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## Trip Report

#0-134

**Travelers:** Dr. James Veney, INTRAH  
Evaluation Officer  
Dr. Margarita Miranda, INTRAH Consultant

**Country Visited:** SIERRA LEONE

**Date of Trip:** November 21 - December 6, 1985

**Purpose:** To assist in final preparations for and to participate as trainers in Recording, Monitoring and Evaluation workshop

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**

Dr. James E. Veney, Professor of Health Policy and Administration and Evaluation Officer, INTRAH, and Dr. Margarita Miranda, Associate Professor of Health Administration, University of Puerto Rico, San Juan, traveled to Freetown, Sierra Leone on November 21, 1985 to participate in the final stages of development for a workshop on Recording, Monitoring and Evaluation, and to participate as trainers in the workshop. Dr. Veney remained in Freetown for the first week of the workshop, departing on November 29. Dr. Miranda remained until the end of the workshop, departing on December 6.

The workshop was under the joint sponsorship of INTRAH and the Division of Maternal and Child Health, Ministry of Health, Freetown. The workshop was conducted at the Faculty of Nursing, Freetown. Co-trainers during the workshop were, Ms. Phebean Alghali, Matron, MCH Division; Ms. Valentina Gilpin, Tutor, National School of Nursing; Ms. Angella Massally, Acting Senior Tutor, Midwifery Training School; Ms. Lois Vincent, Health Sister, MCH, and Ms. Fatu Yumkella, Demographic Division, MOH.

A two-week workshop on Recording, Monitoring and Evaluation was held in Freetown, in which 21 trainees participated. During the workshop, preliminary forms for the collection and reporting of information on family planning services and an implementation plan for using these forms was developed. Participants expressed a high level of satisfaction with the results of the activity and with the forms devised.

**SCHEDULE DURING VISIT**

November 22, 1985	5:00 p.m.	Arrival by Drs. Veney and Miranda Lungi Airport, Freetown, Sierra Leone.
November 23, 1985	9:00 a.m. to 5:00 p.m.	Meeting with Dr. Gba-Kamara, Director of MCH, and members of MOH CTT (including Ms. Phebean Alghali, Ms. Val Gilpin and Ms. Angella Massally), Ms. Lois Vincent and Ms. Fatu Yumkella at the office of the Director of MCH to finish the planning of the training and curriculum development.
November 24, 1985	3:00 p.m.	Meeting of Dr. Miranda with Ms. Lois Vincent to discuss ideas about presentation by Ms. Vincent.

November 25, 1985	1:00 p.m. to 3:00 p.m.	Meeting with Matron Phebean Alghali (Training Coordinator) to discuss various administrative requirements for the workshops.
November 26 to December 6, 1985	(Workshop met from 8:30 to to 4:30 every day except Saturday - 8:30 to 12:30, and Sunday-no meeting.	Workshop on Recording, Monitoring and Evaluation.
November 30, 1985	8:00 a.m.	Departure of Dr. Veney from Lungi Airport, Freetown.
December 6, 1985	10:45 p.m.	Departure of Dr. Miranda from Lungi Airport, Freetown.

## **I. PURPOSES OF THE VISIT**

1. To assist in the final stage of curriculum development for the workshop on Recording, Monitoring and Evaluation; and
2. To participate as trainers in the workshop.

## **II. ACCOMPLISHMENTS**

1. The curriculum for the workshop was developed and the training was implemented (see curriculum in Appendix C).
2. All 21 participants who came to the workshop completed it; however, approximately nine participants who had been expected were not able to attend.

The participants, through the activities of the workshop, made a significant contribution to recording, monitoring and evaluation within MCH. They developed a set of preliminary forms to collect and report information on family planning services and an implementation plan (see Appendix D). At present, the MCH Program in Sierra Leone is not collecting information on FP services. One of the goals of the workshop was to begin the development of a national information system for family planning services that will generate data in a systematic and standard way for the whole country. The participants presented the set of forms and the implementation plan to the MCH Director. The MCH Director accepted the group's recommendations with regard to further review and acceptance of the forms.

In verbal reactions to the workshop, the participants expressed a high level of satisfaction. The INTRAH Participant Reaction form results illustrate a positive feeling about the workshop on the part of the participants (see Appendix F).

3. On the pre-and post-tests of knowledge gained during the workshop, the group mean was 21 of 37 questions answered correctly on the pre-test and 26 of 37 answered correctly on the post-test. The null hypothesis of no change in correct responses between the pre-and post-tests would be rejected at the .05 level of significance. However, the seventy percent average correct rate on the post-test would suggest that modifications in the material presented, or the test itself, might be considered if the basic content is ever presented in another workshop.

### III. BACKGROUND

This workshop on Recording, Monitoring and Evaluation is part of the overall plan for family planning training devised for the MOH, Sierra Leone, with the assistance of USAID and INTRAH. This workshop took on added significance due to a prior visit to Sierra Leone by staff of CDC/Atlanta to assist the MOH to devise a common form for recording and reporting of family planning activities. While the basic ideas behind the form were accepted by the MOH, the specific form recommended by CDC was not acceptable either to the MOH or to USAID/REDSO, Abidjan. This workshop provided the opportunity for persons at the district level, those who would have the primary responsibility for data recording and reporting, to provide systematic input into the structure of recording and reporting forms.

#### **IV. DESCRIPTION OF ACTIVITIES**

The activity was a two-week workshop on recording monitoring and evaluation for middle-level managers (primarily district-level nurse supervisors). It was held at the Faculty of Nursing facility in Freetown, Sierra Leone from November 26 through December 6. Six trainers (two international and four national) and 21 trainees participated in the workshop. Names and titles of all facilitators and participants are given in Appendix A.

The workshop was conducted as a participatory training event, in which a combination of presentations and directed exercises were employed. The workshop curriculum and materials are detailed in Appendix C.

#### **V. FINDINGS AND CONCLUSIONS**

1. The workshop provided an opportunity to review the documents left by CDC/Atlanta as an example of the type of data collection instruments that might be appropriate to Sierra Leone. The participants agreed with officials of the MCH Division and of USAID that the forms as recommended were too limited for use in Sierra Leone.
2. The workshop also provided the opportunity for work by the participants in small groups to develop data recording and monitoring forms that they believed were appropriate to the needs of Sierra Leone. Draft copies of these forms as developed during the workshop are included in Appendix D.

