



# INTEGRATED ICCM/FP CURRICULUM FOR PHARMACISTS AND DRUG SHOP VENDORS

Adaptation and Facilitation Guide

MOMENTUM PRIVATE HEALTHCARE DELIVERY



SEPTEMBER 2024

MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

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## ACRONYMS

<b>FP/RH</b>	Family Planning/Reproductive Health
<b>iCCM</b>	Integrated Community Case Management
<b>IVR</b>	Interactive Voice Response
<b>KAS</b>	Knowledge, Attitude, and Skills
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MoH</b>	Ministry of Health
<b>MUAC</b>	Mid-Upper Arm Circumference (strap)
<b>SHOPS Plus</b>	Sustaining Health Outcomes Through the Private Sector Plus
<b>TRP</b>	Training Resource Package for Family Planning
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# INTRODUCTION

This Adaptation and Facilitation Guide is intended to help you, the user, make effective use of the Integrated Community Case Management (iCCM)/Family Planning (FP) Curriculum for Pharmacists and Drug Shop Vendors to meet your training objectives for providers in this cadre. This document details the rationale behind the curriculum as well as information on the intended audience, included content, available materials, and key reference sources. Importantly, it also provides guidance to the user on adapting the curriculum to the local context and policy environment as well as conducting certification and supervision.

## What Is the Integrated iCCM/FP Curriculum for Pharmacists and Drug Shop Vendors?

This curriculum is intended to be a global resource package for trainers, supervisors, and program managers. The package is designed to address the particular needs of providers in the pharmacy and drug shop cadre in low- and middle-income countries. **This resource assumes that a country’s government has already developed a task-sharing policy or initiative or has approved a pilot program, allowing this cadre to provide child health and FP services.** This resource also assumes that the country’s health system or implementer has the requisite structures and resources in place to support trained providers to deliver and sustain high-quality child health and FP services delivered by this cadre.

## What Is the Purpose of the Integrated iCCM/FP Curriculum for Pharmacists and Drug Shop Vendors?

Demographic and Health Survey studies and recent evidence\* show that the private sector—and in particular, pharmacies and drug shops—is a significant source for those seeking care for sick children and those in need of FP products and services. Given this emerging evidence base, program implementers increasingly recognize the potential of task-sharing selected iCCM and FP services with these cadres. Considering the varied range of skill sets among pharmacy staff and drug shop vendors, training under these task-sharing initiatives should be tailored to the particular skills and business environments of pharmacy and drug shop providers, should adhere to

### ABOUT MOMENTUM

**MOMENTUM PRIVATE HEALTHCARE DELIVERY** is part of a suite of innovative awards funded by the U.S. Agency for International Development (USAID) to holistically improve maternal, newborn, and child health services, voluntary family planning, and reproductive health care (MNCH/FP/RH) in partner countries around the world. The project harnesses the potential of the private sector in mixed health systems, where health care is offered through both the public and private sectors. To strengthen private providers’ contributions to vital health care, the project addresses challenges and opportunities in supply and demand to expand access to and use of evidence-based, high-quality health information, products, and services. In addition, the project helps expand public and private partnerships to strengthen the enabling environment for MNCH/FP/RH in support of the MOMENTUM suite of awards.

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\* Sustaining Health Outcomes Through the Private Sector (SHOPS) Plus study on Sources for Sick Child Care in 24 USAID Priority Countries (shopsplusproject.org).

global best practices and recommendations, and should rely on effective, evidence-based training methodologies.

This curriculum was developed to meet an identified need<sup>†</sup> for a global resource on training providers in this cadre on child health and FP content. It is designed to actively involve the trainees in learning iCCM and FP content appropriate for this cadre of providers. Modules include PowerPoint presentations and skills demonstrations by the trainer; simulation skills practice by the learner in the form of discussions, role plays, case studies and other activities; and suggested videos and other digital tools for further practice where applicable. This guide also provides guidance on potential clinical practice using objective competency-based skills checklists, and post-training supervision considerations and support.

