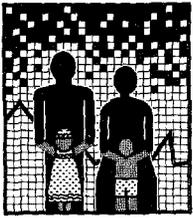


PD-ABQ-046



The Population Council

AFRICA OPERATIONS RESEARCH & TECHNICAL ASSISTANCE PROJECT

**KENYA:
Evaluation, MOH
In-Service
Training**



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**FINAL REPORT
(Condensed)***

**Evaluation of the Maternal-Child Health and Family Planning
In-Service Training Program in Kenya**

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*A complete final report is available from The Population Council, New York.

SUMMARY

Background: This evaluation attempted to document the quantity and quality of the training that has taken place since 1972 in Kenya's Maternal-Child Health and Family Planning In-Service Training Program.

Methods: Field teams observed and interviewed health workers, service providers, and supervisors, and examined client records at Ministry of Health service delivery points throughout Kenya.

Findings: Less than half of the MOH workers who received MCH/FP training between 1972 and 1989 are currently providing MCH/FP services. Only 15 percent of all MOH workers have received MCH/FP training and are currently providing such services. However, MOH staff trained in MCH/FP increased 439% from 1985 to 1989. Between 1990 and 1994, an additional 7,050 workers will need MCH/FP training. The MCH/FP workers interviewed have over four years of MOH service experience on average; most have never received a family planning update course. Work performance of the MCH/FP staff appears to be satisfactory. Contraceptive supplies and records are inadequate in many of the SDPs. Supervisory visits need to be more frequent in almost all of the SDPs visited.

Recommendations: The evaluation indicated a need to (1) develop a training policy and plan and improve trainer skills; (2) develop a plan for upgrading and/or changing existing decentralized training centers; (3) establish a specific group of trained clinical instructors and develop a curriculum to train trainers; (4) procure large, bulk supplies of basic training and reference documents; (5) offer a contraceptive update course to all former trainees; (6) train workers to counsel clients about tubal ligation and assist them with handling side effects; (7) readjust the program's organizational structure; and (8) increase the numbers of supervisors and develop guidelines for them.

SOMMAIRE

Contexte de l'étude: Cette étude devrait permettre d'évaluer la quantité et la qualité du programme de formation réalisée depuis 1972 par le Ministère de la Santé dans le cadre du programme de formation continue en matière de santé maternelle et infantile et de planning familial au Kenya.

Méthodologie: Les équipes ont observé et interviewé des agents de santé, des prestataires de services et des superviseurs sur le terrain, et ont étudié les fiches des clientes au niveau des cliniques du Ministère de la Santé à travers tout le pays.

Résultats: Moins de la moitié des agents du Ministère de la Santé qui avaient reçu une formation en SMI/PF entre 1972 et 1989 fournissent actuellement des services de SMI/PF. Seulement 15 % de tous les agents du Ministère de la Santé qui ont bénéficié d'une formation en SMI/PF offrent actuellement ces services. Le personnel du Ministère de la Santé ayant reçu cette formation en SMI/PF a connu une augmentation de 439% de 1985 à 1989. Cependant, d'ici l'année 1994, quelque 7.050 agents supplémentaires auront besoin d'une formation en SMI/PF. Les agents de SMI/PF du Ministère interviewés avaient en moyenne 4 années d'expérience professionnelle; la plupart n'avaient jamais suivi de cours de recyclage en PF. Le rendement du personnel de SMI/PF semblent être satisfaisant. L'approvisionnement et la tenue des dossiers laisse à désirer. Presque toutes les formations sanitaires ont besoin de visites de supervision plus fréquentes.

Recommandations: Suite à l'évaluation, les besoins suivants ont été identifiés: 1) développer une stratégie de formation et accroître les aptitudes des formateurs; 2) développer un programme de révalorisation et/ou d'innovation des centres de formation décentralisés déjà existants; 3) mettre en place un groupe permanent de formateurs qualifiés et élaborer un programme de "formation des formateurs"; 4) fournir de larges quantités de matériel de formation et de référence de base; 5) assurer à tous les anciens stagiaires un cours de recyclage en méthodes contraceptives; 6) assurer aux agents une formation qui puisse leur

permettre de fournir aux clientes des conseils relatifs à la ligature des trompes et ses effets secondaires; 7) réaménager la structure organisationnelle du programme; et 8) accroître le nombre de superviseurs et élaborer des guides à leur intention.

