NURHI

Family Planning
On-the-Job Training Curriculum

Course 1: COUNSELLING TRAINING

FACILITATOR'S MANUAL

JANUARY 2013

List of Abbreviations/Acronyms and References

Abbreviations/Acronyms

ANC	Antenatal Care
ASK	Attitudes, Skills and Knowledge
COC	Combined Oral Contraceptive
CPR	Contraceptive Prevalence Rate
EC	Emergency Contraception
ECP	Emergency Contraceptive Pills
ELC	Experiential Learning Cycle
FAM	Fertility Awareness-based Methods
FMOH	Federal Ministry of Health
FP	Family Planning
GOPD	General Out Patient Department
HCT	HIV Counselling and Testing
HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information, Education and Communication
IMNCH	Integrated Maternal, Newborn and Child Health
IPPC	Interpersonal Communication Counselling Skills
IUCD	Intra Uterine Copper Device
IUD	Intra Uterine Device
LAM	Lactational Amenorrhea Method
LGA	Local Government Area
LMIS	Logistics Management Information Systems
MDG	Millennium Development Goal
MEC	Medical Eligibility Criteria
MNCH	Maternal, Newborn and Child Health
NSF	National Strategic Framework
NURHI	Nigeria Urban Reproductive Health Initiative
OJT	On-the-Job Training
PAC	Post Abortion Care
PMTCT	Preventing Mother-to-Child Transmission
PNC	Postnatal Care
SEM	Social Ecology Model
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION TO THIS CURRICULUM

1. PROJECT OUTLINE

The Nigeria Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) funded by the Bill and Melinda Gates Foundation to reduce barriers to family planning (FP)/child spacing use and increase the contraceptive prevalence rate (CPR) in selected urban areas of Nigeria. The program brings together private and public sector resources to strengthen the delivery of family health services. NURHI aims to eliminate the supply and demand barriers to contraceptive use in order to significantly increase the CPR over the five-year life of the project in six selected urban cities in Nigeria. NURHI envisions a Nigeria where supply and demand barriers to contraceptive use are eliminated, particularly among the marginalized urban poor.

NURHI has five objectives:

1. Develop cost-effective interventions for integrating quality FP with maternal and newborn health, HIV and AIDS, post-partum and post-abortion care programs.
2. Improve the quality of FP services for the urban poor with emphasis on high volume clinical settings.
3. Test novel public-private partnerships and innovative private-sector approaches to increase access to and use of FP by the urban poor.
4. Develop interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations.
5. Increase funding and financial mechanisms and a supportive policy environment for ensuring access to FP supplies and services for the urban poor.

.1 The situation of family planning in Nigeria

Data from the 2008 edition of the Nigeria Demographic Health Survey provides a context to situate the need for focusing on-the-job-training (OJT) as an important strategy to reduce barriers to access to and utilization of FP services. Nigeria has a population of over 150 million with over half of these being in the reproductive age group of 15 to 49. The total fertility rate is 5.7% with unwanted pregnancy at 4%, and mistimed pregnancies at 7%. Although there are high levels of knowledge about FP (90% among men and 72% among women), 29% of the population has ever used a method. Current use for FP is 15% for all methods and 10% for modern methods. Nigeria currently has an unmet need of 20%. The role of the private sector in providing FP services is significant: 61% of the population source FP from the private sector of which patent medicine vendors and pharmacies account for about half of this figure. Public sector participation accounts for 23% of FP service provision.

The reality behind these statistics is about the many missed opportunities to help clients access and utilize FP services. Often, providers' attitudes to clients' informed voluntary choices still act as barriers to FP, and gender-inequitable social and cultural norms create further obstacles. The strategic role that FP and maternal, newborn and child health (MNCH)

services play towards the Millennium Development Goals (MDGs) is often still not fully understood by heath providers and the community at large, and this weakens efforts to address misconceptions and biases about FP.

OJT can play a very important role to address these issues and increase capacity of FP/ MNCH services to minimize missed opportunities to access and use FP.

