

# **Training Resource Package for Family Planning (TRP) STATUS REVIEW: LEARNING FROM EXPERIENCES IN THE FIELD**

Final Technical Report – Summary

Based on the Detailed Technical Report Prepared by HRH2030

Edited By: Anita Dam and Lois Schaefer

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Uganda Sexual Health and Pastoral Education (USHAPE) providing quality training in family planning service provision using the TRP.

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## Preface

This status review is a component of the HRH2030 (Human Resources for Health in 2030) program, funded by the United States Agency for International Development (USAID). The program aims to strengthen human resources for health (HRH) in low- and middle-income countries (LMICs). USAID has prioritized HRH development and maintenance as a primary function of health systems and, therefore, a target for investment. Such HRH investment is a key component for the achievement of USAID global health goals, including preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and protecting communities against infectious diseases. Implemented by a consortium of organizations, including Chemonics International, Amref Health Africa, American International Health Alliance (AIHA), Open Development, Palladium, The Royal Tropical Institute<sup>1</sup> (KIT), ThinkWell, and the University Research Company (URC), HRH2030 has four objectives: 1) increase performance and productivity of the workforce; 2) increase the number, skill mix, and competency of the health workforce; 3) strengthen HRH/HSS leadership and governance capacity; and 4) increase sustainability of investment in health workforce. This status review contributes to HRH2030's first program objective.

A team of HRH and health systems experts based at KIT in the Netherlands, Chemonics in the United States, Ifakara Health Institute in Tanzania, and Makerere University in Uganda conducted this status review.

## Acknowledgments

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Adele Reproductive Health Foundation; Aga Khan University School of Nursing and Midwifery, Kampala; Association for the Advancement of Family Planning; CILSIDA, Togo; Community and Family Aid Foundation; East, Central and Southern Africa Health Community (ECSACON); EngenderHealth; Evidence to Action Project (E2A), IntraHealth; FHI 360; Georgetown University, Iganga School of Nursing and Midwifery; Institute for Reproductive Health; IBP Initiative; Jerusalem School of Nursing Arua Midwifery; Jhpiego; Kampala University School of Nursing and Health Sciences; KCMC; Kibuli School of Nursing and Midwifery; Kigoma College; Knowledge for Health (K4Health); Kondo; Korogwe NTC, Kahama; Makerere College of Health Sciences – School of Nursing; Management Sciences for Health (MSH); Ministry of Education, Uganda; Ministry of Health, Lesotho; Ministry of Health, Tanzania; Ministry of Health, Uganda; Mirembesoni; Mkomaindo; Muhimbili University of Health and Allied Sciences; Mulago School of Nursing; Nachingwea NTC; Pathfinder International; PSI; Reproductive Health Uganda; Shinyanga College; Soroti School of Comprehensive Nursing; Uganda Christian University; UHMG; UNFPA; UNFPA Timor-Leste; Women's Refugee Commission, New York; Victoria University; World Health Organization (WHO); WHO Uganda; and several independent consultants.

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<sup>1</sup> The Royal Tropical Institute left the HRH2030 consortium in June 2017.

## Acronyms

CDC	Centers for Disease Control
CHW	Community health worker
CoP	Community of Practice
E2A	Evidence to Action
ECP	Emergency contraceptive pills
ECSA	East, Central and Southern African Health Community
ECSACON	East, Central and Southern Africa Health Community College of Nursing
FIGO	The International Federation of Gynecology and Obstetrics
FP	Family planning
HRH	Human Resources for Health
IBP	Implementing Best Practices
IDI	In-depth interview
IPPF	International Planned Parenthood Federation
IUD	Intrauterine devices
KIT	Royal Tropical Institute
LARC	Long-acting reversible contraceptives
LMIC	Low- and middle income countries
MCSP	Maternal and Child Survival Program
MEC	Medical Eligibility Criteria
MSH	Management Sciences for Health
NGO	Non-governmental Organization
SRHR	Sexual and Reproductive Health and Rights
ToT	Trainers of Trainers
TRP	Training Resource Package for Family Planning
TWG	Technical working group
USAID	United States Agency for International Development
WHO	World Health Organization

## Executive Summary

The Training Resource Package for Family Planning (TRP) contains curriculum components, resources, and tools needed to program, design, implement, and evaluate training in family planning (FP). It provides a valuable set of openly accessible resources for trainers, supervisors, and program managers around the globe. The TRP website ([fptraining.org](http://fptraining.org)) was launched in 2012 led by USAID, WHO, and UNFPA, with full participation from technical and training experts representing multiple agencies and organizations. This status review has attempted to capture information on experiences, awareness, and lessons learned to using the TRP in order to provide recommendations for its improved use.

The status review employed a mixed method approach to respond to its objectives. Data was collected from 216 informants through a self-identifier questionnaire, of which 55 respondents continued to the user online survey, and from those, 25 respondents agreed to participate in an in-depth interview (IDI). The self-identifier questionnaire asked respondents about their knowledge and use of the TRP and their reasons for non-use; from there respondents who had used the TRP were invited to respond to the TRP user online survey. Data from the self-identifier questionnaire and TRP user online survey were analyzed using Microsoft Excel, and notes from IDIs were coded using Nvivo and the conceptual framework. Due to the small number of respondents, the findings are presented for the overall group.

Responses to the TRP user online survey show that the TRP is an important global resource for countries to develop, update, and strengthen their FP guidelines, curricula, and training. It has been used in at least 34 countries, mostly for in-service training and — to a lesser extent — the development of national pre-service curricula and FP guidelines. Users valued its comprehensiveness, competency-based approach, and credibility. Trainers found that all modules and teaching tools were very useful for teaching all relevant FP methods and applying new teaching styles. Almost all users adapted the TRP materials before use either to conform to national standards and guidelines, align with participants' training level or cadre, or shorten the modules to fit within a specific timeframe.

The recommendations in this report are based on the analysis of the data from the online surveys and in-depth interviews. These recommendations are forward-looking and offer ideas for taking the TRP to the next level of widespread awareness and adoption at country level. They build on a solid foundation of technical excellence in FP and best training practices and the long-standing commitment of USAID, WHO, UNFPA, and many other partner organizations to maintaining the TRP and supporting its dissemination and use. The key recommendations include: creating a more effective promotion and dissemination plan among TRP partner organizations; creating a module to guide in-country adaption of the TRP; revitalizing the website to be more user and mobile-friendly; and providing advice on teaching methods to support different cadres of learners, different learning styles, and different class sizes.

## Introduction

The Training Resource Package for Family Planning (TRP) contains curriculum components, resources, and tools needed to program, design, implement, and evaluate training in family planning (FP). It provides a valuable set of openly accessible resources for trainers, supervisors, and program managers around the globe. At the time of the review, the TRP contained 13 technical modules<sup>2</sup> on FP and contraceptive methods and six training guides and tools<sup>3</sup> needed to program, design, implement, and evaluate training in FP. Each module consists of an illustrative session plan and training schedule, facilitator's guide, presentation slide sets, interactive group and self-study learning activities, games, case studies, job aids, learning guides, knowledge assessments, skills evaluations, and references. The TRP is meant for use in both pre-service education and in-service training. It contains information relevant for various cadre levels and basic and advanced slides on each topic. USAID, WHO and implementing partners are currently updating the TRP based on revisions to global guidance on contraceptive use, including the WHO Medical Eligibility Criteria (MEC), Selected Practice Recommendations (SPR) and a new edition of the Global Family Planning Handbook, as well adding modules to cover additional contraceptive methods and address the recommendations of this review.

The TRP website (fptraining.org) was launched in 2012 by USAID, WHO, and UNFPA, with full participation from technical and training experts representing multiple agencies and organizations, including Centers for Disease Control (CDC), International Planned Parenthood Federation (IPPF), and USAID implementing partners—EngenderHealth, FHI 360, the Institute for Reproductive Health, IntraHealth, Jhpiego, The Johns Hopkins University, Management Sciences for Health (MSH), Marie Stopes International, Pathfinder International, and Population Council. These organizations are referred to as 'TRP partner organizations' throughout this document.

In response to unique FP program and training needs and contexts, there have been different approaches to using the TRP. Some stakeholders have used a single module of the TRP to address a specific FP training need (e.g., to introduce a new method in Afghanistan), while others have used multiple modules to design comprehensive competency-based in-service and/or pre-service training curricula to strengthen providers' skills in all FP methods or to update national FP guidelines. This status review has attempted to capture information on as many of these varied uses as possible in order to provide recommendations for improved usage of the TRP.

## Purpose and Objectives

The following purpose and objectives have been defined for this status review in consultation with USAID. This status review took place between September 2016 and July 2017.

**Purpose:** The purpose of this status review is to document the awareness, experience, and lessons learned related to using the TRP by organizations implementing or supporting FP programs. This status review documents lessons learned about the dissemination and use of the TRP, including use of the website.