BACKGROUND

Over the past decade, the Kenya National Family Planning Program has greatly increased its client services as well its geographic coverage. To keep pace with this expansion, the Maternal-Child Health/Family Planning (MCH/FP) Training Program of the Ministry of Health (MOH) has also been required to increase its activities. Since 1972, over 5,000 health workers have received post-basic (in-service) training in maternal-child health and family planning; over half of these (2,752) have been trained in the past five years.

Beginning in 1982, the MOH adopted a major new policy to integrate MCH and FP services, which would be delivered at a clinic facility called a service delivery point (SDP). All service providers assigned to an SDP were to be certified to deliver the full range of MCH/FP services. Accordingly, the specialized family planning clinical practice curriculum being offered by the Division of Family Health (DFH) was expanded to include an overview refresher course in MCH to introduce the principles of integrated MCH/FP service delivery and to concentrate on family planning. Additional courses developed include Family Planning Technology Updates, Training of Trainers (ToT), and a separate MCH/FP certificate course for managers and supervisors, which is the core of the program.

The MOH and USAID/Nairobi requested Africa OR/TA Project assistance to review technical and administrative aspects of the Training Program. Consultant Joyce Lyons (POPTECH) assisted in this activity, which concentrated on the FP aspect of training, including performance of the Ministry's MCH/FP facilities. This evaluation was intended to provide new insights and provoke thoughts about the current and future operations of the Training Program, particularly those aspects concerned with family planning service provision and supervision.

OBJECTIVES

The primary goal of this evaluation was to conduct a systematic and comprehensive assessment of the Kenyan MOH MCH/FP in-service training program. The specific objectives were to:

- Document the quantity and quality of training output to date
- Identify areas needing improvement
- Recommend practical, corrective actions as necessary.

In assessing Training Program achievements to date, the evaluation sought answers to three fundamental questions:

- How many MOH workers have ever been trained in MCH/FP?
- How many of these workers are currently providing MCH/FP services?
- How many workers will need to be trained in the 1990-94 period?

METHODOLOGY

The evaluation covered 20 of the 43 districts in Kenya, which were divided into five geographical areas and evaluated with regard to:

- providers of services at their workplace
- trainers at decentralized training centers (DTCs) and practical training facilities
- training materials used
- the record-keeping system at SDPs
- the supervision process at SDPs.

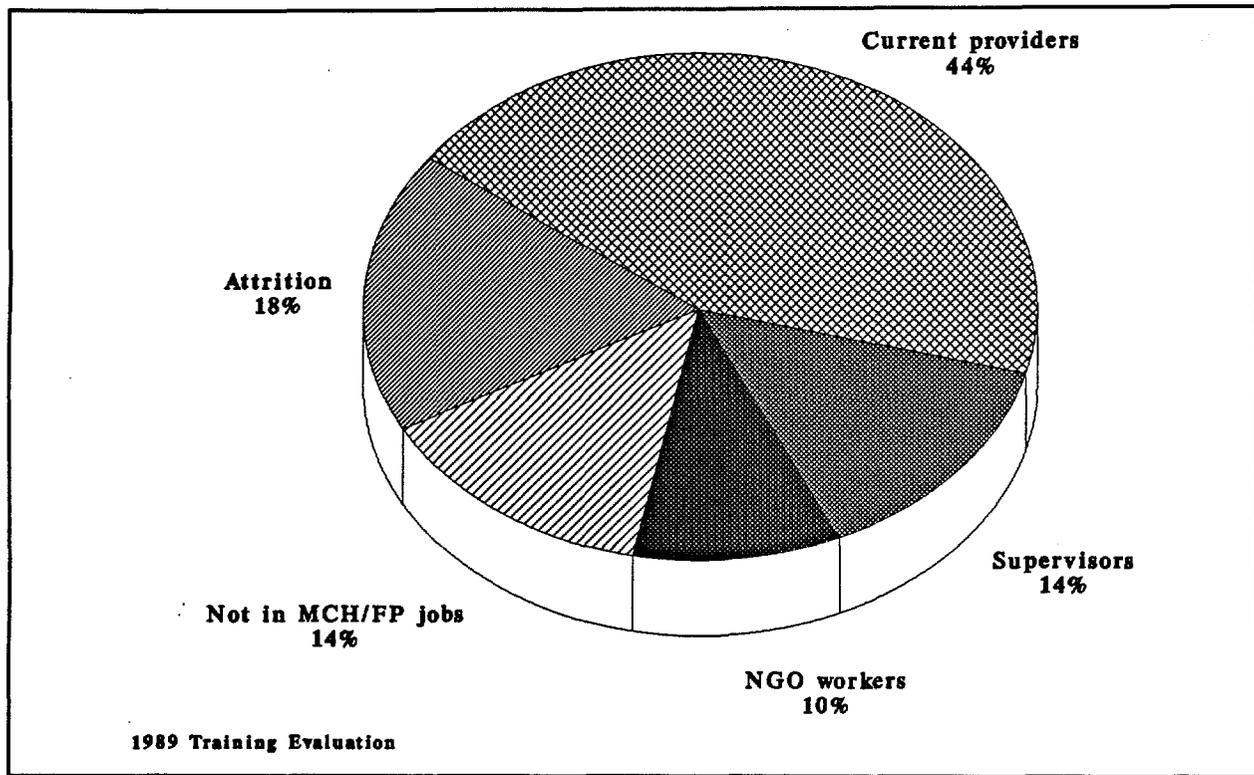
Field work and data collection activities were conducted from October through November 1989. Several data collection procedures were used, including a review of training policies and curriculum, questionnaires, interviews, discussions, and field observations. Field work involved five teams of two persons each, with seven representatives of the MOH, and three from USAID and the Population Council. Each field team included at least one member with extensive FP clinical experience. A thorough orientation on data collection procedures was held in Nairobi for three days, prior to going into the field.

