

PD-AAS-734

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# Intrah

## Trip Report

# 0-116

**Travelers:** Dr. Donald Foster, IHP Consultant  
Dr. Robert Hosang, IHP Consultant

**Country Visited:** NIGERIA

**Date of Trip:** November 18 - December 13, 1985

**Purpose:** To conduct a Training of Trainers/  
Community Health Education workshop  
for 14 MOH/HMB nurse trainers

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Program for International Training in Health  
208 North Columbia Street  
The University of North Carolina  
Chapel Hill, North Carolina 27514 USA

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EXECUTIVE SUMMARY

A four-week Training of Trainers (TOT)/Community Health Education (CHE) workshop was conducted by Donald M. Foster, Ed.D., and Robert Hosang, M.D., in Bauchi State Nigeria for 14 participants from November 18 through December 13, 1985. The instruction content included human reproductive physiology, contraception, contraindications, clinical practice related to history, physical examination, and counseling for informed choice, oral rehydration therapy, community health education including needs assessment and CHE activities, training/learning/planning methodology, and use of local instructional materials. The workshop process included lecture demonstrations, role playing, microteaching, case studies, simulations, field surveys, and individual and group presentations, including measurement of learning.

Bauchi State cannot at present field the regional teams called for in the Bauchi State plan produced in September/October 1985. This TOT/CHE activity, as well as the clinical service and curriculum development workshops scheduled for early 1986, must reflect these realities. Moreover, the Project Director, Dr. Mahdi, has been reassigned, and his replacement has not been named. These facts indicate to this consultant team that extra training efforts are required for Bauchi to reach project goals.

All 14 (of 15 originally assigned) participants showed knowledge and skill advancement during the workshop as measured by written tests, performance critiques, and participant reaction forms.

Two unexpected workshop results occurred:

1. It was discovered by the trainers that the Hausa term for "family planning" used for 20 years translates literally as "stop babies." This association with barrenness and infertility may account for some of the cultural and religious opposition to the family planning movement. New phraseology, "child spacing," was introduced.

2. An enthusiastic receptivity by Bauchi's adult literary and nonformal education officials to familiarize themselves with the child spacing curriculum and referral services and community health education activities.

Bauchi State Adult Literacy Director, Dr. Musa Moda, welcomes collaborative efforts that will result in improved knowledge and skills of the Bauchi populace. A formalized plan is underway and should be followed up by project officials.

SCHEDULE DURING VISIT

Monday, November 11

Dr. Foster and Dr. Hosang departed New York 22:30 hours.

Tuesday, November 12

Arrived Lagos 14:00 hours.

Wednesday, November 13

Briefing with AID Affairs Officer, Ms. Keys MacManus. Thirteen boxes of books and other instructional materials were added to the two cartons in hand.

Thursday, November 14

Met with Project Coordinator, Mrs. Ahmed and Health Management Board Program Director, Dr. Mahdi.

Friday, November 15

Met with Mrs. Ahmed and visited family planning clinic Kafer-Wase and Clinic Director, Mrs. Polina Dogo. With Mrs. Ahmed's agreement, designated Mrs. Dogo to be a co-trainer based upon her clinic responsibilities and previous training.

Monday, November 18 - Saturday, November 30

Conducted TOT workshop. Venue: Conference Center of the School of Midwifery, Specialist Hospital, Bauchi.

Monday, December 2 -

Thursday December 12 (included Saturday, December 7)

Conducted CHE workshop, including field trips to Dass, Gombé, Azaré, and Bauchi City.

Wednesday, December 11 (afternoon) -  
Thursday, December 12 (until noon)

Administered post-tests. Graduation ceremony was held  
in Yankari Game Preserve.

Thursday, December 12

Debriefing with AID Affairs Officer, Ms. Keys MacManus.  
Departed Kano for London 23:45 hours.

Friday, December 13

Arrived London.

Saturday, December 14

Departed London for San Francisco.

## I. PURPOSE OF TRIP

The purpose of this assignment was to conduct a four-week Training of Trainers (TOT)/Community Health Education (CHE) workshop in family planning, oral rehydration therapy, and community health education for 14 nurse/midwives, tutors, and community health officers from regional areas in Bauchi State, Nigeria. The participants were selected from four regions with a variety of specialties so that a team could be developed for each region that would include representatives of each speciality.

### A. Workshop Goals

1. Develop regional teams for Azaré, Gombé, Bauchi, and Dass in family planning, oral rehydration therapy and community health education.
2. Ensure that the regional teams developed are equipped to carry out TOT/CHE activities consistent with the Bauchi State Plan developed during an earlier planning workshop.
3. Increase substantive knowledge of human reproduction, contraception, training, and community health in order to carry out the TOT/CHE activities prior to the clinical services skills delivery and curriculum development workshops scheduled for early 1986.

## B. Workshop Objectives

By the end of the workshop each participant will be able to:

1. Assess training needs.
2. Select training methods and develop materials appropriate to the topic and the trainee.
3. Determine training goals and objectives.
4. Plan, prepare, and conduct a training session.
5. Develop a training program plan.
6. Evaluate training activities related to an overall family planning staff development training program.
7. Increase knowledge of physiological and clinical family planning subjects and oral rehydration therapy.
8. Identify individual and systemic indicators that inhibit or facilitate productive team work.
9. Design, conduct and analyze community needs assessments in community health education.
10. Plan, conduct, and evaluate health education training activities.
11. Work as a team member with a variety of other specialists to plan and conduct community health education activities.
12. Identify individual characteristics and community indicators that facilitate or inhibit implementation of the community health education plan.

## II. ACCOMPLISHMENTS

Fourteen participants completed the four-week workshop. (A fifteenth scheduled participant did not attend.) A strong team spirit was demonstrated by the group, and they developed individual and group plans for collaboration.

Participants demonstrated by written test and performance their increased knowledge of family planning, oral rehydration therapy, and community health education. They also demonstrated through presentations, a community survey, interviews, patient history taking, and counseling, improved abilities not only in substantive content, but also in multisensory delivery, use of locally available instructional materials, counseling techniques to ensure informed choice, and ability to analyze and prioritize community health education needs.

A fledgling working relationship between the health sector and the nonformal and literacy education sector was begun. As a result, a plan will be developed to train literacy tutors in child spacing information. This will be included in the adult literacy family life education component. Bauchi State adult literacy tutors are teaching 67,000 villagers. Moreover, the Adult Education Training Institute (Bauchi) trains adult literacy supervisors from nine other Nigerian states. An increased multiplier effect from the effort is expected.

New terminology was introduced by the trainers for "family planning" in the Hausa language. The words used for the term during the past 20 years mean neither "family" nor "planning" but rather are commonly understood as "stop babies." The terminology currently used by the nurse/midwives and tutors more literally translates as "child spacing." The trainers adopted this new terminology

and expect it to allay some fears and suspicions associated with sterility and barrenness.

A wider community awareness of child spacing, oral rehydration therapy, and community health exists as a result of the workshop. The Bauchi Urban Maternity Center, Specialist Hospital, Family Planning Clinic, and members of the surrounding community received information and referral services during the workshop as a result of demonstrations and a survey conducted by the trainees. The same benefit was realized in those parts of Dass, Gombé and Azaré where community health education interviews and a survey were conducted. Recipients included village elders, imans, and local government officers.

Inclusion of child spacing in the curricula of the Bauchi School of Nursing, the Bauchi School of Midwifery, and the (Gombé) School of Health Technology, currently under construction, will multiply the effectiveness of clinic efforts. Increased knowledge of the tutors at the nursing, midwifery, and health technology schools will benefit the students of those schools.

The workshop trainers identified those practitioners who appeared to be capable of benefitting from the next workshops in clinical skills service delivery and curriculum development.

### III. BACKGROUND

Bauchi is a Phase 5 "Accelerated" State in the Family Planning (AID) Project. This TOT/CHE workshop followed the state's first project activity, the program planning workshop conducted in September 1985. The plan prepared during that earlier workshop is the basis for this TOT/CHE workshop, as well as for workshops planned for 1986 in curriculum development, evaluation, and clinical skills service delivery. Unfortunately, the plan has not been approved officially and hence has not been circulated, nor have activities been implemented except for the scheduled workshops.

Government austerity programs affecting the budget, transportation, and personnel combine to inhibit comprehensive plan implementation. This situation placed increased importance upon this workshop, and those that are scheduled to follow in early 1986, because these activities may be all the government will support.

### IV. DESCRIPTION OF ACTIVITIES

#### A. Introduction

The Training of Trainers and Community Health Education workshop in Family Planning and Oral Rehydration Therapy took place at the Conference Center of the School of Midwifery at the Specialist Hospital in Bauchi from November 18 through December 13, 1985. Selected neighborhoods within Bauchi City and other communities were used for field work.

## B. Participants

The 14 attending participants (see Appendix B) represented 14 entities within 4 geographic sections of Bauchi State. All fall under the administrative jurisdiction of either the Health Management Board (HMB) or the Ministry of Health (MOH), with various relationships for service delivery with the Ministry of Local Government. The participants were chosen by a committee and had been sent a letter inviting them to the training. Fifteen participants were invited, with one person not attending.

An initial needs assessment indicated a pervasive lack of understanding of the purpose and content of the training. It became evident also from rosters, interviews, and conferences with the project director that the members of the regional teams planned for were not, indeed, those participants actually selected for the workshop. Furthermore, after the workshop, the participants were to return to their original work assignments. Therefore, the trainers customized the training plan to the job assignments of the selected participants.

## C. Process and Content

Each participant's job responsibility was analyzed and three main areas of responsibility were designated: clinic management and service delivery; community health education; and teaching in the schools of midwifery, nursing, and

health technology. Data from pretests (both written and presentation performance) indicated participant deficits in knowledge of human reproduction, physiology, and contraception; teaching, learning, measurement, and presentation of information; community needs assessments and systematic gathering and treatment of data; and history taking, counseling for informed choice, and delivery of services.

Course content in all the topics was presented to all 14 participants. More detailed work in particular topics focused upon those whose primary and secondary job responsibilities included that content and performance. For example, the community health educators needed a basic knowledge of family planning, contraception, contraindications and the like, and a more concentrated emphasis upon community needs assessment techniques, analysis of those data, and translation into action programs, including group programs and presentations on child spacing, oral rehydration therapy, and community health hazards. Accepted training techniques were employed by the trainers including: demonstrations, role playing, case studies, individual and group planning and presentations, and sociodrama. Clinic work, community surveys, and family planning and oral rehydration therapy presentations occurred throughout the four-week period.

At the same time as the process and content were being taught, the trainers and participants explored ways to

multiply their efforts through curriculum revision, service delivery improvement, teaching methodology revision, and networking with other groups such as the Ministries of Education and Local Government, and external agencies such as Canadian University Service Overseas.

## V. FINDINGS

### A. Results of Meetings with Program Director, Dr. Mahdi (dates November 14 and 22 and December 2 and 8)

Dr. Mahdi has been transferred from the Health Management Board and thus will relinquish his post as director in early 1986. To date, no successor has been named. Mrs. Ahmed, the nursing officer responsible for program coordination, will be the liaison until a new director is appointed. (Note: There have been four changes of permanent secretaries in the Ministry of Health since 1983.)

Dr. Mahdi and his advisors indicated to the trainers that the infrastructure and financial and transportation limitations of the Health Management Board and Ministry of Health cannot accommodate a state training team. Rather they envisage a structure whereby preservice training will be conducted in the schools of nursing, midwifery, and health technology, and service delivery training by clinicians trained by INTRAH/IHP in the next workshop will be conducted at sites in which these clinicians are performing family planning services. (See Bauchi State

plan.) This system will minimize transportation and per diem costs and utilize fully the existing infrastructure. They see their subsequent clinical training efforts as a zonal, rather than a centralized, activity.

