

PD 11/11/93



# intraH

**TRIP REPORT B -** # 342-1  
# and 2

**Travelers:** Mr. Muthungu Chege,  
INTRAH Consultant

**Country Visited:** Tanzania

**Date of Trip:** May 12 - June 19, 1993

**Purpose:** To conduct a comprehensive  
clinical FP skills workshop for  
15 FP service providers from  
3 regions in the Lake Zone,  
May 17 - June 18, 1993.

**Program for International Training in Health**

**PAC Iib**

**University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina 27514 USA**

TABLE OF CONTENTS

	<u>PAGE</u>
EXECUTIVE SUMMARY . . . . .	1
SCHEDULE OF ACTIVITIES . . . . .	iii
LIST OF ABBREVIATIONS . . . . .	iv
I. PURPOSE OF TRIP . . . . .	1
II. ACCOMPLISHMENTS . . . . .	1
III. BACKGROUND . . . . .	1
IV. DESCRIPTION OF ACTIVITIES . . . . .	2
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS . . . . .	5

APPENDICES

- A. Persons Contacted/Met
- B. List of Participants
- C. Summary of Participant Reaction Responses
- D. Workshop Goal and Objectives
- E.1 Workshop Schedule
- \*E.2 Daily/Continuous Practice Skills Assessment Tool
- F. List of Workshop Handouts
- \*G. Workshop Curriculum
- \*H. Pre/Post Knowledge Test Instrument
- \*I. Pre/Post Knowledge Test Answer Sheet
- J. Pre/Post Knowledge and Clinical Skills Assessment Scores
- \*K.1 Participants' Practicum Achievements
- \*K.2 Placement of Participants in the Clinical Area
- \*L. Application Workplans for the Participants
- M. USAID/FPU Debriefing Report
- \*N. Skills Results for Inserting and Giving Client Instructions on IUD, Counselling Client for FP (Informed Choice) and Instructions on the Use of Oral Contraceptives
- \*O. Mid-Training Knowledge Test

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\*On file at INTRAH/Nairobi or INTRAH/Chapel Hill

A

**EXECUTIVE SUMMARY**

From May 17 to June 18, 1993, INTRAH Consultant Mr. Muthungu Chege, Ministry of Health (MOH) Central Training Team (CTT) Member Mr. Maurice Hiza, and MOH Regional Training Team (RTT) Members Mrs. Esther Berege and Ms. Rose Sagga planned, conducted and evaluated a 5-week comprehensive clinical FP skills workshop in Dar es Salaam for 15 FP service providers in accordance with workplan activity #22 of the MOH/INTRAH/USAID subcontract. The theory portion of the workshop was conducted at the Posts and Telecommunications Training College and the practicum was conducted at government, UMATI, and City Council clinics in Dar es Salaam.

Major accomplishments were:

- Fifteen participants were trained in clinical FP skills including counselling for informed choice, counselling a client on a selected method, recruiting high risk mothers for FP services, conducting group health talks, FP method provision including IUD insertion, integration of FP/MCH services, management of FP-related side effects and complications and management of sexually transmitted diseases.
- Participants met or exceeded all of the practicum objectives in counselling clients for FP services, management of FP-related side effects, IUD insertion, application of aseptic technique when performing FP procedures during and after IUD insertion, physical and pelvic assessment for FP, and preparation of workplans for back-home application of knowledge and skills.

Major recommendations were:

- The participants should be posted to MCH/FP clinics and provided with on-the-job technical assistance so that they can immediately put into practice the skills and knowledge gained and apply their workplans. This opportunity will enable the participants to polish the skills acquired and gain self mastery in performing the FP procedures.

- The practicum sites should keep an inventory of their FP instruments in order to monitor the quantity they have versus the number of clients. This will also reduce time wasted by the client and the provider while waiting for sterilized instruments between procedures. Each of these clinics would require at least 3 complete IUD kits and 5 specula.
- The FP service providers in these clinics will require updates on family planning methods and procedures and those who have had no FP training should be trained (especially University of Dar es Salaam MCH/FP Clinic).
- FP knowledge and skills updates should be scheduled and conducted to enable the participants to maintain currency in skills and knowledge.
- The two CTT members and the RTT members will need to thoroughly practice clinical and training skills. For the clinical skills, they need to physically perform the practices in the FP clinics, when there are no courses to facilitate. By gaining these skills they will be able to feel and be more confident when conducting procedures and demonstrations in the classroom or at the practicum sites. They also need to see this as a basic requirement for a trainer whose major activities involve skills demonstrations and skills guidance.
- During the selection of trainees for comprehensive clinical FP skills workshops, those who select trainees should adhere to the selection criteria set by the FPU; that is, the trainee must work in an MCH/FP clinic.

Briefings and debriefings were held at USAID/Tanzania and the MOH/FPU.

**SCHEDULE OF ACTIVITIES**

- May 12** Mr. Muthungu arrived in Dar es Salaam from Nairobi at 4:00 p.m.
- May 13** Briefed with Dr. Calista Simbakalia, FPU Deputy Program Manager.
- Mr. Muthungu, Mr. Maurice Hiza, Mrs. Esther Berege and Ms. Rose Sagga reviewed the training materials and planned for the following day's activities.
- May 14** The training team visited practicum sites which had been identified but not visited by the CTT members. These were: Ilala District Hospital, Tandale Health Centre, Mnazi Mmoja City Council Clinic and Mwananyamala District Hospital.
- Briefed with Miss Naomi Goko, INTRAH Resident Trainer in Tanzania.
- Mr. Muthungu briefed with Mr. Michael Mushi, USAID/Tanzania Assistant Health and Population Officer.
- May 15** The training team met to complete the review of the training materials and to assign responsibilities. They demonstrated certain FP procedures for uniformity before the workshop.
- May 17-28** Conducted the theory portion of the workshop at the Posts and Telecommunications Training College conference room in Dar es Salaam.
- May 31 - June 18** Conducted practicum at Mnazi Mmoja City Council Clinic, Muhimbili UMATI Clinic, Tandale Health Centre, Mwananyamala District Hospital, and University of Dar es Salaam MCH/FP Clinic.
- June 18** Debriefed with Ms. Dana Vogel, USAID/Tanzania Health and Population Officer.
- Debriefed at the FPU with Mrs. Rose Wasira, Assistant Administrative Program Officer, and Miss Goko.
- Workshop Closure.
- June 19** Mr. Muthungu departed for Nairobi.

