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Trip Report

#0-100

Travelers: Ms. Carol Brancich, IHPS
Staff Member

Country Visited: PHILIPPINES

Date of Trip: June 1-14, 1985

Purpose: To follow up IMCH participants of Jan/Feb 1985 Refresher TOT conducted at IHPS and to provide technical assistance to IMCH trainers in curriculum development for Nov 1985 NFP/TOT course.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	i
SCHEDULE DURING VISIT.....	ii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	2
IV. DESCRIPTION OF ACTIVITIES.....	4
V. FINDINGS.....	8
VI. CONCLUSIONS.....	12
VII. RECOMMENDATIONS.....	15
APPENDIX A Persons Contacted	
APPENDIX B List of Participants	
APPENDIX C Skills Training in Clinical Contraception Service Delivery for Physicians and Nurses	
APPENDIX D Revised Orientation Guide	
APPENDIX E NFP Course Goal and Topical Outline (Proposed)	
APPENDIX F Copy of IMCH Newsletter, June 1985	
APPENDIX G Group Picture of Participants, IMCH Training Staff and IHPS Consultant	
APPENDIX H Curriculum Development Workshop Criteria, Schedule and Agenda	

EXECUTIVE SUMMARY

During the period of June 1 - 14, 1985, Ms. Carol Brancich attended the last four days of a six-week clinical FP training course for physician/nurse teams from Nigeria and Uganda. This training activity was the first under the INTRAH/IMCH subcontract for regional training and was attended by eight African physician/nurse teams (five from Nigeria and three from Uganda). A review and critique session of the clinical course was held with the Core Training Team (CTT) immediately following the course. Additionally, preliminary plans were made for the second training activity scheduled under the sub-contract, the NFP/TOT scheduled for November 11 - 29, 1985. The consultant accompanied the trainees and a CTT member to Laguna Province for two days of field visits at primary health care and community service organizations. An unanticipated activity was the consultant's attendance and participation in a four-day curriculum development workshop for a series of TOT workshops to be held in three regions of the Philippines.

It is recommended that:

- 1.) Technical training support be provided to IMCH which focuses on further developing training process skills, competency based approach to course development, program development skills, and technical assistance skills.

2.) Inter-regional clinical contraceptive technology course be continued with inclusion of field observational experience in Laguna Province.

3.) CTT conduct the NFP/TOT course with INTRAH technical assistance.

SCHEDULE DURING VISIT

Departed San Francisco 11:40 AM, May 30, 1985

Arrived Manila 9:45 PM, May 31, 1985

- June 1 Met staff at Institute of Maternal and Child Health (IMCH) and attended weekly evaluation/reflection session for course participants.
- June 3 Telephone conversation briefing with Mr. Dallas Voran, USAID Population Officer
- June 4 Traveled to Laguna Province for field visit experience, observed integration of family planning and the provision of FP services at rural health and community development facilities.
- June 5
- June 6 Attended last day of the training program which included summarization of field observation experience, review and summary of total course, course evaluation, presentation of plans of action (one each from Nigeria and Uganda), presentation of certificates of attendance and the closing ceremony.
- June 7 With Core Training Team (CTT), reviewed and critiqued clinical training design and logistical support structure. Dr. Perla Sanchez, IMCH Executive Director, attended the full day session.
- June 8 Visited IMCH residential training facility, Antipolo, and a local FP clinic.
- June 10 With CTT members, conducted preliminary planning for NFP/TOT course.
- June 11 Attended planning workshop for USAID supported joint POPCOM/IMCH project for TOT curriculum design targeted at training regional level trainers.
Debriefing with Dallas Voran, USAID.
- June 12 Independence Day Holiday.
Attended TOT curriculum design workshop, acting as observer and as consultant.
Attended Independence Day activities.

June 13 Attended TOT design workshop.
Reviewed preliminary plans for NFP/TOT with Mrs.
Eduarte and Ms. Eraldo. Developed course goal and
topical outline.

June 14 Attended TOT design workshop.

Departed Manila 2:00 PM, June 15, 1985

Arrived San Francisco 1:45 PM, June 15, 1985

I. PURPOSES OF TRIP

This visit had three purposes:

1. Follow up of the five IMCH trainers, who attended the Santa Cruz-based Advanced TOT, by observing the last week of the IMCH clinical training course for Nigerian and Ugandan nurse/physician teams.
2. Assist IMCH trainers in reviewing and modifying the clinical FP training design.
3. Begin planning for the NFP/TOT inter-regional course.

II. ACCOMPLISHMENTS

The traveler:

1. Reviewed and critiqued the inter-regional clinical FP course.
2. Revised the orientation outline and plan for future courses.
3. Developed a preliminary plan for NFP/TOT course including the overall goal and a topical outline, dates, materials, housing and training venue.
4. Participated in consultative discussions with the CTT regarding training design and methodology.

III. BACKGROUND

In January 1985, five trainers from the Institute of Maternal and Child Health (IMCH), located in Metro Manila (Quezon City, Philippines) attended an advanced training of trainers (TOT) course conducted by International Health Programs (IHPS) in Santa Cruz, CA. The TOT was funded by INTRAH for the IMCH Core Training Team (CTT) and trainers from the Ministry of Public Health, Thailand. The TOT was designed to meet the specific needs of this group of experienced trainers. In the case of the IMCH CTT, emphasis was placed upon the process of training; e.g., new training techniques, daily training designs and training evaluation strategies. During the TOT, the IMCH CTT prepared for the INTRAH sponsored clinical FP training course for African physician/nurse teams (April-June 1985). In February 1985 Miss Pauline Muhuhu, Director of the INTRAH East and Southern Africa office, met in Manila with the IMCH Director, Dr. Perla Sanchez, to make preparations for the inter-regional training of the African physician/nurse teams.

The African clinical FP training course was the first activity in the INTRAH/IMCH contract which provides for regional and inter-regional institution training and strengthening and expanding IMCH's training and technical assistance capacity. The participants of this course included five physician/nurse teams from Benue State,

Nigeria and three physician/nurse teams from Uganda. The next planned training activity under the INTRAH/IMCH contract is the Natural Family Planning (NFP) TOT scheduled for the last quarter of 1985. This course is programmed for in-service and pre-service tutors/trainers of clinical FP courses. Sixteen of the twenty participants are projected to be from Africa and the remaining four from Asia.

IV. DESCRIPTION OF ACTIVITIES

Follow-up and Course Review

The consultant attended four days of the clinical skills course. The classroom sessions combined summary and evaluation activities in which each country's team presented an implementation workplan. These plans were designated as product outputs for the country teams (copies included in the IMCH training report). The consultant also attended two days of the three-day field trip to Laguna Province.

During the field trip, a variety of service sites were visited and various levels of service personnel were met. Additionally, the concept of the integration of family planning/population services into development programs of the province was discussed. Local application of this integration was observed. The consultant and a CTT member joined the participants in Pagsanjan early on the morning of the second day of the field trip. Another CTT member had accompanied the group for the first day and then returned to Manila. Schedule conflicts for the CTT necessitated the sharing of the field trip experience. The service patterns and integration observed were points of discussion during the last day's evaluation session. Informal sharing of some observations and findings occurred.

Three members of the CTT, the IMCH Executive Director and the consultant spent a full day reviewing the course and

making recommendations for modifications/changes. Four members of the CTT were involved in the clinical training course. Two CTT members were assigned as course coordinators with the Training Director acting as training administrative liaison. The fourth CTT member was a resource person and the fifth CTT member is currently on extended personal leave. The group developed the following outline which was used in the course review.

1. Training Design
 - 1.1 Objectives
 - 1.2 Sequence/Time Allotment
 - 1.3 Content
 - 1.4 Methodology
 - 1.5 Evaluation Tools
2. Administration
 - 2.1 Logistics
 - 2.2 Number of Training Clinics
 - 2.3 Number of Participants
 - 2.4 Metro Manila-Rural Clinical Experience
 - 2.5 Transportation Facilities
 - 2.6 Per Diems: Schedule of Disbursements
 - 2.7 Orientation
 - 2.8 Interactions/Expectations IMCH/INTRAH
 - 2.9 Venue
 - 2.10 Trainers' Assignments

Comments from the participants' verbal and written evaluation were used in the development of this outline. Notes were taken on the modifications for use by the CTT. Major issues are noted in the sections on Findings and Recommendations.

