

AGENCY FOR INTERNATIONAL DEVELOPMENT WASHINGTON, D. C. 20523 <b>BIBLIOGRAPHIC INPUT SHEET</b>	FOR AID USE ONLY <i>Batch 81</i>
---	-------------------------------------

1. SUBJECT CLASSIFICATION	A. PRIMARY Serials	Y-NH00-0000-G190
	B. SECONDARY Health--Maternal and child health--West Africa	

2. TITLE AND SUBTITLE  
 Maternal and child health/family planning project for the Gambia, West Africa and the People's Republic of Benin, West Africa; progress report, July-Dec. 1977

3. AUTHOR(S)  
 (100) Franks, J.A.; Minnis, R.L.; (101) Calif. Univ., Santa Cruz. Int. Programs

4. DOCUMENT DATE 1978	5. NUMBER OF PAGES 171p.	6. ARC NUMBER ARC
--------------------------	-----------------------------	----------------------

7. REFERENCE ORGANIZATION NAME AND ADDRESS  
 Calif.--Santa Cruz

8. SUPPLEMENTARY NOTES (*Sponsoring Organization, Publishers, Availability*)  
 (Activity summary)

9. ABSTRACT

10. CONTROL NUMBER <i>PN-AAF-425</i>	11. PRICE OF DOCUMENT
12. DESCRIPTORS Benin Family planning Gambia	13. PROJECT NUMBER
	14. CONTRACT NUMBER AID/afr-C-1295
	15. TYPE OF DOCUMENT

UNIVERSITY OF CALIFORNIA EXTENSION

AL... 11 12  
CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

SANTA CRUZ, CALIFORNIA 95064

MATERNAL AND CHILD HEALTH/FAMILY PLANNING PROJECT

FOR

THE GAMBIA, WEST AFRICA

AND

THE PEOPLE'S REPUBLIC OF BENIN, WEST AFRICA

\*\*\*\*\*

Contract AID/afr-C-1295

SECOND SEMIANNUAL REPORT

(July 1, 1977 - December 31, 1977)

Submitted by:

James A. Franks  
Director  
International Programs

Robert L. Minnis  
Assistant Director  
International Programs

T A B L E O F C O N T E N T S

INTRODUCTION

SECTION I: PROJECT ACTIVITIES - SANTA CRUZ

SECTION II: PROJECT ACTIVITIES - THE GAMBIA  
TABLE OF CONTENTS  
REPORT  
APPENDICES

SECTION III: PROJECT ACTIVITIES - BENIN  
TABLE OF CONTENTS  
PREFACE  
REPORT  
APPENDICES

## INTRODUCTION

This is the Second Semiannual Report of project activities being carried out under Contract No. AID/afr-C-1295 which became effective on January 31, 1977. Technical assistance in the form of training and demonstration equipment and supplies continued as the central focus of the project. A major increase in in-country training is perhaps the most significant trend in the project.

The events which occurred during this reporting period are presented in the following sequence:

1. Section I relates the training and administrative activities of the University of California/Santa Cruz Extension office.
2. Section II is an activities report prepared by the MCH staff in The Gambia. A liberal use of Appendices is made in this report to provide specific and detailed information about such subjects as curriculum development, service statistics and progress at the Mansa Konko Community Health Nurses School.
3. Section III is a detailed report of activities in Benin prepared by staff in that country. Again, numerous Appendices have been added to report service statistics and to provide supplementary information about specific project activities. Except for some record keeping reports, most of the materials originally written in French have been translated into English.

SECTION I

UCSC MCH PROJECT REPORT

SANTA CRUZ

JULY 1, 1977 - DECEMBER 31, 1977

## SECTION I: PROJECT ACTIVITIES - SANTA CRUZ

Project activities at University Extension in Santa Cruz continued to center on program planning, management and participant training.

### A. Site Visits to Benin and The Gambia.

The Santa Cruz office conducted a program review in Benin and The Gambia during the months of August and September. Mr. Robert Minnis first visited The Gambia where work plans for 1978 were developed and arrangements were made to have two Gambian nurse/midwives attend an MCH/Nurse Practitioner training program in Santa Cruz beginning January, 1978. Mrs. Anita Davis and Mrs. Ellen Aubee were selected for this program and will be working in critical project areas upon completion of their training.

A review of training materials available at the Mansa Konko Community Health Nurses School was made and an order for books, slides, graphics, films and demonstration materials was prepared. This order has subsequently been filled and the commodities shipped to The Gambia.

Attempts were made to repair two American project vehicles, but they seem to be beyond maintenance and will probably be retired by the Ministry of Health. Dr. Peter N'Dow, The Gambian Director of Medical Services, requested a four-wheel drive replacement vehicle, and this request has been taken under consideration. Meanwhile, the United Nations, through UNICEF, has supplied transport for the students at Mansa Konko.

Plans were also made for a pediatric assessment training program to begin in early 1978. The program is described in detail in Section II of this report. Data gathering was another subject of Mr. Minnis' visit and a plan

to conduct two surveys during 1978 was developed. The first will be a small survey of the graduates of the Mansa Konko Community Health Nurses School. This survey will assess their training as it relates to their ability to perform in the health delivery system of The Gambia. The second survey will be a more extensive one given to Gambian health professionals to gather information about current MCH knowledge and practices. Dr. Harrison Stubbs, a biostatistician from California, will conduct these surveys in February, 1978 and hopes to provide the project with valuable information about the effectiveness of past training and the requirements for future training.

Mr. Minnis also had the opportunity to conduct a seminar on planning at the School of Public Health in Banjul and to discuss project input into that School with the Director, Mr. Jange. Project staff have been assisting the School for several years by teaching units on a variety of subjects such as Microbiology, family planning and community development. A lengthy discussion with Mr. Douglas Broome, AID officer in Banjul, was held at the American Embassy. This discussion centered around future project activities and a discussion of project effectiveness.

Following the review in The Gambia, Mr. Minnis met Ms. Emily Lewis at the Dakar airport and joined her on a flight to Cotonou where she began a three-month assignment as the second project health advisor in Benin. Ms. Lewis works regularly as a training coordinator in Santa Cruz and has participated in training all of the Beninoise who have come to Santa Cruz for family planning/nurse practitioner training. Further discussions of her role are reported in Section III. Site visits of activities at Bohicon, Abomey-Calavi, PMI-Cotonou, Maternité-Cotonou and CNBPF-Cotonou were included in this review.

A meeting was held with Mr. Steven Singer, AID officer in Cotonou, who complimented our staff and their Beninise counterparts for doing an excellent job with the project. Mr. Singer informed us that he was completing his tour in Benin and would be reassigned to Washington. Like Mr. Broome in The Gambia, we found Mr. Singer supportive and open to providing any possible assistance to aid the project. We wish him and his wife, Susan, the best in their new assignment.

Dr. Joseph Codja, Director of Preventative Medicine for Benin, discussed a plan for replication of project activities throughout the country. He discussed the possibility of establishing improved MCH/FP services in 60 locations throughout Benin and a plan to develop two training facilities in Benin in which to conduct family planning nurse practitioner programs. Although a project of this magnitude cannot be accomplished in a year, a plan will be prepared to address these goals so that the Ministry of Health can present it to USAID and other donors for possible assistance.

Mr. Minnis returned to Santa Cruz immediately following the Benin review and Ms. Lewis returned in mid-December to continue her training responsibilities in the nurse practitioner program. It is anticipated that Ms. Lewis will return to Benin for six months in 1978 to rejoin Ms. Maryan Surman as MCH workers in the Ministry of Health.

#### B. Participant Training.

As was discussed in the last semiannual report, five Beninise nurse/midwives were in Santa Cruz for family planning/nurse practitioner training. These ladies completed their course at the end of July and returned to Benin where they are currently using their training to improve MCH services.

A second participant training activity required considerable attention during this reporting period. A curriculum was developed for a course beginning January 2, 1978 to be attended by two Gambian nurse/midwives and six nurse/midwives from Afghanistan. A major section on pediatric assessment was added to the regular program in response to requests from The Gambia and Afghanistan. Dr. George Walter and Ms. Emily Lewis will be conducting this training cycle which will run from January 2 to April 21, 1978.

C. Project Replication.

When this project was conceived in 1971, one of the major considerations was to develop and test methods for introducing family planning and MCH care which could be replicated throughout the project countries and in other countries at similar stages of development. With this in mind, the project director, Mr. James Franks, has prepared a response to a request for proposal (RFP) for a project to assist the Government of Mali to improve its rural health delivery system. An effort was made to tie this proposal into what has been learned through six years of work in Lesotho, The Gambia and Benin. The Ministry of Health of Benin has been approached with the idea of allowing Beninese nurse/midwives who have been trained in Santa Cruz to participate in the Mali project. We are excited by this possibility because we believe these health professionals are exceedingly well qualified to do training and to advise their fellow West Africans on how to improve MCH care. Furthermore, this project would provide an opportunity to gain knowledge in program management and implementation under the direction of Malian and University administrative professionals. We hope to pursue this proposal further during 1978 and perhaps have the chance to demonstrate the effectiveness of the model which is working well in Benin.

D. Surveys.

As mentioned in paragraph "A", a survey questionnaire has been developed for the health professionals of The Gambia. The questionnaire was based on a survey previously given in Lesotho and modified according to input from The Gambian MOH. The survey will be ready for pretesting and administration by the first week of February, 1978 under the direction of Dr. Harrison Stubbs.

E. Accounting and Purchasing.

Some difficulties have been experienced in depositing funds in the Benin field account. A large check deposited through New York was never recorded in Benin and as a result the project was temporarily forced into a deficit spending situation. A new deposit cabled from the United States resolved this problem. This is the first instance in over two years that a deposit problem has occurred.

Commodity purchases and shipments have gone extremely well despite a decrease in the number of vessels going into Banjul and Cotonou. We have resorted to shipping commodities into Dakar and Lome or airshipping small shipments directly to Banjul and Cotonou.

F. Contract and Budget.

No revisions to the Contract were necessary during this reporting period, but several budget projections have been made to insure sufficient funds until the end of the project. A Contract Amendment will probably be made at the beginning of the new year to provide these funds.

SECTION II

UCSC MCH PROJECT REPORT

THE GAMBIA

JULY 1, 1977 - DECEMBER 31, 1977

Prepared by:  
MCH STAFF  
The Gambia

MATERNAL AND CHILD HEALTH PROJECT - THE GAMBIA

July 1 - December 31, 1977

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION.....	1
II. STAFF OF MCH/FP UCSC.....	2
III. ACTIVITIES.....	4
IV. SCHOOL FOR COMMUNITY HEALTH NURSES AT MANSA KONKO.....	5
V. PROBLEMS.....	6
VI. RECOMMENDATIONS.....	7
VII. SUMMARY.....	7

APPENDICES:

- A. MANSA KONKO
- B. HEALTH CENTER STATISTICS
- C. KUNTAUR - FP STATISTICS
- D. KEREWAN - FP STATISTICS
- E. ROYAL VICTORIAL HOSPITAL - FP STATISTICS
- F. SOCIAL MEDICINE COURSE
- G.(a). FAMILY SPACING COURSE FOR AUXILIARY NURSES
- G.(b) FAMILY SPACING COURSE FOR NURSE MIDWIVES
  - 1. INSERVICE TRAINING COURSE FOR AREA COUNCIL NURSES
  - I. HEALTH INSPECTORS COURSE
  - J. PEDIATRIC NURSE PRACTITIONER COURSE
  - K. MANSA KONKO COMMUNITY HEALTH NURSES SCHOOL - CURRICULUM
  - L. MANSA KONKO COMMUNITY HEALTH NURSES SCHOOL - GRADUATION ADDRESS
  - M. M.K. C.H.N. SURVEY
  - N. C.H.N. - JOB DESCRIPTION



## I. INTRODUCTION

MCH Project activity during this final period of 1977 demonstrated again the motivation and dedication of the members of the team as well as the difficulties that beset them as they worked on. Their efforts were spread over a broad range of interest including:

- Developing and strengthening existing services in Banjul and Mansa Konko.
- Monitoring construction progress at Kerewan and Kantaur - to be ready to aid in the installation of MCH/FP services.
- Participation in planning and development of the extension of health services on a community and national level.
- Teaching at the School of Public Health, the RVH, School for Nursing and Midwifery, the Mansa Konko School for Community Health Nurses.

Considering the difficulties encountered, progress toward the goals and objectives continued. It is the purpose of this report to narrate and list the work done, the progress made, the problems met; and to recommend what needs to be done to keep the project moving ahead.

## II. STAFF OF MCH/FP UCSC, THE GAMBIA PROJECT

### THE GAMBIA

\*Mrs. Bertha M'Boge - Nurse Midwife,  
Senior Nurse Superintendent - Assigned  
to act as MCH Coordinator.

Mrs. Oumie Gaye - Secretary.

Mr. Bakary Demba - Driver.

### MANSA KONKO

\*Marion Manly-Rollings - Nursing  
Superintendent in charge of the Health  
Center.

Sister Mina Coker - Chief Tutor School  
for Community Health Nurses.

\*Nurse Midwife Angelique Gomez, Nurse  
Midwife at the Health Center.

\*Nurse Midwife Michelle Sarr - Tutor,  
School for Community Health Nurses.

Taffa Sanyang - Tutor, School for  
Community Health Nurses.

### UCSC

Ms. Norma Brainard, R.N., MPH  
Family Nurse Practitioner to  
act as counterpart to Gambian  
MCH Coordinator.

Ms. Beulah Joel, R.N., to work  
with counterparts in Health  
Center and the School.

---

Dr. Peter N'Dow, Director of Medical  
Services, Ministry of Health.

Dr. Paul E. Wilson - Medical Director  
and Field Coordinator (1/2 time)

\* Graduates of University of California/Santa Cruz training program.

### III. ACTIVITIES

#### A. MANSA KONKO (Appendix A)

Support for the Health Center and School at Mansa Konko has come not only from the MCH based technician at that location but also from the staff at Banjul. They too participate in center and school activities and help maintain an ongoing surveillance of center practices as well as advising school staff on curriculum, providing occasional teaching and a source of educational aids (audiovisual, etc.)

Ms. Beulah Joel who is based in Mansa Konko and constantly involved in all its activities, makes regular visits to Banjul to confer with the other members of the team on national as well as local problems. At Mansa Konko she works directly with the supervising nursing sister, teaches at the School, and supervises the students' clinical training at the center at the rural clinics to which they trek (Appendix B).

MCH services at the center include pre and postnatal clinics, labor and delivery, care of the newborn, and under 5's clinic, with emphasis on well baby follow-up (the use of the "Road to Health" Chart), immunizations, family spacing, health education (nutrition, sanitation, personal hygiene, etc.). From time to time for various reasons parts of this program may be interrupted - the MCH staff continually emphasizes the need for ongoing, uninterrupted programs in immunization, education, family spacing.

The project continues its support to the center and the School with material supplies (contraceptives, instruments, etc.), teaching aids, etc.

#### B. KUNTAUR (Appendix C)

This Health Center is in the process of reconstruction. The old buildings have been torn down, plans for new construction have been finalized and approved. At a meeting in December, Dr. N'Dow (DMS) stated that construction would begin in early January, 1978.

At present the staff operates under adverse conditions - no electricity, water is carried directly from the river and there is a heavy case load. Despite these, the Nursing Officer continues to carry on - new construction will certainly provide a great boost to morale and an incentive to increased utilization.

#### C. KEREWAN (Appendix D)

The Health Center is almost complete and is expected to be operational during the first week in January, 1978. The Nurse Midwife at this post left December 28 to attend the MCH/FP training program at University of California/Santa Cruz. It is expected she will be reassigned to Kerewan on completion of this training. During her absence, (she has been relieved of her duties officially) the Ministry of Health has provided a replacement to continue center activity.

D. BANJUL

1. Family Spacing Clinics (Appendix E)

These meet twice weekly at the RVH supervised by Mrs. M'Boge and Ms. Brainard. A growing interest in family spacing is evidenced by an increased number of patients and the referral of women to the clinics by husbands and other relatives. Project staff promotes and maintains quality care, emphasizes general health and well-being of patients, treats minor problems (cervicitis, vaginitis, etc.), refers to physicians for medical and surgical problems and utilizes the clinic hours for on-the-job training of auxiliary nurse midwives and nursing students.

2. Teaching and Training

- a. School of Public Health (Appendix F) - courses in Nutrition and Social Medicine, prime factors in Maternal and Child Health and Family Spacing, are given by Mrs. M'Boge and Ms. Brainard. These are augmented by visits and field trips to various health centers, the British MRC, missionary clinics, and food processing establishments.
- b. School of Nursing and Midwifery - Mrs. M'Boge gave a course of lectures and demonstrations in "Child Health".
- c. Special lectures in Mental Health by Ms. Beulah Joel and the School of Public Health.
- d. Training at the FP clinic of the RVH:
  - Two auxiliary nurses received nine hours of theory and on-the-job training in FP practices. This raises the total of auxiliary nurses trained at this RVH clinic during 1977 to five (Appendix Ga).
  - Two assigned to RVH Family Spacing clinic.
  - One assigned to New Street clinic - Family Spacing for Motivation and refers to RVH clinic.
  - Two assigned to other departments in the hospital and are active referral agents to RVH clinic.
  - Six student midwives from the RVH School of Nursing and Midwifery rotate through the clinic after ten hours of classroom discussions (Appendix Gb).
- e. Two nurse midwives were selected for training at the University of California, Santa Cruz. They are Sister Anita Davis and Nurse Midwife Ellen Aabee. They departed The Gambia on December 28 to begin training in Santa Cruz on January 2,

## E. COOPERATION WITH OTHER DONORS

1. In November project staff were invited to participate in a five-day conference on Day Care Centers sponsored by the Department of Community Development and the Ministry of Economic Planning. There have been as many as 85 day care centers operating in The Gambia; as long as they distributed food, the villagers used them. However, there was little or no input from the villages and no cooperation or coordination with health agencies. When food distribution ceased, the villagers no longer came and the centers closed down. At present, only a few of the 85 under Community Development continue to operate.

