



TRIP REPORT # 0-43

TRAVELERS: Ms. Pauline W. Muhuhu, Director
INTRAH ES/A Regional Office

COUNTRY VISITED: PHILIPPINES

DATE OF TRIP: February 9-11, 1985

PURPOSE: Discussions with IMCH regarding
training in Clinical FP for African
nurse/physician teams and hosting training
for PDA CTT in TOT

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EXECUTIVE SUMMARY

During a two-working day visit in Manila on 10-11 February 1985, discussions were held with staff of the Institute of Maternal and Child Health (IMCH) regarding "Nurse/Physician Team training in Clinical Family Planning Skills" scheduled from April 15 - May 24, 1985 and the possibility of IMCH hosting the PDA core training team's TOT during the period October 28 - November 16, 1985.

A briefing on the outcomes of the visit was held with USAID Population Officer Mr. Dallas Voran.

A review of the current IMCH 6-week curriculum on "Skills Training for Nurse/Midwives in Clinical Contraception (including IUD insertion)" was reviewed. In addition, the IMCH training team who had just returned from Santa Cruz was briefed on country situations, the background of the participants and their needs in general. IMCH and INTRAH agreed on adjustment of the current curriculum to meet some specific needs of this group (in addition to acquiring the clinical family planning skills).

These are:

- a) team building experiences;
- b) team roles (expected differences, complementary/supplementary);
- c) clinic team workplans for development/improvement/expansion of family planning services. This plan would be implemented by the teams on their return home and its use will be monitored by INTRAH as an evaluation measure.

Tentative arrival and departure dates were agreed on, subject to flight schedules. The arrival dates are on or about 13th April and departure on or about 25th May, 1985.

SCHEDULE

Saturday, February 9:

3:00 p.m.

Arrival Manila Airport.

4:00 p.m.

Brief visit to Institute for Maternal and Child Health.

Sunday, February 10:

9:00 a.m.- 5:00 p.m.

Field discussions with Dr. Perla Sanchez, Executive Director IMCH and Ms. Miriam Grofilo Director of Support Unit, IMCH.

Monday, February 11:

8:00 a.m. - 12:00 p.m.

Meeting with Dr. Sanchez, Core Training Team members, and Ms. Grofilo.

12:00 p.m. - 5:00 p.m.

Visit to training clinics

- IMCH headquarters.
- Malabon Puericulture and Family Planning Centre.

Tuesday, February 12:

6:45 a.m.

Breakfast meeting with USAID Population Officer Mr. Dallas Voran; IMCH Executive Director Dr. Perla Sanchez, and IMCH Training Director Ms. Asuncion G. Eduarte

11:45 a.m.

Departure

I. PURPOSE OF THE VISIT

This visit followed one in Thailand. The purpose was to discuss the curriculum for Nigerian and Ugandan nurse/physician teams' clinical family planning skills training and to explore the possibility and willingness of IMCH to host a TOT workshop for the core training team from the Asian Centre of the Population and Community Development Association of Thailand (PDA).

II. ACCOMPLISHMENTS

- A. Discussions were held with Dr. Perla Sanchez on INTRAH/PDA training team development plans and the role IMCH could play.
- B. The IMCH curriculum in "Skills Training for Nurse/Midwives in Clinical Contraception" was reviewed with 3 members of the IMCH training team and Dr. Sanchez.
- C. The IMCH trainers were briefed on the background of the participants, country situations, and the participant/country family planning service and training needs.
- D. Observation visits to 2 training clinics were made.
- E. Recommendations and suggestions were made for adjustment of the current clinical skills curriculum to meet the needs of the Nigerian and Ugandan teams.
- F. A debriefing meeting was held with the USAID Population Officer on the two days' activities and their outcomes.

