

Memorandum  
PO 1110-1125

Date April 6, 1983  
From Michael E. Dalmat, Dr.P.H., Public Health Advisor, Program Evaluation Branch, Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE); Nancy C. Lee, M.D., Medical Epidemiologist, Epidemiologic Studies Branch, DRH, CHPE; Kevin R. O'Reilly, Ph.D., Medical Anthropologist, Pregnancy Epidemiology Branch, DRH, CHPE  
Subject Foreign Trip Report (AID/RSSA): Nairobi, Kenya--Evaluation of Training of Traditional Birth Attendants, January 25-March 3, 1983  
To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Dennis Tolsma  
Acting Director, CHPE DOT

## SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. BACKGROUND
- IV. STATUS OF FIELD WORK
- V. SCHEDULE FOR COMPLETION OF EVALUATION

## SUMMARY

The Division of Reproductive Health was invited by the Family Planning Association of Kenya (FPAK) to assist in (1) evaluating the training of rural traditional birth attendants (TBA's) in Kenya and (2) determining if village women would accept family planning services from trained TBA's. The Pathfinder Fund is supporting the local costs of the evaluation.

Two of four stages of the evaluation have been completed: (1) Design and pretesting of data collection instruments (October 20-November 13, 1982) and (2) interviewer training and data collection (January 25-March 3, 1983).

Based on preliminary findings from the first stage, the CDC consultants presented recommendations related to (1) TBA selection, (2) supervision and support of TBA's, and (3) TBA training methodology (See CDC foreign trip report, Nairobi, Kenya, October 20-November 13, 1982, dated January 3, 1983). The second stage mentioned above is the subject of this report. The third stage (coding, data processing, analysis, interpretation, and report writing) will extend from March-August 1983. The final stage, presentation of findings to Ministry of Health and FPAK officers, will take place in the fall.

PDAAG 175

I. PLACES, DATES, AND PURPOSE OF TRAVEL

During the consultation (January 25-March 3, 1983), Drs. Dalmat, Lee, and O'Reilly assisted FPAK in training interviewers in Nairobi and in initiating the survey field work in the following provinces: Eastern, Coast, Rift Valley, Central, and Nyanza. Actual dates for each consultant in Kenya are as follows:

<u>Consultant</u>	<u>Dates in Kenya</u>
M. Dalmat	1/26-2/19/83
K. O'Reilly	1/26-2/24/83
N. Lee	2/4-3/3/83

This travel was in accordance with the Resource Support Services Agreement (RSSA) between CDC/CHPE/DRH and AID/S&T/POP/FPS.

II. PRINCIPAL CONTACTS

A. U.S. Agency for International Development (USAID)

Mr. Spencer Silberstein, Population Advisor, Nairobi

B. The Pathfinder Fund

1. Dr. Marasha Marasha, African Regional Representative, Nairobi Office
2. Mrs. Felicity Chavaga, Administrator, Nairobi Office

C. Family Planning Association of Kenya (FPAK)

Nairobi:

1. Mrs. Angela Gethi, Executive Director
2. Mrs. Millicent Odera, Research and Evaluation Officer
3. Ms. Penina Ochola, Consultant
4. Mr. I. E. B. Makorani, Field Coordinator, TBA Evaluation

D. Ministry of Health

Nairobi:

1. Dr. John Kigodu, Director, National Family Welfare Centre (NFWC)

Mombasa:

1. Dr. Kulumba, Provincial Medical Officer
2. Mrs. A. Okumu, Nursing Officer I, Deputy to Provincial Matron
3. Dr. Webala, Provincial Gynaecologists, Coast General Hospital
4. Mrs. L. Nyore, Nursing Matron, Maternity Ward, Coast General Hospital
5. Mr. Mang'era, Prinicpal Tutor, Mombasa Medical Training Center
6. Mrs. Ndune, KRNM, Instructor, Mombasa Medical Training Center

Machakos:

1. Dr. Otieno, District Gynaecologist, Machakos District Hospital
2. Bernice Nguku, Nursing Matron, Maternity Ward
3. Cresentia Munyoya, Nursing Officer, MCH/FP Clinic
4. Winifred Kamau, Sr. Nurse Tutor

E. Other

1. Honorable Phoebe Asiyo, Member of Parliament, Karachuonyo District, Nyanza
2. Ms. Tabatha Ochola, Project Director, Karachuonyo Project, Nyanza
3. Ms. Roselyn Otory, Project Coordinator, Karachuonyo Project, Nyanza
4. Dr. Otieno, Director, Municipal MCH/FP Clinic, Assistant Director, Municipal Health, Mombasa

III. BACKGROUND

During the CDC team's first trip to Kenya (See CDC foreign trip report, Nairobi, Kenya, October 20-November 13, 1982, dated January 3, 1983), Drs. Dalmat, Lee, and O'Reilly assisted FPAK in: (1) clarifying the objectives of the evaluation; (2) designing the study; (3) developing and pretesting the data collection instruments; and (4) planning the study budget, schedule, and personnel needs.

The research objectives of the evaluation are to assess: (1) whether trained TBA's are practicing midwifery in the way they were taught; (2) whether trained TBA's are more likely than untrained TBA's to refer village women for prenatal, high risk delivery, postnatal, and family planning care; (3) whether village women who plan to use contraceptives would prefer to receive services from a clinic or from a person trained to provide family planning services who lives in the village; (4) whether village women who want to receive family planning services in the village would prefer to receive them from a TBA trained in both midwifery and family planning, or from another woman from the village who is trained only in family planning; and (5) whether local health professionals support the training and work of TBA's.

