

## **Whole Site Orientation: Cost effective approach for educating all cadre of staff for improved access to FP Services**

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### **Background**

For health messages to be effectively passed, all cadre of workers in a facility play a crucial role in influencing behaviour change among clients. Clients usually come in contact with support staff such as security men, record staff, cleaners etc. in most facilities and providing adequate family planning (FP) information to all support staff within a facility have a positive impact on FP uptake.

The first phase of the Nigeria Urban Reproductive Health Initiative (NURHI 1) funded by Bill and Melinda Gates foundation had a goal to increase contraceptive prevalence rate by 20 percentage point. One of its service delivery strategies aimed at strengthening the health system through Whole Site Orientation. The WSO strategy was aimed at addressing training needs of both clinical and non-clinical staff within a facility.

### **Objective**

The aim of the study is to understand the concept of whole site orientation as a facilitator to FP uptake

### **Methodology**

The first session of the whole site orientation commenced in June 2013 in 21 high volume facilities in five Urban LGAs, Ilorin, Kwara state. The approach of the whole site orientation was introduced by the NURHI 1 project to provide information on FP. This FP information was compiled using National FP guidelines and FP training curricula. A pre-planning meeting was held to fix date and convenient time with facility staff; the FP orientation sessions were conducted quarterly which depends on individual facility workload and availability of staff; an average of 17 participants were in attendance per facility and session last for about two to three hours. This approach was intended to be flexible to respond to the specific needs and type of health facility. During the Whole Site Orientation, benefit of FP is emphasised and worker's bias or perception on FP rumors is addressed.

### **Result**

At the end of the project (2015), both clinical and non-clinical staff in all NURHI supported facilities had gained substantial knowledge on FP, with adequate FP information provided. Support staff served as foot soldiers and referral agents for family planning services in their communities while other clinical staff refer clients to FP unit and initiate counselling. In addition, the total new acceptors rose from about 273 clients monthly in August 2011 to over 1000 clients monthly in 2015.

### **Conclusion**

Whole site orientation helps to increase FP knowledge among all cadres of staff, being a flexible and more cost effective method of training as knowledge is transferred to all staff that

have critical role to play in client behaviour and FP uptake. It was also scaled to other NURHI supported facilities and NURHI 2 project.