



SANTA CRUZ, CALIFORNIA 95064

MATERNAL AND CHILD HEALTH/FAMILY PLANNING PROJECT
FOR
THE GAMBIA, WEST AFRICA
AND
THE PEOPLE'S REPUBLIC OF BENIN, WEST AFRICA

Contract AID/afr-C-1295

THIRD SEMIANNUAL REPORT
(JANUARY 1, 1978 - June 30, 1978)

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I N T R O D U C T I O N

This is the third Semannual Report of project activities being carried out under Contract No. AID/afr C-1295 which became effective on January 31, 1977. Technical assistance in training and health planning coupled with supplying demonstration equipment and commodities continues to be the focus of this project.

The activities which occurred during this reporting period are presented in the following order:

1. Section I covers the training and administrative activities of the Santa Cruz based staff. This includes a trip report of a visit by Santa Cruz staff to Benin and The Gambia from February 22 through March 25 and a report of a nurse practitioner course attended by two nurse/midwives from The Gambia.
2. Section II is an activities report prepared by the MCH staff in The Gambia.
3. Section III is an activities report prepared by the MCH staff in Benin.

SECTION I

UCSC/MCH PROJECT REPORT

SANTA CRUZ

January 1, 1978 - June 30, 1978

SECTION I:

PROJECT ACTIVITIES - SANTA CRUZ

Project activities at University Extension in Santa Cruz continued to focus on program planning, management and participant training.

A. Site Visit to Benin.

The Santa Cruz office conducted a program review in Benin and The Gambia from February 23 through March 22. Questions of major concern in Benin included:

1. Revising the work plan through 1978.
 2. Providing a second nursing advisor until the end of 1978.
 3. Planning and developing a locally based family planning/nurse practitioner course.
 4. Reviewing inventory and assessing commodity requirements.
 5. Developing a plan for the continuation of project activities after the close of this contract.
 6. Bringing the project accounting up-to-date.
- Work Plan - discussions of the work plan concerned the number, location and type of future training programs and the development of health manpower in Benin. See Section III of this Report for a discussion of the Work Plan.
 - Second Nursing Advisory - plans were made to have Ms. Emily Lewis return to Benin until the end of the current contract to work with Ms. Maryann Surman to provide technical assistance to the Ministry. Ms. Lewis has served for a number of years as a training coordinator for UCSC Extension health training programs in Santa Cruz. In 1977, she spent several months working in Benin developing training programs. Ms. Lewis arrived, as planned, in mid-May to continue work on developing in-country training programs.

- Benin based nurse-practitioner training program - preliminary plans were made to conduct the first Benin based MCH/Nurse Practitioner in June or July, 1978. Dr. Joseph Kodja, Director of Preventive Medicine, will plan this program and UCSC Extension will supply manpower, and materials, to help the Ministry implement this very important 12-week in-country training program.
- Inventory - the yearly equipment inventory required by the University of California was conducted with satisfactory results. All equipment shipped to Benin under this project is still in use including three 1972 Chevrolet vehicles. No equipment has been lost or stolen in Benin and it has been widely distributed throughout rural Benin - as far north as Natitingou. The Ministry has requested MCH/FP kits for several additional clinics should funds for this expansion of services become available through this project.
- Continuation Plan - The following project continuation plan outline was presented to Mr. Herbert Woods, USAID Officer in Cotonou on March 11, 1978:

The government of the R.P.B. has shown continuing and growing interest in improving rural health care and has also stated that it intends to place particular importance on the development of "soins de sante primaires en zones rurales." Because it has always been the purpose of the UCSC MCH project to improve rural health care, we have looked for the best possible manner, from a preventive medical viewpoint, in which to proceed. We continue to adhere to the principle that has characterized the existing UCSC MCH project in Benin; that is, to utilize the existing structure and medical personnel of the MOH, to coordinate activities with other donors, and not to create new and/or additional personnel levels and structures which would only tax the system of the MOH financially and weaken the current personnel levels.

Working with M. Issifou BOURAIMA, the Minister of Public Health, Dr. Theodore BANKOLE, Director of Public Health, Dr. Joseph KODJA, Director of Preventive Medicine, and several midwives and nurses from the MOPH, we have developed a plan, a 3 point plan, which emphasizes

training of health personnel who have rural health care delivery responsibilities. An integral part of this 3 point plan is to continue developing service delivery systems on the model developed during the past 6 years by the UCSC MCH project here in Benin.

The three point plan in more detail:

1. A training center will be established in Cotonou to train midwives and/or infirmieres d'etat as MCH nurse practitioners. The initial effort to institutionalize this program in Benin will be made in June, 1978 the first training cycle will be conducted in Cotonou by a Benin/UCSC training team. This course will be identical to that which has already been given to some 20 Benin nurse midwives and nurses in Santa Cruz. The purpose of this training center will be to develop a cadre of trained staff who can provide improved service and training throughout the health sector. Mmes OUEXO, CODJIA, DEHOUE, AMOUSSOUGENOU and others are exemplary of the health professionals that can be trained at this center.
2. The second component of the plan is the development of a rural health training center in the north. At present both Parakou and Natitangou are being considered but the final decision on the exact location must be by the Government. A tremendous gap exists between the work performed and the training received by low level health workers such as filles de salle, garcons de salle, and accoucheuses traditionnelles. The purpose of this second center would be to fill that training gap.
3. The third component of the plan is to provide MCH/NP/NUTRITION services, to be available at health centers throughout Benin. The MOH has discussed 32-35 possible locations for expanded or new services. It has been stressed that prior to the introduction of these services at a center, a graduate of the MCH/nurse practitioner program would be assigned as the responsible medical person for the program. Provision can be made for the installation of these services in 5 - 6 centers per year with the full cooperation of the MOH. An effort is under way to establish a priority list of the facilities.

- Project Accounting - the project has a Deposit Account with the Ministry of Health and a regular bank account in Cotonou to cover local expenses such as housing, utilities, office supplies, etc. Considerable time was expended in reconciling these accounts.

B. Site Visit to The Gambia

In The Gambia the site visit was carried out to:

1. Inventory equipment and determine what commodities would be required for the remainder of the year.
2. Review program progress in Banjul, Mansa Konko, Kuntaur and Kerewan.
3. Assist in the completion of a KAP survey of Health Professionals.
4. Assist in the setting up of a pediatric assessment training program.
5. Develop a recommendation for future medical program input in The Gambia.
6. Bring the project accounting records up-to-date.

- Inventory - the yearly equipment inventory required by the University of California was conducted with considerable assistance from Omie Gaye, the MCH office secretary in Banjul. In general, the inventory was satisfactory although some small items had recently been stolen from the project office. Lock-up procedures have been changed in an effort to insure that theft is curtailed. Project vehicles in The Gambia are in poor condition. A 1972 Chevrolet Suburban will soon have to be junked and the 1972 Chevrolet Blazer seems only suitable for use in the Banjul area. A few equipment repairs were necessary but most equipment supplied by the project is in use.

- Site Visits - project activities in Banjul and Mansa Konko were proceeding according to our work plan with activity at Kerewan and Kuntaur considerably slower. Part of the delay is related to lack of facilities and trained staff and these problems should be alleviated during the next six months. Section II of this report is a detailed activities report on The Gambia project.

- KAP Survey of Health Professionals - the University had supplied a biostatistician to conduct a survey among Gambian government employed health workers. The biostatistician, Dr. Harrison Stubbs was nearing

completion of this survey in March. Approximately 160 health workers ranging from doctors to graduates of the Community Health Nurses program in Mansa Konko have completed questionnaires covering a variety of MCH related subjects. Results of this survey will be reported in our final project report under this contract.

- Pediatric Assessment Training Program - a number of details remained to insure the successful conduct of this new training program. Site locations, participants, transportation, clinical experience and classroom space were just a few of the problems to be considered. A complete report of this program is contained in Section II.
- Recommendations for Future Programming - a brief outline of recommendations for a continuation program follows as it was presented to Mr. Douglas Broome, AID Officer in Banjul:

The Ministry of Health of The Gambia has shown continued and growing interest in improving its health delivery systems and in placing extra emphasis on rural health services. It has always been the objective of the UCSC/MCH Project to improve rural health care, we have looked for the best possible ways, from a preventive medical viewpoint, to proceed. We continue to stress the principles that any donor effort should utilize the existing health structure and medical personnel and not create new and/or additional personnel levels, and structures which would financially tax the Ministry of Health.

Efforts must continue to coordinate activities with other donors through such organizations as the Maternal and Child Health Committee.

A review of the major points of impact of the UCSC/MCH Project include:

1. A Maternal and Child Health Division has been established within the Ministry of Health and Mrs. Bertha M'Boge is serving as Acting Maternal and Child Health Coordinator. Official designation of the position "Maternal and Child Health Coordinator" is under consideration by the Ministry.
2. A health statistics system has been established and standardized health records are printed by the Government. These include:

- a. Child Health and Weight Records Over First Five Years
 - b. Medical History Forms
 - c. Antenatal Immunization Record and Clinic Register
 - d. Infant Welfare Immunization Record and Clinic Register
 - e. Family Planning Records
3. A Community Health Nurses School in Mansa Konko has been established and the first class of 16 has graduated and been assigned to posts throughout The Gambia. The second class of 18 students will begin March 20th, 1978.
 4. Family Planning Services have been established at Royal Victoria Hospital Banjul, and at rural health centers in Mansa Konko, Kerewan and Kuntaur. The clinic at RVH is well established with over 600 clients, the rural clinical family planning services are part of the Maternal and Child Health program with several acceptors at each of the three centers.
 5. Environmental health and nutrition and family planning components have been integrated into the curricula of the Schools of Nursing, Midwifery, Public Health, and the Community Health Nurses School at Mansa Konko.
 6. Participant training has been important in developing a cadre of staff, who provide improved Maternal and Child Health/Family Planning Services. This tutorial group does on the job training of health center staff in Maternal and Child Health/Family Planning subjects. Thirteen Gambian Nurse Midwives have been trained in the United States and one in Nigeria.

RECOMMENDATIONS FOR 1979:

It is essential to provide continuity of input in the development of Maternal and Child Health services in The Gambia. To accomplish this we propose that a Public Health Nurse with administrative background be assigned to continue liaison with the Maternal and Child Health Office in Banjul. This position will have the following responsibilities:

1. Work with the Ministry of Health to improve the quality of training at the Gambian School of Nursing and Midwifery

- with the aim of gaining accreditation from the West African Nursing Council.
2. Work with the Ministry to improve the quality of training at the School of Public Health, and improve enrollments and decrease dropouts.
 3. Coordinate continued assistance in developing family planning services, including technical and commodity assistance.
 4. Coordinate continued development of the Mansa Konko training center and assist in defining the role of the Community Health Nurses.
 5. Continue as a member of the Gambia Maternal and Child Health Committee and advise on the planning of country-wide Maternal and Child Health Services and help facilitate better coordination with other donors.
 6. Work closely with the Maternal and Child Health Committee, the British Medical Research Council, food donor agencies (such as Catholic Relief Services) to develop a nutrition education program which will introduce proper concepts of good nutrition in all areas of health care. An example is the teaching of mothers to prepare adequate diets from indigenous foods.

This continuation as interim program is a large and difficult task for one person. Specialized consultants will be provided from time to time as demand arises.

Finally, we must emphasize that failure to maintain program continuity will easily lead to serious setbacks in programming.

- Project Accounting Records - the project has a Deposit Account with the Ministry of Health and a Regular Bank Account with the Standard Bank of West Africa in Banjul. Both accounts had to be balanced and the expenditures through the Deposit Account were brought up-to-date. The Ministry accountant, Mr. Wright, presented Jim Franks with a detailed statement of project expenditures just prior to his departure from The Gambia. The Ministry must authorize all local expenditures that are made in connection with project activities. This insures coordination and integration of project activities with the overall Ministry program. The system works extremely well in The Gambia.

S E C T I O N I I

UCSC/MCH PROJECT REPORT

THE GAMBIA

January 1, 1978 - June 30, 1978

Submitted by:

Bertha M'Boye

Noma Braumard

Berlah Joel

Paul Wilson

I. INTRODUCTION

The first six months of 1978 were highlighted by several events having a significant bearing on project activities. Some problems do continue and certain obstacles do remain, but the goals and objectives enunciated for this period were attained. The activities which engaged project staff and which related to overall functioning can be listed as follows:

- A. Dr. Peter N'Dow elected early retirement as Director of Medical services. This will be final in October of this year and until then Dr. Samba will be Acting Director; then he will become Director.
- B. Mrs. Bertha M'Boge, MCH coordinator participated in an in-country workshop in Health Planning during the month of January. She was also selected to participate in a travelling seminar in the United States, "Women in Health" from many different countries, sponsored by the United States Bureau of Education and Cultural Affairs.
- C. Harrison Stubbs, Ph.D., representing UCSC administration, arrived in The Gambia in late January to spend several weeks preparing and conducting health surveys.
- D. Jim Franks and Bob Minnis visited The Gambia project from March 9 through March 16. During that time, Mr. Franks also spent a day in Dakar meeting with Dr. Marc Vincent of USAID. Some aspects of future UCSC presence in The Gambia were discussed. There were meetings with Dr. Perera and Miss Partington, discussions about project training plans and project development, as well as the activities and problems of the centers at Kerewan, Kuntaur, and Mansa Konko.

E. On March 13, Dr. Paul Wilson and Ms. Norma Wilson arrived to complete preparations for the first cycle of the Pediatric Assessment Training Program. After overcoming some unpreventable delays and solving some unexpected problems, the sessions started on April 10 and continued through May 5. From reports of posts visited and from trainee evaluations this was a highly interesting, valuable, and successful cycle. (Appendix I).

Dr. Wilson also managed to meet with staff to review all project activities, visit project centers and talk with health personnel at these centers.

F. The School for Community Health Nurses at Mansa Konko admitted its second class of 19 students; training started on March 20. (Appendix IX).

G. Training exercises were carried on both in and out of country, and plans for more involvement are under way.

1. In country - pediatric assessment - 5 trainees

- Family planning - training of auxiliaries at the Royal Victorian Hospital

family planning clinic

- Social Medicine and Nutrition for Public Health Students

- Child Health and Family Spacing in the School of Nursing for midwifery students

2. Out of Country - Ellen Aubee and Anita Davis returned from Santa Cruz where they had participated for 16 weeks in a Family Health Practitioner training course emphasizing teaching skills, maternal and child health and family planning. Sister Coker from the Mansa Konko school went to Nigeria for training. Mrs. Owens of the Sekuta Health center left in June for Downstate Medical Center in New York for MCH/Family Spacing training.
- H. RVH family planning clinic has continued to expand and now is meeting a total of 1-1/2 days or 3 clinic sessions per week. In addition to the full spectrum of family planning services, education and counselling, full physical examination, plans are under way to introduce PAP smear evaluation. (Appendix II).
- I. Coordination with other donor Agencies:
1. A meeting with Director of Catholic Relief Services discussed a pilot food and nutrition project in the Basse area. Sister Ann Moffatt, a pediatric assessment trainee, with two community health nurses of the Mansa Konko School will be working in this project. A short inservice program for the two health inspectors assigned to this project was conducted by Banjul project staff - covering immunization techniques, preparation, sterilization, and storage of vaccines and equipment, etc.
 2. Dr. Ropp, Medical Director of World Wide Evangelical Mission in The Gambia has discussed the integration of a course in family planning concepts into the curriculum

of their auxilliary nurses school at Sibonor. Resource materials, lists of reference texts and materials have been made available for use in this school.

- J. Other activities included follow-up visits to the several health centers where graduates of the Mansa Konko school have been assigned. These visits were designed to give additional support to these young and relatively untried health workers, to help them identify problems, give some additional teaching, and provide some ongoing supervision. They are also reporting periodically to the MCH office staff. A monthly activities report for each center where these nurses are assigned has been requested. (Appendices III-VIII.)

Visits to several mission clinics have been made as part of the effort to coordinate all MCH activities whatever the supporting source. An example is the meeting between the officials of the WEC Mission and Mrs. M'Boge regarding the site of a new clinic on the north bank.

- K. The MCH Committee

Mrs. M'Boge continues as secretary of the MCH Committee.

The following summarizes some of the work of this Committee:

1. Dr. Aukett is preparing a medical routine for pediatrics to be used by health personnel at MCH centers and she is conducting inservice education at each center to implement this.
2. Mrs. M'Boge is developing a policy and procedure manual for health center personnel.

3. The obstetricians are preparing a medical routine for midwifery.
4. It is proposed that nursing personnel posted to MCH centers will receive orientation by MCH staff before taking up duties. And it is planned that posting will be done in coordination and consultation with the MCH coordinator.
5. Emphasis is being placed on improving standards and equality of nursing care. Problems are to be reported and will be investigated by physicians so that they can be avoided in the future. Reports are made to the MCH office and specific cases are followed up.
6. Recommendations for the expansion of the Mansa Konko Community Nurses School have been considered and proposed.
7. Staffing of the health centers at Bwiam and Yonoborough has been proposed by Mrs. M'Boge. These centers are scheduled to open soon.

The foregoing illustrates a wide range of activities involving the UCSC MCH project and staff in The Gambia. With the functioning of the two replication centers as well as the pilot center at MansaKonko, the increase of training in several areas, the expansion of project philosophy on a national level, as well as other manifestations of MCH activity, it is not difficult to note that continuous progress is being made. Much is still to be done but the forward movement is most encouraging.

II. PERSONNEL

BANJUL:

Bertha M'Boge - - - - MCH Coordinator - full time - The Gambia
Norma Brainard - - - - Education Specialist - full time - UCSC
Ounie Gaye - - - - Typist, Administrative Assistant - full time
The Gambia
Bakary Dembe - - - - Chauffeur - full time - The Gambia

MANSAKONKO

Beulah Joel - - - - Education Specialist - full time - UCSC

THE GAMBIA

Paul E. Wilson, MD. - Medical Director - 1/2 time - UCSC
Field Director

III. SUMMARY

General:

These six months have seen several important achievements:

1. Training: 2 nurse midwives in Santa Cruz program
3 dresser dispensers and 2 nurse midwives
in pediatric assessment in-country
On-the-job training at the Royal Victoria
Hospital FP clinic
On-the-job training at the MansaKonko center
2. MCH national organization: definition of the role of
Mrs. M'Boge.
3. Admission of a larger second class (19) to the Mansa
Konko school with plans to increase the
faculty and stagger classes so that there
will be two graduating classes per year.
4. Increased related MCH activities: food distribution (CRS),
nutrition teaching program for mothers at the
RVH children's ward, liaison with WHO regarding
technicians for PAP services, meetings with
representatives of various medical missions to
further standardization of records, services,
and training to bring mission clinics in line with
national policy.
5. The three project centers are in operation (physical improve-
ments are in the planning stage) and MCH services
of a similar nature are to be replicated through-
out the country under the watchful supervision of
Mrs. Bertha M'Boge.

Problems:

1. Staffing: There is a dearth of candidates for the professional schools with the resulting deficiency in numbers of trained staff for posting in-depth or to relieve others for additional training and/or review. It is recommended that the UCSCMCH technician aid in seeking more effective recruitment methods and in upgrading standards for faculty and curriculum in these schools. One area for consideration might be incentives such as salaries, permanent postings, and promotions.
2. Transportation: Maintenance of American produced vehicles is fraught with difficulties and because the project vehicles are not in working order most of the time, visiting project sites and trekking are hampered. The problems revolve around unavailability of parts and inability to repair American cars because of unfamiliarity with them. In the future, vehicles should be of the type and make that the Gambian PWD can easily maintain.
3. Shortages of vaccines and medications: These still occur but now due to the efforts of the MCH committee efforts are being made to overcome them. Center personnel responsible for these must learn to plan their needs in advance so that central stores can respond properly and in time.
4. Indoctrination and motivation of health personnel in basic health principles is necessary. Health personnel are the "salesmen of health" yet many of them do not themselves follow the basic health principles in their own daily living; e.g., household and personal hygiene, personal appearance, immunization for the

family, etc. It is an inescapable logic that only trained and motivated health personnel can promote the ideas, notions and practices of health in the community, can overcome the centuries' old habits, traditions, and practices that need changing. We are aware that this change is not easy and will be slowly achieved.

5. The centers must be models for the community with proper sanitation facilities for garbage and waste disposal, toilets and washroom facilities, water supply (well covers when indicated), fencing to keep animals out of the compound. By example, the health center influences the community.

* * * * *

IV. COMMENTARY

During the years of the University of California's presence in Africa, changes in health practices and planning have been rapid and complex. The last seven years have seen a shift from family planning to a priority on family health with emphasis on the mother and child.

Now there are new medications to cure or ameliorate diseases, new methods for achieving changes in knowledge and in the attitudes and behaviors of communities towards habits and customs affecting family health. The disturbances of the traditional ways by the distortions and stimuli of modern cultures, the pressures of epidemic and famine, the political manipulations of peoples and countries, the need to deliver rural health care, give rise to problems requiring experienced evaluation and attention. As some give way to solution, new ones will appear and new priorities will develop; an endless series of challenges in this ever-changing scene.

The community health worker, the health auxiliary, the volunteer, the traditional healer--their roles in rural health delivery systems are being redefined, are assuming new importance. Those of us with the advantage of practical field experience, who have been involved in this development, strongly endorse this evolutionary process--and also strongly endorse the proposition that programs which are meeting the challenges with some success should not be replaced but should be encouraged to continue, to perhaps extend and expand into new territories.

