TRAINING TO IMPROVE RH/FP SERVICE DELIVERY IN PATHS2 SUPPORTED STATES

FINAL PROJECT REPORT

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Transforming Health Systems in Nigeria

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid from the DFID, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, PATHS2 programme is implemented in five states of Enugu, Jigawa, Kano, Kaduna and Lagos. PATHS2 follows the successful PATHS, which was implemented from 2002 to 2008.

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ABBREVIATIONS

AMSTL	Active Management of Third Stage of Labour
BEOC	Basic Emergency Obstetric Care
CBD	Community Based Distributor
CBO	Community Based Organization
CEOC	Comprehensive Emergency Obstetric Care
CPR	Contraceptive Prevalence Rate
CHEW	Community Health Extension Worker
DSD	Director Service Delivery (PATHS2)
ESUTH	Enugu State University Teaching Hospital
FMOH	Federal Ministry of Health
FP	Family Planning
IUD	Intrauterine Device
LARC	Long Acting Reversible Contraceptive
LASUTH	Lagos State University Teaching Hospital
LSS	Life Saving Skill
M&E	Monitoring & Evaluation
MNCH	Maternal, Newborn and Child Health
NASG	Non-pneumatic Anti-Shock Garment
NPHCDA	National Primary Health Care Development Agency
PATHS2	Partnership for Transforming Health Systems Phase II
PD	Project Director (Pathfinder)
PHC	Primary Health Care
PI	Pathfinder International
PM	Project Manager (Pathfinder)
RH	Reproductive Health
SIO	Service Integration Officer (PATHS2)
SMOH	State Ministry of Health

SSHDP	State Strategic Health Development Plan
STL	State Team Leader (PATHS2)
TOR	Terms of Reference
ToT	Training of Trainers
UNTH	University of Nigeria Teaching Hospital
WHO	World Health Organization

SECTION ONE: EXECUTIVE SUMMARY

The Partnership for Transforming Health Systems Phase Two (PATHS2) is supporting the Ministry of Health in 5 states to implement interventions that will address the high levels of maternal and child mortality, and strengthening the public sector health care delivery system. An essential component of the project includes empowering health care providers with critical life-saving interventions in Family Planning and Focused Antenatal Care, especially at the PHC level.

In order for PATHS2 to fast track implementation, achieve the targets of the service delivery strategy, and State Strategic Health Development Plans (SSHDP), there is need to collaborate with partner organizations that have a reputable record of implementing key areas of MNCH service delivery that is in line with PATHS2 support. This is aimed at leveraging each other's experience and expertise to achieve the service delivery support to selected LGAs in PATHS2 supported states. Due to Pathfinder International's over 50 years of experience implementing reproductive health care programs in Africa, Asia, the Near East, and Latin America and having successfully implemented MNCH activities in Nigeria, PATHS2 therefore engaged Pathfinder International to help expand the scale and scope of RH and FP services, especially in PATHS2 clusters.

This work included activities such as training of health care workers to provide quality FP services and building the capacity of community based distributors of family planning commodities in the five PATHS2 supported states. Pathfinder also trained providers on key interventions to prevent and treat postpartum haemorrhage (one of the major causes of maternal mortality in the region), active management of the third stage of labour (AMTSL), and the use of the non-pneumatic anti-shock garment (NASG).

Implementation of project activities commenced with a 2-day implementation planning meeting in November, 2012, which was followed by state level planning involving the SMOH and PATHS2 state offices. The meetings reviewed the training plan and agreed on the roles and responsibilities of each party in the collaboration.

Training activities commenced with a 3-day Master trainers' orientation in Enugu, which was aimed at providing orientation for master trainers to plan and conduct training of trainers (ToT) for FP service delivery in PATHS2 supported states. This was followed by a 5-day state level training of trainers between the 10th and 14th of December, 2012 in each state. These trainings were facilitated by master trainers who participated in the master trainers' orientation workshop. The knowledge base of the participants on ToT concept and related issues was assessed through the administration of a pre-test and the score range was recorded as 22%-74% in most of the states; at the end of the trainings, post tests were administered to assess how much knowledge and change in attitude had been acquired to enhance effective training and contraceptive technology. The score range was between 75%-100% in most of the states.

A 3-day state level training of clinical preceptors took place between the 14th and 16th of January, 2013 in each state. These trainings were facilitated by master trainers who participated in the master trainers' orientation workshop and still practice as service providers in their states. The objectives of the training were to update the knowledge and skills of preceptors on current trends in family planning, describe the concept of preceptorship in family planning, demonstrate the concept of coaching, and update the skills of preceptors on clinical procedures in family planning. Overall the training was aimed at building the capacity of clinical preceptors in guiding and instructing trainees during supervised practicum at the clinics.

The step-down trainings for the nurses were conducted in batches of about 20 participants per batch and each batch of training was for 4 weeks (2 weeks of didactic sessions and 2 weeks of supervised practicum in the clinics). The trainings spanned between January and April 2013 across the 5 states. The trainees were provided with log books to document their practical experiences (minimum targets were set for procedures they were expected to observe and practice). A total of 166 nurses/midwives were trained across the 5 states, representing an increase of about 19% over the 140 required to be trained.

The doctors' training was divided into 2 batches, the north (Jigawa, Kaduna and Kano) and south (Enugu and Lagos). The trainings were done in accredited training institutions in reproductive health/family planning in Nigeria, using the National FP training Manual for Physicians and Nurses and relevant slides from the FP Training resource package website. The training in the north took place at Aminu Kano Teaching Hospital, Kano, while the southern training took place at the University of Nigeria Teaching Hospital, Enugu. A total of 32 doctors were trained.

While the service providers' training was aimed at addressing provider capacity on the supply side of FP services, the community based distributors' (CBD) training was meant to address majorly the demand side of FP services, with some community based supply side activities. The CBDs were trained to provide FP information and counselling within the community, provide non-prescriptive FP commodities and refer clients to the nearest FP clinic for other services they cannot provide. The trainings were done in batches (5 days per batch) of about 20 participants and spanned from January to April; a total of 250 CBDs were trained across the 5 states.

In order to address the high maternal mortality arising from PPH, the project was able to train service providers on Active Management of the Third Stage of Labor (AMTSL) and the use of NASG. A 2-day training of trainers was conducted in each of the 5 PATHS2 supported states. The objectives of the training were to explain basic strategies for avoiding the 4 delays leading to maternal mortality, demonstrate AMTSL, discuss the guidelines for the administration and storage of uterotonics to prevent and treat PPH, demonstrate the application and removal of the NASG and management of patients in hypovolemic shock, demonstrate the proper care of the NASG, including folding, and storing, and impact training skills on participants for AMSTL/NASG facilitation. A total of 68 trainers were trained across the 5 states.

As part of efforts at increasing access to, and uptake of quality family planning services and meeting the Contraceptive Prevalence Rate (CPR) target of 36% by 2018 set by the Federal government, the last National Council on Health held in 2012 gave approval for CHEWs to provide injectable contraceptives as part of the task shifting policy of the Government of Nigeria. Based on the foregoing, the Federal Ministry of Health, along with development partners (initially led by **fhi**360) had to review the FP training manual for CHEWs. Pathfinder with support from PATHS2, played a significant role by leading the review of the FP training manual and also pilot tested it during the CHEW's training in PATHS2 supported states.

Training of service providers alone does not result in the provision of quality FP services, if the commodities and consumables needed are not available and the environment is not conducive for service provision. The service providers that are trained also need to be followed up at the service delivery point to be observed and provided with on-the-job support and mentoring. Hence, following the completion of the trainings of service providers, the first round of supportive supervision was carried out in all the 5 states. The major findings from the visits were: 1) space was a major constraint to service provision in most facilities across the states, 2) poor record keeping, including logistics management of FP commodities,

across board, 3) service provision for most method mix were not available, even though the commodities were available (some of those newly trained on other methods, particularly the LARCs, do not have the confidence yet to provide the services without supervision; 4) consumables were largely not available (some facilities resulted to charging clients for these, even though FP service provision is meant to be free; 5) National FP protocols and job aids were not readily available, 6) the community volunteers (CBDs) were not properly linked to the facilities. Despite these shortcomings, marginal increase in FP service utilization was observed in some of the states, both in terms of contraceptive uptake and referrals from the communities for FP services.

The positive findings from the first round of supportive supervision led to the development and submission of an abstract titled "*Collaborative Approach to Implement an Effective Family Planning Program in Resource-Poor Settings*" to the International Conference on Family Planning, holding in Addis Ababa, Ethiopia. The abstract was accepted by the conference organizers as a poster presentation during the conference; PATHS2 will lead the presentation.

The project, no doubt, was able to make some significant achievements within the short period that it lasted; after several years of inactivity in the area of FP trainings, over 900 health workers and community members were trained on quality FP service provision. During the course of the trainings, Pathfinder played a significant role, by leading the process in the review, update and field testing of the CHEW FP training manual. State Government buy-in was also evident from the AMTSL/NASG TOT Kaduna SMOH, with technical support by Pathfinder, cascaded down to health workers in 23 facilities in the state, while Lagos state has trained 138 facility staffs.

In conclusion, the PATHS2/Pathfinder collaboration has changed the family planning landscape in Nigeria, and not in the history of the country has there been a program implementing a dual strategy of integrating systems strengthening with supply and demand side activities to increase access to FP services, within a short time frame as this one! The massive capacity building activities at both facility and community levels that built on a series of systems strengthening activity which focused not only at government and facility structures, but also community participation, to address the supply side of FP services is a replicable model for countries with limited resources. The collaboration showed that organizations can leverage their individual strengths to achieve a common goal with limited resources in the shortest time possible. The abstract thus provide an opportunity to show the world that the collaboration is a replicable model for resource poor settings

SECTION TWO: INTRODUCTION

2.1 BACKGROUND TO THE ASSIGNMENT

The most recent 2008 DHS revealed that the total fertility rate in Nigeria remains high at 5.7 births. The mean number of children born to women aged 40-49 years was reported at 7.3, 7.2, and 5.4 in the North West, North East and North Central geopolitical zones respectively. In the southern region births were estimated at 4.8, 4.7, and 5.5 in the South East, South and South West respectively. Contraceptive Prevalence Rate (CPR) among currently married women is also low while current unmet need for FP of 20% is almost the same across the country.

Family planning promotes improved health outcomes for women and also improves economic stability in families as birth spacing allows for adequate care and support of children. The focused antenatal care model of Maternal and Neonatal Health by WHO's Birth Preparedness Planning, underscores the importance of the woman and her family's understanding of the danger signs of pregnancy. Family members should act promptly to get the expectant mother to a facility where the life of her baby and hers can be saved. This will help protect women facing emergency obstetric complications and also avoid the first two delays pertaining to recognition of problems and decision to seek care.

This project sought to empower and build the capacity of facility and community based providers in quality FP and focused ANC service provision. Specific interventions are addressed below.

2.2 SCOPE OF WORK

This Scope of Work provides for the continuation of the interventions already begun by Pathfinder, the Federal Ministry of Health, and NPHCDA. It entails collaborating with the FMOH, SMOH and relevant stakeholders to equip facility and community based workers (Doctors, Nurses, Midwives, CHEWs and CBDs), in five (5) PATHS2 supported states, with the knowledge and skills to be able to deliver quality FP services. Also, provide health care workers (midwives and CHEWs) in Kano, Kaduna, Lagos, Enugu and Jigawa with the skills to provide postpartum hemorrhage prevention and management services.

These interventions include:

- Building the capacity of health care workers in family planning services in the five states.
- Recruitment, training and deployment of community based distributors of non-prescriptive family planning services
- Strengthen the existing supply chain structure to enable facilities to forecast and make requisition to the states for commodities to be distributed by the Community Based Distributors.
- Training health care workers on new technologies to prevent and manage postpartum hemorrhage (active management of the third stage of labour and use of the non-pneumatic anti-shock garment

All interventions are focused on PATHS2 supported clusters in Lagos, Kaduna, Enugu, Jigawa and Kano states.

