

**Impact of training on Knowledge of family Planning Champions, A Mixed Method Study**

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**EXECUTIVE SUMMARY**

Pakistan is still at the early stage of epidemiological transition, with basically preventable or readily treatable diseases affecting primarily young children and women of reproductive age accounting for a dominant share of mortality and morbidity. Given the burden of illness, the scarcity of resources, and the lack of adequate input of existing Health care delivery systems, it is becoming increasingly apparent that new approaches to health care must be found. With the recognition that the conventional patterns of curative, facility based care does not offer adequate solutions, growing emphasis is being placed on the promotion of health through more integrated actions of health care and more participation by individuals and communities.

In the last two decades men’s attitudes towards family planning has been changed due to increased access to information and services. As a primary household decision-makers and responsibility for expenses, the motivational force is meeting the needs of the family as more children incur greater expenses. Studies repeatedly show that husband usually influences the decision on acceptance of a FP method in rural and urban areas of Pakistan. The barriers1 shows that lack of availability of family planning services, contraceptive methods, method failure, and costs impede men from using contraceptives, despite their increasing acceptance of family planning. In addition, limited knowledge of specific family planning methods, perceived or experienced side effects of modern methods, and lack of provider skills for managing side effects, also act as barriers.

Various studies emphasized involving men in family planning programs and enhancing spousal communication to increase contraceptive uptake. In Collaboration with IRC (International Rescue Committee) a project named as Connect4fp was designed and implemented. Objective of the project was to reduce reducing unintended pregnancies among married couples in nine selected rural union councils of district Multan by increasing CPR by 13%, Increase knowledge of Services provider by 20% and decrease family planning services discontinuation by 15%. The special emphasis was on male engagement in Connect 4FP project for Jalalpur Pirwala and project design included male engagement at all levels from awareness, decision making and services provision.

Punjab Population Innovation Fund (PPIF) is a non-profit, public sector company, provides financial and technical assistance to innovative projects for population planning and improving access and demand for family planning services, and replication of successful models achieve Punjab vision for growth and prosperity.

Aim and objective of the study was to assess the knowledge of family Planning champion regarding their training, giving pre- and post-test questionnaire-based evaluation technique & explore the perceptions of Family Planning Champion (FPC) and key official of International Rescue Committee (IRC) regarding training methodology and contents.

Mixed study designed was used including both qualitative and quantitative study designs. The project has organized training sessions were designed and conducted to enhance their capacity to deliver against planned objectives, which took a measurement before (pre-test) and after (post-test) applying the educational program (Pre and Post comparative study). In Qualitative portion of study, we interviewed key official and Family Planning champion regarding training methodology and its use to document their views and perception. The evaluation of training activity was created for measuring the training results, changes in the knowledge, skills, attitude, and behavior after completion of training. The review of project documents revealed that Connect 4FP project engaged 09 male FP Champions,10 male general practitioners (MGPs) and 08 Pharmacists to provide best service to the male clients. The male FP champions actively participated in mobilization process. The men mobilisers and Family Planning Champions (FPC) motivated their men counterparts to enhance their understanding about FP services for better decision making among couples. It has been noted that men engagement in family planning (FP) had straight effect on the couples’ reproductive health choices and decision-making. It was also noted that male family planning champion and male community mobilizers are playing an important role removing the myths of men community regarding family planning. On the supply side pharmacist ensured uninterrupted supply of contraceptives. They were trained on family planning and business model strategy. On Service side male general practitioners provided services to male clients including counselling and services provision.

The graph below shows the ratio of male to female family planning champions who took training sessions. A total number of 27 family champions participated in pre and post-test and quantitative analysis was based on their pre and post test scores. Total posttest correct responses were statistically significant (P<0.05) than pretest responses (Table 1). Posttest response of both male and female was significantly improved, and p value was statistically significant (<0.01). Overall mean score of total marks before and after training were improved from 62.93 to 85.63. A total of seven in-depth interviews were conducted with project officials and thirteen interviews with FPCs, they gave insight on the success of training and its impact on FPCs. The main themes that emerged from qualitative analysis include as FPCs gained new perspective through training about their roles; Training material provided us helped us in field work and was a source of motivation as the Local contributors; Training only made us eligibility as FPCs; Trained FPCs can only became a catalyst for positive change’ Interactive training are the most beneficial and effective; Need for regular Training.

