



INTRAH

TRIP REPORT # 0-17

TRAVELERS: Lynn Knauff, INTRAH Deputy
Director

COUNTRY VISITED. SIERRA LEONE

DATE OF TRIP: January 13-18, 1985

PURPOSE: Finalize workplan for Phases II and
III of MOH/INTRAH Training Program

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EXECUTIVE SUMMARY

During the week of January 14, 1985, Ms. Lynn Knauff, INTRAH Deputy Director and Dr. James Veney, INTRAH Evaluation Officer (his report to be submitted separately) were in Sierra Leone to finalize the MOH/INTRAH workplan developed in Chapel Hill in late September 1984.

The finalized workplan for Phases II and III (CY 1985 and CY 1986) reflects the in-country training targets and requirements for the FHI Project (now extended to July 31, 1986) and also includes third-country and U.S.-based training that will be financed by INTRAH, INTRAH-provided technical assistance during training events, and INTRAH-financed special training events (see Appendix B for finalized workplan).

A schedule and budget for three one-day seminars, Contraception and Sexually-Transmitted Diseases Update, for 47 physicians to be conducted by Dr. Ben Major of IHP were developed (see Appendix C). INTRAH will fund these seminars and supply copies of Contraceptive Methods and Practice: Africa for each participant. The seminars will be held in Freetown, Bo and Makeni on February 16th, 23rd, and 25th, respectively.

There are three major challenges that must be surmounted by the Ministry of Health (MOH) if successful implementation of the family planning component of the FHI Project is to be achieved. These challenges were discussed at some length with the Core Training Team (CTT), the MOH and USAID; particular attention was drawn to them — there are other challenges, too — because they are directly related to training effectiveness. They are:

1. Supplies and equipment and the procedures for ordering, storing, inventorying and distribution;
2. A uniform reporting system using a standard, merged MCH/FP record; and
3. Transportation and petrol allotments to support supervision.

The INTRAH team has recommended that the MOH and USAID request a visit by the Centers for Disease Control (CDC) to review the current situation with regard to ordering, storing and distributing supplies and equipment, and the potential for coordination of various client reporting systems used in special primary health care (PHC) projects, by the Planned Parenthood Association of Sierra Leone (PPASL), and for maternal/child health (MCH). A UNICEF-financed consultant report on drug supplies, storage, distribution and logistics was obtained from UNICEF and left with Mr. Lefes. With regard to supervision, the transportation situation will be eased somewhat with the arrival of 100 bicycles and 3 vehicles for the FHI Project; however, unless they are given routine maintenance and are available at the periphery, the lack of systematic supervision for trained MCH Aides and other peripheral cadres will persist.

Overall, it was observed that planning and management functions within the MOH are hampered by interrelated problems:

- shortages of resources;
- lack of informed, specific and unequivocal mandates for health programs which could guide service goals and objectives, and resource allocations; and
- existence of a multiplicity of special projects that appear not to benefit from shared experience.

The adverse impact of these problems on effective training has been felt during Phase I and unless remedied will persist during Phases II and III. Dr. Veney's trip report will provide specific information about how these problems affect field operations.

In spite of the variety and multiplicity of obstacles, it is clear that the CTT and the field-level cadres are ready for and will benefit from training, in terms of skill and morale-building and of improved capacity to manage and deliver services at the periphery.

SCHEDULE

- Friday, January 11 Departed RDU Airport at 1:00 p.m.
- Sunday, January 13 - Arrived Freetown at 10:30 a.m. Arrived hotel at 3:00 p.m.
- Met Matron Alghali and Dr. Gba-Kamara in the evening.
- Monday, January 14 - Met Core Training Team (CTT), Dr. Gba-Kamara and
participants who arrived for Orientation
course (cancelled).
- Met with Dr. Gba-Kamara and CTT.
- Tuesday, January 15 - Briefing with Mr. Lefes and Ms. Decker, USAID.
- MOH: Dr. Belmont Williams, Dr. Moira Browne and
Mr. Konte.
- Meeting with CTT and Dr. Gba-Kamara.
- Wednesday, January 16 - Meeting with Sr. Louis Marie O'Connor.
- Meeting with Dr. Browne and Miss Scott.
- Meeting with CTT and Dr. Gba-Kamara.
- Thursday, January 17 - Meeting with Mr. Lefes, Ms. Decker and CTT, and
Dr. Gba-Kamara.

Friday, January 18

- Meeting and debriefing with Mr. Lefes, Ms. Decker, Dr. Belmont Williams and Dr. Browne at MOH.
- Meetings with CTT and Dr. Gba-Kamara.
- Departed Freetown at 10:40 p.m. for London.

Saturday, January 19

- Arrived RDU Airport at 6:00 p.m.

I. PURPOSE

The purpose of the visit was to finalize the workplan for Phases II and III (CY 1985 and CY 1986), and to discuss the evaluation component. An additional purpose emerged just prior to departure from Chapel Hill which was preparation of a budget to support three one-day contraceptive update seminars for physicians; an opportunity made possible by Dr. Ben Major's impending visit, and a need identified last year by Drs. Major and Kargbo.

II. ACCOMPLISHMENTS

- A. A final workplan for Phases II and III was developed with Dr. Gba-Kamara and the CTT, and was discussed with and approved by AID Affairs Officer (AAO) Mr. William Lefes, and Chief Medical Officer Dr. Belmont Williams of the Ministry of Health (see Appendix B for workplan).