In an attempt to resurrect the Day Care Center program, the Department of Community Development and the Ministry of Economic Planning convoked this conference to discuss existing problems - mainly lack of local community interest - and to originate a plan of development for the future which, with community involvement, would include not only day care but health supervision and maintenance for the children, and some health education for both children and parents, e.g., nutrition, sanitation, hygiene, etc.

Project staff will take an active part in this planning and development, hopefully bringing some of the training and selection of staff under the MCH umbrella.

2. Area Council Nursing Program.

The need for the development of training for the Area Council Nurses was the topic of a meeting attended by the project staff, the Bansang Nursing sister, and the executive representative of Area Council. They met in Georgetown, in November 17, to discuss selection, training and post of Area Council Nurses. Seven Area Council Nurses attended the final stages of this meeting.

This group also discussed improvement of facilities at different rural clinics to which these nurses and other health personnel trek (toilets, storage, equipment, supplies).

3. The Medical Officer at Basse met with project staff to program in-service training for the Area Council Nurses at his Health Center. He expressed the need to improve the standards of nursing care, skills, and knowledge to insure the welfare of his patients. Too often Area Council Nurses are posted to villages where, because the inhabitants consider them as medical officers, they are expected to perform services (supervision of labor, delivery, and some surgical procedures) for which they are completely untrained and of which they are completely ignorant. The project agreed to provide such a program similar to the one given at Bansang (viz following).
4. An in-service education and training program for its Area Council Nurses was held at Bansang for two weeks, November 14 through November 25. (Appendix H)
5. Student Nurse Midwives from the RVH School of Nursing and Midwifery rotate through the RVH Family Spacing Clinic for a period of several weeks to obtain some practical clinical training after about ten hours of classroom theory.

6. A refresher course for health inspectors was planned and developed for presentation during the month of August. This was delayed because of some conflicts in schedule and will be presented some time during the year 1978 (Appendix I).

F. PEDIATRIC NURSE PRACTITIONER PROGRAM

The Pediatric Nurse Practitioner Program (previously submitted in June 1977) was revised by the Banjul staff as well as by Dr. Wilson and Norma Wilson, a pediatric nurse practitioner. The final scaled down revision will be in the form of a Pediatric assessment training program for center nurses. This will be presented in four-week sessions at each of four health centers - Basse, Bansang, Mansa Konko and Banjul - during 1978. The training will be done on the job at the health centers and rural clinics supervised by Dr. Wilson and Norma Wilson (Appendix J).

G. OTHER ACTIVITIES

1. Regular meetings with the DMS, Dr. N'Dow, and the MCH Committee took place to discuss the continued growth and development of MCH services in The Gambia, to discuss problems and evaluate progress. When in country, Dr. Wilson also attended these meetings and worked with Dr. N'Dow to review project activities.
2. A survey questionnaire for health professionals was developed by Dr. H. Stubbs and Santa Cruz staff and approved by the Ministry of Health after minor changes. It will be given in February, 1978 under Dr. Stubbs' supervision with the help of project staff.

IV. SCHOOL FOR COMMUNITY HEALTH NURSES AT MANSA KONKO

This School represents a major success for the MCH Project in The Gambia. It was a cooperative effort of the Gambian Government, the UCSC, aided by the U.S. Embassy, from the initial planning to the placement of the last brick and the beginning of classes. The Gambian Government provided plans, construction and labor, the University counseling and some material assistance, and the U.S. Embassy self-help funds.

There are three tutors for the School (see staff) and they are assisted by UCSC technician Ms. Beulah Joel who has been stationed in Mansa Konko since August, 1976. In addition to her role as counterpart for the nursing sister at the center, she has taught at the School and supervised the clinical training of students at the center and at the rural health clinics.

The 18-month program (see attached revised curriculum - Appendix K) combined classroom exercises and discussions, supervised clinical practice, and one week of on-the-job field training under the direction of a Nursing Superintendent at several rural health clinics:

Marikissa Missionary Clinic  
Kuntaur Health Center  
Bansang Hospital

The first class of 16 students began their studies in May, 1976 and concluded their examinations at the end of the first week in December of 1977. Of the original 16, one dropped out for personal reasons (she was not failing), 13 successfully completed their examinations in three months after an intensive review. The two who failed will be re-examined. Dedication and Graduation ceremonies were held on December 9. Dr. N'Dow presided, the Hon. Mr. Jallow, Minister of Health, gave the opening dedication address, Mrs. M'Boge was the keynote speaker (Appendix L). Many dignitaries attended, among them the U.S. Charge, Mr. M. Wygant, the local Commissioner, local Chiefs, and Health personnel from various health services.

Prior to the graduation ceremonies the students were given a survey questionnaire (Appendix M). This same questionnaire will be given to the next class on entrance and on graduation - to provide an evaluation base.

The second group of students will start their classes in February of 1978, their number has been increased to 20. Good housing for the teaching staff has been provided by the Gambian Government and student transportation should be facilitated by the 12-passenger bus donated for school use by UNICEF.

## V. PROBLEMS

### A. TRANSPORTATION

The difficulties in maintaining the two Chevrolet vehicles in operational order interfere with trekking, transport of supplies, etc. Because of the lack of proper parts (delivery from the United States is time consuming, irregular, and unreliable due to shipping problems), the Gambian PWD is unable to cope with maintenance. As of this writing, only one is usable and only for short periods of time. The host government may have to write them off and replace them with more suitable vehicles.

### B. LACK OF JOB DESCRIPTIONS

Lack of job descriptions for many levels of health personnel creates confusion and indecision in accepting responsibility for task completion.

### C. MCH COORDINATOR

An MCH Coordinator at the national level is a necessity. Although Mrs. M'Boge is acting coordinator, official designation will implement and support her authority, and permit a standardization of procedures, directives, records, training, etc. on a national level at all centers, not only those of the project.

### D. POSTING

Posting should be done in consultation with MCH project staff to help in proper utilization of trained personnel.

### E. LOGISTICS

Adequate housing for trekking health personnel, adequate equipment and supplies for centers so that proper MCH services exist.

#### F. NEED FOR COOPERATION

There exists a need for cooperation between the various health agencies to insure proper training, staffing, and delivery of MCH services.

#### VI. RECOMMENDATIONS

- A. Appointment of an MCH coordinator. The project recommends Mrs. Bertha M' Boge.
- B. Emphasis on adequate training for rural health workers, e.g., Area Council Nurses, TBA's, etc. Use of trained personnel as a corps of tutors.
- C. Job descriptions for all levels of health personnel involved in MCH should be developed by the MCH staff (Appendix N).
- D. The MCH office should be consulted re posting to MCH centers.
- E. On-going supervision of rural health workers - such a program is being developed for the graduates of the School for Community Health Nurses.
- F. Adequate housing for traveling MCH and other health personnel.
- G. MCH/FP nurse midwives should be assigned to centers where they can use their newly acquired skills and knowledge - patient care, family spacing and health education, as well as in training others.

#### VII. SUMMARY

In spite of the difficulties and problems this project remains viable and continues to make progress. During this last half year, 13 Community Health Nurses were graduated, several in-service and on-the-job training programs were successfully concluded, project staff was active in teaching and supervision in the classroom and in the clinic. Family Spacing services in Banjul have increased and there is even a growing interest in the rural areas.

Problem areas have been identified which would move toward solution with the official appointment of an MCH Coordinator. With the completion of the building at Kerewan and Kuntaur, the two replication sites will complete the installation of full and adequate MCH services. The two nurse midwives who were selected for Santa Cruz training will return in April of 1978 and with their new skills and knowledge add to the cadre of UCSC trained health specialists in The Gambia.

The project staff looks forward to another busy year meeting the challenges of developing and delivering health care services in The Gambia.

MANSA KONKO - Report by Ms. Beulah Joel

1. Health Center:

During the final 6 months of 1977, the center was beset by several problems that interfered with proper functioning with areas of training and staffing:

- a. Motivation
- b. Illness, accidents, pregnancy and resignation amongst female members of staff
- c. Replacement inadequately retrained
- d. Transport problems

However, within the limitation imposed by the above, training of new staff was instituted and clinical practice of students continued.

2. School for Community Health Nurses

- a. The 18 month curriculum was completed in early November, examinations, consisting of a written and a practical were given on November 14 and 15. Of the 16 original students, 13 passed, 1 dropped out, and 2 will be allowed to resit the practical in 3 months.
- b. Field work was conducted at 3 health centers, each one with something to offer:
  - Bansang - Basic nursing skills and clinics
  - Kuntaur - Midwifery clinics, home visits, with opportunity to use their own initiative and build confidence in themselves.
  - Marakisa - Some midwifery, home visits, giving health education talks, an opportunity to observe the organization and function of a private missionary clinic.
- c. Staff worked closely with students at the health center. Midwifery, general ward care, clinics, development of health education aids and talks were subjects covered.

Students also rotated through the nearby villages Sankwia, Kani Kunda, and Pakalinding - Making home visits on mothers and infants and conducting health talks. On return to the villages they met with staff in a Seminar type discussion to review their experiences in these village visits.

- d. Graduation and Dedication ceremonies were conducted on December 9th (see report - Mansa Konko Community School).









## KUNTAUR

## 1. FAMILY PLANNING STATISTICS

Date    No. Acceptors    Type    Referred by    Total no. patients    Dropouts

No new patients during past 6 months. No dropouts from clients of 1st 6 months.

## 2. FAMILY HEALTH STATISTICS

	Infant Welfare Attendance		Antenatal Attendance		DPT	TT	BCG
	New	Total	New	Total			
June	27	362	67	366			
July	223	61	227	20	20	--	--
August	--	--	--	--	--	--	--
September	66	317	65	203	--	--	--
October	Not yet available						
November	Not yet available						
December	Not yet available						

\*KEREWAN

1. FAMILY SPACING STATISTICS

Date	No. Acceptors	Type	Referred by	Total No. Patients	Dropouts
Aug 1-31	8	Pill			
	4	Injections		12	
Sept 1-30	6	Pill			
	3	Injections		9	
October	13	Pill			
	1	Injection		14	
November and December not yet available					

---

Total number of acceptors 45

\*Nurse Midwife at this center began Family Spacing Services, September, 1977 following an abbreviated theoretical and practical orientation in Banjul

FAMILY HEALTH STATISTICS

	Infant Welfare Attendance		Antenatal Attendance		DPT			TT			BCG
	New	Total	New	Total	1	2	3	1	2	3	
June	81	244	101	207	20	10	12	89	37	6	28
July	251	391	140	370	15	10	8	124	44	20	58
August	112	477	128	333	20	5	2	96	52	23	7
September	89	382	107	210	3	6	--	63	30	6	--
*October											
*November											
*December											
TOTAL	533	1494	476	1120	58	31	22	372	163	55	93

\*Not yet available

IN SERVICE EDUCATION ON ORAL CONTRACEPTIVES AND DEPO PROVERA

Objective: To prepare Ellen Aubee, newly posted nurse midwife at Kerewan Health Center, to dispense oral contraceptives and depo provera, and manage side effects of each method.

The inservice was done during part of three days both in Banjul and in Kerewan. In July Miss Aubee came to Banjul for part of one day where she received instructions on how to dispense oral and other contraceptives, complications, contraindications, etc. by Ms. Brainard, University of California, Public Health Nurse. After the session she was given the following assignments to read.

1. Clinical Management Of Side Effect To Oral Contraceptives  
by Paul McDonough
2. Evaluating Patients For Oral Contraceptives Therapy  
by S. Jan Behrman
3. Programmed Instruction Guide On Methods Of Contraception Control  
by Ortho
4. Family Planning Procedure Manual For Nurse Midwives  
by Downstate Medical Center
5. Questions And Answers Commonly Asked About Oral Contraceptives
6. Questions and Answers Commonly Asked About The Loop

After the brief session on theory, etc. Miss Aubee went to RHE Family Spacing clinic to observe Sister M'Boge counselling and interviewing acceptors, dispensing oral contraceptives and depo provera, inserting IUD's and to observe the record system and physical examination of new patients.

On August 1, 1977, Norma Brainard went to Kerewan for another inservice education session and to answer questions, etc. At that time a brief review of the physiology of reproductive system was given with emphasis on hormones, etc., mechanism of action of oral contraceptives and depo provera, contraindications, side effects, and complications, indicating for discontinuing method of contraception, for each problem. Also importance of breast exam, history, and other screening tests were emphasized.

She was shown condoms, Delfen and diaphragms and a brief explanation was given.

Miss Aubee was given an assignment to do prior to her next trip to Banjul. She was instructed to complete the programmed Instructions Guide on "Methods of Family Planning Book 3 Oral Contraceptives".

On August 2nd Miss Aubee came to Banjul and viewed the following films:  
Breast Examination, Laparoscopy, and Family Planning - Walt Disney



Total number of Depo Provera acceptors from 1975 to October 31, 1977	= 5
Referrals made to mds in 1975 from family spacing clinics	= 3
Reasons:	
Glycouria	= 1
Breast Mass	= 1
X-ray for missing IUD	= 1
Spontaneous expulsion of IUD in 1975	= 2 or .09%
Total IUD's inserted by Sister M'Boge in 1975	= 24
<u>Referral Sources</u>	
Acceptors referred by mds in 1975	= 35
Acceptors referred by other medical personnel	= 12
Acceptors who "dropped into clinic" or did not report referral source	= 8
1976 (Jan. 1, 1976 through Dec. 31, 1976)	
Total Registrations in 1976	= 185
Total acceptors in 1976	= 176
Total original IUD acceptors in 1976	= 65
Total original contraceptive acceptors in 1976	= 82
Total original Depo Provera acceptors in 1976	= 26
Total original condom & foam acceptors in 1976	= 1
Total number of original acceptors in 1976 who continue to accept same method October 31, 1976 (22 months later)	= 88 or 50%
Total number of original IUD acceptors same method October 31, 1976	= 31
Total number of original oral contraceptive acceptors who continue to accept oral contraceptive same method October 31, 1976	= 34
Total number of original Depo Provera acceptors original Depo Provera same method October 31, 1976	= 15
Total number original condom and foam acceptors original condom and foam same method October 31, 1976	= 0
The following clients changed to other methods and continue to accept October 31, 1976:	

Total IUD acceptor changed to oral contraceptive and continue to accept	=	3
Total oral contraceptive acceptors changed to IUD and continue to accept	=	2
Total IUD acceptors changed to Depo Provera and continue to accept	=	2
Total oral contraceptive acceptors changed to Depo Provera and continue to accept	=	1
Total Depo Provera acceptors changed to oral contraceptives and continue to accept	=	2
Total Foam and condom changed to IUD	=	1
Total number of IUD acceptors from 1976 who continue to accept October 31, 1977	=	43
Total number of oral contraceptive acceptors who continue to accept October 31, 1977	=	37
Total number of Depo Provera acceptors in 1976 who continue to accept October 31, 1977	=	18
Grand total of acceptors from 1976 who continue to accept October 31, 1977	=	98 or 56%
Total acceptors who discontinue family spacing services	=	22
Reasons for discontinuing family spacing services		
Wants pregnancy	=	11
Tubal ligation	=	1
Other reasons	=	10
Number of spontaneous IUD expulsions	=	9
Total number of original IUDs inserted in 1977	=	77
Reinsertions of IUDs	=	7
Grand total of IUDs inserted	=	84
Total <u>Referrals to mds.</u>	=	9
Reasons:		
B.P.	=	4
X-ray for missing IUD	=	1
Glycouria	=	2
Vulvae Lipoma	=	1
Pelvic eval	=	1
Referral for tubal ligation	=	1
Family spacing acceptors		
<u>1977</u> January, 1977 to October 31, 1977 (10 months)		

Total Registrations	= 249
Total Acceptors	= 212
Total original IUD acceptors	= 72
Total original Oral contraceptive acceptors	= 93
Total original Depo Provera	= 39
Total foam and condoms	= 8
Total original acceptors who continue to accept same method October 31, 1977	
Total IUD acceptors	= 56 or 77%
Total Oral contraceptives	= 64 or 68%
Total Depo Provera	= 33 or 84%
Total Foam and condom	= 5 or 60%
Clients who changed to other methods and continue to accept October 31, 1977	
IUD changed to oral contraceptive	= 4
Oral contraceptives changed to IUD	= 6
Oral contraceptives changed to Depo Provera	= 0
IUD changed to Depo Provera	= 3
IUD changed to foam and condom	= 1
Depo Provera changed to oral contraceptives	= 2
Oral contraceptives changed to foam & condom	= 1
Foam and condom changed to oral contraceptives	= 2
Foam and condom changed to IUD	= 3
Acceptors lost to follow-up October 31, 1977	= 28 or 12%
Total clients who discontinued family spacing service	= 6
Reasons for discontinuing service	
Wants pregnancy	= 4
Tubal ligation	= 2
Total number of acceptors during 1977 who continue to accept October 31, 1977	= 178
Total IUD acceptors in 1977	= 65 or 37%
Total Oral contraceptives in 1977	= 72 or 41%
Total Depo Provera in 1977	= 36 or 21%
Total foam and condom in 1977	= 5 or 01%
Grand total in 1977	178 acceptors
IUDs spontaneously expelled	= 3 or 04%
Total IUDs inserted in 1977 (5 of these were inserted by mds)	= 81
IUDs reinserted in 1977	= 3
Grand total of IUDs inserted	= 84

Referral to mds	= 16
Reasons for referrals	
Breast mass	= 7
Glycouria	= 3
B.P.	= 3
Gyn eval	= 3
Positive VDRLs	= 1
<u>Information concerning Family Spacing clinic from September 27, 1975 to October 31, 1977</u>	
Total IUD insertions by Sister M'Boge plus 10 reinsertions making total of	= 177 187 IUD insertions
Total registrations in Family spacing clinic September 1975 to October 31, 1975	= 504
12 charts are missing and there's information only on 491 registered clients	
Total female acceptors 1975 to October 31, 1977	= 451
Total male acceptors on condoms	= 8
Average age of clients registered in clinic	= 25.6 years
Average age of clients who accepted a family spacing method	= 27.6 years
Average gravida	= 4.1
Total nulliparous acceptors	= 8
Total referrals by md	= 138
Total number of referrals by Nursing Sisters or other health personnel	= 34
Referral made by husbands	= 7
Referrals by friends	= 30
Other acceptors classified as "drop ins"	
Age range of acceptors	= 14 - 47 years
Number of gravidas ranged from 0 - 13	
Current acceptors October 31, 1977	
Oral Contraceptives	= 118
IUD	= 113
Depo Provera	= 59
Foam & condom	= 5
Grand Total	<u>295</u> or 67% of original acceptor from 1975 to Oct. 31, 1977

% of increase in oral contraceptive acceptors in 1st 10 months of 1977	=	13%
% increase in IUDs during 1st 10 months of 1977	=	13%
% increase in Depo Provera during 1st 10 months of 1977	=	49%

---

We do not have the age on all the patients. The average age recorded in these statistics were taken from the information on patients whose age was known.

