



Memorandum

Date January 18, 1983

From Michael Dalmat, Dr.P.H., Public Health Advisor, Program Evaluation Branch, and
Christine Zahniser, R.N., M.P.H., Nurse Educator, Division of Reproductive
Health, Center for Health Promotion and EducationSubject Foreign Trip Report (AID/RSSA): African Reproductive Epidemiology Workshop,
Kenya, Oct. 20-30, 1982To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma
Acting Director, CHPE Tolsma

- I. SUMMARY
 - II. DATES, PLACES AND PURPOSE OF TRAVEL
 - III. CHIEF CONTACTS
 - IV. ACCOMPLISHMENTS
 - A. African Reproductive Epidemiology Workshop
 - B. Observer Checklist
- APPENDIX

I. SUMMARY

During the past year, the Division of Reproductive Health has developed and conducted a regional workshop in Southeast Asia on the Use of Epidemiology in Contraception Safety Studies. Plans are now underway to conduct this course in Kenya for participants from Anglophone Africa with support from the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). The course has been scheduled for May 23-June 3, 1983, and will include approximately 25 course participants.

In addition, we revised a tool for evaluating the quality of services provided in the Family Planning Association of Kenya's (FPAK) clinics. Plans have been made to link this Observer Checklist with a patient flow analysis of FPAK clinics, to better evaluate clinic management and quality of services.

II. DATES, PLACES, AND PURPOSE OF TRAVEL

Nairobi, Kenya, October 21-24 and October 27-30, 1982; Mombasa, Kenya, October 25-26, 1982. The Division of Reproductive Health/Centers for Disease Control and Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) has planned to conduct a regional workshop in Kenya on The Use of Epidemiologic Methods in Reproductive Health Research for participants from Anglophone East Africa, in 1983. Logistic and administrative arrangements were required prior to the workshop. This travel was accomplished in accordance with the CDC-AID RSSA.

PDAAQ 174

III. CHIEF CONTACTS

A. U.S. Agency for International Development

1. Mr. Spencer Silberstein, Population Advisor, USAID/Nairobi
2. Ms. Barbara Kennedy, Population Advisor, REDSO/East Africa

B. Family Planning Association of Kenya (FPAK)

1. Mrs. Angela Gethi, Executive Director
2. Mr. E.M. Muteru, Administrative Officer
3. Dr. R.S. Nyani, Project Coordinator and Medical Officer
4. Mrs. Ruth Cdindo, Nursing Sister, Mombasa Clinic
5. Mrs. Grace Mbote, Nurse-Midwife, Mombasa Clinic

C. Ministry of Health

1. Dr. John Kigonde, Medical Director, National Family Welfare Centre (NFWC)
2. Mr. Dominic Mutua, Senior Statistical Officer, NFWC

D. Other

1. Professor J.K. Mati, Dean, Medical School, University of Nairobi
2. Mrs. Margaret Nabutete, Research Assistant, University of Nairobi
3. Mrs. Janis Mwosa, Training Manager, Firestone Company
4. Dr. Katja Janovsky, Director of Program Planning, African Medical and Research Foundation (AMREF/"Flying Doctors")
5. Mr. Peter Anton, Resident Manager, Diani Reef Hotel, Mombasa
6. Mr. Sigi Jogschat, General Manager, Diani Reef Hotel, Mombasa
7. Mr. James Crawford, Regional Director for Africa and the Middle East, Pathfinder Fund, Boston
8. Mrs. Freda Mudoga, Regional Program Officer, Pathfinder Fund, Nairobi

IV. ACCOMPLISHMENTS

A. African Reproductive Epidemiology Workshop

1. Background

In response to a need for additional contraceptive safety research in Southeast Asia, The Division of Reproductive Health (DRH) was asked by the Population Council and the Ford Foundation to develop and teach several reproductive epidemiology workshops, beginning in September 1981. We have collaborated with the Population Council and the Ford Foundation on this project, and to date four workshops have been conducted in Southeast Asia (see trip reports of Rubin and Zahniser, January 1982 and April 1982). A similar need for more research in the area of reproductive health has been noted in Africa. Although there is interest in conducting research, few

persons have had the training which is necessary to design such studies. Thus, requests have been made by Population Officers, university personnel, and international organizations for training in the use of epidemiology applied to the field of reproductive health.

