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TECHNICAL ASSISTANCE

PROVIDED TO THE

SUDAN FERTILITY CONTROL ASSOCIATION

By

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GLOSSARY

CDC	Centers for Disease Control
FPIA	Family Planning International Assistance
IPAVS	International Project of the Association for Voluntary Sterilization
MCH/FP	Maternal and Child Health and Family Planning Services
MOH	Ministry of Health
SFCA	Sudan Fertility Control Association
USAID	United States Agency for International Development

ACKNOWLEDGEMENTS

The consultant wishes to express great appreciation to the staff of the Sudan Fertility Control Association for their support and hospitality. In particular, the consultant wishes to thank the Demonstration Clinic Director, Dr. Nayla Mubarak, and the SFCA Executive Director, Mr. Mohamed Zakaria, for their enthusiastic collaboration in this assignment.

The consultant also wishes to express her appreciation to the USAID Sudan Population Development Officer, Dr. Lois E. Bradshaw, for her complete support throughout the entire technical assistance assignment.

The strong commitment to the Demonstration Clinic on the part of Dr. Mubarak, Mr. Zakaria and Dr. Bradshaw was evident throughout the five weeks and will ensure a successful undertaking.

EXECUTIVE SUMMARY

In 1982, the United States Agency for International Development (USAID) in Khartoum, Sudan, entered into an agreement with the Sudan Fertility Control Association (SFCA), an affiliate of the International Project of the Association for Voluntary Sterilization (IPAVS), to support a family planning Demonstration Clinic. After a delay, due in part to financial difficulties related to the contribution of the Ministry of Health (MOH), the project is now underway. The Clinic Director has been hired and is in the process of hiring the rest of the staff under the direction of the SFCA Executive Board, and with the assistance of the SFCA Executive Director.

The USAID mission in Sudan requested technical assistance on behalf of the SFCA to produce a list of equipment and supplies, clinic protocols, a refined clinic records system, and draft protocols for orientation and training of staff and community motivators.

The consultant spent 25 working days between June 24 and July 30, 1985 in Khartoum, with the Clinic Director and SFCA Executive Director, to produce the requested technical assistance. Visits were made to the nearby clinics of Has Yosif and Fath Rahman El Bashir to examine their client flow and observe their operational procedures. A recent consulting report from the Centers for Disease Control (CDC) in Atlanta furnished the basis for refining the clinic records system and for completing the procedures for inventory control and distribution of supplies.

The four appendices attached to this report are working drafts produced during the assignment which reflect the present needs of the Clinic Director and Executive Director. Candidates are still being interviewed for the senior clinic personnel. The Clinic Director and Executive Director will spend two months in family planning management training in Santa Cruz, California, and the SFCA Executive Board plans to review and approve the clinic protocols prior to their departure for training. After completion of the course in California and hiring of all staff, the Clinic Director and Executive Director will make changes and additions as indicated and reproduce the Clinic Operations Manual (Appendix A) and Medical Standards of Care (Appendix B) developed during the technical assistance assignment. They will also elaborate and implement the training activities. The list of equipment and supplies will shortly be reviewed and put in final form in a meeting between the SFCA and the USAID Population Development Officer.

I. INTRODUCTION AND BACKGROUND

I.1 Project Description

In 1982, USAID/Sudan entered into an agreement with the SFCA to support a family planning Demonstration Clinic. The clinic activities will include outpatient services related to fertility (not including deliveries) and preventive health services for preschool children on the assumption that these related activities are necessary to attract women to use the family planning services. The objectives of the Demonstration Clinic are to:

* establish a clinic which will demonstrate the most effective and efficient methods for attracting family planning clients;

* provide maternal health and family planning services to married couples of reproductive age;

* provide basic preventive health and medical care to pre-school children;

* provide these services to all who need them, with emphasis on people who live in Khartoum, Omdurman and Khartoum North who cannot afford private medical care;

* provide a location for practical training in maternal and child health and family planning (MCH/FP) services; and

* provide an opportunity for community involvement in the delivery of health and family planning services.

A total of 15 people will staff the clinic and a total of 212 visits per day has been established as a target for the first year. At the end of the first year the clinic activities will be evaluated in order to modify the staff pattern and revise estimates for visits and visit types.

A surgical contraceptive service will be separately funded by the International Project of the Association for Voluntary Sterilization (IPAVS) and has not been included in this report.

I.2 Purpose of the Assignment

With the assistance of the Demonstration Clinic Director

and the SFCA Executive Director, the consultant was asked to produce the following pieces of work:

* completed lists of needed equipment and supplies:- list of clinic equipment and supplies requiring foreign procurement, list of contraceptive supplies required for duration of project, and list of equipment and supplies to be purchased locally;

* clinic protocols to include:- protocols for routine client management by visit type, i.e. initial family planning, family planning revisit, initial antenatal, visit and revisit, initial child health visit and child health revisit; job descriptions for clinic personnel; clinic procedures manual;

* refined clinic record system to include:- client record and identification card, client bill, client prescription form, inventory records, clinic registry; and

* draft protocol for orientation and/or training of community motivators.

During a meeting with the USAID Population Development Officer it was agreed that the consultant should also develop protocols or a guide for training of clinic personnel.

II. DELIVERY OF TECHNICAL ASSISTANCE

II.1 Clinic Operations Manual

During the first three weeks of the assignment the SFCA staff and consultant developed the operational procedures for the clinic, including all visit protocols, and completed a fourth and final draft of the Clinic Operations Manual. During this period the SFCA staff and consultant visited the Has Yosif clinic, an MCH/FP clinic funded by Family Planning International Assistance (FPIA), and integrated some aspects of the clinic's operations into the Manual. The Manual is attached (Appendix A). Its major components are sections on procedures for delivering services and organization of clinic activities. Sections on logistics, equipment maintenance, personnel management, an organization chart and job descriptions are also included.

The section on procedures for delivering services covers eight areas:

* client registration
* medical history
* physical exam for all services
* laboratory tests
* health education and counseling
* client management for each category of service
* exiting procedures
* emergency care

The section on organization of clinic activities has incorporated results of the recent consultancy from CDC. Systems and procedures, or a description of the need for procedures, include:

* flow of clients through the clinic
* record keeping
* billing and prescription
* daily preparation of clinic
* distribution of food supplements
* appointments
* schedule of clinic working days and hours
* reports

A logistical system for ensuring an adequate level of clinic supplies had been prepared during the consultancy from CDC and was incorporated into the Manual. Equipment maintenance procedures will be developed once all personnel have been hired.

The system for personnel management will be developed further once the Sister in Charge has been hired, since she will have primary responsibility for supervision. An organization chart and job descriptions for all positions were developed and included in the Manual.

II.2 Medical Standards of Care

The SFCA Clinic Director with the consultant developed an outline of the Medical Standards of Care (Appendix B) for the services. The consultant provided some reference materials which might serve as a basis for standards in family planning. It was decided that the Clinic Director would develop the Medical Standards of Care while developing the training program for medical personnel. Physicians who serve on the SFCA Board will participate in both activities. The reference materials that will provide the basis of medical skills training will also be used to develop Medical Standards of Care.

II.3 Guide for Development of Training Programs

During the third, fourth and fifth weeks, the SFCA staff and consultant developed the components of the training program for all clinic staff, and to the extent possible, for those who will do community motivation. The components of the Guide include:

* completed job descriptions, which are also included in the Clinic Operations Manual;
* matrix, showing delegation of all tasks for clinic personnel, to be completed by the Clinic Director when all personnel have been hired;
* analysis of staffing pattern;
* analysis of tasks and identification of training requirements for all clinic staff, including training objectives and learning activities;
* an outline of training for all staff; and
* a format for use in elaborating training programs to meet needs of each staff position.

II.4 List of Equipment and Supplies

During the final week the SFCA staff and consultant developed the list of equipment and supplies in order to identify those requiring foreign procurement; these items must be ordered soon. Also included were projections for contraceptive supply needs over the life of the project. The SFCA staff and Board will soon meet with the USAID Population Development Officer to achieve final accord on the list and place the order.

Appendix A

CLINIC OPERATIONS MANUAL

CLINIC OPERATIONS MANUAL

Sudan Fertility Control Association

MCH/FP Demonstration Clinic

Fourth Draft 7/18/85

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INTRODUCTION

This Manual provides a detailed description of the procedures used for operating the Demonstration MCH/FP clinic. The medical standards of care with which personnel must comply in delivering the services are contained in a separate document with reference materials. Guidelines for education and counselling are also documented separately.

The clinic will provide services to pregnant and post partum women, women seeking family planning services including infertility counselling, and pre-school children. All clients will be examined and screened for any high risk characteristics during the initial visit and during revisits where indicated. Each client will receive continuing health care according to a specific plan for each service category and the client's health status.

I. COMPONENTS OF CLINIC SERVICES

A. Non Contraceptive

1. Prenatal: confirmation of pregnancy; assessment of maternal general health status; pregnancy diagnosis and screening for high risk pregnan scheduled revisits; treatment or referral for specific problems; tetanus immunization; nutritional supplements; education and counselling; referral for delivery
2. Post Partum: assessment of maternal general health status; assessment of infant general health status; treatment and referral for health problems; education and counselling; scheduled revisits for child health service and for family planning or further post partum care
3. Minor Gynecological Problems: diagnosis; treatment or referral; education and counselling

B. Contraceptive

1. Non Permanent Methods: assessment of client's general health status; screening for contraindications for methods; education and counselling

for method choice; method prescription/provision of method; education for method use; scheduled revisits for follow-up and resupply; treatment of minor side effects and complications; treatment or referral for problems

2. Permanent Method: assessment of client's general health status; education and counselling; sterilization

C. Infertility

D. Child Health: assessment of pre-school child health status; screening for nutritional high risk; nutritional supplement for infants and high risk children; immunization; treatment of minor childhood diseases; scheduled revisits for follow-up, or referral

II. PROCEDURES FOR DELIVERING SERVICES

A. Reception

New clients will be assigned a clinic number and given an Identification Card (see form 2). They will have a Client Record prepared (see form 1) and their name will be placed in the Alphabetical Card File (see form 3). Continuing clients will show their ID Card so that staff may retreive their Client Record, or the Record will be located by consulting the Alphabetical Card File. The receptionist will attach duplicate copies of a bill (see form 7) to each record, so staff can check off the services provided to each client for which the client will be charged. Each client's name and number will be entered in the Daily Clinic Register (see form 5). The client's Record will be given to the first staff person who is to see the client after registration.

B. Medical History

The medical history section of the client's Record will be completed by appropriate personnel for all initial visits and up-dated as required at subsequent visits. This history will be consulted by medical personnel in order to identify high risk pregnancies, contraindications for contraceptive methods and nutritionally high risk children, all of which are defined in the MEDICAL STANDARDS OF CARE.

C. Physical Examination

Medical personnel will conduct physical exams for all initial visits and revisits, filling in the physical exam section of the client record (see Annex) The MEDICAL STANDARDS OF CARE contain a detailed description of the components of the physical exam required for each type of service:-

--Noncontraceptive -

* Prenatal
    - Initial - weight, blood pressure and general examination of mother and fetus
    - Scheduled Revisit - Normal Pregnancy - weight, blood pressure, exam of fetus
    - Scheduled Revisit - High Risk Pregnancy - as required
    - Problem Visits - as required
* Post Partum
* Minor Gynecological

--Contraceptive

* Non Permanent Methods
    - Initial - weight, b.p., general exam for contraindications
    - Scheduled Revisit - exam for side effects and complications
    - Problem Visits - as required
* Permanent Methods - general exam

--Infertility

--Pre-School Child Health

* Nutrition - general exam, gross monitoring and assessment of nutrition status in all visits
* Immunization - check for contraindications
* Minor Childhood Diseases - as required

D. Laboratory Tests

The laboratory technicians will routinely perform a urinalysis and hemoglobin during all initial visits, and during revisits as required. A pregnancy test will be performed when indicated. Other tests will be performed when requested by medical personnel. Test results will be entered in the appropriate section of the client's record. Test procedures are contained in the MEDICAL STANDARDS OF CARE.

E. Health Education and Counselling

A separate health education guide is available for clinic staff regarding all issues of maternal and child health and family planning. The guide contains education goals, information needed for different health messages, and educational methods. Education sessions will be scheduled for all clients, for broad health messages. Counselling sessions will be provided for individual clients requiring more specific education regarding their particular situation.

1. General

Broad education themes may be provided to clients individually or in group sessions as required, and will include:-

* maternal health and nutrition during pregnancy and the post partum period
* need for child spacing, the advantages and disadvantages of each contraceptive method, effective method use
* breastfeeding and infant care, childhood nutrition, treatment of diarrhea need for immunization, and other child health messages

2. Specific

Staff trained in counselling skills will provide specific education to the following clients on an individual basis:-

* women with high risk pregnancies
* mothers of high risk infants and children

* family planning clients, prior to and after prescription of a method
* infertility clients
* sterilization clients

F. Client Management

1. Non Contraceptive Clients

a. Prenatal

(1) Initial Visit

* iron, vitamins
* treatment for minor problems and/or referral for serious problems
* Tetanus immunization
* nutrition supplements
* education and counselling
* appointment for revisit and follow-up

(2) Scheduled Revisit - Normal Pregnancy

* iron, vitamins
* treatment for minor problems/referral for serious problems
* nutrition supplements
* interview and counselling

(3) Scheduled Revisit - High Risk Pregnancy

* treatment for minor problems/referral for serious problems
* iron, vitamins
* nutrition supplements
* interview and counselling

(4) Problem Visits

* treatment and/or referral
* education and counselling

b. Post Partum

(1) Initial Visit

* treatment and/or referral for problems
* education
* initiate family planning OR schedule initial family planning visit OR schedule appointment for post partum revisit

(2) Scheduled Revisit

* education and/or counselling
* initiate family planning or schedule appointment for initial family planning visit

c. Minor Gynecological

* treatment and/or referral
* education
* schedule appointment for family planning and/or child health services

2. Contraceptive Clients

a. Non Permanent Methods

(1) Initial Visit

* prescription and provision of method: pill prescription, IUD insertion, diaphragm fitting, natural family planning instruction and materials, or provision of barrier methods (foam, tablets, condoms)
* education and counselling on the different methods
* schedule appointment for revisit and supply

(2) Scheduled Revisit (Normal Contraceptors)

* counselling
* supplies
* schedule next appointment

(3) Scheduled Revisit (High Risk Contraceptors)

* treatment and/or referral
* counselling
* supplies
* schedule next appointment

(4) Problem Visits

* treatment and/or referral
* education and counselling
* schedule appointment if required

b. Permanent Methods

(1) Initial Visit

* counselling
* appointment for surgery

(2) Scheduled Revisit

* counselling
* surgery
* appointment for follow-up visit

(3) Scheduled Follow-up Visit

* treatment if required
* education
* appointment if required

3. Infertile Clients

a. Initial Visit

* education and/or counselling
* treatment and/or referral to specialist if indicated
* schedule appointment for follow-up visit if required

b. Scheduled Revisit

* treatment and/or referral to specialist if indicated
* follow-up education and counselling if required

4. Pre-School Children

a. Nutrition

(1) Initial Visit

* treatment and/or referral of nutritional high risk
* referral for third degree malnutrition
* nutrition supplements for all children 4 mos. - 2 years and all high-risk pre-school children
* vitamins
* nutritional education and counselling

appointment for revisit and supplies

(2) Scheduled Revisit (High Risk and Normal Growth)

* treatment and/or referral for severe cases of malnutrition
* nutrition supplements
* education and/or counselling
* appointment scheduled as required

(3) Problem Visits

* treatment and/or referral
* nutrition supplements
* education and counselling

b. Immunization

(1) Initial

* innoculation
* education
* referral for nutrition monitoring and other services
* schedule appointment

(2) Scheduled Revisit

* innoculation
* education
* referral for nutrition monitoring and other services
* schedule appointment if required

c. Minor Childhood Diseases

* treatment and/or referral
* refer to nutrition monitoring and immunization if required
* education if required

G. Exit Procedure

After completing the clinic visit, the client will bring the client record - with the bill and prescription (if any) attached - to the cashier. The cashier will enter the amounts on both forms or indicate that there is "no charge." The fees for services and prescriptions will be collected and the cashier will sign the forms indicating that the fees have been collected. The receptionist will take the Client Record for filing. The client will take a copy of the bill and the prescription to the storekeeper. The storekeeper will issue the prescribed items to the client, keep the prescription, and return the paid bill to the client. The client's future appointment will be entered on the client's ID card and in the appointment book.