Only 12 sets of equipment have been allocated by AID-Africare, of which only 7 were available at the end of 1985. Consequently, the number of participants for clinical skills service delivery training need be no more than 10 to service the proposed clinic sites.

The director would prefer to proceed immediately with clinical skills service delivery training so that services can be initiated.

Furthermore, Bauchi has decided to adopt, in principle, the clinic protocols developed by Plateau State. Therefore, the focus of the curriculum development workshop should be on development of curricula/syllabi for the preservice training institutions (schools of midwifery, nursing, and health technology) rather than on the development of a manual of clinic protocols.

Dr. Mahdi expressed concern about the government's ability to raise in three weeks the number of intrauterine contraceptive device (IUCD) acceptors needed for IUCD insertion training, but that delaying the clinical skills service delivery workshop will not improve that situation. He is therefore willing to reduce the number of participants if necessary.

It was agreed that the number of participants in the clinical skills service delivery workshop would be eight. Six of the TOT participants were recommended and agreed to by Dr. Mahdi on the basis of their proposed future clinical functions.

Assurance was given of Mrs. Ahmed's full cooperation in establishing clinical facilities where participants can be trained during the clinical skills service delivery workshop.

Dr. Mahdi was informed of the change of dates of the clinical skills service delivery and curriculum development workshops. He confirmed his approval and indicated that he would send a letter to INTRAH and AAO/Lagos for their information.

This being their last meeting with the project director, the consultants were debriefed.

B. Results of Planning Meetings with Mrs. Ahmed

Mrs. Ahmed was briefed on the content of the meeting with Dr. Mahdi on December 8. She was informed of the change in sequence of the clinical skills service delivery workshop scheduled for January 13, 1986. She was also given the new dates for the curriculum development workshop scheduled for February 10, 1986. She informed the consultants of arrangements for the selection committee to meet for approval of participants nominated for both workshops.

Plans were discussed for preparation of clinics for use in practical instruction during the clinical skills delivery workshop. Before the team arrives, the following arrangements will be made:

1. Ms. Keys MacManus will receive a letter requesting 14 IUCD insertion kits for distribution to a predetermined list of clinic sites. She will also receive a request for commodities with which to supply the clinics during the clinical skills service delivery workshop.
2. The Dass clinic will be equipped so that IUD insertions can be performed there in January, 1986.
3. Similar arrangements will be made for the Urban Maternity Clinic in Bauchi.
4. The Bauchi family planning clinics, Kafer-Wase Specialist Hospital and the Bolari Clinic in Gombé will be informed that arrangements to schedule clients for IUCD insertions during January should be made before January 13, 1986.

A timetable of clinic dates for IUCD insertion was proposed.

It was agreed that Mrs. P. Dogo would not participate in the clinical skills service delivery workshop as the experience would be redundant for her.

## VI. CONCLUSIONS

- A. Project goals can be achieved through: improving pre-service training curricula to include accurate family planning instructional elements; improving clinical service delivery; combining community health education activities with those of clinical service delivery; and networking with adult literacy education to multiply outreach, information, and referral services.
- B. Project goals, for the short term, cannot be based upon a regional team effort.
- C. Bauchi State Health Management Board leadership may be in limbo until Dr. Mahdi's successor is in place.
- D. Increased outreach and referral activity must occur if continued increases in numbers of clinical service acceptors are to be realized.
- E. As Bauchi has neither regional teams nor continuity in Health Management Board leadership, the state will require extra training/technical assistance for continued project coordination and activities.

F. Five clinics are presently providing family planning services, including IUCD insertion: Azaré, Gombé-Bolari, Bauchi Specialist Hospital, Bauchi-Army Clinic, and Bauchi Kafer-Wase Clinic. Collectively, they report approximately 40-45 IUCD insertions per week.

G. Six participants have been to Ibadan for training in family planning, including IUCD insertion. This workshop served to refresh their knowledge in family planning, thus preparing them for further training in clinical skills service delivery.

H. Mrs. Polina Dogo, previously trained at Margaret Sanger Center (New York), is a clinical services delivery trainer with her own clinic and is unlikely to benefit from further clinical training.

I. Bauchi State has unique challenges, and further project activities should be adapted to its situation.

## VII. RECOMMENDATIONS

It is recommended that:

A. The following six participants should be involved actively in clinical service delivery and should be participants in the January 1986 clinical skills service delivery workshop:

Mrs. Titi Dogo  
Hajjah Haleema Bello  
Mrs. Hadiza Musa

Mr. Hajiya A. Yahayu  
Mrs. Elpha M. Oksakei  
Mrs. Na'omi A.D. Pam

B. One of the additional participants in the clinical skills service delivery workshop should be a competent representative from the Azaré Zone.

C. All the following established clinic sites should be utilized for IUCD insertion training:

Bauchi - Kafer-Wase Clinic  
Bauchi - Urban Maternity Center  
Bauchi - Specialist Hospital Clinic  
Dass - Health Centre  
Gombé - Bolari FP Clinic

D. The curriculum development workshop should include the following preservice tutors as participants:

Mrs. Naomi Grace Emmanuel  
Mr. Mohammed Chadi Baba  
Mrs. Rabi S. Muhammad  
Mr. Mohammad Umaru

E. The curriculum development workshop in early February 1986 should focus upon the development of curricula and syllabi for the preservice training institutions (schools of nursing, midwifery, and health technology). The newly-adopted clinic protocol for Plateau State should be the basis for that effort.

F. Project personnel should confer personally with the new Health Management Board Director. Discussions should not only cover past activities but should address future activities.

- G. To continue the team-building effort, a one-week workshop should be held for the participants of the TOT/CHE workshop in June or July 1986. Participants should include the newly-appointed Health Management Board Director.
- H. Mr. Yarida Mohammed Dangabar has assigned responsibility for all Bauchi State CHE activities and, considering his accomplishments during the TOT/CHE workshop, he should be considered for additional training in community health education, management and allied subjects, either in a third country or the United States.
- I. Further training should be provided for Mrs. Rabi S. Muhammad and Ms. Victoria D. Yakubu, to improve their leadership and management skills in conducting preservice and inservice educational programs.
- J. Mr. Mohammed Chadi Baba and Mr. Mohammad Umaru should receive further training in management to enhance their leadership capabilities.

**APPENDIX A**

**Persons Contacted**

PERSONS CONTACTED

Ms. Keys MacManus	AAO, American Embassy/Lagos
Dr. Mahdi	Chief Medical Officer Health Management Board Bauchi State
Mrs. Ahmed	Chief Nursing Officer Health Management Board Bauchi State
Mr. Ibrahim	Chief Pharmacist Central Medical Stores Bauchi State
Dr. Musa Moda	Director Adult Education Unit (Literacy Program) Bauchi State
Dr. Jonhari	Chief, OB/GYN Specialist Hospital Bauchi
Hajiya J. Abbani	Director, Senior Nursing Sister Urban Maternity Centre Gombé
Mrs. R. Onum	Principal School of Midwifery Bauchi
Mr. A. W. Katty	Principal School of Nursing Bauchi
Mr. S. R. Allan	Principal Institute for Adult Literacy and Non-formal Education
Mr. and Mrs. John Harper	Canadian University Service Overseas/North Nigeria

APPENDIX B

List of Participants

### LIST OF PARTICIPANTS

- Mrs. Polina Dogo  
Principal Nursing Sister, Kafer-Wase F.P. Clinic,  
Bauchi
- Mrs. Hadiza Musa  
Principal Nursing Sister, Army Clinic, Bauchi
- Hajjah Haleema Bello  
Senior Nursing Sister, Bolari Clinic, Gombé
- Hajiya Aishatu Yahaya,  
Senior Nursing Sister, Gombé Maternity Clinic
- Mrs. Elpha M. Oksakei  
Principal Nursing Sister, Dass Public Health Centre
- Mrs. Titi Yohanna Dogo  
Senior Nursing Sister, Specialist Hospital, Bauchi
- Mrs. Na'omi Ali Dung Pam  
Principal Nursing Sister, Azare Urban Maternity
- Mrs. Naomi Grace Emmanuel  
Nursing/Tutor, School of Nursing, Bauchi
- Mr. Mohammed Chadi Baba  
Nursing Tutor, School of Nursing, Bauchi
- Mrs. Rabi S. Muhammad  
Principal Nursing Sister, School of Midwifery, Bauchi
- Ms. Victoria D. Yakubu  
Senior Midwifery Tutor, School of Midwifery, Bauchi
- Mr. Mohammad Umaru  
Senior Public Health Technician, School of Health  
Technology, Gombé
- Mr. Yarida Mohammed Dangabar  
Public Health Superintendent,  
Health Management Board, Bauchi
- Mr. Andrew D. Boya  
Health Services, Health Management Board, Bauchi

APPENDIX C

Training Design

TRAINING DESIGN

DATE November 18, 1985

DAY Monday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIC
Hosang Foster	9 AM - 10:30	Welcome Introduction to Interviewing	Each participant will interview another and introduce him or her to the group.	Note paper	
	10:30 - 11:00	Official Opening	Speeches	Officials from Health Management Board	
	11 AM - 11:20	Tea Break			
Foster	11:20 - 12:00	Fill out Biodata Forms		Biodata Forms	
Foster	12:00 - 12:30	Fill out competency Models 1 & 2	Rate yourself according to your level of competency.	Competency Models 1 & 2.	
Hosang	12:30 - 1:30	Reproductive Physio- logy & FP pre-test.	Answer all questions	Pre-test	
Hosang	1:30 PM	Participants dismissed to settle into accom- modations.			

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TRAINING DESIGN

DATE November 19, 1985

DAY Tuesday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Mrs. P. Dogo	8 AM - 8:45	History of FP in Bauchi	Lecture	Historical data	
Group	8:45 - 10:00	Decision-making exercise.	The horse trading game.	Instructions for the game.	
	10 AM - 10:30	Tea break			
Hosang	10:30 - 11:15	Introduction to the menstrual cycle.	Case studies of menstrual histories.	paper colored markers	
Foster	11:15 - 12:15	Introduction on how people learn.	Participatory discussions.	Handouts of the learning domains. Paper, colormarkers masking tape.	
Foster	12:15 - 1 PM	Format micro lesson #1	Make a 5-minute presentation on ORT or condom use.	Props	
Group	1 PM - 2:15	Lunch and Prayer			
Foster	2:15 - 3:45	Review of competency model data	Papers returned	Summarized data	
Group		Review of Pre-test questions #1-12	Papers returned to participants for review and discussion of answers.	Question sheet	

TRAINING DESIGN

DATE November 20, 1985

DAY Wednesday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Hosang/ Foster Group	8 AM	Individual 5-minute presentations (performance pre-test)	Freestyle	Brought by participants	poor organization
Foster Group	9:30	Review of presentations--content and technique; critique	Participatory discussion		
	10 AM - 10:30	Tea Break			
	10:30 - 12	Crucial issues panel discussion	Panel Discussion	Dr. Jon Lau Ms. Dogo Dr. Hosang	
Hosang	12:00 - 1 PM	Review of physiology pre-test			
	1 PM - 2:15	Lunch Pre-test			
Foster	2:15 - 3:15	Planning for realistic goals	Full basked game Participatory exercise Analytical discussions	basket 10 rocks, recorder paper, markers.	
Hosang	3:15 - 3:45	Introduction to the condom.	Desensitisation with condom  Creative use of the condom.	2 boxes of condoms	