### Objectives:

1. To assess the dissemination and promotion of the TRP globally and at country level
2. To assess the adaptation of the TRP at country level
3. To assess the use of the TRP at country level
4. To assess how respondents indicate that the TRP will continue to be used at country level
5. To identify challenges in using the TRP (materials and website) and to provide recommendations for improvement

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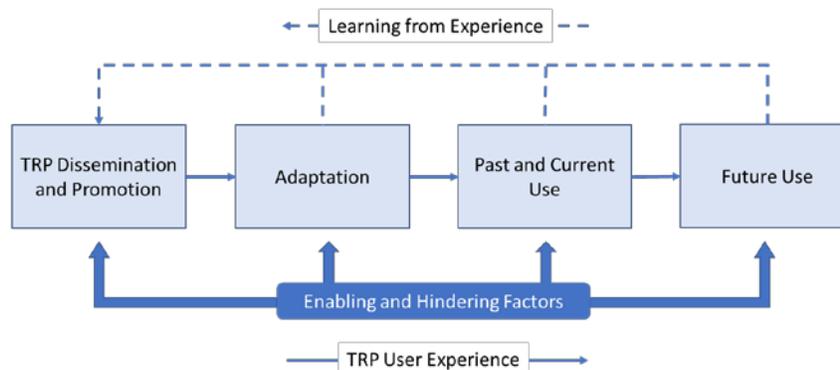
<sup>2</sup> The 13 technical modules are: Benefits of Family Planning; Combined Oral Contraceptives; Condoms - Female; Condoms - Male; Contraceptive Implants; Emergency Contraceptive Pills (ECP); Emergency Contraceptive Pills (ECPs) Training for Pharmacists; Family Planning Counseling; Intrauterine Devices (IUDs); Lactational Amenorrhea Method; Progestin-Only Injectable Contraception (Injectables); Standard Days Method (SDM); WHO's Family Planning Guidance Documents and Job Aids

<sup>3</sup> The six TRP training guides and tools are: Illustrative session plan and training schedule; Presentation slide sets; Interactive group and self-study learning activities, games, and case studies; Job aids, learning guides, knowledge assessments, and skills evaluations; Evaluation tools; Handouts

## Methods

### Conceptual Framework

The TRP status review is based on the conceptual framework below which outlines how the authors tried to capture a range of TRP user experience on a continuum from dissemination and promotion to future use (Figure 1). This status review is the first organized attempt to document user experiences with the TRP and lessons learned.



**Figure 1.** Conceptual Framework for the TRP Status Review

### Data Collection Methods

The status review looked at each phase of TRP use (dissemination and promotion, adaptation, past or current use, future use), employing a mixed methods approach to respond to the objectives. Methods included a desk study, global online surveys, and in-depth interviews (IDIs). The planned sample size for this status review was based on convenience sampling, leading to more than 100 online survey responses and approximately 60 IDIs. Respondents were selected through non-probability sampling using the network of TRP developers and partners, along with snowball sampling based on referrals. Since the goal of this review was to achieve depth rather than breadth, key informants were selected based on this review's objectives and their knowledge and willingness to be interviewed about the TRP.

To gather background information on the development, implementation, and experience of using the TRP, several resources were consulted. USAID provided background documents about the development and use of the TRP. A literature search was conducted in PubMed and Google Scholar to find peer-reviewed and grey literature on the TRP. Information from blog entries on the TRP website were studied. Furthermore, the team studied the Google Analytics data for the TRP website to learn more about the characteristics of the website's users.

### Global Online Surveys and In-depth Interviews

Two online surveys were developed to gather insights into the adaptation and use of the TRP globally (Annex A). The Self-identifier questionnaire asked respondents about their knowledge and use of the TRP and their reasons for non-use. Respondents who had used the TRP were invited to respond to the TRP user online survey. Both surveys were reviewed and approved by TRP knowledge experts at USAID. The online surveys were designed in Survey Monkey and distributed through multiple listservs and websites for FP (e.g., TRP, IBP, K4Health, various technical working groups) and 30 additional contacts from an email list provided by USAID. Respondents to the TRP user online survey were asked to list additional potential respondents, and these were invited to respond to the survey as well. Respondents for whom we had email addresses were reminded three times to respond to the survey. In addition, attempts were made to reach non-respondents by phone. Due to a low initial response rate, the team extended the response period from one month to two months to allow time for more users to take the survey.

At the end of the survey, respondents were asked if they would be available to participate in an in-depth interview. If the participant had indicated 'yes', then they were contacted by email to set up either an in-person (one-third of IDIs) or video conference (two-thirds of IDIs) interview that lasted 45 minutes on average.

The online survey and follow-up IDIs targeted a broad range of international stakeholders supporting FP globally, regionally, and nationally, as well as country-level stakeholders including the Ministries of Health (MOH), other

organizations and FP trainers. International stakeholders included USAID, WHO, UNFPA, Pathfinder/Evidence to Action (E2A) project, Jhpiego, IPPF, Knowledge for Health (K4Health) project, Implementing Best Practices (IBP) initiative, EngenderHealth, FHI 360, Institute for Reproductive Health at Georgetown University, IntraHealth, and Management Sciences for Health (MSH).

## Data Analysis

Data from the self-identifier questionnaire and TRP user online survey were analyzed using Microsoft Excel. Notes from IDIs were coded using Nvivo and the conceptual framework. To retrieve more in-depth findings, an attempt was made to compare results across different types of respondents based on their main role (involved in curriculum development, trainer, FP program manager). Due to the small number of respondents (both for the online survey and IDIs), no clear patterns in differences were seen. Therefore, the findings are presented for the overall group.

## Limitations

The following limitations during data collection and analysis to acknowledge the quality and consistency of the results. First, as the study population was selected through non-random respondent-driven sampling, there was a concern for resulting selection bias, but as the objective was to gather information as much information about using the TRP as possible, respondents were selected based on TRP usage.

Secondly, the choices made in the design of the TRP user online survey, geared towards obtaining the most relevant information per category of respondent (e.g., manager of programs, trainer), ensured a clearer understanding of individual use cases. However, due to the limited number of respondents, comparison between various categories was not possible.

Finally, this status review gathered valuable insights into the experiences and some of the challenges encountered during the adaptation and use of the TRP for FP training. However, the level of detail and depth provided by respondents was constrained when their participation in adapting and using TRP materials happened several years ago, which led to recall bias.

## Results

### Respondent Characteristics

#### Global Online Surveys

Two hundred and sixteen people responded to the self-identifier survey, 61 percent (132) of whom indicated having heard about the TRP. Fifty-five of the respondents continued to the TRP user online survey; their background characteristics are presented in Table I. Of those, 32 percent (18) indicated trainer and 29 percent (16) indicated FP program manager as their main role. Of those who identified TRP trainer or FP program manager as their main role, 87 percent (34) reported having managed a training using the TRP. Of the 55 respondents who completed the TRP user online survey, 29 percent (16) were involved in curriculum development using the TRP, and 9 percent (5) reported having had other experiences using the TRP, such as for advocacy.

<b>Background Characteristics</b>	<b>Number</b>	<b>%</b>
<i>Professional Background</i>		
Medical doctor	12	22
Nursing / midwifery	30	55
Public health	16	29
Non-medical	10	18
Other medical	3	6
<i>Organizational Background</i>		
Governmental agency (such as Ministry of Health, etc.)	7	13
Health professional training institute or college	8	15
International or local NGO	35	64
Private or public health facility	1	2
Professional organization such as national medical, nurses, or midwives association	3	6
Other	1	2
<i>Teaching/Training Experience</i>	54	98
<i>Curriculum Design Experience</i>	48	87
<i>Main Role Related to TRP</i>		
Training	18	32
Curriculum development using TRP	16	29
Manage family planning program	16	29
Other experience (e.g. advocacy) using TRP	5	9
<i>Ever managed training using TRP (Note: the denominator is 39 - those who identified trainer or FP program manager as their main role)</i>	34	87

### Global In-depth Interviews

Twenty-five of the 55 respondents to the TRP user online survey agreed to an IDI. Table 2 presents an overview of the background characteristic of the global IDI respondents (n=25). Of those, 13 were identified through the online survey and 12 through referral by respondents (snowball sampling).

Country (# of respondents)	Organization	Main role (# of respondents)
Cameroon (1)	Adele Reproductive Health Foundation	TRP development (2)
Ghana (1)	Community and Family Aid Foundation	
Kenya (1)	EngenderHealth	Dissemination and promotion (3)
Lesotho (1)	Ministry of Health	
Malawi (1)	Independent consultant	
Nigeria (2)	Association for the Advancement of Family Planning; FHI 360	Technical assistance to countries (5)
Switzerland (2)	WHO*	
Timor-Leste (1)	UNFPA	Curriculum development (9)
Togo (1)	CILSIDA	
United States (12)	E2A*; Georgetown University's Institute for Reproductive Health*; FHI 360; Implementing Best Practices initiative; Jhpiego*; K4Health; Pathfinder*; Women's Refugee Commission	

\*Multiple respondents per organization

### TRP's Global Reach

After the TRP was launched at The International Federation of Gynecology and Obstetrics (FIGO) conference in Rome in 2012, the main organizations involved with the TRP set out to disseminate and promote the materials through different channels: a TRP website hosted by K4Health, postcards with links to the website, and USB flash drives for offline use of the resources. This status review identified two general ways in which the TRP materials were disseminated and promoted to organizations and individuals, namely 1) active dissemination and promotion by TRP partner organizations and social media and 2) passive dissemination through the TRP website. Through dissemination and promotion activities, this status review found that the TRP materials have been adapted and used by respondents in at least 34 countries since the TRP's initial launch (Table 3). Depending on their context and needs, stakeholders have used the resource in various ways to develop pre- and in-service curricula, strengthen national FP guidelines, and deliver or support trainings. Annex B provides an overview of TRP use for all countries mentioned by respondents.