3. In general, the workshop appears to have been a positive experience and a good opportunity for district level supervisors to provide input to the central-level MCH Division in terms of the types of information that can be routinely provided, what can and should be routinely done in analysis at the district-level and what types of information should be returned from the central to the district-level as a result of the implementation of a recording system.

## **VI. RECOMMENDATIONS**

1. Follow-up to this workshop by INTRAH is desirable to ensure that the central-level MCH staff follow the participants' recommendations for the review of the forms and the implementation of the information system. While the documents developed during the workshop are in a rudimentary stage, (see Appendix D for materials developed), to review and complete them should not be a difficult task. Still, some external oversight may be useful to ensure that this work is done in a timely manner.

The implementation of the system will not only provide relevant information to the Sierra Leone MOH, but will be an aid to INTRAH evaluation of training in Sierra Leone. This data collection and maintenance system can provide information for construction of baseline data for Sierra Leone and for assessment of the impact of family planning activities, including training. Based on the implementation plan developed by participants, a visit by INTRAH staff should be scheduled for March 1986, to take place during the finalization of development of client record forms (see timetable

in Appendix D) as a means to ensure that development activities are carried out. Specific dates and duration of visit should be decided in consultation with Dr. Gba-Kamara.

2. Sierra Leone requires extensive assistance in the preparation and reproduction of forms, especially in the acquisition of paper and ink. INTRAH should make an effort to communicate this need to potential providers of such assistance whenever possible.
3. To develop an effective information gathering system in Sierra Leone, the training of local clerks will be necessary. Every local health unit has clerks who have no training in recording. In order for successful implementation of any recording and monitoring system, training of these clerks will be required. Such training can be provided by trainers from the MOH, including members of the CTT, but travel and per-diem assistance, as well as curriculum development assistance may be required from external sources.

**APPENDIX A**

**PERSONS CONTACTED**

**Ministry of Health**

Dr. A.M. Gba-Kamara,	Director of MCH Division, Workshop Speaker and Resource Person.
Matron Phebean Alghali,	MCH Division, Coordinator for the Workshop.
Ms. Valentine Gilpin	Member CTT, Tutor, National School of Nursing, Co-Trainer for Workshop
Ms. Angela Massally	Member CTT, Acting Senior Tutor, Midwifery Training School, Co- Trainer for Workshop.
Ms. Fatu Yumkella	Demographer, Ministry of Health, Co-Trainer for Workshop.
Ms. Lois Vincent	Health Sister, MCH Division, Co-Trainer for Workshop.
Mr. S.A.T.P. Horton	Director, Statistics Division Ministry of Health, Workshop Speaker.

**Other**

Mr. L. A. Williams	Ministry of Planning and Development, Workshop Speaker.
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**APPENDIX B**

**WORKSHOP PARTICIPANTS**

## APPENDIX B

PARTICIPANTS

<u>NAME</u>	<u>POSITION</u>	<u>AGENCY</u>	<u>LOCATION (DISTRICT OR WORK PLACE)</u>
Marry Hallowell	Health Sister	M.O.H	MCH Clinic, 2 <sup>nd</sup> vt. Hospo., Kabala
Iona Shamu-Wilson	Health Sister	M.O.H	Lumley Health Centre
Adama Dimoh	Health Sister	M.O.H	MCH Clinic Govt. Hospo., Magburaka
Rebecca Manley	Health Sister	M.O.H	MCH Clinic Govt. Hospo., Bo
Victoria Roberts	Health Sister	M.O.H	MCH Clinic Govt. Hospo., Moyamba
Katy Tucker	Social Dev. Asst.,	Min. Social Welfare	Min. of Social Welfare, New England
Edson, S. Turay	Tech. Officer	M.O.H	E.P.I Office, Freetown
Joseph Abu	Tech. Officer	M.O.H	E.P.I. Office, Bo
Mary Barnes	Health Sister	M.O.H	MCH Clinic Masuba Makeni
Cecilia Spaine-Cole	Health Sister	M.O.H	MCH Clinic, Kenema
Henrietta Gbondo	Health Sister	M.O.H	MCH Clinic, Kailanun
P.L. Bascho-George	Ag. Executive Officer	M.O.H	MCH Office Freetown
S Aboko-Cole	Public Health Nurse	M.O.H	Jenner Wright Clinic
Vera Tuboku-Metzger	Health Sister	M.O.H	School Health Service
Simeon A Sisay	M & E Officer	M.A.N.R	PEMSD Natural Resources
Margaret Belewa	Health Sister	M.O.H	Jenner Wirght Clinic, Freetown
Emma Sidique	Health Sister	M.O.H	MCH Clinic Govt. Hospo., Bo.
Margaret Dumbuya	Health Sister	M.O.H	MCH Clinic Govt. Hospo., Port Loko
Sheikh N. Njai	Tec. Officer	M.O.H	E.P.I. Makeni
Shola M. Barlatt	Social Worker	M.O.H	Freetown
J.S. Fornah	Med. Rec. Tech	M.O.H	Govt Hospital, Bo.

**APPENDIX C**

**WORKSHOP CURRICULUM**

**AND HAND-OUTS**

(Hand-outs on file with Program Office)

WORKSHOP ON RECORDING, MONITORING AND EVALUATION

FREETOWN - SIERRA LEONE

NOVEMBER 26 - DECEMBER 6, 1985

APPENDIX C

WORKSHOP STAFF

DR JIM VENEY            ▶    INTRAH  
DR MARGARITA MIRANDA   ▶    INTRAH  
VALENTINA GILPIN - (TRAINER) M.O.H  
ANGELLA MASSALLY - (TRAINER) M.O.H  
FATU YUMKELA        -( TRAINER) M.O.H  
LOIS VINCENT        =(TRAINER) M.O.H  
PHEBEAN ALGHALI -(COORDINATOR) M.O.H  
S.A.T.P. HORTON -(SPEAKER)    M.O.H  
L.A. WILLIAMS    -(SPEAKER)    Ministry of Planning & Development  
DR A.M.GBA-KAMARA(SPEAKER)    M.O.H

SECRETARIAT

ROSAMOND SAMUELS - TYPIST - M.O.H  
JOHN .B. KAMARA - CLERK - M.O.H  
ISSA FOFANAH        - MESSENGER - M.O.H  
MOSES FORNAH        - DRIVER        - M.O.H  
TH'IMU SESAY        - CLEANER        - M.O.H

