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TRIP REPORT B - # 385-1 and 2
386-1 and 2

Travelers: Dr. Adatus Kapasa,
INTRAH Consultant

Country Visited: Tanzania

Date of Trip: July 17-31, 1993 (Mwanza)
August 1-5, 1993 (Arusha)

Purpose: To conduct two reproductive health
update seminars in Mwanza (July 28-30)
and Arusha (August 2-4) for district
and regional medical officers from
the Lake and Kilimanjaro zones.

Program for International Training in Health

PAC IIb

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

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EXECUTIVE SUMMARY

INTRAH Consultant Dr. Adatu Kapesa and Senior Lecturer Dr. Richard Lema, both from the Ob/Gyn Department of the Muhimbili University College of Health Sciences, co-facilitated two reproductive health update (RHU) seminars to promote reduction of medical barriers to family planning access in Mwanza (July 28-30, 1993) and Arusha (August 2-4, 1993) for 25 district medical officers (DMOs) and 3 regional medical officers (RMOs) from the Lake and Kilimanjaro zones. Dr. J. Kilonzo, an Ob/Gyn from the Bugando Medical Center, was a facilitator during the Mwanza seminar.

The trip to Mwanza by Dr. Kapesa began earlier than the seminar dates because he facilitated INTRAH workshop sessions in contraceptive technology for the MCH coordinators from the Lake zone.

In Mwanza, 11 of the expected 18 participants arrived whereas in Arusha 17 of the expected 20 participants arrived. The DMOs who did not participate should attend a future RHU seminar. The DMOs expressed a need for frequent update in contraceptive issues that should be built into the National Family Planning Program through a regular bulletin as a supplement to any workshops or seminars.

Knowledge pre and post-tests were administered to the RHU participants. The major pre/post-test increase in the mean score for both groups was evidence of the gaps in information on contraception, which were bridged by the seminars and the training materials used. Following the seminars, the doctors realized their responsibilities in applying new information and putting into use the national policy guidelines with service providers in order to ease service access and improve service quality.

SCHEDULE OF ACTIVITIES

- July 17** Departed from Dar es Salaam at 8:00 am and arrived in Mwanza at 11:00 am.
- July 18** Met with training team members for the supervisory skills workshop to go over the schedule.
- July 19-22** Conducted sessions on contraceptive technology update for the MCH coordinators who were attending the supervisory skills workshop.
- July 23-27** Prepared for the RHU seminar in Mwanza.
Visited the major town clinics to assess medical barriers to FP access.
- July 28-30** Conducted the RHU seminar in Mwanza.
- July 31** Departed from Mwanza at 11:00 am and arrived in Dar es Salaam at 1:00 pm.
- August 1** Departed from Dar es Salaam at 10:00 am and arrived in Arusha at 1:00 pm.
Prepared for the RHU seminar in Arusha.
- August 2-4** Conducted the RHU seminar in Arusha.
- August 5** Departed from Arusha at 1:00 pm and arrived in Dar es Salaam at 3:00 pm.
- August 12** Debriefed with Dr. Francis Mburu, USAID/Dar Project Specialist.

LIST OF ABBREVIATIONS

CEDHA	Centre for Continuing Education in Health in Arusha
DMO	District Medical Officer
FPU	Family Planning Unit
PHC	Primary Health Care
RHU	Reproductive Health Update
RMO	Regional Medical Officer

I. PURPOSE OF TRIP

The purpose of the trip was to conduct two RHU seminars, at INTRAH's request, for district and regional medical officers from Lake and Kilimanjaro zones in order to strengthen knowledge in reproductive health and its application in family planning service delivery in order to promote reduction of medical and provider barriers to service accessibility.