- B. A schedule and budget for three one-day "Contraception and Sexually-Transmitted Diseases Updates" for physicians to be conducted by Dr. Ben Major, IHP, were developed and approved by AAO Lefes and Dr. Belmont Williams, MOH. A cable was sent by the AAO to ST/POP/IT for Dr. James Lea of INTRAH citing cost data, schedule and sites (see Appendix C for a copy of the cable, budget and schedule).

- C. Ms. Knauff was requested by the AAO and Dr. Browne to review a proposal developed by Miss Scott with Dr. Teller, and to confer with Miss Scott and Dr. Browne on the integration of nutrition training with family planning training.

Ms. Knauff recommended that the nutrition program's objectives and plans would need to be clarified before training could be effectively undertaken.

Ms. Knauff also urged that Health, Education and Agriculture counterparts be convened to identify strategy and roles for each ministry in the development and fielding of a service program in nutrition.

D. Dr. Gba-Kamara had met with CTT members to identify priority service points. These, in order of priority, are:

- a. 1184 Sub-Chiefdom Maternity Centres (staffed by MCH Aides).
- b. 148 Chiefdom Health Centres (staffed by Staff Midwives and SECHN's).
- c. 9 of 12 District Headquarters MCH Centres and Hospitals (staffed by Health Sisters, Community Nurses and District Medical Officers).
- d. Villages (served by TBA's and VMA's).

These priorities will guide training and supervision as will the service tasks for each cadre which were developed by the group (see Appendix D).

E. The INTRAH team was told by AAO Lefes that the FHI Project would be extended until July 31, 1986 thereby permitting a more reasonable training schedule.

F. The Chief Medical Officer, Dr. Belmont Williams, agreed to release the CTT members for a Training of Trainers course in Nairobi, Kenya April 15 - May 3. She urged that skills and content areas of the TOT be applicable to a range of MOH training demands.

- G. Dr. Gba-Kamara developed and received Dr. Williams' approval of participant nominations for the INTRAH-sponsored regional courses for CY 1985.
- H. The potential and prospect of a CDC expert team to review the supplies, logistics and client record systems were discussed. Dr. Belmont Williams will write a letter to AAO Lefes requesting a CDC visit. In the interim, on Monday, January 21, the CTT will meet with PPASL's Sister Eileen Beresford-Cole to develop a realistic contraceptives and supplies order for forwarding to AID/W. An order developed by Dr. Gooding, formerly with the Ministry of Health, and cabled to AID/W by AAO Lefes on December 3, 1984 has not been acknowledged (see Appendix E for a copy of the cable). In any case, the details of that order are subject to discussion and, perhaps, revision. It was not known with whom Dr. Gooding conferred when she developed the order or whether PPASL's experience had been used in determining the quantities and types of contraceptives ordered.

III. BACKGROUND

During Phase I, INTRAH provided technical assistance to the Ministry of Health in support of the training component of the FHI Project. The accomplishments of Phase I are appended as Appendix F. Dr. Gba-Kamara and CTT members visited Chapel Hill, September 19-22, 1984 to develop a workplan for Phases II and III after which the CTT departed for Santa Cruz for two training courses which were supportive of the scope of their work envisioned in Phases II and III.

Until discussions during this visit it was not clear:

1. how physicians who back-up nurses would be trained;
2. which level of family planning service site was assigned priority; and
3. what health personnel cadres would be assigned to each level of family planning service provision.

Since these three factors are of crucial importance to the focus, scope and effectiveness of training, finalization of the workplan could not be made until they were resolved.

IV. ACTIVITIES

- A. The Knauff/Veney team met several times a day with the CTT and Dr. Gba-Kamara not only to finalize the workplan for Phases II and III, but also to discuss operational issues and problems related to the policy-making, planning, implementing and monitoring functions within the Ministry of Health. These functions are impaired by the scarcity and sometimes puzzling allocations of resources, overlapping and seemingly uncoordinated projects, pressures of various interest groups on fragile operational systems, and lack of clear, delegated authority and sufficient managerial support for operational-level administrators/managers. The CTT members are committed to the training agenda despite the many obstacles that impede smooth functioning of the planning, organizational, implementation and monitoring responsibilities inherent in a work program of the magnitude necessary to support the FHI Project. In fact, if all goes as planned, 798 persons will have been trained by

July 31, 1986 (the new end-date of the FHI Project). The cadres, numbers per cadre and type of training to be given to each during Phases II and III are shown in Appendix G. The training schedule of the CTT is shown in Appendix H. It was observed that CTT members have full-time jobs in addition to their training responsibilities and there is some reluctance on the part of the Chief Medical Officer to release them for training on behalf of the FHI Project. They, therefore, have to contend not only with a variety of operational and situational problems and issues related to the planning and organizing of training courses, but also with feelings of resistance or reluctance from the top during their work on behalf of the FHI Project. It is a curious situation.

- B. As regards the Planned Parenthood Association of Sierra Leone (PPASL), the Ministry of Health has been dependent on their supplies for delivery of family planning services. The MOH currently does not have an independent supplies and equipment source although FPIA had been identified as the supplier. The order sent to AID/W (ST/POP) is not only insufficient but also unreflective of PPASL's experience in its clinics. The PPASL — particularly Sister Eileen Beresford-Cole — could be of inestimable value to the MOH in designing the family planning component of the MCH program; however, it appears that the formal mechanism to do this, the Coordinating Committee which is to meet twice a year, has not been capitalized on. PPASL has 35 clinics throughout Sierra Leone (11 of them in Freetown) and employs physicians and MOH nurses on a sessional basis to staff their clinics. Their record-keeping and statistical systems, their ordering and inventorying systems, and their first-hand knowledge of family planning service delivery are, currently, underused as models for adaptation by the MOH. While the MOH should not adopt the

systems en toto, there is no need to start de novo as now seems to be the prospect.