1.2 Addressing the national strategy and policy context

NURHI works in close collaboration with the Federal Ministry of Health (FMOH) and with State Health Ministries. Therefore this curriculum was designed to support and build on the strengths of existing service protocols and standards. In particular, the following documents were used to guide the design of the curriculum:

- The National Training Manual on Family Planning for Physicians and Nurses/ Midwives.
- The National Family Planning/Reproductive Health Service Protocols.
- The Performance Standards for Family Planning Services in Nigerian Hospitals.
- The National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice.
- The Streamlined Contraceptive Logistics Management System (CLMS, 2009) Participant's and Trainer's Guides.
- The USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs.* Arlington, Va.: USAID | DELIVER PROJECT.)
- The Integrated Maternal Newborn and Child Health (IMNCH) Strategy.
- The National Strategic Framework 2010-2015. Policy context and considerations for the development of the National Strategic Framework II (NSF II) 2010-2015.
- The Global HIV/AIDS Initiative Nigeria Technical Strategies.

2. CONCEPTUAL AND METHODOLOGICAL DESIGN OF THE OJT CURRICULUM

2.1 Overall goals of the curriculum

These are to contribute to:

- Strengthening the strategic role of FP/MNCH service provision in achieving the MDG, and especially goals 3, 4, 5, 6, and 7.
- Strengthening quality of FP/MNCH service provision in Nigeria, and especially in high volume sites in urban areas.
- Advancing provision of client-centred integrated FP/MNCH services, and especially in high volume sites in urban areas.
- Removing barriers to access to and use of FP and child-birth spacing methods.
- Increasing the contraceptive prevalence rate in Nigeria.

2.2 The Social Ecology Model as a design framework

This curriculum was designed mirroring the conceptual approach of NURHI, namely the social ecology model (SEM):

- The SEM provides a framework to analyse *the big picture* in various disciplines, including health.
- The SEM looks at how structural and individual factors inter-relate across key spheres of influence to influence health issues. These spheres of influence are: **individual, interpersonal, institutional and policy.** In the case of FP/MNCH services and programs in urban areas of Nigeria, NURHI applied the SEM to analyse how the inter-relations of these spheres of influence affect the strategic role of FP/MNCH services and programs to achieve the MDGs.

Social Ecology of FP/ MNCH in the context of achieving MDG in Nigeria

- **Individual sphere of influence**: In order to be able to access and use FP/MNCH services and make voluntary and informed decisions, individuals and couples need to develop an understanding of the issues that affect their lives and an ability to take action on those issues. In other words, they need to have **agency**. But the development and use of agency requires self-reflection, self-esteem, self-assurance, and a sense of self-worth as human beings regardless of any other label. These psychological and cognitive factors shape our perceptions and our individual identities, and impact the power we have (or perceive we have) to make informed and voluntary decisions that we can carry out and sustain without fear of negative repercussions, e.g. deciding how many children to have and their spacing.

- **Interpersonal and community sphere of influence**: Individual agency is developed in and affected by the social context in which people live. The interpersonal and community sphere is the primary social context that we get exposed to from very

early on in our lives. Clearly, this sphere has a huge impact on how we develop self-reflection, self-esteem, self-assurance, and a sense of self-worth as human beings. This is the sphere of influence in which as individuals we have a first experience of what society expects of us as women and men, and the roles and opportunities that come with those expectations and norms. For example, beliefs that women should not have access to decision-making around their reproductive health or that "real men" should not be involved in caring for children may very negatively affect access to and use of FP/MNCH services for individual and couples and, in turn, undermine achieving the MDGs. The detrimental impact of such beliefs on the psychological and cognitive factors needed to develop agency for voluntary informed decision-making and health seeking is very significant and very pervasive because it precludes access to a wide range of opportunities for human and social development. Unless the institutional and policy spheres acts to redress this situation – for example through education and training of providers to support clients in making voluntary informed decisions and choices - inequities may become entrenched and turn into cultural features of a society. Thus any attempt to change such inequities may be easily labelled as an attack on "our culture" and inequities may be masked as moral righteousness. At the same time, those who face the brunt of inequity may find other ways to cope with their issues and needs, for example by turning to unqualified practitioners or to unsafe practices, or having to pay more (if they can afford it) to access services. Again and again, inequity breeds inequity and affects the most vulnerable.

