

UNIVERSITY OF THE WEST INDIES

CABLE AND TELEGRAPH

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PHONE 927-6661

DEPARTMENT OF SOCIAL & PREVENTIVE MEDICINE

MONA, KINGSTON 7
JAMAICA



5320040-③
PD-AAF-816-A1

OUR REFERENCE

PD/CCN

4th June, 1980.

SER/DM/ARC,
Agency for International Development,
Department of State, SA-12,
Washington, D.C. 20523,
United States of America.

Dear Sir,

I enclose 3 copies of the first progress report
for project "Health Improvement for Young Children in
Cornwall County, Jamaica", project No. 532-0040.

With best wishes,

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'M. Desai'.

M. Desai (Mrs),
Coordinator.

DEPARTMENT OF SOCIAL & PREVENTIVE MEDICINE
UNIVERSITY OF THE WEST INDIES, MONA

PROGRESS REPORT NO. 1
OCTOBER 1, 1979 to MARCH 27, 1980
REPORT OF JOINT EVALUATION OF PROJECT
BY DSPM/UWI, MOHSS, USAID, JAMAICA

Project No. 532-0040 - Health Improvement for Young
Children in Cornwall County, Jamaica

USAID Contract No. 532-79-12

Project Report, October 1, 1979 - March 27, 1980

A joint meeting between representatives of DSPM/UWI, MOHSS (formerly termed MOHEC) and USAID, Jamaica, to evaluate the project to date was held at DSPM/UWI on March 27, 1980. This report describes the proceedings of this meeting and also serves as a progress report for the period October 1, 1979 to March 27, 1980.

The Project Director and Coordinator commenced work on the Project on October 1, 1979, while the two Research Assistants, Mr. Byron Hanna and Mr. Bendley Melville, assumed duty on October 15, 1979.

The first task was to develop a programme of familiarization for the Research Assistants with regard to:

- (i) the organizational structure of the Cornwall County Health Administration; and the relationships between the various categories of personnel;
- (ii) the duties and responsibilities of each category of worker;
- (iii) the timetable of activities and services at the health centres;
- (iv) the referral and follow-up systems within the health programme;
- (v) the programme of training which has been so far carried out in the region;
- (vi) the staff conferences and in-service programmes.

The activities planned in order to realize this objective included:

- (a) discussions with staff of the Cornwall County Administration;
- (b) visits to health centres and clinics;
- (c) accompanying staff on field visits;
- (d) attendance at staff conferences.

Some time was also spent in reviewing various documentary sources, both in the Cornwall Region and in Kingston. During this period the Research Assistants obtained valuable information for use in the design of the investigative instruments.

The Project Director and Coordinator made several visits to Cornwall, and held discussions with the staff there. On December 5, 1979, there was a meeting which was attended by the Senior Medical Officer of Health, the Medical Officers of Health for St. James and Trelawny/Hanover, the Nursing Coordinator, Chief Public Health Inspector, Administrator, Nutritionist, Statistical Officer and Training Coordinator of the region. Also present were the Project staff - Director, Coordinator, and Research Assistants.

At this meeting the opportunity was taken to review the various indicators which might be utilized in the investigation of the effectiveness of the training programme. It was agreed that in addition to the study of clinic and other records, the research methodology would include the use of questionnaires and the observation of worker activity and behaviour.

After this meeting the questionnaires to be used were drafted, and later pretested. Adjustments have been made as necessary, and the questionnaires are now in the final stages of preparation for administration. (Fuller details of the design of the study are given in the Appendices.)

There was also a meeting of the project staff with representatives of Cornwall and of the Ministry of Health and Social Security on March 6, 1980, to review the project. It was reported that the activities had been progressing according to the Plan of Implementation (see Appendix 1). However, it was regretted that the Project Director and Coordinator had much less time in Cornwall than originally planned. There have been some administrative difficulties in the initial stages, but these have been largely overcome, and it is expected that the project will be able to proceed more smoothly from now on.