The objectives of this workshop include increasing the level of knowledge of epidemiologic principles and participants developing a research proposal for a reproductive health study. The long term objective is to begin implementation of at least one research proposal within 9 months of the workshop. JHPIEGO will perform the administrative functions for this workshop, and will pay for all participant costs and the costs of non-CDC instructors. CDC will develop the materials and provide the technical staff to teach this course. The purpose of this trip was to set the dates for the course, design a management plan for the course, and make administrative arrangements for the selection of participants.

2. Title and Dates

Title: Reproductive Epidemiology Workshop, Anglophone Africa
Dates: May 23-June 3, 1983
Location: Diani Reef Hotel, Diani Beach, Mombasa, Kenya
Sponsors: Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)
Division of Reproductive Health/Centers for Disease Control (CDC)

3. Countries and Participants

After discussions with Parbara Kennedy (Regional Economic Development Support Office, REDSO/East Africa) and William Bair (REDSO/West Africa), the following countries were tentatively selected to send participants. We also have tentatively identified institutions and the number of participants per country.

- a) Kenya (four persons)
MOH (1)
FPAK (1)
University of Nairobi (2)
- b) Nigeria (five persons)
Jos
Zaria
- c) Sudan (four persons)
Department of Community Medicine (1)
Sudan Fertility Control Association (1)
Jazira University (1)
Soba University (1)

- d) Tanzania (three persons)
Kilimanjaro Christian Medical College (1)
Dar es Salaam - MOH (1)
- Department of Community Medicine (1)
- e) Sierra Leone (two persons)
- f) Zambia (three persons)
MOH (2)
University Teaching Hospital (1)
- g) Zimbabwe (three persons)
Harare
Chimbira
- h) Uganda (two persons) (optional country)

Arrangements will be made with the Population Advisors from the appropriate USAID's for recruitment and identification of appropriate persons, as well as for notification of selected participants. Cables announcing the selection of candidates should be sent by JHPIEGO no later than February 15, 1983.

4. Training Materials

Books and other training materials will be pouched by JHPIEGO to Barbara Kennedy in Nairobi at REDSO/EA. Some materials may be sent through Dr. Andrew Wiley. For control purposes, we will make a master list of all boxes sent. Mail takes approximately 2-4 weeks.

5. Resource Personnel

Three Africans have been asked to participate in this workshop as resource persons. They include Professor J.K. Mati from the University of Nairobi, Dr. Rushwan from the Sudan, and Dr. Peter Lamptey from Family Health International (formerly IFRP).

The resource personnel will be present during the 2-week workshop to facilitate the groups in developing a relevant, feasible and methodologically sound research proposal. Each will be asked to present a lecture during the workshop on the following topics: (1) "Reproductive Health Concerns in Africa and Priorities for Conducting Epidemiological Research" (Mati), (2) "Problems and Practicalities of Conducting Epidemiologic Research in Africa" (Rushwan), and (3) "Disseminating Epidemiologic Research Findings" (Lamptey). These persons will also be expected to help identify those projects which are most appropriate for funding and implementation.

6. Panel

A panel of regional and technical experts will be convened on the last day of the workshop to critique the research proposals developed during the course. The panel will be expected to comment upon the relevance of the topic, the feasibility of conducting the research and the methodology of the study. They will also be asked to advise the course instructors on those projects most suitable for funding. Individuals tentatively identified for the panel include: Barbara Kennedy (REDSO/EA), Dr. Christopher Wood (AMREF), Dr. Deirdre Strachan (Pathfinder Fund), and an individual from PIACT.

7. Administrative Assistant

A local person is needed to assist with administrative matters during this course. This person will be paid on a consultant basis by JHPIEGO. Tasks will include: setting up for the workshop, arranging for name tags and place cards, assembling participant packets, obtaining supplies and equipment in Mombasa, facilitating participant transport, some xeroxing and typing, and performing miscellaneous administrative functions. Criteria for this person include: experience with conducting workshops in Kenya, ability to anticipate needs of participants, good interpersonal skills, flexibility (can be in Mombasa for 3 weeks), ability to drive, and (preferably) is able to type. Mrs. Margaret Nabutete, from the University of Nairobi, was interviewed and selected for this position.