The evaluation was designed to create a profile of trained FP workers and to document their performance. The evaluators collected information from a sample of 128 providers and 36 supervisors. Of the 128 providers, 42 were interviewed at their SDPs and 86 were invited to gather at five prearranged locations throughout the country. At each SDP, 10 records were selected using a systematic sampling procedure, and relevant data were collected for 413 records. All 11 DTCs were visited and 34 of the 36 MOH MCH/FP trainers were interviewed.

FINDINGS

Although the Training Program lacks a management information system to facilitate data collection for accurately assessing MCH/FP staffing requirements, some estimates were made. Less than half of the 5,127 persons who received MCH/FP training between 1972 and 1989 are currently working for the MOH and providing services directly to clients (see Figure 1).

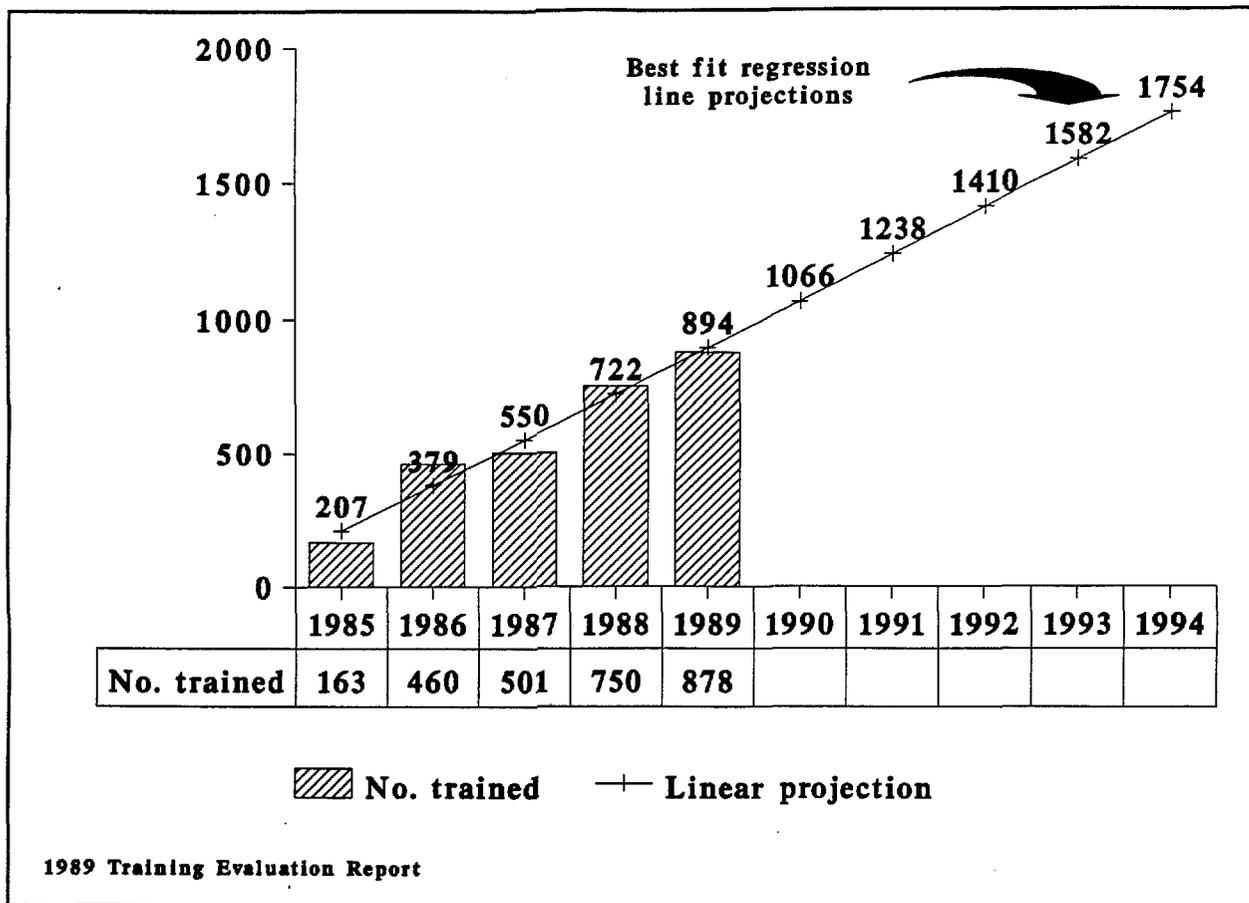
Figure 1: *Current status of 5,127 MCH/FP workers trained between 1972-1989*



The total annual output of the Training Program rose from 163 in 1985 to 878 by the end of 1989, a 439% increase. It is estimated that 7,050 of the current 15,416 MOH workers will need training from 1990 to 1994 (see Figure 2).

On average, the respondents had slightly over four years of MOH service experience. Ten percent of the workers sampled had been trained before 1985; 21% reported that they were currently engaged in duties unrelated to MCH/FP services.

Figure 2: Total MOH staff trained 1985-89 and linear projection through 1994



In 42 SDP visits, the evaluators observed 29 counseling interviews, 24 revisits, 21 pelvic examinations, and 3 IUD insertions. MCH/FP workers appeared to obtain adequate medical history from their clients; the majority of interviews were conducted in private. The physical examination included