II. ACCOMPLISHMENTS

- A. Twenty-five DMOs and 3 RMOs fully attended and participated in one of two RHU seminars conducted back-to-back in Mwanza and Arusha.
- B. The participants formulated recommendations for changes in existing service policies and guidelines.
- C. The participants identified their responsibilities to put into use the family planning service policies and guidelines with service providers in order to ease service access and improve quality.
- D. Trainers' meetings were held to review responses from participant reaction forms and pre/post-test results.

III. BACKGROUND

The Ministry of Health of the Government of Tanzania has embarked on a National Family Planning Program that focuses on decentralization of service delivery, service management and training for service delivery. The majority of service providers in Tanzania are MCH aides and the nursing cadres who require technical and material support from district-level management. On this same ground, the DMOs are the functional PHC district managers of which FP is a major component. It is therefore expected that the DMOs

must be knowledgeable and able to respond to MCH aides and nurses effectively.

To ensure training and service quality, policy guidelines have been introduced for all cadres in Tanzania. INTRAH has provided technical support to the MOH in formulating national policy guidelines and standards for service delivery as well as for training service providers.

These seminars were the first activities under the INTRAH special project for promoting the reduction of medical barriers through reproductive health updates. They aimed at providing update information to district medical officers, physicians and assistant medical officers who play major technical and material support roles and to whom the nursing cadre and MCH aides refer family planning clients who present themselves for FP services but are found to have reproductive health problems that are outside the mandate or capability of MCH aides and nurses to manage. This report describes the two seminars conducted in Mwanza and Arusha to assist the DMOs to define their role in the reduction of medical and provider barriers of service in their respective districts.

IV. DESCRIPTION OF ACTIVITIES

A. Preparation

Preparation for the two seminars involved the Family Planning Unit (FPU), the INTRAH Resident Trainer in Tanzania, INTRAH/Nairobi, the INTRAH consultant and the co-facilitator in various functions.

The FPU extended letters of invitation to the participants, and booked accommodations and the seminar venues.

The INTRAH Resident Trainer facilitated communication between the FPU, INTRAH/Nairobi and the consultant by telephone, fax and expedited mail.

INTRAH/Nairobi assembled some of the seminar materials and sent them to the seminar venues through Mr. Gabriel Mungai of INTRAH who managed funds for the seminars and related logistics. Resource materials supplied by INTRAH were:

- Managing Contraceptive Pill Patients, 1993 edition
- Network - FHI, Vol. 13, No. 3, March 1993
- Network - FHI, Vol. 13, No. 4, May 1993
- National Family Planning Policy Guidelines, 1992

The INTRAH consultant and the co-facilitator prepared the seminar schedule, content and training objectives, arranged for the availability of audiovisuals such as the slide projector and the overhead projector, and made available other resource materials (see Appendix H).

B. Seminars

The three-day seminars began with an introduction, a pre-test, climate setting and provision of update information. The participants were very responsive to new information and quickly accepted its application in providing FP services.

The subject content mainly addressed areas of FP and the current guidelines that were inconsistent, or ignored current scientific evidence, as a means to reduce confusion over various practices and to ultimately do away with such medical barriers.

The draft document "Consensus Guidance on Procedures for the Appropriate Administration of COCs, Injectables, NORPLANT[®] and IUCDs" was used as a reference in discussions.

The session on management of reproductive tract infection and STDs was meant to underscore the role of FP service delivery in infection control.

The second day of the seminars involved small group work and discussion about the practices of providing hormonal contraceptives, injectables and IUD, which were later presented in plenary discussion. This was an opportunity for questions and answers to discriminate among practices which are necessary and why and those practices that perpetuate medical barriers by having no scientific basis. In many areas, it became obvious that the doctors were out of date. This was supported by the difference in scores on the pre and post-tests.

The participants were mostly all DMOs who realized their responsibilities in family planning. They acquired new information, shared experiences and actually made recommendations that weighed toward community distribution of FP services. One such idea was to use a community-based system to start and re-supply injectables, for this method offers a potential opportunity for expansion due to its effectiveness, convenience and acceptability.