H. Emergency Care

In the event of accidents, wounds, shock, allergic reaction or other emergency, staff will administer first aid until the patient can be transferred to a hospital, if required.

III. ORGANIZATION OF CLINIC ACTIVITIES

A. Flow of Clients Through Clinic

1. Sequence of Contacts, by Visit Category

New Family Planning (FPN): Reception (R) - History/Education (H, E) - Lab (L) - Clinician/Physician (C, P) - Education (E) - Reception (R)

Revisit Family Planning (FPR): R - H/E - C/P - L - R

New Prenatal (PNN): R - H - L - C/P - E - R

Revisit Prenatal (PNR): R - H - L - C/P - E - R

New Child Health (CHN): R - H - C/P - R

Revisit Child Health: R - H - C - R

Clients with medical, education and/or counselling problems will be referred for such services during the course of the visit, in which event the sequence described above for routine services will change.

2. Routing/Directing Clients Through Clinic

Clients will be seen by the Receptionist in the order in which they arrive at the clinic. The Receptionist will give the Client Record to the client and direct the client to the next staff person. At subsequent stops through the clinic each staff person will enter the required information in the Client Record, return the Record to the client, and direct the client to the next staff person. Staff who are authorized to write prescriptions will attach prescriptions to each Client Record. If any service is provided in addition to the basic visit for which a fee is charged, it will be entered on the bill by the staff who provides the service (e.g. IUD insertion, diaphragm fitting). The client will be directed to the cashier by the last staff person to see the client, and the client will give the Client Record, with bill and prescription attached, to the Cashier who will collect the fees, give the appointment for the next visit , and direct the client to the Storekeeper.

CLIENT ENTERS --------> I. RECEPTION

Initial Visit	Revisit
• assign client number • give ID card to client • start new client record • enter name in daily register	• retreive client record • check off ID card • enter name in daily register

II. SERVICES

• Initial Family Planning:-	education about range of methods - medical history - height, weight, blood pressure - lab tests - physical exam - prescription/provision of method - instruction on method use and recognition of danger signals
• Revisit Family Planning:-	treatment and/or referral of problems - method check (string check, blood pressure, diaphragm) - counselling - supplies
• Initial Prenatal:-	medical history - height, weight, blood pressure - lab tests - physical exam - iron/vitamins - nutrition supplement - treatment and/or referral for problems - tetanus shot - education and counselling
• Revisit Prenatal:-	height, weight, blood pressure - lab tests - physical exam - treatment and/or referral of problems - iron/vitamins - nutrition supplement - counselling
• Initial Child Health:-	medical history - physical exam including nutrition assessment - treatment and/or referral for nutrition problems - nutrition supplement - vitamins - nutrition education - immunization initiated - treatment/referral for other ailments
• Revisit Child Health:-	nutrition assessment - treatment and/or referral for nutrition problems - nutrition supplement (if required) - vitamins (if required) - nutrition education - immunization - treatment/referral other problems (if required)
• Family Planning Permanent Method:-	medical history - lab tests - physical exam - schedule surgery - surgery - follow-up examinations - counselling
• Infertility:-	counselling - referral

III. EXIT

- Fill prescription
- Prepare client billing for all charges, collect fees
- Schedule Appointment for Revisit
- Replace Client Record

B. Record System

The objectives of the record system are to:-

* maintain a continuous health record of each client (Client Record)
* facilitate location of a client's record by number (Identification Card) or by name (Alphabetical Card File)
* schedule appointments (Appointment Book) and remind clients of date of appointment (back of ID Card)
* measure level of clinic activity (Daily Register)
* provide information regarding family planning user characteristics as well as currently active clients of each service category (Appointment Book and Daily Register)

1. Client Record

Each client is assigned a unique clinic number, in the order in which the client comes to the clinic for the first time. The Client Record is filed numerically, by the client number. The Record contains medical history, results of the lab and physical exams, diagnosis, treatment plan and fee charges.

2. Client Identification Card

Each client is given an Identification Card when the client first comes to the clinic. The ID Card has the client name and number, and a section on the back to record scheduled appointments. The client keeps the ID card and presents it at each revisit. The ID Card is used to locate the Client Record. At the end of each visit every client is given an appointment, to be recorded on the back of the ID card. When a card is filled up, lost, or damaged, a new card will be issued using the SAME client number.

3. Appointment Book

The client's scheduled appointment is recorded, with the client's name, number, reason for visit, and method (if family planning) on the page corresponding to the date of the appointment.

The Appointment Book will be used to track clients who drop out of the program, and drop-outs by method if family planning. Names of clients who keep appointments are crossed off in the Appointment Book, including those who make a visit before or after the scheduled date as recorded on their ID Card. At specified time intervals (weekly, bi-weekly or monthly) clients whose names were not crossed off will be placed on a follow-up list, indicating their method if family planning. The Clinic Record of each of these clients will be cross-checked to determine whether the client may have made a visit on a date other than that which was scheduled.

When a certain time period has passed without a visit of any kind, such clients may be considered drop-outs. Clients who change service categories between prenatal/post partum and family planning, need not be considered drop-outs until they have failed to make any visit during the time period specified for remaining Active in the program.

4. Alphabetical Card File

A card is filled out for each client with the name, address and number of the client, and filed alphabetically. This method will facilitate location of a client's record when the client has lost or forgotten the ID Card.

5. Daily Clinic Register

Staff will maintain the Daily Clinic Register by entering the client's number, name, reason for visit, method if New Family Planning (Option: age and parity for New Family Planning) for every client who enters the clinic each day. At the end of the clinic day, the Daily Clinic Register will be given to the cashier who will enter the fees collected. Totals for all columns will be entered at the bottom and transferred to the Monthly Report.

The Daily Clinic Register may be used to identify and retreive in numerical order all records of a particular service category, because New Clients are registered and assigned numbers consecutively. When studies are undertaken to analyze client characteristics of a particular service category, reference to Daily Clinic Registers from the beginning of the program will facilitate systematic selection of Client Records.

SERIAL NO. DATE
REGION PROVINCE
CITY MEDICAL CENTER

(FORM 1)
a

DEMOCRATIC REPUBLIC OF THE SUDAN
MINISTRY OF HEALTH
- MCH SERVICES
- PREGNANT CARE
- PRENATAL CARE
- POSTNATAL CARE
- CHILD CARE

MOTHERS & CHILDREN CARE

FAMILY INFORMATION

MOTHER'S NAME AGE DATE OF MARRIAGE RELIGION OCCUPATION EDUCATION
HUSBAND'S NAME AGE RELGION RELIGION OCCUPATION EDUCATION
RESIDENCE NO. OF FAMILY MEMBERS NO. OF ROOMS JOINT RESIDENCE
HAS GOT WATER SOURCE HAS GOT LATRINE HAS GOT ELECTRICITY OTHER INFORMATION

DATES OF PREVIOUS PREGNANCIES & DELIVERIES

NO.	MOTHER'S AGE	*PREGNANCY'S RESULT			*KIND		*SEX		ALIFE		PRESENT AGE	REMARKS ON PREGNANCY, DELIVERY AND PARTURITION
		BORN ALIFE	BORN DEAD	ABORTION	SINGLE	TWIN	MALE	FEMALE	YES	NO		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

* Sign (/) SHOULD BE PUT IN THE CORRECT BOX ** IF THE BABY DIED MENTION DEATH AGE

PREVIOUS DISEASES

BLOOD PRESSURE DIABETES KIDNEY DISEASES SYPHILLIS
TUBERCLOSIS OPERATIONS
BLOOD TRANSFUSION BLOOD GROUP ____

OTHER DISEASES
VACCINATION AGAINST PRIMARY TOXOID SECONDARY TOXOID

b

PRESENT PREGNANCY

LAST MENSTRUATION PERIOD

EXPECTED DELIVERY DATE

FETUS WEEKLY AGE

COMPLAIN: FEVER
VOMITING

HEMORRHAGE
ACRO-OEDEMA

DISCHARGE
HEADACHE

PAINS
BURNING MICTURATION

OTHERS

GENERAL MEDICAL CHECK-UP

HEART
(C.V.S)

CHEST

BREAST

TEETH

LIVER
P.V.

SPLEEN

OTHER DISEASES
BLOOD GROUP

SYPHILLIS

BLOOD

PRERNANCY FOLLOW-UP

DATE	CHECK AT THE CENTER	CHECK AT HOME	WEIGHT	BLOOD PRESURE	ALBUMEN	HEMOGLOBIN	PREGNANCY PERIOD WEEKLY	UTEROMETRY	FEET SWELLING

*SIGN OF (/) SHOULD BE PUT IN THE CORRECT BOX

DIAGNOSIS AT THE END OF PREGNANCY

RECOMMENDATION

CHILD BIRTH

DELIVERY DATE
TYPE OF DELIVERY
COMPLICATIONS IN DELIVERY
IN CASE OF MOTHER'S DEATH
BY
BY'S GENERAL HEALTH
LIVERY REPORTED BY _____

PLACE OF DELIVERY
NORMAL
BRUCH

DATE
ALIFE/DEAD

PLACE
SINGLE/TWIN

NAME OF CHILD
FORCEPS
CESAREAN

REASON OF DEATH
FEMALE/MALE
WEIGHT

CHECK-UP

DURING CHILD BIRTH

DATE
FEVER
OTHER COMPLICATIONS

NAME OF BABY
HEMORRHAGE

BABY:
DATE OF DEATH
(IN CASE OF DEATH)
IMMUNIZATION AGAINST T.B.

COMPLETE
REASON FOR
DEATH
OTHER REMARKS

INCOMPLETE

JAUNDICE
REPORT'S NAME

VOMITING

INFORMATION

CHECK AT THE PARTURATION
END OF (DELIVERY) PERIOD 6 WEEKS

DATE
INFLAMMATION
BLOOD PRESSURE
LACTATION
ADVICE USE OF CONTRACEPTIVES

URINE
BABY WEIGHT
YES/NO

GENERAL HEALTH
PROLAPSUS UTERI
HEMOGLOBIN
BABY GENERAL CHECK
DOCTOR'S SIGNATURE

PERNIAL TEAR

FAMILY PLANNING SERVICES

DATE
USED A SPECIFIC METHOD
OR NOT
ANY COMPLICATION FROM USING PREVIOUS METHOD

DESIRE TO USE CONTRACEPTIVE
METHOD USED

PERSONAL DESIRE

REFERRED BY _____

MENSTRUATION
PRESENT COMPLAIN:
GENERAL CHECK.
BLOOD PRESSURE

STOPPED

REGULAR/IRREGULAR

LAST MENSTRUATION PERIOD

URINE

HEMOGLOBIN

P.V.

DATE	METHOD USED	QUANTITY	REMARKS

FOLLOW UP to FP SERVICES

CHILD CARE

POLIO	DATE	TRIBLE	DATE	T.B.	DATE	MEASLES	DATE
FIRST DOSE		FIRST DOSE		FIRST DOSE			
SECOND DOSE		SECOND DOSE					
THIRD DOSE		THIRD DOSE		ACTIVATING DOSE			

CHILD DEVELOPMENT

2 - 3 YEARS		1 - 2 YEARS		1 YEAR		
18	16	THREE WORDS	STOOD WALKED	WALKED	LAUGHED	
17	14		16			16
12	12		14			14
10	10		12			12
8	8		10			10
6	6		8			8
4	4		6			6
2	2		4			4
1	1		2			2
24	18		1			1
			12 STOOD WALKED THREE WORDS	SAT	LAUGHED	

TRANS. BY V. ERAKLY

(FORM 2) CLIENT IDENTIFICATION CARD

FRONT

No.

CLIENT IDENTIFICATION
CARD

Date Issued _____

(1) Name of Wife: _____

Address: _____

_____

(2) Husband's Name: _____

Children's Names: (3) _____ Age _____

(4): _____ Age _____ (5): _____ Age _____

(6): _____ Age _____ (7): _____ Age _____

(8): _____ Age _____ (9): _____ Age _____

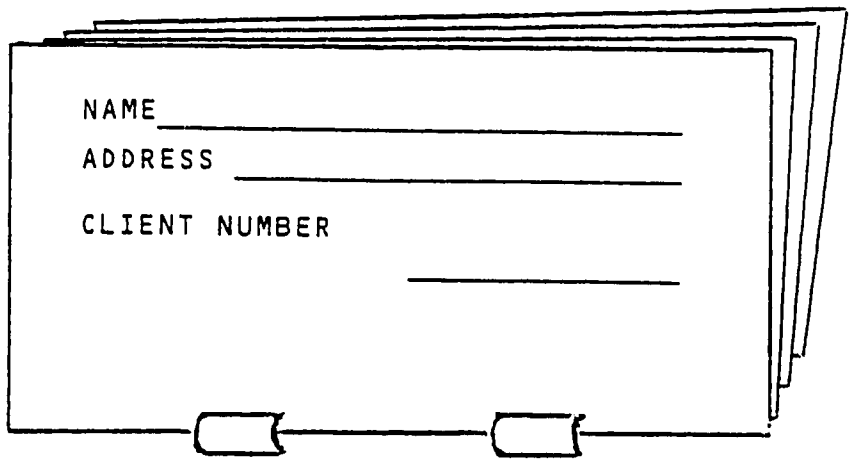
BACK

APPOINTMENTS:

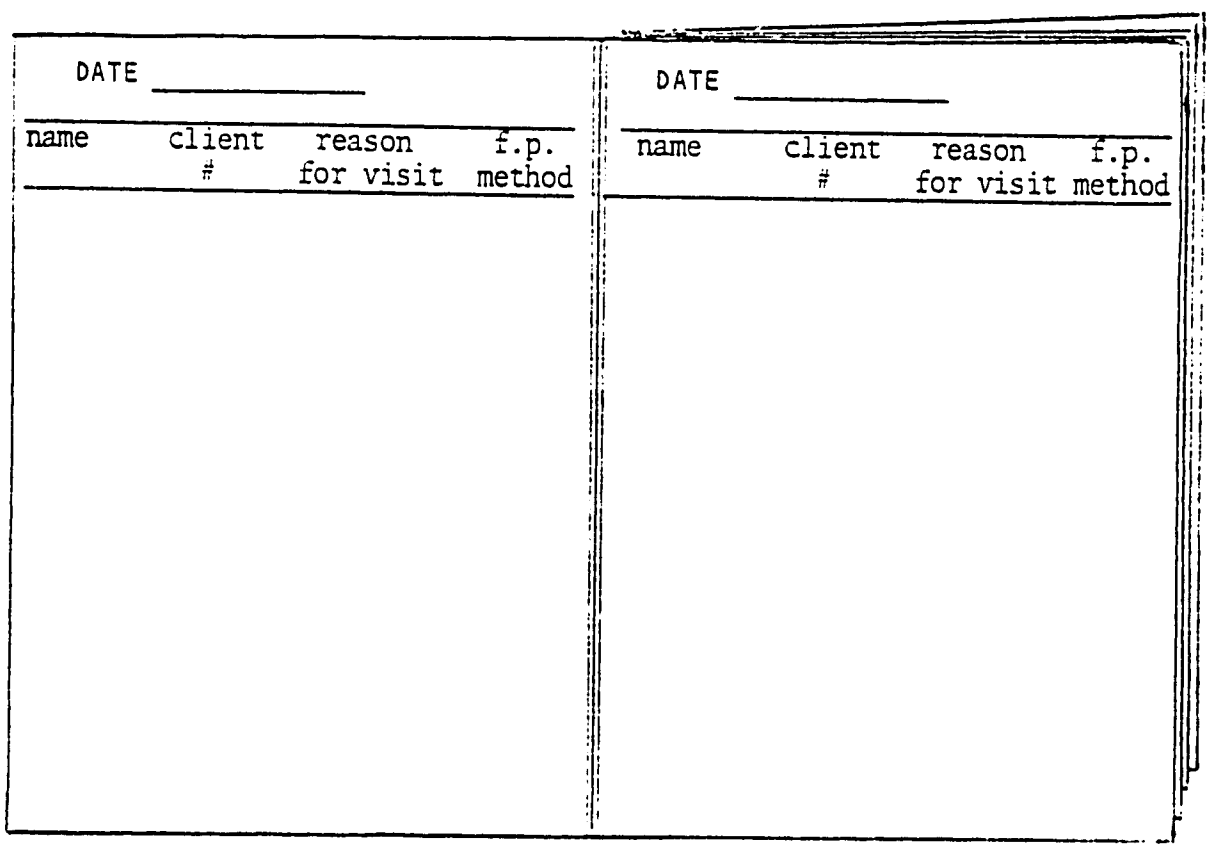
FOR	DATE	TIME

FOR	DATE	TIME

(FORM 3) ALPHABETICAL CARD FILE



(FORM 4) APPOINTMENT BOOK



CLINIC SERVICES - RECORD KEEPING SYSTEM

Function		
• Maintain a continuous health record for each client	CLIENT RECORD ----------	Each client assigned a unique number; records filed by number
• Identify clients when they come to the clinic, and locate their Client Record	IDENTIFICATION CARD ------	Kept by client; has client name and number
• Locate Client Record when a client arrives without the Identification Card	ALPHABETICAL CARD INDEX --	Has client name and number, filed alphabetically by name
• Give clients a specific date for their next visit	IDENTIFICATION CARD ------	Back of ID Card has space for date of appointment and reason
• Maintain schedule of revisits for twelve months ahead, with client name, number, reason for visit, and method if family planning	APPOINTMENT BOOK ---------	One full page for each clinic day; no client should leave clinic without a scheduled revisit up to one year from current visit
• Identify clients (by method, if family planning) who have not returned to the clinic, to calculate current active clients	APPOINTMENT BOOK ---------	Cross off names of all clients who keep appointment; if client comes before or after scheduled date, locate appointment date from ID Card and cross off in Appointment Book; periodically record client numbers and check Client Record to identify those who have not received any service in prior 15 months, noting method, if family planning; subtract from cummulative New Clients to calculate the Active Clients, or subtract from preceeding calculation
• Keep daily record of total clinic activity including New Clients and Revisits by reason for visit, method if New Family Planning, fees paid (Option: age and parity if New Family Planning)	DAILY REGISTER ----------	All clients must be registered; serves as source for monthly report

CLIENT RECORD

Number _____ Date _____

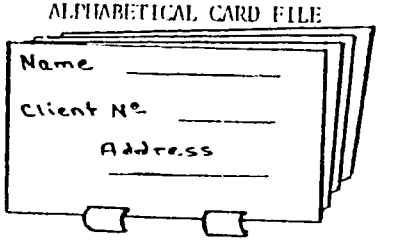
Name _____

Medical History:-
Lab Tests:-
Physical Exam:-
Diagnosis:-
Treatment:-

IDENTIFICATION CARD

Number _____	Appointments Date/Serv.	Date/Serv.
Name _____		
Address _____		
Date Issued _____		
(Front)	(Back)	

ALPHABETICAL CARD FILE



APPOINTMENT BOOK

Date _____				Date _____			
Name	No.	Reason	F.P. Method	Name	No.	Reason	F.P. Method

CLINIC REGISTER For (Day)

Client No.	Name	Reason for Visit: F.P. N.	F.P. Method	R	AN N	AN R	EW N	EW R	Other N	Other R	Serv	Fees Rec'd	Collection Total	Rem

OPTION FOR EXPANDED ALPHABETICAL CARD FILE OR ADDITIONAL "FOLLOW-UP" CARD FILE

Objective:- A more time consuming but more effective system for identifying clients from each service category who do not keep appointments.

1. Separate Card Files for each service category

A different color card may be completed for each service category (prenatal/post partum, family planning, and child health). If a client moves between prenatal/post partum and family planning their name would be transferred to a different color card. Each color could have a separate file if large numbers of clients are involved.

2. Family Planning Card File by Method

Tabs can be used for the family planning file which indicate each client's method.

3. Alphabetical and Month of Appointment

At the end of every visit a client's card would be filed alphabetically, behind the year and month for which the client is scheduled for an appointment. When a client comes to the clinic, the client's card will be located by searching alphabetcially behind the month scheduled, as well as behind other months and other sections of the file when not immediately located.

Cards remaining in the file under the months which have already passed, will be pulled periodically and cross checked with the Client Record to determine whether they may have made a visit which was not signalled by the alphabetical card file.

For clients who have not made a visit, cards will be filed in another section during a time period specified for remaining Active in the program. In searching for a client's alphabetical card it is necessary to search this section if the card is not under any of the months for a scheduled appointment.

Advantages:-

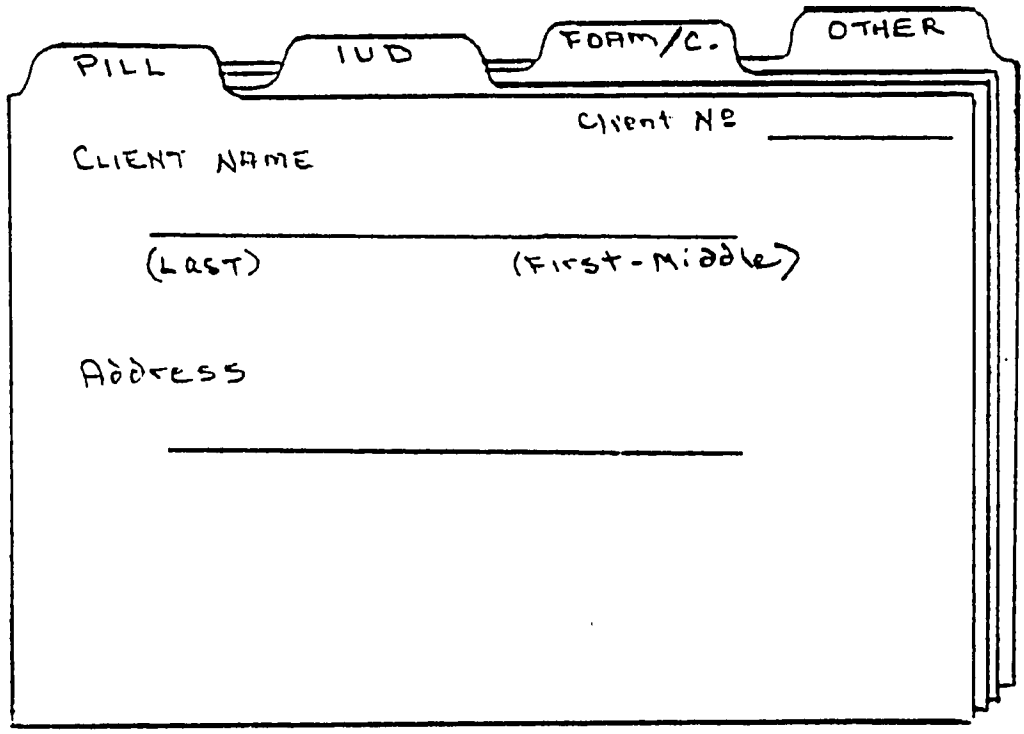
* Staff will find a card file is easier to work with than the Appointment Book in following up clients who have missed appointments. Once a particular month has passed, all cards remaining in the month represent clients who have missed appointments. The Appointment Book can serve a similar purpose, but client names, numbers and family planning method would have to be copied from each daily page, increasing the chance of error.
* The Alphabetical Card File can be expanded to include the "follow-up" file to eliminate the need for adding to the Record-keeping System of the Clinic, thereby serving a dual purpose.

Disadvantages:-

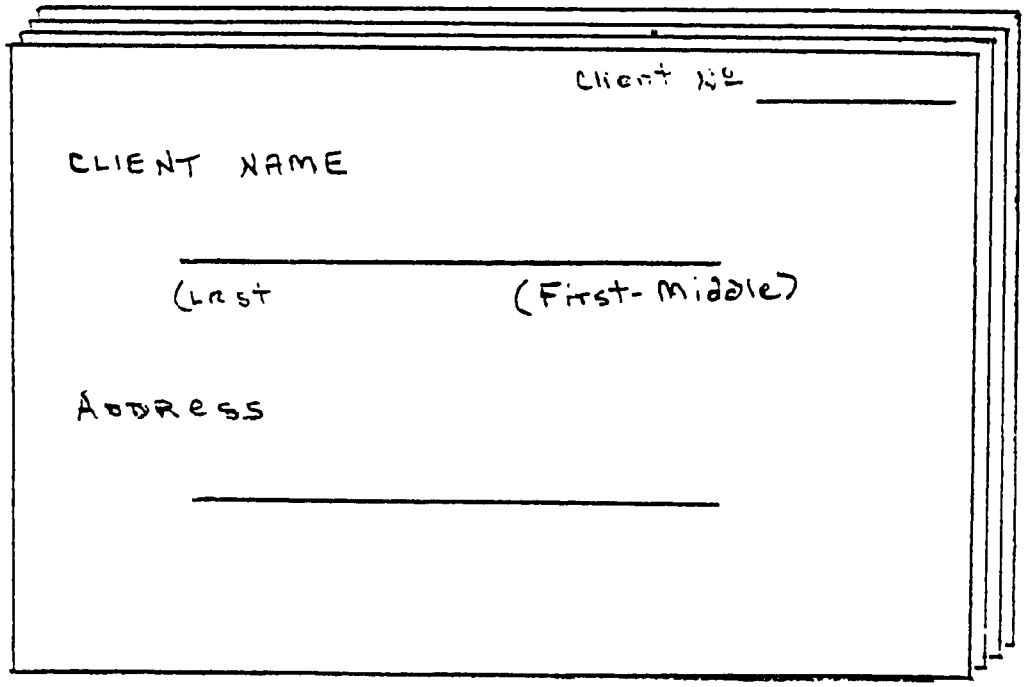
* More staff time would be used in setting up and maintaining the card file system. The card would have to be located at each clinic visit and returned to the file in the correct location. The Appointment Book would still have to be maintained because it serves the separate purpose of allowing staff to plan revisits, thereby distributing the clinic work load. Thus, a "follow-up" card system would not replace other systems, but would be an addition.
* If the card file is combined with the function of an Alphabetical Card File it will take longer to locate a client record using the alphabetical cards because they will be distributed by month of appointment and separated into "active" and "follow-up" sections. If the card file is not combined, then the "follow-up" system will be in addition to the other record systems.

PTION:- ALPHABETICAL CARD FILE/FOLLOW-UP SYSTEM

(page 16 attachment)



① FAMILY PLANNING (white cards)



② Prenatal/ Postpartum (blue cards)

③ CHILD HEALTH (pink cards)

C. Billing and Prescription

1. Fee Policy

The fee policy and list of charges for services, drugs and supplies will be provided to all staff and up-dated periodically. Authorized staff will determine when a client will be provided with services free of charge or at a reduced rate.

2. Prescriptions

Physicians and other authroized staff will prepare prescriptions when required and attach them to the Client's Record. At the end of the visit the Cashier will collect the fees for the prescription and enter the amount paid on the prescription form. The client will take the prescription to the Storekeeper who will determine that the proper fees have been paid and issue the prescribed items to the client. The Storekeeper will keep the prescription and sign it.

3. Billing Procedure

The Receptionist will attach the billing form, in duplicate, to each Client Record at the beginning of the visit. The Receptionist will enter the time, date, client's name and number, and reason for the visit. During the client's visit, any special charges for services (e.g. IUD insertion) will be entered on the bill by the staff providing the service, and the staff authorized to waive the fees will indicate on the bill whether there is "no charge" or a reduced fee. At the end of the visit the Cashier will detach the bill and any prescriptions from the Client Record and enter the amounts of the fees on both forms. The Cashier will then collect the fees for services and prescriptions, and sign, indicating that the fee has been collected. The Cashier will keep the copy of the bill, and the client will keep the original and take the prescription to the Storekeeper. The copy of the bill will be attached to the Client Record and the amounts collected will be entered in the Daily Register.

(FORM 6) BILL

Time In_____

BILL

No.

Date:_____

To:_____ Client No._____

For:_____

_____

_____

Charge for Service: SL_____

Charge for Prescription: SL_____ Pres. No._____

Total Charge: SL_____

Payment Received by: _____

(FORM 7) PRESCRIPTION

PRESCRIPTION

No.

Date:_____

For:_____ Client No._____

Prescription:_____

_____

_____

_____

Prescribed by: _____

Payment of SL_____ Received by:_____

Prescription dispensed by:_____

D. Daily Preparation of Clinic

(Description of: procedures used and staff responsible for preparing the exam rooms and other service areas, each morning; materials and supplies to be organized and set out; procedures used and staff responsible for clean-up and storage of supplies at end of the day.)

E. Distribution of Food Supplements

(Describe the procedures used and staff responsible for: receiving, storing and maintaining food supplements; preparing individual packages; identifying those clients who are eligible to receive food supplements; timing and frequency for distributing; giving instructions with the supplements.)

F. Appointment System

All clients must be given an appointment before they leave the clinic, for not later than one year from the current visit. Appointments are scheduled according to the type of service and the health status of the client, or by specific request of medical personnel.

1. Prenatal and Post partum - Revisits will be scheduled every _____ weeks for high risk pregnancies and every ____ weeks for normal pregnancies; post partum visits will be scheduled for six weeks after the estimated date of delivery; referrals will be made to hospitals for delivery.

(Describe procedure for referral to hospital delivery if the client is high risk, e.g. a medical report from the clinic medical personnel given to the client to carry to the hospital, etc.)

2. Family Planning - Revisits will be scheduled according to the method:

° Pill - 1 month supply at initial visit
- 3 months during first year
- 6 months during second year
- 12 months after second year
- High Risk Clients, every 1-2 months until risk ruled out

° IUD - one week after insertion
- after first menstrual period
- sixth month after insertion; annually thereafter

° DIAPHRAGM -

° BARRIER METHODS -

° NATURAL F.P. -

3. Infertility (determine revisit schedule)

4. Child Health - Revisits will be scheduled according to service to be received and according to the health status of the pre-school child:

° Normal Growth, children up to two years old - same appointment schedule as immunizations, and every ___ months thereafter

° Normal Growth, children 3-5 years old - same as immunization schedule, and every ___ months thereafter

° Nutritional and other High Risk, children up to two years old - every ___ weeks or as indicated by medical personnel, until risk is eliminated

° Nutritional and other High Risk, children 3-5 years old - every _____ weeks or as indicated by medical personnel, until risk is eliminated

G. Schedule of Working Days and Hours

All client services will be offered each day that the clinic services are operating, between the hours of _____ and _____. (indicate day and time) will be set aside for clinic administration, staff meetings and in-service training, reports and other activities.