## Who Can Use the Integrated iCCM/FP Curriculum for Pharmacists and Drug Shop Vendors?

The training materials are designed for use by clinical training facilitators and pre-/in-service educators with an understanding of adult learning principles and the ability to provide clinical training on child health and FP topics in pre-service or in-service settings. This content has been developed for in-person, in-service training settings. To facilitate a dynamic and active learning environment, a maximum of 20 participants is recommended, with two facilitators: one to lead the training content and the other to help with demonstrations and group activities.

Participants should be providers or staff who work at retail pharmacies or drug shops. This may include qualified pharmacists, pharmacy technicians, or other pharmacy staff who provide services to clients. For drug shops, staff may include drug shop owners or counter staff. **You, the user, should determine the particular qualifications of training participants for the specific context in which you will use the curriculum.** Please note, key informants interviewed for this curriculum recommend that if pharmacy or drug shop owners do not participate in the training itself, securing their buy-in is essential before inviting other staff to attend.

## Overview of the Curriculum Content

The curriculum consists of 12 modules, listed below. This includes six iCCM-related modules, three FP-related modules, and three cross-cutting modules. The training package also includes a suggested pre-/post-test and course evaluation that can be adapted by curriculum users. For a full document map of all materials in the training package, see Annex A.

- Module 1: Course Orientation
- Module 2: Person-Centered Care and Interpersonal Communication
- Module 3: Introduction to iCCM
- Module 4: Malaria
- Module 5: Diarrhea
- Module 6: Pneumonia
- Module 7: Malnutrition
- Module 8: Home Care Recommendations
- Module 9: Introduction to FP
- Module 10: FP Methods Provided Through Pharmacies and Drug Shops
- Module 11: FP Counseling for Choice
- Module 12: Closing

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<sup>†</sup> [Review of Integrated Community Case Management and Family Planning/Reproductive Health Training Curricula for Pharmacists and Drug Shop Owners - USAID MOMENTUM](#), MOMENTUM Project, USAID, 2022.



The entire curriculum is expected to require **approximately 43 hours** to complete. The iCCM-related portion is estimated to be approximately 19.25 hours, and the FP-related portion is estimated to be approximately 19.3 hours. Please note that because local contexts vary widely, this curriculum does not include prescribed training content related to record keeping, stock management, pharmacovigilance, supervision, reporting, or monitoring.

## MODULE DESIGN AND LAYOUT

Each module includes a PowerPoint presentation deck and applicable handouts. The cover slide of each PowerPoint presentation outlines the estimated duration of the module and the primary source documents from which the content is derived. Each module includes multiple sessions, and the cover slide for each session outlines the estimated timing and duration of that session. Each module and session include learning objectives. Facilitator instructions are included in the notes section of the slides.

## INTERACTIVE TRAINING ELEMENTS

Each module includes participant activities that help learners practice and reinforce the training content. The activities include full and smaller group discussions, case studies, quizzes, and role plays. Some activities involve distributing handouts to participants or the use of materials, such as flip charts or sticky notes. Facilitators should prepare these materials in advance; details are provided in the notes section of the activity slides.

## REFERENCE MATERIALS FOR PARTICIPANTS

The curriculum includes two FP reference booklets and one iCCM reference booklet that should be printed and distributed to participants. The FP booklets will be used during portions of the training, and all three booklets are for on-the-job use after participants have been trained. These booklets are:

- The **FP On-the-Job Reference Booklet** includes globally accepted job aids and information drawn primarily from the [USAID/UNFPA Training Resource Package for Family Planning](#). The booklet includes information on the comparative effectiveness of FP methods, how to use or provide certain FP methods, how to manage side effects, and how to screen clients who want to use certain contraceptives for medical eligibility. A QR code links to actions that can be taken at the facility level, as recommended in the [Global Standards for Quality Health-Care Services for Adolescents](#) guidance document.
- The **iCCM On-the-Job Reference Booklet** provides key information taken directly from the curriculum on malaria, pneumonia, and diarrhea to serve as a reference when identifying, treating (where indicated), and referring children for these illnesses. The booklet also provides reference information from the curriculum on identifying and referring for malnutrition in children as well as recommendations for home-based care and vaccine screening.
- The **Counseling for Choice Booklet (the Choice Booklet)** is a job aid and visual tool that participants will learn how to use with clients during FP counseling sessions. It is the cornerstone of the FP counseling approach taught in the curriculum and is designed to facilitate a dialogue between the provider and client and to support providers in addressing the specific needs of each FP client.