2.3 SPECIFIC TASKS

Pathfinder International is accomplishing the following activities in the five states:

- Conducting FP clinical competency based training for delivery of quality FP services in the five states
- Working with SMOH to strengthen supportive supervision, clinical mentoring and on-the-job training at BEOC and CEOC facilities.
- Building the capacity of members of the Emergency Maternal Care/Community volunteers/CBOs to be able to integrate FP messages and deliver non-prescriptive family planning methods into the work they are already doing at community level.
- Supporting SMOH to strengthen the existing, PATHS-supported health commodity supply chain management system in the respective states.
- Training providers on active management of third stage of labour and the application, removal and care of the NASG

2.4 KEY DELIVERABLES AND EXPECTED OUTPUTS

- 12 volunteers each in Kano, Kaduna, Jigawa, Lagos and Enugu states selected and provided with skills to become clinical preceptors.
- 565 health care workers (doctors, midwives and CHEWs) trained and provided with competency based clinical trainings on family planning services in the five states including: contraceptive technology and update skills for IUD insertion for providers previously trained in FP.
- 60 trainers trained on AMTSL and application of NASG in the five states
- At least one post training or quarterly coaching and mentoring visits to health workers conducted
- 204 EMC/Community Volunteers/CBOs around the catchment areas of the BEOC equipped with skills to integrate FP messages in safe motherhood services and provide information, non-prescriptive FP methods and referral for other RH/FP services.
- Detailed progress report submitted to PATHS2 and SMOH quarterly and final report submitted within 10 days of completion of assignment.

2.5 PROJECT IMPLEMENTATION PLANNING MEETING

A 2-day planning meeting was organized by Pathfinder International on the 1st and 2nd of November, 2012, at the Country Office in Abuja, to map out strategies for effective implementation of project activities. Day 1 of the meeting had PATHS2 team, led by the Director, Service Delivery, in attendance. The meeting basically reviewed the terms of

reference of the project and both teams agreed on the expected deliverables, outputs and timelines. The various supports that will be provided by PATHS2, both at the country office and state offices were also discussed and agreed upon, viz:

- PATHS2 Country Office shall reproduce job aides on FP and AMSTL/NASG that will be provided by Pathfinder International
- PATHS2 Country/State Offices shall strongly encourage and support (provide transport allowance) the participation of the State RH/FP Coordinators in the trainings
- PATHS2 State Offices shall liaise with the various SMOHs to provide accommodation for training participants at the LSS training sites, if available, or any other suitable training venue in the state (if LSS centre is not available).
- PATHS2 Country Office, through the State Offices, shall make available FP commodities for use during the trainings
- PATHS2 Country Office shall provide contact details of their various state offices/staff to Pathfinder International

Day 2 of the planning meeting was devoted to the details of activities involved in the trainings. Plan was to conduct initial visits to all the states to meet with PATHS2 State staff and RH/FP Coordinators to discuss the training plan and gather relevant information that will ensure smooth conduct of the trainings. Next was to conduct assessment of facilities to be used for supervised practicum during the visit. A master trainers' orientation will then follow the state visit, after which a training of trainers was to be conducted before series of step-down trainings for facility staff from PATHS2 clusters in each state (the detailed training plan is attached, attachment 8.4.1).

At the end of the meeting a checklist was developed and was subsequently used in the assessment of health facilities and the readiness of the state teams. The facility assessment component of the checklist looks at the number and categories of health care workers available within the FP unit of the facility, availability of adequate space for FP service provision and equipment, and client load (see attachment 8.4.2). The facilities with high client load, adequate space, equipment, and staff were selected.

2.6 STATE PLANNING MEETINGS/FACILITY ASSESSMENT

The objectives of the state planning meetings were to discuss the training plan with PATHS2 State teams and the RH/FP Coordinators of the respective states, collect vital information that will aid planning, and visit 5 health facility family planning clinics that will be recommended by the States/PATHS2 and identify 3 to be used for supervised practicum for the trainings. In addition, the trips to Enugu, Lagos, and Kano were used to identify and make contacts with institutions involved in family planning training for doctors in the state. These visits were led by Senior Pathfinder International staff in order to provide the required level of advocacy and support for the project.

2.6.1 KADUNA STATE

In Kaduna Pathfinder Project Director, Chinwe Onumonu, met with PATHS2 State Team Leader (STL) and Service Integration Officer (SIO). They discussed the training plan and clarified roles of all the parties involved. This was followed by the meeting with the RH/FP team in the SMOH where discussions were on generation of the state ToT team, status of the state FP commodity logistics and equipment, and identification of clinics with high clientele. The School of Health Technology was chosen as the possible venue for the

training; though the list of participants for the ToT could not be generated at that visit, but the PATHS2 state team was to follow up with the state on the list.

The Kaduna visit was the first of the state visits and it provided an opportunity to pilot test the tools developed by Pathfinder to track the level of preparedness of the state planning teams in carrying out the various activities.

2.6.2 ENUGU STATE

Chinwe Onumonu (Pathfinder Project Director) met with PATHS2 SIO in Enugu state, with whom the training plan was discussed. The team then met with the Enugu State Director of Public Health, the State FP Coordinator was not available. The meeting focused on the proposed training interventions, and sharing of roles and responsibilities amongst the parties concerned. One major issue that came out of the meeting was the non-residential nature of the trainings which the SIO expressed serious concerns about. There was also a meeting with the FP training point person at University of Nigeria Teaching Hospital (UNTH), Ozalla on the possibility of using the centre for the training of doctors/preceptors/nurse/midwives; this was acceptable to the hospital.

Facility assessment was done in 5 health facilities, namely UNTH, Ozalla, Enugu State University Teaching Hospital (ESUTH), Polyclinic Centre, PHC Abakpa, and PHC Nsukka. But PHC Nsukka did not make the list of selected facilities for supervised practicum, as it did not have the minimum requirements in terms of client load and infrastructure.

2.6.3 LAGOS STATE

In Lagos, Habeeb Salami (Project Manager, Pathfinder) met with PATHS2 State Team Leader, the SIO and other members of the team. The SIO informed Pathfinder that PATHS2 Abuja had already briefed the state team about the visit and discussions have been initiated with the RH Coordinator in the SMOH. Detailed discussion on the training plan then ensued; clarifications were made by Pathfinder staff on the number and categories of persons to be trained.

Later on, the team (PATHS2 SIO and Pathfinder) met with the Lagos State RH/FP team, led by the State RH Coordinator, at the state ministry of health. The training plan was reviewed and it was agreed that the School of Nursing on Awolowo Road, Ikoyi shall be the classroom training venue. The state however, requested for more nurses than CHEWs to be trained as the nurses play a more significant role in the health facilities. The State FP Coordinator then provided a list of facilities to be assessed for the supervised practicum. It was also agreed that the Lagos State University Teaching Hospital (LASUTH) shall be the venue for the doctors' training.

Seven health facilities were assessed out of which 3 were chosen, viz Orile Agege PHC, General Hospital, Orile Agege, and Lagos Island Maternity Hospital (LIMH). Massey Street Children Hospital was the fourth facility which was to be used for the supervised practicum. The venue and the number of participants for the community level training were also agreed upon and the list of participants for the ToT and clinical preceptors generated.

2.6.4 KANO AND JIGAWA STATES

A single trip was made to Kano and Jigawa states, as a cost-saving measure. The first part of the visit was to Kano state where Titi Duro-Aina, Pathfinder Project Officer, met with PATHS2 State team, and the Kano State Deputy FP Coordinator. Detailed discussions on the training plan was done and it became obvious that there was no ready pool of trained providers in the state to draw the ToT participants from, but PATHS2 team agreed to work with the state in generating the list. The SIO requested for more participants to be trained on AMSTL and the use of NASG as some of the LGAs had already procured about 176 garments following advocacy to these LGAs.

Six facilities were assessed for suitability for supervised practicum and 3 were selected, viz Murtala Muhammed Specialist Hospital, Abdullahi Wase Specialist Hospital, and Nuhu Bamali General Hospital. The agreed training venue for all the trainings was Murtala Muhammed Specalist Hospital, Kano.

The state planning meeting in Jigawa took place at the PATHS2 office in Dutse. In attendance were the PATHS2 State Team Leader and SIO, and the representative of the Jigawa State ministry of Health RH Coordinator. The STL emphasized the importance of carrying along the SMOH and the Gunduma Health System council in the planning process, and also requested that the number of doctors to be trained in Jigawa state be increased from 4 to 9; with additional costs borne by PATHS2.

Drawing up a list of participants for the ToT was a challenge as most of the midwives and FP providers in the state had not been formally trained on FP, but the meeting was able to come up with 14 names while the SIO and the RH Coordinator were to come up with additional names.

Six facilities were assessed for suitability for supervised practicum and only 2 were selected, viz Dutse General Hospital and Rasheed Shekoni Specialist Hospital. Most of the other clinics visited were poorly managed and equipped, and understaffed. The venue for the classroom training was not concluded as Hadejia General Hospital which was initially penciled down might not be available due to LSS, MLSS and FANC trainings that were scheduled for the same period.

2.7 POST-STATE VISIT MEETING WITH PATHS2

A post-state visit meeting was held in PATHS2 Abuja Office on the 3rd of December 2012, to deliberate on the outcomes of the state visits and other preparations for the training. In attendance were the Pathfinder Project Director (PD) and Project Manager (PM), while PATHS2 had the Director, Service Delivery (DSD), National M&E Advisor, Logistics Advisor, Technical Lead (Informed Citizens team) and others. PATHS2 Director of Service Delivery gave a brief on the project and the role of Pathfinder International, while PD provided an update on the visits and other preparations made; she clarified Pathfinder's role in this collaboration. PATHS2 Technical Lead (Informed Citizens Team) expressed concern about the community level training, particularly in Jigawa state as to how the project was carrying Community/religious leaders along in the planning process to prevent a repeat of the polio debacle where people kicked against polio immunization in the northern part of the country. She was reassured that adequate measures were being put in place and all efforts being made to carry relevant stakeholders along. Also, the states MOH were fully involved in the planning process and in project activities. However, to give opportunity for more inputs, the

community level training scheduled for December 2012, was put on hold to allow for more consultations.

Pathfinder M&E Specialist and Project Manager met with PATHS2 M&E Team, led by the National M&E Advisor on the 5th of December, 2012 at PATHS2 Abuja Office. The output indicator matrix developed by PI M&E Specialist was reviewed and it was agreed that it was in line with the expected deliverables within the TOR. PATHS2 M&E team, however, were of the opinion that there was a need for outcome indicators that would demonstrate the effect of the trainings on FP service provision, and more importantly how it contributed to the overall success of the entire project. However, this wasn't possible as the TOR was very clear on the deliverables. It was therefore agreed that we will all work with the output indicators as presented by Pathfinder.

SECTION THREE: TRAINING ACTIVITIES

3.1 MASTER TRAINERS' ORIENTATION

A 3-day Master Trainer Orientation and Planning Workshop for Family Planning (FP) Service Delivery was conducted from 5th to 7th December 2012, in Enugu, for national level FP trainers. The training facilitators were Moji Oyelami, Ugo Uduma, and Chinwe Onumonu.

The goal of the training was to provide orientation for master trainers to plan and conduct training of trainers (ToT) for FP service delivery in PATHS2 supported states.

Specifically, the training was able to:

1. Update the knowledge and skills of Master Trainers on current trends in FP technology and training, and introduce them to the family planning training resource package.
2. Develop training plans for the following trainings:
   - Clinical preceptors for the FP state based trainings.
   - State ToTs
   - CHEWs
   - Community Volunteers
3. Build teams for state trainings.

A total of 15 participants attended the workshop, which had didactic sessions, practicum and role play.