III. BACKGROUND

In November 1984, Lynn Knauff, INTRAH's Deputy Director, visited and held discussions with the IMCH staff in Manila regarding IMCH's interest in being a regional training site, as an expansion of the assistance that had been provided to RTSA/A. The discussions resulted in a project proposal from IMCH. It included the training of Nigerian and Ugandan nurse/physician teams (at the request of INTRAH) in clinical family

planning skills (see report No. 9-11). In January 1985 Dr. Perla Sanchez visited Chapel Hill to develop a sub-contract with INTRAH and she traveled to Washington, D. C to meet with ST/POP/IT personnel and representatives of the Asia Bureau. Dr. Sanchez also visited the 5-member IMCH core training team who was attending a "Training of Trainers Update" workshop at Santa Cruz sponsored by INTRAH.

At the time Dr. Sanchez was in the U. S. INTRAH's Director for Eastern and Southern Africa, Ms. Pauline Muhuhu, was in Thailand familiarizing herself with the Population and Community Development Association (PDA) community-based services and providing the PDA Training Division with technical assistance in curriculum development.

Initial plans were for Dr. Sanchez to stopover in Bangkok to confer with Ms. Muhuhu on the nurse/physician team training, but while in Chapel Hill Dr. Sanchez expressed a need for Ms. Muhuhu to become familiar with the Manila training facilities and to meet with the training team who would be completing the workshop in Santa Cruz at just about the time Ms. Muhuhu would be concluding her Bangkok visit. It was arranged for Ms. Muhuhu to go to Manila at the end of her Thailand visit to meet and consult with Dr. Sanchez and the IMCH staff. In Bangkok, the INTRAH team of Ms. Muhuhu and Ms. Knauff (Ms. Knauff joined Ms. Muhuhu in Bangkok during the last 3 days of Ms. Muhuhu's visit) developed an INTRAH/PDA cooperative plan in which INTRAH would strengthen PDA training capability and then PDA would assist INTRAH in the training of African community-based distribution development teams. In strengthening PDA training capability, a core training team development activity was proposed to be conducted outside Thailand. IMCH was identified as a possible host institution though INTRAH would provide trainers. This gave rise to a second purpose for Ms. Muhuhu's visit to Manila.

The idea of a nurse/physician team activity arose from previous INTRAH experience; for example, Somali trainees have found great resistance from physicians in their country to provision of FP services by nurse/midwives particularly to insertion of IUD's. Other African trainees have expressed lack of or inadequate support from physicians who by hierarchy are in charge of MCH/FP service delivery facilities. Through follow-up of participants, INTRAH has also found out that greatest progress has been made by nurse trainees/participants where there is maximum support from physicians. INTRAH therefore found it fitting to develop teams of nurses and physicians

from 5 Nigerian and 3 Ugandan clinics.

IMCH has a training team comprised of nurses and physicians and has had experience in training both cadres of health workers; hence the choice by INTRAH to use this institution for the training. IMCH has trained Somali nurses who were supported by INTRAH and USAID/Mogadishu.

IV. DESCRIPTION OF ACTIVITIES

This was a consultative visit with the staff of the Institute of Maternal and Child Health in Manila regarding the training of Nigerian and Ugandan nurse/physician teams in family planning clinical skills.

On arrival at the airport, I was met by an American Express representative (courtesy of USAID) who assisted me through Immigration formalities and handed me over to IMCH staff who had come to meet me. For this assistance, I am very grateful to USAID and IMCH.

- A. Most of the first day was spent in unstructured discussions on the way to and at Targytagy Lodge with Perla Sanchez, IMCH Executive Director and Miriam C. Grofilo, Director of the Support Unit. Discussions centered on:
- 1) current 6-week IMCH clinical skills curriculum;
 - 2) prospective candidates' background and expected post-training responsibilities;
 - 3) Nigeria and Uganda profiles;
 - 4) feedback to IMCH on Somali trainees; and
 - 5) INTRAH proposal for IMCH to host the training of Thai trainers' workshop.

Following this discussion an agenda was drawn up for the meeting the following day with IMCH trainers who were expected home that night from Santa Cruz. The agenda was as follows:

- i) Briefing on the teams and the countries they came from.
- ii) Identification of special needs for the teams.
- iii) Identification of additional content areas in the curriculum for the group.
- iv) Visit to training clinics.