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**ABBREVIATIONS**

|  |
| --- |
| IRC: International Rescue Committee |
| ANC: Antenatal care |
| CRF: Case report form |
| DHS: Demographic Health Survey |
| DRC: Democratic Republic of Congo |
| FGD: Focus group discussion |
| FP: Family planning |
| FPC: Family Planning Champion |
| ICPD: International Conference on Population and  Development |
| IDI: In-depth interview |
| PPIF: Punjab Population Innovation Fund |
| RMNCH: Reproductive, maternal, newborn and child health |
| UNDP: United Nations Development Programme |
| UNFPA: United Nations Population Fund |
| UNICEF: United Nations Children’s Fund |
| WHO: World Health Organization |
| CPR  | Contraceptive Prevalence Rate |
| PPs | Private Providers |
| KAP | Knowledge Attitude and Practice |
| LMIC | Low and/or Middle-Income Countries |
| PIF | Punjab Population Innovation Fund |
| UC | Union Council |
| IUCD | Intra uterine Contraceptive device |
| WHO | World Health Organization |
| CMWs | Community Midwives |
| LHWs | Lady Health workers |
| LHVs | Lady Health visitors |
| FGD’s | Focus Group Discussions |
| HHHW | Household Health Worker |

**CONTENTS**

[**CONTENTS** 6](#_Toc73443235)

[**INTRODUCTION AND BACKGROUND** 7](#_Toc73443236)

[**RATIONALE OF THE STUDY:** 9](#_Toc73443237)

[**AIM** 9](#_Toc73443238)

[**OBJECTIVE OF THE STUDY:** 9](#_Toc73443239)

[**LITERATURE REVIEW:** 10](#_Toc73443240)

[**METHODOLOGY:** 13](#_Toc73443241)

[**STUDY AREA & STUDY POPULATION:** 14](#_Toc73443242)

[**SAMPLING TECHNIQUE:** 14](#_Toc73443243)

[**DATA ANALYSIS:** 14](#_Toc73443244)

[**INCLUSION CRITERIA:** 14](#_Toc73443245)

[**EXCLUSION CRITERIA:** 14](#_Toc73443246)

[**OPERATIONAL DEFINITIONS:** 14](#_Toc73443247)

[**IMPORTANT DEFINITIONS:** 15](#_Toc73443248)

[**ETHICAL CONSIDERATION:** 15](#_Toc73443249)

[**Results:** 16](#_Toc73443250)

[**Quantitative Analysis:** 16](#_Toc73443251)

[***Statistical Analysis of Training Conducted in March 2020:*** 17](#_Toc73443252)

[***Analysis of Training Conducted in September 2020:*** 17](#_Toc73443253)

[***Analysis of Training Conducted in October 2020:*** 18](#_Toc73443254)

[***Training Conducted for both Family Planning Champions and Private Providers*** 18](#_Toc73443255)

[**Qualitative results** 18](#_Toc73443256)

[**THEMES:** 18](#_Toc73443257)

[**Family Planning Champions gained new perspective through training about their roles:** 19](#_Toc73443258)

[**Training material provided us helped us in field work and was a source of motivation as the Local contributors:** 19](#_Toc73443259)

[**Training only made us eligibility as FPCs** 20](#_Toc73443260)

[**Trained FPCs can only became a catalyst for positive change** 20](#_Toc73443261)

[**Interactive training are the most beneficial and effectives:** 20](#_Toc73443262)

[**Need for Regular Training:** 21](#_Toc73443263)

[**Male Involvement in Family Planning:** 21](#_Toc73443264)

[**DISCUSSION AND CONCLUSION:** 21](#_Toc73443265)

[**REFERENCES:** 22](#_Toc73443266)

**INTRODUCTION AND BACKGROUND**

Pakistan is the first country that has adopted and actively implementing a national program of family planning among countries in Asia. Pakistan is now the fifth populous country of the world having population exceeding 212.2 million. (1)

Pakistan is still at the early stage of epidemiological transition, with basically preventable or readily treatable diseases affecting primarily young children and women of reproductive age accounting for a dominant share of mortality and morbidity. (2)

 One of the major population segments that is prone to various diseases, is women of reproductive age, struggle with high maternal mortality ratios, adolescent birth rates and unmet need for contraception, only need modest level of skills and resources that can bring a dramatic improvement.