3.2 STATE LEVEL TRAINING OF TRAINERS (TOT)

A 5-day state level training of trainers was conducted between the 10th and 14th of December, 2012 in each state. These trainings were facilitated by master trainers who participated in the master trainers' orientation workshop. The training resources used were the National FP training Manual for Physicians and Nurses and relevant slides from the FP Training resource package website (www.fptraining.org). The knowledge base of the participants on ToT concept and related issues was assessed through the administration of a pre-test and the score range was recorded as 22%-74% in most of the states. It was observed that the high score did not correlate with their skill in training concept. The training, though was didactic, had series of micro–training sessions and was conducted using adult learning principles. At the end of the trainings, post tests were administered to assess how much knowledge and change in attitude had been acquired to enhance effective training and contraceptive technology. The score range was between 75%-100% in most of the states. This with other daily evaluations carried out by the master trainers resulted in the selection of 75% - 80% of the trainees in each state to conduct the step down trainings to service providers at the facility level. A total of 98 state level staffs were trained as trainers, representing 98% of the total number expected to be trained across the 5 states.

3.2.1 ENUGU STATE

In Enugu, the FP ToT was held at Roban Hotel, Independence Layout, Enugu. There were 20 participants in attendance. The training was facilitated by Pathfinder Master Trainers: Mrs. Ugo Uduma, Mrs Ngozi Victoria Iyiegbu and Mrs Affiong Umannah. Pre and post test results of the training showed that learning had taken place.

The State's commitment to the success of the training was evidenced by the presence of the Director of PHC, Enugu State. It was observed that none of the participants had any update in FP in the past 10 years.

3.2.2 JIGAWA STATE

Due to inadequate hotel accommodation in Jigawa, the state's FP ToT was held in Kano at Nassarawa Guest House. Twenty participants attended the training. The training facilitators were Fatimah Adamu; Dari Hena and Grace Oyakhire. Pre and post test results showed that learning had taken place: Pretest mean score: 37.3%; Posttest mean score: 76%.

Throughout the training the participants were observed to be very enthusiastic and excited about the opportunity to be trained as trainers for quality improvement of FP in their state. All the set objectives for the training were met. The State Government's 'buy in' into the activity was evident by the presence of the Director of the PHC Gunduma Health System at the closing ceremony.

3.2.3 KADUNA STATE

The Kaduna state ToT took place at Bafra Hotel. Nineteen (19) participants were in attendance, seventeen (17) drawn from health facilities within the state and the LGAs and two (2) from the State Ministry of Health. The training facilitators were Asabe B. Madaki; Asabe J. Abiriyi and Asabe Rose Maida. Pre and post test results showed that learning had taken place: Pretest mean score: 37.3%; Posttest mean score: 83.1%.

All the set objectives for the training were met. The State Government's commitment to the activity was evident by the presence of the Deputy Director of the PHC State Ministry of Health at the opening and closing ceremonies of the workshop.

3.2.4 KANO STATE

In Kano, the ToT was held at Badala hotel, Airport road, Kano. Twenty participants were in attendance drawn from health facilities within the state and the LGAs. Seventeen (17) of the Participants were drawn from public health facilities, two (2) from the State Ministry of Health and one (1) from the School of Basic Midwifery, all in Kano. The training facilitators were Stella Falaye and Esther Kaka. Pre and post test results showed that learning had taken

place: Pretest mean score: 30.4%, Range: 14-66; Posttest mean score: 79.6%; Range: 52-94.

It was observed that all the participants at the workshop were very cooperative, demonstrated a ready-to-learn attitude and were willing to take corrections. They put in extra hours of the night when necessary to ensure that tasks meant for them were accomplished. The number of days allocated to the training however, was regarded as inadequate and therefore a constraint to the accomplishment of set goals and objectives.

3.2.5 LAGOS STATE

The ToT was held at Excellence Hotel, Ogba, Lagos. There were twenty (20) participants in attendance comprising fifteen (15) service providers from public health facilities, two (2) from the State's School of Nursing and three (3) from the Ministry of Health including the State's FP coordinator. The training facilitators were Bolanle Lana, Moji Oyelami and Wunmi Ajagbe. Pre and post test results showed that learning had taken place: Pretest mean score: 46.4%, Range: 22-74%; Posttest mean score: 91.9%, Range: 75-100%.

Throughout the training, participants were observed to be enthusiastic and eager to put the skills they've learnt to work. All the set objectives for the training were met. The State Government's commitment to the activity was evident by the presence of the State's Reproductive Health Coordinator (Dr. Johnson) throughout the period of the training.

3.3 CLINICAL PRECEPTORS TRAINING

A 3-day state level training of clinical preceptors took place between the 14th and 16th of January, 2013 in each state. These trainings were facilitated by master trainers who participated in the master trainers' orientation workshop and still practice as service providers in their states. The objectives of the training were to update the knowledge and skills of preceptors on current trends in family planning, describe the concept of preceptorship in family planning, demonstrate the concept of coaching, and update the skills of preceptors on FP clinical procedures. Overall the training was aimed at building the capacity of clinical preceptors in guiding and instructing trainees during supervised practicum at the clinics. The training was able to achieve these as evidenced by the results from the pre-post tests and evaluations carried out during the training across the states, through demonstrations and return demonstrations; the lowest scores for the pre-test ranged from 4 – 18% across the states, with highest score range of 56 – 69%. Post-test scores were 55 – 95% across the states. A total of 56 clinical preceptors were trained across the 5 states (60 were expected to be trained).

3.3.1 ENUGU STATE

The training held from 14th – 16th January, 2013 at the University of Nigeria Teaching Hospital (UNTH), Ituku–Ozalla, Enugu. It was attended by 12 participants, all female

Nurse/Midwives, selected from 4 family planning clinics in Enugu state. Both the didactic and practical sessions took place at the family planning unit of UNTH. The training facilitators were Victoria Ngozi Iyiegbu and Affiong Umanah. By the end of the workshop, pretest and posttest scores revealed that learning had taken place. Pretest mean score: 40.25%, Range: 18-69%; Posttest mean score: 72.2%, Range: 55-92.5%

It was observed that the small class size of participants (12) made for effective learning of skills in the clinic and gave room for individualized instruction. Even though most participants already functioned as instructors and clinicians, they had never been trained before as preceptors. The training therefore provided the needed platform for their capacities to be developed.

3.3.2 JIGAWA AND KANO STATES

The Jigawa and Kano preceptor training held in Kano from 21st – 23rd January, 2013. It was originally scheduled to hold from 14th – 16th January 2013 to run concurrently but had to be shifted to 21st – 23rd January 2013 because the right cadres of personnel were not selected for training by both states.

The Family Planning units of the two States Ministries of Health later selected qualified persons who were merged together for training because of time constraint. It was also advantageous for the Jigawa preceptor training to hold in Kano because of the unavailability of family planning clinics in Jigawa state that offer the full range of family planning services.

The training held at the Murtala Mohammed Specialist Hospital. Twenty (20) participants were in attendance (8 from Kano and 12 from Jigawa). The training facilitators were Esther Kaka and Asabe Abiriyi. By the end of the workshop, pretest and posttest scores revealed that learning had taken place. Pretest mean score: 30.85%, Range: 12-51%; Posttest mean score: 70.9%, Range: 56-98%.

Initial assessment revealed that participant's basic knowledge and skills of preceptorship was low and the majority was not acquainted with the latest trends in family planning and lacked an understanding of coaching. The training had to be postponed for the two states due to the lack of adequate manpower for family planning.

3.3.3 KADUNA STATE

The training held from 15th - 17th January, 2013 at Gwamna Awan Memorial Hospital, Kakuri. It was attended by 12 participants, all female Nurse/Midwives, selected from 5 family planning clinics in Kaduna state. Both the didactic and practical sessions took place at the family planning unit of the Hospital. The training facilitators were Asabe Rose Maida and Asabe J. Abiriyi. By the end of the workshop, pretest and posttest scores revealed that learning had taken place. Pretest mean score: 34.25%, Range: 16-58%; Posttest mean score: 56.3%, Range: 30-64%.

Throughout the training, participants were very enthusiastic, and showed a lot of commitment. The training venue was also conducive, with constant electricity and adequate

ventilation. It was observed that the small class size of participants (12) made for effective learning of skills in the clinic and gave room for personalized instructions which will aid participants to be effective preceptors.

3.3.4 LAGOS STATE

The clinical preceptor training was held from 14th – 16th January, 2013. The didactic session took place at Hello Lagos Hall, Lagos State University Teaching Hospital (LASUTH) on the 14th January, while the practical sessions were held at the General Hospital, Orile Agege on the 15th and 16th. Twelve (12) participants were in attendance. They were all senior family planning providers drawn from 12 public health facilities in the state. The training facilitators were Stella Falaye and Mosunmola Omotayo. By the end of the workshop, pretest and posttest scores revealed that learning had taken place. Pretest mean score: 25.25%, Range: 4-36%; Posttest mean score: 63.8%, Range: 54-73%

Due to the limited time allotted for the training, and in order to have enough clients' access the Family Planning clinic during the period of the practicum, family planning education was provided at the infant welfare and antenatal clinics of the hospital. The strategy worked as there was a massive turnout of clients to the family planning clinic immediately after the exercise. By the following day (i.e. day 2 of the practicum) the turnout was even larger as clients who had received services the previous day turned up at the clinic with their friends and neighbors.

Though all the participants were senior nurses who functioned as family planning providers most of them needed to learn the correct skills in carrying out many of the family planning procedures hence the workshop provided a great opportunity for their skills to be sharpened and their capacities enhanced.

By the end of the training all the participants agreed that the objectives of the training were achieved. The majority of the participants rated as excellent the workshop content, the facilitation, logistics and administration. However most participants remarked that the number of days ear-marked to accomplish the set tasks was inadequate, and the non-provision of accommodation was challenging.

3.4 SERVICE PROVIDERS' TRAINING (NURSES/MIDWIVES)

The step-down trainings for the nurses were conducted in batches of about 20 participants per batch and each batch of training was for 4 weeks (2 weeks of didactic sessions and 2 weeks of supervised practicum in the clinics). Enugu, Jigawa, and Kaduna states had 1 batch of training each, while Kano had 2 batches and Lagos had 3 batches. The trainings spanned between January and April 2013 across the 5 states. The training resources were mainly the National FP training Manual for Physicians and Nurses and relevant slides from the FP Training resource package website. The trainees were provided with log books to document their practical experiences (minimum targets were set for procedures they were expected to observe and practice). A total of 166 nurses/midwives were trained across the 5 states, representing an increase of about 19% over the 140 required to be trained.

Cross section of participants during a training session

Facilitators demonstrating physical examination

3.4.1 ENUGU STATE

21 nurse/midwives from PATHS2 supported facilities were trained. The didactic sessions were held at the school of midwifery Enugu State University Teaching Hospital (ESUTH) while the practical sessions were held in four hospitals; University of Nigeria Teaching Hospital (UNTH), Enugu State University Teaching Hospital, Primary Health Care Center Abakpa and Polyclinic Asata from 28th January – 22nd February 2013. The training was facilitated by 4 trainers; Mrs Echendu Cornelia, Mrs Nnamani Charity, Mrs Uduji Joy and Mrs Eze Winifred, who were part of the TOT conducted earlier in the state. The training was fully residential for the participants and trainers. At the end of the period, the service providers were given packs containing counseling cue cards, counseling flip charts, IUCD information table charts, cycle beads and National family planning service protocol for their facilities to help them provide effective family planning services.

A pretest was administered at the start of the training to evaluate the general knowledge of the participants on family planning; the pretest mean score was 50%. A posttest was also administered at the end of the 4 weeks showed a mean posttest score of 73%.

At the end of the training, it was observed that accommodating the participants was helpful in having them arrive to the venue on time and it allowed them to fully concentrate on the training.

Challenges noted were that participant selection was not clearly defined so some participants were turned back because they were not FP providers in their hospitals; handouts were not provided prior to training which made it a bit difficult for the initial part of the training to be participatory; and letters of invitation were not sent out to the participants on time so that they could secure permission early enough to be away, thereby resulting in some arriving late on the first day of training.