The present concept of "time limits" on a health project should be abandoned--it is not realistic, it does not reflect the constantly changing pattern of reaction and adjustment to evolving events which is so

characteristic of the developing country. Thus this commentary is a plea-- indeed a plea to support the continuation of projects that are making progress, to encourage their replication in still other developing countries, while at the same time inviting new ideas, new inputs, new contributors.

Paul E. Wilson, M.D.

Medical Director & Field Coordinator
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Maternal and Child Health Projects
The Gambia
The Peoples' Republic of Benin

* * * * *

APPENDIX I.
PEDIATRIC ASSESSMENT IN A TROPICAL SETTING

OVERALL PURPOSE OF THE COURSE:

To prepare the The Gambian State Registered and State Certified Midwives (nurse) attending the course to work in an expanded primary role, independently and interdependently in pediatric care in the Gambian Health Centers.

OVERALL COURSE DESCRIPTION:

This course builds on the participants existing knowledge, and brings new clinical content and skills to improve the quality and techniques of pediatric assessment and treatment of common pediatric illnesses and injuries in a tropical setting. The course content will emphasize pediatric assessment techniques and the use of diagnostic equipment, the development of basic diagnostic skills to be used in health maintenance, the prevention and treatment of common childhood diseases and injuries, the identification of children "at risk", the identification of those requiring referral for more specialized care and to the use of health education skills when working with children and families.

Teaching will take place in both the classroom and clinic setting. Content will be presented in lecture, seminar discussion, through audiovisual aides, skill demonstration-return demonstration and use of written resource materials. A daily supervised clinical practice (1 instructor to 2 students) is emphasized in the learning process. Flexibility will be maintained throughout to allow clinical experiences to be used for classroom discussion, and to consider individual needs, interests, and readiness to learn.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

OVERALL COURSE OBJECTIVES (cont.)

5. to provide health teaching and counseling to the well infant, child, and family to maintain health status in areas of hygiene, nutrition, immunizations and common accidents.
6. to identify the high-risk infant and child.
7. to develop and carry out a plan of care for the high - risk infant and child and refer those requiring more specialized care.
8. to identify common childhood illnesses and injuries and refer those requiring more specialized care.
9. to provide treatment for common childhood illnesses and injuries and refer those requiring more specialized care.
10. to use communication and health education skills to teach the child and family on each visit with the nurse, health practices to attain and maintain health, prevent illness and injury, and provide adequate care of the sick or injured child.
11. to utilize standardized records and reports to maintain continuous record of the child's progress and/or growth and development and care.

SPECIFIC COURSE CONTENT:

- I. Physical assessment includes taking a complete health and developmental history on a well infant and child, an interval visit history and a "sick child" history, progress notes, physical examination techniques for the well, sick and injured infant utilizing observation, palpation, percussion, auscultation, the otoscope, the ophthalmoscope, the stethoscope, the sphygmomanometer, basic laboratory procedures, information necessary to make an evaluation of family, home , community health and cultural practices, use of standardized records.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

I. SPECIFIC COURSE CONTENTS (cont.)

Specific course objectives : upon completion of this course, the student , by expanding present and acquiring new knowledge and skills, will have the beginning competence:

1. to obtain a complete well child health and developmental history
2. to obtain a sick or injured child history, and progress notes.
3. to obtain an interval history on a well , sick or injured child visit.
4. to perform a physical assessment of a well, sick or injured child
The student will be able to use the techniques of:
 - a. auscultation
 - b. percussion
 - c. palpation
 - d. observationas well as use the following diagnostic equipment:
 - a. stethoscope
 - b. otoscope
 - c. ophthalmoscope
 - d. percussion hammer
 - e. sphygmomanometer
5. to perform basic laboratory precures, especially malaria smear, urinalysis, and hematocrit.
6. to state the child's health problem as a result of the examination
7. to determine if the child is well, sick, in need of treatment and/ or referral and, if indicated , refer for necessary care.
8. to record the information obtained in a systematic manner on the health record.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

II. HEALTH MAINTENANCE

Discusses information required to make a total health assessment and develop a pediatric health care plan. This includes knowledge of normal growth and development, specific factors affecting growth and development, particularly nutrition, the child's personal and family hygiene, and immunization against communicable diseases, deviations from the normal, emphasizing factors contributing to and the identification of the "high risk" child. Methods of recording this information on standardized forms to provide continuity of care are reviewed. Health education of the child and family will be stressed throughout.

Specific Course Objectives: Upon completion of this course the student will have the knowledge necessary to make a total health assessment and develop a pediatric health care plan, concentrating on the ages from birth to five years of age. The student will demonstrate the ability:

1. to assess the growth and development status of a child.
2. to identify a deviation from normal growth and development for an infant or child.
3. to provide teaching and counseling to bring about and/or maintain an adequate growth and development.
4. to identify infant/child's health habits based on family or cultural practices which are helpful or harmful to the child's health.
5. to provide teaching and counseling to the child and family in the areas of personal hygiene and community health practices necessary to provide a health environment for the child and its family.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

II. HEALTH MAINTENANCE (cont.)

Specific course objectives: (cont.)

6. to identify a child's need for immunization against infectious diseases.
7. to provide necessary immunization and teaching and counseling about immunizations and infectious disease.
8. to identify a child's nutritional status.
9. to identify a nutritional "high risk" child.
10. to provide teaching and counseling to bring about and/or maintain adequate nutritional intake.
11. to develop a health care plan based on a total health assessment of a child.
12. to record in writing all important information on the Road to Health Record so that family and other nurses giving care will have needed information.

III. COMMON PEDIATRIC HEALTH PROBLEMS

Discusses the care of the child (emphasis on ages birth to five years), with common pediatric problems including diagnostic signs and symptoms of the "high risk child", common illnesses and injuries, treatment (including modern and traditional methods) and follow-up for these problems, guidelines for referral for more specialized care, referral to well child clinics, standardized recording.

Specific Course Objectives: The nurse will have the beginning knowledge and skills necessary to provide treatment and follow up care for common childhood illnesses and injuries. The student will demonstrate the ability:

1. to identify signs and symptoms of common infant/childhood diseases.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING

(cont)

III. COMMON PEDIATRIC HEALTH PROBLEMS (cont.)

Specific course objectives: (cont.)

2. to provide treatment and follow-up care for common infant/childhood diseases based on child's age and size.
3. to refer the sick child requiring physician's care and/or hospitalization to the nearest and appropriate health center.
4. to evaluate the extent of an injury to a child following an accident.
5. to provide treatment and follow-up, based on child's age and size for non-extensive common injuries.
6. to provide emergency care to the injured child and refer the child to a physician/hospital if more extensive care is required.
7. to assess status of the "high risk" child.
8. to provide treatment and follow up care to the "high risk" child based on its age and size.
9. to refer those "high risk" children requiring physician and/or hospitalization to nearest health center where they can find this care.
10. to teach family how to care for the sick, injured or high risk child during the course of the disease, injury or health problem.
11. to teach and counsel the patient and the family on the cause of the child's illness, accident or health care problem about its prevention, and how they can develop health habits to keep the child and family healthy.
12. to record the diagnosis, treatment, follow up care, and teaching on the Road to Health Card.

IV. COMMUNICATION AND HEALTH EDUCATION:

Reviews basic communication and health education skills. Emphasis is on using each nurse-patient exchange as an opportunity for health education.

Specific course Objectives: Upon completion of this course the student will demonstrate the use of basic communication and health education principles. The student will employ these principles on each visit with the child and family and demonstrate their understanding of these principles by being able:

1. to determine if there is a possible communication problem between herself and the child and family.
 2. to use verbal and non-verbal communication to show acceptance of the child and family's feelings, traditions, and beliefs.
 3. to use verbal and non-verbal communication to show she is listening to the child and family.
 4. to phrase questions to obtain the information necessary to provide health services to the child and family.
 5. to obtain necessary information to identify health problems
 6. to speak so that necessary information is carried to the listener
 7. to determine if child and family have understood.
- In carrying out health education for purposes of health maintenance or treatment she will be able:
8. to determine "what" information the child and family need to know
 9. to define "what" information needs to be taught.
 10. to choose most effective manner of teaching this information.
 11. to determine if the child and family have understood the information given.
 12. to determine if a change has taken place as a result of the teaching.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

IV. COMMUNICATION AND HEALTH EDUCATION (cont.)

13. to record the health assessment, treatments, and recommendations so that the family and health workers will have necessary information.

V. CLINICAL PRACTICE

Offers daily supervised clinical experience in health care centers and rural clinics integrating new information and skills into clinical practice, as well as "triage" techniques and setting priorities for patient care.

Specific Course Objectives: Upon completion of the clinical practice sessions, the nurse will be able to integrate the information covered in the classroom and carry out these skills with patients in a clinic setting. She will be expected to practice at a beginning practitioner's level; she will be able to manage simple to moderate complex health problems without immediate physician supervision. She will be able to evaluate her own abilities and the extent of the patient's problem and refer those patients requiring more complex care. She will perform the following activities within the realities of the number of patients requiring her assistance and the amount of time available to do so. She will be able:

1. to obtain health history on well, sick or injured child.
2. to perform a complete physical assessment of the well, sick or injured child.
3. to request necessary laboratory tests.
4. to perform Hct, malaria smear, urinalysis laboratory tests.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
(cont.)

V. CLINICAL PRACTICE (cont)

Specific course objectives (cont)

5. to determine normal growth and development and deviations from normal for the different stages of growth and development from birth to five years of age.
6. to determine if a child is a well, high risk, or sick, or injured child.
7. to evaluate the extent of malnutrition, illness or injury of the child and determine whether the child can be cared for locally or needs referral to a physician or other health care facility.
8. to determine needed immunizations and health education.
9. to provide immunizations and health education in areas of immunization, hygiene, and nutrition to the child and its family.
10. to recognize signs and symptoms of common childhood illnesses and problems.
11. to provide treatment and health teaching to those children and their families that are "high risk" or those with common childhood diseases and problems.
12. to provide treatment and health instructions to injured children and their families.
13. to record, on the health record, the diagnosis of health problem, treatment, and necessary follow up care and teaching.

EVALUATION

The goal of this course is to have students learn how to perform pediatric assessment and treatment skills. The major portion of the evaluation process will be the instructors' assessment of the students' demonstrated clinical abilities; written methodologies will be at a minimum.

Evaluation will be a continuous process. It will start with a written pre-test to obtain existing baseline information on the student's knowledge. Weekly oral quizzes are planned in a classroom setting. The students' progress in clinical practice will be measured against a checklist of expected behavior. Each student will have a copy of this checklist as a guide to progress. Close observation and supervision of the student will be possible because of the low ratio of 2-3 students : 1 instructor. The students will be asked to prepare subjects for a classroom discussion and they will be evaluated on content and presentation. They will also be evaluated on classroom participation.

The final evaluation will consist of two parts:

1. a written examination relating to principles included in the pre-test as well as additional course content.
2. a practical examination in which each student will demonstrate her clinical ability by performing a history, physical examination, clinical evaluation, and recommendations for treatment and care on:
 - 1 well baby : newborn or infant
 - 1 well child : 18 months - 5 years
 - 1 child with pediatric problem : sick, injured or high risk

EVALUATION

The students will be advised of their progress and areas needing improvement at a weekly individual conference with an instructor. Each student will receive a written final evaluation in individual conference with an instructor. The final evaluation will represent a joint assessment by the two instructors.

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
EVALUATION

Evaluation tool and methodology	Purpose
1. Pre-test (written)	1.1 to obtain baseline of student's knowledge or pediatric assessment to aid instructors in orientation of course content. 1.2. to obtain baseline of student's knowledge to assess student's achievements at final evaluation.
2. Student's statement of their course objectives (orally stated and recorded by instructors)	2.1. to determine congruence of student and course objectives 2.2. to adjust the curriculum to meet the individual needs of the students
3. Examination (weekly, informal, oral)	3.1. to identify and pull together principles covered during the week 3.2. to assess the students rate of progress through, and level of understanding of, the curriculum. 3.3. to determine content and methodologies requiring emphasis or de-emphasis

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
EVALUATION

Evaluation tool and methodology	Purpose
4. Examination (final, written)	<p>4.1. to measure the students final understanding and knowledge of course content.</p> <p>4.2. to measure the students growth from point of incoming knowledge to that upon completion of course.</p> <p>4.3. to aid instructors to evaluate effectiveness of teaching strategies and course content</p>
5. Behavioral Checklist for clinical evaluation: (instructors observation of students' demonstrated behaviors: items are expected behaviors developed from the course objectives (used for continuing and final evaluation).	5.1. to assist the instructors to evaluate the students' comprehension and integration of classroom content as applied to clinical practise

PEDIATRIC ASSESSMENT IN A TROPICAL SETTING
EVALUATION

Evaluation tool and methodology	Purpose
6. Evaluation of the course and instructors (written by students, at termination)	6.1. to assist the instructors in determining: 6.1.1. if the students thought the course content met their needs 6.1.2. what course content the students thought was most pertinent to their needs 6.1.3. which teaching strategies were effective and helpful to the students 6.1.4. Changes in the curriculum

SCHEDULE WEEK I

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
08:00 ORIENTATION OVERVIEW OF THE COURSE	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 PHYSICAL EXAMI- NATION 9 (NEUROMUSCULAR EXTRE- MITIES)
	08:30 PHYSICAL EXAMINATION (cont.)	08:30 PHYSICAL EXAMINATION (SKIN, HEAD, HAIR & SCALP, EYES, ENT)	08:30 PHYSICAL EXAMINATION (GLANDS, CHEST, LUNGS, HEART)	08:30 PHYSICAL EXAMINATION (ABDOMEN, GENITO- URINARY, GENITALIA)	
09:00 HEALTH AND DEVELOPMENTAL HISTORY	10:00 DEMONSTRA- TION OF HISTORY AND PHYSICAL	10:00 PRACTICE OF PHYSICAL EXAMINA- TION TECHNIQUES	10:00 CLINIC	10:00 CLINIC	10:00 RECORDING -THE ROAD TO HEALTH RECORD-
11:30 COMMUNI- CATION SKILLS REVIEW	11:00 PRACTICE OF PHYSICAL EXAMINA- TION TECHNIQUES				11:00 HEALTH EDUCATION
12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:30 REVIEW	12:00 QUIZZ
13:00 INTRODUC- TION to PHYSICAL EXAMINATION	13:00 GROWTH AND DEVELOPMENT	13:00 GROWTH AND DEVELOPMENT cont.	13:00 LABORATORY TESTS	13:00 CLOSE	13:00 CLOSE
15:00 CLOSE	15:00 CLOSE	15:00 CLOSE	14:00 IMMUNIZATION 15:00 CLOSE		

SCHEDULE WEEK II

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 COMMON CONTAGIOUS DISEASES OF CHILDHOOD
08:30 EVALUATION AND CARE OF THE NEW BORN	08:30 THE UNDER 5 CLINIC	08:30 NUTRITION HIGH RISK	08:30 HISTORY: SICK INJURED CHILD, INTERVAL HISTORY MEDICATION OF THE PEDIATRIC PATIENT	08:30 COMMON PEDIATRIC PROBLEMS RECOGNITION TREATMENT	
10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 PRESENTATION OF SELECTED TOPICS
12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:00 CASE PRESENTATION	12:00 QUIZZ
13:00 PRACTICE LABORATORY IN COMMUNICATION AND HEALTH EDUCATION SKILLS	13:00 NUTRITION	13:00 PEDIATRIC HEALTH PROBLEMS 14:00 CLASSIFICATION OF COMMON CHILDHOOD DISEASES	13:00 CLINIC 14:15 CASE PRESENTATION	13:00 CLOSE	13:00 CLOSE
15:00 CLOSE	15:00 CLOSE	15:00 CLOSE	15:00 CLOSE		

SCHEDULE WEEK III

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW	08:00 REVIEW
08:30 INFECTIOUS DISEASES	08:30 EYE DISEASES-UPPER RESPIRATORY DISEASES	08:30 GASTRO INTESTINAL DISORDERS	08:30 COMMON SKIN PROBLEMS	08:30 NEURO MUSCULAR DISORDERS	08:30 ANEMIAS
10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 CLINIC	10:00 QUIZZ
					11:00 CASE PRESENTATION
12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:30 LUNCH		
13:00 INFECTIOUS DISEASES	13:00 LOWER RESPIRATORY DISEASES	13:00 GASTRO INTESTINAL DISORDERS	13:00 GENITO URINARY DISORDERS	13:00 CLOSE	13:00 CLOSE
14:00 COMMON PARASITES					
15:00 CLOSE	15:00 CLOSE	15:00 CLOSE	15:00 CLOSE		

SCHEDULE WEEK IV

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
08:00 REVIEW 08:30 TRAUMA 10:00 CLINIC	08:00 TRAUMA (cont.) 09:00 CASE PRESENTATION 10:00 CLINIC	08:00 REVIEW OF CONTENT:OPEN 09:00 CASE PRESENTATION 10:00 CLINIC	08:00 REVIEW OF CONTENT : OPEN 09:00 CASE PRESENTATION 10:00 CLINIC	08:00 FINAL EXAMINATION 9:30 CLINIC	08:00 DISCUSS FINAL EXAMINATION 10:00 EVALUATION OF COURSE 11:00 CLOSING
12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	12:30 LUNCH	REVIEW CLINIC EXPERIENCE	
13:00 CLINIC 14:15 CASE PRESENTATION 15:00 CLOSE	13:00 CLINIC 14:30 REVIEW OF CLINIC EXPERIENCE 15:00 CLOSE	13:00 CLINIC 14:30 REVIEW OF CLINIC EXPERIENCE 15:00 CLOSE	13:00 REVIEW OF CLINIC EXPERIENCE 13:30 OPEN 15:00 CLOSE	13:00 CLOSE	13:00 CLOSE

DATE-TIME	SUBJECT	Class Objective: Content and Method	Resources
April 10 8:00 A.M.	Course Orientation	<p>Students - become familiar with course outline and curriculum, method of instruction and evaluation</p> <ul style="list-style-type: none"> - learn instructors' expectations for their learning (course goals) - learn classroom and clinic schedules. - learn purpose of their course. - begin to identify what they need to learn in order to function at an expanded role: <p>Instructors will introduce selves and give short preamble on why and how course came into being. Ask students to introduce themselves, place of assignment.</p> <p>In discussion: Students will be asked to identify 1. Problems of survival for the infant in a tropical zone. 2. What they are presently doing and could be doing in future in the health centres, to alleviate these problems. 3. To identify what they want and need to learn so that they could improve pediatric care for the under 5 group.</p> <p>Comparing what trainers have identified as learning needs, the instructors will present course objectives. Compare the two. Then instructors will explain how we plan to reach these objectives: i.e. Course content, clinic practice schedules (expectations for practice time, place, supervision) teaching method and use of course's syllabus. Emphasis on individual learning needs, flexibility of course to meet these needs. Talk about evaluation procedures. Student's responsibility in course: Come to all class and clinic sessions (present case presentations, assigned "talks") prepared classroom assignments, participation in Seminar and learn identified content and skills. Instructor will explain evaluation procedure and go over "Behavioral checklist" in class so they are well oriented to methods of evaluation. Give out Textbooks.</p>	<p>Syllabus: Title Page= i-xv, xix-xx p.p. 1,2. Behavioral checklist Jellife, Chap. 1, pp 1-</p>

April 10
9:00 -10:30

Health and
Develop-
ment his-
tory

- Obj. 1 Trainee to identify information they need from child and parent in order to take a complete health and developmental history.
2 Trainee able to obtain a complete well child health and developmental history.

Syllabus pp 3,4

Jelliffe, Chap. 2

In classroom discussion, trainer will review purpose of taking health and developmental history, definition of terms, signs, symptoms, normal, abnormal, deviation from normal.

Then trainees will be asked to identify what information they will want to know and why. Items will be recorded on blackboard or newsprint. At end trainees will be asked to select those to be included in, and information will be arranged in ordered form.

Components to be covered are:

Vital Statistics: age, sex, birth date.

The complaint or request: Why child is there (let mother tell her story. Fill in with necessary questions)

Family History:

- a. Age, patient, parents, siblings, (sex) living and dead, age, cause of deaths of siblings, parents.
- b. Family illnesses
- c. Cultural attitudes and practices
- d. Health practices in child rearing, feeding, nutrition

Past History:

Birth data

Illness, accidents, surgery

Growth and Development

Physical

Emotional

Intellectual

Immunizations

} Milestones

Importance of obtaining accurate H, approach to patient and problems such as language and cultural differences will be discussed.

Trainees will be split into diads, one choosing role of nurses; one the patient's mother. They will be instructed to take hypothetical history, then switch roles after ½ hour for 2nd ½ hour.