8. Course Logistics

a. Hotel Arrangements

The course will be held at the Diani Reef Hotel in Mombasa, Kenya. The rate will include full board. An extra fee will be charged daily for morning tea; afternoon tea breaks are included in the daily rate.

b. Payment

Deposit - A deposit has been requested, payable 1-2 months in advance of the conference.

Full Payment is required on or before the workshop. A bank transfer may be made to the National Bank of Kenya Ltd., Nakuma Road, Mombasa to the account of the "Diani Reef Hotel."

Cancellation policy - we may change the number of the participants if necessary; in the event that some unforeseen circumstance precludes our being able to conduct the workshop, JHPIEGO will not be liable for any costs.

Personal Expenses - The hotel will set up an "extra account" for each participant to include miscellaneous expenses such as drinks and laundry. Participants will be expected to settle this account weekly.

c. Transportation

Participants will be met at the airport by the hotel bus. JHPIEGO will provide the hotel management with the flight schedule of the participants.

Bus service will be arranged through United Touring Company (UTC) to transport participants into Mombasa at least two nights during the week. Participants using this service are responsible for paying all fees. We will notify participants of the schedule on the first day of the course. Bus service will also be available during the weekend.

A staff car will be rented from UTC for 3 weeks. This will enable the course instructors to go into Mombasa, as necessary, for supplies and xeroxing.

d. Materials

Equipment and most supplies can be obtained in Mombasa. An overhead projector and carousel projector can be rented locally. We will need to bring overhead transparencies and flip charts from the U.S. A list of prices on clerical supplies is available; xeroxing is available locally.

B. Observer Checklist

A preliminary Observer Checklist was developed for evaluating the quality of services provided in the FPAK clinics (see Appendix) and was first introduced by Dr. Dalmat and Mr. Jack Graves in March 1982 (see AID/RSSA Kenya Trip Report of May 7, 1982). We revised the checklist in Atlanta, and pilot-tested it at the Emory-Grady Family Planning Program. The checklist was again revised in Kenya, with the assistance of two FPAK nurses. Ms. Zahniser discussed this checklist in depth with Mr. Mutua from the Ministry of Health, and Dr. Nyani, the Medical Director of FPAK. Dr. Nyani was extremely positive and supportive of this instrument. Dr. Nyani and Dr. Nancy Lee (Medical Epidemiologist, CDC), who was in Kenya to evaluate the training of traditional birth attendants, field-tested the checklist in the Nairobi FPAK clinic. Revisions have been made based on their comments. Dr. Nyani will use the observer checklist to assess in-service training needs. He will first distribute the checklist during an in-service training program to all nurses working in FPAK clinics, as a standard for the delivery of services. Following this training, Dr. Nyani will use the checklist to evaluate the quality

of counseling and clinical services offered in FPAK clinics. Based on the findings from this assessment, relevant programs for future in-service training can be planned.

A handwritten signature in cursive script, appearing to read "Michael Dalmat".

Michael Dalmat, Dr.P.H.

A handwritten signature in cursive script, appearing to read "Christine Zahniser".

Christine Zahniser, R.N., M.P.H.

APPENDIX

CLINIC OBSERVER CHECKLIST
Family Planning Association of Kenya

	YES	NO	NA	COMMENTS
1. CLINICAL CLERK				
1.1 Initial contact--was client greeted appropriately upon arrival to clinic?				
1.2 Is a reason established for the visit?				
1.3 Did the staff member determine who the client wanted/needed to see?				
1.4 For a revisit client, was the membership card obtained and the clinic card pulled?				
1.5 For a new client, was a membership and clinic card made, and was the client registered?				
1.6 For a new client, did the staff member verify that the client was able to pay for the services?				
1.7 Did the clerk discuss and receive payment for the services received?				
1.8 Was the top section of the chart completed appropriately?				
1.9, Were relevant answers to the client's questions provided in a pleasant and complete manner?				

