



Strengthening Gender Competency in Family Planning

Insights from Ghana on Effective Online Training Models and Tools for Providers

Katherine Andrinopoulos, Evelyn Koko,
and Janna Wisniewski

August 7, 2024



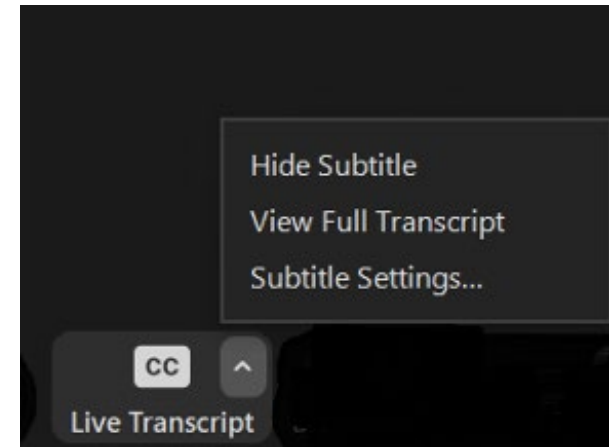
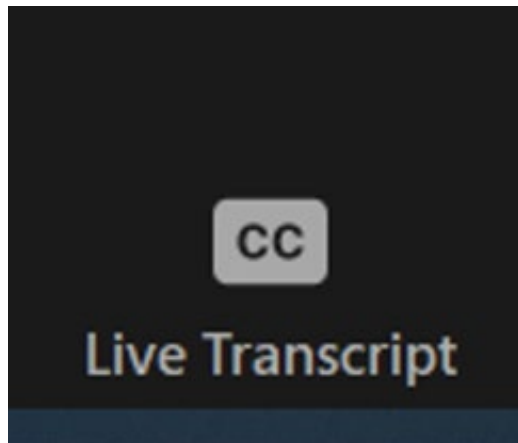
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D4I's Work



Generate Evidence

Use routine and other existing data and generate new data through rigorous methods tailored to budget, timeline, and context



Integrate Gender

Integrate gender throughout the project to ensure high-quality data for assessment of health and gender outcomes



Strengthen Capacity

Strengthen capacity through fostering collaboration, experiential learning, mentoring, and peer networks tailored to partner's needs



Promote Data Use

Visualize and communicate data in ways that are compelling, user-friendly, and actionable



Ensure Data Quality

Focus on ensuring high-quality data for effective decision making and program outcome improvement



Learn

Encourage collaboration, improved results, and timely progress updates through idea exchange and shared learning



Meet the Team



Katherine Andrinopoulos

Presenter



Evelyn Koko



Janna Wisniewski



Honoring Professor Phyllis Dako-Gyeke



Based at the University of Ghana and a member of the GEMNet-Health Network, Dr. Dako-Gyeke was a distinguished scholar and public health advocate dedicated to improving public health outcomes in underserved communities.





Webinar Agenda

Session

Introduction to gender competency for family planning (FP) providers and training resources

Methods for eliciting feedback on training and modalities

Provider perspectives on tool and training content

Design of workshops

Modalities:

- In-person workshop provider perspectives
- Blended workshop provider perspectives
- Virtual workshop provider perspectives

Conclusions and recommendations

- Modality selection guide

Q&A (Katherine Andrinopoulos, Evelyn Koko, Janna Wisniewski)



Introduction to Gender Competency for Family Planning Providers and Training Resources



Gender Competency

The knowledge, attitudes, and skills that can help providers reduce gender-related barriers for their clients.

With increased gender competency, providers can be more responsive to the diverse needs of their clients and deliver high-quality FP services.

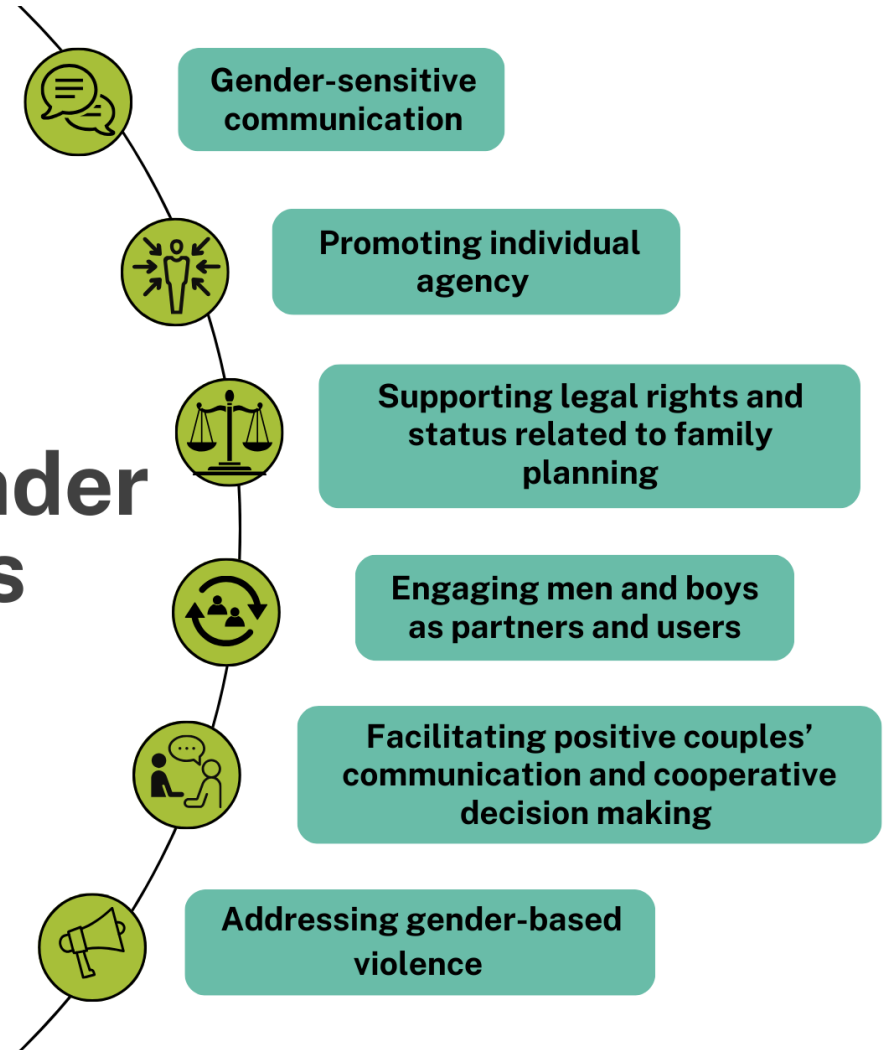


The Gender Competency Framework for FP Providers

Each dimension includes:

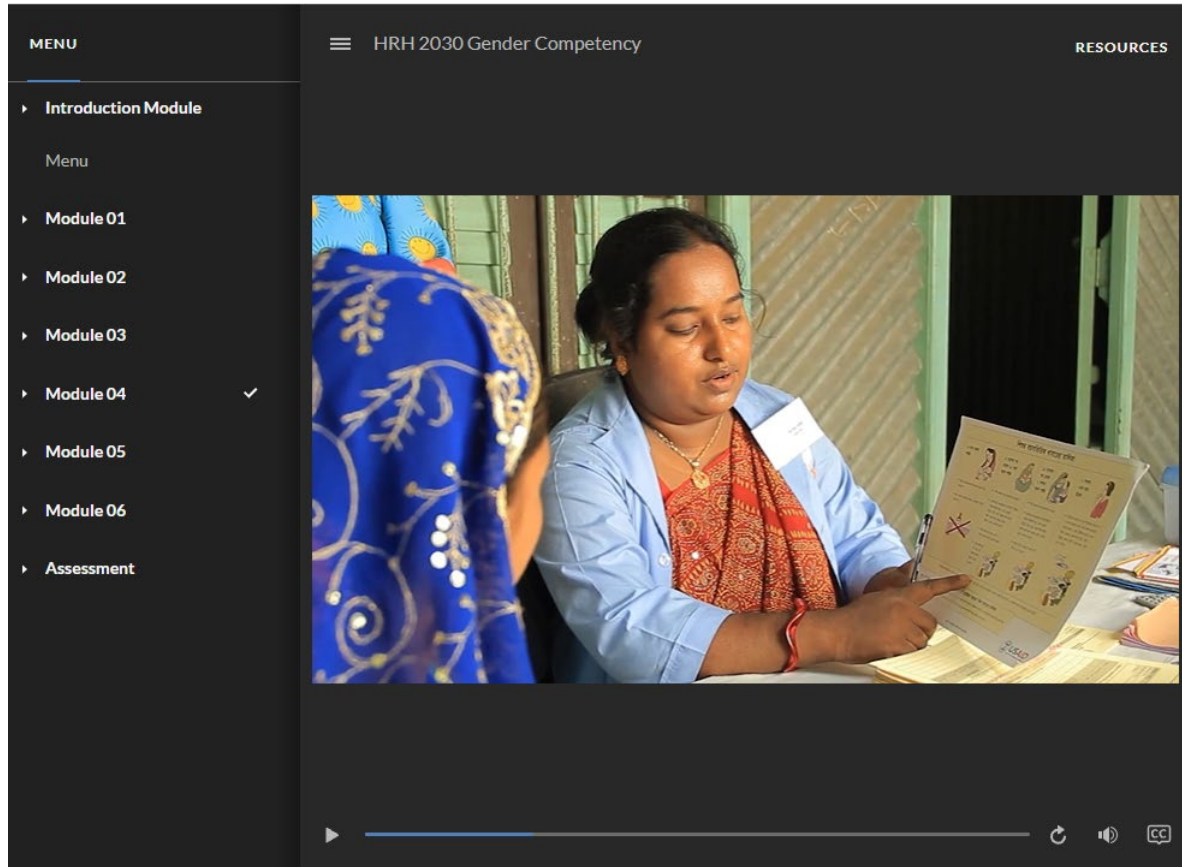
- Knowledge
- Attitudes
- Skills

Key Gender Domains





Gender Competency e-Learning Course



Free and publicly available.
Access it here:



Developed by HRH2030



Provider Self-Assessment Tool to Measure Gender Competency

The tool was developed based on a literature review, FP expert review, and iterative piloting using cognitive interviews in Ghana and Uganda.

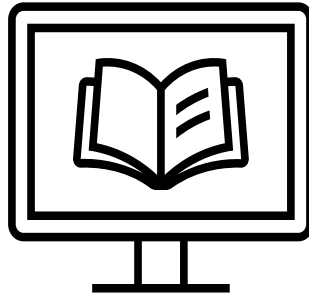
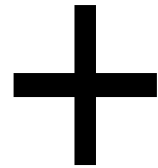
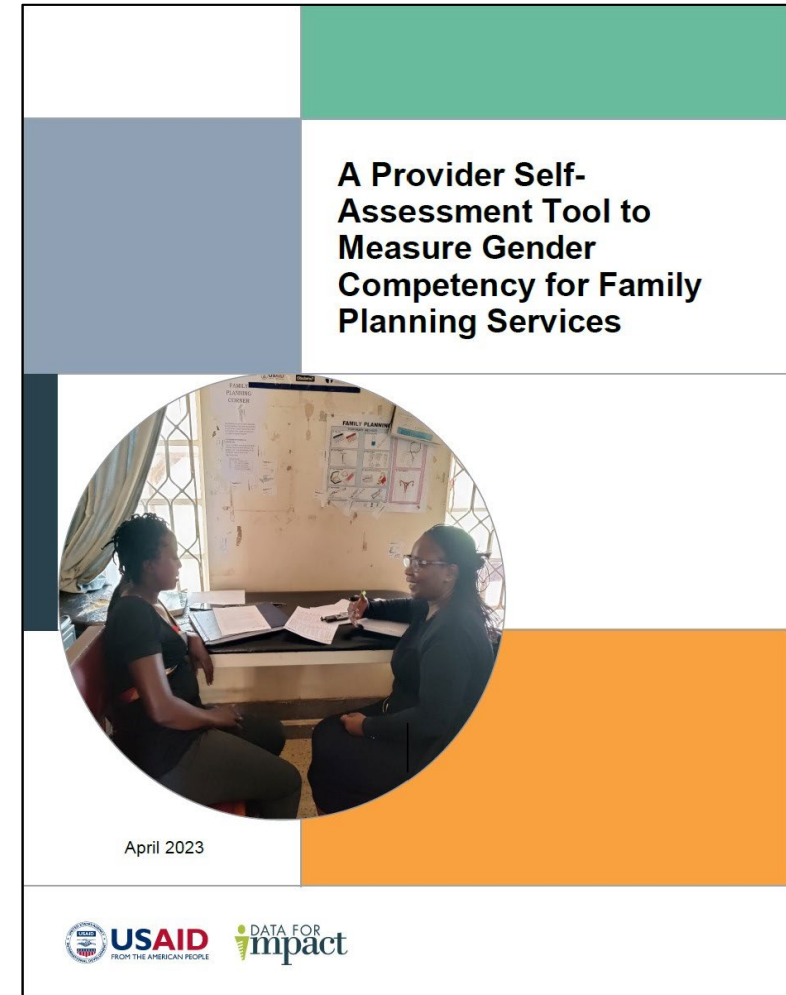


Photo credit: Lan Andrian, USAID
Global Health Supply Chain
Program (GHSC)



Provider Self-Assessment Tool

- One module for each of the six domains of gender competency
- Each module contains:
 - Statements and responses
 - Answer key
 - Discussion guide