- C. The team also learned that JHPIEGO sponsors a training program for physicians and nurses in family planning, sterilization, and IUD insertion (a two-week practicum). PPASL contributes to the training program. IPPF had held special training courses in Sierra Leone, organized by PPASL, of six weeks' duration. In addition, there is a UNFPA-sponsored project which also conducts training, but mainly in the Western Region. Two special primary health care (PHC) projects also have training components, although family planning is not emphasized; in fact, in one of the PHC projects, until recently, it was not even mentioned.
- D. The team discussed the matter of user fees with the MOH and PPASL. PPASL has them, but it is not clear whether there is an unequivocal position by the MOH on the subject. Dr. Gba-Kamara intends to collect user fees and deposit them in a "revolving fund" to be used after the FHI Project concludes. However, this matter will require closer examination and exploration. The team was told that the Cabinet will have to make a decision on the proposed revolving fund based on input provided by the Chief Medical Officer, the Permanent Secretary and the Minister of Health.

In sum, it appears that there are many and varied issues to be discussed and resolved. Preferably, these should have been dealt with prior to initiation of the FHI Project and before training began. It is not clear who will decide on them, and when they will be decided on. The CTT is, therefore, put in the

unenviable position of having to proceed with training without having answers to crucial questions or a procedures manual which can guide training content on: reporting and recording, user fees, supply/resupply systems, PPASL/MOH coordination, and the integration of nutrition within family planning training (to be discussed next).

- E. Ms. Knauff was asked to consult with Dr. Browne, Deputy Chief Medical Officer, and Miss Sylvetta Scott, Senior Nutritionist, by both the MOH and AAO. A proposal developed by Miss Scott was reviewed and formed the basis for the discussion. The MOH feels that the training called for in Miss Scott's proposal should be or could be done during the family planning training rather than separately. Ms. Knauff noted that the proposal emphasized a technique — growth monitoring — without objectives and a program that acknowledged a broad range of nutrition-related components: food production, food supplies and food storage; school-based nutrition education and activities; maternal health status and ante-natal nutritional supplementation; nutritional information, education and food supplementation to new mothers; infant and toddler nutritional supplementation; weaning foods; and effects of diarrhea and other chronic diseases on nutritional status of infants and toddlers. A consultant, Dr. Teller, was said to have helped Miss Scott develop the proposal; it was not clear whether he had encouraged her to develop a broader strategy than the one presented in the proposal. Ms. Knauff recommended that a group from the Ministries of Health, Education, Social Welfare and Agriculture be convened to develop a coordinated strategy. She advised against inclusion of growth monitoring in the family planning training because

in the absence of a broad-based program into which it fits as a technique, it would be a frustrating and confusing experience for the trainees.

Furthermore, there are shortages of paper which will directly affect the supply and resupply of growth monitoring charts. Dr. Browne has recommended that a pilot project be implemented, but no final decision had been made by the conclusion of the visit.

- F. In the INTRAH team's briefing with Mr. Lefes and Ms. Decker, it was apparent that they felt that the progress of the FHI project was not satisfactory. This was attributed to lack of strong MCH leadership, a generally laissez-faire policy on the part of the GOSI, and departures of personnel from the MOH, including Dr. Gooding who had been assisting Dr. Gba-Kamara. The lack of family planning and health program expertise was thought by the AAO to be remedied by the addition of Dr. Gooding to the MOH/MCH staff, but it was not clear whether she had the program background to deal effectively with organizational, planning and program issues. Although the FHIP proposal had called for an expatriate resident management advisor (from FPIA or Pathfinder), that recommendation was not implemented. Currently, the AAO cites lack of progress and mentions termination of the FHI Project unless the management situation improves. Yet, there are structural impediments within the MOH that will continue to plague progress of the FHI or any donor-assisted project. These require policy decisions that will provide managers with guidance, support and resources.

- G. The workplan developed with Dr. Gba-Kamara and the CTT includes FHI and INTRAH-supported activities (see Appendix B). For INTRAH's planning purposes, the following INTRAH-supported activities are highlighted here:
- a. Three one-day Contraception and Sexually-Transmitted Diseases Updates for physicians who provide back-up to nurses. These will be conducted by Dr. Ben Major during his technical assistance visit, and are shown in Appendix C(1).
 - b. A Training of Trainers workshop for CTT members in Nairobi, Kenya April 15 - May 4. This will be conducted by INTRAH ESA Regional Director Ms. Pauline Muhuhu and INTRAH consultant Ms. Jedida Wachira and will also include participants from the Uganda Ministry of Health CTT.
 - c. A Clinical Training of Trainers workshop in Tanzania in May 1985 for two MOH personnel.
 - d. Evaluation training in Chapel Hill during the summers of 1985 and 1986 for two or three participants.
 - e. A Regional Visual Materials Development workshop during the summer of 1985 for two participants (to include one PPASL participant).
 - f. A Regional Training of Trainers workshop in Manila, The Philippines during the summer of 1985 for one PPASL participant.
 - g. An MCH seminar/workshop on recording, reporting, monitoring and evaluation in Freetown in November 1985 for thirty participants.
 - h. The Art of Management and Administration short course in March 1986 for twenty MOH personnel.