WORKSHOP OBJECTIVES AND SCHEDULE

## WORKSHOP ON RECORDING, MONITORING, AND EVALUATION

### Goals:-

1. To increase the knowledge of 30 Health, Social, Agricultural and Planning Middle-level Workers in Program Evaluation.
2. To provide an opportunity for participants to explore evaluation indicators for their programs and to determine how the participating agencies would obtain information relevant for evaluation of their programs.
3. To provide a forum for participating agencies to discuss areas of collaboration that may enable them to jointly identify and remedy health problems in the communities they serve.
4. To provide an opportunity for participating agencies to begin a development of national information system for Family Planning Services that generates data in a systematic and standard way for the whole country.
5. To improve data recording and reporting on the Sierra Leone MCH Program
6. To initiate a health information system for the MCH Program that will provide information to provide accountability for program activities.

### Instructional Objectives

#### I Terminal Objectives

At the end of the Workshop:

- 1 - Thirty (30) participants from the M.O.H, other Ministries and N.G.O's will have increased their knowledge and skills in program evaluation, data collection and reporting.
2. Should have developed a preliminary form to collect and report data for the Family Planning Services.

#### II Specific Objectives

##### Day 1

The participants:

- 1-1 will compare different definitions of evaluation.
- 1-2 will list different types of decisions that can be based on evaluation information
- 1-3 will identify the five different types of levels of evaluation and the purpose of each one.

##### Day 2

The participants:-

- 2-1 will give examples of evaluation applied to practical problems
- 2.2 will identify criteria for the evaluation of the Sierra Leone MCH Program

Day 3

The participants:

- 3-1 will identify data collected at the local level for the MCH Program and will discuss their purpose and use
- 3-2 will discuss problems and limitations in the process of data collection and reporting in the Sierra Leone MCH Program and will suggest alternatives to improve the system.

Day 4

The participants:-

- 4-1 will list analytical techniques that can be used at the local level.
- 4-2 will calculate means, percentages and rates with example of data
- 4-3 will tally data from a report, construct a table, and a graph example data.
- 4-4 will derive conclusions from examples data

Day 5

participants will:-

- 5-1 explain how data is processed, aggregated and used at the central level.
- 5-2 will give feedback to the Trainers about the first week of training.

Day 6

The participants:-

- 6-1 will discuss what is necessary to take into consideration in writing an evaluation report
- 6-2 will list the major sections in the format of a report
- 6-3 will critical examples of monthly, quarterly and annual reports and will suggest how to improve them
- 6-4 will specify how reporting can be improved in Sierra Leone
- 6-5 will discuss the rationale for collecting data on Family Planning Services.

Day 7

The Participants:

- 7-1 will explain the Rationale for existing forms in the MCH Program
- 7-2 will order the steps in form design and will discuss what needs to be taken into consideration when designing a form for data collection
- 7-3 will specify the type of data needed at different levels for the monitoring and evaluation of Family Planning Services

Day 8

The participants:-

8-1 will design a set of forms for data collection related to Family Planning Services

Day 9

The participants:-

9-1 will develop an implementation plan for the revision and adoption of the new form in all Family Planning Program in the country.

Day 10

The participants:-

10-1 will evaluate the workshop and will give feedback to the Trainers.

DAILY SCHEDULE

M.C.E SEMINAR/WORKSHOP ON RECORDING, MONITORING AND EVALUATION  
FREETOWN, NOVEMBER 26 - DECEMBER 6, 1985

Tuesday	Wednesday	Thursday	Friday	Saturday
8.30 - 9.00 a.m. Registration and Pre-Test	8.30 - 9.00 a.m. Where are we L. Vincent.	8.30 - 9.00 a.m. Where are we	8.30 - 9.00 a.m. Where are we	8.30 - 9.00 a.m. Where are we
10.00 a.m. Introduction Matron Alghali	9.00 - 9.30 a.m. Cont. of Exercise 1	9.00 - 10.30 a.m. Specific Evaluation issues at Local Level L. Vincent	9.00 - 9.45 a.m. Analytical Techniques for use at Local Level F. Yunkella.	9.00 - 10.30 a.m. What is done with Data at higher level
10.30 a.m. Key Note Address Introduction of Mr Macarthy by L. Vincent	9.30 - 10.30 a.m. Presentation Report on discussion V. Gilpin	10.30 - 11.00 a.m. Coffee Break	9.45 - 10.30 a.m. Presentation Group Work	1st Presentation Data processing at Central Level.
10.30 - 11.00 a.m. Coffee Break	10.30 - 11.00 a.m. Coffee Break	11.00 - 12.00 p.m. Data being collected at Local Level	10.30 - 11.00 p.m. Coffee Break	2nd Presentation Use of Data at Central Level
11.00 - 11.30 a.m. Get Acquainted Ms. Massally	11.00 - 12.00 p.m. Evaluation applied to practical problems Vesey.	12.00 - 1.00 p.m. Group Report	11.00 - 11.45 a.m. 2nd Presentation of tables and graphs	10.30 - 11.00 a.m. Coffee Break
1.00 - 2.00 p.m. Lunch	12.00 - 1.00 p.m. Presentation Program Objectives & Evaluation Criteria Margarita	1.00 - 2.00 p.m. Lunch	11.45 - 12.15 p.m. Group Work Graph	11.00 - 12.00 p.m. Group exercise on reporting back at higher levels
2.00 - 3.00 p.m. Presentation Overview of Evaluation Vesey	1.00 - 2.00 p.m. Lunch	2.00 - 3.00 p.m. Exercise 4	12.15 - 1.00 p.m. Summary of presenta- tion including difficulties they might encounter in doing tables & graphs	12.00 - 1.00 p.m. Report
3.00 - 3.15 p.m. Tea Break	2.00 - 3.00 p.m. Exercise 2	3.00 - 3.15 p.m. Tea Break	2.00 - 3.00 p.m. Exercise 5	1.00 - 1.30 p.m. Participants' reaction on 1st Week of Course
3.15 - 4.30 p.m. Exercise 1 Types of Evaluation V. Gilpin	3.00 - 3.15 Tea Break	3.15 - 4.15 p.m. Group Report L. Vincent	On use of Analytical Techniques (Small groups of 4)	1.30 Lunch
4.30 p.m. Reflections V. Gilpin	3.15 - 4.30 p.m. Group Report	4.15 - 4.45 p.m. Reflections	3.00 - 3.15 Tea Break	
	4.30 - 5.00 p.m. Reflections		3.15 p.m. Presentation	
			4.15 - 4.45 p.m. Reflections	