Region	Countries where TRP was used
East and Southern Africa	Angola, Burundi, DRC, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia
West Africa	Burkina Faso, Cameroon, Ghana, Liberia, Nigeria, Senegal, Togo
Asia	Bangladesh, India, Indonesia, Laos, Myanmar, Nepal, Philippines, Timor-Leste
Middle East	Afghanistan, Pakistan
Other	Eastern Europe*, Spain, Switzerland**, United Kingdom**, USA

\* Country not specified by respondent  
 \*\* This country may reflect respondents' work location, not where they have implemented the TRP  
 Source: TRP user online survey

While the review found strong advocacy and leadership from TRP partner organizations to disseminate and promote the tools, eleven out of 64 IDI respondents indicated that awareness within countries is relatively low, and especially among ministries. Respondents indicated that TRP dissemination and promotion could be improved by involving the TRP partner organizations more and encouraging users to talk more about the TRP. Lack of resources was mentioned as a challenge for in-country dissemination and promotion.

“My sense is that [the TRP] is out there, but not everybody knows. My idea is that we need to communicate it much wider and allow it to be adopted.” – Respondent TRP partner organization in Kenya

“Very few people around the world know of [the TRP]. It has not been very well communicated to... the community of practitioners within countries outside of the U.S. For example, my colleagues in Pakistan did not know of the existence of these resources.” – Respondent TRP partner organization

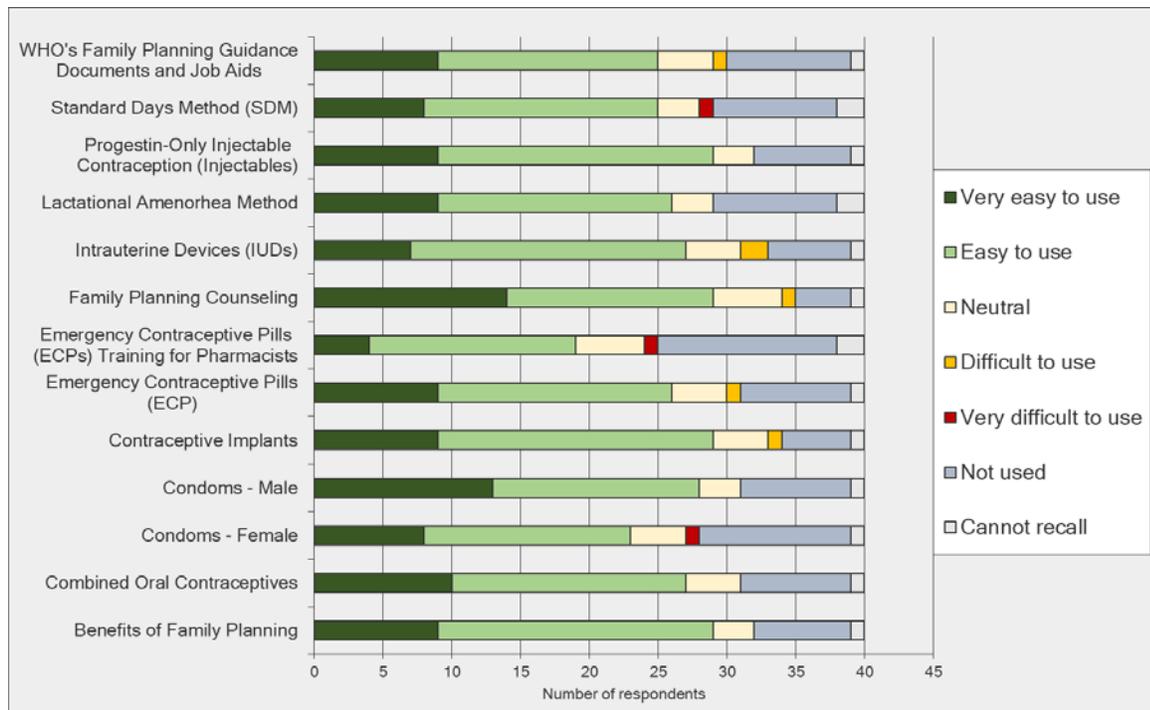
## Using the TRP

Responses from the TRP user online survey indicate that the materials were easy to use; very few respondents reported any difficulties; those that were reported mainly related to the use of TRP materials in low-resource settings.

“The resource captures all the family planning methods and allows trainers to teach all methods (which was not possible before), including the natural methods that are favored by religious-based institutions.” – Respondent from Uganda

Figure 2 shows that the percentage of respondents who found specific modules easy to very easy to use ranged from 76 percent (ECPs training for pharmacists) to 91 percent (benefits of family planning, progestin-only injectable contraception).

**Figure 2.** Ease of Use of TRP Modules [Source: TRP user online survey]



The modules and teaching tools were perceived as very useful by trainers. It allowed them to teach all relevant FP methods and use a variety of teaching styles which were often new to them.

“In adult learning, you need to be more interactive than just a lecture. You need to design your training to fit the adult learning style. Adults don't have much time and that's why you have to focus on demonstrating skills. Most of them have the knowledge already.” – Respondent from local NGO, involved as a FP program manager

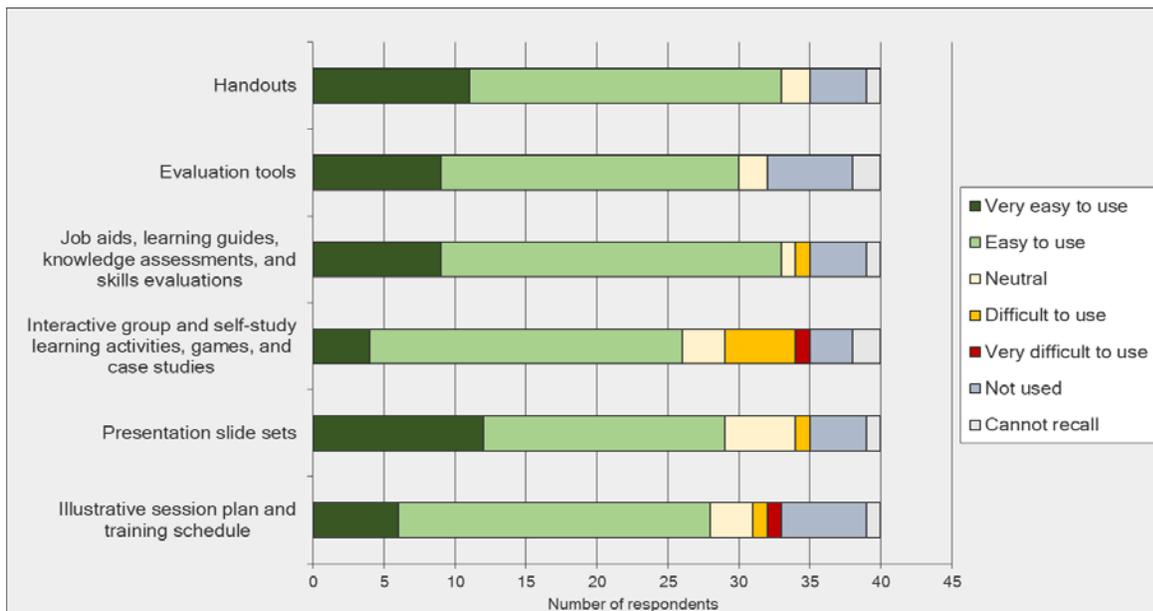
Respondents mentioned several positive attributes of different teaching guides and tools. The slides were considered useful as they simplified the work for the teacher, the role plays because they imitate the clinic setting, and the case studies because they trained students to make choices in providing services.

*“Role plays were very useful. They gave us [a] real picture of the things we might meet ... in clinics. Role play gives a student mor light [understanding] on how to do things practically.”* – Respondent from training college, involved as trainer

*“The slides are good. They simplify the work of the trainer [and] then the facilitator’s guide is what we [call a] lesson plan. Each has its importance because you can’t teach without having the facilitator’s guide.”* – Respondent from Ministry of Health, involved in curriculum development

However, the interactive teaching techniques were difficult to implement in some training courses in low-resource settings due to large class sizes and a shortage of materials for FP methods and practice labs. Figure 3 shows the percentage of respondents that found specific teaching guides and tools easy to very easy to use, ranging from 74 percent (for the interactive group and self-study learning activities, games, and case studies) to 94 percent (for job aids, learning guides, knowledge assessments, and skills evaluations; evaluation tools; handouts).

**Figure 3.** Ease of Use of TRP Teaching Guides and Tools [Source: TRP user online survey]



In addition, trainers often use other materials besides the TRP in their trainings, mainly WHO guidelines (which, in fact, provide the technical basis for the TRP and are available from the website) and tools and materials developed by NGOs and MoHs. The WHO Medical Eligibility Criteria (MEC) wheel and the “Family Planning: A Global Handbook for Providers” were two tools that various respondents indicated were used in conjunction to TRP materials. Both tools are used as important references for the TRP, and the modules encourage using these tools in conjunction with the TRP materials.

The results of training were evaluated by most trainers, and the majority saw improvement in the FP knowledge and skills among trainees. They explained that the difference in results can be explained by trainees’ different learning styles.

