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Trip Report

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Travelers:

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INTRAH E/SA Office

Ms. Teresa Mirabito, Program Officer,
INTRAH, Chapel Hill, NC

Ms. Aena Konde, INTRAH Consultant

Country Visited:

THE GAMBIA

Date of Trip:

January 7 - 20, 1986

Purpose:

To Conduct Training Needs Assessment
for Providers of FP/MCH Services at
District Hospitals, Urban Maternities
and Rural Dispensaries.

Program for International Training in Health
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LIST OF ABBREVIATIONS

ADMS	Assistant Director of Medical Services
CFTC	Commonwealth Fund for Technical Cooperation
CHN	Community Health Nurse
CNO	Chief Nursing Officer
CUSO	Canadian Universities Services Organization
DMS	Director of Medical Services
DTCD	Department of Technical Cooperation Development
GFPA	Gambia Family Planning Association
HC	Health Center
INTRAH	Program for International Training in Health
IUD	Intra-Uterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
NMW	Nurse Midwife
OAR	Office of AID Representative
RMT	Regional Medical Team
RVH	Royal Victoria Hospital
SEN	State Enrolled Nurse
SRN	State Registered Nurse
TBA	Traditional Birth Attendant
UNDP	United Nations Development Program
UNESCO	United Nations Education, Science and Culture Organization
UNFPA	United Nations Fund for Population Activities
VHW	Village Health Worker

EXECUTIVE SUMMARY

INTRAH Program Officer Ms. Teresa Mirabito, INTRAH E/SA Office Director Miss Pauline W. Muhuhu, and INTRAH consultant Ms. Aena Konde visited The Gambia from January 7 - January 20, 1986. Although the purpose of the visit was to identify family planning clinical training needs of providers at district hospitals, urban maternities and rural dispensaries it was expanded to include review of family planning curricula in the schools of nursing/midwifery and community health.

The INTRAH team visit was timed to coincide with a visit by Ms. Joyce Holfeld, Regional Population Advisor, REDSO/WCA, who had requested that INTRAH conduct a training needs assessment in The Gambia.

The INTRAH team worked primarily with Ministry of Health staff but several meetings were also held with staff of The Gambia Family Planning Association and The Gambia College.

Major findings include:

- Although schools for state enrolled nurses, nurse-midwives and community health nurses have family planning components in their curricula, only the registered midwifery program prepares graduates capable of delivering family planning services. Clinical family planning pre-service experience for student nurses, other than students in the registered midwifery program is inadequate and, as a result, graduates are not prepared to deliver family planning services.

- The members of the in-service training team assisted by INTRAH/IHP during 1981 to 1982 have been assigned to schools for state enrolled nurses and the Royal Victoria Hospital Family Planning Clinic due to a shortage of tutorial staff.
- Except for the Royal Victoria Hospital Family Planning Clinic, there appears to be a low demand for family planning services in Ministry of Health facilities.
- There are plans for a major initiative to increase family planning services in Ministry of Health facilities through an information/education/communication campaign.

Major recommendations include:

- The Ministry of Health should intensify family planning service delivery, especially in centres where there are already nurses and midwives trained in family planning.
- Nursing and midwifery schools should provide more and better-supervised clinical experience for students.
- The Ministry of Health should re-establish a training team who will have responsibilities for assisting the schools of nursing in addition to providing in-service training.
- INTRAH should provide technical assistance in order to improve and expand training capabilities.

SCHEDULE OF ACTIVITIES

- January 5, 1986
Sunday
Arrival of Miss Pauline W. Muhuhu from Nairobi, Kenya.
- January 7, 1986
Tuesday
Arrival of Ms. Teresa Mirabito from Chapel Hill, NC.

Briefing with Ms. Joyce Holfeld, Regional Population Advisor, REDSO/WCA/Abidjan.
- January 8, 1986
Wednesday
Meeting at USAID with:
- Ms. J. Holfeld
- Ms. Aida Ceesay, Assistant to Population Officer.

Meeting at Gambia Family Planning Association, Kanifing, with:
- Dr. B. Goree Ndiaye, Acting Executive Director
- Mrs. Adama Dabo, Nurse Midwife

Meeting at Medical and Health Department, MOH with Ms. Florence Bahou, Assistant to the MCH Coordinator.
- January 9, 1986
Thursday
Meeting at USAID with:
- Ms. J. Holfeld
- Ms. A. Ceesay

Meeting at Medical and Health Department, MOH with:
- Mrs. B. M'Boge, MCH Coordinator
- Mrs. Clara MacMason, CNC
- Ms. Lelia Renner, CFTC
- Ms. F. Bahou, Assistant to the MCH Coordinator
- Mr. Tom King, Tutor, SEN and member of MOH/INTRAH-trained training team
- Ms. Fatou Juwara, Tutor, SEN and member of MOH/INTRAH-trained training team
- Ms. A. Ceesay
- Ms. J Holfeld

Meeting at School for State Enrolled Nurses with:
- Mr. Tom King
- Ms. Fatou N'dow Juwara, Tutor

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SCHEDULE OF ACTIVITIES (continued)

January 10, 1986
Friday Meeting at Medical and Health Department, MOH with:
- Mr. Hatib N'Jie, Assistant Director, of Medical Services
- Mrs. B. M'Boge

Meeting with Mrs. Grace Camara, UNFPA Representative.

January 12, 1986
Sunday Report writing.

Arrival of Ms. Aena Konde.

January 13, 1986
Monday Traveled to Masakonko: Visited Community Health Nurses School and the Masankonko Health Center. Met with expatriate tutors at the school and at the health center.

Visit to GFPA clinic and met with Mrs. Fatou Gaye, CHN.

January 14, 1986
Tuesday Miss Muhuhu met with Ms. R. Palmer, Principal, School of Nursing.

Ms. Konde and Ms. Mirabito visited Essau Health Center and Kuntair Dispensary on the North Bank and Kuntair Village, a primary health care key village.

January 15, 1986
Wednesday Visit to Royal Victoria Hospital Family Planning Clinic. Met with Mrs. Anna Bachilly, FP/NMW in charge of clinic.