2ND WEEKDAILY SCHEDULEM.C.H SEMINAR/WORKSHOP ON RECORDING, MONITORING AND EVALUATION  
FREETOWN, NOVEMBER 26 - DECEMBER 6, 1985

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.30-9.00 a.m Where are we?	8.30-9.00 a.m Where are we?	8.30-9.00 a.m Progress Report	8.30-9.00 a.m Where are we?	8.30-9.00 a.m Participant Reaction (within) Post-Test Biodata
9.00-10.30 a.m Evaluation Report F. Yunkella Preparation of monthly, quarterly annual reports	9.00-10.30 a.m The logic of existing forms A.M. Gbe-Kamara	9.00-10.30 a.m Group Work	9.00-10.30 a.m Integration of forms Group 1 Implementation Plan Various Groups 2	
10.30-11.00 a.m Coffee Break	10.30-11.00 a.m Coffee Break	10.30-11.00 a.m Coffee Break	10.30-11.00 a.m Coffee Break	10.30-11.00 a.m Coffee Break
11.00-1.00 p.m Exercise 6 Critique of report	11.00-12.00 p.m Steps in form design Dr Miranda 12.00-1.00 p.m Instruction for Exercise	11.00-1.00 p.m Group Work	11.00-1.00 p.m Continuation of group work	11.00-1.00 p.m Verbal reaction of participants
1.00-2.00 p.m Lunch	1.00-2.00 p.m Lunch	1.00-2.00 p.m Lunch	1.00-2.00 p.m Lunch	1.00-2.00 p.m Lunch
2.00-3.00 p.m Rationale for collecting info. for FR in S.L	2.00-3.00 p.m Work form design	2.00-3.00 p.m Group Work	2.00-3.00 p.m Final Report on Form developed	2.00-3.00 p.m Closing Ceremony & distri- bution of certificates
3.00-3.15 p.m Tea Break	3.00-3.15 p.m Tea Break	3.00-3.15 p.m Tea Break	3.00-3.15 p.m Tea Break	3.00-3.15 p.m Tea Break
3.15-4.15 p.m Exercise 7	3.15-4.15 p.m Work on form design	3.15-4.15 p.m Group Report	3.15-4.15 p.m Implementation plan Report	
4.15 p.m Reflection	4.15 p.m Reflection	4.15 p.m Reflection	4.15 p.m Reflection	

APPENDIX D

MATERIALS DEVELOPED DURING THE WORKSHOP

WORKSHOP ON RECORDING, MONITORING, AND EVALUATION  
SIERRA LEONE - NOVEMBER 25 - DECEMBER 6, 1985

Set of Forms, Manual for Data Collection/Report and Implementation  
Plan for the Family Planning Component of the Maternal and Child  
Health Programme developed by:

<u>Name</u>	<u>Position</u>
Mary Hallowell	Health Sister
Iona Shanu-Wilson	Health Sister
Adama Dimoh	Health Sister
Rebecca Manley	Health Sister
Victoria Roberts	Health Sister
Katy Tucker	Social Dev. Assistant
Edson S. Turay	Tech. Officer
Joseph Abu	Tech. Officer
Mary Barnes	Health Sister
Cecilia Spaine-Cole	Health Sister
Henrietta Gbondo	Health Sister
P. L. Basho-George	Ag, Executive Officer
S. Aboko-Cole	Public Health Nurse
Vera Tuboku-Metzger	Health Sister
Simeon A. Sisay	M & E Officer
Margaret Belewa	Health Sister
Emma Sidique	Health Sister
Margaret Dumbuya	Health Sister
Sheikh N. N'jai	Tech. Officer
Shola M. Barlatt	Social Worker
J. S. Fornah	Med. Records Tech.





**MEDICAL HISTORY**

YES NO FAMILY MEDICAL HISTORY

Diabetic			
Hypertension			
Jaundice			
Sickle Cell Anemia			
Varicose Veins			
Thyroid			
Tuberculosis			
Renal Disease			
Social History			
Smoking Habits	Heavy <input type="checkbox"/>	Seldom <input type="checkbox"/>	None <input type="checkbox"/>
Drinking Habits	Heavy <input type="checkbox"/>	Moderate <input type="checkbox"/>	None <input type="checkbox"/>
Physical Examination			
Breast	Normal	Abnormal	(Specify)
Blood Pressure	Weight	HB	
Urine	Albumen	Sugar	
Abdominal Examination			
Pelvic Examination			
Uterus	Anteverted Disposition/Retroverted/Mobile	Fixed	
Adnexa	Normal/Abnormal	Specify	
Cervix	Normal/Abnormal/Specify		
Vaginal Discharge	Yes	No	
Investigation - Pap Smear	High Vaginal Swab		
Method Adopted			
Oral Type	No. of Cycles		
Injectable type	No. of Month		

Method Provided:

I.U.C.D TYPE SIZE

Condoms \_\_\_\_\_

Others Specify \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Next Visit \_\_\_\_\_

Sign \_\_\_\_\_

**APPENDIX E**

**LIST OF MATERIALS PROVIDED**

APPENDIX E

LIST OF MATERIALS PROVIDED:

Carey, L. C., "The Quality Form", Journal of System Management  
6, June 1972, p. 28-30.

Information Systems, Primary Health Care Issues, American  
Public Health Association, International Health  
Programs, 1983

Kosecoff, J. and Fink, A. Evaluation Basics a Practitioners  
Manual, Sage Publications, 1982.

**APPENDIX F**

**EVALUATION INSTRUMENTS AND RESULTS**

## PRE-POST TEST QUESTIONS

This test will help us to obtain baseline information about your knowledge of program evaluation. Please write your name and the date in the space provided below. You will have about 30 minutes to finish the test.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Choose all correct answer(s):

1. Evaluation is:
  - a. a continuous process
  - b. a one-time only activity
  - c. based on criteria
  - d. based on intuition singularly developed
  - e. cooperatively developed
  
2. Formative evaluation is evaluation done:
  - a. at the beginning of a programme
  - b. while a programme is underway
  - c. at the end of a program
  - d. all of the above
  
3. Formative evaluation refers to:
  - a. The need to form evaluation groups before proceeding.
  - b. Evaluation that will effect subsequent program activity.
  - c. Evaluation of the form of a process, rather than the content.
  - d. The process of recording evaluation activity.