#### GEOGRAPHIC DISTRIBUTION OF FAMILY PLANNING REGISTRATIONS

Banjul	360	Brikama	16
Serrekunda	47	Bakau	27
Sukuta	9	Lamin	5
Old Jeshwang	1	Faraba	1
Yundum	2	Wellingara	1
Latrikunda	5	Kanifing	3
Fajara	9	Myamba	1
Foloi	1	N'Jurgu	1
Bansang	1	Dippakunda	2
Sanchaba	1	Kafuta	1
Jeshwang	2	T. Kunjang	1
Mansakonko	1	Essau	1
Bwiam	1	Bulock	1
Fass Chahoi	1	Nyadina KunBayin	1
Barra	1	Bijilo	1
		Gunjur	1
		Keneba	1

#### GEOGRAPHIC DISTRIBUTION OF FAMILY PLANNING ACCEPTORS

Banjul	318	Brikama	16
Serrekunda	46	Bakau	26
Sukuta	8	Lamin	4
Old Jeshwang	1	Faraba	1
Yundum	2	Wellingara	1
Latrikunda	4	Kanifing	2
Fajara	8	Myamba	1
Foloi	1	Dippakunda	2
Bansang	1	T. Kunjang	0
Sanchaba	1	Essau	1
Jeshwang	2	Kafuta	0
Mansakonko	0	Bulock	1
Bwiam	1	Nyadina Kunbayin	1
Fass Chahoi	1	Bijilo	1

1st Year

SOCIAL MEDICINE COURSE

1977

OVERALL OBJECTIVES:

To prepare the student health inspector to assess the community needs, identify factors, their social origin and consequences which affect the health of individuals, family and community.

BEHAVIORAL OBJECTIVES:

Students should be able to:

1. Make a community diagnosis
2. State factors which promote or adversely affect the health of the individual, family and community.
3. State at least 3 identifiable groups in the Community which are important in promoting or adversely affecting health programs.
4. State the basic principles of planning, implementing, and evaluating health programs or a community organization program.
5. State the importance of Maternal and Child Health and School Health programs.
6. State the relationship between Maternal and Child Health and Family Spacing.
7. State the role of Traditional Healers and Birth Attendants in the health of Gambians.
8. List some occupational health hazards and social factors involved.
9. State principles of rehabilitation and the importance of early rehabilitation.
10. Discuss briefly the important role of family and community in mental health.
11. Discuss briefly the importance of screening and follow-up in the prevention of chronic disease.
12. Discuss the importance of clinic data, research and laboratory studies in diseasc.

COURSE OUTLINE FOR SOCIAL MEDICINE

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
1. Introduction to Social Medicine. Definition, etc.	1. a) Lecture b) Discussion c) Written Assignment d) Hand out (lecture)	1.5 hours	Pre-test
2. History of Social Medicine Relationship to Public Health Medical Trends, etc.	2. a) Lecture b) Discussion c) Written Assignment d) Hand out (lecture) e) Use of blackboard	1.5 hours	2.1 with definition of health 2.2 list of barriers to health as perceived by student
3. Introduction to Behavioral Sciences Community Diagnosis	3. a) Lecture b) Discussion c) Hand outs	1.5	3.1 students to list what they think are the health problems in Gambia and what's being done to remedy them. 3.2 make a community diagram
4. Community Organization in Gambia	4. a) Lecture } by Sister b) Discussion } M'Boge c) Film (Understanding Stresses and Strains)	1.5 hours	4.1 group assignment to plan a community organization project and each group present in class
5. Community Organization and village health program, effects of attitude and cultural factors	5. a) Film "Thai Village Midwife" b) Discussion	1.5 hours	
6. Community Organization continued	6. a) Four group presentations by members of the class	2 hours	

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
7. Family Health	7. a) Lecture b) Discussion c) Use of Blackboard d) Brain storming e) Hand out (lecture)	1.5 hours	7.1 Make a home assessment 7.2 Make a Family Health Assessment
8. Introduction to Maternal and Child Health	8. a) Lecture b) Discussion c) Film "All My Babies" d) Hand out (lecture)	1.5 hours	Read Handouts
9. Maternal and Child Health Continued Prenatal Care Mothers & Babies at risk	9. a) Lecture b) Discussion c) Slides on prenatal care d) Hand outs on class e) Lecture and Toxemia field to health centers (to follow at a later date)	1.5 hours	Read Handouts
10. Child Care	10. a) Lecture b) Discussion c) Film "Infant Care" from U.S. Embassy d) Slides on Growth and Development e) Hand outs 1) Well child conference 2) Class lecture	1.5 hours	Reading Assignments 10.1 <u>Vulnerable Child</u> New publication 10.2 <u>Developmental Needs of Children</u> <u>From Day Care/Family Day Care</u> New publication 10.3 Well Child Conference 10.4 Read hand out/Lecture

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
11. Skin Diseases in Childhood	11. a) Slide Lecture 1. Skin Diseases in Tropics 2. Leprosy in Childhood 3. Discussion	1.5 hours	
12. School Health Services	12. a) Slide Lecture Slide School Health Services b) Discussion	1.5 hours	
13. Subnormal Child	13. a) Slides and Cassette b) Discussion	1.5 hours	
14. Relationship of Family Spacing to MCH	14. a) Lecture b) Discussion c) Film "My Brother's Children"	1.5 hours	Reading Assignment <u>Relationships of Family Planning to MCH</u> by Helen Wallace
15. History of Family Planning Methods of Family Spacing Infertility	15. a) Lecture b) Slides "Methods of Family Spacing" c) Models d) Samples of methods of family spacing e) Film "Walt Disney in Family Planning" f) Hand outs 1. Lecture 2. Questions & Answers about Oral Contraceptive and IUD	3 hours	Reading Assignment 15. a) population dynamics b) Methods of Sterilization c) Vasectomy (from population reports, etc.) d) Read class lecture and other hand outs

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
16. Occupational Health Program	16. a) Lecture b) Discussion c) Hand out/Lecture	45 minutes	Read Hand outs
17. Rehabilitation	17. a) Lecture b) Discussion c) Film "Second Chance" from Gambia Information Office d) At later date students observe making of prosthesis and special shoes for leprosy patients at Mansakonko e) Handout, lecture	45 minutes	Read Hand out materials
18. Mental Health "Theory of Personality Development: Importance of Family in Mental Health"	18. a) Lecture by Sister Beulah Joel b) Discussion c) Hand out Lecture	1.5 hours	Read Hand out materials
19. Mental Health (continued)	19. a) Field visit to Mental Hospital b) Discussion c) Question and Answer Session with Staff at Hospital	1.5 hours	
20. Review for Exam	20. a) Discussion b) Questions and Answers	1.5 hours	
21. Exam	21. a) Written Exam	1 hour	

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
22. Lecture in Sociology Process of Socialization Structure of Society Social Disorganization	22. a) Lecture by Doris Rucks U.S. Social Worker b) Discussion c) Questions and Answers	1.5 hours	
23. Discussion of Exam papers Assignment for New Term Mental Health continued Adjustment, Categories of Maladjustment	23. a) Lecture b) Discussion c) Use of Blackboard d) Questions and Answers e) Hand out(Lecture)	1.5 hours	Reading Assignment 23.1 Lecture 23.2 <u>A Child Grows Physically, Socially, Culturally</u> by Erickson
24. Principles of Planning, Implementing & Evaluating Health Programs Writing Objectives, etc.	24. a) Lecture by Bob Minnis/ UCSC b) Brainstorming c) Discussion d) Use of Blackboard e) Hand out/Lecture	1.5 hours	24.1 Read Hand out 24.2 Use principles learned in class lecture on planning and in communicable diseases course and write a plan for implementing and evaluating a mass Polio immunization program in Banjul
25. Field visit to MCH clinic at New Street Clinic	25. a) Observation of child Welfare Clinic b) Observation of prenatal clinic c) Observation of Health Education in accident prevention and prenatal care d) Discussion of role of Public Health Nurse conducted by Sister Olive Njie e) Questions and Answers	3 hours	Write a trip report

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
26. Field visit to Rural Health Center in Sibonor and Auxiliary Nurses School	26. a) Observation of clinic facilities b) Discussion of child health problems presentation of Special cases in Marasmus and others by Dr. Ropp c) Observation and discussion concerning school for Auxiliary d) Questions & Answers	2 hours	Write a report concerning trip
27. Chronic Diseases and Screening Programs	27. a) Lecture b) Discussion c) Hand outs	1.5 hours	Read Hand outs
28. Importance of Research, Clinical and Laboratory studies Field visit to MRC	28. a) Observation of laboratories at MRC b) Short lecture by Dr. Smalley, Dr. Bryan, Dr. Bray, Dr. Mitchell c) Discussion d) Questions and Answers	3 hours	Write a trip report
29.1 <u>Field Visit:</u> Importance of Mass Screening, Casefinding, follow-up in Leprosy rehabilitation	29. a) Field Visit to Mansakonko Leprosy Center b) Short lecture and discussion by Dr. Musters on importance of clinic data screening, follow-up statistics, records etc. in leprosy control.	4 hours total	Write field trip report

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
29.1 <u>Field Visit</u> : continued	29. c) Observation of rehabilitation center, making of prosthesis and special shoes in Mansakonko		
29.2 Visit to Community Nurses School (Mansakonko)	29.2 Discussion of training program by Sister Coker Questions and Answers		
29.3 Tour of MCH Center	29.3 Discussion of activities at MCH Center lead by Michael Sarr		
29.4 Field visit to Jarrell Rural Health Clinic	29.4 Observation of clinic discussion by Sister Halga		
30. Importance of clinic data and records in planning and evaluating. Importance of research	30. a) Lecture b) Discussion c) Hand out d) Film "Gift of Life"	1.5 hours	Read Hand outs
31. Role of Traditional Healers, Birth Attendants and Family in Health of Gambians	31. a) Group presentation by students, 2 groups present each week, 3 weeks	4.5 hours	31. a) Students were given written outline with specific points to be discussed and asked to interview Marabouts, TBA's etc. and present in class.  b) Submit written plan for class presentation

CONTENT	METHODS OF TEACHING	HOURS TAUGHT	ASSIGNMENT
32. Review for final Exam			
33. Final Examination			

SUBJECT: FAMILY SPACING COURSE FOR AUXILIARY NURSES

General Objectives

To prepare auxiliary nurses to assist the nursing Sister in Family Spacing Clinics.

Behavioral Objectives

The midwife should be able to:

1. Describe the various parts of male and female reproductive systems.
2. Explain ovulation, menstruation and fertilization, function of the hormones.
3. Discuss methods of family spacing requiring medical examination.
4. Discuss methods of family spacing not requiring medical examination.
5. Interview patients and initiate family planning record.
6. Discuss advantages and disadvantages of 5 methods of family spacing.
7. Discuss contraindications of oral contraceptives and IUDs.
8. Discuss side effects of oral contraceptives and IUDs.
9. Counsel patients concerning methods of contraceptives, side effects, etc.
10. Perform breast exams and teach patient to examine her own breast.
11. Prepare equipment and organize family planning clinic.
12. Describe advantages of family spacing and discuss relationship of family spacing to maternal and child health.

Content

1. Advantages of family spacing -
  - a. Health
  - b. Economic
  - c. Welfare
2. Brief review of male and female reproductive systems.
3. Methods of family spacing, advantages, disadvantages, side effects, contraindications.
4. Principles of interviewing.
5. Records of statistics.

6. Breast Examination.
7. Sterilization and preparation of equipment and organization of clinic.
8. Counseling patients concerning problems of family spacing methods.

Place of training - RVH, OG/GYN Clinic. Number of hours: theory 8-9hrs  
Participants - 3. Clinical experience: 2½ days each week with on the job  
training.

Teaching Method

1. Discussion.
2. Use of flip chart, models, samples of family planning methods.
3. Demonstration and return demonstration.
4. Programmed instruction guide on oral contraceptives and IUDs.
5. Reading assignments from  
    "Understanding"  
    "Methods of contraception"  
    "Family Planning for Field Workers"
6. Handouts on oral contraceptives and IUDs.

FAMILY PLANNING CURRICULUM FOR STUDENT NURSE MIDWIVES

Overall Objectives

To prepare the nurse midwife to motivate selected patients and provide family planning services within the maternal and child health program.

Specific Behavioral Objectives

Student should be able to:

1. Discuss population growth rate in The Gambia and its significance for the future.
2. Discuss methods of family spacing not requiring a physical examination.
3. Discuss methods of family spacing requiring physical examination.
4. State side effects of oral contraceptives, IUD, and injection.
5. State contraindications of pill, IUD, and injection.
6. Manage side effects and complications of IUDs, oral contraceptives, and injections.
7. Discuss the reasons why family spacing is important and its relationship to maternal and child health.

Classroom theory = 10½ hours

Clinical experience 6 weeks in clinic - 2 mornings each week on Thursday and Saturday

CONTENT OF FAMILY SPACING COURSE FOR STUDENT NURSE MIDWIVES

Taught June, July, August 1977

TOPIC	HOURS	METHOD OF TEACHING
Class 1 World Population and Population in Gambia	1hr	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Discussions</li> <li>3. Film. Population</li> <li>4. Challenge and Response</li> <li>5. Chart showing World Fertility Pate</li> </ol>
Class 2 Relationship between MCH and Family Spacing	1hr	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Discussion</li> <li>3. Film: Family Planning - Walt Disney</li> </ol>
Class 3 History of Family Spacing Methods of family spacing, infertility	1hr	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Lecture</li> <li>3. Models</li> <li>4. Slides - "Family Planning"</li> </ol>
Class 4 Review of physiology of reproductive system Ovulation, Fertilization, Hormones, etc.	1hr	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Discussion</li> <li>3. Charts</li> </ol>
Class 5 Interviewing and the physical examination for family planning acceptors. Records and statistics	1hr	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Film Breast Exam</li> <li>3. Slides: Gyn Exam</li> <li>4. Chart: Uterine positions</li> <li>5. Handout: Gyn Examination</li> </ol>
Class 6 Injections and Oral contraceptives, contraindications, side effects, management Selecting Oral contraceptives for patients	1hr	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Discussion</li> <li>3. Reading assignment</li> <li>4. Handout</li> </ol>
Class 7 IUDs, insertion and removal, contraindications, side effects, management	1hr	<ol style="list-style-type: none"> <li>1. Discussion</li> <li>2. Lecture</li> <li>3. Reading assignment</li> <li>4. Handouts</li> <li>5. Slides: Removal and Insertion of IUDs</li> <li>6. Film</li> </ol>
Class 8 Methods of sterilization, Male and Female Abortion, Menstrual Regulation, etc.	1hr	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Discussion</li> <li>3. Reading assignment</li> <li>4. Film: Laparoscopy</li> <li>5. Handout</li> </ol>

TOPIC	HOURS	METHODS OF TEACHING
<b>Class 9</b> Health Education in Family Planning- Pre and Post acceptors, motivation, counselling, etc. High risk families	1hr	1. Discussion 2. Flip chart 3. Film: 'My Brother's Children' 4. Handout
<b>Class 10</b> Organization and operation of family spacing clinics. Review of management of patients on Oral contraceptives and IUDs	1hr 1/2hr	1. Lecture 2. Discussion 3. Case presentations 4. Situations - Questions/Answers

## INTRODUCTION

The Gambian Government is expanding and upgrading MCH services throughout the country. Emphasis is being placed on better preparation of health personnel. A large number of Area Council Nurses are presently employed to work at MCH Centers and at hospitals to provide MCH services. They have previously received a limited amount of on the job training.