January 16, 1986
Thursday Meeting at MOH with:
- Dr. Hatib N'jie
- Mrs. Clara MacMason
- Mrs. B. M'Boge
- Ms. F. Bahou

January 17, 1986
Friday Meeting with Mr. N'jai, Principal, School of Public Health.

Meeting with Mr. T. Taylor Thomas, Executive Director, The Gambia Family Planning Association.

Debriefing with Mr. Byron Bahl, Senior AID Representative, USAID.

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I. PURPOSES OF TRIP

The INTRAH team traveled to The Gambia to identify family planning clinical training needs of FP/MCH providers at district hospital, urban maternities and rural dispensaries. The request for INTRAH assistance was made by REDSO/WCA and Mr. Byron Bahl, OAR/Banjul. While in country this purpose was expanded to include a review of pre-service family planning curricula in the schools of nursing, nurse/midwifery and community health.

II. ACCOMPLISHMENTS

- A. The INTRAH team and the MOH representatives reached an agreement on INTRAH's scope of work although during the initial meeting, Ministry of Health officials requested INTRAH to conduct an evaluation of service providers who had been trained by INTRAH/IHP under PAC I.
- B. The INTRAH team was able to accomplish its objectives through visits to various educational institutions and service delivery points and discussions with persons at all levels including policy makers, family planning program coordinators, educators, and service providers in clinics. Interviews were also conducted with various cadres of nurses.
- C. The INTRAH team met with members of the World Bank team which was in The Gambia to pre-appraise a proposed MOH/World Bank Population, Health and Nutrition project. Findings and recommendations were discussed as a means to reduce potential for duplication of efforts.

- D. The INTRAH team prepared and presented a preliminary plan outlining a scope of training activities for The Gambia. The MOH wanted to move ahead quickly with planning and development of a training proposal; therefore, a return visit of April 7, 1986 for project development was scheduled.
- E. Briefing was conducted with Mr. Byron Bahl, Senior AID Representative, OAR/Banjul and Ms. Joyce Holfeld, Regional Population Advisor, REDSO/WCA. Debriefing was conducted with Mr. Byron Bahl.

III. BACKGROUND

INTRAH, through a subcontract with the Institute for Health Policy Studies (IHPS), implemented a PAC I training project with the MOH between 1981 and 1982 in which 68 persons were trained in maternal assessment and family planning. An in-service training team of three was also developed who were expected to continue in-service training after the conclusion of the INTRAH/IHPS project. In January 1983 INTRAH and IHP conducted an evaluation of the project. Recommendations included needs for:

- institutionalization of training skills in the community nursing program;
- organizational and manpower development skills for MOH supervisors;
- integration of family planning into primary health care; and
- provision of technical assistance in family planning in-service training.

There was no follow-up on the recommendations.

The visit documented in this report was occasioned by an invitation extended by REDSO/WCA/Abidjan in response to a request in September 1985 from the MOH for a six-month technical assistance consultation to strengthen family

planning training in The Gambia. Funding for the visit and proposed subsequent activities is provided through a buy-in from REDSO/WCA under the Sahel Population Initiative (SPI).

IV. DESCRIPTION OF ACTIVITIES

A. USAID

The INTRAH team met with USAID officials on several occasions. Briefing and debriefing meetings were held at USAID in Banjul. Ms. Joyce Holfeld, Regional Population Advisor, REDSO/WCA/Abidjan and Ms. Aida Ceesay, Assistant to the Population Officer, USAID/Banjul briefed the INTRAH team. The purpose and expectations of the visit were reviewed and Ms. Holfeld provided the INTRAH team with background information on population and family planning-related activities in The Gambia. Contact persons were identified and appointments scheduled for the INTRAH team. Reference materials and reports from other donor agencies which have conducted population/family planning activities in The Gambia were reviewed.

The INTRAH team debriefed with Mr. Byron Bahl, Senior AID Representative to The Gambia. INTRAH's findings, conclusions and recommendations were reported and discussed.

B. Ministry of Health, Medical and Health Department

The initial meeting at the MOH, Medical and Health Department was attended by Mrs. R. M'Boge, MCH Coordinator; Mrs. Clara MacMason, CNO; Ms. Lelia Renner, CFTC; Ms. F. Bahou, Assistant to the MCH Coordinator; Mr. Tom King and Ms. Fatou Juwara, Tutors

at SEN and members of the former MOH/INTRAH-trained training team; Ms. Joyce Holfeld, REDSO/WCA/Abidjan; Ms. Aida Ceesay, Assistant to the Population Officer, USAID; and Ms. Teresa Mirabito and Miss Pauline W. Muhuhu, INTRAH.

The following points were discussed:

- a. Ms. Holfeld cited the level of funding available under the Sahel Population Initiative Project allocated to INTRAH for use in The Gambia.
- b. Mrs. M'Boge requested that INTRAH conduct the following activities:
 - training in maternal and pediatric assessment using SPI funds; and
 - during the current visit, conduct an evaluation of the nurse midwives and dresser dispensers who were participants in INTRAH/IHP-sponsored PAC I activities in order to determine to what extent they were utilizing their skills.
- c. Margaret Sanger Center would be conducting a family planning clinical skills/management workshop for nurse midwives and dressers (no longer referred to as dresser dispensers). Neither the participants nor the length of the activity had been defined. Funding for this activity was to be provided by UNFPA.
- d. Ms. Holfeld, USAID representatives and the INTRAH team met to consider the MOH request. A second meeting with the MOH was held which was attended by the Assistant Director of Medical Services (ADMS). Ms. Holfeld reviewed the scope of activities qualifying for SPI funds, and INTRAH clarified its mandate and the scope of activities possible through its AID contract. INTRAH requested that the MOH review its needs in areas in which INTRAH could offer assistance. The MCH coordinator suggested a review of pre-service FP/MCH curricula, particularly at the School for Community Health Nurses in Masakonko. The ADMS suggested that the INTRAH team conduct a review of the School of Midwifery FP/MCH curriculum.

It was agreed that INTRAH would review curricula and would make visits to all schools of nursing, and to selected health centers and dispensaries.

A final meeting was held with MOH officials during which the INTRAH team presented its findings, conclusions and recommendations. The MOH's response was a modification of INTRAH's proposal (see page 16), and expression of interest in a return visit for project development, which was scheduled for April 7.

