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Subject Foreign Trip Report (AID/RSSA): The Gambia, Characteristics of Family Planning Clients; May 17-June 5, 1983

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma
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SUMMARY

I. PLACES, DATES, AND PURPOSE OF TRAVEL
II. PRINCIPAL CONTACTS
III. BACKGROUND
A. Medical and Health Department, Ministry of Health
B. The Gambia Family Planning Association
C. Medical Protocols
IV. STUDY OF CHARACTERISTICS OF FAMILY PLANNING CLIENTS
A. Objectives and Organization of the Study
B. Selection of Study Centers and Study Period
C. Study Procedures
D. Data Collection and Processing
V. FOLLOWUP

SUMMARY

Consultation was provided to the Maternal-Child Health Section of the Government Medical and Health Department, the Gambia Family Planning Association, and USAID Gambia, on a retrospective study of the characteristics of family planning clients. The retrospective study included six family planning clinics (three in the Banjul area and three in the rural areas). Data was abstracted from 1,150 randomly selected client records. Analysis and a final report will be completed by the end of August 1983. This study is the first part of a three-part USAID subsector population analysis of The Gambia. The results of this study will assist toward the planning and completion of the last two parts--patient flow analysis and a contraceptive prevalence survey. Tentatively, patient flow analysis is planned for October 1983. In addition, we will use results from the retrospective study to develop guidelines for a standard family planning client record.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Banjul, The Gambia, May 17-June 5, 1983, at the request of the Office of the AID Representative (OAR)/Gambia, the Gambian Medical and Health Department, and AID/S&T/POP/FPSD to: (1) Conduct a retrospective study of the characteristics of family planning clients, and (2) discuss the development of a standard family planning client record.

This travel was undertaken as part of the Resource Support Services Agreement between AID/POP/W and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. Office of the AID Representative (OAR/Gambia)
1. Keith Simmons, Project Officer
2. Meri Ames, Assistant Project Manager

B. Medical and Health Department, Ministry of Health (MOH)
1. Sister Bertha M'Boge, Senior Nursing Officer-in-Charge of Maternal-Child Health
2. Mrs. Anna Batchilly, Midwife Officer-in-Charge of the Family Planning Clinic, Royal Victoria Hospital

C. Gambia Family Planning Association
1. Mr. J. Tunde Taylor-Thomas, Executive Secretary
2. Mrs. Bintu Sosso, Senior Nursing Sister
3. Mrs. Adama Dabo, Nursing Sister
4. Miss Yang M'Boob, Field Supervisor, Bwiam
5. Mrs. Whillmina Williams, Field Supervisor, Basse
6. Mrs. Juliette Camara, Field Supervisor, Pakalingding

D. Record Abstractors
1. Alabatou N'Dure
2. Sajo Drammeh
3. Abdou N'Jie

III. BACKGROUND

Family planning services in The Gambia are provided primarily by the Government Medical and Health Department, Ministry of Health, and the Gambia Family Planning Association. In addition, family planning methods are available from pharmacies and private physicians.

A. Medical and Health Department (MOH)

The Medical and Health Department operates family planning clinics through the Maternal-Child Health Section. The majority of clients are served at the family planning clinic at the Royal Victoria Hospital (RVH) in Banjul. Since opening in November of 1975, the RVH clinic has served about 4,000 new clients. Each year about 500 new clients register at the RVH clinic. The RVH clinic operates 3 days per week. Clinical staff consists of one midwife, one nursing assistant, and one community attendant. In addition, Medical and Health operates eight new clinics in the following rural areas: Brikama, Sukuta, Karantaba Kiang, Essau, Maw, Kuitau, Basse, and Yowobowol. About 10-30 women have registered at each of these clinics.

The government family planning clinics provide oral contraceptives, Depo-Provera, IUD's, condom and foam, and occasionally diaphragms. Women requesting tubal sterilization are referred to the RVH. No fees are required for family planning services. Information about family planning is also provided during the antenatal and infant clinics. There are no outreach services.