10:30-11:30

DATE- TIME	Subject	Class Objective: Content and Method	Resource
11:30 a.m.	Communication Skills	<p>Objective: Trainees can:</p> <ol style="list-style-type: none"> 1. State why effective communication skills are necessary for their expanded role. 2. Identify components of the communication process. 3. Identify factors which contribute to satisfactory communication. <p><u>Review</u></p> <p>Trainees will be asked why effective communication skills are necessary for their expanded role. Responses for purposes of eliciting an accurate health history and for health teaching and counseling will be stressed.</p> <p>Then trainee will be asked to identify components of effective communication; i.e., the sender, message, manner of giving, method, receiver and validation. Teacher will write them on newsprint as they are stated. If they are unable to identify them, teacher will give them.</p> <p>Then trainee will be asked to identify factors which contribute to effective and ineffective communication:</p> <ol style="list-style-type: none"> 1. Language barriers, symbol differences, educational, and cultural differences, use of big words not understood, non-verbal, emotions (fear, anger) etc. 2. In Ped.Triad, not diad, for communication - Information gained through 3rd person. 	<p>Handout:</p> <ol style="list-style-type: none"> 1. Communication skills objective 2. Syllabus p. 129 3. Chinn. pps 1-7
12:30	LUNCH	<p>Trainer will then discuss and further develop specific areas: verbal and non-verbal communication, listening. How to question, how to get information wanted. At end of hour students will be given hand-out sheet of communication skills objectives and sub-objectives.</p> <p>They will be instructed that it will be with these criteria that the instructors expect them to learn to develop their communication skills in interaction with patients and families.</p>	

DATE TIME	Subject	Class Objective: Content and Method	Resources
<p>April 10 13:00 p.m.</p>	<p>Introduction to Physical examination</p>	<p>Each trainee will learn and demonstrate:</p> <ol style="list-style-type: none"> 1. Purpose of the physical examination <ul style="list-style-type: none"> - definition of terms. 2. The technique of physical examination will be reviewed and demonstrated: <ol style="list-style-type: none"> a. Approach - manner, trust, progress from simple to more intrusive procedures <ul style="list-style-type: none"> - sequence - playing a game b. Observation - what we can see - hear - smell, feel. <ol style="list-style-type: none"> A. Auscultation - definition and uses. P. Percussion - definition - uses P. Palpation - definition - uses e. The instruments - the care and use of the instruments of physical examination will be demonstrated and explained. Trainees will practice their use on each other. 	<p>Classroom Discussion slides films tapes</p> <p>Stethoscopes</p> <p>Otoscopes</p> <p>Percussion Hammers</p> <p>Sphygmomanometers</p> <p>Syllabus pp. 5,6,7,8</p>
<p>15:00</p>	<p>Distribute textbooks, supplies, take home pretest</p>		
<p>April 11 8:00</p>	<p>Review</p>		
<p>8:30</p>	<p>Physical examination cont.</p>	<ol style="list-style-type: none"> I. Overview of systems: <ul style="list-style-type: none"> • Objective: begin to identify specific clinical signs related to a body system. II. Each trainee will perform the following components of the physical examination: <ol style="list-style-type: none"> a. the various body measurements - head chest height weight b. The vital signs - Temperature Pulse Respiration Blood pressure c. Appearances - Pallor Cyanosis General Condition 	<p>Measuring tapes</p> <p>Stethoscope</p> <p>Sphygmomanometer</p> <p>Syllabus</p>

DATE-Time	Subject	Class Objective: Content and Method	Resource
<p>April 11</p> <p>10:00</p> <p>11:00</p>	<p>History and Physical Examination</p> <p>Physical examination contd.</p>	<p>Demonstration by instructor - of history and physical examination on patient selected from clinic roster.</p> <p>One half hour observation, auscultation, percussion, palpation.</p> <p>Trainees will continue practicing physical examination techniques - OAPP, stethoscope - divided into groups of two and exchanging patient and examiner roles.</p> <p>The trainers will supervise (using older child from clinic)</p>	<p>Patient selected from ward.</p>
<p>12:30</p>	<p>L U</p>	<p>N C H</p>	
<p>13:00</p>	<p>Growth and development</p>	<p>Each trainee will be able to</p> <ol style="list-style-type: none"> 1. State the general principle of the continuous process of growth and development. 2. Define Growth Development 3. List the several influencing factors: <ol style="list-style-type: none"> a. Heredity b. Environment 4. Describe fetal needs during pregnancy 5. State the expected normal birth weight, the variations in birth weights and reasons for them. 6. Be able to record and interpret weight curve and list the reference points and values. <p>These will be developed by lecture and discussions.</p>	<p>slides</p> <p>movies</p> <p>syllabus p. 20-</p>

DATE-TIME	Subject	Class Objective: Content and Method	Resource
15:00	Close		
<u>April 12</u> 08:00	Review		
08:30	Physical examination contd.	<p>Obj: Trainee will be able to identify specific clinical signs related to body system.</p> <p>The examination of the skin, head, hair, scalp, eyes and ENT will be demonstrated by instructors and information on the following developed.</p> <ol style="list-style-type: none"> 1. Skin - appearance, colour, texture, quality, temperature, dry/wet, rash. 2. Head-shape, fontanelles, sutures. 3. Hair - quality, quantity, distribution 4. Scalp - appearance, rash. 5. Eyes - movements, reflexes, description of sclerae and conjunctivae. 6. Ears - shape, setting in skull, character of external auditory canal, identify the normal landmarks of the ear drum. 	slides syllabus

DATE-TIME	Subject	Class Objective: Content and Method	Resource												
<p>April 12</p> <p>10:00</p>	<p>Physical examination contd.</p>	<p>7. Nose - shape, patency of nostrils, character of mucuous membrane - do nostrils move with respiration; discharge.</p> <p>8. Mouth and throat - Teeth, condition of muc. membrane, palate, tonsils, epiglottis.</p> <p>The trainees will work in diads under supervision, practicing the above using OAPP and the necessary instruments. They will be able to describe their findings.</p>	<p>ward?</p>												
<p>12:30</p>		<p>L U N C H</p>													
<p>13:00</p>	<p>Growth and development</p>	<p>Objective: The trainee will be able to describe expected growth rates related to weight, height and muscle mass.</p> <p>The trainee will be instructed in learning these growth rates:</p> <p>Weight - at birth, 6 mos, 1 yr, 2 yrs, 5 yrs. Height- at birth, " " " " Head - " , 4 mos, 5 mos, 1 yr. Muscle - " , 1 yr, 5 yrs. Circ. Fontanelles - Closure at ant - 18 mos. post-2-3 mos.</p> <p>Obj: The trainee will be able to list a minimum of four activities for each level. Instruction will be by lecture and free discussion (Q & A, etc.)</p> <p>The trainee will be instructed in learning developmental milestones:</p> <table data-bbox="698 1090 1048 1288"> <tr> <td>3 mos</td> <td>36 mos</td> </tr> <tr> <td>6 mos</td> <td>48 mos</td> </tr> <tr> <td>9 mos</td> <td></td> </tr> <tr> <td>12 mos</td> <td></td> </tr> <tr> <td>18 mos</td> <td></td> </tr> <tr> <td>24 mos</td> <td></td> </tr> </table>	3 mos	36 mos	6 mos	48 mos	9 mos		12 mos		18 mos		24 mos		<p>Resources syllabus pp. 20-30</p>
3 mos	36 mos														
6 mos	48 mos														
9 mos															
12 mos															
18 mos															
24 mos															
<p>15:00</p>	<p>Close</p>														

DATE TIME	Subject	Class Objective: Content and Method	Resource
<p>April 13</p> <p>8:00</p> <p>8:30</p> <p>10:00</p> <p>12:30</p>	<p>Review</p> <p>Physical Exam Contd.</p> <p>Physical exam contd.</p>	<p>Physical examination of lymph glands, of the chest, lungs, heart - demonstrated by instructors:</p> <p>The trainee will be able to identify the areas of lymph node palpation, will search, for quality (hard, soft, tender, fluctuant) size, .</p> <p>The trainee will be able to observe and describe the chest - Respiratory rate and character, presence or absence of intercostal retraction, visibility of heart beat.</p> <p>The trainee will be able to percuss and auscultate the chest, determining normal or abnormal percussion and auscultory sounds.</p> <p>Percussion - dullness, flatness, resonance, hyper-resonance, tympany. Auscultation - normal and abnormal.</p> <p>The trainee will be able to percuss out heart size, palpate the apex beat, and identify the areas on the chest wall to place stethoscope to listen for heart sounds, and will describe the heart sounds.</p> <p>The trainees will divide into diads and practice exam of lymph glands, chest, lungs and heart - and will describe findings to instructor.</p>	<p>Stethoscope</p> <p>Syllabus - Chest and diagrams</p> <p>Cassette of heart</p> <p>Leman St. Ward St.</p>
<p>13:00</p>	<p>Laboratory Tests</p>	<p>L U N C H</p>	
		<p>Obj: To identify which laboratory tests are relevant to their practice.</p> <p>To explain the purpose of the laboratory test-</p> <p>To recognize normal and abnormal values</p> <p>To relate laboratory findings to pediatric problem.</p> <p>Trainer will present Hct, Hbgl, U/a and malaria smear, as identified tests of importance - WBC, RBC, sickle cell if possible later in hour.</p> <p>a. Are there others?</p> <p>b. Realistic to their health setting (can be done?)</p> <p>Trainer will ask class and write responses on newsprint</p>	

DATE-TIME

Subject

Course Objective: Content and Method

Resource

April 13Lab. tests
contd.

1. Hot:
 - What is it?
 - Normal and abnormal values? age related
 - What is an abnormal indicate?
2. Hbg:
 - What is it?
 - Normal and abnormal values? age related
 - What does an abnormal value indicate?
3. Malaria Smear
 - What is it?
 - (special instructions: collect at time of fever)
 - Normal and abnormal
 - What does it indicate?
4. U/a:
 - What is it: sugar, protein, acetone, blood, microscopic
 - Normal and abnormal:
 - sugar: heavy head of Cho's, diabetes
 - protein: renal disease
 - acetone: ", diabetes
 - blood: bladder infection, renal disease
 - microscopic: WBC's - bladder or renal infection
 - Casts - renal infection
 - HBC's - bladder or renal infection

Syllabus, Appendix, pp. 1.

Newsprint:

Chinn and Reitch:
Chap. 3 - pp. 47-57.April 13
14:00Immun-
izations

- Obj. 1 Trainee should be able to identify a child's need for immunization against communicable disease.
- a. Describe immunity
 - b. Describe different types of immunity (active, passive) and can give example when one would use each.
 - c. Prepare an immunization schedule for newborn to age 5.
 - d. Explain booster mechanism.
- Ask class members how many are immunized for specific diseases?
- A. Ask for definition of immunity

DATE TIME

Subject

Course Objective: Content Method

Resour

April 13
14:00Immun-
izations
contd

- B. Ask for definition of active and passive Immunity:
- a. Examples of each,
 - Active: DPT, polio, etc.
 - Passive: Maternal antibodies, tetanus, anti-toxin, g.g.
 - C. Active Immunity:
difference between live-attenuated virus or bacteria, time, different routes
 - dead - killed bacteria, virus or toxins (given IT and always by injection)
 - Examples of each:
 1. polio, BCG etc. Live (polio x 3 because of 3 different types)
 2. Dead: DPT, Typhoid - Booster concept.
 - D. Concepts of Polio Immunizations:
Mass campaigns - no; reasons:
 1. Better to let dev. immunity (13-17 die or are paralyzed?)
 2. Paralytic polio- if given in an endemic area
 - E. Together make up immunization schedule for Gambian child.
 - F. Skin testing.

Syllabus PP. 44-46

The Gambian immun.
schedule

Road to Health chart

Jelliffe: Chap. 19,
pp. 127-April 14
8:00

Review

8:50

Physical
exam
contd.

- The instructor will demonstrate examination of the abdomen (including g.u. tract) and genitalia/
- a. Division of abdomen into quadrants
 - b. Palpation - edge of liver, large bowel, pulsating aorta, sacral prominence
Pay attention to quality, tenderness, masses, abdominal reflexes.
 - c. Genitalia - male- foreskin, scrotum, testicles
down or up - Hernia, hydrocele, reflexes.
Female - labia, clitoris, mucous membrane, adhesions, urethra, discharge
 - d. Bowel sounds
- Each trainee will carryout an abdominal examination on a clinic patient under supervision and will describe findings.

10:00

Practice

Syllabus:
Stethoscope

DATE-TIME	Subject	Class Objective: Content and Method	Resource
<p>April 15 8:00 8:30</p>	<p>Physical Exam contd.</p>	<p>REVIEW</p> <p>Physical examination of the neuromuscular and skeletal system will be demonstrated by the instructor: Posture, coordination, muscle mass, reflexes, strengths and weaknesses, speech, level of activities, response to environment and stimuli.</p> <p>The trainee will be able to perform a neuromuscular examination. The trainee will be able to examine the joints for proper mobility - extension and flexion - with particular attention to the hip joint</p>	<p>Percussion hammer</p> <p>Patients from the clinic</p>
<p>10:00</p>	<p>Road to Health Chart</p>	<p>Instructor will ask class what is purpose of the charts: Concepts to stress</p> <ol style="list-style-type: none"> 1. Provides continuing record of child health status. 2. Important so don't treat individual health crisis, but used to assess growth and health, provides a method to predict health problem. 3. Used as basis for developing a care plan. <ol style="list-style-type: none"> 1. Together class will review health care, citing information one would record, and its importance. 2. Instructor will show slides of completed health care to show not individual weight which shows health problem but <u>pattern</u> of weights with other information. 3. Assignment: Do health card for patient in clinic identify and chart important information, analyze this information and assess, predict if this child had or is a potential health problem. 	<p>Syllabus, p 19, 19a</p> <p>Road to HEALTH Chart Morley slides TAL Child Health</p> <p>*3,4,5,6,15,16,17, 18, 20,21,23,24</p>
<p>11:00</p>	<p>Health Education</p>	<p>Obj.</p> <ol style="list-style-type: none"> 1. State purpose of health education 2. Student can describe principles of learning 3. Uses health education principles in one-to-one as well as group education. 	

Date/Time	Subject	Class Objectives: Content, Method, Process	Resources
April 15 11:00 a.m. contd	Health Education contd.	<p>A. Instructor: What is a definition of Health Education:</p> <ol style="list-style-type: none"> 1. education: change in behavior (change in attitude, knowledge base) 2. health education change in health practices (behavior) Definition of health education will be written on board. <p>Instructor will prepare two sheets of newsprint, one headed "Principles of Education," the other "Climate for learning".</p> <p>Students will be asked to complete the sheets, instructor writing what they have defined.</p> <ol style="list-style-type: none"> a. Principles of education: <ol style="list-style-type: none"> 1. Start with the level of the learner, (What does he know? What are his abilities?) 2. Define information he needs. 3. Choose methods of presenting information. 4. Feedback: did they understand what took place? 5. Evaluation: did desired change take place? b. Climate for learning: <ol style="list-style-type: none"> 1. Feel accepted 2. Trust teacher (expertise, knowledge) 3. Aware of need to change 4. Want to change. <p>B. Can this be done on an individual basis? Cite examples. Stress: timing, learn what mothers need to know, each interchange with a patient is time for teaching.</p> <p>C. Can this be done on a group basis? Cite examples, (mothers listening to consultation, group class, group re-hydration) Time of talk, visual aides, (real items better, ability for abstraction) Appropriate subjects for health education?</p> <p>D. Charting: Assignment: Monday 1-3, trainee will choose to do a demonstration of obtaining a g & d history, individual or group education. There will be 2 demonstrations of each type. Each trainee will have 15 minutes - approximately 10 minutes demonstration, 5 minutes feedback. Handouts of objectives for communication and health education as criteria to assess effectiveness of presentations.</p>	<p>Syllabus p. 130- Handouts of Health Education Objectives.</p> <p>Jelliffe, Chap. p. 125-126</p> <p>Newsprint</p> <p>Blackboard</p> <p>Handout of assess- ments for Monday skills lab.</p>

Date-Time	Subject	Plan Objectives: Content and Method	Resources
<p>April 17 8:00 8:30</p>	<p>Evaluation and care of the newborn.</p>	<p>R E V I E W</p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> I. Each trainee will be able to evaluate a newborn using the Apgar ratings and will be able to interpret the result. II. Each trainee will be able to describe the immediate care of the newborn infant as determined by the Apgar Score. III. Each trainee will be able to perform a physical exam, on a newborn infant. IV. Each trainee will describe the routine care of a normal newborn infant. V. Each trainee will be able to list 5 important points of infant care to the mother on discharge of infant. <p><u>Content:</u></p> <ol style="list-style-type: none"> X. Explanation of Apgar - What it means - interpretation how to evaluate II. Establishing an airway, eye care, drying, special positioning (when necessary), mouth to mouth resuscitation, progress records (vital signs) III. A complete physical examination of a newborn IV. Routine newborn care to include suction cleaning, cord care, weighing, warming, nursing, bathing. V. Maternal briefing re care of skin, cord, stools, feeding, and follow-up. <p><u>Method:</u></p> <p>Class discussion, questions and answers, student participation, some lecture (brief.)</p>	<p>Newborn Nursery Classroom Newsprint Blackboard Films Slides Syllabus p. 31 " p. 35 " p. 6 " p. 36 Syllabus Vp. 36 & 37</p>
<p>10:00</p>	<p>Clinical Practice</p>	<p><u>Objective:</u></p> <ol style="list-style-type: none"> I. Each trainee will continue practice the techniques of pediatric clinical assessment. II. Each trainee will present the "Care" to the tutor <p><u>III. Content</u></p> <ol style="list-style-type: none"> I. Each trainee will take a history and do a complete physical examination. II. Each trainee will present the "Care" to the tutor- history, physical examination and assessment. <p><u>Method</u></p> <p>The trainees will be working in a clinic or ward setting with the tutors in attendance to assist, teach and train.</p>	<p>Stethoscope Otoscope Percussion Hammer Sphygmomanometer Syllabus p. 3 p. 5-6 Patient from clinic or ward</p>
<p>12:30</p>		<p>L U N C H</p>	

Date-Time	Subject	Class Objectives: Content, Method/Process	Resource
<p>April 17 13:00 to 15:00</p>	<p>Practice lab in Communica- tion Skills.</p>	<p>Obj. 1. Practice the use of communication and health education skills for purpose of obtaining health and developmental history and doing health education on an individual and group basis.</p> <p>2. Provides opportunity for students to observe and evaluate in a structured setting, the effectiveness of different approaches and modes of communication and health education.</p> <p>3. Provides opportunity for students to obtain "feedback" on their communication and health education skills in a structured and supportive practice setting.</p> <p>Class will be started with short session on "feedback." What is it? Why do we do it? How do we do it?</p> <ol style="list-style-type: none"> 1. Individual trainee will give 15 minutes demonstration of obtaining health history or health education talk. 2. Class will evaluate and give feed back using handout criteria for communication and health education skills. 3. Class will evaluate method of feedback for its effectiveness. <p>Six 15 minute demonstrations (2 obtaining health and developmental history, 2 individual teaching sessions, 2 group education sessions) by trainees.</p>	<p>Use handout of Health Education and Communication Objective.</p>
<p>15:00</p>		<p>C L O S E</p>	

Date-Time	Subject	Objective: Content, Method, Process	Resources
<p>April 18</p> <p>8:00</p> <p>8:30-10:00</p>	<p>Review</p> <p>The Under 5 Clinic</p>	<p><u>Objective:</u></p> <ol style="list-style-type: none"> 1. Describe purpose of the under 5 clinic in the Gambia. 2. Describe specific physical signs to look for on 14 day f/u visit and why they are important. 3. Identify clinical signs of the premature infant and provide care or refer the infant to the hospital if appropriate. <p>A. What is the reason for having under 5 clinics in the Gambia? <u>Stress</u> a. morbidity, mortality rate. b. Causes: <u>big 3</u>, <u>diarrhea</u>, <u>URI</u>, <u>Malaria</u> <u>Malnutrition</u></p> <p>B. What is purpose of clinic: preventative and curative</p> <ol style="list-style-type: none"> a. <u>Preventative:</u> <u>Stress:</u> 1. Following child's health progress (weights, growth, nutritional and social status) 2. Immunizations 3. Health education to change harmful health practices 4. Identify high risk - talk in detail later b. <u>Curative treatment</u> health education for care during illness and prevention of disease. <p>C. Nurses Role: Manager, teacher (employees, patients) <u>Practitioner.</u> We are talking about practitioner role.</p> <p><u>2nd Hour:</u> 14 day Follow-up visit (or may be 1st visit) while doing full examination: Specifics to look for and why; instructor will write clinical signs on newsprint; ask students to identify why important, instructor will record responses or supply information when it is lacking from the group. See p.49 syllabus for content.</p> <p><u>Prematurity:</u> Discuss definition of prematurity, SGA, LGA. Identify physical signs of premature infant based on gestational age. Discuss problems faced by premature infant and treatment and care plan to be managed by the nurse. Discuss when it is appropriate to refer infant to a physician.</p> <p>C L I N I C P R A C T I C E</p>	<p>Syllabus pp 47-49</p> <p>Jelliffe: Chap. 21 pp. 142-143</p> <p>Syllabus pp 39-44</p>
<p>10:00</p>	<p>Clinic</p>		
<p>12:00</p>		<p>L U N C H</p>	

