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Trip Report

0-368

Travelers: Miss Pauline Muhuhu, INTRAH/ESA Director
Ms. Asuncion Eduarte, INTRAH Consultant

Country Visited: PAPUA NEW GUINEA

Date of Trip: March 28 - April 17, 1987

Purpose: To follow up IMCH trainees and provide technical assistance in development of job descriptions and FP service standards.

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LIST OF ABBREVIATIONS

APO	Aide Post Orderlies
CHN	Community Health Nurse
CHNS	Community Health Nurse Supervisor
EHP	Eastern Highlands Province
HEO	Health Extension Office
IMCH	Institute of Maternal and Child Health
IST	In-service Training
NCD	National Capital Department
OIC	Officer-in-charge
PHC	Primary Health Care
PHEO	Provincial Health Extension Officer
PHO	Provincial Health Office
PNO	Provincial Nursing Officer
PNG	Papua New Guinea
PST	Pre-service Training

EXECUTIVE SUMMARY

INTRAH/ESA Director Miss Pauline Muhuhu and INTRAH Consultant Ms. Asuncion Eduarte visited Papua New Guinea March 28-April 17, 1987. The purposes of the visit were to: (1) conduct a follow-up of INTRAH/IMCH trainees of the clinical skills workshop conducted in Manila July-August 1986; (2) assist the Department of Health in development of family planning job descriptions and family planning service standards; and (3) review a training proposal for Eastern Highlands Province.

All assignment objectives were met. The team conducted a three-day follow-up workshop for five of eight trainees in Port Moresby; conducted clinical competency assessment on four of the five participants; developed job descriptions for five categories of health workers and family planning service standards in five areas. The family planning service standards and job descriptions were developed with a task force of five, including two participants who are competent in family planning service delivery and who have been providing family planning services since training. The job descriptions were reviewed by several health workers in Port Moresby and Eastern Highlands Province and amendments made accordingly.

Detailed knowledge and skills levels required for family planning service providers, supervisors and potential trainers, and learning/training opportunities were assessed in Eastern Highlands Province. Major findings included knowledge gaps, outdated information and inadequate skills among those providing family planning services. No site was found adequate to provide learning experiences for clinical skills training. The provincial office is very interested in improving and expanding family planning services and seeks technical assistance to do so.

A project proposal to train 97 persons in the following areas was developed with INTRAH technical assistance:

- a. clinical skills (10 out of country)
- b. education and motivation skills for family planning (40 nurses' aides)
- c. orientation and contraceptive update (37 from government and missions)
- d. records, recording and follow-up systems (10 health centres and hospital clinics)
- e. family planning information (20 aide post orderlies)

SCHEDULE OF ACTIVITIES

- March 24** Miss Muhuhu departed from Nairobi for Manila.
- March 25** Miss Muhuhu arrived in Manila.
- Contact was made with INTRAH Deputy Director Ms. Lynn Knauff and Associate Director for Administration Mr. Ray Baker, Ms. Asuncion Eduarte, INTRAH Consultant for the assignment, and Mrs. Shirley Gideon, PNG Family Planning Coordinator.
- March 26** Miss Muhuhu, Ms. Eduarte and Mrs. Gideon developed the INTRAH team's three-week workplan for Papua New Guinea.
- March 27** Preparations.
- March 28** INTRAH team departed from Manila for Port Moresby.
- March 29** Preparations.
- March 30** Meeting with Mr. Leonard Loh and Dr. Warwick Davidson, Department of Health.
- Meeting with Mrs. Esther Vagi, Coordinator, Nursing Services Division, Department of Health.
- Meeting with Dr. Daniel Johns, Assistant Secretary, Family Health Unit, Department of Health.
- Meeting with Dr. Quentin Reilly, Secretary for Health and Dr. Johns.
- Meeting with Mr. Richard Winship, Political/Economic Officer, AAO/American Embassy, Port Moresby, and Dr. Patrick Lowry, Health/Population and Nutrition Advisor, USAID/Suva, South Pacific Regional Development Office.
- March 31** Meeting with Dr. Johns and Mr. Loh.
- Meeting with Dr. Johns and Training Unit Coordinator Dr. Isaac Ake.
- Meeting with Dr. Johns and Dr. Sialis, First Assistant Secretary, Primary Health Care Unit, Department of Health.

- Prepared for workshop.
- April 1-3** Conducted follow-up and clinical assessment of clinical workshop participants.
- Discussions with Mr. Westley Malesa, Assistant Secretary, Western Province.
- April 4-5** Analysis of follow-up and clinical assessment.
- April 6-7** Drafted job descriptions and family planning service standards.
- April 8** Traveled to Goroka, Eastern Highlands Province.
- Briefing meeting with Acting Assistant Secretary Dr. Leonard Kaupa and Provincial Nursing Officer Ms. Julie Liviko, EHP.
- April 9** Visited Watabung Sub-Health Centre, Asaro Health Centre and Goroka Hospital Clinic.
- April 10** Meeting with Provincial Minister for Health, EHP.
- Visited Henganofi and Kainantu Health Centres.
- April 11** Analysis of visit findings.
- April 13** Meeting with Ms. Liviko.
- Meeting with Community Health Nurse Supervisor for Goroka and Luka Districts.
- Meeting with Ms. Lilian Siwi, Principal, College of Nursing and Ms. Mai Avua, IST Coordinator, Goroka.
- Discussion of training plans with Provincial Nursing Officer and Acting Assistant Secretary.
- April 14** Meeting with Provincial Health Extension Officer, EHP.
- Drafted project proposal.
- Departed for Port Moresby.

- April 15** Prepared for debriefings.
Meeting with Dr. Taufa, Assistant Secretary,
Urban Health Services, National Capital
Department, Department of Health.
- April 16** Debriefed with Dr. Reilly.
Debriefed with health team representing
Policy and Planning, Family Health, Primary
Health Care and other training units.
- April 17** Departed for Manila.
- April 18** Wrote report at Manila Hotel.
- April 20** Miss Muhuhu departed for Nairobi.

I. PURPOSE OF THE TRIP

The purpose of the trip was to conduct a follow-up evaluation of IMCH trained participants and to provide technical assistance to the Ministry of Health in the development of family planning service standards and family planning job descriptions.

The major objectives were to:

1. Assess the outcomes following training of eight Department of Health staff who attended the IMCH Physician/Nurse/Health Extension Officers Team Training in Clinical Contraception Workshop in Manila during July/August 1986.
2. Assist members of the IMCH-trained team from Popondetta Province and other officials of the Department of Health in the development and/or refinement of family planning service standards and family planning job descriptions.
3. Review the family planning training proposal in Eastern Highlands Province and discuss with the Department of Health and AAO/Port Moresby and USAID/Suva future steps and/or training activities INTRAH should take to assist the Department of Health.

II. ACCOMPLISHMENTS

- A. The team conducted several briefing and debriefing meetings with personnel from the Department of Health, Port Moresby and Goroka, and at the AAO/American Embassy.
- B. A visit was made to Port Moresby Hospital to assess and make arrangements for clinical assessment of the INTRAH/IMCH workshop participants.
- C. A three-day follow-up workshop was conducted in Port Moresby for five participants of the IMCH workshop. During the same period, four of the participants were assessed for FP clinical competency at the Port Moresby Hospital Family Planning Clinic.

- D. The INTRAH team worked with a task force of five, including two IMCH-trained participants, the Chief Nursing Officer and a nurse from the Family Health Unit to draft family planning job descriptions and service standards.
- E. Interviews were conducted with family planning service providers in five clinics, provincial and district supervisors, one in-service and pre-service personnel in Eastern Highlands Province to identify specific gaps in family planning knowledge and skills.
- F. Five clinics were assessed for family planning training suitability. Personnel in these sites reviewed the job descriptions developed in Port Moresby. Their input was used in the second draft of the job descriptions.
- G. A family planning training project proposal to train 97 health personnel was developed for Eastern Highlands Province. Ten of the health personnel from the six districts will be trained in Manila, Philippines.