3.4.2 JIGAWA STATE

Nineteen (19) nurse/midwives selected from the 9 Gunduma councils within the state were trained in one batch of training from 28th January – 22nd February 2013. The training venue for the didactic sessions was the LSS training hall, Dutse while the practical sessions were held at Rasheed Shekoni Specialist Hospital Dutse, General Hospital Dutse, Federal Medical Center Birnin Kudu, Abdullahi Wase Hospital Kano and Murtala Muhammed Specialist Hospital Kano. The training was facilitated by 3 trainers; Saude Abdullahi, Hajara Bello and Hassana Jimoh who were part of those trained during the TOT.

In the pretest administered at the start of the training, the mean score was 44% which increased to 65% in the posttest indicating that learning had taken place.

A challenge faced in the course of the training included the fact that some participants had to go daily to Kano from Jigawa for the practical session which was quite stressful as the same training was ongoing in Kano. This resulted in the clinics having too many trainees at a time which was not ideal for competency based training. Despite the fact that these were high client facilities, the client load could not meet up with the number of participants that needed to be trained.

3.4.3 KADUNA STATE

The state had one batch of training of 23 participants held from 21st January – 15th February 2013. The didactic sessions were held at the school of midwifery Kaduna, while the practical sessions were held at 6 facilities; Barau Dikko Specialist Hospital Kaduna, Yusuf Dantsoho Memorial Hospital Kaduna, General Hospital Kawo Kaduna, Dr. Gwamna Awan General Hospital Kaduna, Family Health unit Kafanchan and General Hospital Kafanchan. The training was fully residential for those participants from outside Kaduna and for one of the trainers.

The training was facilitated by three state trainers; Mrs. Cecilia J Marcus, Hajiya Lami Umar Kabir and Mrs. Martha G Nom. The pretest administered at the start of training showed a mean score of 44% and the posttest showed a mean score of 82% indicating that learning had taken place.

The observation raised was that the trainers should be present throughout the practical session to harmonize the classroom sessions with the clinic sessions to help complete the learning process. It was also recommended that handouts for the participants should be provided at the start of training to encourage full participation; that there should be harmonization with other IPs working on FP to avoid clashes, repeat trainings as some preceptors were occupied with other FP trainings and that the duration of training should be increased because there was so much to learn in a small space of time.

3.4.4 KANO STATE

A total of 39 providers were trained in 2 batches. Training of first batch of 20 participants held from 22nd January – 15th February 2013. The didactic sessions held at the National Diarrhea Training Unit (NDTU) of Murtala Muhammed Specialist Hospital Kano while the practicals were held in Abdullahi Wase Hospital, Murtala Muhammed Specialist Hospital and Nuhu Bamalli Hospital. Training was facilitated by 3 trainers, Fatima Mai'iyali, Fatima A Abubakar and Farida Baballe. The mean score for the pretest was 40% while the posttest mean score was 62% which indicated that learning had taken place.

The second batch of training was held from 25th February – 22nd March 2013. It had 19 participants who were trained at the same venue as the first batch for both the didactic and clinical experience sessions. Three trainers facilitated the training; Aishatu Lawan, Bilkisu Umar Bayero and Maryam Rilwan. The pretest conducted showed a mean score of 40% while the posttest had a mean score of 75% indicating that learning had taken place.

3.4.5 LAGOS STATE

A total of 66 providers were trained in 3 batches. The first batch of training, which took place from 21st January – 15th February 2013, was made up of 20 participants and facilitated by 3 trainers; Mrs. Obe Cecilia, Mrs. Obatayo O and Mrs. Tanimola L M. The second batch was made up of 23 providers and took place from 25th February – 22nd March 2013 with 3 facilitators; Mrs. Elugbadebo M M, Mrs. Adekunle M T and Mrs. Orji U O. The third batch had 23 providers trained from 2nd – 26th April 2013 with Mrs. O. A. Adebajo, Mrs. M. O. Vincent and Mrs. M. B. Omotayo as facilitators. All the didactic sessions were held at Hello Lagos Hall, LASUTH while for the practical sessions, the participants rotated between Gbagada General Hospital, Lagos Island Maternity Hospital, Orile-Agege General Hospital and Sango PHC, Agege. However, Gbagada was dropped for batches 2 and 3 due to poor client load realized during the batch 1 training.

The challenges during the course of the training included the fact that handouts were given at the end of training; that training was not residential; and the unstable power supply affecting the use of power point presentations.

Generally in most of the states the issue of non-accommodation of participants was a challenge that affected participants' arrival time which delayed the takeoff of the early morning sessions. The fact that handouts were given to participants after training affected how fully interactive the trainings could be and the late payment of stipends was seen as a challenge in all the states.

Going forward from these, there should be a documented and understood selection criterion for all involved in the selection process and the logistics for training, including residential accommodation, should be finalized prior to the start of training so as to ensure that training runs smoothly.

3.5 SERVICE PROVIDERS' TRAINING (DOCTORS)

The doctors' training was divided into 2 batches, the north (Jigawa, Kaduna and Kano) and south (Enugu and Lagos). The trainings were done in accredited training institutions in Reproductive health/family planning in Nigeria, using the National FP training Manual for Physicians and Nurses and relevant slides from the FP Training resource package website. The training in the north took place at Aminu Kano Teaching Hospital, Kano, while the southern training took place at the University of Nigeria Teaching Hospital, Enugu. A total of 32 doctors were trained.

3.5.1 ENUGU STATE

The Doctors' training held from the 8th – 12th April, 2013. The didactic sessions took place at the University of Nigeria Teaching Hospital (UNTH) while the practical sessions were held at the Abakpa health Center and Redeemers' Hospital, Abakpa. Thirteen (13) participants were in attendance- Seven (7) from Lagos and Six (6) from Enugu. The training facilitator was Dr. Hyginus Uzochukwu Ezegwui (Consultant Obstetrician/Gynecologist UNTH) and his team. By the end of the workshop, pretest and posttest scores revealed that learning had taken place. Pretest mean score: 59%, Range: 51-79%; Posttest mean score: 80.3%, Range: 67.3-85.3%

Every participant also had hands on insertion of the IUCD and Implants. It was observed that prior to the training most of the participants did not know how to insert the implants and were not using the non-touch technique for IUCD insertion. Infection prevention was also not being properly observed. Participants were also largely ignorant of the WHO's concept of integrated reproductive health services.

3.5.2 KANO STATE

Both the didactic and practical sessions of the Doctors' training held at the Aminu Kano Teaching Hospital Kano (AKTH) from the 25th – 29th March, 2013. Seventeen (17) participants were in attendance- Eight (8) from Jigawa, Five (5) from Kaduna and four (4) from Kano. The training facilitators were Dr. S.A Ibrahim and Dr. Zakari Muhammad (Consultants Obstetrics and Gynecology, AKTH). By the end of the workshop, pretest and posttest scores showed that learning had taken place. Pretest mean score: 48.3%, Range: 23-61%; Posttest mean score: 73.1%, Range: 63-86%

All participants also had hands on practice on most of the family planning method procedures particularly IUCD and Implant insertion and removal. It was however observed that the background knowledge of the participants on family planning was low, hence the need for regular training.

3.6 COMMUNITY BASED DISTRIBUTORS' TRAINING

While the service providers' training was aimed at addressing provider capacity on the supply side of FP services, the community based distributors' (CBD) training was meant to address majorly the demand side of FP services, with some supply side activities. The CBDs were trained to provide FP information and counselling within the community, provide non-prescriptive FP commodities and refer clients to the nearest FP clinic for other services they cannot provide. They were also linked to the service providers in facilities within their community, who were also expected to provide support and supervision to the activities of the CBDs within the community. The CBD's training also involved community mobilization for facility staffs to provide FP services on an outreach basis. The trainings were done in batches (5 days per batch) of about 20 participants and spanned from January to April; a total of 250 CBDs were trained across the 5 states.

3.6.1 ENUGU STATE

36 CBD's were trained in 2 batches of 18 participants per batch. The trainings took place in Bridgewaters Hotel Enugu and were fully residential. Batch 1 was held from 28th January – 1st February 2013 with 3 state based trainers facilitating: Mrs. Ezejiofor Francesca I S, Mrs. Chukwuike Grace and Mrs. Agbo Theresa. The second batch of training held from 8th – 12th April 2013 with 3 trainers facilitating; Mrs. Ezema Florence, Mrs. Ngozi Ozoejike and Mrs. Patricia Ejim.

The 1st batch pretest and posttest mean scores were 93% and 94% respectively while the 2nd batch pretest and posttest mean scores were 70% and 86% respectively.

It was observed that participants received their invitations late, and the invitations were not done through the regular laid down civil service rules, which affected the smooth start of the trainings.

3.6.2 JIGAWA STATE

A total of 58 CBD's were trained in the state in 2 batches. Batch 1 was held from 28th January – 1st February 2013 with 27 participants, while batch 2 was held from 4th – 8th March 2013 with 31 participants. The trainings took place at the PATHS2 Guest House conference room with both facilitated by state based trainers Amina Manu and Hauwa Babayaro. The pretest mean scores for the 2 batches were 69% and 80% respectively, while the posttest mean scores were 74 and 87%.

3.6.3. KADUNA STATE

Fifty nine (59) participants were trained in 3 batches. Batch 1 took place at Kafanchan with 20 participants, while batches 2 and 3 had 20 and 19 participants respectively. The batch 2 training was held in PHC Rimi Doko, Zaria city from 25th February – 1st March 2013 facilitated by Rabi Kachiro and Ruth D Dan-Auta. The third batch held from 8th – 12th April 2013 at Birnin Gwari town hall and facilitated by Joan S Musa and Elizabeth Magani.

The pretest mean scores for the 2 batches were 57% and 72% while that of the posttest were 81% and 84%. The observations made at the end of the training was the need for kits to be given to those trained to help them function better as CBD's.

3.6.4 KANO STATE

Sixty participants were trained in 3 batches of 20 each. The first batch of training took place in Wudil Islamic center from 27th-31stJanuary. It was facilitated by Zainab Abdullahi Dutse and Rabi Isyaku. The second batch of training held at Wudil Government Commercial College Kano from 28th January – 1st February 2013 and was facilitated by Fatima Mukhtar and Ladi Abubakar. The third batch took place in Bichi local government secretariat from 25th February – 1st March 2013, and was facilitated by Zainab Abdullahi Dutse and Rabi Lawan Abubakar.

The pretest mean scores were 53.5%, 60% and 70% respectively while the posttest mean scores were 83.3%, 83% and 96% respectively. It was observed that the CBDs trained were eager to go into the community to enlighten the populace and were excited to work with health facilities around them so that their communities can be served better.

3.6.5 LAGOS STATE

Fifty seven participants were trained in 3 batches. The first batch was made up of 19 participants and held from 18th – 22nd March 2013 at the Lagos Island Maternity Hospital conference room facilitated by Mrs. Oluwayemisi Adedipe, Mrs. Rasheedat Bello. The second batch had 20 participants and held at the Ikorodu local government secretariat with Mrs. Arojo Bamidele B and Mrs. Osisanya Abiola F as facilitators while the third batch had 18 participants in attendance and held at Oriade LCDA in Amuwo-Odofin local government with Mrs. Yinka Alabi and Mrs. OA Afolabi as facilitators. Both trainings (2 and 3) took place concurrently from 8th – 12th April 2013.

The mean scores obtained in the pretests were 64%, 60% and 85% while the posttest mean scores were 76%, 83% and 96%.

Generally the CBD trainings exposed the need for more community persons to be trained so that a wider section of the community can be enlightened on the benefits of family planning, and the need for those trained to have kits that will help them work better. It is also important that community linkages to health facilities be made as soon as possible. This is important

so that CBDs trained can help dispel many of the misconceptions concerning FP that exist within the community, provide non-prescriptive commodities for distribution and link clients to the facilities for services they do not provide.