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TRAINING DESIGN

DATE November 21, 1985

DAY Thursday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Poster	8 AM - 8:30	Group presentations assignment		Paper with groups and topics listed.	
Hosang/ Musa	8:30 - 9:00	Introduction to the	Practical demonstration	15 copper T's	
	9 AM - 10	The mechanisms of birth control	Lecture/discussion	Paper Graphic	
	10 AM - 10:30	Tea Break			
Group	10:30 - 11:30	Problem analysis			
	11:30 - 11:45	Techniques HOUSKEEPING			
Group	11:45 - 12:15	Oral Contraceptive Pill	Demonstration Participatory discussions	Package of pills	
	12:15 - 1 PM	Group planning for presentations on ORT OCP			
	1 PM - 2:15	Lunch and prayer			
Hosang	2:15 - 2:45	Discussion of the progesterone effect.	Lecture and participatory discussion.	Human model	
Group	2:45 - 3:45	Group planning			
	4 PM	Seminars			

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TRAINING DESIGN

DATE November 22, 1985

DAY Friday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	8 AM - 8:20	Housekeeping			
Participants Hosang/ Foster	8:20 - 10 AM	Review of IUCD application and mechanism of action	Group presentations-- Lecture demonstration	Visual aids, props	
Groups		Presentation practice Condom presentation	Simulator exercise	Condoms	
	10 AM - 10:30	Tea Break			
Groups	10:30	ORT presentation	Demonstration	ORT ingredients and tools and containers	
Groups		Health aspects of childspacing presentation.	role play		
Groups	12 Noon	ORT presentation		Baby and mother from clinic. Charts & diagrams	
Foster	12 - 12:30	Brief critique Housekeeping Where are we?	Lecture/Demonstration	Books for distribution - Where there is no doctor - Current issues in Family Planning	

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TRAINING DESIGN

DATE November 26, 1985

DAY Tuesday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster/ Group	8 AM - 10:00	Critique of group presentation	Discussion with groups independently	Notes from evaluation	Interactive
Hosang	10- 10:30	Barrier methods review	Grab bag exercise	grab-bag questions hat	
Foster	11 AM - 11:30	Introduction to counselling - definition - techniques	Lecture/participative discussion	paper markers	
Hosang	11:30 - 12:15	Spermicidal review - foam - gels - tablets	Demonstration Discussion		
Hosang	12:15 - 1 PM	ORT Review The constitution of the ORT solution.	Participant-directed discussion.	paper markers	
Foster	2:15 - 2:45	Housekeeping			
Hosang	2:45 - 3:15 3:15 - 3:45	Counselling technique Oral Contraceptive Side effects	Discussion Grab bag Simulated counselling on grab bag questions	paper Prepared grab bag questions	

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TRAINING DESIGN

DATE November 27, 1985  
 DAY Wednesday  
 ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Hosang	8 AM - 9:00	Review of oral contraceptives side effects.	Participative questions and answers.		
Foster	9:00 - 9:30	Writing job descriptions	Lecture Discussion		
Hosang	9:30 - 10:30	Natural childspacing Ovulation (mucus) method	Demonstration Discussion	Booklet of graphics "The Ovulation Method"	
Parti-	11 AM - 11:30	Spermicidal review	Participant-directed role-play	Spermicidal commodities Emko - foam foaming tablets	Group Evaluation score.
Foster/ Parti- cipants	11:30-11:45	Critique of presentation method	Class discussion		
Parti-	11:45 - 12	Diaphragm review	Demonstration	Commodities Diaphragms Jelly, Foam Dispenser & Introducer	
Foster	12 - 12:30	TOT/Training design			
Hosang	12:30 - 1 PM	Predicting Ovulation	Deductive exercise	Chart of menstrual histories	Self assessment
	2:15 - 2:30	Housekeeping			
	2:30 - 3 PM	Review of ORT formulation	Practical exercise & discussion	Beer bottle, soft drink bottles, sugar cubes & teaspoons	
	3 PM - 3:45	Vasectomy	Lecture/Discussion	Vasectomy Booklet	
	3:45 - 4:10	Review of today's activities	Class report (observer)	Note pad	

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TRAINING DESIGN

DATE November 28, 1985  
 DAY Thursday  
 ACTIVITY --page one of two--

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	8 AM - 9:00	Collect job descriptions Report on community well	Participant report		
Participants					
Participants	9 AM - 9:15	Natural FP techniques	Participant demonstration/ discussion	Charts Thumbtacks Paper, Markers	
Foster	9:15 - 9:25	Critique of presentation technique			
Hosang	9:25 - 9:50	Introduction to injectibles.			
Participants	9:50 - 10:10	OCP contraindications	Role-play by participant group	Pills BP sphygmomanometer Scale	
Participants	10:10 - 10:15	Critique of presentation process			
Hosang	10:15 - 10:20	Critique of presentation content.			
Hosang	11:00 - 11:40	Infertility diagnosis	Discussion Questions & Answers	Anatomy graphics.	
Foster	11:40 - 12:00	Housekeeping	Participant discussion		
Hosang	12:00 - 12:30	Review of reading assignments on spermicidals, withdrawal, natural family planning.	Participant summary	"Africa"	

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TRAINING DESIGN

DATE November 28, 1985

DAY Thursday

ACTIVITY --page two of two--

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	12:30 - 1 PM	Planning activity for first clinical day activity tomorrow. Distribution of books.		1.IUCD - current perspectives 2.Vasectomy 3.On being in charge 4.Available bibliography 5.Concepts and issues in F.P.	
Foster	2:20 - 3 PM	Community needs assessment	Simulated exercise Role-play Prioritize and order re: "Health official" "Village mother"		
Foster	3:00 - 3:45	Clinic observation Interview techniques	Demonstration Guidelines Format Assignment	Charts	Data to be analyzed & reported upon  To be re-ported upon after data gathering.

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TRAINING DESIGN

DATE November 29, 1985

DAY Friday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUAT
Foster	9:30 - 12:30	Clinic Practicum Experience with applied counselling techniques with family planning clients.	Observation of counselling technique and IUCD insertion. Technique of three participants who have been doing insertions before our workshop.	Clinic site Commodities	
Hosang	8 AM - 9:30	Review of the goals of counselling in FP clinics.			

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TRAINING DESIGN

DATE November 30, 1985

DAY Saturday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Hosang	8:30 - 9:15	Irregular vaginal bleeding Variations in cycle length, duration and character	Discussion	Paper Color Markers	
Foster	9:15 - 9:30	Anatomy and physiology of the male reproductive system.	Discussion	Diagram of the male anatomy	
Foster	11 AM - 11:30	Communication: Retention of the message	Telephone message game	Message	
Parti- cipants	11:30-12:15	Sexually transmitted diseases Diagnosis, prevention and treatment	Participant-directed exploratory discussion	Paper Markers	
Foster	12:15-12:45	Aspects of communication technique	Participatory discussion	Graphics	
Partici- pants	12:45 - 1 PM	Summary: Listening vs learning	Participatory discussion.	Graphics	

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TRAINING DESIGN

DATE December 2, 1985

DAY Monday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	8 AM - 9	Health Planning and implementation-- A systems approach.	Lecture/Discussion	Prepared systems chart	
	9 AM - 9:10	Break			
Foster	9:10 - 10 AM	Data Analysis Exercise	Practical exercise	Data from prioritization exercise done last week.	
Foster	10:30 - 1 PM	<u>Group 1</u> CHE exercise in Kwafor Wase Clinic area Evaluation of counseling experience of Friday 11/29/85. Community observation.	Practical with Patients  Walk through clinic neighborhood.	Clinic Clients Householders  Householders	
Hosang	10:30 - 11	<u>Groups 2 &amp; 3</u> Houskeeping Discussion of activities for Week 3.			
Hosang	11 AM - 12:00	Injectibles and the mini pill.	Discussion/lesson plans		
Hosang	12 - 12:30	Oral contraceptive review	Grab bag on prepared questions.		
Hosang	12:30 - 1 PM	Evaluation of clinic experience of previous	Presentation/discussion by participants	Reports of clinic visit activities.	
Foster	2:15 - 3:15	Evaluation in the systems approach	Lecture/Discussion	Charts, paper, markers	
Foster	3:15 - 3:45	Design of CHE needs assessment questionnaire	Group discussion	paper, pencils	

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TRAINING DESIGN

DATE December 3, 1985

DAY Tuesday

ACTIVITY GROUP I

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	8:30 AM	Community Survey	Group work	Board and paper	
Dangobar	12 - 1 PM	Instrument development and Survey into Hausa	Planning and product	Stencils	
	1 PM - 2:00	Lunch and prayer	Group discussion	Board	
oster	2:15 - 3:15	Field test instrument instruction to group.	Lecture/Demo Simulation	Survey instruments.	

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TRAINING DESIGN

DATE December 3, 1985

DAY Tuesday

ACTIVITY Groups 2 & 3

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Hosang	8:30 - 9:30	Contraindications to OCP prescription	Participant discussion		
Hosang	9:30 - 10:30	IUCD insertion - sterile considerations - comparison of Copper T Lippes Loop		Copper T's (X8)	
Hosang	11 AM - 12	IUCD - Mechanism of action review - Counselling on IUCD	Participant discussion		
Hosang	12:00 - 1 PM	IUCD - complications	demonstration discussion	Pelvic model gloves copper T's Lippes Loop	
	2:15	Same as Group 1			

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DATE December 4, 1985

TRAINING DESIGN

DAY Wednesday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Foster	7 AM - 5 PM	Community Survey  Observation of health hazards in the community.	Application of the survey instrument - questionnaire  Application of survey instrument  Case study of a community's physical facilities	Questionnaire 78 soap bars for distribution to interviewees  - transportation - paper - observation format	

TRAINING DESIGN

DATE December 5, 1985

DAY Thursday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Foster	8:30 - 9:30	Discussion of experiences of the survey exercise of previous day.	Participant discussion		
Partici- pants	9 AM - 3:30	<u>Tutors: Group 2</u> Development of a syllabus in FP knowledge for students of the Schools of Nursing, Midwifery, and Health Technology	Group discussion and plan formulation.		
Partici- pants	9 AM - 3:30	<u>Clinicians: Group 3</u> Development of a list of basic requirements of knowledge and skills for pre-service training in FP techniques for clinical service delivery.	Group discussion and plan formulation.		
Foster/ Dangobar	9 AM - 3:30	<u>Group 1</u> Treatment and analysis of of data	Group exercises in: compilation, percentages, stratification, graphics, etc.	Survey instruments	

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TRAINING DESIGN

DATE December 6, 1985

DAY Friday

OBJECTIVE:

ACTIVITY \_\_\_\_\_

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Parti- cipants	8 AM - 9:00	Presentations ( <u>Group 1</u> ) Planning individual presentations.	Group 1 Participants on their own. Individual presentations in groups of two.	Charts and data Commodities Paper markers, other visual aids materials.	
Parti-	10:30 - 12	Rehearsal of individual presentations ensure time limit is observed.	Presentations to be made as full dress rehearsal, without notes.	As above.	
Hosang/ Foster	12 - 1 PM	Evaluation of FP knowledge.	Post-test	Post-test questionnaire.	
Group Hosang/ Foster	2:15 - 3:45	Post-test review and analysis data	Grab bag and peer discussion.	Post test results.	