blood pressure measurement and pelvic examination for new clients and for some revisits. During initial visits, providers were observed while counseling clients on hormonal methods, IUDs, and condoms. (Permanent contraception, "natural family planning," diaphragms, and foam were rarely mentioned). Pills were prescribed for 55% of the clients and Depo-Provera® was prescribed for 27%. Providers appeared to be following similar procedures for revisit clients, although they did inquire about contraceptive side effects.

In 59% of the 42 clinics visited, no specific stock control records were maintained. Where records existed, the amount of stock on record didn't correspond to a physical count.

Stock-outs of IUDs, Depo-Provera®, and pills were observed in many of the clinics. A number of the facilities sampled were using a new "Contraceptive Logistics Management Information System". Although daily activity registers appeared well maintained, it appeared this data was underutilized for stock control purposes.

In most clinics, acceptable procedures for disinfecting and sterilizing equipment were followed, when supplies were available. However, supplies crucial to quality care, such as disinfectants and sterile examining gloves, were often lacking or in short supply.

Ninety % of the MCH/FP supervisors reported a lack of supervisory guidelines, and that administration is a major aspect of their supervisory role. One-third report lack of transport for supervision as a problem. Only 25% have received a contraceptive technology update course, and 4% have received formal supervisory skills training. Generally, the Training Program is using good quality training/reference documents, including an MCH/FP Curriculum and the "Blue Book" (Standard Operational Procedures Manual for FP service providers), but books and manuals are often in short supply.