An additional unscheduled activity occurred which provided the consultant with another opportunity to observe some members of the CTT in action. IMCH and the Commission on Population (POPCOM), under a USAID contract, are responsible for conducting three TOT courses for regional level trainers. These three TOTs will be conducted within the next three months. A four-day workshop was held June 11-14 at the Manila Hilton. The workshop aimed at developing the prototype training design for all three courses. IMCH and POPCOM assembled a group of master trainers to review candidates' applications, select candidates for training, determine preliminary training needs from the applications, develop the course objectives and training design, decide upon training venues, and make trainer assignments and other training management decisions. Two of the CTT members participated throughout the workshop and a third member attended as an observer on the third and fourth days.

The participation of the CTT members in this course design activity demonstrated their competencies in training program development. Each was a member of a different small group, each group with an assignment to develop a training module. The course consists of six separate modules: overview, theory, human relations and communication, training skills, training management, and evaluation.

During the four days, the consultant observed each working group and provided technical assistance feedback to the groups. The feedback was related to the training program development process of the group.

NFP/TOT Planning:

Three CTT members and the consultant met several times regarding the next scheduled IMCH/INTRAH activity, the NFP/TOT. The NFP curriculum and materials used by IMCH were reviewed and compared with curriculum material brought by the consultant. The latter was provided by the proposed INTRAH NFP consultant, Ms. Barbara Kass-Annese. A field visit to the Manila suburb of Antipolo was organized by the Training Director and Executive Director. Together with the consultant, they assessed IMCH's new residential training facility as the venue for the NFP course. The town of Antipolo and the local FP clinic were briefly visited.

V. FINDINGS

Follow-up and Course Review:

1. Arrangements for and coordination of the field visit were handled very well. All clinic personnel were informed of the group's arrival time and were prepared for the visit. Information was readily provided and current statistics were available. All cadres of personnel were represented in the discussions and facilities were open for inspection. Transportation was made available by the provincial government office when an IMCH vehicle experienced temporary difficulties. An open welcoming attitude prevailed.

The level of sincere commitment and belief in family planning was evident in every site visit and discussion held. The dedication of personnel was commented upon by the participants with admiration. Particularly impressive to the group were the discussions with the provincial governor and the manager of the Rural Bank. Both were lay people with an extraordinary dedication to family planning especially as it relates to community health and community development programs.

The participants took special note of the organization and availability of integrated primary health care services. The concept of volunteer Barangay Health Workers in the provision of grassroots-level health services was well received by the group. Also of importance to them was the

use of very simple community facilities for monthly sterilization services performed by a mobile team.

2. The participants' verbal and written evaluation comments indicated that the course was generally well received and generally fulfilled their expectations and needs. Concern was expressed by them over the lack of training skills received from the course. This concern stemmed from the view of their role as that of a combined service provider and trainer.

3. The major course revisions requested by the participants included adding NFP (accomplished by IMCH through a two-day mini-workshop) and sterilization skills (partially met through an observational field trip).

4. Differences in individual perceptions of physicians' and nurses' roles, vis-à-vis service delivery competencies and knowledge base, surfaced during physician/nurse training. A more common understanding and development of mutual roles and capabilities evolved. Team members, working side by side, became better acquainted with their individual work and personal characteristics.

5. The CTT's evaluation comments centered mostly upon the difficulties they encountered, as trainers, in dealing with the cultural/social/professional differences found within the group, of which they had little or no knowledge.

Various issues surfaced during the training which the trainers felt had training implications. These issues fall within the realm of "the processing" of training which is one of the two priority needs the CTT identifies for themselves. An example of such a training issue is the attitude of some of the physicians during the course regarding their reluctance to take pre- and post-tests.

6. The clinical content of the course required minimal revision. The field observation portion of the course lacked a written guide for participants to use as well as structured discussion sessions.

7. Team building activities/exercises, within the course content, were difficult for trainers to achieve.

8. The CTT's curriculum development skills were central to the planning activities of the workshop group which developed the Filipino regional TOT course.

NFF/TOT Planning:

1. Upon review of IMCH's current curriculum and the curriculum brought by the consultant, it was discovered that

both were actually based on the same curricular material; i.e., the Los Angeles Regional Family Planning Council's (LARFPC) NFP Training Manual. NFP training materials from a prior IMCH course are available and usable.

2. The IMCH residential training facility is well constructed, quiet and has accommodations for a maximum of 20 participants, two trainers, and office space for training support staff. Its semi-rural location requires transportation resources for social outings, field visits and daily transport of commodities and support staff. The area does not have telephone service and communications need to be channeled through IMCH's office, 25-30 km. away.

VI. CONCLUSIONS

Follow-up and Course Review

1. The strength of the concept of inter-regional training lies with the clinical training capacity of IMCH and the obvious commitment to FP in the Philippines as demonstrated throughout the field visits in Laguna Province. This was borne out by the positive comments made by the participants and through the observations of the consultant.
2. The dualistic role of participants as service providers/trainers is an issue which must be realistically addressed. The inclusion of TOT content into a formal training course is crucial to those persons who are clearly identified as being responsible for training as well as for service provision.
3. Participants' needs for training should be clarified in terms of what is absolutely essential for their job performance and that which would be or might be useful; e.g., sterilization techniques, where no equipment is available or where an in-country training program is already being provided.
4. Team training can be accomplished to the degree that individuals learn how to work side by side and share common experiences throughout the course; however, formal team

training, within a clinically-oriented course, requires more time and a specifically designed course component.

5. Cultural, social and professional differences require "processing" throughout training by trainers skilled in group dynamic techniques. These sorts of "processing" skills are best acquired through supervised practice; i.e., trainers being observed and coached on-site by training consultants.

6. More frequent contact between INTRAH/IHPS and IMCH course coordinators and trainers is essential to the ongoing growth and development of the individual trainers, the training institution, and the participants themselves, through the processing and analysis of experiences derived from the training itself.

7. IMCH has excellent content expertise in the area of clinical FP contraceptive technology. Their expressed needs for support and technical consultation are in areas of training technology, such as processing of training activities, evaluation of training, and the restructuring of training.

8. The curriculum development capabilities of the CTT as observed by the consultant were quite good in the area of planning for course logistics and course content. The CTT's ability to specify competencies required at trainees'

varying job levels was less clear to the consultant. Therefore, the TOT curriculum (joint POPCOM/INCH venture) was developed along knowledge-based lines and not necessarily aimed at the task performance needs of the trainees.

NFP/TOT Planning:

1. IMCH has a good understanding of NFP content based upon their training experience as trainers in previous contraceptive technology courses and in a regional NFP course. NFP training materials have already been developed or reproduced and can be incorporated into the scheduled course.
2. The IMCH residential training facility's environment is conducive to focused intensive training such as that of developing training modules and absorbing specific content such as NFP. The lack of telephone service may well present problems for trainers, trainees, and staff alike.
3. The TOT portion of this course will provide the CTT with an opportunity to practice process training skills with the IHPS consultants acting as technical assistants and coaches.

VII. RECOMMENDATIONS

1. Inter-regional training should be continued to be conducted by IMCH, with emphasis on clinical contraceptive technology, including observational tours focusing on the integration of FP services into primary health care and community services.
2. Intermittent, consistent technical assistance should be provided to the CTT to strengthen training skills of the team, particularly in processing and TOT.
3. Program development activities should be conducted by combined technical/administrative teams from both INTRAH/IHPS and from IMCH.
4. Course orientation materials should be revised to more clearly specify critical items such as housing arrangements, course goals and content, trainees' health requirements, etc. These materials should be provided to participants prior to their arrival in the Philippines.
5. TOT needs of the clinical FP course participants should be met. Accommodation of identified needs can be accomplished by ensuring that those participants with

combined training/service provision responsibilities might attend an in-country TOT after completion of the clinical course.

6. The initial "follow-up teams" for clinical courses should be combined teams of IMCH trainer(s) and INTRAH/IHPS trainer(s). A team approach would strengthen follow-up activities as well as the technical assistance skills of IMCH trainers.

7. Field observation guides and structured group discussions should become part of the clinical course. Information gained through field observations, when shared in a structured discussion, produces invaluable insights for group members which might not occur on an individual basis. The richness of the commitment to family planning services in Laguna Province should be capitalized upon.

8. The CTT should conduct the NFP/TOT course with the INTRAH/IHPS consultant trainers acting as technical assistants. Special emphasis would be given to expanding the "process skills" of the CTT.

9. If another clinical FP physician/nurse team training is conducted, technical assistance should be provided to the CTT regarding the inclusion of team building into the clinical course design. The curriculum development process

should focus on competencies required by each cadre of personnel.

