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Trip Report

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Travelers: Miss Pauline W. Muhuhu
E/SA Office Director

Country Visited: SOMALIA

Date of Trip: March 3-17, 1985

Purpose: To provide technical
assistance to MOH/FHD/Training Unit

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*On file with INTRAH Program Management Office

EXECUTIVE SUMMARY

Miss Pauline W. Muhuhu, INTRAH E/SA Office Director, visited Somalia from 3-17 March, 1985 to provide technical assistance to the Ministry of Health's Family Health Division (FHD) Training Unit in developing a curriculum for non-clinical skills refresher courses to be conducted throughout the country. A second purpose was to review the Unit's training plans for 1985 and provide assistance in revising the same to ensure that the activities are realistic and achievable within the period of time allocated.

During this period, several discussions were held with Ms. Margaret Neuse, USAID Population Officer, regarding MOH progress and needs identified since the last INTRAH visit, and also the new Somali Family Health Care Association. Muhuhu worked with a group of trainers and heads of Mogadishu MCH centres in identifying refresher training needs, curriculum development, and review and revision of MOH FP training. Meetings were also held with various MOH officials, Somali Family Health Care Association (SFHCA) officials and 8 of the 15 MOH nurses trained in clinical family planning skills in Manila.

Major findings of the visit were:

1. There are several changes in the Ministry of Health since January, 1985. The organizational structure has also changed, increasing the number of Director Generals, one for Preventive Medicine under which MCH/FP falls, one for Curative Medicine and one for Administration. Dr. Osman, the former Director of MCH, is now Director of Community Health. In his place is Dr. Ali, a graduate in MCH, who seems eager to form closer links between MCH and family planning and also to strengthen service and training programs.

2. Though the Ministry has assigned the Manila-trained nurses to gynaecologists for IUD insertion certification (Somali gynaecologists do not recognize nurses as capable or proficient in IUD insertion though no assessment of their ability or lack of it seems to have been carried out), no certification criteria have been set. The nurses in question have not inserted many, if any, IUDs (Appendix H).

3. Family planning client record cards in Mogadishu have been out of print for some time. At the time of the visit no client profile was recorded at the clinic.

4. The Training Unit still does not have individuals with training as their sole responsibility. All are in charge of some other service component and training becomes one of their many responsibilities. This resulted in difficulties in maintaining a working team throughout the technical assistance assignment.

5. Lack of equipment, sterilizing facilities and FP client records makes it impossible for the nurses to provide standard clinic-based family planning services.

Following these findings, recommendations were made for the Ministry of Health to:

1. determine specifically the types of FP services to be provided at different health care system levels, e.g. hospitals and MCH centres.

2. take an inventory of equipment and facilities to enable provision of services identified for each level and make an attempt to provide at least the basic equipment identified as necessary for service provision at each level.

3. identify categories of personnel to provide the services for each level, describe the type of training for each category and work out certification criteria and process prior to commencement of training.

4. provide technical assistance to the Training Unit in strengthening its leadership, facilities, and training capabilities.

SCHEDULE:**3 March, 1985:**

5:00 p.m. Arrival in Mogadishu.

4 March, 1985:

9:00-12:00 a.m. Meeting with Mrs. Faduma Haji, Head of Training Unit, to draw up a 2-week workplan and identify the working group.

5 March, 1985:

9:00-10:20 a.m. Briefing meeting with Dr. Asha Haji Mohamed, Deputy Director, Family Health Division, MOH.

10:30-11:30 a.m. Briefing meeting with Mrs. Asli Haji Aden, Director, Training and Planning Division, MOH.

6 March, 1985:

8:00 a.m. Courtesy call to Dr. Osman, Director, Community Health Division, MOH.

9:00-11:00 a.m. Interviews with clinical skills trainees.

11:30-1:15 p.m. Film preview.

1:30 p.m. Meeting with Mr. Gary Nelson, USAID Deputy Director.

7 March, 1985:

8:00 a.m. Meeting with Dr. Abbas, Director General, Preventive Medicine, MOH.

9:00 a.m- 1:00 p.m. Meeting with trainers (working group).

8 March, 1985:

REST

9 March, 1985:

Review of training plans.

10 March, 1985:

Visit to MCH centres in Benadir region.

11-March, 1985:

Compiling and analysis of data obtained during MCH centre visits. Identification of weak areas.

12 & 13 March, 1985:

Curriculum development.

14 March, 1985:

10:00 a.m.

Meeting with Mr. Abdulla Hirad, Director, IEC Section of SFHCA.

15 March, 1985:

2:00-7:00 p.m.

Development of training plans.

16 March, 1985:

10:00 a.m.

Meeting with Dr. Osman.

17 March, 1985:

11:00 a.m.

Debriefing meeting with Dr. Asha Haji Mohamed.

12:30 p.m.

Debriefing meeting with Ms Margaret Neuse, Population Officer, USAID.

6:00 p.m.

Departure.

I. PURPOSES OF THE VISIT:

1. To provide technical assistance in designing family health skills refresher course.
2. To provide technical assistance in designing training schedule for 1985.
3. To provide technical assistance in identifying other near-term assistance needs.

II. ACCOMPLISHMENTS:

1. Briefing and debriefing meetings were held with the USAID Population Officer and a briefing meeting was held with the USAID Mission Deputy Director.
2. Interviews were conducted with 8 of the 15 clinical skills (including IUD insertion) trainees and findings regarding their use of IUD insertion skills were presented to senior MOH officials in an effort to obtain a commitment and official statement on how and when this group will be certified to insert IUDs in Somalia (Appendix F).
3. Technical assistance in development of a family health skills refresher course curriculum based on findings from:
 - a) weak areas in service provision as identified by trainers and supervisors;
 - b) on-site observations of nurse/midwives as they provide family planning services; and
 - c) interviews with nurse/midwives in b) above (Appendix H).
4. Responsibilities and deadlines for designing of daily training sessions (lessons plans) using the curriculum developed were assigned. Faduma Haji is to facilitate this exercise and convene a one-week working session to practice training and compile the 2-week daily designs.
5. The FHD/MOH training schedule was reviewed, training activities were prioritized and rescheduled adding specific details for each activity (Appendix G).

6. Discussions were conducted with Mr. Abdulla Hirad, Director of IE&C Section of the Somali Family Health Care Association (SFHCA) and Mrs. Amina Hersi Adan, Training Officer, SFHCA. Abdulla expressed a need for INTRAH technical assistance in training in family planning/family health (information), communication skills, and training skills. He further suggested an INTRAH needs assessment visit in early June, 1985.
7. Recommendations were made to MOH officials and the USAID Population Officer on steps to be considered for the future of FHD/MOH.

III. BACKGROUND INFORMATION:

In 1981 INTRAH began providing technical assistance to the Somali Ministry of Health, Family Health Division, Training Unit. The specific objectives of the project were:

- To train supervisors and service providers in family health.
- To develop skills in producing visual aids using local materials.
- To develop a training team and a basic curriculum for the "Skills for Family Health" workshop.
- To train public health nurses and nurse-midwives in child spacing skills in 5 target regions.

Types of training conducted to meet these objectives included non-clinical family health skills, supervision of MCH clinics, development of procedures manuals, visual materials development and training of trainers. In addition, INTRAH facilitated third-country training in clinical family planning skills and master trainers' skills. Seventeen in-country training and technical assistance activities took place between 1981 and 1984 with a total of 192 first-generation trainees and 7940 second-generation trainees.

This visit was in response to a USAID Mission request for provision of technical assistance to the Ministry of Health in design of a 2-week curriculum for non-clinical skills refresher courses for past INTRAH-assisted trainees and in development of training plans for 1985.

IV. DESCRIPTION OF ACTIVITIES:

1. Meetings with USAID Staff:

Meetings with USAID staff were held. On arrival, Ms. Margaret Neuse, USAID Population Officer visited Muhuhu at the Guest House and briefed her on the current MOH situation. Some informational resources were identified and Neuse promised to make them available to Muhuhu. An appointment with the Mission Deputy Director was also made.