C. Discussions with UNFPA Representative

Two members of the INTRAH team (Mirabito and Muhuhu) visited Ms. Grace Kamara, UNFPA Representative, to review current and projected family planning and population activities funded by UNFPA, in particular, family planning training.

The INTRAH team learned of the 1986 plan presented by the MCH Division of the MOH for training of 30 CHNs and 15 nurse/midwives and dressers in clinical FP skills, and 26 TBAs and 26 VHWs in motivation and community-based distribution. The training is to be conducted by the Margaret Sanger Center. Other requests made by the MOH to UNFPA included one MPH scholarship, training materials (unspecified) for the School for Community Health Nurses, IUD insertion kits for service sites, and films.

Ms. Kamara reviewed UNFPA activities in The Gambia, which include: support for MCH services provided by the MOH; support for a population census conducted by the Department of Technical Cooperation Development (DTCD); and, support for communication activities conducted by UNESCO. Activities proposed for UNFPA

support include population/human resource development (in-service training) activities to be conducted by the Ministry of Planning and Population, and education for adolescents (13+ years old) to be conducted by UNESCO.

UNFPA had not received detailed plans from the MOH about the clinical FP training which the Margaret Sanger Center staff would conduct.

D. The Gambia Family Planning Association (GFPA)
National Headquarters

Two visits were made to the Kanifing office and clinic. The purpose of the meetings was to orient the INTRAH team to the settings of and services offered by the GFPA for possible use as clinical practicum sites. Additionally, the team wanted to explore possible areas for MOH/GFPA/INTRAH collaboration. The first meeting on January 8 was with Dr. Goree-Ndjaye, Acting Executive Director (Mr. Tunde Taylor-Thomas, the director, was not in Banjul). REDSO and USAID representatives also attended.

The GFPA has seven clinics throughout the country. Services offered include male motivation, clinical FP, women and development activities, human resource development activities, youth development activities, and research. Currently a survey on Depo Provera users is underway and an adolescent fertility survey is being developed.

In 1984, 15,532 packets of oral contraceptives, 24,296 condoms and 2,183 Depo Provera injections and IUDs were distributed by the GFPA nation-wide. The INTRAH team was unable to secure data on client visits from the

GFPA, except for the Kanifing clinic which served 28 new clients in 1985.

A memorandum of agreement signed two years ago by the GFPA and the MOH delineated the roles of each organization. Under the agreement, the GFPA, will supplement MOH services, provide IEC services and be responsible for research and evaluation, while the MOH will provide clinical FP services.

A second meeting was held with the executive director, Mr. Thomas, upon his return to Banjul. He emphasized the need for standardization of training for both MOH and GFPA personnel, especially in clinical FP service delivery. He identified a need for management training for service providers and middle-level personnel, clinical FP service delivery skills and training of trainers. He was interested in collaboration with INTRAH.

E. School for State Enrolled Nurses, Banjul

The School for State Enrolled Nurses is supervised by the Ministry of Health. The curriculum includes six months of basic nursing, six months of pediatrics and obstetrics/ gynecology training, six months of midwifery training, and six months of community health training. The midwifery module includes family planning which is taught by a former INTRAH-trained in-service trainer. The family planning component prepares SENs to provide education, motivation and referral to service delivery centers. Students receive no practicum other than a one-day observational tour. Due to a demand for midwives, the school established a midwifery program two years ago for the SEN graduates. The second class of 12 students is currently in

training. The chief nursing officer has requested that these 12 midwifery students receive extensive family planning training during the four-week interval between graduation and posting in August 1986.

Two members of the INTRAH-trained in-service training team had been assigned to the School for State Enrolled Nurses eighteen months ago for a six-month period but, due to the lack of available tutors, were still there at the time of the INTRAH team's visit.

F. The Gambia College

The INTRAH team visited the School of Nursing and Midwifery and the School of Public Health which are part of The Gambia College. The two schools are located in Banjul while two other schools of the college, Agriculture and Education, and the Administration Department are located at Yundum about 20 miles from Banjul.

Through discussions with the tutors in charge of the Nursing and Midwifery School, the INTRAH team ascertained that both programs have family planning components. The nursing program prepares students to provide education, motivation and referral of clients to service centres. The midwifery program, however, prepares midwives to provide a full range of services including IUD insertion. Learning experiences include ten hours of theory and six weeks of practice which is obtained at both The Gambia Family Planning Clinic at Kanifing and Royal Victoria Hospital (RVH). Interviews with several of the graduates indicated that the clinical experience at RVH, especially within the last two years, has proven to be very useful (see Appendix C for School of Nursing and Midwifery curriculum).

In the School of Public Health, public health inspector students also receive family planning information, mainly on contraceptive methods. However, the INTRAH team was unable to determine how this information is used in the field.

Although the registrar of the College had expressed a need to incorporate a family planning component into the Schools of Agriculture and Education curricula, the vice principal, who is also the principal of the School of Public Health, cited a need for a policy statement requiring such modifications in the curricula. He noted that although the National Family Planning Program Plan requires agriculture extension workers to provide family planning information to their clients, the College has not received any directives for implementation.

G. School of Community Health Nursing, Masakonko

There are five staff at the CHN School: three are expatriates under contract with the Canadian Universities Services Organization and the Peace Corps, and two are Gambian tutors who have been at the CHN School for nine years, one being the acting principal. The tutors have not had in-service training in the past five years.

A review of the curriculum revealed a family planning component. However the INTRAH team was unable to determine how much of the content is actually taught to CHN students. The acting principal, who is responsible for implementation, was unavailable for discussion.

Clinical practica for CHN students includes observation of the nurse/midwife. CHN students do not provide client care.

H. Service Delivery Points

The INTRAH team travelled to Masakonko, Central Region, 110 miles from Banjul, on Monday, January 12, 1986. The purposes of the visit were to review the curriculum at the School of Community Health Nursing for family planning content, to review actual implementation of the family planning curriculum in theory and clinical practice for CHN students, and to visit the Masakonko Health Center to assess the extent of family planning services, preparation of staff, and adequacy of the facility for providing clinical family planning services.