 Given the burden of illness, the scarcity of resources, and the lack of adequate input of existing Health care delivery systems, it is becoming increasingly apparent that new approaches to health care must be found.(3) With the recognition that the conventional patterns of curative, facility based care does not offer adequate solutions, growing emphasis is being placed on the promotion of health through more integrated actions of health care and more participation by individuals and communities.(4, 5)

Recent data predicts that women of age 15-49 usually term as reproductive age group are 1.9 billion, and among them 1.1 billion have a need of family planning. Among them 842 million are using contraceptive methods whereas around 27- million still have no access to contraception. (2,6)

Two essential elements of the social and economic development of a modern society are the widespread use of Family planning to allow couples to choose the family size they desire, and the transition from traditional high fertility norms to lower fertility, which is almost always primarily achieved through the widespread adoption of family planning. Hence many developing countries prioritized availability of family planning services, hence developed national family planning programs. (7, 8)

In developing countries, one approach for provision of primary health care (PHC) including family planning (FP) is to rely on minimally trained primary health workers i.e., community health workers (CHWs). (9)

Different programs have arisen all over the world for training and utilization of different categories of health workers who have minimum formal education but are effectively providing the family planning services to the communities. (4)

International Rescue Committee in collaboration with Punjab Population Innovation Fund (PPIF) provides technical and financial assistance to innovative projects for the purpose of population planning and refining access and demand for family planning services, as well as replication of successful models achieved by the Punjab vision for growth and prosperity. PPIF is a non-profit, public sector company.

Baseline Report of PPIF, shows both in urban and rural area of all districts of Punjab, there is an unmet need for family planning with various obstacle leading to this unmet need. Various intervention were designed by PPIF and in order of selection if location where those intervention can be implemented was totally dependent by baseline finding, conducted by PPIF, Showed that district like Lahore , Faisalabad , Multan ,Rawalpindi Bahawalpur , Rahim yar khan, Gujranwala and Muffargarh, where the absolute number of married women were more than 120.000 with unmet need, compromised of 40% of population of women with unmet need in Punjab .In first phase PPIF focused on intervention which can be implemented and closely monitored on relatively smaller and clearly demarcated areas.

Intervention designed by PPIF targeted at tehsil or clusters of provider providers and users in a defined geographical spread ranging from 5 km to 10 km radius of any of selected districts. (PPIF). IRC Applied this project in District Multan and selected union counsel of Tehsil Jalalpur Pirwala, where unmet need was high and CPR was Low, in result of baseline finding Program’s geographic target was 09 Union Councils of Tehsil Jalalpur Pirwala (JPWW) in District Multan. The program was providing innovative solution for family planning through FP champions and use of cell phone technology to engage men and women effectively to reach marginalized people of remote areas. The aim is to resolve and acknowledge different barriers in reaching out marginalized segment that is left out due to different religious and cultural norms. The community leaders and elder members of the society included in the program to educate them so that they would welcome the services in a positive way.

In way the project has in placed a mechanism to addresses the queries, lack of information and unavailability of quality services. The project is aiming to resolve the issues by a) building the capacity of key stakeholders through technical trainings on modern Family planning services/ method, b) built the capacity of service providers, c) capacity building training have been delivered by IRC project Connect 4FP -JPPW on FP modern methods and counselling skills to private providers. That encourages and mobilizes the PPs and FPCs to roll out business model with coordinated efforts of both. The providers are part of Project -Connect 4FP as stakeholders and their role is to provide FP services to the registered clients.

The aim of the project is to value sustainability, and economical aspects of proposed interventions by building on the existing capacity of the providers.

The IRC offered family planning counselling, pharmaceutical management through private and public service providers to every person agreed to avail the services despite of their gender emphasizing on male participant more to decrease unmet need for family planning. Mentioned below are stakeholders, their roles and methodology for establishing linkages:

**Family Planning Champions**:

27 family champions were hired. In each tehsil there are 2 female FPCs and 1 Male FPC and their role was to fill the gap between service providers and communities and address barriers related to uptake of FP services through circulating the information, basic counselling and referral provided by the Family Planning champions; registration of service providers and clients on Viamo digital platform; engaging with couples; stakeholders and religious opinion leaders (e.g., Ulema). Role of both FPCs were slightly different and each has their own Key Performances Indicators keeping in mind of male involvement and participation in family Planning.

The aim of the program is to reach people who were inaccessible previously to FP services and educating them in skills and practices regarding modern family planning methods. For data collection and tracking the availability of inaccessible areas, it was done by IRC with the help of family planning workers and Viamo. The information then shared with the community by the IRC. Viamo developed an online application for linking clients with the service providers. Media and academia were also engaged in changing perceptions and beliefs about the benefits of family planning as a partner.

 The training program is designed for the capacity building of FPCs in skills and contraception technology. It focuses on knowledge enhancement of FPCs on FP services, FP methods, adoption of standard practices, enhancing the skills on community activities tools (OM & NHM).