The evaluation findings will be used by FPAK and the Ministry of Health to: (1) define the role of the TBA in different parts of Kenya that differ in terms of access to health services, density of population, settlement patterns, economic activity, and values; (2) determine the training needs and methods to be used in training TBA's in the future; and (3) strengthen the relationship between local health professionals and TBA's with respect to referral practices, technical supervision, resupply, recordkeeping, and reporting.

FPAK trained approximately 160 TBA's in 1980-1981. Since the training program was further developed in 1981 than in 1980, only TBA's trained in 1981 were eligible to be selected for interviewing as part of the evaluation. Of the 78 who were reportedly trained in 1981, two were excluded because they live and work in urban settlements--the focus of the evaluation is on the delivery of services to rural villages. We randomly selected half of the TBA's (38) for interviewing. During implementation of the study, we learned that one of the 38 TBA's listed had not actually attended the training program. This TBA was excluded from the study, leaving 37 to be interviewed. For every trained TBA, an untrained TBA from a neighboring village was to be interviewed also.

In addition, five trained and five untrained TBA's from Karachuonyo, Nyanza Province, were included in the sample frame. The trained TBA's were randomly selected from among the 45 TBA's trained by the staff of a separate TBA training program, the Karachuonyo Project. Untrained TBA's were randomly selected from nearby villages that were matched to villages of trained TBA's. Many of these TBA's were previously trained by the Ministry of Health or FPAK before being trained by the project staff.

In addition to interviewing TBA's, we designed the study so that approximately 1,500 women of childbearing age would be interviewed from the 84 villages of trained and untrained TBA's. It was estimated that 2,000 households were needed to obtain complete information on 1,500 women.

Local health professionals in each district from which TBA's were selected for interviewing were interviewed during the first and second trips to Kenya. Typically, these professionals included the ranking obstetrician-gynecologist, gynecologist, the public health nurse, the nurse in charge of the hospital maternity, and FPAK staff (sessional doctors, clinic nurses, and field educators). A total of 22 health professionals from Nyeri, Eldoret, Mombasa, and Machakos were interviewed during the first trip.

#### IV. STATUS OF FIELD WORK

During the second trip (January 25-March 3, 1983), Drs. Dalmat, Lee, and O'Reilly assisted FPAK in (1) training interviewers; (2) selecting and training survey team interviewers and the field coordinator; (3) supervising the initial work of each of the survey teams; and (4) implementing quality control, form, and financial accounting procedures.

For every trained TBA randomly selected for interviewing, an untrained TBA from a neighboring village was interviewed. The survey team supervisors first selected the neighboring village, matching for distance to health facility, type of economic activity, and population size. Once the control village was selected, an untrained TBA from that village was identified. Women were considered to be a TBA only if (1) the village elder and/or his wife considered her to be a TBA, (2) the woman considered herself to be a TBA, (3) she delivers three or more babies per year, and (4) she has delivered babies for 5 or more years. If more than one TBA was identified in a control village, a random number table was used to select the TBA to be interviewed.

Using the home of the trained or untrained TBA as the starting point, village elders led the survey teams from house-to-house until they identified the predetermined, randomly selected "first household." That household and the next 23 were then included in the survey sample for a total cluster of 24 households per TBA village. Thus, 24 households in 84 villages resulted in a sample size of 2,016 households.

As of March 2, 78 of the 84 TBA's (38 trained and 40 untrained) were interviewed (See Table 1). Two additional trained TBA's were away from their villages at the time of the survey and will be interviewed by the end of March, resulting in a completion rate of 95 percent.

TABLE 1  
Completion Status of TBA Interviews and Community  
Where Interviews Were Scheduled  
As of February 28, 1983

Province	STATUS OF INTERVIEWING						
	TBA's (Trained and Untrained)				Communities		
	Planned	Completed	Scheduled	Incomplete	Planned	Completed	Incomplete
Central	16	15	1*	0	16	16	0
Rift Valley	16	14	0	2	16	14	2
Coastal	18	18	0	0	18	18	0
Eastern	24	21	1*	2	24	22	2
Nyanza	<u>10</u>	<u>10</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>10</u>	<u>0</u>
TOTAL	84	78	2	4	84	80	4

\*Trained TBA's

Due to the onset of the rainy season, the Machakos survey team was unable to reach the villages of a trained and matched untrained TBA, and consequently were also unable to complete household interviews in the two villages. The Eldoret survey team abandoned its plans to interview a trained and matched untrained TBA in West Pokot, as well as the households of the two villages because people in West Pokot do not speak Nandi, Swahili, or English, the interviewing languages of the team.

Overall, community interviews have been completed in 80 of 84 villages (See Table 1). We anticipate that a completed interview has been obtained from 80 percent of the households that fell into the survey sample. If this estimate is accurate, a total of approximately 1,540 interviews will be completed.

In addition to the 22 interviews completed with local health professionals during the first visit, we completed 7 in Mombasa and 4 in Machakos.

#### V. SCHEDULE FOR COMPLETION OF EVALUATION

"TBA questionnaires" are being coded and will be analyzed at CDC. Coding of the "community questionnaire" is being done in Nairobi. Upon completion of the coding late in March, the "community questionnaires" will be sent to CDC for data processing and analysis. The Study Director, Mrs. Millicent Odera (Research and Evaluation Officer, FPAK), will join Drs. Dalmat, Lee, and O'Reilly at CDC in July-August 1983 to complete the analysis and interpretation of the findings.

Page 6 - William H. Foege, M.D.

A. Coding of questionnaires	Completed by April 30
B. Questionnaires arrive at CDC	May 15
C. Key punching-CDC	May 15-June 7
D. Editing of data	June 8-June 30
E. Generation of tables, analysis of data	July 1-July 30
F. Final analysis, write-up of findings	August 1-August 31



Michael E. Dalmat, Dr. P.H.



Nancy C. Lee, M.D.



Kevin R. O'Reilly, Ph.D.