*“I remember improvements were seen on all items for all trainees. But some improved better than others, and this probably had to do with the differences in learning styles among trainees. Some prefer to learn by doing, while others by listening or observing.”* – Respondent from local NGO, involved as FP program manager

## Adapting the TRP

The overwhelming majority (52 of 55, or 94 percent) of respondents to the TRP user online survey adapted the TRP materials. The three main reasons respondents gave for adaptation of TRP materials were to:

- Develop training that incorporated up-to-date technical content and teaching methodologies
- Align training to the learning needs of the cadres to be addressed
- Shorten the modules to fit within a training program timeframe

TRP materials made an important contribution to updating existing curricula owing to its comprehensiveness, competency-based approach, and credibility.

*“The TRP is well aligned with the existing pre-service curriculum and FP guidelines; it strengthened them with more information. The TRP materials helped Lesotho to create a comprehensive, flexible training design and package of materials that addressed our training needs and ensured participants received quality information in an accessible and applicable format.”* – Respondent from Ministry of Health, involved in curriculum development

For example, the national guidelines in Ghana contained outdated materials and methods, and the TRP was seen as beneficial, since it outlines the latest information. In Nigeria, the TRP was used by some programs instead of the national curriculum materials because it was far less dense and contained activities that could easily be employed in the Nigerian training context, even though the Ministry of Health did not adopt TRP use at national level. Furthermore, due to the TRP’s perceived credibility, it was used to advocate for the inclusion of emergency contraceptive pills (ECP) in the essential medicines list in Nigeria.

*“It is an effort to add emergency contraceptives on the essential medicine list; it is more than advocacy. With the TRP we could provide the entire evidence base — that it is safe and effective. After I left the country, emergency contraceptives got added to the list.”* – Respondent from multi-lateral organization, involved in curriculum development

To align materials to the appropriate training level, users in some countries simplified TRP materials for cadres with limited or no professional education (e.g., auxiliary midwives and CHWs) and for settings where many workers lack basic training. For example, in Cameroon, visual aids were included to circumvent illiteracy among CHWs. For cadres with greater professional education (e.g., obstetricians, gynecologists) the “advanced” slides included in the TRP were noted to be too basic for pre-service training, and the TRP materials were expanded with information from scientific research. The competency-based focus was highly appreciated by many respondents and seems to fill a gap in many curricula across countries.

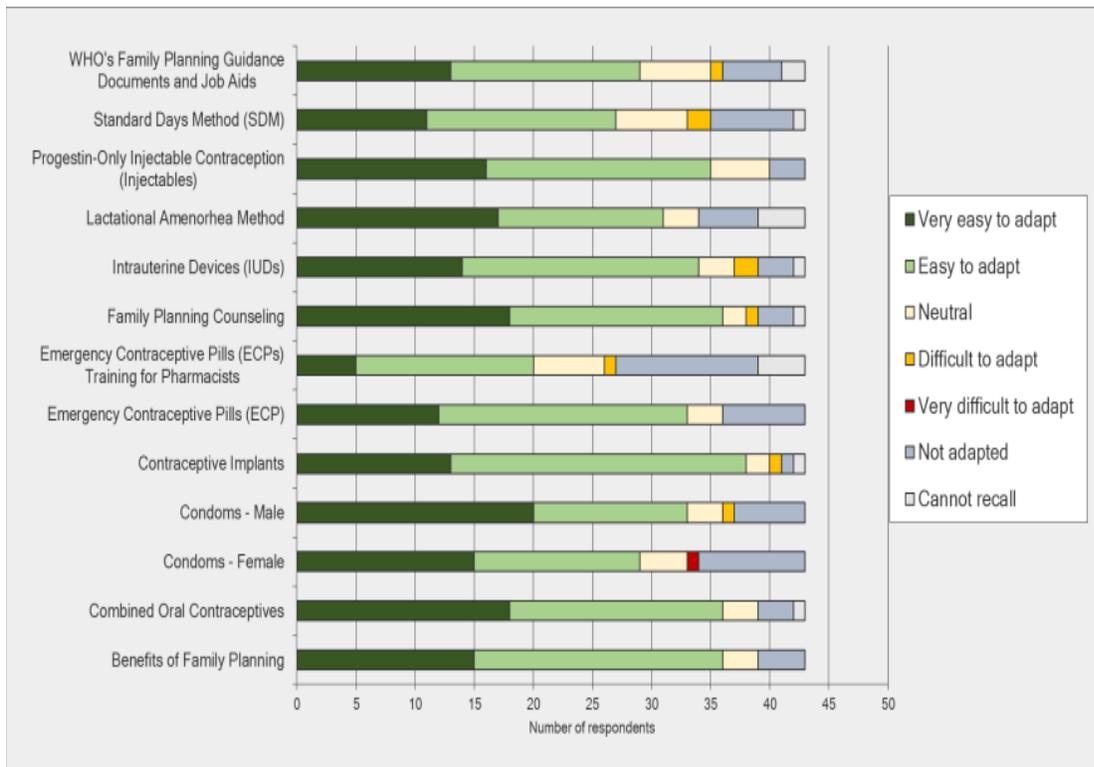
*“In the national manual of Nigeria, there were no slides, and the process for delivering [training] is missing. The TRP provides a more competency-based training, focused on knowledge, attitude, [and] practice. And this is what is needed. We need to improve the attitude of health workers, [teach] them how to interact with the community.”* – Respondent from local NGO, involved as FP program manager

In some cases, respondents reported that modules needed to be shortened because materials were too dense for the in-service training time available.

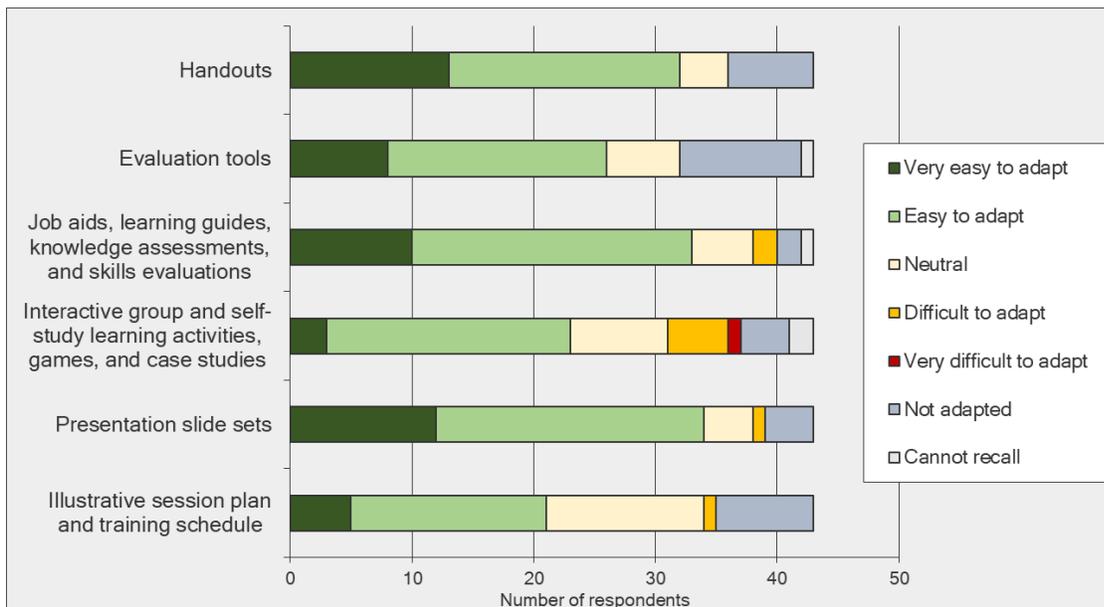
*“The whole training is very long — more than a week in theory. We shortened it in Lesotho for in-service. People are in the clinic; they have limited time. It is only to update them.”* – Respondent from Ministry of Health, involved in curriculum development

Overall, TRP user online survey respondents (n=43) reported very positive experiences with adapting modules, teaching guides, and tools (Figures 4 and 5). This is due to the simple, easy to understand content and the nature of the TRP being ready-made, nicely written, logically set up and with easy formatting in Word and PowerPoint.

**Figure 4. Ease of Adaptation of TRP Modules [Source: TRP user online survey]**



**Figure 5. Ease of Adaptation of TRP Teaching Guides and Tools [Source: TRP user online survey]**



Several experiences were shared by respondents. For instance, in Cameroon, visuals were easily added to serve illiterate audiences. In Nigeria, modules could be adapted to the HIV context with no problems.

*“In order to reach illiterate audiences, the usage of visuals in the TRP was very helpful, and it was easy to add photos depending on context-specific needs.”* – Respondent from local NGO, involved as FP program manager

*“We also adapted it to our main context area of work, HIV/AIDS. So we added a session about referral, sexually transmitted infections (STIs), plus a practical session. We did a clinic visit to see how an implant was provided.”* – Respondent from TRP partner organization, involved as FP program manager

One respondent explained that there was a difference in the quality of the various modules, and five respondents at country level said that the slides were too text-heavy.

*“Although the PPT materials appeared quite similar, the specific quality of the slides differed, as well as the level of technical detail. There was a clear difference between the different modules in terms of different authorship and style of presentation.”* – Respondent from multi-lateral organization, involved in curriculum development

*“Some slides are very long and convoluted, too wordy for demonstration.”* – Respondent from TRP partner organization, involved as technical assistant

Almost half (45 percent) of respondents to the TRP user online survey indicated that an international partner was involved in the process of adaptation. Several respondents gave suggestions for improving this type of technical assistance, including better engagement with decision-makers at country level, by embedding the technical assistance in the FP TWGs at national level; providing more guidance on the specific steps in the adaptation process and how to prioritize the extensive materials; and providing guidance on combining modules originally meant for stand-alone in-service training to avoid repetition when they are delivered as a set.