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TRAINING DESIGN

DATE December 7, 1985  
 DAY Saturday  
 ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATIO
Hosang	8 AM - 10:00	Interdepartmental cooperation--an exercise in problem analysis	Discussion among participants using brainstorming, problem analysis problem: Poor patient flow in clinics	Clinicians and tutors.	
Parti- cipants	10:30 - 12	Continued Data Analysis Report	Graphic demonstration/ participant discussion of results.	Paper, markers, tables of compiled data from interview.	
Parti- cipants	12 - 2 PM	Planning and designation of responsibilities for CHE presentation on the following Monday.	Participants on their own with full respon- sibility to produce a program and to arrange logistics.		

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TRAINING DESIGN

DATE December 9, 1985

DAY Monday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Group	8:30 - 10	Performance in presentation of FP methods to clinic community.	Group presentation on ORT, all methods of FP to mothers and infants at child welfare clinic.	Clinic waiting area Urban Maternity Center, Bauchi	Audience Response
Foster/ Hosang	10 - 11 AM	Review of elements of good presentation technique.	Critique of presentation done earlier, for content and techniques.		
Dangabar/ Foster	11 AM - 11:30	Post test review Interview with Dr. Moda, Head of Adult Literacy and non-formal education.	Plan for future collaboration.		
Hosang/ Foster	11:30 - 1 PM	Population dynamics--a logistic analysis.	Mathematical Projection	MOH Manpower, resources data Demographic data	
Group	2:15 - 3:30	Presentations	Simulated audiences (soldiers, tutors, illerate villagers)	Available instr. materials	Peer critiques

1/1

TRAINING DESIGN

DATE December 10, 1985

DAY Tuesday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	8:15 - 10 AM	Integration of clinical services and community health services.	Case study and simulation - role-playing	Small groups	
Foster	10:30 - 12	Field trip to Bauchi City, training inst. guidelines and multiplier effects			
Foster	12 - 1 PM	Visit to Adult Education Centre	Establish Dialogue with AEU.	Transportation	
Hosang	11 AM - 12:30	Review of Problem/Task Analysis	Using Problem Analysis techniques to address issues on introduction of FP in the syllabus of Schools of Nursing, Health Technology and Midwifery.		
Participants	12:30 - 1 PM	Problem analysis exercise.	Identification of existing problem in current service delivery and doing a problem analysis on it.		
Group/ Foster/ Hosang	2:15 - 3:45	Integrated plan for each group to improve teaching/service delivery.	Group discussion. Small group planning.	Paper and flow pens	

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TRAINING DESIGN

DATE December 11, 1985

DAY Wednesday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Foster	8:30 - 10	Review of learning and teaching techniques	Participant discussion		
Hosang	10:30 - 11:30	Participant reaction to workshop		Participant reaction forms	
Foster	2 PM - 3:30	Team building exercise	Role play systemic barriers to performance improvement.	Individual note taking.	
Group	2:30 - 5 PM	Travel to Yankari		HMB Vans	
	7:30 - 8:30	Team dinner			
All	8:30 - 9:30	Presentation of Certificates and closing acknowledgements.		Certificates Room Officials	

TRAINING DESIGN

DATE December 12, 1985

DAY Thursday

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TRAINER	TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
All	7 AM - 8:00	Group breakfast Yankari			
All	8 AM - 11:00	Where do we go from here?	Discussion/planning	Notes	
	11:00 - 12	Return to Bauchi			

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**APPENDIX D**

**Materials Distributed**

## MATERIALS DISTRIBUTED

Active or Reflective Listening  
Adult Learning Theory  
Advantages and Limitations of Different Media  
Assessing Needs  
Brainstorming  
Client Evaluation  
Clinical Management  
Clinical Evaluation Form  
Communication  
Communication, Some Principles of Effective  
Competency Model Changes  
Comprehensive Guidelines on Planning (WHO)  
Conducting the Survey  
Criteria for Feedback  
Developing a Scope of Work for an Evaluation  
Demonstration  
Eighteen Steps to a Better Meeting  
Evaluation  
Evaluation Checklist  
Evaluation Instructions  
Evaluation Model: What is Evaluation?  
Evaluating Training (How Do You Evaluate  
Training?)  
Evaluation of Training Presentation  
Evaluation of Trainer(s)  
Goals and Objectives

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How Adults Learn  
How Do People Learn?  
How to Teach Attitudes  
How to Teach Knowledge  
How to Teach Skills  
Lecture  
Levels of Evaluation of Training  
Needs Assessment Check List  
Needs Assessment Exercise (T&R)  
Objectives Categories  
Objective, Writing an  
Outline of a Method for Planning  
Performance Evaluation  
Planning Diagram  
Principles of Problem Solving  
Questions to Ask When Evaluating a Training Design  
Questions to Ask When Evaluating a Training  
Presentation  
The Questionnaire  
Role Playing  
Steps of Training  
Task Analysis Worksheet  
Training: What is Training? An Overview of  
Process  
Training, The Scope of  
Training Activity Check List  
Training Design  
Training Design Presentation

**Training, Determining the Content of**  
**Training Methods, A Summary of**  
**Training, Tips on Selection of**  
**Types of Audio Formats**  
**Training Population, Assessing the Needs of the**  
**Training Process, The**  
**Training Program Objectives**  
**Training Styles**  
**Verbs, List of Active for Stating Educational**  
**Objectives**  
**Verbs, List of Active for Stating Educational**  
**Objectives**  
**Verbs, Some Possible for Use in Stating Cognitive**  
**Outcomes**  
**More Verbs**  
**Visual Aids Use in Training**

## Booklets Distributed

- Vasectomy: ed. R. L. Kleinman, IPPF
- Family Planning Methods and Practice: AFRICA CDC, Atlanta
- Where There is no Doctor, D. Werner, AID
- List of Free Materials in MCH & FP, INTRAH
- On Being in Charge, WHO, 1984
- Control of Sexually Transmitted Diseases, WHO, Geneva, 1985
- Preparing Instructional Objectives, FR. F. Mager, Pitman Learning, Inc. 1984
- Helping Health Workers Learn, D. Werner and B. Bower, Hesperian Foundation
- The Ovulation Method, The Human Life National F.P. Foundation
- Fertility Awareness, McCarthy and Martin, The Human Life National F.P. Foundation
- Adapting the Training and Visit System for F.P., Health and Nutrition Programs, R. Heaver, World Banks Working Papers #662
- Concepts and Issues in F.P., E. Edmands, INTRAH, USAID
- Infertility and STD's: A Public Health Challenge, Population Reports, Series L No 4, 1983
- Intrauterine Devices: Current Perspectives, Porter and Waife, Pathfinder Fund
- Basics of Birth Control, Planned Parenthood, Fed. of America

APPENDIX E

Protocol for the Ministry of Health

Health Management Board

Family Planning Program

**PROTOCOL FOR THE MINISTRY OF HEALTH  
HEALTH MANAGEMENT BOARD  
FAMILY PLANNING PROGRAM**

This protocol establishes the scope and circumstances of practice of cadres of personnel in the Family Planning Program of the MOH and consists of three parts:

- I) Functions and scope of practices;
- II) Administrative policies; and
- III) Standardized procedures.

Prerequisites to a personnel carrying out policies and standardized procedures are:

1. Training in contraceptive technology.
2. Demonstration of competence to perform all functions described herein.

Clinical Service Delivery

Group I - The following cadres of personnel will utilize all methods of contraceptive technology (with the exception that only physicians will perform sterilization).

Physicians	Female Nurses
Nurse/Midwives	Public Health Sisters
Midwives	Female Community Health Officers

Group II - The following cadres of personnel will utilize prescriptive (1) and non-prescriptive (2) contraceptive methods, but will not utilize IUCD's or DIAPHRAGMS:

Community Health Supervisors	Clinical Pharmacists
Community Health Assistants	

Group III - The following cadres will utilize only non-prescriptive (2) contraceptive methods:

Hospital Pharmacists	Village Health Workers
Traditional Birth Attendants	Community Health Aides
General Practice Pharmacists	

- 1.) Orals, Injectibles
- 2.) Foam, Condoms, Jelly, Foaming Tablets

OCTOBER 1985

**I. FUNCTIONS AND SCOPE OF PRACTICE - GROUPS I AND II:**

**A. History and Physical Examination:**

Obtains a complete health and contraceptive history. Records findings in a systematic, accurate format.

Performs a basic physical and gynecological examination using techniques of observation, inspection, auscultation, palpation and percussion. This examination includes:

Vital signs

Inspection of skin

Eye inspection

Thyroid palpation and thyroid inspection

Auscultation of the heart and lungs

Breast palpation, axillary node palpation

Abdominal palpation

Inspection of extremities, palpation of distal pulses and calves

Pelvic examination:

- inspection of external genitalia
- visualization of vagina and cervix
- bi-manual examination

**B. Laboratory Examination and Findings**

Initiates, utilizes and correctly interprets the findings of:

Urine protein and sugar by dip stick;  
microscopic exam

Wet mounts of vaginal secretions

Hematocrit and/or hemoglobin

Other lab as indicated

**C. Counseling and Teaching**

Identifies psycho/social factors affecting contraceptive practice and counsels accordingly.

Provides or reinforces information regarding contraceptive methods in order that the patient may make an informed choice of contraceptive method.

Counsels and refers where appropriate in the following areas:

Sexuality

Infertility

Pregnancy and abortion

Genetics (sickle cell)  
Menopause  
Self Breast Examination  
Sterilization  
Menstrual disorders

D. Clinical Management

Based on the results of the above, in accordance with standardized procedure and with physician collaboration where appropriate, plans and implements the chosen method of contraception.

Recognizes physiologic effects, side effects, contraindications, dangers of methods of contraception.

Assures that informed consent procedures are carried out.

In the absence of any contraindication initiates hormonal contraception, fits diaphragms, or recommends foam, jellies, and condoms; inserts and removes IUDs.

Recognizes signs of:

Veneral disease  
Vaginal infection  
Pelvic Mass  
Menstrual abnormalities  
Urinary tract infection  
Pelvic inflammatory disease  
Cervicitis  
Pelvic relaxation  
Breast abnormalities  
Ectopic pregnancy or any other deviation from normal.

Is able to recognize early deviations from normal in blood pressure, weight, uterine size, growth, and position, genital structures, as well as general health condition of the patient and initiates appropriate referral.

E. Records

Records findings and action taken in a clear, concise manner.

Plans and initiates appropriate follow-up clinic visits and referral where necessary.

## **II. ADMINISTRATIVE POLICIES**

- 1. Family planning will be integrated into health care services.**
- 2. Infertility counseling will be a part of all family planning services.**
- 3. All clinical family planning services shall be conducted in accordance with this protocol and standardized procedures.**
- 4. All family planning personnel in Groups I and II shall pass a written and practical examination prior to utilization of prescriptive family planning methods.**

### III. STANDARDIZED PROCEDURES

#### 2. Physical Examination

- a. BP, Ht, Wt,
- b. Skin: acne, hair distribution
- c. eyes
- d. thyroid palpation
- e. heart auscultation
- f. lung auscultation
- g. inspection and palpation of breasts and axillary and supraclavicular nodes. Instruction in breast self-exam.
- h. palpation of abdomen, particularly for hepatic tenderness and enlargement.
- i. Exam of extremities, particularly for varicose veins, calf tenderness, distal pulses, edema
- j. pelvic exam including:
  - 1) visualization of external genitalia, vaginal wall and cervix
  - 2) a gonorrhea culture from the cervical os
  - 3) a wet mount
  - 4) bi-manual exam

#### 3. Laboratory Tests

- a. Initial visits must include hemoglobin or hematocrit, dipstick urinalysis
- b. If indicated additional laboratory tests may be done; the indication and the results of the tests must be documented in the record.
1. Sickle cell testing may be done if indicated.