C. **Methodology**

The design for the two seminars was the same. Participatory methods were mainly used. The facilitators closely identified with the participants' needs through continuous feedback. The methods used included illustrated lectures, small group discussion, brainstorming, and case studies. The lectures were illustrated using newsprint, slide projector, overhead projector, chartboard, and reference papers.

D. Seminar Venues

Sessions took place at the hotel or hostel where the participants were accommodated. The venue in the Nata Hotel in Mwanza was a fabricated large hall usually used for large social events and was rather noisy and dusty. The classroom at the Centre for Continuing Education in Health in Arusha (CEDHA) was optimal for size and comfort.

E. Trainers and Resource Persons

INTRAH Consultant Dr. Adatus Kapesa and Senior Lecturer Dr. Richard Lema, both from the Muhimbili College of Health Sciences, conducted the seminars. Dr. J. Kilonzo, an Ob/Gyn from the Bugando Medical Center, was a facilitator during the Mwanza seminar.

F. Evaluation

Continuous evaluation was done through questions and answers and spontaneous feedback to evaluate understanding and application of the information presented. In the opinion of the facilitators, participants left the seminar with major challenges to their practices from the new scientific evidence that showed many of the restrictions on age, parity, or other restrictions to method provision could be dropped to increase FP access without compromising quality of care.

1. Participant Reactions (see Appendices G.1 and G.2)

All participants agreed that the seminars and the materials used were directly related to their work and that they will put them to use.

The seminars and training materials were thought to be effective. Participants strongly felt that methods that involved their participation such as

group discussions, case studies and brainstorming were the most effective.

Most participants accepted the training materials and planned to use the new information in relation to their work.

Many participants would have liked some practical sessions to learn skills included in the seminars and thought that the amount of content and duration of the seminars were about right.

2. Trainer Reactions

The readiness of participants to acquire update information that will change their family planning practices in the direction of reducing barriers was seen as a major achievement in the seminars.

3. Knowledge Pre/Post-Test Results (see Appendices E.1 and E.2)

The total score was 100% and the cut-off score was 50% for both tests.

	<u>Mwanza</u>	<u>Arusha</u>
Pre-test mean score	34.2	37.6
Post-test mean score	81.5	71.6
Pre-test range	7-57	18-64
Post-test range	74-95	47-93
# of trainees equal to or above cut-off score on pre-test	1	3
# of trainees below cut-off score on post-test	0	1

The difference in the mean scores on the pre-test and the post-test was evidence that new information that was missing was effectively learned. This finding was a major achievement in the broad objective of the seminars.

V. FINDINGS AND RECOMMENDATIONS**A. Logistical/Administrative Arrangements****1. Finding**

At both venues, about half of the participants arrived on the morning of the first day as instructed by the invitation letters from the FPU, which caused a delay in starting the seminars.

Recommendation

Participants should be asked to arrive the evening before the seminar is scheduled to begin.

2. Finding

Interruption of electricity in Mwanza and more so in Arusha made the use of projectors problematic.

Recommendation

Appropriate audiovisual materials should be used as much as possible.

3. Finding

The low attendance of participants in Mwanza (11 of 18) as a result of other duties involving the DMOs with the visit of the Head of State at the same time as the seminar was unanticipated and rescheduling would have been too late.

Recommendation

The DMOs who missed the seminar should be invited to attend a similar future seminar at another venue.

B. Implementation of Activities**4. Finding**

Efficient secretarial services were not always available to get work done on time.

Recommendation

All materials that can be completed before the seminar should be done in FPU offices.

C. Evaluation/Follow-up of Activities

5. Finding

The knowledge pre-test showed that the DMOs lacked current scientific evidence for removal of many of the restrictions and extensive investigations on clients requesting contraception.

Recommendations

A regular system of dissemination of new scientific information about contraception should be built into the FP program through a quarterly bulletin.