On March 7, Neuse joined the film review team and later accompanied Muhuhu for a briefing meeting with Mr. Gary Nelson, USAID Mission Deputy Director. Reading materials promised on arrival were provided.

On Muhuhu's last day a debriefing meeting with Neuse took place. Muhuhu submitted recommendations, a copy of the curriculum developed and training plans.

2. Meetings with Ministry of Health Officials:

- A. On the first day, Muhuhu met with Faduma Haji, the Head of the Training Section. A two-week schedule was drawn up and additional materials for review obtained. Later Muhuhu developed a detailed workplan (Appendix G) for the course.

B. On March 4 a meeting was held with Dr. Asha Haji Mohamed, Deputy Director, Family Planning/Family Health Project. Asha confirmed that, though the budget had been presented to the Treasury, the MOH had not been informed as to when the money would be released. However at the time of our meeting, discussions on the issue were taking place.

The final budgets that were presented to the Treasury in relation to training are:

| | |
|-------------------------------------|-----------------------|
| 3 family health skills workshops | SS.517,410.00(\$6388) |
| 3 refresher family health workshops | SS.312,590.00(\$3859) |
| 1 training of trainers | SS.136,000.00(\$1679) |
| 1 clinical skills course | SS.115,400.00(\$1425) |
| 3 supervision activities | SS.141,600.00(\$1748) |

A meeting with an accountant was cancelled as Asha provided all the necessary information regarding the budget for the proposed training and the status of the budget proposal with the Treasury. Asha further described two problems that she anticipated will affect implementation of the FHIP training plans. One is transport. At the time of the meeting, 2 FHIP jeeps were being used by the PHC team and were expected to be returned at an unspecified time. The second problem is related to funds. Due to insufficient funds, the project has been requested to reduce its original number of training activities. Those omitted in the current plan are: one family health skills (4 weeks); one refresher family health skills (2 weeks); one training of trainers (4 weeks); one in-country clinical skills (6 weeks); and two management and supervision workshops (3 weeks).

As regards future INTRAH assistance in Somalia, Asha outlined the following needs:

- i) Technical and financial assistance in:
 - 1 training of trainers (4 weeks)
 - 1 clinical FP skills (in-country) (6 weeks)
 - 2 management and supervision (3 weeks)
- ii) Financial assistance for:
 - 1 family health skills (non-clinical) (4 weeks)
 - 1 refresher family health skills (2 weeks)

C. Discussions were held with Ms Asli Haji Aden, the Director of Training and Planning Division. Asli is a nurse by background with other university -level qualifications. She described one of the functions of her department as coordination of all training activities, both pre- and in-service. However, she pointed out that the newly-created Division of Nursing, headed by Mr. Mohamed, will take over coordination of all nurse training programs. She was supportive of INTRAH's efforts in Somalia and urged the FHIP Training Division to submit its annual training plans in December of the preceding year for better planning and coordination by her division. Asli wondered why INTRAH did not conduct regional or in-country clinical courses in Somalia (as is done in Tanzania with UMATI) to facilitate training of larger numbers of Somalis. Criteria for selection of a clinical training site was discussed with her and it was obvious that Somalia was not ready to host such a course. It was her hope that when the MOH and/or the Family Health Care Association establishes the model clinic, more opportunities will open up for in country and regional training.

D. Brief discussions were held with Dr. Osman, Director of Community Health and Dr. Ali, Head of the MCH Unit. The purpose of the meeting was to brief Dr. Osman on Muhuhu's activities during the 2-week visit and obtain

information on the Ministry's position on nurses trained in IUD insertion. Muhuhu requested an official Ministry statement on when and how these nurses will be certified in Somalia to insert IUDs. As Muhuhu was scheduled to meet with the nurses concerned and to visit a number of MCH centres during the week, it was decided that another meeting would be convened on 16 March to discuss the issue, with Muhuhu giving her findings on the visits and interviews conducted (see Appendix H for findings summary).

- E. The first meeting with trainers to determine the refresher training needs took place on 7 March with 8 trainers, 2 of whom are also heads of MCH centres. Also included was Mr. Maye, former head of the post-basic School of Nursing and currently head of the External Agencies Coordination Unit at the Ministry. The group identified 13 content areas that need strengthening and 16 other problems that were further divided into 6 management problems and 10 training problems.

Content areas to be strengthened include:

- Filling in of statistical records (all trainers included this on their list).
- Physical examinations, especially breast and pelvic examinations (Speculum).
- Differences between motivation and counselling.
- Sterilization of equipment.
- Preparation of visual aids.
- Preparation and delivery of educational talks.
- Interviewing techniques and need for privacy.
- Use of diaphragm (both for trainer and trainee). Some trainers do not know how to take internal measurements.

- Instructions on the use of all contraceptives.
- Client education on use of foam, cream and jellies.
- Motivation and education of clients in the use of IUDs.
- Follow-up of drop-outs.

Other training related problems identified include:

1) Managerial problems:

- Lack of essential equipment at the MCH centres, e.g., sterilizers, pap smear kits and solutions.
- Only 2 varieties of oral contraceptives are available, leaving a limited choice for clients not suited for or who have problems with available pills.
- Lack of registers and files for filing statistical forms.
- Lack of coordination between family planning and MCH activities.
- No means of collecting statistics from private clinics.
- Lack of space in some clinics (inadequate).

2) Training related problems:

- Inadequate training materials, e.g., handouts, training manual (none), trainers' reference books and models (pelvic model).
- Time was described as a constraint in the following examples: inadequate practice time is available for counselling of clients; when the conference room at MOH HQ's is used, classes have to stop by 12 noon to make room for Arabic classes; it has never been possible to cover the menstrual cycle and pelvic examination in the class time allocated; and, in general, trainers have to rush through the materials to be covered over a period of 4 weeks.
- A suitable training site is difficult to find outside Mogadishu. It is anticipated that when and if the model clinic is established, there will be classroom facilities that will alleviate the Mogadishu problem.

- Lack of a set timetable for supervision/follow-ups tends to result in no supervision.
- Statistical forms are still confusing.
- Current trainee recruitment procedures result in nurses and midwives being together in one class. This presents an entry level problem as midwives have more experience than nurses. The result is a slow learning pace for nurses who have some basic skills (lack of physical examination skills) and frustration for midwives who have to wait for nurses to catch up.
- Notification time for training candidates is usually short resulting in many candidates either not getting the invitation or reporting for workshop late.
- There is no reference library. A discussion on what happened to RML's and other materials supplied by INTRAH revealed that those meant for FHD are still in boxes "because of lack of space." The possibility of acquiring one of the empty lockable bookcases in the conference room was discussed. Faduma was requested to ask Dr. Asha to facilitate the acquisition before Muhuhu left Mogadishu. This did not materialize.
- Lack of stationery.

Muhuhu developed a questionnaire and observation checklist for assessing content areas with which trainees had difficulties. These were reviewed by the group of trainers and modifications were made. The group also assigned teams of trainers to visit 11 MCH centres in Mogadishu where there are 25 trained nurses and midwives. The following centres were visited:

MCH Centres Visited:

Eel Gab
Xamar Jab Jab

Hodon
Hawalwadaag

Visiting Teams

Adar Fidow
Sahara Mustaffa

Nurta Adullekadir
Maana

Dhexe
Boondhere
Abduleaziz

Saiida Elmi
Faduma Haji

Karaan
Upper Wardligee
Lower Wardligee

Maryan Abdulle
Pauline Muhuhu

After the visits, during which 15 trainees were interviewed, the trainer group analysed the information obtained and identified areas to be covered during the refresher workshops. This was followed by development of the curriculum design and assignment of responsibilities for development of daily training designs.

F. Discussions with IEC Unit Staff of the Somali Family Health Care Association:

The Somali Family Health Service Project involves four major agencies. These are Family Health Division of the Ministry of Health which is responsible for clinical services; the IEC Section of the Somali Family Health Care Association; the Operations Research Division (not established yet); and the Ministry of Planning. The major function of the IEC Unit is to coordinate agencies that will be providing family planning information in the country. The agencies include: Family Health Division (FHD) of MOH; Women's Education Division (WED) of the Ministry of Education; Somali Women's Democratic Organization (SWDO) and the Curriculum Development Centre (CDC). The purpose of the visit to the IEC Unit was to obtain preliminary information as to assistance needed by the Unit and INTRAH's possible role in such assistance.