H. Reports

A months report will be submitted of clinic activities, compiled from the Daily Clinic Register on a form provided. (see Form 8)

(Describe any other routine reports to be made by staff, the format to be used, frequency of reports, etc.)

(FORM 8) MONTHLY REPORT

MONTHLY REPORT
For_____

Day	Number of Clients Served:									Fees Collected			Remarks
	Total	FP		..N		C.		Other		Service	Prescription	Total	
		N	R	N	R	N	R	N	R				
TOTAL													
	All Visits	FPN	FPR	PNN	PNR	CHN	CHR	ON	CR	Service	Prescription	Total	

IV. CLINIC SUPPLIES

A. Issuing Supplies for Use in the Clinic (Form 9)

1. The clinic employee who needs supplies will prepare an Issue Voucher. Before supplies are issued, the voucher must be approved by the Clinic Director or other responsible person designated by the Clinic Director.
2. The approved voucher will be given to the storekeeper, who will enter the quantities issued and sign the voucher.
3. The person who receives the supplies will check the amounts and sign the voucher. The voucher will be retained by the storekeeper.

B. Receiving Record (Form 10)

1. Supplies will be received by the storekeeper who will prepare a Receiv Record in duplicate.
2. The storekeeper will retain the duplicate and send the original to the Clinic Director for approval.
3. After signing, indicating approval, the original will be sent to the Chief Administrative Officer for payment.
4. At the end of each day, the storekeeper will add the items received to the Inventory Control Cards (see Form 11).

C. Inventory Control (Form 11)

1. Stock numbers will be assigned to all items to be maintained in the storeroom.
2. The stock number will be entered in the upper left-hand corner of the card.
3. The inventory control system will be maintained by the storekeeper.
4. Entries will be made daily from Issue Vouchers and Prescriptions.

D. Supply Status Report (Form 12)

The storekeeper will prepare the Supply Status Report monthly for critical items and quarterly for all items in the storeroom.

(FORM 9) ISSUE VOUCHER

No.

ISSUE VOUCHER

Requested by: _____

Approved by: _____

Requested Quantity	Item	Issued Quantity

Issued by: _____

Received by: _____

(FORM 10) RECEIVING RECORD

RECEIVING RECORD

No.

Date:_____

Received from:_____

_____

Vendor's Document No.:_____

Quantity	Item	Remarks

The above items were received in good condition except as noted:_____

_____

Delivered by:_____

Received by:_____

Approved for payment:_____

(FORM 11) INVENTORY CONTROL CARD

_____ Stock No. INVENTORY CONTROL CARD Date: _____ No.

Name of Item: _____

Description: _____

Accounting Unit _____ Package Quantities _____

Unit Cost _____ Shelf Life _____

Sources of Supply _____

_____

Date	Voucher Number	Quantity Received	Issued	on Hand	Value Issued	On Hand	Remarks Remarks

(FORM 12) SUPPLY STATUS REPORT

SUPPLY STATUS REPORT
For_____

Prepared on:_____ by:_____

Approved by:_____

Stock No.	Item	Quanitity			Unit Value	Total Value	
		Received	Issued	On Hand		Issued	On Hand

VI. PERSONNEL MANAGEMENT

A. Organization Chart (see attached)

B. Job Descriptions (see attached)

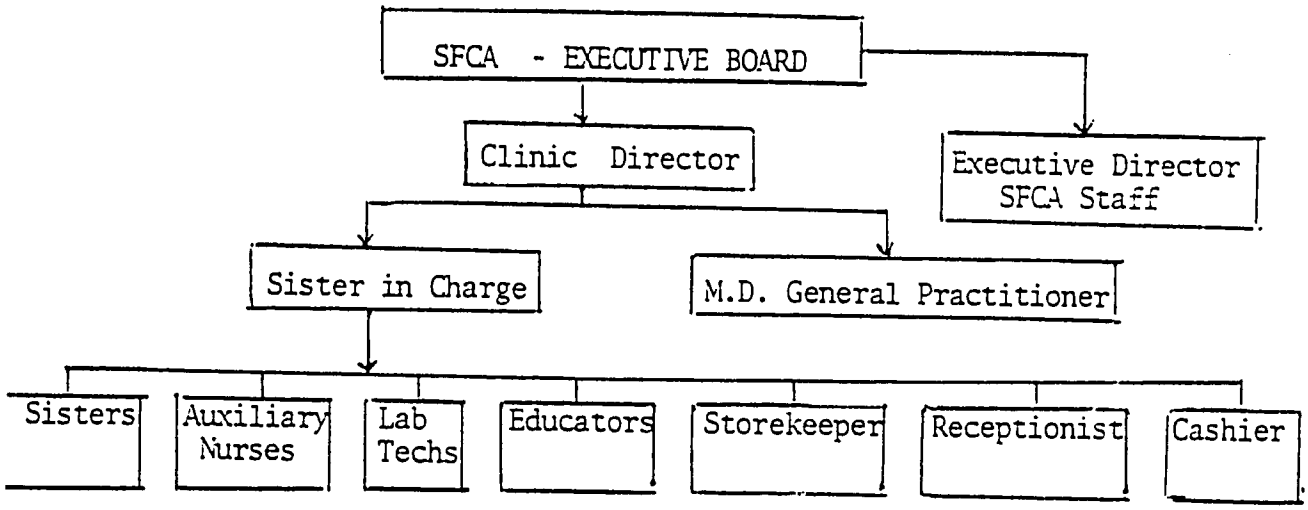
* SFCA Executive Director
* Clinic Director, M.D.
* M.D., General Practitioner
* Sister in Charge
* Storekeeper
* Sister
* Educator
* Lab Technician
* Auxiliary Nurse
* Receptionist
* Cashier

C. Supervision and Evaluation System (see Annex)

D. Staff Training and Education (See Annex)

DEMONSTRATION CLINIC

Organization Chart



JOB DESCRIPTION

TITLE: Executive Director of the Association

RESPONSIBLE TO: Executive Board

The primary duties of the Executive Director are to assist the Board in the development of Association programs and policies, and to provide overrall direction of Association staff activities in support of the Demonstration Clinic and other approved programs. Other duties include routine communications with funding sources regarding administration of grants and contracts, and representing the Association in communications with other agencies regarding approved programs and policies.

1. Assist Board in development of Association programs and policies

2. Direct Association staff activities in support of Board-approved programs including the Demonstration Clinic, IEC and research:

   * propose annual goals, objectives and financial plan for staff activities
   * monitor staff progress during the year and report to Board
   * direct, supervise and evaluate personnel performance

3. Ensure smooth administration of Association staff activities:

   * personnel management - maintain up-dated organization chart and job descriptions, hire staff, provide for continuing staff education
   * financial management - oversee internal accounting of revenue and expenditures, monitor revenue and expenditures against approved budget
   * facilities, equipment, supplies, transportation - ensure adequate support systems are in place to meet staff needs for carrying out their responsibilities, assess needs periodically

4. Maintain routine communications with funding sources:

   * grants management - ensure timely financial and other reporting requirements are met; monitor income and expenditures by funding source; ensure expenditures are consistent with allowable items under each grant
   * monitor grant activities; signal to the Board any departures from grant-approved budget or plans

5. Represent the Association in communications with other agencies and organizations with regard to approved plans, policies and objectives:

   * respond to routine correspondence, and draft replies which require Board response
   * participate in inter-agency meetings on behalf of the Association, to explain and/or report on Association programs and policies
   * report to the Board any communications which require Board decisions and commitments

6. Provide SFCA administrative support to the Demonstration Clinic project in consultation with the Clinic Director:

   * ensure adequate flow of supplies, equipment maintenance, transportation and other logistical support
   * organize materials and other resources required for training programs, arrange logistical support for participants and instructors, and provide other coordinating activities as required
   * provide financial services: bookkeeping, accounting, cash disbursement and payroll
   * assign SFCA personnel as required, to assist in carrying out education, research, evaluation, and training activities of the Clinic under the direction of the Clinic Director

JOB DESCRIPTION

TITLE: Clinic Director, M.D.

RESPONSIBLE TO: Executive Board

The primary duties of the Clinic Director are to assist the Board in the planning and evaluation of the Demonstration Clinic, and to provide the overall management of the clinic operations. Secondary duties include assisting other agencies to train their personnel using the Demonstration Clinic methodologies.

1. Assist the Executive Board in the design, implementation and evaluation of the Demonstration Clinic:

   * propose program design, plans, goals, objectives, and policies for medical and education services, for the Board to review and give final approval
   * conduct operations research and evaluation, and report periodically to the Board on progress, and propose possible modifications

2. Direct management of Clinic operations:

   * manage personnel - maintain up-dated organization chart and staffing pattern, job descriptions, and personnel policies: hire, supervise, appraise performance, delegate responsibilities
   * specify drug, supplies and equipment needs
   * maintain up-dated medical standards of care and clinic operation procedures
   * in consultation with SFCA Executive Director, specify need for administrative support for clinic operations, training programs and education services
   * assess training needs of staff, organize resources to conduct training and continuing education programs

3. Provide assistance to other agencies and organizations to train their personnel, upon request, and as clinic resources allow:

   * in consultation with Board and SFCA Executive Director, review training requests from other agencies and organizations; select those which can be met
   * assist in the design of training courses, selection of instructors, implementation and evaluation of training

JOB DESCRIPTION

TITLE: M.D., General Practitioner

RESPONSIBLE TO: Clinic Director

Primary duties are to provide high level medical services and assure the quality of care provided by clinic medical personnel, and act as Deputy Director in the absence of the Clinic Director. Other duties include assisting the Clinic Director in the planning, development and evaluation of the Demonstration Clinic.

1. Medical services and quality assurance:

   * provide medical services for all clients upon referral from medical personnel, including physical exam, diagnosis and treatment plan for high risk pregnancies, serious malnutrition and other serious childhood ailments, high risk contraceptors, and serious side effects and complications from contraceptives; direct personnel to carry out treatment plans

   * assess and assure the quality of medical services provided by clinic staff and be available to staff for consultation

   * assist medical personnel in provision of routine medical services when client volume is heavy

   * manage emergencies until client is transferred to hospital, if necessary

2. Assist Clinic Director:

   * assume responsibility for overall direction of clinic in absence of Clinic Director, by acting as Deputy Director

   * assist Clinic Director in the review and up-dating of medical standards of care, design of clinic services, development of education services, and evaluation

   * at request of Clinic Director, participate in training of clinic staff and staff of other agencies and organizations

   * periodically make reports to Clinic Director

JOB DESCRIPTION

TITLE: Sister-in-Charge

RESPONSIBLE TO: Clinic Director

The primary duties of the Sister in Charge are to supervise the work activities of clinic staff and to provide a complete range of maternal and child health and family planning medical services to all clients, referring serious problems and complications to the General Practitioner. Secondary duties include in-service training for clinic staff, participation in training staff of other agencies and organizations, and assisting the clinic Director to evaluate the clinic.

1. Supervise staff:-

   * direct observation of medical services delivery by Sisters, Auxiliary Nurses, educators, lab technicians, vaccinator (EPI)
   * staff meetings and individual meetings to discuss client management and to give feedback on staff performance
   * be available for consultation on any aspect of service delivery during clinic hours and seek technical assistance from General Practitioner
   * organize, coordinate staff activities, working schedules
   * delegate tasks as required, between client interviewing, registration and other phases of services throughout the day
   * daily, as clinic flow requires, re-assign staff to registration, interviewing, laboratory, education and record-keeping to ensure smooth flow of clients through the clinic

2. Provide medical services

   * physical examination, diagnosis and treatment plans for all clients including pill prescription, IUD insertion or removal, diaphragm fittings, and minor side effects and complications from contraceptives
   * identification of clients requiring attention of General Practioner
   * counsel high risk clients regarding special care for their health status
   * implement treatment plans prepared by General Practitioner
   * consult with General Practitioner as required

3. At request of Clinic Director participate in the evaluation and modification of Demonstration Clinic design, and participate in training programs for other agencies and organizations.

4. Periodically report to Clinic Director, as requested.

JOB DESCRIPTION

TITLE: Storekeeper

RESPONSIBLE TO: Sister in Charge

The primary duty of the Storekeeper is to ensure that the clinic has an adequate supply of drugs, contraceptives, and other supplies at all times. The storekeeper should also reinforce the instructions for using drugs and contraceptives when filling the client's prescription, and respond to questions of clients regarding the general nature of clinic services.

Receive Clinic Supplies:-

* receive supplies, prepare Receiving Record, seek Clinic Director approval
* send to accounting office for payments
* add items received to Inventory Cards

Issue Supplies:-

* receive Issue Voucher from staff who need supplies and check to ensure it has been approved by designated person
* issue supplies, sign voucher after entering quantity issued, and retain for inventory control

Inventory Control:-

* assign stock numbers to all items and prepare Inventory Cards for each
* make entries on Inventory Cards from daily Issue Vouchers and Prescriptions

Ordering: -

* prepare Supply Status Report periodically, ensuring that critical items are reported frequently
* expedite orders

Fill Prescriptions:-

* check to ensure that fee has been paid
* issue drugs and contraceptives to client and reinforce instructions on use
* retain prescription for inventory control

OPTIONAL DUTIES:-

1. Program the inventory control system on computer, maintain computerized system.
2. Assist Clinic Director in the analysis of client flow, with the support of the CDC computerized client flow analysis system - collect data required for client flow analysis, including amount of time spent by each client at each station in the clinic. Participate in assessment of data, and the modifications for greater efficiency.

JOB DESCRIPTION

TITLE: Sister

RESPONSIBLE TO: Sister in Charge

The primary duties are to provide routine medical services for all clients and to administer treatment plans at the direction of the Sister in Charge and/or the General Practitioner. Secondary duties include supervision of paramedical personnel when delegated by the Sister in Charge, and filling functions of Sister in-charge in her absence.

1. Medical services delivered by the Sister will be the same as those delivered by the Sister in Charge and include:-
   * physical examination, diagnosis and treatment plans for all clients including pill prescription, IUD insertion or removal, diaphragm fittings, and minor side effects and complications from contraceptives
   * identification of clients requiring attention of General Practitioner
   * counsel high risk clients regarding special care for their health status
   * carry out treatment plans prepared by General Practitioner or Sister in Charge
   * consult with Sister in Charge or General Practitioner as required

2. Supervision of paramedical personnel
   * oversee and assist with client interviewing and history-taking
   * supervise procedures for providing lab services to clients
   * supervise overall client flow from registration through billing to ensure clients are moving efficiently through system and are receiving appropriate scheduled appointments
   * oversee recordkeeping to ensure that records are correctly maintained and filed

3. Assist Sister in Charge with period reporting to Clinic Director.

JOB DESCRIPTION

TITLE: Educator

RESPONSIBLE TO: Sister in Charge

Primary duties are to provide general and specific education to clients in groups and individually. Secondary duties are to assist, upon request and when education duties permit, with client interviewing and history-taking and with other clinic activities when client volume is heavy. Educator will also assist with staff training.

1. general education - at planned intervals during clinic sessions, provide broad health messages to groups of clients concerning pregnancy, child spacing, child health and nutrition.

2. client counseling - counsel clients requiring specific education regarding their health status including high risk pregnancy, informed choice of family planning method, effective use of method, coping with side effect, children with malnutrition, diarrhea and other health problems.

3. when clinic is busy and education responsibility permits, at request of Sister in Charge assist with all other clinic activities such as resgistration, interview and lab work.