- **Institutional/FP facilities sphere of influence**: This sphere of influence is connected to all the others by many interwoven threads. The family is perhaps the most obvious institution showing the impact of this sphere. Values, beliefs, attitudes, and social norms that affect the psychological and cognitive factors for voluntary informed decision-making and health seeking are first and foremost experienced in this context. From this perspective, the family really functions as the cornerstone of social ecology and plays a huge role in enhancing or hindering a supportive environment for equitable social development. Similarly, other institutions such as police, schools, media organizations, NGOs, religious groups, unions, political parties etc. all play an important role in shaping the social environment. The values and practices of these institutions greatly affect root causes of inequity, such as gender discrimination, denial of human rights, and stigma and discrimination, one way or the other. However, when change happens in one of these institutions, often there is a ripple effect over time especially if these institutions are elements of broader networks (such as in FP/MNCH) and if they can model change from within effectively, for example by championing and realizing equity. In health, this sphere of influence is paramount. Unless health institutions realize that they have a very significant effect on root causes of health problems simply by the values that they model (e.g. equity, respect of human rights and first and foremost the right to health, do no harm, ethical conduct, and accountability) they may continue to exclude many people from accessing life- saving information and services, and hindering the MDG.

- **Policy sphere of influence**: This sphere of influence is greatly affected by all the others and in turn affects the social ecology as a whole. In public health, we have come to realize the importance of informing policy development through research and evidence. However, in order to affect the social ecology of health problems, health policy must also be the result of meaningful engagement of the communities and groups that it aims to benefit (e.g. women and families). Most important, health policy should aim to address root causes of problems, i.e. the social determinants (factors) that contribute to create specific health patterns or unfair and avoidable difference among socially defined population groups, such as women of reproductive age. Therefore, health policy development and its implementation cannot be divorced from an equity and rights-based perspective, because these are the fundamental issues that determine access to information, services, research, resources (including decision-making for health seeking behaviours). In the SEM, effective policy development and implementation (intended as a broad term encompassing normative and guiding principles and actions) is one of the most important strategies for equitable social development and for promoting social inclusion and cohesiveness because it focuses on addressing the social and system factors that undermine attaining the highest possible level of health and well-being, which is a human right as well as a social and individual outcome. At social level, this outcome requires the elimination of inequities in order to foster and maximize the development and sustainable use of agency and power for voluntary informed decisions for health seeking behaviours at individual level.

1. End poverty and hunger.
2. Achieve universal primary education.
3. **Promote gender equality and empower women.**
4. **Reduce child mortality.**
5. **Improve maternal health.**
6. **Combat HIV/AIDS, malaria and other diseases.**
7. **Ensure environmental sustainability.**
8. Develop a global partnership for development.

2.3 Contribution to strengthening the role of FP/MNCH in support of the MDGs

By developing the curriculum through an analysis of the social ecology in which FP/MNCH services operate, this curriculum aims to contribute to strengthen the role of such services toward structural change, and specifically in achieving MDGs 3, 4, 5, 6, and 7:

Many married women report having mistimed or unintended pregnancies or a desire to space or limit future pregnancies, but are not using modern contraceptive methods. Satisfying existing unmet FP need would help families achieve their desired family size, reduce total fertility, and, ultimately, slow population growth. In fact, to accelerate progress in achieving the MDGs, a new target was added under the maternal health goal (MDG 5) in 2007. The new target, 5b, calls for providing universal access to reproductive health services and includes the contraceptive prevalence rate and unmet need for family planning as key indicators for meeting this target. Source: USAID | HEALTH POLICY INITIATIVE, Task Order 1, 2009: Family Planning and the MDGs: Saving Lives, Saving Resources

In order to contribute to strengthening the role of FP/MNCH in achieving the MDGs and broader social development aims, this curriculum focuses on strengthening providers' A-S-K to contribute to overcome health inequity and its causes, especially gender inequity and the inadequate empowerment of women.