These activities along with those to be covered under the FHI Project, and the technical assistance requirements for in-country training are shown in Appendix C.

H. Discussions with Dr. Belmont Williams, Chief Medical Officer, revealed her strong commitment to integration of family planning within MCH. She appeared to feel that the FHI Project's emphasis on family planning was dominating MCH activities. However, she did approve the training workplan, the release of the CTT to attend a TOT workshop in Nairobi, Kenya and the prospect of a visit by CDC to review the various reporting systems now in use, the warehousing and inventorying system, and to work on projections for family planning supplies and equipment. The SHDS form, earlier thought to be a model for family planning, was judged to be both too experimental and specialized to be of use.

Dr. Williams said unequivocally that Dr. Gooding's resignation from the MOH would make it impossible for her to be a consultant to the MOH thereby dashing Mr. Lefes' hope that Dr. Gooding could lend assistance to smoother implementation of the FHI Project within the MOH.

I. Ms. Knauff, escorted by Matron Alghali, visited Sister Louis Marie O'Connor at the Family Life Education and Fertility Awareness Center. She has initiated a school-based family life education program and trained teachers in use of the curriculum, and she is the natural family planning (NFP) trainer for both the FHI Project and PPASL. She believes that clients should have the freedom to choose a fertility control method based on informed decision-making, and it was both refreshing and informative to discuss family planning with her. She has produced reports of her work in NFP; a copy of one was obtained during the visit.

V. RECOMMENDATIONS

1. INTRAH budgeting for the proposed and MOH and USAID approved training activities should be accomplished within the next month in order to project INTRAH expenditures in Sierra Leone, formulate a Memorandum of Agreement, and obtain formal MOH commitment to the proposed training agenda.
2. Whenever possible, INTRAH should encourage coordinated action in MCH/FP between the MOH and PPASL, soliciting PPASL nominations for INTRAH-sponsored regional activities and PPASL consultation during in-country visits and technical assistance.
3. Decisions about supplies, equipment, and the logistics and reporting systems will be assisted by a CDC team visit. It is hoped that necessary in-country action will be taken to request CDC assistance.
4. An initial supplies and equipment order to support the upcoming clinical trainees should be developed by the MOH with consultation from PPASL's Sister Eileen Beresford-Cole and then forwarded to AAO Lefes for transmittal to AID/W and FPIA.
5. Thought should be given to the development of a clinic and clinical training procedures manual after decisions are made about recording/reporting, user fees, PPASL/MOH coordination, supply and resupply systems, and support for supervision.

6. **Nutrition training should not be appended to the family planning training.**
When and if a coordinated approach to improved nutritional status is developed, it can form the basis for a nutrition theme that can be woven into family planning and MCH training curricula for all cadres.

7. **Needs assessments designs should be covered in the Nairobi Training of Trainers workshop in order to provide a source for baseline data that can be used for the planning of training courses and in evaluation.**

APPENDIX A

Persons Contacted

1. USAID/Freetown
Mr. William S. Lefes, A.I.D. Affairs Officer
Ms. Yomi Decker, Program Officer

2. Ministry of Health
Mr. A.R. Konte, Permanent Secretary
Dr. Belmont Williams, Chief Medical Officer
Dr. Moira Browne, Deputy Chief Medical Officer
Dr. A. M. Gba-Kamara, Director, MCH Services
Mrs. Anthea, Deputy Chief Nursing Officer
Miss Sylvetta Scott, Senior Nutritionist, Nutrition Unit
Mr. MacCauley, Senior Health Education Officer
Mr. Tommy Davis, Assistant Chief Dispenser, Kenema
Ms. Daphne Perry, Senior Health Sister, Southern Province
Mrs. Muriel Davidson-During, Senior Health Sister, Northern Province

3. The Core Training Team
Matron Phebean Alghali
Sister Val Gilpin
Sister Angela Massally
Sister Cecilia Spaine-Cole
Sister Margaret Dumboya
Sister Emma Siddiqui

4. UNICEF
Ms. Jeanette Kesselman, Program Officer

5. Family Life Education and Fertility Awareness Center
Sister Louis Marie O'Connor

6. Planned Parenthood Association of Sierra Leone
Mrs. Nance Jere-Jones, Assistant Executive Director
Sister Eileen Beresford-Cole, Clinical Services Administrator

A P P E N D I X B

MOH/INTRAH WORKPLAN 1985-1986

<u>PHASE II</u>	<u>ACTIVITY</u>	<u>TRAINERS/ PARTICIPANTS</u>	<u>DATE</u>	<u>SITE</u>	<u>TRAINERS</u>	<u>COMMENTS</u>
	1. Clinical skills with IUD insertion	15: District Health Sisters (7) and Staff Midwives (8)	6 weeks. Feb. 11- March 22, 1985	Freetown	CTT and Dr. Ben Major, IHPS	Resource persons from MOH, PPSL, NGO's, and other organizations will make inputs.
	2. Three Physician Seminars in Contraception and STD (one-day)	47 back-up physicians	Feb. 16: Feb. 23: Feb. 25: 1985	Freetown Bo Makeni	Dr. Ben Major, IHPS	3 seminars each of one-day duration *INTRAH funding
	3. TOT for CTT (regional)	6 CTT members	April 15- May 4, 1985	Nairobi Kenya	Ms. Pauline Muhuhu and Dr. Jedida Wachira	*INTRAH will fund.
	4. FP Orientation for Provincial-level managers	16: 4 PMOS 4 Sr. Health Sist. 3 Sr. Dispensers 3 EDCU Superv. 1 Health Educ. Officer 1 Matron	May 13-17, 1985	Freetown	CTT	Postponed from Jan. 1985.
	5. Evaluation-Training (U. S. - based)	2 or 3	10 weeks starting May 20	Chapel Hill, N.C.	INTRAH and School of Public Health, UNC	Participants to be decided by MOH---*INTRAH funding.
	6. Clinical TOT for Tutors/Trainers (Regional)	2 or 3 tutors/ trainers	May 13- 31, 1985	Dar-es Salaam	UMATI	Participants should be current or potential clinical teachers/trainers. *INTRAH will fund.