10. The residential training center at Antipolo should be used for the NFP/TOT course.

APPENDIX A

PERSONS CONTACTED

PERSONS CONTACTED

Institute of Maternal Child Health (IMCH):

Dr. Perla Sanchez, Executive Director
Dr. Chita Quitevis, Director of Clinical Services
Ms. Feliciano Eraldo, Nurse Training Specialist
Dr. Adelaida Segarra, Medical Training Specialist
Mrs. Asuncion Eduarte, Director for Training
Management Staff of Antipolo Residential Training Center

Agency for International Development (USAID):

Mr. Dallas Voran, Population Officer

Training Participants: (official participant list follows this section)

Uganda

Dr. Gilbert Mpiigika
Ms. Mary Tumwesigye
Dr. Anthony Aboda
Ms. Justine Mukasa
Dr. Elly Katora
Ms. Daphne Namasoko

Nigeria

Dr. Cephas Tseven de Ityonzughul
Ms. Bridget Tiley-Gyado
Dr. Alan Ajonye
Ms. Cecilia Abba
Dr. Samuel Yaji
Ms. Christiana Gbakaan
Dr. Cletus Musa
Ms. Justina Abeda-Jato
Ms. Susannah Attah
Dr. Rosemary Abdullahi

Province of Laguna

Mr. Felicisimo T. San Luis, Governor
Dr. Leticia Olivar, F.P. Project Coordinator
Dr. Ed Janairo, Primary Health Care Coordinator
Mrs. Soledad Cabreza, Manager Rural Bank
of Pagsanjan, Inc.

Staff and Community Members representing:

Pagsanjan Rural Health Unit & Puericulture Center
Kalayaan Rural Health Unit
Paete Rural Health Unit & Puericulture Center
Pagsanjan Rural Bank FP Clinic
Liliw Rural Health Unit

Bungkol Barangay Health Services
Pila Rural Health & Training Center

POPCOM/IMCH Workshop Group

Ms. Alica Bala	Ministry of Social Services & Development
Mrs. Asuncion Eduarte	IMCH
Ms. Feliciano Eraldo	IMCH
Ms. Rosa Mendoza	Ministry of Education, Culture and Sports
Mr Henry Moreno	POPCOM, Region XI
Ms. Alice Pato	Ministry of Education, Culture and Sports
Mr. Marcial Terrado	POPCOM, Region I
Mr. Bethel Villarta	POPCOM, Central
Mr. Placido Triste	POPCOM, Central
Ms. Vergie Toledo	POPCOM, Central
Dr. Aida Segarra	IMCH

10

APPENDIX B

LIST OF PARTICIPANTS

INSTITUTE OF MATERNAL AND CHILD HEALTH (IMCH)
11 Banawe St., Quezon City

TRAINING DIVISION

SKILLS TRAINING IN CLINICAL CONTRACEPTION
(INCLUDING IUD INSERTION)
April - June 7, 1985

LIST OF PARTICIPANTS

N I G E R I A

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Otukpo, Nigeria

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CEPHAS T. ITYONZUGHUL, M.D.
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29

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Benue State, Nigeria

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213

APPENDIX C

SKILLS TRAINING IN CLINICAL CONTRACEPTION
SERVICE DELIVERY FOR PHYSICIANS AND NURSES

- A. Course Objectives
and
Training Design

- B. Laguna Province Objectives and
Field Trip Schedule

TRAINING DIVISION

SKILLS TRAINING IN CLINICAL CONTRACEPTION SERVICE
DELIVERY FOR PHYSICIANS AND NURSES

I. INTRODUCTION

The improvement of the quality of life of individuals/families is the ultimate concern of the population/family planning program. Specifically, our concern as family planning practitioner is to help individuals achieve their reproductive life goals whatever they may be.

To date, the delivery of family planning services is primarily confined to the physicians in most countries. It has been shown, however, that the interdisciplinary approach is essential in the successful implementation of family planning program.

The six (6) week Skills Training in Clinical Contraception Service Delivery is designed to enhance the knowledge, attitudes and skills of sixteen (16) doctors and nurses from Nigeria and Uganda for effective and efficient delivery of family planning services. The team approach to training will also focus on the physician and nurse collaboration and cooperation in the delivery of family planning services.

II. OBJECTIVES

General Objective: To acquire specific knowledge, attitudes and skills essential in the effective and efficient delivery of family planning services.

Specific Objectives : At the end of six weeks, the participants will be able to:

1. relate oneself to other members of the training group;
2. perform the following according to standard operating procedures;
 - 2.1 prepare equipment and instruments;
 - 2.2 do physical/pelvic examination;
 - 2.3 collect specimen for Pap smear;
 - 2.4 pregnancy test;
 - 2.5 insert and/or remove IUD;
 - 2.6 dispense pills and other contraceptive methods;
 - 2.7 identify/manage side effects related to contraceptive use especially IUD (for physicians);
 - 2.8 identify/manage minor gynecological conditions (for nurses);
 - 2.9 accomplish pertinent records and reports;
3. identify problematic cases for referral;

**Skills Training in Clinical Contraception
Service Delivery..... 2**

4. discuss communication strategies to meet/resolve problems/constraints regarding IUD and other related family planning practices;
5. identify high risk mothers for referral with the use of Maternal Risk Index;
6. demonstrate the principles involved in motivating prospective clients; acceptors for continuing use; follow-up of drop-outs as acceptors; counseling clients for family planning acceptance/continuing use; giving instruction on the use of F.P. method: individual and group instruction;
7. prepare a nurse/physician team work plan for implementation back home.

III. COURSE CONTENT

1ST MODULE INTRODUCTION

Team Building
Role of Physicians/Nurses in the family planning program

2ND MODULE CONTRACEPTIVE METHODS

Human Reproduction Process
Contraception
 IUD (medicated and non-medicated)
 Hormonal (oral and injectables)
 Natural Family Planning and other methods
 Voluntary Surgical Sterilization
Techniques and Procedures
 IUD Insertion and Removal
 Physical Assessment
 Laboratory Procedures
Common Minor Gynecological Conditions and Its Management
Identification and Management of High Risk Mothers

3RD MODULE COMMUNICATION/EDUCATION IN FAMILY PLANNING

Communication Process
Educational Techniques in Recruiting/Sustaining FP Acceptance
Counselling FP Acceptance and Continuing Use

4TH MODULE PRACTICAL PHASE OR FIELD TRAINING

This includes experiences on the following:

Working as a team in the administration of family planning services
Preparation of the clinic

Client screening to method acceptance
Pre and post conference including interview
and counselling
Record analysis
Physical and Pelvic examination
Simple laboratory procedure
Collection of specimen for laboratory examination
IUD insertion and/or removal in the home and clinic
Dispensing of pills and other contraceptive methods
except surgical sterilization
Identification and Management of minor gynecological
conditions
Referrals and follow-ups
Record Making and Keeping
Individual/group instruction and counselling
Motivation of prospective acceptors; motivation
for continuing use
Integration of family planning in the primary health
care strategy in a rural setting
Follow-up of acceptors; drop-outs

IV. METHODOLOGY

DIDACTIC PHASE

A variety of training methods and techniques such as group discussion, role playing, demonstration, brainstorming, case studies, peer teaching and structured learning experience (SLE) will be utilized to promote maximum learning. Self instructional materials and handouts will be used to supplement discussion. Tools such as flip-charts, models, film showing and charts will be used to supplement the training methods.

PRACTICAL PHASE OR FIELD TRAINING

Observation and guided experience in clinic and field activities. Participants will be assigned in several clinical areas under close supervision. A manual of procedures and standing orders will be provided to each participant to serve as a guide in the performance of the activities. Periodic reinforcement and integration of training activities will be conducted.

V. PARTICIPANTS

Eight (8) Physicians and eight (8) Nurses from Nigeria and Uganda.

VI. OPERATING DETAILS

1. Duration of the Course - Six (6) Weeks
2. Venue - Institute of Maternal and Child Health (IMCH)
11 Banawe St. Quezon City

Family Planning Training Clinics (Metro Manila)

3. Time Schedule

**Skills Training in Clinical Contraception
Service Delivery 4**

3.1 Didactic Phase

Monday to Friday

	<u>Session</u>	<u>Break</u>
Morning	8:00 - 12:00	10:00 - 10:30
Afternoon	1:30 - 5:00	12:00 - 1:30
		3:00 - 3:30
Evening	7:30 - 9:00	5:00 - 7:30

3.2 Practical Phase or Field Training

Monday to Friday

8:00 a.m. - 5:00 p.m. (FP Training Clinics)

Saturday

8:30 a.m. -12:00 noon

4. Attendance - 100% attendance of the participant is expected.
5. Requirements for the following training experiences will depend on assessed level of competency before the field training.

Training Experiences

- 5.1 IUD Insertion
- 5.2 Complete P.E.
- 5.3 Collection of Papsmear
- 5.4 Follow-up of F.P. Acceptors; Drop-outs
- 5.5 Group Counseling
- 5.6 Individual Instruction on Use of a Method
- 5.7 Group Instruction

VII. EVALUATION SCHEME

Evaluation of training effectiveness will be conducted by means of written exam., and actual observation of performance using a scale rating instrument.

