

TRIP REPORT #P-203

Traveler: Ms. Lucy A. Asaba, INTRAH/PRIME Clinical Consultant

Country Visited: Tanzania

Dates of Trip: June 17 - July 31, 1996

- Purposes of Trip:**
1. To provide on-site follow-up of one UMATI and one SDA trainer, and to assist them in planning a program for provision of technical assistance to NGO clinical trainers.
 2. To provide guidance to the UMATI and SDA trainers in strengthening the training skills of one OTTU trainer during a five-week comprehensive clinical skills training activity.

EXECUTIVE SUMMARY

The third of the training series aimed at strengthening and upgrading the training capacity and capability of the Family Planning Association of Tanzania (UMATI) to provide technical assistance to clinical trainers of non-governmental organizations was conducted from June 24 to July 26, 1996, at Mzimba Centre in Dar-es-Salaam.

During the activity Ms. Lucy Asaba, INTRAH/PRIME Clinical Consultant, provided guidance to one UMATI and one Seventh Day Adventist (SDA) trainer to plan for and provide on-the-job technical assistance to one Organization of Tanzania Trade Unions (OTTU) trainer in order to strengthen her skills in planning and conducting comprehensive family planning/reproductive health (FP/RH) clinical skills training.

At the same time, an on-site follow-up of two SDA and OTTU trainers was conducted during all phases of the training. The training was attended by fourteen trainees, but only thirteen managed to meet successfully the training requirements.

ACCOMPLISHMENTS

Two trainers, one SDA and one OTTU, were followed-up during all phases of training. The follow-up focused on:

Planning for training, including team preparation, assessment and preparation of practicum sites, and preparation of training materials;

Conducting training including the use of a variety of training techniques following the experimental learning cycle (ELC) steps, co-training skills, maintaining training materials, and use of curriculum and other related reference materials;

Monitoring and evaluating training, which include the use of pre-training skills assessment (PTSA) tools, and monitoring and guiding trainees' skill acquisition during a clinic practicum; and

Implementing back-home application plans and documenting training.

Two trainers, one UMATI and one SDA, were assisted in planning and providing on-the-job technical assistance to one OTTU trainer in order to strengthen her skills in planning for training, preparing and using training materials, assessing practicum sites and ascertaining their suitability for clinical training, team preparation and group development, using lesson plans and trainer/trainee materials appropriately during stand-up sessions, using different participatory training techniques following the seven steps of ELC, using PTSA tools including co-assessment, scoring, analyzing and compiling results, guiding trainees and monitoring skill acquisition, giving trainees feedback, and writing trainee and training reports. The UMATI trainer now can provide on-the-job technical assistance to other trainers. The trainers from SDA and OTTU can be strengthened further in selected areas.

Through the process of providing and receiving on-the-job technical assistance, OTTU, UMATI and SDA trainers strengthened their skills in training and in clinical family planning/reproductive health. These skills include application of RH updates using available reference material and the trainers' own files, and using trainee data such as reaction forms and the trainers' observations and findings for trainees and for training activity report writing. The UMATI and SDA trainers also utilized feedback which they had received from comprehensive clinical skills workshops in which they had participated as trainers in April-May 1996 to work on limitations that had been identified then.

On-the-job technical assistance to the three trainers was documented, indicating the status of skills at the beginning and end of training, and areas of strengths and weaknesses. Recommendations were made for improving the weak skills. Findings from the on-site follow-up and from provision of on-the-job technical assistance were shared with all trainers, and copies were shared with the UMATI Training Manager, the Resident Training Management Advisor (RTMA), and the INTRAH Regional Director of Programs.

1. The role of leadership was shared among the UMATI, SDA and OTTU trainers throughout the training in order to enable them to develop and strengthen leadership skills and responsibility during training. The UMATI trainer now is able to provide leadership in training activities, but the SDA and OTTU trainers should be provided an opportunity to take leadership roles in future training.
2. Updates and practices in contraceptive technology and reproductive health, such as shortening of counseling for informed choice, physical assessment, recording of reproductive health services, filling in day-to-day record forms, and scoring PTSA tools, were shared with preceptors and service providers in order to ensure standardization and uniformity in managing clients and in conducting procedures during clinic practicum.
3. During clinic practicum training, trainers initiated and assisted preceptors and service providers of Amtullabhai Karimjee City Council Clinic in re-organizing the family planning rooms by moving around cupboards and couches to create more space and adequate privacy.
4. Eleven nurse midwives, one clinical officer and one Maternal and Child Health Aide (MCHA) were trained successfully in clinical family planning and reproductive health skills, including IUCD insertion. All thirteen trainees showed significant gains in knowledge and clinical skills at the end of training. One Public Health Nurse "B," however, did not complete the training successfully, and showed very little gain in knowledge and in some skills areas, such as counseling (gain was only by 10%).
5. All fourteen trainees were assessed in both knowledge and selected clinical skills at the beginning and end of training. One trainee who did not meet training requirements was not assessed in IUCD insertion, or in giving instructions on IUCD or physical assessment. Based on the clinical assessment, the trainers as a team prepared an exit level performance report on each trainee, specifying areas of strength and limitation, and made recommendations on possible ways for each trainee to improve on the identified limitations. The status of performance was shared with individual trainees during trainer/trainee feedback at the end of training. A copy of the report was given to each trainee and sent to the UMATI Training Manager, the INTRAH RTMA for the Family Planning Unit (FPU) Training Coordinator, and to the INTRAH Regional Director of Programs.
6. The contraceptive technology/reproductive health updates, the content of the Tanzania National Policy Guidelines and Standards for FP Service Delivery and Training, the Procedure Manual and the Tanzania Clinical Trainers" Guide were disseminated during the process of training through consistent and deliberate use/reference by trainers and trainees. Each trainee received bound copies of the Tanzania National Policy Guidelines and the Procedure Manual.
7. All fourteen trainees prepared back-home skills application plans, indicating priority

areas to be introduced or strengthened and indicators that will show effective implementation.