Occasional reviews on the media about benefits, safety and reduction of medical barriers targeted to clients and the community would be a major input into the IEC strategy.

6. Finding

The DMOs felt that there are missed opportunities for providing FP services in hospitals like the women leaving hospitals for abortion management.

Recommendation

All medical workers in such a situation should be able to provide methods such as injectables and COCs using a simple checklist for client suitability without a compromise in quality.

7. Finding

The DMOs expressed the need for a wider section of medical workers to be familiar with management of method-related problems that are referred from FP providers.

Recommendation

A simple illustrated manual on handling referrals of FP clients with problems should be developed locally.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Tanzania

Dr. Francis MBURU, Project Specialist

APPENDIX B.1

List of Participants to the Mwanza Seminar

APPENDIX B₁

List of participants - Mwanza venue

1. **Dr. Sebastian Gushaha (MD)**
District Medical Officer
Ukerewe District, Mwanza Region.
2. **Dr. John Kachenesa (MD)**
District Medical Officer
Muleba District, Kagera Region.
3. **Dr. Katende Kashaija (MD)**
Regional Medical Officer
Kagera Region.
4. **Dr. Rutayunga Kashangaji (Adv. Dip. Med)**
Acting District Medical Officer
Bukoba District.
5. **Dr. Devsdetid Kibanda (MD)**
District Medical Officer
Bunda District, Mara Region.
6. **Dr. Karaine Kunei (Adv. Dip. Med.)**
District Medical Officer
Musoma Urban District.
7. **Dr. Jerom Mujaki (MD)**
District Medical Officer
Biharamulo District, Kagera Region.
8. **Dr. Cyrialis Mutabuzi (MD)**
District Medical Officer
Ngara District, Kagera Region.
9. **Dr. Ramadhan Mnenge (MD)**
District Medical Officer
Geita District, Mwanza Region.
10. **Mrs. Verdiana Mvulla (RN)**
Acting District Medical Officer
Karagwe District.
11. **Dr. Zebedayo Sekirasa (MD)**
District Medical Officer
Mwanza Municipality.

APPENDIX B.2

List of Participants to the Arusha Seminar

APPENDIX B₂

List of participants - Arusha Venue

1. **Dr. Nicholas Adams (MD)**
Acting District Medical Officer
West Meru District, Arusha.
2. **Dr. Israel Baynit (MD)**
District Medical Officer
Hanang District, Arusha.
3. **Dr. Eseko (MD)**
Regional Medical Officer
Arusha.
4. **Dr. Yesse Katumbi (Adv. Dip. Med.)**
District Medical Officer
Loliondo District, Arusha.
5. **Dr. John Kifua (Adv. Dip. Med.)**
District Medical Officer
Muheza District, Tanga.
6. **Dr. Clement Masanja (MD, DPH)**
District Medical Officer,
Handvic.
7. **Dr. Kidasi Mbwana (MD)**
District Medical Officer
Pangani District, Tanga.
8. **Dr. Ben Mberesero (MD)**
Obstetrician/Gynaecologist
Bombo Regional Hospital, Tanga.
9. **Dr. Venance Mhando (MD)**
District Medical Officer
Monduli District, Arusha.
10. **Dr. Wassia H. Moshi (Adv. Dip. Med.)**
District Medical Officer
Mbulu District, Arusha.
11. **Dr. Roman Momburi (MD)**
District Medical Officer
Same District, Kilimanjaro.
12. **Dr. Eliringia Mlay (MD)**
District Medical Officer
Moshi Rural District, Kilimanjaro.
13. **Dr. Mabaraza Msema (Adv. Dip. Med.)**
District Medical Officer
Mwanga District, Kilimanjaro.

14. **Dr. Christopher Mtamakaya (MD)**
District Medical Officer
Moshi Urban District, Kilimanjaro.
15. **Dr. Stephen Mshana (Adv. Dip. Med.)**
Acting District Medical Officer
Tanga Municipality.
16. **Dr. Dickson Sanga (MD)**
District Medical Officer
Lushoto District, Tanga.
17. **Dr. Alfred Ole Sulul (MD)**
District Medical Officer
Arusha Municipality.

