during practicum; facilities not adequately prepared for practicum training, not enough providers prepared to coach students                 | Use simulation and integrate FP with other health services, as appropriate   |

### TASK 3.3

#### **Assess training needs of educators and students.**

**Assess educators' knowledge, skills, and attitudes to teach FP/RH and develop the stated competencies among their students.**

List the knowledge, skills, and attitudes educators should possess to effectively develop students' competencies to provide quality FP services after graduation. This will include:

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<sup>4</sup> Additional resources on how to conduct a performance needs assessment and a training needs assessment:  
[www.pathfinder.org/publications-tools/pdfs/Advanced-Training-of-Trainers-Participants-Guide.pdf?x=144&y=18](http://www.pathfinder.org/publications-tools/pdfs/Advanced-Training-of-Trainers-Participants-Guide.pdf?x=144&y=18);  
[www.pathfinder.org/pf/pubs/TRP14.pdf](http://www.pathfinder.org/pf/pubs/TRP14.pdf)

- FP/RH knowledge of and skills related to evidence-based practices, current contraceptive technology, understanding of FP content in the country.
- Ability to use skills checklists to provide guided learning to students.
- Preparation of lessons plans and training materials.
- Use of competency-based training methods to develop students' FP/RH competencies.

Assessing the capacities of educators can be accomplished through the following mechanisms:

- Pre-knowledge assessment test and/or observations of teaching FP at schools, depending availability of resources.
- Self-administered questionnaire or key informant interviews.
- Review of documents, such as availability and quality of prepared lesson plans in terms of up-to-date content, depth, and use of competency-based teaching methods.
- Interviews with clinical mentors at practicum sites on students' knowledge.

Analyze and use findings to inform assignment of adaptation tasks, depending on technical knowledge and skills, and to identify technical areas for capacity building. Adjust the schedule as needed. Responses from a self-administered questionnaire or key informant interviews may differ between schools and individual educators. Information from this assessment will inform the capacity-building plans for the educators to effectively adapt the TRP, develop training materials, and ultimately implement the adapted curricula.

## Assess students' training needs based on current training and performance.

### *Responses from educators.*

Responses will be based on information from educators. Student performance and training needs can be determined from written tests and skills assessment during post-practicum training and interviews with clinical mentors at practicum sites. Existing prior knowledge would allow for more time to focus on new content and skills and practice complex skills. It is generally assumed that students will have the following FP/RH-related knowledge and skills by practicum:

- Anatomy and physiology of the male and female reproductive organs
- Communication skills: health education
- Counseling skills
- Nursing process
- Screening clients/patients through history-taking and physical and pelvic examination
- Ethics in nursing
- Code of conduct for nurses

### ***Knowledge assessments.***

Always assess the level of FP/RH-related knowledge and skills acquired from previous sessions, as retention might be low. It is advisable to ask students to prepare for the FP and AYSRH sessions by revising notes from previous sessions including those listed above.

### **Apply findings from training needs assessment.**

- Address any knowledge and skills gaps.
- Develop a long-term plan for capacity building of educators as part of support for implementation of adapted curricula.
- Decide what to emphasize during the adaptation.

### **Agree on curricula components to be adapted.**

This is the most challenging part of the adaptation, and participants must reach consensus as changes may imply additional time be allocated. Recommendations for reductions in time allocated should be clear and have a strong rationale that the adjustments will not compromise the quality and learning of the content area or course unit. Adaptation is comprehensive and will involve objectives, content, teaching methods, and learning evaluation methods and tools.

Identify and list all components of the FP and AYSRH curricula components to be updated or developed. Use the tool as an example (Table 4) that begins on the next page to guide you through the process, and refer to the TRP and the FP and AYSRH Training Modules accompanying this guide. Refer to Appendix 2, Tool for Assessing Current Teaching in AYSRH, for support.

**Table 4: Illustrative Selection of Curricula Components to be Adapted**

| FP job expectations or related scope of practice       | What are the adaptations that need to be added or elaborated?  | What sources/reference documents can be used to make adaptations?   |
|--|--|---|
| <p><b>Mobilize communities for family planning</b></p> | <ul style="list-style-type: none"> <li>• Understanding of family planning concepts</li> <li>• National family planning policies and strategies</li> <li>• Healthy timing and spacing of pregnancy (HTSP)</li> <li>• Benefits of family planning</li> <li>• Rights of clients to voluntary family planning</li> </ul>   | <ul style="list-style-type: none"> <li>• HTSP documents</li> <li>• National FP/RH policies, guidelines and service standards</li> </ul>   |
| <p><b>Provide family planning methods</b></p>          | <ul style="list-style-type: none"> <li>• Entry points for FP (e.g., AYSRH, antenatal care, postpartum and post abortion care, immunization and well child clinics, STI/HIV service delivery)</li> <li>• Counseling about family planning and voluntary informed choice</li> <li>• Counseling process to balanced counseling and the stages of balanced counseling</li> <li>• Information on each method: description, mode of action, effectiveness in comparison to other methods, medical eligibility, benefits, side effects, complications, administration and client responsibilities, dispelling rumors and misconceptions</li> <li>• How to initiate each method**exclude what should be taught as IST</li> <li>• Client follow-up</li> <li>• Management of side effects and complications</li> </ul> | <ul style="list-style-type: none"> <li>• TRP</li> <li>• MEC</li> <li>• Family Planning Handbook, 2018</li> <li>• Contraceptive wall chart</li> <li>• Job aids for counseling</li> </ul> |

## Agree on scope of adaptation.

Decisions should be made to proceed with the adaptation or not depending on the level of approval and decisions required. The participants may only make recommendations and not officially change anything as approval for the changes occurs at policy level.