2.4 Focus on competencies and performance improvement

This curriculum is structured in three courses, namely:

1. OJT for FP counselling service provision.
2. OJT for FP clinical service provision.
3. OJT for contraceptive logistics management for FP service provision.

In the approach used in this curriculum, a core competency is defined as:

> *Core competency: Units of attitudes-skills-and knowledge (ASK), which are essential to be achieved by a person (e.g. a FP/MNCH service provider) in order to provide quality services.*

The curriculum revolves around four cross-cutting core competencies, which are realized through clusters or units or A-S-K. These A-S-K clusters create synergy of the four competencies across the three courses:

CORE COMPETENCIES	SPECIFIC CLUSTERS OF A-S-K FOR EACH COURSE		
	ILLUSTRATIVE COUNSELING COURSE A-S-K	**ILLUSTRATIVE CLINICAL COURSE A-S-K**	**ILLUSTRATEIVE LOGISTICS COURSE A-S-K**
1. Effectively ensure client's voluntary informed decisions	Value and ensure clients' rights Effectively enable clients to assess their reproductive goals and needs Enable clients to choose most appropriate option for their circumstances Develop clients' skills to implement choices and decisions	Value and ensure clients' rights Effectively provide accurate and complete information in language that clients can understand Provide services with privacy, dignity, and safety for clients	Value and ensure clients' rights Value and ensure the six rights of CLMS Effectively implement the key principles of CLMS
2. Effectively enable access to and use of quality FP/MNCH services	Perform effective IPCC skills Value and promote gender equity Manage attitudes effectively Assess clients' additional reproductive and MNCH needs and refer appropriately	Demonstrate and effectively use technical knowledge Address misconceptions effectively Assess clients' additional reproductive and MNCH needs and refer appropriately Value and ensure reproductive rights	Collect and compile quality LMIS data Effectively maintain the inventory control system Ensure no stock-outs Ensure no over-supply

CORE COMPETENCIES	SPECIFIC CLUSTERS OF A-S-K FOR EACH COURSE		
	ILLUSTRATIVE COUNSELING COURSE A-S-K	**ILLUSTRATIVE CLINICAL COURSE A-S-K**	**ILLUSTRATEIVE LOGISTICS COURSE A-S-K**
3. Effectively provide quality reproductive care	Provide accurate and complete information in a language that clients can understand Provide effective client-centred FP/MNCH integrated counselling Address rumours and misconceptions effectively	Perform effectively and safely client assessment and screening Effectively implement medical eligibility criteria Effectively Address side effects Perform effective infection prevention	Effectively determine when to order supplies Effectively use different types of LMIS forms Effectively implement proper storage procedures Effectively conduct visual inspections for proper storage
4. Effectively provide referral and follow-up	Implement protocols effectively Enable clients to identify and plan follow-up Provide effective follow-up as necessary	Implement standards effectively Assess clients' additional reproductive and MNCH needs and refer appropriately	Implement standards effectively Effectively support contraceptive and non-contraceptive forecasting

In each course, the key A-S-K clusters are defined through the objectives of each session.

The core competencies and the A-S-K are aligned to the National Training Manual on Family Planning for Physicians and Nurses/Midwives, the National Family Planning/Reproductive Health Service Protocols, the Performance Standards for Family Planning Services in Nigerian Hospitals, and the Streamlined Contraceptive Logistics Management System (CLMS, 2009) Participant's and Trainer's Guides.

2.5 Focus on addressing gender inequity as a key barrier to ensuring the strategic role of FP/MNCH in achieving the MDGs

The four cross-cutting competencies that this curriculum focuses on are essential to strengthen the strategic role of FP/MNCH services in achieving the MDGs because each of the competencies and their synergy through the A-S-K clusters address key social ecology factors that impede access to and utilization of FP/MNCH.