-8-

	YES	NO	NA	COMMENTS
1.10 Did the staff member exhibit the following:				
a) <u>Professionalism</u>				
b) <u>Respect for the client</u>				
c) <u>Understanding (for example, were appropriate priorities set for ill clients, males and young girls?)</u>				
2. NURSING/CLINICAL STAFF				
2.1 <u>Was the client greeted by name?</u>				
2.2 <u>Did the nurse/clinician introduce herself/himself?</u>				
2.3 <u>Was the reason for the visit established?</u>				
2.4 <u>Was the sociodemographic and medical history obtained from the client as follows:</u>				
a) <u>For new clients, was the history taken?</u>				
b) <u>For revisit clients, was the history updated?</u>				
c) <u>Were responses to all questions recorded on the clinic card?</u>				
d) <u>If problems were noted, were questions asked to further specify the problem?</u>				
2.5 <u>Were methods of contraception discussed as follows:</u>				
a) <u>Was the client asked what method of contraception she prefers?</u>				
b) <u>Was the client asked if or when she would like to have another child?</u>				

b'

	YES	NO	NA	COMMENTS
c) If the client does not want another child was sterilization discussed?				
d) If the client wants OC's or Depo-Provera, was she asked if she has a history of the following:				
(1) <u>Diabetes</u>				
(2) <u>High blood pressure</u>				
(3) <u>Severe headaches</u>				
(4) <u>Inflammation of vein in legs</u>				
(5) <u>Smoking</u>				
e) If the client wants an IUD, was she asked if she has a history of the following:				
(1) <u>Pelvic inflammatory disease</u>				
(2) <u>Heavy periods</u>				
(3) <u>Painful menses</u>				
f) If the client wants Depo-Provera, was the issue of delay in resumption of menses/fertility discussed?				
g) If the client wants a diaphragm, was she told about the importance of using it correctly and consistently?				
h) If the client wants condoms and/or a spermicidal agent, was she informed that this is usually a temporary method of contraception and must be used consistently?				

10

	YES	NO	NA	COMMENTS
1) If the client was undecided, or if her preferred method was contraindicated, were other methods that are appropriate for the client (i.e. based on her medical history) discussed?				
2.6 Was the client encouraged to ask questions and express concerns?				
2.7 Were relevant answers to the client's questions provided in a pleasant and complete manner?				
2.8 Were the following procedures done:				
a) <u>Weight (without shoes)</u>				
b) <u>Blood Pressure</u>				
If the blood pressure was greater than 140/100, was a hormonal method given?				
c) Was the urine checked for sugar and albumin?				
(1) If the albumin was 3+ and there was no visible blood due to menses, was the client not given a hormonal method and advised to return to see the physician?				
(2) If the sugar was a trace or greater, was the client not given a hormonal method and advised to return to see the physician?				

11

	YES	NO	NA	COMMENTS
2.9 Was the client told what services would be provided during the physical exam?				
2.10 Were the following elements of the physical exam performed? For an <u>Initial Exam</u> or <u>Annual Exam</u> this includes:				
a) Was the conjunctiva (of the eyes) examined for signs of anemia or other abnormalities?				
b) <u>Head</u>				
c) Was the mucosa in the mouth examined for signs of anemia and abnormalities?				
d) <u>Thyroid palpation</u>				
e) <u>Inspection and palpation of breast and axilla</u>				
f) <u>Instruction to client for breast self-examination</u>				
g) <u>Abdominal exam</u>				
h) <u>Inspection of groin area</u>				
i) <u>Inspection of legs</u>				
j) Pelvic exam, including:				
(1) <u>Inspection of vaginal area</u>				
(2) <u>Speculum exam</u>				

12

	YES	NO	NA	COMMENTS
(3) Bimanual exam, including				
(a) <u>Position of uterus</u>				
(b) <u>Size of uterus</u>				
(c) <u>Pain or tenderness</u>				
(d) <u>Adnexal areas</u>				
(4) If the cervix has an abnormal appearance, and/or the client reports abnormal bleeding, was she referred for a pap smear?				
(5) If an abnormal discharge is noted and/or the client reports possible GC exposure, was she referred for a GC culture?				
For a <u>Pregnancy Test Visit</u> this includes:				
a) <u>Pregnancy test</u>				
b) <u>Peivic exam</u>				
c) <u>Counseling and appropriate referral</u>				
2.11 If the client received an IUD:				
a) <u>Were new gloves used on both hands?</u>				
b) <u>Was the cervix swabbed once thoroughly with a cotton swab and an appropriate antiseptic?</u>				
c) <u>Was the uterus sounded?</u>				
d) <u>Was the IUD loaded properly, according to the manufacturers directions, while leaving the plastic sleeve in place?</u>				