III. BACKGROUND

This was the second INTRAH visit to Papua New Guinea. INTRAH Deputy Director Ms. Lynn Knauff and INTRAH consultants Ms. Asuncion Eduarte and Dr. Chita Quitevis conducted a training needs assessment at the request of USAID/Suva February 4-15, 1986. (See INTRAH Report #0-252.) Following this visit four nurses and four Health Extension Officers from Popondetta, Milne Bay, Western and Wewak Provinces were trained in family planning service delivery skills at IMCH/Manila.

During the needs assessment visit in February 1986, Eastern Highlands Province was identified by the Department of Health, Port Moresby as a potential pilot province for INTRAH to develop training capability for family planning. However, the province was not represented at the IMCH/Manila training.

The INTRAH team of Miss Pauline Muhuhu and Ms. Asuncion Eduarte visited Papua New Guinea to follow up the IMCH-trained participants and assist the Department of Health in development of family planning job descriptions and service standards.

IV. DESCRIPTION OF ACTIVITIES

A. Briefings/Meetings

Discussions were held with the Secretary and Assistant Secretaries for Public Health Care, Family Health, Training Policy and Planning at the beginning of the assignment to familiarize the INTRAH team with the situation. Discussions were also conducted with Mr. Robert Winship, Political-Social and Economic Officer, AAO/American Embassy and Dr. Patrick Lowry, Health and Population Officer, USAID/Suva, who was visiting Port Moresby. It was agreed that the INTRAH team would visit Eastern Highlands Province to explore possibilities for development of a family planning training project.

B. Follow-Up Workshop and Clinical Assessment

A three-day workshop was conducted with five of eight IMCH-trained nurses and Health Extension Officers. It was decided to conduct the workshop in Port Moresby as it was not possible for the INTRAH team to visit all trainees at their worksites, which are scattered throughout the country. During the workshop, a Post-

Test, a Self-Assessment Questionnaire and an INTRAH Biodata form were administered with the following results:

Self-Assessment for Clinicians (HEOs and Nurses)

a. Summary Statements:

- Five respondents completed the self-assessment form (three Health Extension Officers and two nurses).
 - Of the five respondents, four have the same job designation as prior to the IMCH workshop; one HEO was designated OIC of the Communicable Disease Control Unit in the reorganization of the Provincial Health Department which took effect soon after he returned from Manila.
 - Two HEOs are based in the clinic/health center without patient surgery and two nurses are based in the hospital clinic.
 - All the respondents indicated that their knowledge and skills in family planning improved as a result of the IMCH/INTRAH training.
- b. The performance of respondents before and after training for new acceptors and continuing acceptors in their clinics is summarized below:

	<u>New Acceptors</u>		<u>Continuing Acceptors</u>		
	None, 1-5,		None, 1-5, 20-40, Over 40		
Before Training	2	2	2	1	1
After Training		4	2	1	1

Reasons reported for the increase of acceptors were:

- One HEO has increased the number of days for provision of family planning services to Monday through Friday every week which he implemented after training; three others have one family planning session for a half day per week.
- Other health staff are encouraged to motivate and refer clients to family planning services.
- Clients are confident.

- c. Services/activities currently being provided by all the respondents which were not provided before training are as follows:
- physical assessment
 - dispensing oral contraceptives
 - decision of who should receive hormonal contraception
 - pelvic examinations: speculum; bimanual
 - IUD insertion, removal
 - IUD counseling and referral
 - infertility counseling and referral
 - NFP counseling and instruction
- d. Services provided before training and currently being provided are:
- general MCH counseling
 - post-natal care
 - intrapartum care
 - pre-natal care
 - STD screening and referral
 - STD diagnosis and treatment
 - managing side effects of injectibles
 - general contraceptive counseling and referral
 - dispensing and counseling for foam and condoms
- e. All the respondents indicated the following equipment/commodities are available in their clinics:
- speculum
 - uterine sound
 - gloves for bimanual exam
 - more than one type of oral contraceptive
 - working scale
 - private space for physical assessment
 - working blood pressure cuff
 - working stethoscope
 - system for sterilizing equipment
 - iodine for sterilizing IUD
 - IUD supply: three respondents said they have only one size of IUD (Size D); one has all sizes after checking out supplies in the stock.
- f. The majority (3 of 4) of respondents did not have protocols in the work area as listed in question #18 of the self assessment questionnaire.

g. Clinical Assessment

Five participants took the same post-test they completed at the end of the IMCH workshop. The scores indicated knowledge loss ranging from 7% to 17%. Four participants were assessed in family planning clinical performance in Port Moresby (one participant did not present himself for this assessment). Assessment involved management of a new acceptor, demonstration of IUD insertion and removal on a model, and role play with the interviewer to assess the clinician's relationship to a client, and ability and accuracy in client instructions.

Results of post-test and clinical assessments were as follows:

	Post-Test I End of Course (100%)	Post-Test II Follow-Up (100%)	Knowledge Loss	Clinical Assessment
Ruth Baloiloi	88%	80%	9%	36%
Desak Drarit	94%	78%	17%	58%
Pilikesa Lakatani	95%	88%	7%	Not assessed
Sonai Uduru	83%	74%	11%	39%
Koiparu Kuia	91%	80%	12%	78%

Participants noted that in addition to new areas where they have lost knowledge, the same errors in responses given following the IMCH workshop were repeated. The two participants with a score of 50% and above in clinical assessment are the only two who have constantly provided family planning services since completion of training.

h. Family Planning Job Functions and Standards

During the three-day workshop, participants formulated the major job descriptions for three categories of health personnel and identified five major areas in family planning service for which standards were required.

A task force of one HEO (IMCH-trained) and four nurses (one IMCH-trained, two from the Family Health Unit and one from the Port Moresby Hospital Family Planning Clinic) finalized the first draft of the job descriptions and drafted the family planning service standards. The draft family planning service standards were presented to various health personnel in Port Moresby and Eastern Highlands Province for review and comment. Job descriptions for nurses, nurses' aides, and aide post orderlies were accepted without any changes. However, the job description for Health Extension Officers' was revised based on feedback from these reviews. Family planning service standards are to be distributed and used in Madang, Enga and Central Provinces where UNFPA has on-going family planning projects.

C. Needs Assessment in Eastern Highlands Province

Interviews were conducted with health personnel in Goroka Hospital Family Planning Clinic, College of Nursing, Asaro, Kainantu and Henganofi Health Centres and Watabung Sub-Health Centre. The purpose of the interviews was to assess knowledge of family planning service delivery providers; obtain information regarding family planning service delivery problems and roles of various cadres of health workers in provision of family planning services; and to assess opportunities for clinical training/learning

experiences. Several learning needs were identified and a training proposal to meet the deficiencies was developed (see Appendix F). Due to inadequate learning opportunities at the Sub-Health Centre level, the project will aim at developing personnel at the health centre and hospital levels to provide efficient family planning services and generate family planning demand. When family planning services in these areas are well established, consideration can then be made to conduct in-country clinical skills training for Sub-Health Centre Staff.