B. On the following day, a meeting (chaired by Dr. Sanchez) was held with:

Dr. Perla Sanchez	Executive Director, IMCH
Ms. Asuncin G. Eduarte	Training Director, IMCH
Ms. Feliciano E. Eraldo	Nurse Training Specialist, IMCH
Ms. Antoinette S. Tejano	Nurse Training Specialist, IMCH
Dr. Chita S. Quitevis	Clinic Services, IMCH
Ms. Miriam Grofilio	Director, Support Services, IMCH

The trainers had just returned from Santa Cruz (less than 12 hours previously). They were, however, enthusiastic and asked a lot of detailed questions from the agenda items. It was a pleasure being with this group. The following was discussed and agreed upon:

- 1) The existing clinical skills curriculum will be adjusted for the Nigerian/Ugandan teams to include the following:
 - A rationale that reflects IMCH awareness of the differences between IUD user rates in Philippines and Africa. This is necessary because IMCH has a very high performance standard on IUD insertion during training and during internship (see Appendix B).
 - A definition of the physician/nurse roles in family planning service programs: differentiation of roles (expanded, complementary and supplementary).
 - Development of the nurse/physician team workplans for implementation at their home clinic/area of operation. The workplan should reflect the national/state goals and objectives, and institutional (participant's area of operation) goals, objectives and targets.
 - Recognition for physicians' need to have and subsequent provision for higher level of content and skills in provision of clinical family planning services; e.g. management of gynecological conditions, and recognition and management of "high risk" mothers and children. This is dependent on individual and group needs assessments to be performed by IMCH prior to the course.
 - Team-building concepts and experiences.

- 2) IMCH will revise the curriculum and send to INTRAH/Chapel Hill by the end of February together with information for candidates.
 - 3) INTRAH will submit names of candidates and brief C.V.'s as soon as possible.
 - 4) Pauline Muhuhu will submit to Perla Sanchez a map of Africa, her C.V. and an INTRAH regional clinical skills curriculum (for comparison).
 - 5) Participants will arrive at least two days prior to commencement of the course to allow for jet-lag.
- C. On the afternoon of Day Two, visits to IMCH headquarters and the Malabon clinic were made. The latter is very busy with an average of 30 - 36 IUD insertions in a week. Other impressions of the clinics appear elsewhere in this report.
- D. A debriefing meeting was held on the last morning with Mr. Dallas Voran, USAID Population Officer; Dr. Perla Sanchez, IMCH Executive Director; and Ms. Asuncion Eduarte, IMCH Training Director. Mr. Bill Johnson (position was not indicated) was also present for part of this meeting.

V. FINDINGS

- 1) IMCH staff are willing to conduct the training for Nigerian and Ugandan nurse/physician teams. They are flexible to meet the needs of their prospective trainees and are anxious to ensure the curriculum that they design meets these needs.
- 2) The clinics are very busy with an average of 30 - 36 IUD insertions per week in Malabon clinic. There is a good record-keeping system that includes individual client record, monthly service report, records of all contraceptive users, drop outs and transfers, and method changes.
IMCH headquarters clinic also has a telephone counselling service.
A study on oral contraceptive commercialization is also underway.

The clinics are small, clean, simple and unsophisticated. The nurses/physicians staffing the clinics appeared very knowledgeable and certainly used to having students.

There are more IUD users than oral contraceptive users.

- 3) The curriculum is comprehensive with high trainee performance expectations during training and internship (see Appendix B). The trainers are flexible to include special needs for this specific group.
- 4) Dr. Sanchez is willing to host training for PDA trainers but she envisions part of hosting as actually involving IMCH trainers in the actual training. INTRAH's plans are to identify a trainer, probably George Walter, to conduct the training while IMCH provides logistical support and if possible, trainees with whom PDA trainers could practice training skills.
- 5) IMCH trainers have requested a site follow-up by George Walter during the nurse/physician team training. If this happens it could serve a dual purpose in that on-site plans for Thai training could be incorporated in his follow-up.
- 6) USAID support INTRAH's efforts in Philippines and welcomes the PDA/IMCH connection.
- 7) The IMCH training department lacks the sophisticated training hardware that Thai trainers have. This may be a new experience for Thai trainers who also depend a lot on the audio-visual staff's support.