*“It would be very useful if the TRP had a little module on how to adapt these resources for country contexts. In reality, countries do not have resources to do everything in the TRP. They need to cut and select ... but, as far as I know, there is no guidance on this. People need to be hit over the head with “here’s what you need to do.” They don’t want to reinvent the wheel; they don’t have the resources ... We need to give some concrete examples of how to do this.”* – Respondent working as independent consultant, involved in dissemination and promotion

Respondents to the TRP user online survey indicated that the TRP was an important source for developing or updating FP curricula. The majority of respondents found the TRP to be: comprehensive; evidence-based and up-to-date; of higher quality than other materials; credible, due to the organizations supporting it; based on a competency-based learning approach; a way to save time when adapting and developing FP training materials; and means to standardize training materials.

## Reasons for Not Using the TRP

According to the results from the self-identifier online survey, the most common reasons respondents gave for not using the TRP were that the materials were not proposed by their organization and that other good, or better, materials were available (Table 4). Six respondents confirmed a preference for their own materials during the IDIs. Some organizations have developed their own materials for specific target audiences (like adolescents, young adults, and HIV patients) and are reluctant to change. Some respondents indicated that more time is needed to convince ministries about the added value of the TRP.

*“The ministries in Nigeria don’t use it. They use their own manuals because they have put time [into them]. Also, there is a need to engage the Ministry of Health. [Ministry stakeholders] may be protective and like what they already have developed themselves, but if they would take the time to read the TRP materials they [would] see they are much simpler than their own materials.”* – Respondent from TRP partner organization, involved as FP program manager

	Number of respondents	Percentage (%) (n=41)
Little or no knowledge about the TRP	5	12
TRP not aligned with country guidelines	2	5
TRP cannot be easily adapted to local context	0	0
Availability of other good/better family planning teaching materials	6	15
TRP materials too complex to use	4	10
TRP not proposed by my organization	8	20
Other	21	51

\* Multiple responses allowed  
Source: self-identifier online survey

A mix of respondents cited poor internet connectivity and the use of drop down menus on tablets and telephones as barriers for not using the TRP. The TRP website is not yet optimized for viewing on mobile devices. Some NGO respondents said the modules were too large and could be cut into smaller pieces to facilitate download. Some international respondents indicated that the website looked old-fashioned and that a site redesign could aid the user experience.

*“There is no place where you can acknowledge that you have used it. I think there is a blog, but it is also good if you can just send ‘this is where I used it, this is the module’ in an interactive kind of website or platform.”* – Respondent TRP partner organization

## Recommendations

The following recommendations are based on the responses to the online surveys and the IDIs. These recommendations are forward-looking and offer ideas for taking the TRP to the next level of widespread awareness and adoption at country level. In addition, they are within the abilities of USAID and WHO to implement.

- Develop a global TRP promotion and dissemination plan and obtain donor support for reaching a broad group of key stakeholders in priority countries for accelerating the use of FP services. To be effective, the dissemination strategy should be context- and user-specific to maximize the relevance of the TRP for a broader audience.
- The promotion and dissemination plan should be developed by a task team that includes members from TRP partner organizations, potentially under the IBP initiative. While there has been strong advocacy from many TRP partner organizations, a combined effort may boost partner commitment to the TRP as well as its visibility within the 34 countries where it is currently being used and beyond. Dissemination by TRP partner organizations in line with user needs and preferences can improve TRP awareness and uptake.
- Communication efforts with the promotion and dissemination plan need to address misperceptions about the TRP, for example, that the material is copyrighted. Information of this nature should be clearly displayed on the website.
- Additional guidance on how to use and adapt the TRP and its materials is needed, on several different levels.
  - A module and/or guide dedicated to the adaptation process and available on the website would assist in-country stakeholders and complement external support.
  - Links to materials that have been adapted at the country level would also provide examples for others to follow.

- Linking users to each other for technical assistance could also facilitate use and adaptation, although there are a number of privacy and other constraints that would need to be worked through to support this approach.
- The website has been the principal way for users to access TRP materials. Since the site was developed more than five years ago, new web features have become available that would give the site a more current look and simplify access to modules, guides, and tools.
- A rapidly increasing number of people in LMICs access the internet on mobile phones and tablets rather than on computers. Optimizing the website for mobile viewing would cater to this large potential audience of mobile device users. Viewing the TRP website on mobile devices can provide visitors with an overview or access to a specific document, but it would not be suitable for the comprehensive viewing required for the adaptation and training process. It might be worthwhile to explore whether some of the website content could be repackaged for mobile viewing.
- To further improve teaching and support trainers, two steps are recommended. First, the modules could be reviewed to ensure that they can be more easily adapted to different health worker cadres and their learning styles. Second, the development of a module addressing different learning styles, and teaching methods to respond to each of these styles, could be helpful. Examples of how to use teaching methods for different cadres could be included in TRP technical modules, such as in the Facilitator's Guide. This will help improve the ability of trainers to maximize effectiveness by responding to different preferred learning styles (Cassidy 2004).
- In addition, the interactive teaching techniques were difficult to implement in some training courses in low-resource settings due to large class sizes and a shortage of materials for FP methods and practice labs. Guidance in the Facilitator's Guide, for instance, would be helpful on how to overcome such challenges to maximize learning in the time allotted for training.

## References

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USAID, WHO, UNFPA. *The Training Resource Package for Family Planning*. (2012) Retrieved from <http://www.fptraining.org>. Accessed: 10 August 2017

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Personal email communication between HRH2030 and USAID

PowerPoint presentation about TRP

Meeting notes April 2016

## Annex A – Data Collection Tools

### SI: Self-identifier to assign participants to target groups and data collection tools

Please note that your progress in this survey will be automatically saved, allowing you to leave the survey and come back where you left off.

1. The Training Resource Package for Family Planning (TRP) is a set of materials and tools that can be used by facilitators, trainers and curriculum developers to implement high-quality training in family planning. It was developed by WHO, USAID, UNFPA and their partner organizations. All TRP materials are available on a website. Have you heard about the TRP before?

- Yes
- No

If No to Question 1:

Thank you for your interest in the Training Resource Package for Family Planning. To learn more about the TRP and how it can be used to support FP trainings, please visit our website. <https://www.fptraining.org/>

**If Yes to Question 1:**

2. How did you first hear about the TRP?

- Ministry of Health
- Organization I work for
- Formal/Informal communication from USAID, UNFPA, or WHO country office
- Workshop organized by USAID, UNFPA, or WHO country office
- Website (TRP)
- Other website(s) referencing TRP
- TRP flash drive
- Other (please specify source and indicate whether you received it through an informal communication, formal announcement, workshop, or website, etc.)

3. Were you or your organization involved in the development of the Training Resource Package for Family Planning?

- Yes
- No

**4. Are you involved with conducting family planning training in a low or middle income country?**

- Yes
- No

**5. Have you used the TRP for any of the following purposes? Select all answers that apply.**

- Training
- Updating country guidelines
- Advocacy
- Have not used the TRP for any purpose
- Other (please specify)

**If “training” is not selected in Question 5:**

**6. What are the main reasons why you have not used the TRP for training? Select all answers that apply.**

- Know little or nothing about the TRP
- TRP not aligned with country guidelines
- TRP material cannot be easily adapted to local context
- Availability of other good or better family planning teaching materials
- TRP material too complex to use
- TRP was not proposed
- Other (please specify)

**7. Are you considering using the TRP for a training?**

- Yes
- No
- Don't know

**8. What might be your role in a future training?**

- Trainer/Trainer of trainers
- Manager of a program supporting family planning training
- Involved in curriculum development
- Don't know
- Not applicable (not intending to use for training)
- Other (please specify)

---

**If “training” is selected in Question 5:**

**6. What was your role in the training?**



If you were a Trainer/Trainer of Trainers, the manager of a program supporting the training, or involved in curriculum development, we would like to ask some additional questions. Please click the link below to start this survey.  
<https://www.surveymonkey.com/r/L5ZYRHT>



Other

**If “Other” to Question 6:**

**Thank you for responding to our survey. For the latest updates to the TRP, visit our website.**  
<https://www.fptraining.org/>

Since you indicated your role as a trainer/trainer of trainers, manager of a program supporting FP training, or curriculum developer, [please click here](#).  
Please DO NOT click “Next.”