D. Debriefing Meetings

The INTRAH team held debriefing discussions in Port Moresby with:

- a. the Secretary for Health, who expressed satisfaction with the training plan and advised INTRAH to work closely with the Policy and Planning Unit in preparation for contract negotiation.
- b. the Department of Health team, comprised of Dr. Warwick Davidson, Policy and Planning, Dr. Levis Sialis, Primary Health Care, Dr. Isaac Ake, Training, Ms. Esther Vagi, Nursing Services, and Mrs. Shirley Gideon, Family Health. During this meeting it was agreed that:
 - family planning service standards developed during the visit would be tested in the three UNFPA project provinces facilitated by the Family Health Unit personnel and Ms. Vagi.
 - The Department of Health will begin to standardize the record-keeping system in preparation for a workshop on record-keeping and client follow-up.

E.. Next Steps for Action

1. The Assistant Secretary for Health, EHP, will submit the family planning training project proposal to the Secretary for Health, Port Moresby for approval by May 23, 1987.

2. INTRAH and the Department of Health will begin exploring the mechanism of contracting for the project.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Findings/Conclusions

1. Of the five participants assessed:
 - ° only two are providing family planning services on a regular basis;
 - ° two have inserted and removed IUDs;
 - ° one has reorganized services in the clinic to allow provision of services on a daily basis;
 - ° bi-manual pelvic examination has never been performed by all of the participants;
 - ° all participants indicated the need for intensive health education of the public to increase demand for family planning services; and
 - ° Of the three participants not contacted, the INTRAH team was informed that two have not been in a position to provide services since training.

In conclusion, this group of trainees has not utilized their skills for which they were trained and those providing services are doing so inadequately. The knowledge and skills are therefore lost as demonstrated during clinical assessment.

Recommendations

1. Provincial Health Offices in the areas where these participants are based should conduct follow-up and provide opportunity to allow the participants to utilize their family planning skills and knowledge.

The Department of Health, Port Moresby should communicate these findings to the provincial offices.

2. For future training, a selection criterion for training should be set that ensures that trainees will be placed in a position to provide services for at least two years following training.

Findings/Conclusions

2. Of the five clinics visited in Eastern Highlands province:
 - ° family planning services are provided by nurses one half day a week, except Kainantu, which offers services four days a week.
 - ° family planning acceptance rate is quite low compared to antenatal attendances.
 - ° nursing personnel providing family planning service have not received any in-service training in family planning except for one five-day workshop. They were found to have gaps in knowledge, possess outdated information and to be deficient in skills which would enable them to provide comprehensive family planning services. Some personnel have misconceptions that inhibit their ability to serve clients effectively. There is therefore a need to train and update knowledge of those providing family planning services; and to embark on client education and motivation for family planning to increase the demand for family planning services.

Recommendations

3. Clinic personnel should use opportunities available in antenatal and children's clinics, in-patient wards and community locales in villages around the clinic to conduct family planning education.
4. IEC training should be provided for nurses' aides and APOs to enable them to conduct small group family planning education.
5. Clinical skills training should be conducted for at least one person from the district health centres (nurse or HEO) in order to strengthen the quality of family planning services.

Findings/Conclusions

- In both pre-service and in-service training, it was noted that specific skills to be developed were not defined.

PST and IST should, therefore, plan to strengthen existing family planning components and specify skills to be developed for each group.

- There are three variations in what is taught regarding instructions to clients in the use of oral contraceptives, especially on what to do if the woman forgets to take her pills.

- Aseptic technique practices were found to be below acceptable standards despite availability of facilities.

- Records and record-keeping systems do not allow adequate information for client follow-up and use of clinic statistics for planning family planning services.

Recommendations

6. Preparation for strengthening the family planning curricula should begin with training the family planning IST trainer (based at the College of Nursing) together with the PST tutor responsible for the family planning component in clinical skills.
7. There should be standardization in clinical skills training with updated materials. Health offices should attempt to get more up-to-date family planning literature. INTRAH should provide some books to Kainantu Health Centre, EHP Provincial Health Office, College of Nursing, Goroka and Port Moresby Family Health Office.
8. Supervision in aseptic technique practices should be intensified by the provincial health office to ensure reduction of potential for infection, especially in service delivery and IUD insertion.

Findings/Conclusions

- Of all the sites visited, only Goroka Hospital Family Planning Clinic and Kainantu Health Centre had a complete set of equipment necessary for IUD insertion. There was only one size of Lippes Loop, size C or D, in any clinic.

- The Provincial Health Office staff demonstrated interest and enthusiasm in increasing and improving family planning services. Attempts have been made in the province to provide 5-day family planning orientation workshops for staff but this is inadequate to develop clinical skills. The College of Nursing gives 10 hours of family planning education in pre-service but opportunities for practice are not available for trainees.

- Provincial health staff and service providers are aware of the training needs but lack technical expertise to meet them.

Recommendations

9. Various sizes of Lippes Loop and/or CUT 380A should be made available to all clinics.

10. INTRAH should provide technical assistance to Eastern Highlands Province in developing a cadre of health personnel capable of providing comprehensive clinic-based family planning services and community education for family planning. Such training should initially aim to improve family planning service demand and service delivery at the district health centre level and then proceed to the sub-centre level.

Training should also address the development of a family planning service delivery system at the district level, and strengthening supervision at the provincial level.

11. Due to inadequate clinical skills training/learning experiences at the provincial level, the first family planning clinical skills training should be conducted outside PNG.

APPENDIX A
PERSONS CONTACTED/MET

APPENDIX A
PERSONS CONTACTED/MET

Department of Health, Port Moresby

Department of Health
P.O. Box 3991
Boroko, NCD, PNG

- Dr. Quentin REILLY, Secretary for Health
Dr. Levi SIALIS, First Assistant Secretary, Primary Health Care Unit
Dr. Daniel JOHNS, Assistant Secretary, Family Health Unit
Dr. TAUFA, Assistant Secretary, Urban Health Services National Capital Department of Health
Dr. Warwick DAVIDSON, Coordinator for Policy, Planning and Evaluation
Mrs. Esther VAGI, Coordinator, Nursing Services Unit
Dr. Isaac AKE, Coordinator, Training Unit
Mrs. Shirley GIDEON, Family Planning Coordinator, Family Health Unit
Mr. Leonard LOH, Health Extension Officer, Policy and Planning Unit
Mr. Fred ASIS, Senior Accountant
Ms. Miriam BOURAGA, Port Moresby Hospital Clinic

Eastern Highlands Province Division of Health

P.O. Box 392, Goroka
Tel. 712190/711242
Telex NE 722661 Health

- Dr. Leonard KAUPA, Acting Assistant Secretary
Provincial Health Minister
Ms. Julie LIVIKO, Provincial Nursing Officer
Mr. William TAUFA, Provincial Health Extension Officer,
Ms. Lilian SIWI, Principal, Eastern Highlands Regional College of Nursing
Mr. Jack KUNTOIN, HEO, Watabung Health Centre
Ms. Jacinta EDISON, Nursing Officer I/C of Family Planning, Watabung Sub-Health Centre
J. TERRA, Nursing Officer I/C of Family Planning, Asaro Health Centre
Mr. Walter TUBAVAI, HEO, Asaro Health Centre