3.7 AMSTL/NASG TRAINING OF TRAINERS (TOT)

Maternal mortality which is avoidable most times accounts for about 600,000 women of reproductive age group dying annually worldwide. Nigeria contributes only 2% to the world population but accounts for 10% to maternal mortality. Current estimate of maternal mortality in Nigeria according to the National Demographic Health Survey (NDHS 2008) is 545 maternal deaths per 100,000 live-births, with the leading cause being postpartum hemorrhage (PPH). The foregoing therefore, makes it imperative to design, adopt and implement specific low cost interventions to address this scourge in order to achieve the 5th millennium development goal.

Active management of the third stage of labour (AMSTL), when properly implemented has been found to significantly reduce the incidence of PPH while the non-pneumatic antishock garment (NASG), a simple neoprene and velcro device designed like the bottom half of a wet suit, has been found to reduce the number of deaths arising from PPH and has been recently recommended by the WHO for the management of PPH. In order to address the high maternal mortality arising from PPH, the project was able to train service providers on

NASG being applied on a volunteer

Volunteer in fully applied NASG

AMTSL and the NASG. A 2-day training of trainers was conducted in each of the 5 PATHS2 supported states. The objectives of the training were to explain basic strategies for avoiding the 4 delays leading to maternal mortality, demonstrate the Active Management of the Third Stage of Labor (AMTSL), discuss the guidelines for the administration and storage of uterotonics to prevent and treat PPH, demonstrate the application and removal of the NASG and management of hypovolemic shock patients, demonstrate the proper care of the NASG, including folding, and storing, and impact training skills on participants for AMSTL/NASG facilitation. These trainings emphasized the need to implement programs using the NASG within a continuum of care approach to address maternal mortality, and also explore linkages to other maternal mortality programs such as eclampsia, obstructed labour, sepsis and unsafe abortion. A total of 68 trainers were trained across the 5 states (60 were expected to be trained). The trainers in Lagos state have already stepped down the training to about 138 facility staffs, while Kaduna stepped down to 25. Other states are expected to do the same.

3.7.1 AMTSL/NASG MASTER TRAINERS ORIENTATION

Pathfinder being a global leader in Reproductive Health also has a cohort of master trainers in AMTSL/NASG interventions. However, in order to ensure consistency and be assured of standard and quality of AMTSL/NASG ToT across board in the five (5) PATHS2 supported states, the Master Trainers were invited to a one day Master Trainer's orientation meeting. It was held in Kano at Horizon Hotel on the 18th of March, 2013. Ten (10) Master Trainers were in attendance; the training facilitator was Dr. Titilola Duro-Aina.

The Goal of the meeting was to provide orientation for 10 master trainers who would plan and conduct ToTs for Doctors and Nurse/ Midwives on AMTSL/NASG in the 5 PATHS2 supported states. Specific objectives included to update the knowledge and skills of the Master Trainers on current trends in training/facilitation and in AMTSL/NASG; to review the Training agenda for the State AMTSL/NASG ToTs and to create the Training teams for each ToT.

Sessions on Delivering Effective Training, Training Methodology and Tools, Facilitation and Co-Facilitation skills and the Training cycle were delivered. Training Methods employed included Group work, Discussions and Brainstorming. The ToT Training agenda was reviewed and adjusted and Critical components of a Training report were also reviewed and explained. The program ended with discussions on Logistics and Administrative matters concerning the forthcoming ToT.

The outputs from the meeting were: Reviewed State level ToT Training Agenda, ToT training goals, plans and objectives, template for ToT training report, training teams for ToT.

The orientation meeting proved to be very useful in standardizing the training for all the 5 states and updating the training skills of the Master Trainers to be more effective. By the end of the meeting Master Trainers appeared more confident and showed a lot of enthusiasm and excitement about facilitating the ToTs.

The Master Trainers' Orientation should be made an integral part of the AMTSL/NASG training. It enables master trainers to understand and appreciate the scope of the training and what is expected of them while stepping down the training.

3.7.2 ENUGU STATE

In Enugu, the ToT was held at the University of Nigeria Teaching Hospital (UNTH) Ituku-Ozala on the 20th and 21st of March, 2013. Twelve participants attended the training. The training facilitators were Dr. Godwin Nwopkuru and Maryjane N. Arua. Pre and post test results showed that learning had taken place: Pretest mean score: 33%, Range: 6-60%; Posttest mean score: 83% Range: 68-98%.

It was observed that at the beginning of the workshop, most of the participants lacked the ability to demonstrate correctly the Active Management of the Third Stage of Labor and completely lacked knowledge and skills on the application and removal of the Non Pneumatic Anti shock Garment. The venue of the training lacked power generator and there

were frequent power outages. The training venue was also very far from participants' residence and facilities and since it was a non-residential training, participants complained about the high cost of transportation. However, the set objectives of the training were met and throughout the training the participants remained enthusiastic and in high spirits because of the opportunity to be trained on this novel intervention.

3.7.3 JIGAWA STATE

The AMTSL/NASG ToT was held at the LSS training center, General Hospital, Dutse on the 20th and 21st of March 2013. There were 12 participants in attendance (3 doctors and 9 nurse/midwives). The training facilitators were Dr. Lawan Shehu Abdulwahab and Iyah Halliru Haruna. Pre and post test results showed that learning had taken place: Pretest mean score: 51.2%, Range: 30-78%; Posttest mean score: 85.7% Range: 66-98%.

Since the training was non-residential, participants had to travel from their various locations to the training venue on the two days of the workshop. This got the training off to a late start on both days of the workshop. However, participants demonstrated a lot of zeal and enthusiasm to learn throughout the workshop. The training venue was conducive though there were frequent power outages.

3.7.4 KADUNA STATE

The ToT was held at the Conference hall, Yusuf Dantsoho Memorial Hospital, Tudun Wada, Kaduna on the 20th and 21st of March, 2013. Thirteen (13) participants were in attendance (4 doctors and 9 nurse/midwives including a representative from the State Ministry of Health). The training facilitators were Dr. David Nsima and Amina Ahmed Jibiya. Pre and post test results showed that learning had taken place: Pretest mean score: 50.9%, Range: 22-74%; Posttest mean score: 74.2% Range: 50-92%.

Participants expressed satisfaction with the organization of the workshop but wished the period of training was longer. The training venue was conducive with infrequent power outages.

A major success story emanating from the ToT is the cascading down of the training by the State's Ministry of Health in May to 25 Health care providers in 24 health facilities all over the state. One of the newly trained Trainers (Dr. Rotimi Ajao) from the ToT was among the team of facilitators.

3.7.5 KANO STATE

The ToT in Kano was held at Murtala Mohammed Specialist Hospital on the 20th and 21st of March, 2013. Twelve participants attended the training (3 doctors and 9 nurse/midwives). The training facilitators were Dr. Natalia Adamou and Asmau Mohammed Lawal. Pre and post test results showed that learning had taken place: Pretest mean score: 57%, Range: 24-84%; Posttest mean score: 82.2% Range: 58-96%.

The post training evaluation revealed that all the participants (100%) agreed that the objectives of the training were clearly defined and presented; Only 1(8.3%) of the participants found the competency checklist less useful. All the participants 12(100%) agreed that they learned new information and skills during the course especially about the four delays, AMTSL, PPH management, use of NASG, training and facilitation. They all (100%) found the trainers presentations clear and organized, and class discussion and practical aspect of training contributing to learning. Hundred percent of the participants found role play activity, discussions, demonstration and practice on anatomical model useful. All the participants (100%) at the end of the training were confident that they can manage and prevent PPH. Throughout the training participants were very attentive, supportive and ready to learn.

By the end of the training, the MCH Coordinator for the state and the maternal health Coordinator for the PHC board who were participants at the training took turns to appreciate Pathfinder and PATHS2, the organizers of the training for their dedication and commitment to reducing maternal mortality. They pledged their unflinching support to ensure that the training is cascaded down to all cadres of health workers in the state particularly at the PHC level.

3.7.6 LAGOS STATE

Due to competing State programs, the ToT in Lagos was held on the 27th and 28th of March, 2013 at Ifako Ijaiye General Hospital. There were 19 participants (8 Doctors and 11 Nurse/Midwives). The training facilitators were Dr. Yusuf Oshodi and Adebola Aina. Pre and post test results showed that learning had taken place: Pretest mean score: 50%, Range: 26-84%; Posttest mean score: 87% Range: 68-98%.

The post training evaluation revealed that all the participants (100%) agreed that the objectives of the training were clearly defined and presented. All the participants also found the training site and schedule convenient and were confident that they can manage and prevent PPH. The state had since stepped down the training to 138 facility staffs.

In order to ensure the AMTSL/NASG training is cascaded down at the state level, there is a need for advocacy to relevant stakeholders- State Governments, Local Governments and Development partners on the need for training of health workers on these technologies and procurement of the NASG device. In addition, a 3 day ToT is recommended for future trainings. To ensure concentration and prevent distractions on the part of participants, subsequent ToT should be residential and models should be provided for practical sessions

3.8 CHEW FP TRAINING MANUAL DEVELOPMENT

The Federal Ministry of Health in late 2012 adopted the policy that allows Community Health Extension Workers (CHEWs) to provide Injectable Contraceptives. In order to operationalize this policy, an FP training manual for training the CHEWs was developed by **fhi**360/Pathfinder International with support from the PATHS 2 project, in a participatory approach along with other stakeholders.

Following the development of the training manual, Pathfinder International, with support from PATHS2 offered to field test the manual in all PATHS2 supported states, using the current PATHS2/Pathfinder FP training collaboration. The field testing was led by a pool of Pathfinder FP Master Trainers with an evaluation tool developed in-house.

The trainings were for a period of two weeks each for all the batches – Five days of didactic followed by 5 days of clinical experience under supervised practicum and conducted by the state training teams developed during the Pathfinder/PATHS 2 collaboration. All the master trainers were on ground throughout the duration of the training.

3.8.1 FINDINGS FROM THE FIELD TESTING

Trainers: All the trainers indicated that the content of the training material was correct and relevant for the target group. However they made some minor recommendations some of which are editorial:

- Review and redistribution of the time for some sessions
- Inclusion of two sessions- Male motivation in FP and Introduction to the Medical Eligibility Criteria (MEC) for FP
- Improvement of some diagrams and illustrations
- The implementation also depended on the training skills of the trainers
- The population pyramid in module 2 seems too complicated and uses up the time for the second but simpler session which brings out the same message

Participants:

- Most participants were happy for this opportunity and enthusiastic to use the skills. They felt that the trainings were not above them as most times the sessions were delivered in the local language of the participants.
- One key recommendation that cuts across all the states was that the ten day duration of the training was rather too small and suggested that it be extended to include an additional 5 days.

Stakeholders:

- FHI360 and PATHS2 participated in the pilot

3.8.2 PRESENTATION OF THE MANUAL TO A WIDER STAKEHOLDER GROUP

At the instance of the FMoH, Pathfinder was asked to present the manual and the result of the field-testing to stakeholders during the National Reproductive Health Technical Working Group (NRHTWG) meeting in Lagos on the 10th and 11th of September 2013.

Below were the recommendations from the group:

- As suggested by the master trainers, there is the need to include a session on male motivation for FP

- The recommendation from the training of expunging the population pyramid content in module 2 was not accepted, rather, the staff from the National Population Commission volunteered to simplify it.
- Deleting the complex illustrations and making them simpler.
- Edit manual
- Send same for printing.

Most of the recommendations within the scope of this level have been included in the manual. However there are some next steps which require more time and the expertise, such as graphic design, final editing, cover page design etc.

3.9 CHEW'S TRAINING

Participants having group discussions during the CHEW's training

As part of efforts at increasing access to, and uptake of quality family planning services and meeting the Contraceptive Prevalence Rate (CPR) target of 36% by 2018 set by the Federal government, the last National Council on Health held in 2012 gave approval for CHEWs to provide injectable contraceptive as part of task shifting policy of the Government of Nigeria. Based on the foregoing, the Federal Ministry of Health, along with development partners had to review the FP training manual for CHEWs. Pathfinder played a significant role in the review of this manual by leading the process. This resulted in a delay in carrying out the CHEW's training as part of this project. However, the training finally took place following the approval of the FMOH.