4. Summative evaluation refers to:
  - a. Evaluation of the content of a process, rather than the form.
  - b. Evaluation that is carried out to determine if evaluation groups should be formed.
  - c. Retrospective evaluation.
  - d. Quantitative evaluation.
  
5. "Baseline," in evaluation terms refers to:
  - a. The document prepared as a result of the initial assessment of a situation before program intervention begins.
  - b. The line at the bottom of a Gantt Chart that is used to keep track of the time that a program is in operation.
  - c. The basic evaluation problem that is being considered
  - d. The original program document, describing what the program is designed to do.
  
6. Evaluation is the collection and analysis of information by various methodological strategies to determine (select all that apply):
  - a. Relevance of program activities
  - b. Progress of program activities
  - c. Efficiency of program activities
  - d. Effectiveness of program activities
  - e. Impact of program activities
  - f. All of the above

7. Put the tasks involved in an evaluation study in the right order by numbering them 1 - 6
- a. 3 train staff in data collection
  - b. 1 define study objectives and procedures
  - c. 4 manage the data collection in the field
  - d. 2 develop data collection instruments
  - e. 6 report the study findings
  - f. 5 analyze the data
8. Which of these statements best describe the function of Health service records in a country (INDICATE BY USE OF A TICK).
- a. Health service records provide information on maternal and child health services.
  - c. Health service records provide information concerning activities of an organization or service.
  - c. Health service records provide information on Family Planning Services.
  - d. Health service records provide information on all activities carried out in every health institution, so that correct decisions could be made to improve the health services in a country.

9. Which of the following statements best describe the object of a Table?
- a. The object of a table is to present data in a neat form.
  - b. The object of a table is to allow comparison between two sets of figures.
  - c. The object of a table is to organize and present data in a compact and readily comprehensible form.
  - d. The object of a table is to allow you to represent the data in the form of a graph.
  - d. B & C above.
  - e. All of the above.
10. Which one of the following best explains how the mean is calculated ?
- a. Add up the values of all observations, divide by the number of observations, then multiply by 100
  - b. Add up the values of all observations and divide by the number of observations
  - c. Add up the values of all observation and multiply by the number of observations
  - d. Add up all the values.
11. Of 80 children examined in your MCH Clinic, 20 were found to be suffering from malnutrition. Encircle below which of these calculations gives the correct percentage of adequately nourished children.
- a.  $\frac{20}{80} \times 100 = 25\%$
  - b.  $\frac{60}{80} \times 100 = 75\%$
  - c.  $\frac{20 \times 80}{100} = 16\%$
  - d.  $\frac{20 + 80}{100} + 1\%$
  - e.  $\frac{60}{80} = 75\%$

12. Which of these data MAY be useful for you to know if you are running a Family Planning Clinic (PLEASE TICK)
- a. No. of clients by type of contraceptive
  - b. No. of acceptors by Family Size
  - c. No. of Dropouts
  - d. Age Distribution of Client
  - e. (a) and (d) above
  - f. All of the above
13. Which of these techniques would you not expect to be used by Staff of the Medical Statistics Unit. (INDICATE BY A TICK)
- a. Calculation of Means
  - b. Calculation of Percentages
  - c. Calculation of Degrees and Minutes
  - d. Calculation of Variances
  - e. Plotting of Line Graph
14. In order for a record to be useful they should satisfy all but one of the following criteria: ENCIRCLE THE ODD ONE OUT.
- |             |   |
|-------------|---|
| a. complete | d. comparable                               |
| b. accurate | <input checked="" type="radio"/> e. massive |
| c. timely   | f. legible                                  |
15. Evaluation concerns itself primarily with effectiveness.
- \_\_\_\_\_ True                        X   False

16. Evaluation depends on monitoring of information.

True                       False

17. Purposes of Evaluation are:

a. Judgement                       True                       False

b. Information                       True                       False

c. Decision Making                       True                       False

d. Accounting &  
Bookkeeping                       True                       False

e. Disciplinary  
Action                       True                       False

18. One of the first steps in the description of statistical data is usually to present the data in the form of a table.

True                       False

19. Classify the conclusions drawn below as true or false about the data shown in the table below.

- a. Diarrheal disease represent about 70% of the total cases seen.  
 True                       False
- b. Tetanus is common in children under 1.  
 True                       False
- c. More malnutrition cases were seen than malaria cases for the whole year.  
 True                       False
- d. The number of cases seen for Diarrheal disease is the highest for every age group.  
 True                       False
- e. Children under 1 seem to be at risk to most diseases  
 True                       False

ANNUAL CLINIC VISITS 1984

CAUSE	TOTAL	AGE OF CHILD						
		UNDER 1	1YR	2YR	3YR	4YR	5YR	UNK
Diarrhoeal Disease	2017	1102	370	277	256	84	19	9
Whooping Cough	125	35	38	27	9	6	-	-
Meningoccal Infection	59	26	8	22	1	2	-	-
Tetanus	273	269	3	-	-	-	-	-
Chicken Pox	127	42	19	53	9	3	1	-
Measles	427	136	132	127	52	16	9	-
Malaria	851	424	169	145	84	25	4	-
Malnutrition	703	511	59	75	38	16	1	3
	4627	2545	798	726	359	153	34	12

27

21. The usual problem with health data is that it is:
- a. incomplete
  - b. inaccurate
  - c. not analyzed
  - d. not disseminated
  - e. not used
  - f. all of the above
  - g. (b) and (e) above
22. Reports should:
- a. highlight critical indicators
  - b. present material in simplified form
  - c. Target key decision makers
  - d. all of the above
  - e. (b) and (c) above
23. An evaluation report should include:
- a. information on the collection techniques used
  - b. interpretation of findings and recommendations
  - c. as much detail and as many statistics as possible
  - d. methods used for analysis
  - e. all of the above
  - f. (a), (b) and (d) above

RECORDING, MONITORING, EVALUATION WORKSHOP  
SIERRA LEONE  
November 26-December 6, 1985