APPENDIX C

Seminar Objectives

APPENDIX C

WORKSHOP OBJECTIVES

REPRODUCTIVE HEALTH UPDATE: PROMOTING REDUCTION OF MEDICAL BARRIERS TO FP ACCESS 3 DAY WORKSHOP FOR DMO's.

OBJECTIVES:

1. Promote understanding of:
 - a) Scientific basis for reducing extensive examinations for clients requesting hormonal contraception: and
 - b) The basis for using trained non-physicians in prescription for hormonal methods and insertion of IUCDs.
2. Identify existing medical barriers in the service guidelines and generate recommendations for change in existing services policies, standards and procedures.
3. Identify their roles and responsibilities in promoting and implementing the family planning service policy and service guidelines with service providers, by clinics and among CBHC providers. Special emphasis will be placed on their potential contribution to easing service access and improving service quality.

ENABLING OBJECTIVES:

At the end of the workshop participants will be able to:-

1. Demonstrate a sound understanding of the health benefits of contraception.
2. Explain advances in contraceptive technology related to contraceptive safety.
3. Discuss reproductive physiology as related to contraceptive mechanisms of various methods.
4. Describe the prevention and treatment of reproductive tract infection.
5. Discuss the guideline currently in use for prescribing contraception with emphasis on hormones and IUD.
6. Identify existing medical barriers in the current guidelines.
7. List recommendation for change in service policies, standards and procedure and responsibilities.
8. Identify the role of the doctor in promoting and implementing FP service polity guidelines.

APPENDIX D

Seminar Schedule

APPENDIX E.1

Pre/Post-Test Scores for the Mwanza Seminar

Pre/Post Test Results FormCourse Title: REPRODUCTIVE HEALTH UPDATE-MWANZA

Participant/Name	Knowledge Test		Participant/Name	Competency Test	
	Pre-test Score	Post-test Score		Pre-test Score	Post-test Score
1 Mnenge, R.	49	87	1		
2 Kachenesa, J.	49	92	2		
3 Mutabuzi.	33	74	3		
4 Sekirasa	21	75	4		
5 Mijuki	10	83	5		
6 Kashaija	37	81	6		
7 Kibanda	57	76	7		
8 Kashangazi	7	75	8		
9 Kunei	45	95	9		
10 Gushana	34	77	10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		

	Pre-test	Post-test		Pre-test	Post-test
Total Score	100	100	Total Score		
Mean Score	34.3	81.5	Mean Score		
Range	7-57	74-95	Range		
Difference between mean pre/post score	47.3		Difference between mean pre/post score		
Cut-off Score	50	50	Cut-off Score		
How many trainees equal to or above cutoff score	1	10	How many trainees equal to or above cutoff score		
How many trainees below cutoff score	9	0	How many trainees below cutoff score		

APPENDIX E.2

Pre/Post-Test Scores for the Arusha Seminar

Pre/Post Test Results Form

Course Title: REPRODUCTIVE HEALTH UPDATE ARUSHA

Participant/Name	Knowledge Test		Participant/Name	Competency Test	
	Pre-test Score	Post-test Score		Pre-test Score	Post-test Score
1 Mhando, V.A	23	56	1		
2 Moshi, W.H	18	54	2		
3 Mbwana, K.	30	62	3		
4 Katumbi, Y.	41	76	4		
5 Sanga, D.P.H	27	72	5		
6 Mshana	38	80	6		
7 Adams, N.	18	88	7		
8 Kifra, J.	32	85	8		
9 Mtamakaya	41	93	9		
10 Masanja	37	85	10		
11 Mberesero	56	89	11		
12 Baynit	64	59	12		
13 Ole Sulul	29	47	13		
14 Mlay	53	59	14		
15 Momburi	49	75	15		
16 Msemo	45	73	16		
17 Eseko	39	65	17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		