**RATIONALE OF THE STUDY:**

The purpose of this research is to find out the impact of training on FP champions with respect to their knowledge, attitudes, and perceptions. Also, explore perceptions of Key officials of the project regarding training methodology and content. This will help in obtaining useful information regarding the Connet4FP project in Multan and help to validate and assess the quality and impact of the project.

**AIM**

The aim of the study is to help in improving the quality of family planning services program.

**OBJECTIVE OF THE STUDY:**

1. To assess the knowledge of family Planning champion regarding their training, giving pre- and post-test questionnaire-based evaluation technique.
2. To explore the perceptions of Family Planning Champion and key official of IRC regarding training methodology and content

**LITERATURE REVIEW:**

A study was conducted in Egypt aiming Community based intervention to support child and maternal health practices, narrated as Improvement in mother-child health requires rigorous actions that tend to the needs of local populations on grassroots level. Such interventions add to understand the present situation, local resource’s mobilization, better chance for sustainability and commitment to achievements. The study aimed at the improvement in selected mother-child health interventions in villages of two Egyptian governorates.

 The study took place in between a period of May 2016 and December 2017. The National Population Council (NPC) initiated dialogues with local and health front-runners for proper implementation. Eight lecturers from Public Health Departments attended the training of trainer’s workshop at Fayoum and Beni-Sweif universities. Immediate evaluation scores were 90%; after implementing Mother and Child Friends training, they re-scored at 98%. Master trainer further train 1200 women in health Session. Out of selected women, 143 women attend health session in Fayoum and 121 women attendant session at Beni Sweif University, took part in the focus group discussions before the first and after the last Health education session for evaluation. Results Showed a significant improvement in the post-test in Fayoum (15.6 ± 1.3 SD) and in Beni-Sweif (14.1± 1.5 SD). It was found useful to identify the major gaps in knowledge and evaluation of the effect of training. There was significant improvement in the post-test. Most of the sessions had no negative comments by the observers. Health education classes followed by Focus group discussions revealed positive changes in the participants’ knowledge and attitude. The execution showed that more needs were uttered by women and the Mother and Child Friends team. Customization to address community needs and expectations must be considered in Future activities (10).

 Fifty community mothers in Cartagena were selected at random for a controlled prevention trial without blinding which involved five face-to-face and support from information and communication technologies. Two groups interventional and control group were made consisting of 25 members each. The control group went through only five education sessions. In both groups the total score from the pre-test to the post-test was improved (Intervention = 29.9 to 38.2, and Control = 31.9 to 36.8). Study proved effective to improve knowledge on childhood tuberculosis. (11).

The Nigerian Army Barracks showed low contraceptive prevalence rates (CPRs) resulted in many children per family. Being interventional, this study involved a total of 963 women to find out the effects of health education on the knowledge of family planning and prevailing practices among married women. Two groups were identified for the study. The interventional group got 50-minutes long lectures and demonstrations on the methods of family planning. The interventional group saw a significant increase in the mean knowledge score which rose from 5.5 points to 7.8 points post intervention (t = -16.7281, p = 0.0000, df = 460) in Contrary to the control group. Furthermore, contraceptive prevalence rates (CPRs) increased significantly, from 11.8% at baseline to 22.4% post-intervention (McNemar’s χ2 = 125.41, p = 0.0000). This led to the conclusion that health education proves to be a convincing factor resulting in improved knowledge and behavior towards the use of contraceptives in married barrack women in Nigeria. Therefore, it is recommended that rigorous and sustained health education shall be provided to tackle low CPR in Nigeria (12).

 A study from Turkey defined the knowledge of providers of family planning; they included 41 MNCH providers from different facilities. The descriptive cross sectional study was planned to describe the knowledge, attitudes, and practices of family-planning services providers regarding emergency contraception, whose responsibility was to guide women in critical aspect of family planning and to educate them regarding decision making accordingly. They were thought to be more skillful and have a broad perspective regarding to family planning, crucial for family health professional to having enough understanding regarding contraception and can utilize their awareness in decreasing the number of undesired pregnancies (13).

 The findings reveal that the majority knew about some modern contraceptive methods, but the overall contraceptive use was very low. Knowledge and use of any contraceptive method were particularly low. Reasons for not using family planning and modern contraception included incomplete family size, negative perceptions, in-laws’ disapproval, religious concerns, side-effects, and lack of access to quality services. The majority preferred private facilities over the government health facilities as the later were cited as derided. The study concluded the need for qualified female healthcare providers, especially for long term family planning services at health facilities instead of camps arranged occasionally. Addressing issues around access, affordability, availability, and socio cultural barriers about modern contraception as well as involving men will help to meet the needs and ensure that the women and couples fulfill their childbearing and reproductive health goals (14).