There was some discussion of the need for external assistance for the project, and it was felt that we should investigate the possibility of seeking help from the Johns Hopkins University team. Dr. Carl Taylor, who was present at this meeting, expressed his interest in further participation in the overall programme, and gave some valuable advice on the studies being carried out.

Another meeting between project staff and the Cornwall Administration was held on March 20, at which further details of the investigation were discussed. It was reported that the field staff has been giving the Research Assistants full cooperation in their work.

Arrangements are being finalized for the appointment of the full-time Secretary for the project. Prior to this, secretarial services have been

provided as needed by existing County staff. Office space has been provided by the County Administration. The typewriter which was promised to the project was received at DSPM in October 1979.

Matters arising from the Progress Report at a Joint Evaluation Meeting, March 27, 1980

Two of the major purposes of the project, evaluation of training of staff (purpose No. 1 as set out on page 2 of the attachment to the Contract), and the evaluation of effectiveness of services (part of purpose No. 2), are being investigated, and these investigations are proceeding according to the Plan of Implementation. Details of these aspects of the study may be seen in Appendices 2 and 3. Purpose No. 3 will be achieved as a direct outcome of the evaluation of effectiveness of services which is underway. The remaining aspect of the study - efficiency of services - (part of purpose No. 2) has not yet been designed.

Design of the research instruments is almost finalized and it is anticipated that data collection will proceed, parish by parish, until July 1980.

With regard to efficiency of services, DSPM may seek help from Johns Hopkins University, and/or funds for such help might be available from savings in the present study and the funds already committed to the overall project, 'Health Improvement for Young Children in Cornwall County, Jamaica'.

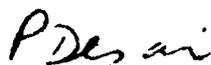
Some initial problems with the project have been resolved. These had centred around the difficulty experienced by the University Bursary of setting up accounts for various expenses prior to receiving an advance from USAID, against which claims may be made. To date, there has been much under-spending on the budget in relation to estimates, owing to the late setting up of the accounts. No claims have yet been made on USAID.

The work of the project is, in general, receiving good cooperation from all persons involved. One group of health workers, in one parish only, is questioning the purposes/methods of evaluation; another is to be given further explanation and clarification by Dr. D'Souza.

Apart from these problems, we feel the work is progressing well. We wish to acknowledge the great help given by the many persons involved with the project, and to show appreciation for the work which the Research Assistants are carrying out so actively.



CARLOS A. MULRAINE
PROJECT DIRECTOR



PATRICIA DESAI (Mrs.)
PROJECT COORDINATOR

April 8, 1980

APPENDIX 1

Project: Health Improvement for Young Children in Cornwall County - Jamaica

IMPLEMENTATION PLAN

<u>TIME</u>	<u>ACTIVITIES</u>
October 15 - December 31, 1979	(i) Research Staff - i.e., Director, Coordinator and Research Assistants to become familiar with the organization and operational aspects of the Health Services in Project ar a. This will involve meetings and discussions with Senior Staff of Cornwall: review of relevant literature; visits to health centres. (ii) Preliminary drafting of research instruments with respect to training and effectiveness. (iii) Visits to be made to Cornwall by Director and Coordinator; Research Assistants to visit Kingston as necessary.
January 1 - 31, 1980	Further discussions and modifications to Research Design.
February 1 - March 31	Pretesting of instruments, followed by further necessary modifications.
April 1 - July 31	Field work and data collection. Concurrent analysis of data and informal reporting of findings. Preliminary design for efficiency of services.
August 1 - December 31	Pretesting instruments to measure efficiency. Completion of data collection and analysis as necessary. Preparation and writing of reports. Submission of reports and Reporting Sessions.

APPENDIX 2

EVALUATION OF TRAINING, 1978-79

Objective - To evaluate training of community health aides and midwives done through training workshops and other in-service training sessions, 1978-79.

Methods

(1) **General** - Two approaches are being used -

- (a) The first one relates to the actual knowledge of staff, as assessed by a structured interview containing 4 questions to be answered on (1) young child nutrition, and (2) other aspects of training.
- (b) The second approach is to assess the extent to which nutritional knowledge is being correctly applied by midwives during child welfare clinics; a comparison is being made between nutritional advice as recorded on children's records and the advice given by the midwife, as recalled by the child's mother immediately afterwards. The advice given will be assessed in the light of the Gomez nutritional grade to the child.