Discussions were held with Mr. Abdulla Ahmed Hirad, the Director (former Training Director at MOH) and Mrs. Amina Hersi Adan, the Training Officer. At the time of

the visit, the IEC Unit was carrying out a baseline survey in 3 regions. The survey in two regions had been completed. The objective of this baseline survey is to identify personnel resources and materials resources and to assess the social environment.

It is proposed that the SFHCA will establish an IEC Centre that has a Training Unit and a Resource Centre. The Training Officer and Resource Manager have already been appointed. Forty-six (46) will be trained on the job and 600 other persons will be trained through short courses over a period of 5 years.

The IEC Director stated the following as FHCA needs:

- Training of trainers for the Training Officer and Resource Centre Manager. Both these persons speak English and Arabic.
- FH/FP non-clinical skills.
- Needs assessment and project development in early June by INTRAH.

The needs assessment should be done after the baseline data survey is completed and a workshop is conducted in May to publish the survey findings.

The IEC Unit seems to have picked up momentum in preparation for its IEC responsibilities. The Director anticipates that by September/October, 1985 mass information dissemination will have started.

This has implications for the FHD/MOH which is responsible for clinical services. There must be adequate clinical services by the time mass information dissemination commences in order to ensure that motivated persons have available and accessible services. As services stand now in Mogadishu, they are far from adequate. In light of this, it is fitting for FHD to plan for upgrading and expanding family planning

clinical services. These plans should complement IEC Unit plans and strategies. It should also be noted that many of the personnel involved in family planning services are members of the Somali Family Health Care Association.

V. FINDINGS

1. Service delivery strategy and logistical problems which were identified are:

a) Nurse/midwives providing family planning services in Mogadishu have no client cards to fill in information on each client. Where nurses were observed taking histories, performing physical examinations and distributing contraceptives, no recording was done except for statistical purposes. The clinic therefore has no client profile. Should problems arise after a client's initiation of a specific contraceptive method, there is no way of making comparisons before and during contraceptive use.

b) In some clinics the physical examination consisted of checking the conjunctiva for anaemia and ankles for pitting oedema. The reason given for limitation of the service was lack of facilities.

c) Though physical examination is expected as a routine task for the nurse and as a screening procedure for new clients, most clinics visited (all but one) reported no instruments available. Even if they had instruments, there are no sterilizing facilities in any of the centres visited. This has been observed during previous INTRAH visits.

2. The situations outlined in #1 above made it difficult to determine what MUST BE TAUGHT to these nurses at the MCH centres as the likelihood of their being able to utilize the knowledge and skills will be hampered by lack of equipment and facilities. Yet they are expected to provide clinic-based family planning services.

3. It was difficult to maintain a working team during the entire period. Initially Muhuhu was given a list of 8 persons with whom to work. The number fluctuated from hour to hour and day to day. Apart from Faduma, none of the others were there for the entire 4 1/2

assigned working hours per day. Those at MCH centres had to report to their centres every day before coming to the MOH Headquarters. Those at the Headquarters had other business to attend to. Under these conditions, it was impossible to provide the desired quality of assistance.

4. The INTRAH Resource Materials Library given to the Training Section between 1982-84 is still in boxes and trainers do not know what is in them. Yet they request a reference library. Efforts, through Faduma, to obtain a bookcase not in use in the conference room were unsuccessful. What is needed is a facility to display and make accessible the materials already in boxes in storage.

5. Dr. Ali has some ideas on how to streamline and coordinate MCH and FP and how to strengthen supervision skills. It would be advantageous to FHD to work closely with him as he could probably assist in improvement of service delivery.

6.. The IEC Unit of the SFHCA has been conducting a series of baseline surveys to determine the types of messages and target groups it should address in its education tasks. The surveys should be completed in April. At that time, the Unit will be ready to determine its own training needs. This will be an opportune time for INTRAH to expand and strengthen its previous training and technical assistance.

Based on a few preliminary reports of the already conducted portions of the baseline data survey (see Appendix I), the Somali community is calling for more FP information and services. Whereas the SFHCA seems to be making reasonable plans to provide information and education, there is a question of the Ministry of Health's ability to adequately provide services when the IEC Unit begins its work in earnest.

There is a need, therefore, for the MOH to state explicitly the services it plans to offer and how, so that the planning of the two components (IEC & contraceptive services expansion) run concurrently.

VI. CONCLUSIONS:

The findings of this visit indicate a need for continued and expanded technical assistance to Ministry of Health. The technical assistance expansion should include training and service aspects.

Additionally, the SFHCA needs technical assistance that is within INTRAH's mandate.

VII. RECOMMENDATIONS:

Following this visit's findings and conclusions, several recommendations are made:

1. Refresher courses on non-clinical family health skills should be conducted as planned.

2. To ensure that reasonable family planning services are available by the time IEC programs pick up momentum, it is recommended that:

a) The MOH determine specifically the types of services to be provided at various levels of the health care delivery system, such as hospital-based clinics, MCH centres, agency/industry clinics, etc.

b) An inventory of equipment and facilities be conducted to facilitate the provision of services identified for each level and attempts be made to provide at least the basic equipment required for effective service provision.

c) Categories of personnel to provide services at each level be identified and type of training for each be described.

d) Certification requirements and the workplan for each activity must be spelled out in writing prior to commencement of training.

e) A few service centres (at least one urban and one rural) be equipped and used training as pilot training centres. A time frame for all the above must be set and adhered to as closely as possible.

3. The Training Unit of the Family Health Division should be strengthened in leadership. Basic training facilities should be provided. A Core Training Team (CTT) should be identified, assigned to Training Unit and relieved of other non-training responsibilities. This would enable CTT members to develop a training system and concentrate on training-related activities. A few nurse/midwives in MCH centres could be identified and prepared for trainee preceptorship. This group would then support the CTT while trainees are placed in the centres for their practicum. In other words, this

particular group would have a dual role, that of service delivery/supervision and that of preceptorship.

INTRAH should continue to build up the skills of the selected core team and the preceptors in addition to strengthening the training system.

4. No clinical course or other new course should be implemented for MOH personnel in-country or outside until the types and extent of services have been determined and the certification criteria and workplan have been determined and recorded. Systematic training should then be planned and conducted for specific services and specific cadres of staff.

5. The Ministry of Health should be given technical assistance in implementation of recommendations #2-#4.

APPENDIX A

LIST OF PERSONS CONTACTED:

USAID MISSION:

Mr. Gary Nelson, Deputy Director
Ms. Margaret Neuse, Population Officer

Ministry of Health:

Dr. Abbas, Director General, Preventive Services.
Dr. Osman, Director, Community Health Services.
Dr. Ali, Director, Maternal and Child Health.
Dr. Asha Haji, Deputy Director, Training and Planning
Division.
Mrs. Asli Haji, Director, Training and Planning.
Mrs. Faduma Haji Mohamed, Head, Training Section.

Somali Family Health Care Association (SFHCA)

Mr. Abdulle Hirad, Director, IEC Section.
Mrs. Amina Hersi Adan, Training Officer, IEC Section.

Others:

Ms. Myrna Seidman, Consultant (SFHCA)
Ms. Flora Sibindi, UNICEF Consultant on Urban PHC.
Mr. Freeman Pollard, USAID Contractor on USAID/FHI
Evaluation.