	Pre-test	Post-test		Pre-test	Post-test
Total Score	100	100	Total Score		
Mean Score	37.6	71.6	Mean Score		
Range	18-64	47-93	Range		
Difference between mean pre/post score	34		Difference between mean pre/post score		
Cut-off Score	50	50	Cut-off Score		
How many trainees equal to or above cutoff score	3	16	How many trainees equal to or above cutoff score		
How many trainees below cutoff score	14	1	How many trainees below cutoff score		

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APPENDIX F

Pre/Post-Test Instrument

APPENDIX F

REPRODUCTIVE HEALTH UPDATE
PROMOTING REDUCTION OF MEDICAL BARRIERS TO FP ACCESS
3 DAY SEMINAR FOR DMO'S AND AMO'S

KNOWLEDGE TEST:

For the following questions, assume that a) the client has already made an informed choice of the method, and b) the client has no contraindications to use of the method.

Feel free to give a short note to accompany your YES/NO or numerical answer.

Q.1 How many COC cycles should be given at the first visit for a new user? and at subsequent visits?

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Q.2 Is a "rest period" advisable for women on COCs after some period of use?

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.....
.....

Q.3 Is there a minimum age to receive COCs? and a maximum?

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Q.4 When is the best time to begin COCs?

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Q.5 In what two situations will a woman on COCs need to use a back up method?

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Q.6 When can COCs be started postpartum?

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.....
.....
.....

Q.7 Are the following procedures essential and mandatory in all settings when providing low Oestrogen COC

- * Pelvic Exam?
- * Breast Exam?
- * STD screening by History?
- * Pap smear?

Q.8 When can the first Depo Provera Injection be given (interval)? and postpartum?

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.....
.....

Q.9 Are there any age/parity restrictions on injectables?

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.....
.....
.....

Q.10 How soon after the first injection is the injectable effective and when is there need for a back up method?

.....
.....
.....
.....

26

Q.11 Is there a maximum recommended age for use of injectables?

.....
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.....
.....

Q.12 Should a woman be discontinued from injectables because of extended amenorrhoea?

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.....
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.....

Q.13 How much grace period is there for subsequent Depo Provera/injections?

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Q.14 Are there any age/parity restrictions on NORPLANT?

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Q.15 How soon after the insertion is Norplant effective and when is there a need for a back up method?

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.....

Q.16 When can an IUCD be inserted (interval)?

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Q.17 When can an IUCD be inserted postpartum?

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Q.18 Can nulliparous women receive an IUCD?

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.....

Q.19 Can IUCDs be safely inserted by trained nurses?

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Q.20 Are the following procedures essential and mandatory in all settings when providing IUCD?

- * Pelvic Exam?
- * Blood pressure?
- * Breast Exam?
- * STD History?
- * Pap smear?
- * Counselling: High risk behaviour/side effect?

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.....

APPENDIX G.1

Summary of Participant Reaction
Responses from the Mwanza Seminar

APPENDIX G₁

SUMMARY OF PARTICIPANTS REACTION RESPONSES (MWANZA)

1. Relevance of training/training materials

The workshop was directly related to the work I do.

Q.3. Strongly agree

7 participants
(63.6%)

Agree

4 participants
(34.4%)

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

Strongly agree

6 participants
(54.5%)

Agree

5 participants
(45.5%)

Q.7. Improvement of the workshop.

- | | | | |
|---|---|---|---------|
| - | More time for practical skills | 8 | - 72.7% |
| - | Use of more realistic examples and techniques | 2 | - 18% |
| - | More effective group interaction | 4 | - 36% |
| - | Focus on a broader and more comprehensive topic | 1 | - 9% |
| - | More time to discuss | 3 | - 27% |
| - | Different training site or location | 2 | - 18% |
| - | More time to prepare for training sessions | 1 | - 9% |

Q.8. Usefulness of the topics covered.