This inservice education is being given in order to upgrade the knowledge and skills of the Area Council Nurses assigned to the MCH clinics at Bansang Hospital. It is believed that the quality and quantity of MCH services will be improved as a result of this course.

## DESCRIPTION OF COURSE

One week of inservice education will be given to each of two groups of Area Council Nurses assigned to MCH clinics.

The course will be taught at Bansang Hospital and outpost clinics as participants receive on the job instructions. Classroom instructions will be given at Hospital in the evenings after clinic sessions are completed. Classroom instructions will be kept simple and will be taught via visual aids, discussions, questions, answers.

A pretest and post test will be given to establish baseline data and to evaluate progress.

INSERVICE EDUCATION COURSE FOR AREA COUNCIL NURSES AT BANSANG

The overall objective of the inservice training for selected Area Council Nurses at Bansang Hospital is to improve the quality of care for mothers and babies in MCH clinics in the following way:

- a. To upgrade the skills and knowledge in areas of prenatal care, post-natal, infant care, and interconceptional care.
- b. To upgrade nutritional knowledge and skills in nutrition as it pertains to prenatal, post partum, and infant feeding.
- c. To improve the technique and procedures in administering immunizations to mothers and children.
- d. To improve the technique for preparation, sterilization and storage and maintenance of supplies and equipment in MCH clinics.
- e. To upgrade skills and knowledge in giving simple talks and demonstrations on prenatal care, infant care, nutrition, personal hygiene.
- f. To provide knowledge concerning contraceptive methods and to enable them to motivate families at high risk.
- g. Upgrading knowledge and skills in recording and reporting on weight chart, antenatal, and post partum patients.

BEHAVIORAL OBJECTIVES

At the completion of the course the Area Council nurses should be able to:

1. State the aims of prenatal care.
2. Take and record accurately blood pressure, temperature, and respirations.
3. Collect and perform urinalysis using a dip stick and record the results accurately.
4. Take a prenatal patient's weight and record it.
5. Take and record accurately a prenatal history.

6. Inspect the patient for signs and symptoms of anemia, edema and other abnormalities.
7. Perform a breast exam, abdominal palpation and assess the general health of the patient.
8. Identify the high risk maternity patient.
9. Recognize and report danger signs and symptoms of pregnancy on any abnormal findings.
10. Know the nutritional needs of prenatals and lactating mothers.
11. Prepare and give immunizations to prenatals and children and record them.
12. Explain the importance of immunizations and their schedule.
13. Explain the side effects of immunizations.
14. Prepare and sterilize equipment accurately.
15. State the aims of child welfare clinic.
16. Take and record the weight of infants and children correctly.
17. Take and record a child's health history accurately.
18. Assess the infant's and child's health and identify high risk children.
19. Know the child's feeding needs for different ages and the importance of proper nutrition.
20. Recognize signs and symptoms of a seriously ill child and refer.
21. Name at least 5 methods of family spacing.
22. Explain the relationship between MCH and family spacing.
23. Be able to advise on spacing of pregnancies.
24. Discuss importance of the growth chart.
25. Recognize signs and symptoms of malnutrition in adults and children.
26. Prepare equipment and set up the clinic.

CONTENT OF COURSE PRACTICAL

A. MATERNITY CARE

1. Signs, symptoms, confirmation of pregnancy.
2. Prenatal history using antenatal records.
3. Prenatal examination using antenatal records and demonstration
  - a. Observation of general appearance
  - b. Breast
  - c. Abdominal examination
  - d. B.P., Weight, TPR
4. Screening for anemia, urinalysis, serology.
5. Special needs of prenatal and post partum period.
  - a. Immunizations
  - b. Personal hygiene
  - c. Nutritional needs of pregnancy and lactation (Slides)
6. Normal labor and delivery. (show film only and discussion)
7. Identifying high risk patients and making referrals. (High risk form)
8. Family spacing and its relationship to MCH.
9. Preparation of clinic, triage of patients, sterilization and storage of equipment and supplies.
10. Recording and reporting, importance of statistics.

DIDACTICS

1. Aims of prenatal care
2. Immunization
3. Danger signs and symptoms of pregnancy  
Prenatal, labor and delivery and post partum

B. CHILD HEALTH PRACTICAL

1. Taking and recording child health history (weight chart).
2. Inspection of child for signs and symptoms of illness, taking and recording weights on growth chart (weight chart).
3. Other special needs of infants and children
  - a. Provision and clean, safe environment
  - b. Immunizations
  - c. Care of sick child with fever, diarrhea, dehydration
  - d. Education of parents
4. Records and Reports - Importance of statistics.
5. Nutritional needs of infants and children.

DIDACTIC

1. Aims of child welfare
2. Characteristics of well nourished child and poorly nourished child, Marasmus, Kwashiorkor
3. Identification of high risk infants and children.
4. Nutritional needs of infants and children.

MATERNITY CARE

CONTENTS	METHOD OF TEACHING	HOURS	EQUIPMENT AND SUPPLIES VISUAL AIDS
1. Aims of prenatal care	1. Discussion		
2. Signs and symptoms, confirmation of pregnancy	2. Discussion		
3. Prenatal history	3. Discussion 3.1. Demonstration 3.2. Audio visual aids		3. Antenatal Cards
4. Prenatal Examination	4. Discussion 4.1. Demonstration 4.2. Audio visual aids		4. Film: Breast Examination 4.1. B.P. Apparatus and Stethoscope 4.2. Scales
5. Screening Test Urinalysis Serology HCT	5. Discussion 5.1. Demonstration 5.2. Visual aids		5. Urine Bottles 5.1. Solution and equipment for urinalysis
6. Special needs of prenatal 6.1. Immunizations 6.2. Personal hygiene 6.3. Nutritional needs for pregnancy and lactation	6.1. Discussion 6.2. Demonstration Visual aids, Discussion Discussion, visual aids 6.3. Visual aids		6.1. Needles, syringes, vaccine, alcohol swabs Food charts, slides
7. <u>Normal Delivery</u>	7.1. Film Discussion		7.1 Film: "All My Babies" part 2 normal delivery
8. Danger signs Symptoms of pregnancy (prenatal, delivery and post partum period) Complication of each phase of maternity cycle	Discussion Visual aids		8.1. Charts or pictures
9. Identifying high risk patients Making referrals	Discussions		

MATERNITY CARE			
CONTENTS	METHOD OF TEACHING	HOURS	EQUIPMENT AND SUPPLIES -- VISUAL AIDS
10. Family spacing and relationship to MCH	Discussion Demonstration Visual aids		Models and samples of various contraceptives.
11. Preparation of clinic, Sterilization and storage of Equipment and Supplies. 9	Discussion Demonstration Visual aids		11. Sterilizer, equipment to be sterilized. Chemicals, for sterilization
12. Recording and Reporting	Discussion		Records, Reports, Requisition book
<b>CHILD HEALTH</b>			
1. Aims of child welfare	1. Discussion		
2. Taking and recording child health history	2. Discussion		2. I.W. Card
3. Inspection of child for signs and symptoms of illness. Taking and recording weights.	3.1 Discussion 3.2 Demonstrations		3.1 Scales 3.2 Thermometer 3.3 Record, weight chart 3.4 Handwashing equipment
4. Characteristics of well nourished and poorly nourished child, Marasmus, Kwashiorkor.	4. Discussion		4.1 Charts or pictures
5. Identification of high risk infants and children	5.1 Discussion 5.2 Demonstration		
<b>NUTRITION</b>			
6. Nutritional needs at various levels of growth	Slides and discussions		Slides
7. Other special needs of infants and children 1. Provision of clean, safe environment 2. Immunizations 3. Care of sick child with 3a. fever 3b. diarrhea 3c. dehydration	7.1. Discussion, film 7.2. Discussion, demonstration 7.3. Discussion 7.4. Demonstration of rehydration		7.1 Film: "Infant Care" 7.2. Needles, syringes, jet gun, alcohol swab and vaccine
8. Records and reports and importance of statistics.	Discussions		Records Reports Registration

PRETEST FOR INSERVICE TRAINING COURSE

1. Why does a pregnant woman need prenatal care?
2. How often should a pregnant woman be examined?
3. What is the importance of taking blood pressures in prenatal patients?
4. Why is an abdominal palpation done on a pregnant woman?
5. What immunizations does a pregnant woman need?
6. When should immunizations be given during pregnancy and in childhood?
7. What are the danger signs and symptoms of pregnancy?
8. Who is a high risk maternity patient?
9. How do you know a patient has anemia?
10. What foods are important in the diet of a pregnant woman?
11. How can needles and syringes be made safe to give immunizations?
12. Why is it important to weigh and record the child's weight at each visit?
13. What immunizations should be given to infants and small children?
14. When should a child receive immunizations?
15. What is a high risk infant?
16. What is the meaning of high risk?
17. What are the signs and symptoms of pregnancy?
18. What is the importance of the infant growth chart?
19. Why is good personal hygiene important?

Subject: Report on Inservice Training For Area Council Nurses Conducted  
by Bertha M'Boge and Norma Brainard

Date of Training: November 14, 1977 through November 25, 1977 excluding November  
21 and 22nd.

Reference to: Training Plan submitted October 1977

The original plan was to provide inservice education for 2 area council nurses and 1 community attendant the week of November 14th and the following week to provide inservice for 3 area council nurses from surrounding villages where the nursing sister treks.

In the meantime 2 new area council nurses were added to the staff at Bansang making a total of 8.

When the course was planned, it was not known that there was a Gambian holiday (Tobasky) November 22nd, and the second week of the course would be shortened.

As a result, it was decided to include all participants in the course from the beginning and classes and clinics would be omitted November 21st and 22nd. The three participants from the villages were unable to join the course until November 17th because of a problem in communication. They stated they had not been previously notified.

Names of participants

1. Amie Ceesay	Bansang Hospital
2. Ida Ceesay	" "
3. Fenda Fofana	" "
4. M'Bayang Corr	" "
5. Amie Samba	" "
6. Haddy M'Boge	Dankunku
7. Mariama M'Boge	Kudang
8. Maimuna M'Boge	Pachar

The course was very unstructured and was taught mostly on-the-job as specific problems or cases arose, or as techniques were needed such as weighing, B.P.'s or immunizations. New information which would be relevant to the clinic that day was given prior to clinic. Also there was a brief review of material or information presented the previous day.

Charts and posters with key points were used in discussion group and were available for review in the clinics. Students took daily notes and reviewed.

Monday November 14th 1977.

5 of the students were in prenatal clinic from 8:00 and 6:00 pm. A total of 224 prenatals attended the clinic.

From 8 pm - 10 pm two films were shown

- (1) All My Babies, part 1 (prenatal care)
- (2) All My Babies, part 2 ( Labor & Home delivery and after care)

A total of 35 - 40 other persons from Bansang also saw the films.

Tuesday November 15th

Five students worked in child welfare clinic from 8:00 to 7:00 pm.  
208 infants and children were seen, and instructions given on-the-job.

9:00 pm - 10:15 three films were shown:

- (1) Family Planning (Walt Disney)
- (2) A life Saved (BCG, & T.B. Control)
- (3) Infant Care (USIS film)

Wednesday November 16th

The Nursing Sister, Students, and UCSC instructors & Counterpart trekked to Kudang (22 miles from Bansang) for a combined prenatal and infant welfare clinic. No trek visits had been made to that center in 3 months due to transportation problems.

In spite of this, 25 prenatals and 28 infants and children were patiently waiting for the arrival of the nursing sister from Bansang Hospital.

No healthy persons were seen in that clinic. It was a very depressing situation as all the children were severely malnourished having marasmus or kwashiorkor, and prenatals had anemia or other complications of pregnancy. It was a good opportunity to teach students concerned about malnutrition, dehydration, diarrhea, fever, etc. Two prenatals with medical complications were taken to Bansang Hospital. Group and individual health education was given to the adults as a demonstration for the students as well as for the benefit of the people.

Thursday November 17th

Three additional Area Council Nurses joined the original five Nurses and trekked to Georgetown for Child Welfare Clinics. Since the staff had not been there for clinic in the past three months due to transportation difficulties, there were no patients and no on-the-job teaching was done at the clinic.

5pm to 7pm a discussion group was held with students and additional theory was given which followed the course outline.

- 8:30 - 10:00 Films shown
- (1) My Brother's Children (Nigerian Family Planning Motivation film)
  - (2) Dirt Breeds Disease (Not included in our original plan)

Friday November 18th

There was no clinic scheduled. There was a review of previous work done, theory presented and question and answer session.

A session on Family Planning methods was presented and hand-out materials given.

Monday & Tuesday November 21 & 22 -- Holiday

Wednesday November 23rd

The UCSC instructor and counterpart were scheduled to meet the students and nursing sister from Bansang at Kuntaur MCH Center where the inservice education was to be continued. No patients were at clinic due to the holiday. The previous day also the Bansang Nursing Sister and students were unable to get to Kuntaur because the ferry to Georgetown was out of order.

Another day of on-the-job training was lost!

From 5:30 pm - 7:00 pm an informal class was conducted in Bansang as the ferry had been repaired and we were able to proceed to Bansang. 8:30 - 10:00 pm films were shown:

- (1) Breast Examination
- (2) Not Forgotten (Showing health problems in the Congo after Independence not in original plan)

Thursday November 24th

The students, Nursing Sister and instructions trekked to Georgetown for child welfare clinic where 49 children were seen and on-the-job training given. 8:30 - 10:00 films shown (re-run) All my Babies, part 1 & 2. These were shown again for the benefit of the participants who entered the course late and also at the request of hospital staff who missed the first showing.

Friday, November 25th

A verbal evaluation of the course was done. Students were also given a written test. A skills list had been kept daily and reviewed frequently to determine the learning needs and practical skills needed for each participant. After the examination students were taken to the laboratory where they were shown various microscopic specimens such as malaria smears, etc.

Problems A. Housing for faculty and driver

Housing for faculty presented the biggest problem. The PWD caravan had been reserved for two months prior to the course and confirmation had been received from the Permanent Secretary. The day prior to departure we were notified the caravan was not available.

Last minute arrangements were made for faculty to live in Senior Health Inspector's house while he was on leave. These arrangements were extremely

unsatisfactory due to cooking and dish washing arrangement and the fact that an extended family of bats, rodents, and insects were already occupying the house. The house was also shared with two of the participants.

### B. Training

Due to problem of three participants entering the course late, then missing two other clinics because of lack of patients, they were unable to complete the skills list and received no on-the-job training in prenatal care and immunizations.

### C. Supplies & Equipment

1. Sterilizer: no sterilization facilities were available at the MCH clinic at Bansang hospital or on trek visits. Usually needles and syringes were boiled in the surgical department, but the department closed at 3 pm and MCH clinics continued until 6 - 7 pm.

Later a kerosene stove was bought by faculty members and taken to Bansang where it was used in the MCH clinic and taken on trek for teaching proper sterilization technique.

2. Vaccines: no Tetanus Toxoid or D.P.T. Vaccine was available for the last two clinics, therefore students entering the course late received no supervised practice in technique of giving immunizations or sterilization technique.

### Other Comments

The participants appeared interested and enthusiastic, and eager to learn. They asked many questions, took daily notes, and participated well in discussion groups. There was evidence of good team work and coordination in the clinic.

The following information was given during a verbal evaluation administered on the last day of training.

1. The course was too short. Students suggested 4 weeks of training should be given.
2. Technique of deliveries needed to be taught as several of the participants were posted in villages and were called on to do deliveries. In spite of this fact, they had no preparation for this or equipment.
3. More antenatal care and well child care needed to be included. Students wanted more knowledge and experience in abdominal palpations.
4. Need more basic knowledge in nutrition in order to teach mothers.
5. They received enough information concerning family spacing.
6. The films "All My Babies" 1 & 2 were the most useful films.

7. Participants stated they were not notified in time to prepare and attend the beginning of the course.
8. Participants felt more confident after the course.

A follow-up visit with observation of clinical practice is planned in the future.

#### Test Questions Given

1. Why should a prenatal attend prenatal clinic? (What are aims of prenatal clinics?)
  - (a)
  - (b)
  - (c)
  - (d)
2. What examinations should be done on antenatal visits?
  - (a)
  - (b)
  - (c)
  - (d)
3. Why do you give tetanus injections to prenatal patients?
  - (a)
  - (b)
4. List some signs and symptoms of pregnancy which you can identify.
  - (a)
  - (b)
  - (c)
  - (d)
5. List 4 danger signs and symptoms of pregnancy which need referral to the Nursing Sister or to the hospital.

(a)	(c)
(b)	(d)
6. List 4 groups of foods which you should advise a pregnant woman to eat.

(a)	(c)
(b)	(d)
7. Why are the above foods important?

8. How can needles and syringes be made safe to give injections?
9. Why is BCG given to infants?
10. What 3 diseases are prevented by giving Triple Antigen or D.P.T.?
  - (a)
  - (b)
  - (c)
11. How do you know when a child is not growing at his normal rate?
  - (a)
  - (b)

OBJECTIVE OF HEALTH INSPECTORS COURSE  
TO PROVIDE CONTINUING EDUCATION TO HEALTH INSPECTORS

INTRODUCTION

The purpose of this continuing education program is to reinforce previous learning and practices of health inspectors and to enhance their position as a member of the health team. The course will be conducted at the School of Public Health, August \*/ to \*/ . There will be \*/ participants who are selected from various areas of the country.