The INTRAH team visited the following health centers and dispensaries:

- MOH: Masakonko Health Center
Essau Health Center
Kuntair Dispensary
Family Planning Clinic, Royal Victoria Hospital
Home of a traditional birth attendant in Kuntair, a primary health key village
- GFPA: Kanifing Clinic
Masakonko Clinic

In these health facilities the INTRAH team met with and observed nurses, nurse/midwives, a dresser, TBAs, and a field worker for the GFPA.

1. Masakonko Health Center

The health center provides a variety of services:

- antenatal
- delivery
- child welfare
- general out-patient
- treatment for leprosy and tuberculosis

Postnatal mothers bring their infants to the center for immunization; however, no services are given to the mother. Contraceptive supplies and records were in a locked cabinet and were, therefore, unavailable for inspection.

The center reported an average of two family planning clients per month and the nurse/midwife apparently prefers to refer clients to a nearby GFPA clinic.

The nurse/midwife superintendent and the dresser were participants in an INTRAH-sponsored maternal assessment and family planning workshop in 1982.

2. Gambia Family Planning Association Clinic

Less than one quarter of a mile from the health center is a GFPA clinic to which the nurse/midwife refers family planning clients. Staff at the GFPA clinic reported 80 client encounters for the month of December 1985. A nurse/midwife visits the clinic weekly to serve those clients who request IUD insertion; otherwise, a full-range of services is available.

3. Essau and Kuntair Dispensaries, Banjul

A visit to Essau Health Center and Kuntair Dispensary revealed that family planning services are not available there. Two TBAs were encountered in a primary health care "key village." They have yet to be supplied with contraceptives for distribution to villagers, although they received training in contraceptive technology.

4. Royal Victoria Hospital Family Planning Clinic

The INTRAH team visited the Royal Victoria Hospital Family Planning Clinic which is run by an experienced nurse/midwife who is a former member of the INTRAH-trained MOH in-service training team. She provides a full range of family

planning services from Monday through Saturday. From the clinic records the INTRAH team learned that there were 800 new acceptors in 1985 as compared to 901 new acceptors in 1984.

The nurse/midwife pointed out that one member of the GFPA works in the clinic and has first contact with clients. Responsibilities include: interviewing clients, recording histories, and data collection for a survey on women who discontinue use of Depo Provera.

A clinical practicum is offered to four student nurse/midwives at one time for a three-week period. The practicum consists of a one-week observation and two weeks of supervised practice in family planning services, including IUD insertion. The students also spend three weeks at the GFPA for supervised clinical experience.

The INTRAH team was impressed by the capability of the nurse/midwife, the management of the clinic, the quality of the record-keeping system, the volume of clients, variety of methods used, and the availability of gynecologists' services.

V. FINDINGS

A. Education/Pre-Service Training

1. Curricula of all schools of nursing include a component of motivation and education of clients. Curricula of the School of Nursing/Midwifery and the School of Community Health Nursing contain, in addition to the above, a contraceptive technology module.
2. Upon graduation, SENS and SRNs are expected to refer clients for family planning services. CHNs are expected to provide clinical services in all methods except IUD insertion and Depo Provera injection. Nurse/midwives are expected to provide clients with all methods of contraception.
3. Clinical practice for SEN and SRN students consists of observation of service providers for one day in a family planning clinic.

4. CHN students' clinical practice in family planning includes observation of a nurse/midwife who reported having served two family planning clients per month. CHNs are also placed under the supervision of CHN graduates for community health experience which includes family planning services.
5. Clinical practice for nurse/midwives consists of a total of four to six weeks: three weeks in the RVH Family Planning Clinic and three weeks at a GFPA clinic. This experience enables student nurse/midwives to develop clinical delivery skills through direct client contact (or direct provision of services).
6. The CNO expressed a need to prepare the current group of graduating midwives from the SEN school in family planning clinical services. She proposed that a clinical FP skills delivery workshop be implemented in the four-month interim between their graduation in August 1986 and the time they are posted.
7. In the School of Public Health, although family planning does not appear in the curriculum, family life education lectures which include information, education and motivation of clients and contraceptive technology are presented to students under the social medicine module. The family planning role for the graduate health inspector is not defined.
8. The INTRAH-trained in-service training team has been reassigned. Two of the trainers are attached to the SEN school where they are teaching. The third trainer who is providing quality clinical family planning services at RVH Family Planning Clinic, is a clinical preceptor for student midwives, and has conducted in-service training.
9. One of the trainers may take a one year training skills course at the University of Cardiff commencing in mid-1986.
10. Four one-week in-service clinical skills delivery workshops have been implemented by the MCH Coordinator Ms. M'Boge, and Ms. Anna Bachilley, NMW, RVH Family Planning Clinic. A total of 51 CHNs participated in the activities conducted in 1985.
11. Many nurse midwives who have been trained in family planning clinical skills are not currently providing family planning services.

12. The GFPA requested inclusion of their regional coordinators in a clinical FP skills delivery workshop.
13. A Nutrition Unit representative (MOH) requested training of trainers (TOT) skills for one health inspector currently working in the Nutrition Unit.

B. Training Materials

All schools visited have outdated materials, especially books. An example of this is the book currently in use at the CHN school, Contraceptive Technology 1982-83. Book quantity is also a problem: CHN students do not have books for their personal use.

C. Service Delivery Facilities

1. Clinic facilities visited, with the exception of the RVH Family Planning Clinic, would not be appropriate for use as practicum sites for students due to spatial arrangement and lack of equipment.
2. Supervision of CHNs was repeatedly expressed to be inadequate in terms of frequency and quality.
3. At The Gambia College there is interest in including a family planning component in the curricula of the Schools of Agriculture and Education.
4. The MOH expressed interest and willingness to work with INTRAH in order to improve family planning services through strengthening pre-service and in-service family planning training.
5. The INTRAH team identified several areas in which training assistance can be provided.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. Education

1. SEN and SRN students are inadequately prepared to assume their expected role as family planning service delivery providers upon graduation from their respective schools.

It is recommended that:

- Counseling and group education practice for SEN and SRN students be broadened to include antenatal clients, new mothers at post-natal lying-in hospitals and mothers coming with children well-baby and under-five clinics.
2. Clinical practice for CHN students inadequately prepares them for delivery of family planning clinical services because:
 - a. The health center does not have enough clients requesting family planning services.
 - b. The CHN who precepts the CHN students in the field is not adequately trained to educate, initiate, and provide family planning services.