VI. CONCLUSIONS

IMCH is an appropriate institution to conduct the nurse/physician clinical skills training with minor modifications of the curriculum. The clinics offer similar situations to those that the participants have back home and therefore need no major adaptations.

There is a need for a clear delineation of roles and responsibilities between the INTRAH trainer (possibly George Walter) and IMCH. If IMCH expects active participation in the actual TOT (the capability is doubtful at this moment) then George Walter must be there earlier for identification of the most likely trainers to participate and plan the training with him. George Walter has just updated the IMCH trainers' training skills and would probably be the best judge of their capability.

VI. RECOMMENDATIONS

- 1) INTRAH and IMCH should proceed as planned with the training of Nigerian and Ugandan nurse/physician teams. INTRAH should furnish the names and addresses of the candidates as soon as possible.
- 2) INTRAH/Chapel Hill should discuss in more detail the expected role of IMCH in the training of Thai trainers.
- 3) IMCH should modify the present curriculum to include items discussed in Section IV. B. of this report and submit the revised curriculum to INTRAH.
- 4) If George Walter will be in Asia at any time before the proposed October Thai training, he should visit Manila and make final plans for this training with IMCH. If he is actually expected to visit IMCH during the nurse/physician training, then this should be the time for him to discuss training plans and expectations with Dr. Sanchez and trainers.

APPENDIX A

Persons Contacted

1. **USAID MANILA**

Mr. Dallas Voran, Population Officer
Mr. William Johnson, (Position not indicated)

2. **Institute of Maternal and Child Health**

Dr. Perla Sanchez, Executive Director
Ms. Asuncion G. Eduarte, Training Director
Ms. Feliciano E. Eraldo, Nurse Training Specialist
Ms. Antoinette S. Tejano, Nurse Training Specialist
Dr. Chita S. Quitevis, Clinical Services
Ms. Elena D. Cruz, Nurse Preceptor, Malabon Puericulture and FP Centre
Ms. Miriam C. Grofilo, Director for Support Services
Dr. Aida Segarra, Medical Training Specialist, IMCH FP Clinic Headquarters

AID/W Cable to USAID/Manila Requesting
Approval for Muhuhu Travel

ACT: (AID-6) INFO: ADB DCM ECON ADB CHRON/10 //TWT//

APPENDIX B

7ZCZCMI0111
PP RUFHML
DE RUFHC #1361 0232302
ZNR UUUUU ZZH
P 232301Z JAN 85
FM SFCSTATE WASHDC
TO RUFHML/AMEMBASSY MANILA PRIORITY 3564
INFO RUMTBK/AMEMBASSY BANGKOK PRIORITY 5830
BT
UNCLAS STATE 021361

LOC: 76 447
23 JAN 85 2301
CN: 13500
CHRG: AID
DIST: AID

ACTION COPY

Action Taken: Cable
No action necessary
Date: 23/1/85 Inits: DLW

AIDAC

F.O. 12356: N/A

TAGS:

SUBJECT: POPULATION: TRAVEL OF INTRAH STAFF,
MS. PAULINE MUHUU, FEB. 9-11, 1985

1. REQUEST USAID CONCURRENCE FOR MS. PAULINE MUHUU, INTRAH'S REGIONAL DIRECTOR IN EAST AFRICA, TO VISIT MANILA FEB. 9-11 FOR CONSULTATION WITH MS. PERLA SANCHEZ RE TRAINING AFRICANS AT IMCH. MUHUU IS NOW IN BANGKOK PROVIDING TECHNICAL ASSISTANCE TO ASIAN CENTRE.

2. SANCHEZ HAS INVITED MUHUU IN TELCON FROM CHAPEL HILL AND WOULD CHANGE HER ITINERARY TO SKIP BANGKOK AND ARRIVE MANILA FROM SAN FRANCISCO IN ADVANCE OF OR SIMULTANEOUSLY WITH MUHUU ARRIVAL FROM BANGKOK.

