Trip Report #0-266

Travelers: Dr. Penda Seck, INTRAH/WCA Consultant

Country Visited: ZIMBABWE
Date of Trip: May 18 - June 28, 1987
Purpose: To participate in a Family Planning Clinical Skills workshop conducted by ZNFPC.
TABLE OF CONTENTS

ACKNOWLEDGMENT

LIST OF ABBREVIATIONS

EXECUTIVE SUMMARY ..... i
SCHEDULE OF ACTIVITIES ..... ii
I. PURPOSE OF VISIT ..... 1
II. ACCOMPLISHMENTS ..... 1
III. BACKGROUND ..... 1
IV. DESCRIPTION OF ACTIVITIES ..... 2
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS ..... 6

APPENDICES

A. Persons Contacted/Met
B. ZNFPC Evaluation Form: Educational Presentation
C. ZNFPC CBD Handout: Hand Washing
D. ZNFPC Child Spacing and Fertility Association Practical Comments Form
E. ZNFPC Intrauterine Device Insertion Practical Experience Form
F. ZNFPC Organizational Chart
G. Workshop Schedule
ACKNOWLEDGMENT

I would like to extend my thanks to all members of the ZNFPC team and particularly Dr. A. Zinouga, Harare; Sister Matatu, Director, Bulawayo; Sister Muchira Chondo, Mpilo Hospital, Bulawayo; and Mrs. L. Botsh, Chief Training Officer, Harare for their entire availability through the duration of my visit.
**LIST OF ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BS/FP</td>
<td>Birthrate Spacing/Family Planning</td>
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<td>CBD</td>
<td>Community-Based Distribution</td>
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<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
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<tr>
<td>SAFWB</td>
<td>Senegalese Association for Family Well Being</td>
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<td>ZNFPC</td>
<td>Zimbabwe National Family Planning Council</td>
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EXECUTIVE SUMMARY

INTRAH/WCA Consultant Dr. Penda Seck visited Zimbabwe May 20 to June 28, 1987 to participate in a family planning clinical training workshop conducted by the Zimbabwe National Family Planning Council (ZNFPC) in Bulawayo May 18 to June 26 and to become more familiar with the organizational methods of FP clinical training on a regional level.

During the week of June 21 to 28 Dr. Seck visited ZNFPC, Harare. Field visits were organized and discussions were held with members of the Training Unit, IEC Unit, Community-Based Distribution Unit, Youth Advisory Unit, Reference Clinic, and Evaluation and Research Unit.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Friday</td>
<td>Discussion with Mrs. Botsh and other ZNFPC trainers in Harare.</td>
</tr>
<tr>
<td>June 26</td>
<td>Meeting with Dr. Esther Boohene.</td>
</tr>
<tr>
<td>Sunday</td>
<td>Departed for Abidjan via Addis Ababa.</td>
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<tr>
<td>June 28</td>
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</table>
Schedule of Activities

Monday
May 18
Departed from Abidjan.

Wednesday
May 20
Arrived in Bulawayo.

Thursday
May 21
Clinical FP training workshop commenced.

Friday
June 12
Part I: "Course A" concluded.

Monday
June 15
Part II: "Course B" commenced.

Friday
June 19
Workshop concluded.

Sunday
June 21
Departed for Harare.

Monday
June 22
Courtesy visit to Dr. N.O. Mugwagwa, Executive Director, ZNFPC.

Discussion with members of the Harare ZNFPC Training Unit.

Discussion with members of ZNFPC Community-Based Distribution Unit.

Discussion with Chief of ZNFPC IEC Unit.

Met with members of ZNFPC Youth Advisory Unit.

Visited reference clinic.

Tuesday
June 23
Training continued.

Wednesday
June 24
Working session and field visit with members of ZNFPC Youth Advisory Unit and participation in a session on Family Life Education at a primary school.

Tuesday
June 25
Field visit with Chief of ZNFPC Community-Based Distribution Unit.
I. PURPOSE OF TRIP

The purpose of the trip was to participate in an FP clinical training workshop conducted by ZNFPC from June 18 to June 21, 1987 in Bulawayo, and to obtain first-hand information on the structure and organization of FP clinical training at the regional level in Zimbabwe.

II. ACCOMPLISHMENTS

A) May 20 to June 14: participated in the first part of the FP clinical training workshop, "Course A".