JOB DESCRIPTION

TITLE: Lab Technician

RESPONSIBLE TO: Sister in Charge

Primary duty is to perform laboratory analysis in accordance with accepted laboratory procedures. Secondary duty is to assist with client interviews, history taking and registration as clinic flow requires. Respond to questions of clients regarding general nature of services offered in the clinic.

Laboratory Tests:-

* explain lab procedures to clients
* routinely perform urinalysis and hemoglobin during all initial visits
* perform urinalysis and hemoglobin during revisits as directed by medical personnel
* perform pregnancy test when requested
* enter test results in appropriate section of Client Record
* perform tests and maintain equipment and supplies as described in MEDICAL STANDARDS OF CARE

Assist in other clinic duties when requested by Sister in Charge.

JOB DESCRIPTION

TITLE: Auxiliary Nurse

RESPONSIBLE TO: Sister in Charge

Primary duties are to interview clients during initial visits and during revisits as required, and to complete appropriate sections of the Client Record. Secondary duties include preparation of the clinic at the beginning of the day, and assistance to other staff as directed by the Sister in Charge.

Client interview for new clients, and continuing clients as required:

* interview client and provide general orientation of clinic procedures
* complete the medical history section of the Client Record
* measure height, weight and blood pressure and enter in Client Record
* explain lab procedure and provide cup for urine specimen

Preparation of clinic:

* organize supplies required for each of the exam rooms and interview rooms at the beginning of each day
* replace supplies at the end of the day

Assist other staff with lab procedures, client registration and record-keeping as directed by Sister in Charge.

JOB DESCRIPTION

TITLE: Receptionist

RESPONSIBLE TO: Sister in Charge

Primary duties are client registration, routing clients, exit procedures, and recordkeeping.

Client Registration - assign numbers to new clients, make up Client Record and Identification Card for new clients, register each client in daily clinic register, retrieve Client Records for revisit clients.

Routing Clients - explain nature of services, determine which service each client requires, briefly explain what the client will do during the visit, direct the client to the first staff person, give the Client Record to the first staff person.

Exit Procedure - retrieve the Client Record from each client when they have completed services, ensure that Cashier and Storekeeper collect and record fees and fill any prescriptions, schedule client for revisit following the revisit schedule for each type of service and category of client.

Recordkeeping - maintain Client Record files, Alphabetical File, Appointment Book and Daily Clinic Register; control supply of forms, notebooks and index cards required for records to ensure there is always an adequate supply on hand; compile figures from Daily Clinic Register after every clinic.

JOB DESCRIPTION

TITLE: Cashier

RESPONSIBLE TO: Sister in Charge

Primary duty is to collect and record fees paid by clients for services and prescriptions. Secondary duties are to assist Receptionist with client registration and record-keeping, and to respond to questions of clients regarding general nature of services.

Fee Collection:-

* at the end of the visit, detach the bill and any prescriptions from the Client Record
* enter the amounts of the fees on both forms
* collect the fees owed for services and prescriptions
* sign the forms, indicating the fees have been paid
* keep copy of the bill, give one copy to the client, and direct the client to take the prescription to the storekeeper
* put copy of the bill in Client Record, enter amounts collected in Daily Register
* at the end of each day, total the fees collected and count the cash, note any discrepancies

Assist Receptionist as required.

Appendix B

MEDICAL STANDARDS OF CARE

7/4/85

First Draft - MEDICAL STANDARDS OF CARE

I. NON CONTRACEPTIVE SERVICES

A. PRENATAL

1. Essential elements of Medical History
   * pregnancy history, outcome (e.g. miscarriages, abortions, still births, live births, neonatal deaths, etc.)
   * etc. etc.
2. Components of the physical exam
   * height, weight, BP, etc.
   * pelvic, lungs, heart, etc.
   * uterine size, fetal heart count, etc.
   * nutrition assessment - arm circumference or other criteria for measuring nutritional status
3. Laboratory Tests
   * urinalysis, hemoglobin, pregnancy test
4. Classification of High Risk Pregnancy (criteria used for classifying...)
   * age, height, weight, nutritional status, other physical characteristics
   * prior pregnancy history
   * lab test results
   * etc. etc.
5. Monitoring High Risk Pregnancy
   describe how often women should be seen, by which personnel, the elements of service that must be provided, when a referral should be for further care

B. POST PARTUM

detailed description of components of physical exam, questions to ask regarding pregnancy outcome, classification of high risk post partum clients

C. Minor Gynecological

Detail <u>precisely</u> the kinds of signs and symptoms that clinic staff should refer, and which they should diagnose first; and once diagnosed, which should be referred and which should be treated. Also describe the extent to which diagnosis will include medical history, physical exam and lab tests

II. CONTRACEPTIVE - NON PERMANENT

A. Pill

1. Contraindications
2. Minor Side Effects
3. Danger Signals and Complications
4. Type of Pill - prescription, modification if clients have problems

B. IUD

1. Contraindications
2. Minor Side Effects
3. Danger Signals and Complications
4. Types of IUDs
5. Insertion

C. Diaphragm

D. Barrier Methods

E. Natural Family Planning

III. CONTRACEPTIVE - PERMANENT (use IPAVS Standards)

IV. INFERTILITY

Describe all components of any medical service that will accompany the counselling.

V. CHILD HEALTH

A. Nutrition

Describe the physical assessment in detail, that is required to identify normal growth and nutriton problems, including the criteria used to identify 1st, second, and third degree malnutrition. Describe characteristics of severe malnutrition that would require referral.

B. Diarrhea

Describe the characteristics of a child with diarrhea that is treatable in the clinic and that which must be immediately referred to the hospital. Describe precisely the treatment that will be provided in the clinic.

C. Other Childhood Diseases

List the signs and symptons (e.g. cold, flu, etc.) that may be diagnosed and treated in the clinic and those that must be referred. Describe treatment to be given in the clinic.

VI. LAB TESTS

Describe the procedures used for conducting lab tests to ensure accuracy.

Appendix C

DEMONSTRATION CLINIC

GUIDE FOR DEVELOPMENT OF TRAINING PROGR

TRAINING OUTLINE FOR ALL DEMONSTRATION CLINIC STAFF

The most common training needs of Demonstration Clinic Staff are:-

* Contraceptive Up-date (information on latest technology for medical personnel)
* Observation and practice in other clinics in Sudan for all phases of clinic operations and delivery of medical services, for all levels of staff
* Orientation to MCH/FP issues, provided by SFCA Board and staff, Demonstration Clinic Director, MD General Practitioner, and Sister in Charge
* Communications skills and other techniques for relating to clients, provided by the Educator/Social Workers
* Orientation to the operating procedures of the Demonstration Clinic

Additional training needs will be tailored to individual clinic staff and include:-

* Management training in Santa Cruz for SFCA Executive Director and Clinic Director followed by Observation tour overseas
* Overseas training for Sister in Charge in a clinic setting for both refreshing skills in direct service delivery and in clinic management
* Orientation of MD General Practitioner in SFCA activities and Demonstration Clinic methodology, as well as refreshing technical skills in direct service delivery
* Refresher course for Sisters in national MCH/FP program, as well as on-the-job-training to bring skill level to that of Sister in Charge
* Counselling skills training for Educator/Social Workers for specific client needs in contraceptive choice, high risk pregnancy, high risk children, infertility and sterilization
* Orientation in CDC methodology for Client Flow Analysis, for the Storekeeper

DEMONSTRATION CLINIC - TRAINING OUTLINE for Clinic Staff

Title	Functions	Training Topics	Program	Status
Exec. Dir., SFCA	*SFCA Administration *Support Demonstration Clinic	*Program Management in MCH/FP	*U.S./Santa Cruz *Observation:- Sudan and overseas	
Demonstration Clinic Director	*Direct the Demonstration Clinic *Medical Services (high level)	*Program Management in MCH/FP	*U.S./Santa Cruz *Observation:- Sudan and overseas	
MD General Practitioner	*High level medical services *Deputy Director	*Contraceptive Up-date (information) *Orientation to Demonstration Clinic, research & evaluation techniques	*SFCA	
Sister in Charge	*High level medical services *Clinic management and supervision	*Contraceptive update (review technical skills, and information) *Clinic management and supervision techniques	*U.S. or other overseas training and observation	
Storekeeper	*Ensure adequate level of clinic supplies; dispense *Assist in client Flow Analysis	*Demonstration Clinic Procedures for logistics and supplies *Orientation in MCH/FP *Communications Skills *Instruction in CDC client Flow Analysis		
Sisters	*Medical Sefvices *Counselling	*Contraceptive up-date (information) *Family Planning methods - Skills training review *Counselling techniques *Review Medical Standards of Care	*MOH/Omdurman *SFCA	
Educators	*Education and Counselling	*Specific techniques for counselling in family planning, high risk pregnancy, risk children, infertility, sterilization	*SFCA *Observation Egypt	
Lab Techs	*Lab tests *Assist with Ht, wt, Bp	*Review lab test procedures *Orientation in MCH/FP * Communications Skills *Clinic Operating Procedures	*SFCA	
Auxiliary Nurses	*Interview/history *Immunization *Food Supplement Distribution	*Interview techniques in History taking *Clinic Operat. Procedures *Orientation to MCH/FP *Immunization *Orientation in Nutrition and Client Instruction	*SFCA *EPI *MOH/Nut.	
Receptionist	*Registration/Reception *Record Keeping *General Info to Clients	*Clinic Operating Procedures *Orientation in MCH/FP *Communications Skills	*SFCA	
Cashier	*Collect, record fees *Assist Receptionist	*Clinic Operating Procedures *Orientation in MCH/FP *Communications Skills	*SFCA	
Social Workers from Dept.	*Outreach, recruitment, motivation	*Orientation in MCH/FP	*SFCA	

TASK ANALYSIS - Training Requirements

* The attached analysis is a rough draft which will be helpful in the hiring process, and in the Santa Cruz training program which will be attended by the SFCA Executive Director and the Demonstration Clinic Director during September and October, 1985.

* For each staff position some groups of tasks are listed with the skills and knowledge that will require training, the objective of such training, and the learning activities to be used in training.

* THIS TASK ANALYSIS SHOULD BE REPEATED after staff have been hired, at which time it will be possible to determine precisely which skills and knowledge are lacking.

* Tasks should be taken from the "Delegation of Tasks Matrix" and analyzed in more detail during or after the September-October Santa Cruz training, perhaps with the consultation of INTRA personnel and other clinic staff at the end of November.

TASK ANALYSIS - TRAINING REQUIREMENTS

STAFF POSITION: MD General Practitioner

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
High level medical services	Most recent knowledge and skills related to:- * contraindications and serious side effects/complications from contraceptive use * classification of high risk pregnany, diagnosis, management of high risk client * classification of third degree malnutrition and other acute childhood conditions	Screen for contraindications and prescribe/provide all family planning methods Diagnose and treat serious side effects and complications of contraceptives Diagnose and prescribe treatment plan for high risk pregnancies Diagnose and refer severe malnutrition and other severe conditions of children; and treat or prescribe treatment plan for those conditions treatable in the clinic setting	Contraceptive Up-date including latest technology, medical standards including contraindications and treatment of complications (lecture, slides, etc.) MCH up-date including most recent development in ob-gyn, child health and nutrition (lecture, slides, etc.) Observation of other clinics in Sudan
Assess and assure Quality of Medical Services of staff Deputy Director	Supervision and on-the-job training Knowledge and skills regarding methods for planning, research and evaluation in family planning and other fertility related activities	Supervise medical staff and help to improve their performance in providing medical services Describe and apply basic concepts in the development and implementation of demonstration family planning programs Assist Clinic Director in the on-going operations research, evaluation, and modification of the design of the Demonstration Clinic	Review supervisory techniques with Clinic Director and Sister in Charge Orientation to SFGA activities including studies and surveys conducted by SFGA Board and staff

TASK ANALYSIS - TRAINING REQUIREMENTS

POSITION: Sister in Charge

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
* Medical Services	Skills and knowledge to provide complete range of MCH/FP services offered in the clinic * prenatal/postpartum - assess and provide treatment plan for routine and high risk pregnancy. * family planning - screen for contraindications, provide-prescripe all methods, including IUD insertion; recognize and manage serious side effects and complications resulting from use of methods * child health - assess and provide treatment plan for normal and nutritionally high risk children; assess and provide treatment plan for children with minor childhood diseases	Provide the complete range of MCH/FP services offered in the clinic including physical assessment and treatment plans for routine and high risk clients and for complications arising from method use (list the complications) Assess contraceptive needs of clients and prescribe the method best suited to the physical health and preferences of the client	Contraceptive Up-date including the latest technology, practice in the use of diagnostic tools or provision of methods, review of medical standards of care including contraindications and treatment of complications Refresher Course in provision of family planning services including lecture, observation and field practice in physical exam, screening for contraindications, IUD insertion, pill prescription, counselling clients on effective use and care of method, diagnosing complications and serious side effects, treating complications and minor side effects
	Skills and knowledge to detect complications and signs of serious health problems that must be referred to the physician or to the hospital:- (list here the types of conditions or signs and symptoms most likely to be detected during maternal health, family planning and child health physical exams and monitoring that will require higher level of medical care)	Differentiate between those conditions and symptoms which can be managed by the Sister in Charge or Sisters, and those that must be referred to the physician or hospital	Observation, practice regarding detection of signs and symptoms of MCH/FP problem that must be referred to physician or hospital Orientation and technical assistance in developing staff training programs, from INTRA personnel during consultation
* Daily Management of Clinic Operations and assist in staff training	Supervision of the quality of medical and paramedical services provided by staff daily administration and operation of the clinic/work schedule	participate in development and delivery of training programs for staff observe and detect quality of staff performance during clinic operations; assist and support staff to improve performance ensure smooth daily operation of clinic through work scheduling, delegation of tasks, etc.	Course in Clinic Management including staff supervision, training techniques, analysis of client flow - through observation, lecture, practice, preparation of materials for use in supervision and training of staff in Demonstration Clinic

STAFF POSITION: Storekeeper

TASK ANALYSIS - TRAINING REQUIREMENTS

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
Maintain continuous and adequate level of clinic supplies	knowledge of logistical systems required to order, receive, distribute, monitor/inventory supplies	develop and implement procedures for ensuring adequate clinic supplies including:- * receiving * ordering * issuing, distributing, dispensing drugs, contraceptives, clinic supplies for staff * recording receipt and distribution of each item on inventory cards * controlling inventory * establishing levels of individual items which signal need to order more * making use of computer for inventory control	Observation of other health clinic in Sudan regarding logistics systems and types of drugs and supplies used
	skills in managing logistics systems, using computer		review of resource materials describing logistics systems
	knowledge and information regarding all drugs and contraceptives dispensed by the clinic, and procedures for reading and filling prescriptions		review of lists of equipment and supplies developed for the Demonstration Clinic
Fill prescriptions for clients			review of procedures developed for Demonstration Clinic with consultation from CDC
	communications skills, establishing rapport with clients	fill prescriptions and direct other staff to fill prescriptions, ensuring that instructions to clients are reinforced	Orientation in MCH/FP issues - lectures from SFCA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge
		effectively communicate instructions to clients and elicit information from them to determine whether they understand	Orientation in all clinic operating procedures developed for Demonstration Clinic
		respond to general questions of clients regarding the drugs, methods and MCH/FP services	Communications skills and other techniques, and role playing, with guidance from Educator/Social Workers
Assist in Client Flow Analysis	understanding of principles of efficient clinic operations and client flow	describe the steps required to analyze and improve the client flow to increase clinic efficiency	Orientation from CDC personnel during next technical assistance visit
	knowledge of client flow analysis techniques used by CDC, including procedures for data collection and computerized analysis	collect data on time spent at different stations by each client, by type of visit	
		make estimates of client visit loads and proportion of visits by service category	
		assist in computerized analysis of data and development of modifications in client flow	