B. The Gambia Family Planning Association

The Gambia Family Planning Association (GFPA) provides contraceptive services in two urban (Banjul and Kanifing) clinics and in seven rural clinics. Rural clinics are located in the following areas: Brikama, Mara Kissa, Western Division (Bwiam), Lower River Division, North Bank Division, MacCarthy Island Division, and Upper River Division.

Kanifing, on the outskirts of Banjul, is the largest GFPA clinic. Since 1975 the clinic has served 6,000 new acceptors, while the Banjul clinic has served 3,000 new clients since 1971. About 12 new clients register at the Kanifing clinic per week, while the number of new clients at the other clinics ranges from 1-10.

Like the RVH clinic, the GFPA clinics offer all family planning methods other than diaphragms and tubal sterilization. Women requesting tubal sterilization are again referred to the RVH.

The GFPA clinics operate 6 days per week. They are each staffed by a field supervisor, field assistants, a nursing assistant, and at times rural field workers.

C. Medical Protocols

Medical protocols differ slightly between the RVH and the GFPA clinics. At all clinics the first visit for any contraceptive method includes history, complete physical exam, and appropriate laboratory tests. Followup visits for orals and Depo-Provera include BP, WT, and history, while followup visits for IUD's include string checks and complaints. However, the RVH and the GFPA clinics differ according to timing of followup visits.

At the RVH, women using orals return for a second visit at 1 month versus 3 months for women attending the GFPA clinics. Also, RVH women with IUD's revisit the clinic 4 weeks after the initial visit compared with 1 week for women at the GFPA clinics. Finally, women attending the RVH have a complete physical exam every year, while GFPA clinics do not provide complete physicals after the first year, unless indicated. All clinics reschedule visits every 3 months after the second visit, regardless of method. Women who need earlier visits may schedule them.

IV. STUDY OF CHARACTERISTICS OF FAMILY PLANNING CLIENTS

A. Objectives and Organization of the Study

Based on initial discussions with Jay Friedman, M.A., during his November 1982 visit to The Gambia, the Medical and Health Department, the Gambia Family Planning Association, and USAID requested a retrospective study of the characteristics of family planning clients (See CDC RSSA Trip Report: Gambia, dated December 13, 1982). Objectives of the study included the following points:

1. Describe the characteristics of family planning clients including sociodemographic background, method choice, and past and present medical factors.
2. Determine the geographic coverage or catchment area of the clinics.
3. Estimate the number and characteristics of continuing active users by method and reasons for discontinuation.
4. Develop, if needed, a standard client record card for the Medical and Health Department and the GFPA clinics.

Since this study was a cooperative project between the Medical Health Department, the GFPA, and USAID, each agency contributed resources and personnel to the study. Sister Bertha M'Boge assigned Mrs. Batchilly as the Gambian counterpart from the Medical and Health Department, while Mr. Taylor-Thomas appointed Mrs. Dabo as the counterpart from the GFPA. However, due to illness, Mrs. Dabo did not participate during the latter part of the study. The GFPA provided a vehicle and driver and made arrangements for a field trip to the rural clinics included in the study. In addition, GFPA staff from each clinic site worked with the study team. USAID provided secretarial support for the project. Family Health International provided a grant for local transportation and three record abstractors who were hired for the duration of this study only.

The composition of the study team included:

1. Meri Ames, Assistant Project Manager, USAID/Banjul
2. Sister Bertha M'Boge, Senior Nursing Officer-in-Charge of Maternal Child Health
3. Anna Batchilly, Midwife-Officer in charge of the RVH Family Planning Clinic
4. J. Tunde Taylor-Thomas, Executive Secretary, GFPA
5. Adama Dabo, Nursing Sister, Kanifing Family Planning Clinic, GFPA
6. Yang M'Boob, Field Supervisor, Bwian, GFPA
7. Alabatou N'Dure, Record Abstractor
8. Sajo Drammeh, Record Abstractor
9. Abdou N'Jie, Record Abstractor
10. Alison Spitz, Nurse Epidemiologist, Centers for Disease Control.