## B. Contraceptive Methods

### 1. Oral Contraceptives

#### a. Patient Selection

- 1) All patients requesting oral contraceptives (OC) are to be given information regarding that method and should demonstrate an understanding of the information.
- 2) All patients must have a signed consent form.
3. Absolute contraindications to OC use include:
  - a) thromboembolic disorders (or history thereof).
  - b) cerebrovascular accidents (or history thereof).
  - c) liver disease
  - d) estrogen dependent neoplasm (known or suspected)
  - e) pregnancy.
  - f) undiagnosed genital bleeding.
  - g) smoker over age 40 years.
  - h) hypertension - see Section III, B-1, B-5.

#### 4) Relative Contraindications

- a) migraine headaches
- b) hypertension (see section III, B-1, B-6, B-5)
- c) diabetes or strong family history of diabetes.
- d) history of gall bladder disease.
- e) moderate to large varicosities.
- f) markedly irregular menses.
- g) sickle cell disease.
- h) cardiac or renal disease.
- i) age greater than 35 years
- j) prolonged immobilization (major injury or long leg cast).
- k) smoker 30 years.
- l) breast feeding.

#### b. Initiation of methods

- 1) Pills should be started on the 5th day following the first day of next menses. If post-partum, then start after the post-natal check-up. If post-abortal, then start immediatly after the abortion.
- 2) A back-up method should be used during the first month of OC use.

3. Routine initial pill choice is the lowest estrogen dose currently available. This should be prescribed unless:
  - a. There is a history of significant problems with that pill.
  - b. The patient is using another OC (that is steered) without problems, wishes to continue that pill, and no change is felt indicated by the clinic physician or nurse.
4. At the initial pill visit, three cycles should be given and the patient should return soon after starting the third cycles.
5. Oral contraceptives and hypertension:
  - a. In general, women with hypertension will be strongly urged to use another method of contraception, whether they are controlled on anti-hypertensives or not.
  - b. At the initial visit for the patient without prior history of hypertension:
    1. Diastolic blood pressure 90-100 do not give O.C. tell patient to reduce sodium (salt) in food for one month and return for repeat B.P (give patient another method to use) if at the end of one month the diastolic B.P. has reduced to 90, O.C. may be started. If diastolic B.P still above 90 and patient insists on O.C. refer to physician.
    2. Diastolic B.P. over 100-refer to Physician.
  - c. At the initial visit for a patient currently on anti-hypertensive treatment:
    1. Diastolic B.P. below 90- start O.C.
    2. Diastolic B.P. above 90 - refer to physician.
  - d. At Follow-up visit of patient without history of hypertension: or on Anti- Hypertensive treatment;
    1. If diastolic B.P below 90 - continue O.C.
    2. If diastolic B.P 90-100 continue O.C. and refer to physician.
    3. If diastolic BP above 100 , discontinue O.C and refer to physician. (Give patient another method to use)

- 6) For the patient started on 0 35 mcg pill who after 3 complete cycles has continued midcycle bleeding, change to 50 mcg pill.
- 7) For the patient on a 50 mcg pill who experiences any of the following side effects change to another method. If unwilling, refer to physician.
  - a) Amenorrhea
  - b) Midcycle bleeding
  - c) Acne
- 8) For patients with the problems below the physician must be consulted:
  - a) Severe abdominal pain.
  - b) Severe chest pain or shortness of breath
  - c) Severe frequent headaches
  - d) Blurred vision or blindness of sudden onset
  - e) Severe leg pain
  - f) Blood pressure elevation diastolic=over 90

The Nurse/Midwife may consider an appropriate change to another OC or DC OC after evaluation

- g) Greater than 10 lb. weight gain over three months
- h) Frequent spotting
- i) Significant mood changes
- j) Frequent missed menses

If there is no physician available, OC must be stopped with problems a) through f): for problems g) through j) be evaluated by the physician (not to exceed one month).

#### C. Patient Education

- 1) Starting use on day 5 of menses
- 2) Back up method (see Section III. B.2.b.)
- 3) Take pill at same time each day to minimize side effects.

- 4) Check the pack each morning to make sure the previous day's pill has been taken.
- 5) If you miss one pill, take the forgotten one as soon as it is remembered, and take today's pill at the regular time.
- 6) If you miss 2 pills in a row, take 2 pills as soon as you remember, and 2 pills tomorrow. A back-up method should definitely be used during the rest of that month.
- 7) Go to the clinic if more than 3 pills are forgotten in a row for instructions:
  - a) Use another method of birth control until after two menses.
  - b) Discuss with the patient whether pills are a good method for her.
- 8) Review other signs and symptoms of problems for which person should go to the clinic, i.e., no menses.

d. Follow-up

- 1) The first follow-up visit should be shortly after the third cycle has been started.
- 2) The follow-up visits are every 3 months after that
- 3) At each follow-up visit obtain weight and blood pressure and ask the patient about problems:
  - a) Regularity of withdrawal bleeding
  - b) Midcycle bleeding
  - c) Headache
  - d) leg cramps
  - e) Shortness of breath
  - f) Abdominal pain
  - g) Vaginal discharge
- 4) At each follow-up visit note should be made of high risk factors and this should be reviewed with the patient.
- 5) At each follow-up visit review the method of taking the pill, particularly if the patient is taking the 21-day type.

2. Intrauterine Device

a) Patient Selection

- 1) All patients requesting the intrauterine device (IUD) are to be given information regarding that method and should demonstrate an understanding of the information.

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2. Prior to insertion all patients should have alternative methods reviewed with them.
3. Absolute contraindications to IUCD insertion include:
  - a) Suspected pregnancy
  - b) Acute pelvic infection or gonorrhoea
  - c) Uterus smaller than 4.5 cm by uterine sound
  - d) Unexplained uterine bleeding
  - e) Suspected cervical carcinoma
  - f) Abortion within the prior 6 weeks
  - g) Copper I's are contraindicated with history of:
    - 1) Present diathermy treatment
    - 2) Allergy to copper
  - h) Prior heart disease
  - i) Nullipara less than 19 years of age
  - j) History of ectopic pregnancy (only the progestasert is contraindicated).
  - k) Recurrent PID (3 or more episodes in 3 years)
  - l) Uterine myomata
4. Relative contraindication to IUCD insertion include:
  - a) Acute cervicitis
  - b) History of ectopic pregnancy
  - c) Cervical stenosis
  - d) severe dysmenorrhoea
  - e) Anemia
  - f) Multiple sexual partners
  - g) Nullipara

b. Initiation of Method

- 1) All reasonable effort should be made to insert an IUCD during menses. Exceptions will rarely be made and then only for:
  - a) Patient with very irregular menses
  - b) Patient with extended amenorrhoea where no pathology is suspected (breastfeeding or post pill or post injectable amenorrhoea)

2. IUD may be inserted:

- a) No sooner than six weeks following delivery
- b) No sooner than two weeks following abortion

3. IUD insertion procedure: Wash cervix three times with Antiseptic.

a) Sound uterus slowly and gently:

1. Sound less than 4.5 cm - IUD cannot be used
2. Sounds 4.5 - 6.5 cm - use A or B Lippes loop or small saf - T - coil
3. Sounds 6.5 - 9.9 cm - all IUCD, acceptable use - C. Lippes loop
4. Sounds 10.0 cm - use D'lippes loop or copper - or more
7. strongly urge back-up method use large saf - T - coil

- b) Load the IUD inserter under sterile conditions
- c) Introduce inserter barrel through the cervical os into the fundus (use of a tenaculum may be helpful if there is stenosis of internal os or flexion of fundus)

- d) Cut string midway between cervical os and introitus.

4. Give Ampicillin 250 mg Q.I.D. X 5 days

5. Give antiparasitic for 3 days.

C. Patient Education

1. Feel for string every month after menses. if string missing or she feels plastic - report to clinic.

2. Report to clinic for any of the following problems:

- a) "Colic"/Cramping
- b) Heavy menstrual flow
- c) Vaginal discharge
- d) Iliac-fossae pain/side pains
- e) Missed period
- f) Spotting for 3 consecutive months

3. Tell patient type of IUD and time of use

- a) Copper 7 - 3 years
- b) Lippes loop - indefinitely also saf-T-coil
- c) Progestasert - 1 year

4. If patient thinks she is pregnant she should contact the clinic immediately.

**d. Follow-up**

1. The patient will be seen at any time for unsuspected complications.
2. The first regularly scheduled recheck should be 4 weeks following insertion or after next menses.
3. Second visit 7 months after insertion.
4. Removal of the IUD may be done at any time, although it is less uncomfortable immediately following or during the menses.

**Indications for removal includes:**

- a) Patient request
- b) Significant abdominal pain
- c) Intermenstrual bleeding for three consecutive months (differentiate from midcycle spotting, ovulating)
- d) If pelvic inflammatory disease is suspected (side pains and/or fever) refer to physician immediately.
- e) Spotting for 3 consecutive months
- f) pregnancy (confirm that string is visible)
- g) Progestasert after 1 year
- h. Copper ? after 3 years.

**E. Pediculosis (Pubic Lice)**

1. **Signs and symptoms:** severe itching usually pubic area. May infest facial hair, axillae and body surface. Itching may lead to intense deep scratching and secondary infection.
2. **Treatment:** Have patient shave pubic hair completely and wash with hot water and strong soap - Repeat daily until symptoms are gone.

Lesions due to scratching may be treated with:

Decoderm - 3 Cream applied directly to lesions

OR

Quadraderm Cream applied directly to lesions

If secondary infection is present, suspect and treat for Impetigo:

Ampicillin 250mg po qid x 5 days

OR

Tetracycline 250 mg po qid x 5 days

(Note: Tetracycline should not be used in pregnant women).

Advise patients to wash lesions with hot water and strong soap once in the morning and again before bed until treatment is completed.

3. **Patient Education:** Explain cause and transmission - Advise patient to wash bed clothes and undergarments in hot water and strong soap.
4. **Follow-up:** Have patient return in 7 days. If itching persists or lesions do not heal with treatment, refer to physician.

**f. Scabies**

1. **Signs & symptoms:** skin lesions appearing as papules or vesicles or as tiny linear burrows prominent around finger webs, wrists, axillae, belt line, thighs and external genitalia in men; nipples, abdomen, buttocks in women (however both sexes may be affected in all areas). Intense itching, especially at night. Secondary infection from scratching common.
2. **Treatment:** Benzyl Benzoate--have patient bathe well with hot water and strong soap in the morning; after bathing apply benzyl benzoate lotion directly on to skin from chin down to toes--leave lotion on the body for the entire day. In the evening bathe again and re-apply benzyl benzoate. Continue treatment daily until symptoms are gone. If scratching has resulted in secondary infection, treat for impetigo as follows:
3. **Patient Education:** Explain cause and transmission. Advise patient to wash bed clothes and undergarments in hot water.
4. **Follow-up:** have patient return in 7 days. If itching persists, retreat as above--if itching persists after second treatment, refer to physician.

**G. Urinary Tract Infection**

1. **Signs and symptoms:** pain on urination, frequency and urgency
2. **Treatment:** Ampicillin 500 mg p.o. q.i.d. x 7 days  
OR  
Septrin 2 tablets p.o. b.i.d. x 7 days  
OR  
Nitrofurantoin 100 mg p.o. q.i.d. x 10 days
3. **Patient Education:** advise to increase fruit intake until treatment is completed and to wipe front-to-back after defecation.
4. **Follow-up:** have patient return to clinic in 2 weeks. If symptoms persist.

h2

### 3. Diaphragm

#### a. Patient Selection.

- 1) All patients requesting the diaphragm are to be given information regarding that method and should demonstrate an understanding of the information.
- 2) All patients using the diaphragm should sign a consent for that method.