Date/Time	Subject	Objectives: Content, Method, Process	Resource
<p>April 18 13:00</p>	<p>Nutritional general principles</p>	<p>Objective: Each trainee will be able to:</p> <ol style="list-style-type: none"> I. Define basic principles of nutrition II. List the food groups, their importance, their sources III. Discuss infant feeding 0-12 months, and feeding the child 1-5 years. <p><u>Content:</u></p> <ol style="list-style-type: none"> I. Relationships between nutrition and growth and development and optimum intelligence, family diet, family spacing re mother and child health, diet during illness. II. Building, energy and protective foods - indigenous sources, what each food group does. III. Importance of breast feeding. Mother's diet. Nutritional requirements for different ages - when and how to introduce new foods? Food preparation and storage <p><u>Method</u></p> <p>Discussion, native habits and customs by students - their knowledge of indigenous foods, preparation, etc.</p>	<p>Newsprint: Charts Syllabus p 50-56 Syllabus p 57-59 73-74 60-64</p>
<p>15:00</p>	<p>Close Assignment to trainee for 13:00 4/19/78</p>	<p>Discuss Assignment</p>	<p>Make Up Assignments</p>

Date-Time	Subject	Plan Objective: Content and Method	Resources
<p>April 19 8:00 8:30</p>	<p>Nutrition Clinical Evaluations</p>	<p>REVIEW</p> <p><u>Objective:</u> Each trainee will:</p> <ol style="list-style-type: none"> I. Describe the clinical findings of the adequately nourished child, 0-5 years. II. Describe the clinical findings of the malnourished child, 0-5 years. III. Examine a child and describe the clinical findings pertaining to its nutritional status <p><u>Content</u></p> <ol style="list-style-type: none"> I. The growth curve of African Infants and children The "normal" measurements. "Normal" Appearance. II. Clinical signs of symptoms of "Kwashiorkor," "Marasmus," Undernutrition, Vitamin Deficiencies III. General review of malnutrition states. <p><u>Method</u> Classroom discussion, lecture, demonstration on a patient.</p>	<p>The Health card Syllabus p 65-70 p. 71 Slides Film</p>
<p>09:15</p>	<p>Nutrition Contd. "High Risk"</p>	<p>Each trainee will be able to :</p> <ol style="list-style-type: none"> I. Identify a nutritional "high risk" child. <ol style="list-style-type: none"> a. List criteria and clinical findings. b. Examine a child and determine "risk" status. II. Make diet modifications necessary during illness. <p><u>Content</u></p> <ol style="list-style-type: none"> I. Criteria for high risk child <ul style="list-style-type: none"> <u>Newborn</u> - low birth weight - less than 2000 gms. - multiple births - siblings dead in early childhood. <u>Neonate:</u> Above, plus difficulties in breast feeding. <u>Infant:</u> Above, plus, failure to gain (wt. curve) <p>Clinical malnutrition Weaning problems Repeated diarrhea Measles or pertussis in early months Frequent infections (increased vulnerability) Mother ill or recently dead Only one parent.</p>	<p>-57-</p>

Date/Time	Subject	Class Objective: Content and Method	Resources
April 19	Nutrition contd.	Follow-up and treatment: Referral to MD - criteria for referral Special roster and mark health card Regular check ups Diet during illness.	Road to Health Chart Syllabus p.66
10:00	Clinical Practice	Try to choose a child who has weight gain problems.	
		LUNCH	
13:00	Pediatric Health Problems	<u>Objectives</u> I. Students able to identify community and individual health practices which contribute to pediatric health problems. 2. Students able to identify traditional beliefs which help or hinder pediatric health. 3. Students are able to describe a health problem, describe why it is a problem and what they must do to change it. I. We look at health problems most commonly seen in pediatric clinic and see nearly all are preventable. Student presentations: housing, sewage & waste disposal, water supplies, malnutrition, customs, Discussion: Common practice, what to change, how to change. II. 4. Classifications of customs: support health, neutral, don't know if helpful or harmful and harmful to health. Each student presents local customs helpful or harmful to child health in following areas, why and how to change them: 1. Pregnancy } child bearing 2. Child birth } 3. Boys } child rearing 4. Girls } 5. Feeding 6. Disease	Syllabus Jelliffe Chap. 2 p. 4-7 Handout: Environmental Problems Causing Pediatric Health Problems

Date-Time	Subject	Class Objectives: Content and Method	Resource
<p>April 19 14:00</p>	<p>Classification of common childhood diseases.</p>	<p><u>Objectives</u></p> <ol style="list-style-type: none"> 1. Trainee will be able to identify common childhood diseases seen frequently in the health centers which will be studied in this course. 2. Trainee will demonstrate an understanding of the etiologic and systematic factors of child diseases to be studied by identifying and organizing these diseases in a classification outline of common childhood diseases by etiology and body system. 3. Trainee will begin to identify differing causes for fever and thus differing methods of treatment for those causes of fever other than chloroquine and aspirin. 4. Trainee describes treatment and medications for <u>symptoms</u> of fever. 5. Convulsions <p>Present classification of common childhood illnesses in class. Review together asking for additions, subtraction. Purpose is to give trainee overview in an organized manner, those diseases we will be studying in class.</p> <p>Fever sheet will be accompanied by a discussion to include concept that fever is a symptom, not a disease, and thus has many different causes.</p> <p>Class will be asked to:</p> <ol style="list-style-type: none"> 1. Describe traditional methods of caring for fever 2. Describe western methods <ol style="list-style-type: none"> a. Cool or no clothing b. tepid bath or sponge c. aspirin d. force fluids 3. Discuss Convulsions 	<p>Syllabus p 75-77 78a,b</p> <p>Chinn, Chap. 6 ps, 81-91</p> <p>Jelliffe: refer to index</p>
<p>15:00</p>	<p>Closing</p>	<p>Assignments for Case presentation tomorrow Identify points for trainee to cover in case presentation to group/</p>	<p>Make Out Assignment</p>

Date-Time	Subject	Objective:	Content and Method	Resource
<u>April 24</u> 8:00 8:30	Infectious Diseases Contd	REVIEW	Continued	Continued
9:30	Common Parasites	<ol style="list-style-type: none"> 1. Trainee will be able to identify by clinical signs and symptoms and prescribe treatment for the common parasitic diseases found in children in the Gambia. 2. To describe the epidemiology, the pathology, and the prevention of the common parasites. 3. To describe the specific problem each parasite presents to the pediatric patient. 	<p>The common parasites will be discussed in class by:</p> <ol style="list-style-type: none"> 1. Epidemiology 2. Pathology 3. Clinical signs and symptoms 4. Treatment 5. Problem specific to pediatric patient 6. Prevention <p>Those parasites covered will be: oxyuriasis, hookworm, roundworm, Giardia Lamblia, Nistalytica, Trichuria, Taemia, Saginata, and solia, malaria, ahistosomiasis, filiariasis, yaws, Trypanosomiasis, Leishmaniasis, encherccercosis.</p>	Syllabus pp.
10:30	Clinic Practice			
12:30			LUNCH	
15:00	Practice Lab in Communication Skills	See Monday, April 17		Handout of objectives for communication and health educ.
15:00			Assignment Close	

Date	Time	Subject	Class Objective: Content and Method	Resource
April 25	8:00 8:30	Eye Diseases Upper Respiratory Infections	<p style="text-align: center;">R E V I E W</p> <p><u>Objective:</u> The trainee will be able to identify the physical signs and symptoms and prescribe treatment for the common childhood diseases of the eye, ear, nose, mouth and throat. Common eye, ear, nose, mouth and throat problems of the child in a tropical setting will be discussed, looking at etiology; physical signs and symptoms, and treatment.</p> <p>Eye: Conjunctivitis, Strabismus, Trachoma, Stye, Foreign Body. Ear: Problems of the external auditory canal: 1. Foreign bodies 2. Infections: Fungal, viral, bacterial Otitis Media: 1. Serous otitis media 2. Acute suppurative otitis media 3. Perforated ear drum Nose: Epistaxis Mouth: Herpes, Thrush, Gingivitis The common cold Throat: Tonsillitis; viral, bacterial</p>	Syllabus: p.98
10:00		Clinic Practice	Identification of Eye, Ent physical findings and prescription of treatment	
12:30			L U N C H	
13:00		Lower Respiratory Diseases	<p>Each trainee will recognize and discuss the signs, symptoms and treatment of diseases of the lower respiratory tract commonly seen in the under 5's clinic.</p> <p><u>Content</u> Signs Symptoms Treatment</p> <p><u>Method</u> Round table Lecture</p> <p style="margin-left: 20px;">(Group Bronchitis Pneumonia Pulmonary Tbc.</p>	Syllabus pp. 99 Newsprint Blackboard.
15:00			C L O S E	

Date/Time	Subject	Class Objective: Content and Method	Resource															
April 27 8:00 8:30	Common Skin Problems	<p style="text-align: center;">R E V I E W</p> <p><u>Objective:</u></p> <ol style="list-style-type: none"> 1. Counsel families on health practices to prevent skin disorders in children. 2. Identify signs and symptoms of common pediatric skin disorders in the tropics. 3. Provide treatment and follow-up care for common pediatric skin disorders in the tropics. <ol style="list-style-type: none"> 1. Presentation of categories of common pediatric skin problems. <ol style="list-style-type: none"> 1. Bacterial: Impetigo, furuncles, carbuncle, tropical ulcer 2. Fungal: Tinea, capitis, corporis, pedis, cruris, versicolor. 3. Viral: Molluscum contagiosum, warts 4. Systemic process: Communicable diseases (Misc.) 5. Allergic: Contact dermatitis, systemic, eczema 6. Parasites, bites, scabies, pediculosis, capitis, corporis, Larva, mignons, bed bugs, lumb flies 7. Misc: Seborrheic Dermatitis, Miliaria II. Process of identification of a lesion III. Types of lesions IV. Signs, symptoms, treatment and prevention of common pediatric skin problems. 	<ol style="list-style-type: none"> 1. Syllabus p. 10 2. Xerox for Notes, p 14 3. Slides: Morley Common skin problems in the tropics 															
13:00	Genito-Urinary Diseases	<p style="text-align: center;">Lecture, discussion, review of slides.</p> <p>Each trainee will become familiar with common problems of genito-urinary tract seen in an under 5's clinic:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Content</u></td> <td style="width: 10%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td>Phimosis</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="3">Signs Symptoms</td> </tr> <tr> <td>Paraphimosis</td> </tr> <tr> <td>Lahal adhesions</td> </tr> <tr> <td>Urinary tract infections</td> <td rowspan="5" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="5">Treatment</td> </tr> <tr> <td>Nephritis</td> </tr> <tr> <td>Pyelitis</td> </tr> <tr> <td>Cystitis</td> </tr> <tr> <td>Urethrites</td> </tr> </table>	<u>Content</u>			Phimosis	}	Signs Symptoms	Paraphimosis	Lahal adhesions	Urinary tract infections	}	Treatment	Nephritis	Pyelitis	Cystitis	Urethrites	Syllabus p. 112
<u>Content</u>																		
Phimosis	}	Signs Symptoms																
Paraphimosis																		
Lahal adhesions																		
Urinary tract infections	}	Treatment																
Nephritis																		
Pyelitis																		
Cystitis																		
Urethrites																		
15:00 to 16:00		C L O S E																

Date-Time	Subject	Objectives:	Content and Method	Resources
<u>April 28</u> 8:00			REVIEW	
8:30	Special Pediatric Problems	The trainee will review neuromuscular, skeletal and developmental disorders and be able to recognize them and the need for referral.	<u>Content</u> Neuromuscular diseases Congenital hip Develop. retardation Mongolism Deafness Behavior <u>Method</u> - Round table	Syllabus
10:30	Clinic		Examination of patients	
12:00			QUIZ	
13:00			CLOSE	

Date

Time

Subject

Objectives: Content and Method

Resource

April 29

8:00

REVIEW

8:30

Anemia

Objectives

1. The trainee will be able to list and describe the 4 types of child anemia in the tropics.
2. The trainee will be able to identify physical signs and symptoms of anemia, determine the cause and prescribe appropriate treatment.

Class discussion will be centered on the recognition of anemia, identification of the type of anemia, and the prescription of appropriate treatment. Those anemias to be discussed will be

- I. Deficiency: lack of iron or folic acid
- II. Aplastic: Ineffective production of RBC;
 - a. primary
 - b. secondary - drug induced (chloramphenicol)
- III. Hemorrhagic:
 - a. Acute: placental, cord, trauma, esphitis, circumcision
 - b. Chronic: hookworm, dysentery
 - c. Blood diseases; hemophilia, etc.
- IV. Hemolytic: malaria, sickle cell, GPD disease, Leishmaniasis

Syllabus p. 12

Date-Time	Subject	Objective: Content and Method	Resources
<p>May 2 8:00 8:30</p>	<p>Trauma</p>	<p>REVIEW Objective: Each trainee will be able to:</p> <ol style="list-style-type: none"> I. Explain why children are so often accident victims II. List the different causes of accidental injury in rural areas. III. List the principles and specifics of injury evaluation and treatment. <p><u>Content</u></p> <p>Burns - Symptoms, classification, mortality, treatment Drowning - Insect and animal bites, wounds, fractures, traffic accidents, electric shock. Poisoning - causes, prevention, treatment. Presentation</p>	<p>Syllabus pp. 125, 126 p. 127 p. 127 p. 127, 128</p>
<p>10:00</p>	<p>Clinic</p>	<p>Examination of patients</p>	
<p>12:30</p>		<p>LUNCH</p>	
<p>15:00</p>	<p>Presentations</p>	<p>Each of 2 trainees will present the case of the coming to the group - Hx, physical examination, findings, diagnosis, and treatment. There will be class questions and discussions.</p>	<p>-69-</p>

Date/Time	Subject	Objective: Content and Method	Resources
<u>May 3</u>			
8:00		R E V I E W	
8:50	Trauma	Continue if necessary	
10:00		Children's ward - continued examination - stressing evaluation of clinical signs for diagnosis and treatment.	
12:00		L U N C H	
13:00	Health Education Talks and/or Selected Review	Each student will present a 20 minute talk on a selected topic appropriate for an under 5's clinic. Use of visual aids is encouraged. There will be evaluation and discussion of the presentations by the class	Blackboard Newsprint Crayons Colored inks Give out remaining syllabus pages.

Date-Time	Subject	Content- Methods	Resources
<p>May 4 8:00</p>	<p>Final Examination</p>	<p><u>Objective:</u> To obtain written knowledge of the course content from the students. A final examination, closed book exam, will be given to the students covering a broad range of items emphasized in the course curriculum.</p>	<p>Final Examination</p>
<p>10:30 12:30</p>	<p>Clinical Practice at Lemay St.</p>	<p>Objective: Trainee to continue to practice identification of clinical signs, Dx and prescribe treatment. L U N C H</p>	
<p>13:00</p>	<p>Case Presentations</p>	<ol style="list-style-type: none"> 1. Trainee is able to demonstrate his ability to take history, identify signs and symptoms, diagnose and prescribe treatment and care through doing an oral care presentation to other trainees of patient seen that morning. 2. Trainees will present one selected patient each to the group. Items to be looked for: <ol style="list-style-type: none"> 1. Completeness of necessary information from Hx. 2. Identification of pertinent physical findings 3. Appropriate medication and treatment plan 4. Identification of necessary subjects for health education 	

Date/Time	Subject	Content, Method	Resource
<p>May 5 8:00</p>	<p>Review of final Examination</p>	<p>Objective: Provide students with opportunity to obtain correct information for questions incorrectly or not answered on the final examination.</p> <p>Students will have corrected examinations returned to them. A review of the exam will follow with students sharing their knowledge of correctly answered items for the benefit of those who did not have the correct answers.</p>	<p>Final papers</p>
<p>10:15</p>	<p>Course Evaluation</p>	<p>Objective: Students will write their evaluation of the course content teaching methodologies, and clinical experiences, suggestions for improvements will be asked for.</p> <p>An open ended questionnaire will be given to the students to obtain their evaluation of:</p> <ol style="list-style-type: none"> 1. Course content 2. Clinical experience 3. Teaching methodologies 4. Suggestions for improvement 	<p>Evaluation Question</p>

APPENDIX II

ROYAL VICTORIA HOSPITAL * * * FAMILY PLANNING CLINIC

This clinic was started in September of 1975 when Mrs. M'Boge returned from Santa Cruz where she had participated in the MCH Family Planning/Public Health Nurse Training program. Following are some representative statistics for this very active clinic.

* * *

Total Registrations from Sept. 1975 - June 1978787

Total current acceptors to June 1978 496

Orals253

IUD166

Depo 73

Other 4

New Acceptors - 1978 - Original method prescribed:

<u>Month</u>	<u>Orals</u>	<u>IUD</u>	<u>DEPO</u>	<u>OTHER</u>	<u>TOTAL</u>
Jan	20	9	2	2	33
Feb	23	8	3	3	37
Mar	26	2	3	2	35
Apr	13	8	3	1	25
May	22	11	3	1	37
June	20	14	4	2	40
TOTALS	124	52	18	13	207

Total patient visits - January 1 to June 30, 1978

January197
 February113
 March203
 April212
 May231
 June237

TOTAL 1193

RVH FAMILY PLANNING CLINIC (Cont'd).

All new family planning acceptors are counselled and informed about the various contraceptive methods available. They are given the opportunity to select a method appropriate to their needs, and not contraindicated by any medical limitation. Each acceptor receives a complete physical examination including examination of the breasts, abdomen, extremities, specular and bimanual vaginal examination. Hematocrit, urinalysis (and VDRL if IUD insertion) are done on each patient on admission to clinic.

Self examination of the breast is taught. If the woman is breast feeding an infant, she is counselled concerning supplemental feedings, continuation, etc. When necessary anemias, pelvic and urinary tract infections are appropriately treated. Two obstetrician gynecologists are available for consultation and referrals.

Pregnancy tests are done if indicated and in the very near future PAP smear analysis will be available. The project will make materials available and WED is sponsoring trained technicians (whom we hope will be working with counterparts).

Total Number of patients treated for P I D May '77 to May '78 16

Total Number of patients treated for UTI May '77 to May '78 15

* * * * *

APPENDIX IV

KUNTAUR

The project's MCH activities in this center have been in operation since 1976 and the center is scheduled for complete rebuilding. Plans have been drawn and approved and construction is expected to start within a short time. Angelique Gomez Stafford, a nurse midwife who completed a course of training at Santa Cruz, has been the nurse in charge of MCH activities since February, 1978.

Mandagen Sosseh, one of the recently graduated students from the Mansa Konko School is also assigned to the center and provides a community outreach service - health education, some minor medical care, etc. An area council nurse assists in the clinic and is receiving on-the-job training from Mrs. Stafford. A trekking team, supervised by a nursing sister, comes out from Bansang hospital weekly to conduct antenatal and child health clinics. Several members of this trekking team were trained in a two-week inservice program conducted by Mrs. M'Boge and Norma Brainard in November, 1977.

In spite of the poor physical facility, the staff sees a great many patients; well over 100 new antenatal registrations during the month of May is a good example. In addition to the medical consultations, Sister Angelique offers family planning counselling and contraception, this latter limited to condoms and foam, and oral pills. IUD insertions will be available when the new facility is ready.

Sister Angelique has started using the standard record keeping but figures have not yet been available.

APPENDIX V

BANSANG HOSPITAL

A trekking team from this hospital visits Kintaur once weekly. Late in 1977 the UCSC MCH staff conducted a two-week inservice training program for auxiliary nurses at this facility and since then has been instrumental in starting family planning services as well. These services are in the charge of a nursing sister who has been given instructions by staff and has been supplied with programmed instruction guides and informational handouts, etc.

Oral contraceptives and condoms are being dispensed. Staff from Gambia Family Planning association works in cooperation with the Bansang Hospital clinics. The MCH committee has discussed the need to provide an intensive course in family planning and MCH for a nurse midwife or nursing sister at Bansang and then it would be possible to have a full range of MCH family health activities.

At the present time there are eight family planning service acceptors, and there is a Chinese obstetrician available for referral and consultation.

* * * * *

APPENDIX VI

BASSE

An in-service education program was scheduled for the health center in Basse to be given in late February and conducted by the UCSC MCH project staff. There were some difficulties due to unavailability of accommodations for the trainers and this training was cancelled.

However, a nursing sister who was to be assigned to a trekking team out of Basse was one of the trainees in the first Pediatric Assessment Training Cycle. She will be doing the MCH clinics at Basse and she will conduct the inservice training program for the auxiliary staff. This has already started as of early June.

* * * * *

APPENDIX VII

PROPOSED PLAN FOR INSERVICE EDUCATION FOR AREA COUNCIL NURSES AT BASSE

INTRODUCTION

The Gambian government is expanding and upgrading the MCH services throughout the country. Emphasis is being placed on better preparation of health personnel. A large number of Area Council Nurses are presently employed to work at MCH centers and at hospitals to provide MCH services. They have previously received a limited amount of on-the-job training.

This inservice education is being given in order to upgrade the knowledge and skills of the area council nurses assigned to MCH clinics at Basse MCH Center. It is believed that the quality and quantity of services will be improved as a result of this course.

DESCRIPTION OF COURSE

This is a 2-1/2 day education program which will be given to a selected number of area council nurses who are presently working in the MCH center in Basse.

The course will be taught at Basse MCH center on the day clinic is conducted there and on the other days it will be taught at the centers where the MCH team treks for clinics. Instructions will be given on the job, with some theory given and the morning prior to clinic sessions and in the evenings after clinic sessions are completed. Theory will be kept simple and will be taught via visual aids, discussions, questions and answers.