**ONL.USE2: TRP online survey**

**Thank you for responding to this questionnaire about the Training Resource Package! At the end of this survey there is an option to provide your contact details, which we would only use for follow-up questions. Your responses to this questionnaire will be treated confidentially and will not be linked to any of your contact details.**

**Please note that your progress in this survey will be automatically saved, allowing you to leave the survey and come back where you left off.**

**1. What is the name of your organization?**

**2. What best describes your organization?**

- Professional organization such as national medical, nurses or midwives association
- Governmental agency (such as the Ministry of Health, etc.)
- International or local non-governmental organization (NGO)
- Health professional training institution or college
- Private or public health facility
- Private for-profit organization
- Other (please specify)

**3. What is your position within the organization?**

**4. What is your professional background? Select all that apply.**

- Medical doctor
- Nursing / midwifery
- Public health
- Non-medical
- Other medical (please specify)

**5. Do you have experience in curriculum design?**

- Yes
- No

**6. Do you have experience in teaching or training?**

- Yes
- No

**7. What is your gender?**

- Male
- Female

**8. Please name the country/countries where you used the TRP.**

**9. How easy was it to access TRP materials through the website or flash drive? (For instance, was the information easy to download from the TRP website?)**

	Very difficult to access	Difficult access	to Neutral	Easy to access	Very easy to access	to Not used
TRP website	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRP flash drive	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. What has been your main role related to TRP materials?**

- Trainer/Trainer of trainers
- Manager of a program supporting family planning training
- Involved in curriculum development [Go to Q18]
- Other (please specify)

**11. Have you ever conducted and/or managed a training using the TRP?**

- Yes
- No [Go to Q19]

**To answer the following questions, please base your answers on the most typical training, if you have been involved in multiple trainings using TRP materials.**

**12. How many trainings of any kind have you conducted and/or managed using the TRP?**

**13. Please enter the date of this training in MM/YYYY (month / year) format.**

**14. Select all health workers targeted in this training.**

- Doctors
- Nurses
- Midwives
- Community Health Workers

Other (please specify)

**15. What type of trainings was this?**

- Pre-service training  
 In-service training  
 Other (please specify)

**16. In which setting(s) did you use the TRP? Select all that apply.**

- Classroom  
 Practicum  
 Distance learning  
 Other (please specify)

**17. Did you use the TRP basic slides, advanced slides, or both?**

- Basic  
 Advanced  
 Both  
 Don't know  
 Other (please specify)

**18. Please indicate the organizations involved in the training development or adaptation of the TRP materials. Select all that apply.**

- Ministry of Health and/or Ministry of Education  
 The organization I work for  
 Training institution/College  
 International partner (such as WHO, UNFPA, USAID)  
 Don't know  
 Other (please specify)

**19. Is there a national guideline/standard for family planning service provision in the country where you used the TRP**

- Yes  
 No  
 Don't know

**20. Is there a standard curriculum for clinical family planning training in the country in which you used the TRP?**

- Yes, only for pre-service education
- Yes, only for in-service training
- Yes, for both pre-service education and in-service training
- No, none of the training institutions have a standard curriculum
- Don't know
- Other (please specify)

**21. Did you adapt the TRP to meet your organization's needs?**

Yes

No [go to Q27]

**22. Why did you adapt TRP materials? Select all that apply.**

- To conform to national standards/guidelines
- To shorten the modules to fit our teaching program
- To make them easier to understand

**23. How easy was it to adapt the technical content from the following modules?**

	Not adapted	Very difficult to adapt	Difficult to adapt	Neutral	Easy to adapt	Very easy to adapt	Cannot recall
Benefits of Family Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combined Oral Contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms - Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms - Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive Implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraceptive Pills (ECP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraceptive Pills (ECPs) Training for Pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrauterine Devices (IUDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactational Amenorrhea Method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-Only Injectable Contraception (Injectables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standard Days Method (SDM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHO's Family Planning Guidance Documents and Job Aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- To replace them with alternative teaching material on family planning
- Other (please specify)

**24. How easy was it to adapt the following module contents?**

	Not adapted	Very difficult to adapt	Difficult to adapt	to Neutral	Easy to adapt	Very easy to adapt	Not adapted	Cannot recall
Illustrative session plan and training schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Presentation slide sets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Interactive group and self-study learning activities, games, and case studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Job aids, learning guides, knowledge assessments, and skills evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Evaluation tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	adapted	Not difficult adapt	Very to Difficult adapt	to Neutral	adapt	easy to adapt	adapted	Not Cannot recall
Other (please specify tool and level of adaptability)	<input type="text"/>							

**25. What was easy in adapting the TRP?**

**26. What were the main challenges in adapting the TRP?**

In the following questions, you will be asked to assess your use of the TRP.

**27. How easy was it to deliver training using the following TRP modules?**

	Not used	Very difficult to use	Difficult to use	to Neutral	Easy to use	Very easy to use	Cannot recall
Benefits of Family Planning	<input type="radio"/>						
	used	Not difficult to use	Very Difficult to use	to Neutral	use	easy to use	Cannot recall
Combined Oral Contraceptives	<input type="radio"/>						
	used	Not difficult to use	Very Difficult to use	to Neutral	use	easy to use	Cannot recall
Condoms - Female	<input type="radio"/>						
	used	Not difficult to use	Very Difficult to use	to Neutral	use	easy to use	Cannot recall
Condoms - Male	<input type="radio"/>						
	used	Not difficult to use	Very Difficult to use	to Neutral	use	easy to use	Cannot recall
Contraceptive Implants	<input type="radio"/>						
	used	Not difficult to use	Very Difficult to use	to Neutral	use	easy to use	Cannot recall

	Not used	Very difficult to use	Difficult to use	Neutral	Easy to use	Very easy to use	Cannot recall
Emergency Contraceptive Pills (ECP)	<input type="radio"/>						
Emergency Contraceptive Pills (ECP) Training for Pharmacists	<input type="radio"/>						
Family Planning Counseling	<input type="radio"/>	<input checked="" type="radio"/>					
Intrauterine Devices (IUDs)	<input type="radio"/>						
Lactational Amenorrhea Method	<input type="radio"/>						
Progestin-Only Contraception (Injectables)	<input type="radio"/>						
Standard Days Method (SDM)	<input type="radio"/>						
WHO's Family Planning Guidance Documents and Job Aids	<input type="radio"/>						

Other (please specify)

**28. How easy was it to use the following TRP module?**

	Not used	Very difficult to use	Difficult to use	Neutral	Easy to use	Very easy to use	Cannot recall
Illustrative session plan and training schedule	<input type="radio"/>						
Presentation slide sets	<input type="radio"/>						
Interactive group and self-study learning activities, games, and case studies	<input type="radio"/>						
Job aids, learning guides, knowledge assessments, and skills evaluations	<input type="radio"/>						
Evaluation tools	<input type="radio"/>						
Handouts	<input type="radio"/>						
Other (please specify)							

**29. Please list any other family planning materials used in your training.**

**For the next two questions, please indicate on the scale provided the extent to which you agree with each statement.**

**30. The TRP was a time-saver in developing curricula and implementing the training.**

- Strongly disagree**      **Disagree**      **Neutral**      **Agree**      **Strongly agree**
- 

**31. The TRP improved the quality of the family planning training materials and methods.**

- Strongly disagree**      **Disagree**      **Neutral**      **Agree**      **Strongly agree**
- 

**32. Have the TRP materials been translated into the local language?**

- No
- Yes, please specify language

**33. Which of the following were used at your organization to ensure the quality of the training using the TRP?**

- Pre-training knowledge and/or skills test
- Post-training knowledge and/or skills test
- Internal evaluation
- Discussion with participants
- None of the above
- Other (please specify)

**34. What are your future plans for using TRP materials during family planning training?**

- Will continue to use TRP material in future FP training
- Will adapt TRP material making it more appropriate for our setting
- Will not use TRP material
- Other (please specify)

**35. May we contact you for follow-up questions?**

- Yes
- No

**36. Thank you for your time! As you have indicated that we may contact you for follow-up questions, could you please provide your contact information? As a reminder, all information entered in this survey will remain confidential.**

Name:

**37. What is your email address?**

**38. What is your job title?**

**39. What is the name of your organization?**

**40. City and country you are based in?**

**41. At which level are you mostly involved with the TRP?**

- International level
- Regional level (please state region in "other")
- Country level (please state country/countries in "other")
- Other (please specify region or country/countries)

**42. What is your telephone number?**

**43. What is your Skype ID?**

**44. Can you refer us to colleagues from other organizations or training programs who have helped to develop, or are using/have used the TRP?**

- Yes
- No

**45. Please provide the colleagues' name, telephone number, and email address:**

Contact:

Contact:

Contact:

Contact:

<b>IDI.PRO: Interview guide for all participants involved in the dissemination and promotion of the TRP</b>
---

**General**

1. Describe your role and possible leadership in disseminating and promoting the TRP and/or adaptation and use (and/or maintaining the TRP website for international stakeholder) [interviewer should be able to identify role/involvement of participant/organisation in terms of TRP summary table, including at international, regional and/or national level]

**Dissemination and Promotion**

2. Describe the process on how the use of the TRP is promoted by your organization (in terms of channels, media, tools) and who you targeted?
3. Who are the key actors at country level most influential in the dissemination and promotion of the TRP?
4. Which communication channels were most effective in reaching the target groups?
5. Describe challenges for dissemination and promotion of TRP materials. Can you describe any other opportunities that could have been used to improve the communication about it? [*the TRP is regularly updated according to recent changes in WHO recommendation on reproductive health and family planning more specifically*].
6. What was the process for making the implementer community aware of any TRP updates (or how?); what channels did you use to communicate these changes?
7. What feedback did you receive from the target groups about the ease of access of information about the TRP on the website or other means (flash card, workshops, meetings etc)?
8. What recommendations for improvements to the dissemination and promotion of the TRP (website, CD-ROM, flash card, etc.) do you have and why?