**LIST OF ABBREVIATIONS**

<b>CTT</b>	Central Training Team
<b>FPU</b>	Family Planning Unit
<b>RTT</b>	Regional Training Team
<b>UMATI</b>	Family Planning Association of Tanzania
<b>VSC</b>	Voluntary Surgical Contraception

**I. PURPOSE OF TRIP**

The purpose of the trip was to prepare for and conduct a 5-week comprehensive clinical FP skills workshop for 15 FP service providers from the Lake Zone, May 17 - June 18, 1993.

**II. ACCOMPLISHMENTS**

- A. Fifteen FP service providers were trained in clinical FP knowledge and skills including IUD insertion, counselling for FP informed choice, recruiting clients for FP services, physical and pelvic assessments, managing FP-related side effects, and managing sexually transmitted diseases.
- B. All of the participants exceeded all of the practicum expectations for IUD insertions, physical and pelvic examinations, counselling clients for FP services, practice of aseptic techniques during and after IUD insertion and conducting group and individual health talks.
- C. The participants, drawn from the Lake Zone regions of Mara, Kagera and Mwanza, developed back-home application plans of the knowledge and skills acquired during the workshop.
- D. Recommendations were made to the FPU that some of the service providers in the practicum sites should be updated on FP methods and procedures and some require a comprehensive FP clinical skills training.
- E. Briefings and debriefings were held at USAID/Tanzania and the MOH/FPU.

**III. BACKGROUND**

This activity is workplan #22 of the MOH/INTRAH/USAID subcontract effective February 1, 1992. Related activities

were conducted in January/February 1993 in Nairobi (see Trip Report B-#265) and March 1993 in Lake Zone (see Trip Report B-#341).

#### IV. DESCRIPTION OF ACTIVITIES

##### A. Preparation

From May 3-11, 1993 INTRAH Regional Clinical Program Officer Mrs. Grace Mtawali worked in Nairobi with INTRAH Consultants Mrs. Florence Githiori, Ms. Stembile Matatu and Mr. Muthungu Chege to review the workshop curriculum and the pre/post training skills assessment tools, and to prepare the workshop schedule, lesson plans, goal and objectives and continuous performance assessment tools.

From May 13-15, 1993 CTT Member Mr. Maurice Hiza, RTT Members Mrs. Esther Berege and Ms. Rose Sagga and Mr. Muthungu worked in Dar es Salaam, reviewing the training materials and preparing the classroom training site and the five proposed practicum sites (Tandale Health Centre, Mnazi Mmoja City Council Clinic, Muhimbili UMATI Clinic, University of Dar es Salaam MCH/FP Clinic and Mwananyamala District Hospital). All of the sites were confirmed as suitable for practicum training because they had been used previously for similar training, they are not far from the classroom site and they have a good client load and method mix, with clients using a wide variety of FP methods including voluntary surgical contraception. The team briefed the service providers at the sites about the workshop, and their cooperation and possible assistance prior to and during the practicum period were sought. The training team's findings were shared with the service providers.

On May 14, Mr. Muthungu briefed with INTRAH Resident Trainer in Tanzania Miss Naomi Goko to share the

findings from the clinics visited and assessed as practicum sites.

On May 15 the training team completed review of the training materials and demonstrated selected FP procedures for ensuring uniformity during the workshop.

**B. Participants**

The fifteen participants were from Mwanza (5), Mara (6), and Kagera (4) and included 2 medical assistants, 3 nursing officers III, 4 public health nurses "B", 1 public health nurse, 2 nurse midwives II, 2 nurse midwives "B", and 1 nurse midwife III (see Appendix B for names and titles). Only some are responsible for providing FP services.

**C. Methodology**

The classroom methodology included simulations, individual exercises, group discussions, demonstrations, individual exercises, group exercises and short case studies. Pre-training assessments were made on four skills:

- maintaining asepsis during and after sterile procedures,
- counselling high risk clients in making an FP/MH decision,
- conducting group client education on FP/MH, and
- performing physical and pelvic examination at initial or annual FP visit or 6-8 week postpartum visit.

None of the participants reached the cut-off score on any of the skill areas at the pre-training skills assessment, emphasizing the need for trainers to focus on those areas.

During the practicum, the trainers demonstrated each procedure once or twice followed by return

demonstrations and guided practical performance by each participant. Immediate feedback was given to the participants and learning process reviews were conducted at the end of each day.

D. **Venue**

The theoretical portion of the workshop was conducted at the Posts and Telecommunications Training College conference room at Kijitonyama.

The practicum was conducted at 5 Dar es Salaam clinics named earlier in the report.

The participants were accommodated at the Posts and Telecommunications Training College hostels in Kijitonyama and transportation was provided by the FPU.

E. **Trainers**

INTRAH Consultant Mr. Muthungu Chege, CTT Member Mr. Maurice Hiza, RTT Members Mrs. Esther Berege and Ms. Rose Sagga conducted the workshop. They were assisted during the practicum by CTT Member Mrs. Renalda Ndonu.

The trainers precepted as follows:

Mr. Muthungu	-	Muhimbili UMATI Clinic
Mrs. Berege	-	Tandale Health Centre
Ms. Sagga	-	Mnazi Mmoja City Council Clinic
Mr. Hiza	-	Mwananyamala District Hospital
Mrs. Ndonu	-	University of Dar MCH/FP Clinic

F. **Evaluation**

1. **Pre-Post Tests**

Pre and post-tests for knowledge were administered to participants. On the pre-test, scores ranged from 13 to 26 of a possible 46 points. None of the participants reached the cut-off score of 36.8 on the pre-test. Post-test scores ranged from 28 to 44 of 46 points. Only 4 participants exceeded

the cut-off score of 36.8 and the mean score was 35.2 (see Appendix J)

2. Participant Reactions

Results of the INTRAH Participant Reaction Form indicated that all of the workshop objectives were achieved or exceeded and that the skills and knowledge gained were relevant to the participants' future roles. Two participants felt that the workshop duration was too short in comparison with the content covered. The participants commented that the delayed per diem payments caused them to experience financial difficulties during the workshop (see Appendix C).