Mrs. Esme UNJISI, Community Health Nursing Supervisor,
Kainantu Health Centre

Ms. Josephine PADIGAYA, MCH/FP Sister in charge, Kainantu
Health Centre

Mr. K. PADIGAYA, Dean, HEO Training School, Kainantu

Dr. Carl HUDSON, Medical Superintendent, Kainantu Health
Centre

Dr. Linda HUDSON, Volunteer, Kainantu Health Centre

Elizabeth NDRASAL, Acting Sister I/C, Goroka Hospital
Clinic

Ms. Helen KASSAN, Community Health Supervisor, Goroka
Hospital

Ms. Mai AVUA, IST Coordinator, Goroka Hospital

Others

Mr. Francisco DY, Administrative Officer, WHO/Port Moresby

Mr. Bruce MCLENNAN, Coopers and Lybrand, Goroka

Mr. Westley MALESA, Assistant Secretary, Western Province

APPENDIX B
LIST OF IMCH TRAINING PARTICIPANTS INTERVIEWED

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LIST OF IMCH TRAINING PARTICIPANTS INTERVIEWED

Kaparu KUIA Family Planning Sister I/C	Division of Health P.O. Box 1 DARU Western Province Papua New Guinea
Hearstley Sonai UDURU Disease Control Officer and Acting Provincial HEO	(same)
Ruth Sinemailele BALOILOI Nursing Officer	Division of Health P.O. Bx 93, Papondetta ORO Province, PNG
Lakatani PILIKESA Health Extension Officer	R.H.C. P.O. Box 41 Losuia MBP, PNG
Desak DRORIT Health Extension Officer I/C	Division of Health P.O. Box 30, Telefomin WSP, PNG

APPENDIX C
FOLLOW-UP WORKSHOP SCHEDULE

FOLLOW UP WORKSHOP AND CLINICAL ASSESSMENT OF HEALTH
EXTENSION OFFICERS AND NURSE TEAM TRAINING IN CLINICAL
CONTRACEPTION IN THE PHILIPPINES ON JULY 14-AUGUST, 1986.

DATE: April 1-3, 1987

VENUE: Ministry of Health, Port Moresby, PNG

PARTICIPANTS: HEO and Nurse Officers trained in Skills Training in
Clinical Contraception

WORKSHOP OBJECTIVES

After the three (3) days Workshop the participants shall be able to:

1. Accomplish the INTRAH Bio-data form and the post-test to obtain information re knowledge/skills retention.
2. Demonstrate clinical skills relating to the administration of family planning contraceptives including the insertion of IUD and removal of IUD with either the use of a model or an actual client.
3. Discuss the progress in the implementation of the Work Plan developed in Manila.
4. State the problems and constraints met in the work site in the application of Family Planning knowledge and skills learned during the training.

5. Recommend job functions and tasks of health extension officers in family planning; functions and tasks of nurses in family planning services.
6. Identify areas in the delivery of family planning services needing written guidelines.

WORKSHOP METHODS

Group discussion, individual work, actual demonstration in administering clinical contraception, plenary session will be employed to achieve objectives.

SCHEDULE OF ACTIVITIES

April 1, 1987 - Wednesday

MORNING -

"Getting To Know You"

Briefing and Orientation on Workshop Objectives/
Activities

INTRAH Bio-Data Form

Post Test

Self-Assessment

AFTERNOON -

Part I

Individual Assignment:

- List activities you have done in Family Planning in your worksite after training.

- State the problems, difficulties and constraints you have met in the worksite in doing the above activities.

Part II

Group Discussion by Discipline of Individual output in Part I.

- Group I : Health Extension Officers
- Group II : Nurses

Part III

Plenary Session / Group Reporting

April 2, 1987 - Thursday

MORNING -

1. Clinical skills assessment of individual participants:
 - Either with the use of a model and/or actual performance with clients in hospital or clinic.

AFTERNOON:

- A. Individual assignment
 - o Identify areas in Family Planning services needing written guidelines.
- B. Group discussion on areas in family planning services needing written guidelines.

April 3, 1987 - Friday

MORNING:

A. Individual Assignment

1. Job functions and tasks of health extension officers in family planning services.
2. Job functions and tasks of nurses in family planning services.

B. Group Discussion On:

Job Functions of Health Extension Officers, Nurses in family planning services.

SPECIFIC OUTCOMES OF THE FOLLOW-UP WORKSHOP

1. Obtain data re knowledge and skills retention through:
 - 1.1 pre-post test
 - 1.2 observation of clinical skills
 - 1.3 actual job responsibilities
2. Progress in the implementation of Work Plan
3. List of problems, difficulties and constraints encountered in applying knowledge and skills in family planning acquired during training.
4. Suggested job functions of health extension officers, nurses in family planning.
5. Suggested areas in family planning services needing written guidelines.

APPENDIX D
JOB FUNCTION DESCRIPTIONS

APPENDIX D.1

NURSE

JOB FUNCTIONS OF A NURSE DESIGNATED TO PROVIDE FAMILY PLANNING SERVICES AND HEALTH EXTENSION OFFICERS.

In addition to other responsibilities in a clinic, health centre or health sub-centre the nurse and health extension officers will

1. PROVIDES INFORMATION ON FAMILY PLANNING TO:-

- (a) Prospective Clients - those attending MCH Clinics, Hospital and Maternity Wards.
- (b) Other Community Groups e.g. Youth Groups, Women Groups, Colleges, Secondary Schools, NGO
- (c) Co-Workers in Health Department, and other Government Departments.

2. SETS UP AND MANAGES FAMILY PLANNING CLINIC:-

- (a) Ensures privacy for the clients
- (b) Ensures minimum equipment and facilities
- (c) Maintains aseptic technics in all procedure required asepis
- (d) Maintains accurate records and record keeping
- (e) Assigns other health staff to perform specific tasks
- (f) Sets the work flow in family planning clinics

3. PROVIDES FAMILY PLANNING SERVICES TO CLIENTS:-

- (a) Conducts complete physical assessment for all new family planning clients to ensure that contra-indications in the use of a particular method are ruled out. Assessment to include:-
 - (i) history taking
 - (ii) weight, blood pressure
 - (iii) urine test for sugar and albumin
 - (iv) general assessment (systematic, nose, throat, chest, abdomen and limbs.)
 - (v) breast examination
 - (vi) bi-manual pelvic examination
 - (vii) speculum examination
- (b) Identifies and refers high risk mothers/clients
- (c) Counsels Client on method of choice
- (d) Gives out consent form
- (e) Dispenses the acceptable contraceptive method to the Client

- (f) Give instructions to client in the use of the .
accepted method.
- (g) Advises clients on teh required periodic check-ups.

4. MANAGES MINOR GYNAECOLOGICAL CONDITIONS:-

e.g. Vaginitis, Cervicitis.

5. MAINTAINS FAMILY PLANNING SUPPLIES AND EQUIPMENT:-

- (a) Takes inventory of contraceptives once every two months.
- (b) Ensures timely ordering of appropriate contraceptives
- (c) Ensures contraceptives are stored away from direct sunlight
and free from moisture.
- (d) Ensures adequate supplies of equipment sterilizing lotions
e.g. Iodine
- (e) Cleans and Services equipment
- (f) Maintains Safe Storage of equipment and Supplies.

6. FOLLOWS-UP CONTRACEPTIVE DROP OUT:-

- (a) Identify drop outs from client records.
- (b) Provides information about the client to nearest Health Centre
or Aide Post Orderlies for tracing the Family Planning Acceptors/
Nursing Aides.
- (c) Coordinates with Mobile Services for

NB: The Follow-Up plans may vary from place to place.

INTRAH / DEPARTMENT OF HEALTH

April, 1987.

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APPENDIX D.2
HEALTH EXTENSION OFFICER

FAMILY PLANNING JOB FUNCTIONS OF HEALTH EXTENSION OFFICER

In addition to providing family planning services to clients at the clinic, HEO will also conduct following functions.

A. FAMILY PLANNING ADMINISTRATIVE FUNCTIONS:-

1. Plans for integration of family planning into health centre/hospital activities/services.
2. Initiates training in family planning for other health workers and selected community groups to disseminate and communicate family planning concepts.
3. Coordinates family planning with the general health services.
4. Provides Support for family planning activities of different Cadres of Health Workers in:-
 - (a) Organizing health education activities relating to family planning
 - (b) Logistics, material and time for family planning activities
 - (c) Home visiting for education, motivation and follow-up
5. In consultation with family planning Sister maintains adequate and appropriate family planning supplies and equipment.
6. Evaluates family planning service delivery in his area

B. CLINICAL FAMILY PLANNING SERVICES: -

1. Manages Contraceptive Complications
2. Refers Complications
3. Provides Comprehensive family planning services at the clinic as described in Nurses/HEO functions.