PRE-POST TEST RESULTS

NAME	PRETEST	POST TEST
ADAMA DIMOH	16	23
KATY TUCKER	14	21
SHOLA BARLATT	16	25
IONA SHANU-WILSON	19	26
P.L. BASCHO-GEORGE	18	24
SARIAN ABOKO-COLE	22	24
MARY BARNES SHEPHARD	23	20
J.S. FORNAH	15	28
EDSON S. TURAY	22	26
MARGARET DUMBUYA	31	31
CECILIA SPAINE-COLE	26	31
SHEIKH N'JAI	31	32
VICTORIA ROBERTS	15	27
JOSEPH ABU	23	29
EMMA SIDIQUE	17	30
REBECCA MANLEY	22	24
VERE TUBOKU-METZGER	23	30
HENRIETTA GBONDO	24	30
MARGARET BELEWA	23	21
MARY HALLOWELL	21	21
SIMEON A. SEISAY	25	

Maximum possible points: 37

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

- |  |                                       |                          |                          |                          |
|--|---------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Very clear                          | b. Mostly clear                       | c. Somewhat clear        | d. Not very clear        | e. Not clear at all      |
| <input checked="" type="checkbox"/> 18 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Workshop objectives seemed to be achieved:

- |  |                                       |                          |                          |                          |
|--|---------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Entirely                            | b. Mostly                             | c. Somewhat              | d. Hardly at all         | e. Not at all            |
| <input checked="" type="checkbox"/> 13 | <input checked="" type="checkbox"/> 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

- 19 a. All material was useful
- 1 b. Most materials were useful
- c. Some material was useful
- d. Little material was useful
- e. No material was useful

4. Workshop material presented was clear and easy to follow:

- |                                       |  |                          |                            |                          |
|---------------------------------------|--|--------------------------|----------------------------|--------------------------|
| a. All the time                       | b. More than half the time             | c. About half the time   | d. Less than half the time | e. None of the time      |
| <input checked="" type="checkbox"/> 9 | <input checked="" type="checkbox"/> 11 | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

5. The amount of material covered during the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

4     2     11            NA = 3

6. The amount of time devoted to the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

1         14     3        NA = 2

7. For the work I do or am going to do, this workshop was:

- a. Very useful    b. Mostly useful    c. Somewhat useful    d. Not very useful    e. Not useful at all

16     2                NA = 2

8. Possible solutions to real work problems were dealt with:

- a. All the time    b. More than half the time    c. About half the time    d. Less than half the time    e. None of the time

10     6     2            NA = 2

9. In this workshop I learned:

16 a. many important and useful concepts,

NA = 2

2 b. several important and useful concepts,

     c. some important and useful concepts,

     d. a few important and useful concepts,

     e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

NA = 2

10 a. many important and useful skills,

8 b. several important and useful skills,

     c. some important and useful skills,

     d. a few important and useful skills,

     e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good      b. Good      c. Acceptable      d. Barely acceptable      e. Poor

| 9 |      | 6 |      | 1 |      | 3 |      |      | NA = 1

12. The trainer/trainers for this workshop was/were:

a. Very effective      b. Effective      c. Somewhat effective      d. Not very Effective      e. Not effective at all

| 8 |      | 11 |      |      |      |      |      | NA = 1

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always      b. Often      c. Sometimes      d. Rarely      e. Never

| 13 |      | 5 |      | 1 |      |      |      | NA = 1

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective      b. Effective      c. Somewhat effective      d. Not very effective      e. Not effective at all

| 9 |      | 11 |      |      |      |      |

15. 20 a. I would recommend this workshop without hesitation,

\_\_\_\_\_ b. I would probably recommend this workshop

\_\_\_\_\_ c. I might recommend this workshop to some people

\_\_\_\_\_ d. I might not recommend this workshop

\_\_\_\_\_ e. I would not recommend this workshop.

16. Please check any of the following that you feel could have improved the workshop.

- 11 a. Additional time for the workshop
- b. More limited time for the workshop
- 4 c. Use of more realistic examples and applications
- 11 d. More time to practice skills and techniques
- 7 e. More time to become familiar with theory and concepts
- f. More effective trainers
- 3 g. More effective group interaction
- 8 h. Different training site or location
- 1 i. More preparation time outside the training sessions
- 4 j. More time spent in actual training activities
- 1 k. Concentration on a more limited and specific topic
- l. Consideration of a broader and more comprehensive topic
- 2 m. Other (specify) \_\_\_\_\_

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful			hardly useful	
	1	2	3	4	5
a. <u>502</u>	18	2			
b. <u>602</u>	17	3			
c. <u>425</u>	19	1			
d. <u>423</u>	19	1			
e. <u>427</u>	18	2			
f. <u>501</u>	17	3			
g. _____					
h. _____					
i. _____					
j. _____					

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful			hardly useful		does not apply	
	1	2	3	4	5		
a. lectures	16	3					NA = 1
b. group discussions	20						
c. individual exercises	10	3	3	1			NA = 3
d. group exercises	19	1					
e. clinical sessions						X	
f. field trips						X	
g. handouts/readings	16	4					
h. books	18	2					
i. audio-visuals						X	

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- 10 a. Counselling and/or client education
- 3 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- \_\_\_\_\_ c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- 4 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 3 e. Supervision of Family Planning Services
- 6 f. Management of Family Planning Service System
- 7 g. Planning/Evaluation of Family Planning Services
- 5 h. Policy Making/Direction of Family Planning Services
- 8 i. Community Based Distribution of Contraceptives
- 5 j. Community Based Outreach, Education or Information
- 3 k. In-Service Training in Family Planning
- \_\_\_\_\_ l. Pre-Service Teaching/Tutoring in Family Planning
- \_\_\_\_\_ m. Other (specify) \_\_\_\_\_

20. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to sign your name. (Optional)

\_\_\_\_\_

May, 1985

M.C.H SEMINAR/WORKSHOP ON EVALUATION,  
RECORDING, REPORTING

PARTICIPANT REACTION FORM  
FORMATIVE EVALUATION

30th November, 1985.