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A P P E N D I X B
(continued)

<u>ACTIVITY</u>	<u>TRAINERS/ PARTICIPANTS</u>	<u>DATE</u>	<u>SITE</u>	<u>TRAINERS</u>	<u>COMMENTS</u>
7. FP orientation for Dressers and EDCU dispensers.	18: 9 Dressers 9 EDCU dispensers	June 3-7, 1985	Bo	CTT	
8. Management and Supervision for District-Level Managers	20: SM's (8) DHS's (12)	July 1-19, 1985	Kenema	CTT and Carol Brancich, IHPS	Curriculum to be developed June 17-June 18 by CTT and Brancich.
9. Regional Visual Materials Development Workshop	2 (MOH & PPSL)	July/Aug. 1985 3 weeks	Nairobi, Kenya	INTRAH	Participants should be national-level. *INTRAH will fund.
10. Regional NFP TOT	2 trainers/tutors (1 from PPSL)	August 5-23, 1985	Manila, Philippines	IMCH	Participants should be tutors or trainers with clinical FP skills background. *INTRAH will fund.
11. Clinical skills with IUD insertion	15: DHS's (5) SM's (10)	August 5- September 13, 1985	Freetown	CTT	
12. TOT and Curriculum Development	13: SRN's, SCM's, PHN's SRN's: 3	September 23- October 25, 1985	Bo	CTT and P. Muhuhu, INTRAH	3 curricula will be developed: TBA/VMA EDCU Asst's SECHN's and start of preparation for decentralized training teams
13. Assessment, Planning	CTT	October 28-29, 1985	Freetown	P. Muhuhu	Field protocol to be developed.

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A P P E N D I X B
(continued)

<u>ACTIVITY</u>	<u>TRAINERS/ PARTICIPANTS</u>	<u>DATE</u>	<u>SITE</u>	<u>TRAINERS</u>	<u>COMMENTS</u>
14. Field Follow-up of Participants from Activities 1 and 5	30	1 week in Nov. 1985 during Med/Dental Assoc. meeting	Field sites	CTT	Transport/Petro? needed for 3 teams (2 CTT members each team)
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PHASE III					
15. MCH Seminar/Workshop on Recording, Reporting, Monitoring and Evaluation	30: MOH staff, PPSL, M of Soc. Welfare, M of Agr., Mission Instit.	2 weeks Nov. 1985	Freetown	CTT J. Veney, INTRAH Evaluators	*INTRAH will fund.
16. Clinical Skills Without IUD insertion	15: SECHN's	Jan. 6-24, 1986	Makeni	TOT grads. from Activ. 12 with CTT back-up	Will use curriculum developed in Activity 12.
17. Integrated FP (non-prescription and pill re-supply) (3 courses)	75 MCH Aides: 25 each course	Feb. 3-14 Feb. 10-21 Feb. 17-28 1986	Bo Kanema Makeni	TOT grads. with CTT back-up	Will use curriculum developed in Phase I.
18. The Art of Management and Administration Short Course	20: DMO's and Central MOH (12 MD's 8 Matrons)	March 10-21, 1986	Freetown	INTRAH and School of Public Health, UNC 3 trainers.	*INTRAH will fund.
19. FP Orientation for Dressers and Nurse Dispensers	17 (dressers 10) (nurse disp. 7)	April 21-25, 1986	Bo	TOT grads	

A P P E N D I X B

(continued)

<u>ACTIVITY</u>	<u>TRAINERS PARTICIPANTS</u>	<u>DATE</u>	<u>SITE</u>	<u>TRAINERS</u>	<u>COMMENTS</u>
20. FP Motivation and Health Education for MCH (13 courses)	350 TBA's in 2 groups of 30 each district every month	1 week courses, Nov. 1985 - June 1986	13 districts	TOT grads with CTT back-up	
21. Evaluation Workshop (U. S. based)	2 or 3; same as Activity 5	3 weeks Summer, 1986	Chapel Hill, N. C.	INTRAH	*INTRAH will fund.
22. Clinical Skills Without IUD Insertion	30 EDCU Asst's	July 14-25, 1986	Bo	TOT grads	Male counselling will also be emphasized.
23. Program Evaluation	20: MCH Director, CTT, TOT grads.	August 11-22, 1986	Freetown and Provinces	INTRAH & Evaluators	
24. Interagency Meeting	MOH, UNICEF, PPSL, FAM Welfare, Others	August 25-29, 1986	Freetown	MOH Convenor	Planning for Phase IV and following.