C. FAMILY PLANNING EDUCATION:-

1. Plans, Organizes and Conducts group family planning education activities for male population
2. Plans, Organizes and Conducts
3. Follow-up and re-motivate drop out from remote areas
4. Introduce family planning in the Primary Health Care programmes

APPENDIX D.3

NURSE AIDE

FAMILY PLANNING JOB FUNCTIONS OF A NURSE AIDE

Nurse Aide trained in family planning service delivery will.

1. Provide family planning information to clients in:-

- (a) Antenatal Clinics
- (b) Maternity Wards
- (c) Childrens Clinics and
- (d) Family Planning Clinics

The family planning information will include:-

- . Family Planning Concept (What is family planning)
 - . Health benefits of family planning
 - . Types of family planning methods in use at the clinics
 - . How the available contraceptives work, their advantages and disadvantages
 - . Where and When family planning services are available
2. Identify mothers needing family planning
3. Dispense Condoms
4. Re-Supply Oral Contraceptives using a Check-List
5. Refer to the Nursing Officer the following clients:-
- (a) High risk mothers e.g. with high blood pressure, with heart disease, diabetes
 - (b) Those initiating family planning (new family planning clients)
 - (c) Those requiring IUD, Depo Provera, Natural Family Planning and Sterilization Methods
6. Follow-Up of Drop Out and Re-Motivation or Referral.

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April, 1987.

APPENDIX D.4

AIDE POST ORDERLIES

FAMILY PLANNING JOB FUNCTIONS OF AN AIDE POST ORDERLY

In addition to the functions performed by APOs at the Aide Post, APO will conduct the following activities related to family planning.

1. Provides family planning information to clients at the clinics and Aide Posts.
Information to Include:-
 - (a) What is family planning
 - (b) Health Benefits of family planning
 - (c) Types of family planning methods available in the clinics in her/his area
 - (d) Where and When family planning services are available
 2. Identifies mothers needing family planning services among the women he/she serves e.g.:-
 - (a) Mothers with many children
 - (b) Sick mothers with hypertension TB, etc
 - (c) Mothers with malnutrition or children with malnutrition
 3. Refers high risk mothers (as in 2 above) to Nursing Officer or Health Extension Officer.
 4. Follows-up family planning drop outs referred to him/her from the clinics and provides information on his/her findings to the clinic personnel.
 5. Re-motivates family planning drop-outs
 6. Refers clients requiring family planning methods to Nursing Officer at the clinic.
 7. Dispenses condoms
-

INTRAH/DEPARTMENT OF HEALTH

April, 1987.

APPENDIX E

FAMILY PLANNING SERVICE GUIDELINES (STANDARDS)

APPENDIX E.1
CLIENT EDUCATION

Client Education for Family Planning

A. Importance

- The ultimate aim of educating client for family planning is to help individuals or couples to accept family planning method and to continuously use a method to either space her pregnancy or stop childbirth.

B. Person(s) Responsible

- All health workers, i.e Health Extension Officers, Nursing Officers, Nurse Aides, Aid Post Orderlies, have responsibility in educating clients in family planning.

C. Where can Health Workers Educate Clients for Family Planning

- Every contact a health worker make will clients in the clinic, hospital community is an opportunity to educate them for family planning.
- Identify the opportunities to provide F.P information and help individuals/groups make a decision in your work setting i.e the health centre, hospital wards/departments and in the community.

Example;

Health Extension Officers, Nurses, Nursing Aides, APO, as they provide health services in:

- i) Ante-natal clinic
- ii) family planning clinic
- iii) children's clinic
- iv) wards in health centre/hospitals
- v) mobile health services
- vi) consultation and treatment
- vi) mobile clinic etc.

D. Methods of Educating Clients in F.P in different work setting

- Person to person or individual approach, i.e interviewing; giving individual instruction regarding contraceptive use; counselling for continuing use of a family planning method; question and answer or dialogue, etc.
- Group approach
- Group discussion with clients/mothers as they wait for health service in the clinic/hospital such as, ante-natal clinic, well baby/children clinic, consultation and treatment, etc.
- Village meeting/dialogue with community leaders.
- Provide printed materials if available such as leaflet, handouts, pamphlet, etc.

E. Process in Educating Clients in F.P

1. Establish rapport with the client(s)
 - Greet the client(s)/call her/them by name
 - Make clients feel at ease and comfortable
 - SMILE! make the client(s)/couples feel welcome
 - Ask how client(s) feel
2. Find out what the client(s)/couples know or heard about F.P; how she feels about F.P; what client(s) does or plan to do to space or limit family size to space or limit family size.
3. Motivate the client(s) preferably on the basis of what he/she/they recognize as a need or problem.

- i) Discuss benefits of family planning, i.e economic benefits, health benefits, family relations (husband/wife relationship, children/parent relationship).
 - ii) Focus motivation of client on the basis of client(s) perceived need.
4. Provide information on family planning
- i) Ask client(s) what family planning information he/she/they want to know, not what health workers think the client should know.
 - ii) Start discussion on dialogue on what the client(s) are interested in and/or wish to know.
 - iii) F.P information may include:
 - concept of F.P
 - different types of contraceptives: Advantages and Disadvantages
 - where to go for F.P services and schedule of F.P clinic/hospital
5. Use different teaching learning methods
- i) Discuss, show, ask questions
 - ii) Use teaching aids such as models, disgrace, samples, flip chart, etc.
6. Get reactions/response from client(s) regarding the message you have communicated.
7. Give psychological support/resource regarding the method the client(s) want to accept or has accepted.
8. Summarize important information/messages given.

APPENDIX E.2

IDENTIFICATION OF AT-RISK CLIENTS

GUIDELINES FOR IDENTIFYING HIGH RISK CLIENTS FOR FAMILY PLANNINGImportance:

1. To identify high risk as a priority group for motivation for family planning.
2. To make early referrals for medical care.

Persons Responsible for Identifying at Risk Groups:

1. Nursing officers and nursing sisters working in clinics (ANC, PNC, children's clinic, maternity ward, general wards, gynae wards.
2. Health Extension Officers in general health services.
3. Aide Post Orderlies and Nursing Aides in Aide Posts, clinics, Outpatient departments, etc.

Clients WHO Fall Under High Risk Groups:

- A. Clients with Medical Conditions Such As:
 - . Hypertension
 - . Liver Conditions
 - . Heart Conditions
 - . Diabetes Mellitus
 - . Malignant growths
 - . Communicable Diseases
- B. Clients with poor obstetrical history, e.g.
 - . Caesarean Sections
 - . Antepartum Haemorrhage (APH)
 - . Postpartum Haemorrhage (PHA)
 - . Still Births
 - . Toxaemia/Exclampsia
- C. Young primgravidæ and young couples (18 years and under).

- D. Mothers with more than 5 children
- E. Elderly mothers - 35 years and above

Whenever a health worker comes into contact with clients in any of the above categories she/he should find out if the client is practicing family planning.

If client is not practicing family planning, the health workers should educate the client on the health benefits of family planning and motivate her to visit a family planning clinic.