To measure the learning progress of each participant, the following tools/instruments will be used:

1. Pre-Training Evaluation
 - 1.1 Written examination on which each participant will answer to assess present level of KAS.
2. Daily Evaluation
 - 2.1 Written examination for each participant before and after each session/module.
 - 2.2 After the everyday's session an assessment sheet on KAS will be accomplished by the participants using a scale of 1-5.

28

**Skills Training in Clinical Contraception
Service Delivery..... 5**

3. Weekly Examination

3.1 Written examination on which each participant will answer to find out their progress in KAS.

3.2 Oral feedback and integration.

4. Performance Evaluation

4.1 After the practicum an assessment sheet on KAS will be accomplished by the participants and to be discussed with preceptors using a scale of 1-5.

5. Post Training Evaluation

5.1 The same scale given to participants during the pre-evaluation will be used to indicate their attained learning level.

6. Final Evaluation

VIII. CERTIFICATION

A Certificate of Training will be awarded to participants who have successfully accomplished all the requirements of the course including the internship requirements. Meanwhile, a Certificate of Attendance will be awarded at the end of the course.

/ecs

Rev. June 7, 1985

W

6-Week Skills Training2

TIME	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
<p>12:00</p> <p>AFTERNOON 1:30</p>	<p>3. Relate oneself experience, values and role to the group.</p> <p>4. To develop group cohesiveness.</p>	<p>Orientation/ Briefing</p> <p>Pre-Test (Need Diagnosis)</p> <p>LUNCH BREAK</p> <p>Team Building</p>	<p>-Self -Co-trainee -Trainer and/or resource speakers -6-week Skills Training</p> <p>Each small group will chose a leader to present their output. Trainer will also present her expectations from the participants. Leveling of expectations will follow to agree on those areas of concern which could be met by the training and those which could not be provided during the training. This will serve as the basis for the learning contract.</p> <p>Trainer will explain to the participants the objectives, mechanics, activities of the course and training policies.</p> <p>Trainer will administer a pre-test questionnaire to assess entry level of knowledge and skill of each participant.</p>  <p>Participants will undergo an exercise to identify specified related role in the group development. This exercise will provide the participants to disclose oneself and group cohesiveness. Facilitator will process exercise to</p>	<p>Course Syllabus</p> <p>Questionnaire</p> <p>Newsprints/pencil pens and tapes.</p>	<p>Result of the Pre-Test will be the basis for discussion</p>

6-Week Skills Training.....3

TIME	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
5:00 DAY TWO MORNING 8:00	<u>TUESDAY</u>	ADJOURN UNFREEZING EXERCISE "WHERE ARE WE"?	surface one's feeling, va ues and expe- riences working as a team. To be led by the Host Team Facilitator will introduce the "Where Are We" as a tool to recapture the pitch of the group at yesterday's sessions. Each participant may share with the others, issues, insights, so that she/ he approaches the new day's work free of unresolved and distracting difficulties as well as, receive the benefits of other members experiences.		Facilitator will ver- ify participation and as soon as pos- sible will begin leading the "Where Are We".
8:30	5. Identify one's role in the delivery of family planning ser- vice.	Role of ND/RN in the delivery of FP services.	Participants will be encouraged to share one's experience in the delivery of FP services. A team of ND/RN from the IMCH FP Clinic will share their experience to the group. Facilitator will utilize this as a chalkboard to the discussion of each role in the innovative program.	Chalkboard Handouts	
10:00		B R E A K	Coffee, tea, soft drinks, etc.		
10:30	6. Explain the anatomy and physiology of hu- man reproduction in- cluding physiology of menstruation.	Human Reproduc- tion Process	Resource person will discuss in the light of how pregnancy could be prevented. Participation will be encouraged during the discussion of the following:	Chalkboard, flip- chart and/or slides	

6-Weeks Skills Training....4

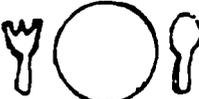
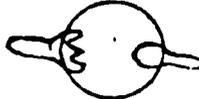
ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:00		LUNCH BREAK	<ul style="list-style-type: none"> - different parts of the male and female reproductive system; - functions of the different part of reproduction; - physiology of menstruation; - physiology of reproduction. 		
AFTERNOON 1:30	7. Discuss hormonal contraception including injectable (DNPA)	Unfreezing Exercises Hormonal Contraception including DNPA	<p>To be led by the Host Team</p> <p>Participants will be encouraged to share their knowledge on the following:</p> <ul style="list-style-type: none"> - definition of Hormonal Contraception; - modes of action - advantages and disadvantages - contraindications - indications for use - side effects - etc., etc. 	Chalkboard, samples Handouts	
3:00		B R E A K	Tea, Coffee, Soft drinks, etc.		
3:30	8. Discuss the IUD Method	IUD Method	<p>Resource person discusses IUD as a Method of Contraception</p> <p>Participation will be encouraged to share ideas on the following:</p> <ul style="list-style-type: none"> -definition -how IUD prevents pregnancy -indication/contraindications for use 	Chalkboard, samples, Slides, Handouts	

24

6-Weeks Skills Training....5

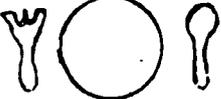
ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
5:00		ADJOURN			
DAY THREE MORNING	<u>WEDNESDAY</u>				
8:00		Unfreezing Exercises "Where Are Me"	To be led by the Host Team To be led by the Training Staff		
8:30	9. Illustrate the following skills: -physical assessment -breast examination -pelvic examination	Art of Physical Assessment	Trainer will lead the group in the discussion and demonstration of physical assessment including breast and pelvic examination. With the use of breast and pelvic model NDe may have personal techniques/practices but nurses will be required to follow standard operating procedure according to the Procedure Manual.	Chalkboard Breast Model (Betty) Pelvic Model	
10:00		B R E A K	Soft drinks, coffee, etc.		
10:30	10. Illustrate the following skills: -IUD Insertion -IUD Removal	IUD Insertion/ Removal	Participants who had experience on IUD Insertion/Removal will be encouraged to participate in the discussion and demonstration. IUD Insertion/Removal according to the Procedure Manual will be demonstrated.	Chalkboard Pelvic Model IUD samples	

6-Weeks Skills Training.... 6

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:00		LUNCH BREAK			
AFTERNOON 1:30	11. Demonstrate the following skills: -physical assessment -IUD insertion and/or removal	Unfreezing Exercise	To be led by the Host Team	Pelvic Model IUD samples	Observation of actual individual performance. Feedback will be processed after each activity.
		Practice session on: -Physical Assessment -IUD Insertion and/or removal	Facilitators will provide each participant opportunity to practice physical assessment among themselves and pelvic and IUD insertion/removal by the use of the model. Collection of pap smear will also be included during this session.		
3:00		B R E A K	Soft drinks, coffee, tea, etc.		
3:30	Continuation of no. 11 objective				
5:00		ADJOURN			
DAY FOUR MORNING 8:00	<u>THURSDAY</u>				
8:30	12. Discuss Voluntary Surgical Sterilization for male and female	Unfreezing Exercise	To be led by the Host Team	Films Handouts	Feedback will be solicited after the trip.
		"Where Are We"	To be led by the Trainer		
		Voluntary Surgical Sterilization	Participants will make a field trip to Mary Johnston Hospital Fertility Care Center to observe and discuss voluntary surgical sterilization.		
12:00		LUNCH BREAK			

46

6 Weeks Skills Training7

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
AFTERNOON 2:00	13. Familiarise with FP training clinics.	Site Visit of FP Training Clinics	Participants will be visiting FP Training Clinics to observe actual activities.		Feedback will be solicited after the trip.
DAY FIVE MORNING 8:00	14. Explain and illustrate the Natural FP Method.	Unfreezing Exercise "Where Are We"	To be led by the Host Team To be led by the Facilitator	Chalkboard, charts, Slides, Calendar, Thermometer	Observation of individual performance.
8:30		Natural Family Planning Method	Facilitator will solicit from the participants the following: -definition of NFP; -types; -factors affecting the practice; -advantages and disadvantages Facilitator will illustrate the different types of NFP. Practice session in determining the fertile/infertile periods will be provided and monitored by the Facilitator.		
12:00		LUNCH BREAK			
AFTERNOON 1:30		Unfreezing Exercise	To be led by the Host Team		

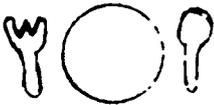
42

6 weeks Skills Training 8

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	15. Demonstrate collection of laboratory specimen	Common Gynecological Conditions and Laboratory Procedures	Resource person will discuss and solicit experience in identifying and managing minor gynecological conditions associated with use of contraceptives from participants	Chalkboards, transparencies, handouts, samples	
	16. Identify /manage common gynecological condition.		Participants will also be guided in collecting specimens and interpreting laboratory results.		
3:00		B R E A K			
3:30		Integration/ reinforcement	After discussing all the Family Planning methods and other related topics on the use of contraceptives, the Facilitator will lead the group to discuss their learning points. This will provide opportunity to correct weaknesses, reinforce strength and prepare the participants for the next module on communication process in family planning.		
5:00		ADJOURN			
DAY SIX	<u>SATURDAY</u>	<u>F R E E</u>			
DAY SEVEN	<u>SUNDAY</u>	<u>F R E E</u>			
DAY EIGHT MORNING 8:00	<u>MONDAY</u>	Unfreezing Exercise "Where Are We"?	To be led by the Host Team To be led by the trainer.		