Frontline health workers (FLWs) are needed for delivering interventions at scale to reduce maternal and child under nutrition, but low- and middle-income countries often face inadequate FLW performance. Compared to FLWs in A&T-NI areas, those in A&T-I areas had higher scores in training (by 1.3–3.6 of 10 points), supportive supervision (0.3–3.5 points), and mass media exposure (0.3–3.5 points). These intervention design elements were significantly associated with FLW knowledge and motivation, which in turn improved service delivery. FLW-level performance outcomes contributed to improving end-user-level outcomes such as higher service received (β = 0.12–1.04 in Bangladesh and 0.11–0.96 in Vietnam) and maternal knowledge (β = 0.12–0.17 in Bangladesh and 0.04–0.21 in Vietnam). The study concluded that training, supervision, and mass media exposure can be implemented at large scale which may contribute to improved FLW service delivery with enhanced knowledge and motivation. The study also concludes that the above interventions and measure positively influence mother’s service utilization and IYCF knowledge. Therefore, it is recommended that training, supervision, and mass media to enhance service provision should be considered when designing such interventions (15).

**Male Involvement in Family Planning:**

Reproductive health issues are an inclusive concern for both male and male partner. To improve maternal health, strengthening male participation in family planning is an important public health initiative. In Pakistan, men are still the main decision makers in the family, especially in the rural community.

A landscape study of FP was done in Pakistan A, collected data from four districts of Punjab. This study highlighted the different blockades in the use of family planning services. One barrier highlighted by this study was that there is lack of FP information especially for males. (19)

To assess the magnitude of male involvement in family planning utilization, a cross sectional study was conducted in Ethiopia, involving 620 married men. Results of study showed that 12.5% of males were directly involved in the use of family planning using a male contraceptive method, and about 60.0% of males were involved in family planning through spousal communication and approval. Educated male have positive response to family planning, discussing thing with wife and were aware of family planning knowledge. Couple having more than three children were negatively involved in family planning utilization. Study narrated that to improve male participation in family planning, improving male knowledge and attitudes towards family planning is essential. (21)

A study was done in Pakistan in which concludes that men viewpoint is changing towards family planning and many of them are willing that FP is not only concerned with females but males too. This study also presented that men recommended that a male health worker would be a perfect method to provide FP knowledge and services to men in community.

Another study was done in Karachi which showed that there is need of skilled and capable.

Female and male healthcare providers to provide FP knowledge and awareness. (20)

In Pakistan, many FP projects were implemented but their focus was on females. To make FP programs more successful and increase its access and coverage, PPIF (Punjab Population Innovation Fund) also give priority to that interventions involved men. This Connect4fp project was selected by PPIF and implemented by IRC. This Connect4fp project also involved men in their intervention to increase the use of contraceptives in community. (19)

The review of project documents revealed that Connect 4FP project engaged 09 male FP Champions,10 male general practitioners (MGPs) and 08 Pharmacists to provide best service to the male clients. The male FP champions actively participated in mobilization process. The men mobilisers and Family Planning Champions (FPC) motivated their men counterparts to enhance their understanding about FP services for better decision making among couples. It has been noted that men engagement in family planning (FP) had straight effect on the couples’ reproductive health choices and decision-making. It was also noted that male family planning champion and male community mobilizers are playing an important role removing the myths of men community regarding family planning. On the supply side pharmacist ensured uninterrupted supply of contraceptives. They were trained on family planning and business model strategy. On Service side male general practitioners provided services to male clients including counselling and services provision.

**METHODOLOGY:**

A mixed study designed was used including both qualitative and quantitative methods. Training sessions were designed and conducted by the project itself to enhance their capacity to deliver against planned objectives, which took a measurement before (pre-test) and after (post-test) applying the educational program (Pre and Post comparative study). In Qualitative portion of study, we interviewed and find views and perception of key official and Family Planning champion regarding training methodology and its use. Training Evaluation activity was created for measuring the training results, observing the changes upon the training in knowledge, skills, attitude, and behavior. The particular attention was paid to estimation of the delivered training and achieved results. There was a brief pre-test conducted at the start of training which had fifteen questions and was aimed at analyzing the existing knowledge of how much the training participant already know about some of the topics which are to be discussed in the training workshop. Both Pre Test and Post Test was marked and compared.