B) June 15 to 20: participated in the second part of the FP clinical training workshop, "Course B" entitled "Insertion of Intrauterine Devices".

C) Held discussions with staff of ZNFPC regarding ZNFPC activities which included content and established structures and organization of an FP clinical training workshop at the regional level.

III. BACKGROUND

In programming its activities for 1987, INTRAH has planned for regional FP clinical training in collaboration with the Senegalese Association for Family Well-Being (SAFWB) in Dakar. The first training session is scheduled to take place in August 1987 for 5 Chadians. In this context INTRAH Consultant Dr. Penda Seck participated in an FP clinical training workshop conducted by ZNFPC. The objectives of the workshop were to:

- obtain FP clinical training curriculum, trainers' curriculum and evaluation tools; and

- develop a plan of action for regional FP clinical training in Dakar based on the Zimbabwe experience.
IV. DESCRIPTION OF ACTIVITIES

A. FP Clinical Training "Course A"

The training began June 18, but owing to problems encountered in obtaining a visa, Dr. Seck arrived in Bulawayo May 20 and commenced training May 21.

The four-week workshop enabled the participants to acquire knowledge and practical experience to:

- inform and motivate the population in birthrate spacing/family planning;
- initiate appropriate contraceptive methods;
- give instructions for each FP method chosen; and
- learn to identify and treat possible side effects related to each method.

The objectives of this course were:

1. To describe the development of BS/FP in Zimbabwe.
2. To explain demographic factors in the Zimbabwe context.
3. To describe the procedures involved in informing and motivating the population toward BS/FP.
4. To explain anatomy and reproductive physiology of men and women.
5. To identify the various FP methods.
6. To correctly record the medical and obstetrical and gynecological history of clients.
7. To perform a comprehensive physical and pelvic examination.
8. To diagnose and treat clients within the competence of the FP provider and to determine clients for referral.
9. To initiate an appropriate FP method and correctly ensure the follow-up of the client.

10. To inform and determine clients for voluntary surgical contraception.

11. To manage a BS/FP center.

The various components of the workshop utilized readings, question and answer sessions, group work sessions and/or films. The first week was devoted to theoretical courses; the second week consisted of both practical (demonstrations by the trainer) and theoretical sessions; and the third week included examinations (written and practice) and presentation of educational talks. Evaluation methods used were pre-testing and evaluation of the course by the participants.

The criteria for the practical phase included: recordings for the FP form (15), physical examinations (15), pelvic examinations (15), and case studies of side effects (15).

Each case study was supervised by a tutor/trainer, and upon completion of the case study by the participant, the tutor/trainer reviewed the form filled out by the participant, commented where appropriate and signed the form (see Appendix D).

A minimum score of 65% is required on the written examination.

B. Clinical "Course B" Insertion of IUD

These classes normally last 2 weeks, but owing to the fact that Dr. Seck was required to spend a week in Harare, she performed 15 IUD insertions within one week and took the exam before she departed for Harare. This required a great deal of effort but due to the
excellent organizational arrangements and the diligence of the trainer, Dr. Seck completed the course, IUD insertions, and examination successfully.

The objectives of "Course B" were to enable the participants to:

1. Define Intrauterine Devices (IUD).
2. Name the different types and cost of each.
3. Be aware of how they functioned and the IUD rate of failure.
4. Name at least five advantages and three disadvantages of using an IUD.
5. Define 6 contraindications.
7. Correctly treat side effects relating to the use of IUDs.

Evaluation methods used were pre-testing, weekly exercises, final exam (written & practical) and observation of 15 IUD insertions.

For each insertion performed, the participant was required to fill out the appropriate form and sign the client's appointment card.

C. Visit to ZNPPC, Harare
The main objective of the visit to Harare was to become familiar with the organization of regional FP clinical training. Throughout the week, meetings were held with members of the various ZNPPC units during which the following were discussed:
1. Organization of Training

Members of the Training Unit were asked to respond to the following:

a. Clinical training for the service providers includes two phases: "Course A" which is clinical training (theory and practice) and "Course B" which essentially consists of training in insertion of IUDs. This is the only training ZNFPC admits international participants, financed by other agencies, to attend. International trainees attend both course A and B for six weeks while only a few national participants are allowed to attend. Travel, logistics and per diem for international participants are paid for by the sponsoring agency.

b. Training of trainers

To date, the four-week training of trainers has only been conducted for the national trainers.

c. Preceptor training

The role of the preceptor is to train participants during in-service training, especially during the practical training. A specific curriculum has not been developed for the training of preceptors and clinical training of preceptors is conducted in different centers under the supervision of a physician.

d. Other training conducted by ZNFPC includes:

1. The training of group leaders who supervise CBD activities.

2. Refresher courses for trained health officers.

3. Development of FP curricula in collaboration with the Ministry of Health.
V. **FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

**Findings/Conclusions**

1. Training is generally very well organized in Zimbabwe, and decentralization of activities greatly contributes to the improvement of training activities.