The supervisors' certificate course includes three weeks of classroom training and four weeks of practical training at an MCH/FP clinic. The average number of hours spent in the classroom and in clinical practice fall below the standard DFH guidelines. The practical learning phase of the course is further constrained by the limited number of SDPs suitable for training, by travel time to and from practice sites, and by time spent waiting at clinics for suitable client-acceptors to appear.

The DFH has difficulty meeting the need and demand for trainers: turnover among training staff is high. Of the 34 trainers who responded to the survey, 25% have been conducting training for one year or less. The average length of training service is three years. All trainers are qualified MCH/FP providers, but less than half have had a contraceptive technology update and only 60% have had a ToT course. In general, the contraceptive update courses appear to be a review of the MCH/FP course material. To date, only a small fraction of all staff have received contraceptive updates.

The trainers who were observed during classroom performance presented a wide range of topics, but they scored relatively low on a knowledge assessment test. However, the trained providers appeared to be competently implementing many of the standard operating procedures for which they have been trained.

CONCLUSIONS AND RECOMMENDATIONS

The Training Program needs to improve its ability to document current and future personnel requirements, and to make management decisions that ensure the optimum utilization of those persons trained. The likely need to double the annual output of trained workers between 1990 and 1994 suggests a concomitant doubling of training staff and facilities during the same period and a substantial increase in training resources, for which a policy and a plan are needed. In the meantime, efforts over the next two years should focus on strengthening existing staff skills and training facilities.

MCH/FP workers need much better instruction on how to use data from the daily activity register for stock control purposes, and when to initiate actions to ensure replenishment. Such information on equipment/supply requirements could easily be introduced as a supplement to the new Contraceptive Logistics Information System.

Some supervisors' complaints about lack of transport may explain the irregular and infrequent supervisory visits to some locations. A large number of workers are apparently unaware that they are being supervised, and many perceive a lack of support from management. More supervisory coverage is needed, and guidelines for supervisors should be developed.

The observed pattern of counseling new clients suggests the need for greater emphasis on surgical options. In the certificate course, additional attention needs to be given to counseling in new contraceptive technologies, as well as to client case management areas such as IUD side effects. Additional emphasis should be given to the "natural" method of family planning, management of contraceptive stocks, and maintenance of sterile conditions.

The MCH/FP Curriculum would benefit from more specific instructional guidelines and test questions. Every trainer should have a working copy of the Curriculum, and the Blue Book should be able to replace many of the duplicated handouts now in use. In general, books and manuals are in short supply. Basic training and reference documents should be procured in large amounts. In addition to the materials that describe what is to be taught, trainers need a standard instructional workbook or manual that describes how to

teach this subject matter.

A specific group of trained clinical instructors is needed to guide trainees through the practical phase of the certificate course, instead of relying on the service providers in the facilities where trainees are assigned. It is also important that a ToT curriculum be developed.

The uniformly low scores on the knowledge assessment suggest that the current training system is not sufficiently transferring basic theoretical knowledge, and that the curriculum may not adequately prepare workers for independent case management. A separate and more specific assessment of these areas is needed.

The contraceptive update courses should be offered to all former trainees and should cover current research, management, and ethical issues related to the use of modern contraceptives, as well as practical problems encountered in Kenya. A review of the objectives, teaching methods, exercises, and availability of supplemental materials is recommended, as well.

An operations research study could shed light on the current procedures and criteria for selecting trainees. The evaluators recommend a more systematic approach to determining the numbers of workers to be certified, and a more rational, data-based approach to determining alternative ways of accelerating the output and augmenting the net supply of trained MCH/FP staff.

In order to improve its operations, the Training Program will need to implement both improved structures and a systematic plan for staff development. It appears absolutely necessary for headquarters personnel to be reorganized into a more hierarchical and functionally defined management structure.

Training center facilities are generally unsatisfactory. The MOH needs to consider establishing additional free-standing training facilities and, in the interim, should conduct a more in-depth survey and feasibility study as soon as possible.

Finally, the MOH needs to better account for expenditures in the MCH/FP training program, and to better determine actual financial requirements and budgets. An internal or independent audit review of the program's financial history and accounting procedures is indicated.