3. PROPOSED ETA OF MUHUU IS FEB. 9, 2:55 P.M., ON TG 620. PLEASE ADVISE TO ST/POP/IT.

SHULTZ

BT

#1361

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DUE DATE		
1-28-85		

UNCLASSIFIED

STATE 021361

*Read to Dr. Sanchez's
Secretary, 1320 hrs,
23 Jan 85.
-DJ*

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

TRAINING DIVISION

SKILLS TRAINING FOR NURSES/MIDWIVES IN CLINICAL CONTRACEPTION
(INCLUDING IUD INSERTION)

RATIONALE/BACKGROUND

In the earlier years of the population and family planning programs in many countries the participation of nurses and midwives are limited to information, motivation and education for family planning acceptance and assisting the physician in the administration of family planning.

Recently, however, the role and functions of nurses and midwives in the population/family planning programs have expanded to include the authority to provide, dispense and administer acceptable methods of contraception in accordance with the national population policy provided they have been trained.

This innovative practice was brought about by conditions/situations confronting a number of developing countries to meet their needs. The training of nurses and midwives in administering and dispensing clinical contraception including IUD insertion is an answer to problems like shortage of physicians to deliver family planning services especially in rural areas and the socio-cultural behavior of womenfolk most especially in rural areas to submit themselves for medical and gynecological check-up to male physician.

The Six-Week Skill Training for Nurses/Midwives in Clinical Contraception Including IUD Insertion is designed to provide basic knowledge, understanding and skills to a group of nurses and midwives from the Ministries of National Defense and Agriculture, Bureau of Agricultural Extension, Province of Laguna, Outreach Program, Province of Nueva Ecija and Institute of Maternal and Child Health so that they can administer clinical contraception safely with competence and confidence.

OBJECTIVES

1. General Objective:

To acquire basic knowledge, understanding and skills in administering clinical contraception including IUD insertion.

2. Specific Objectives:

At the end of six weeks, the participants shall be able to:

2.1 explain the process of human reproduction;

- 2.2 discuss at least four (4) methods of contraception in the light of how each method prevents conception;
- 2.3 perform thorough and accurate physical examination including pelvic exam of clients;
- 2.4 identify contraindications to the use of the method;
- 2.5 insert Lippes Loop IUD and/or Copper T according to Procedure Manual on IUD Insertion;
- 2.6 dispense other methods of contraception except injectable and sterilization;
- 2.7 identify common minor gynecological conditions related to the use of a contraceptive method;
- 2.8 manage common minor gynecological conditions identified
- 2.9 collect specimen for laboratory examination;
- 2.10 identify side effects and complications arising from the use of a contraceptive for appropriate referral;
- 2.11 remove IUD (Lippes Loop; Copper T) according to Procedure Manual;
- 2.12 practice aseptic technique and procedures;
- 2.13 with the use of Maternal Risk Index, identify high risk mothers for referral;
- 2.14 apply two way communication process in the light of how messages are transmitted;
- 2.15 demonstrate the process and technique in recruiting/sustaining FP acceptance;
- 2.16 demonstrate counseling for FP acceptance and continuing use.

COURSE CONTENT

1. MODULE I - Contraception and Related Topics
 - 1.1 Human Reproductive System
 - 1.2 Contraceptive Methods
 - 1.2.1 IUD (medicated & non-medicated)
 - a. Lippes Loop
 - b. Copper T
 - 1.2.2 Hormonal (oral & injectable)
 - 1.2.3 Natural FP Method & Other Conventional Methods
 - 1.2.4 Voluntary Sterilization
 - 1.3 Techniques and Procedures
 - 1.3.1 IUD Insertion and Removal
 - a. Lippes Loop
 - b. Copper T
 - 1.3.2 Physical Assessment
 - 1.3.3 Laboratory Procedures
 - 1.4 Common Minor Gynecological Conditions and its Management
 - 1.4.1 Cervicitis and Erosions
 - 1.4.2 Vaginitis-moniliasis, trichomonas and non-specific infections