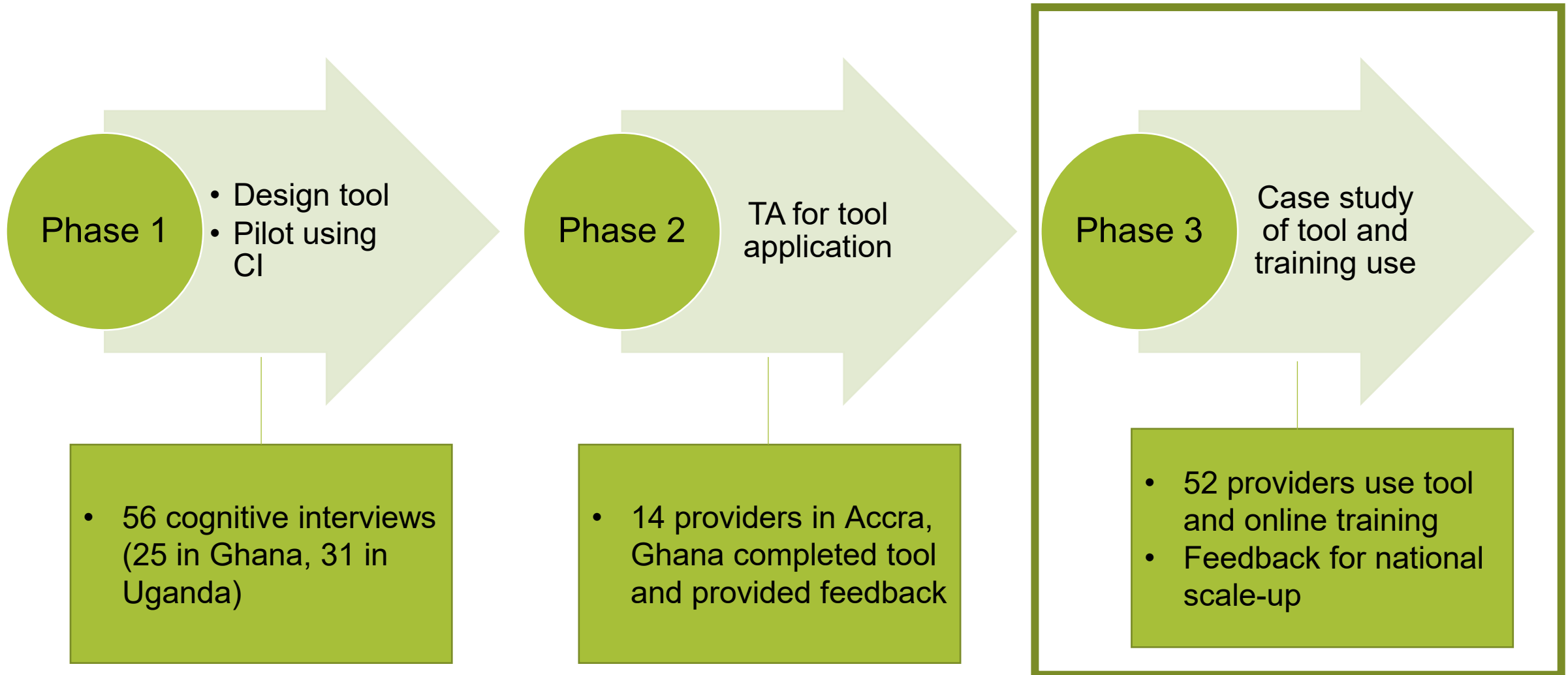


Developed by D4I

Available at: <https://www.data4impactproject.org/publications/gender-competency-tool-guidance/>



Phases of Tool Development





Methods for Eliciting Feedback on Resources and Modalities

Quantitative

- Short surveys:
 - Acceptability, relevancy of content, future use
 - Usability of self-assessment tool
- Self-assessment tool scores
- e-Learning course completion
- Implementation team notes

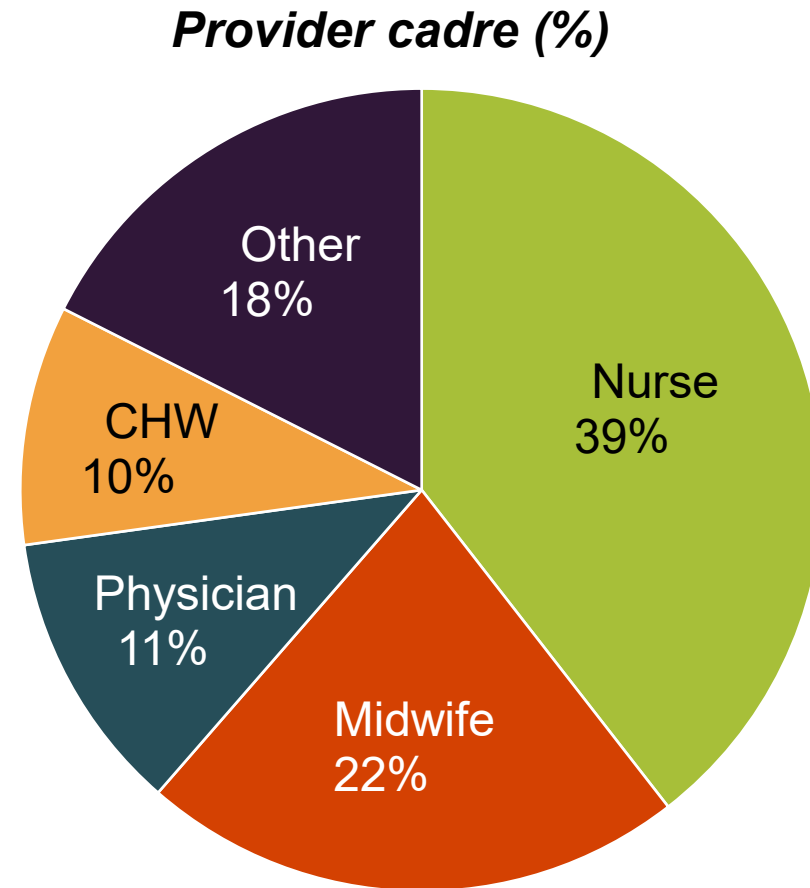
Qualitative

- Small group discussions following completion of modules
- Open-ended written feedback
- Large group discussions on modality, recommendations



Characteristics of Providers (N=54)

- More female providers (78%)
- More providers in 35–44 age group (57%)
- Average of 9 years working as a FP provider