10 participants = 90% reacted for points 5 and 4 for all the topics taught were very useful to them.

1 participant's response (9.1%) was unclear.

Q.11 Teaching methods which best described your view of their usefulness for your learning in this workshops.

	Very useful	Not useful
Lectures	(8) 72.7%	
Group discussions	(9) 81%	
Individual exercises	(3) 27%	(1) 9%
Group exercises	(8) 72.7%	
Field trips	(1) 9%	(5) 45.6%
Process reviews	(2) 18.2%	(4) 36.4%
Demonstrations	(2) 18.2%	(2) 18.2%

EFFECTIVENESS OF TRAINING/TRAINING MATERIALS

Q.1. Workshop objectives were clear and were achieved.

Strongly agree	Agree
7 participants (63.6%)	4 participants (36.4%)

Q.6a. The trainer in this workshop was effective in helping me to learn and apply concepts and skills.

Strongly agree	Agree
7 participants (63.6%)	4 participants (36.4%)

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

Strongly agree 1 participant	=	9%
Agree 7 participants	=	63.6%
Disagree 2 participants	=	18.2%) no
Strongly disagree 1 participant	=	9%) practical sessions.

2,1

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

Strongly agree	1 participant	=	9%
Agree	4 participants	=	36.4%
Disagree	1 participant	=	9%
Undecided	1 participant	=	9%

4 participants did not respond.

Q.9. How training materials contributed to your learning.

Books and visual aids
Overhead project
Slides.
Books listed

- Tanzania: DHS
- Network - improving access to contraception
- Managing contraception pill participants
- Network - AIDs
- The syndicate treat. of STD
- Network - the 2nd AID Decade
- Safety of modern contraception.

ACCEPTABILITY OF TRAINING MATERIALS

Q.5. Workshop facilities and arrangements were quite satisfactory.

Strongly agree	4	=	36.4%
Agree	7	=	63.6%

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Q.10. The training materials used during the workshop which you plan to use in your work situation.

1. Improving access to contraception (3)
2. AIDs - the second Decade (2)
3. Tanzania - DHS (4)
4. Managing contraceptive pill patients (11).

Q.12. Materials or training methods that were not suitable for your country.

1. Modal demonstrated on slide on how to introduce IUCD.
 - Only one participant reacted the above point.
 - Ten participant responded that the training methods and materials were useful and suitable.

APPROPRIATENESS OF TRAINING MATERIALS

Q.10.) Refer to above.

Q.12.)

ADEQUACY OF TRAINING

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

Agree 10 = 90.9%

Disagree 1 = 9.1%.

Q.6b. See 6b above.

12 - training materials and methods see Q.12 above.

APPENDIX G.2

**Summary of Participant Reaction
Responses from the Arusha Seminar**

APPENDIX G 2

SUMMARY OF PARTICIPANTS REACTION RESPONSES (ARUSHA)

1. Relevance of training/training materials

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

Q.3. Strongly agree	Agree
12 participants	5 participants
(70.6%)	(29.4%)

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

Strongly agree	Agree
8 participants	9 participants
(47.1%)	(52.9%)

Q.7. Improvement of the workshop.

a. Use of more realistic examples and application	4
- More time to practice skills and techniques	10
- More time to discuss theory and concepts	4
- More effective group interaction	5
- Focus on more limited and specific topic	4
- More time to prepare for training sessions	2
- Different training site or location	4

Q.8. Usefulness of the topics presented in the workshop.

All participants responded to points 5 and 4 to topics presented during the workshop as very useful (100%).

Q.11 Usefulness of the training methods/techniques for you learning.