16

6 Weeks Skills Training.... 9

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9:30	17. Discuss communication in the light of how messages are transmitted to the receiver.	Communication Approaches and Strategies in FP.	Facilitator will ask participants their concept of communication and importance of effective communication in Family Planning. Participants will be encouraged to share their approaches/strategies in family planning in their own country.	Chalkboards SLE materials	
10:00		B R E A K			
10:30	Continuation of Objective # 17		Participants will undergo exercise on communication process. Giving instructions will be emphasized.		
12:00		LUNCH BREAK			
AFTERNOON 1:30	18. Demonstrate the process of: Motivation and Education in FP.	Unfreezing Exercise Motivation and Education in FP.	 <p>To be led by the Host Team.</p> <p>Resource person will encourage the participants to share their ideas on the following:</p> <ul style="list-style-type: none"> -definition of motivation and education -principles of motivation <p>Facilitator will ask volunteer participants to role play on how they motivate and educate prospective clients on family planning. Other participants will observe during the role play and give comments. Facilitator will pro-</p>		

6/2

6 Weeks Skills Training...10

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
<p>5:00</p> <p>DAY NINE MORNING 8:00</p> <p>8:30</p> <p>12:00 AFTERNOON 1:30</p>	<p><u>TUESDAY</u></p> <p>19. Demonstrate the process and technique of: Interviewing and Counseling.</p>	<p>ADJOURN</p> <p>Unfreezing Exercise "Where Are We"</p> <p>Interviewing and Counseling</p> <p>LUNCH BREAK</p> <p>Unfreezing Exercise "Where Are We"</p>	<p>cess the technique employed in the role play. Principles of education/motivation applied in the situation depicted in the role play will be identified.</p> <p>To be led by the Host Team</p> <p>To be led by the trainer.</p> <p>Resource person will encourage the participants to share their ideas on the following:</p> <ul style="list-style-type: none"> -definition of Interviewing and Counseling -principles of Interviewing and Counseling <p>Facilitator will ask volunteer participants to role play on how to interview and counsel clients. Other participants will observe and comment on the role play. This will be processed in relevance to application in back home situation..</p>  <p>To be led by the Host Team</p> <p>To be led by the trainer</p>	<p>Chalkboard</p>	<p>Feedback will be given in every role play.</p>

16

6 Weeks Skills Training 11

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
2:00		Orientation/ Briefing	Trainer will explain practices and requirements of the clinic/field training and the clinic experience reports to be accomplished during training.	Newsprints, pentel pens, sample forms	
		Surfacing/Leveling of expectations for field training	<p>Participants and field preceptors will meet for the first time. They will work separately on their expectations:</p> <p style="padding-left: 40px;">Participants - clinic/field training preceptors</p> <p style="padding-left: 40px;">Preceptors - participants</p> <p>Each group will present output for clarifications and common understanding.</p> <p>Trainer will summarize what transpired and a learning agreement will be established.</p>	Newsprints Pentel pens	
3:30		B R E A K			
4:00	20. Accomplish records and reports for training.	Recording and Reporting System	Trainer will explain the importance of recording and reporting to the participants. Each form will be discussed and practiced; how to fill-it-up accurately.	Sample form	
5:00		ADJOURN			

68

6 Weeks Skills Training.....12

ITEM	OBJECTIVES	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
DAY TEN WHOLE DAY	WEDNESDAY 21. Demonstrate skills in performing all procedures in field/clinic activities	Practicum	Participants will report to respective clinic assignment for the practical application of knowledge, attitude and skills gain during the didactic phase. Under the close supervision of the field preceptors, the participants will perform the following: <ul style="list-style-type: none"> - preparation of the clinic - client screening on method acceptance - physical and pelvic examination - IUD insertion and/or removal - etc. Participants will be rotated every two weeks to meet training needs.		
DAY ELEVEN TO DAY THIRTY-NINE	MONDAY TO FRIDAY SATURDAYS		FP Training clinics for field practice except for field trips in special areas (Please refer below). INCH Conference Room - Integration/Reinforcement		
DAY TWENTY- FOUR 1:00	WEDNESDAY 22. Differentiate between normal pregnancy and high risk pregnancy with use	Identification/ Referral of High Risk Mothers	A Field Trip to Philippine General Hospital, High Risk Clinic to observe patients.		

11

INSTITUTE OF MATERNAL
AND
CHILD HEALTH (IMCH)

11 Banawe Street
Quezon City

TRAINING DIVISION

LAGUNA PROVINCE OBSERVATION

OF RURAL HEALTH

June 3 - 5, 1985

OBJECTIVES

After the 3-day observation visit in the Province of Laguna, the participant shall be able to:

1. explain the integration of population and family planning services in the total development program of the province;
2. discuss the delivery of family planning services at different levels of health care system: tertiary, secondary primary health care; and
3. describe the coordination, collaboration and inter-linkages between various sectors engaged in population and family planning services.

LAGUNA PROVINCE FIELD VISIT

Schedule of Activities - Visitors from Nigeria & Uganda June 3-5, 1985

June 3

- 7:00 AM. - Leaves Manila
- 10:00 - 12:00 - Courtesy Call to
Dr. Francisco P. Tavin, IPHO
Briefing on Population/FP
Program & Development
Integration of health services PHC
Visit to hospital based Fp at LPH
- 12:00 - 2:00 P.M. - Lunch at Tropical Resort &
Billing
- 2:30 P.M. - Visit to POL Santa Cruz FP Clinic

June 4

- 9:00 - 2:10:00 A.M. - Visit to Pagsanjan RHU, Puericulture
Center
- 10:00 - 12:00 P.M. - Courtesy Call to Gov. Felicisimo
T. San Luis
- 12:00 - 1:30 P.M. - L u n c h
- 1:30 - 2:30 - Kalayaan RHU
- 2:30 - 4:00 - Paete RHU, Puericulture Center
Paete POL FP Clinic
- 4:00 - Back to Pagsanjan

June 5

- 8:30 - 9:30 A.M. - Pagsanjan Rural Bank
- 10:00 - 12:00 - Liliw RHU (for FPC)
Bungkol BHS
- 12:00 - 1:30 P.M. - L u n c h
- 1:30 - 2:30 - Pila RHU
- 4:00 - - back to Manila

APPENDIX D

REVISED ORIENTATION GUIDE

24

REVISED ORIENTATION GUIDE

Pre-course Bulletins (to be sent to each participant)

- Course description
- Generalized schedule
- Housing and training accommodations
- Logistical arrangements (e.g. airport transportation)
- Living expenses (per diem arrangements)

Course Orientation

- Course agenda and design
- Training expectations and needs (both trainees and trainers)
- Learning contract
- Course requirements
- Course outputs

Course Administration

- Per diem and other disbursements (including amounts and times)
- Housing facilities
- Transportation arrangements
- Venue rules (housing and training)
- Cultural and social activities
- Travel arrangements

APPENDIX E

PROPOSED
NFP COURSE GOAL
AND
TOPICAL OUTLINE

PROPOSED NFP COURSE GOAL & TOPICAL OUTLINE

Goal

To develop the NFP training skills of pre- and in-service clinical family planning tutors/trainers.

Topical Outline

Fertility Awareness Overview

Human Reproduction Review

Fertility Signs and Symptoms

Use of Signs/Symptoms in Fertility Awareness

NFP Methods (includes CMM, BTT, Cervical Changes, Calendar)

Aspects of Client Teaching

NFP Curriculum Development/Integration (includes Training Concepts, Methodologies, Needs, Design, Monitoring/Evaluation)

(N.G. - Course will include practice sessions.)