(ii) **Sampling**

For (a) above, all the type I health centres in pilot areas of Cornwall are being used. There are 14 such centres, 2-5 in each of the 5 parishes. In addition, a random selection has been made of an equal number of type I health centres in non-pilot areas of each parish, making 14 in all. All the midwives and community health aides of these 28 centres (about 70 of them) form the subjects of the study. For (b) above, 20 mothers at each of the 28 centres will be interviewed and corresponding child welfare records examined, 560 in all.

Sample questionnaires are ~~attached~~ attached.

APPENDIX 3

EFFECTIVENESS OF SERVICES

Objective - To measure effectiveness of services offered by CCHA, 1978-79.

Methods

(1) General

Certain data are being extracted from child health record cards and maternal health records. These data will be summarized to form several indices of health. A research assistant is both doing this himself and showing staff of antenatal clinics, postnatal clinics, and child welfare clinics how to do it so that eventually they can do it without his supervision. Where the data are not available, reasons for this non-availability are being sought and recorded on a standard form.

(ii) Sampling

The health centres sampled for the training aspect of this study are also being used for this aspect (see Appendix 2).

Attached please see

- (i) a list of indicators being used to assess health status
- (ii) data collection forms.

LIST OF INDICATORS OF EFFECTIVENESS OF PRIMARY
HEALTH CARE SERVICES - CORNWALL COUNTY, JAMAICA

A. ANTENATAL

1. Number of visits made by pregnant women to antenatal clinic.
2. Percentage of women who have had tests for anaemia, V.D.R.L., etc., during pregnancy.
3. Number of pregnant women immunized against tetanus.
4. Number of pregnant women attending antenatal clinic whose weights and urine examination were carried out.

B. POSTNATAL

1. Number of women having postnatal check within eight weeks after delivery.

C. CHILD HEALTH

1. Percentage of babies getting first DPT/Polio and B.C.G. within six months of birth.
2. Percentage of young children who have had at least three DPT/Polio immunizations by two years.
3. Percentage of children getting late start to immunizations but keeping up a schedule.
4. Number of babies reaching a weight of 7 lb by one year (say) of age. (Distribution of young children's weights at 1, 2, 3 years according to Gomez Scale, and/or period prevalence of malnutrition. Gomez Grade II and III during child's first, second or third year of life.)

D. ENVIRONMENTAL HEALTH

1. Number of homes inspected and found free of mosquito larvae by parish.
2. Percentage of homes with satisfactory sanitary facilities by parish.
3. Percentage of homes with piped water supply by parish.

SUMMARY OF CHILD HEALTH RECORD CARD

PARISH.....

NAME OF HEALTH CENTRE.....

DATE OF CLINIC.....

TO BE DONE FOR ALL CHILDREN 9-36 MONTHS ATTENDING CHILD WELFARE CLINIC

(CHILDREN WHOSE MOTHER DID NOT ATTEND PRE-NATAL CLINIC AT THE HEALTH CENTRE SHOULD NOT BE INCLUDED)

BEST AVAILABLE DOCUMENT

NAME	AGE	SEX		NO. OF VISITS	DATE OF BIRTH	GONORRHOEA GRADE AT ROUTINE VISIT					WEIGHT NOT TAKEN	DATE OF D.P.T.			DATE OF POLIO		
		BOY	GIRL			GRADE	II	III	1	2		3	1	2	3		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
TOTAL																	

COMPLETED BY.....

CHECKED BY.....

USAID/NOHEC 002

SUMMARY OF MATERNAL HEALTH RECORD

PARISH.....

NAME OF HEALTH CENTER.....

DATE OF CLINIC.....

TO BE DONE FOR ALL MOTHERS ATTENDING POST-NATAL OR CHILD WELFARE CLINIC FOR THE FIRST TIME.