## CONTENT RELATED TO GENDER AND YOUTH

While the curriculum does not include a specific module dedicated to gender or youth in the context of health services provision, users will note that definitions, guidance, and exercises related to gender and youth are woven throughout the curriculum modules. Further, while the training content acknowledges that clients may disclose

gender-based violence or other forms of violence to providers, addressing these forms of violence is beyond the scope of this curriculum. For further content on these topics, the following resources are recommended:

- **The USAID [Gender Competency for Family Planning Providers](#) free e-learning course:** Designed for health workers, policymakers, and program planners at ministries of health (MoHs) and their local partners, as well as others with a stake in delivering quality FP services, the course aims to reduce provider bias and facilitate the provision of gender-sensitive, transformative services to help improve gender equality and reproductive health outcomes.
- **The USAID [Adolescent Competencies for Family Planning Service Providers](#) brief:** This document provides guidance to enhance adolescent competencies for FP service providers to ensure that contraceptive services meet the needs of this demographic.
- **The World Health Organization (WHO) [Adolescent pregnancy](#) site page:** This page provides overview information on the health, social, and economic consequences of adolescent pregnancy as well as links to related guidance and resources.
- **The WHO/UNAIDS [Guide to Implement a Standards-Driven Approach to Improve the Quality of Health Care Services for Adolescents](#):** This resource includes an implementation guide, tools for conducting quality and coverage measurement surveys, and scoring sheets for data analysis.

## Adapting the Curriculum Materials

This curriculum is intended to be adapted by a range of implementers (such as MoHs, implementing partners, or private sector associations) for a range of providers (such as pharmacists, pharmacy technicians, pharmacy or drug shop owners, or drug shop staff). Considerations for adaptation are outlined below. **For step-by-step guidance on how to adapt the training package for your country and participant context, see Annex B.**

### ADAPTATION NOTES

Throughout each slide deck, certain slides have been marked with an asterisk (\*) in the top right corner, with a corresponding “Adaptation Note” listed in the notes section of that slide. Adaptation notes instruct the facilitator to adapt that slide before training begins to the country or participant context, such as: inserting country-specific data, removing health products that are not available in the country, removing or adjusting content regarding products that are not authorized to be provided by this cadre, or tailoring content to the country’s specific clinical and waste management policies.

The global curriculum has assumed that certain products are available at pharmacies or drug shops, but this will vary depending on the regulatory environment in different contexts. Where an FP method is not provided via pharmacies or drug shops, an adaptation note has been added to advise tailoring the content to mirror the format of the FP methods that require referral (in Session 10). Where a particular child health product is not available in a country or authorized to be provided through this cadre, an adaptation note has been added to advise adjusting the content to the country context.

If the content has been adapted, remember to adapt the corresponding activities and handouts accordingly. Facilitators may also choose to tailor images, case studies, and scenarios used in the curriculum to better fit local cultural characteristics, such as place names and common names of children, women, and men.

## DIGITAL OPTIONS NOTED IN THE CURRICULUM

Some slides mention related digital tools, such as instructional videos and digital apps. Links or information about these digital tools are provided in the Notes sections of the slides. ‘Static’ QR codes (which do not expire as long as the URL link exists) are included in the iCCM and FP On-the-Job Reference Booklets. If the training venue allows for digital connectivity or if participants have laptops or smartphones with digital connectivity, using these digital options during the training is strongly recommended.