Review the suggested areas for adaptation against the sources and, using the tool below (Table 5), agree on:

- Which areas are ready for adaptation?
- Which areas will require consensus building among the participants?
- Which areas will need consultation at policy level; for example, regulatory councils or curricula development committee?

**Table 5. Gaps and How to Address Them Through Adaptation and Policy Change**

| <b>Curricula components</b>                     | <b>Gaps</b>   | <b>Solutions</b>   |
|---|---|--|
| <b>Job descriptions</b>                         | Job descriptions are not up to date or lack specificity   | Job descriptions need to be developed and/or updated; recommendations should be made to the Ministry of Health, Nursing and Midwifery Department |
| <b>Scopes of practice</b>                       | Scopes of practice are not up to date or lack specificity | Scopes of practice need to be developed and/or updated; recommendations should be made to regulatory councils                                    |
| <b>Technical content; applying new evidence</b> | Competencies to be taught are not fully elaborated        | Change time allocated to the course unit; will have implications for significantly reducing time from other topics and practicum                 |

## TASK 3.4

### Write your training goal and learning objectives.

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#### Writing training goal.

The **goal** should be linked to the FP and AYSRH services that students, upon graduation and deployment, are expected to provide.

For example:

“By the end of the training, students will have developed adequate competencies for provision of quality FP/RH and AYSRH services according to Ministry of Health standards.”

#### Write general objective.

The general objective is broad and linked to the training goal.

For example:

By the end of the training, participants will be able to:

- Conduct client education sessions on FP to create awareness.
- Counsel clients for voluntary informed choice of FP methods.
- Provide all FP methods according to standards.

After writing the general objectives, list the knowledge, attitudes, and skills required for each general objective.

For example, for students to conduct client education sessions FP, they will need to master the following:

| Knowledge   | Skills  | Attitudes   |
|---|---|---|
| What is family planning;<br>Benefits of family planning to mother, father, children and community;<br>Healthy timing and spacing of pregnancy | Planning for giving an education talk<br>Communication skills | Nonjudgmental attitude toward community members who are against family planning |

## Categorize content.

Categorize the knowledge, attitudes, and skills content into similar or interrelated topics. This is important as some of the content may need to be taught under one topic and not be repeated under other topics, but instead build on knowledge or skills already acquired.

Use the FP and AYSRH Training Modules to organize content in each session. Learning objectives should be written for each of the sessions listed below.

### *Sessions—FP Training Module for PSE:*

- Counseling and Benefits of Family Planning
- Hormonal Methods - Oral Pills, Injectables, Implants, Emergency Contraceptive Pills
- Intra Uterine Devices
- Natural Family Planning Methods - SDM and LAM
- Permanent Methods
- Barrier Methods (Male and Female Condoms)
- AYSRH: basic information and service delivery
- Tools and job aids
- Add training content outline that is not included in the TRP: This includes:
  - Country contexts of FP and AYSRH - policy guidelines, standards and country statistics (e.g., maternal and child mortality, FP acceptance and unmet need) and priorities to underscore the importance of FP and AYSRH in PSE
  - Key Concepts in Family Planning

### *Sessions—AYSRH Training Module for PSE:*

- Country Context of AYSRH
- Adolescent Development
- Youth-Friendly AYSRH services
  - Communicating with adolescent clients
  - SRH service delivery for adolescent clients
  - Screening clients for services
  - History taking
  - Physical examination
  - Providing contraceptive services
  - Gender-based violence services

## Write learning objectives.

### BOX 3. SMART learning objectives

**Specific** knowledge, attitudes, or skills that a student should be able to demonstrate.

**Measurable** through observation, testing, problem-solving exercises, or some other means of evaluation to determine achievement.

**Attainable/achievable** given the circumstances and resources.

**Relevant**, or pertains to the job tasks and work setting of the learner.

**Timely/time-bound**, specifying a realistic timeframe for performance when appropriate.

Learning objectives are more specific and developed for each topic. Learning objectives are important as they:

- Establish accountability between the learner and the trainer.
- Help trainers articulate exactly what they want students to do by the end of the session.
- Provide the basis for evaluating whether learning has taken place.
- Are linked to the overall goal and activities students are expected to do during classroom and practicum.

Learning objectives are necessary to guide the competencies to be developed during PSE and should be linked to the job descriptions and FP-related tasks of the cadre of health worker.