	Very useful	
Lectures	(10)	58%
Group discussions	(14)	82%
Individual exercises	(6)	35%
Group exercises	(11)	64%
Field trips	(5)	
Process reviews	(3)	Not applicable
Demonstrations	(7)	

EFFECTIVENESS OF TRAINING/TRAINING MATERIALS**Q.1. Workshop objectives were clear and were achieved.**

Strongly agree 12 participants (70.6%)	Agree 5 participants (29.4%)
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Q.6a. The trainer in this workshop was effective in helping me to learn and apply concepts and skills.

Strongly agree 11 participants (64.7%)	Agree 6 participants (35.3%)
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Q.6b. The practice sessions of this workshop helped me to apply concepts and learnings.

Strongly agree 9 participant	=	52.9%
Agree 6 participants	=	35.3%
Undecided 1 participant	=	5.9%
Disagree 1 participant	=	5.9%

Q.6c. Field practice sessions of this workshop helped me to achieve competence and confidence in performing the skills.

Strongly agree 3 participants	=	17.6%
Agree 6 participants	=	35.3%
Not applicable 8 participants	=	47.1%

Q.7. Refer to Q.7 above.

Q.9. Training materials used during the workshop.

- Network AIDs the second Decade
- Improving access to contraception
- National FP Policy
- Managing contraceptive pill pat.
- Tanzania: DHS
- Handouts
- Overhead projector
- Flip chart
- Current guidelines in prescribing hormonal contraception IUD
- The safety of modern contraception
- Pre-test and Post-test.

The above were listed and responded to by participants with point 5 and 4 (100%).

Q.11. Training methods that best describe your view of their usefulness for your learnings.

ACCEPTABILITY OF TRAINING MATERIALS

Q.5. Workshop facilities and arrangements were quite satisfactory.

Strongly agree 4 = 23.5%

Agree 12 = 70.6%

Undecided 1 = 5.9%

Q.7. Improvement of the workshop see no. 7 above.

Q.10. The training materials you plan to use in your work situation.

- Managing contraceptive pill pt. 7 = 41.5%
- National FP Policy 7 = 41.5%
- Tanzania - DHS 7 = 41.5%
- Handouts - 2 = 11.8%
- DR's role in promoting and implementing FP service policy and guidelines.

Q.12. Training methods that were not suitable for you country.

- Overhead projector because of power cut - 3 participants.
- Flip charts - 1 participant.

APPROPRIATENESS OF TRAINING MATERIALS

Q.10.) See above.

Q.12.)

ADEQUACY OF TRAINING

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

Strongly agree 6 = 35.3%

Agree 10 = 58.8%

Disagree 1 = 5.9%.

Q.6b. See above.

Q.7.

APPENDIX H

List of Seminar Handouts

APPENDIX H

List of workshop Handouts/Resource Maternal

1. Network - FH1 Vol.13 No.3 March 1993
2. Network - FH1 Vol.13 No 4 May 1993
3. National Family Planning Programme Policy Guidelines 1992
4. Tanzania Demographic Health Survey Summary 1992
5. Managing Contraceptive Pill Patients 7th Edition 1993
6. Pamphlet on the syndrome treatment of STD
7. Impact of Social marketing on Contraceptive prevalence and cost in Honduras (STUDIES IN FAMILY PLANNING 1992, 23,2:110-177)
8. Maternal Health Care utilization in Jordan (STUDIES IN FAMILY PLANNING 1991:223:177-187)
9. Premarital Sexual Activity and contraceptive use in Santiago, Chile (STUDIES IN FAMILY PLANNING 1992,22,3:128-136)
10. Adolescent Sexuality in Kenya. A survey of knowledge, Perceptions, and practice (studies in family Planning 1991;22,4:205-216.
11. A comparison of the performance of Male and Female CBD Distributors in Peru (Studies in Family Planning 1992:23,158-62)
12. Impact of Social Marketing on Contraceptive prevalence and cost in Honduras (STUDIES IN FAMILY PLANNING 1992, 23,2:110 - 117)