3.9.1 ENUGU STATE

The state had 2 batches of training of 51 participants which were fully residential for trainers and participants. The first was made up of 25 providers who were trained from 19th – 30th August 2013, at the Oakland Amusement Park Hotel Enugu and facilitated by 3 trainers selected from the state; Mrs. Onwurah Caroline Chinwe, Mrs. Manu Mary Chinwe and Mrs. Ugwu Apolonia. The second batch had 26 providers trained at the Crystal Palace Hotel Enugu from 26th August – 6th September 2013 and facilitated by 2 trainers; Mrs. Onwurah Caroline Chinwe and Mrs. Eze Joy Ijeoma. The practical session of the training was held in 4 facilities for both batches; Polyclinic Asata, Health Center Abakpa, Health Centre Uwani and Redeemer's Hospital Abakpa. Mrs. Chinwe Onumonu was the master trainer that supervised the field testing process.

For batch 1, the pretest mean score was 23% while for the posttest it was 59%. For batch 2, pretest mean score was 20% while the posttest was 61%; an indication that learning had taken place.

Some challenges faced during the training included the fact that the training manual got to the trainers late which affected how well they could prepare for the trainings and the fact that participants were not informed early enough so many did not arrive on time.

3.9.2 JIGAWA STATE

There were 2 batches of training that held concurrently from 12th – 23rd August 2013. Both were facilitated by 2 trainers; Hajiya Saude Abdullahi and Hajia Saratu L Hadejia with Ms Hena Dari as the master trainer supervising the field testing process. The didactic session was held at PATHS 2 Guest House conference room while the practical session was held in 4 facilities; FMC Birnin kudu, Rasheed Shekoni Memorial Hospital Dutse, General Hospital Dutse and General Hospital Birnin Kudu. General Hospital Birnin Kudu was later selected as an alternative to FMC Birnin Kudu because the staff in FMC Birnin Kudu had embarked on a strike by the second day of the clinical experience week.

For batch 1, the mean score for the pretest was 38% while for the posttest it was 49%. For batch 2 the pretest mean score was 39% while for the posttest it was 56%. The observation made was that the time allocated for the training was too short for the training workload.

3.9.3 KADUNA STATE

The state had 3 batches of trainings. The 1st batch held from 12th – 23rd August 2013 while the remaining 2 batches held concurrently from 19th – 30th August 2013. All the batches held at the School of Midwifery Tudun Wada Kaduna. Each batch was facilitated by 2 trainers; batch1- Mrs. Cecilia J Marcus and Mrs. Rabi Kachiro; batch2- Mrs. Nafisat Musa and Mrs. Joan S Musa and batch 3- Mrs. Martha Nom and Mrs. Rabi Kachiro. The clinical experience sessions were held in 4 general hospitals within Kaduna; Barau Dikko, Dr. Gwamna Awan, Yusuf Dantsoho and Kawo.

The mean pretest score was 34% for batch 1, 21% for batch 2 and 28% for batch 3 while for the posttest it was 73%, 61% and 69% respectively.

Trainers expressed as a challenge the fact that the duration of the training was too short for the content of the manual. It was also observed that the accommodation of the participants was too far from the training site which made it difficult for participants to arrive on time in the early morning traffic

3.9.4 KANO STATE

70 CHEWS were trained in 3 batches of training. The first batch had 23 participants facilitated by 2 trainers; Farida Baballe and Bilkisu Umar Bayero while the second batch had 25 participants trained by Fatima A Ahmad and Hafsat U Bichi. The two trainings were held concurrently from 19th – 30th August 2013. The third batch of training which took place from 26th August – 6th September 2013 had 20 participants and facilitated by 2 trainers; Hajiya Fatima Mai'iyali and Maryam Rilwan. All the trainings were supervised by a master trainer,

Mrs. Rachael Ajiboye. The venue for all the didactic sessions was the NDTU in Murtala Muhammed Specialist Hospital Kano while the supervised practical sessions took place in 3 facilities; Murtala Muhammed Specialist Hospital, Abdullahi Wase Hospital and Nuhu Bammali Hospital, all within Kano.

The mean scores for the pretest were 32%, 28% and 28% while that of the post test was 76%, 61% and 66%.for the1st, 2nd and 3rd batches respectively.

The challenges faced during the training were the inadequate time to cover conveniently all the work in the manual and the fact that the training wasn't residential which made the participants come later than scheduled.

3.9.5 LAGOS STATE

The state had a batch of training with 24 participants. It was held from 19th – 30th August 2013 facilitated by, Mrs. Bola Bello and Mrs. Ade Omobitan. Mrs. Bolanle Lana was the master trainer that supervised the field testing of the manual. The didactic session was held at the Lagos Island Maternity Hospital while the practical sessions took place in 2 facilities, Sango PHC Agege and Orile-Agege General Hospital.

The mean pretest score was 36% while the mean posttest score was 87%.

At the end of the training the observation made was that for trainers to effectively facilitate future training, they needed to use the participant's handbook along with the trainer's manual because the trainers' manual had methodology for training but lacked sufficient content while the participant manual had content but lacked methodology.

Other challenges that cut across all the state trainings was the fact that the time allocated for the modules was too short compared to the actual time for their delivery. The non-residential nature of the training as well as the late invitation issued to the participants resulted in their late arrival for the training sessions each day.

Table 1: Summary of people trained

Type of Training	Enugu		Jigawa		Kaduna		Kano		Lagos		Total	
	Planned	Trained	Planned	Trained	Planned	Trained	Planned	Trained	Planned	Trained	Planned	Trained
State level FP ToT	20	19	20	20	20	19	20	20	20	20	**100**	**98**
Preceptorship	12	12	12	12	12	12	12	8	12	12	**60**	**56**
Nurse/Midwives	21	21	19	19	23	23	37	37	65	66	**165**	**166**
Doctors	5	5	4	8	6	5	7	4	8	10	**30**	**32**
AMSTL/NASG ToT	12	12	12	12	12	13	12	12	12	19	**60**	**68**
Community Volunteers	36	36	58	58	60	59	60	40	60	57	**274**	**250**
CHEWs	51	51	42	42	57	58	70	70	25	24	**245**	**245**
TOTAL	157	**156**	167	**171**	190	**189**	218	**191**	202	**208**	934	**915**

3.10 SUPPORTIVE SUPERVISION

3.10.1 FIRST ROUND OF SUPPORTIVE SUPERVISION

Following completion of service provider trainings, the first round of supportive supervision was carried out in all the 5 states. The supervision/monitoring visits were led by the state FP coordinators (to ensure ownership and sustainability) with some of the state trainers, with overall supervision provided by the master trainers. The master trainers were to provide guidance to the state teams on how to conduct supportive supervision. A checklist for conducting FP supportive supervision was provided for the exercise and it looked at the general facility layout/information, services available and the organization of such services, including commodity management; it also looked at the personnel available and their trainings, record keeping including method mix for new acceptors, job aids and IEC materials, and equipment and materials available for efficient and effective service provision.

The facilities visited were mainly those from where the trainees were drawn, though all the facilities could not be covered within the period available for the visit in all the states. On average, about 20 facilities were visited in each state.

The major findings from the visits were: 1) space was a major constraint to service provision in most facilities across the states, 2) poor record keeping, including logistics management of FP commodities, across board, 3) service provision for most method mix were not available, even though the commodities were available (some of those newly trained on other methods, particularly the LARCs, do not have the confidence yet to provide the services without supervision, 4) consumables were largely not available (some facilities resulted into charging clients for these, even though FP service provision is meant to be free 5) National FP protocols and job aids were not readily available, 6) the community volunteers (CBDs) were not properly linked to the facilities. Despite these shortcomings, marginal increase in FP service utilization was observed in some of the states, both in terms of contraceptive uptake and referrals from the communities for FP services.

The FP Coordinators, with support from PATHS2, are to provide the national FP registers for the facilities and continue to provide mentoring on their use along with commodity logistics management. Pathfinder/PATHS2 will work with FMOH/SMOH to make protocols and job aids available at the facilities. Commodity logistics from state stores to facilities and availability of consumables is a big challenge that needs to be addressed in order to ensure smooth/uninterrupted FP service provision. Continuous engagement through regular mentoring is critical in trouble-shooting and helping service providers find solutions to problems as they arise.

3.10.1.1 ABSTRACT SUBMITTED TO THE INTERNATIONAL CONFERENCE ON FAMILY PLANNING

The positive findings from the first round of supportive supervision led to the development and submission of an abstract titled "*Collaborative Approach to Implement an Effective Family Planning Program in Resource-Poor Settings*" to the International Conference on Family Planning, holding in Addis Ababa, Ethiopia. The abstract was accepted by the conference organizers as a poster presentation during the conference; PATHS2 will lead the presentation.

The PATHS2/Pathfinder collaboration has changed the family planning landscape in Nigeria, and not in the history of the country has there been a program implementing a dual strategy of integrating systems strengthening with supply and demand side activities to increase access to FP services, within a short time frame as this one! The massive capacity building activities at both facility and community levels that built on a series of systems strengthening activity which focused not only at government and facility structures, but also community participation, to address the supply side of FP services is a replicable model for countries with limited resources. The collaboration showed that organizations can leverage their individual strengths to achieve a common goal with limited resources in the shortest time possible. The abstract thus provide an opportunity to show the world that the collaboration is a replicable model for resource poor settings.

3.10.2 SECOND ROUND OF SUPPORTIVE SUPERVISION

The second round of supportive supervision was meant to provide continuous on-the-job mentoring and support to service providers within their clinic and the CBDs within the community; in addition to identifying and addressing issues that could prevent smooth and regular provision of FP services, and also to follow up on the observations and recommendations from the last visit. The little gains recorded during the last visit were expected to be built upon and further provide evidence to support improved FP services as a result of the collaboration. It was, however, noted that most of the observations/recommendations/next steps from the first round of visit were not addressed. Not much had changed in the facilities visited during the last supervision visit. Logistic issues were still hampering effective FP service provision, and collaboration between MOH and PATHS2 managers needed improvements. Hence a lot of the trained providers were still not providing services; the implication of this is that more and more of the trained providers will lose the skills they just acquired over time, once they are not given the needed support in providing FP services. The full buy-in of all stakeholders, including PATHS2 states offices, into FP service provision is needed in order to address the issues highlighted; Pathfinder is always available to provide technical support to address these issues.

3.11 ACHIEVEMENTS

1. After several years of inactivity in the area of FP trainings, over 900 health workers and community volunteers were trained on quality FP service provision during the course of the project.

2. During the course of the trainings, Pathfinder played a significant role, by leading the process in the review, update and field testing of the National CHEW FP training manual.

3. Through this exercise, Pathfinder reactivated the national network of FP master trainers, and updated their knowledge and skills in the latest evidence based contraceptive technologies.

4. State Government buy-in: Following the AMTSL/NASG TOT, Kaduna SMOH with technical support from Pathfinder cascaded down the training to health workers in 23 facilities in the state. The training was facilitated by Trainers trained in the state during the TOT. Lagos state government also conducted step-down trainings to 138 facility staffs. Pathfinder has been able to create and nurture sustainable partnerships with these state governments and we are well positioned for future FP activities with them.

5. Quarterly supportive supervision for FP is now institutionalized in all states; this was not done prior to our intervention!