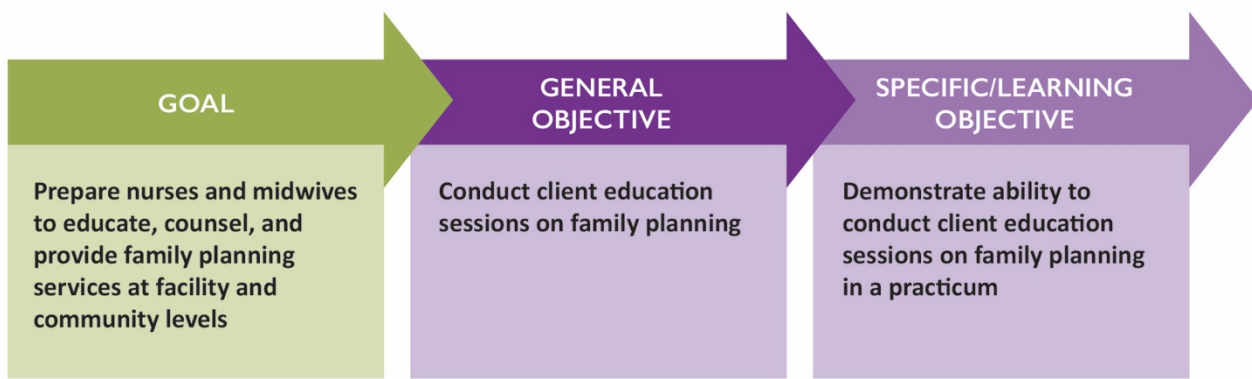
To write specific learning objectives:

- Review the session plans in the FP and AYSRH Training Modules for PSE. Highlight the specific objectives related to the goal you have written.
- If the related knowledge and skills have been covered before in earlier sessions, write the objectives to reflect that the knowledge and skills will be applied from the previous session.
- Write specific objectives for sessions that are not in the FP and AYSRH Training Modules for PSE. These might include sessions such as:
  - Post-training job expectations
  - Country contexts of FP and AYSRH (policies, guidelines, standards, and priorities)
  - Practicum objectives
- Ensure each learning objective is SMART (see Box 3).



The goal, general objectives, and learning objectives should all be interrelated. One general objective can have several learning objectives.

**Figure 3. Illustrative example: Relationship between goal, general objective, and learning objectives**



### TASK 3.5

## Develop lesson plans.

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Develop or adapt content under each of the sessions listed above to create lesson plans. The content should be clear and complete, and aligned with your goal and learning objectives. Content may entail:

- **Course outline** including content, learning activities, directions, and timeframes
- Easily understandable **presentation notes** with support materials for each session (e.g., PowerPoints, overheads, participant worksheets, and handouts)
- Important **teaching points** for the trainer to introduce, discuss, or address
- **Active learning exercises**, (e.g., role-plays, group discussions, case studies, brainstorming, and skills practice) providing opportunities for participants to clarify, question, apply, and consolidate new knowledge
- Student **handouts** and other course material easily understood by participants
- Accurate and appropriate **technical content**
- **Ordered content** with information moving from basic to specialized, simple to complex
- Suggestions for **presenting** the material
- Student opportunities for **building** on what they've previously learned

To arrive at appropriate content for each topic, do the following:

## List prior knowledge and skills that students have acquired from earlier sessions or training modules that are related to FP and AYSRH.

This will help to modify learning activities and time allocated to the learning objectives. Students should always be given, as assignment, time to revise and refresh their knowledge and skills from these previous lessons prior to application in FP sessions. Use the tool below (Table 6) for guidance on how to apply previously taught knowledge and skills. Educators should assess the knowledge and skills in these areas and reference this tool in the session plans as pre-test, quiz, or question and answer.

**Table 6: Tool for listing prior family planning knowledge & skills acquired by students from earlier training modules and classes**

| Technical knowledge and skills from previous course units and classes   | How to apply existing knowledge and skills to FP sessions   |
|---|---|
| Anatomy and physiology of the male and female reproductive organs   | <ul style="list-style-type: none"> <li>• Mechanism of action of hormonal contraceptives, natural methods, and condoms</li> <li>• Eligibility criteria for some of the methods</li> <li>• When to initiate contraceptive methods</li> <li>• Benefits of some of the methods</li> <li>• Ruling out pregnancy</li> <li>• Explaining and managing side effects, such as bleeding, spotting, amenorrhea, breast tenderness</li> <li>• Dispelling rumors and misconceptions about family planning methods</li> <li>• Adolescent growth</li> </ul> |
| Communication   | <ul style="list-style-type: none"> <li>• Client education skills</li> <li>• Counseling skills</li> </ul>  |
| Screening patients/clients for diseases excluding those such as liver disease, anemia, deep vein thrombosis, pelvic infection | <ul style="list-style-type: none"> <li>• History taking</li> <li>• Physical examination</li> <li>• Recording</li> </ul>   |
| Administration of medicines   | <ul style="list-style-type: none"> <li>• How to give client instructions of use of the method</li> </ul>  |
| Oral medication   |   |
| Injectables - Intramuscular or subcutaneous   | <ul style="list-style-type: none"> <li>• Giving DMPA intramuscular and explaining how to give DMPA subcutaneously</li> <li>• Infection prevention</li> </ul>  |
| Infection prevention  | <ul style="list-style-type: none"> <li>• Preparing for IUD and Implant insertion</li> <li>• Disposal of used instruments</li> </ul>   |

## Agree on time to be allocated to each learning objective.

Because time in PSE is fixed, it is important to agree on time that will be allocated to each learning objective or set of objectives. In most cases, PSE classroom sessions are divided into two hourly sessions over several days in a specified semester. For nurses and midwives, this is in most cases toward the end of the second year or early final year (third or fourth year). If time needs to be added, decisions should be made as to what areas of the program the additional time will be taken from. More time should be allocated for practicum including simulation than theory.