2. The content of the training seems appropriately adapted to the realities prevailing in the field.

3. Content of training, teaching methods, objectives and evaluation instruments are standardized throughout the country.

4. Evaluation of training activities and evaluation tools are appropriate and adapted to the objectives of training.

**Recommendations**

1. The number of hours and content of the STD course should be reviewed and reinforced to enable participants to acquire sound knowledge to make correct diagnoses, provide correct information and efficiently handle STD cases. STDs are one of the major causes of sterility in Zimbabwe.

2. "Management of a FP Service" which was not presented during this training activity, although it was listed as a subject in the training booklet, should be reviewed.

3. INTRAH-sponsored participants in ZNFPC courses should be allowed sufficient time to obtain visas and make travel and logistical arrangements, and be informed of the nature of training, its duration and the per diem allowed for the training activity.
APPENDIX A

PERSONS CONTACTED/MET
Appendix A

Persons Contacted/Met

Zimbabwe National Family Planning Council

Dr. E. BOOHENE, Program Coordinator

Mrs. L. BOTSH, Chief Training Officer, Harare

Mrs. CHIKAVA, Chief, Information/Education/Communication Unit

Mrs. L. HAWEY, Tutor, Harare

Mrs. J. HORE, Senior Medical Assistant for CBD Unit

Mrs. KADZAWANGE, Tutor, Harare

Mrs. M. KHUMALO, Youth Advisory Unit, Harare

Mrs. T. MAKOMVA, Tutor, Bulawayo

Mrs. L. MALIANGA, Senior Tutor, Harare

Mrs. S. MATATU, Tutor, Bulawayo

Mrs. P. MUDZVOVERA, Youth Advisory Unit, Harare

Dr. N.O. MUGWAWA, Executive Director, Harare

Mr. T. NZUMA, Chief of CBD Unit, Harare

Dr. A. ZINANGA, Medical Director, Harare
APPENDIX B

ZNFPC EVALUATION FORM: EDUCATIONAL PRESENTATION
<table>
<thead>
<tr>
<th>Name of Student</th>
<th>M.O.A</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Price</th>
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<td>5</td>
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</tbody>
</table>

**Modern Methods**

- Withdrawal ½
- Anesthine ½
- C.H.O
- Calendar
- B.U.T
- COC
- I.U.D
- C/C
- Condom
- Foaming tabs
- Dropo
- V.ectomy
- T/L

**Other Services** (Name ½, Explain ½)

S/I/F, YAS, IEC, CBD, TRAINING, E.R.U.

**Where Available** (½ mark each)

- ZNFP clinics, Rural clinics, Municipal clinics
- Government hospitals, Mission hospitals, CBD, Mobile clinics

**Use of I/A**

**Questions**

**Summary**

**Total** 2
APPENDIX C

ZNPPC CBD HANDOUT: HAND WASHING
Breast milk is always warm and clean. It is in the breasts and does not have to be prepared. Breast milk costs nothing. Breast milk brings the mother and the baby into close contact with each other. Breast feeding provides a degree of protection against an early pregnancy.

(i) CBD should advise the mother to wash her breasts at least once a day.

(ii) At the end of the talk, CBD invites questions or clarifications and answers them.

**Hand Washing**

![Figure 16 Wash hands well (with soap and water)](image)

You cannot always see dirt/germs on your hands, but there is always dirt/germs on unwashed hands and this can cause illness, e.g., diarrhoea in children.