NAME	MONTHS OF GESTATION AT FIRST VISIT	VDRL DURING PREGNANCY			TETANUS TOXID DURING PREGNANCY				NO. OF VISITS (DATE)	NO. OF WEIGHT TAKEN (DATE)	URINE AT FIRST VISIT			HEAT FIRST VISIT	IS POST-NATAL VISIT WITHIN 7 DAYS OF BIRTH?
		TITERS		NOT TITED	1	2	3	BOOSTER			SUGER	ALBUMIN	WET BANG		
		POS.	NEG.												
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
TOTAL															

COMPLETED BY.....

CHECKED BY.....

USAID/NOHEC 002

BEST AVAILABLE DOCUMENT

QUESTIONNAIRE

To be administered to Community Health Aides and District Midwives at Type I Health Centres.

SECTION I

DATE..... TIME.....

CATEGORY OF HEALTH PERSONNEL

COMMUNITY HEALTH AIDE	1
DISTRICT MIDWIFE	2
PUBLIC HEALTH NURSE	3

NAME OF PARISH

ST. JAMES	1
TREGLAVY	2
BRANDER	3
WEST WINDLAND	4
ST. ELIZABETH	5

NAME OF HEALTH CENTRE.....

AREA

PILOT	1
NON-PILOT	2

LEVEL OF EDUCATION

0	Gr. 1 - IV	Primary/ITT-age IV	Junior Sec. Incomp. Sec.	Complete Sec. or more
	1	2	3	4

A. GROWTH AND DEVELOPMENT

1. What is an average birth weight?

3 - 3.4 kg / 6 - 7½ lb	1
OTHER	2
DON'T KNOW	3

2. At what age is a baby expected to double its birthweight?

3 - 6 MONTHS
OTHER
DON'T KNOW

3. At what age is a baby expected to start teething?

3 - 9 MONTHS	1
OTHER	2
DON'T KNOW	3

B. GENERAL NUTRITION

4. When should a mother begin breastfeeding her baby?

As soon as possible after birth	1
Other	2
Dont Know	3

GENERAL NUTRITION CONT'D

5. For how long should a baby get breast milk only?

4 Months	1
Other	2
Dont Know	3

6. What is the recommended length of time should the baby be kept at each breast?

10 Minutes	1
Other	2
Dont Know	3

7. Name 5 important benefits of Breast-feeding.

1. Provides all baby's nutrient needs	6. Is easily digested
2. Breast Milk is cheap	7. Promotes love
3. Breast milk is clean	8. Promotes contraction of uterus
4. Protects baby from diseases	9. Promotes retaining of figure
5. Readily available	10. Other

If other, specify.....

8. Give 2 important reasons why bottle-feeding is not recommended for baby.

It is expensive	1
Difficult to keep bottle clean	2
Causes running belly	3
Other	4

If other, specify.....

9. (a) Choose the recipe that would produce a porridge of the right thickness for a baby.

Recipe A	1
Recipe B	2
Recipe C	3

(b) How should a mother feed porridge to her baby?

From a bottle	1
From a cup	2
Cup and spoon	3
Other	4
Dont Know	5

If other, please specify.....

10. At what age should feeding a baby from the family pot begin?

6 Months	1
Other	2
Dont Know	3

3.

11. Is banana a good source of iron?

Yes	1
No	2

12. Choose the best of the three food mixtures for a 7 month old baby.

Rice + Chicken + Chocho	1
Rice + Feas + Calaloo	2
Rice + Beef + Green Banana.	3

13. How do you know when a child is malnourished?

Deficit in expected weight for age	1
Other	2
Dont Know	3

14. A 6 month old child weighs 10½ lbs. In what Gomez Grade of malnutrition does he fall?

Gomez Grade II	1
Other	2
Dont Know	3

15. (a) How would you treat a 6 month old child with Grade I malnutrition.

Supplementary feeding - Thick Porridge - Family pot - Milk	1
Other	2
Dont Know	3

(b) What advice would you give to the mother of a 5 month old child with Grade I malnutrition on a home visit?