APPENDIX B

LIST OF REFRESHER COURSE CURRICULUM DEVELOPMENT PARTICIPANTS:

1. Faduma Haji - Head, Training Unit
2. Saiida Elmi - Head, Shibis MCH Centre
3. Maryan M. Abdulle - Head, Medical Services
4. Sahara Mustafa - Head, Karan MCH Centre
5. Nurta Abdulkadir - Head, Dhexe MCH Centre
6. Adar Fidow - Health Education Division
7. Halima Abdi Sheikh - Head, Health Education
(occasional participation)
8. Mr. Maye - Director, Interagency
Coordination (limited attendance)

SOMALIA MOH/INTRAH DETAILED SCHEDULE ACTIVITIES

APPENDIX C

MARCH 4 - 17, 1985.

| DATE | ACTIVITY | OBJECTIVES | PARTICIPANTS | EXPECTED OUTCOMES | POST ACTIVITY COMMENTS |
|-----------------------|---|--|--|--|--|
| DAY ONE 4.3.85 | Planning for 2 weeks | <ol style="list-style-type: none"> To obtain information on what needs to be done during the 2 weeks. To identify specific working groups To draw up a time schedule | Faduma Haji and Pauline Muhuhu | <ol style="list-style-type: none"> List of 2 week activities List of names of persons to be actively involved A timetable | <ol style="list-style-type: none"> Accomplished. Groups identified, Faduma to draw up list and inform them. Accomplished |
| DAY TWO 5.3.85 | Briefing meetings with MOH officials Development of needs assessment tool. | <ol style="list-style-type: none"> Share intended activities while in Mogadishu and gain insights into officials' stands, support, and anticipated problems in FP activities for CY 85 Find out from accountant when money is likely to be released to enable team to make reasonable schedule for training activities. Design an interview tool and/or observation check-list. | Pauline Muhuhu and Faduma Haji | <p>Discussions with:</p> <ol style="list-style-type: none"> Dr. Abbas, D.G., Preventive Medicine Dr. Asha Haji, TR/P Dr. Osman, Director, Community Health Mr. Asli Haji, Director, Training Division <p>Interview questionnaire observation check list.</p> | <ol style="list-style-type: none"> Meeting postponed to following day. Accomplished, requests for INTRAH TA made. Accomplished. Second Dept. meeting set for 16.3.85 to discuss IUD trainees. Accomplished. Training section requested to submit training plans every December of the preceding year to facilitate development of training budgets by Asha. <p>Faduma not available for designing but reviewed what was designed by Muhuhu</p> |
| DAY THREE 6.3.85 | Meeting with IUD Insertion Trained Nurses | <ol style="list-style-type: none"> To find out the extent to which this group is utilizing the skills learned To find out the criteria for certification by gynaecologists and the progress so far made. | Pauline Muhuhu Manila } Zimbabwe } Tanzania } Trained Nurses | <ol style="list-style-type: none"> Number 9 IUD's inserted by each trainee since training by year. Statement of support opportunities to provide IUD service. Statement on trainee's insights, the length of internship. | <ol style="list-style-type: none"> Interviewed 8 out of 15 trainees Insertions post-training ranged from 0 - 6. Summary of findings prepared for meeting of 16.3.85 |
| DG - DIRECTOR GENERAL | | | | | |

17

| DATE | ACTIVITY | OBJECTIVES | PARTICIPANTS | EXPECTED OUTCOMES | POST ACTIVITY COMMENTS |
|--------------------|---|--|---|---|--|
| | 2. Films review | Assess suitability of films held at USAID for use in Somalia | Faduma Haji Pauline Muhuhu selected group of trainees especially those involved in previous activity, others depending on availability. | a. List of films to be used for FP training in Somalia. b. Recommendations on the audience | Margaret Neuse joined the group. Reviewed 3AVS films. 1. Vasectomy 2. To the people 3. A question of choice. Had to leave before review was over. |
| | 3. Meeting with Mission Deputy Director | 1. To brief the D.D. of USAID Mission in Somalia and Post INTRAH activities | Pauline Muhuhu Margaret Neuse | | Accomplished. Obtained AID/FHI Procurement schedule for review and comments to Margaret Neuse. |
| DAY FOUR 7.3.85 | Meeting with Trainers | 1. Provide information on purpose of Muhuhu's visit and the group's role in this mission. 2. Identify problems encountered by trainees in family planning work. 3. Identify factors that have contributed to successes 4. Describe assistance needed by trainers to perform their duties. 5. Identify MCH centres to be visited and assign and brief trainers. | Faduma Haji Pauline Muhuhu 4 trainers from MCH centres 4 trainers from FH/P MOH HQS. | List of trainers' perceived needs for both trainers and service providers. | a. Group of 8 trainers generated a list of problems they have identified in training and supervision. These were categorised as training/management problems. b. List of problems in content areas generated. c. MCH centres to be visited on March 9, identified at least 20 trainees to be visited by 4 teams of trainers. d. Trainers reviewed the N/A tool; their views incorporated. 5. Interviewers briefed on N/A techniques and transport arrangement. |
| DAY FIVE | REST | | | | |

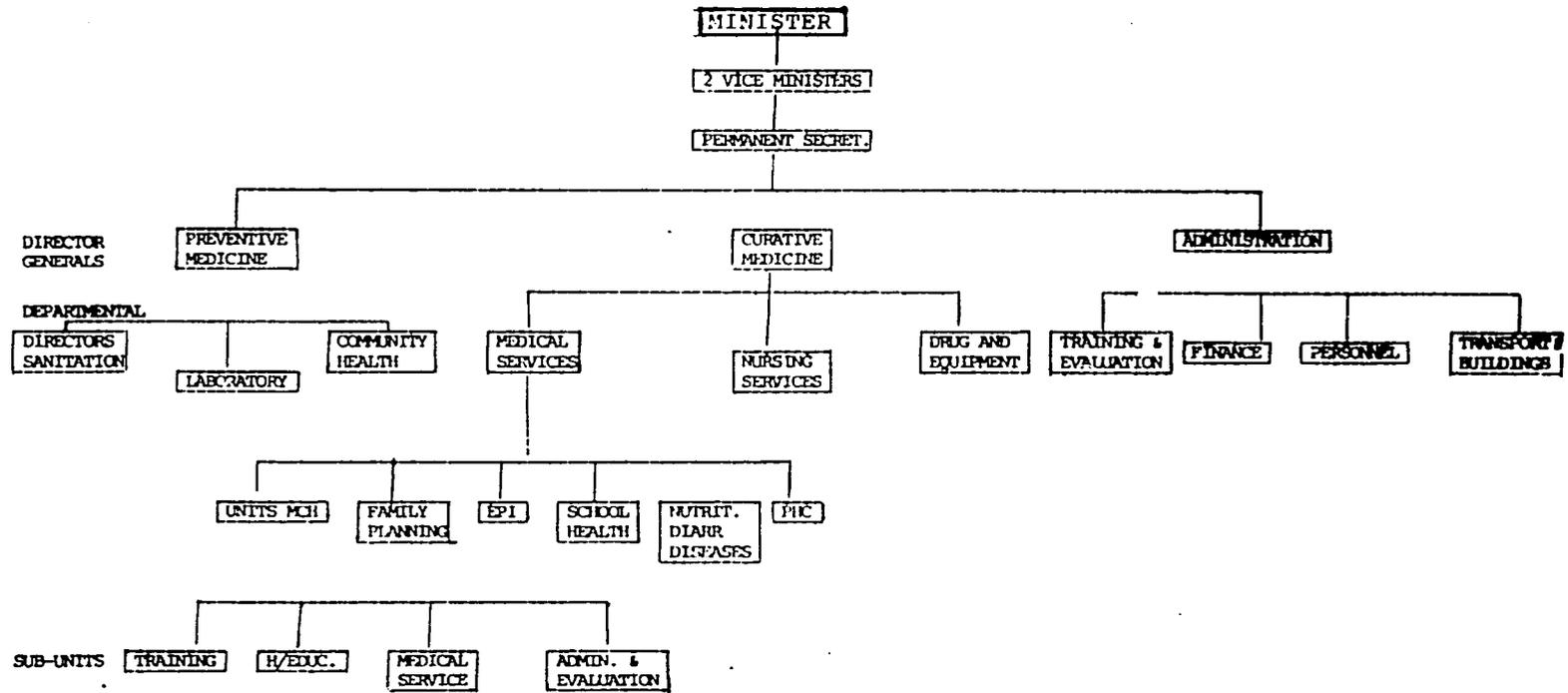
| DATE | ACTIVITY | OBJECTIVES | PARTICIPANTS | EXPECTED OUTCOMES | POST ACTIVITY COMMENTS |
|----------------------|--|--|--|---|---|
| DAY SIX 9.3.85 | Visit to MCH Centres in Benadir Region | <ol style="list-style-type: none"> 1. Obtain information on knowledge of nurse/midwives PHNs trained in FP Non-clinical skills. 2. Observe FP service delivery skills. 3. Identify areas needing strengthening. | Faduma Haji trainers Pauline Muhuhu | At least 50% Nurse trainees be interviewed and observed at work. | <ol style="list-style-type: none"> a. Logistics at Central level not ready by 10.00 a.m. for the visit. Visit postponed to next day. b. FHD training plans reviewed by entire group and training activities prioritized. c. Scheduling to be done at a later date. |
| DAY SEVEN 10.3.85 | Meeting with trainers | <ol style="list-style-type: none"> 1. Compile, analyse and interpret information collected on day 5. | All involved in Day 6 activities | List of Family Planning service delivery KAS that need strengthening/ updating through Refresher Courses. | <ol style="list-style-type: none"> a. Visit to 10 MCH centres in Mogadishu area. 15 out of 25 trainees interviewed and/or observed providing FP services. |
| DAY EIGHT 11.3.85 | Refresher course Curriculum Development. | <p>A. Using list of KAS identified, the previous day and Day 4:</p> <ol style="list-style-type: none"> 1. Formulate curriculum <ol style="list-style-type: none"> a) Goal(s) b) Objectives 2. Organize the KAS into Units/sections 3. List learning (practical) experiences that each trainee must have either simulated or in real situation by end of 2-weeks workshop. <p>B. Each trainer reviews literature on curriculum content areas in preparation for following day work.</p> | 9 trainers with Faduma and Pauline facilitating. | <p>Curriculum outline by end of day 7.</p> <p>List of performance standards.</p> | <ol style="list-style-type: none"> a. Findings of interview and observations compiled. b. Weak areas identified and compared to trainers list generated on day 4. |