6. A joint abstract on “Collaborative Approach to Implement an Effective Family Planning Program in Resource-Poor Settings” was submitted to, and accepted by the International Conference on Family Planning in Addis Ababa, Ethiopia. (*see section 8.3 for abstract)*

SECTION FOUR: OBSERVATIONS/RECOMMENDATIONS

4.1 OBSERVATIONS

1. Jigawa and Kano states had challenges providing the required number of service providers for training, as they were not readily available.
2. The facilities in Enugu state were so dispersed that it required accommodating the trainees throughout the period of the training, which was not budgeted for.
3. The States MOH clearly lacked the capacity to lead the planning and implementation of these trainings. Trainee selection was not always appropriate, and logistics such as administrative clearance to attend trainings were not done on time to facilitate the early release of trainees. Coordination between SMOH and PATHS2 state offices also need to be strengthened in order to ensure seamless training exercises.
4. Trained service providers were expected to go back to the clinics after the period of the trainings to complete their log books as the clinics do not have enough client load for them to meet the minimum observations/practice for their certification, particularly the LARC methods, within the period of the training; MOH managers together with PATHS2 SIOs, need to supervise and ensure this is done.
5. The methods being provided prior to the trainings were mainly condom, pills, and injectables; the training thus expanded the method mix available to include LARCs ;.
6. Supportive supervisory visits were not being done regularly in most states for FP services except for occasional monitoring done when distributing commodities ;
7. FP commodity logistics management is very poor across the states ;
8. Users fees are still being charged in some facilities to replenish used consumables which were not provided by government as part of the free commoditiy scheme

4.2 RECOMMENDATIONS

1. Support needs to be provided to the pre-service training schools on FP technology updates, as this project only targeted in-service support to FP providers.
2. Training plans should take peculiarities of the different states into cognizance in determining when and how trainings will be carried out, for example the trainings in Enugu were residential because the participants were from very dispersed facilities, while the Lagos trainings were done in clusters, hence the participants were able to attend trainings without being accommodated.
3. To ensure the knowledge and skills acquired are retained there should be periodic update for the clinical preceptors to keep them abreast of new trends in family planning. Number of days allocated for their training is inadequate, a 5 day training is recommended.
4. Continuous engagement of stakeholders at the state and LGA levels should be intensified for ownership and sustainability of FP programs. PATHS2 should continue to play the role of bringing stakeholders together and strengthening systems for conducive FP service provision.

5. FP supportive supervision should be incorporated into the state integrated supportive supervision for other MNCH programs and quarterly monitoring at the LGA level for service provision at the PHCs.

6. The states still need to be supported in carrying out supportive supervision and on-the-job mentoring for the trained providers for the next 1 year or thereabout as it was evident from the last visit that more capacity is still required in carrying out supportive supervision.

7. Further support is also required in the facility-community linkages and referrals for FP service provision

8. Training of more service providers is required to enlarge the coverage for FP service provision, particularly in the newly identified model LGAs in the PATHS2 states.

9. The CHEWs training needs continuous follow up to ensure quality provision of injectable contraceptives, particularly at the community level. This will also provide an opportunity to explore the expansion of the current task-shifting policy to cover provision of implants by CHEWs. This may be in the form of an operations research in selected sites, which component can be partly supported by the Pathfinder-led Evidence to Action (E2A) Project for Strengthened Reproductive Health.

SECTION SEVEN: CONCLUSIONS AND NEXT STEPS

The PATHS2/Pathfinder collaboration has, within a short time period, been able to build the capacity of, not just facility staff in the provision of quality family planning/reproductive health services, but also the states in providing trainings on quality FP/RH services to other facility staffs in other parts of the states that are not supported directly by PATHS2, and more importantly in providing on-the-job mentoring and supportive supervision.

However, for these capacity building activities to translate into increased CPR in each of the state, and ultimately, the country, a lot still needs to be done in terms of monitoring and supportive supervision as well as adequate logistic management. The facilities need to be well equipped to provide these services and commodities made readily available in the facilities through strengthened commodity logistics management. The facility-community linkages, through the CBDs, also need to be strengthened in order to increase demand for these services.

The next steps will be to continue the collaboration for the next 1 year so that Pathfinder can continue to strengthen the supportive supervision capacity of the states, with support from PATHS2; extend the training to the new '***model LGAs***' in each of the state; and push for the operationalization of the task-shifting policy of CHEWs giving injectables at the community level, thus providing an opportunity to impact a rapid rise in CPR.

SECTION EIGHT: APPENDIX

8.1 PERSONS CONTACTED

NAME	DESIGNATION	ORGANIZATION
Implementation Planning Meeting – PI Abuja Office		
Dr. Amina Aminu	Director, Service Delivery	PATHS2 Abuja
Dr. Samuel Usman	Service Integration Advisor	PATHS2 Abuja
Lotanna Moneke	Service Delivery Assistant	PATHS2 Abuja
State Visits – Kaduna State		
Dr. Gafar Alawode	State Team Leader	PATHS2, Kaduna Office
Mrs. Regina Afiemo	Service Integration Officer	PATHS2, Kaduna Office
Mrs. Bathsheba Halid	Deputy Director, PHC	SMOH, Kaduna
Mrs. Asebe Madaki		SMOH, Kaduna
Mrs. Lami Umar		SMOH, Kaduna
State Visits – Enugu State		
Dr. Oniovo Efe-Aluta	Service Integration Officer	PATHS2, Enugu Office
Dr. Chuwku Igweagu	Director, PHC	SMOH, Enugu
Ms. Charity Nnamani	FP Coordinator	SMOH, Enugu
Dr. Uzo Ezegwui	FP Training Point Person	UNTH, Enugu
State Visits – Lagos State		
Mrs. Bisi Tugbobo	State Team Leader	PATHS2, Lagos Office
Dr. Abdulhafiz Ishowo	Service Integration Officer	PATHS2, Lagos Office
Mrs. Bakare	Comm Mobilization/BCC Officer	PATHS2, Lagos Office
Dr. Taiwo Johnson	RH Coordinator	SMOH, Lagos
Mrs. Adebajo	FP Coordinator	SMOH, Lagos
Mrs. Shonibare	AD, Nursing Services	SMOH, Lagos
State Visits – Kano State		
Dr. Abubakar Izge	State Team Leader	PATHS2, Kano Office
Mallam Ibrahim Gombe	Service Integration Officer	PATHS2, Kano Office
Aisha Umar	Deputy FP Coordinator	SMOH, Kano
State Visits – Jigawa State		

Abubakar Kende	State Team Leader	PATHS2, Jigawa Office
Dr. Umar Adamu	Service Integration Officer	PATHS2, Jigawa Office
Kubli Danmaraya	RH Coordinator's rep	SMOH, Jigawa

NAME	DESIGNATION	ORGANIZATION
Post-State Visit Meeting – PATHS2 Abuja Office		
Dr. Amina Aminu	Director, Service Delivery	PATHS2 Abuja
Dr. Ibrahim Yisa	National M&E Advisor	PATHS2 Abuja
Vimal Kumar	Logisitcs Advisor	PATHS2 Abuja
Susan Aradeon	Technical Team (Informed Citizens Team)	PATHS2 Abuja
Dr. Anselm Okoro	M&E Officer	PATHS2 Abuja
M&E Meeting – PATHS2 Abuja Office		
Dr. Ibrahim Yisa	National M&E Advisor	PATHS2 Abuja
Dr. Anselm Okoro	M&E Officer	PATHS2 Abuja
Ekechi Okereke	Operations Research Advisor	PATHS2 Abuja

8.2 TRAINING AGENDA

8.2.1 Agenda for state level ToTs

TIME	MON	TUE	WED	THURS	FRI
8:30	**Registration**	**Check- in**	**Check –in**	**Check –in**	**Check-in**
9:00	Opening & Getting Acquainted	Overview of the FP Training manual for Physicians & NM	Delivering Effective Training	Micro –training presentations	Administration & Management of Training
10:30	Pre-Test	Overview of the FP Training manual contd	Delivering Effective Training contd.	Micro –training presentations (contd.)	Micro –Training presentations
11:00	**TEA BREAK**				
11:30	New Trends in Family Planning	Overview of the FP Training manual for Physicians & Nurse/Midwives	Training Evaluation **12.30 pm** Finalize Micro Training Preparation	Micro –training presentations	Micro –training presentations
1:00pm	Experiential Learning	Choosing appropriate training Methods	Finalize Micro-Training Prep conts	Micro –training synthesis for Round 1	Micro-training presentations
1:30pm	**LUNCH**				
2:30	Adult Learning Giving/Receiving feedback	Facilitation & Co-Facilitation	Micro- Training presentations	Finalize micro – training preparation (Round 2)	Training team formation/planning: Next steps
3:30	Training Cycle	Handling Difficult Situations in Training	Micro- Training presentations	Micro –training presentations	Grande Reflection
4:00	**B R E A K**				
4:30	Overview of Training cycle	Introduction to Micro-training presentations/Preparation	Micro-training presentations	Micro –training presentations	Post–test Workshop Evaluation Closure
5:00	**Reflection**				
5.15 pm	**Adjourn**				

8.2.2 Agenda for Clinical Preceptor training

TIME	DAY 1	DAY 2	DAY 3
8:30 AM 9:00 Am 10:30Am	Opening and welcome Getting Acquainted Pre-test	Field work	Fieldwork
11 :Am	BREAK	BREAK	
11:30 Am 1:30 PM	• Preceptorship: • Concept • Roles • Qualities • Skills Coaching	Field work	Field work
2:00 PM	LUNCH BREAK	LUNCH	BREAK
3:00 PM	Medical Eligibility Review of family planning methods New Trends in FP IPCC Processing of instruments Post test Reflection	Field work	Field Work
5:30 PM	Adjourn	Adjourn	Adjourn

8.2.3 Agenda for Doctors training

DATE	TIME	TOPIC	FACILITATOR
Day 1	8:30-9:30am	Arrival of participants, Registration, Introduction of the participants and facilitators, Guiding rules for the training	
	9:30-10:00am	PRE TEST, PRE TEST, PRE TEST	
	10:00-10:15am	Goals and Objectives of the training	
	10:15-10.45am	TEA BREAK, TEA BREAK, TEA BREAK, TEA	
	10:45-11:30am	Introduction to family planning, demography &population issue, components of reproductive Health	
	11:30-12:30pm	Overview of Anatomy and physiology of female and male reproductive system	
	12:30-1:30pm	Client assessment.	
	12:30-1:30pm	Communication and counselling	
	1:30-2:30pm	LUNCH LUNCH LUNCH LUNCH	
	2:30-3:00pm	Values and Value Clarification	
	3:00-3:30pm	Family planning rumours and misconception	
	3:30-4:00pm	Use of IEC materials in Family planning	

Day 2	9:00-9:30am 9:30-10:30am 10:30-11:00am 11:00-12:00pm 12:00-1:00pm 1:00-2:00pm 2:00-300pm 3:00-4:00pm	Report of day one activity Counselling techniques TEA BREAK, TEA BREAK Contraceptive technique I -Abstinence & coitus interuptus -Natural family planning &fertility awareness method -Barrier methods Contraceptive techniques II -Hormonal contraceptives including Subdermal implants -Intra uterine contraceptive devices LUNCH, LUNCH, LUNCH Adolescent reproductive Health Voluntary surgical contraception Emergency contraception	Group A

Day 3	9:00-9:30am 9:30-10:30am 10:30-11:00am 11:00-1:00am 1:00-2:00pm 2:00-3:00pm 3:00-4:00pm	Report of day 2 activity Teenage pregnancy and Adolescent family planning needs TEA BREAK, TEA BREAK, TEA BREAK PRACTICAL SESSION Abortion and post abortion care Management information system/Record keeping Infection prevention	Group B

Day 4	9:00-9:30am 9:30-10:00am 10:00-10:30am 10:30-1:30pm 1:30-2:30pm 2:30-3:30pm 3:30-4:00pm	Report of Day 3 activity Integrated services in Reproductive Health TEA BREAK TEA BREAK PRACTICALS, PRACTICALS, PRACTICALS LUNCH LUNCH Male involvement in reproductive health Evaluation	Group C

Day 5	9:00-9:30am 9:30-10am 10:00-2:00pm 2:00-3:00Pm 3:00-4:00Pm	Report of day 4 activity TEA BREAK TEA BREAK PRACTICALS, PRACTICALS, PRACTICALS LUNCH, LUNCH, LUNCH, LUNCH POST TEST/CLOSING	Group D ALL FACILITATORS