OBJECTIVES

The overall objectives of the inservice education is to improve the quality of care being given to mothers and children by area council nurses.

At the end of the course participants should be able to:

1. State the aims of prenatal care
2. State the aims of child welfare clinics
3. Administer immunizations to mothers and children safely
4. Organize and prepare the clinics (prenatal and child welfare)
5. Prepare, sterilize, store supplies and equipment used in the MCH clinics
6. Weigh and record accurately the weights of mothers and children
7. Interview, obtain a prenatal history and record information accurately concerning mothers and children
8. Take and record a blood pressure accurately
9. Take and record urinalysis using the dip stick

* * * * *

MATERNITY CARE

METHOD OF TEACHING

EQUIPMENT AND SUPPLIES

CONTENT

1. Aims of prenatal care	Discussions Questions and answers	Charts and posters
2. Organization and preparation of prenatal clinic	Demonstration Questions and Answers	B.P. Apparatus, Stethoscope, Fetoscope, Dust Bins, Hand washing facilities, drapes, scales, urinalysis testing equipment, records and reports, pens, referral forms, sterilizer, medications and immunizations and equipment.
3. Prenatal history	Demonstration and return demonstration Question and answer	Prenatal records Registration book, etc.
4. Screening Test	Demonstrations and return demonstrations	Scales, Antenatal Records
a. Weights	" " "	Dip sticks, specimen bottles
b. Urinalysis	" " "	B.P. Apparatus, Stethoscope
c. Blood pressure	" " "	
5. Special needs of mothers		
a. Prenatals	Film: Dirt breeds disease All my Babies (Part I) Good food for good health Demonstrations and return demonstrations	Film projector screen, needles, vaccine, swabs, charts and posters.
1. Personal hygiene		
2. Nutrition		
3. Prenatal care		
4. Immunizations		
b. In labor and delivery	Film: All my babies (part II)	

CHILD HEALTH

CONTENT

1. Aims of Infant Welfare Clinics	Discussions, Questions and Answers	Charts-Posters
2. Organization of Child Welfare Clinics	Demonstration-Discussion	Registration book, scales, growth charts, Immunization equipment, sterilizer, needles, swabs, etc., stethoscope, other equipment such as thermometer, tongue blades, medications, Referral slips.
3. Special needs of Infants and Children		
1. Clean, safe, environment	Film: Infant Care, discussion	Film, projector, screen
2. Immunizations	Demonstration and Return Demonstration	Immunization equipment; Vaccines; Charts and Posters
3. Nutrition	Discussion	Poster on Marasmus and Kwashiorkor

APPENDIX VII
IN SERVICE EDUCATION FOR AREA COUNCIL NURSES

RASSE IN SERVICE EDUCATION FOR AREA COUNCIL NURSES

SKILL LIST: FOR MATERNITY CARE

Satis.

Unsatisfactory

Comments

1. Take and record a B.P.
2. Do a urinalysis with dip stick and record.
3. Take and record a prenatal history.
4. Take and record a prenatal's weight.
5. Prepare and administer immunizations properly.
6. Prepare and sterilize equipment accurately.

CHILD HEALTH

1. Weighs child.
2. Records weight on growth chart.
3. Prepares immunizations and administers properly.
4. Informs mother when another immunization is due.

APPENDIX VIII

RECORDS AND MONTHLY ACTIVITIES REPORT

All MCH clinics now distribute antenatal registration books to be kept by the patient and brought along to each clinic visit. The Ilesha growth charts are also distributed and with these two records the mother and child always have available a record of their progress with them no matter which clinic they decide to attend. These records are simple to keep and do not require specially trained personnel. They are a big step in the direction of nationalizing record keeping and will help future statistical evaluation.

The use of this form will help to standardize record keeping for the different MCH services and give some overview to the activities of the Community Health Nurse.

APPENDIX VIII. (Cont.)

MONTHLY ACTIVITIES REPORT:

DATE: MONTH.....YEAR.....
 NAME OF COMMUNITY NURSE.....
 HEALTH CENTER.....

A. <u>HOME VISITS</u>	<u>NUMBERS</u>
Newborns
New cases
Follow up
Post-Natal	
New cases
Follow-up
Child Health	
New cases
Follow-up
Type of cases referred.....
.....
General health promotion (environmental, etc)	
New cases
Follow-up

B. <u>HEALTH EDUCATION</u>	<u>TOPIC</u>	<u>NUMBERS</u>
<u>New borns</u>		
Groups
Individuals
<u>Nutrition</u>		
Groups
Individual
<u>Antenatal Care</u>		
Groups
Individual
<u>Family Spacing</u>		
Group
Individual
<u>Environmental Health</u>		
Group
Individual
<u>Post-Natal</u>		
Groups
Individual

Other activities e.g. School Health

Problems Encountered

STATISTICS 1978
APPENDIX VIII. CONTD.

MANSA KONKO	Month	Admission	Antenatal		Child Welfare Immunizations								Deliveries							
			New	Old Total	New	Old	Total	BCG	TA	1	2	3	Booster	Tet.	Tox 1	2	3	Booster	Measles	LS
	JAN.	67	64	114	178	63	240	313	64	18	21	8	6	0	0	0	0	0	16	0
	FEB.	60	56	206	316	58	188	331	30	0	0	0	0	104	0	0	14	17	21	3
	MAR.	59	28	47	72	96	248	344	81	41	12	7	0	6	5	0	28	3	29	0
	APR.	54	76	120	196	89	312	491	67	42	22	6	0	13	18	6	39	62	21	0
	MAY	65	65	98	171	61	304	365	40	63	30	10	0	13	0	0	30	69	32	0
KWIN- ELLA	JAN.		10	3	13	9	17	26	9	2	0	0	0	0	0	0	0	0		
	FEB.		0	0	0	23	45	68	4	3	0	0	0	5	0	0	16	0		
	MAR.		8	28	33	10	27	37	10	6	3	3	0	0	0	0	2	0		
	APR.		18	28	47	20	64	84	22	18	2	4	0	0	3	12	18	0		
	MAY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
BUR- ENG	JAN.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	FEB.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	MAR.		22	28	60	27	55	92	19	11	2	2	0	12	4	2	25	5		
	APR.		55	34	92	56	165	221	63	46	-	4	0	12	8	-	54	19		
	MAY		47	69	116	59	212	272	60	68	20	3	0	17	4	4	45	67		
FARA - FENNI	JAN.		38	26	64	14	60	80	-	0	-	-	-	-	-	-	-	-		
	FEB.		65	100	205	68	122	109	22	31	4	5	-	102	-	-	54	14		
	MAR.		80	121	201	66	98	168	59	27	3	-	-	27	31	-	54	14		
	APR.		61	122	193	44	88	132	45	27	4	-	-	11	16	5	52	13		
	MAY		73	102	175	93	87	170	64	42	6	-	-	18	9	2	46	29		

APPENDIX VII I. (t.)

MONTHS	NO. OF PATIENT	NO. OF B/FILM	NO. OF URINE	NO. OF STOOL	NO. OF URETHROD DISC	NO. OF APB	NO. OF HEMATO CRIT	POSITIVE MALARIA	POSITIVE APB	POSITIVE GONORRHOEA	POSITIVE STOOL	POSITIVE URINE
JANUARY	138	78	30	9	4	6	81	12	1	4	4	2
FEBRUARY	128	74	22	8	7	2	86	10	0	7	2	4
MARCH	134	85	27	9	14	3	71	15	0	14	6	5
APRIL	201	123	44	9	19	4	110	20	0	17	4	3
MAY	269	119	84	6	1	12	114	13	1	1	5	8
JUNE	241	112	88	4	7	0	89	16	0	8	1	4
TOTAL	1091	591	295	45	52	27	541	66	2	51	22	26
EXCLUDE FROM GRAND TOTAL												
		GRAND	TOTAL							EXCLUDE FROM GRAND TOTAL		

LAB. REPORT: FROM JANUARY - JUNE 1978.MANSAKONKO SUB LABORATORY

Total number of Hematocrit	=	541
" " of Flood/Film	=	591
" (" of Positive Malaria)	=	66
" " of Urine	=	295
" (" of Schistosoma)	=	26
" " of Stool samples	=	45
" " of positive stool	=	22
" " of APB	=	27
" " of APB Positive	=	2
" " of Urethral Discharge	=	52
(" " of Positive of Gonorrhoeae) =		51

中華民國二十九年十月二十日

第 123 號

姓名	性別	年齡	籍貫
張三	男	25	江蘇
李四	女	22	浙江
王五	男	30	山東
趙六	女	28	河南
陳七	男	35	湖北
周八	女	32	湖南
吳九	男	40	安徽
孫十	女	38	江西
鄭十一	男	45	福建
馬十二	女	42	廣東
徐十三	男	50	廣西
黃十四	女	48	雲南
劉十五	男	55	四川
孫十六	女	52	陝西
張十七	男	60	甘肅
李十八	女	58	山西
王十九	男	65	河北
趙二十	女	62	察哈爾

此表係根據...



APPENDIX IX

I. THE SCHOOL FOR COMMUNITY HEALTH NURSES MANSА KONKO

- A. Most of January and February was spent in selecting and listing the 253 applicants for the School for Community Health Nurses at Mansa Konko. 80 applicants were selected to take the exams but only 40 actually sat the exam on the 11th February, 1978. 15 girls and 5 boys were finally selected; 14 girls and 4 boys started classes on March 20, 1978.
- B. There is now a special school committee whose functions are to:
 1. Monitor school activities and set school policies
 2. To assist in the day-to-day administration of the school
 3. To liaise with the curriculum planning committee on reviewing and redesigning the curriculum for the School for Community Health Nurses at Mansa Konko.
- C. Sister Coker left for Nigeria on April 29th for a one year training in Public Health. The course is general in content, but emphasizes principles of teaching. Beulah Joel (UCSC/MCH) provides directions and counsel until a replacement for Sister Coker is found.
- D. The introductory block exams were completed on the 30th of June with encouraging results. Four failures in Nursing and one in nutrition with only one person failing two subjects. The two community attendants did very well and the auxiliary nurses also passed; surprisingly, the younger ones, those just out of school, are not doing as well as the others. The course is progressing according to plan.
- E. Tanya Sinyang left for a two week seminar in Ghana, from the 1st to the 15th of July, 1978.

II. THE MANSА KONKO HEALTH CENTER

The health center is functioning under the direction of Sister Rollings. Beulah Joel (UCSC/MCH) acts as counterpart. There have been some minor problems due to transport failure (e.g., cancellation of trekking). Sister Rollings has been having support and assistance from Dr. Aukett (pediatrician in charge of clinics) and Dr. Johnson (obstetrician) with staff discussions, demonstrations and lectures. Sister Rollings continues inservice education meetings once a month and whenever trek has been cancelled.

Topics for inservice education:

1. Codes and ethics in nursing
2. General cleanliness and personal hygiene
3. Keeping of records - proper recording
4. Antenatal care
5. Management of labour, 1st, 2nd and 3rd stage
6. Anemia of pregnancy
7. At risk pregnancy
8. Risks infants (Dr. Aukett)
9. The importance of diet, the correct use and proper way of cooking
10. Partogram - Dr. Jobson

The following Health Education talks have been given at the center to attending clients:

1. Immunization
2. Diet for pregnant women
3. Breast feeding
4. Worms
5. Antenatal care
6. Importance of infant welfare clinic
7. Weaning and feedings of infants
8. Clothing
9. Family Planning
10. Care of the eyes.

*Note:

Since the last report the Mansa Konko Health Center and dispensary show a marked improvement in appearance, attitudes, activities and practices of health personnel.

Dr. Wilson

SECTION III

HCSC/MCH PROJECT REPORT

BENIN

January 1, 1978 - June 30, 1978

Submitted by:

Dr. Paul Wilson
Maryan Surman

I. INTRODUCTION

In January, 1977 the project of the University of California in Benin began its final two-year span of operations. Now eighteen months later it is possible to state that a majority of the goals have been attained and the remainder and more should follow during the final six months. As this report is being written, project personnel are all involved in important and exciting training activities which will be detailed further along in this report.

Following is a list of project activities for the first six months of 1978 - January 1 through June 30:

1. James Franks and Robert Minnis, respectively the Director and Assistant Director of the project, based in Santa Cruz, visited from February 23 to March 22. They reviewed project activities, worked with the team to finalize the 1978 work plan, checked inventory and finances. (Appendix 1)
2. The Government of Benin (GOB) submitted a request to U.S.A.I.D. for assistance in developing two in-country training centers -- one in Cotonou and one in Parakou. The main feature of this proposal is the development of in-country training programs to be done by Beninise nurse/midwives who have already been trained as trainers in Santa Cruz. (Appendix 2)
3. The GOB also requested the continuing presence of a UCSC team to provide technical and some material assistance to the in-country training program.
4. Periodic supervisory visits of the MCH team (both UC and Beninois members.)
5. The installation of Family Health services at Djougou -- including family spacing. This installation, started in 1975, was completely redone and successfully conducted by the Beninois tutors. (Appendix 3)
6. A two-week recyclage (retraining) of an early graduate of the Santa Cruz training, and her reposting to the new University Maternity under the direction of

Dr. Alihonou, Director of the School of Midwifery and of the University maternity. (Appendix 4) Arrangements made to install the Family Health services section as done in other UC directed centers, at this new facility.

7. Planning for a pilot in-country three-month training program, including a TOT, for eight nurse midwives. Organization, direction, curriculum development, and teaching done by the three members of the project team who are Beninoise nurse/midwives who were trained in Santa Cruz. (Appendix 5)

8. The arrival of Emily Lewis for a six-month period to assist with project activities as a member of the in-country project team.

9. The arrival of Dr. George Walter, obstetrician-gynecologist, director of training at Santa Cruz, as consultant and advisor to the Beninois team responsible for the three-month training program.

10. The visit of a team sent out by AID Washington to evaluate the project programs to-date. (Appendix 10)

11. The assurance that each of the replication sites will have a Santa Cruz or Cotonou (pilot cycle) trained Family Health practitioner. Some reposting has already been done. (Appendix 4) This emphasis on maximum utilization of trained personnel is a further indication of host government commitment and intent to improve rural health care.

12. Greater and more productive cooperation between the Beninois and University of California team members with the former assuming more responsibility for planning and organization as well as direction and teaching.

II. ADMINISTRATION^{*/}

A. Duties, functions and activities continue unchanged. The arrival of Emily Lewis will aid the completion of project work and provide backup for the three-month training session, viz. her training experience at Santa Cruz.

B. Personnel

No changes.

*/ Ref. 1st semiannual report -- 1977 -- pp. 21, 22.

III. SUMMARY

A. GENERAL

The January 1 - June 30, 1978 period has been one of great activity as well as considerable progress. A ninth center was installed and preparations for a tenth begun. There has also been review and retraining of some personnel, supervisory and counselling visits to centers already in operation, and perhaps most important and exciting of all, the preparation of a Family Health Practitioner course by Santa Cruz trained Beninise nurse/midwives patterned on the training program given at Santa Cruz. This course has been organized and planned by the Beninois team and will be directed and taught by them during the period July 3 - October 3. This is considered a large step toward complete "Africanization" of project activities, and will act as a pilot for future training.

The Minister of Health, Mr. Issifou Bourrain, submitted a proposal to AID to help in the development of two in-country training centers (Appendix 2) requesting at the same time the continued presence of a UCSC team to provide technical and material assistance for this new program. This was discussed with the UCSC directors during their visit as well as with University of California in-country personnel -- and there was agreement that this would be both a rewarding and interesting undertaking.

A U.S.A.I.D. team sent out by Washington, D.C., spent one week evaluating project activities. There were other varied and numerous activities including the further development of a uniform record-keeping system, the increased collection of statistics (Appendix 9), more frequent team meetings for planning and evaluation of activities (Appendix 10) and a continuing cooperation with donor agencies, in particular the CNBP (Benin National Center for Family Planning.)

B. PROBLEMS

As in our reports for 1977 we will discuss the problems as they exist and as they are being addressed. Shortages of medications and vaccines continue but are not as severe; there now appears to be more regular supply sources and distribution. The project continues to supply transport on certain occasions and has also provided sterilizers and even refrigeration units.

In several health centers there are programs of in-service education and also on-the-job training of personnel by our Santa Cruz trained nurse/midwives. Motivation continues to be a problem but again less so than previously.

With the use of some self-help funds the Benin Ministry of Health has made a start toward improving water supplies, waste disposal, and electrification in those centers where there is need of repair. The project has been helpful in identifying needs and in providing liaison with the U.S. Embassy (source of self-help funding.)

The laboratory services have improved but still lack the expertise required in cytology for PAP smear technology and diagnosis. We have indicated the project's willingness to help in identifying and securing training programs for designated technicians in this field.

Except for limitations imposed by the condition of the roads during the rainy seasons, there are no difficulties in travelling about the country. The project vehicles (one 4wd and one 2wd Chevrolet Carryall) are in excellent mechanical repair although after six years the ravages of weather, climate, and bad roads have made some alterations in appearance.

The one vehicle (a 4wd Chevrolet Blazer) put under control of the MOH directly is still in operating condition but is used only for trekking into the bush because of the poor, or should we say, excessive consumption of gasoline. At this point it might be well to state that these are not appropriate vehicles for this country . . . they are difficult to maintain, service and parts must be imported since they are not available here, and the costs of operation are excessive. There are more suitable vehicles available.

IV. CONCLUSIONS

This project is successfully meeting its commitments. Although problems will continue and performances will never be perfect, progress is notable and its pace is mounting. It would appear that most of the goals and objectives listed for the two-year period ending December 1978, will be attained.

There is a growing demand for family health services and for information and services regarding family spacing and contraception in general. This is easily seen in the statistics from the various clinics although in this report we shall refer only to those from the Cotonou PMI (pilot center on which other centers are modeled. The number of trained personnel has been increased not only by formal courses in Santa Cruz but also on the job. Now there is to be the first in-country training program for Family Health Practitioners (as in Santa Cruz) conducted by Beninois and there is good reason to expect that permanent in-country training will be established resulting in regular additions to the groups of good trained personnel.

Through increased participation in planning and direction, increased logistical support, and through its thoughtful consideration and requests for the future, the GOB has indicated its readiness to take over control of MCH/FP and Family Health Services.

Project personnel agree that the services initiated under its guidance, planning, technical and material assistance, will continue under GOB direction. We also feel that the proposal made by the GOB for the development of in-country training centers is a logical extension of the existing program which is scheduled to phase out at the end of this year, 1978. We would like to recommend that this proposal be supported by AID regardless of whether the UCSC team will be a supporting element. However, it should be a matter of record that we would like to continue in an advisory role because in-country training centers are the extension and proof of our own work and interests.

APPENDIX 1

WORK PLAN OUTLINE

1. More frequent full team meetings to help ease the transfer of responsibility to GOB.
2. At least one revisit to each center in the period ending June 30.
3. The installation of two new centers, one definitely at Djougou; the other to be determined.
4. Reassignment of personnel not yet at a post where they can use their Santa Cruz trainings.
5. Help the GOB with its proposal for the coming two years.
6. Begin preparations for a three-month in-country training program:
 - a. Date
 - b. Location
 - c. Facilities to be used
 - d. Number and names of trainees
 - e. Beninois trainers
 - f. Consultants
 - g. Prepare TOI and theory curricula and educational aids
 - h. Schedule of clinic use
7. Prepare a six-month report.
8. Continue providing liaison between MOH and Embassy for self-help.

APPENDIX 2

REQUEST FOR CONTINUING ASSISTANCE

The GOB has shown continuing and growing interest in improving rural health care and has also stated it intends to place particular importance on the development of "soins de sante primaire en zones rurales" (care for primary health in rural areas). On the basis of this interest and purpose, the GOB asked the UCSC project for assistance in designing the request for future AID assistance.

Because it has always been the purpose of the UCSC MCH project to improve rural health care, we have looked for the best possible manner, from a preventive medical viewpoint, in which to proceed. By adhering to the principle that has characterized the existing UCSC MCH project in Benin, that is to utilize the existing structure and medical personnel levels and structures which would only tax the system of the MOH financially and weaken the current personnel levels, the UCSC MCH staff thinks that the GOB can support the existing project and that encompassed in the following proposal.

Working with Mr. Issifou Bourraïma, the Minister of Public Health, Dr. Theo Bankole, Director of Public Health, Dr. Joseph Koulja, Director of Preventive Medicine, and several nurse/midwives, we have developed a three-point plan which emphasizes training of health personnel who have rural health care delivery responsibilities. An integral part of this three-point plan is to continue developing service delivery systems on the model provided during the past six years by the UCSC MCH project here in Benin.

The three-point plan, as approved by Mr. Bourraïma, is as follows:

1. A training center will be established in Cotonou to train midwives and/or infirmieres d'Etat (public nurses) as MCH nurse practitioners.

The initial effort to institutionalize this program in Benin will be made in June 1978; the first training cycle will be prepared by Benin nurse/midwives (Santa Cruz trained) and given by them during a three-month period ending about September 30. UCSC staff will aid in this with technical and material assistance. This course will be identical to that which has already been given to some 21 Benin nurse/midwives and nurses in Santa Cruz. The purpose of this training center will be to develop a cadre of trained staff who can provide improved service and training throughout the health sector. Mrs. Ouendo, Codjia, Dehoue, Amoussou-Geunou and others are exemplary of the health personnel professionals that can be trained at such a center.