Continue breast-feeding	1
Feed thick porridge with milk	2
Feed porridge from cup and spoon	3
Give fruit juice regularly	4
Other	5
Dont Know	6

If other, specify.....

16. If on one of your home visits you find a child with Grade III malnutrition, what would you do?

Refer to Type III H.C., NP or Hospital	1
Other	2
Dont Know	3

QUESTIONNAIRE

SECTION II

A. INTERPERSONAL RELATIONSHIP

State whether the following statements are true or false.

	<u>TRUE</u>	<u>FALSE</u>
To get along with people you should	_____	_____
a) Wear a genuine smile	_____	_____
b) Show people that you are important	_____	_____
c) Become interested in people	_____	_____
d) Be a good listener	_____	_____
e) Treat people according to your opinion of them	_____	_____

B. INTERVIEWING

When interviewing a client/patient it is necessary:

a) To have other people present	_____	_____
b) To ask the person to speak up quickly	_____	_____
c) To use very simple language	_____	_____
d) To be calm	_____	_____
e) To be observant	_____	_____
f) To ask any question you think very important even if the person appears embarrassed	_____	_____

C. COMMUNICATION

To communicate properly you should:

a) Talk down to people	_____	_____
b) Make sure that what you say is understood	_____	_____
c) Not use a visual aid as this takes too much time to prepare	_____	_____
d) Encourage feedback	_____	_____
e) Not encourage people to ask questions	_____	_____

D. VISUAL AIDS

1. A good visual aid :

a) Does not have more than 3 colours	_____	_____
b) Has complicated designs and shapes.	_____	_____
c) Has one idea on one page	_____	_____
d) Is difficult to understand	_____	_____
e) Is large enough to be easily seen by the audience for which it is intended.	_____	_____

2. To use a visual aid properly, you should:

a) Be familiar with the aid	_____	_____
b) Stand in front of the aid when using it	_____	_____
c) Talk to the aid, not the audience	_____	_____
d) Use a pointer	_____	_____

E. DIABETES AND HYPERTENSION

a) What is diabetes commonly referred to as?

Excess sugar in the blood	1
Other	2
Dont Know	3

b) Name 3 signs that would lead you to suspect that a person has diabetes.

1.	Excessive thirst	6.	Excessive hunger
2.	Loss of weight	7.	Itching of the skin
3.	Passing large amount of urine frequently	8.	Failing vision
4.	Tiredness	9.	Numbness in hands and feet
5.	Other		Don't Know

If other, please specify.....

c) Name 4 organs or systems of the body that are usually affected in diabetes.

1.	Pancreas	6.	Kidneys
2.	Eyes	7.	Nerves
3.	Skin	8.	Heart
4.	Muscles	9.	Lungs
5.	Other	10.	Don't Know

If other, please specify.....

d) What test is done routinely at antenatal clinics to detect the presence of diabetes in pregnant women?

1.	Urine test for sugar
2.	Clinitest
3.	Clinistix
4.	Uristix
5.	Other
6.	Don't Know

e) Name 2 kinds of food that should be restricted or omitted in the diet of a diabetic.

1.	Carbohydrates
2.	Fatty foods
3.	Energy
4.	Calories
5.	Starchy foods
6.	Sugar
7.	Other
8.	Don't Know

f) Name one food item that a hypertensive patient should avoid completely.

1.	Salt
2.	Other
3.	Don't Know

F. MEDICAL TERMS AND THEIR MEANINGS

Explain the meaning of the following medical terms.