3. Practicum Requirements

Practicum requirements on all procedures were met or exceeded (see Appendix K.1).

4. Daily Reviews

Daily reviews were conducted during the theoretical portion and during the practical portion of the workshop.

G. Debriefing

The trainers debriefed with senior MOH/FPU officials, USAID/Tanzania officials and Miss Goko. Mr. Muthungu also debriefed at INTRAH/Nairobi with INTRAH Regional Director Miss Pauline Muhuhu, FPU Deputy Manager Dr. Calista Simbakalia, Mrs. Mtawali, Miss Goko, Mrs. Githiori and Ms. Matatu.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. Logistical/Administrative Arrangements

1. Finding

The arrangements made by INTRAH to have some materials developed and typed in Nairobi proved

quite useful. This lessened the in-country planning pressures, which gave the training team time to review the training materials and make necessary clarifications in time before the workshop began.

#### **Recommendation**

This same spirit should be continued for it also gives the INTRAH consultants an opportunity to share learnings with INTRAH/Nairobi technical staff.

### **2. Finding**

The arrangement by INTRAH/Nairobi to have the INTRAH consultant travel to Dar a few days prior to the workshop was very encouraging. This gave the consultant time to review the training materials with the training team, share findings of the selected practicum sites and make necessary adjustments and preparations before the workshop.

#### **Conclusion**

The planning time in-country enables the training team to plan together and standardize their practices and verify the availability of clinics or make alternative arrangements in adequate time.

#### **Recommendation**

INTRAH/Nairobi should continue to schedule in-country planning time, and INTRAH and the FPU should continue to respond to recommendations made on strengthening of the practical training sites in a timely manner prior to commencement of training.

### **3. Finding**

The trainers and participants expressed satisfaction with the Posts and Telecommunications Training College as a training facility and for accommodation.

#### **Recommendation**

This institute is very appropriate for training activities of this kind and is highly recommended for use by the FPU in any future training activity.

**4. Finding**

The vehicle availed for use during the workshop was too small and could not transport all of the participants in one trip. The vehicle had to make more than one trip to and from the practicum sites which often caused trainees to arrive late at the practicum site.

**Conclusion**

Much time was wasted while waiting for the one vehicle and the participants were delayed in getting to the practicum sites in good time to perform certain procedures. More time was wasted when returning to the classroom for the day's processing and learning sessions.

**Recommendations**

The FPU should look seriously for the solution to this problem before the next training activity. Alternatives which could be assessed are to either buy a minibus capable of accommodating 20 people or hire taxis during the practicum period.

**5. Finding**

Although supplies required during the practicum period were available, the system used was not satisfactory. Certain supplies were bought in small amounts which meant that the training had to be interrupted while waiting for another purchase to be made. Some FP methods (such as CuT 380A) were not supplied at all throughout the workshop.

**Conclusion**

The shortage of supplies and delays in acquiring some of them hinders actual skills acquisition in the clinics by trainees.

**Recommendation**

The FPU should act immediately on the list of requirements sent to them so that they have ample time to get the supplies and to send them to the intended practicum sites. This would also create enough time to find possible solutions to the problem of unavailable supplies (e.g. CuT 380A) which could be borrowed from other clinical sites such as the regional FP clinics.

**B. Implementation of Activity****6. Finding**

Participants expressed satisfaction with the practicum sites because of good cooperation, and the sites offered a variety of FP methods.

**Conclusion**

The participants prescribed and offered a wide range of FP methods and managed common FP side effects.

**Recommendations**

The clinics used should be thanked and encouraged to continue offering their facilities for practicum training.

As recommended during November/December 1992 (see Trip Report B-#276) there is a great need to update the service providers working in these clinics on FP methods and procedures. Those who have had incomplete FP training should be trained (especially the University of Dar es Salaam MCH/FP Clinic). This will increase the client load as the service providers will have the ability to provide all FP methods and services. There will also be method continuity eg., the IUD.

**7. Finding**

The participants were able to meet or exceed the practicum requirements in good time (see Appendix K.1). Method preference by clients seemed to be widening to cover a wider method mix.

**Conclusion**

The participants completed the practicum requirements early in good time and this gave them an opportunity to top up on FP clinical skills previously not thoroughly covered.

**Recommendation**

The FPU should communicate this to the clinics used and also venture to improve other FP clinics for wider FP method choices. The FPU should also consider training service providers from those clinics which have not been used as training sites since clients' rising demand for FP methods will call for more FP skilled service providers capable

of providing all FP methods including IUD insertion.

C. **Evaluation/Follow-up Activity**

8. **Finding**

The participants prepared workplans based on application of the knowledge and skills as service providers. They expressed fear about the lack of supplies and requested that they receive technical assistance during the initial implementation of their workplans.

**Recommendation**

The INTRAH Resident Trainer and the FPU should look into the issue of supplies. They should ascertain that the supplies are available and have reached the intended destination. The FPU and the INTRAH Resident Trainer should conduct follow-up visits to provide technical assistance to these participants.

9. **Finding**

Participants expressed a need to receive updated knowledge and skills from INTRAH or the FPU.

**Recommendation**

INTRAH/Nairobi and the FPU should design a method of supervisory follow-ups intended to update these participants.