## INCREMENTAL TRAINING

This curriculum is designed as an integrated training package, and it is strongly recommended that participants complete all modules. However, this cadre often consists of busy private health shop owners with limited time to spend away from their businesses. For some, attending week-long training events may not be practical. Trainers should consider and discuss this with key stakeholders prior to organizing the training.

Alternative approaches include splitting the training into thematic areas (e.g., iCCM followed by FP) or subdividing the curriculum into 1- or 2-day increments spread across several weeks. In some contexts, however, a week-long training may be logistically more feasible, especially if participants need to travel from rural areas to attend. During the Madagascar pilot of the curriculum, the full training was conducted in five consecutive days for 6–7 hours per day.

Because local contexts vary widely, this curriculum does not include prescribed training content related to record keeping, stock management, pharmacovigilance, supervision, reporting or monitoring; therefore, additional time should be added to the training schedule if this content is needed.

The ultimate duration of the training and increments will depend on factors such as what content or services are included in the training, the experience of the trainers, and how far away the participants live from the training venue. If an incremental approach is necessary, it is recommended that the curriculum be divided into the following increments:

- Increment 1: Modules 1–5 (2 days)
- Increment 2: Modules 6–9 (1.5 days)
- Increment 3: Module 10 (1.5 days)
- Increment 4: Modules 11–12 (1 day)
- Increment 5: Supplemental training using local materials on record keeping, stock management, pharmacovigilance, supervision, reporting and monitoring, etc.

## ALIGNING WITH THE LOCAL CONTEXT

The adaptation notes in the slide decks indicate where specific content may need to be reviewed and changed based on local policies or guidelines. While it is not exhaustive, the following list includes policies, guidelines, health system structures, and other details you should consider when adapting the curriculum to the local context:

- Existing child health- and FP-related task-sharing policies or guidelines for lower cadres, such as community health workers, pharmacists, and drug shop providers.
- Policies or guidelines related to preferred choice and formulations of antibiotics or antimalarials related to treatment of childhood malaria and pneumonia.
- Policies or guidelines related to providing injections (and particularly injectable contraception) and/or malaria rapid diagnostic tests.

- Existing access for pharmacies and drug shops to affordable, quality, and consistent FP and child health products via public or private sector procurement channels.
- Existing information systems, such as a health management information system or a logistics management information system, and related reporting forms.
- Policies or guidelines related to stock management, pharmacovigilance, sharps disposal and waste management, and related reporting forms.
- Existing clinical referral sites and supervisory structures.
- Local demand generation structures to help raise community awareness of new services available via pharmacies and drug shops or measures in place to allow demand generation for this cadre.
- Existing referral services, such as child protection/youth support, gender-based violence, HIV/AIDS testing, counseling and treatment, and sexually transmitted infection services.
- Local vaccine schedules, vaccine cards, and referral forms.

## Suggested Post-Training Clinical Practicum and Supervision

### CLINICAL PRACTICUM AND CERTIFICATION

Trainers may observe trainees practicing and applying skills, tools, and techniques during the training. This can be done through direct observation of clinical skills, role plays, simulations, or case studies. While the training materials do not include time or content related to a clinical practicum, a post-training practicum and certification process is essential to ensuring effective and safe clinical service delivery. You should determine this process on a case-by-case basis in alignment with the country's requirements for this particular cadre. Generally, the following are key points to consider when designing the clinical practicum and certification:<sup>‡</sup>

- The clinical practice site must expose trainees to an adequate number of cases as well as a supportive environment that reinforces the standards taught in the training. Clear criteria for site selection should be developed. Clinical sites should be engaged early in the planning to ensure they can provide time and resources for the practicum.
- Expert clinical trainers are needed at the site to ensure adequate supervision of trainees. Not only must they be expert clinicians, but they also need mentoring skills. These individuals may also need training prior to conducting clinical supervision and mentoring.
- Standards for certification of trainees—the level of skill they must demonstrate to perform a procedure independently without supervision—should be determined in advance. The caseload, number of trainers, number of trainees, complexity of the skill, and time available are all factors to be considered.
- When planning, it is important to consider the time available for clinical training as well as the ratio of trainers to trainees.
- Develop a competency-based checklist that reflects the standards that have been determined for certification of the trainees. Checklists will help you:
  - Ensure that trainees have mastered the counseling skills and activities in simulated practice with anatomical models or role plays and/or with clients;

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<sup>‡</sup> The key points in this section are taken from the [Facilitator's Guide of the Training Resource Package for Family Planning](#) developed by USAID, WHO, and UNFPA.