APPENDIX F

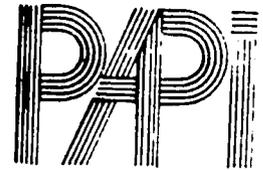
COPY OF IMCH NEWSLETTER

JUNE 1985



IMCH NEWSLETTER

(Entered as Second Class Matter at the
Manila Post Office May 5, 1970)



VOL. 16 NO. 185

PCPM Certificate of Registration SP No. 146

JUNE 1985

IMCH PHYSICIAN COMPLETES STUDY FOR ASIANS, AFRICANS

Dr. Usafeno F. Obial, the comprehensive itinerant team surgeon of Region 12 and an IMCH physician in Iligan City, is back from JHPIEGO, the acronym of Johns Hopkins Program for International Education on Gynecology and Obstetrics in Johns Hopkins Hospital, Baltimore, Maryland, USA.

Dr. Obial, the lone participant from the Philippines, took the course on "Management of the Infertile Couple and Control of Sexually Transmitted Diseases" from March 11 - 24, 1985. The two-week seminar was attended by 25 physicians, consisting of five Asians and 20 from the African continent.

Upon his return last April 3, Dr. Obial told his colleagues in Iligan City that his study was very enriching and fulfilling. The course certainly widened the spectrum of service that he will be able to



offer to clientele in Iligan City, in particular, and Region 12 in general. For him, the trip was also significant in a sense that it gave him the opportunity to see and observe, though in a very limited period, the American way of life.

JHPIEGO runs the course twice a year for the benefit of physicians coming

RP nears 55-m population mark

The Philippine population 48 million in the last official count in 1980, has exceeded the 54.9-million mark.

Increasing at an average rate of 2.71 percent every year, National Census statisticians have placed the Philippine population at 54,978,742 this year.

It has gone up by 6.8 million from the officially reported 48,098,460 after the last official count in 1980 census officials said.

The heaviest concentration of people is still in Luzon where more than half (54.22 percent) have settled, according to the census and statistics office.

The Visayas holds less than a quarter (23.10 percent) and Mindanao holds only a little more than one-fifth (22.68 percent) of the country's population, census officials said.

Based on official estimates of varying population growths, census statisticians project the population of the 13 Philippine regions this year as: Southern Tagalog, 7.1 million; National Capital Region, including Metro Manila, a little over seven million; Central Luzon, 5.4 million;

Western Visayas, 4.9 million; Central Visayas, 4.2 million; Southern Mindanao, 4.1 million; Ilocos, 3.8 million; Bicol, 3.7 million; Northern Mindanao, 3.2 million; Western Mindanao, 3.1 million (it has the highest population growth rate of 4.31 percent); Eastern Visayas, a little over three million; Cagayan Valley, 2.5 million; and Central Mindanao, 2.4 million.

Mindanao, according to the census bureau, has been growing relatively faster with an average annual population growth rate of 3.58 percent as against Luzon, with 2.73 percent, and the Visayas, 1.86 percent, during the past few years.

On the whole, however, the regions with the highest concentration of inhabitants are still Southern Tagalog and Metro Manila.

The two regions hold more than 12 percent of the country's total population, according to projections by census statisticians. (PNA)

(Reprinted from Philippines Daily Express, May 13, 1985)

from the developing countries. Its objective/goal is to train or help the physicians manage infertility and STD with recent clinical/surgical methods and techniques. Most of the participants in the JHPIEGO courses are government doctors connected with teaching/university-based hospitals. The project is wholly funded by USAID.

The trip of Dr. Obial was made possible through the strong recommendation of Atty. Ramon dela Fuente, the RO of RPO 12, based in Cotabato City. Dr. Obial was the lone nominee whose name was submitted by Popcom central to JHPIEGO for the said training. Dr. Obial expressed his thanks and gratitude to all who made his trip possible.



The Hon. Alberto Q. Ubay, governor of Dipolog City, represents that breed of public officials who assist in and are active participants in the FP, program of the IMCH. Through the newsletter, the IMCH wishes to thank Gov. Ubay for meeting the executive director and her staff during their field visit to Dipolog City last May 21.

49

SENIOR STAFF REPORTS

By

MIRIAM C. GRAFILO

More information about clinic activities and income-generating projects were obtained from reports of some field personnel.

Trinidad Bano of Arevalo Puericulture Center, Iloilo City initiated a vermiculture project from which she and a satisfied acceptor are earning extra pesos. Fertilizer is produced from earthworm manure which is sold in the market by the kilo. Bano and her friend also plan to establish a mini-market.

Eleuteria Capistrano of Salay Puericulture Center, Misamis Oriental, expressed appreciation for the Child Spacing Campaign Project. She considers her participation in the campaign as an opportunity to help young parents, especially those who are not equipped with the knowledge and information on rearing a family, since they have finished only grade school. She also gave recognition to the assistance of the Siyahansuri who had willingly accompanied her in reaching remote areas, to motivate and follow up FP clients.

The Bugo Industrial FP Clinic Siyahansuri (volunteer) with the encouragement of *Caridad Garguena*, FP midwife, extend field services monthly in

selected barangays. They are especially active in recruiting sterilization clients.

In Misamis Puericulture Center, Ozamis City, FP nurse *Evangeline Ravacio* reported that *Siyahansuri Eliza delos Santos* takes time assist to in the clinic activities even if she has a vegetable stall in the market to attend to. She finds the services of *Mrs. de los Santos* indispensable specially now that she is the lone full-time staff in the clinic.

Bonsai and ornamental plants continue to be a source of additional income for the Siyahansuri at *Tablon, Cagayan de Oro City*. *Mrs. E angeline R. Catiil* reported that vegetable gardening and the *Botica sa Barangay* are earning slowly but surely. The FP staff and the Siyahansuri are raising funds to improve the FP clinic.

Elsa Margallo of *Negros Occidental Medical Society FP Clinic* spearheaded the construction of a communal toilet for a group of FP clients who identified this project as their priority need. Vegetable planting has been a continuing group activity.

Through this column other FP clinic personnel, especially those from the North, are encouraged to share notes on their clinic activities and projects.

*From the Desk
of the Executive
Director*

In mid-July, the National Population Program will be implementing the cost-recovery scheme in the use of contraceptives.

How the scheme will be accepted by prospective acceptors is still a big question. On the part of the Institute of Maternal and Child Health, it has been the practice already for IMCH staff to ask for "donation" from the acceptors, depending on the contraceptive method chosen by them. While the amount of the donation itself was not that significant, it was observed that when these small contributions are put together or totalled at the end of every month, the total goes a long way in helping to pay for water and light facilities, janitorial services, floor wax, and the like; any unused money goes to a savings "fund."

At this point it is relevant to say that this practice of IMCH (of soliciting from its clients) has been criticized, and no less than the Regional Population Office personnel have been very critical of this practice.

However, given the acceptance by the clients of this procedure, the IMCH, understandably, will not find it difficult to implement the required cost-recovery scheme. Precisely because, as this writer believes, such a scheme or practice should have been implemented years ago, when the country's population program began. Helping others to be self-reliant is what it is also all about.


PERLA B. SANCHEZ, Ph.D.
Executive Director

Con't, from last issue

and side effects, informing both men and women about the causes of infertility, and training health workers to provide accurate information about fertility and family planning in a convincing way;

San Diego State University offers 9-month MCH course

The Graduate School of Public Health, San Diego State University provides a 9-month full-time training in Maternal and Child Health and Family Planning. The purpose of the course is to prepare pediatricians, obstetricians, nurses, social workers and nutritionists for leadership positions in the field of Maternal and Child Health and Family Planning in government (federal, state, local) and for Faculty positions in universities, primarily medical schools.

This training program is the largest one for physicians in the United States. Considerable effort is made by the MCH Faculty to assist each student in career

planning.

Content includes: legislation and funding; organization of services; maternal health; family planning; perinatal health care programs; health of the school age child; adolescent health; genetics, growth and development; handicapped children; International MCH/FP; in addition to courses in Epidemiology, Biostatistics and Health Behavior.

The degree of Master of Public Health, is awarded.

Inquiries should be addressed to: *Helen M. Wallace, M.D., Professor of Maternal and Child Health, Graduate School of Public Health, San Diego State University, San Diego CA 92182.*

Tubal damage increases risk of infertility

(Note: The following message was cabled to USAID missions worldwide on 24 April 1985 by the Office of Population, Agency for International Development, Washington, D.C. It contains information relevant to counseling and selection of clients who opt for the IUD as their method to achieve fertility goals.

Two articles and a major editorial in the 11 April 1985 issue of *The New England Journal of Medicine* reported on and discussed in-depth findings of the increased risk of infertility caused by tubal damage in a small percentage of women using intrauterine contraceptive devices (IUDs). The two case control studies investigated infertile women who were positively determined to have damage to their uterine tubes. One study was in the Seattle, Washington area, while the other was a collaborative study from seven centers. Both studies were conducted by established researchers under the direction and support of the National Institutes of Health.