**Adapting and use**

9. What do you know about the adaptation and use of the TRP in different countries (or this country)?
10. Are you aware of informal and/or formal translations of the TRP besides French? (Please elaborate)
11. What possible questions or concerns did you receive about the adaptation and/or use of the TRP from your target groups? How did you address these?
12. What are the success stories involving TRP use in countries? Could you explain why these were a success? Can you provide contact details who could share more information on these?
13. *Only if sufficient time:* (Has the TRP evolved from a technical resource to creating a community of practice where individuals and organizations share experiences and lessons learned and assist others in using the TRP? If yes, please elaborate)
14. Do you have contact details of key actors you like to share that have been promoting or using the TRP?

**Interview guide for country stakeholders involved in both dissemination and promotion AND adaptation and use [combination of IDI.PRO and IDI.USEI]**

**General**

1. Describe your role and possible leadership in disseminating and promoting the TRP and/or adaptation and use [fill out TRP summary table]

**Dissemination and Promotion**

2. Describe the process on how your organization promoted the use of the TRP in your country (in terms of channels, media, tools) and who you targeted?
3. Which communication channels were most effective in reaching the target groups?
4. What feedback did you receive from the target groups about the ease of access of information about the TRP on the website or other means (flash card, workshops, meetings etc)?
5. [*the TRP is regularly updated according to recent changes in WHO recommendation on reproductive health and family planning more specifically*]. What was the process for making the implementer community aware of any TRP updates (or how?); what channels did you use to communicate these changes?
6. Describe challenges for dissemination and promotion of TRP materials. Can you describe any other opportunities that could have been used to improve the communication about it?
7. What recommendations for improvements to the dissemination and promotion of the TRP (website, CD-ROM, flash card, etc.) do you have and why?

**Adaptation**

8. How was the TRP adapted and used in your country? [*National level*] Describe your organization's role in supporting the adaptation and use of the TRP. [*Fill out TRP summary table*]
9. Who were the decision makers about TRP adaptation and use? [*Ministry of Health, Ministry of Education, training institutions, international partners etc*] Who else was involved (e.g. Technical working groups)?
10. How did the TRP materials align to your country realities (including training curricula and FP guidelines)?
11. What gaps in existing national level FP training curricula and guidelines did the TRP fill? Was the TRP used to develop or revise your FP training curricula and/or FP guidelines?
12. Describe the challenges for adaptation of TRP materials at country level?
13. Has the TRP material (or part of) been translated in your country language?
14. What are the success stories involving TRP use in countries? Could you explain why these were a success? Can you provide contact details who could share more information on these?
15. *Only if sufficient time:* (Has the TRP evolved from a technical resource to creating a community of practice where individuals and organizations share experiences and lessons learned and assist others in using the TRP? If yes, please elaborate)
16. What support has your organization received (or did your organization provide to other organization) in adapting or using the TRP? [*financial and technical*]

**Use**

17. How has your organization used (or supported the use of) the TRP?  
[*in pre-service education or in-service training, training with supervision, training as a cascade (training of trainers who train others), etc*]
18. Who was involved in using (adapted) TRP materials, what was their role?  
*Only if respondent is aware of:*
19. For the ToT and/or FP trainings, what was the training format? [*e.g. classroom, practicum*] and what was their relative importance?
20. Which part(s) of the TRP have your organization or organization in your country used specifically? *E.g., individual modules or as a package (if so, which modules?)*,
21. Which modules of the TRP were the most useful to use? Which ones were least useful?
22. Which teaching guides and tools of the TRP did your organization use specifically? [*presentation slides, facilitator guide, interactive group and self-study learning activities, games, case studies, job aides, knowledge assessments, evaluation tools, handouts, references*].
23. What teaching techniques of the TRP were the most useful? Which ones were the least useful?

24. What teaching techniques were the easiest to use? Which ones were the most difficult to use?
25. Was the participants' knowledge assessed pre- and post-training? If so, can you share any experiences about this?

***Future and recommendations***

26. What are your future plans for using the TRP materials in your country? If no intention to continue, what are the reasons?
27. Do you have any overall recommendations regarding the dissemination, promotion, adaptation and/or use of the TRP?

## **IDI.USE1: Interview guide for country/regional level actors involved in TRP adaptation and use (USE1)**

### **Dissemination and promotion**

1. What do you know about the TRP? (*awareness*) How familiar are you with the material? (*experience*)
2. (*In case the interviewee has not used the TRP material*) Can you explain reasons why you have not used TRP in your FP training? What other materials did you use?

*In case of non-use, thank the interviewee / end of the interview.*

3. (*if not identified through self-identifier/SI*) How did you find out about the TRP?
4. How did you access the TRP material (i.e. through the website, USB flash drive, other)? How user friendly were these channels/avenues? What are the most frequent accessed channels/avenues about the TRP?
5. How effective is the promotion of the TRP in your country? (*meaning from international to national level*)
6. Can you describe any other opportunities that could have been used to improve the communication about the TRP?

### **Adaptation**

7. How was the TRP adapted and used in your country? [*National level*] Describe your organization's role in supporting the adaptation and use of the TRP. [*Fill out TRP summary table*]
8. Who were the decision makers about TRP adaptation and use? [*Ministry of Health, Ministry of Education, training institutions, international partners etc*] Who else was involved (e.g. Technical working groups)?
9. How did the TRP materials align to your country realities (including training curricula and FP guidelines)?
10. What gaps in existing national level FP training curricula and guidelines did the TRP fill? Was the TRP used to develop or revise your FP training curricula and/or FP guidelines?
11. Describe the challenges for adaptation of TRP materials at country level?
12. Has the TRP material (or part of) been translated in your country?

### **Use**

13. How has your organization used the TRP? [*in pre-service education or in-service training, training with supervision, training as a cascade (training of trainers who train others), etc*]
14. For the ToT and/or FP training, what was the training format? [*e.g. classroom, practicum*] and what was their relative importance?
15. Which part(s) of the TRP has your organization used specifically? *E.g., individual modules or as a package (if so, which modules?)*,
16. Which modules of the TRP were the most useful to use? Which ones were least useful?
17. Which teaching guides and tools of the TRP did your organization use specifically? [*presentation slides, facilitator guide, interactive group and self-study learning activities, games, case studies, job aides, knowledge assessments, evaluation tools, handouts, references*].
18. What teaching techniques of the TRP were the most useful? Which ones were the least useful?
19. What teaching techniques were the easiest to use? Which ones were the most difficult to use?
20. Who was involved in using (adapted) TRP materials, what was their role?
21. Was there any support provided from USAID, WHO, UNFPA and/or other organizations in the adaptation and use of the TRP? [*financial and technical*]

### **Future and recommendations**

22. What are your future plans for using the TRP materials in your country? If no intention to continue, what are the reasons?
23. Do you have any overall recommendations regarding the dissemination, promotion, adaptation and/or use of the TRP?

### **Extra**

24. Was the participants' knowledge assessed pre- and post-training? If so, can you share any experiences about this?
25. Has the TRP evolved from a technical resource to creating a community of practice where individuals and organizations share experiences and lessons learned and assist others in using the TRP? Is there a felt need for this?



## FU.USE2: Interview guide for follow-up talks with trainer of trainers (USE2)

### **Familiarity and Access**

1. What do you know about the TRP and how familiar are you with the material?

### **General**

2. What do you see as the main strengths and weaknesses of the TRP?
3. To what extent did you find the TRP appropriate for use in your context? Please elaborate
4. What possible gaps in existing FP training curricula and materials did the TRP fill?

### **Adaptation**

5. *In case the interviewee has been involved in adapting TRP materials.* Could you describe the process of adapting the TRP? What were the lessons learned from this adaptation process? What additional tool or guidance would have helped you with this process? Who else was involved in this process of adaptation and use (e.g. Technical working groups) and who decided on the adaptation of the TRP?

### **Use**

*Check responses to Q 23-30 in online survey and ask for further clarifications:*

6. Why did you find certain modules more useful? Why did you find others less useful?
7. Why did you not use certain modules?
8. Why did you find certain teaching techniques/tools more useful? Why did you find others less useful?
9. In case you have assessed participant's knowledge (pre or post), can you share any experiences about this? *[such as change in knowledge]*

### **Future and recommendations**

10. What are your future plans for the TRP? If no intention to use the material again, can you explain reasons why? *[check response to Q36]*
11. What additional training resource materials have you used in addition to the TRP?
12. Which recommendations for improvements regarding the dissemination, promotion, adaptation or use of the TRP do you have?
13. Can you refer to any trainers that have been trained on TRP materials and will use TRP material in their own training?