#### 3. Contraindications

- a) Allergy to rubber or all spermicides
- b) Inability to achieve satisfactory fitting
- c) Inability of patient or partner to learn correct insertion technique
- d) Recurrent urinary tract infections

#### b. Initiation of Method

- 1) Use the Arching spring rim as the "standard" since it is comfortable for most users and the arching shape facilitates insertion.
- 2) The coil spring rim should be reserved for those women who find the Arching spring uncomfortable or who have exceptionally fir vaginal tone.
- 3) Fitting should be done with a set of clean diaphragms of the Rim type to be used ("fitting rings" give less accurate fit), and the fit should be checked after the woman has inserted the diaphragm she will take home.
- 4) The patient must demonstrate prior to leaving the clinic that she is able to insert and remove her diaphragm properly.

#### c. Patient education

- 1) The diaphragm should be held up to a strong light prior to use to assess its integrity.
- 2) The diaphragm may be inserted, with jelly around the rim and a teaspoon in the dome, no more than six hours prior to intercourse. If inserted more than two hours before intercourse then additional jelly should be inserted.
- 3) Repeated intercourse is safe prior to removal if additional jelly is inserted in the vagina using an applicator full prior to intercourse.

- 4) The diaphragm should not be removed until at least six hours after the last intercourse.
- 5) The diaphragm should be washed and dried and then dusted with cornstarch for storage.

d. Follow-up

Diaphragm should be refitted following:

- a) Pregnancy
- b) TAB
- c) Pelvic surgery
- d) Significant weight gain or loss 15lbs.

4. Foam and Condoms

a. Patient Selection

- 1) All patients requesting foam and condoms are to be given information regarding that method and should demonstrate an understanding of the information.

b. Initiation of Method

- 1) A supply of foam and condoms should be provided at the initial visit when deemed appropriate for that individual.

c. Education

- 1) Emphasize to the patient that foam and condoms must be used every time for maximal effectiveness
- 2) The condom must be put on the erect penis before the penis is put into the vagina
- 3) There should be a half inch of empty space at the tip, to hold the ejaculate.
- 4) Foam should be inserted in the vagina 15 minutes prior to intercourse.
- 5) After intercourse, the base of the condom should be held against the base of the penis during withdrawal. Only use condoms c'ee.
- 6) Do not use petroleum jelly (vaseline) as a lubricant.
- 7) Emphasize that condoms protect against STD.

d. Follow-up

- 1) As needed for new supply of foam or condoms.

### C. Referral Criteria

1. Blood Pressure - see oral contraceptive section.

#### 2. Hematocrit

- a) Hematocrits are performed on all patients on their first physical examination
- b. If hematocrit is 25-30 nutritional counseling will be provided by staff. Look for possible source of blood loss. May be treated with ferric sulfate 1 tablet daily and folic acid 1 tablet daily. Repeat hematocrit in one week. If hematocrit has dropped refer to physician. Otherwise continue ferric sulfate and folic acid for 2 more months.
- c. If hematocrit is 25 or lower refer to physician.

#### 3. Urinalysis

- a. A dip stick test for sugar and protein will be performed on the initial physical examination.
- b. Sugar 1+ or more; get repeat urine in one week. If repeat urine is 1+ or more refer to physician for follow-up.
- c. Protein 3+ or more Refer to physician

## 7. CONTRACEPTIVE INJECTIONS (PROGESTIN)

### a) Patient Selection

1. All patients requesting injectable contraceptives are to be given information regarding the method and should demonstrate an understanding of the method.
  - a) Especially useful when no more children desired but does not want sterilization.
  - b) When approaching menopause
  - c) When tubal ligation cannot be scheduled for several months.
  - d) When breast feeding
  - e) Sickle cell anemia
  - f) When at risk from estrogen containing O.C.
2. All patients must have assigned consent form
3. Absolute contraindications
  - a. Pregnancy.

### b) Relative contraindications

- a) Undiagnosed Vaginal Bleeding

### c) Initiation of Method

- 1) Injections can be started at any time
- 2) Use backup method for first two weeks.

### d) Patient Education

1. Return to clinic every 3 months for injection
2. Report to clinic if any complications: longer periods, spotting between periods, irregular or no periods, heavy bleeding, headaches, depression..... Report to clinic immediately if severe headaches, blurred vision, blindness, severe leg pains, chest pain.
3. May not be able to become pregnant immediately after

stopping injection. Usually less than 6 months.  
**III. Standardized Procedures, Cont'd:**

**D. Sexually Transmitted Diseases (STD) and cancer of Cervix.**

**1. Vaginal Discharge:**

- a) Take history, focusing on recent sexual activity. Ask about contact with known positive cases of STD.
- b) Perform speculum exam. Examine the discharge closely:
  - i) If discharge is thick YELLOWISH-GREEN pus and coming out of cervical CE suspect GONNORHEA;
  - ii) If discharge is CLEAR with MUCOUS and coming out of cervical os, suspect CHLAMYDIA;
  - iii) If discharge is profuse, BUBBLY and white yellowish or green and pooled in vaginal fornix, suspect TRICHOMONAS;
  - iv) If discharge is thick, WHITE and CURDY, suspect CANDIDA (monilial yeast);
- c) Consult chart "signs and Symptoms of Vaginal Discharge" on following page. Decide which vaginal discharge is the most likely in the patient.
- d) Treat appropriately by the following procedures-

## Gonorrhoea

1. Signs & symptoms: discharge purulent greenish yellow; vulva often .. inflamed; urethritis & Bartholin gland infection may be present; vaginal mucosa usually normal.
2. Treatment; Procaine Penicillin G. 4.8 million units IM and Probenicid 140 gm po  
  
If allergic to penicillin, use:  
  
Tetracycline 500 mg po qid X 7 days  
For pregnant women allergic to penicillin, use:  
Erythromycin 500mg po qid.
3. Treat regular sexual partners.
4. Patient Education - Explain causes, transmission and prevention of STDs. urge use of condoms or no sex until after treatment is completed.
5. Follow-up have patient return in 7 days. If discharge persists, suspect and treat for chlamydial infection as follows-

### Chlamydial infection:

1. Signs and symptoms: discharge thinner than gonorrhoea with mucous; generally less severe than gonorrhoea; Vaginal mucosa usually normal.
2. Treatment: Tetracycline 500 mg po qid X 7 days  
  
For pregnant women use:  
Erythromycin 500 mg po qid X 7 days
3. Treat Regular sexual partners.
4. Patient Education: Explain Causes transmission and prevention of STDs Urge use of condoms or no sex until after treatment to completed.
5. Follow-up: Have patient return in 7 days. If discharge persists and patient has already been treated for Gonorrhoea, suspect Penicillin-resistant Gonorrhoea
6. If Penicillin - resistant Gonorrhoea suspected refer to physician

## Trichomonas

1. Signs & symptoms: profuse, thin or thick foamy yellowish discharge with foul odor. Vaginal mucosa red, inflamed with  
red spots in fornix - Cervix shows red spots. Patient may complain of vaginal itch and soreness.
2. Treatment: Fasigyn 500 mg po X4 stat  
or  
Flagyl 500 mg po TID X 5 days  
Note: Flagyl is not recommended during pregnancy.
3. Treat regular sexual partners.
4. Patient Education: Explain causes, transmission and prevention of STDs - Urge use of condoms or no sex until after treatment is completed. Advise no alcohol during Flagyl treatment.
5. Follow-up: Have patient return in 7 days. If discharge persists, refer to physician.

## Candidiasis (Monilial or Yeast Infection)

1. Signs and symptoms: Discharge usually thick, white, curdy; not as profuse as trichomonas - Vaginal mucosa red, inflamed with white or grey patches - may bleed when patches scratched off - Cervix may show patches of discharge - Patient may complain of vaginal itch and soreness.
2. Treatment: Nystatin 500 mg po BID X 7days  
AND  
Nystatin Pessary q AM q bedtime X 7 days
3. Contacts do not need to be treated.
4. Patient Education: urge completion of 7-day treatment even though symptoms disappear sooner. Advise patients to boil all underpants during time of treatment.
5. Follow-up: Have patient return in 7 days. If discharge persists or there is history of repeated infection, refer to physician -

2. Genital Ulcer Disease : (suspect Syphilis)

a) Take history, focusing on recent sexual activity. Ask about contact with known positive cases of STD.

b) Perform speculum exam - Examine the ulcer closely:

i) if ulcer firm and painless, suspect SYPHILIS.

ii) if ulcer is soft and painful, suspect CHANCROID.

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iii) If ulcer is on cervix, is deep red and bleeds easily when touched, suspect CANCER of CERVIX (early stage).

iv) If ulcer is on cervix, has hard granular surface and bleeds easily when touched, suspect CANCER of CERVIX (late stage).

c) Treat appropriately by the following procedures-

Syphilis

1. Signs and symptoms: firm, painless ulcer on vulva, vagina or cervix.

2. Treatment: Benzathine Penicillin G 2.4 million units Im stat

OR

Procaine Penicillin G 600,000 units Im X 10 days

If allergic to Penicillin, use:

Tetracycline 500 mg po qid X 15 days

If pregnant and allergic to penicillin use:

Erythromycin 500 mg po qid X 15 days

3. Treat regular sexual partners.

**Patient Education: Explain:**

4. Causes, transmission and prevention of STDs - urge use of condoms or no sex until after treatment is completed.
5. Follow-up: Have patient return in 7 days. If ulcer is worse, suspect and treat for chancroid as follows-

**CHANCROID-**

1. Signs and symptoms: single or multiple soft ulcer on vulva, vagina or cervix. Center soft. Usually very painful. Local Lymphnodes often swollen and inflamed

2. Treatment: Lidaprim 8 tablets po STAT

OR

Septicin 4 tablets po BID X 2 days

For pregnant women use:

Erythromycin 500 mg po qid X 7 days

3. Treat regular sexual contacts.
4. Patient Education: Explain causes, transmission and prevention of STDs. Urge use of condoms or no sex until after treatment is completed.
5. Follow-up: have patient return in 7 days. If Ulcer is worse, treat for syphilis - If patient has already been treated for syphilis, refer to physician.

**CERVICAL CANCER-**

1. Signs and symptoms: Early signs show bright red erosion on cervix which bleeds easily. Late signs show hard granular surface on cervix which bleeds easily.
2. Treatment: If cervical cancer is suspected, refer immediately to physician.

APPENDIX F

Community Needs Assessment Survey  
and Results

COMMUNITY NEEDS ASSESSMENT SURVEY

I.D. Number

1. Person interviewed

female

male

2. Number of children \_\_\_\_\_

3. Schooling completed \_\_\_\_\_

0

1-6

7+

4. Have you or your family had any of the following during this year?

4.1 diarrhea yes no

4.2 fever yes no

4.3 eye infection yes no

4.4 measles yes no

4.5 other yes no

5. Do you know about child spacing? yes no

6. What kind of child spacing do you practice?  
none traditional clinic other

7. Do you want to know more about child spacing? yes no

	YES	NO	TOTAL
FEMALE	34	18	52
MALE	20	6	26
TOTAL	54	24	78

FIGURE #1a. Knowledge of child spacing, by sex.

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	YES	NO	TOTAL
FEMALE	65	35	100
MALE	77	23	100
TOTAL			100%

FIGURE #1b. Knowledge of child spacing, by gender.

	YES	NO	?	TOTAL
FEMALE	45	5	2	52
MALE	24	2	0	26
TOTAL	69	7	2	78

FIGURE #2a. Desire to know more about child spacing, by sex.