- 1.5 Identification and Referral of High Risk Mothers
2. MODULE II - Communication in Family Planning
 - 2.1 Communication Process
 - 2.2 Technique in Recruiting/Sustaining FP Acceptance
 - 2.3 Counseling for FP Acceptance and Continuing Use
3. MODULE III - Practical Phase or Field Training
 - 3.1 Client Screening to Method Acceptance
 - 3.1.1 record analysis
 - 3.1.2 pre and post conferences including interview and counseling
 - 3.2 Physical Assessment
 - 3.3 IUD Insertion
 - 3.4 Dispensing Other Contraceptive Methods Except Injectables and Sterilization
 - 3.5 IUD Removal
 - 3.6 Collection of Specimen for Laboratory Examination
 - 3.7 Identification and Management of Minor Gynecological Conditions
 - 3.8 Motivation and Follow-up of Clients
 - 3.9 Individual/Group Counseling
 - 3.10 Recording and Reporting

METHODOLOGY

1. The Didactic Phase

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

2. Practical Phase or Field Training

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

3. Internship. (2 months)

Continuation of training in areas of assignment under the supervision of the "back-up" physician, trained nurse supervisor and medical coordinator.

PARTICIPANTS

Nurses and Midwives from the Ministries of Agrarian Reform and National Defense, Bureau of Agricultural Extension, Province of Laguna, Province of Nueva Ecija, Outreach Program and Institute of Maternal and Child Health.

OPERATING DETAILS

1. Duration of the Course - Six (6) Weeks

2. Venue - Institute of Maternal and Child Health (IMCH)
11 Banawe St., Quezon City

Family Planning Training Clinics (Metro Manila)

3. Time Schedule

3.1 Didactic Phase

Monday to Friday

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

Saturday

8:30 a.m. - 5:00 p.m.

3.2. Practical Phase or Field Training

Monday to Friday

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

Saturday

8:30 a.m. - 3:00 p.m.

4. Record and Reports

4.1 Daily Time Record

4.2 Daily Accomplishment Records (Training Forms
1, 2, 3 and 4)

5. Attendance

5.1 Each participant is required to attend every period of the 6 weeks training course.

5.2 Absences

5.2.1 Didactic Phase - two (2) consecutive days will be sufficient ground for deselection.

5.2.2 Practical Phase - any absences will be made up provided it will not exceed five (5) days and if it exceed, the participant is automatically dropped from the course.

5.2 Tardiness - Didactic and Practical Phase

15 minutes late is allowed and a total of 3 tardiness is equivalent to one day absent.

6. Requirements

<u>Training Experiences</u>	<u>During Training</u>	<u>Internship</u>
6.1 IUD Insertion	20	20
6.2 Complete P.E.	80	30
6.3 Collection of Papsmear	10	5
6.4 Follow-up of IUD Acceptors and Other Method	15	10

<u>Training Experiences</u>	<u>During Training</u>	<u>Internship</u>
6.5 Group Instruction/ Counseling	1	1
6.6 IUD Removal	5	5
6.7 Dispensing Pill	5	5

EVALUATION SCHEME

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

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

1. Pre-Training Evaluation
 - 1.1 Written examination on which each participant will answer to assess present level of KAS.
2. Daily Evaluation
 - 2.1 Written examination for each participant before and after each session/module.
 - 2.2 After the everyday's session an assessment sheet on KAS will be accomplished by the participants using a scale of 1-5.
3. Weekly Examination
 - 3.1 Written examination on which each participant will answer to find out their progress is KAS.
 - 3.2 Oral feedback and integration
4. Performance Evaluation
 - 4.1 After the practicum an assessment, sheet on KAS will be accomplished by the participants and to be discussed with preceptors using a scale of 1-5.
5. Post Training Evaluation
 - 5.1 The same scale given to participants during the pre-evaluation will be used to indicate their attained learning level.

15.

6. Final Evaluation

CERTIFICATION

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

* * *

nrc/
4/v/84

APPENDIX D

Family Planning Records.