**When to teach the importance of washing hands**

During home visits:

1. CBD explains the importance of washing hands. Cleanliness is of great importance in the prevention of many kinds of diseases especially:
   - diarrhoea
   - vomiting
   - eye infections.
2. CBD explains that hands should be washed with soap and water:
   - immediately after waking up in the morning
   - before handling food
   - before breast feeding
   - before feeding a baby
   - after eating
   - after using a toilet or latrine.
3. CBD invites questions and clarifications and answers them.
EQUIPMENT AND SUPPLIES

Objectives
1. To enable the CBD to carry out work effectively in his/her work area.
2. To help the community identify the ZNFPC, CBD.

List of Equipment and Supplies

A Uniforms

Male: 2 short sleeved safari suits
      1 long sleeved safari suit
      2 jerseys (one heavy and one light)
      1 sun hat
      1 rain coat

Female: 3 dresses
       2 jerseys (one heavy and one light)
       1 sun hat
       1 rain coat

B Bicycle, pump and spanner

C Shoulder bag

D Contraceptive stocks
   COC
   POP
   Condom (Durex)
   1 plastic IUD
   1 copper IUD
   1 diaphragm cap
   1 spermicide cream (small tube)

E Blood Pressure machine (Aneroid) and stethoscope

F Stationery
   1 CBD Record Book
   1 Notebook
   1 CBD Procedure Manual
   Zimbabwe National Family Planning Council Record Cards
   CBD Referral Slips
   Extra instruction sheets, eg
      COC
      POP
      Condom (Durex)
      IUD
      Diaphragm Cap
   Pill Checklists

Care of Equipment and Supplies

Uniforms:
CBD should always wear a clean and tidy uniform when doing his/her work. Personal cleanliness is very important.
APPENDIX D'

ZNFPC CHILD SPACING and FERTILITY ASSOCIATION
PRATICAL COMMENTS FORM
# APPENDIX D

## THE CHILD SPACING AND FERTILITY ASSOCIATION

### PRACTICAL COMMENTS

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January, 1983.

LB/s1
APPENDIX E

ZNFP C INTRARUTERINE DEVICE INSERTION
PRACTICAL EXPERIENCE FORM
<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Client</th>
<th>Clinic/Ref. No.</th>
<th>Parity</th>
<th>Previous Contraceptive Methods Used</th>
<th>For Supervision to Consent</th>
<th>Type of Device Inserted</th>
<th>Trolley/Insertion Tech.</th>
<th>Signature</th>
<th>Survey</th>
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APPENDIX F

ZNFP C ORGANIZATIONAL CHART
# Timetable

<table>
<thead>
<tr>
<th>TIMES</th>
<th>MONDAY 18</th>
<th>TUESDAY 19</th>
<th>WEDNESDAY 20</th>
<th>THURSDAY 21</th>
<th>FRIDAY 22</th>
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<tbody>
<tr>
<td>08.00 - 09.00</td>
<td>Registration, Introduction to Learning Issues</td>
<td>Menstrual Cycle</td>
<td>Learning Issues: Advantages of Natural Family Planning Methods</td>
<td>Learning Issues: Combined Oral Contraceptives</td>
<td>Learning Issues: Progress Test 1</td>
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<td>09.30 - 10.00</td>
<td>Family Planning - Group Work</td>
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<td>Intra-Uterine Contraceptive Devices</td>
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<td>Group work - Feed back</td>
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<td>11.00 - 12.00</td>
<td>Population Facts in Limb- and Effects of Rapid Population Growth</td>
<td>Natural Family Planning methods</td>
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<td>Male and Female Sterilization, and other contraceptive methods</td>
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<td>12.00 - 13.00</td>
<td>Film - 'Clever Revolution'</td>
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<td>13.00 - 14.00</td>
<td>Lunch</td>
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<td>14.00 - 15.00</td>
<td>Human Reproductive System</td>
<td>Group work: Traditional Family Planning</td>
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<td>15.30 - 16.00</td>
<td>Film - Human Reproduction</td>
<td>Group Presentations</td>
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<td>TIMES</td>
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<td>L.I. History Taking</td>
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<td>Clinic Work</td>
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<td>Film: 'Pelvic Examination'</td>
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<td>10.30 - 11.45</td>
<td>Practicals: History Taking.</td>
<td>Demonstrations Physical Examinations</td>
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<td>Youth Advisory Services</td>
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<td>14.00 - 15.00</td>
<td>Education &amp; Motivation Talks.</td>
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TUTORS: 3 KATATU
WEEK ENDING: 6 JUNE 1987

Revision Case Studies.
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