| DATE | ACTIVITY | OBJECTIVES | PARTICIPANTS | EXPECTED OUTCOMES | POST ACTIVITY COMMENTS |
|-----------------------|---|---|--|---|---|
| DAY NINE & TEN. | Continuation with curriculum development | 1. Schedule two-weeks training activities. 2. Develop daily training sessions for at least one week. | as in day 8 | 1. 2 week training schedule 2. Standardized training design for at least one week by end of Day 9. | Curriculum development. Slow progress due to sporadic attendance of the group. |
| | | 3. Develop daily training sessions for week two. 4. List training materials to be used or developed for the 2-weeks workshop. 5. Take-home evaluation of assistance provided. | as in day 8 and 9. | Complete 2-week trainers design. Feedback | Assignments made for each trainer to develop session designs for specific objectives with deadlines. Faduma to reconvene the group from 23 to 29 March to present, compile and collate the designs. Under her supervision and guidance. This was found necessary 1. to speed up the process and 2. give individuals chance to practice as this assistance was provided in 1984. |
| DAY ELEVEN 14.3.85 | Meeting with IEC Director Development of training plans. | 1. Obtain information on types of FP services, the women association and Ministry of Education is expected to provide; the number of persons to be trained in service delivery and the population the two groups are expected to reach. 2. Find out what plans, if any, are already underway. 3. Review training activities already identified by Faduma and prioritize them. 2. Set training targets. | Pauline Muhuhu Halima Faduma Haji Faduma Haji Pauline Muhuhu 2 other trainers | Insights into: a) services to be provided b) Services forgotten c) Plans. 1. List of training priorities. 2. Number categories to be covered in each activity. | a) Accomplished. Request for: i) Needs assessment visit in early June ii) Special request for TOT and FH skills training. Postponed. Faduma had other commitments on the day. |

| DATE | ACTIVITY | OBJECTIVES | PARTICIPANTS | EXPECTED OUTCOMES | POST ACTIVITY COMMENTS |
|-------------------------|--|---|-------------------------------|---|---|
| DAY TWELVE | REST | | | | |
| DAY THIRTEEN 16.3.85 | Development of training plans (cont.) | <ol style="list-style-type: none"> 1. Draw up a summary plans, priorities and numbers identified on Day 11, the plan to include: <ol style="list-style-type: none"> a. training project title b. sponsoring agency c. cost d. duration e. co-ordinator f. project objectives g. project goal(s) h. operational objectives and outcomes i. schedule of activities that include: <ul style="list-style-type: none"> : activity : dates : sites : participants description : trainers | Same as Day 11 | A. 1 - 2 year summary of training plan. | <p>Met with Drs. Osman, Ali and Asha regarding IUD insertion-trained nurses.</p> <p>No other work could be done as all working documents had been locked up in an office.</p> |
| DAY FOURTEEN 18.3.85 | Meetings with MOH and USAID Officials Departure | <ol style="list-style-type: none"> 1. Debriefing on Activities | Pauline Muhuhu Fadumo Haji | | <ol style="list-style-type: none"> 1. Debriefed Dr. Asha. 2. Debriefed Margaret Neuse, USAID. |

M

PROPOSED MINISTRY OF HEALTH ORGANIZATIONAL CHART (SOMALIA)



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APPENDIX E₁

SOMALI FAMILY HEALTH REFRESHER COURSE
2-Week Curriculum

A. INTRODUCTION:

This curriculum has been designed following on-site observations and interviews with nurse/midwives during the needs assessment visits to MCH centres and through trainers' on-going observations. These nurse/midwives were initially trained to provide education and information on family planning to individuals and groups, to distribute non-prescriptive and oral contraceptive methods and to maintain family planning records.

The initial training occurred 1-3 years previously.

B. GOAL:

To improve/strengthen knowledge and skills in provision of family planning services for nurse/midwives working in MCH centres.

C. OBJECTIVES:

During the two-week course participants will:

- 1) Demonstrate knowledge of structures and understanding of the functions of male and female reproductive organs with special emphasis on menstrual cycle.
- 2) Demonstrate ability to give complete and accurate instructions on the use, side effects, contra-indications, danger signs and storage of contraceptives to at least two simulated clients (colleagues act as clients).
- 3) Prepare at least one visual aid for use at an MCH centre.
- 4) Demonstrate ability to give FP educational talks to mothers, future mothers, men and mixed groups.
- 5) Apply counselling techniques on at least 3 simulated clients.
- 6) Demonstrate understanding and ability to record appropriate FP information of FP clients and how to fill out other statistical forms.

7) Perform at least 2 physical examinations accurately and interpret the findings. The physical examination will include:

- General inspection
- Breast examination
- Abdominal palpation
- Blood pressure estimation

8) Share problems dealt with at MCH centres related to follow-up of dropouts and suggest ways to deal with the problems.

9) Demonstrate understanding of the importance and techniques of sterilizing speculum, examination equipment and IUD's.

D. COURSE CONTENT:

1. **SUBJECT: ANATOMY AND PHYSIOLOGY OF MALE AND FEMALE REPRODUCTIVE ORGANS (4 1/2 HOURS)**

OBJECTIVE:

Demonstrate knowledge of the reproductive organs and understanding of their functions with special emphasis on the menstrual cycle.

Content Areas:

- Organs of reproduction.
- Description of the functions of each organ.
- Menstrual cycle.
- Importance of menstrual cycle in contraception.
- Fertilization.

2. **SUBJECT: INSTRUCTIONS ON CONTRACEPTIVE USE (9 HOURS)**

OBJECTIVES:

Demonstrate ability to give complete and accurate instructions on the use, desired effects, side effects, contra-indications, danger signs and storage of 4 contraceptives to at least 2 simulated clients (colleagues act as clients).

Content Areas:

- Update on contraceptives:
 - types, composition, how they work, side effects, danger signs, storage.
 - Practice giving instructions.