**APPENDIX A**

**Persons Contacted/Met**

**APPENDIX A**

**Persons Contacted/Met**

**USAID/Tanzania**

Ms. Dana VOGEL, Health and Population Officer

Mr. Michael MUSHI, Assistant Health and Population Officer

**Ministry of Health Family Planning Unit**

Dr. Fatma MRISHO, Manager

Dr. Calista SIMBAKALIA, Deputy Program Manager

Mrs. Rose WASIRA, Assistant Administrative Program  
Officer/Public Health Nurse

**University of Dar es Salaam (MCH/FP Clinic)**

Mrs. Dora MSHANGA, Nursing Officer In-charge

**Tandale Health Centre**

Mrs. Mary SICHWALE, Nursing Officer In-charge

**Mwananyamala District Hospital**

Dr. August MANYANGA, District Medical Officer of Health

Mrs. Gogela SIMBAURANGA, Nursing Officer In-charge, MCH/FP  
Clinic

**Mnazi Mmoja City Council Clinic**

Mrs. Hanadi MFANGA, Nursing Officer In-charge

Mrs. Hilda CHACHA, Public Health Nurse In-charge, MCH/FP  
Clinic

**INTRAH**

Miss Pauline MUHUUHU, Regional Director

Mrs. Jedida WACHIRA, Deputy Regional Director

Mrs. Grace MTAWALI, Regional Clinical Program Officer

Miss Naomi GOKO, Resident Trainer in Tanzania

Mrs. Florence GITHIORI, Consultant

Ms. Stembile MATATU, Consultant

**Others**

Mrs. Elizabeth MBANDO, VSC Counsellor, UMATI Clinic,  
Muhimbili

Dr. Aldatus KAPESA, Ob/Gyn Consultant, Muhimbili Medical  
Centre

Ms. Carolyn MREMA, GTZ Program Assistant

Mrs. Ruth ODINDO, MCH/FP Trainer

Ms. Jito RAM, Registrar of Nurses

**APPENDIX B**

**List of Participants**

## APPENDIX B

### **List of Participants**

1. Mrs. Augusta BISIGORO  
Nurse Midwife II  
Igoma Dispensary, Mwanza District  
Mwanza
2. Miss. Regina GRIMAN  
Nurse Midwife "B"  
Ngudu Hospital, Kwimba District  
Mwanza
3. Miss. Gloria HASSAN  
Public Health Nurse "B"  
Mugumu Hospital,  
Mara
4. Mrs. Agnes S. KARUNGULA  
Public Health Nurse  
Bunazi Health Centre  
BUKOBA, Korogwe District  
Kagera
5. Mrs. Pendo M. KASIKA  
Nurse Midwife "B"  
Kwangwa Dispensary  
Musoma District  
Mara
6. Miss. Hellen KIGOYE  
Public health Nurse "B"  
Magu Hospital  
Magu  
Mwanza
7. Mrs. Salome MBAMBA  
Nursing Officer III  
Butiama Hospital  
Musoma District  
Mara
8. Mr. Christopher MIKAGA  
Medical Assistant  
Mabawe Health Centre  
Ngara District  
Kagera

9. Mrs. Annamaria MNENWA  
Nurse Midwife III  
Biharamulo Hospital,  
Biharamulo District  
Kagera
10. Miss. Joyce C. MUKARUKA  
Nursing Officer III  
Tarime Hospital  
Tarime District  
Mara
11. Mrs. Felista MULIBO  
Public Health Nurse "B"  
Geita Hospital  
Geita District  
Mara
12. Mrs. Esther MWINUKA  
Nursing Officer III  
Ngwenzi Dispensary  
Mwanza
13. Mrs. Veneranda PANTALEO  
Public Health Nurse "B"  
Nansio Hospital  
Ukerewe District  
Mwanza
14. Mrs. Addy RWEGOSHORA  
Medical Assistant  
Kalema Dispensary  
Bukoba District  
Kagera
15. Mrs. Praxeda SEBASTIAN  
Nurse Midwife II  
Kaigara Health Centre  
Musoma District  
Mara

**APPENDIX C**

**Summary of Participant Reaction Responses**

APPENDIX C

FP COMPREHENSIVE CLINICAL  
SKILLS TRAINING

Activity title \_\_\_\_\_

Date of Activity May 17, - June 18, 1993

**INTRAH PARTICIPANT REACTION FORM**

The purpose of this form is to give trainers information about the quality of this training activity.

For each set of statements below, please check the response that best describes your feelings or reactions about this aspect of the training.

1. Workshop objectives were clear and were achieved.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Both the amount of content covered and the length of the workshop were about right.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain: The three participants felt that the workshop period was short.  
\_\_\_\_\_  
\_\_\_\_\_

3. This workshop was directly related to the work I do or am going to do.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Possible solutions to my real work problems were dealt with in this workshop.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Workshop facilities and arrangements were quite satisfactory.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain: The one who was undecided and the one who disagreed stated that they experienced financial problems (the per diem). Not given in good time during the training.  
\_\_\_\_\_  
\_\_\_\_\_

6a. The trainer(s)/preceptor(s) for this workshop was/were effective in helping me to learn and apply concepts and skills.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6b. The practice sessions of this workshop helped me to apply concepts and learnings.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If applicable:**

6c. The field practice sessions of this workshop helped me to achieve competence and confidence in performing the skills and techniques contained in the learning objectives for the workshop.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2 a. Use of more realistic examples and applications

2 b. More time to practice skills and techniques

6 c. More time to discuss theory and concepts

6 d. More effective trainers

2 e. More effective group interaction

1 f. Different training site or location

1 g. More time to prepare for training sessions

3 h. Focus on more limited and specific topic(s)

    i. Focus on a broader and more comprehensive topic

2 j. Other (specify) \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Below are major **topics** that were presented in the workshop. Please indicate the usefulness of the topics to your work in the scale at right.

**Trainers: Please be sure to fill in topics before administering this form.**

	5	4	3	2	1
	very				not at all
	useful				useful
a. <u>Pre-training skills assessments</u>	13	2			
<u>Establishing and maintaining</u>					
b. <u>interpersonal relationship</u>	11	3	1		
<u>Planning, conducting and evaluating</u>					
c. <u>client/group education</u>	14	1			
<u>Counselling for Informed Choice</u>	12	3			
<u>Anatomy and Physiology of Male and</u>					
e. <u>Female Rep. System Applied to FP methods</u>	13	2			
<u>COCs</u>	14	1			
<u>POPs</u>	14	1			
<u>Depo Provera</u>	14	1			
<u>Barrier Methods, NFP, Breastfeeding</u>	11	4			
<u>Norplant</u>	4	4	2		5
<u>National Policy Guidelines</u>	12		3		
<u>History Taking</u>	15				
<u>IUCD</u>	15				
n. <u>Physical and Pelvic Examination</u>	15				
Please comment:					
o <u>Prevention of accidental infection in</u>					
<u>FP Clinics</u>	15				

Please comment:

9. Below are training materials used during the workshop. Please indicate how well each contributed to your understanding or learning:

Trainers: Please list by title, or refer to the specific session, the handout/material about which you would like feedback.