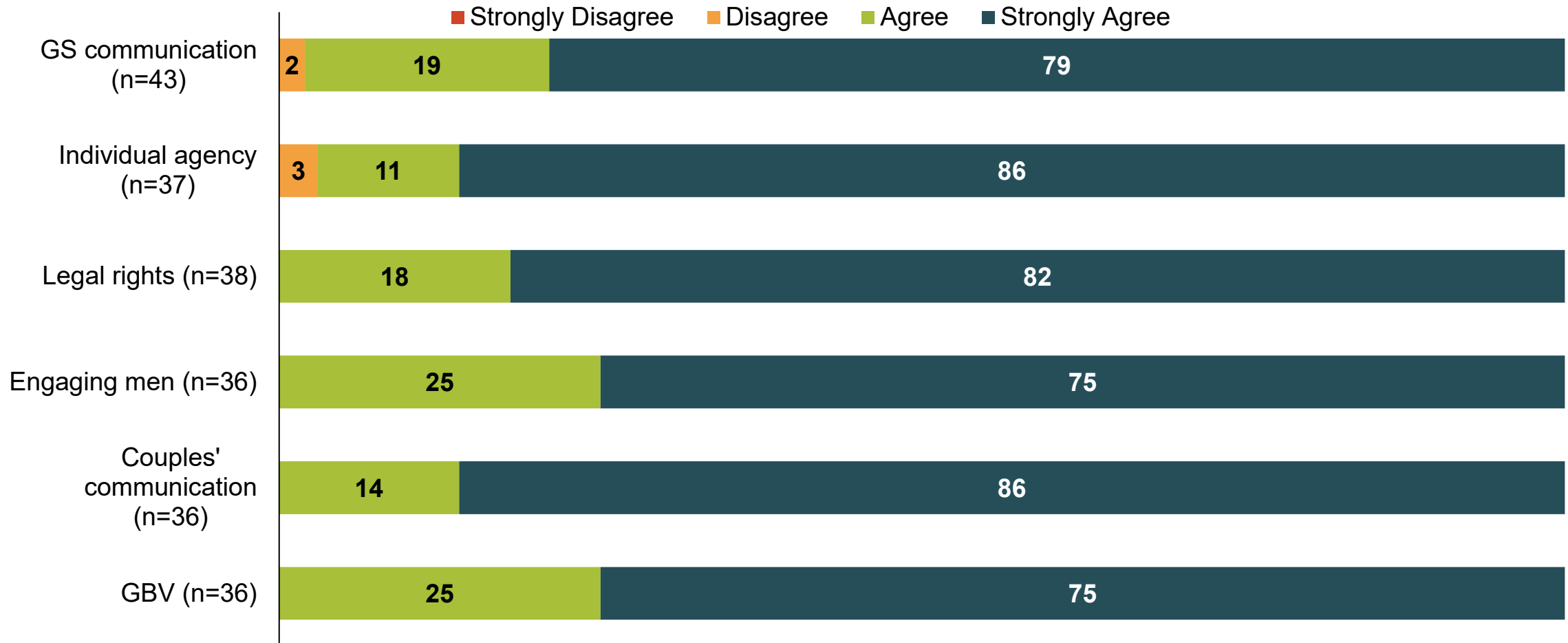


Provider Perspectives on Tool and Training Content



Across All Modules, the Content Was Well Received

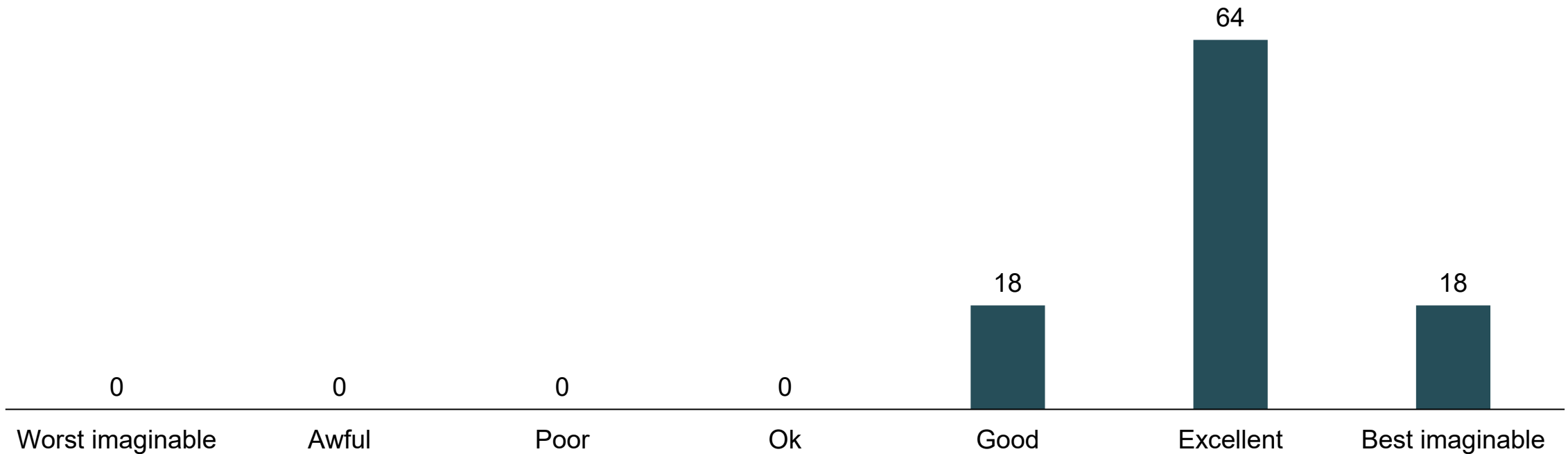
The content of this module is relevant to the challenges I encounter when providing family planning services (percent of n)





Provider's Perception of Tool Usability is High (n=50)

Overall, I would rate the user-friendliness of this tool as (percent of n)





Providers Highly Valued Gender Competency Training

I was thinking it's just about the family planning methods, the depo, the implant. Initially I was resisting...but being here has taught me something very different than the perception I came with for the fact that it points out the client's rights, gender-based violence, and some policies that you need to know as a family planning provider.

-Female provider

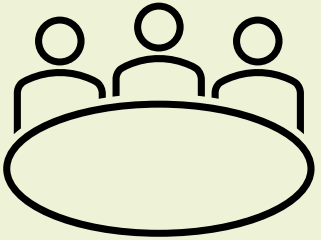


Design of Workshops



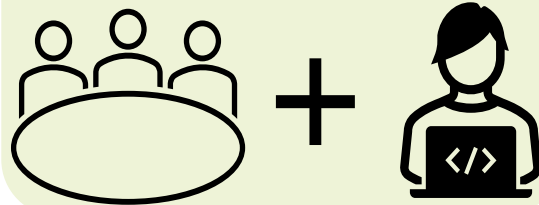
Possible Training Modalities

In-person



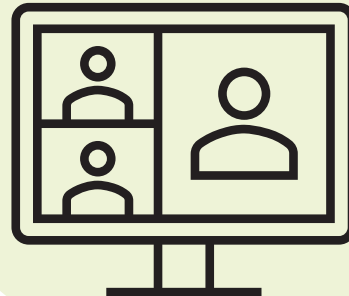
Traditional workshop, face-to-face synchronous learning

Blended



Combination of face-to-face, synchronous & asynchronous learning

Virtual



All interaction is online, asynchronous learning



Pilot Training Modalities in Ghana

- **In-person**

- Tamale, Northern Region
- 14 Providers



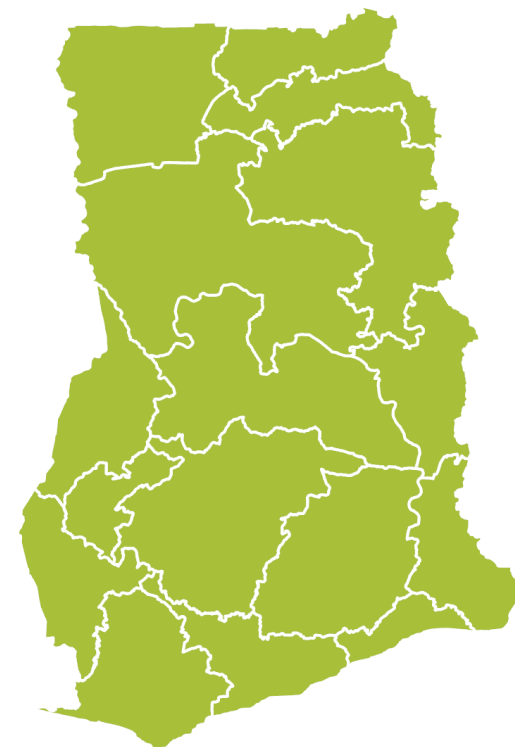
- **Blended**

- Kumasi, Ashanti Region
- 14 Providers



- **Virtual**

- Nationwide
- 24 Providers





Methods for Eliciting Feedback on Resources and Modalities

Quantitative

- Short surveys:
 - Acceptability, relevancy of content, future use
 - Usability of self-assessment tool

- Self-assessment tool scores
- e-Learning course completion
- Implementation team notes

Qualitative

- Small group discussions following completion of modules
- Open-ended written feedback
- Large group discussions on modality, recommendations



Introduction

- Overview of gender competency and the 6 domains
- Explanation of the self-assessment tool
 - The components of the tool (questions, explanations, and discussion points)
 - How to access the tool
- Explanation of the e-Learning course
 - How to access the course
 - Moving in-and-out of modules
 - Completing the knowledge assessment and certificate

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Please enter your info and we will move you right along.

Your correct email will ensure you receive proper credit for your training.

Email

First Name

Last Name

* Your email address is your sole identification in SCORM Cloud. Please take a moment to make sure the one provided is correct.

Thanks!