One of the training programs was designed for the capacity building of Service Providers about Connect4FP Platform and online dashboard. The training focused on the brief orientation about revenue generation through the project business model and commission system implementation. The training included the session of new contraceptive injection SYAYANA Press. Another workshop was designed for capacity strengthening of Family Planning Champions on VIAMO platform. It was arranged to share experiences and lesson learnt related field for future compliance. The third training program was designed for the capacity building of FPCs about contraception technology and practical skills. The training focused knowledge enhancement of FPCs on Family Planning, modern FP methods, adoption of standard practices while counselling clients, to enhance their skills regarding data tools of Client registration, effective referral mechanism and data recording of follow up visits. The training also focused to enhance the skills related to community activities tools (OM & NHM). The training included sessions on Counselling tools as well.

**STUDY AREA & STUDY POPULATION:**

IRC was Operating in 09 Union Councils of tehsil Jalalpur Pirwala – District Multan including

1. UC Hafiz Wala
2. UC Ali Pur Sadat
3. UC Belly Wala
4. UC Shujat Pur
5. UC 112 urban
6. UC Nauraja Bhuta
7. UC Bhadur pur
8. UC 113 urban
9. UC kotla Chaker

**SAMPLING TECHNIQUE:**

 Universal/ Purposive Sampling

**DATA ANALYSIS:**

SPSS version 26 was used for finding frequencies of various variable along with chi square, correlation, regression along with t-test for complete enumeration of training. Content analysis was carried out for qualitative part of the research.

**INCLUSION CRITERIA:**

All Family Planning Champions, Some of the key official of IRC.

**EXCLUSION CRITERIA:**

Other members of IRC including PPEs and Public Sectors HCW

**OPERATIONAL DEFINITIONS:**

**mHealth (online platform-Viamo):**

 The project used both Interactive Voice Response (IVR) as well as Short Message Service (SMS) (i.e., text messages) for both push and pull of information from end-users with the technical assistance of Viamo. This was implemented for users of both smart and basic (dumb) phones.

**FP Champion (FPC)**

The project worked with 27 FP champions to bridge the gap between private service providers and communities and aim for disseminating FP information, provide basic counselling and referral; registration of service providers and clients on Viamo digital platform; engage with men, couples, stakeholders and opinion leaders (e.g. Ulema) to address barriers related to uptake of FP services; post selection training sessions were conducted for FP champions i.e. to enhance their capacity ; FP champions were supported to make sure that quality work is maintained.

Both male and female FP Champions have separate role, like male FPCs engaged Men and educating them about FP services, also must engage males to increase their FP knowledge and awareness. And as a result, to prepare them for the use of FP services for themselves or their partner. While female FPC role is to engage females in the community. Their duty is to increase Females FP knowledge and to prepare them for the use of FP services. This is also their duty to provide referral slips to females so that they can visit to Private providers for FP services.

**IMPORTANT DEFINITIONS:**

**FP Code:**

FP Champions included in this research were given an alphabetic code to hide their identification and mentioned in different UCs according to their code.

**Private Provider (PP)**

The IRC selected 40 women private providers and 10 men private service providers to provide advisory/counselling services to men members and provided FP services for women clients. While women private service providers were prime service providers, to provide LARC and SARC contraceptive services including advisory and counselling services. The project enhanced their capacity on modern FP methods which facilitated earning opportunities, online connection with clients & established direct linkages with distributors.

**PP code:**

 Private providers included in this research were given an alphabetic code to hide their identification and mentioned in different UCs according to their code.

**Referral Mechanism:**

 FP champions acted as key point for linkage development between clients, service providers and pharmacies thereby strengthening referrals. As an entry point, beneficiaries were motivated by FP champions and social mobilizers and directed to nearby pharmacy or providers’ (based on availability of type of requested services). FP champions and mobilizers strengthened the facilitation of clients for referrals from community to the facility (pharmacy or service provider) and then also follow up at facility level to further facilitate. The clients were referred with two-way referral slips where half-slip was kept by provider and half was returned to the clients to be received by champion. Once back, the referral slip was received by FP champion then the referral cycle was completed and by end of month, FP champion tallied the back referral slip with service providers and discussed the possibilities of commission.

**ETHICAL CONSIDERATION:**

The approval for the study were taken from Health Services Academy, Internal Review Board. Verbal consent was taken from participants for privacy and confidentiality that was maintained by keeping the information strictly restricted to the researcher. Data was used solely for the purpose of the study.

**Results:**

**Quantitative Analysis:**

A total of 27 Family Planning Champions were the participants for this quantitative analysis. The graph below shows the ratio of male to female family planning champions who took training sessions.

Figure 1: Participants

Figure 1 shows number of female and male family champions in all four training session conducted in IRC.