It is recommended that:

- Emphasis be placed on preparing nurse/midwives, some CHNs and other appropriate personnel to supervise CHN students during clinical practice. This will enable CHNs to provide direct, supervised services to family planning clients.
- As the demand for family planning services is low at the health center currently used by the CHN School, the school should explore the possibility of placing students at an adjacent GFPA clinic where the demand for services is greater.

3. It appears that student midwives are able to develop their clinical skills through practical training at the RVH FP Clinic under the direct supervision of the nurse/midwife, Mrs. Anna Bachilley.

It is recommended that:

- Practical training at the RVH FP Clinic be continued.

4. The CNOs' request for a clinical FP skills delivery workshop is very appropriate as an interim measure, enabling graduating midwives to be able to deliver services after posting.

It is recommended that:

- During the MOH/INTRAH project development activity this request be planned.

5. Because the role of the public health inspectors in family planning is not defined, graduates of the Public Health Inspectors School are not applying their knowledge of family planning to field experience.

It is recommended that:

- The role of the public health inspector in family planning be defined to include information, education and motivation for men and women.

6. Since one member of the INTRAH-trained MOH in-service training team is assigned to a functioning family planning clinic, and another is leaving The Gambia to pursue further studies, the members can no longer function as a team.

It is recommended that:

- A new team be formed from those service providers already trained in and committed to family planning; and
- Mrs. Anna Bachilley be utilized as a clinical preceptor.

7. Many nurse midwives who have been equipped with family planning knowledge and skills are under-utilized.

It is recommended that:

- The selection of future trainees be based on their strong potential as family planning service providers.

8. The GFPA and the Nutrition Unit of the MOH are interested in training a specified number of personnel.

It is recommended that:

- These requests be discussed with the MOH during the project development activity with a view to exploring the possibility of a joint-training plan.

B. Training Materials

All schools will benefit from updated materials.

It is recommended that:

- All schools receive substantial numbers of Family Planning Methods and Practices - Africa through USAID/Banjul; and
- INTRAH identify family planning books appropriate for use by state enrolled nurse/midwives who will be graduating in August 1986.

C. Service Delivery Skills

1. To acquire and apply FP service delivery skills the learning experience must provide quality and supervised learning and practice. There is a need to strengthen supervisory and managerial skills of personnel working in facilities used as practicum sites for pre-service and in-service trainees.

It is recommended that:

- MCH/FP clinic management and supervision of personnel and trainees be considered during the project development activity.
2. The interest shown by The Gambia College for the introduction of an FP module in the curricula of the Schools of Education and Agriculture is appropriate.

It is recommended that:

- Early discussion between the College and the National Family Planning Coordinating Body be initiated due to the preliminary steps required in modifying the curricula of the College.
3. Since a national plan for family planning exists and the MOH is willing to improve and extend service delivery, it is appropriate for INTRAH to respond positively to the MOH request for assistance.

It is recommended that:

- INTRAH visit The Gambia in April 1986 for project development purposes.
4. A clinical skills procedures manual is in the process of being developed by the GFPA and should be completed by April 1986.

It is recommended that:

The manual be reviewed to determine if it can be utilized as a standard for clinical practice throughout The Gambia.

D. Summary of Recommendations

Based on the findings, conclusions and recommendations, the INTRAH team developed a strategy for training that would ultimately improve pre-service and in-service family planning education and training for all cadres of family planning service providers. The plan was presented to the Ministry of Health, Medical and Health

Department. Attending the meeting were Dr. N'jie, ADMS; Mrs. Clara MacMason, CNO; Ms. Lelia Renner, CFTC; and the INTRAH team.

The INTRAH team proposed the development of three training teams comprised of three persons on each team. One team would be responsible for each of the following:

- revising and teaching the family planning component in nursing and midwifery pre-service education, including theory and clinical practica;
- planning and implementing in-service family planning programs for CHNs, NMWs, dressers, VHWS and TBAs, including clinical supervision; and
- providing supervision for nurse midwives, CHN's and dressers in collaboration with the regional medical teams.

E. Anticipated Outcomes

1. Students in pre-service education will acquire a firm foundation of family planning knowledge and basic clinical skills which will enable them upon graduation, to effectively provide FP services and education.
2. As a result of strengthened pre-service education in family planning, graduates will require less extensive in-service training in clinical skills delivery.
3. Through in-service training nurse midwives and CHNs will develop their capability to provide on-the-job training.
4. Each training team will conduct periodic evaluations of trainee performance on the job.
5. Training teams will provide a link between pre-service and in service education.

F. INTRAH's Input to Prepare Training Teams

It is anticipated that nine trainers may require the following:

- Clinical skills delivery workshop.
- TOT workshop, including curriculum development and clinical supervision skills.
- Management, supervision and evaluation workshop.

Following this, INTRAH would provide technical assistance to back up training teams when they implement their training programs.

The INTRAH team acknowledged that certain risks exist:

- Numbers of family planning clients appear to be insufficient to provide adequate learning experiences for trainees.
- The training team may be absorbed elsewhere.
- Current manpower may be insufficient to provide three training teams.
- Transportation for supervision may be inadequate.

G. Response from MOH Team

In theory the recommendations were acceptable, but because of staffing shortage, it is impossible to create three teams in the next five years. It will, however, be possible to establish one team who will be attached to the MOH in Banjul. It is anticipated that this team will be mobile in order to cover three regions.

Whereas this team would initially focus on family planning, the MOH anticipates that in the long term the team will provide training in MCH-related activities

and that the team will be part of the National Family Planning Program.

Three team members will be identified within one month. At the same time seven nurse midwives who are currently located in rural areas and who have shown interest in establishing family planning services will be identified and assisted in provision of increased family planning services. They will be candidates for INTRAH training in order to prepare them as clinical preceptors.

A major public information and education plan is about to be implemented by the government. It is anticipated that as a result of this campaign the demand for family planning services will increase.

The MOH team expressed a desire to initiate training activities as soon as possible. The MCH coordinator will be the principal coordinator for INTRAH activities.