- Start with the ideal time it would take for students to acquire the stated knowledge, skills, and attitudes.
- Review the objectives and content outline for what is not included in the FP and AYSRH Training Modules and allocate time for this.
- Review each session plan and the time assigned to each learning objective.
- Adopt or adapt the learning activities depending on: students' prior knowledge and skills, the total time allocated to the learning activity.

See the example, below, (Table 7) of an illustrative 40-hour FP curriculum for PSE.

## Identify learning and training methods.

Learning methods are meant to be “learner focused.” Training methods should be modified to suit PSE, where class sizes are quite large, ranging from 50-100 students per class.

Tips for learning and training methods:

- The training methods should competency based to develop knowledge, skills, and attitudes.
- Knowledge-related activities should be followed by immediate application.
- Each session should build on the previous sessions. These are normally short and theoretical lectures, brainstorming, or large group discussions.
- Self-directed learning should be encouraged with practice, with individual and small group assignments to review what has been taught previously and prepare for each session or reinforce learning.
- Demonstrations and role-plays will require more than one educator and clinical instructor. With large numbers of students, they will have a better chance to practice in small groups. In places where there is a shortage of clinical instructors and educators, preceptors or competent service providers can be requested to play this role. In this case, the team should practice and standardize how they demonstrate or conduct the role-plays.
- Where there are no anatomic models, during practice with real clients, clinical mentors and instructors should be sure that the student has mastered the process of performing the procedure, and conduct multiple demonstrations with students using a checklist to narrate the procedure.

- During return demonstration, narrate to the student and be ready to closely work with the students during complex processes. The client should voluntarily give permission for the student to practice on her.

**Table 7: Illustrative 40-Hour FP Curriculum**

| Learning Objectives  | Classroom Teaching Time Allocated | Tips for Adaptation  |
|--|-----------------------------------|--|
| <b>SESSION I</b>   |                                   |  |
| <b>Topic 1: Family planning (FP) concepts</b>  |                                   |  |
| <ol style="list-style-type: none"> <li>1. Define contraception and FP.</li> <li>2. Explain the risks of problems during pregnancies that come too early, are too closely spaced, are of women over 35 years old, are of women with select medical conditions, and how FP can address the risks.</li> <li>3. Describe the benefits of FP to the mother, child, family, and the community.</li> <li>4. Explain key timing, spacing, and limiting messages for clients.</li> <li>5. Explain the concept of human rights and its application to FP.</li> </ol> | 3 hours 30 mins                   | <p>Check knowledge and attitudes with quiz.</p> <p>Recap/reference/give reading materials from previous sessions on:</p> <ul style="list-style-type: none"> <li>• Maternal health and complications of pregnancy</li> <li>• Ethical issues from “ethical and legal issues in nursing”</li> <li>• Skills in community mobilization</li> </ul> <p>Allocate more time to sections that provide foundational information for both FP and AYSRH and practice, including HTSP &amp; clients’ rights.</p> |
| <b>Topic 2: Counseling</b>   |                                   |  |
| <ol style="list-style-type: none"> <li>1. Counseling</li> <li>2. Interpersonal communication</li> <li>3. Knowledge required: description &amp; characteristics of method, mechanisms of action, medical eligibility, effectiveness, who can use and cannot use method, instructions on use and follow-up</li> </ol>  | 3 hours                           | <p>Recap and modify training methodology (e.g., reduce time for trainer demonstration)</p> <p>Observe use of counseling skills</p> <p>For AYSRH sessions, emphasize differences in application of counseling skills with the adolescent client, and balanced counseling</p>  |

| Learning Objectives   | Classroom Teaching Time Allocated | Tips for Adaptation  |
|---|-----------------------------------|--|
| <b>SESSION II</b>   |                                   |  |
| <b>Topic 1: Combined Oral Pills (COCs)</b>  |                                   |  |
| <p>For each method:</p> <p>description &amp; characteristics of method, mechanisms of action, medical eligibility, effectiveness, who can use and who cannot use method, benefits and disadvantages, instructions on use, side effects and follow-up and management of side effects and complications</p> | 4 hours                           | <p>For each method, recap the following:</p> <p>Related content covered in earlier sessions:</p> <ul style="list-style-type: none"> <li>Anatomy and physiology of the male and female reproductive organs</li> </ul> <p>Learning objectives and content that is similar in each session (can be combined or recapped):</p> <ul style="list-style-type: none"> <li>Mechanisms of action of hormonal contraceptives, pointing out the differences and why in relation to type of hormonal method of administration and how it is released into the body</li> <li>Comparisons on effectiveness of different contraceptives</li> <li>Meaning of categories 1 to 4 of the WHO Medical Eligibility Criteria</li> <li>Benefits of hormonal contraceptives</li> <li>Ensuring the client is not pregnant</li> </ul> |
| <b>Topic 2: Progestin-only Pills</b>  |                                   |  |
|   | 2 hours                           | Recap related content from CoCs.   |
| <b>Topic 3: Injectables</b>   |                                   |  |
| Will include how to give injection and infection prevention practices   | 2 hours 15 minutes                | Recap related content from CoCs.   |
| <b>Topic 4: Emergency Contraceptive Pills</b>   |                                   |  |
|   | 2 hours 15 minutes                | Recap physiology of the female reproductive systems.   |