2. The second component of the plan is the development of a rural health training center in the North. At present both Parakou and Natitangou are being considered but the final decision rests with the government. A tremendous gap exists between the work performed and the training received by low level health workers such as medical aids and traditional birth attendants. To fill this training gap would be the purpose of this center.
3. The third component of the plan is to provide MCH/NP/Nutrition services at health centers throughout Benin. The MCH has discussed 32 - 35 possible locations for expanded or new services. It has been stressed by the UCSC team that prior to the installation of such services at a center, a graduate of the MCH nurse practitioner program would be assigned as the responsible medical officer. Provision can be made

for the installation of these services in five - six centers per year with the full cooperation of the MOI. An effort is under way to establish a priority list of the facilities.

Note: This foregoing was put in the form of a letter and sent to Mr. Woods, AID officer in Cotonou, for consideration by himself and AID/Washington.

APPENDIX 3

DJOUGOU INSTALLATION

The UCSC MCH/FP family health clinic in Djougou was installed in the fall of 1975 with Lamatou Sanouissi, a Santa Cruz trained FP/NP, as supervisor. Materials and equipment were supplied at that time but for various unforeseeable circumstances, there was no opportunity to schedule the usual two week orientation/installation program. Other events such as illness, pregnancy leave, and reassignment delayed these proceedings until the last two weeks of May 1978.

The district medical officer and the clinic staff were alerted by Dr. Kodja and the training team reviewed the program and prepared materials and equipment. Some 97 people from various agencies and work in the area attended this meeting although the plan was to limit the number to under forty or only those directly associated with the center. This latter group attended most of the sessions.

The composition of those attending was as follows:

- 1 physician - chief of medical services - Djougou
- 15 nurses
- 8 medical aids
- 1 laboratory technician
- 22 teaching personnel from primary and secondary schools in the district

Medical personnel attending represented the Medical center, the Maternity, the Order of Malta Leprosarium, and other satellite medical posts in the Djougou area. Others attending were various government workers, police commissioner, Chief of the District, members of the Public Works Department, etc.:

- 41 participants attended six or more of the ten sessions
- 46 participants attended five or less of the ten sessions
- 10 participants were not recorded on a daily basis

APPENDIX 4

PREPARATION OF MEDICAL PERSONNEL FOR FAMILY PLANNING

1. One of the earlier Santa Cruz graduate who has been posted to a very rural clinic where she was unable to utilize fully her training, was assigned to the Maternity, Cotonou for a one month recyclage under the direction of Mae Dehoue. Then she was permanently assigned to the MCHFP clinic newly installed at the National Hospital under the direction of Dr. Alihonou.
2. Dr. Alihonou is responsible for teaching and practice in MCHFP for the medical students and the nursing students of the School for Nurse/Midwives, of which he is the director. Courses in theory began in 1975 under the tutelage of Mme Clarisse Goure on her return from the Santa Cruz nurse practitioner training program. Since then the following medical personnel have received theoretical training:

1975	15 nurse midwifery students 16 medical students
1976	10 nurse midwifery students 21 medical students
1977	14 nurse midwifery students 5th year medical students are assigned to work one year for the GOB, returning to the University at the start of the next school term and will receive this training then
1978	30 nurse midwifery students 30 medical students will be trained this year in a separate course

With the new clinic, established in Mid-May, these students will have practical experience added to the curriculum. Nursing students rotate through the PMI Cotonou assisting at consultations, giving health talks, etc. The final report will have more detailed information on the new clinic and this training experience.

APPENDIX 5

LOCALIZATION OF PROGRAM

One of the principle goals of this project's work in Benin has been the development of trained personnel who would be prepared to take over and manage project activities. One of the principle activities has been training, and a good share of that has been the training of nurse midwives (21) as Family Health Practitioners to be polyvalent, emphasizing maternal and child health and family spacing. This was done out of country at Santa Cruz and supplemented their already considerable knowledge, improved their diagnostic skills, and taught them effective teaching methods and techniques. This group of trained professionals now forms a Beninois tutorial corps whose members are ready to employ their newly learned skills and techniques for teaching and training additional health personnel in-country. This is the intent of localization - a program developed for and directed by Africans for Africans.

Three members of this trained group -- Mnes. Ouendo, Dehoue, and Amoussou-Guenou were relieved of their regular duties and transferred to the project office where with the aid of UC personnel they developed a curriculum (modelled after the Santa Cruz program) to be used for an in-country Family Health Practitioner Training program of 3 months duration - July 3rd to October 1st, 1978, to take place in Cotonou. These three nurse/midwives are to be the trainers.

Eight trainees have been chosen from various areas in the country and have been assigned to attend this three-month program, the first in-country training program of its kind in Benin. It is intended as a pilot and model for replication two to three times yearly in one of the training centers the government hopes to establish with AID help.

For this "first", the UCSC staff with the addition of Dr. George Walter and Emily Lewis, provide technical and material and advisory assistance. The active participation of the medical staffs of several facilities has been assured and their clinical facilities will be available for practical experience and teaching. There is a sufficient number of patients to provide an adequate and varied practical clinical experience for each of the trainees.

CYCLE I

AGENDA

PREMIERE SEMAINE : 3 - 7 JUILLET 1978

Lundi 3 Juillet	Mardi 4 Juillet	Mercredi 5 Juillet	Jeudi 6 Juillet	Vendredi 7 Juillet
<p>08H30 L'ouverture du stage</p> <p>10H30 Présentation</p>	<p>08H00 Où en sommes-nous ?</p> <p>08H45 La formation</p> <p>09H45 Les méthodes pédagogiques</p>	<p>08H00 Où en sommes-nous</p> <p>08H30 La planification d'un programme</p>	<p>08H00 Où en sommes-nous ?</p> <p>08H30 L'étude et le travail du groupe</p>	<p>08H00 Où en sommes-nous ?</p> <p>08H30 Présentation d'une causerie 1 - 1 1 - 2</p> <p>09H30 L'étude et le travail de groupe, suite</p>
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
<p>11H30 L'analyse des besoins des stagiaires</p> <p>12H00 Discussion de l'agenda du stage - Les buts et les objectifs du stage</p> <p>13H30 EJAG & journal</p>	<p>11H30 Les aides visuelles</p> <p>13H00 EJAG & journal</p>	<p>11H30 La planification, suite</p> <p>13H00 EJAG & journal</p>	<p>11H30 La rétroaction</p> <p>13H30 EJAG & journal</p>	<p>11H30 Présentation d'une causerie 1 - 3</p> <p>12H00 Révision de la semaine passée</p> <p>13H30 EJAG & journal</p>

CYCLE I

AGENDA

DEUXIEME SEMAINE : 10-14 JUILLET 1978

Lundi 10 Juillet :	Mardi 11 Juillet :	Mercredi 12 Juillet :	Jeudi 13 Juillet :	Vendredi 14 Juillet :
08H00 Où en sommes-nous ?				
08H30 Présentation d'une causerie 1 - 4 1 - 5	08H30 Présentation d'une causerie 1 - 7 1 - 8	08H30 Présentation d'une causerie 2 - 1 2 - 2	08H30 Présentation d'une causerie 2 - 4 2 - 5	08H30 Présentation d'une causerie 2 - 7 2 - 8
09H30 La supervision	09H30 La supervision	09H30 L'exécution d'une tâche	09H30 L'évaluation	09H30 L'évaluation, suite
11H00 Pause Café				
11H30 Présentation d'une causerie 1 - 6	11H30 Présentation d'une causerie 1 - 9	11H30 Présentation d'une causerie 2 - 3	11H30 Présentation d'une causerie 2 - 6	11H30 Présentation d'une causerie 2 - 9
12H00 La supervision, suite	12H00 La supervision, suite	12H00 L'exécution d'une tâche	12H00 L'évaluation, suite	12H00 La supervision
13H30 EIAG Journal	13H30 EIAG	13H30 EIAG	13H30 EIAG	13H30 EIAG Réunion de l'équipe
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	

CYCLE IAGENDATROISIEME SEMAINE :17-21 JUILLET 1978

Lundi 17 Juillet	Mardi 18 Juillet	Mercredi 19 Juillet	Jeudi 20 Juillet	Vendredi 21 Juillet
08H00 Où en sommes nous ?	08H00 Où en sommes nous ?	08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?
09H00 Orientation du programme	08H30 Révision de l'anatomie et physiologie féminine	08H30 La reproduction humaine	08H30 Les méthodes contraceptives	08H30 L'examen Gynécologique y compris l'auto examen des seins et cancer du col
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
11H30 Généralités de la santé familiale	11H30 Révision de l'anatomie et la physiologie masculine	11H30 La sexualité humaine	11H30 Les méthodes contraceptives	11H30 Révision de la semaine passée 12H00 Réunion de l'équipe
13H30 EIAG	13H30 EIAG	13H30 EIAG	13H30 EIAG	13H30 EIAG
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture

CYCLE IAGENDAQUATRIEME SEMAINE - 24-28 JUILLET 1978

Lundi 24 Juillet	Mardi 25 Juillet	Mercredi 26 Juillet	Jeudi 27 Juillet	Vendredi 28 Juillet
08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?	08H00 Où en sommes-nous ?
08H30 Présentation d'un texte 3-1	08H30 Présentation d'un texte 3-2	08H30 Présentation d'un texte 3-3	08H30 Présentation d'un texte 3-4	08H30 Orientation des cliniques
09H15 Les troubles menstruels	09H15 Les maladies d'appareil génital	09H15 Les maladies vénériennes	09H15 La stérilité	
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
11H30 L'examen médical complet	11H30 L'examen médical complet	11H30 L'examen médical complet	L'examen médical complet	11H30 Révision de la semaine passée
13H00 EIAG	13H00 EIAG	13H00 EIAG	13H00 EIAG	12H00 Réunion de l'équipe
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture

CINQUIEME SEMAINE : 31 JUILLET - 4 AOÛT

<u>Lundi 31 Juillet</u>	<u>Mardi 1er Août</u>	<u>Mercredi 2 Août</u>	<u>Jeudi 3 Août</u>	<u>Vendredi 4 Août</u>
08H00 Travail dans les cliniques	08H00 Travail dans les cliniques	08H00 Travail dans les cliniques	08H00 Travail dans les cliniques	08H00 Où en sommes-nous ? 08H30 Présentation d'un texte 3 - 5 09H15 Les soins obstétricaux
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
12H30 Où en sommes-nous ?	12H30 Où en sommes-nous ?	12H30 Où en sommes-nous ?	12H30 Où en sommes-nous ?	11H 30 Présentation d'un texte 3 - 6
13H00 Les statistiques sanitaires	13H00 Les statistiques sanitaires, suite	13H00 Les statistiques sanitaires, suite	13H00 L'examen pré-nuptial	12H15 Les soins obstétricaux, suite 13H15 Réunion de l'équipe
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture

CYCLE I

AGENDA

SIXIEME SEMAINE : 7 AOUT - 11 AOUT 1978

Lundi 7 Août	Mardi 8 Août	Mercredi 9 Août	Jeudi 10 Août	Vendredi 11 Août
08H00 Travail Pratique dans les cliniques	08H00 Où en sommes nous ?			
				08H30 Présentation d'un texte
				4 - 3
				09H15 La nutrition
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
12H30 Où en sommes-nous	12H30 Où en sommes-nous ?	12H30 Où en sommes-nous ?	12H30 Où en sommes-nous	11H 30 Présentation d'un texte
				4 - 4
13H00 Présentation d'un texte 3 - 7 <i>Soins obstétricaux suite</i>	13H00 Présentation d'un texte 3 - 8 <i>Soins obstétricaux suite</i>	13H00 Présentation d'un texte 4 - 1 <i>Soins obstétricaux suite</i>	13H00 Présentation d'un texte 4 - 2 <i>Soins obstétricaux suite</i>	12H15 La nutrition suite
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	13H15 Réunion de l'équipe
				14H00 Clôture

CYCLE I

AGENDA

SEPTIEME SEMAINE : 14 - 18 AOUT 1978

Lundi 14 Août	Mardi 15 Août 1	Mercredi 16 Août	Jeudi 17 Août	Vendredi 18 Août
08H00 Travail pratique dans les cliniques	08H00 Travail pratique dans les cliniques	08H00 Travail pratique dans les cliniques	08H00 Travail pratique dans les cliniques	08H00 Où en sommes-nous ?
11H00 La pause café	11H00 La pause café	11H00 La pause café	11H00 La pause café	11H00 pause café
12H30 Où en sommes-nous ? 4-5 <i>prest. d'un texte</i>	12H30 Où en sommes-nous ? 4-6 <i>prest. d'un texte</i>	12H30 Où en sommes-nous ? 4-7 <i>prest. d'un texte</i>	12H30 Où sommes-nous ? 4-8 <i>prest. d'un texte</i>	12H30 La santé scolaire, santé 13H15 Réunion de l'équipe
14H Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture

CYCLE IAGENDA

QUINTIEME SEMAINE: 21-25 AOUT

Lundi 21 Aout	Mardi 22 Aout	Mercredi 23 Aout	Jeudi 24 Aout	Vendredi 25 Aout
08H00 Travail pratique dans les cliniques	08H00 Où en sommes-nous ? 08H30 Pédiatrie, suite			
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
12H30 Où en sommes-nous ?	11H30 Pédiatrie, suite			
13H00 Pédiatrie	13H00 Pédiatrie	13H00 Pédiatrie	13H00 Pédiatrie	13H15 Réunion de l'équipe
14H00 Clôture				

CYCLE I

AGENDA

NEUVIEME SEMAINE : 28-1 sept.

Lundi 28 Août	Mardi 29 Août	Mercredi 30 Août	Jeudi 31 Août	Vendredi 1 ^{Sept} Août
08H00 Travail pratique dans les cliniques	08H00 Où en sommes-nous ? 08H30 Pédiatrie, suite			
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
12H30 Où en sommes-nous ?	11H30 Pédiatrie, suite			
13H00 Pédiatrie	13H00 Pédiatrie	13H00 Pédiatrie	13H00 Pédiatrie	13H15 Réunion de l'équipe
14H00 Clôture				

CYCLE IAGENDADIXIEME SEMAINE : 4-8 SEPT.

Lundi 4 Sept.	Mardi 5 Sept.	Mercredi 6 Sept.	Jeudi 7 Sept.	Vendredi 8 Sept.
08H00 Travail pratique dans les cliniques	08H00 Où en sommes-nous ? 08H00 L'intégration des activités de la santé familiale			
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café
12H30 Où en sommes-nous ?	11H30 L'intégration des activités de la santé familiale, suite			
13H00 Définition de la santé familiale	13H00 Définition de la santé familiale	13H00 Etude du milieu	13H00 Etude du milieu	
14H00 Clôture				

CYCLE I

AGENDA

TRAVAIL SUR LE TERRAIN

ONZIEME SEMAINE : 11 - 15 Sept.

Lundi 11 Sept.

Mardi 12 Sept.

Mercredi 13 Sept.

Jeudi 14 Sept.

Vendredi 15 Sept.

CYCLE I

AGENDA

DOUZIEME SEMAINE : 18 - 22 SEPT.

TRAVAIL SUR LE TERRAIN

Lundi 18 Sept.

Mardi 19 Sept.

Mercredi 20 Sept.

Jeudi 22 Sept.

Vendredi 22 Sep

AGENDA

TREIZIEME SEMAINE : DE 25-29 SEPT. 1978

Lundi 25 Sept.	Mardi 26 Sept.	Mercredi 27 Sept.	Jeudi 28 Sept.	Vendredi 29 Sept.
08H00 Où en sommes nous ?	08H00 Où en sommes nous ?			
08H30 Evaluation du travail sur le terrain	08H30 Evaluation du travail sur le terrain	08H30 Evaluation du travail sur le terrain	08H00 Evaluation du travail sur le terrain	08H30 Rétropective du stage
11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause café	11H00 Pause du café
11H30 Evaluation du travail du stage, suite	12H00 Clôture finale			
14H00 Clôture	14H00 Clôture	14H00 Clôture	14H00 Clôture	

Location _____ Date _____ Par Qui ? _____

Genre de formation visitée _____

1. Quels sont les Services de l'Institution : (voir les statistiques mensuelle du service)

Les Services	'Existes-t-il		'No. Nouvelles 'Visites/mois	'No. Visites 'suivies/mois
	'Oui	'Non		
Consultations prénatales	'	'	'	'
Consultations postnatales	'	'	'	'
Consultations d'enfants sains	'	'	'	'
Consultations des Malades				
Accouchements	'	'	'	'
Accouchements compliqués:	'	'	'	'
Consultation gynécologiques	'	'	'	'
Consultations Planning Familiale	'	'	'	'
Consultations d'enfants malades	'	'	'	'
Consultations nutritionnelles	'	'	'	'
Visites aux domiciles	'	'	'	'
Autres :	'	'	'	'
	'	'	'	'
	'	'	'	'

2. Quels sont les diagnostics qui ont été faits ici pour les enfants soignés, âgés 0 à 5 ans : (Citez les maladies et les chiffres.)

Maladies infectieuses	No. des cas	Maladies non-infectieuses	No. des cas
'	'	'	'
'	'	'	'
'	'	'	'
'	'	'	'
'	'	'	'
'	'	'	'
'	'	'	'

3. Y-a-t-il un programme de vaccination ? _____

Combien d'enfants ont reçu la première série de Tétraseq ? _____

Combien d'enfants ont reçu toutes les séries de Tétraseq ? _____

Combien d'enfants ont reçu le B.C.G. ? _____ Anti-variélique ? _____

D'où proviennent les vaccins ? _____

Avez-vous participé à un programme de vaccination contre la Rougeole ? _____

Avez-vous participé à un programme de vaccination contre :

La Variole ? _____ Les deux ? _____

Durée ? _____

Combien de femmes enceintes ont reçu V.A.T. ? _____ Séries Comptées

4. Quels genres d'orientations faites-vous à partir de ce Centre ?

Orientation	Où ?	No en un mois
Médecine générale- - - - -	- - - - -	- - - - -
Pédiatrie- - - - -	- - - - -	- - - - -
Obstétrique- - - - -	- - - - -	- - - - -
Autres- - - - -	- - - - -	- - - - -

5. Quels sont les éléments de la médecine préventive dans ce Centre ?

Education Sanitaire : Causeries

Autres

Education nutritionnelle :

- Démonstrations _____
- Causeries _____
- Autres _____

Animation :

- Club des femmes _____
- Club des hommes _____
- Club des jeunes _____
- Autres _____

6. Quels sont les éléments de la médecine curative dans ce Centre ?

7. Quels sont les problèmes posés par les maladies chroniques dans cette communauté ?

Comment les traitez-vous ? Lèpre
Riz

~~_____~~
Tuberculose _____

Autre (R) _____

8. Travaillez-vous en permanence dans ce centre ou avez-vous conjointement un programme de travail dans la communauté ? Centres satellites, Cliniques mobiles, etc.

- a. Quel genre de travail faites-vous dans la communauté ?
- b. Quel moyen de transport utilisez-vous pour accomplir ce travail ?

Où ?
9. Y-a-t-il un programme d'animation rurale ? d'animation de la communauté ?

Où ? Que font-ils ? Avez-vous des contacts professionnels avec eux _____

10. Quelles sont les ressources sanitaires de cette communauté ou de ce quartier ? (Hôpitaux, cliniques, pharmacies, dispensaires, Centres sociaux, etc.)

11. Quel est l'échelonnement hiérarchique ? Qui sont vos supérieurs ?

12. Quels processus employez-vous pour passer commande de vos fournitures et vos équipements ? A qui ?

13. Quel est le budget annuel pour le fonctionnement de votre formation ?

14. Qui est responsable pour les statistiques du Service ?

Y-a-t-il une fiche spéciale qu'on emploie ? _____ (Prendre un exemplaire)

15. Evaluation du bâtiment et du matériel :

Designation	Evaluation (Echec)		
	Adéquat	Néant	Réparation
Emplacement pour les services cliniques :			
Table d'auscultation.....
Lumières (fenêtres ?).....

(Suite)

Désignation	Evaluation (Echec)		
Bureau ou table.....	Adéquat	Néant	Réparatio.
Réserve ou dépôt pour équipement/fournitu- res.....			
Emplacement pour enseigner :			
Sous l'ombre			
Salle			
Bancs.....			
Tableaux.....			
Tables.....			

Désignation	Evaluation (Echec)		
Emplacement de bureau :			
Chaises			
Tables			
Équipement diagnostiques :			
Stéthoscope.....			
Tensiomètre			
Microscope			
(plaques, produits chimiques, etc)			
Eau courante			
Dépôt d'ordures			
Eaux d'égouts			
WC sanitaire			
Electricité			
Téléphone			

10. Commodités et accessibilité de la zone environnante :
- Centres d'approvisionnement
 - Condition de routes

HORAIRE DU PROGRAMME D'ACTIVITES AU
CENTRE DE LA SAINTE FAMILLE

SITE: _____

<u>JOUR</u>	<u>MATIN</u>	<u>APRES-MIDI</u>
LUNDI		
MARDI		
MERCREDI		
JEUDI		
VEDREDI		
SABEDI		

Appendix
Beninois

APPENDIX 7

STATISTICS

Another objective of the UCSC project has been the development of methods to obtain data reflecting profiles of clinic use and the effects of such usage. In family spacing and planning emphasis has been on:

1. Methods offered and accepted
2. Age distribution of acceptors (male and female)
3. Number of living children correlated to number of pregnancies and acceptance of contraception
4. Continuation rates
5. Change of methods
6. Identified failures

The family planning profile chart introduced at the Cotonou PMI is now used at each center starting from the date of installation of services.