	YES	NO	DON'T KNOW	TOTAL
FEMALE	87	10	3	100
MALE	92	8	0	100
TOTAL				100

FIGURE 2b. Desire to know more about child spacing by gender. (table in percentages)

	YES	NO	TOTAL
3 and less children	22	12	34
4 + children	32	12	44
TOTAL	54	24	78

FIGURE #3a. Knowledge of child spacing by number of children.

1/6

	YES	NO	TOTAL
3 children and less	65	35	100
4+ children	73	27	100
TOTAL			100

FIGURE 3b. Knowledge of child spacing by number of children - in per cent.

	YES	NO	?	TOTAL
3 and less children	29	4	1	34
4 and more children	40	3	1	44
TOTAL	69	7	2	78

FIGURE 4a. Desire to know more about child spacing by number of children.

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	YES	NO	DON'T KNOW	TOTAL
3 children or less	85	12	3	100
4 children plus	91	7	2	100
TOTAL				100

FIGURE 4b. Desire to know more about child spacing by number of children (in percentages).

KIND OF CHILD SPACING USED

	0	TRADITIONAL	CLINIC	OTHERS	TOTAL
NO SCHOOLING	34	7	0	0	41
1 - 6 PRIMARY	9	8	0	1	18
7 th GRADE +	7	2	6	4	19
TOTAL	50	17	6	5	78

FIGURE #5a. Kind of child spacing used by level of schooling

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	NONE	TRADITIONAL	CLINIC	OTHERS	TOTAL
0	83	17	0	0	100
1 - 6 PRIMARY	50	44	0	6	100
7th GRADE +	37	11	32	20	100
TOTAL					100

FIGURE #5b. Kind of child spacing use, by level of schooling (in percent).

KIND OF CHILD SPACING USED

	0	TRADITIONAL	CLINIC	OTHERS	TOTAL
3 & LESS CHILDREN	25	6	2	1	34
4 & MORE CHILDREN	25	11	4	4	44
TOTAL	50	17	6	5	78

FIGURE #6a. Kind of child spacing used, by number of children.

510

	0	TRADITIONAL	CLINIC	OTHERS	TOTAL
3 CHILDREN OR LESS	74	18	6	2	100
4 CHILDREN OR MORE	57	25	9	9	100
TOTAL					100

FIGURE #6b. Kind of child spacing used, by number of children. (table in percentages)

	0	Prim. 1-6	7+	Total
3 and less children	16	7	11	34
4 and more children	25	11	8	44
TOTAL	41	18	19	78

FIGURE 7a. Number of children, by level of schooling.

	YES	NO	TOTAL
BAUCHI	14	10	24
GOMBE	8	10	18
AZARE	10	8	18
DASS	14	4	18
TOTAL	46	32	78

FIGURE #8a. Incidence of diarrhea in households by geographic area.

	YES	NO	TOTAL
BAUCHI	58	42	100%
GOMBE	44	56	100%
AZARE	56	44	100%
DASS	78	22	100%
TOTALS			100%

FIGURE 8b. Incidence of diarrhea in households by geographic area (in percentages).

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APPENDIX G

Intrah Post Test and Results

**INTRAH PRE-POST TEST RESULTS FORM**

Trainee	Pre-Test Score	Post-Test Score	Trainee	Pre-Test Score	Post-Test Score
1	88	94	26		
2	88	88	27		
3	85	97	28		
4	82	97	29		
5	82	93	30		
6	70	94	31		
7	64	85	32		
8	70	91	33		
9	67	82	34		
10	61	91	35		
11	55	85	36		
12	38	91	37		
13	40	67	38		
14	67	78	39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

**FAMILY PLANNING REVIEW**

1. Where does fertilisation occur?
  - A. Ovary
  - B. Oviducts
  - C. Uterus
  - D. Vagina
  
2. Sperm deposited in woman's body retain the ability to fertilise an ovum for approximately how many days?
 

One Two Three Four More than four
  
3. The egg, once it has been released from the ovary, is usually capable of being fertilised for ----- hours.
  
4. After childbirth, ovulation can occur before the first menstruation.
 

True                  False.
  
5. Name as many popular methods of birth control as you can.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_
  - F. \_\_\_\_\_
  - G. \_\_\_\_\_
  - H. \_\_\_\_\_
  - I. \_\_\_\_\_
  - J. \_\_\_\_\_

6. Below is a calendar of a woman with a 30 day cycle. Menstrual bleeding occurs from day 1 to day 5 (circled). On what four days is this woman most at risk of pregnancy?

①	②	③	④	⑤	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

She is most at risk of pregnancy on days  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

7. Usually, a woman menstruates about ----- weeks after ovaries release an egg.

8. Ova, or eggs can live up to ----- days once they are released into the tubes.

• RHYTHM METHOD

9. The rhythm method is based on the fact that a woman can only get pregnant if she has intercourse around the time that she

---

10. Which, among natural family planning methods, can be combined in order to increase the chances for the couple of not having an unwanted pregnancy?

11. List two difficulties that may arise with natural family planning.

TUBAL LIGATION

12. Does a woman still ovulate after tubal ligations?

13. Does a woman still menstruate after tubal ligation?

14. The predominant cause of infertility in women is:

a. lack of synchronization between intercourse and fertile days during the cycle of women.

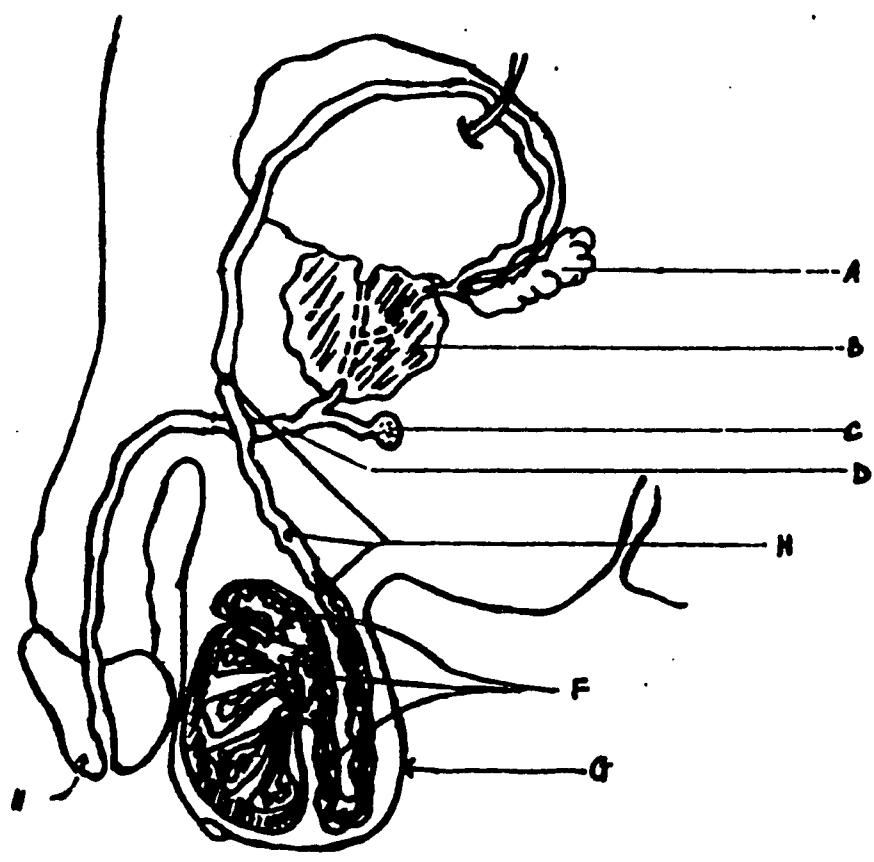
b. ovarian dysfunction

c. blockage of fallopian tubes following pelvic infection

Using the words from the WORD LIST, fill in the sentences below: (Not all the words have sentences they will fit.)

15. WORD LIST:      CERVIX                      EJACULATION              FALLOPIAN TUBES  
                          VAGINA                      OVULATION              UTERUS  
                          FERTILIZATION              CLITORIS              OVARIES.

- a. During intercourse, the man's penis is inserted into the \_\_\_\_\_.
- b. The meeting of sperm and egg is called \_\_\_\_\_.
- c. A woman's eggs are stored in her \_\_\_\_\_.
- d. The \_\_\_\_\_ is a very small opening at the tip of the uterus.
- e. Fertilization takes place in the \_\_\_\_\_.
- f. A woman's \_\_\_\_\_ is a small organ outside her body that is very sensitive.
- g. The fertilized egg travels to the \_\_\_\_\_ where it grows.
- h. \_\_\_\_\_ is the release of a mature egg by an ovary.



16. Label the parts of the MALE REPRODUCTIVE SYSTEM shown here. Write the name of each organ in the correct space above.

17. Write the number of the word from the WORD LIST that fits each sentence below: (Not all the words will be used.)

WORD LIST    {1} TESTES            {4} COVERS            {7} URETHRA  
                  {2} SCROTUM            {5} VAS DEFERENS      {8} SEMINAL VESICLES  
                  {3} EJACULATION        {6} FERTILIZATION    {9} PROSTATE

- ( ) a. A tube that transports both urine and sperm (at different times)
- ( ) b. Where sperm are produced.
- ( ) c. A gland that produces most of the fluid that makes up the ejaculate.
- ( ) d. Keeps the sperm at a healthy temperature by stretching or contracting.
- { } e. A tube that only transports sperm.
- { } f. The releasing of sperm and fluid through the penis.
- { } g. Two glands that clean urine of the urethra before sperm pass through.
18. When properly positioned, a diaphragm covers the \_\_\_\_\_
19. For best results a diaphragm should be used in conjunction with \_\_\_\_\_
20. The diaphragm may be inserted up to \_\_\_\_\_ hours before intercourse, and still work effectively.
21. After intercourse, a diaphragm should be left in place at least \_\_\_\_\_ hours.
22. A woman may need to change the size of diaphragm she is using if she has a baby, or if she: \_\_\_\_\_
23. The most important factor in successful use of the diaphragm is thought to be the patient's understanding of its use. Give the important items to be covered in patient instruction.
- a )  
b )  
c )
24. How does the intrauterine device prevent pregnancy?
25. What are the contraindications to insertion of an intrauterine device?

26. What are the possible complications of having an intrauterine device inserted?
27. How soon after it is inserted, is an IUD effective? \_\_\_\_\_.
28. The exact way an IUD works is not known, but scientists believe it probably works by: (check one)
- a. preventing ovulation.
  - b. preventing implantation of a fertilised egg.
  - c. blocking sperm from reaching the egg.
29. Sometimes a woman's body expels or pushes out the IUD by itself. When is this most likely to happen? (check one)
- a. during menstruation.
  - b. during ovulation.
  - c. during intercourse.
30. Check ( ) which of these sentences are true and which are false:
- |   | TRUE | FALSE |
|---|------|-------|
| a. If a woman gets pregnant with an IUD still inside her uterus, the IUD must be removed to protect the child.        | ( )  | ( )   |
| b. The IUD is the second most effective method of contraception (after the pill).                                     | ( )  | ( )   |
| c. During intercourse, the man's penis often touches the tip of an IUD.   | ( )  | ( )   |
| d. When a woman decides to have a child, she should remove the IUD by pulling on the strings that are attached to it. | ( )  | ( )   |
| e. Two fairly common side effects of the IUD are slight cramping and a heavier menstrual flow.                        | ( )  | ( )   |
31. Mrs. Fuller asks you what she should do in case she does not menstruate after a course of the pills. What do you answer?
32. When taking the pill, a woman counts the first day of menstruation as "day 1" and takes her first pill: (check one)
- a. as soon as she stops bleeding.
  - b. on "day 5".
  - c. immediately.
33. If a woman begins to bleed while taking the pills, she:
- a. should stop taking her pills
  - b. should take two pills a day until bleeding stops, then continue cycle.
  - c. should stop taking her pills and start again after 5 days.