8. A trainers' debriefing was held to review responses on the participant reaction forms, pre- and post-test results, skills performance assessment results, and strengths and weaknesses of the training. Recommendations were made on the basis of this review.
9. Briefing and debriefing meetings were held with the acting USAID/Tanzania Health and Population Officer (HPO), and at the INTRAH/PRIME Regional Office in Nairobi. A copy of the debriefing report was shared with the INTRAH RTMA.
10. Bound copies of the Comprehensive Clinical Skills Curriculum, Volumes II and III, were distributed to the UMATI, SDA and OTTU trainers as personal copies to be used during future FP/RH clinical skills training.
11. Observations on the progress of the UMATI, SDA and OTTU trainers who received on-the-job technical assistance were documented and shared with RON. In addition, "suggested indicators of a clinical trainer who can conduct training and at the same time provide leadership" were documented and shared with RON.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Finding

The two trainers from UMATI and SDA were given immediate opportunity to participate in a clinical skills training that was similar to the one in which they had been involved, in April-May 1996. This allowed them an opportunity to utilize feedback received previously and strengthen leadership skills, training and providing on-the-job technical assistance.

Conclusion

Feedback is a useful tool. If utilized immediately, it helps in developing and strengthening skills.

Recommendation

UMATI should continue using the same system of providing trainers opportunities to work on identified limitations immediately after a relevant experience.

2. Finding

The SDA trainer who was followed-up and at the same time provided on-the-job technical assistance showed improvement in training skills, clinical skills, and use of ELC steps and of different participatory training techniques by comparison with her

previous performance during the April-May 1996 clinical skills training.

Conclusion

Utilization of feedback, lessons learned, co-training and on-the-job technical assistance provided by both INTRAH and UMATI trainers has helped the SDA trainer improve her training and technical skills, especially in stand-up sessions.

Recommendations

- C. SDA/FPU/UMATI should give the SDA trainer more training responsibilities and involve her in future training activities at district and regional levels in order to enable her to strengthen further the acquired skills and gain more confidence;
- C. When involved in training in the future, the SDA trainer should be teamed with an experienced trainer who can provide her with guidance, especially in taking the leadership role.

3. **Finding**

The OTTU trainer who was followed-up and provided on-the-job technical assistance was found generally to be comfortable with training skills, especially following the seven steps of ELC, in using most of the participatory training techniques and in stand-up sessions. She needed improvement, however, in the areas of initiating activities or action, giving feedback and taking a leadership role. This was the first time that she had been involved in clinical FP training since basic training skills in January-February 1995.

Recommendation

FPU/OTTU/UMATI should utilize the OTTU trainer more in future clinical FP trainings and team her with an experienced trainer who can help her strengthen further her acquired skills and work on the limitations.

4. **Finding**

No visual aids such as posters and leaflets related to family planning and reproductive health were available for either trainers or trainees to use in classroom or in clinic practicum. Efforts made by the UMATI Training Manager to secure materials from the Information, Education, Communication (IEC) Department were unsuccessful. Trainers helped trainees draw/adapt visual aids showing the anatomy of male and female reproductive organs, tubal ligation and NORPLANT" implant insertion sites, which they used during counseling on different FP methods. There were no large visuals to be used during client education.

Conclusion

It is very difficult to train trainees on appropriate use of visual aids such as posters, or assess their use, when they are not available.

Recommendations

- C. FPU/UMATI should liaise with the IEC Department of the Ministry of Health and identify ways of ensuring availability of visual aids, especially posters related to family planning and reproductive health concepts;
- C. Trainers should continue to be innovative during training activities and adapt visuals for own and trainees' use during clinic practicum and in their own back-home situations.

5. **Finding**

The pelvic models from UMATI, issued in 1993, and those borrowed from the Regional Maternal and Child Health Coordinator (RMCHCO) for regional trainers are torn or missing some parts such as the uterus and cervix. Their condition made difficult or impossible the demonstrations and return demonstrations of pelvic assessment and IUCD insertion. It also affected the trainees" practice to master these procedures on their own.

Conclusions

Trainees missed the opportunity to take responsibility for their own skills learning through using extra time to practice with models.

These models have been well used and this is normal wear and tear.

Recommendations

- C. The FPU, in collaboration with UMATI, should identify and liaise with a local company/agency dealing with plastic ware that can assist in repairing the torn models and replacing the missing parts;
- C. The FPU, in collaboration with UMATI, should explore a mechanism for purchasing either whole new models or some parts, as necessary.

6. **Findings**

One trainee fell sick and left the training at the beginning of the third week, reducing the number of trainees.

One other trainee failed to meet the training requirements in both knowledge and skills, despite efforts made by trainers, preceptors and colleagues to assist her. Following a decision made between the UMATI Training Manager and the FPU Training Coordinator, she was not awarded a certificate. The only priority skill that she identified for application was FP/RH client education.

Recommendation

On behalf of clients' safety, the UMATI Training Manager must follow-up with the supervisors of these trainees to ensure that they are deployed in areas of MCH other than the family planning section.