	5	4	3	2	1
	very well				not at all well
a. Combined Oral Contraceptives	15				
b. Progesterone Only Pills	14	1			
c. Depo Provera	13	2			
d. Intra Uterine Contraceptive Devices	15				
e. Planning, Conducting and Evaluating Health Talks	12	2			1
f. Nat. Policy Guidelines and Standards	13	1	1		
g. Pre-training Skills Assessment Forms	13	2			

10. Adolescent Fertility  
 Below are training materials used during the workshop. Please tick off which of these you plan to use in your work situation share with colleagues:

Trainers: Please list by title or refer to by session, those materials about which you are seeking feedback

	Plan to use/share
a. Hand outs	15
b. The Nat. Policy Guidelines & Standards	15
c. Models	8
d. Cards with FP Situations	13
e. _____	_____
f. _____	_____
g. _____	_____

11. For the following training methods/techniques, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

**Trainers:** Below, please add methods/techniques on which you want feedback; please cross out those methods that do not apply.

<u>Training Methods/ Techniques</u>	5	4	3	2	1	does not apply
	very useful				not useful	
a. lectures	14	1				
b. group discussions	11	4				
c. individual exercises	9	3	2	1		
d. group exercises	12	2	1			
e. field trips						
f. process reviews	8	5	2			
g. demonstrations	12	3				
h. <u>simulations</u>	11	3	1			
i. _____						

12. Materials or training methods/techniques that were not suitable for your country, please list them and explain why they were not suitable.

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13. Additional Comments:

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Feel free to sign your name. (Optional)

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**APPENDIX D**

**Workshop Goal and Objectives**

**Appendix D**

**Workshop Goal and Objectives**

**WORKSHOP GOAL**

To enable family planning service provider to plan, provide and monitor clinic based family planning services and selected services related to contraceptive use, in accordance with the Tanzania Family Planning Guidelines and Standards for Service Delivery and Training.

**GENERAL LEARNING OBJECTIVES**

By the end of the 5 weeks training, the trainee will be able to:

1. Establish and maintain interpersonal relationship with clients and co-workers which allows free flow of information at his/her worksite.
2. Plan, conduct and evaluate family planning education for individuals and groups for the purposes of informing and recruiting clients and encouraging continuation of FP acceptance.
3. Counsel individual clients and couples to help them make informed decisions on the use of family planning methods.
4. Manage clients using family planning methods.
5. Manage clients with special needs and problems related to contraceptive use.
6. Apply national policy guidelines and standards and the service procedures manual in organizing, delivering and monitoring clinic services.

**PRACTICUM OBJECTIVES/REQUIREMENTS**

During the practice period each participant will perform a minimum of the following procedures/job tasks, in accordance with the FP techniques stipulated in the Tanzania FP Procedure Manual:

<u>Job Task/Skills</u>	<u>Number of Times</u>
1. Establishing and maintaining interpersonal relationship	with all the FP/MCH clients contacted
2. Using counselling skills to help a high risk client make a decision	2
3. Planning, Conducting and evaluating the group education session	2
4. Counselling new clients for informed choice on available method:	10
5. Counselling about breastfeeding as a FP method .....	2
6. Taking Medical-social history	20
7. Performing physical assessment	20
8 Performing post-partum assessment	02 (actual/simulation)
9. Taking Pap Smear (Simulation)	01
10. Initiating/beginning a client on:	
a. COC	20
b. Depo Provera	5
c. POP	5
d. Condoms	02
e. Diaphragm	01 (simulation)
11. IUCD insertions:	
o Copper T 380A	10 (actual) 5 simulations/ actual

12. Instructing clients on the use of:
- |                                       |   |
|---------------------------------------|---|
| POP                                   | 5)  |
| COC                                   | 20)   |
| Depo Provera                          | 5) at the same<br>) time as when<br>) beginning the<br>) client on the<br>) method in No. |
| IUCD (Copper T380A, Multiload, other) | 2 14 above  |
| Condoms                               | 1 (simulation)  |
| Diaphragms                            |   |
13. Conducting routine follow-up visits for:
- |                         |    |
|-------------------------|----|
| a. COC clients          | 10 |
| b. POP clients          | 05 |
| c. Depo Provera clients | 10 |
| d. IUCD clients         | 02 |
14. Managing clients with common method related side effects while using
- |                 |                              |
|-----------------|------------------------------|
| a. POP          | 02)                          |
| b. COC          | 02) Case study<br>situations |
| c. Depo provera | 02) actual                   |
| d. IUCD         | 02)                          |
15. Aseptic technique procedures
- |                              |                                       |
|------------------------------|---------------------------------------|
| - by boiling                 | ) as many times as                    |
| - by high level disinfection | ) needed but not less<br>than 5 times |
16. Managing clients with complications using:
- |                 |                  |
|-----------------|------------------|
| a. POP          | 02)              |
| b. COC          | 02) Simulations/ |
| c. Depo Provera | 02) actual       |
| d. IUCD         | 02)              |
17. Managing clients with common STD using signs and syndromes:
- |                               |                       |
|-------------------------------|-----------------------|
| a. lower abdominal pain       | 02(actual/case study) |
| b. abnormal vaginal discharge | 02(actual/case study) |
18. Developing a Back-Home skills Application Plan using the National FP Service Policy Guidelines and individual learnings
- |  |                              |
|--|------------------------------|
|  | 01(individual/group<br>plan) |
|--|------------------------------|