- Ensure that all trainees will have their skills measured according to the same standards; and
- Form the basis for follow-up observations and evaluations during supervision.

## SUPPORTIVE SUPERVISION

Supportive supervision is a process of helping staff to improve their own work performance continuously and is carried out in a respectful and nonauthoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.<sup>5</sup>

You should establish a system for supportive supervision prior to conducting the training to ensure providers in pharmacies and drug shops have the necessary follow-up support in place. Where local existing supervision systems are already in place, supervision for this newly trained cadre should align to these where possible to ensure that pharmacies and drug shops become an integral part of the health system. The following are key points to consider when designing and implementing a supervision system:

- **Who conducts the supervision:** Where an existing supervision system exists for clinical service delivery, it is likely that the same supervisors, such as local MoH authorities, will conduct the supervision. Your health system may already require national drug authority inspectors to visit trained sites; however, this cadre will need specific supervision related to iCCM/FP clinical service delivery. It is recommended that wherever possible, the site receives one oversight/supervisory visit rather than two separate visits from separate authorities. Where a system does not exist or is not fully operational, you will need to identify a suitable pool of supervisors to conduct regular supervision of providers in pharmacies and drug shops. Where the iCCM/FP curriculum training is funded through a project, project staff and local authorities may decide to conduct joint supervision visits. Other possible models include peer supervision, which may be more suitable at a later stage when providers in drug shops or pharmacies have acquired more experience.
- **Frequency of supervision:** Frequency should be tailored to individual support needs to ensure providers in pharmacies and drug shops are adequately supported to provide quality services. For example, drug shop providers without prior health skills training will almost certainly need more support and oversight than qualified pharmacists. Supervision visits may be more frequent following the training and certification of providers (e.g., monthly) and reduce in frequency over time (e.g., quarterly) as drug shop and pharmacy providers' capacity increases and support needs decrease. Other logistical considerations that may inform the frequency of supervision include supervisor availability, budget availability, and distances to travel to visit drug shops or pharmacies in remote areas. Pharmacists and drug shop vendors should be informed of the supervision schedule in advance so they feel adequately supported and prepared for visits.
- **How supervision is conducted:** In-person supervision is an essential way to build rapport with providers in pharmacies and drug shops and to observe service provision in their natural setting. In addition to in-person supervision, other forms of supervision can be introduced over time, such as text messaging and phone calls to communicate with providers or the use of digital tools to reinforce learning, such as quizzes via text messages or interactive voice response (IVR).
- **Tools used during supervision:** As described above under the practicum and certification section, you will need to develop a competency-based checklist that reflects the quality standards for the provision of services by providers in pharmacies and drug shops. Where there are existing local tools used by the MoH for supervision of child health and FP service providers, these can be tailored to providers in pharmacies and drug shops. Action plan templates should also be developed to document any action points and support needed following a supervisory visit for follow-up at the next visit. Tools can be paper-based or digital, where available and relevant to the national system.