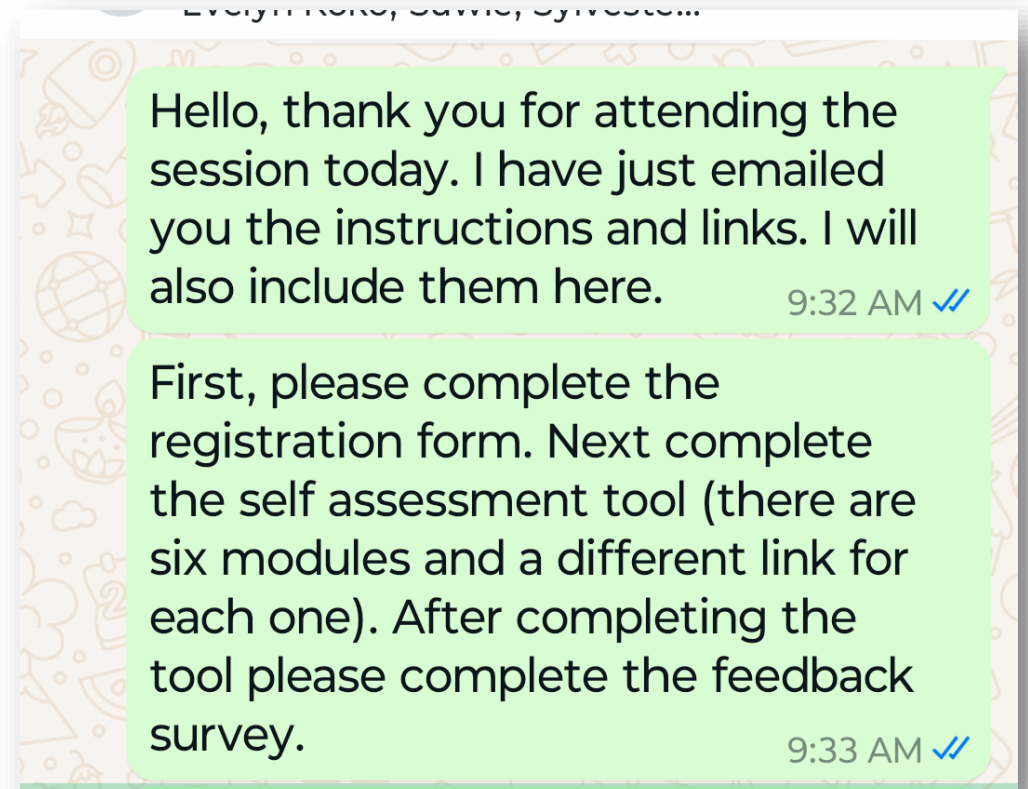
Ok. Now take me to my training

Screenshot of the Gender Competency e-Learning course login page.



Opportunities for Interaction and Support

- Group discussions about content:
 - Acceptability
 - Relevancy
 - Future use
- Information technology (IT) support
- Constant connection via WhatsApp, email
(blended, virtual only)



Screenshot of an example WhatsApp message used to stay connected to providers throughout the asynchronous training period.



In-Person Workshop

In-Person Agenda



Session 1:

- Introduction (same across all modalities)
- Self-assessment tool, group discussion
- e-Learning course modules A-C, group discussion

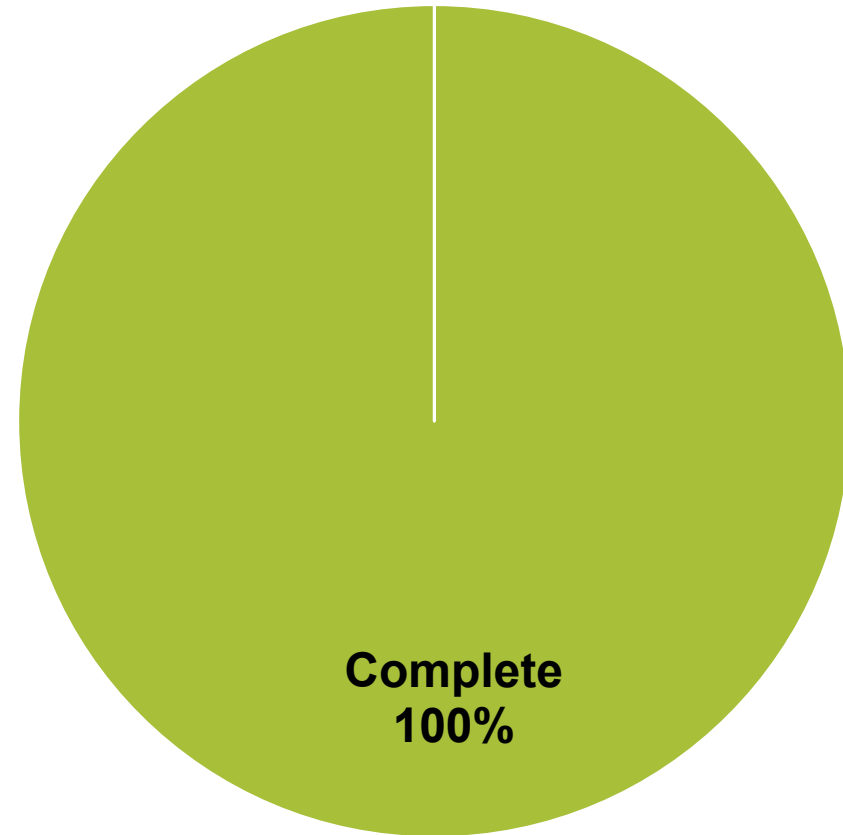
Session 2:

- e-Learning course D-F, group discussion
- Self-assessment tool
- Group discussion on future directions



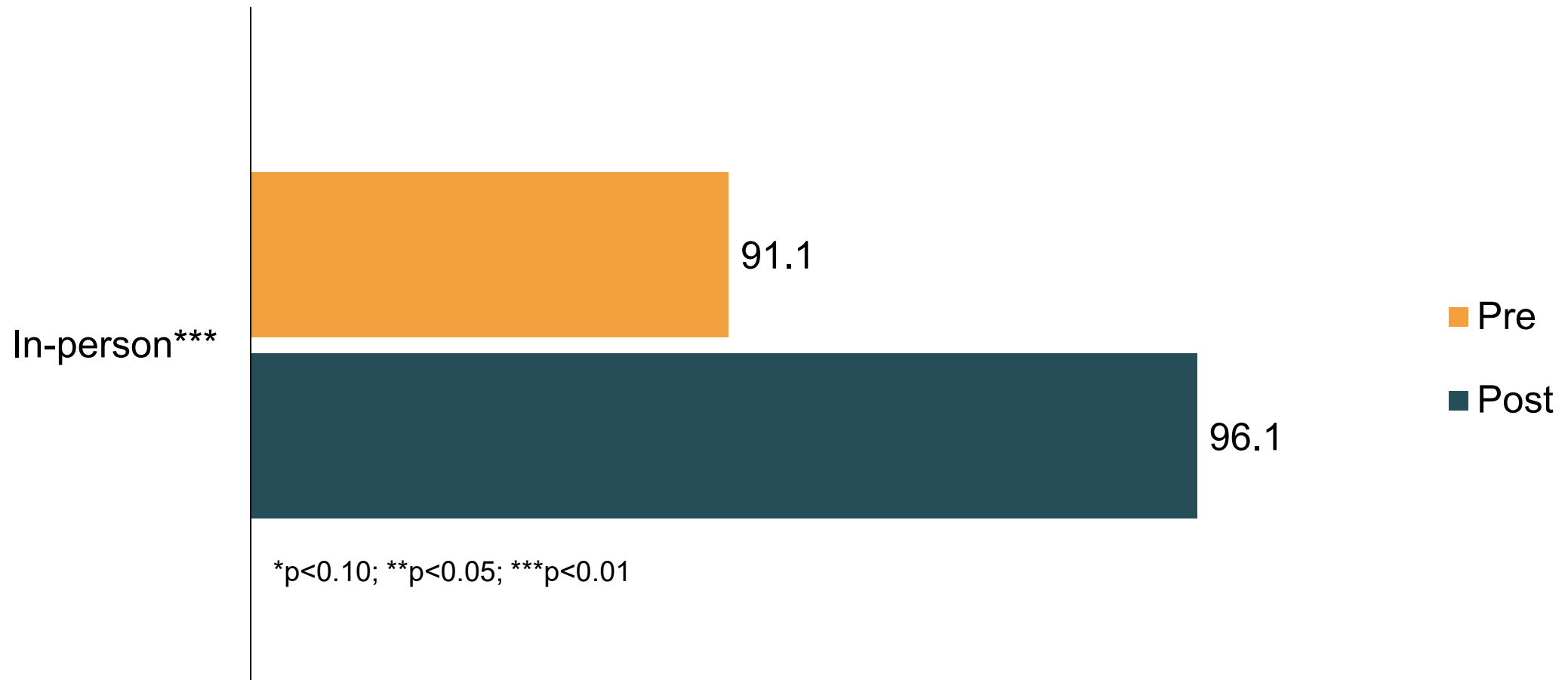
Completion Rate, In-Person (n=14)

“Complete” is defined as finishing the training and the self-assessment at least once.