The outline on the following page summarizes the scope of a potential training project based on needs assessed by the INTRAH team:

	<u>ACTIVITY</u>	<u>POTENTIAL PARTICIPANTS</u>
1.	Clinical FP Skills Delivery workshop (or Update): 1 (to include skills for clinical precepting)	3-member FP training team 7 nurse/midwives
2.	Clinical FP Skills Delivery workshop: 2	12 SEN graduates each workshop
3.	TOT, Curriculum Development workshop: 1	3-member training team 2 tutors CHN School 1 SRN
4.	Management/Supervision/Evaluation workshop: 1	3-member training team 7 nurse/midwives
5.	Management workshop: 1	5 GFPA regional coordinators
H.	<u>Agreements and Next Steps</u>	

The MOH and INTRAH teams agreed that an INTRAH team will return on April 7, 1986 to begin project development activities with the MCH coordinator and members of the identified training team.

The INTRAH team will send requirements for preparation to the Director of Medical Services, copied to the CNO, MCH coordinator and nursing advisor from the Commonwealth Fund for Technical Cooperation (CFTC).

INTRAH will develop a pre-test for selected trainers and nurse midwives. The pre-test will be administered by the MOH and the results will be utilized to guide planning for training activities.

All correspondence will be addressed to the Director of Medical Services, copied to the CNO, nursing advisor from the CFTC, and MCH coordinator.

INTRAH will contact Margaret Sanger Center in order to coordinate training activities and avoid duplication.

ADDENDUM

In an effort to coordinate activities with the Margaret Sanger Center (MSC), INTRAH Program Officer Ms. Teresa Mirabito contacted Ms. Suzanne Theroux, Deputy Director of MSC upon her return in February.

In discussing each organization's proposal, similarities were identified in the areas of training strategy and content. INTRAH learned of MSC's proposal to conduct a family planning clinical skills/training of trainers workshop in Banjul. Details of the workshop and final arrangements will be completed during a needs assessment visit to The Gambia by Ms. Theroux in March 1986. In order to avoid potential duplication of effort, INTRAH postponed further project development activities, including the proposed April visit to The Gambia, pending the outcomes of Ms. Theroux's visit in March.

Outcomes of Margaret Sanger Center Needs Assessment Visit

Following the MSC needs assessment visit the MOH and MSC agreed that UNFPA funds would be utilized to sponsor a three-week family planning clinical skills/training of trainers workshop in June/July 1986. Participants will be 15 nurse midwives who supervise community health nurses (CHNs) and a community-based distribution project. All 15 participants will be selected on the basis of having had prior family planning training.

It is anticipated that by the end of the three-week family planning clinical skills/training of trainers workshop the 15 nurse midwives will:

1. have prepared a curriculum guide outline;
2. be prepared to clinically precept CHNs; and
3. be able to provide informed in-service family planning training for CHNs and other family planning service providers.

INTRAH's Role and Next Step

Dr. N'Jie and Ms. M'Boge have expressed their interest in having INTRAH conduct the following activities: 1) management training for regional public health nurses and supervisors of CHNs, and 2) revise the family planning curriculum in all pre-service nursing schools.

INTRAH will visit The Gambia June 16-27 in order to develop a training project.

APPENDIX A

Persons Contacted/Met

USAID

Mr. Byron Bahl, Senior AID Representative to The Gambia

Ms. Joyce Holfeld, Regional Population Advisor, REDSO/WCA/
Abidjan

Mrs. Aida Ceesay, Assistant to Population Officer, REDSO/WCA
Abidjan

Ministry of Health, Medical and Health Department

Dr. Hatib N'Jie, Assistant Director of Medical Services

Mrs. Clara MacMason, Chief Nursing Officer

Mrs. Bertha M'Boge, Coordinator, Maternal/Child Health
Services

Ms. Florence Bahou, Assistant to Maternal Child Health
Coordinator

Commonwealth Fund for Technical Cooperation

Ms. Lelia Renner, Nursing Advisor

The Gambia College:

School of Registered Nursing
Mrs. Rachel Palmer, Principal

School of Nurse Midwifery
Ms. Rachel Roberts, Tutor

School of Public Health
Mr. N'jai, Principal

School for State Enrolled Nurses

Mr. Thomas King, Tutor

Mrs. Fatou N'dow Juwara, Tutor

School for Community Health Nurses, Masakonko

Mr. Y. Danso, Community Health Nurse/Tutor

Ms. Catherine Hohl, Peace Corps Volunteer/Tutor

Ms. Lynn Brown, Peace Corps Volunteer/Tutor

Ms. Joan Woodside, Canadian Universities Services
Organization

Service Delivery Facilities:

Royal Victoria Hospital, Family Planning Clinic
Ms. Anna Bachilly, Nurse Midwife

Masakonko Health Center
Ms. Marie Jaith, Nurse Midwife

Essau Health Center
Mr. Mansour Loum, Dresser

United Nations Funds for Program Activities (UNFPA)

Mrs. Grace Camara, Program Officer

The Gambia Family Planning Association (GFPA)

Mr. Tunde Taylor Thomas, Executive Director

B. Goree-Ndiaye, Ph.D, Programme Director

Mrs. Adama Dabo, Nurse Midwife

Ms. Fatou Gaye, Community Health Nurse

World Bank

Population, Health, Nutrition Department

Dr. Anthony Measham, Health Advisor

Mr. Grant Sinclair, Project Officer

Ms. Cathy Fogle, Research Assistant

APPENDIX B

FAMILY PLANNING CURRICULUM

FOR

PUPIL MIDWIVES

SCHOOL OF NURSING, GAMBIA COLLEGE
BANJUL

ROYAL VICTORIA HOSPITAL
STATE ENROLLED NURSES SCHOOL
BANJUL, THE GAMBIA

Midwifery Training Programme for
Qualified State Enrolled Nurses

INTRODUCTION

It became obvious that the Royal Victoria Hospital was finding it almost impossible to provide the required nursing care or services needed in both the general and the obstetrics and gynaecological sections of the hospital, due mainly to the acute shortage of trained nurse midwives, especially the high attrition rate among midwives.

Due to this situation, the State Enrolled Nurses have found themselves in situations, both in the Royal Victoria Hospital and the other health institutions in the country, where they have to deliver babies and carry out maternal and child health care independently.