APPENDIX E.3

INSTRUCTIONS FOR PILL USE

INSTRUCTIONS FOR DISPENSING ORAL CONTRACEPTIVES (THE PILL)

For women wanting to have oral Contraceptives and who have no contra-indications:

1. Give her one cycle (one packet) and ask her to return after 3 weeks.
2. During second visit give her three cycles (3 packets). Give her a return date. On third visit, if she has no problems related to taking the pill give her twelve cycles and give her a return date.
3. Give her the following instructions:
 - a) Start on day 1 of the Cycle; this is the day of the bleeding. If she begins on 2nd - 5th day, the couple should use condom or abstain during the first 2 weeks. If she comes to clinic after the 5th day couple should use condom or abstain until next period and wait until next period to start the pill.
 - b) Take one pill each day at the same time even if partner is not at home.
 - c) Period often comes when taking the red/brownish pills.
 - d) Always start a new packet the day after finishing the packet she is on even if she has not bled.
 - e) If she forgets one pill, take one as soon as she remembers and take the regular pill at the regular time.

- f) If she misses two pills. take two as soon as she remembers and one the next day.
- g) Bring her packet of pills with her during her next visit to the clinic.
- h) Mention that she is on the pill anytime she sees a doctor.

INTRAH/DEPARTMENT OF HEALTH
APRIL, 1987.

APPENDIX E.4

MINIMUM EQUIPMENT AND SUPPLIES REQUIREMENTS
FOR A FAMILY PLANNING CLINIC

GUIDELINES ON MINIMUM EQUIPMENT AND SUPPLIES FOR A FAMILY PLANNING CLINIC

In addition to regular supplies and equipment necessary for ante-natal and children's clinics and delivery room, this guidelines recommends additional supplies and equipment necessary for a family planning clinic. The equipment and supplies should be increased as number of clients and staff in the clinic increase.

PURPOSE OF THE GUIDELINES:

To ensure that the clinic has basic equipment, contraceptives and other supplies to enable the Nurse or Health Extension Officer provide quality and efficient family planning service.

Person(s) Responsible For Maintaining Minimum Requirements

- a) In-Health Centres: Health Extension Officer and Nursing Officer/
Sister In-charge of the clinic.
- b) In-Hospital Clinics: Sister in-charge of clinic and the Medical Officer

A. Medical Supplies:

Keep an adequate supply of

1. Oval Contraceptives - a) Microlut for breast feeding mothers
b) Eugynon
2. IUD - Lippes Loop Sizes ABC & D
- ?Copper T and Multiload
3. Depo provera (DMPA)
4. Condoms

C. Posters and Instructions For Natural/Family Planning

B. MEDICAL INVENTORY ITEMS:

- 1 Stethoscope
- 1 Sphygmomanometer in working condition
- 1 Foot Scale
- 2 Instrument pans with a lid
- 2 Small Stainless Steel or enamel bowls

- 2 Stainless or enamel trays
- 2 Medium 3 size kidney dishes
- 2 Sponge holding forceps straight
- 2 Tenaculum
- 2 Uterine Sounds
- 2 Artery Forceps 8"
- 1 Pair of Scissors
- 1 Steam Sterilizer

C. Other Medical Supplies:

- 1 Roll of cotton wools
- 1 Roll of gauze
- 1 Packet iodine solution
- 1 Savlon packet
- 1 Packet swab sticks
- 1 Packet spatula
- Syringes - different sizes
- Gloves sizes 6 - 8
- Urine testing re-agents

D. DRUGS:

- Probacid
- Ampicillin 250 mgs.
- Metronadozde (Flagyl)
- Sulphadimidine
- Fe Acid
- Fe Sulphate
- Chloroquine
- Asprine
- Oestrodel Tabs - except in health centres and sub-centres.

E. STATIONERY AND OTHER GENERAL STORE ITEMS:

2 Register Books

Family Planning Monthly Report Form

Consent Forms

Typing Papers

Carbon Paper Book/Referral

Envelopes in different sizes

Pencils

Stapples

Thumb tabs

Glue

Soap, Towels and Battery

F. INVENTORY ITEMS:

1 Working table

1 Examination table

3 Chairs

1 Filling cupboard/or trays

1 Paper perforator

1 Stapler

1 Torch or other source of movable light

Supply of linen (sheets, pillow and pillow cases and Mackintosh)

G. GUIDELINES ON ORDERING AND STORAGE OF CONTRACEPTIVES

1. Do physical count of all stock once every two months and submit a requisition for items running out of stock.
2. To decide how much contraceptives are required for one year multiply.

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a) For pills:

- i) 13 cycles per continuing acceptor per year.
- ii) 64 cycles per new acceptor per year.

b) For IUDs:

Stock 3 IUDs for every 2 acceptors. This is to allow for expulsion and replacements.

c) For Condoms:

- i) 14 (1 gross) per continuing acceptor per year.
- ii) 72 per new client per year.

3. Avoid overstocking
4. Store contraceptives in an airy (ventilated) room away from direct sunlight and moisture.
5. Use the old stock before the new stock. (First In First Out - (FIFO)).
6. Check expiry date when doing physical count and on delivery of new stock.

APPENDIX F

EHP DRAFT TRAINING PROJECT PROPOSAL

DRAFT

Project Title : EHP Training for Family Planning Service
Delivery Project

Cost :

In-Country Contact : Assistant Secretary
Eastern Highlands Provincial Health Office
P.O. Box
Goroka, PNG
Tel. No.: 21 21 90, 21 12 42
Telex:

Agency Submitting Proposal : Provincial Health Office
Goroka

Number of Participants : 97

Number of Activities : 8

Date of Submission : April 1988

I. GOAL:

To improve the quality and increase FP Service delivery in the Eastern Highlands Province through training of health personnel assigned in the six districts.

PROGRAM OBJECTIVES:

1. To prepare a core group of service providers capable of providing comprehensive clinic based family planning service.
2. To increase demand for FP services in the six districts through intensive education and motivation in health care setting and communities.
3. To standardize recording system for FP in the province.
4. To strengthen supervision of trained service providers.

OPERATIONAL OBJECTIVES:

1. To train 10 service providers in Clinical FP Skills in order to enable to provide comprehensive clinic based family planning services.
2. To Conduct two week skills training in education and motivation for family planning for 40 Nurse Aides based in the sites where FP services are provided by clinically prepared service providers.
3. To conduct five (5) day FP seminars for 20 APOs to enable them disseminate FP information to individuals and groups.
4. To conduct a five (5) day orientation seminars for ? HEO on FP service delivery standards, job functions and contraceptive update.
5. To establish a unified record keeping and follow-up system.
6. To follow-up trainees to determine post training performance and to provide technical support.

II. BACKGROUND:

Papua New Guinea Health services were decentralized in 1975 giving the provinces full autonomy to plan and implement their own health programs. Eastern Highlands Province is one of the 19 PNG provinces with an estimated population of 300,826 in 1984 based on a growth rate of 2.1% p.a. The province has six provinces namely, Goroka, Kainantu, Okapa, Henganofi, Lufa and Marawaka. 71% of the province population is in the first three provinces mentioned above.

The EHP health statistics are as follows:

Crude birth rate/1000	:	31.1
Crude death rate/1000	:	16
General fertility rate	:	138 All Sectors
/1000		132 Rural
Life expectancy at birth	:	53.6 both sexes
		51 male
		56 female
Infant mortality rate	:	55/1000 live births (an improvement of 61% since 1971)

(Source 1986-1990 Division of Health, Eastern Highlands Development Plan)

In February 1986, USAID Health and Population Officer based in Suva, requested INTRAH on behalf of Department of Health to conduct a family planning training needs assessment for PNG. An INTRAH team conducted a needs assessment and came out with specific findings and recommendations.

One of the recommendations of the team was to make Eastern Highlands Province a pilot area for upgrading and expanding family planning services. A detailed provincial needs assessment was then conducted and specific problems and needs were identified and a training plan was developed to meet the priority needs.