Differences in Self-Assessment Scores, In-Person (n=13)



In-Person Modality

Advantages

- Peer-to-peer interaction that enhances the learning process
- Focused space for learning to promote concentration on the topic

Disadvantages

- Costly (transport, food)
- Still experience network challenges

As we usually finish our individual assessment and then e-Learning course, and we discuss, our different views, I would share and discuss and that is a learning process. If not, I wouldn't have heard some stories.

-Female provider

The fact that we are here for this purpose, everyone is concentrating on that one purpose, because that is why we are here. As compared to if I was to be in my house, after all there is no one to guide me, I am not under obligation.

-Male provider

There is nothing here to distract us.

-Female provider

In-Person Provider's Reflection on Blended/Virtual

- **Advantages**

- Greater flexibility about when and where to complete modules
- Virtual modality eliminates selection bias, allowing all providers to participate

- **Disadvantages**

- Internet network limitations
- Concern about IT challenges without support
- Challenges to focused concentration on learning
- Ability to find time to complete the courses

For me, I think the advantage would be the fact that I would do it in the comfort of my environment at my own pace. Yes, but the disadvantage would be that, would I be able to complete it before the time you wanted, depending on the network, OK? Plus, you need the concentration.

–Male provider



Blended Workshop

Blended Agenda



Session 1:

- Introduction (same across modalities)
- Self-assessment tool, group discussion
- e-Learning course module A, group discussion

Asynchronous Week:

- Complete e-Learning course modules B-F
- WhatsApp, email reminders, and group support

Follow-up Meeting:

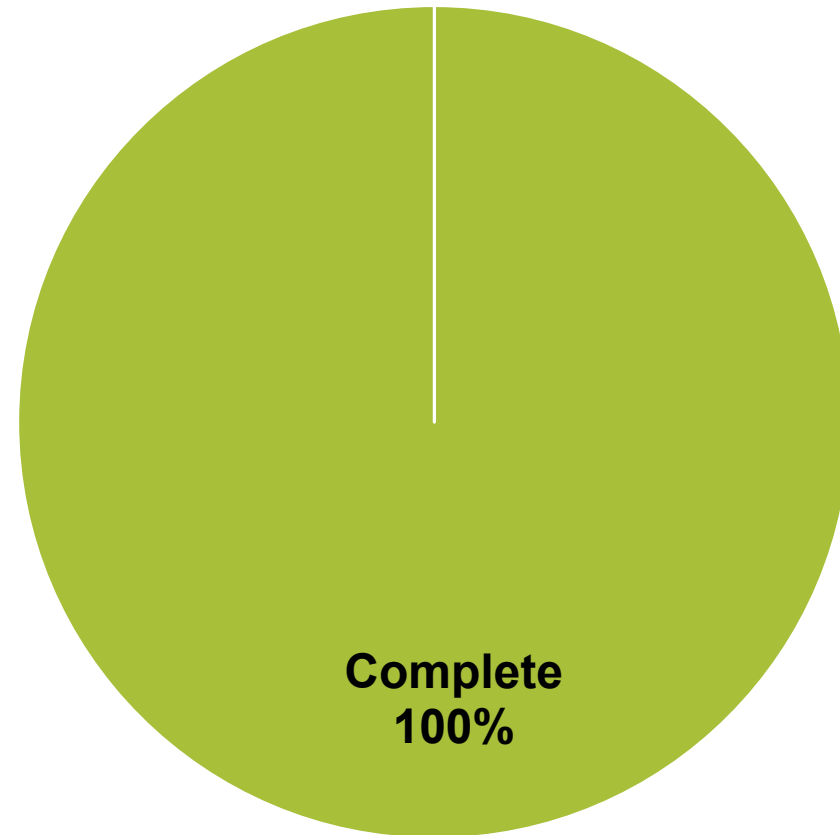
- Self-assessment tool
- Group discussion on content and future directions



Completion Rate, Blended (n=14)

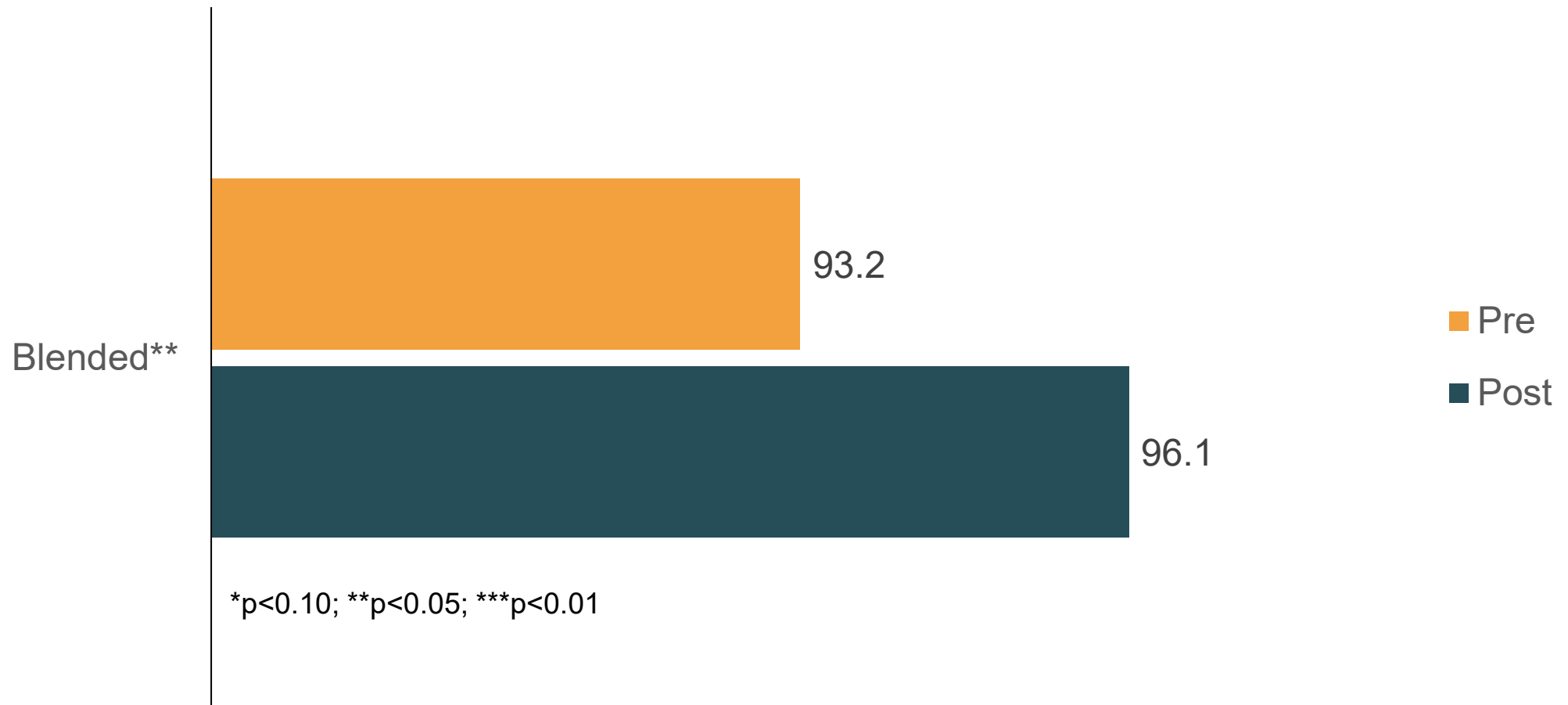
“Complete” is defined as finishing the training and the self-assessment at least once.

We tested two subsets of providers: they 1) used their own phone and 2) had additional reminders. All completed the course.