| Learning Objectives  | Classroom Teaching Time Allocated | Tips for Adaptation  |
|--|-----------------------------------|--|
| <b>SESSION II (continued)</b>  |                                   |  |
| <b>Topic 5: Condoms, Female/Male</b>                                   |                                   |  |
| Includes condom negotiation skills                                     | 1 hour<br>15 minutes              | Recap anatomy of the female and male reproductive organs.  |
|  | 2 hours<br>15 minutes             |  |
| <b>Topic 6: Implants</b>   |                                   |  |
| Includes demonstration on insertion                                    | 5 hours<br>30 minutes             | Related content covered in earlier sessions: <ul style="list-style-type: none"> <li>• Infection prevention</li> <li>• physical examination.</li> <li>• Recap, modify time for:</li> <li>• trainer demonstration</li> </ul> Guided instruction using checklist while student is practicing procedures |
| <b>Topic 7: IUDs</b>   |                                   |  |
| Includes demonstration on insertion<br>Infection prevention            | 5 hours<br>45 minutes             | Related content covered in earlier sessions:<br>Infection prevention<br>physical and pelvic examination  |
| <b>Topic 8: Natural Family Planning, Lactational Amenorrhea Method</b> |                                   |  |
|  | 3 hours<br>15 minutes             | Recap: Physiology and benefits of breast feeding   |
| <b>Topic 9: Natural Family Planning, Standard Days Method</b>          |                                   |  |
| Negotiating FP with partner  | 2 hours                           |  |
| <b>Topic 10: Permanent Methods</b>                                     |                                   |  |
| Recap referral procedures.   | 3 hours                           |  |

## TASK 3.6

### Gather and prepare supplies for training.

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#### Develop and adapt presentation slides.

These are presented in PowerPoint format and most were copied or adapted directly from the TRP. Adapt, as necessary, the session plans in the FP and AYSRH Training Modules. Develop new slides for content that is not in the TRP; as much as possible use the same format of the PowerPoint presentation for ease of identification.

- Tips for adapting presentation slides:
- Slides should be based on the level of your students; decide which slides and activities address your learning objectives. If your trainees are nurses, midwives, or lower level health workers, use the “basic presentation slides” from the TRP.
- Slides can be copied on transparency slides, flip charts, or prepared as handouts prior to teaching as necessary.
- Every time there are changes made to the session plans, the PowerPoint presentations should be reviewed to ensure alignment and consistency in technical content between the session plan and the PowerPoint presentation.
- If any new slides are added be sure to re-order the session slides and in the learner activity as appropriate.
- Consider eliminating the more technical slides on medical eligibility for lower-level health workers. If your trainees are physicians, consider adding the “advanced slides” from the TRP in the appropriate places.

#### Develop and adapt handouts.

Handouts include role-play scripts and case studies. Adapt the handouts in the TRP to align with the local context. Develop additional role-play scripts and case studies for large classes to allow for practice of different client scenarios. Handouts can be developed and added as needed.

#### Develop and adapt evaluation tools.

These include methodology and tools for assessing students’ learning and progress. Evaluation instrument(s) that measure:

- *Process*—to get immediate feedback about the learning experience (e.g., content usefulness and quality; trainer helpfulness and applicable experience; adequacy of the handouts or other materials, facilities)

- Outcomes—to measure students’ immediate changes in knowledge, attitudes, or behavior based upon exposure to the session, (e.g., pre- and post-training questionnaires or tests, open-ended questions, interviews, exercises)
- Impact—to measure longer-term training outcomes, (e.g., application of learning in clinical practicum attachment or conducting follow-up interviews with students to obtain feedback)
- Evaluation questions linked to specific learning objectives
- Students recommendations for improving future sessions

Evaluation tools can include the following types.

*\*Templates for these tools are found in Appendices E and F of the Instructor’s Guide for the FP and AYSRH Training Modules.*

### **Knowledge, skills and attitudes assessment questionnaires:**

- Trainers can select and compile assessment questionnaires and quizzes from the pool of questions.
- The selected questions for pre-and post-tests should include both knowledge- and skills-related questions and cover all of the objectives.
- For quizzes, these can be selected to relate to the session being delivered. Other sources of questions for developing quizzes include tests from previous FP- and AYSRH-related sessions, examination papers, etc.

### **Skills checklists**

- The FP and AYSRH Training Modules include checklists for administration of most of the FP methods and counseling.
- Additional or locally developed skills checklists can also be obtained from IST. Where these exist, use the country-specific checklists as these are also normally used during training follow-up and supportive supervision.
- Each student should copy and keep a folder with their skills checklists for use during classroom practice, skills lab, and clinic practicum training at health facilities.
- Trainers should encourage students to use the checklists for self- and peer-guided practice both in class and on their own time.
- Clinical instructors and trainers will use the checklists at the end of practicum to assess and document whether the student has met the required levels of competency in a skill.