INSTRUCTIONS FOR QUESTIONS 1 - 9

Use the following code to indicate the extent to which you agree or disagree with each of the statements made below:

- Code 1. Strongly disagree  
2. Disagree  
3. Undecided  
4. Agree  
5. Agree strongly

Example: If you want to express your complete disagreement with the statement circle the figure 1 as follows:

(1) 2 3 4 5

- Q:1 I found the lectures given to be beneficial 1 2 3 4 5
- Q:2 Enough information was provided to allow me to take an active part in the discussion of the topics concerned. 1 2 3 4 5
- Q:3 The methods used during the Workshop encouraged me to take an active part in it. 1 2 3 4 5
- Q:4 The topics covered are relevant to my job 1 2 3 4 5
- Q:5 Enough time was devoted to discussion. 1 2 3 4 5
- Q:6 I found the 1st week of the Workshop to be worthwhile 1 2 3 4 5
- Q:7. The Workshop has helped me to gain an insight to Programme Evaluation 1 2 3 4 5
- Q:8 The Workshop has helped me to realise the importance of data collection and reporting 1 2 3 4 5
- Q:9 The Workshop has helped me to gain new knowledge which I hope to put into practice 1 2 3 4 5

In question 10 - 18 please evaluate your learning this week in relation to the aspects included below. The scale ranges from 1 to 5 where 1 (one) means no knowledge/skill or no learning at all and 5 implies a high level of knowledge/skill or learning. Use a circle around the number that represents your level of knowledge/skill.

10. I can distinguish the different levels of Evaluation  
1 2 3 4 5

Q:11 I can state different levels of program goals and objectives  
1 2 3 4 5

Q:12 I can list at least 5 important specific evaluation issues at the Local Level  
1 2 3 4 5

Q:13 I can suggest at least two meaningful recommendations that can lead to improvement of the information system in M.C.H Programme in Sierra Leone  
1 2 3 4 5

Q:14 I can work calculations using the following methods:-  
i Tallying  
1 2 3 4 5  
ii Mean  
1 2 3 4 5  
iii Percentage  
1 2 3 4 5  
iv Rating  
1 2 3 4 5

Q:15 I can develop a table from a data set  
1 2 3 4 5

Q:16 I can plot a graph and interpret it  
1 2 3 4 5

Q:17 I can explain how data is processed at the Central Level  
1 2 3 4 5

Q:18 I can explain how data is used at the Central Level  
1 2 3 4 5

Give examples of

Q:19 i The factors which impressed you most favourably during the first week of the Workshop  
.....  
.....  
.....

ii The factors which impressed you least favourably during the first week of the Workshop  
:  
.....  
.....

Q:20 Give further comments and suggestions for next week  
.....  
.....  
.....

RESULTS OF PARTICIPANTS REACTION END OF FIRST WEEK

<u>QUESTIONS</u>	<u>STRONGLY DISAGREE</u>	<u>DISAGREE</u>	<u>UNDECIDED</u>	<u>AGREE</u>	<u>AGREE STRONGLY</u>
1				8	11
2		1	1	14	3
3			2	10	7
4		1		8	10
5		1	3	8	7
6				9	10
7				6	13
8	1			4	14
9			1	6	12

KNOWLEDGE AND SKILLS

QUESTIONS	NONE	LOW	AVERAGE	ABOVE AVERAGE	HIGH	NO RESPONSE
10			1	9	9	
11			3	12	3	1
12			2	10	6	1
13			2	9	7	1
14 I				4	15	
II			1	5	13	
III				7	12	
IV			1	6	10	2
15			1	6	11	1
16			1	9	9	
17		1	3	12	2	1
18		1	1	13	3	1

EXAMPLE OF FACTORS THAT IMPRESSED YOU MOST  
FAVOURABLY

1. Relevant information contained in the hand outs
2. Calculations 2 Tallying 3 Mean, Percentage 2 Rating 2
3. Discussion Groups 5
4. Criteria for analytical techniques
5. Subjects interesting and educative 3
6. Participants level of knowledge seem to be the same
7. Group work and presentations 6
8. The workshop setting
9. Visual aids
10. Methods of Evaluation
11. Statistical Graphs
12. Friendly atmosphere among participants
13. Co-operation among participants
14. Analytical techniques at Local Level
15. Evaluation applied to practical problems
16. Use of data at Central Level.

COMMENTS AND SUGGESTIONS

1. Need more explanation on how data is used at Central Level and how data is processed at higher level.
2. More time for discussion and group work and plenary session 5
3. Field visits if possible
4. Closing time is too late
5. Add another 30 minutes to break period to help us relax - lunch break to 2.30 p.m 3
6. Keep it up,
7. The whole week is interesting hope 2nd week will be interesting. Hope to gain more facts next week.
8. Use of data at Central Level  
Processing of data at Central Level 3
9. Program goals and objectives 2  
Evaluations applied to practical problems
10. Hand outs to be given before session for facilitator participation

MANUAL PROTOCOL ON INTRODUCTION, GENERAL PURPOSE  
GENERAL INFORMATION, NAME, ADDRESS, RELIGION, EDUCATION  
ETC.

INTRODUCTION

The development of Family Planning Questionnaire for MCH/MOH, Sierra Leone.

GENERAL PURPOSE

- To differentiate the family planning record card from other health cards.
- To enable Health Workers to collect data from family planning Clients.

**General**

**Information** - To get a background knowledge of the Client

**Name** - To identify the Client from other Clients.

**How to get**

**Accurate inf.** If you have two people bearing the same name you number them e.g. Fatu Kamara I and Fatu Kamara II.

**Address** - To know the location of the Client

**How to get**

**Accurate inf.** For follow-up visits  
Where Client can be contacted during the day.

**Age** - To decide what type of contraceptive to prescribe to the Client.

**How to get**

- Accurate inf.** To use calendar of events, time, marriage, when she had 1st child and age of first child.
2. To know what age Client commenced using contraceptive
  3. Help us to know the age group of women using contraceptive most.
  4. Which age group use what type of contraceptive most e.g. the IUD and the Injectables for multiparous women or the over 35s.

**Sex** - To know the proportion of the male population attending family planning clinics.

- Religion** - To know the number of Clients whose religion are against family planning and are using it.
2. To decide on the suitable family planning method for the Client according to religion e.g. Natural method for the Roman Catholic.
  3. To identify religious groups that need intensive family planning education and motivation.