The curriculum places particular emphasis on enabling health providers to explore in depth the role of gender inequity in undermining access to and utilization of FP/MNCH services,

and how they can use this enhanced understanding to facilitate clients' problem-solving for informed voluntary decision making. Through this approach, health providers can identify real life impacts of gender inequity on access to and utilization of FP/MNCH services and on quality of care. An important aspect of this learning process consists of enabling providers to explore how their own attitudes to gender and sexuality may reinforce barriers to FP/MNCH access and use, and how to re-orient their attitudes in support of clients' informed voluntary decision making.

The emphasis on addressing gender inequity runs across the three manuals of this curriculum:

- In the **counselling** training manual, it is realized through a focus on addressing the impact of gender inequity on quality of counselling as an essential pre-requisite to enable optimal access to and utilization of FP/MNCH services.
- In the **clinical** service provision training manual, it is realised through a focus on ensuring clients' reproductive goals, reproductive rights, and provision of client-centred quality care.
- In the **logistics** management training manual, it is addressed through a focus on skills for effective logistics management to ensure the strategic role of FP/MNCH services towards the MDGs.

In this way, the three manuals connect and reinforce learning opportunities to develop A-S-K clusters (i.e. the four cross-cutting competencies) in order to address gender inequity-related barriers to access to and utilization of FP/MNCH services.

2.6 Focus on FP/MNCH Integration

This curriculum emphasizes the development of A-S-K clusters that enable health providers to minimize missed opportunities thus helping clients access services and make voluntary informed decisions at any entry point of the FP/MNCH spectrum of services.

It is worth noting that the Master Trainers involved in the design of this curriculum developed a FP/MNCH Integration Framework through their knowledge and experience of the Nigerian clinical setting. This framework is used in the curriculum and applied to scenarios and case studies during the training to enhance skills for integrated service provisions and improved referrals. These analyses are in turn used to enable the participants to further reflect on the strategic role of FP/MNCH towards the MDGs.

2.7 Focus on effective clinical skills

One of the important contributions to this curriculum to improve quality of care consists of its emphasis on developing effective skills to apply the Medical Eligibility Criteria (MEC) of the World Health Organisation. Both the counselling and the clinical service provision training manual contain sessions and materials to strengthen and apply knowledge and skills to use the MEC to facilitate clients' problem-solving and ensure their safe informed voluntary decisions.

2.8 Learner centred experiential focus

This curriculum adapts contemporary good practice models for learner-centred training, and namely the Experiential Learning Cycle (ELC). This model recognizes that participants and learners bring psychological and cognitive assets i.e. their existing attitudes-skills-knowledge (A-S-K) to the process. These assets, often informed by the participants' own experience of the issues being explored, are highly valued and contribute to the wealth of knowledge from which the activities in the curriculum will draw:

Experiential Learning Cycle: Theory Outline

In this curriculum, the application of the ELC focuses on developing assets that support effective counselling for client-centred FP/MNCH integrated service provision:

Experiential Learning Cycle in this curriculum

The approach aims to foster the development of participants' insight, reflective thinking, problem-solving skills, and ownership of learning. In most activities, participants are encouraged to reflect on their own experiences and to draw from their real life issues either as a context for their reflection and problem-solving and/or to apply new insight and knowledge.

The curriculum creates connections and linkages across session topics by exploring key attitudes, skills, and knowledge (ASK) in different ways and perspectives by using a range of methodologies such as:

- story telling
- group work
- brainstorms
- case studies
- buzz groups
- presentations
- role plays
- structured discussions
- values clarification

Teachable moments are created throughout the curriculum and are used to reinforce internalization of learning. Substantial time is allocated to skill-building through role plays.

The exploration of how individual and social factors interconnect in affecting both FP/MNCH and provision of quality client-centred FP/MNCH integrated services is a prominent theme in this curriculum and it is linked to developing ASK that support quality in service provision in order to contribute to address the structural factors of poor FP/MNCH.

The curriculum deliberately limits the use of power point presentations in order to focus on learner-centred experiential methodologies. Therefore a key aspect of this course is the active engagement of participants.

3. CURRICULUM DEVELOPMENT PROCESS

3.1 How the conceptual and methodological approach led to identifying, testing, and finalizing competencies and A-S-K of the curriculum

The development process of this curriculum drew from the facility assessments and performance improvement plans previously conducted by NURHI. The facility assessments confirmed that a major challenge for both the public and the private sectors was to manage a situation characterized by countless training programs offered by many development partners. As a consequence, health providers from health facilities were often absent from work for relatively substantial periods of time.