3. SUBJECT: VISUAL AIDS (4 1/2 HOURS)

OBJECTIVE:

Prepare at least one visual aid for use at MCH centre.

Content Areas:

- Update on criteria for selecting a suitable visual aid for a specific group.
- How to develop a simple aid.
- Designing a visual aid - practice.
- Tips on use of visual aids.

4. SUBJECT: EDUCATIONAL TALKS IN FAMILY PLANNING (4 1/2 HOURS)

OBJECTIVE:

Demonstrate ability to give family planning educational talks to mothers, men and mixed groups through a role play.

Content Areas:

- Update on communication process (steps).
- Things to consider about the audience.
- Deciding on type of message for a specific audience.
- Selection of the method and means of delivering the message.

5. SUBJECT: COUNSELLING IN FAMILY PLANNING (4 1/2 HOURS)

OBJECTIVES:

Apply counselling techniques on at least 3 simulated clients.

Content Areas:

- Importance of counselling.
- Interviewing methods.
- Practice counselling in class.

6. SUBJECT: RECORD-KEEPING (4 1/2 HOURS)

OBJECTIVE:

Demonstrate understanding and ability to record appropriate FP information on family planning client cards and how to fill out statistical forms.

Content Areas:

- Types of family planning forms and cards to be completed.
- By whom and when.
- How to fill in the information.
- What to do with the information on the cards or forms.
- Practice filling in various forms.

7. SUBJECT: PHYSICAL EXAMINATION (9 HOURS)

OBJECTIVE:

Perform at least 2 accurate physical examination per trainee and interpret the findings. Physical examination to include:

- General inspection.
- Breast examination.
- Abdominal palpation.
- Blood pressure estimation.

Content Areas:

- Importance of physical examination in family planning (why).
- Preparation of examination area.
- How to examine step by step.
- Recording of findings.
- Interpretation of findings.
- Counselling client on findings.
- Practice examination in classroom.
- Examination of clients at MCH centres.

8. SUBJECT: FOLLOW-UP PROBLEMS (2 HOURS)

OBJECTIVE:

Share problems dealt with at MCH centres related to follow-up of family planning drop-outs and suggest ways and means to deal the problems.

Content Areas:

- Determination of drop-outs (based on record files)
- Visiting problems
- Problems in re-motivation to re-start and continue with family planning method.
- Suggestions on how each MCH centre could deal with these problems.

9. SUBJECT: EQUIPMENT STERILIZATION: (2 HOURS)

OBJECTIVE:

Demonstrate understanding of the importance and techniques of sterilizing family planning equipment and IUD's.

- a) Currently Copper T is in use in Somalia; this comes in sterilized packets so no need for action.
- b) If Nurse is not inserting IUD she may help to prepare for the doctor to insert.

Content Areas:

- Importance of sterilization in speculum examination and IUD insertion.
- How to sterilize speculum and forceps.
- How to prepare rubber gloves for sterilization.

NB: SHOULD USE OF LIPPES LOOPS AND IODINE OR OTHER SOLUTIONS START IN SOMALIA THEN THESE SHOULD BE INCLUDED IN THE CURRICULUM.

E. TRAINING METHODS:

This is a refresher course and trainees have been providing family planning services. Therefore most of the training activities will be directed towards helping trainees share experiences and participate actively. Training methods will therefore include:

- Group discussions.
- Role play.
- Case studies for problem solving.
- Mini lectures (15-20 minutes).
- Practice on models and simulated clients.
- Real situation experiences.

F. EVALUATION:

- Pre and post tests.
- Individual participation level.
- Practical performance.
- Follow-up after training.

G. TRAINING MATERIALS:

For trainers: Contraceptive Technology 1982/83 or any more recent issue available.
- Family Planning Methods and Practice: Africa.
- Teaching and Learning with Visual Aids.
- Procedure manuals.

For trainees: Each trainee will receive the procedure manual.

H. TRAINERS:

| | | |
|--------|---------------------|-------------------------|
| * 1. | Faduma Haji | Coordinator (Mogadishu) |
| 2. | Halima Abdi Sheikh | (Mogadishu) |
| 3. | Faisa Hassan | (Baidoa) |
| * 4. | Mohamed Abdi | (Hargeisa) |
| * 5. | Maryan Mohamed | (Mogadishu) |
| * 6. | Saida Elmi | (Mogadishu) |
| * 7. | Sahara M. Mustaffa | (Mogadishu) |
| * 8. | Nurta Abdulkadir | (Mogadishu) |
| * 9. | Kaltuma Abdullahi | (Mogadishu) |
| ** 10. | Khadija Barre | (Mogadishu) |
| * 11. | Sahara Aden Hussein | (Mogadishu) |
| * 12. | Adar Abdi Fidow | (Mogadishu) |

* Participated fully or in part in development of this curriculum.

** No participation at all. Occasionally reported to announce she was on her way to attend to some other business.

SOMALI DEMOCRATIC REPUBLIC
MINISTRY OF HEALTH

WEEK I

E.H.I.P. Timetable - Refresher Training FP skills - Duration: 2 weeks.

| Time | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|------------------|--------------------------|---|----------------------------------|---|--------------------------------|---|
| 8.00 10.00 | Introduction Pre-test | Learning Issues Anat Onat/Phys. Revision | Learning Issues Contraceptive | Learning Issues Contraceptive Continuation. | Learning Issues Visual aid. | Learning Issues Education Family Planning |
| 10.30 | B | R | E | A | K | |
| 10.30 - 11.30 | Official Opening | Onat/phy. | Learning Issues Contraceptive | Learning Issues Contraceptive continuation | Learning Issues Visual aid. | Learning Issues Education Family Planning |
| 11.30 - 12.00 | Anat/Phys. | Pre-test Discussion | Learning Issues Contraceptive | Learning Issues Contraceptive continuation | Learning Issues Visual aid. | Learning Issues Education Family Planning |
| 1.00 | Closure | Closure | Closure | Closure | Closure | Closure |

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| Time | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|--------------------------------------|---|-----------------|---|--|---------------------------------|---|
| 8.00 - 10.00 | Learning Issues Counselling in FP | Learning Issues | Learning Issues Physical Exam (Ph.E.) | Learning Issues P.E. (Practice). | Learning Follow-up problems. | Learning Issues Equipment and IUD Sterilization |
| 10.30 | B | R | E | A | K | |
| 10.30 - 11.30 11.30 - 12.00 | Learning Issues Counselling in FP | Record keeping | Physical exam. (Practice in Class) | Learning Issues P.E. (Practice) Clinic | Follow-up suggestions | Post test |
| 1.00 | Closure | Closure | Closure | Closure | Closure | Closure |

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RESPONSIBILITY ASSIGNMENTS

1. Developing lesson plans for refresher course using refresher course curriculum.

| ACTIVITY | Person Responsible | Completion Date |
|--|--|-----------------|
| a) Objective 1 (Anatomy and Physiology) | Saida Elmi | March 23, 1985 |
| b) Objective 2 (Instructions for contraceptive use) | Maryan M. Abdulle | ▪ |
| c) Objective 3 (Visual Aids) | Sahara M Mustaffa | ▪ |
| d) Objective 4 (Education for Family Planning) | Faduma Haji & Maryan Abdulle | ▪ |
| e) Objective 5 (Counselling) | Faduma Haji & Maryan Abdulle | ▪ |
| f) Objective 6 (Records) | Faduma Haji & Maryan Abdulle | ▪ |
| g) Objective 7 (Physical Examination) | Nurta Abdulkadir & Saida Elmi | ▪ |
| h) Objective 8 (Equipment sterilization) | Saida Elmi | ▪ |
| i) Objective 9 (Follow-up) | Adar/Halima | ▪ |
| 2. Review lesson plans practice using lesson plans and compile into 2 week daily design. | All trainers Faduma Haji to convene the meeting | March 23 - 28 |
| 3. Preparation for the typing of the 2 weeks lesson plans. | Faduma Haji | April 3, 1985 |
| 4. Proof read the typed draft of lesson plans and return to typist for stencilling. | Faduma Haji | April 6 - 7 |
| 5. Proof read the stencil and hand in for corrections and running off. | Faduma Haji | April 15, 1985 |
| 6. Supervise the copying and compiling of papers - (20 copies). | Faduma Haji | April 15, 1985 |
| 7. Distribute complete lesson plan packages to all trainers. | Faduma Haji | April 15, 1985 |