**APPENDIX E.1**

**Workshop Schedule**

**COMPREHENSIVE FP CLINICAL SKILLS WORKSHOP**  
**ACTUAL SCHEDULE**

**WEEK ONE**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00 a.m	o Welcome and Registration o Introduction Exercise o Pre-Knowledge Test	WHERE ARE WE  PTSA	PTSA	Simulations on conducting FP/MH Client Education	Anatomy and Physiology applied to FP methods
10 -10.30	TEA	B	R	E	A K
	o Overview of training -Post Training Jobs and Tasks -Goals and Objectives -Training Evaluation methods -Norms -Co-operative Game	PTSA	Feedback } 1 Hour on PTSA }  Establishing and Maintaining Interpersonal relationship (1 <sup>1</sup> / <sub>2</sub> )Hrs	Counselling for FP/MH Services	Menstrual Cycle 1 Hour  Introduction to FP Methods Available in Tanzania (1 <sup>1</sup> / <sub>2</sub> )Hrs

b.c

1.00-2.00	L	U	N	C	H	
1 Hour	o Introduction to PTSA			Planning Conducting and Evaluating a FP/MH Client Education Session	Simulations on Counselling for FP services	Combined Oral Contraceptives
	o Feedback on pre-Knowledge Test	PTSA		Homework to Write a Client Education Session Plan	Introduction to Revision of Anatomy and Physiology Applied to FP Methods - 1 Hour	-Description -Mechanism of Action -Who can use -Who cannot use -Advantages -Disadvantages -Drug interactions -Instructions
	o Outline of the National Population Policy Guidelines					
	PROCESS REVIEW	PROCESS REVIEW	PROCESS REVIEW			

## WEEK TWO

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00 a.m	WHERE ARE WE Simulations on Explaining COC to clients (1½)Hrs o Progestin Only Pills	WHERE ARE WE Physical Assess- ment for FP and Post-partum Clients	WHERE ARE WE Return demonstra- tion of IUCD Insertion in class	WHERE ARE WE Messages in the Policy Guidelines and Service Standards	WHERE ARE WE Prevention of Accidental Infection in FP Clinics
30 mins					
10 -10.30	TEA	B	R	E	A K
30 minutes	o Progestin Only Pills o Depo Provera -Description -Mechanism of Action -Indications -Contra-indications -Advantages -Disadvantages -Instructions	Demonstration on Physical Assess- ment including pelvic: : Bimanual : Speculum Return demonstra- tions (in class)	Breastfeeding as a FP method (45 Minutes) BARRIER METHODS - Diaphragm - Condom - Spermicides (1 Hour)	History Taking for FP (MCH Card No. 5)	Practicum for FP Counselling for informed choice

## WEEK TWO

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1.00-2.00	L	U	N	C	H
2 Hours	Simulations on Explaining POP and Depo Provera to clients	I U C D	Return Demonstrations on the Fitting a Diaphragm (2 Hours)	Practicum on History Taking	Introduction to Clinical Areas
1 Hour	NORPLANT	Demonstration of IUCD Insertion	FLE - Adolescent Fertility (1 Hour)		
	PROCESS REVIEW	PROCESS REVIEW	PROCESS REVIEW	PROCESS REVIEW	PROCESS REVIEW

**WEEK THREE**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	CLINICS	CLINICS	CLINICS	CLINICS	CLINICS
10 -10.30	TEA	B	R	E	A K
	CLINICS	CLINICS	CLINICS	CLINICS	CLINICS
1.00-2.00	L	U	N	C	H
4-5 p.m	Managing Clients for FP Side Effects IUCD Oral Contraceptives	VSC (1 Hour) Feedback from Clinics and Reviews	Group Presentations on: Organizing clinics to offer FP services		FP Logistics Management (?)

**WEEK FOUR**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	CLINICS	CLINICS	CLINICS	CLINICS	CLINICS
10 -10.30	TEA	B	R	E	A K
	CLINICS	CLINICS	CLINICS	CLINICS	CLINICS
1.00-2.00	L	U	N	C	H
3.45 p.m to 5.00 p.m	Screening clients for STD			Introduction to Back home Application plans	
	Review of Clinic Practicum Experiences	----->	----->	----->	Back home Application plans

**WEEK FIVE**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	CLINICS Begin Post Training Skills Assessments	CLINICS	CLINICS	CLINICS	CLINICS Post Knowledge Test
10 -10.30	TEA	B	R	E	A K
					Evaluations Written Verbal Trainer Trainee Feedback
1.00-2.00	L	U	N	C	H
		BackHome Application Plans	----->	Feedback from Trainers on PTSA	<b>CLOSING CEREMONY</b>

**APPENDIX F**

**List of Workshop Handouts**

## APPENDIX F

### **List of Workshop Handouts**

1. Establishing and maintaining interpersonal relationship
2. Practical ideas on group education in an MCH/FP clinic
3. Guide for FP Counselling for Informed Choice
4. Anatomy and Physiology of the female reproductive system and its clinical FP application
5. Menstrual Cycle and some Applications to Family Planning practice
6. Purposes of conducting FP/MH Education.
7. Voluntary Surgical Contraception.
8. Performing Physical Assessments of Family Planning Client
9. Minimizing the spread of infection during Family Planning procedures.
10. Cervical Ectropion
11. Breastfeeding as a family planning method
12. Performing the Papanicalou (PAP) Smear
13. Maintaining privacy and confidentiality in family planning
14. Managing clients suffering from sexually transmitted diseases
15. Diagnosing pregnancy using signs and symptoms
16. Combined Oral Contraceptives
17. Intrauterine Contraceptive Device
18. Depo provera
19. Progestin Only Pills
20. The NORPLANT
21. Managing clients with FP related side effects and complications
22. Barrier methods of family planning

**APPENDIX J**

**Pre/Post Knowledge and Clinical Skills Assessment Scores**

**INTRAH TRAINING EVALUATION DATA**  
**PRE/POST KNOWLEDGE AND SKILLS RESULTS**

**APPENDIX I**

1. **Country:** Tanzania
2. **Activity Title:** Comprehensive FP Clinical Skills Training
3. **Contract Number:** # 22
4. **Dates:- From:** 17-5-93                      **To:** 18-6-93                      (5 weeks)
5. **Trainers:**     1. Muthungu Chege                      3. Esther Berege  
                         2. Maurice Hiza    4. Rose Saga
6. **Instruction**