CONTENT OF COURSE

SPEAKER

1. Organization and Administration of Health Services	Dr. P.J. N'Dow
2. Communications	Mr. Bai Abi Phall
3. Health Education	Mr. Pap Williams
4. MCH	Dr. Angela Fuller
5. Family Welfare	Dr. L. Peters
6. Nutrition	Mrs. Adele N'Jie
7. Public Health Laws	Dr. K. Perera
8. Environmental Health	Mr. Jagne
9. Statistics - Reports and Demography	Mr. Gibril
10. Community Organization	Mr. Malatsy
11. Health Team and their Roles	Mr. Sanneh
12. Disease Control	Mr. Samateh
13. Food, Meat Inspection - Abattoire	Mr. Shyngle
14. Mental Health	Dr. Mahoney

---

\*/ Note: Dates and number of participants are yet to be finalized.

CONTENT

Hours

Monday	8:00 Registration
	8:30 - 10:00 Opening by Minister
	10:00 - 10:30 Coffee Break
	10:30 - 12:00 Organization and Administration - Dr. N'Dow
	12:00 - 2:00 Lunch
	2:00 - 3:30 Public Health - Dr. Perera
	3:30 - 4:00 Coffee
	4:00 - 5:30 Statistics and Reports, etc. - Mr. Gibril
Tuesday	8:30 - 10:00 Disease Control - Mr. Samateh
	10:00 - 10:30 Coffee Break
	10:30 - 12:00 Environmental Health - Mr. Jagne
	12:00 - 2:00 Lunch
	2:00 - 3:30 MCH - Dr. Fuller
	3:30 - 4:00 Coffee Break
	4:00 - 5:30 Family Welfare - Dr. Peters
Wednesday	8:30 - 10:00 Communication - Mr. Phall
	10:00 - 10:30 Coffee
	10:30 - 12:00 Health Education - Mr. Williams
	12:00 - 2:00 Lunch
	2:00 - 3:30 Group Discussion - Mr. Williams
	3:30 - 4:00 Coffee
	4:00 - 5:30 Group Discussion Mr. Phall
Thursday	8:30 - 9:30 Nutrition - Mrs. Adele N'Jie
	9:30 - 10:00 Coffee Break
	10:00 - 11:00 Food and Meat Inspection - Mr. Shyngle
	11:00 - 12:00 Mental Health - Dr. Mahoney

Thursday (Cont'd)	12:00 - 2:00 Lunch
	2:00 - 3:30 Community Organization - Mr. Malatsy
	3:30 - 4:00 Coffee Break
	4:00 - 5:30 Health Team and their Roles - Mr. Sanneh
Friday	a.m. Evaluation and Closing.

ASSUMPTIONS

To know the organization and administration of the health system in The Gambia and where they fit in - Role and line of authority.

1. Worked in community, rural and urban.
2. Interested and motivated.
3. Basic knowledge and skills in following areas;
  - a. Interpersonal relationships
  - b. Community organization
  - c. Communications skills
  - d. Public Health
  - e. Health planning, teaching and evaluation
4. Know and understand their role and responsibilities as a member of the health team.

Assumptions of present duties

1. Disease Control
  - a. Isolation
  - b. Reporting
  - c. Education
  - d. Immunizations
2. Environmental Health
  - a. Clean water supply, siting of wells, sampling, etc.
  - b. Refuse disposal and waste water
  - c. Latrines, building plans, housing, etc.
  - d. Inspection of compounds and public premises
  - e. Pest and rodent control

3. Food Inspection
  - a. Meats and other foods
  - b. Preservation and storage
4. Representative in local government
5. Coordinates with other team members and community resource persons

PROJECT PROPOSAL FOR PEDIATRIC NURSE  
PRACTITIONER

INTRODUCTION

For the past 7 years University of California, Santa Cruz has worked with the Gambian Government in promoting the health of mothers and children through inservice training programs, on the job training of auxiliary staff, participant training abroad, and more recently through the training of Community Health Nurses.

The Gambian government is expanding and upgrading the maternal and child health centers located in various regions of the country. Nursing Sisters and Nurse Midwives are transferred from the hospital setting and assigned to MCH centers for a tour of one to two years. They are expected to give primary care and continuing supervision to mothers and children at the MCH centers with minimal and infrequent physical supervision or teaching.

Their educational preparation has been a hospital based 3 year nursing program with additional preparation in midwifery and pediatrics. Some have had special experiences in tropical nursing. However, the educational preparation has not included medical and diagnostic skills which are needed in order for the nurses to function in the extended role in the health center, often without medical supervision. In The Gambia approximately 50% of the children die before the age of 5 years and the critical ages are 0 to 2 years of age. The morbidity rate is also high. Health education programs are relatively few and reach only a very small proportion of the population.

The proposed project is to prepare the nurse midwives assigned to the identified MCH project centers to work in an expanded role in primary pediatric care. Emphasis will be placed on the identification, management including treatment and education, and evaluation of pediatric problems using available health resources for promoting family and child health.

It is believed that both quality and quantity of work will be improved through the use of the specially prepared pediatric nurse practitioner at the MCH centers.

General Objectives

To prepare the participants to work interdependently collaboratively with other health workers to give primary care, physical assessment to children under five years of age.

Behavioral Objectives

Provide a four-week in-service program for nurse midwives so they can:

1. Assess health status of the child by taking a health and developmental history and performing a complete physical examination, using techniques of observation, inspection, auscultation, palpation and percussion and by using instruments such as stethoscope, otoscope, etc.

Behavioral Objectives continued

2. Manage minor trauma and common childhood disease.
3. Assess normal growth and development and recognize deviations from the normal.
4. Identify health problems of the child and develop a plan of action to either treat the child in the health center or make referral to the appropriate resources.
5. Provide counseling and relevant health instructions, to families, in reference to the care of the child at home.
6. Elicit pertinent information and utilize standardized records and reports in care of the child.
7. Can identify and use community resources available for the care of the child and family.

Description of Course

The curriculum is built on existing nursing knowledge and skills, and expands nursing by teaching participants to use diagnostic skills. It is a 4 week course which includes didactic and clinical teaching and discussions and case presentation.

The 4 weeks will consist of classroom sessions and practical on-the-job training.

The emphasis of this course will be on physical assessment of children under 5 years of age.

The course will be flexible. Individual needs of each participant will be taken into consideration.

The instructions will be given at Basse Health Center, Bansang Hospital, Mansa Konko Health Center and Banjul, New Street Clinic and outreach clinics of these four facilities.

Patient Load and Types of Patients

The initial case load must be light enough to allow the practitioner time to develop her skills and efficiency and must be large enough to allow her to learn to set priorities. She will progress from the simple case to more complex cases if possible and examine both well and sick patients.

Qualifications of Participants

State registered and State certified midwives (nurse) employed by the government of The Gambia at the four designated training sites.

Length of Course - 1 Month (4 Cycles)

Number of Participants Per Cycle - Maximum 4

Educational Facilities

Training space at each of the 4 facilities.

Inputs By UCSC

1. Training equipment and supplies.
2. Two Pediatric training consultants.
3. Lodging at Basse, Mansa Konko, Banjul.
4. Cook's Salary.

Inputs Gambian Government

Trainees time, salaries  
Backup-time, salary/per diem  
Vehicle, petrol  
Driver-time, Salary/per diem  
Bansang Caravan  
Training Space  
Diagnostic equipment for center.

Content of Course

1. Orientation
2. Role of pediatric nurse practitioner in primary care, re-orientation etc.
3. Principles of interviewing and counseling and teaching.
4. History taking.
5. Principles of physical examination of infant and the child
  1. Observation of general health and nutritional status
  2. Skin, hair
  3. Lymphatic system
  4. Head, face, neck
  5. Eyes
  6. Ears
  7. Nose
  8. Mouth
  9. Chest Lungs
  10. Heart
  11. Abdomen
  12. Genitalia
  13. Skeletal system, spine and extremities
  14. Neurological examination
6. Pediatric data base problem oriented and records.
7. Growth and development 0 through 5 years.

Childhood Health Problems

- A. General principles, assessment and management and approach to the
  - 1. Well child
  - 2. Acutely ill child
  - 3. Child with chronic illness
  - 4. Child with handicaps
  - 5. Premature child - twins etc.
- B. Common childhood infections, management, prevention and health education
  - 1. Viral
  - 2. Bacterial
- C. Eye diseases
- D. ENT
- E. Genital - urinary tract diseases including prevention, treatment and health education.
- F. Cardio vascular.
- G. Gastrointestinal.
- H. Respiratory tract diseases.
- I. Blood diseases.
- J. Common parasitic diseases.
- K. Metabolic diseases.
- L. Muscular skeletal disease.
- M. Trauma, accidents, surgical emergencies.
- N. Pediatric medical emergencies.
- O. Malnutrition and failure to thrive.
- P. Skin, Hair, Nail diseases.

Evaluation

Pre-post assessment

Clinical Experience

- A. Observation of clinical work by clinical instructors
- B. Review of clinic records

On Going Evaluation

The practitioner should be re-evaluated at the end of one month following training.

OFFICIAL OPENING AND GRADUATION OF THE SCHOOL FOR  
COMMUNITY HEALTH NURSES MANSA KONKO

Mr. Chairman, Honourable Minister, distinguished guests, ladies and gentlemen:

For the first time in the history of The Gambia as far as the health sector is concerned, we are witnessing the realization of one of the main pillars of the Health delivery system, that of attempting to fulfill the health needs of the people at the grass roots.

Often Health care delivery systems in most African countries are fragmented. Although in The Gambia services are provided by a number of organizations, governmental, local authorities, like the Area Council, voluntary agencies and missions there is very little coordination between them, which makes program planning difficult. This often leads to duplication in some areas and complete absence in others.

The inherited division of services, into curative and preventative medicine, also exists and in The Gambia this division is reflected in the amount of money spent on providing hospital based services, and the preventive and promotive services.

The physical facilities available to the people are limited to the city and peri-urban towns or villages, and serve as referral centers for people in the rural areas. The health delivery system provides health centers, dispensaries and mobile health teams. The ratio of health facility to population varies from 1-10000 to 1-20000. The physical facilities therefore do not cover a vast area. There is a shortage of supplies like drugs and dressings, shortage of transportation, especially for the transportation of patients to referral centers. The shortage of trained manpower is an obvious problem in The Gambia, which is even more acute in the rural areas. The trained personnel available are concentrated in Banjul and posting to the rural area is often regarded as punishment.

The financial resources available for development are limited, while our communities tend to depend entirely on government to provide their basic health services and other needs. However, communities are beginning to show signs of self reliance. It is only this week that we heard of the completion of a feeder road to serve the village and dispensary at Salikene in the North Bank Division. To me this is the most realistic move towards community self reliance and national development.

One of the objectives of the National Health Plan is to provide a comprehensive and integrated health delivery system for the entire population in The Gambia. However, the primary consideration will always be the extent to which the actual basic services can be made available to the people. Emphasis will therefore be on guaranteeing the maintenance of existing health services with the long-term objective of improving them both in quantity and quality.

Chapter 18 of the five-year development plan deals with the health sector government's plan for the recruitment of staff, and their training is outlined. Thus, in an attempt to increase the emphasis on maternal and child health services within the national network, and to meet the goals and objectives of the Maternal and Child Health Program, the training of Community Health Nurses was commenced in May, 1976 in Mansa Konko. The eighteen months training course is designed to equip students of the school to function effectively in the community or in health centers.

To extend health care to cover most of the rural areas, the training and extensive use of auxiliary health personnel is indispensable. More so if these health workers are recruited and trained in the rural areas and after training, return to the communities where they come from. Auxiliary health personnel are more economical to train and to employ, they are more capable in dealing with traditional beliefs. They can ascertain the communities' needs and thus relate them to their training and the available health services.

Presently, the health problems of rural Gambia cannot be overcome merely by building more health centers and training more health personnel. Staff that man health facilities must work as a team, staff must also provide the necessary guidance to communities so as to bring about positive change in health attitudes, beliefs and practices.

In conclusion, I will say to you graduates of the school, that you must have a strong national will to tackle the health problems of this country realistically and within the limits of your training. There must be in you a dedication to duty and a sense of commitment to a cause.

In a nutshell, my message to you is go to the people, live with them, work with them and learn from them.

Mr. Chairman, Honourable Minister, ladies and gentlemen, thank you.

Keynote address by Mrs. Bertha M'Boge  
Senior Nursing Superintendent  
MCH Program

CURRICULUM FOR MANSÁ KONKO

COMMUNITY NURSES' SCHOOL

Revision Completed:

September 1977

TOPIC: BASIC PRINCIPLES

OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<p>The student will have knowledge and understanding of:</p> <ol style="list-style-type: none"> <li>1. Vocational relationships</li> <li>2. Minimum essentials for patients' environment</li> <li>3. Basic nursing care problems</li> <li>4. Special nursing care problems</li> <li>5. Principles of administering selected medications</li> <li>6. Characteristics and treatment of disease</li> <li>7. Control of disease</li> </ol>	<p>Safety Handwashing Bedmaking Bed bath Temperature Pulse Respiration Blood pressure Dressings Catheterization Enemas Injections Urine testing Charting Admissions Discharges Bandaging</p>	<ol style="list-style-type: none"> <li>1. Preparing and maintaining an optimum environment</li> <li>2. Recognizing the role of the Community Health Nurse as a member of the health team</li> <li>3. Administering professional personnel in the nursing care of patients</li> <li>4. Selected nursing procedures</li> <li>5. Assisting professional personnel in the nursing care of patients</li> <li>6. Recognizing the characteristics of disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Lecture</li> <li>2. Demonstrations Returned demonstrations</li> <li>3. Role playing</li> <li>4. Filmstrips</li> </ol>

TOPIC: BASIC PRINCIPLES

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<u>Breast Feeding</u>	<p>The student will be able to:</p> <ol style="list-style-type: none"> <li>1. List the advantages of breast feeding.</li> <li>2. Describe and teach methods of breast-feeding.</li> </ol>	<p>Advantages of breast feeding. Values of breast milk.</p> <p><u>Management of breast feeding:</u> Cleanliness, position, timing and frequency, signs and symptoms of over and under feeding. Methods of improving lactation.</p>	<p>Can express milk manually. Supervise women to breast feed (especially Primps).</p>	<p>Demonstration. Lecture, group discussion. Slides available in the school.</p>
<u>Infant and Child Feeding</u>	<p>The student will be able to:</p> <ol style="list-style-type: none"> <li>1. Prepare pap.</li> <li>2. Describe required amounts and types of food necessary for proper growth and development.</li> <li>3. Describe proper method of weaning.</li> <li>4. Describe how to identify and prevent common problems related to weaning.</li> </ol>	<p><u>Supplemental Feedings for Breast.</u> Feed baby: when to start, what and why, initiation of new foods and amount, frequency, local tradition and taboos. Weaning age, method, diet, psychological aspect, common practices - giving child to granny, complications.</p> <p><u>Preparation of Foods for Infant Diet</u> For the weaned child, ingredients, method of preparation, cost, food value, amount and frequency. Use of the adult diet for the child.</p>	<p>Demonstrate preparation of pap and other diets suitable for infants and young children.</p>	<p>Lecture, students will be asked to do research on the methods of weaning in The Gambia and group discussions carried out. Slides available in the school. Cooking demonstration.</p>

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
Artificial Feeding	<p>The student will be able to:</p> <ol style="list-style-type: none"> <li>1. List the disadvantages and danger of artificial feeding instead of breastfeeding.</li> <li>2. When necessary or inevitable, describe and demonstrate to mothers the sterilization and preparation of fresh or canned milk with cup and spoon.</li> </ol>	<p>Disadvantages and dangers of artificial feeding, esp. bottles including availability and time. Cost, dangers, and possible illness.</p> <p>Preparation of artificial feeds. Cleanliness, personal and utensils. Prevention of contamination.</p> <p>Methods of giving cup and spoon.</p> <p>Quantity and strength for age and weight.</p> <p>Values of fresh milk, canned, liquid and powdered milk, custard and other common substitutes.</p> <p>Milk production improvement in yield.</p>	<p>Prepare milk feeds from fresh and canned milk.</p> <p>Recognize G.I.T. disorders related to feeding.</p>	<p>Lecture, group discussion</p> <p>Cooking demonstrations.</p> <p>Practise in class and practical areas.</p>
Adult diet	<p>The student will be able to describe nutritional needs of the adult and elderly.</p>	<p>Nutritional needs of the average adult.</p> <p>Nutritional needs of the elderly - quantity and quality of food.</p>	<p>Able to prepare meals for adults and the elderly.</p>	<p>Lecture, calorie requirement of elderly and adult.</p> <p>Film from National Library.</p>
Special Nutritional Needs of the School-Age Children	<ol style="list-style-type: none"> <li>1. Describe the nutritional needs of malnourished child.</li> <li>2. List the considerations to be taken when feeding an ill child.</li> <li>3. Describe how a working mother can satisfactorily feed her family.</li> <li>4. Describe the appropriate methods of feeding twins and orphans.</li> </ol>	<p>Feeding the malnourished child</p> <p>Cause of malnutrition, inadequate diet, infection, parasite, socio-psychological</p> <p><u>Signs and Symptoms of Malnourishment</u>, types of food needed, amount &amp; frequency for protein calorie deficiency</p> <p>How to feed a child with fever sore mouth, diarrhea, vomiting and no appetite.</p> <p>Preparation of meals for the family when the mother is working in offices or rice fields.</p>	<p>Feed ill children who are malnourished, have a sore mouth and or no appetite.</p> <p>Discuss with mothers the feeding of a child with fever sore mouth, diarrhea, and no appetite.</p> <p>Give talks to working mothers.</p>	<p>Lecture, cooking demonstration</p> <p>Light and fluid diet for the sick child, practise feeding cup and spoon and tube feeding in class with doll.</p>