A P P E N D I X C (1)

ONE-DAY CONTRACEPTION AND STD UPDATES FOR PHYSICIANS: SCHEDULE AND BUDGET

<u>FREETOWN: FEB. 16</u> 20 participants	<u>BO: FEB. 23</u> 15 participants	<u>MAKENI: FEB. 25</u> 12 participants
1. <u>Transport</u> Le 10 x 20 = 200	1. <u>Transport</u> a) Le 75 x 15 = 1125 b) MOH petrol 216 (covers Bo and Makeni 417 miles)	1. <u>Transport</u> Le 75 x 12 = 900
2. <u>Perdiems (food only)</u> Le 18 x 20 = 360	2. <u>Perdiems</u> a) Le 18 x 15 = 270 (food) b) Le 50 x 4 = 200 M'CH director Le 20 x 4 = 80 MCH acc't Le 8 x 4 = 32 driver Le 6 x 4 = 24 driver's mate	2. <u>Perdiems</u> Le 18 x 12 = 216 (food)
3. <u>Supplies</u> Le 20 x 20 = 560 Le 1120	3. <u>Supplies</u> Le 28 x 15 = 420 Le 2367	3. <u>Supplies</u> Le 28 x 12 = 336 Le 1452
		TOTAL: Le 4939 contingency 368 <hr/> Le 5307 \$ 2166 (\$1 = Le 2.45)

VZCZCFNI *
 RR RUEHC RUEHAB
 DE RUEHFN #0168 016 **
 ZNR UUUUU ZZH
 R 161056Z JAN 85
 FM AMEMBASSY FREETOWN
 TO RUEHC / SECSTATE WASHDC 4068
 INFO RUEHAB / AMEMBASSY ABIDJAN 0151
 BT
 UNCLAS FREETOWN 00168

Knauff
 CLASS: UNCLASSIFIED
 CHRGE: AID 01/16/85
 APPRV: AMB:LEWIS
 DRFTD: AID:LKNAUFF:EK
 CLEAR: AID:WSLEFES
 DISTR: AID-2 AMB DCM
 CHRON RF

AIDAC

FOR SCHMDIT, ST/POP/IT TO PASS TO JAMES LEA, INTRAH

E.O. 12356:N/A
 SUBJECT: PHYSICIAN SEMINARS

1. COST FOR THREE ONE-DAY PHYSICIAN SEMINARS IS 2,200 DOLLARS, OR 47 DOLLARS PER PARTICIPANT. BUDGET DETAIL WILL BE HANDCARRIED BY KNAUFF.

2. SEMINAR SITES AND DATES AS FOLLOWS: FREETOWN ON FEB. 16, BO ON FEB. 23, AND MAKENI ON FEB. 25.

3. DR. MAJOR SHOULD BE GIVEN 47 COPIES OF CONTRACEPTIVE METHODS AND PRACTICE AFRICA FOR DISTRIBUTION TO PARTICIPANTS.

4. SUGGEST MAJOR CARRY SEMINAR FINANCES IN TRAVELLERS CHECKS TO AVOID UNC OVERHEAD. MOH IS PREPARED TO PROVIDE AN ACCOUNTANT TO DISBURSE FUNDS AND COLLECT RECEIPTS.

5. PLEASE INFORM MINNIS OF ALL OF THE ABOVE. LEWIS
 BT

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FREETOWN 168

MEETING HELD ON SATURDAY 12TH JANUARY 1985 AT MCH OFFICE -
WILBERFORCE STREET.

PRESINT

DR. Gba-Kamara - Director M.C.H.

Matron P.B. Alghali - Coordinator MCH

V.L. Gilpin - Core Member - F.H.I.

DISCUSSION ON LYNN KNAUFF'S LETTER TO DIRECTOR MCH
RE CLARIFICATION OF ROLE OF DIFFERENT CATEGORIES OF PERSONNELLE
IN F.H.I. PROGRAMME

DIFFERENT LEVELS OF HEALTH PERSONNELLE / CLIENT

1. a) TBA - Role at Village Level, Family Planning Information, Education and Motivation of Individual, Family and Community.
- b) Collection and Reporting of Data
- c) Re-supply of Non-prescriptive contraceptives -
- d) Referral of motivated clients for Family Planning
- e) Conduction of Home visits.

2. Maternal and Child Health Aides at the Maternity Centre

- a) Same as above and in addition
Supply of non-prescriptive Resupply of prescriptive
Identification of clients and determining type of contraceptive
counselling of clients- and provision of guidance of client in the
selection of appropriate contraceptive method.

Identification of High Risk Client and Referral of High Risk
Clients to the appropriate Centers.
Supervision of TBAs.

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3. Staff Midwife/SECHN - At the Health Centre

All duties performed by MCH Aides and in addition identification of Clients for different types of contraception.

Prescription of and Initial supply of the Pill

Insertion of IUCDs

Supervision of MCH Aides and TBA's

4. Health Sister, Community Sister at District Maternal and Child Health Centre

All of the duties performed by the staff Midwife/SECHN at the Health Centre level and addition the following:-

In consultation with the District Medical Officer the treatment of certain High Risk Cases referred from Staff Midwife/SECHN at the Health centre Level

Conduction of regular Rural supervision within her District.

District Medical Officer at the District Level

Receiving of referrals and treatment of referred cases

Sterilization of those clients (Male and Female) who request The Service.

In relation to the UNFFA assisted Project Kc Provision of Training For MCH Aides, the following Areas are to be concentrated:

- 1) Port Loko
- 2) Kambia
- 3) Kono.