- D.1 Family Planning Service Record
- D.2 Family Planning Clinic Monthly and Service Report
- D.3 Sterilization Logbook
- D.4 Family Planning Clinic Logbook
(Non-Sterilization)

Best Available Document

<p>GENERAL INSTRUCTIONS:</p> <ul style="list-style-type: none"> - PREPARE THREE (3) COPIES OF THIS REPORT IMMEDIATELY AFTER THE END OF THE MONTH. • SAVE THE ORIGINAL TO FORWARD RESPONSIBLE FOR REPORTING ON THE CLINIC TOGETHER WITH FORMS FP-2 AND FP-2E. • ONE COPY FOR YOUR HEALTH AGENCY. • FILE THE OTHER COPY AT YOUR CLINIC. - READ CAREFULLY THE INSTRUCTIONS ACCOMPANYING EACH OF THE BOOKS BEFORE ACCOMPLISHING THE REPORT. - FILL IN ALL BOXES, DO NOT LEAVE BLANKS, WRITE ZERO (0) WHERE APPROPRIATE. - MONTHLY REPORTS OF SATELLITE/SUB-CLINIC, IF ANY, SHOULD BE CONSOLIDATED/INCLUDED INTO THE REPORT OF THE MAIN CLINIC. 	<p>FAMILY PLANNING CLINIC MONTHLY SERVICE REPORT</p>	<p>FORM FP-3 (REV. - 1982)</p>	<p>SERVICE DELIVERY</p>
<p>CLINIC NAME _____</p>	<p>CLINIC ID NUMBER _____</p>	<p>AGENCY CLINIC</p>	
<p>CLINIC ADDRESS _____</p>	<p>REPORT PERIOD _____</p>	<p>MONTH YEAR</p>	

A. CLINIC CONTRACEPTIVE SERVICES SUMMARY			
<p>"NUMBER OF CLIENTS STARTING A METHOD AT THIS CLINIC DURING THE MONTH"</p> <ul style="list-style-type: none"> • COUNT ALL ACCEPTORS SHOWN IN THE MONTHLY LOGBOOK SHEETS (FORMS FP-2 AND FP-2E) INCLUDING THOSE WHO ARE "CHANGING METHOD (SHEPHERD)" ONLY. <p>"NUMBER OF CONTINUING USERS RECEIVING REGULAR SERVICES FROM THIS CLINIC"</p> <ul style="list-style-type: none"> • AT THE END OF THE MONTH, THE CLINIC MUST CAREFULLY GO OVER ITS "ACTIVE FILE" OF FP SERVICE RECORDS (FORM FP-1) AND REMOVE THE RECORDS OF THOSE WHO ARE OVERDUE FOR SERVICE (THAT IS, THEIR "NEXT SERVICE DATE" HAS ALREADY PASSED BY BUT THE CLIENT HAS NOT BEEN SERVED). • IF THE "NEXT SERVICE DATE" IS NOT INDICATED IN FORM 7P-1, FOLLOW THE FOLLOWING INSTRUCTIONS PROVIDED FOR EACH TYPE OF METHOD IN ORDER TO DECIDE WHICH CLIENT'S RECORD SHOULD BE REMOVED FROM THE "ACTIVE FILE" <ul style="list-style-type: none"> • PILL, CONDOM, FOAM TABLETS AND OTHER RESUPPLY TYPE OF CONTRACEPTIVE METHOD: REMOVE FROM THE "ACTIVE FILE" DURING THE MONTH WHEN THE LAST RESUPPLY IS EXPECTED TO RUN OUT. • IUD INSERTION: REMOVE FROM THE "ACTIVE FILE" 12 MONTHS AFTER DATE OF LAST VISIT. • RHYTHM: REMOVE FROM THE "ACTIVE FILE" THREE (3) MONTHS AFTER DATE OF LAST VISIT. • OTHER CLIENTS STILL LEFT IN THE "ACTIVE FILE" ARE THE "CONTINUING USERS RECEIVING REGULAR SERVICES FROM THE CLINIC". THEY SHOULD BE COUNTED BY THE METHOD AND THE RESULTS PLACED IN THE APPROPRIATE BOXES PROVIDED. • ACCEPTORS REPORTED IN FP-2 AND OLD CLIENTS RETURNING TO THE CLINIC SHOULD BE INCLUDED IN THE "ACTIVE FILE" AND THEREFORE COUNTED ALSO AS "CONTINUING USERS AT THE END OF THE MONTH". 	<p>CONTRACEPTIVE METHODS (CROSS OUT ANY METHOD NOT AVAILABLE IN THIS CLINIC)</p>	<p>NO. OF CLIENTS STARTING A METHOD IN THIS CLINIC DURING THE MONTH</p>	<p>NUMBER OF CONTINUING USERS RECEIVING REGULAR SERVICES FROM THIS CLINIC</p>
	<p>FEMALE STERILIZATION</p>		
	<p>MALE STERILIZATION</p>		
	<p>IUD</p>		
	<p>PILL</p>		
	<p>CONDOM</p>		
	<p>RHYTHM</p>		
	<p>OTHERS</p>		
	<p>TOTAL ▶</p>		