1.	DEHYDRATION	1	Abnormal loss of body fluids
		2	Other
		3	Don't know
2.	DIARRHOEA	1	Loose watery stools
		2	Other
		3	Don't know
3.	EMETIC	1	Substance which induces vomiting
		2	Other
		3	Don't know
4.	FRACTURE	1	Broken Bone
		2	Other
		3	Don't know
5.	HAEMOGLOBIN	1	Carrying element in red blood cells
		2	Other
		3	Don't know
6.	MENOPAUSE	1	Change of life - woman
		2	Other
		3	Don't know

G. LAYETTE AND CLOTHING

1. At what stage of pregnancy would you advise a mother about layette?

1.	3 - 6 months	4.	15 - 20 weeks
2.	2nd Trimester	5.	When viability of foetus is verified
3.	Other	6.	Don't know

2. Name 3 important points a pregnant mother should consider with regards her manner of dress

1.	Wear flat shoes
2.	Dress should be loose and comfortable
3.	Wear a well fitting bra
4.	Avoid wearing elastic garters
5.	Other
6.	Don't know

If other, please specify.....

H. CHILD CARE AND PROTECTION

If on one of your home visits you find a two year old child alone and tied to a bed post, what would you do?

1.	Report it to the Department of Child Care & Protection
2.	Other
3.	Don't know

I. MENTAL RETARDATION

1. Mental retardation is a disease. Is this statement true or false?

TRUE	FALSE	DONT KNOW
------	-------	-----------

2. There are 3 levels of mental retardation. Name two of them.

1.	Mild
2.	Moderate
3.	Profound or severe
4.	Other
5.	Dont know

J. POISONS AND ACCIDENTS

1. As a Health Care Provider, give 3 important things you must consider when you are faced with a case of poisoning.

1.	What to give to counteract the poison
2.	Decide whether or not to induce vomiting
3.	Call MD or send patient for treatment
4.	Treat for shock
5.	Other
6.	Dont know

2. How would you determine if a patient has taken poison that could cause damage to the lungs?

1.	Smell the person's breath
2.	Other
3.	Dont know

3. (a) Why wouldn't you induce vomiting in one who has taken a chemical poison?

1.	The vomited poison may get into lungs and cause burns
2.	Other
3.	Dont know

- (b) What serious complication may result if a poison get into the lungs?

1.	Respiratory distress due to swelling in the throat
2.	Impaired breathing due to swelling in the throat
3.	Other
4.	Dont know

4. What Homeade preparation can be readily used to induce vomiting?

1.	Warm heavily salted water
2.	Other
3.	Dont know

5. How would you stop excessive bleeding from a deep wound?

- | | |
|----|-----------------------|
| 1. | Apply direct pressure |
| 2. | Other |
| 3. | Dont Know |

6. What serious condition is likely to develop from a deep wound which is not properly cleansed and dressed with a sterile dressing?

- | | |
|----|------------|
| 1. | Tetanus |
| 2. | Lock Jaw |
| 3. | Convulsion |
| 4. | Other |
| 5. | Dont Know |

7. A young boy from a neighbouring home has blisters on the back of his hand due to burns he had from a kerosene torch.

Would you (a) open the blister and apply a dressing.

or

(b) clean with water and apply a dressing.

8. DENTAL HEALTH

1. What two important minerals are important for tooth formation?

- | | |
|----|------------------------|
| 1. | Calcium and phosphorus |
| 2. | Other |
| 3. | -Dont Know |

2. Name two substitutes for the toothbrush.

- | | |
|----|-------------------|
| 1. | Chew stick |
| 2. | Raw Carrot |
| 3. | Cabbage eaten raw |
| 4. | Orange |
| 5. | Sugar Soap bath |
| 6. | Other |
| 7. | Dont Know |

3. How does tooth extraction during pregnancy affect the unborn child?

- | | |
|----|-------------|
| 1. | It does not |
| 2. | Other |
| 3. | Dont Know |

9. CARE OF THE BREASTS

1. Give 3 important advice you would give to a pregnant mother about care of her breasts?

- | | |
|----|--|
| 1. | Wash breasts with daily bath |
| 2. | Dry them properly after washing |
| 3. | Full nipples put few times each day so they become prominent |
| 4. | Support the breast with well fitting bra |
| 5. | Other |
| 6. | Dont Know |

If other, please specify.....