Although not perfect, during the past year there has been a great deal of improvement and data obtained is more complete. Beninois center staff continue to identify their needs for information about clients and, as a result, staff are applying themselves with greater interest to data collection. The project is helping to develop an uncomplicated system, including a correlation format, requiring only limited clerical time while allowing data grouping for easier interpretation.

The PMI experience has been helpful to the new centers. It has the longest record of data collection and the following information (Appendix VII) reflects graphically the changes over a period of time. Dr. Lawson, Directrice of PMI services, and PMI personnel will be meeting with the project team to discuss the information gained from this data collection.

AGE OF ACCEPTORS

45+	20%
40-44	52%
35-39	24%
25-29	4% (1 woman)

METHOD IN MONTHS

0-6 mo.	12%
7-12 "	52%
13-18 "	12%
19-24 "	22%
25-30 "	12%

TOTAL PREGNANCY OUTCOMES - 252

Living	183
Male	99
Female	77
Sex N/S	7
Abortions	29
Still-births	5
Infant deaths	38

PREVIOUS METHODS

IUD	- 7
PILL	- 2
Other (N/S)	3
Nothing	13

Reason for Change

Medical	- 3
Social	- 3
Not spec.	19

No. of revisits

0	- 5
1	- 6
2	- 2
3	- 8
4	- 3
5+	- 1

General Ocean Data

	1
	2
	3
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	99
	100

7 9 X

MOTIVATION:

Spacing: 75%
 Limitation 22%
 Not Spec. 5%

MARITAL STATUS

Monogame 55%
 Polygame 32%
 Célibataire 13%
 or Widowed

LENGTH OF TIME IN MONTHS-USE

0 - 6	Mos.	17%
7 -12	"	56%
13-18	"	27%

VISITS FOR CONTROL

None: 29%
 One 22%
 Two 28%
 Three 18%
 Four 3%

USE OF PLANNING METHODS

First Method 73%
 Previous:
 IUD 16%
 Pills 10%

PREGNANCY HISTORY

Total Pregnancies:	746
Living children (reflects twins)	552
Abortions	52
Infant deaths	61
Born dead	4

Figures are based on incomplete records
 Indicate trends only

PMI COTONOU INTRAUTERINE DEVISE ACCEPTORS 1976 (Method use analysis
 6 168 Women Jan '76- March '78)

<u>ACCEPTORS BY AGE:</u>		<u>MOTIVATION</u>		<u>MARITAL STATUS</u>	
15-18 years	1	Spacing	119	Monogame	100
19-22 "	12	Limit	40	Polygame	44
23-26 "	36	Not Rec.	9	Not married	24
27-30 "	46			or Widowed	
33-35	23				
34-36 "	21				
		<u>EDUCATIONAL LEVEL</u>			
37-40 "	19	Primary	31	Apprentice	38
41-44 "	6	Secondaire	46	None	46
		University	3	Not record	4

<u>CONTINUATION IN MONTHS</u>		<u>VISITS FOR CONTROL</u>	
0-6 Months	14	None	37
7-12 "	23	One	17
13-18	68	Two	40
19-24 "	46	Three	31
24+ "	15	Four	21
No record	2	Five +	13

<u>ABANDONNED METHOD:</u>	
Medical	30
Social	15
No record	17

* Analysis of charts was done between February-March 1978 which accounts for those who have the devise in situ longer than two years.

Each chart must be reviewed in totality because there is not presently a method of recording revisits - The category indicated as None- reported as due to women who live at long distance and return only in case of a problem.

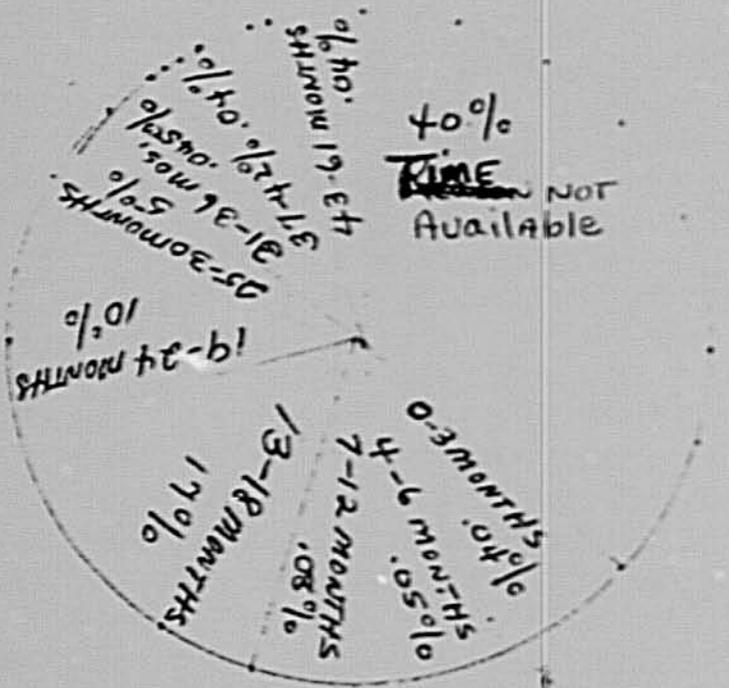
Abandonment of methodology recorded as social-is reported as generally due to desire for a new pregnancy-- see (Intrauterine Devices Removed 1971-1978)

PMI- COTONOU INTRAUTERINE DEVICES RECORDED AS REJECTED-REMOVED

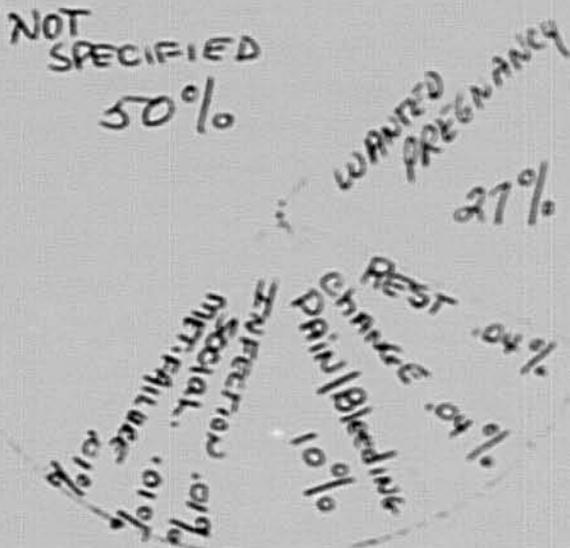
1971-1977 Total 179
(data suggests trends)

CLIENTS	INSERTIONS	REJECTER	RETRAITE	TIME IN SITU	REINSERTIONS	OTHER METHODS
179	179	16-9%	104-50%	see diagram below	59-33%	6 Pills
		Not known	41%			

TIME IN SITU



REASON FOR DISCONTUANCE



SAMPLE OF FORM UTILIZED TO COLLECT DATA - PMI COTONOU

LIEU No. 59

PROFILE OF PLANNING FAMILIALE ACCEPTORS: METHODE CHOISI Pilule ANNEE 1976-77

Age of Femmes	Motifs de Planning Esp. Lim		Status Soc. M. P. C/V			Niveau d'educ P A S U R					Première pres. in mois					Visits de Control					Previous Methode			Raison ** de Change							
	0	1	M.	P.	C/V	P	A	S	U	R	0	1	2	3	4	5+	T	p	DU	A	R	M	S	N/R							
18-20	3	0	2	-	1	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	3						
21-24	6	0	3	-	3	4	1	1	-	1	-	-	-	-	-	-	4	1	-	-	-	-	-	3	2	2	3	1			
25-29	16	0	11	3	3	3	4	5	3	1	-	5	5	1	-	-	10	3	1	-	-	2	-	3	4	1	9	3	2	2	
30-34	9	6	8	5	2	7	2	3	-	2	-	-	-	-	-	-	13	3	1	-	-	-	-	3	5	-	8	3	5	-	
35-39	5	3	4	3	1	3	-	3	-	2	-	-	-	-	-	-	6	-	1	3	-	-	-	3	2	1	1	2	4	-	
40-44	2	4	5	1	-	1	-	2	-	4	-	-	-	-	-	-	6	-	-	-	2	-	-	2	1	2	2	2	-	1	
45+	0	0	-	1	-	-	-	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	
N/R																															

41/ 13/
70% 22%

Religion: Cath 19
Prot 17
Musl. 8
F/A 0

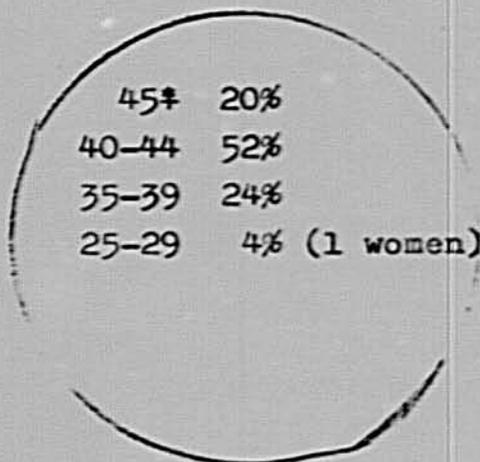
Entendu Du P.F. Anie -7
Radio -7
Relative
Agent Med -47

Grossesse • 274
Avortment 27
Infants mort 30 Mort-Né -2
Infants vivant -224

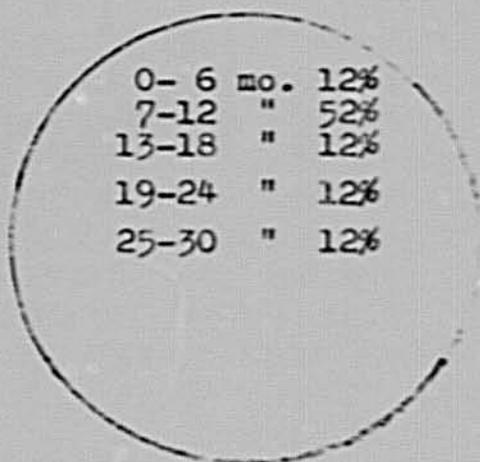
*Figures are based on incomplete records
Indicate trends only

** M-Medical-Pain, inf. ect.
S- Social (often wanted pregnancy)
N/R - Not recorded

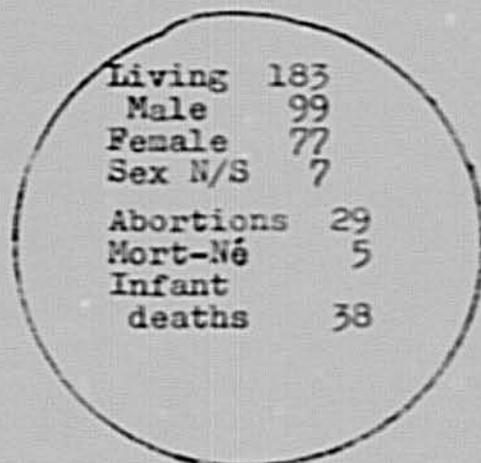
AGE OF ACCEPTORS



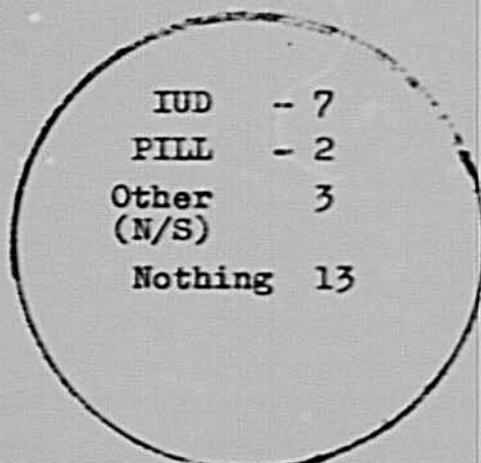
METHOD IN MONTHS



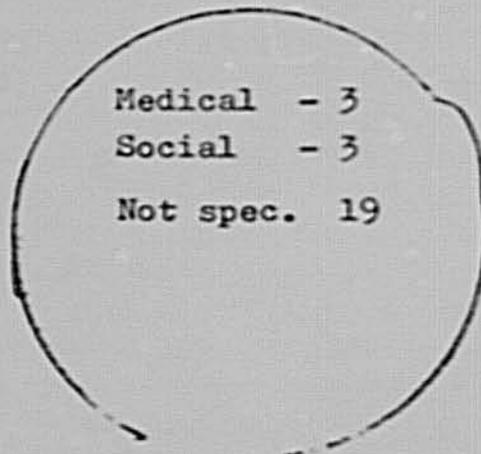
TOTAL PREGNANCY OUTCOMES - 252



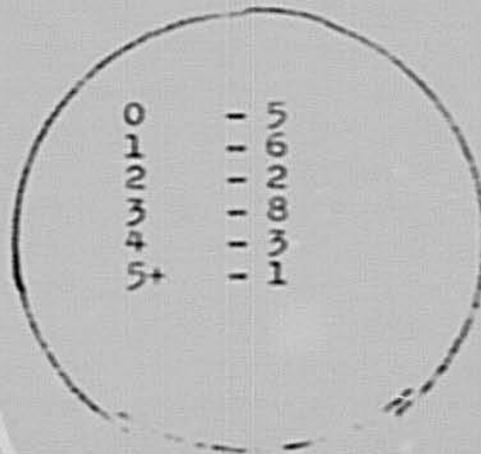
PREVIOUS METHODS



Reason for Change



No. of Revisits



PHI/ COTTON: Profile 191 Acceptors - January-December 1977

Condom Cream Foam Tablets

MARITAL STATUS

Married:
51 - Females
3 - Males

Single:
Male - 20
Female 14
not spec. 7

EDUCATIONAL LEVEL

Secondary
60%

Primary 12%
un. prep. 5%
None 2%
Univ 1%
not spec. 5%

PREVIOUS CONTRACEPTIVE USE

First method
54%
Previous use 10%
15%
Previous use pills
5%
Condom: 10%
not spec. 1%

PREVIOUS PREGNANCY HISTORY
CONDOMS ONLY

Never pregnant
33%

1-2 Preg. 26%
3-4 " 17%
5-9 " 20%

CONDOMS USED

Condoms: 59%
Tablets 27%
Cream 15%
Foam 5%

AGE AT FIRST PREGNANCY

Less 21-24%
25-29 29%
20-30 26%
31-34 11%
35-40 12%
45+ 6%
not spec. 9%

PREGNANCY OUTCOME (215)

Total Pregnancies 215
Total Living Infa 201
Abortions 6
dead at time of D.F. 7
Born dead 2

MOTIVATION:

Spacing: 75%
 Limitation 22%
 Not Spec. 5%

MARITAL STATUS

Monogame 55%
 Polygame 32%
 Celebataire 13%
 or Widowed

LENGTH OF TIME IN MONTHS-USE

0 - 6 Mos. 17%
 7 -12 " 56%
 13-18 " 27%

VISITS FOR CONTROL

None: 29%
 One 22%
 Two 28%
 Three 18%
 Four 3%

USE OF PLANNING METHODS

First Method 73%
 Previous:
 IUD 16%
 Pills 10%

PREGNANCY HISTORY

Total Pregnancies: 746
 Living children (reflects twins) 552
 Abortions 52
 Infant deaths 61
 Born dead 4

Figures are based on incomplete records
 Indicate trends only

FMI/ SOTONOU Record of Rejects/Removals of Intrauterine Devices (incomplete data) 1971-73

Client	Insertion	Reject	Remove	Time in Situ	Reason	Reinsertion	Other Method	Age	L.C.
S 1/71	5/10/71	-	?	?	2	?	?	34	6
S 4/71	3/71	yes	-	?	-	Size D	-	29	?
S12/71	4/71	-	+	?	4	Pills P17	Pill-17	36	?
S14/71	5/71	-	+	?	2	-	?	34	6
S20/71	6/71	-	+	?	1	-	-	32	?
S22/72	3/72	-	5/76	50 mos.	?	?	?	35	7
S37/72	5/72	+	-	?	-	yes	-	29	5
S56/72	7/72	-	7/77	60 "	3	?	?	36	7
S60/72	1/72	-	+	?	3	-	Pill-6	25	4
S62/72	1/72	+	-	?	-	yes	-	34	5
S63/72	1/72	?	?	?	?	yes	-	25	3
S65/72	8/72	-	1/76	41 mos.	8*	-	?	49	8
S97/72	11/72	+	-	?	-	yes	Safety-coil	38	4
S 1/73	1/73	-	+	?	7	yes	-	37	6
S 4/73	1/73	?	?	?	7	yes	-	24	2
S 5/73	1/73	-	3/78	62 "	1	-	-	29	5
S24/73	3/73	?	?	?	?	yes	-	40	4
S30/73	3/73	-	12/77	57 "	7	-	?	36	7
S32/73	3/73	-	4/76	37 "	1	-	-	30	5
S38/73	4/73	+	-	?	-	?	?	27	2
S41/73	4/73	?	?	?	?	yes	-	35	6
S51/73	5/73	-	2/76	33 "	1	-	-	40	8
S53/73	5/73	+	-	6 weeks	-	yes	-	34	6
S58/73	5/73	?	?	?	?	yes	-	27	4
S75/73	6/73	?	?	?	?	yes	Safetycoil	27	2
S76/73	6/73	-	5/77	47 mos.	7	-	?	35	7
S102/73	8/73	?	?	?	?	yes	-	22	1
S111/73	6/73	?	?	?	?	S63/73	-	28	5
S122/73	9/73	-	5/76	32 mos.	1	-	-	23	?
S131/73	10/73	?	?	?	7	yes	Loop D	21	1
S146/73	10/73	-	4/76	30 "	1	-	-	28	5

Legend: 1-wanted pregnancy, 2-repose 3-change method 4pain & bleeding 5 infection 6 social factor
7 No reason recorded 8 Other-menopause, etc.

Client	Insertion	Reject	Removal	Time in Situ	Reason	Reinsertion	Other Method	Age	L.C.
S 98/73	8/73	-	4/76	32 mos.	6	-	?	30	6
S153/73	11/73	?	?	?	?	yes after 2 yrs	-	34	6
S158/73	11/73	+	-	?	?	yes	-	28	3
S164/73	11/73	?	?	?	?	yes after 3 yrs	-	39	8
S165/73	11/73	?	?	?	?	yes after 3 yrs	-	34	7
S175/73	12/73	-	8/76	32 mos.	1	-	-	24	4
S177/73	12/73	?	?	?	?	yes	-	27	4
S180/73	12/73	-	8/76	30 "	1	9	-	25	2

It is to be noted that the register to collect data re: Rejects and Removals was not started until 1976 at which time the continuation rates became apparent.

PMI/ COTONOU INTRAUTERINE DEVICES RECORDED AS REJECTED/REMOVED

1974 (data incomplete)

CLIENT	INSERTION	REJECTED	REMOVED	TIME IN SITU	REASON	REINSERTION	OTHER METHOD	AGE/L.C.
S 10/74	1/74	-	5/77	40 mos.	2	-	?	35 6
S 16/74	2/74	?	?	?	?	yes	Safety-coil	27 3
S 19/74	2/74	?	?	?	?	yes	-	28 2
S 22/74	2/74	?	?	?	?	yes	-	41 2
S 24/74	2/74	-	11/77	45 "	7	?	?	30 3
S 29/74	3/74	?	?	?	?	yes	-	28 4
S 41/74	3/74	?	?	?	?	yes	-	24 2
S 45/74	4/74	-	4/76	24 "	1	-	-	30 5
S 48/74	?	1/75	-	18 "	?	no	Pills 28/74	29 1
S 50/74	4/74	?	?	?	?	yes	-	36 6
S 54/74	4/74	-	1/76	21 "	1	-	-	24 1
S 54/74	4/74	?	?	?	?	yes	after 3 yrs	26 4
S 58/74	4/74	-	3/76	23 "	1	-	-	31 5
S 64/74	8/74	-	1/76	23 "	4	-	Pills	32 9
S 70/74	5/74	-	5/76	24 "	6	-	?	27 5
S 72/74	5/74	?	?	?	?	yes	-	37 5
S 73/74	5/74	?	?	?	?	yes	-	40 6
S 74/74	5/74	?	?	?	?	yes	-	35 5
S 75/74	6/74	?	7/77	32 mos.	1	yes	-	48 7
S 76/74	6/74	-	5/76	23 "	1	-	-	22 5
S 80/74	6/74	?	?	?	?	yes	-	35 9
S 81/74	6/74	?	?	?	?	yes	-	37 11
S-82/74	6/74	-	3/76	21 "	1	-	-	34 8
S 93/74	7/74	?	?	?	?	yes	-	29 3
S 99/74	7/74	?	?	?	?	yes	-	38 7
S101/74	7/74	-	8/76	25 "	1	-	-	30 4
S-107-74	4/74	-	?	?	?	-	-	30 5

Legend: Reason: 1-wanted pregnancy 2-Rest 3-Change method 4-Pain/bleeding 5. Infection
 6-Social factor 7. No reason stated 8. Other* Menopause

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CLIENT	INSERTED	REJECT	REMOVAL	TIME IN SITU	REASON	REINSERTED	OTHER METHOD	AGE	L.C.
Cl16/74	8/74	-	2/76	18 mos	1	-	-	23	2
S110/74	8/74	-	7/77	35 "	2	-	?	32	?
S118/74	9/74	-	7/76	21 "	1	-	-	38	4
S128/74	9/74	-	1/76	27 "	?	-	?	35	6
S128a/74	9/74	-	2/76	17 "	1	-	-	36	6
S133/74	9/74	-	3/77	30 "	7	-	?	40	10
S135/74	9/74	?	?	?	?	yes	-	35	5
S136/74	9/74	-	4/76	19 "	1	-	-	20	1
S150/74	10/74	?	?	?	?	yes	-	25	8
S151/74	10/74	?	?	?	?	yes	-	34	6
S163/74	11/74	-	3/77	28 "	2	-	?	30	6
S166/74	11/74	-	8/76	21 "	1	-	?	24	2
S176/74	12/74	?	?	?	?	yes	-	39	7
S177/74	12/74	?	?	?	?	yes	-	40	10
S187/74	12/74	-	3/76	15 "	1	-	-	28	4
S188/74	12/74	?	?	?	?	yes	-	25	3

N.B.: It was reported verbally that during this year there were many defective Intrauterine Devices (Lippes Loops-which were fragile and broke easily) which accounts for many of the reinsertions. The collection of data as to the date of rejection or removals was started systematically as of January 1976 in a separate register- at which time continuation rates begin to emerge. Before that date it was necessary to return to the Register to search the information. The ? indicates that the information is not contained in either register -it will be necessary to return to each separate chart to obtain it. Hopefully, a record such as this one will facilitate further the collation of the data which is available-but not readily at hand.