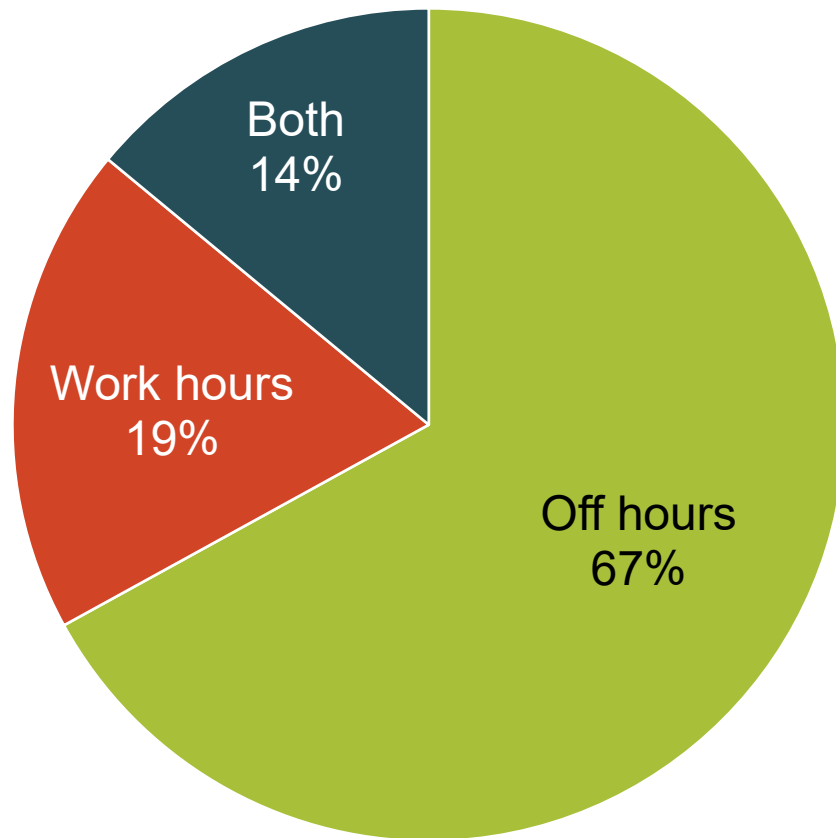
Differences in Self-Assessment Scores, Blended (n=11)





Most Modules Completed During “Off-Hours” (n=57 modules)

Modules completed by providers



Reasons include:

- Selected time/place of completion based on network strength (some remained at work after hours to complete)
- Able to focus more when at home than at work
- Accustomed to studying in the evening hours

Blended Modality

Advantages

- Peer-to-peer support for content and IT support

Disadvantages

- Time constraints may prevent completion (providers completed at night and on weekends)

Peer-to-peer support will help in the case of the online platform or getting a technical person to help when the need arises.

-Female provider

I think the blended is better because you tend to get more insight through the discussions that may come up.

-Female provider

Time constraints might not allow some people to join online.

-Male provider



Virtual Workshop

Virtual Agenda

Session 1, Zoom:

- Introduction (same across modalities)

Asynchronous Week:

- Complete self-assessment tool
- Complete e-Learning course modules A-F
- WhatsApp, email reminders, and group support

Session 2, Zoom:

- Group discussion on content and future directions

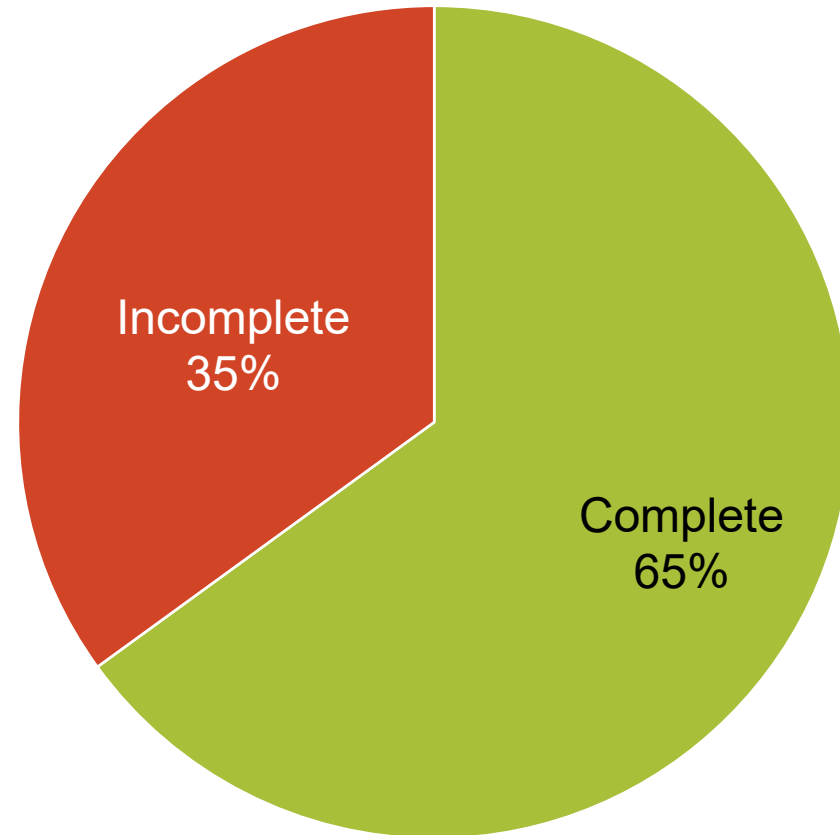




Completion Rate, Virtual (n=24)

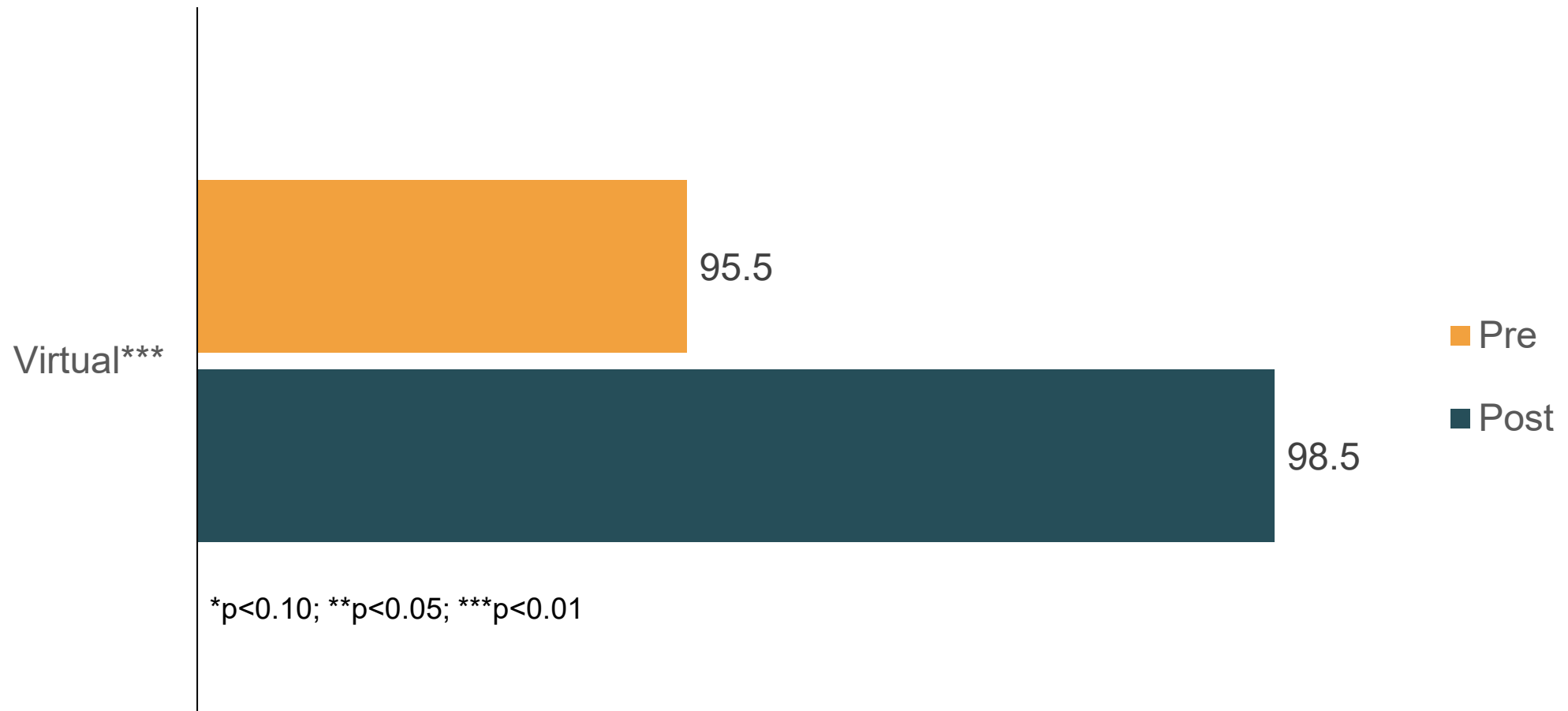
“Complete” is defined as finishing the training and the self-assessment at least once.