4. FAMILY PLANNING

1. A woman who just started on the pill complains of irregular bleeding.
a) What is the most likely cause of this?

- | | |
|----|--------------------------------------|
| 1. | She is not taking the pill regularly |
| 2. | Other |
| 3. | Don't know |

- b) In advising her -

- | | |
|----|--|
| 1. | Should you tell her to start taking the pills |
| 2. | Should you emphasize the risk of pregnancy if the pills are not taken correctly? |

2. If a woman asks you what she is likely to encounter if she takes the injection (Depo-Provera) what 3 important problems would you tell her about?

- | | |
|----|--|
| 1. | Expect irregular menses |
| 2. | Expect amenorrhea after 1st 6 months |
| 3. | Risk of development of benign breast tumor |
| 4. | Risk of permanent loss of fertility |
| 5. | Other |
| 6. | Don't know |

3. Name 4 side effects of the pill.

- | | |
|-----|------------------------------------|
| 1. | Nausea and vomiting |
| 2. | Gain in weight |
| 3. | Breastfullness/tenderness/swelling |
| 4. | Menstrual irregularities |
| 5. | Increased vaginal discharge |
| 6. | Depression |
| 7. | Head aches |
| 8. | Indigestion |
| 9. | Fatigue |
| 10. | Chloasma |
| 11. | Decreased libido |
| 12. | Elevation in blood pressure |
| 13. | Other |
| 14. | Don't know |

4. What 4 things would you explain to a woman who has decided to have a coil fitted?

- | | |
|----|---|
| 1. | How coil works - presence in the womb prevents pregnancy |
| 2. | Have it inserted on the 5th day of period or 6 weeks post-partum |
| 3. | Feeling the strings in the vagina regularly ensures coil is still in place |
| 4. | Check sanitary pads for possible expulsion shortly after insertion or during period |
| 5. | Possibility of heavy periods for first 2-3 months |
| 6. | Expect abdominal cramps |
| 7. | Possibility of increased vaginal discharge |

- 8. Importance of regular clinic checks
- 9. Emphasis on personal hygiene
- 10. Likelihood of coil being pulled out if tampons are used
- 11. Return to clinic if she is unable to feel the coil
- 12. Other
- 13. Dont Know

If other please specify

N. ETHICS

- 1. If you visit a client's home to deliver a referral to the Social Disease Clinic (VD Clinic) and he/she is absent at the time:
 - 1) Should you ask someone living at the same home to deliver the referral slip?
 - or
 - 2) Should you find out when he/she would be at home and make another visit?
- 2. Do you think that the conduct of a member of the Health Care Team in private life has any influence on professional performance?
 - 1. Yes
 - 2. No
 - 3. Dont Know

O. MANAGEMENT

- 1. What staff member is the team leader in a Type I Health Centre?
 - 1. District Midwife
 - 2. Other
 - 3. Dont Know
- 2. What should be the population served by the different types of Health Centres?

TYPE I	TYPE II	TYPE III	TYPE IV
4,000	10 to 20,000	20,000	Whole parish
Other	Other	Other	Other
Dont Know	Dont Know	Dont Know	Dont Know

- 3(a) Do you think evaluation is necessary?
 - 1. Yes
 - 2. No
 - 3. Dont Know

(b) Name 4 purposes evaluation serves

- 1. To see whether objectives are met
- 2. To identify problems
- 3. To identify weaknesses in the system
- 4. To give credit for job well done
- 5. To plan improvements
- 6. To work out alternatives
- 7. To identify elements that are impeding progress
- 8. To identify elements that are facilitating success of the programme
- 9. Other
- 10. Dont Know

If other please specify

APPENDIX 4

EFFICIENCY OF SERVICES

This aspect of the study will take place in August, or later, and methodology has not been designed.

The research team has discussed some ideas but this part of the project is at the moment at a very preliminary stage.

Planning is one of the principles of management. Name 2 other.

1.	Organising
2.	Controlling
3.	Evaluating
4.	Other
5.	Dont Know

5. Give 4 qualities of a good supervisor/leader.

1.	Honest
2.	Understanding
3.	Firm
4.	Fair
5.	Open-minded
6.	Other
7.	Dont Know

If other, please specify.....

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