Since they were not originally prepared for such functions independently, it has become necessary to give them additional training in midwifery to equip them to perform this efficiently. Most of them are willing, devoted and practical nurse orientated.

After much consideration and discussions between the Ag. Director of Medical Services and the committee appointed by the Ag. DMS it was decided that the training could be done in 9 months.

CURRICULUM

Philosophy

In addition to the philosophy of the SEN training we believe:

1. That the State Enrolled Nurse can best provide maternal and child care by being provided with additional training in midwifery.
2. That they will have the ability to perform their functions independently, or with minimal supervision, working in cooperation with their colleagues, other members of the health team, families and community members for the achievement of better family health.
3. That they should be adequately remunerated in commensurate to their added functions.

4. That they should be protected by law and respected within their own rights.

General Objectives

At the end of this training the State Enrolled Nurses will be able to:

1. Utilize their previous basic nursing training and their knowledge of midwifery and family planning to:
 - a. give safe effective maternity care to the expectant mother and her family through the obstetric cycle; and
 - b. recognize abnormal obstetrical conditions and seek prompt medical care and treatment where indicated to prevent maternal and infant morbidity and mortality.
2. Cooperate with her colleagues, community members and other members of the health team in providing comprehensive (ie. preventive, promotive, curative and rehabilitative) maternity care for the expectant mother and her family.
3. Develop the habit of continuously seeking to improve themselves through continuous education and participating in nursing and community activities.
4. Develop basic research appreciation through the use of safe methods in nursing the expectant mother and her family.

Course Description

The period of training is 9 months, excluding sick or special leave. The course is arranged in 3 (three) phases. Each phase is considered a pre-requisite for the next and must be fulfilled and passed.

The first phase for the first group is preceded by an introductory period of 1 (one) month to prepare them for training again. At the end of this period the number that will actually continue with the training will be established.

Subsequent groups who have already had this exposure may be able to complete this introductory phase in a shorter period.

Phase I	Normal Midwifery	3 months
Phase II	Abnormal Midwifery	3 months
Phase III	Maternal and Child Health and Family Planning	3 months

Theoretical and practical teaching is concurrent. There is more practical teaching than theory. Close supervision is given to develop good habits, correct errors and strengthen weaknesses. Students are encouraged to participate fully in their own learning process.

Teachers are drawn from the SEN School, the practice areas (senior nurse/midwives, obstetricians, paediatricians) and others willing to assist, including visitors from outside.

Practical areas include:

- Royal Victoria Hospital
Maternity Unit (wards and clinics)
Family Planning Clinic
- Banjul MCH Clinics
New Street Clinic
Leman Street Clinic
- Mobile MCH Clinics
Bakau
SereKunda
Sukuta
Brufut

	<u>Duration</u>	<u>Hours Theory</u>	<u>Hours Practicals</u>
Phase I Normal Midwifery	3 months	60	240
Phase II Abnormal Mid-wifery	3 months	60	240
Phase III MCH and Family Planning	3 months	60	240

EVALUATION

Evaluation is ongoing.

1. Class tests
2. Clinical assessment
 - a. Patient Study Care
 - b. Reports from practice areas
 - c. Record of practical experiences

Final state evaluation comprises:

1. Written papers
 - a. Normal Midwifery - 2 hours
 - b. Abnormal Midwifery - 2 hours
 - c. MCH and Family Planning - 2 hours
2. Practicals
 - a. Viva Voce in clinical areas
 - b. Presentation of Patient Study Care

In order to qualify, consideration will be given to the following:

1. Written examinations - 50% pass in both class tests and final papers.
2. Practical examinations - 50% pass in clinical assessment and 50% in final practicals.

ONE-MONTH INTRODUCTORY PERIOD

General Objectives

1. To appraise trainees with the training programme.
2. To direct trainees into training spirit.
3. To assist trainees in obtaining knowledge
4. To give trainees a pre-test to assess their repertoire in Midwifery, MCH and Family Planning.

Specific Objectives

At the end of this period the trainees will be able to:

1. Obtain information and relevant documents on training.
2. Construct themselves into training.
3. Communicate through the proper channel and discover the administrative matters pertaining to them.
4. Appraise themselves with their initial repertoire and make their decisions on training.

Course Content

Outline of training
 Orientation of training
 Channel of communication
 Administrative matters - Department, General Orders

Teaching/Learning Activities

Talks
 Discussions
 Visit to practice areas
 Written tests
 Individual interviews and counselling

PHASE I - NORMAL MIDWIFERY - 3 MONTHS

General Objectives

To assist trainees gain and develop enough knowledge, skills and attitudes to give efficient care and advice to prenatal mothers, conduct normal labour and give care and guidance to mothers and babies during the postnatal period.

Specific Objectives

At the completion of this phase the trainees will be able to:

1. Describe and diagnose pregnancy
2. Record antenatal history
3. Perform antenatal physical and abdominal examinations and clinical tests
4. Give health talks to pregnant women
5. Administer routine medications and immunizations to pregnant women
6. Distinguish normal labour
7. Conduct normal labour
8. Give postnatal care to mothers and babies

Course Content

1. Conception process:
 - a. Review female and male reproductive anatomy and physiology and products of conception
 - b. Diagnosis of pregnancy
2. Prenatal care:
 - a. History taking
 - b. Clinical tests - blood pressure, weight, height, urine testing, blood examinations

- c. Physical and abdominal examinations
 - d. Health talks
 - e. Immunizations
 - f. Routine medications
3. Normal labour:
 - a. Definition/causes of onset signs
 - b. Management of labour - 1st, 2nd and 3rd stages, episiotomy and suturing
 4. Postnatal care:
 - a. Immediate care of mother
 - b. Immediate care of baby
 - c. Subsequent care of mother - nursing care, observations, records, health talks
 - d. Subsequent care of baby - care of cord, observations and records, breast feeding

Teaching/Learning Activities

Lectures

Discussions

Practical demonstrations

Observations at practice areas

Participating in activities at practice areas

Patient Care Study

Presentations

Keeping to record books

Written test and practical assessment

PHASE II - ABNORMAL MIDWIFERY - 3 MONTHS

General Objectives

1. To assist trainees build on previous knowledge of normal midwifery and to utilize this knowledge to detect minor disorders and give appropriate care.
2. To identify abnormal from normal conditions and send for appropriate assistance or send to the appropriate health personnel.