Therefore, NURHI set out to design a curriculum that would help to overcome this situation by providing materials that could be used flexibly and in a tailored way to address specific capacity gaps identified at local level.

Through a capacity strengthening process for curriculum design, NURHI engaged a group of Nigerian master trainers, national experts, and external expert technical assistance to use the SEM as a planning framework to identify core competencies for this course.

This process was realized through the following activities:

The participants conducted a social ecology analysis of FP/MNCH to identify issues that may function as barriers for access to, and use of, these services. This analysis was placed in the context of the role of FP/MNCH in contributing to achieve relevant MDGs, especially goals 3 to 7. This enabled the participants to connect to the broader population and development discourse, which is acknowledged in the existing policy and service provision rationale, for example in the National Training Manual on Family Planning for Physicians and Nurses/ Midwives. The participants were able to examine how the social ecology issues that they had identified can create inequities affecting access to and use of FP/MNCH, and the potential detrimental effect on achieving the MDGs. In particular, the workshop focused on examining gender issues and their inter-relations with other social ecology factors to identify the impact on people's decision making and their lives, particularly FP/MNCH clients.

Using these analyses, the workshop identified key Attitudes-Skills-Knowledge (A-S-K) that should act as the building blocks for competencies developed using OJT. Participants explored how the concepts of competency and skill work in synergy to inform a training approach that aims to contribute to system strengthening and the achievement of strategic goals, such as the MDGs. Participants made these connections by exploring the role of competency-based OJT in achieving client-centred service provision in an integrated FP/ MNCH approach. Through this analysis, the participants produced a tentative framework for provision of integrated FP/MNCH services in Nigeria. This framework has been incorporated in the counselling training manual of this curriculum.

The next step in curriculum design consisted of connecting the analysis about competencies and A-S-K to the National Training Manual on Family Planning for Physicians and Nurses/

Midwives, the National Family Planning/Reproductive Health Service Protocols, the Performance Standards for Family Planning Services in Nigerian Hospitals, and the National Handbook Contraceptive Logistics Management System. The last step consisted of linking the technical content to training approaches and methodologies best suited to ensure effective transferring and retaining of A-S-K and, ultimately, core competencies. For this purpose, the participants explored learner-centred experiential training, its conceptual overview, and its application to training. The workshop also reviewed good practice materials used in Nigeria and internationally to prevent re-inventing the wheel and to ensure harmonization with Nigerian national standards.

The result of the workshop was the production of outlines for three FP training manuals: 1) Counselling; 2) Clinical; and, 3) Logistics Management.

July 18-22, 2011: Curriculum review workshop and field test preparation with NURHI Master Trainers

NURHI master trainers were invited to review the three draft manuals to assess the extent to which the materials addressed the outlines produced during the May 2011 curriculum design workshop. The master trainers contributed to address gaps and made additional recommendations for improving the materials. The trainers worked in teams (counselling, clinical, and logistics) and each team was responsible for organizing and conducting the field test of one of the manuals.

Ilorin, July 23-31, 2011: Field test of the three manuals

The field test was structured as three concurrent training workshops conducted by the same three teams of trainers who had reviewed the draft manuals. Each course had about 20 participants. The three concurrent workshops took place in Ilorin and the participants included FP providers from Ibadan and Ilorin health facilities. After the completion of the field test, the trainers participated in a final debriefing and identified the changes to be made to the manuals as a result of the field test.

August-October 2011: Roll-out of draft curriculum

This period was used to continue to test the draft manuals in order to gather more input from trainers and providers for the final revisions.

October-November 2011: Updating draft curriculum

This period was used to continue to update the draft manuals based on feedback from the field testing, preliminary roll-out of the first draft versions and other input gathered from trainers and providers.

Abuja, 6-9 December 2011: Curriculum review with NURHI Master Trainers

The three manuals were further revised during this workshop in which NURHI Master Trainers identified their final recommendations for changes to the manuals.