Since prior epidemiological studies had pointed to the increased risk of pelvic inflammatory disease in wearers of some IUDs, the findings from these new studies were not surprising. However, the apparent quality of the data seems to reaffirm past views on IUD use and to give positive directions for the counseling and treatment of potential IUD users. These findings can be summarized as follows:

A. The highest risk of tubal infertility occurred in women who had used the Dalkon Shield IUD. This is not unexpected in view of the results of other studies.

B. Users of other non-copper bearing IUDs, the Lippes Loop and the SAF-T-COIL, had a statistically significant increase in tubal infertility over women in the control groups.

C. Concerning the copper bearing IUDs, the Cu-7 (Gravigard) and the Copper-T, the Seattle study showed a small but not statisti-

cally significant risk of tubal infertility in women who had used these devices. While the larger, multicenter study showed a small but statistically significant increased risk of tubal infertility in past copper IUD users who had never been pregnant, no such risk was found in women who had previously had children.

The most significant confounding variable identified in these studies was the number of sexual partners for each of the infertile IUD wearers. There was an increasing chance of tubal infertility as the number of a woman's sexual partners increased. So important was this finding in the multicenter study that the authors could report that "women who reported having only one sexual partner had no increased risk of primary tubal infertility associated with IUD use." An interesting, but unexplained, finding in both studies was a significant increase in tubal infertility in those IUD wearers who also smoke cigarettes.

Both the article's authors and the author of a separate editorial, internationally recognized IUD expert Dr. Daniel R. Mishell of the University of Southern California, placed this new information on the IUD within the overall context of the risk/benefit in assessment of IUDs. AID/W opinions which follow reflect much of this perspective.

A. The Dalkon Shield IUD poses significant dangers for women in causing tubal infertility as a secondary effect of pelvic inflammatory disease. As AID/W has previously and repeatedly recommended, any Dalkon Shield still found to be in a patient would be removed.

B. IUD wearers with but one sexual partner appear to have no or very little risk for tubal infertility caused by the IUD.

C. Women who have never been pregnant are in general poor candidates for intrauterine contraception. And such women requesting IUDs should only receive them if they are thoroughly aware of the potential increased risk of tubal infertility as well as other risks associated with the IUD.

D. The copper bearing IUDs have been found to be of relatively little risk in the development of tubal infertility. This reinforces AID/W preference for copper IUDs, particularly the TCu-380A. Indeed these additional data support AID/W view that programs should phase out procurements of Lippes Loops now that the TCu-380A is available.

E. The IUD, with its high rate of effectiveness, its lack of need for daily or continuous patient involvement, and its lack of systematic metabolic effects, remains a most useful and effective method of contraception. This is especially true for older, higher parity women with only one sexual partner and particularly those who do not want more children, but do not desire or are not yet ready for sterilization.

COMBAT FP RUMORS...

- o Developing comprehensive education programs involving multiple interpersonal and mass media channels and involving community members, satisfied users, and health workers;
- o Identifying the most important rumors in a community, developing rumors registries, trying to trace rumors to their source, and providing persuasive rebuttals.

In particular, careful counseling can ease concerns and discourage rumors. Women who are told initially, for example, that injectables may delay, but not prevent, the return of normal menstrual cycles, may be less likely to worry about rumors that injectables cause permanent infertility. Also, they will be less concerned if they do not conceive as soon as they stop the injections and thus may be less likely to spread rumors themselves. Accurate information from clinic staff also will increase the credibility of the program in the community and help decrease the spread of rumors. People who have had their questions answered carefully and sympathetically may ask clinic personnel about rumors they hear rather than just repeating them.

Preventing and combatting rumors requires sustained and energetic communication efforts. Accurate information for the public should be part of every family planning program from the start. Equally important, the sources of information should be credible and trusted, such as other users who are satisfied with the methods they have chosen or women who have had children after they stopped using various family planning methods. Effective communication is essential to encourage people to begin and to continue using modern family planning methods without unnecessary and unwarranted fears.

- Excerpts, Population Reports, Series 1, No. 28
Sept.-Oct. 1984

GOT A PROBLEM?

CALL INSTANT
SAGOT

712-1068 or
712-1013

Youth, active FP participant in Asian societies

snapshots

Youth constitutes a significant portion of the population in almost any country in the world. For this reason, efforts have been made to educate the younger population on fertility and family life issues. Each country has a unique programme for youth. YOUTHLINK, in its special summary report, cites some countries' experience in their involvement with the youth.

Hongkong undertakes extensive research and youth programmes as a result of increasing fertility and sex related problems. In Singapore, teenage births have declined but there is increased number of legalized abortions among teenagers. The high incidence of teenage pregnancies and divorce rate among couples who marry early gave rise to new projects and services emphasizing the special needs of adolescents.

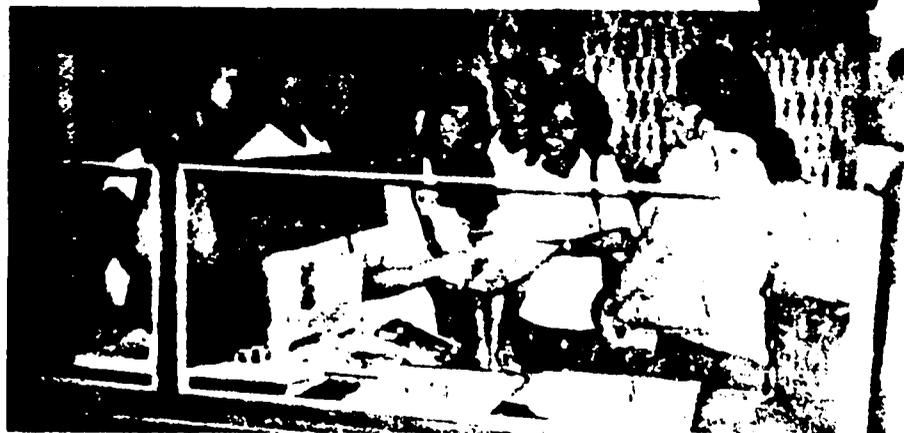
The shift from protective conservatism to a more open interest in sex-related matters resulted to greater problems in juvenile delinquency and sex related crimes in Korea. This prompted the government to educate the youth not only in schools but also at work particularly in the industries. In Indonesia, youth tend to work in groups, therefore entertainment activities and programmes are used to motivate them to participate in FP.

In Thailand, Family Planning activities are aimed at birth control but above this is the physical and mental development of the youth. Malaysia's rapid socio-economic development has placed the youth in a more challenging situation. To help the youth face these changes, government and non-government agencies have integrated population and family life programmes into the formal and non-formal education systems taking into account the religious and cultural sensitivities of the Malaysian society.

The Philippines is presently engaged in programmes focused on the youth and aimed at providing information and education concerning adolescent fertility and family life. Out-of-school youth are taught income generating projects that will channel their energy to more productive activities. Youth Centers have been established in selected regions by the Population Center Foundation which caters to the physical, social and psychological needs of the adolescent. The Institute of Maternal and Child Health (IMCH) provides telephone information, counselling and referral services to the youth. Group sessions are conducted on topics of interest to them. The religious sector has well-organized youth groups aimed at a well-rounded development of the individual. The government likewise shares in the responsibility to the youth by integrating Family Planning and Sex Education in the formal education system from the elementary level through college.



The Ugandan and Nigerian participants pause for refreshments with Dr. Victor Valenzuela (with glasses) to pose for a shot with IMCH staff Norma Calimquim and Dr. Aida Segarra during their Clinical Skills Training Course. Shown above are Mary Twesigye, Daphne Namasoko, Drs. Samuel Yaji, Rosemary Abdullahi, Cephaz Ityonzughul, Allan Aigman, Anthony Aboda and Gilbert Mpigika, Justine Mukasa, Bridget Tilley-Gyado and Cecilia...



The Programs Division of the Population Center Foundation is implementing for the World Health Organization a trainers' course in family planning for the maternal and child health programs of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Photo above shows 11 Micronesian participants being briefed on the instant Sagot Project (EEC) of the IMCH. In this way, they gain knowledge and skills, hand, in the effective design and management of FP programs and training.