B. CLINIC CONTRACEPTIVE STOCK STATUS			
<p>"NUMBER OF CONTRACEPTIVES GIVEN TO THE FP CLIENTS THIS MONTH"</p> <ul style="list-style-type: none"> • AT THE END OF THE MONTH, COUNT THE NUMBER OF PILLS IN CYCLES, CONDOMS IN PIECES AND IUD BY SIZE (A, B, C AND D) IN PAGES GIVEN TO FP ACCEPTORS (AS RECORDED IN FORM FP-2) AND CONTINUING USERS WHO WERE SERVED DURING THE MONTH (AS SHOWN IN FORM FP-1) AND PLACE IN THE APPROPRIATE BOXES PROVIDED THE NUMBER OF PILLS, CONDOMS AND IUD BY SIZE A, B, C AND D GIVEN OUT. • THE CLINIC SHOULD KEEP A SEPARATE RECORD OF CONTRACEPTIVE STOCKS INVENTORY - STOCK ON HAND, RECEIPTS AND BALANCES USING FORMS LOG - SEP AND LOG - SB. <p>"BALANCE OF CONTRACEPTIVES SUPPLIES AT THE END OF THE MONTH"</p> <ul style="list-style-type: none"> • AT THE END OF THE MONTH, COUNT ALSO THE REMAINING NUMBER OF PILLS, CONDOMS AND IUD BY SIZE A, B, C AND D HELD BY THE CLINIC REGARDLESS OF SOURCE AND PLACE IN THE APPROPRIATE BOXES THE RESULTING FIGURES. 	<p>CONTRACEPTIVE DESCRIPTION</p>	<p>NO. OF CONTRACEPTIVES GIVEN TO FP CLIENTS THIS MONTH</p>	<p>BALANCE OF CONTRACEPTIVE SUPPLIES AT THE END OF THE MONTH</p>
	<p>PILL (IN CYCLES)</p>		
	<p>CONDOM (IN PIECES)</p>		
	<p>I U D (IN PIECES)</p>	<p>SIZE A</p>	
		<p>SIZE B</p>	
		<p>SIZE C</p>	
		<p>SIZE D</p>	

<p>C. REMARKS</p> <ul style="list-style-type: none"> • WRITE DOWN ANY PROBLEMS/RECOMMENDATIONS, TO INCLUDE STOCKS STATUS OF NON-CONTRACEPTIVE SUPPLIES, THAT SHOULD BE BROUGHT TO THE ATTENTION OF POPCOS CENTRAL OFFICE MANAGEMENT. EXPLANATORY NOTES REGARDING ANY OF THE DATA REPORTED MAY ALSO BE ENTERED IN THE SPACE PROVIDED. USE ADDITIONAL SHEETS IF NECESSARY AND ATTACH THEM TO THIS REPORT. 	<p>PREPARED BY: _____ DATE PREPARED _____</p> <p>NAME / SIGNATURE / DESIGNATION _____</p> <p>CERTIFIED BY: _____ DATE CERTIFIED _____</p> <p>NAME / SIGNATURE / DESIGNATION _____</p>
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