TOPIC: NUTRITION

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<u>Introduction to Nutrition</u>	The student will understand and be able to: 1. Describe the meaning of nutrition. 2. Describe the relationship of nutrition to growth, development, illness, pregnancy, lactation and old age.	<u>Definition of Nutrition</u> Nutritional assessment by examining: - Height and weight - Skin, hair, eyes - Mental attitude  <u>Relationship of Nutrition to normal growth, development</u> illness, pregnancy, lactation and old age.  Review of Ilesha weight chart	Able to recognize signs and symptoms of under and malnutrition in both children and adults.  Plan and cultivate a garden with group.	Lecture on Nutrition, sign of good nutrition. Slides and cassettes available in the school. Class demonstration with children from health center, practice weighing children in clinic, measuring heights and recording them. Classroom demonstration of Ilesha weight charts.
<u>Food and Its Values</u>	The student will be able to: 1. List the local foods that build and repair the body, supply heat, energy, protect the body. 2. Describe and recognize the effect of lacking those foods. 3. Describe how and when local foods are produced and stored. 4. List local foods in main local languages.	Essential food groups: their source and function in the body. Proteins, Carbohydrates, and fats, vitamins, and minerals, local foods which contain the above. Names of local foods in main local languages. Result of deficiencies of major food groups. Review food production, preservation, storage, and prevention of wastage.	Make local covers protect food.  Practice safety and sanitary precautions when preparing food.	Lecture on different food nutrients and their sources. Each student will be required to bring specimen of foodstuff available at the season. Cooking demonstration with emphasis on sanitary precautions when cooking. Charts and posters.
<u>Feeding the Family</u>	The student will be able to: 1. Describe and prepare the common meals in the Gambia and their relationship to a balanced diet.	Review of a balanced diet. The Gambian diet. Variation in the preparation Staples, local foods Customs and taboos Examine the customs as to their effects being of beneficial importance, nutritionally, and possibly harmful.	Interview a mother about family's diet. Prepare the common meals and local foods.	Lecture on balance diet. Cooking demonstration with local foods. Prepare meals at clinics and give talks on balanced diet. Prepare menu. History of diet.

TOPIC: NUTRITION

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
<p><u>Educating the Family on Nutrition</u></p>	<p>The student will be able to write objectives for nutrition education programs.</p>	<p>Deciding on goal and objectives for a nutrition education program.</p> <p>Community Diagnosis- Finding out about the food patterns, customs, taboos, and problems. If there is malnutrition: Is the cause known? What do the mothers believe is the cause? What do the health personnel believe is the cause?</p>	<p>Ability to give talks, demonstrate and lead discussion.</p> <p>Make appropriate visual aids out of local material.</p>	<p>Practise Presentation in class Make posters Give talks and lead discussion</p>

TOPIC: ANATOMY AND PHYSIOLOGY

OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<p>The student will be able to list verbally and in writing, five points on each of specific areas listed below:</p> <ol style="list-style-type: none"> <li>1. The body as an integrated whole</li> <li>2. The body erect and in motion</li> <li>3. Body covering</li> <li>4. Metabolism of the body</li> <li>5. Reproduction</li> <li>6. Nervous System</li> <li>7. Special senses</li> <li>8. Medical terminology and nomenclature</li> </ol>	<p>The body as an integrated whole The body erect and in motion Body covering Metabolism Reproduction Nervous System Special senses Medical terminology and nomenclature</p>	<p>The student will be able to recognize normal body structure and functions, and apply principles of body mechanics for self and patients.</p>	<p>Lectures Slides Body structure and functions workbook Daily oral quizzes Anatomical charts</p>
<p><u>SOCIOLOGY</u> The student will be able to state verbally and in writing, what constitutes society and culture.</p>	<p>A typical village setup Traditions Customs Taboos</p>	<p>The community health nurse will have the ability to work within a given society, with the understanding of the culture and traditions of that society.</p>	<p>Lecture Discussions Visit to a nearby village</p>
<p><u>PERSONAL HYGIENE</u> The student will be able to describe verbally and in writing, the WHO definition of health.</p>	<p>WHO definition of health</p>		<p>Lecture Posters showing contrast between a healthy and an unhealthy family</p>
<p>The student will be able to list verbally and in writing the causes of illness.</p>	<ol style="list-style-type: none"> <li>a. Bacterial and virus</li> <li>b. Hereditary disease</li> <li>c. Trauma (injury)</li> <li>d. Stress</li> <li>e. Congenital defect</li> <li>f. Environment</li> </ol>	<p>Hygiene principles for self and patients</p>	<p>Lecture and slides</p>
<p>The student will be able to describe verbally and in writing, what is necessary to keep the body healthy and functioning well.</p>	<p>The role of general body cleanliness, i.e. bathing, eating, sleeping, resting, exercise, working for a purpose, body elimination (urine, stool, perspiration)</p>	<p>Developing and applying hygiene measures to self and patient</p>	<p>Lecture and slides</p>

GENERAL CONCEPTS OF PUBLIC HEALTH

OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<ol style="list-style-type: none"> <li>1. To make the student aware of the importance of the need for good community health and some of the factors which contribute to it.</li> <li>2. To familiarize the student with some of the state and local agencies which cooperate in public health programs.</li> <li>3. To develop an understanding of how disease is contracted and the means used for control and prevention.</li> </ol>	<ol style="list-style-type: none"> <li>1. Factors affecting community health:               <ul style="list-style-type: none"> <li>- Social</li> <li>- Environmental</li> <li>- Economic</li> <li>- Governmental</li> </ul> </li> <li>2. Transmission of diseases</li> <li>3. Epidemic controls and immunizations</li> <li>4. Endemic diseases</li> <li>5. Uses of insecticides and disinfectants</li> </ol>		<p>Lectures Slides Filmstrips Field trips</p>
<p><u>ENVIRONMENTAL HEALTH</u></p> <p>The student will be able to state verbally or in writing, the factors necessary for:</p> <ol style="list-style-type: none"> <li>1. Safe water supplies</li> <li>2. Two methods of refuse disposal</li> <li>3. Two methods of sewage disposal</li> <li>4. At least two methods of preserving food</li> <li>5. Good housing:               <ul style="list-style-type: none"> <li>- Size and location of building,</li> <li>- Space,</li> <li>- Ventilation,</li> <li>- Distance from latrine, etc.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Safe water supplies               <ul style="list-style-type: none"> <li>- Wells, standpipes, springs</li> </ul> </li> <li>2. Refuse disposal               <ul style="list-style-type: none"> <li>- Burial, and burning</li> </ul> </li> <li>3. Sewage disposal               <ul style="list-style-type: none"> <li>- Pit latrines</li> <li>- Flush latrines</li> </ul> </li> <li>4. Food hygiene               <ul style="list-style-type: none"> <li>- Salting</li> <li>- Smoking</li> <li>- Dehydration</li> </ul> </li> <li>5. Building and Housing               <ul style="list-style-type: none"> <li>- Size and location</li> <li>- Space</li> <li>- Ventilation</li> <li>- Safety, etc.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>a. The knowledge acquired will enable the students to observe for deficiencies in these areas, for the referral to proper authorities for correction.</li> <li>b. It will enable them to give health talks to individuals and communities to improve living standards.</li> <li>c. It will enable them to demonstrate in certain areas like food preservation and general cleanliness.</li> </ol>	<p>Lectures Slides Film strips Discussions Field trips</p>

SAFETY MEASURES

OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<p>The student will be able to maintain a safe environment as evidenced by her work surroundings.</p>	<p>Care of equipment Following instructions in use of special equipment Removal of safety hazards i.e. spills, broken glass, etc.</p>		<p>Lectures Demonstration Quiz: oral and written Role playing</p>
<p><u>NURSING ETHICS</u> The student will be able to state verbally and in writing, the function and responsibility of the community health nurse to the community which she serves.</p>	<p>Job description of Community Health Nurse Rules of conduct</p>		<p>Role play Lectures Discussion</p>
<p>The student will have knowledge and understanding of:</p> <ol style="list-style-type: none"> <li>1. Vocational relationships</li> <li>2. Optimum essentials for the patients' environment</li> <li>3. Basic nursing procedures</li> <li>4. Special nursing care problems</li> <li>5. Principles of administering selected medications</li> <li>6. Characteristics and treatment of diseases</li> <li>7. Control of diseases</li> </ol>	<p>Safety Handwashing Bedmaking Bedbath Temperature Pulse Respiration Blood Pressure Dressings Catheterization Enemas Injections Urine Testing Charting Admissions Discharges Bandaging</p>	<ol style="list-style-type: none"> <li>1. Preparing and maintaining an optimum environment.</li> <li>2. Recognizing the role of the Community Health Nurse as a member of the health team.</li> <li>3. Administering selected medications.</li> <li>4. Selected nursing procedures.</li> <li>5. Assisting professional personnel in the nursing care of patients.</li> <li>6. Recognizing the characteristics of disease.</li> </ol>	<p>Lectures Demonstrations Return demonstrations Role playing Film strips</p>

MIDWIFERY

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILL
Anatomy and Physiology	<p>The student will understand and be able to describe the pelvis and the pelvic organs.</p> <p>The student will be able to describe how fertilization occurs.</p> <p>The student will be able to give a brief description of the growth of the fetus and skull.</p> <p>The student will be able to develop an understanding of the physical changes which occur in pregnancy and diagnosis of pregnancy.</p>	<p>The female pelvis The pelvic organs Perineum, vulva, vagina</p> <p>The development of the fertilized ovum Development of the fetus, placenta and umbilical cord The fetal skull</p> <p>Pregnancy: changes in the uterus Signs and symptoms Physiological changes in the body</p>	<p>The use of charts</p> <p>Use of the models in demonstration of</p> <ol style="list-style-type: none"> <li>1. Pelvis</li> <li>2. Fetal skull</li> </ol>
Prenatal Care	<p>The student will be able to state the aims of prenatal care.</p> <p>The student will be able to plan and arrange care of the pregnant woman.</p> <p>The student will be able to identify high risk patients.</p> <p>The student will be able to carry out health education in clinic.</p>	<p>Prenatal care Aims History taking Care of the pregnant woman Examination made in antenatal clinics</p> <p>High risk women Diet in pregnancy</p>	<p>Take history Keep records Weight and record weight Measure and record height Test urine for albumin and sugar Take and record BP and pulse rate Observe general appearance and reco</p> <p>Check for oedema and varicose veins Examination of the mouth, teeth, an gums. Examination of the breast. Give Tetanus toxoid Carry out health education talks in the clinic Give advice to pregnant women about diet, etc.</p>

MIDWIFERY

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILL
Pre-natal care	The student will be able to detect and describe significant abnormalities and know when to refer patient.	Terminology of the <u>fetal position in uterus</u> : Lie Attitude Presenting part <u>Abdominal examination</u> Inspection Size of uterus Shape of uterus Fetal movements Skin changes Palpation Height of uterus Pelvic palpation Check blood level - HB <u>Iron and folic acid</u> Needs in pregnancy Danger signs in pregnancy	Examination of the abdomen of the pregnant women Practice the following skill Look, feel, listen and record findings
Management of Normal Labour	The student will understand and be able to describe the basic principles of normal labour.  The student will be able to describe the signs of labour and to recognize signs and conditions she should call in aid for.  The student will safely manage a normal delivery.  The student will be able to describe management of and manage emergencies until the arrival of medical aid.	<u>Principles of Management</u> 1. To understand and meet the woman's psychological needs. 2. To provide efficient bedside care 3. To refrain from unnecessary interference. 4. To cope with such emergencies as may arise.  <u>Management of labour</u> Definition of labour The physiology of labour Signs of labour The first stage of labour The second stage of labour The third stage of labour  Mechanism of labour Fetus in labour	Observation Keep records          The doll and pelvis Filmstrips

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILL
		<p><u>Admission of the woman in labour</u>            History of labour            Uterine contraction            Show            Rupture of the membranes            Sleep, rest, food and fluids</p> <p><u>Preparation of the woman in labour</u>            Cleanliness, Antisepsis and Asepsis during labour            The midwife, patient and environment            Reassure the patient through explanation of procedures before performing them            Examination of the patient T.P.R., B/P            Urine Analysis            Abdominal examination            Swabbing vulva            Vaginal examination</p> <p><u>The care of the patient in the first stage of labour</u>            Position of the patient in labour            Diet, sleep and rest            Attention to the bladder and bowel            Give comfort and assistance            Observation and recording:                maternal condition                fetal distress                maternal distress</p> <p><u>Management of the Second Stage</u>            signs of second stage            duration of second stage            position of patient</p> <p><u>Delivery of the patient</u>            delivery of the head            care of the cord around the neck            delivery of shoulders and body</p>	<p>Admit patient in labour            Take history and record keeping            Time uterine contractions            Observe: rupture of membranes, show colour and amount</p> <p>Wearing of mask, washing of hands            The use of soap and running water            Keeping the room clean, or labour ward, bed linen and gown clean</p> <p>Do vulva shaving            Give enema            Give bath to patient            Take temp, pulse respiration and B.P.            Test urine for alb. sugar and acetone            Look, feel, listen and record fetal heart rate</p> <p>Wearing of gloves for V/E and delivery            Record V/E            Inspect vulva for discharges            Varicose veins and oedema</p> <p>Make observation and keep records, changes in patient's condition, temp, B/P, pulse, fetal heart rate, contractions, strength, duration and interval            Intake and output            Rupture of membranes, colour amount and odour</p> <p>Prepare patient for delivery            Explanation of procedure            Prepare equipments and labour ward            Show the patient how to do relaxation and breathing exercise in labour            Encouragement of patient to push            Observe ten deliveries            Deliver the body            Examine perineum</p>

MIDWIFERY

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILL
		<p>Attention to the eyes</p> <p><u>Immediate care of the baby</u>            Clean the air passages            Tying and cutting of the cord            Identifying the baby            Care of the eyes            Assessment of the baby's condition            Resuscitation of the new born</p> <p><u>Management of the third stage</u>            Asepsis and anticepsis            Position of the patient            Signs of separation            Deliver the placenta            Maternal effort            Using the fundus as a piston            Amount of blood loss            Giving of Ergometrine            Examining the placenta, cord and membranes            Identifying women at risk for third stage and postpartum bleeding            Immediate post partum care            Check vital signs, check fundus</p> <p><u>The normal puerperium</u>            Recuperation            Involution</p> <p>Lochia, daily care, lactation            Post natal examination            Breast feeding            Management of the puerperium            Immediate care</p>	<p>Do eye treatment            Give immediate care to new born            Clean the airways            Tie or clamp and cut the cord            The use of writs mane tape</p> <p>Apgar score one minute and five minutes after delivery</p> <p>No artificial respiration when necessary            Bathing of baby and daily cord dressing</p> <p>Deliver the placenta - Basic principle            No. 4 - Refrain from unnecessary interference            Give ergometrine            Measure blood loss - estimate</p> <p>Examine placenta and membranes            Control third stage bleeding            Give nursing care to mother and b one hour post partum            Observation of lochia, temperatur            Pulse and blook pressure            Do vulval swabbing and perineal c            Measure height of fundus record and record keeping            Bathing the baby, cord care and weighing the baby</p>

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILL
Abnormalities of Pregnancy	<p>The student will be able to:</p> <ol style="list-style-type: none"> <li>1. Detect and describe abnormalities during pregnancy</li> <li>2. Make appropriate referral of patient</li> </ol>	<p><u>Causes and signs of:</u></p> <p>Abnormal growth of fundus, including hydramnios and polyhydramnios          Urinary tract infection          Venereal disease - blood test          Hyperemesis gravidarum          Anemia          Preclampsia          Danger signs during pregnancy, fever, bleeding, recognition and management</p>	<p>Necessary management of danger signs          Gross examination of urine</p> <p>Observation, position, clear airways          When necessary, management of danger signs</p>
Abnormalities of Labour and Delivery	<p>Detect and describe significant abnormalities during labour and delivery          Describe emergency treatment of problems          Describe when to make an appropriate referral</p>	<p>Detecting or noting signs of abnormal presentation of position          Multiple pregnancy and management of cord prolapse          Management of prolonged or obstructed labour          Ruptured uterus          Management of Antepartum Hemorrhage          Complications of third stage; retained placenta, post partum hemorrhage shock, including management of these conditions</p>	<p>Cutting an episiotomy          When possible and necessary will provide emergency obstetrical care          Proper position of the patient          Knee chest position          Transport          Reassurance</p> <p>I.M. ergometrine, elevate foot of bed, rub up contractions          Transport, reassurance</p>
Abnormalities of the Post Partum Period	<ol style="list-style-type: none"> <li>1. Detect and describe significant abnormalities during post partum period</li> </ol>	<p>Poor involution of the uterus          Possible causes of fever          Breast engorgement          Infection of abscess          Infection of the uterus, lochia          Puerperal pyrexia</p>	<p>Check fundus daily          Observation of lochia          Express of breast          The use of breast pump, nipple shield          Legal aspects - notifiable</p>