**Next of Kin**

- To know who to contact in case of complications
- 2. When permission is needed for operation
- 3. For contact tracing if next of Kin is partner e.g. for STI (Sexually Transmitted Disease)

- Education**
- To know the Clients education background
  - 2 Making choice of contraceptives
  - 3 To know when to intensify your family planning education and motivation - if education level is low.

**How to get**

- Accurate inf.** - No. of years spent at each level e.g Primary, Secondary and Post Secondary.

CLIENT HISTORY

History	Purpose	Guide Lines
1. Past contraceptive history	To know what the Client has been using	Ask Client about method used in the past. If she cannot remember show her all the methods and let her tell the one she was using.
2. Reasons for change	To know whether there has been any side effects from the method used on any other reason Client may give.	If Client has been using any method and would like a change ask her why she wants to change from that method.
3. <u>Medical History</u> Current and Past Illnesses Asthma Diabetes Thyroid Liver Disease Hypertension Cardiac etc.	To rule out contra-indications for pill and injectable to prevent complication.	Ask Client about the following diseases she may have had and tick the appropriate disease for those she may not understand. Try to discuss the disease in a simple way.
4. Family History and Social History	To rule out any disease in the family e.g. Hereditary diseases Sickle Cell Diabetes Hypertension Alcoholism Drinking.	Ask Client about any disease in the family. Discuss some of the Hereditary diseases with Clients to make sure she understands.
5. Surgical/Gynaecology History	To know how many operations the Client has had cause and type.	Ask Client about any surgical and Gynaecological operations what was the cause and type of operations. If she does not understand discuss some of the operations with her.
6. Menstrual History Cycle.	To assist the counsellor in guiding the Client in choice of appropriate contraceptive.	Ask Client to state how many days she has between each period.
7. Days of Bleeding	To detect any abnormality	Ask Client how many days she has been on her period.
8. Regular/Irregular	To detect any abnormality	Ask Client whether periods come at the same time each month or whether there is a change.
9. Dysmenorrhoea	To detect any abnormality and to assist the counsellor in guiding the Client for suitable choice of contraceptives	Ask Client whether she has severe abdominal pains at the beginning and during periods.
10. Intermenstrual spotting & bleeding	To detect any abnormality	Ask Client about slight bleeding in between periods.

History	Purpose	Guide Lines
11. Menstrual Flow	To detect any abnormality	Ask Client whether the flow is very small.
- Light	To make sure everything is alright	Ask Client whether the period is coming normally as it should be.
- Moderate	To detect any abnormality	Ask Client whether period is more than what it should be.
- Heavy		
12. Reproductive History	To assist the counsellor in guiding the Client in the choice of suitable contraceptives.	Ask Client about the number of pregnancies she has had including abortion and miscarriage. Help Client control no. of pregnancies and abortions and still-births.
- Gravida		
- Parity	To assist the counsellor in guiding the Client in the choice of suitable contraceptives.	How many children she has had.
- Date of last delivery.	To know whether spacing is being done. To assist the counsellor in advising and guiding the Client in the choice of suitable contraceptives.	Ask her when last child was delivered. If she cannot remember date relate it to any event during that period.
- No of children alive and dead	To assist the counsellor in counselling Clients for family planning To detect any abnormality in the family.	Ask Client how many children is alive and how many are dead. Find out cause of death.
- Abortion	To detect any abnormality	Ask Client how many pregnancies were aborted up to 28 weeks or 7 months.
- Date of last abortion.	To assist the counsellor in advice and guiding Client.	Ask Client the date of her last abortion.
- Last Menstrual period.	To assist the counsellor in advising and guiding Clients when to start taking contraceptives.	Ask Client about the last time she had a period.

PATIENT RECORD CARD

PATIENT HISTORY

- Menstrual History
- To screen Client to know if she is a high risk case
- Menstrual Cycle  
Days of Bleeding
- How many days bleeding last
- Regular or Irregular
- What is the bleeding interval
- Menstrual Flow  
Dysmenorrhoea
- Whether it is scanty moderate or heavy
  - If periods have been painful
- Intra-menstrual bleeding
- Any bleeding or spotting between cycles
- Last menstrual period
- Date of the starting of last menstrual period and how many day it lasted.
- Surgical History  
Type
- If any surgical operation e.g. Appendectomy  
What type of operation  
When was it done
- Date of operation
- Gynae & Obstetric History
- If any Gynae or Obstetrical operations done e.g. Mayonotomy  
What type of operation  
When was it done.
- Type
- Date of operation
- Medical History  
Varicous Veins
- If any visible and enlarged veins on vulva thigh and legs.
- Asthma
- If any history of wheezing (by demonstration)
- Sickle Cell
- If she is a known case of sickle cell
- Diabetes
- If there has been any sugar in the urine (to be translated in local language)
- Jaundise
- If there has been any yellow colouring in the eyes and skin and dark coloured urine.
- Thyroid Disease
- If any swelling of the throat, and protusim of the throat. (By observation).
- Epilepsy
- If any known fits and how often these fits.
- Renal Disease
- If any oedema, pain in the loins, scanty urine
- Head Ache
- If any pain in the head (location of pain) frontal pain
- Malignany
- Signs or symptoms of deviation from normal
- Tuberculosis
- History of T.B e.g. cough for a long period.
- Social History  
Smoking
- If Client is a smoker how many sticks a day
- Drinking
- If Client is drinking (What kind, quality) (How often)
- Family Medical History
- If there is any type of illness in the family what type?
- Current Illness
- If there is any present complaint of the Client what type and what treatment she is receiving.

**MANUAL PROTOCOL ON SERVICES PROVIDED AND  
FOLLOW-UP FOR FAMILY PLANNING CLIENTS**

<b>Lab. Investigation</b>	<b>Purpose</b>	<b>Guide Lines</b>
<b>Haemoglobin check</b>	To know the level of Hb to be able to pick out low Hb Clients.	Give iron supplement for low Hb.
<b>Urine</b>	Check for Albumin and sugar to detect any abnormality.	Refer where necessary
<b>Pregnancy Test</b>	To ensure that Client is not pregnant.	Give necessary advice but no FP method.
<b><u>Pelvic Exam</u></b>		
<b>Cervix</b>	To check for erosion lacerations. Colour for early pregnancy.	Refer for treatment. Do pregnancy test if pregnancy is suspected.
<b>Vagina</b>	To detect vaginal discharge - colour amount odour.	Give necessary treatment
<b>Uterus</b>	Check for position, size.	