### TASK 3.7

#### **Review adapted session plans.**

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During the adaptation workshop, the facilitators should take advantage of the presence of various stakeholders to review each adapted lesson plan. Be sure that each lesson plan has all contents, and that the time allocated for each learning activity adds up to the total allocated for the session. Encourage as many participants as possible to review one another's session plans either individually or in small groups. The FP and AYSRH Training Modules for PSE and the original TRP should be used for content accuracy. Each complete session plan should have the following:

- Learning objectives tied to learning activities
- Time allocated to each learning activity
- A specified training methodology that is competency based
- PowerPoint presentations that are up to date, complete, and sequentially numbered according to the use and referenced in the learner activities
- Handouts including role-play scripts, observation checklists, case studies, and individual assignments that are:
  - Adequate and varied for the number of students and the learning objectives.
  - Are sequentially numbered and the lesson plan references when and how they will be used.
- List of training materials that will be used such as demonstration materials and equipment
- Evaluation tools such as skills checklists, quizzes, and knowledge tests

As each lesson plan is completed, it should be given to another group for review. All lesson plans should be circulated to all groups until everyone has reviewed each lesson plan and made comments. Comments should be incorporated by the original reviewers.

### TASK 3.8

#### **Create a training schedule.**

---

Each individual institution should develop a unique training schedule. Educators should note that any reduction in time allocated might compromise the quality of the training and effective development of FP competencies among students. The adaptation team can prepare an illustrative schedule.

## TASK 3.9

### Monitor the adaptation process.

Adapt the checklist below (Table 8) to monitor progress and completion of the adaptation.

**Table 5: Checklist for monitoring the adaptation process**

| Area of Adaptation  | Adaptation Complete | Reviewed By<br>(list designations<br>of reviewers) | Next Steps  |
|---|---------------------|--|---|
| <b>RH module in program curricula</b> <ul style="list-style-type: none"> <li>Broad learning objectives related to FP</li> </ul>   |                     |  | Will need validation and approval as these are within the program curricula   |
| <b>FP topic in program curricula</b> <ul style="list-style-type: none"> <li>Learning objectives</li> <li>Competencies</li> <li>Knowledge skills and attitudes</li> <li>Content outline</li> <li>Practicum objectives</li> </ul> |                     |  | Will need validation and approval as these are within the program curricula   |
| <b>Lesson plans</b> <ul style="list-style-type: none"> <li>PowerPoint presentations</li> <li>Role-play scripts</li> <li>Case studies,</li> <li>Handouts</li> <li>Skills checklists where relevant</li> </ul>                    |                     |  | No need for validation; these can be used as they are modified at institutional level depending on level of students.<br><br>Note: If modifications are made, fidelity of the technical content must be maintained. |
| <b>Evaluation tools</b> <ul style="list-style-type: none"> <li>Knowledge questions</li> <li>Skills checklists</li> <li>Semester evaluation</li> </ul>   |                     |  | No need for validation; expect those used for final examinations to require approval from the Examination Board   |

## TASK 3.10

### Pre-Test the Curriculum

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It is important to pre-test the adapted curriculum prior to wider dissemination and ensure that it lends itself of use. Pre-testing will ensure that the adapted curriculum is complete and accurate and does not contain any content that is ambiguous and risks misinterpretation.

#### Pre-test during practice sessions.

Practice sessions can be used to update the knowledge and skills of educators on both FP and competency-based training, and pre-test lesson plans and training materials immediately. Because there is a significant time requirement for practice sessions, pre-testing can only be done in small groups and for selected lesson plans. Pre-testing during the practice sessions can be used to validate the adequacy of time allocated for the lesson plan, and the competency-based training methods used for simulation and training materials.

The following types of lessons can be useful for practice sessions:

- **Counseling:** Allows practice of complex skills, presents opportunity for use of a variety of competency-based training methods, and requires knowledge on contraceptive technology.
- **Providing Implants or IUDs:** Include need for skills on counseling, update on MEC, infection prevention, skills for insertion and removal of IUDs, and skills for insertion of implants. Use of demonstration and return demonstration.
- **Management of side effects and complications:** Reinforces messages to clients and underscores counseling. Can practice through use of role-plays and demonstration.
- **Natural methods:** Ensure all educators have positive attitude about teaching natural FP. Allows for practice of role-plays, demonstration and return demonstration.

For practice sessions, consider those that will help address medical barriers and provider bias towards providing contraceptive services to adolescent clients or those living with HIV.

#### Develop action plans and pre-test at different PSE institutions.

Each institution can develop an action plan for using the new curricula. This should include pre-testing the curricula, incorporating feedback from the pre-test, completing the curricula, validation, production, dissemination, and monitoring use of the updated curricula. The plans should also include capacity building of educators to facilitate implementation of the new curricula, development of practicum training sites, procurement of training materials, and resource mobilization.

For pre-testing at individual institutions, each participant should collect the following information:

- Name of the school
- Educators involved in implementing the adapted curriculum

- Dates of implementation
- Lessons plans successfully implemented
- Lessons plans changed or modified; what were the modifications and reasons for modification?
- Factors that facilitated successful implementation
- Challenges and actions taken to address challenges
- Factors that hindered implementation
- Summary of results from student assessments
- Recommendations

Feedback from the pre-testing that has implications for the curriculum should be addressed prior to its validation.

## SECTION 4

# Appendices

## Appendix 1: Illustrative Goal and Specific Objectives for Adaptation Workshop

### Workshop Goal:

Use evidence-based family planning and reproductive health (FP/RH) resources and tools to develop the competencies of nurses and midwives during pre-service education.