CHILD HEALTH

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
<p>NORMAL GROWTH AND DEVELOPMENT</p>	<p>I.A. The student will be able to describe the normal growth and development of a child</p>	<p>I.A. Review growth and development of the fetus Normal growth and development patterns, Age 0-5 years including: General, plus weight and height  Developmental milestones (sitting, standing, walking, and talking)  Teething, bowel habits, sleep and play  Local beliefs concerning growth and development patterns. Classify those important for health, and those not important</p>		<p>I.A. Lecture Slides, Cassette Materials from MRC Classroom demonstration with child Discussion Charts</p>
	<p>I.B. The student will be able to distinguish between normal and abnormal growth and development</p>	<p>I.B. Factors affecting growth and development, e.g., infections, nutrition, local beliefs  Abnormal growth and development pattern; when to refer and to whom  Physical assessment, Age 0-5 years for growth and development</p>	<p>I.B. Physical examination of infant and child</p>	<p>I.B. Lecture Cassette, slides Demonstration with model and child in class Supervised practice in class, clinic</p>

## CHILD HEALTH

Appendix K  
Page 15 of 27

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
	<p>I.C. The student will be able to take and record a growth and developmental history</p>	<p>I.C. Use of developmental history check list</p>	<p>I.C. Complete developmental history check list</p>	<p>Lecture Use of developmental history chart in class by each student Role playing Discussion</p>
<p>CARE OF THE WELL CHILD</p>	<p>II.A. The student will understand and be able to describe how to promote and maintain the care of the well child</p>	<p>II.A. Normal needs: sleep, elimination, play, stimulation, safety (nutrition dealt with separately)</p> <p>Teeth Care</p> <p>Skin care: bathing, use of clean water, soaps, prevention of rashes</p> <p>Local customs and beliefs which favor or disfavor health, i.e. scalp shaving, lifting by one arm onto back, etc.</p> <p>II.B. Registration: recording, taking health history</p> <p>Physical examination by observation and touch recording: Head: Fontanelles, scalp rash, nits, etc. Neck: rigid, flaccid</p>	<p>Bathe baby and toddler, cord care</p> <p>II.B. Register patient. Fill out records correctly</p> <p>Physical inspection by observation and touch of infant, child</p> <p>Record information on Ilesha Weight Chart</p>	<p>Lecture Ilesha Weight Chart Review Classroom discussion Slides and Cassettes Demonstration</p> <p>Lecture Demonstration in class and practice by each student on records used in clinic Physical examination: assigned reading lecture visual aids demonstration with model baby, child in class and clinic Return supervised practice in classroom, clinic</p>

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
CARE OF THE CHILD (cont.)		<p>Eyes: discharge sight: follow finger</p> <p>Ears: discharge hearing: screen with rattle, etc.</p> <p>Nose: discharge</p> <p>Throat: examine with tongue blade, spoon for redness, pus, coating, enlarged tonsils</p> <p>Mouth: sores, coated tongue</p> <p>Teeth: present, absent</p> <p>Skin: rash, infections, moist, dry</p> <p>Chest: retraction, respiration (rapid, shallow, etc.) cough, where it occurs in respiratory tract</p> <p>Abdomen: hard, soft, distended</p> <p>Lymph: glandular enlargement</p> <p>Extremities: muscle tone, length, spine, straight, extra digits, walk O.K. swollen</p> <p>G.U.: Urinary meatus, vagina, urinary tract, testicles present</p> <p>Immunization: Purpose administration, record, side effects, schedules, care of vaccine</p>	<p>Give, explain and record immunization</p>	<p>Demonstration of preparation, of storage, transportation of syringes and equipment, technique of administration</p> <p>Return supervised demonstrations</p> <p>Handouts of immunization schedules</p>

## CHILD HEALTH

Appendix K  
Page 17 of 27

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
CARE OF THE CHILD (Cont.)	<p>II.B. Cont.</p> <p>II.C. The student will be able to identify the high risk infant, child, by identifying signs &amp; symptoms in the child and using information on the Ilesha Weight Chart.</p>	<p>II.B. Cont. Medication: supplement vitamins, iron. Why, how much of the medication is given?</p> <p>Weighing and recording</p> <p>Counseling, health, teaching and effective communication with mothers - Includes: bathing baby feeding infant and toddler clothing cord care skin care accident prevention demonstration &amp; preparation of infant food &amp; toddlers feed immunization growth and development</p> <p>II.C. High risk factors for infant, child (include weaning child) Review of Ilesha Weight Chart</p> <p>Care of high risk child: increase frequency of visits, health teaching of mother, referral</p>	<p>II.B. Cont. Packeting of medications Counseling mothers Recording on Ilesha Weight Chart</p> <p>Weighing infants, child Recording on Ilesha Weight Chart</p> <p>Giving mother classes</p> <p>Teaching mother on a one-to-one basis</p> <p>II.C. Physical examination of child</p> <p>Complete Ilesha Weight Chart</p> <p>Teaching of mother</p>	<p>II.B. Cont. Lecture Demonstration of packeting Return demonstration Role Playing</p> <p>Lecture Demonstration Return demonstration</p> <p>Lecture Discussion Role playing Demonstration with model or baby Return demonstration Supervised practice</p> <p>II.C. Lecture Identification of child in clinic, supervised follow-through of high risk child's care including return clinic visit, home visit, demonstration of food preparation, feeding, teaching mother. Recording on Ilesha Weight Chart</p>

CHILD HEALTH

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
<p>CARE OF THE ILL CHILD (cont.)</p>	<p>III.A. Identify and provide supportive care to the premature.</p> <p>III.B. Identify and describe signs of common childhood diseases.</p>	<p>III.A. Definition, characteristics of the premature infant.</p> <p>Maintaining proper temperature, feeding, prevention of infection, bathing, handling and hazards for the infants in home and clinic.</p> <p>Assessment of home for premature care.</p> <p>Teaching family premature care in the home.</p> <p>III.B. Elicit a proper history of common illnesses, cause, treatment and prevention of common diseases:                      Oral thrush                      URI: Upper Respiratory Infection, "croup"                      Diarrhea &amp; dehydration                      Head lice                      Malaria                      Anemia                      Worms and other Parasites                      Measles, chicken pox                      Mumps, whooping cough                      Tuberculosis                      Sudden infant death                      Tetanus</p> <p>Local customs &amp; beliefs regarding common childhood diseases.</p>	<p>III.A. Physical examination, Record on Ilesha weight chart.                      Make incubator                      Manual expression of breast milk</p> <p>Home assessment</p> <p>Health teaching</p> <p>III.B. Take health history physical examination record on Ilesha weight chart.</p>	<p>III.A. Demonstration                      Role playing.</p> <p>III.B. Lecture                      Discussion                      Slides and Cassettes                      Demonstration with sick child</p>

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
CARE OF THE ILL CHILD (cont.)	III.C. Give nursing care to the ill child	<p>III.C. Nursing care of the ill child, general: TPR, observation of intake and output, bowel, bladder, and vomiting, medications, nourishment, fluid, replacement tepid sponge bath, steam inhalation, oxygen therapy</p> <p>Nursing care of the ill child <u>Specific:</u> Eye infections Skin rashes Ear, nose and throad Infections Fracture Fever Burns Convulsing child Unconscious child Handicapped child: polio, cleft palate</p> <p>III.D. Review malnutrition and its effects on health of child. Includes Marasmus, Kwashiokhor, Iron deficiency, anemia, etc.</p>	<p>III.C. Take pulse, temperature, and respiration Record bowel action, vomiting and urination Medications: oral, subcutaneous, intramuscular, topical, rectal, eye drops, nose drops, ear drops Fluid replacement: cup and spoon, intravenous, subcutaneous, Preparation of feed tray tube feedings Record fluid intake Steam inhalation Oxygen inhalation</p> <p>Application of hot and cold fomentations Improvising clean bandages Application of bandages</p> <p>Improvise splint, immobilize fracture Tepid sponge bath Make or improvise padded tongue blade, position child to keep open airway, protect child from injury</p> <p>III.D. Physical Assessment</p>	<p>III.C. Lecture Demonstration and return demonstration Discussion</p> <p>Lecture Demonstration and return demonstration</p> <p>III.D. Lecture Demonstration Discussion Slides and Cassettes Charts</p>

## CHILD HEALTH

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
CARE OF THE ILL CHILD (cont.)	III.E. Teach and counsel parents and provide for follow-up care.	<p>III.E. Local customs and beliefs regarding common childhood diseases.</p> <p>Principles of teaching care to parents.</p> <p>When, how and to whom to refer patients, if necessary.</p>	III.E. Teaching and counseling skills.	III.E. Lecture Demonstration Role playing.

FAMILY PLANNING

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
BASIC CONCEPTS OF FAMILY PLANNING & CHILD SPACING	<p>The student will be able to:</p> <ol style="list-style-type: none"> <li>Describe the role of the family in their community.</li> <li>Describe the purposes and role of child spacing in family health.</li> </ol>	<p>Basic concepts of the family history of Family Planning - Global and The Gambia.</p> <p>Demographic Data - Population census (in The Gambia) birth and death rates, IMR &amp; MMR.</p> <p>Family planning as a public health function.</p> <p>Family life, especially maternal health. Cultural, religious, social psychological, political and economic aspects of family planning in The Gambia.</p> <p>Community resources for family planning services.</p>		<p>Visual aids Graphs Lectures Role playing Debate</p>
REPRODUCTION, ANATOMY & PHYSIOLOGY	<ol style="list-style-type: none"> <li>Describe the anatomy and physiology of the male and female reproduction system.</li> <li>Describe the process of fertilization.</li> </ol>	<p>Reproductive system from birth to adult.</p> <p>The anatomy and physiology.</p> <p>Psychological aspects.</p> <p>Menstruation.</p> <p>Sexuality - physiologic and psychological aspects.</p> <p>Menopause.</p>		<p>Visual aids Slides Charts Movies Lecture Discussion</p>
F.P. SERVICES & METHODS OF CONTRACEPTION	<ol style="list-style-type: none"> <li>Describe the following methods of contraceptives: IUD, hormonal, condoms, tubal ligation &amp; vasectomy and foams.</li> <li>List the common side effects and contra-indications.</li> <li>Perform breast examination.</li> </ol>	<p>Interviewing in F.P.</p> <p>First visit examinations - looking at the whole person.</p> <p>Subsequent examination.</p> <p>Description of the methods: Side effects, advantages, disadvantages and contra-indication.</p> <p>Breast examination - and self breast exam.</p> <p>Selection of method to suit the family.</p>	<p>Assist with examination.</p> <p>To do a string check.</p> <p>Teach patients about the methods of contraceptives.</p> <p>Teach self breast exams to patients.</p>	<p>Demonstration on patient</p> <ol style="list-style-type: none"> <li>Interviewing</li> <li>Physical examination</li> </ol> <p>Lecture discussion</p> <p>Demonstration of methods using models and other visual aids.</p> <p>Films on methods or tapes and cassettes.</p> <p>Demonstrate breast examination.</p> <p>Film - breast exam.</p>

FAMILY PLANNING

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHODS
MOTIVATION AND FOLLOW-UP	Identify factors - cultural, political, social, psychological and religious, which may influence the acceptance.	<p>Discussion of traditional methods of family planning. Records and statistics. Referrals Other community resources. Preparation and maintenance of supplies and equipment.</p> <p>Factors affecting acceptance of F.P. cultural, social, psychological, political and religious methods of overcoming barriers to acceptance. Follow-up care - need for medical supervision. The effect of health workers' attitudes on patients. Reinforcement of communication skills.</p>	Counseling and motivation of patients for initial and follow-up family planning.	<p>Demonstration - using records and reports. Lecture and discussion</p> <p>Lectures Role playing Discussion</p>
FERTILITY	List the major factors influencing fertility and infertility in the male and female.	<ul style="list-style-type: none"> <li>- Types of infertility.</li> <li>- Examination of factors in the male: general health, history, seminal factor, quantity and motile.</li> <li>- Factors in the partner relationship.</li> <li>- Explaining procedures and results of examination to patients</li> </ul>		Lecture/Discussion
PATHOLOGY OF REPRODUCTIVE SYSTEM	Describe transmission, cause symptoms and treatment of trichomoniasis, candidiasis, syphilis.	<p>Cause, transmission, treatment, signs and symptoms of:</p> <ul style="list-style-type: none"> <li>- Trichomoniasis, candidiasis, non-specific vaginitis.</li> <li>- Syphilis and gonorrhoea.</li> </ul> <p>Follow-up of syphilis and gonorrhoea.</p>	To give treatment for vaginal infections as prescribed.	<p>Films Tapes &amp; cassettes Slides Use of microscope for wet preps Discussion, Lecture</p>

FAMILY PLANNING

TOPIC	OBJECTIVE	CONTENT	PRACTICAL SKILLS	TEACHING METHOD
ABORTION	Identify social problems which cause woman to seek abortion	Description of abortion Hospital methods Local methods and complications Sequelae of frequent abortions Legal aspect		Lecture Discussion

FAMILY SPACING	SKILL LIST		
1. SET UP CLINIC			
1.1. Prepares supplies and equipment, sterile and unsterile			
1.2 Sorts out records			
1.3. Prepares scissors for cold sterilization			
1.4. Prepares injection tray for depo provera			
2. INTERVIEWING			
2.1. Asks pertinent questions			
2.2. Listens to patient's response			
2.3. Responds to non-verbal response			
2.4. Demonstrates acceptance for feelings and belief			
2.5. Uses interpreters as appropriate			
2.6. Obtains pertinent history			
2.7. Demonstrates positive attitude			
3. PREPARES PATIENT BY:			
3.1. Weighing			
3.2. Taking B.P.			
3.3. Teaches methods of contraception			
3.3.a. Oral contraceptives			
3.3.b. IUDS			
3.3.c. Condoms			

FAMILY SPACING	SKILL LIST		
3.3.d. Foam			
3.3.e. Sterilization			
3.3.f. Traditional methods			
3.4. Explains procedure for physical examination			
4. ASSISTS IN PHYSICAL EXAMINATION			
4.1. Breast exam			
4.2. Teaches patient to examine her breast			
4.3. Abdominal examination			
4.4. Pelvic examination			
5. ASSISTS IN IUD INSERTION IF INDICATED			
6. MAKES APPOINTMENT FOR FOLLOW-UP			
7. ASSISTS IN MAKING REFERRALS IF NECESSARY			
8. DOES MOTIVATION OF PATIENTS, ESPECIALLY HIGH RISK PATIENTS			
8.1. Group discussions			
8.2. Questions and answers			
9. INFERTILITY PATIENT			
9.1. Counsels infertile client and husband			
9.2. Gives reassurance			
9.3. Makes appointments for follow-up			
9.4. Makes referrals			



CONTENT OF FIELD EXPERIENCE

	YES	NO	SATISFACTORY	UNSATISFACTORY
1. In the ward situation				
a. Care of the patient's environment, i.e. cleaning of lockers, sputum mugs, drinking cups, etc.				
b. Bed making				
c. Bed bathing				
d. TPR, pulse, respiration, BP				
e. Tepid sponging				
f. Mouth care				
g. Enema				
h. Injections				
i. Admissions and discharges				
j.     i. Observe deliveries for the first time				
ii. Do deliveries on their own				
k. Care of the newborn baby				
l. Resuscitation, care of the cord and bath				
m. Feeding patients, serving food				
n. Surgical dressings				
o. Learning to remove stitches				
p. Serving of medicines				
2. Antenatal experience in the clinics:				
a. Weighing				
b. BP				
c. Urine testing				
d. Lectures				
e. Registration				
f. History				
g. Palpating				
h. Immunizations				
i. Home visits and follow-ups:				
i. Check home environment				
ii. Check the mother's general condition				
iii. The breast, lochia, height of fundus, etc.				
iv. Check baby:				
the eyes for jaundice				
the cord				
the tongue for thrush				
v. Bathe baby at first visit				
j. Charting				
k. Record keeping				

QUESTIONNAIRE  
COMMUNITY HEALTH NURSES SURVEY  
THE GAMBIA -- FEBRUARY, 1978

PLEASE DO NOT PUT YOUR NAME ON THIS QUESTIONNAIRE. WE WILL USE THE INFORMATION OBTAINED FOR HEALTH PLANNING AND TRAINING PURPOSES. AFTER THE INFORMATION HAS BEEN CORRELATED, THE PAPERS WILL BE DESTROYED. NO ONE EXCEPT THE UCSC/MCH PROJECT STAFF WILL SEE OR HANDLE THE QUESTIONNAIRES. THE GENERAL INFORMATION WILL BE SUMMARIZED AND USED FOR MCH PROGRAM PLANNING WITHIN THE MINISTRY OF HEALTH IN ORDER TO IMPROVE AND REVISE THE MANSA KONKO TRAINING PROGRAM.

THANK YOU FOR YOUR COOPERATION.