Lack of time was the main reason given for not completing the tool and e-Learning course





Differences in Self-Assessment Scores, Virtual (n=15)



Virtual Modality

Advantages

- Easy access depending on the network
- Convenience of working on training intermittently among other responsibilities
- Increased reach to more providers
- Lower cost
- Less stressful by eliminating travel (depending on network)



We have to motivate ourselves that this [virtual] process way of training is even cost effective...there are times you go to face-to-face workshops...then you frown your face because you have moved a long distance...and nothing is being given. But with this e-Learning...I can just sit at my far away distance and I have network, and I'm able to learn what I would have moved so many miles to go and learn. I think this is a good way, So everybody, should get motivated to know that e-Learning it's kind of less stressful, and the best for us in the setting in Ghana.

–Female provider

Virtual Modality

Disadvantages

- Network connectivity issues leading to frustration with course completion, working late nights and weekends, and traveling to other communities for network
- For a subset of providers, there is a preference for a traditional in-person learning



I decided to do it deep in the night because that is when I get the network cleared. I had access to it when the network was cleared around midnight and then I was able to work on it more. Right now where I am currently having my Zoom meeting, I have to go to certain locations and really look for where to do it.

-Female provider

We are not used to this way of training. It's the face-to-face that I'm used to and that's what I enjoy.

-Female provider



In-person, blended or virtual?

***It all depends...**With the virtual its good if you have network, but some of us have network challenge, so should we include those who also have that problem, because that person will not participate fully. My network is very bad. So face-to-face, that one we are together so learning can take place. But the problem with virtual is the network. If the network is fine, there is no problem. At a point I had network problems, so I have to move to another community, get the network, and sit down and work.*

-Female provider



Other Provider Recommendations

- Issue continuing professional development (CPD) points for course completion
- Include bonus incentive for completion of course (e.g., monetary, data, certificates)
- Include in nursing colleges and other pre-service training
- Refresher trainings
- Include managers in the training in addition to direct service providers
- Emphasize that the self-assessment score is not a test score
- Develop a short video to introduce the course and how to navigate the platform
- Create local resources to complement the global nature of the training
 - A document explaining legal rights and responsibilities (e.g., age of consent)
 - Referral sites/points-of-contact for gender-based violence



Resource Needs

- All modalities should include:
 - Data bundles for internet use (approximately 5 GB)***
 - Provider incentives for completion (e.g., certificates, monetary, CPD)
- Virtual format is half the cost of in-person and blended formats, while the in-person and blended formats run the same cost
- Provision of tablets is helpful, but providers can also successfully complete the course using their own smartphones
 - Some concern with the expectation that providers use personal phones for work; easier to view modules on tablet/computer
- Implementation team should include:
 - One moderator with content expertise in FP and gender competency
 - An IT support person available during synchronous and asynchronous learning periods



Highlights from Participants

Including IT support

I think they should add a resource person. Because no matter how much you know about the technology or the ICT aspect, I think if there's a resource person when you are stuck then you call for guidance that you call like ____ that would help a lot.

-Female provider

Providing data

This is the first time that I'm given data to attend an e-Learning or a Zoom meeting. There are other Zoom learning sessions...but I'm not able to join, because they just put the link there and said it's supposed to be at this time, but because of data, as my sister said, most of us are not joining, But you gave us data, so it's motivated us to actually strive to do it. Without data your zeal is low, but because of the data, you have to try and join.

-Female provider



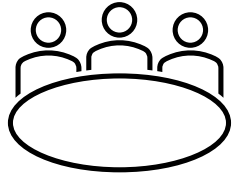
IT Considerations Across Modalities

- Internet connectivity
 - Unstable or slow internet resulting in disrupted access to course materials
 - Slow internet during in-person meeting extended the session times
- Digital literacy
 - Varying levels of digital literacy affected users' ability to use platform effectively
 - NIIT – “Not interested in technology” group
 - BBC – “Born before computers” group
- Power outages
 - Power instability leading to completion of course at work rather than home
- Multimedia content/software glitches
 - Some issues with livestreaming of videos and difficulty in selecting quiz answers



Strengths and Drawbacks of Modalities

In-person

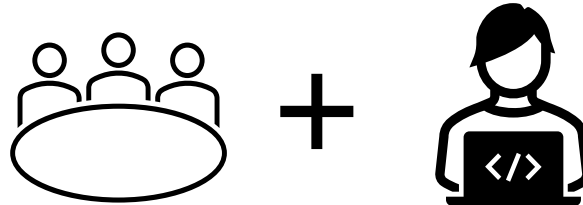


- **Face-to-face delivery**

(+) Optimizes peer-learning, team building, engagement, protected time for training

(-) Costly, transportation, structured learning cadence

Blended

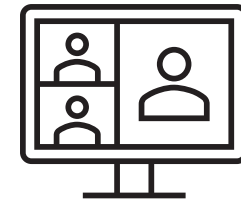


- **Combination of face-to-face and online delivery**

(+) Supports peer-learning, team building, engagement, some protected time for training, flexible learning cadence

(-) Costly, transportation, network and technology dependent

Virtual



- **All content delivered online**

(+) More accessible, lower cost, no transportation needs, flexible learning cadence

(-) Less engaging, higher risk of drop-out, network and technology dependent



Conclusions and Recommendations

- Providers in Ghana felt that the self-assessment tool and e-Learning course content is highly acceptable and relevant to their work.
- All delivery modalities are effective in strengthening provider gender competency, but virtual delivery yielded lower completion rates.
- In all cases, data bundles (at least 5 GB) and provider incentives (e.g., monetary, CPD, certificates) should be provided if possible.
- Factors to consider when selecting a modality include connectivity, digital literacy, and provider preference.



Modality Selection Guide

	High connectivity	Low connectivity
Preference for online, high digital literacy	Virtual	Blended
Preference for online, low digital literacy	Blended	Blended In-person
Preference for in-person, high digital literacy	Virtual Blended In-person	Blended In-person
Preference for in-person, low digital literacy	In-person Blended	In-person

Also consider: Number of providers to be trained/per group; resource availability; and amount of time to complete. All modalities should include IT support, ongoing connection via WhatsApp or other platform, and data.

Thank you!



- Claudette Diogo and Afua Aggrey
- Charlotte Ama Tweneboa Adu, Phebe Antwi, Gifty Ayipaala, Ruby Hornuvo, Sylvester Newton, Gifty Sumani, Zikira, Gameli Sonu Zormelo
- Amani Selim, Afeefa Abdur-Rahman
- Joan Kraft, Sarah Huber-Krum, Barbara Rawlins
- Janine Barden-O'Fallon, Morgan Cricket Glenellen, Matthew LaBarbera, Eva Silvestre, Tory Taylor, Elizabeth Wozniak, Sally Zweimueller
- Andrea Poling, Samantha Law, Carey Walovich
- The D4I KM team
- The PRH Gender Team



Q&A





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