| ACTIVITY | Person Responsible | Completion Date |
|--|---|-----------------------|
| 8. Prepare procedure manuals for distribution to trainers of first 2 courses . | Faduma Haji | March 30, 1985 |
| 9. Select and inform candidates of training dates . | Faduma Haji | April 1, 1985 |
| 10. Assign trainers for each course and inform them and others. | Faduma Haji Dr. Asha Haji | April 1, 1985 |
| 11. Book classrooms . | Faduma Haji | April 1, 1985 |
| 12. Request money for the courses . | Faduma Haji | April 13, 1985 |
| 13. Invite guest of honour for the Opening Ceremony . | Faduma Haji | April 20, 1985 |
| 14. Conduct courses . | Selected trainers | April 27 - May 9 1985 |
| 15. Invite guest of honour for Closing Ceremony . | Faduma Haji | May 2, 1985 |
| 16. Trainers submit report to Training Unit (Faduma). | Trainers for Mogadishu and Baidoa courses | May 12, 1985 |
| 17. Make plans for next workshop/course . | Faduma Haji | May 25 - 30, 1985 |

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2. Did she explain the types of contraceptives available accurately?
 - i) what they are.
 - ii) their side effects.
 - iii) how they work.
 - iv) their effectiveness.
3. Did she demonstrate a sample of each method she described to the clients?
4. Did she inform the clients of the availability of the contraceptives?
 - i) where.
 - ii) what group.
 - iii) what hours.
5. Did she allow or encourage clients to ask questions?
6. Did she answer the questions to the satisfaction of the clients?

B. HISTORY TAKING:

Did she take a full history of the client?

- a) Name, age, address.
 - b) Number of pregnancies.
 - c) How many live births.
 - d) How many S/B.
 - e) How many abortions.
 - f) What type of delivery.
3. Did she record all the information obtained in the appropriate spaces?
(If not which of these were not recorded?)

C. USE OF CHECKLIST:

1. Is there a checklist at the centre?
2. Did she use the checklist while you were at the centre?
3. Did she ask all the questions on the checklist?
4. Did she examine the client?

D. PHYSICAL EXAMINATION:

1. Was the examination area prepared for the client?
2. Did she have all the necessary equipment at the examination area?
 - i) working blood pressure machine.
 - ii) stethoscope.
 - iii) weighing machine.
 - iv) urine testing equipment.
3. Is there a procedures manual at the centre?
4. Did she follow the procedure manual step by step in examination of the client? (If any steps/areas were missed, please list them.)
5. Did she record her findings in the appropriate spaces on the card?

E. DISTRIBUTION OF CONTRACEPTIVES:

1. Did she give clear instructions on:
 - i) how to use.
 - ii) how to store.
 - iii) what to expect.
 - iv) danger signs.
 - v) what to do if a problem develops.
 - vi) when to return for more.
 - vii) when to return for check-up.

Please indicate contraceptive distributed.

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SECTION II QUESTIONNAIRE
INSTRUCTIONS TO INTERVIEWER

From the list of items please tick () the one the candidate mentions in response to the following questions:

Question:

A. Which women should not be given combined oral contraceptives? (Pills containing oestrogen and progesterone)

- () 1. History of thrombophlebitis or embolism.
- () 2. History of CVA.
- () 3. History of coronary artery diseases.
- () 4. History of or suspected cancer of the breast.
- () 5. Pregnancy.
- () 6. History of tumors of the liver.
- () 7. Known history of liver impairment.

B. What are the danger signs of a woman using the pill?

- () Severe abdominal pain.
- () Chest pain.
- () Severe headaches.
- () Blurred or loss of vision.
- () Severe leg pain (calf or thigh).

C. Which women would you recommend not use IUD even if they wanted to?

- () Active P/D.
- () Suspected gonorrhoea.
- () Known to have multiple partners.
- () Abnormal uterine bleeding.

YOU ARE NOW READY TO MOVE TO SECTION III.

SECTION III
INSTRUCTIONS TO INTERVIEWER:

Please list the candidates' responses to the following questions:

1. How do you know that a woman who started a contraceptive method in your clinic is no longer coming to the clinic (drop out)?

2. How do you trace the follow-up drop-outs (defaulters)?

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3. How many FP clients did you have:

- a) In 1984 -----by method.
- b) January 1985 -----by method.
- c) February 1985 -----by method.

4. What in your opinion, apart from transport, would make you provide better FP services than you doing now?

If she says "In-service training" ask her what topics she would like covered during in-service training and list them.

Thank you for your cooperation. This is the end of March, 1985.

APPENDIX F

FAMILY HEALTH DIVISION TRAINING PROGRAM
TRAINING PLANS: APRIL 1985 - MARCH 1986

GOAL: To improve family planning services through upgrading of service delivery and management skills.

OBJECTIVES:

1. To update family planning service delivery skills of 60 nurse/midwives working in MCH centres through provision of refresher courses in family health skills.
2. To train 40 nurse/midwives from MCH centres in family health skills.
3. To enable 80 MCH/family health management persons to identify managerial problems at their places of work and make recommendations for reduction of the problems at various levels of the health delivery system.
4. Provide training skills to 15 nurse/midwives with family health skills who are involved in FP training.

FAMILY HEALTH DIVISION TRAINING PROGRAMTRAINING PLANS: APRIL 1985 - MARCH 1986

GOAL: To improve family planning services through upgrading of service delivery skills and Management skills.

- OBJECTIVES:
1. To update family planning service delivery skills of 60 nurse/midwives working in MCH centres through refresher courses in family health skills.
 2. To train 40 nurse/midwives from MCH centres in family health skills.
 3. To enable 80 MCH/Family health management persons to identify managerial problems at their places of work and make recommendations for reduction of the problems at various levels of health delivery system.
 4. Provide training skills to 15 nurse/midwives with family health skills ^{who are} and involved in FP training.

TRAINING WORKPLAN 1985/86

| ACTIVITY | DATES | SITES | PARTICIPANTS | TRAINERS | COMMENTS |
|--|----------------------------------|-----------|--|-------------------------|---|
| 1. Family Health Skills Refresher Course I | April 27 - May 9, 1985 (2 weeks) | Mogadishu | 25: Nurse/midwives: Kismayo Mogadishu Lower Shabelle Upper Shabelle | 2 from FHD HQS. | Participants will be: a) Nurse/midwives who attended FH skills before. b) Working in MCH centres or maternity wards. c) Providing family planning services. Budget: 130,245ss |
| 2. Family Health Skills Refresher Course II. | April 27 - May 9, 1985 (2 weeks) | Baidoa | 15: Nurse/midwives: Baidoa Godo Bakol Mid Juba | 1 FHD HQS. 1 Baidoa | As in Activity I. Budget: 78,147ss |
| 3. Family Health Refresher Course III. | July 6 - 18 1985 (2 weeks) | Hargeisa | 20: Nurse/midwives: 5 Hargeisa 3 Burao 2 Barbera 2 Gabley 1 Borama 1 Arabsaye 1 Oduyne 1 Los-Anod 1 Sheikh 1 Talox 1 Gardo 1 Balya | 1 Hargeisa 1 FHD HQS | Budget: 104,196S As in Activity I & II |