12 December 2011: Stakeholders' meeting

This was the final curriculum development activity in which key stakeholders provided their input and recommendations to finalize the materials.

4. MONITORING AND EVALUATION

This curriculum does not require any parallel monitoring and evaluation system outside of what already exists. The curriculum has been designed to build on the strengths of existing standards and protocols and all the A-S-K clusters, i.e. the four core cross-cutting competencies, were identified as contributing to achieve existing performance standards. However, it is recommended to train supervisors in this curriculum in order to enable them to effectively monitor and evaluate the impact of this training on service provision.

5. TAKING RESPONSIBILITY FOR ONE'S OWN LEARNING

This curriculum aims to achieve a balance of factual knowledge and knowledge for problem-solving in order to foster acquisition and retention of knowledge and skills. Therefore the activities focus on enabling participants to:

- Reflect critically on what they may already know e.g. How technically correct is their current knowledge? How well have they been applying it? How are their attitudes supporting or hindering them in ensuring optimal access to and use of FP/MNCH services?
- Analyse the important points of new knowledge being presented.
- Share reflections and insights to learn from each other and internalize (absorb) new or expanded knowledge and skills through the learning interactions.
- Apply their expanded or new knowledge to what they do, i.e. strengthening skills.
- Evaluate their learning through constructive peer-feedback.

Therefore the facilitators are not "knowledge banks" or the "know it all" experts. Facilitators, as the term suggests, have the fundamental role of enabling the participants' own learning, but the participants are expected to take full responsibility of their learning by actively contributing their thinking, reflections, analyses, practice and constructive feedback to each other.

6. ISSUES FOR FURTHER CONSIDERATION

We acknowledge that there are important issues that require additional attention in OJT and sensitivity to specific socio-cultural factors. For example: providing services to clients with mental health conditions; addressing the specific needs of under-age wives; addressing specific legal aspects of FP provisions; etc. At the time of developing this curriculum, efforts were being undertaken by other development partners to produce resources specifically focused on these issues. Therefore NURHI decided to prevent duplications by focusing this curriculum on key issues identified during the facility assessments.

LETTER TO FACILITATORS

1. Duration and scheduling of the OJT courses

NURHI identified the challenge associated with pulling out providers for the stipulated statutory periods for FP trainings, including the refresher training, especially in the private sector. NURHI decided to address these issues in partnership with the Family Health Department of the Federal Ministry of Health. As a result, NURHI is proud to present the three courses contained in this curriculum, namely:

1. OJT Family Planning Counselling Training Manual
2. OJT Clinical Service Provision
3. OJT Contraceptive Logistics Management Training Manual

Based on the experience and recommendations of the curriculum design and field test process, it is recommended to schedule the three courses in the same order as they are listed above.

The Counselling and Clinical Service Provision courses run for six days each while the Contraceptive Logistics Management Course runs for four days. Thus the total time needed to implement the whole curriculum is16 days as opposed to the time frames of six weeks or three weeks usually implemented in Nigeria in the past.

Although each course provides a sample training schedule organized by day, each of the three courses can be implemented flexibly as: 1) a program covering the entire duration of the course; 2) by scheduling the course in modules over a few weeks; or, 3) by selecting the sessions that address specific capacity gaps and organizing a training schedule accordingly.

The structure of the courses also allows choosing selectively which topics to focus on if managers and trainers assess that providers only require training on certain topics.

In order to ensure the effectiveness of the training methodology, it is recommended to ensure a minimum of six to eight participants during each course. Therefore facility managers are encouraged to plan cooperatively within their LGA, and facilitators are encouraged to support these efforts.

2. How to use this curriculum effectively: before starting the courses

.1 Selecting facilitators

This curriculum requires facilitators who are conversant with the SEM and skilled in applying a learner-centred experiential cycle. The effective implementation of this curriculum also requires facilitators with knowledge and skills to address the topics in the three courses and their inter-relations. The pool of Master Trainers that participated in the development process of this curriculum can provide technical assistance and function as key resources to implement the curriculum as well as to train others as trainers.