III. SUMMARY:

This proposal is intended to improve the quality and expand family planning services delivery in the Eastern Highlands Province through training of 97 health personnel in the six districts.

The 15 month project proposes to conduct 8 activities between October 1987 and December 1988. The training activities are:

- a) clinical skills training for 10 Health Extension Officers and nurses.
- b) Orientation Seminar on Family Planning Service for Health Extension Officers and Nurse Officers Incharge in Mission Facilities.
- c) Workshop on family planning records recording and follow-up systems.
- d) Skills training in education and motivation for family planning for 40 Nurses Aides.
- e) Family Planning Seminar for 20 Aides Post Orderlies.
- f) Supervision of trainees (service providers).
- g) End project assessment and replanning.

This phase of the project only addresses improvement of family planning services at the health centre and hospital clinic levels with intent to extend the training and expand services to the Sub-Centres in phase two which will be worked out later.

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PROPOSED EASTERN HIGHLANDS FAMILY PLANNING TRAINING PLAN

IV. WORKSCOPE:

TRAINING ACTIVITY

1. Clinical skills
training

TRAINEES/PARTICIPANTS

10:

- 5 Nurses for 5 districts
- 1 Provincial Nursing Officer
- 1 IST Trainer
- 1 PST Tutor
- 2 HEO from Goroka District and Marawaka H/C

SPECIFIC OUTCOMES

- 1) Ability to conduct FP ed. to individuals and groups.
- 2) Ability to assess clients health slates in relation to contraceptive use.
- 3) Ability to dispense and administer appropriate methods.
- 4) Ability to manage FP clinics.
- 5) Ability to monitor contraceptive users.
- 6) Ability to maintain appropriate/accurate records.
7. Ability to manage minor gynaecological problems.

COMMENTS

- . Must have an opportunity to provide F.P. services immediately after training.
- . Each district health center will be staffed by the trained health worker.
- . IST and PST tutors must have opportunity to provide F.P. services at least once a week in a health center/clinic.
- . IST and PNO will provide planned periodic supervision of F.P. services.
- . Minimum F.P. equipment, supplies and facilities is required in the clinics/ health centers where the trained health worker will be based.

TRAINING ACTIVITY

TRAINEES/PARTICIPANTS

SPECIFIC OUTCOMES

COMMENTS

- | | | | |
|--|--|--|--|
| | | 8. Ability to institute and maintain aseptic practices in FP clinic. | . Criteria in the selection of trainees in addition to the above will include: |
| | | 9. Ability to conduct orientation meetings to share newly acquired skills and knowledge with <u>bars</u> . | - demonstrated interest in providing F.P. services. |
| | | 10. Ability to establish and maintain a mechanism for follow-up of defaulters. | - preferably not more than 35 years of age. |
| | | 11. Ability to identify misconceptions about family planning and to deal with them. | - not eligible for long service leave at least (1) year after training. |
| | | 12. Ability to identify at risk groups for FP motivation and to manage the groups. | - (2) HEO trained in Activity 1 will take leadership in the planning, conducting, evaluation of the Workshop. |
| | | | - Preliminary place will be done during the clinical skills training (Manila) in collaboration with PNO, IST as one of the training outcome. |

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TRAINING ACTIVITY

TRAINEES/PARTICIPANTS

SPECIFIC OUTCOMES

COMMENTS

2. Orientation Workshop
for HEO on F.P.
Service Delivery
Standards, Job
Functions, Update on
F.P. technology)

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- 24 HEO
- 13 Nurse OIC from Missions.

1. Agreement of FP job functions.
2. Design F.P. Service Delivery plan.
2. Updated knowledge in Contraceptive technology.

3. Workshop on F.P.
Records, Recording
and Follow-Up systems.

10: HEO and Nurses I/C of
F.P. Clinics repre-
senting (6) districts

1. Devise/establish a unified record keeping system.
2. Devise a recording/ filing system that enables identification and tracing of defaulters.
3. Devise ways of tracing and following up contra- ceptive defaulters.

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TRAINING ACTIVITY

4. Skills Training in
Education and Motivation
for family planning.

TRAINEES/PARTICIPANTS

40: Nurse Aides

SPECIFIC OUTCOMES

1. Ability to identify and utilize opportunities to educate clients in their work settings & community served.
2. Ability to provide/give accurate information on family planning concepts, methods, health, socio-economic benefits.
4. Ability to communicate clearly the FP messages.
4. Ability to utilize adult learning methods e.g. giving individual instructions, counselling.

COMMENTS/ISSUES

- Nurse Aides to be selected from sites where F.P. services are provided by the (10) clinical trainees in Activity

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TRAINING ACTIVITY

TRAINEES/PARTICIPANTS

SPECIFIC OUTCOMES

COMMENTS/ISSUES

5. Ability to assess continuing acceptors and re-supply oral and injectable contraceptives.
6. Ability to trace, remotivate or refer contraceptive dropouts.
7. Ability to identify high risk mothers/couples for FP motivation and refer for FP services/counselling.
8. Ability to identify misconceptions about family planning and how to deal with them.

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TRAINING ACTIVITY

5. F.P. Seminar for
AFOs

TRAINEES/PARTICIPANTS

20: APOs

SPECIFIC OUTCOMES

1. Ability to disseminate information on family planning to individuals and groups.
 - . What is family planning
 - . Health benefits of FP
 - . Methods available
 - . How they work to prevent pregnancy
 - . Advantages and disadvantages
 - . Where family planning services are available
2. Ability to trace FP defaulters and dropouts and to remotivate for continuation

COMMENTS/ISSUES

- . APOs from Aid Post and
- . In-country training

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TRAINING ACTIVITY

- 6. Supervision of trainees performance in F.P.
- 7. End Project Assessment and re-planning

TRAINEES/PARTICIPANTS

- 3: PNO
- IST
- HEO

SPECIFIC OUTCOMES

- 1. Ability to monitor performance of trainees (identify constraints/problems
- 2. Ability to provide administrative technical support to trainees
- 3. Ability to identify areas in FP work needing reinforcement updates

COMMENTS/ISSUES

In-Country

.../11

V. WORKPLAN:

<u>TRAINING ACTIVITY</u>	<u>DATES</u>	<u>VENUE</u>	<u>PARTICIPANTS</u>	<u>TRAINERS/FACILITATORS</u>
1. Family Planning Skills training	Oct 5-Nov 28 1987 (8 weeks)	Manila	10: 5 Nurses for 5 districts 1 Provincial Nursing Officer 1 IST trainer 1 PST tutor 2 HEO from Goroka District and Marawaka	SDI - Manila
2. Orientation Seminar on Family Planning for HEO and Nurse IOC	Jan 27 - 31 1988 (5 days)	Goroka (NSTI)	37: 24 HEO from the Districts 13 Nurse IOC from Missions	1 PNO 1 INTRAH 2 HEO trained in Manila

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<u>TRAINING ACTIVITY</u>	<u>DATES</u>	<u>VENUE</u>	<u>PARTICIPANTS</u>	<u>TRAINERS/FACILITATORS</u>
3. Workshop on FP records recording and Follou-up Systems	April 25 - 29 1988 (5 days)	Goroka (NSTI)	10: HEOs and Nurses Incharge of FP clinics from the 6 districts	1 INTRAH 1 SDI 1 P. Health Office
4. Skills training in Education and Motivation For Family Planning I	May 2 - 14 1988 (10 days)	Goroka (NSTI)	20: Nurse Aides from Health Centres with Manila trained personnel	2 SDI 2 Manila trained
5. Skills training in Education and Motivation for Family Planning II	May 16 - 28 1988 (10 days)	Goroka (NSTI)	20: Nurse Aides from Sub-Health Centres	2 SDI 2 Manila trained
6. Family Planning Seminars for APOs	Aug 22 - 26 1988 (5 days)	Goroka (NSTI)	20: Aide Post Orderlies from Aide Posts close to Sub-Centres and Day Clinics To be conducted in Pidgin	1 PNO 2 HEO trained in Manila

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<u>TRAINING ACTIVITY</u>	<u>DATES</u>	<u>VENUE</u>	<u>PARTICIPANTS</u>	<u>TRAINERS/FACILITATORS</u>
7. Supervision of trainees (Each trainee to be visited at least once every 2 months)	Commencing January 1988			3: 1 PNO 1 IST 1 HEO
8. End of Project Assessment and re-planning	October 1988 (10 days)			1 SDI 1 INTRAH 2 Prov. Health Office 1 FHD Port Moresby
				.../14

VII. PROJECT EVALUATION:

There will be three distinct evaluation phases for this project.