| ACTIVITY | DATES | SITES | PARTICIPANTS | TRAINERS | COMMENTS |
|--|---|-------------|---|-------------------------------|---|
| 4. Family Health Skills I | July 6 - 1 August 1985. | Garbaharrey | 20: Nurse/midwives: Garbaharrey Luq Bardhure Wajid Yed Bulla Kawa Eel Waq Doolo | 1 FHD HQS. 1 From July TOT | Budget: 172,470ss 1. Participants will be selected from MCH Centres and hospital maternity wards. 2. They must not have attended any FH courses before. 3. They will provide family planning services after training |
| 5. Training of Trainers | 17 August - 12 September 1985 (with one week preparation) | Mogadishu | 15: Nurse midwives: 4 Mogadishu 1 Kisimayo 1 Gedo 1 Burao 1 Midshabelle 5 Refugee camps 2 To be determined | 2 FHD HQS 2 INTRAH | Participants must have attended: 1) FH Skills Course 2) FH Refresher course; must train others after training. |
| 6. Organizational Development Workshop | 2 - 7 November, 1985 (1 week) | Hargeisa | 25: 10 Togdjee Region 15 North West | 1 Hargeisa 1 HQS FHD. | Participants will be: : Regional Medical Officer : Training Coordinator : Leads of MCH : Regional MCH Supervisor Budget: |

| ACTIVITY | DATE | SITES | PARTICIPANTS | TRAINERS | COMMENTS |
|---|---------------------------------|--|---|---------------------------|---|
| 7. Annual Review and Planning for 1986. | 16 - 23 November 1985 (2 weeks) | Mogadishu | 4: Head of Training Director/Deputy Director of FHD Trainer NB. Other members may be co-opted for this exercise. | - | 1. Review activities of the whole year in training. 2. Re-assess training needs. 3. Draw up training needs plan for 1986. 4. Submit plans to Training and planning division by December 1st, 1985. |
| 8. Follow-up of Family Health Skills I and TOT participants | 1 - 10 December, 1985 (10 days) | Field in Beletweyn and Garbaharre areas. | 40: Family Health Skills trainees/participants TOT participants | 2 from FHD or Each Region | The follow-up will be combined with distribution of contraceptives. Budget: 141,600 SS |
| 9. Organizational Development Workshop | Jan/Feb, 1986 | Mogadishu | 30: 4 Middle Shabelle 19 Benadir 4 Lower Juba 4 Jiran 4 Gedo | 2 FHD HQS | For each Region, participants will be: : Regional Med. officer : Training Coordinator : Heads of MCH : Regional MCH Sup. Additional for Benadir: : Hospital and clinic Budget: |

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| ACTIVITY | DATES | SITES | PARTICIPANTS | TRAINERS | COMMENTS |
|--|---------------|-----------|--|--------------------------|--|
| 10. Family Health Skills II | March 1986 | Beletweyn | 20: Nurse/midwives ; 3 Beletweyn 2 Bulo-Bulay 2 Jalalaqsi 1 Matabon 1 Busamareb 1 Abduwaqa 1 Eldhere 1 Cel Burr 1 Galqayo 1 Jereban 1 Hobyo 1 Buwaso 1 Bendheere Beira 1 Qardo | 1 FHD HQS. 1 July TOT | As in activity 5. Refugee MCH Centre are also included. Budget: 172,470ss |
| 11. Organizational Development Workshop | February 1986 | Kismayo | | | |

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No. Trained - 15

STATUS OF IUD INSERTION TRAINED NURSES

APPENDIX G

No. still in MOH employment - 13.

| Name | Current responsibilities | Training Site | Training Date | Insertions in Training | Post Training Insertions | Comments |
|---------------------------|---|------------------|--|------------------------|--------------------------|--|
| 1. Mariam Mohamed Abdulle | <ul style="list-style-type: none"> - Head of medical services in FPP. - National contraceptive distribution. - Collection of statistics. - Supervision of: <ul style="list-style-type: none"> : Upper Wadingley : Lower Wadingley : Bondere MCH centres | Zimbabwe (CSFTC) | June/July 1984 (6 weeks) | 25 | 0 | <ul style="list-style-type: none"> - Has had no opportunity to insert since training. - Based at MOH HQS. - Assigned to Dr. Rukiya Seif. |
| 2. Adar Abdi Fidow | <ul style="list-style-type: none"> - Health education. - Supervision of: <ul style="list-style-type: none"> : Kisim-yo : Baydoa : Hargeisa | Tanzania (UMATI) | May/June 1984 (6 weeks) plus (3 weeks) | 5 | 2 | <ul style="list-style-type: none"> - Based at MOH HQS - Assigned to Dr. Abdulkadir. - 2 insertions took place in December and January. |
| 3. Saida Elmi | <ul style="list-style-type: none"> - Head of Shibis MCH Centre - Provides all FP services except IUDs. - Refers IUD clients but follows them up. | Manila (IMCH) | August/October 1983 (6 weeks) | 15 | 0 | <ul style="list-style-type: none"> - Transportation to Dr. Rukiya's clinic difficult. - Has no sterilizer in clinic. - Clients afraid of IUD. |
| 4. Sehra Mohamed Mustaffa | <ul style="list-style-type: none"> - Head of Karan MCH Centre. - Provides FP services except for : creams and Jellies (NA) - IUD - Refers clients for IUD to Dr. Aaha Mohamed and Abdulkadir (1983/84 - 8 women referred and now in 1985). | Manila (IMCH) | August/October 1983 (6 weeks) | 20 | 0 | <ul style="list-style-type: none"> - Assigned to Dr. Rukiya who has been away for some time. - No sterilizer at the Centre. |

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| Name | Current responsibilities | Training Site | Training Date | Insertions in Training | Post Training Insertions | Comments |
|-------------------------|--|------------------|----------------------------------|------------------------|-----------------------------|---|
| 5. Faiza Hassan | <ul style="list-style-type: none"> - Head Berdale MCH Centre in Baydoa - Provides all clinic based FP services. | Manila (IMCH) | August/October 1983 (6 weeks) | 24 | 6 | <ul style="list-style-type: none"> - 2 MCH centres in the town.- one has no trained person for IUD insertions. - A total of 10 IUDs inserted in the area. - The Egyptian Gynaecologist has no objection to her inserting IUD but she consults him. - She uses his clinic for insertion as she has no sterilizer |
| 6. Faduma Haji | <ul style="list-style-type: none"> - Head of training section. - Works part time in Dr. Ashai's clinic (every afternoon). - Provides all clinic based services. | Zimbabwe (CSFPC) | June/July 1984 (6 weeks) | 15 | 5 plus 3 removals | <ul style="list-style-type: none"> - Assigned to Dr. Abha. |
| 7. Kadija Barre Mohamed | <ul style="list-style-type: none"> - Head MCH centre Hodan - Provides FP services <ul style="list-style-type: none"> : Education and Motivation on contraception : Distribution of condoms and pills. : Instructions on use of contraceptives. : Maintenance of statistics : Physical examination without speculum exam. : Med. Talks to MOW, MOC Petroleum and Leather Agencies. | Manila (IMCH) | May/June 1982 (6 weeks) | 22 | 2 (inserted 2 years ago) | <ul style="list-style-type: none"> - Assigned to Dr. Asha. - No equipment facilitate insertion: <ul style="list-style-type: none"> : Speculum : Light : Lotipn : Sterilizer - Clients prefer to be attended by Physician. |

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| Name | Current responsibilities | Training Site | Training Date | Insertions in Training | Post Training Insertions | Comments |
|------------------------|--|---------------|-------------------------|------------------------|--------------------------|---|
| | | | | | | - Since assigned to Dr. Asha - she has had no IUD clients. |
| 3. Mariam Yusuf Fahiye | <ul style="list-style-type: none"> - Head Yakshid MCH Centre - - Provides FP services : <ul style="list-style-type: none"> : Motivation and Education : Distribution of pills and condoms : Referrals ToD for IUD : Provides IUD to client to take to the doctor - Health education in orientation Yakshid, Ministries of Fisheries, Transport (Air) and Planning and ONOT Agencies. - Maintenance of statistics. | Manila (IMCH) | May/June 1982 (6 weeks) | 20 | 0 | <ul style="list-style-type: none"> - Assigned to Dr. Mohamed Warsame's clinic. Because of transport problems has to take 3 vehicles and cannot afford fare. - No equipment <ul style="list-style-type: none"> : Speculum : Tenaculum : Light : Scissors No sterilizing solution. |
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