B. <u>Selection of the Study Centers and Study Period</u>

The study team used the following criteria to select study sites:

1. Clinics with the greatest number of new clients;
2. clinics in urban and rural areas; and
3. clinics serving varied ethnic groups.

Based on these criteria the team selected six clinic sites, three in the Banjul urban area and three in rural areas. The urban clinics included the Royal Victoria Hospital and the GFPA clinics in Banjul and Kanifing. The rural clinics were all GFPA clinics: Bwiam, Pakalingding, and Basse. The rural Medical and Health Department clinics were not included due to the small number of registered clients.

Data collection instruments were designed and a training session held for all study team members. The questionnaires were pretested and selfcoded. Each clinic was visited by a team of two to six persons who collected the data during one to two visits.

Our Gambian counterparts selected the period from January 1, 1976, through the present time as the sampling frame. This period was chosen in order to detect trends in family planning use and acceptance over at least a 7-year period and for comparison of the RVH and GFPA clinics. Although some of the GFPA clinics began in 1971, the RVH did not open until November 1975.

C. Study Procedures

In all clinics, family planning client records are organized chronologically. Records of inactive users are not purged from the files. At times, records of women who transfer are purged; however, this is not done systematically. Overall, records are correctly filed, and we found few missing records.

Study records were selected randomly from each clinic by taking a systematic sample with a random start. Sample size was 400 in each of the 2 large urban clinics and from 50 to 100 in the other 4 clinics:

Clinic	Sampling Fraction	Estimated Sample Size
RVH clinic	1/10	400
Kanifing, GFPA	1/6	400
Banjul, GFPA	1/20	100
Basse, GFPA	1/16	100
Bwiam, GFPA	1/20	50
Pakalingding, GFPA	1/16	100

D. Data Collection and Processing

Data collection was completed by abstracting information from client records onto the pretested and precoded questionnaires (the questionnaires are available upon request). Since the RVH and the GFPA clinics use different client records, two questionnaires were developed. While the information obtained for the two groups is similar, the information on the records is arranged differently.

Record abstractors received 2 days of training. Training was conducted by Alison Spitz and Anna Batchilly. In addition, Spitz and Batchilly worked with and supervised the record abstractors throughout the study. All abstracted data on method choice, continuation, and reasons for discontinuation was rechecked by either Spitz or Batchilly.

The questionnaires are currently being keypunched and after editing in July, a final report will be produced by the end of August.

V. FOLLOWUP

At the end of data collection, the study team reviewed the study progress and agreed on the following points:

1. Analysis of Retrospective Study by Anna Batchilly

Family Health International will invite Anna Batchilly to the CDC for a 3-week period in August to prepare the final report with Alison Spitz. Meri Ames is in agreement with this invitation. However, the Medical and Health Department will need to accept on Mrs. Batchilly's part. This would allow Mrs. Batchilly to gain analytical skills, which could be applied to other Gambian projects. In addition, she would learn about patient flow analysis (PFA) and take part in PFA studies scheduled for The Gambia in October.

2. Development of a Standard Client Record

Results of the retrospective study are needed prior to development of a standard client record. Based on the results of the study and the medical protocols of each clinic, I will draft guidelines for a standard client record. The final report will contain these guidelines. At that time, both the Medical and Health Department and the GFPA will consider the applicability of these guidelines to their individual clinics. Further development of a standard client record may occur during or after completion of the PFA study.

3. Studies of Infection Among Users of Contraception

Both Sister M'Boge and Mr. Taylor-Thomas expressed interest in conducting a study of infection in IUD users compared with users of other contraceptive methods. It is Sister M'Boge's impression that increased infection may be associated with IUD use. Further discussion of this proposed study will take place if Dr. Brown (Obstetrician/Gynecologist, North Carolina) provides clinical family planning services in The Gambia during July 1983, sponsored by Family Health International and the Medical and Health Department. In addition, this may be an appropriate study to discuss at the Family Health International Applied Epidemiology Workshop scheduled in The Gambia in July 1983.

Alison Spitz, M.P.H.