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VZCZCFNI *
 RR RUEHC RUEHAB RUEENR
 DE RUEHFN #4315 338 **
 ZNR UUUUU Z/H
 R 031154Z DEC 84
 FM AMEMBASSY FREETOWN
 TO RUEHC / SECSTATE WASHDC 3745
 INFO RUEHAB / AMEMBASSY ABIDJAN 0028
 RUEHNR / AMEMBASSY NAIROBI 0579
 BT
 UNCLAS FREETOWN 04315

CLASS: UNCLASSIFIED
 CHRG: AID 1 / 3 / 84
 APPRV: AMB:LEWIS
 DREFD: AID:WSLFFES B
 CLEAR: NONE
 DISTR: AII-2 AMB DCM
 CHRON R

AIDAC

PASS TO NANCY HARRIS, FPIA NAIROBI

E.O. 12356:N/A

SUBJECT: REQUEST SHIPMENT OF CONTRACEPTIVE - SIERRA
 LEONE FHI PROJECT

1. THE FHI PROJECT RECEIVED A SHIPMENT OF CONDOMS,
 JAM BOTTLES AND FOAMING TABLETS FROM FHI IN AUGUST.
 ALONG WITH 40,000 CONDOMS RECEIVED FROM PEASL (PLANNED
 PARENTHOOD ASSOCIATION OF SIERRA LEONE) THE 24,000 FPIA
 CONDOMS WERE DISTRIBUTED TO THE THREE DISTRICTS WHERE
 MOH WORKERS HAD RECEIVED TRAINING UNDER FHI, I.E., BO,
 KOMBALI, AND KENEMA. PEASL PROVIDED CONDOMS FOR
 DISTRIBUTION TO KENEMA, TONKOLILI AND MOYAMBA, DISTRICTS
 THAT HAD RECEIVED TRAINING EARLIER IN THE YEAR. A
 NOMINAL CHARGE IS BEING MADE FOR CONTRACEPTIVES AND
 PROCEEDS ARE BEING DEPOSITED IN A SEPARATE ACCOUNT IN
 MOH. A MORE DETAILED REPORT ON THIS WILL BE PREPARED
 WHEN DATA IS AVAILABLE.
2. THE MINISTRY REQUESTS ADDITIONAL SUPPLIES WHICH
 INCLUDES IUDS, PILLS AND DIAPHRAGM COIL SPRINGS. THESE
 ARE REQUIRED FOR THE NEXT PHASE OF TRAINING FOR SENIOR
 HEALTH NURSES. HOWEVER, IN THE INTERIM, MISSION
 REQUESTS 20,000 CONDOMS, 500,000 FOAMING TABLETS AND
 1,000 TUBES OF CONTRACEPTIVE JELLY AS SOON AS POSSIBLE.
3. MISSION IS PREPARING PIO/C FOR OTHER CONTRACEPTIVES,
 E.G., PILLS: MICROGYNON - 30% CYCLES, OUVFAL - 370 CYCLES,
 EUGYNON - 30% CYCLES AND PROGESTERONE ONLY PILL - 30%
 CYCLES; 60 EACH DIAPHRAGM COIL SPRINGS SIZES 65, 70, 75,
 85, 90 AND 95 AND 15 PACKS OF FITTING RINGS FOR DIAPHRAGM;
 IUDS - LIPPES LOOP, 150 EACH FOR SIZES A, P, C AND L AND
 620 LIPPES LOOP INSERTOR, 30 GALLONS OF HIBITANI FOR
 STERILIZING IUDS, 150 COPPER-T (200 0) STERILE PACKS IUD
 AND INSERTORS. MISSION WOULD APPRECIATE ADVICE ON
 ORDERING THESE CONTRACEPTIVES AND ADVISABILITY ON THEIR
 USE. THE LIST WAS COMPILED BY A COMPETENT SIERRA LEONE
 PHYSICIAN, DR. EFFIE GOODING.
4. MOH HAS ALSO REQUESTED 60 BOTTLES OF 10 ML OF
 DEPOPROVERA. WHAT SHOULD I ADVISE MOH ON THIS COMMODITY?
5. MISSION WOULD APPRECIATE SST/POP ADVICE REF PARA 2

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AND AS ABOVE, PARTICULARLY IF IT CAN MOVE AHEAD WITH
CONDOMS, JAMING TABLETS AND CONTRACEPTIVE JELLY ORDER
WITHOUT DELAY. LEWIS

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Best Available Document

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Appendix F

SIERRA LEONE MOH

Division of MCH Services

and

INTRAH, Univ. of North Carolina

Accomplishments, Phase I

September 21, 1984

ACTIVITY	PERSONS RESPONSIBLE, PARTICIPATING	EXPECTED OUTCOMES	UNEXPECTED OUTCOMES	FINDINGS, COMMENTS
(1) Baseline data collection (Jan.-Feb. '84)	11 MCH/FP trainers actively involved	Info about training involvement and attitudes about FP of MCH aides		Approximately 50% of MCH aides already involved in FP Motivation, Counseling and health ed in FP (number unknown because MCH aides were not keeping records prior to training)
a. FP skills assessment for MCH staff	Forms distributed to 10 MCH aides in each district (11 districts)			Equipment in centers was given to PPASL; 6 of 12 centers have basic equipment for FP services (affiliated with PPASL)
b. Inventory of FP equipment available in MCH centers	District health sister in charge of district MCH center (11 districts)	Info about existing FP equipment in the centers		FP records not kept by MCH aides prior to training; thus no statistics available on services provided
c. Current FP services provided at district MCH	District health sister at 6 centers where FP services are available	Knowledge of FP methods used, number of acceptors, referrals, reasons for referral, most common methods used		Forms are currently being used but are awaiting approval of the MCH Advisory Committee and the MOH
(2) Development of FP curriculum for integration into existing MCH curriculum for MCH aides	11 MCH/FP trainers (Diane Hedgecock, Norma Wilson, INTRAH) 5 core trainers	2-part, 2 week FP curriculum for MCH aides	Development of records, books & forms for MCH aides to use in FP service delivery (referral forms, pill resupply checklists, appointment cards, client register) client record card	None of the 11 MCH/FP trainers had been involved before in developing a FP curriculum