### General Objectives:

1. Explain competency-based training and education and student-focused learning and their application to pre-service education of nurses and midwives in Uganda.
2. Explain FP and AYSRH-related scopes of practice for nurses and midwives.
3. Describe the updated FP and AYSRH-related training program objectives, competencies, and content outline of pre-service education curricula for nurses and midwives.
4. Describe FP/RH and AYSRH best practices, evidence-based resources and tools and their application in nurses and midwives' education.
5. Use the Training Resource Package (TRP) and other FP/RH tools to strengthen FP/RH pre-service education for nurses and midwives.

### Specific Objectives:

During the workshop, participants will practice a variety of participatory training methods that seek to:

1. Assess their own knowledge on FP and AYSRH, and competency-based training based on a pre-post knowledge assessment.
2. Familiarize them with FP/RH and AYSRH best practices and evidence-based resources and tools including the TRP, AYSRH for PSE, and the WHO Medical Eligibility Criteria, 2015.
3. Practice how to navigate the online and flash drive versions of TRP using the module on Standard Days Method.
4. Conduct a return demonstration on how to adapt the TRP and AYSRH Training Modules using prior selected module from the TRP.
5. Apply the principles of competency-based training and student-focused learning to update the FP and AYSRH components, competencies, knowledge, skills and attitudes, and content outline

of nurses and midwives based on the national FP/RH and AYSRH guidelines and the scopes of practice.

6. Use the TRP, National FP/RH and AYSRH guidelines, and other tools to develop competency-based learning plans based on the updated FP and AYSRH sections of the course unit.
7. Use competency-based methods to deliver sessions on select components of their updated course unit objectives and sessions plans.
8. Develop back-home applications plans to continue using the TRP and other FP/RH and AYSRH evidence-based resources.
9. Evaluate the workshop.

## Appendix 2: Tool for Assessing Current Teaching on Adolescent and Youth Sexual and Reproductive Health (AYSRH)

### Information on Current Adolescent and Reproductive Health (ARH) Topic with RH Course Unit

#### *Diploma Programs in Nursing and Midwifery*

E2A is requesting information on the ARH Topic **currently** being delivered within the RH Course Unit for diploma nurses and midwives at your institution. Your input will help set the baseline from which we can track any changes as institutions begin to use the revised ARH topic lesson plans.

Please provide the information below for your diploma program only – or if you do not have a diploma program, please indicate the relevant program. The table lists the set of ARH learning objectives agreed to by the group on May 11, 2017 (including revisions and additions). Please consider each learning objective and indicate the extent to which your current ARH topic/curricula address that learning objective using a 4-point scale. There is space for you to provide additional comments if you wish.

Name of Training Institution: \_\_\_\_\_

1. Relevant Program (if not diploma): \_\_\_\_\_

2. Current hours for ARH Topic: \_\_\_\_\_ hours theory \_\_\_\_\_ hours practicum

3. Placement of ARH Topic within program (program year): \_\_\_\_\_

4. Number of instructors responsible for delivering ARH Topic: \_\_\_\_\_

5. Learning Objectives (LO) addressed within **current** ARH Topic: see table beginning on next page. Please use a 4-point scale: 1 = LO not addressed; 2= LO somewhat addressed; 3=LO addressed, but with some gaps; and 4= LO fully addressed.

| Learning Objective (LO)   | Current ARH Topic<br>Use 4-point scale* | Comments |
|---|---|----------|
| <b>LOs from Objective 1: Overview of SRH Situation of Adolescents and Youth in Uganda</b>   |   |          |
| Define key terms and concepts related to AYSRH and explain the dynamics that shape the unique experience and situation adolescents. |   |          |
| Understand personal values, attitudes, and beliefs related to AYSRH.  |   |          |
| Describe the SRH situation of adolescents in your country, including key policies that protect their health and well-being.         |   |          |
| Identify the sexual and reproductive rights of adolescents.   |   |          |
| <b>LOs from Objective 2: The Nature of Adolescence and Adolescent Development</b>   |   |          |
| Describe the physical, cognitive, social, and emotional changes that occur during adolescence.                                      |   |          |
| Explain adolescent risk-taking behaviors and other age- and gender-related factors that create SRH vulnerabilities.                 |   |          |
| Identify the gender, psychosocial, and behavioral concerns of adolescents.  |   |          |
| Describe the characteristics of a sexually healthy adolescent.  |   |          |

**\*4-point Scale:**

1: Not addressed; 2: Somewhat addressed; 3: Addressed, but with gaps; 4: Fully addressed)



| Learning Objective (LO)  | Current ARH Topic<br>Use 4-point scale* | Comments |
|--|---|----------|
| <b>LOs from Objective 3: Elements of Youth-Friendly SRH Services and Service Delivery</b>                                  |   |          |
| Explain the many types of barriers that adolescents face when seeking SRH information, services, and care.                 |   |          |
| Reflect on personal values that may affect how health providers interact with and provide services for adolescent clients. |   |          |
| Identify the characteristics of youth-friendly services, clinics, and health systems.                                      |   |          |
| Explore ways in which providers can create a more youth-friendly service environment for adolescent clients.               |   |          |
| <b>LOs from Objective 4: Communicating with the Adolescent Client</b>  |   |          |
| Recall the specific roles and responsibilities of a counselor while communicating with adolescents.                        |   |          |
| Explain the importance of establishing a positive service environment that is welcoming to the adolescent client.          |   |          |
| Identify strategies to establish trust with adolescent clients.  |   |          |
| Explain the value of and demonstrate skills for counseling adolescents about sexuality.                                    |   |          |
| Demonstrate how to use positive and empowering counseling techniques with adolescents.                                     |   |          |