***Statistical Analysis of Training Conducted in March 2020:***

|  |  |  |  |
| --- | --- | --- | --- |
| March 2020 | Mean(n) of Marks Obtained  | df | P value |
| Score on Test before Training | 62.93 | 26 | <0.01 |
| Score on test after training | 85.63 |

Table 1: Paired T-Test for Pre and Post Test

Table 1: A total number of 27 family champions participated in pre and posttest. Total posttest correct responses were statistically significant (P<0.05) than pretest responses (Table 1). Posttest response of both male and female was significantly improved, and p value was statistically significant (<0.01). Overall mean score of a mark before and after training were improved from 62.93 to 85.63.

***Analysis of Training Conducted in September 2020:***

|  |  |  |  |
| --- | --- | --- | --- |
| September: 2020 | Mean(n) of Marks Obtained  | df | P value |
| Score on Test before Training  | 64.93 | 5 | <.002 |
| Score on test after training | 96.50 |

Table 2: Training Conducted in September 2020.

Post competency test score in 2nd training conducted also shows higher score then pre competency test and it paired t-test also shows a statistically significant value of (p<0.02) which is less than P<0.05, Indicates that participants performed better in posttest.

***Analysis of Training Conducted in October 2020:***

|  |  |  |  |
| --- | --- | --- | --- |
| October: 2020 | Mean(n) of Marks Obtained  | df | P value |
| Score on Test before Training  | 53.8 | 21 | <.001 |
| Score on test after training  | 83.4 |

Table 3: Training Conducted in October 2020:

From the results shown in Table 3: Mean score of marks obtained significantly increase from 53.8 in pretest to 83.4 in posttest, showing significant value of (P<0.01).

***Training Conducted for both Family Planning Champions and Private Providers***

|  |  |  |  |
| --- | --- | --- | --- |
| December 2020 | Mean(n) | df | P value |
| Score on Test before Training  | 65.27 | 36 | <0.01 |
| Score on test after training  | 94.41 |

Table: 4 Training conducted for both family Champions and other key officials

Mean score of knowledge gained across all participants were statistically significant as these increase from 62.27 to 94.41, To elaborate the detail of significant knowledge obtained in table 4, we carried our sample paired t-test on pre and posttest across all participants score, were shown as significant (P<0.01).

**Qualitative results**

A total of seven in-depth interviews were conducted with project officials and thirteen interviews with FPCs, they gave insight on the success of training and their impact on FPCs.

**THEMES:**

**Family Planning Champions gained new perspective through training about their roles:**

As per the audio responses of different FPCs these trainings were very successful, well organized, and informative. The course content of the four trainings were of good quality. They got informed about the family planning methods, the impact of family planning on mother’s health.

*“This training helped me a lot and was very useful” r1*

*“The trainings were delivered in easy to understand method” r2*

*“They were trained to visit door to door and explained to women about family planning and the number of children that is best in keeping mother and children healthy.” r3*

The respondents believed that since the family planning champions were trained thoroughly, they will be able to carry it forward even when the program ends.

*“The FPCs are the available retainable source for the community to avail” r4*

*“Although training change our perception regarding our role as community health care worker and enhances our morals to work in better ways as FPCs” r5*

**Training material provided us helped us in field work and was a source of motivation as the Local contributors:**

The FPCs and project officials highlighted that material provided to FPCs was up to date and was easy to understand that helped them in the field work.

*Material provided on training days was very easy for us to understand and motivational” r6*

 Since the champions were members of the local community, they were aware of their area, the combination of male and female champions for every union council helped the overall success of the project.

*“FPCs were locals from the community which meant they knew their area well and were motivated to do good for their area” r7*

*“FPC training helped motivate and convince them for FP” r8*

**Training only made us eligibility as FPCs**

The respondents highlighted that at the start of the project the aim was to hire FPCs with two years’ experience in reproductive health. But they were not able to find people with that much experience, so they had to compromise, after various training made them eligible as FPCs.

*“We didn’t find people with that experience, so we had to compromise in start but after various training session we had enough knowledge and field training that we became eligible as FPCs” r8*

**Trained FPCs can only became a catalyst for positive change**

The respondents said that because of the detailed training the FPCs acted as an overall positive change catalyst. They were clarified with the confusion that one must starts a family as per his choice but there must be a planned strategy on the number of children and the gap that is ideal for keeping both mother and the delivering child healthy as per international health scale. Different training tools and materials on family planning counseling and methods were introduced to them. They were informed that the need for family planning should be considered as a human right.