STAFF POSITION: Sister

TASK ANALYSIS - TRAINING REQUIREMENTS

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
* Medical Services	Skill and knowledge level should be the same as for the Sister in Charge regarding provision of medical services:- * assess and manage normal and high risk pregnancies * screen for contraindications and prescribe any method * detect and treat serious side effects and complications of method use * assess and manage children with normal growth, and detect, treat or refer children with malnutrition * detect and treat minor childhood ailments, and refer those with signs and symptoms of serious problems Communications skills to counsel clients regarding their individual health needs Detect complications and signs of any serious health problems in any client which must be referred to the physician or to the hospital	Provide the complete range of medical services offered in the clinic:- * physical examinations for all clients for all services * assessment of general health status based on physical exam, medical history, lab tests and client interviews * oversee management of normal pregnancy, contraceptive use, and normal childhood growth and development, for all clients * screen for contraindications of contracept. * do IUD insertion * detect need for IUD removal and remove when required * detect and treat other complications of method use- (list here all complications) * distinguish among different degrees of malnutrition and refer, treat, or direct other staff to provide services according to level of nutritional status * distinguish among different degrees of diarrhea and refer severe dehydration to physician (or set up IV??), to hospital, treat, or direct staff to treat (list here the conditions, signs or symptoms of conditions that the Sister should recognize and refer to physician or hospital)	Contraceptive up-date including lecture, slides and moves on the latest technology, standards of care regarding contraindications and treatment of complications Observation and Practice in other clinics in Sudan Communications skills and other client interview techniques, role playing, with guidance from educator/social workers

TASK ANALYSIS - TRAINING REQUIREMENTS

STAFF POSITION: Educator/Social Worker

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
General MCH/FP education	adapt general health education to the clinic setting - have accurate understanding of health information to be conveyed to clients, have effective communication skills to establish rapport with clients, and have education techniques that can convey the information	organize group education sessions while clients are waiting for services simplify education sessions to focus on one theme motivate clients to participate actively in education sessions elicit commentsfrom clients to ensure that they have grasped the health messages make use of a variety of education techniques and materials convey accurate information regarding:- - care during pregnancy - breastfeeding - child nutrition - prevention and care of diahrrea - health benefits of child spacing - advantages, disadvantages and effective use of different contraceptives	Practice in delivering group education sessions Participate in preparation of materials Lecture on education techniques in group sessions Orientation in MCH/FP issues - lectures from SFCA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge Community visits prior to clinic opening with other clinic staff, and social workers in the Dept. of Soc. Welfare under supervision of Demonstration Clinic Director and Sister in Charge
Assist other staff with History taking, reception when needed	Clinic operating procedures		Orientation in all clinic operating procedures developed for Demon. Clinic
Specific Education and Counselling for individual clients	effective communications skills and counselling techniques accurate information regarding the health needs of the client	conduct individual counselling sessions with clients assist clients to arrive at a voluntary choice of their preferred family planning method support clients who are encountering problems with their family planning method respond to concerns and anxieties of clients regarding contraceptives counsel high risk pregnant women on care during their pregnancy counsel mothers of children who are nutritionally high risk elicit information from clients before the end of the session to determine whether the client has understood	Practice in individual counseling - role playing and feed-back Lectures on specific counselling needs in prenatal care, child health and family planning from SFCA Board and Staff and medical personnel of Demonstration Clinic
Assist in training other staff regarding education		conduct sterilization counseling and obtain informed consent counsel infertile clients	Orientation and technical assistance in developing/implementing staff training in education, from INTRA personnel

TASK ANALYSIS - TRAINING REQUIREMENTS

STAFF POSITION: Lab Technicians

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
Laboratory Tests	knowledge of correct procedures used for whichever brand of tests may be used by the clinic (e.g. pregnancy tests)	conduct pregnancy tests and other tests accurately, regardless of brand used	Observation and practice in other clinics in Sudan regarding lab procedures and recordkeeping system and Reception/registration activities
	communication skills to effectively explain laboratory procedures to clients	describe characteristics of good communications skills in the clinic setting, and the importance of establishing good relationships with clients	Communications skills and other techniques of relating to clients, role playing with guidance from Educator/Social Workers
Assist other staff at request of Sister in Charge when clinic is busy	knowledge of clinic reception, registration, billing, prescript., record-keeping	assist Receptionist to register clients, retreive and replace Client Records, assist cashier and storekeeper	Orientation in MCH/FP issues - lectures from SECA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge
	knowledge and skills in procedures for measuring and recording ht, st, bp	accurately measure and record ht, wt and bp	
Respond to questions from clients of a general nature regarding MCH/FP services	knowledge of MCH/FP services communications skills	Explain clinic procedures to clients and describe the type of service they will receive	

TASK ANALYSIS - TRAINING REQUIREMENTS

[illegible]: Auxiliary Nurse

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
Client interview, Medical History, orientation of client to MCH/FP services	client interview and history-taking including:- * understanding individual items on medical history form * techniques in eliciting information from clients on sensitive issues * establishing rapport with clients, setting them at ease	Establish rapport with clients, elicit complete information from clients for medical history form, and accurately complete the form Give an orientation to clients so they understand clinic procedures and the type of services they will receive	Observation and Practice in filling out form, taking ht, wt, bp of other clinics in Sudan Orientation to Dem. Clinic procedures Lecture, pre and post testing regarding the items on the medical history form Orientation in MCH/FP issues - lectures from SFCA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge Communications skills and Client interview techniques and role playing with guidance from Educator/Social Workers
measure/record ht, wt, bp	accurately measuring and recording height, weight, blood pressure	Answer questions from clients regarding basic maternal and child health and family planning services Accurately measure and record ht, wt, bp Maintain scales and sphygmomanometer in good condition	Community visits prior to clinic opening under supervision of Educator/Social Workers
Immunization (if EPI does not provide a vaccinator)	provide tetanus immunization to prenatal clients and immunization for children maintain immunization cards and schedule maintain equipment, cold storage, etc.	Determine which clients are in need of immunization Provide immunization and record in client's record Maintain accurate record of immunization schedule for each child and indicate when revisit must be made for next innoculation Ensure that equipment, instruments and vaccines are maintained properly prepare clinic for immunizations at beginning of day and put materials away at end of clinic	Instruction or refresher course in immunization from EPI, including observation, practice
Participate in Food Supplement [illegible]	*pre-packing supplements if delivered in bulk *instruct clients on use *assist in record-keeping	Explain the necessity of food supplements for pregnant and lactating women, children under two, and malnoursibed preschool children. Effectively communicate to clients the method for using the food supplements Determine which clients are eligible for food supplements and make not in client record	Instruction in food supplement program from MCH/ADRA including observation and practice

STAFF POSITION: Receptionist

TASK ANALYSIS - TRAINING REQUIREMENTS

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
Register, route clients through clinic, process clients as they exit	organizational skills to fill out and maintain records, retreive records as needed and replace, keep accurate information on daily activities, schedule appointments	Assign number to clients Make up Client Record, ID Card Register all visit Retreive, replace Client Records Explain services and procedures to clients Determine which type of service Client requires and direct to the appropriate staff person Oversee activities of Cashier to make sure vees are collected and recorded Schedule appointments for revisits for all clients	Orientation in all clinic operating procedures developed for Demonstration Clinic Communications skills and other techniques for relating to clients, and role playing, with guidance from Educator/ Social Workers Orientation in MCH/FP issues - lectures from SFCA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge
Maintain clinic record-keeping system	knowledge of clinic procedures and record-keeping system administrative skills in setting up and maintaining records, compiling information on clinic activities	Set up and maintain Client Record system, alphabetical card file, appointment book, daily clinic register Ensure adequate supply of all forms, files, notebooks and other materials required for record systems, ID cards, etc.	Observation of other health clinics in Sudan regarding reception, registration, recordkeeping

STAFF POSITION: Cashier

TASK ANALYSIS - TRAINING REQUIREMENTS

TASKS	SKILLS AND KNOWLEDGE REQUIRED THROUGH TRAINING	OBJECTIVES - At the end of the course the trainee will be able to:-	LEARNING ACTIVITIES
Collect and Record Fees	knowledge of clinic billing and prescription procedures communications skills for relate to client while assessing and collecting fees	Accurately complete all procedures required to determine amount of fee owed, collect from client, record, and reconcile cash with recepts at end of each day Maintain good rapport with client	Observation of other clinics in Sudan regarding handling of cash Orientation to billing and prescription procedures Orientation to Demonstration Clinic procedures, recordkeeping system
Assist Receptionist and Storekeeper	knowledge of clinic reception, registration, recordkeeping	Assist Receptionist to register clients, retreive and replace Client Records, assist Storekeeper in dispensing and filling prescriptions	Orientation in MCH/FP issues - lectures from SFCA Board and staff, Clinic Director, MD General Practitioner and Sister in Charge
Respond to questions from clients of a general nature regarding MCH/FP services	knowledge of MCH/FP services	Explain clinic procedures to clients and describe the type of service they will receive	Communications skills and other techniques for relating to clients, and role playing, with guidance from Educator/Social Workers

STAFFING PATTERN

I. Staff Requirements

Jack Graves of CDC provided consultation to the SFCA to arrive at a staffing pattern which can be used by the Demonstration Clinic until more client data has been obtained. The steps taken to estimate staff requirements were to:-

a. define the services to be provided to clients in general;
b. group the services by six types of visits (initial and return for prenatal, family planning, child health);
c. define specific "stations" through which clients pass, and the particular services to be provided at each "station" (Reception, History, etc.);
d. estimate the time required at each station, and total time, for each visit type
e. estimate the proportion of all visits that would be made by each of the six visit types to calculate an average visit of 19.15 minutes;
f. assuming that staff will spend 75% of a six-hour work day in contact with clients, for a total of 4,050 minutes, divide by the average visit time of 19.15 minutes to arrive at a total of 212 visits per day;
g. distribute the 212 visits proportionately among the six visit types as estimated in step (e) to arrive at total number of each type of visit for each day;
h. estimate total staff minutes required at each station by multiplying the number of visits of each type by the minutes required at each station; and
i. calculate staff requirements by dividing total minutes at each station for all visits, by the minutes available from each staff (75% of 360 minutes = 270 minutes).

A critical estimate for the calculations is step (e), the client load and visit type. Family Planning Initial visits, for example, are estimated to be 15% of the daily visit load. This percentage is used to calculate the subsequent steps.

NB: Jack Graves emphasizes the need to improve this data base, preferably before the clinic opens. Rough calculations from Has Yosif Clinic indicate that number of minutes per average visit of 19.15 is reasonable. However, proportion of visits by type is markedly different from projections for the Demonstration Clinic, so additional data is desirable.

II. Actual Proposed Staffing - Proposed staffing differs from calculations of staff required, but changes can be made a few months after the clinic opens:-

RECEPTION - Proposed staffing is 1.4 less than may be required. Furthermore, the Storekeeper who has been hired is qualified to carry out responsibilities at a higher administrative level and therefore should not necessarily be considered as full time in this service station. Thus, the Reception station may need at least the equivalent of nearly two more people.

LABORATORY - The Laboratory Technicians may be able to absorb such other tasks as height, weight and blood pressure to assist the History station.

EDUCATION/SOCIAL SERVICE - The Educator/Social Workers may be able to assist at the History station or Reception.

HISTORY - Proposed staffing is 2.6 less than may be required. On the one hand, EPI may be able to provide a vaccinator, reducing the tasks of staff at the History station; but on the other hand, the analysis of History tasks did not take into account the nutrition supplement service which might be provided by the same staff. During the first months of operation the Sisters, Educators and Laboratory Technicians may be able to assist the History station.

CLINICIAN/PHYSICIAN - Proposed staffing is 2.8 in excess of that required, but this includes the Clinic Director who will be very involved in the development, management, evaluation and operations research activities of the Demonstration Clinic. The remaining 1.8 excess staff-equivalents may assist at the History station.

Unless improved data are obtained which significantly alters the calculations of staffing requirements, the current proposed staffing pattern can go forward, be monitored carefully during the first few months, and staff assigned to assist in other stations until more permanent changes can be made.

III. Implications for Training

Most staff will have tasks delegated to them which relate to more than one station either as primary tasks or as secondary tasks to assist other clinic staff. Thus most staff must be sufficiently skilled and knowledgeable to perform certain funtions upon request and as clinic load demands.

STAFFING PATTERN

Services *

R - Reception	Registration, reception, fee collection, dispensary, appointments
H - Medical History	Orientation, medical history/interview, blood pressure, height, weight, immunization, basic education, provide urine cup
L - Laboratory	Blood and urine analysis, pregnancy test, other laboratory services as required
C - Clinican	Physical examinations, diagnosis, treatment, referral
P - Physician	Clinican services on referral
E - Education	Specific education for family planning, pregnancy, nutrition, immunization, child care
S - Social Services	Premarital counselling, other social counselling on referral

* based on preliminary consultation with Jack Graves/CDC for purposes of analyzing client flow - does not include nutrition supplement service

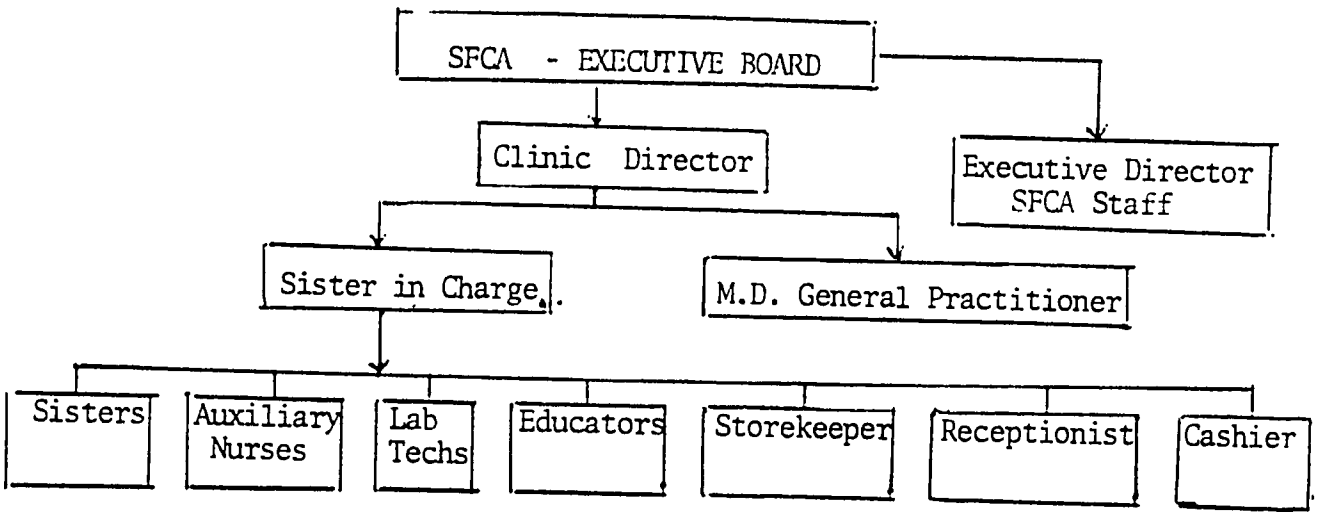
	R	L	E/S	H	C/P
Proposed Staffing**	3	2	2	2	6
Staff Requirements for projected client flow (Graves)	4.4	1.4	1.4	4.6	3.2
difference	- 1.4	+ .6	+ .6	- 2.6	+ 2.8
Remarks:	Storekeeper qualified for non-R work; more R staff needed	can help in H	can help in H	includes immunization which might have more staff; H staff do nutrition?	includes Clinic Dir. who will do non-service work; Sisters can help in H

** R - Receptionist, Storekeeper, Cashier
H - 2 Auxiliary Nurses
L - 2 Lab Technicians
C - 1 Sister in Charge, 3 Sisters
P - Clinic Dir. M.D., M.D. Gen. Practitioner
E - 2 Educator/Social Workers

(explore possibility of EPI providing a vaccinator)

DEMONSTRATION CLINIC

Organization Chart



JOB DESCRIPTIONS

* Executive Director, SFCA
* Demonstration Clinic Director
* MD General Practiioner
* Sister in Charge
* Storekeeper
* Sister
* Educator/Social Worker
* Lab Technician
* Auxiliary Nurse
* Receptionist
* Cashier

JOB DESCRIPTION

TITLE: Executive Director of the Association

RESPONSIBLE TO: Executive Board

The primary duties of the Executive Director are to assist the Board in the development of Association programs and policies, and to provide overrall direction of Association staff activities in support of the Demonstration Clinic and other approved programs. Other duties include routine communications with funding sources regarding administration of grants and contracts, and representing the Association in communications with other agencies regarding approved programs and policies.