.2 Selecting participants and using the curriculum with different types of providers

To ensure the effectiveness of the training methodology, a minimum of six to eight participants are required during each course. This is important to ensure the effectiveness of the methodology, which focuses on fostering the participants' reflective thinking and problem-solving skills. These skills are developed and internalized through activities that require learning interactions and practice of skills with others. Hence, it is recommended that facilitators and facility managers plan cooperatively within their Local Government Area (LGA) to ensure a minimum of six to eight participants for the learning interactions to be meaningful and effective.

This curriculum can be used flexibly with all the categories of providers identified in the National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice. For example, it can be used to address gaps in capacity of Midwives/Family Planning Nurses CHOs who are newly qualified or who are experienced but require support around specific aspects of their capacity. Similarly, **the curriculum can be used with all types of service providers identified by the National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice as long as facilitators and mangers identify which specific capacity gaps they want to address for which specific types of providers in relation to the functions of those providers.** Once they know which capacity gaps they aim to address vis-à-vis the functions of the different types of providers, facilitators and their counterparts can select the sessions that best help address these issues and create a suitable training agenda.

.3 Deciding how to use these materials with public and private sector providers

These materials have been designed to help address the challenges that services and clients in both the public and private sectors face when health providers spend long periods of time to participate in training programs. The sessions in each of these manuals can be packaged flexibly in training agendas that can be delivered with minimal disruptions to the service schedules of public or private sector facilities. For example, the courses can be conducted either following the sample agendas provided in each manual or by focusing only on the specific sessions that address the capacity gaps identified. As previously explained, facilitators and managers need to work closely to identify which capacity gaps they want to address in order to select the most appropriate sessions and materials and develop their own training agenda.

2.4 A few essentials preparation tips

- Read the facilitator's manual and all reference materials carefully, including the participant's handouts and the knowledge pack of each course. Consider the flow of topics, the structure of each course, and the training methodology of each activity so that you will know how to conduct the sessions, what you need for each activity, the key messages to convey, etc.

- Make sure that the training venue is appropriate for learner-centred experiential training activities, i.e. most of the sessions require the participants to move around the room to interact. Space is an important consideration. Noise is also an important consideration. Therefore whenever possible ensure that the training will not be disrupted by excessive outside noises.

- Make sure that the sessions are adapted to the local context if necessary.

- Prepare all handouts, flipcharts, cards, and other materials and supplies in advance. Each session of each manual identifies the materials that facilitators should prepare in advance. Read the sessions carefully as part of your preparation and identify any additional materials you may want to prepare. **Please note: the methodology used in this curriculum requires facilitators to distribute handouts at the appropriate time during sessions in order to avoid pre-empting participants' learning. This in turn requires effective planning by facilitators to ensure that all printing and photocopying is completed in advance of starting the sessions.**

- If co-facilitation is involved, facilitators should determine how the course will be managed with their co-facilitators. Be sure to discuss potentially disruptive situations. For example:
    - How to intervene if a facilitator forgets an important point during an exercise, presentation, or discussion.
    - How to manage participants who dominate discussions.
    - How to respond to participants who upset others by making negative comments.
    - How to alert each other if the pace of training is too fast or too slow.
    - How to alert each other when a presentation or exercise is running longer than its scheduled time.

3. How to use the curriculum effectively: during the courses

3.1 Create a supportive learning environment

Many factors contribute to and affect the learning process. The facilitator's understanding of her/his role is a key factor. A learner-centred training requires facilitators to:

- Consider themselves equal to participants.
- Focus on enabling participants to use reflective thinking to develop insight, draw conclusions, and integrate new knowledge and skills into their lives.
- Understand that a facilitator's fundamental role is to ask useful questions at the right time and in the right way to foster creative thinking and problem-solving.

The manual provides sample questions for each activity that facilitators can use to achieve these purposes. Facilitators should also use participants' comments/observations/insights to formulate additional questions and expand reflection, analysis, and constructive feedback. Facilitators are encouraged to use their groups as a resource by inviting questions, enabling Participant's Handouts