INSTITUTE OF MATERNAL &
CHILD HEALTH
11 BANAWA, QUEZON CITY
PHILIPPINES
PRINTED MATTER

SECOND CLASS
MAIL MATTER

APPENDIX G

GROUP PICTURE OF PARTICIPANTS,
IMCH TRAINING STAFF
AND IHPS CONSULTANT



APPENDIX H

POPCOM/INCH
CURRICULUM DEVELOPMENT WORKSHOP
CRITERIA, SCHEDULE
AND AGENDA

5



Institute of Maternal and Child Health, Philippines

11 Banawa, Quezon City, Philippines

TELEPHONE NO. 818-601
CABLE ADDRESS: IMCH-P

TRAINING DESIGN for the NEEDS ANALYSIS AND CURRICULUM DEVELOPMENT WORKSHOP June 11 to 14, 1985

I. INTRODUCTION :

One of the critical activities of the TOT Project is the Needs Analysis and Curriculum Development Workshop. The need to analyze the results of the Needs Assessment Survey, is extremely essential as a basis for designing the TOT Workshop to ensure the practicability, feasibility and relevance of the training program.

In this light, a four (4) day Workshop is planned to analyze the data obtained from the Needs Assessment Survey and develop the curriculum on the basis of the identified needs and concerns. The Workshop shall also serve as a forum to clarify rules and responsibilities of all those directly involved in the TOT program; identify appropriate resources (human, material, institutional); prepare teaching tools as well as evaluation instruments.

A total of ten (10) participants consisting of Project Staff and Regional Training Coordinators will participate in the Workshop.

II. WORKSHOP OBJECTIVES :

After the 4-day Workshop the participants shall be able to:

1. screen the nominees to the TOT Workshop;
2. finalize the list of nominees based on criteria set;
3. analyze the data gathered from the Needs Assessment Survey as a basis for identifying and prioritizing training needs and concerns;
4. select relevant prototype training materials and tools;
5. prepare and/or select appropriate evaluation tools for the TOT;
6. identify manpower resources for the TOT Workshop

MCH-FP PROJECTS : TRAINING... National Training Center For Maternal Health Service

in the Philippines • SERVICE... Clinic Service Delivery • "INSTANT SAGOT" 622-707, 618-623

Needs Analysis and Curriculum Development
Workshop, page 2

7. formulate Plan of Action;
8. state roles/responsibilities of each member in the light of the TOT Work Plan

III. WORKSHOP METHODOLOGY :

- shall consist primarily of small group work, open forum, plenary session.

IV. WORKSHOP EXPECTED OUTPUT :

Expected Output

Input

- | | |
|---|---|
| 1. Prepare final list of participants | - review of nomination forms;
- selection of participants based on criteria;
- ask for more nominees in areas with less candidates; |
| 2. Training Design | - collection and analysis of training needs of selected participants/project staff;
- identify general areas of training concern;
- setting of TOT objectives;
- identify content areas/methodology/materials & tools;
- set time frame;
- list possible resource persons by areas of specialization;
- draw up evaluation scheme |
| 3. Develop evaluation instruments/tools. | |
| 4. Schedule of Training/
Venue or Site | - Luzon
- Visayas
- Mindanao |
| 5. Training Management | identify core trainers/coordinators by area

- identify management support staff by area
i. support from the host region mainly RPO
ii. guidelines for administrative arrangement, i.e. travel |

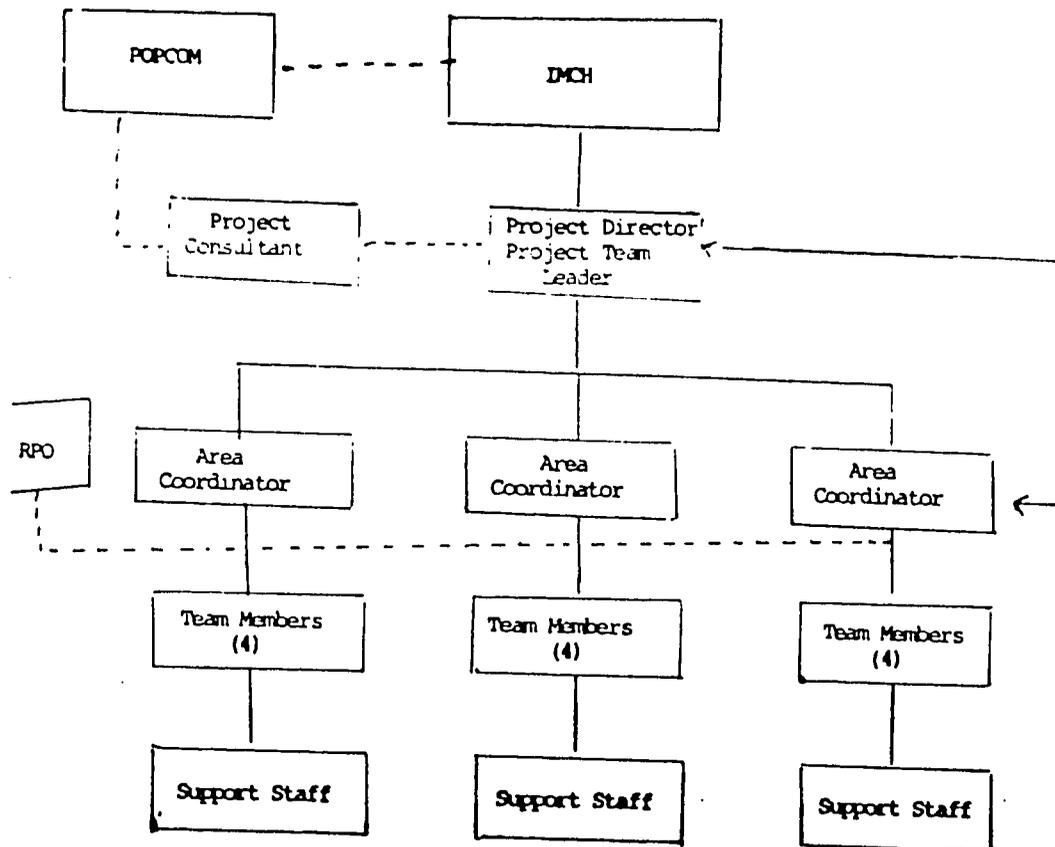
Needs Analysis and Curriculum Development
Workshop, page 3

- define work responsibilities,
task/function of Project
Staff;
- preparation of Information
Bulletin for selected parti-
cipants.

/ecs
June 4, 1985

Training of Trainers (TOT) Project Staff Workshop
March 26 to 28, 1985, IMCH

Organizational Chart



Criteria in the selection of participants:

1. Must be holding/performing training functions
2. Permanent status
3. Training Experience: must have been involved in the management of at least four (4) training of five (5) days or forty (40) hours duration
4. Graduate of four (4) year course preferably behavioral/social sciences
5. Willing to render "return service" for at least one year
6. Age: 24 to 45 years old
7. Physically fit

Identification and Selection of the PAs in the region who will be invited to nominate candidates for the TOT training on the basis of the following criteria:

1. Priority shall be given to agencies involved in population/family planning training program
2. Agency's commitment to share trainer's expertise and time to family planning/population training programs

3. Agency with network

Training Needs Assessment Questionnaire

Developed, pre-tested and finalized training needs assessment tool.

Areas of Concern:

Communication Skills

- Interviewing
- Counseling
- Listening
- Feedbacking
- Transactional Analysis
- Handling Silence
- Effective writing
- Platform skills

Andragogy

- Learning style/cycle
- Problem-solving
- PPP
- Teaching learning principles

Human Relations

- Self Awareness/Self Esteem
- Value Clarification
- Team Building
- Group Roles and Development

Trainer's Skills

- Setting objectives
- Developing training program
- Training methodology
- Competencies - OCL-MOL
- Facilitation skills (inquiry)
- Selection/Development of training materials

Schedule of Activities - June 3-7 letter of acceptance

1. Needs Assessment and Data Analysis Workshop - May 28- June 1
Live in - tentative venue: Baguio
Tagaytay
Puerto Azul
Metro Manila
2. Training of Trainers - Luzon - July
Visayas - August
Mindanao- September

- Day ONE
1. Discuss the TOT Project
 2. Criteria in the selection of participants
 3. Listing of agencies involved in POP/FP program
 4. Prepared a need assessment questionnaire

- Day TWO
1. Assumptions
 2. Reviewed the prepared and assessment questionnaires
 3. Pre-test of the need assessment questionnaire
 4. Identified areas of concern
 5. Reviewed the need assessment questionnaire after the pretest

page 3

Day THREE

1. Discussed the schedules of activities
2. Mechanics
3. Finalized the need assessment questionnaire

Selection of Participants

1. Each region will identify the nominees at least 20 nominees from each region but can be reallocated to 5 participants per region
2. RPO to rank the agencies involvement in POP/FP program
3. Letter to RPO
 - transportation of participants counterpart of sending agency
 - rank agency's involvement in POP/FP program
4. Monitoring as a team
 - Participants will make a re-entry plan
 - Implementation should be within the time frame of their activities