1. Assist Board in development of Association programs and policies

2. Direct Association staff activities in support of Board-approved programs including the Demonstration Clinic, IEC and research:

   * propose annual goals, objectives and financial plan for staff activities
   * monitor staff progress during the year and report to Board
   * direct, supervise and evaluate personnel performance

3. Ensure smooth administration of Association staff activities:

   * personnel management - maintain up-dated organization chart and job descriptions, hire staff, provide for continuing staff education
   * financial management - oversee internal accounting of revenue and expenditures, monitor revenue and expenditures against approved budget
   * facilities, equipment, supplies, transportation - ensure adequate support systems are in place to meet staff needs for carrying out their responsibilities, assess needs periodically

4. Maintain routine communications with funding sources:

   * grants management - ensure timely financial and other reporting requirements are met; monitor income and expenditures by funding source; ensure expenditures are consistent with allowable items under each grant
   * monitor grant activities; signal to the Board any departures from grant-approved budget or plans

5. Represent the Association in communications with other agencies and organizations with regard to approved plans, policies and objectives:

   * respond to routine correspondence, and draft replies which require Board response
   * participate in inter-agency meetings on behalf of the Association, to explain and/or report on Association programs and policies
   * report to the Board any communications which require Board decisions and commitments

6. Provide SFCA administrative support to the Demonstration Clinic project in consultation with the Clinic Director:

   * ensure adequate flow of supplies, equipment maintenance, transportation and other logistical support
   * organize materials and other resources required for training programs, arrange logistical support for participants and instructors, and provide other coordinating activities as required
   * provide financial services: bookkeeping, accounting, cash disbursement and payroll
   * assign SFCA personnel as required, to assist in carrying out education, research, evaluation, and training activities of the Clinic under the direction of the Clinic Director

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JOB DESCRIPTION

TITLE: Clinic Director, M.D.

RESPONSIBLE TO: Executive Board

The primary duties of the Clinic Director are to assist the Board in the planning and evaluation of the Demonstration Clinic, and to provide the overall management of the clinic operations. Secondary duties include assisting other agencies to train their personnel using the Demonstration Clinic methodologies.

1. Assist the Executive Board in the design, implementation and evaluation of the Demonstration Clinic:

   * propose program design, plans, goals, objectives, and policies for medical and education services, for the Board to review and give final approval
   * conduct operations research and evaluation, and report periodically to the Board on progress, and propose possible modifications

2. Direct management of Clinic operations:

   * manage personnel - maintain up-dated organization chart and staffing pattern, job descriptions, and personnel policies; hire, supervise, appraise performance, delegate responsibilities
   * specify drug, supplies and equipment needs
   * maintain up-dated medical standards of care and clinic operation procedures
   * in consultation with SFCA Executive Director, specify need for administrative support for clinic operations, training programs and education services
   * assess training needs of staff, organize resources to conduct training and continuing education programs

3. Provide assistance to other agencies and organizations to train their personnel, upon request, and as clinic resources allow:

   * in consultation with Board and SFCA Executive Director, review training requests from other agencies and organizations; select those which can be met
   * assist in the design of training courses, selection of instructors, implementation and evaluation of training

JOB DESCRIPTION

TITLE: M.D., General Practitioner

RESPONSIBLE TO: Clinic Director

Primary duties are to provide high level medical services and assure the quality of care provided by clinic medical personnel, and act as Deputy Director in the absence of the Clinic Director. Other duties include assisting the Clinic Director in the planning, development and evaluation of the Demonstration Clinic.

1. Medical services and quality assurance:

   * provide medical services for all clients upon referral from medical personnel, including physical exam, diagnosis and treatment plan for high risk pregnancies, serious malnutrition and other serious childhood ailments, high risk contraceptors, and serious side effects and complications from contraceptives; direct personnel to carry out treatment plans

   * assess and assure the quality of medical services provided by clinic staff and be available to staff for consultation

   * assist medical personnel in provision of routine medical services when client volume is heavy

   * manage emergencies until client is transferred to hospital, if necessary

2. Assist Clinic Director:

   * assume responsibility for overall direction of clinic in absence of Clinic Director, by acting as Deputy Director

   * assist Clinic Director in the review and up-dating of medical standards of care, design of clinic services, development of education services, and evaluation

   * at request of Clinic Director, participate in training of clinic staff and staff of other agencies and organizations

   * periodically make reports to Clinic Director

JOB DESCRIPTION

TITLE: Sister-in-Charge

RESPONSIBLE TO: Clinic Director

The primary duties of the Sister in Charge are to supervise the work activities of clinic staff and to provide a complete range of maternal and child health and family planning medical services to all clients, referring serious problems and complications to the General Practitioner. Secondary duties include in-service training for clinic staff, participation in training staff of other agencies and organizations, and assisting the clinic Director to evaluate the clinic.

1. Supervise staff:-

   * direct observation of medical services delivery by Sisters, Auxiliary Nurses, educators, lab technicians, vaccinator (EPI)
   * staff meetings and individual meetings to discuss client management and to give feedback on staff performance
   * be available for consultation on any aspect of service delivery during clinic hours and seek technical assistance from General Practitioner
   * organize, coordinate staff activities, working schedules
   * delegate tasks as required, between client interviewing, registration and other phases of services throughout the day
   * daily, as clinic flow requires, re-assign staff to registration, interviewing, laboratory, education and record-keeping to ensure smooth flow of clients through the clinic

2. Provide medical services

   * physical examination, diagnosis and treatment plans for all clients including pill prescription, IUD insertion or removal, diaphragm fittings, and minor side effects and complications from contraceptives
   * identification of clients requiring attention of General Practioner
   * counsel high risk clients regarding special care for their health status
   * implement treatment plans prepared by General Practitioner
   * consult with General Practitioner as required

3. At request of Clinic Director participate in the evaluation and modification of Demonstration Clinic design, and participate in training programs for other agencies and organizatinns.

4. Periodically report to Clinic Director, as requested.

JOB DESCRIPTION

TITLE: Storekeeper

RESPONSIBLE TO: Sister in Charge

The primary duty of the Storekeeper is to ensure that the clinic has an adequate supply of drugs, contraceptives, and other supplies at all times. The storekeeper should also reinforce the instructions for using drugs and contraceptives when filling the client's prescription, and respond to questions of clients regarding the general nature of clinic services.

Receive Clinic Supplies:-

* receive supplies, prepare Receiving Record, seek Clinic Director approval
* send to accounting office for payments
* add items received to Inventory Cards

Issue Supplies:-

* receive Issue Voucher from staff who need supplies and check to ensure it has been approved by designated person
* issue supplies, sign voucher after entering quantity issued, and retain for inventory control

Inventory Control:-

* assign stock numbers to all items and prepare Inventory Cards for each
* make entries on Inventory Cards from daily Issue Vouchers and Prescriptions

Ordering:

* prepare Supply Status Report periodically, ensuring that critical items are reported frequently
* expedite orders

Fill Prescriptions:-

* check to ensure that fee has been paid
* issue drugs and contraceptives to client and reinforce instructions on use
* retain prescription for inventory control

OPTIONAL DUTIES:-

1. Program the inventory control system on computer, maintain computerized system.
2. Assist Clinic Director in the analysis of client flow, with the support of the CDC computerized client flow analysis system - collect data required for client flow analysis, including amount of time spent by each client at each station in the clinic. Participate in assessment of data, and the modifications for greater efficiency.

JOB DESCRIPTION

TITLE: Sister

RESPONSIBLE TO: Sister in Charge

The primary duties are to provide routine medical services for all clients and to administer treatment plans at the direction of the Sister in Charge and/or the General Practitioner. Secondary duties include supervision of paramedical personnel when delegated by the Sister in Charge, and filling functions of Sister in-charge in her absence.

1. Medical services delivered by the Sister will be the same as those delivered by the Sister in Charge and include:-
   * physical examination, diagnosis and treatment plans for all clients including pill prescription, IUD insertion or removal, diaphragm fittings, and minor side effects and complications from contraceptives
   * identification of clients requiring attention of General Practitioner
   * counsel high risk clients regarding special care for their health status
   * carry out treatment plans prepared by General Practitioner or Sister in Charge
   * consult with Sister in Charge or General Practitioner as required

2. Supervision of paramedical personnel
   * oversee and assist with client interviewing and history-taking
   * supervise procedures for providing lab services to clients
   * supervise overall client flow from registration through billing to ensure clients are moving efficiently through system and are receiving appropriate scheduled appointments
   * oversee recordkeeping to ensure that records are correctly maintained and filed

3. Assist Sister in Charge with period reporting to Clinic Director.

JOB DESCRIPTION

TITLE: Educator

RESPONSIBLE TO: Sister in Charge

Primary duties are to provide general and specific education to clients in groups and individually. Secondary duties are to assist, upon request and when education duties permit, with client interviewing and history-taking and with other clinic activities when client volume is heavy. Educator will also assist with staff training.

1. general education - at planned intervals during clinic sessions, provide broad health messages to groups of clients concerning pregnancy, child spacing, child health and nutrition.

2. client counseling - counsel clients requiring specific education regarding their health status including high risk pregnancy, informed choice of family planning method, effective use of method, coping with side effect, children with malnutrition, diarrhea and other health problems.

3. when clinic is busy and education responsibility permits, at request of Sister in Charge assist with all other clinic activities such as resgistration, interview and lab work.

JOB DESCRIPTION

TITLE: Lab Technician

RESPONSIBLE TO: Sister in Charge

Primary duty is to perform laboratory analysis in accordance with accepted laboratory procedures. Secondary duty is to assist with client interviews, history taking and registration as clinic flow requires. Respond to questions of clients regarding general nature of services offered in the clinic.

Laboratory Tests:-

* explain lab procedures to clients
* routinely perform urinalysis and hemoglobin during all initial visits
* perform urinalysis and hemoglobin during revisits as directed by medical personnel
* perform pregnancy test when requested
* enter test results in appropriate section of Client Record
* perform tests and maintain equipment and supplies as described in MEDICAL STANDARDS OF CARE

Assist in other clinic duties when requested by Sister in Charge.

JOB DESCRIPTION

TITLE: Auxiliary Nurse

RESPONSIBLE TO: Sister in Charge

Primary duties are to interview clients during initial visits and during revisits as required, and to complete appropriate sections of the Client Record. Secondary duties include preparation of the clinic at the beginning of the day, and assistance to other staff as directed by the Sister in Charge.

Client interview for new clients, and continuing clients as required:

* interview client and provide general orientation of clinic procedures
* complete the medical history section of the Client Record
* measure height, weight and blood pressure and enter in Client Record
* explain lab procedure and provide cup for urine specimen

Preparation of clinic:

* organize supplies required for each of the exam rooms and interview rooms at the beginning of each day
* replace supplies at the end of the day

Assist other staff with lab procedures, client registration and record-keeping as directed by Sister in Charge.

JOB DESCRIPTION

TITLE: Receptionist

RESPONSIBLE TO: Sister in Charge

Primary duties are client registration, routing clients, exit procedures, and recordkeeping.

Client Registration - assign numbers to new clients, make up Client Record and Identification Card for new clients, register each client in daily clinic register, retrieve Client Records for revisit clients.

Routing Clients - explain nature of services, determine which service each client requires, briefly explain what the client will do during the visit, direct the client to the first staff person, give the Client Record to the first staff person.

Exit Procedure - retrieve the Client Record from each client when they have completed services, ensure that Cashier and Storekeeper collect and record fees and fill any prescriptions, schedule client for revisit following the revisit schedule for each type of service and category of client.

Recordkeeping - maintain Client Record files, Alphabetical File, Appointment Book and Daily Clinic Register; control supply of forms, notebooks and index cards required for records to ensure there is always an adequate supply on hand; compile figures from Daily Clinic Register after every clinic.

JOB DESCRIPTION

TITLE: Cashier

RESPONSIBLE TO: Sister in Charge

Primary duty is to collect and record fees paid by clients for services and prescriptions. Secondary duties are to assist Receptionist with client registration and record-keeping, and to respond to questions of clients regarding general nature of services.

Fee Collection:-

* at the end of the visit, detach the bill and any prescriptions from the Client Record
* enter the amounts of the fees on both forms
* collect the fees owed for services and prescriptions
* sign the forms, indicating the fees have been paid
* keep copy of the bill, give one copy to the client, and direct the client to take the prescription to the storekeeper
* put copy of the bill in Client Record, enter amounts collected in Daily Register
* at the end of each day, total the fees collected and count the cash, note any discrepancies

Assist Receptionist as required.

DELEGATION OF TASKS MATRIX

* To be completed by Clinic Director.

* The Matrix is used to show how tasks are delegated and shared among clinic staff, and whether each task is performed routinely or secondarily by each person to whom it is delegated.

* The Matrix is a reference for developing job descriptions, identifying tasks which must be analyzed to determine training needs, and illustrating groups of tasks where teamwork is required.