34. If a woman forgets to take her pill one day and remembers the next day, she should:

---

35. If a woman forgets her pills for 3 days, she should:

---

36. If a woman is taking the "21-day" pills, she: (check one)

- a. never stops taking pills.
- b. begins each new pack 5 days after her last pill.
- c. begins each new pack 7 days after her last pill.

37. If she is taking the "28" day pills, she: (check one)

- a. begins each new pack 5 days after her last pill.
- b. never stops taking pills.
- c. begins each new pack as soon as she starts menstruating.

38. What two synthetic hormones are used in birth control pills?

1. \_\_\_\_\_
2. \_\_\_\_\_

39. Would you re-supply pills to a woman who:  
Tick one column for each question.

	<u>Yes</u>	<u>No</u>
a. was having regular periods	_____	_____
b. was complaining of one swollen leg	_____	_____
c. was breast feeding and having periods	_____	_____
d. did not know if she was pregnant or not	_____	_____
e. is having chest pains	_____	_____
f. is having irregular periods	_____	_____

40. Which of the following would you consider as absolute contra-indication to the use of oral contraceptive pill?  
 (Tick as many as apply)

- |                               |                                      |
|-------------------------------|--------------------------------------|
| (a) Grand multiparity         | (k) Cancer of the breast             |
| (b) Large fibroids            | (l) Age over 45 years                |
| (c) Previous cesarean section | (m) Sickle cell disease              |
| (d) Carcinoma of the cervix   | (n) Hypertension                     |
| (e) Age less than 15 years    | (o) Hyperthyroidism                  |
| (f) Heavy menstrual flow      | (p) Leg varicosities                 |
| (g) Malnutrition              | (q) Liver disease                    |
| (h) Recent amenorrhea         | (r) Obesity                          |
| (i) Anaemia                   | (s) Diabetes                         |
| (j) History of migraine       | (t) Cervical erosion                 |
|                               | (u) Previous history of infertility. |

41. Injectable contraceptives:

- |                                 |      |       |                |
|---------------------------------|------|-------|----------------|
| a. are very effective           | True | False | circle whether |
| b. can lead to amenorrhea       | True | False | True or False. |
| c. can cause irregular bleeding | True | False |                |

42. To be used correctly, the condom should be: (check one)
- a. placed on the penis before the penis becomes erect or stiff.
  - b. cleaned thoroughly before being placed on the penis.
  - c. placed on the erect penis before any insertion of the penis into the vagina.

43. After ejaculation, a man should remember to: (check one)
- a. allow the penis to become soft before he removes it from the vagina.
  - b. hold the rim of the condom tightly as he removes his penis immediately after ejaculation.
  - c. take the condom off immediately to prevent it from leaking.

44. What method or methods are best for a grand multipara who does not want to get pregnant again.

- a. Condom \_\_\_\_\_
- b. Foam or foaming tablets \_\_\_\_\_
- c. Pill \_\_\_\_\_
- d. IUCD \_\_\_\_\_
- e. Tubal Ligation \_\_\_\_\_
- f. Depo-Provera \_\_\_\_\_
- g. Vasectomy (for partner) \_\_\_\_\_

45. Which of the following is the greatest risk to a woman's health or life? (Underline one response)

- 1. the intrauterine contraceptive device (IUD)
- 2. pregnancy
- 3. the oral contraceptive pill
- 4. injectable contraceptives (depo-provera)
- 5. I don't know.

APPENDIX H

Evaluation and Summary of Competency Model

### Summary of Competency Model

1. At least half, and as high as 90%, of the participants state they are weak in TOT and learning elements.
2. This competency model was not appropriate for these participants, as much of the phraseology is American specific, e.g. "directing learning activities", "feedback", "established objectives" etc.
3. A 5-minute performance pre-test was given using the criteria following:
  - . introduction of material
  - . use of voice, materials, graphics
  - . learner participation, if any
  - . review and summary, if any
  - . measurement of learning, how

The trainers critiqued all efforts as not acceptable for trainers (or anyone for that matter).

## COMPETENCY MODEL FOR STAFF TRAINER

Desired or required competencies	weak (-)      strong (+)					Needs		
	1	2	3	4	5	Percentages		
						1&2	3	4&5
1. Knowledge of adult learning theory	1 (2)	2 (4)	3 (5)	4 (1)	5	50	41.7	8.3
2. Can tell difference between training and non-training problems	1 (1)	2 (4)	3 (4)	4 (3)	5	41.7	33	25
3. Skill in performing needs assessments.	1 (4)	2 (4)	3 (3)	4 (1)	5	66.7	25	8.3
4. Skill in writing behavioral or specific learning objectives.	1 (4)	2 (2)	3 (3)	4 (1)	5	50	25	8.3
5. Skill in selecting appropriate learning or training resources.	1 (2)	2 (5)	3 (2)	4 (3)	5	58.3	166	25
6. Skill in selecting appropriate training techniques.	1 (2)	2 (5)	3 (1)	4 (3)	5	58.3	8.3	33
7. Skill in setting a positive learning climate.	1 (1)	2 (7)	3 (3)	4 (1)	5	66.7	25	8.3
8. Skill in designing an effective sequence of learning activities.	1 (2)	2 (5)	3 (3)	4 (2)	5	58.3	25	16.6
9. Skill in directing learning activities.	1 (2)	2 (5)	3 (5)	4	5	58.3	41.7	0
10. Skill in giving, receiving and using feedback.	1 (1)	2 (5)	3 (3)	4 (3)	5	50	25	25
11. Skill in evaluating learning results against established objectives.	1 (1)	2 (6)	3 (3)	4 (2)	5	58.3	25	16.6

1= 8.3%    2=16.6%    3=25%    4=33%    5=41.7%    6=50%    7=58.3%    8=66.7%  
 9=75%    10=83.3%    11=91.7%    12=100%



Put a check (✓) in the column that best describes where you stand in your knowledge of each topic.

<u>FAMILY PLANNING INFORMATION</u>	I could answer most questions.	I could answer some questions.	I could answer very few questions.	I do not need to know this on my job.	No Answer
Male Reproductive Anatomy and Physiology	15%	54%	31%	0	0
Female Reproductive Anatomy and Physiology	62%	15%	23%	0	0
Menstruation and Menopause	31%	38%	23%	8%	0
Pelvic Inflammatory Diseases	23%	54%	15%	8%	0
Condoms	31%	31%	38%	8%	0
Diaphragms	15%	38%	38%	8%	0
Contraceptive Foams, Creams, Jellies	23%	46%	23%	8%	0
I.U.C.D.'s	38%	15%	31%	8%	0
Pills	31%	38%	23%	8%	0
Tubal Ligations	8%	54%	8%	23%	0
Vasectomies	31%	54%	15%	23%	0
Gonorrhea	31%	54%	8%	8%	0
Syphilis	15%	69%	8%	8%	0
Abortions (how they are performed, etc.)	15%	46%	15%	15%	0
Infertility (causes, treatments, etc.)	31%	38%	23%	8%	0
Population Control (why, what it means, etc.)	0	38%	54%	0	0
Population Control and Family Planning (how they are similar and different)	8%	31%	62%	0	0
Prenatal care for mothers	54%	31%	8%	8%	0
Post natal care for mothers, infants	54%	38%	8%	8%	0

Put a check (✓) in the column that best describes where you stand in your knowledge or ability.

<u>OUTREACH PROCEDURES</u>	Know very well, need no training.	Know fairly well, but need some refresher training.	Do not know well at all, need training.	Not needed on my job.	No Answer
Explaining to people why family planning may be important to them.	23%	69%	8%	0	0
Counseling people individually.	8%	62%	23%	0	8%
Organizing and delivering presentations on family planning to groups.	8%	54%	38%	0	0
How to locate and contact groups that want a presentation.	8%	62%	23%	0	8%
Dealing with people's attitudes against family planning or family planning workers.	15%	54%	31%	0	0
How to recognize when someone needs a referral.	8%	62%	31%	0	0

Put a check (✓) in the column that best describes where you stand in your knowledge or ability.

CLINIC PROCEDURES

	Know very well, need no training.	Know fairly well, but need some refresher training.	Do not know well at all, need training.	Not needed on my job.	No Answer
Overall clinic procedures (what happens from the time a patient enters a clinic to the time she leaves).	46%	23%	23%	8%	0
Filing and record-keeping procedures in clinic.	15%	62%	15%	8%	0
Filling out medical and social history forms with patient.	23%	38%	31%	8%	0
How to organize and give clinic education-lecture on birth control methods.	23%	69%	0	8%	0
How to set up, maintain equipment in examination room.	15%	31%	46%	8%	0
Overall examination room procedures (how exams are done, why they are important).	8%	31%	54%	8%	0

1. What parts of your job do you find most satisfying?

2. What parts of your job do you find most difficult?

Communication	6
Management	5
FP knowledge	1
Evaluation	1
Psychiatry	1

3. Please complete the following:

If I knew more about:

Family Planning	5	Infertility	2
CHE	3	Fam. Life Ed.	1
Clinic procedure	4	Adolescent Fert.	1
ORT	1	Management	5
Counseling	3	Evaluation	2
Planning	1	Psychiatry	2

I would be able to do my job better.

4. Are you satisfied with the way you are supervised? If not, how could it be improved?

(Please remember we are interested only in information that will help to plan training.)

<u>Yes</u>	<u>No</u>	<u>Improvements</u>
11	2	1. By training 2. Improved communication

5. What, more than anything else, would you like to learn from the training program being planned?

<u>Training</u>	<u>Knowledge (FP)</u>	<u>ORT</u>	<u>CHE</u>	<u>Counseling</u>	<u>Evaluation</u>	<u>STD</u>
1	5	2	4	2	1	1

Participant Workshop Expectations  
11/8/85

1. More knowledge about Child Spacing	12 of 14
2. More knowledge about C.H.E. related to Family Planning	12 of 14
3. More about causes and treatments of infertility	11 of 14
4. More about irregular menses	11 of 14
5. Methods of teaching & counseling	11 of 14
6. More about STD related to Family Planning	10 of 14
7. Be able to demonstrate ORT	9 of 14
8. More about male reproductive anatomy	8 of 14
9. More about female reproductive anatomy	7 of 14
10. More about ovulation method/ contraception	6 of 14
11. New ideas from lectures	4 of 14
12. Clinic management	4 of 14
13. Insert IUCD	4 of 14
14. Sex education, F.L.E.	3 of 14
15. Economic issues in Child Spacing	3 of 14
16. Establishing new clinic services	3 of 14

APPENDIX I

Summary of Participant Reaction Forms

Summary of Participants' Reaction Forms

TOT Workshop

- 1) The group unanimously marked Excellent, Good or Yes on the value of the workshop, the content, the quality and the methodology used.
- 2) All state they have learned skills and techniques and can apply them in their work.
- 3) The major suggestion for improving the workshop was to extend its length. (It is noted elsewhere that Saturday Sessions were held at the request of the participants.)

Summary of INTRAH Participant Reaction Form  
TOT/CHE

- 1) Reactions appear to be overwhelmingly positive.
- 2) All but one would recommend the workshop without hesitation.
- 3) These results should be summarized by computer.