These are:

A. Training Activity Evaluation. This will be conducted throughout each training activity. Assessments of trainees will be done at the commencement of training through use of pre tests; continuously through the training by use of tests and observation and feedback of trainee and trainers performances; and lastly at the end of the training activity through administration of 9 post test. The pre and post test scores will be compared. The following tools will be used for the training activity evaluation:

i) INTRAH Participant Biodata Forms

ii) Pre and Post tests

iii) Daily Feedback forms

iv) Performance check list (clinical and skills development activities)

v) INTRAH Participant Reaction forms

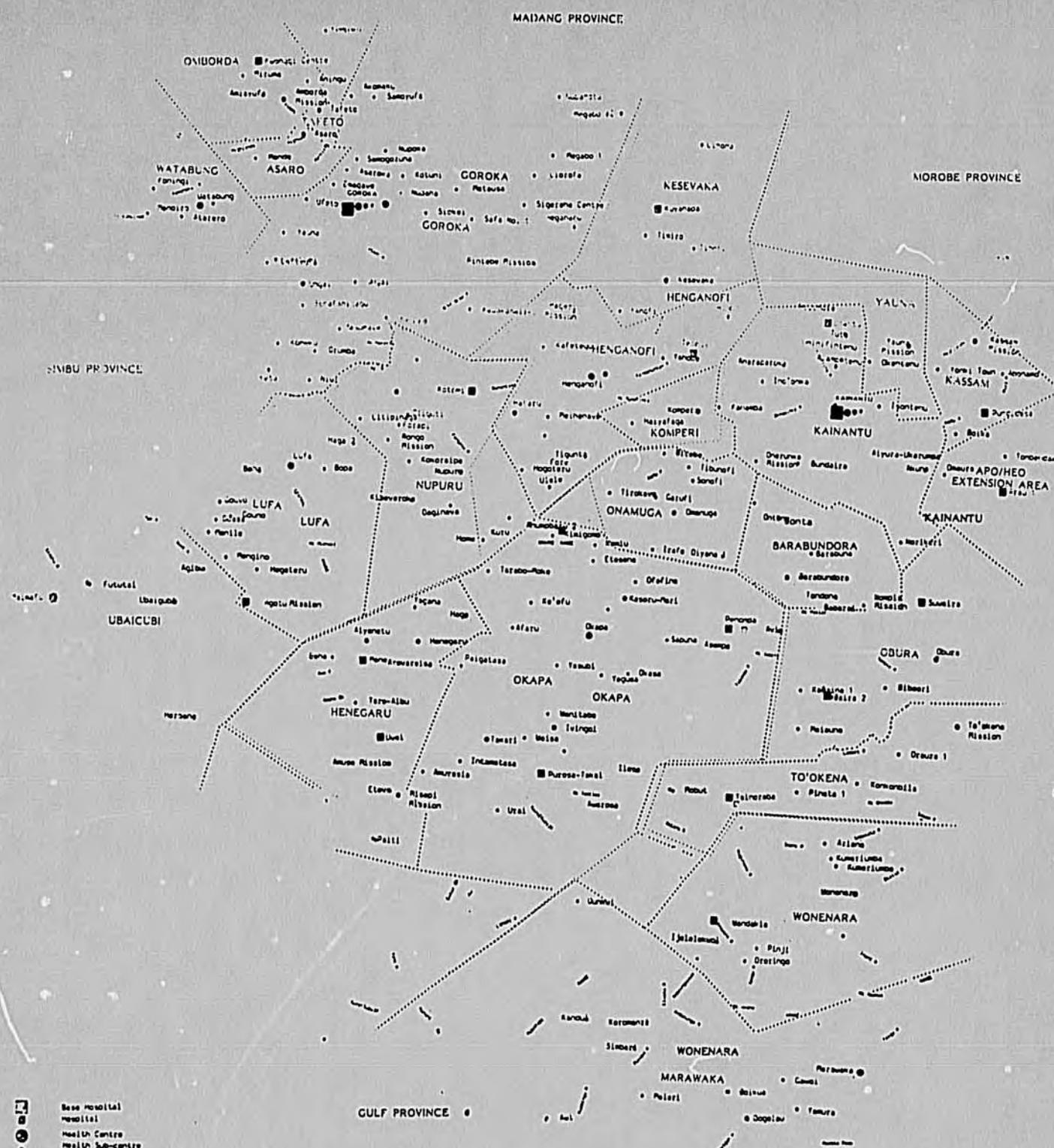
B. Supervision/technical follow-up of trainers back on the job.

This will be conducted by Provincial Nursing Officer, In-Service Trainer and One Manila trained HEO initially with the assistance of Manila trainers. Each project trainee will be in contact with one of the three supervisors at least one every two months during the life of the project.

Supervision will include observation of trainee perform family planning service activities, discussions of problems/deficits and planning ways and means of overcoming them and continuous monitoring of activities to induce problems and strengthen trainee performance on the job.

The Supervision tools will be developed during the clinical skills in Manila.

- C. End Project Assessment will be conducted within three months of the completion of the last training activity. The purpose of the assessment will be to review and document the project accomplishment; assess trainee knowledge and skills retention; and compare the quality (service components being provided) and acceptance rates before training with those after training.



- Base Hospital
- Hospital
- Health Centre
- Health Sub-centre
- Day Clinic
- Aid Post
- Health Centre Boundary
- Health Centre Name



1990
 EASTERN HIGHLANDS PROVINCE
 HEALTH SERVICES

The 1990 map is prepared by the Eastern Highlands Province Government

APPENDIX H

**LETTER TO ACTING ASSISTANT SECRETARY DR. LEONARD KAUPA, FROM
INTRAH/ESA DIRECTOR MISS PAULINE MUHUU**

APPENDIX H

Dr. Leonard Kaupa
Acting Asst. Secretary

Dear Dr. Kaupa:

Ciony and I wish to express our heartfelt thanks for all the assistance you have extended during our visit in Eastern Highlands Province.

Our discussion with you and your staff was most encouraging and reflected intense enthusiasm for the need to improve health services, specifically the family planning service.

We look forward to receiving the Project Proposal we developed with you for the training of health personnel in EHP. The Project Proposal will be reviewed by INTRAH and AID in Washington for assistance approval. As soon as the proposal is approved, INTRAH will make a contract negotiation with you.

Early submission of the Project Proposal to INTRAH will facilitate the process of project review and negotiation.

It was a pleasure working with you and your staff and we look forward to a future working relationship with the Provincial Health Office of the EHP.

Warmest regards and best wishes.

Sincerely,

Pauline W. Muhuhu

cc: Dr. J.W. Lea
Ms. Lynn Knauff

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