Clinic Services:-
C = Clinician (mid-level medical)
P = Physician
H = History, interview, ht., wt., b.p.
L = Laboratory
R = Reception, registration, dispensary, billing
E = Education and Counselling

DEMONSTRATION CLINIC - Delegation of Tasks (X = performs routinely; — = performs sometimes)

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
RECEPTION										
Intake: New Clients										
* assign unique clinic number										
* give Identification Card to client										
* prepare Client Record										
* make up alphabetical card										
* enter name in daily register										
Intake: Continuing Clients										
* ask for client's ID Card										
* consult alphabetcial card if ID Card not available										
* retreive Client Record										
* enter name in daily register										
Routing:										
* fill in client's name and number on bill										
* attach duplicate copies of bill to Client Rec.										
* determine which category of services client will receive										
* direct client to go to first station and give Client Record to first staff person										
Exit Procedure: Billing, Prescription, Appointment										
* retreive Client Record from client at end of visit										
* detach bill and prescription (if any) from Client Record										
* enter amounts on both forms, indicate where there is "no charge"										
* collect fees for services and prescription										
* sign forms showing fees have been paid										
* give prescription and copy of bill to client										
* give appointment to client in accordance with revisit schedule and enter on ID Card										
* direct client to storekeeper										
* examine prescription to see if fee paid										
* fill prescription										
* repeat instructions for use to client										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
MEDICAL HISTORY										
* interview client										
* complete medical history section of Client Record for new clients										
* up-date medical history section for revisit clients as required										
* measure height, weight and blood pressure for all initial visits, and for revisits as required										
* enter information in Client Record										
* explain general nature of services to new client										
* provide client with cup for urine specimen where required										
* give Client Record to client and direct to the next station										
LABORATORY										
* explain laboratory procedure to clients										
* have client provide urine specimen										
* take blood sample										
* perform tests										
* record results in Client Record										
* return Record to client and direct to the next station										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
HEALTH EDUCATION AND COUNSELLING										
General - use Education Guide and materials to conduct individual and group session on:-										
* maternal health and nutrition during pregnancy and the post partum period										
* benefits of child spacing										
* advantages, disadvantages and effective use of each type of contraceptive method										
* breastfeeding and infant care										
* childhood nutrition										
* treatment of diarrhea, prevention										
* need for immunization										
* other child health issues										
* instructions in use of food supplements distributed in the clinic										
Specific - staff trained in counselling skills will provide specific education to clients regarding their diagnosed health status, treatment plans or problems including:-										
* women with high risk pregnancies										
* mothers of infants and children with										
• malnutrition										
• diarrhea										
• other childhood diseases										
* family planning clients										
• voluntary, informed choice of method										
• effective use of chosen method										
• instruction in Natural Family Planning										
• for clients discouraged by minor side effects, how to cope with side effects, method change										
• recognizing and reporting serious side effects and signs of complications										
* infertility clients										
* sterilization clients										
• voluntary, informed choice and consent										
• preparation for surgery, etc. for after effects										

Clinic Services
C = Clinical (non-medical)
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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
PHYSICAL EXAMINATION										
Conduct physical examination in accordance with STANDARDS OF CARE for each type of client:-										
* Noncontraceptive - Prenatal										
Initial										
Scheduled Revisit - Normal Pregnancy										
Scheduled Revisit - High Risk Pregnancy										
Problem Visits										
- Post Partum										
Routine										
High Risk										
Problem										
- Minor Gynecological										
All Visits										
* Contraceptive - Non Permanent Methods										
Initial										
Scheduled Revisit										
Problem Visits										
- Permanent Methods										
All Visits										
* Infertility										
* Pre-School Child Health										
Nutrition										
Immunization										
Minor Childhood Diseases										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT										
1. Non Contraceptive Clients										
1.a. Prenatal										
Initial Visit										
* iron, vitamins										
* treatment for minor problems and/or referral for serious problems										
* Tetanus immunization										
* nutrition supplements										
* education and counselling										
* appointment for revisit and follow-up										
Scheduled Revisit - Normal Pregnancy										
* iron, vitamins										
* treatment for minor problems/referral for serious problems										
* nutrition supplements										
* interview and counselling										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT Non-Contraceptive - Prenatal(cont'd)										
Scheduled Revisit - High Risk Pregnancy										
* treatment for minor problems/referral for serious problems -----										
* iron, vitamins ----------										
* nutrition supplements ----------										
* interview and counselling ----------										
Problem Visits										
* treatment and/or referral ----------										
* education and counselling ----------										
1.b. Post Partum										
Initial Visit										
* treatment and/or referral for problems ----------										
* education ----------										
* initiate family planning OR schedule initial family /planning visit OR schedule appointment for post partum /revisit ----------										
Scheduled Revisit										
* education and/or counselling ----------										
* initiate family planning or schedule appointment for family planning ----------										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT Non-Contraceptive (cont'd)										
1.c. Minor Gynecological										
* treatment and/or referral										
* education										
* schedule appointment for family planning and/or child health services										
2. Contraceptive Clients										
2.a. Non Permanent Methods										
Initial Visit										
* prescription and provision of method: pill prescription, /IUD insertion, diaphragm fitting, natural family planning /instruction and materials, or provision of barrier methods /(foam, tablets, condoms)										
* education and counselling on the different methods										
* schedule appointment for revisit and supply										
Scheduled Revisit (Normal Contraceptors)										
* counselling										
* supplies										

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R = Reception, registration, dispensary, billing
E = Education and Counselling

DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT Contraceptive - Non Permanent (cont'd)										
Scheduled Revisit (High Risk Contraceptors)										
* treatment and/or referral										
* counselling										
* supplies										
* schedule next appointment										
Problem Visits										
* treatment and/or referral										
* education and counselling										
* schedule appointment if required										
2.b. **Permanent Methods**										
Initial Visit										
* counselling										
* appointment for surgery										
Scheduled Revisit										
* counselling										
* surgery										
* appointment for follow-up visit										

Clinic Services:-
[illegible] medical]
P = Physician
H = History, interview, ht., wt., b.p.
L = Laboratory
R = Reception, registration, dispensary, billing
E = Education and Counselling

DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	N	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT Contraceptive - Permanent (cont'd)										
Scheduled Follow-up Visit										
* treatment if required ----------										
* education ----------										
* appointment if required ----------										
3. **Infertile Clients**										
Initial Visit										
* education and/or counselling ----------										
* treatment and/or referral to specialist if indicated-										
* schedule appointment for follow-up visit if required-										
Scheduled Revisit										
* treatment and/or referral to specialist if indicated-										
* follow-up education and counselling if required -----										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT (cont'd)										
4. Pre-School Children										
4.a. Nutrition										
Initial Visit										
* treatment and/or referral of nutritional high risk---										
* referral for third degree malnutrition ----------										
* nutrition supplements for all children 4 mos. - 2 yrs. and all high-risk pre-school children ----------										
* vitamins ----------										
* nutritional education and counselling										
appointment for revisit and supplies ----------										
Scheduled Revisit (High Risk and Normal Growth)										
* treatment and/or referral for severe cases of malnutrition ----------										
* nutrition supplements ----------										
* education and/or counselling ----------										
* appointment scheduled as required----------										
Problem Visits										
* treatment and/or referral ----------										
* nutrition supplements ----------										
* education and counselling ----------										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLIENT MANAGEMENT Pre-School Children (cont'd)										
4.b. Immunization										
Initial										
* innoculation										
* education										
* referral for nutrition monitoring and other services										
* schedule appointment										
Scheduled Revisit										
* innoculation										
* education										
* referral for nutrition monitoring and other services										
* schedule appointment if required										
4.c. Minor Childhood Diseases										
* treatment and/or referral										
* refer to nutrition monitoring and immunization if required										
* education if required										

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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
CLINIC SUPPLIES (see RECEPTION-Exit Procedure for Prescriptions)										
Issue supplies for use in clinic:										
* review and approve employee requests for supplies by signing the Issues Voucher ----------										
* receive Issues Voucher and enter the quantity to be issued ----------										
* issue the supplies, sign voucher and retain ------										
Receive and store all clinic supplies:										
* prepare Receiving Record in duplicate for all supplies received ----------										
* retain copy, send original to Clinic Director to authorize for payment ----------										
* forward approved Receiving Record to accounting for payment ----------										
* add items received to Inventory Control Cards -----										
Control inventory:										
* assign stock number to all items to be maintained in storeroom ----------										
* enter stock number in upper left-hand corner of inventory card ----------										
* maintain inventory card system by making entries daily from Receiving Record, Issue Vouchers and Prescriptions ----------										
Report on status of supplies:										
* prepare timely reports of supply status, with more frequent reporting on critical items ----------										
* follow-up reports to ensure supplies will be replenished ----------										

Clinic Services:-
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DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
RECORDKEEPING										
Client Records										
* prepare Client Record for each new client and assign client number										
* retreive Client Record for continuing clients										
* give Client Record to client at beginning of visit										
* take Client Record back from client at end of visit										
* review Client Records to ensure all information has been recorded										
* replace Client Record in numerical order										
* ensure filing system for Client Records is adequate and records are replaced after every clinic										
* place order for new Client Record forms with sufficient time to replenish supply										
* periodically review Records of clients who miss appointments to determine whether they have received services on another day										
* pull Records of clients who have not received services within a time period for remaining Active in the program, and store separately										
Identification Cards										
* prepare ID cards for new clients and to replace used, damaged or lost cards; enter client number										
* instruct client to bring ID Card at every visit										
* record appointment dates on back of card										
* place order for new ID Card forms with sufficient time to replenish supply										
Appointment Book										
* ensure that no client leaves the clinic without an appointment no later than one year from date										
* record all appointments in Book										
* cross off names of clients who keep appointment										
* periodically list names of clients who miss appts:-										

Clinic Services:
C = Clinician (mid-level medical)
P = Physician
H = History, interview, ht., wt., b.p.
L = Laboratory
R = Reception, registration, dispensary, billing
E = Education and Counselling

DEMONSTRATION CLINIC - Delegation of Tasks

	R			L	E	H	C/P			
	Recep-tionist	Cashier	Store-keeper	Lab Tech-nician	Educator/ Counsellor	Auxiliary Nurse	Sister	Sister in Charge	MD Gen. Practit.	Project Dir/MD
RECORDKEEPING (cont'd)										
Alphabetical Card File										
* complete an index card for each new client with name and client number, and file alphabetically ---										
* locate Client Record by consulting Alphabetical Card File for client's number, when client does not bring ID Card to clinic ----------										
* maintain Alphabetical Card File and ensure that cards are not removed or out of order ----------										
Daily Clinic Register										
* as clients enter the clinic, enter each client's name and number and other required information in the Daily Clinic Register ----------										
* at the end of each day, enter amount of fees collected, by client ----------										
* compile totals for all columns after each clinic --										
* transfer daily totals for each month, onto Monthly Report ----------										
OPTIONAL FOLLOW-UP CARD FILE										
* complete an index card for each new client with name and client number ----------										
* file alphabetically behind the month and year in which the client is scheduled to return ----------										
* retreive index card at each visit and replace at the end of the visit according to the next scheduled appointment ----------										
* periodically pull cards which remain behind a month which has already passed and file in "follow-up" file - ----------										
* consult Client Records to determine if client has received services on another date ----------										
* periodically pull cards of clients who have not received services within a time period for remaining Active, and file separately ----------										

TRAINING PROGRAM

TITLE OF PROGRAM: SFCA Demonstration Clinic

Day/Time	Topic	Instructor	Training Objectives	Learning Activities - Methods - Materials

Appendix D

LIST OF EQUIPMENT AND PERSONNEL

(Draft)

LIST OF EQUIPMENT AND PERSONNEL

SECA DEMONSTRATION CLINIC

Demonstration Clinic	Procurement Local	Procurement Foreign	Sudan Ls.	U.S. $
A. Equipment and Furnishings - Clinic				
4 Examining Tables				
4 Examination stools				
6 Large Desert Coolers				
1 Autoclave				
8 Stethoscopes				
1 Incubator				
8 Sphygmomanometers				
Baby weighing scales				
2 Microscopes				
Adult weighing scales				
1 Tabletop Centrifuge with hematocrit Kit (micro capillary) (3 in USAID Office)				
5 Refrigerators:- 3 small 2 large				
10 Work Tables:- * 9 small writing tables and * 1 large (Dispensary)				
20 Chairs				
4 Supply Cabinets, 24" deep				
1 Instrument cabinet				
Office furnishings (e.g., 4 desks, 4 chairs, 25 folding chairs, bookcases, Meeting Room Table)				
Waiting Room furnishings (e.g. benches, Blackboard, chairs, small tables, bookcases)				
Medical Records Cabinets and shelves				
Recovery Room Furnishings (e.g. beds, sidetables)				
2 Typewriters (Receptionist, Dir.'s office)				

Demonstration Clinic	Procurement Local	Foreign	Sudan Ls.	U.S. $
4 Folding screens				
4 Utility tables				
4 Exam lamps				
IUD Insertion Kits				
Ultra Sound				
4 Hand calculators				
1 IBM Micro Computer - 2 terminals				
1 Photo Copier				
1 Telex				
1 Telephone				
B. Other Commodities				
1. Disposable lab supplies				
Slides and coverslips				
Testtubes				
3 ml Syringes				
Reuseable needles				
Lancets, hct tubes, etc.				
Chemicals for lab stains				
Miscellaneous (gloves, speculae, drapes, etc.)				
2. Drugs to treat vaginitis, anemia, malaria, dia urinary tract infections, resp. tract infections, gonorrhea and syphillis				
3. Contraceptive Supplies (see attached)				
4. Stationary indexcards, file folders, paper for printing Clinic records, etc.				
5. Resource Books: Medex Primary Health Care Series - Complete Set (see attached)				

C. General Administration

	Procurement Local	Foreign	Sudan Ls	U.S. $
Equipment and Furnishings				
Office furnishings for administration, DDP and R&E (desks, chairs, blackboards, filing cabinets, bookcases)				
Office equipment (4 typewriters, 2 copy machines, 3 adding machines, transformers)				
Desert coolers (12 x $900)				
Conference room furnishings (table, chairs, blackboard, rug)				
Staff lounge furnishings (sofas, chairs, tables, rugs, bookcases)				
Staff lounge equipment (refrigerator, vacuum cleaner)				

D. Information, Education and Communication

Commodities (See attached list)				

DEMONSTRATION CLINIC

Contraceptive Supplies

* based on CDC Consultation
** based on 50% drop out each year

Family Planning:-

	1986		1987		1988		1989	
New Clients*	9,440		9,145		8,850		8,260	
Return Visits* Old Clients**	9,440 -		15,340 6,608		18,585 11,027		21,535 13,914	
	New/Old Clients	Quantity	New/Old	Quantity	New/Old	Quantity	New/Old	Quantity
Pill - 70%	6,608/ -	46,228 cycles	6,402/4,626	104,910 cycles	6,195/7,719	138,506 cycles	5,782/9,740	167,115 cycles
IUD - 10%	944/ -	1,038 IUDs	915/ -	1,006 IUDs	885/ -	974 IUDs	826/ - and 324 replacements	909 +324 1,233 IUDs
FOAM + - 19%	1,794/ -	4,500 Foam	1,738/1,256	9,374 Foam	1,682/2,095	12,580 Foam	1,570/2,644	14,476 Foam
CONDOM		117,000 Condoms		262,920 Condoms		360,600 Condoms		317,280 Condoms

2/5/85

I.E. & C. Equipments and Materials

I. Papers:

(a) 2 packets Bristol 70 x 100 c.m. (Coloured).
(b) 2 " Art 40 Gr. 70 x 100
(c) 2 " Art 60 Gr. 70 x 100
(d) 2 " Cartride 70 x 100
(e) Water and oil colour paper (100 sheets each)
(f) Tracing paper - (2 rools)

II. Inks and Colours:

(a) China ink - 9 colours (5 each).
(b) Fabrik printing ink - 7 colours 5 each
(c) Paster, water and oil colours (tubes - several colours) 5 boxes each.
(d) different brushes for water, oil and poster colours siz 2,3,4,5,6,8. 5 brushes each size.

III.

(a) Polly graph sets
(b) Letter sets, plastic, Magnet, cardboard and stencils sets (5 sets each)
(c) Zeba - tone sets, figures shapes, and letters (sheets) 15 sheets each
(d) Glues adhesives (tubes,100).
(e) One drawing board
(f) 4 sets of Mathematical drawing instruments.

V. Photo Section (from U.S.A. or Japan):

(a) 1 Nikon Camera 35 m.m with its flash and motor drive and blower.
(b) 1 Zoom lense (Nikon 35 - 70 m.m. 3.5
(c) 1 135 m.m. F 3.5 (Nikor lense)
(d) 1 Englarger 6 x 7 with frames and 35 adapter.
(e) Spot lights for studio and photo-coloured lights for dark room 6s.l. 10 coloured lambs for studio.
(f) 2 (z) Tripods
(g) 1 Overhead projector with its roll films
(h) 1 Asahi, Bentax Camera 6 x 7 with its flas.

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