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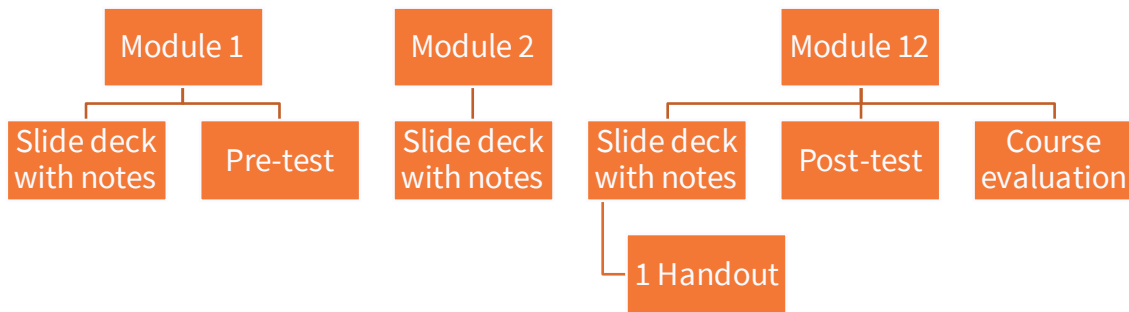
<sup>5</sup> Training for mid-level managers (MLM). Module 4: supportive supervision. Geneva: World Health Organization; 2008, republished 2020.

# ANNEX A: DOCUMENT MAPS AND PRIMARY SOURCE MATERIALS

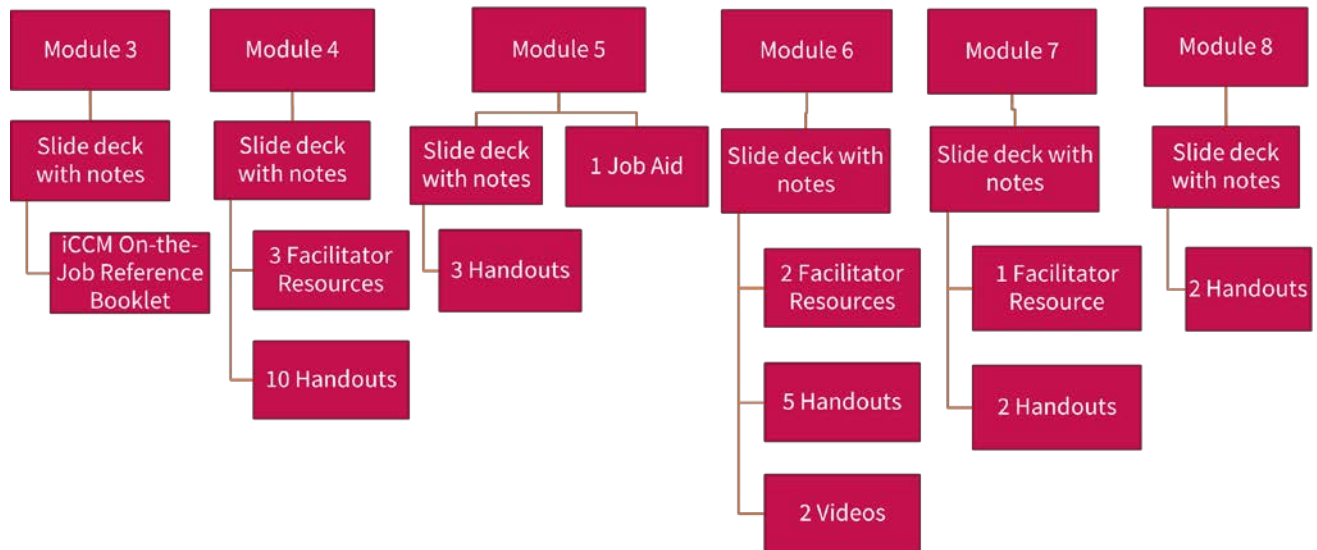
## Document Maps

All the materials included in this curriculum training package are outlined below. Documents to be used during learning activities are listed below the corresponding “Slide deck with notes” box. Other materials (such as the pre-/post-tests, course evaluation, and reference materials) are cross-cutting and not related solely to one module.