**Write actual scores/marks and not percentages**  
**Use the same alphabetical order of names as in the trip report.**

NAMES	KNOWLEDGE (MARKS)		SKILLS (MARKS)							
	OUT OF 46 MARKS		Counselling for Decision Making		Group Education		Aseptic Technique		Physical Assessment	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1. Bisigoro Augusta	18	34	56	58	19	44	24	31	85	195
2. Griman Regina	20	28	50	54	34	50	6	35	60	184
3. Hassan Gloria	18	38	35	62	27	47	24	35	77	212
4. Kasika Pendo	18	41	57	62	40	47	4	34	94	184
5. Kigoye L. Hellen	21	36	39	66	19	50	22	35	58	216
6. Karungula S. Agnes	15	33	54	65	27	49	19	34	72	209
7. Mbamba Salome	18	32	40	44	41	46	34	30	79	183
8. Mukaruka Joyce	23	35	52	65	41	48	9	36	93	204
9. Mulaga Christopher	13	44	60	63	26	42	18	34	74	197
10. Mulibo Felista	20	37	54	62	22	42	21	34	79	181
11. Mnenwa Annamaria	21	28	34	66	33	50	24	35	66	215
12. Mwinuka Ester	26	35	58	66	24	50	25	36	88	216
13. Pantaleo Veneranda	13	36	56	65	38	47	26	36	89	214

NAMES			Counselling for Decision Making		Group Education		Aseptic Technique		Physical Assessment	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
14. Rwegoshora Addy	20	36	50	58	22	43	26	34	59	215
15. Sebastian Praxeda	15	35	30	64	19	49	8	31	80	203
• Total score on the tool	46	46	66	66	46	46	36	36	110	218
• Cut-off score	36.8	36.8	46	46	38	38	36	36	84	146
• Mean score	18.6	35.2	48.3	61.3	28.8	46.9	21.6	34	76.9	201.6
• Range	13-23	28-44	30-58	44-66	19-41	42-50	4-34	30-36	58-94	181-218
• Difference between mean pre and post score		16.6		13		18.1		2.4		12.5
• Number of trainees:										
a) equal to cut-off score	0	0	0	0	1	0	0	3	0	0
b) above cut-off score	0	4	10	14	3	15	0	0	5	15
c) below cut-off score	15	11	5	1	11	0	15	12	10	0

**APPENDIX M**

**USAID/FPU Debriefing Report**

APPENDIX M

FP COMPREHENSIVE CLINICAL SKILLS.  
TRAINING - 17TH TO 18TH JUNE 1993

DEBRIEFING REPORT - 18TH JUNE 1993

1. FAMILY PLANNING UNIT
2. USAID HPO
3. INTRAH RESIDENT TRAINER

The above Training activity was conducted as indicated from May 17th to June 18th. The trainees were 15 Service providers from the Lake Zone comprising of Medical Assistants, Nursing Officers, Public Health Nurses and Nurse Midwives. The whole activity took five and half weeks with the half week being spent on planning.

PLANNING WEEK.

The trainers visited the selected practicum sites to assess their suitability for skills acquisition. The findings and recommendation were forwarded to the Family Planning Unit for possible actions before the practicum period started.

Training materials were reviewed by the training team and clarifications were made by the lead trainer.

THE TRAINING ACTIVITY

The training activity was in two portions:-

(i) THEORY PORTION

This took place in the Post Office Training Institute at Kiiitonvama in Dar es Salaam.

Classroom sessions were held majoring in use of participatory methods of training - demonstrations, simulations, group works, individual exercises and lecturer. During the 1st three days the trainees were subjected to Pre - Training Skills assessments with the purpose of wanting to know what skills the trainees have come with as service providers. Feedbacks were given and major weaknesses and strong areas identified. The trainees were also subjected to a knowledge Pre - Test also aimed at assessing what knowledge entry levels the participants were starting the training. At the end of this portion of training the trainees showed great comprehension of the session contents and eagerness to learn more.

42

## **PRACTICUM PORTION.**

The practicum experiences were held in the five previously identified health facilities. These were Tandale, Mnazi Mmoja, Muhimbili Umatai Clinic and University of Dar es Salaam Clinic.

These Clinics offer a great variety of Contraceptive services which included hormonal methods, intra uterine devices, conventional methods and Surgical Contraceptives. Therefore the trainees had an opportunity to practice and observe all the available contraceptive methods and services given in Tanzania.

The trainees managed to attain and exceed the practicum requirements. The trainees were being assessed on continuous basis in order to monitor Skills acquisition and individual competences. Feedbacks were given to individuals and groups and corrections done and guidance given.

At the end of this portion of training the trainees were individually assessed on Post Training Skills to assess the trainees skills exit level. The results showed a great achievement on skills competence and practices. Feedbacks were given to individual trainees and emphasis on strong points shared with individual trainees and also possible solutions to weak points.

## **ACCOMPLISHMENTS**

All the 15 trainees underwent the Comprehensive Clinical Skills Training and covered both the theory and practicum sessions and achieved fruitful results. There was also full participation of both the trainees and trainers through the training period. The trainees also developed knowledge/Skills and updatedness in their clinics.

## **MAJOR FINDINGS**

The arrangements made by Family Planning Unit to accommodate the trainees in the Post Office Training Institute and also hold the theory sessions there were very commendable. The trainers and trainees were able to time manage the learning, sessions and day to day activities.

## **RECOMMENDATION**

It would be ideal if the same Institute is selected for future similar purposes and uses. The Institute Management deserves a thanks note.

## **THE TRAINERS**

Both the CTT and RTT members who facilitated in this course, exposed need for more practice in both training

skills and clinical skills. Lack of these two skills especially the clinical skills derailed individual trainers during demonstrations and hence bound to demonstrate certain FP clinical procedures while leaving important gaps. At the same time lack or deficiency of the skills would make individual trainers portray uncertainty when conducting a demonstration session.

#### RECOMMENDATION

There is great need for these trainers to practice more on Clinical Skills preferably in a busy clinic set up. This will help them acquire more clinical skills and create greater self confidence while demonstrating clinical procedures. There is also need for them to identify this as a basic requirement for a trainer whose major activities involve demonstrations and precepting. There is also need for the trainers especially the CTT members to feel more involved in attaining these skills, since other trainers such as the RTT would be looking up on them for consultations regarding clinical procedures.

#### FINDING

##### THE TRAINEES

Some trainees had been selected from the Wards and other non FP related areas in their health facilities. They expressed fear that they will possibly go back to the same areas.