1/23/

	YES	NO	NA	COMMENTS
e) If indicated, was the flange on the inserter adjusted according to the uterine depth?				
f) Was the insertion done gently and carefully?				
g) Was an attempt made to place the IUD at the uterine fundus?				
h) If appropriate, was the solid rod removed before the insertion tube?				
i) Was the client asked to cough to see if the IUD remained in place?				
j) Was the string cut to a length about 1/2 of the vaginal length?				
k) Was the client instructed on the appropriate method to check the string?				
(1) Did the nurse inquire to verify that the client understood how to check the string?				
(2) Did the nurse observe that the client checked the string properly?				
2.12 If the client received a diaphragm:				
a) Was she given the opportunity to practice insertion and removal before leaving the clinic?				
d) Was the diaphragm position checked by the clinician after client insertion?				

141

	YES	NO	NA	COMMENTS
2.13 Was the exam performed gently and with respect for the client's dignity and <u>privacy</u> ?				
2.14 Was the client informed of her medical findings?				
2.15 Were medical terms explained in lay terms to the client?				
2.16 If a method is selected, was the client shown the method and instructed in the proper use of the method?				
For OCs this includes:				
a) <u>When to begin OC's</u>				
b) <u>How to take them</u>				
c) <u>What to do if a pill is missed</u>				
d) <u>When to return for additional supplies</u>				
e) <u>Side effects and complications that may require medical attention</u>				
For IUD's this includes:				
a) <u>Importance of string check</u>				
b) <u>Side effects and complications that may require medical attention</u>				
c) <u>Was medication provided for pain?</u>				
For Depo-Provera this includes:				
a) <u>When to return for the next injection</u>				
b) <u>Side effects and complications that require medical attention</u>				

151

	YES	NO	NA	COMMENTS
For <u>Diaphragms</u> this includes:				
a) <u>When to insert the diaphragm</u>				
b) <u>Proper use of spermicidal agent</u>				
c) <u>When to remove diaphragm</u>				
d) <u>Side effects and complications that may require medical attention</u>				
For <u>Spermicidal Agents</u> and <u>Condoms</u> this includes:				
a) <u>Proper use of the method</u>				
2.17 Was the client told when and where to seek care for severe problems?				
2.18 Was the client given relevant printed material regarding her method of contraception?				
2.19 Was the client encouraged to ask questions and express concerns?				
2.20 Were relevant answers to the client's questions provided in a pleasant and understandable manner?				
2.21 Did the client receive a follow-up appointment?				
a) For a new OC user, was the client given a return appointment in 1 month?				
b) For a continuing OC user, was she given a return appointment in 3 months?				

16

	YES	NO	NA	COMMENTS
c) For an IUD insertion, was the client given a return appointment after her next menstrual period?				
d) For a continuing IUD user, was she given a return appointment for an annual exam in 1 year?				
e) For a Depo-Provera user, was she given a return appointment in 3 months?				
f) For a condom and/or spermicidal agent user, was she told to return for supplies when needed?				
2.22 Was the client able to:				
a) Explain how she will use the method?				
b) State when she will return to the clinic?				
c) Describe symptoms that will prompt her to seek medical care?				
d) State where she will go for medical attention?				
2.23 Were contraceptive supplies obtained?				
2.24 Did the staff member exhibit the following:				
a) Professionalism				
b) Respect for the client				
c) Understanding				

111

	YES	NO	NA	COMMENTS
3. MEDICAL CHART REVIEW				
3.1 Was the top section of the chart completed appropriately?				
3.2 Were responses to all sociodemographic and medical history questions recorded and updated on the clinic card?				
3.3 Were physical exam findings recorded on the clinic card?				
3.4 Were all procedures done, methods and medications given, and referrals made, noted on the clinic card?				

181