**\*4-point Scale:**

1: Not addressed; 2: Somewhat addressed; 3: Addressed, but with gaps; 4: Fully addressed)

| Learning Objective (LO)   | Current ARH Topic<br>Use 4-point scale* | Comments |
|---|---|----------|
| <b>LOs from Objective 4: Communicating with the Adolescent Client (continued)</b>   |   |          |
| Demonstrate the ability to respect confidentiality and other ethical issues when providing SRH counseling and services for adolescent clients.            |   |          |
| Discuss the role of the health care worker as an advocate in managing legal & ethical issues related to AYSRH.  |   |          |
| Demonstrate the documentation skills specific to counseling AYSRH clients.  |   |          |
| <b>LOs from Objective 5: Providing SRH Services for the Adolescent Client</b>   |   |          |
| Explain how to screen and collect information from an adolescent client.  |   |          |
| Describe how to tailor physical exams and other procedures to fit adolescent needs.   |   |          |
| Demonstrate how to convey safer sex messages to adolescent clients.   |   |          |
| Explain adolescent-specific aspects of providing contraceptive, sexually transmitted infection, and services related to sexual and gender-based violence. |   |          |
| Demonstrate comprehensive and youth-friendly counseling and service provision for adolescent clients.   |   |          |

**\*4-point Scale:**

1: Not addressed; 2: Somewhat addressed; 3: Addressed, but with gaps; 4: Fully addressed)

6. Please indicate any additional learning objectives or content areas that are currently included in the ARH Topic at your institution, but not noted in the table above:

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7. Please indicate any additional ASRH-related topics that you feel are currently not sufficiently addressed in your current ARH Topic, if not already noted in the table above:

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## Appendix 3: References

### WHO FP Guidance Documents:

- *Family Planning: A Global Handbook for Providers (2018 update)*. This book serves as a quick-reference resource for all levels of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively.  
[http://www.who.int/reproductivehealth/topics/family\\_planning/fp-global-handbook/en/](http://www.who.int/reproductivehealth/topics/family_planning/fp-global-handbook/en/).
- The Medical Eligibility Criteria for Contraceptive Use (5th edition, 2015). This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.  
[http://www.who.int/reproductivehealth/publications/family\\_planning/MEC-5/en/](http://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/)
- The Selected Practice Recommendations for Contraceptive Use (2nd Edition 2005) and the Selected Practice Recommendations for Contraceptive Use (2008 Update). Provides guidance on how to use contraceptive methods safely and effectively, once they are deemed to be medically appropriate.  
[http://www.who.int/reproductivehealth/publications/family\\_planning/9241562846index/en/index.html](http://www.who.int/reproductivehealth/publications/family_planning/9241562846index/en/index.html)
- A Guide to Family Planning for Community Health Workers and Their Clients (2012). This simple counseling tool was adapted from WHO's Decision-Making Tool for Family Planning Clients and Providers.  
[http://www.who.int/reproductivehealth/publications/family\\_planning/9789241503754/en/index.html](http://www.who.int/reproductivehealth/publications/family_planning/9789241503754/en/index.html)
- WHO Medical Eligibility Wheel. This tool that makes it easy to identify medical eligibility for use of family planning methods.  
[http://www.who.int/reproductivehealth/publications/family\\_planning/9789241547710/en/index.html](http://www.who.int/reproductivehealth/publications/family_planning/9789241547710/en/index.html)
- The WHO Reproductive Health Library (RHL). The WHO RHL is an electronic review journal published by the Department of Reproductive Health and Research at WHO Headquarters in Geneva, Switzerland. RHL takes the best available evidence on sexual and reproductive health from Cochrane systematic reviews and presents it as practical actions for clinicians (and policy-makers) to improve health outcomes, especially in developing countries.  
<http://apps.who.int/rhl/en/>

## Other resources:

*Training Resource Package for Family Planning.* Website that offers curriculum components and tools for trainers to design, implement, and evaluate family planning and reproductive health training.

<https://www.fptraining.org/>

Jhpiego, *Midwifery Education Rapid Assessment Tool: Guide and Handbook.* This user's guide and handbook for the Midwifery Education Rapid Assessment Tool provides direction for its use and scoring. The Rapid Assessment Tool is designed to provide an overview of the present-day situation of midwifery education programs, presently in the planning stages, or in anticipation of upscaling and reform. The completed tool provides a snapshot of the present-day situation compared to standards/criteria set globally, or for use at the regional or national level.

<http://reprolineplus.org/resources/midwifery-education-rapid-assessment-tool-guide-and-handbook>

*High-Impact Practices in Family Planning (HIPs).* HIPs are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format. HIPs help programs focus resources for greatest impact.

<http://www.fphighimpactpractices.org/>

*Knowledge for Health.* Collection of freely accessible family planning and related health knowledge resources.

<https://www.k4health.org/about-k4health>