8.2.4 Agenda for Nurses/Midwives training

Week 1

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.30 – 9.00am	Registration	Recap	Recap	Recap	Recap
9.00 – 10.30am 10.30 – 11.00am	Getting Acquainted	History and Benefits of Family Planning	Laboratory Tests Communication	Clarification of Misconceptions and Rumours (cont'd)	Natural Family Planning (Cont'd)
11.00am-11.30am	**T E A**		**B R**	**E A**	**K**
11.30am-1.00pm 1.00– 2.00pm	Training Overview Demography and Population issues Reproductive Health Components	Anatomy and Physiology of the Reproductive organs Conception History Taking	Value and Value Clarification Use of Materials in FP	Counselling Techniques	Hormonal Methods Barrier Methods
2.00pm – 3.00pm	**L**	**U**	**N**	**C**	**H**
3.00PM – 4.00pm	National Policy on Population	Physical Examination	Clarification of Misconceptions and Rumours	Contraceptive Technology: - Natural FP - Abstinence	Barrier Methods (Cont'd)
4.00pm – 4.30pm	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment

Week 2

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.30 – 9.00am	Recap	Recap	Recap	Recap	Recap
9.00 – 10.30am 10.30 – 11.00am	Intrauterine Device	Adolescent Reproductive Health	Quality of Care	Infection Prevention (cont'd) Integrated Services in FP - STI/HIV	Working with the Community: - Community mobilization - Community cope - Male involvement
11.00am-11.30am	**T E A B R E A K**				
11.30am-1.00pm 1.00– 2.00pm	Voluntary Surgical contraception Emergency Contraceptio n	Adolescent Reproductive Health Abortion and Post abortion care	Management Information System Management Information System (cont'd)	- STI/HIV (Cont'd) - Infertility - Cervical Screening	Clinic Setting and Management
2.00pm – 3.00pm	**L U N C H**				
3.00PM – 4.00pm	National Policy on Population	Abortion and Post abortion care	Infection Prevention	Field Trip	Preparation for clinical
4.00pm – 4.30pm	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment	Reflection Adjournment

Weeks 3 & 4

DAY **TIME**	**DAYS 11 – 15 (WEEK3)**	**DAYS 16 – 19 (WEEK4)**	**DAY 20**
8.30-11.00am	**CLINICALS**	**CLINICALS**	Review of Clinical Experience
11.00-11.30am			Tea Break
11.30-12.00n			Post Test
12.00-2.00pm			Closing Ceremony and Certification
2.00pm-3.00pm			LUNCH
3.00-4.00pm			Administrative Issues

8.2.5 Agenda for CHEWs training

Time/Duration	Sessions/Topic	Persons' Responsible
DAY ONE		
8:30 – 9:00am	Registration	
9:00 – 10:45am	**Introductory Module** Session 1: Welcome • Introductions • Training Overview • Pre-Test	
10:45 – 11am	**Tea Break**	
11:00 -11:30am	Session 2 – The Role of CHEWs in FP Service Delivery	
11:00 – 11:35am	**Module 2** – *Introduction to Family Planning* Session 1- Nigeria's Population Growth and its Effects on Economy and Social Development	
11:35 – 1:10pm	Session 2: Family Planning as Strategy to Reduce Maternal and Child Morbidity and Mortality in Nigeria	
1:10 – 2:00pm	**LUNCH**	
2:00 – 3:25 pm	**Module Three**: *Human Reproduction* Session 1: Anatomy & Functions of the Male & Female Reproductive Organs	
3:30 – 4:30pm	Session 2: Ovulation/Menstruation/Fertilization	
4:30 – 5:00pm	Reflection & Closure	
DAY TWO		

8:00 – 8:30am	Recap/Committee Reports	
8:30 – 9:30am	**Module Four** : *Introduction to Interpersonal Communication and Counseling* Session 1**:** Introduction to Interpersonal Communication	
9:30 – 10:00am	**TEA BREAK**	
10:00 – 12:00pm	Session 2**:** Verbal & Non-Verbal Communication	
12:00 – 1:00pm	Session 3: Values & Values Clarification	
1:00 – 2:00pm	**LUNCH**	
2:00 – 3:00pm	Session 4: Counseling Skills	
3:00 – 4:05pm	Session 5**:** Rumours & Misconceptions	
4:05 – 4:15pm	**TEA BREAK**	
4:15 – 4:45pm	Reflection/Closure	
DAY THREE		
8:00 – 8:30am	Recap/Committee Reports	
8:30 – 9:35am	**Module Five:** *Family Planning Methods* Session 1**:** Overview of FP Methods Available in Nigeria	
9:35 – 10:45am	Session 2: Natural Family Planning Methods	
10:45 – 11:00am	**TEA BREAK**	
11:00 – 12:50pm	Session 3: Barrier Methods of Family Planning	

12:50 - 1:50pm	**LUNCH**	
!:50 – 4:45pm	Session 4: Oral Contraceptives	
4:45 – 5:00pm	Reflection/Closure	
DAY FOUR		
8:00 - 8:30am	Recap/Committee Reports	
8:30 – 9:40am	Session 5: Injectable Contraceptives	
9:40 – 10:30am	Session 5b: When & How to Give Injectable Contraceptives	
10:30 – 11:00am	**TEA BREAK**	
11:00 - 12:00pm	Session 5b Continued	
12:00 – 1:00pm	Session 5c: Post Injection	
1:00 – 2:00pm	**LUNCH**	
2:00 – 3:00pm	Session 6: STI/HIV/AIDS	
3:00 – 3:30pm	Session 7: DUAL PROTECTION	
3:30 – 4:30pm	**Module Six:** *Quality of Service* **Session 1:** Introduction to Quality of Services	
4:30 – 5:00pm	**Reflection/Closure**	
	DAY FIVE	
8:00 – 8:30pm	Recap/Committee Reports	
8:30 – 10:00pm	Session 2: Clients' Rights	

10: 00- 10:30pm	**TEA BREAK**	
10:30 – 11:25pm	Session 3: Referrals & Linkages	
11:25 – 12:15pm	**Module Seven:** *Managing CLMIS* Session 1: Record Keeping	
12:15 – 1:15:00pm	Session 2 Introduction to NHMIS Record Forms	
1:15 – 2:15pm	**LUNCH**	
2:15 - 3:15pm	Session 1: Commodity Logistics Management System	
3:15 – 4:15pm	**Session :** Orientation for Clinical Practicum	
4:15 – 4:30pm	**Reflection/Closure**	

8.2.6 Agenda for Community Based Distributors training

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9-9:30am	Registration	Where are we?	WAW?	WAW?	WAW?
9:30-10.30am 10:30-11:00am	Introduction of Participant/facilitators Ground Rules Expectation Goals & Objectives Pre-Test	Overview of Family Planning Benefits and methods of family Planning	Sexually Transmitted Infections	COUNSELLING	Referral/ Record Keeping
11am-12noon	Definition of CVA and their functions; Qualities of CVA	Barrier Methods of FP	HIV/AIDS	FIELD TRIP	Likely challenges that CBDS may face
12noon-1:00pm	Human Reproductive System:	Barrier Methods of FP	HIV/AIDS Dual Protection	FIELD TRIP	Adolescents, xteristics, needs and roles of CBD
1:00-2:00pm	LUNCH				
2:00-3:00pm	Male & female Anatomy & physiology Ovulation, menstruation fertilization conception	Natural FP Methods	Interpersonal Communication	FIELD TRIP	Adolescents continued
3:00pm	Reflection	Reflection	Reflection	Reflection	Post test/Closing

8.3 ICFP ABSTRACT

TITLE: Collaborative Approach to Implement an Effective Family Planning Program in Resource-Poor Settings

BACKGROUND: Reproductive health indices in Nigeria are among the poorest in the world. The NDHS 2008 puts the total fertility rate at 5.7; contraceptive prevalence rate (CPR) at 10%, and unmet need for family planning at 20%. Furthermore, Maternal Mortality Ratio is 545/100,000 live births, Infant Mortality rate is 75/1,000 and Under-five Mortality rate is 157/1,000 live births. Antenatal attendance is also low at 58% and deliveries with a skilled attendant even lower with 62% of deliveries taking place at home. In order to improve maternal health indices in resource poor settings such as Nigeria, providing effective and high quality family planning services through innovative approaches to program implementation is critical.

PROGRAM INTERVENTION: The Partnership for Transforming Health Systems phase II (PATHS2) is a DfID-funded project aimed at improving the planning, financing and delivery of sustainable and replicable pro-poor health services in 5 states in Nigeria. The service delivery component of the project is implemented through an innovative, client-focused cluster approach. This model is made up of key interventions from the supply and demand perspectives that are improving access to quality MNCH services at the community level, as well as strengthening key systems needed for the delivery of such priority services.

As part of efforts to improve maternal and child health in supported states, PATHS2 collaborated with the State Ministries of Health and Pathfinder International to implement an innovative Family Planning strategy aimed at increasing access to quality FP services through training of health care workers to provide improved quality services at the primary health care level, and engaging community based distributors to improve commodity availability and awareness. Furthermore these interventions were coupled with strengthening referral linkages, supply chain systems and integrated supportive supervision.

METHODOLOGY: From December 2012 to August 2013, a total of 900 health providers, clinical preceptors, and community volunteers from the five program states underwent training on the implementation of the program's innovative family planning strategy. Selection was done from the cluster facilities employing a needs and cadre-based criteria and training was conducted by an existing crop of master trainers, using standardized curricula

Using a cascade approach, three cadres of facility health workers- doctors, nurse/midwives and Community Health Extension Workers- were trained on new contraceptive technologies, following which the clinical preceptors provided competency-based FP coaching to health care workers in selected high volume sites after their didactic trainings. The community component of the intervention involved engaging community based volunteers to increase supply and distribution of non-prescriptive FP methods at the community level as well as increase awareness. Supportive supervision visits were then conducted to health facilities and communities where the intervention was implemented in order to support the recent improvements in FP service delivery and evaluate the short term impact of the interventions.

Pre and Post training questionnaires were used to collect information on the knowledge-base of the providers and clinical preceptors. Harmonized cluster facility forms were used to collect data from 19 facilities 6 weeks after trainings and community engagement programs.

RESULTS: Pre and post-test results analysis showed that there was a 34 percentage-point increase above the mean pre-test FP knowledge score (pretest 40%, post-test 77%). At the community level, 62% of the Community based distributors trained demonstrated an increased knowledge of FP counseling and information on non-prescriptive contraceptives when compared to their pre-test scores.

Supportive supervisory data results showed that 15 out of the 19 cluster facilities demonstrated a 20% increase in utilization of modern contraceptive methods compared to the average client uptake prior to the trainings. Facilities linked to the communities where Community Based distributors were trained also recorded about 10% increase in referrals for FP services. In addition, over 95% of the health workers trained provided the minimum number of FP services to clients through supervised practicum.

Following these results, there has been a steady increase in supply of non-prescriptive commodities provided to the CBDs. It is hoped that data collected over the next 6 months will demonstrate an expected increased trend in demand for FP services within the catchment area communities of the cluster facilities.

PROGRAM IMPLICATIONS: This program intervention highlights the immediate benefits of implementing a dual strategy of integrating systems strengthening with supply and demand side activities to increase access to FP services. It demonstrates the importance of capacity building, improved availability of commodities and community participation in the uptake of FP services. All these will ultimately lead to an increase in CPR, reduced unmet need for contraception, thus increasing maternal health and reducing child mortality in the supported states. Collaborative partnerships to involve the RH/FP Coordinators of each implementing State are also important the benefit of institutionalization and sustainability.

8.4 ATTACHMENT

8.4.1 Training plan

8.4.2 Checklist for state visit

8.4.3 List of people trained

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

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The contents are the responsibility of the Partnership for Transforming Health Systems II (PATHS2)