Breakdown of continuation rates:

Less than 3 mos.	none	25-30 mos.	4
3 -6 "	none	31-36 "	1
7-12 "	none	37-42 "	2
13-18 "	4	43-48 "	1
19-24 "	10	N/S "	20
Reinsertions		21	
Wanted preg.		12	

PMI-COTONOU INTRAUTERINE DEVICES RECORDED AS REJECTED/REMOVED 1975 (data incomplete)

CLIENT	INSERTION	REJECTED	REMOVED	TIME IN SITU	REASON	REINSERTION	OTHER METHOD	AGE	L.C.
S 2/75	1/75	-	2/76	13 mos.	1	-	-	42	7
S 6/75	1/75	-	4/76	15 "	1	-	-	22	3
S 7/75	1/75	?	?	?	?	yes 8/30/75*	-	22	2
S 12/75	1/75	?	?	?	?	yes	-	20	2
S 16/75	1/75	?	?	?	?	"	-	22	3
S 22/75	2/75	-	12/77	34 "	2	-	?	30	4
S 23/75	2/75	-	8/76	18 "	4	-	?	41	8
S 30/75	2/75	2/75	-	days	-	?	?	?	?
S34 /75	2/75	-	3/76	13 "	4	-	?	25	3
S 48/75	3/75	-	7/76	16 mos	1	-	-	37	5
S 51/75	3/75	-	4/78	37 "	4	-	?	40	6
S 54/75	3/75	-	4/77	25 "	4	-	?	49	8
S 55/75	3/75	-	7/76	16 "	1	-	-	26	6
S 66/75	4/75	3/76	-	11 "	7	?	?	33	3
S 80/75	4/75	-	6/77	26 "	4	-	?	43	9
S 83/75	4/75	-	4/76	12 "	1	-	-	34	5
S 84/75	4/75	?	?	?	?	yes	-	30	6
S 77/75	4/75	?	?	?	?	"	-	28	2
S 91/75	5/75	?	?	?	?	"	-	34	6
S 92/75	5/75	-	2/76	9 mos	1	-	-	28	2
S 94/75	5/75	?	?	?	?	yes	-	27	2
S 95/75	5/75	-	3/78	34 "	7	?	?	45	10
S125/75	7/75	-	1/78	30 "	1	-	-	31	4

Legend: 1- wanted pregnancy 2-rest 3-change method 4-pain/bleeding 5-infection
 6- Social factor 7- No reason 8 Other- ?

CLIENT	INSERTED	REJECT	REMOVED	TIME IN SITU	REASON	REINSERTED	OTHER METHOD	AGE	L.C.
S127/75	7/75	-	2/77	18 mos.	1	-	-	25	4
S130/75	7/75	-	2/77	18 "	1	-	-	18	1
S131/75	7/75	-	3/77	20 "	1	-	-	32	7
S140/75	7/75	?	?	?	?	yes	-	30	4
S141/75	7/75	?	?	?	?	yes	-	40	8
S143/75	7/75	?	?	?	?	yes	-	45	8
S153/75	8/76	-	2/77	18 mos.	1	-	-	22	2
S155/75	8/75	-	2/77	18 "	1	-	-	27	4
S163/75	9/75	?	?	?	?	yes	-	23	2
S182/75	9/75	-	2/76	5 mos.	5	-	?	25	2
S200/75	10/75	-	5/77	19 "	4	-	?	37	3
S201/75	10/75	-	5/76	7 mos.	4	-	Pill	27	3
S207/75	10/75	-	5/76	7 "	4	-	?	28	7
S216/75	11/75	?	?	?	?	yes	-	?	2
S232/75	12/75	-	5/77	17 "	7	-	?	30	5
S140/75	12/75	?	?	?	8*	-	-	?	2

Continuation Rate: Less than 3 mos. 1
4-6 " 1
7-12 " 5
13-18 " 11
19-24 " 2
25-30 " 3
31-36 " 2
37-42 " 1
Time not spec. 12

Discontinued-wanted pregnancy - 12 - 30%

Reinsertions: 9 24%

?: Data may be available but it is necessary to review each individual chart to obtain-it is hoped that a format such as this will add in future collation and analysis of data obtained.

PMI-COTONOU INTRAUTERINE DEVICES REJECTED/REMOVED

1976 (data incomplete)

CLIENT	INSERTION	REJECTED	REMOVED	TIME IN SITU	REASON	REINSERTION	OTHER METHOD	AGE	L.C.
S 3/76	1/76	-	3/78	14 mos.	3	-	Fill	30	3
S 4/76	1/76	-	2/77	13 "	1	-	-	21	2
S 6/76	1/76	-	7/76	6 "	1	-	-	25	3
S 11/76	1/76	?	?	?	?	?	?	34	6
S 13/76	1/76	-	7/77	18 "	4	-	?	35	7
S 22/76	1/76	?	?	?	?	yes	-	32	6
S 32/76	2/76	-	4/76	2 "	4	-	?	35	7
S 33/76	2/76	-	6/77	16 "	4	-	?	42	9
S 42/76	3/76	-	12/77	9 "	7	?	?	22	3
S 43/76	3/76	-	8/78	17 "	6	-	?	31	5
S 64/76	4/76	-	4/77	12 "	4	-	?	35	6
S 70/76	5/76	?	?	?	?	yes	-	25	5
S 72/76	5/76	-	6/77	13 "	1	-	-	32	8
S 75/76	5/76	-	5/78	24 "	1	-	-	20	1
S 85/76	5/76	?	?	?	?	yes	-	23	2
S 90/76	6/76	-	5/78	23 "	7	?	?	30	7
S 97/76	6/76	?	?	?	?	yes	-	21	1
S104/76	7/76	-	4/78	21 "	4	-	?	35	6
S117/76	8/76	+	?	?	8*	?	?	18	1
S118/76	8/76	-	1/78	18 "	7	?	?	26	3
S122/76	8/76	8/77	-	12 "	8"	-	-	30	4
S125/76	8/76	?	?	?	?	yes	-	40	6
S126/76	8/76	?	?	?	?	"	-	23	2

Legend: 1-wanted pregnancy 2-rest 3-change method 4 pain/bleeding 5 infection
6 Social factor 7 No reason 8 Other: 8* ? Size, 8" ?onset of pregnancy

CLIENT	INSERTION	REJECT	REMOVE	TIME IN SITU	REASON	REINSERTION	OTHER METHOD	AGE	L.C.
S129/76	8/76	-	6/77	10 mos.	1	-	-	27	3
S131/76	9/76	?	?	?	?	yes	-	36	3
S132/76	9/76	-	9/77	12 "	7	-	?	27	3
S133/76	9/76	-	2/78	17 "	3	-	?	23	3
S135/76	9/76	-	10/77	13 "	7	?	?	27	3
S143/76	10/76	-	8/77	10 "	5	-	?	36	4
S136/76	9/76	8/77	-	11 "	?	?	?	22	2
S153/76	11/76	+	-	?	?	?	?	25	4
S154/76	11/76	-	1/78	14 "	4	-	?	22	2
S165/76	12/76	-	4/77	4 "	4	-	?	30	6
S167/76	12/76	-	12/77	12 "	3	-	?	28	4
S168/76	12/76	-	13/78	15 "	3	-	?	30	4
S178/76	12/76	-	3/78	15 "	1	-	-	29	5
S181/76	12/76	-	3/77	3 "	4	-	?	24	3
S145/76	10/76	-	5/78	19 "	1	-	-	26	4

Continuation Rates: Less than 3 mos. 2
4-6 " 2
7-12 " 8
13-18 " 13
19-24 " 4

Removed for wanted pregnancy 7
Reinsertion: 6

PMI-COTONOU INTRAUTERINE DEVICES REJECTED-REMOVED 1977 (incomplete data)

CLIENT	INSERTION	REJECT	REMOVED	TIME IN SITU	REASON	REINSERTION	OTHER METHOD	AGE	L.C.
S 5/77	1/77	-	5/78	16 mos	1	-	-	23	2
S 15/77	1/77	-	5/78	16 "	7	?	?	35	4
S 22/77	3/77	-	3/78	12 "	1	-	-	36	7
S 30/77	3/77	?	?	?	?	yes	-	43	8
S 37/77	4/77	-	1/78	9 "	1	-	-	23	2
S 44/77	4/77	-	5/78	13 "	1	-	-	25	2
S 47/77	5/77	?	?	?	?	yes	-	29	3
S 48/77	5/77	7/77	-	2 mos	-	?	?	20	2
S 51/77	5/77	-	5/78	12 "	7	?	?	25	2
S 54/77	5/77	-	5/78	13 "	7	?	?	33	8
S 55/77	5/77	?	?	?	?	yes	-	21	2
S 56/77	5/77	-	5/78	12 "	3	-	Pills	18	1
S 60/77	77	?	?	?	?	yes	-	21	1
S 74/77	7/77	-	12/77	5 "	7	?	?	34	6
S 78/77	?	-	2/78	?	1	-	-	?	?
S 98/77	6/77	-	5/78	11 "	1	-	-	27	4
S102/77	10/77	-	4/78	6 "	1	-	-	23	1
S116/77	11/77	11/77	-	days	-	-	?	27	6
S121/77	11/77	-	3/78	4 "	1	-	-	21	2
S125/77	77	-	1/78	19 mos.	1	-	-	31	4

APPENDIX 8

TEAM MEETINGS

Eleven team meetings occurred between February 15 and June 8. One meeting occurred during the month of January. Always present were the three Beninois nurse midwives and Maryan Surman--when matters of policy, timing, finances and certain aspects of training and planning necessitated, Drs. Wilson and Kodja were also present. For attendance at all these meetings Dr. Kodja arranged that these ladies be released from their regular duties and assignments.

These meetings were devoted to curriculum review and revision, review of films and other educational aids, plan for programs of installment at Djougou and the University, and early outlining for the three-month training program. An occasional feedback meeting was held to help identify problems (communication, techniques, etc) that could be avoided in the future.

From June 19th on this team, assisted by Emily Lewis and Dr. Walter, has been meeting daily to develop the three month training program, including a TOT. It is important to note that the three Beninois nurses (all Santa Cruz trained) played the major roles in this exercise, another encouraging sign that the Beninois are ready to assume responsibility for training activities.

To facilitate this team's work, a catalogue of already prepared stencils was made available, coded as to subject matter. Stencils are stored at the project office and copies can be obtained at a moment's notice.

APPENDIX 9

CATALOGUE DES STENCILS SUR: COURS D'INFORMATION EN

PLANNING FAMILIAL- L'EDUCATION POUR LA SANTE

No.	Titre	No. de pages
101	La Mortalité Maternelle-Kodja	2
102	Participation au nouveau groupe	1
103	Nouvelle pratique	1
103a	Responsabilité des participants	2
104	L'education sanitaire-Idées essentielles	4
105	Définition de la Santé	1
106	Généralités sur la Santé	1
107	Historique de la Planning Familiale	1
108	Démographie	1
109	Objectifs et rôle de planning familiale	2
110	Les femmes au "haut risque"	2
111	Rappel anatomique et physiologique de l'homme	6
112	Dessin- Appareil masculine	2
113	Rappel anatomique et physiologique des femmes	4
114	Dessin-appareil feminine	3
115	Le cycle menstruel	4
116	Schéma- cycle menstruel	1
117	" conception	1
118	Lexique	1
119	Méthodes traditionnelle-planning	1
120)	Méthodes sans avis médical	8
121)	Rythme	1
122)	Tableau	1
123	Méthodes avec avis médical	11
124	Méthodes irréversibles-stérilisation	2

No	Titre	No. des pages
124a	Evaluation des méthodes de contraception	5
125	Méthode permettant de comprendre différence entre Informer/Instruire	1
126	Différence entre Informer/Instruire	1
127	Ousman- Approche didactique	2
128	Les ennuis - Approche participative	3
129	Rôle de personnel médico-social vis-a-vis du planning familiale	4
130	Communication verbale-	1
131	Communication humaine-Pourquoi communiquons-nous?	1
132	Communications Humaine-Introduction	2
133	" " Processus	1
134	" " Obstacles	2
135	" " Règles	1
136	L'entretien- et petit sketches	5
137	Méthodologie de l'entretien	3
138	Discussions de groupe	2
139 + 139a	Les causeries -modèle-L'espacement des naissances	3
140		
140	Preparation et Présentation d'un texte	2
140a	Critique d'une présentation	2
141	Comment aborder le planning familiale dans la communauté	2
142	Compréhension de la motivation	2
143	Notifs qui rejettent ou remettent le plan ing à plus tard	2

No.	Titre	No. des pages
144	Graphique continue des attitudes	2
144a	(graphique-pour les instituteurs)	1
145	Classement des idées selon le degré	1
146	Les problèmes à affronter	1
147	Processus d'orientation-dépistage et aiguillage	1
148	Orientation- vers les services P.F.	1
149	Evaluation de la participation (daily)	2
150	Evaluation de la programme en P.F.	2
151	Comment réintégrer dans le groupe les participants difficiles	2
152		
153	La syphilis (pour les cliniques)	3
154	Les maladies vénériennes	3
155	La stérilité	
156	Dessins recherche de la stérilité	3
157	Effondrement des stereotypes (pour les instituteurs)	1
158	Connaissance du milieu	4
159	2ème Evaluation des méthodes	3

Series: 200

Fiches - Divers

No. des pages

201	Formulaire statistique-Annuel	15
202	Renseignements -complementaires	1
203	Centre Orientation- Familiale d'accord	1
204	Fic ne- Condon-Mousse	1
205	Fiche Consultation Postpartum	1
206	Fiche: Infertilité	1
207	Evaluation de base des services d'un Institution	6
208	Traitement preventif de Paludisme	1
209	Courbe de Poids 0 A 3 ans	1
210	D'orientation Familiale re: contraceptive	1
211	Feuille de Bord (Compte d'essence)	1
212	Fiche evaluation mensuelle-statistiques	1
213	Bon de Comande- Ravitaillement des supplies d'un clinique	1

No.	Titre	No. des pages
401	L'importance d'accoucher à la maternité	1
402	Le vaccin anti-tétanique	1
403L(L'alimentation de la femme enceinte	1
404	Hygiène alimentaire de la nourrice	1
405	L'hygiène des seins de la nourrice	1
406	Le lait maternel	1
407	La toilette de nouveau-né	2
408	Le pansement ombilical	1
409	La pésé	1
410	Qu'est-ce qu'une vaccination?	1
411	Le tétanos	2
412	La polio	2
413	Que veut dire: "Bien Manger"?	1
414	Introduire la bouillie au bébé	1
415	La bouillie enrichie	1
416	La prise de médicaments chez l'enfant	2
417	La diarrhée chez l'enfant	1
418	La rougeole	1
419	La paludisme	1
420	L'espacement de naissance	1
421	Préparation d'une causerie sur la diarrhée	3
422Pa	Paludisme	1
423	La coqueluche	1
425	La parasitose intestinale	1
426	La nutrition familiale	2
427	Alimentation équilibrée de la fam.	1
428	La paludisme chez l'enfant	1
429	La varicelle	1
430	Anémie de l'enfant	2
431	L'oreillon	1

No.	Titre	No. de page
432	L'hygiene de l'eau	2
433	Diarrhée infectious (bacillaire)	1
434	Acariroise	1
434a	"	2
435	Les ictères	1
436	" "	1
437	Le sevrage	1
438	Les mycoses buccales	1
439	Diarrhées alimentaires	1
440	Diarrhée du nourrisson et l'enfant	2
441	Le developpement psychomoteur de l'enfant dans sa première année	2
442	Prévention des accidents- d'un nourrisson jusqu'à 4 ans	1
443	Esposé sur le developpement Psychologique du bébé	2
444	La dentition	2
445	L'erythème fessier	1
446	Soins aux enfants des le naissance	2
447	L'accouchement à domicile et ses inconvenients	1
448	Comment préparer son accouchement?	2
449	L'avortement provoqué	2
450	Inconvenients de bibéron	2
451	Consultation prénatale-necessité	1
452	Hygiène de la grossesse	2
453	Parasitose et grossesse	2
454	Avantages de l'allaitement maternel	2

It is to be noted that these causeries are presented at the PMI/Cotonou - four times each week and that the students of the school of sage-femmes and nursing are involved in their developement and presentation under the direction of Mme. Lucie Ouendo- who was the principle person responsible for Health Education under the tutelage of the University of California Education Technician, Judy Migdal - Ann Marie Tenimbart and was continued by other members of the University staff.

APPENDIX 10
THE AID EVALUATION

An AID evaluation team sent out by Washington, D.C. visited Cotonou May 28-June 2. Team members were:

Ms. M. Duffy - Nutrition Specialist - AID, Washington.

Mrs. R. Beeman - Nurse midwife - Arizona State midwifery programs

Dr. J. P. Bendel - Medical Economist - Penn State University

These last two were APHA chosen consultants. The members of the team were well briefed, they had done their "homework" and were courteous and pleasant to cooperate with. During the period of this evaluation the two UCSC team members were assisting at the Djougou installation so Dr. Wilson made all appointments and scheduled all site visitations.

* * * * *

PROGRAM

Sunday, - May 28

Meeting with Dr. Paul Wilson to outline plan of visit.

Monday - May 29

08h00 - visit PMI Cotonou, meet Dr. Lawson. Tour facility and have opportunity to observe the various services and talk with the nurses in charge. Observe the demonstration kitchen, nutrition counselling, sick care, immunizations, education, family planning, laboratory and pharmacy.

10h30 - meet with Dr. Kodja - discuss Beninois attitudes to project and UCSC presence

12h00 - visit project office - interview Dr. Wilson - review project records.

14h00 - lunch at home of Dr. Wilson

Tuesday - May 30

08h00 - attend education talk (causerie) at PMI Cotonou

08h30 - visit Maternity Cotonou - Mse Dehoue conducted a tour of surgery, delivery rooms, labor rooms, each of the different wards and the family planning

clinic. The team viewed a prenatal clinic in session as well as some post natal visits. They were able to see the clinic registry and data and also to talk with staff and some patients.

- 11h00 - Meet with the Minister of Health and the Director of Public Health. The Minister assured the group of the readiness of the government to take over and absorb the project activities - and also restated the government's interest in AID funding for the training centers along with continued UCSC presence.
- 12h00 - US Embassy for money - afternoon free to prepare for tour Wednesday and Thursday.

Wednesday - May 31

- 07h30 - by road to Djougou - transportation provided by UCSC project - to visit new installation and to observe installation training in process. Accompanied by Drs. Wilson and Kodja.
- 16h00 - Arrived Djougou - attended seminar for 3 hours.
- 19h00 - Dinner with all members of team. Opportunity to talk and question Maryan Surman, Emily Lewis, Lucie Ouendo, Henriette Amoussou-Guenou.
- 21h00 - Viewed training film, "My Brother's Children."

Thursday, - June 1

- 08h00 - Meeting with team, Dr. Kodja, District Medical Officer (Dr. Glele), Djougou nurse midwife in charge of clinic, Dr. Wilson. Visited clinic and discussed MCH/FP activities in the area.
- 09h30 - visited native market.
- 10h00 - departed Djougou for Cotonou
- 17h30 - arrived Cotonou
- 19h00 - Dinner at home of Dr. and Mrs. Wilson

Friday - June 2

- 08h00 - Courtesy call on Charge at US Embassy meeting with Mr. Woods (local AID).
- 15h45 - Depart Cotonou for Abidjan and then Banjul. Accompanied by Dr. Wilson.