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ACTIVITY	PERSONS	EXPECTED OUTCOMES	UNEXPECTED OUTCOMES	FINDINGS, COMMENTS
(3) Integrated MCH/FP training for the MCH aides (3 simultaneous courses)	11 MCH/FP trainers; TA by 6 core trainers	3 training activities; 60 MCH aides in 3 pilot districts	Knowledge and skills in curriculum development, training methodology, planning and management of a training program 66 MCH aides trained	The need for supervision of the MCH aides in integrating FP into MCH activities was recognized during this curriculum development
		MCH/FP aides would be able to motivate for FP, provide FP info, interview and counsel clients for FP, do FP referrals and give non-prescriptive FP methods and do FP record-keeping	45 additional MCH aides trained in 2 additional training activities	Planned for October but moved forward to allow core group and Gba Kamara to visit all trainings. Also, trainings staggered to facilitate adequate supervision of the training program. The second week of the first training overlapped the first week of the second training
(4) Review of curriculum and MCH aide training (May 17-18)	11 MCH/FP trainers, 6 core group trainers, Dr. Gba Kamara, Dr. Gooding	Identify problems in curriculum implementation and make modifications as necessary	MCH aides have themselves become acceptors	Time of 2 weeks was too short to train MCH aides in FP. Also MCH aides required a refresher in basic nursing skills. The idea of MCH aide supervision was reinforced during this activity

ACTIVITY	PERSONS	EXPECTED OUTCOMES	UNEXPECTED OUTCOMES	FINDINGS, COMMENTS
(5) Curriculum revision & planning for next training (May 19)	6 core group Director of MCH	Revision of FP curriculum for MCH aides and plans for next training		Additional time needed for planning and revision necessary (2 days required). Several meetings occurred in order to complete the work.
Supervision of FP/MCH aides at work sites (June-July)	4 core group, 11 MCH/FP trainers, MCH Director (in teams)		<ul style="list-style-type: none"> -Supervising 66 FP/MCH aides at their worksites -Visited key people in the communities in order to change negative attitudes about FP (chiefs, leaders of women's groups) -Simple supervision guidelines (checklist developed) 	This activity was added to fulfill a perceived need for supervision identified in activity 2. Provision of support, guidance, to improve skills, identify problems in providing FP services and amount of FP services. Identify community members who will support MCH aides in provision of FP services
(6) Curriculum development for clinical FP course (July 16-Aug. 3)	Dr. Major, Dr. Gooding, Dr. Kargbo, Core group, PPASL observers	6 week curriculum for FP skills	Updating trainers' knowledge of practical aspects of FP	All core group members attended and participated
(7) Clinical FP skills II				Postponed in order for core trainers to travel to U.S. for training - now scheduled Jan. 1985

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A P P E N D I X G

CATEGORY OF PERSONNEL AND TYPE OF TRAINING TO BE RECEIVED (IN-COUNTRY)
FHI PROJECT, CY 1985 AND 1986

Personnel Category	TRAINING TYPE						TOTAL
	<u>Clinical</u>	<u>ART OF Management</u>	<u>FP Orientation</u>	<u>TOT</u>	<u>Management Supervision</u>	<u>FP Motiv. & Education</u>	
Staff Midwives	18				8		26
TBA's						350	350
PHN's				6			6
SCM's				4			4
DHS's	12				12		24
MCH Aides	75						75
Sr. Dispensers			3				3
EDCU Assts.	30						30
EDCU Superv.			3				3
EDCU Dispensers			9				9
SRN's				3			3
Dressers			19				19
Nurse Dispensers			7				7
M.D.'s	*47	*12	4				63
SECHN's	15						15
SHS's			4				4
Matrons		*8	1				9
Health Education Officer			1				1
	197	20	51	13	20	350	651

* INTRAH FUNDING

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A P P E N D I X H

CTT PARTICIPATION, BY QUARTER, CY 1985 - 1986

	Site	-CY 1985-				-CY 1986-		
		Jan-March	April-June	July-Sept.	Oct-Dec	Jan-March	Apr-June	July-Sept.
1. Clinical skills with IUD insertion	Freetown	Feb. 11-March 22						
2. TOT for CTT	Nairobi		April 15-May 4					
3. FP orientation for Provincial-level managers	Freetown		May 13-17					
4. FP orientation for Nurse Dressers and Nurse Dispensers	Bo		June 3-7					
5. Management and Supervision for District-level Managers	Kenema			July 1-19				
6. Clinical skills with IUD insertion	Freetown			August 5-Sept. 13				
7. TOT and Curriculum Development	Bo			Sept. 23 → Oct. 25				
8. Field follow-up	Provinces				Nov: 1 week			
9. MCH Seminar	Freetown				Nov: 2 weeks			
10. Clinical skills without IUD Insertion	Makeni					Jan. 6-24 (back-up)		
11. Integrated FP	Bo, Makeni, Kenema					Feb. (back-up)		
12. FP motivation and Health Education	Districts				Nov. →	back-up →		
13. Program Evaluation	Freetown						August 11-12	
14. Interagency Meeting	Freetown						August 25-29	

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