“*We were trained in such detail way that we have much knowledge about family planning and modern contraceptive methodology, which help us in motivation general population and had worked as catalyst for services” R6*

 Participants acknowledged the importance of family planning for decreasing maternal and newborn mortality and morbidity, as cost-effective and an evidence based intervention. They were told about the utmost need of involving religious leaders in strengthening integration of family planning in existing maternal and child health programmes. The Integration of family planning is essential at all levels during service delivery, monitoring and evaluation.

 They were trained about the quality of antenatal care service provision and the quality of the interaction between clients and service providers and the provider’s technical competence. The trainees were told to ask clients about concerns with family planning methods or with the method used currently.

 The trainings were fruitful in terms of clearing the confusion of family planning practices to the trainees in terms of religious aspects. They learned about the importance of mother child health statuses and its importance for future life.

**Interactive training is the most beneficial and effectives:**

The correspondence was very much satisfied with trainers’ approach to the training. The trainers were skillful and cooperative. They repetitively cleared the confusion and queries of the trainee i.e., family planning champions.

*Trainer were good and patient listener they listened to every query of the champions and answer them in detail and session were very interactive one that made us comfortable and relax” r11*

Official of IRC’s trainer continuously engaged the participant and encouraged their involvement and contribution. They were very organized and had a finger on the pulse of learning trends of the trainees. They Analyzed and improved their training with each session along with the trainees.

 **Need for Regular Training:**

The training was very successful in terms of educating the FPCs and other key officials involvement trainees and people being educated by these FPCs consecutively. They learned how to educate people and convince them in the best way. As a result, as per correspondence response people were more flexible toward them as compared to past.

Majority of the participants gave positive feedback on training sessions and want to have such session often so they can learn new things and gain advance knowledge of family Planning. The trainer who gave trainings and the respondents who took the training session both gave similar feedback regarding the impact of trainings.

*“The trainings for FPCs helped a lot in terms of motivating them to conduct FP services.” R9*

*“Training for behavior change communication is a total detailed framework, need for this training is too much. There should be more FPC and Providers trainings, on BCC framework.” R3*

Participants also suggested the need for other types of training for the project.

*“Service providers should have Balanced Counselling Strategy Plus training sessions” r10*

*“Trainings of religious leaders regarding family planning…. Brainstorming…. They should be trained.” R8*

**Male Involvement in Family Planning:**

One of the male FPCs who were only dealing with male participants said that

*“First people were reluctant, and they have opinion regarding family planning that we are depriving them from having child and will provide such medication and trick which will cause infertilities. After several meeting we convenience them that we are not doing anything like that, infant we want you to emphasize your partner to feed their children up to two years, will help your child to grow fast and healthy as also will keep your partner healthy.” R14*

One of the respondents said

*“That males are now taking interest in family planning and are asking about modern contraceptive methods, which help them in maintaining their reproductive health sound” R08*

**DISCUSSION AND CONCLUSION:**

The current study was conducted with the objective to assess the impact of trainings on family planning champions and perceptions of concerned persons about the training impact. The study provided in-depth analysis of various aspects regarding knowledge of FPCs, training effects and much more.

The pre- and post-test method introduced to improve the learning ability and improvement in knowledge received the positive response from the family champions. Most of them agreed that it could help in improving their knowledge since training session worked as a triggering factor to be attentive and encouraged them to study further and improved their learning (3,6).

There was a significant difference in the technical performance of the family planning champions in pre and post training evaluation. There was a large difference in the levels of client satisfaction observed through pre and post training tests. This aligns with studies that also assess the learning outcomes of trainings and showed significant results (17).

 Structural aspects of a good counseling and service provider motivation are the important determinants of any client satisfaction. The trainees were improved in both aspects. Their recent in-service training in family planning courses were basically associated with higher client satisfaction, which was proved by the quantitative analysis.

Trainings on family planning were organized in different areas of the District Multan both rural and urban areas. Family planning champions played an important role as a communication link between common man and health care service providers. They were priorly trained by key officials of IRC. Post training interviews were conducted to know the outcome of these trainings on Family Plaining Champions. The training emphasized on the importance of the informed reproductive choices that would result into improvement of the health of women and their families. Family planning services are very important components of other services such as antenatal and post-partum care.

The study revealed that the participants have positive attitudes about training (training attitudes), since the training afforded them the opportunity to acquire additional knowledge in basic family Planning, modern contraceptive methods, referral system and usage of modern technology that was offered by Viamio. Overall response of the participants about their training, participation was good. Results shows their practical and conceptual skill significantly increase in training session conducted multiple times during project’s tenure. All Family Planning Champions gained a lot of basic information and basic knowledge regarding Family Planning Methods, counselling and considered helpful for their field work. Family Planning champions valued the knowledge they gained about family planning and the guidance of Islam about it.

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