#### RECOMMENDATION

Family Planning Unit should communicate with those health facilities whose service providers have had the FP training in order to emphasise on the need for those service providers to practice the new skills gained. A close follow up by Family Planning Unit would also be useful and quite helpful.

#### PRACTICUM SITES

##### 1. FINDINGS

All the five clinics that were selected had very co-operative members of staff who understandingly assisted in making necessary arrangements during the practicum sessions. Major lack of knowledge and clinical skills were observed among the service providers in these clinics. Certain FP methods are only provided when there is a training going on since on other times there are no service providers with the skills necessary to provide such services. Those with FP Skills had their training long ago

and hence have no updated skills and knowledge. Therefore needing to use certain methods are not provided with a method of their choice. So when training practicum experiences start, it takes time to have the clients turning up for certain FP methods since to them and service providers those methods are not available.

#### RECOMMENDATIONS

There would be a need to have certain service providers from these clinics trained in comprehensive FP Clinical Skills then restationed in the same clinics. This would not only boost the services providers updatedness but also the clients ability to get a FP method of her choice, being provided by a competent service provider. If possible train one service provider from each of the selected clinics.

## 2. FINDINGS

There are two types of Oral Pills without the expiry dates shown on the packets. These are Ovrette and Lo-femenal, so they are being dispensed without knowing their expiry dates and this may lead to greater method failure.

#### RECOMMENDATIONS

There is need to find out from the manufacturers about this or remove them from the clinics all the same. It would also be important for the stores and clinic incharges to keenly look at this kind of missing informations best risk high method failure.

#### FINDING

During the practicum period there was a research on STD being done in one of the practicum sites being used by the trainees. The instruments were being shared between these two groups, so due to different interests and feelings the research group was not adhering to required aseptic procedure rules. This caused lots of differences between the trainees and the research group because the trainees were following the teachings that they had been given and trying to adhere to set standards especially on minimizing spread of infection in the FP Clinic.

#### FINDING

Two Clinics Tundale and Mnazi Mmoja have a problem of space organization and Minor repairs.

(i) MNAZI MMOJA

The FP room is too small and is being used virtually for all FP services. Therefore it is quite congested.

The sink table is broken causing inability maintain cleanliness and minimizing spread of infection.

(ii) TANDALE

The FP room is small and service also as a records office for FP records.

There is a room which was identified to us as the original FP room. This room is quite ideal for FP use but it is remaining unused with an aim of it becoming a laboratory.

The toilet being used by the FP Clients is too dark and hence it gets messy now and then.

**RECOMMENDATION**

The FPU need to visit these clinics with an aim of helping in re-organizing and discussing possible repairs with the clinic incharges. Mnazi Mmoja will require re-organization and repair of the sink table. (Get an extra room).

Tandale will require discussion with the Clinic incharge on need to move the FP Clinic into its original site as per the original plan. The toilet will only require a window to allow natural lighting.

**RECOMMENDATION**

The FPU need to visit the Mwananvamala MCH/FP Clinic and sort out this problem. Either the clinic is used only for research work - add more instruments so that the ones used in the STD research are not mixed at all with those of FP services. Or the STD research work is moved to lesser FP potential clinic with more rooms.

**LOGISTICS.**

**FINDINGS**

**TRANSPORT**

In adequate transport to and from the practicum sites was experienced. The vehicle provided could not transport the trainees in single trip so it had to make return trips. This delayed arrivals in the practicum sites and hence a delay on the days schedule, since even when returning from the practicum sites the same process had to be used.

## RECOMMENDATION

The FPU transport office will need to plan how to transport the trainees during the practicum period. The FPU training department ought to closely liaise with the transport office in order for the two to make far a head. arrangements for more convenient transport either have one big vehicle capable of transporting the trainees in a single trip or avail two vehicles.

## FP SUPPLIES FINDINGS

Some of the clinics used during the practicum period had short supplies of FP commodities and equipments. This made delays when performing certain procedures since it takes time to use and sterilize the equipments. Certain clinics which had been previously used for practicum, had been supplied with enough and necessary instruments but unfortunately this time around they were not there. There was also acute shortage of CUT 380 A and Minipills.

## RECOMMENDATION

FPU stores and supplies department need to thoroughly follow what they have supplied and to know who they have supplied with what and keep an inventory. Those supplied with equipments by FPU should be held responsible for what ever they have received. On the other hand FPU needs to make frequent spot checks to ascertain continuous existence of what they had supplied.

The Training Team Members were:-

Mr. Maurice Hiza - CTT

Mrs. Ester Barege - RTT Morogoro

MS. Rose Saga - RTT Coast Region

Mr. Muthungu Chege - INTRAH Consultant

and Mrs. Renald Ndono - CTT ( Facilitated as a preceptor)

## Program for International Training in Health

The University of North Carolina at Chapel Hill  
School of Medicine

208 North Columbia Street, CB# 8100  
Chapel Hill, North Carolina 27514

September 23, 1993

Cable: INTRAH, Chapel Hill, N.C.  
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Ms. Lucy Mize  
Project Manager  
Research and Development/POP/CMT  
Room 811, SA-18  
Agency for International Development  
Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Lucy:

Enclosed is one copy of INTRAH trip report B-#342-1 and 2.

Country: Tanzania

Activity Title: Training

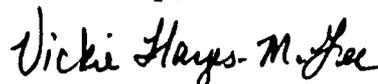
Date of Trip: May 12 - June 19, 1993

Traveller(s): Mr. Muthungu Chege, INTRAH Consultant

Purpose of Trip: To conduct a comprehensive clinical FP skills workshop for 15 FP service providers from 3 regions in the Lake Zone, May 17 - June 18, 1993.

Please let us know if you need additional copies of this report or portions thereof.

Sincerely,



Vickie Hayes-McGee  
Program Assistant

### Enclosure

cc: Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director  
Mr. Pape Gaye, INTRAH/Lomé Miss Pauline Muhuhu, INTRAH/Nairobi  
Ms. Dana Vogel, USAID/Tanzania Ms. Harriet Destler, R&D/POP/FPSP  
Mrs. Hope Sukin, AFR/ARTS/HHR Dr. Ray Kirkland, REDSO/ESA  
AID Acquisitions



118