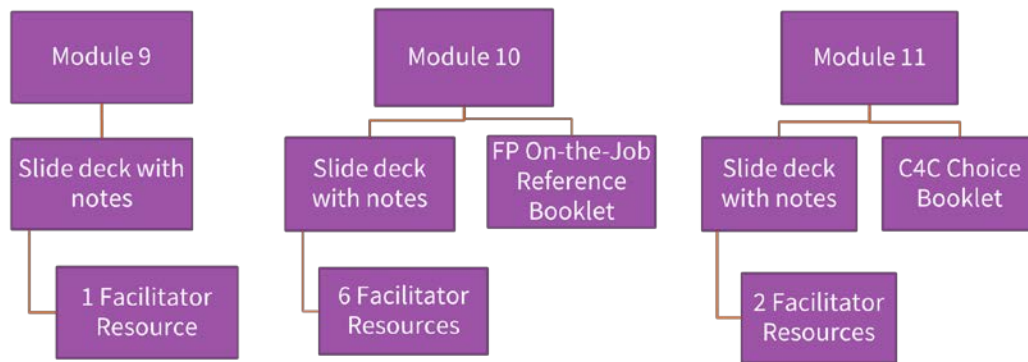
### CROSS-CUTTING MODULES (MODULES 1, 2, 12)



### iCCM MODULES (MODULES 3–8)



## FP MODULES (MODULES 9–11)



## Primary Source Materials Used in the Training

The content of this curriculum has been derived primarily from references that are considered foundational and current global guidance for iCCM and FP services, listed below:

### iCCM

- [WHO and UNICEF. \(2020\). Caring for the sick child in the community, adaptation for high HIV or TB settings.](#)
- [WHO. \(2011\). Caring for the sick child in the community: Training manual.](#)
- [WHO. \(2022\). Guidelines for malaria.](#)
- [WHO. \(2019\). Integrated management of childhood illness: management of the sick young infant aged up to 2 months: IMCI chart booklet.](#)
- [WHO. \(2017\). Managing possible serious bacterial infection in young infants when referral is not feasible.](#)
- [WHO. \(2014\). Revised WHO classification and treatment of childhood pneumonia at health facilities.](#)
- [WHO. \(2014\). IMCI Distance learning course: Module 1: general danger signs.](#)
- [WHO. \(2013\). Guideline: updates on the management of severe acute malnutrition in infants and children.](#)
- [WHO. \(2007\). Community-based management of severe acute malnutrition: Joint statement.](#)
- [World Medical Education videos.](#)

### FP

- [Family Planning: A Global Handbook for Providers \(2022 update\).](#)
- [USAID, WHO and UNFPA. Training Resource Package for Family Planning.](#)
- [Global Health Media Project educational videos.](#)

And WHO's evidence-based cornerstones (guidance documents) for national FP guidelines and programs:

- [Medical eligibility criteria for contraceptive use, fifth edition. 2015.](#)
- [Selected practice recommendations for contraceptive use, third edition. 2016.](#)

## OTHER TOPICS

- [WHO. \(2015\). People-centered Care in Low- and Middle-income Countries. Report of meeting held 5 May 2010.](#)
- [Defining and Advancing a Gender-Competent Family Planning Service Provider: A Competency Framework and Technical Brief \(HR2030\).](#)
- [Technical Brief: Adolescent Competencies for Family Planning Service Providers \(HR2030\).](#)
- [WHO and UNAIDS. \(2022\). Global Standards For Quality Health-Care Services For Adolescents A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents Volume 2: Implementation guide.](#)



## ANNEX B: GENERAL STEPS IN AN ADAPTATION PROCESS

The following steps, taken from the [Training Resource Package \(TRP\) for Family Planning](#) developed by USAID, WHO, and UNFPA, can be used to adapt this training package to develop an effective and tailored training program:

### Step 1: Assess Provider Performance Needs

Before devoting resources to developing a training program, make sure that the performance problem or challenge being faced is truly due to a lack of provider skills and knowledge. For example, a country may be initiating a new task-sharing policy for iCCM and FP services with drug shop providers who have never received clinical training before, rather than pharmacists. In another example, a country may be preparing experienced providers in this cadre for an accreditation program, and the providers need refresher training on select content. For further information on how to conduct a performance needs assessment, see the [Facilitator's Guide of the Training Resource Package for Family Planning](#).

