

Institute for Reproductive Health at Georgetown University

Knowledge Improvement Tool

The Knowledge Improvement Tool (KIT) is an instrument developed by the Georgetown University's Institute for Reproductive Health (IRH) to assess FP providers' competency immediately after receiving training in a specific topic or area and over time. This toolkit includes an overview of the KIT along with samples of KITs developed for different family planning methods.

What are the different uses for the KIT?

Primarily, the KIT has been applied to determine the effectiveness of a training approach in preparing service providers to offer a family planning method. For this purpose, the KIT is applied within 2-3 months of the training event. The KIT also is used to assess quality of service delivery over time across different levels of providers. This application allows supervisors to quickly identify gaps in knowledge of providers, allowing them to provide targeted, effective support during routine supervisory visits. The same instrument is used in all countries/projects, thus enabling IRH to measure competency in delivering a particular method across settings. Operations research has demonstrated the effectiveness of the KIT in improving and maintaining providers' knowledge and skills in the topic of the training.¹

How is the KIT applied?

A provider is observed by a trained data collector or supervisor during a simulated counseling interaction. We visit the provider at the work place and ask him/her to offer counseling to a client (who fits a specific profile) and the person applying the KIT records whether or not the provider covered all the key counseling points required for that method. At the end we reinforce any messages that were missed, incomplete or incorrect.

In most sites the KIT is applied to a sample of providers within three months of receiving training. Based on the results of the KIT, the training approach may be adjusted to address gaps in knowledge or skills. Subsequently, the KIT is applied periodically, or as per the program scope, to assess provider knowledge retention and skills over time as well as to evaluate service quality. For example, for the application of the KIT to assess provider knowledge of the Standard Days Method® (SDM), the data collector would ask the provider to counsel a woman who knows the date of her last menstruation, is interested in using SDM, and meets the eligibility criteria. The provider is given the job aids used in SDM counseling, including a set of CycleBeads®, to use during the mock counseling session. The profile can be adapted to suit other methods as desired.

How is the information from the KIT used?

The KIT is a standardized tool that is used across programs, regardless of provider level. It can be used with clinical providers or community health workers (CHW). Typically, after the data is collected, it is input into an Excel spreadsheet for easy data entry. Thus, we can review aggregate data, or disaggregate based on provider level, region, or specific counseling messages, such as eligibility criteria. In this way, we have been able to compare method knowledge of CHWs and providers, as well as review regions where some refresher training was necessary or make a point to more strongly emphasize certain points in the training. We have developed clustered questions for analysis purposes.

Table 1 below is an example of KIT indicators of knowledge/skill and how information is clustered by topic for analysis, specifically, how many providers correctly identified cycle length eligibility requirements for a

¹ Another use of the KIT in selected settings is during role play exercises when training facility-based providers. Participants of the training use it when observing their peers deliver counseling in a role-play situation. Then they take the KIT to use it as a self-assessment on the job. The effectiveness of this modality has not been studied and is used simply as a tool to support a learning activity during training.

women interested in using SDM. Table 2 illustrates how data is organized for analysis by site; it shows for example, the percentage of respondents, by cadre of health worker, who could state each of the proper messages to Lactational Amenorrhea Method (LAM) users about how to transition to another method when she no longer meets LAM criteria.

Table 1: Providers (%) identifying cycle length eligibility, by cadre

MONITORING CYCLE LENGTH or PERIOD COMES ON TIME		Doctor	CHW
1m	If your period comes before the dark brown bead, your period has come too soon to use this method	100%	70%
1n	If your period does not come by the day after you reach the last brown bead, your period has come too late to use this method	88%	80%
7b	It also helps her to know if her period has come too soon (period starts before DARK brown bead)	90%	50%
7c	It also helps her know if her period has come too late to use this method (period has not started after moving ring to LAST brown bead).	88%	80%

Table 2: Providers (%) identifying LAM criteria, by cadre

WHEN TO TRANSITION FROM LAM TO ANOTHER METHOD					
Message		% of respondent			
		MO, LHV & other supervisor	ANM	Sahiyya, CHW	Total
1	Ask the client if she has already thought about the method she would like to use after LAM no longer protects her from pregnancy	66%	72%	62%	64%
2	Offer counseling on appropriate methods during postpartum and according to her breastfeeding status	53%	62%	37%	43%
3	Explain that she can continue to breastfeed and use a method compatible with breastfeeding	41%	48%	58%	55%
4	Advise her to wait at least two years before trying to become pregnant again	71%	83%	93%	90%
5	Who could say either the first or second message	72%	83%	75%	76%

Data utilization: What do we do now?

The data collected from the KIT should be used to improve family planning programs. Program managers should analyze the data and make a plan to share results with key partners and stakeholders. Partners should decide on actions for program improvement. This can include modifying the training curriculum, conducting refresher trainings, building the capacity of supervisors to improve supportive supervision of providers, etc.

Recommendations for Programs:

IRH has successfully used the KIT in a variety of settings for our own programs, and we have also worked with other organizations to adapt the KIT to suit the specific needs of their programs including incorporating a variety of FP methods. The KIT is a simple easy way to monitor the quality of training, provider retention and identify the need for refresher trainings. In service delivery, KIT application can assist with providing high quality, uniform service delivery and to supplement supportive supervision with corrective feedback.

For more information on the Knowledge Improvement Tool (KIT), contact Institute for Reproductive Health, Georgetown University irhinfo@georgetown.edu