**FU.USE3: Interview guide for telephone or face-to-face interviews for FP Trainers (USE3)**

1. Have you used TRP material in your training?
2. Which topics on family planning did you cover during your training?
3. Were you aware that TRP materials were used in your ToT and/or FP training ?
4. What do you see as the main strengths and weaknesses of the FP training material?
5. Was the FP training material appropriate for use in your local context? How can it be adapted to improve suitability?
6. What were the most useful training techniques/tools that you learned during your ToT?
7. Which ones did you use during your most recent training? What are your experiences?
8. What was the most positive experience in using the FP materials during the FP training that you conducted? Please explain why?
9. What was the greatest challenge in using the FP materials during the FP training that you conducted? Please explain why?
10. What do you recommend for improvements regarding the FP training material or the accompanying resource materials? [*any additional resource materials, tools or guidance desired?*]

## Annex B – Overview of TRP Use by Country

- In **Angola**, staff from Georgetown University's Institute for Reproductive Health have provided technical assistance for the use of the TRP.
- In **Afghanistan**, the government decided to add implants to the essential drug list and add them as an option for women; however, it lacked the training resources to train providers. In collaboration with the Ministry of Health, UNFPA, Marie Stopes International, and the Afghan Family Guidance Association, Pathfinder adapted and used the TRP to give trainings to midwives and obstetrician gynecologists on how to provide implants (Jadelle) to clients. The implants module was translated into Dari. Through cooperation with the Ministry, the adapted TRP materials became the national guidelines. <https://www.fptraining.org/blog/pathfinder-international-uses-trp-facilitate-introduction-jadelle-afghanistan>
- In **Bangladesh**, Pathfinder used the TRP for training of community service providers and service promoters (lower level cadres). NGOs were active in the dissemination and promotion at country level. UNFPA's Asia Pacific regional office has also been involved in the use of the TRP in Bangladesh.
- The Georgetown University's Institute for Reproductive Health has supported the Ministry of Health in **Bolivia** to develop manuals using the TRP.
- Pathfinder used the TRP in **Burkina Faso**. The E2A project is in discussion with the Ministry of Health about supporting TRP use for pre-service curriculum development and training scale-up.
- In **Burundi**, the TRP has been adapted and used for in-service, classroom training for nurses in 2015. The Burundian NGO Solidarity Women led this process.
- In **Cameroon**, the Adele Reproductive Health Foundation (ARHF) used the TRP to develop in-service FP trainings for nurses and community health workers. The organization did not receive support from NGOs or the government to develop and use these trainings. The Ministry of Health seemed to have limited capacity to engage in the process but ARHF reached out to them. Besides the English and French versions, the foundation also translated elements of the TRP into Bafut and Pidgin English to reach CHWs and other audiences. More than 100 nurses have been trained with the TRP materials to provide FP services in their rural districts and to provide peer-trainings to other health providers working at their stations.
- In the **Democratic Republic of the Congo**, Pathfinder supported curriculum development using the TRP. In addition, the International Consortium for Emergency Contraception used the materials.
- In **Ethiopia**, the Family Guidance Association of Ethiopia, Plan International Ethiopia, Pathfinder Ethiopia, Debre Markos University, and John Snow, Inc. have used the TRP. Jhpiego also introduced an in-service training for nurses and midwives in 2015, together with the Ministry of Health and international partners. Moreover, a master trainer from Debre Markos University and John Snow, Inc. used the TRP.
- In **Ghana**, Jhpiego used the TRP to develop e-learning materials. The Community and Family Aid Foundation (CAFAF) adapted TRP materials without external support to strengthen their Sexual and Reproductive Health and Rights (SRHR) and FP programs, specifically through developing trainings for master trainers on providing community-level pre-service training for volunteers. Community-level group discussions were used to trigger discussions on key themes covered in the TRP. Besides using it as a key resource for developing training, the organization indicated that it also used the TRP as a key reference. CAFAF reported to have adapted and used the TRP without receiving external support. John Snow, Inc. and Georgetown University Reproductive Health Institute also used the TRP in Ghana.
- In **Guatemala**, the Institute for Reproductive Health reportedly worked with the Ministry of Health to adapt the TRP.
- In **India**, the All India Institute of Medical Sciences, a private-public health facility, used the TRP around 2012 for in-service training of doctors. The materials were adapted to conform to national and standard guidelines.
- PYD, an NGO in **Indonesia**, adapted and used the TRP for pre-service training of nurses with participation from the Ministry of Health and the Ministry of Education.
- Jhpiego used the TRP to develop an in-service LARC training package as part of its activities for the Maternal and Child Survival Program. They piloted the package in **Kenya**. The package received a very positive response from stakeholders, with the Kenyan government intending to adapt its national guideline based on it. EngenderHealth in Kenya also worked on LARC training and consulted all available materials about LARC, including the TRP. EngenderHealth is now developing new modules on male and female sterilization for the TRP. In addition, Strategy to Impact and Georgetown University Reproductive Health Institute worked with the TRP in Kenya.

- UNFPA's Asia Pacific regional office used the TRP in **Laos**.
- With the help of WHO and partner organizations, the **Lesotho** Ministry of Health was able to use the TRP's guidelines to create a comprehensive, flexible training design and national pre- and in-service training manual. Adapted content has been used by, amongst others, the National University of Lesotho, Scott College of Nursing, the Lesotho Planned Parenthood Association (LPPA), and Paray School of Nursing. Nurses underwent pre- and in-service training; midwives received in-service training only.
- Jhpiego worked with the TRP in **Liberia**.
- In 2015, WHO and a local consultant piloted the TRP's Emergency Contraceptive Pills module in a training of trainers aimed at pharmacists in **Malawi**.
- Jhpiego used the TRP in **Mozambique**.
- In **Myanmar**, Pathfinder worked with the government and local partners to develop an in-service training on counseling skills for auxiliary midwives (an unpaid CHW in Myanmar). So far, three trainings within one district have taken place, targeting 173 participants, with more trainings in the pipeline. UNFPA's Asia Pacific regional office has also used the TRP in Myanmar.
- Strategy to Impact used the TRP in **Nepal**.
- In **Nigeria**, FHI 360 used the TRP by adapting it under the main area of work in HIV/AIDS. The company trained its own staff and about 200 nurses, doctors, and community health extension workers in two states. FHI 360 has plans to expand the training to other states. The Women's Refugee, Jhpiego, Pathfinder, and the International Consortium for Emergency Contraception also used the TRP. The latter used it to convince government officials and policymakers to include emergency contraceptives on the country's essential medicines list.
- In **Pakistan**, Pathfinder delivered in-service trainings for midwives, nurses, and CHWs. TRP modules were translated into Urdu to better match the needs of the beneficiaries. Jhpiego developed e-learning materials for Pakistan using the TRP.
- In **Rwanda**, Georgetown University's Institute for Reproductive Health provided technical assistance to the government and used the TRP to improve the government's in-service curriculum for facility-based training of nurses and CHWs. Specifically, the Rwandan community-based curriculum was adapted by adding the Standard Days Method. Jhpiego also used the TRP in Rwanda.
- The Adele Reproductive Health Foundation, based in Cameroon, worked with the TRP in **South Africa**. The E2A project reported that South Africa requested assistance to use the TRP.
- The Spanish Family Planning Federation and the occupational vocational training programs of Madrid's city council in **Spain** adapted and used the TRP for in-service training of nurses, midwives, and CHWs in classroom, practicum, and distance learning settings from 2011 to 2016.
- One respondent involved in curriculum development and working for WHO indicated to have used the TRP in **Switzerland**. It may be that this respondent misunderstood the question and that this country reflects the work location of the respondent and not where he/she implemented the TRP.
- In **Tanzania**, E2A and Pathfinder disseminated the TRP through a half-day pre-conference workshop at ECSA's 5th Quadrennial general meeting and the 11th Scientific Conference in Harare, Zimbabwe in 2014. After a dialogue with ECSA, the local ECSACON chapter, nursing and midwifery councils, and nursing leadership held a three-day workshop to better understand the context. The workshop familiarized a wide group of stakeholders with the TRP materials, reviewed existing curricula, and identified gaps. As a next step, a five-day workshop was organized with key stakeholders in FP and aimed to: 1) update contraceptive technology; 2) develop evidence-based FP/reproductive health tools; and 3) practice skills and competency-based training methods (Mugore 2017).
- The government used the TRP to develop and update nurse and midwifery curricula, review the FP guidelines, and develop a CHW curriculum. Jhpiego used the TRP to develop a curriculum about FP for postpartum mothers. EngenderHealth used the TRP to develop a post-abortion curriculum.
- In **Timor-Leste**, UNFPA took the lead in developing a national standard curriculum for FP based on TRP materials (currently only for in-service use, but with the aim to also cover pre-service training later). To date, about 20 trainers have been trained through the National Health Institute. These trainers are now training providers in three of the 13 districts in Timor-Leste.
- In **Togo**, AIDS advocacy NGO CILSIDA used the TRP for in-service training of CHWs in 2017. The organization was not assisted by the government or international partners but shared its experiences with other FP organizations in the field.

- In **Uganda**, E2A and Pathfinder disseminated the TRP through a half-day pre-conference workshop at ECSA's 5th Quadrennial general meeting and the 11th Scientific Conference in Harare, Zimbabwe in 2014. After a dialogue with ECSA, the local ECSACON chapter, nursing and midwifery councils, and nursing leadership held a three-day workshop to better understand the context. The workshop familiarized a wide group of stakeholders with the TRP materials, reviewed existing curricula, and identified gaps. As a next step, a five-day workshop was organized with Ministry of Health, professional organizations, schools, and service providers to: 1) review the reproductive health course unit to align with policy, 2) update contraceptive technology, 3) build knowledge and skills on competency-based training, 4) design session plans (Mugore 2017).
- A customized TRP tutorial with lesson plans was developed and reviewed by the Ministry of Education and Sports and the Ministry of Health for official use in pre- and in-service training.
- One respondent indicated to have used the TRP in the **United Kingdom**. It may be that this respondent misunderstood the question and that this country reflects the work location of the respondent and not where he/she implemented the TRP.
- One respondent indicated to have used the TRP in **USA**. It may be that this respondent misunderstood the question and that this country reflects the work location of the respondent and not where he/she implemented the TRP.
- In **Zambia**, Jhpiego piloted the LARCs package using TRP materials developed under the organization's Maternal and Child Survival Program.