Specific Objectives

At the end of this phase and with knowledge of Phase I the trainees will be able to:

1. Evaluate women during pregnancy, labour and the postnatal period and differentiate between normal and abnormal.
2. Select the minor disorders and give adequate care and advice.
3. Identify the abnormalities, give first line management and/or refer.
4. Specify appropriate resources for referral.

Course Content

1. Minor disorders during pregnancy and management.
2. Abnormalities of pregnancy. Hypertensive conditions of pregnancy: pre-eclampsia, eclampsia, antepartum, and hemorrhage.
3. Abnormalities and complications of labour, and management of common ones: breech, multiple labour, postpartum hemorrhage.
4. Minor disorders of the puerperal mother and management.
5. Minor disorders and injuries of the newborn and management.
6. High risk mothers.
7. High risk babies.
8. Referral system in the health institutions.

Teaching/Learning Activities

Lectures and handouts

Discussions

Practical demonstrations

Participating in activities at practice areas

Patient assignment study and presentations

Keeping of record books

Assignment/selected topics for health teaching to pregnant and lactating women

Written tests and practical assessment

PHASE III - MATERNAL AND CHILD HEALTH AND FAMILY PLANNING - 3 MONTHS

General Objectives

1. To give the trainees the opportunity to build on knowledge, skills and attitudes for midwifery, to participate effectively in maternal and child health activities in the country, and to assist in family planning motivation and education.
2. Cooperate in data collection for the health department.

Specific Objectives

1. Conduct prenatal care in MCH centres
2. Conduct normal labour in these centres if necessary
3. Immunize infants according to schedule
4. Treat minor conditions in children if necessary
5. Refer serious conditions to appropriate authority
6. Fill clinic records and data forms for onward transmission
7. Identify and motivate high risk cases for family planning
8. Educate in methods of family planning

Course content

1. Revision prenatal care
2. Revision of management of labour
3. Revision of management of postnatal mother and baby
4. Minor disorders of children (under 5) and management
5. Communicable diseases in children in The Gambia
6. Immunization schedule in The Gambia
7. High risk cases for family planning
8. Family planning methods available and used in The Gambia. Actions, contraindications, side effects, advantages and disadvantages

FAMILY PLANNING PUPIL MIDWIVES - COURSE PLAN

COURSE OUTLINE	COURSE CONTENT	EDUCATIONAL OBJECTIVE	LEARNING ACTIVITY
Reproductive Anatomy and Physiology of conception	1.1. Anatomy and Physiology of the reproductive organs (male and female)	1. Pupil will be able to list the male and female reproductive organs and describe them	Lectures/Discussions Use of charts and models
	1.2. Conception processes	2. Describe the process of conception	Lectures/Discussions Revision
Rationale for Family Planning	2.1. Health and Economic reasons for Family Planning	1. Describe the purposes and role of child-spacing in family health and health of the country	Lectures/Discussions with personnel from statistics and economic planning. Indigenous elder of the community
2.2. Basic demography and dynamics of population growth	2. Describe basic demography of the country		
2.3. Cultural and social change in the Gambia	3. Describe the role of the family in population growth 4. Describe cultural and social change affecting the family		

COURSE OUTLINE	COURSE CONTENT	EDUCATIONAL OBJECTIVE	LEARNING ACTIVITY
Family Planning methods	3.1. Contraceptives through the ages 3.2. Family Planning methods available and employed in The Gambia 3.3 How they work: advantages and disadvantages	1. Describe contraceptives used through the ages 2. List Family Planning methods available and employed in The Gambia 3. Describe the actions/advantages/disadvantages of condoms, foams, foaming tablets, creams, jellies, withdrawal, rhythm method, orals, injectable, IUD, tubal ligation and vasectomy 4. List the common side effects and contraindications	Lectures/Demonstrations Discussions/Film on methods used in family planning

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COURSE OUTLINE	COURSE CONTENT	EDUCATIONAL OBJECTIVE	LEARNING ACTIVITY
Patient Recruitment	4.1. High risk cases 4.2. Fears and Rumours 4.3. Group discussions 4.4. Patient motivation	1. Identify high risk patients and determine individual needs for family planning 2. List some of the fears and and rumours of the methods 3. Conduct group discussions 4. Identify approaches to patient motivation 5. Motivate patients to accept Family Planning	Assignment on collections of fears and rumours Lectures/Discussions Visit to various service areas to identify patients for family planning Film Show My Brother's Children

COURSE OUTLINE	COURSE CONTENT	EDUCATIONAL OBJECTIVE	LEARNING ACTIVITY
Clinic Procedures	5.1. History taking	1. Take accurate history of clients	Lecture/Discussions
	5.2. Clinical examinations	2. Conduct clinical, physical, breast and pelvic examinations on clients	Visit to Family Planning clinic Royal Victoria Hospital
	5.3. Physical examinations	3. Teach clients self-breast examination	Attachment at Family Planning Association clinic
	5.4. Breast examination	4. Insert IUD and do a strong check	
	5.5. Bi-manual pelvic examinations and speculum examinations	5. Remove IUD	
	5.6. Insertions and removal of IUDs	6. Identify any abnormalities from examinations	
	5.7. Collection of pap smears	7. Collect pap smears if necessary	

COURSE OUTLINE	COURSE CONTENT	EDUCATIONAL OBJECTIVE	LEARNING ACTIVITY
Patient Instruction	6.1. Instruction to client in proper use of method selected	1. Demonstrate the use of methods to client 2. Instruct client in the use of method	
Follow-Up Procedure	7.1. Patient Reassurance Mild side effects and referral to doctor 7.2. Continuity of contraceptive use 7.3. Follow-Up of defaulters	1. Reassure patient on method used 2. Treat mild side effects 3. Refer anything other than a mild side effect to doctor 4. Go over the use of method with clients each visit 5. Encourage clients to continue use of method if suitable 6. Instruct clients to report any ailments at the clinic without delay 7. Identify clients who fail to attend clinic 8. Conduct follow-up visits	