### Step 2: Assess Provider Training Needs

During a performance needs assessment, the provider's training needs are often identified by defining the difference between the provider's current and desired knowledge, attitude, and skills (KAS). Clinical training curricula should be developed or adapted based on national, evidence-based standards and guidelines.

### Step 3: Write Your Training Goal and Learning Objectives and Assess Learners

To develop an effective training program, follow the steps of the instructional design process, including:

- Writing a training goal based on a performance needs assessment.
- Determining who should participate in the training.
- Assessing the learners' instructional needs.
- Writing learning objectives.
- Determining how to evaluate learning.

The learning objectives included in each module of the integrated iCCM/FP curriculum can be modified based on your performance needs assessment.

### Step 4: Identify Modules Related to the Learning Objectives and to Applicable Policies

- Browse through the modules of the curriculum to identify which ones pertain to your training goal and objectives for this cadre.
- Review the learning objectives for the selected modules as well as the health areas (i.e., malaria, pneumonia, FP, etc.) and services (i.e., rapid diagnostic tests, malnutrition screening, emergency contraceptive pills, injectable contraception, etc.).
- Select the modules and content that address your learning objectives, are likely to fit into your timeframe, and align with the services this cadre is permitted to provide in your country.

## Step 5: Review and Adapt Materials

Review the presentation slides for each module you have selected. You do not need to use all sessions in the module, and you can adapt each individual presentation by deleting or adding slides. Download the materials you want to use and adapt them as needed.

## Step 6: Create a Training Schedule

An illustrative incremental training schedule is included in Annex C. The training schedule indicates the starting and ending times of activities. Modify the training schedule to suit your needs. A good source for appropriate icebreakers, energizers, and closing activities can be found on the [“Training Guides”](#) page of the TRP website.

## Step 7: Gather Supplies and Prepare to Conduct Training

Gather supplies and materials needed to conduct training, such as flip charts, pens, a computer, a projector, and copies of handouts, facilitator resources, and job aids. Practice using the job aids and giving instructions for activities. Anticipate questions and prepare answers. Prepare the space in which the training will take place. See Annex C for a sample list of supplies based on the pilot training in Madagascar.

## Step 8: Pre-Test the Curriculum

Hold a trainers’ workshop to finalize the curriculum. Organize a pre-test of the curriculum. Keep good notes of the training times, content, methodologies, time management, and feedback from trainees. Revise the curriculum based on what you have learned.

# ANNEX C: SAMPLE LIST OF SUPPLIES FOR DISTRIBUTION DURING TRAINING

The pilot in Madagascar informed the list below, which includes supplies and materials to consider when preparing your training. This list may be useful for planning your training and budgeting costs.

## Stationary/Handouts

- Folder with handouts
- One pencil and eraser/pen per participant
- One notebook per participant
- Antibacterial hand gel for all participants' use
- One box of face masks – enough for all participants
- One copy each of the iCCM On-the-Job Reference Booklet, the FP On-the-Job Reference Booklet, and the C4C Choice Booklet per participant

## Other Materials Related to the Facilitation of Exercises

- Timer for facilitator's use
- Flip chart paper and markers
- Sticky notes (like Post-its) or note paper and tape
- Digital thermometer(s) – enough for all participants to practice with
- Rapid diagnostic tests – enough for all participants to practice with – including:
  - Disposable gloves, alcohol swabs, blood lancets, buffer, and test packets
- Mid-upper arm circumference (MUAC) tapes, preferably one for each participant
- A sample of each FP method included in the training for display/demonstration
- For demonstrations on DMPA-IM/NET-EN:
  - Soap/water (or antibacterial hand gel), bottles of DMPA/NET-EN, sterile syringes, cotton balls and water, fruits or anatomical models for practice injections, sharps disposal safety container, and calendars to calculate reinjection date
- For demonstrations on DMPA-SC:
  - Soap/water (or antibacterial hand gel), DMPA-SC pouches, cotton balls and water, fruits or anatomical models for practice injections, sharps disposal safety container, and calendars to calculate reinjection date