1. BASIC EDUCATION (Check (✓) the highest level achieved)

- 1. Kindergarten
- 2. Primary
- 3. Junior Secondary
- 4. High School
- 5. 6th Form
- 6. Other \_\_\_\_\_

2. RELIGIOUS EDUCATION (check highest number of years; for example, if exactly two years, check number 3)

- 0. None
- 1. Less than 1 year
- 2. 1 - 2 years
- 3. 2 - 3 years
- 4. 3 - 4 years
- 5. 4 - 5 years
- 6. 5 - 10 years
- 7. More than 10 years

3. IN WHAT VILLAGE WERE YOU BORN? \_\_\_\_\_

4. TRIBAL GROUP (check one only if you are Gambian or Senegalese)

- 1. Mandinka
- 2. Wollof
- 3. Jola
- 4. Fula
- 5. Other (explain) \_\_\_\_\_

5. LANGUAGE SPOKEN (Check all those you know well)

- 1. Mandinka
- 2. Wollof
- 3. Jola
- 4. Fula
- 5. Other (explain) \_\_\_\_\_

6. SEX (Check which)
- 1. Male
  - 2. Female
7. AGE (Write in number of years)
- \_\_\_\_\_ years
8. MARITAL STATUS (Check one)
- 1. Single
  - 2. Married
  - 3. Widowed
  - 4. Divorced
  - 5. Separated
9. RELIGION (Check one)
- 1. Catholic
  - 2. Moslem
  - 3. Pagan
  - 4. Other (explain) \_\_\_\_\_
10. WITH WHOM DO YOU WORK DAILY IN YOUR PRESENT POSITION? (Check as many as apply)
- 1. With non-professionals (Auxiliary nurses, Area Council Nurses, Orderlies, Health Laborers, Cooks)
  - 2. With trained nurses
  - 3. With one doctor or more than one doctor physically present
  - 4. Alone
11. DO YOU EVER HAVE LANGUAGE PROBLEMS IN YOUR WORK (Check one)
- 0. No
  - 1. Yes
  - 2. Not applicable (student) \_\_\_\_\_
12. IN WHICH OF THE FOLLOWING AREAS WOULD YOU LIKE TO RECEIVE TRAINING? (Check all that apply)
- 1. Communicable diseases
  - 2. Maternal Care
  - 3. Infant Care
  - 4. Nutrition
  - 5. Family Planning
  - 6. Infertility
  - 7. Record Keeping
  - 8. Management techniques
  - 9. Other (explain) \_\_\_\_\_

13. HOW WAS YOUR PLACE OF ASSIGNMENT SELECTED? (Check one)

- 1. Government assignment
- 2. Personal choice
- 3. Home village
- 4. Other (explain) \_\_\_\_\_

14. LIST THE MOST USEFUL SKILLS AND IMPORTANT INFORMATION YOU LEARNED AT MANSА KONKO

15. LIST THE LEAST IMPORTANT INFORMATION YOU RECEIVED DURING YOUR STUDIES AT MANSА KONKO.

16. WHAT WERE THE MOST VALUABLE FIELD EXPERIENCES THAT YOU HAD DURING YOUR TRAINING?

17. WHAT CHANGES WOULD YOU SUGGEST IN THE CURRICULA?

18. WHAT CHANGES WOULD YOU SUGGEST FOR THE SCHOOL AT MANSА KONKO?

19. WHAT OBSTACLES TO LEARNING DID YOU ENCOUNTER AT MANSА KONKO?

20. WHAT KINDS OF PROBLEMS HAVE YOU HAD WORKING WITH THE VILLAGERS?

21. WHAT KIND OF PROBLEMS HAVE YOU HAD WORKING WITH OTHER HEALTH PERSONNEL SINCE YOU STARTED YOUR JOB?

22. DESCRIBE WHAT YOU DO DURING A TYPICAL WORK WEEK.

23. WHAT MAJOR HEALTH PROBLEMS HAVE YOU SEEN ON YOUR NEW JOB?

A. ARE YOU TRAINED TO HANDLE CASES BROUGHT TO YOUR ATTENTION? (Explain)

B. HOW DO YOU COORDINATE YOUR WORK WITH OTHER HEALTH PERSONNEL?  
WITH TRADITIONAL HEALERS? (Explain)

24. ARE YOU DOING ANY HEALTH EDUCATION ACTIVITIES IN YOUR JOB? (Explain)

25. USE THIS SPACE FOR ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE ABOUT  
YOUR TRAINING AT MANSA KONKO.

COMMUNITY HEALTH NURSE

JOB DESCRIPTION

January, 1978

QUALIFICATIONS:

Community Health Nurse, Successful completion of eighteen months training at the School for Community Health Nurses at Mansa Konko.

POSITION:

Responsible immediately to the Senior Nursing Superintendent, MCH Program. Responsible for direct supervision to the Nursing Superintendent in charge of the Health Center or her deputy. Works closely with other health personnel, such as Health Inspectors, Dresser Dispensers, Nurse Midwives, Auxiliary Nurses as part of a health team, to improve the standard of care given to mothers and children.

DUTIES AND RESPONSIBILITIES

1. To give effective health education to individuals and groups with emphasis on nutrition and health care of mothers and children.
2. To participate in child welfare clinics.
3. To supervise the growth, development and general health care of infants and children in the home and clinic and make appropriate referrals.
4. To give recommended immunizations to prenatals, infants and children.
5. To give medication under supervision of nursing sister and dresser dispenser.
6. To give basic nursing care to sick mothers and children.
7. To participate in Antenatal clinics.
8. To provide nursing care to women in labor. Conducts normal deliveries in the home and MCH Center and to give post partum care.
9. To provide immediate care to new borns.
10. To provide counseling concerning methods of family planning.
11. To assess the community and identify health problems and to make appropriate referrals.
12. To conduct emergency care when necessary.

13. To assist other team members in maintenance of supplies, equipment and general cleanliness of MCH Centers and Clinics.
14. To perform other duties which may be required from time to time.

This is to certify that the duties and responsibilities had the prior approval of the Director of Medical Services.

/s/ Dr. Peter N'Dow



SECTION III

UCSC MCH PROJECT REPORT

BENIN

JULY 1, 1977 - DECEMBER 31, 1977

Paul E. Wilson, M.D.  
Field Coordinator

Maryan Surman  
Public Health Technician

MATERNAL AND CHILD HEALTH PROJECT - BENIN

July 1 - December 31, 1977

TABLE OF CONTENTS

	<u>Page</u>
PREFACE.....	i
I. INTRODUCTION.....	1
II. ADMINISTRATION.....	1
III. PROJECT ACTIVITIES.....	2
IV. SUMMARY.....	4

APPENDICES:

1. FLOW CHART CALENDAR
2. Appendix not available at time of printing
3. REPORT OF TEAM MEETING AFTER ADJARRA
4. VISIT TO CENTERS AT DJOUGOU, PARAKOU,  
AND NATITINGOU
5. CLASSIFICATION OF ACCEPTORS
- 6.a. BOHICON
- 6.b. SITE ORIENTATION VISIT: BOHICON
- 7.a. ADJARRA
- 7.b. SITE ORIENTATION VISIT: ADJARRA
- 8.a. NATIONAL LABORATORY OF PUBLIC HEALTH
- 8.b. LABORATORY ATTESTATION
9. ATTENDANCE AT ORIENTATION INSTALLATIONS
10. PMI - COTONOU
11. MATERNITY - COTONOU
- 12.a. PORTO-NOVO
- 12.b. ABOMEY-CALAVI
- 12.c. LOKOSSA
13. EQUIPMENT FURNISHED TO EACH CENTER ON THE  
INSTALLATION OF SERVICES
14. NATIONAL CENTER FOR HEALTH EDUCATION

## PREFACE

I think it highly appropriate that this report of activity in Benin be introduced by a statement from Mme Lucie Ouendo. She is a Benin nurse-midwife who was one of the first participants in the nurse practitioners training at Santa Cruz. Mme Ouendo provides leadership, direction, motivation, and the benefit of her extensive experience as a member of the national MCH training team.

Paul E. Wilson, M.D.

ACTIVITIES OF THE MATERNAL AND CHILD HEALTH PROJECT OF THE  
UNIVERSITY OF CALIFORNIA TO THE PEOPLE'S REPUBLIC OF BENIN\*

The year 1977 saw a particular rise in important activities. We had to install four (4) family planning clinics. These clinics were preceded by courses of information, training and sensitivity to the problem of family health.

These courses were given at Abomey-Calavi (Province of Atlantique), at Lokossa (Province of Mono), at Bohicon (Province of Zou), and at Adjara (Province of Oueme).

That is to say that everywhere we went, the participants manifested a particular interest in these courses.

We have also noted that family health preoccupies our populace, which encourages us and gives us moral satisfaction.

Lucie Ouendo

\*/ Translated from the French at UCSC



## I. INTRODUCTION

During the final six months of 1977, the UCSC MCH project in Bénin continued to maintain a satisfactory record of achievement. The cooperation of the MOH the team work and motivation of project personnel, the enthusiasm of the returning trainees characterized this time period. Travel around the country was less difficult, "laissez-passer" papers were readily renewable, and project personnel and activities were in no way delayed or obstructed.

This report will carry a similar format to that used for the first six months. The work plan continues to serve as a guide, modified when necessary according to the needs and changing character of the work at hand. Some of the highlights of these last six months were:

1. Ease of movement to visit project sites.
2. Return of 5 trainees from Santa Cruz where they had an eventful 14 weeks.
3. The installation of two more working UCSC MCH centers at Bohicon and Adjarra.
4. Visit of Robert Minnis -- Assoc. Director from Santa Cruz,
5. Arrival of Emily Lewis, project trainer in Santa Cruz, on temporary assignment as member of the project team in Bénin.
6. Time schedule for final 6 mos. of 1977 (Appendix 1).
7. Strengthening of mid-level team personnel -- Mme Dehoué assigned to project team to work with Mme Ouendo.
8. Home leave for Dr. Wilson and Rest and Recuperation travel for Maryan Surman.

## II. ADMINISTRATION

A. The duties and activities of the project staff continued unchanged. Because of the continued illness of the DAFA of the Ministry of Health, it was not possible to arrange transfer for any other administrative responsibilities. The project coordinator carried on and attempted to manage affairs so that during his absences in The Gambia, Maryan Surman would only have to give minimum attention to these duties.\* However the main burden of arranging and staging the Bonicon and Adjarra installations fell on her shoulders and she deserves mention for her successful management of that training.

### B. Project Personnel\*\*

#### Additions:

Mme DEHOUE Bernadette  
Sage-femme, Cotonou Maternité;  
Santa Cruz trainee designated  
to work with Mme Ouendo on  
project team

Mme LEWIS Emily R.N., M.P.H.  
temporary assignment from S.C.  
to UCSC team in Bénin.

---

\* See First Semi Annual Report -- 1977 -- p. 20

\*\* See First Semi Annual Report -- 1977 -- p. 21

### III. PROJECT ACTIVITIES

#### A. Narrative Summary

The final six months of 1977 were time charted (Appendix 1) and additions and corrections made as events unfolded. The trainees returned from an eventful visit to the United States. They met Mrs. Carter and Mrs. Vance in Washington before an exciting and instructive three-month training course in Santa Cruz. Enthusiasm and motivation were apparent at the first meeting following their return.

Two centers, previously chosen for installation of MCH/FP service were reviewed, site visits were made and preparations for two-week installation programs at each site were undertaken. These included visual aids, and other necessary materials. The two training programs were successfully staged, first at Bohicon and then at Adjarra. Following the programs the training team met for a critical evaluation of the preceding session. A report was prepared summarizing the thoughts of the team (Appendix 2) and presented to Dr. KODJA to help him implement team activities.

Robert Minnis and Emily Lewis arrived early in September; the former on the regular six months administrative visit from Santa Cruz and the latter on temporary duty as a project team member. Her sojourn here in Bénin has been very successful, a most useful addition to the UCSC staff because of her knowledge of the project and because in her role as trainer she has met all of the trainees who came to Santa Cruz. There are plans that she will return in the Spring of 1978. As has been planned, a trek north was arranged for Ms. Surman, Mme Ouendo, and Mrs. Lewis to revisit the centers at Natitingou, Djougou, and Parakou to examine current service status, activities, records needs, etc. (see report, Appendix 3). The project was also helpful in preparing material for the Torri-Bossito pilot training project and Mme Amoussou-Genou Henriette, a member of the project team whose main duties are with the Office of Health Education, was on the training staff of this pilot program. Project staff developed a liaison with the "Laboratoire National de la Santé Publique" to evaluate sterilizing agents available to the midwife practitioners. Those recommended in the literature are not available here.

The project coordinator and Dr. KODJA met on a weekly basis. The team met periodically to review, and coordinate activities.

#### B. BROAD OBJECTIVES FOR SIX MONTH PERIOD:

1. To utilize site evaluation routines as outlined in First Six Month Report.\* Feasibility site visits made at Bohicon and Adjarra (appendices 6b, 7b).
2. Continuing review of curriculum, needs, records, materials for each center, for installations, and for ongoing activities,

---

\* Appendix A. 1

3. Routine center visits for ongoing evaluation, counselling and advice regarding standard of work and recording.
4. Installation of MCH/FP services at Bohicon and Adjarra (Appendices 6-7).
5. Technical assistance and attendance at pilot training program for matrons (TBA's) in Torri-Bossito.
6. Encourage Bénin team members to assume more responsibility for planning, programming, and training -- see Summary.
7. Encourage the Ministry of Health of Bénin to develop its own in-country training program using the 22 nurse midwives and nurses trained as nurse practitioners in Santa Cruz as a tutorial corps.
8. Encourage the acceptance of more administrative duties by the DAFA.
9. More frequent team meetings.
10. Retraining of two midwives who were participants in the first NP/FP program in Santa Cruz and who are now to be assigned to an active MCH/FP Center.
11. Continued supervision of inventory -- an inventory review will be done in January 1978.

C. COOPERATION WITH OTHER DONOR AGENCIES:

1. The Cotonou-P.M.I. reconstruction project is under way with the support of \$30,000 of self-help funds obtained with the help of project coordinator. The agreement was signed in mid-August by Minister of Health, BOURRAIMA Issifou, and the United States Chargé d'Affaires, Mr. Kenneth Thompson, with Dr. KODJA and Dr. Wilson present. The expectation is to have the work finished and the additions ready for occupancy by late Spring.
  2. Project members helped the Ministry of Health get minor self-help funding for upgrading MCH centers (approx. \$200/center) -- plumbing, electricity, painting, minor repairs, etc. See Adjarra report.
  3. CNBPF continues to support project activities and supplies visual aids and the services of a projector and projectionist at Bohicon and Adjarra. CNBPF committees have now been established.
  4. The project continues to receive donations of supplies and literature from organizations such as the U.N., UNICEF, IPPF, etc.
  5. Attendance and aid at Torri-Bossito.
  6. Attendance (when possible) at Ford Foundation sponsored one-month program on Family Health help at INFOSEC headquarters.
- D. During this period Dr. Wilson made two visits to The Gambia and took home leave. Maryan Surman spent her first two weeks of Rest and Recuperation in late Dec.
- E. Most of the last few weeks were devoted to the preparation of this report collection of data, organization, photos, etc.

#### IV. SUMMARY

Progress toward project goals has continued during these last six months of 1977. The general objectives of the work plan have been achieved and we will be able to proceed into the final phase of project activity without a backlog of work. Dr. KODJA has increased his responsibility for project activity and his improved planning and preparation for site evaluations, training and travel has resulted in more coordinated team efforts.

The Beninois personnel on the team have all the responsibilities for conducting a training program; U.C. Santa Cruz personnel advise and assist in preparation of educational materials and aids and prepare the supplies for the new clinic. Critical evaluation of team work using the "feedback" technique, learned in the Training of Trainers session (with the guidance of UCSC personnel) has increased with the resulting improvement of individual skills as well as team performance.

There is promise of improved staffing, with assignment of trained personnel to centers already activated or to be activated. And there has been an addition to the national team at the training level which gives some depth and allows for continuing activity during absences for vacation, illness, etc.

Mme Ouendo continues her important functions at the PMI in Cotonou, and also provides an admirable improving leadership role on the National training team. Her motivation and dedication to training, her comprehension and utilization of the teaching techniques is an outstanding example of the development of personal skills as well as being an inspiration to her team members and the program participants.

Mme Anoussou-Genou, in addition to her assignment with the Office of Health Education, participates with ever increasing skill as a member of the training team. Her training capacities are also used in Health Education; e.g., at the pilot training program for matrons at Torri-Bossito.

Project recommendations to the MOH have been directed toward consideration of these problems: \*

1. Shortages and costs of vaccines medications, etc: sources of supply and distribution.
2. Storage and transport of materials -- the project has provided a refrigerator for Natitingou, a generator for Adjarra, etc. and project vehicles to transport materials, supplies and health personnel on project activities.
3. Continuing indoctrination and motivation of health personnel -- during the Adjarra program non-medical participants directed certain comments indicating the need for this. See report of personnel trained 1977 (Appendix 9).

---

\* Ref. First 6 month Report for 1977 -- page 26 "Problems"

4. Improvement of water supplies, waste disposal, and sanitation at health centers.
5. The development of in-country training programs.
6. In-service education -- continuing. An interesting development is the decision of the Béninois members of the team to have a monthly in-service education program for themselves.
7. On-the-job training: regular mini-training sessions at each center under the Santa Cruz trained staff direction with team counselling when requested.
8. Expansion of the collection and development of data and information such as that requested in project's site questionnaire. \* It would considerably help the MOH to evaluate health needs and plans.
9. Increased laboratory and diagnostic services-training at the supervisory and technical levels and suitable facilities and equipment.

Travel difficulties around the country have been resolved with weather and road conditions providing the only limitations. Project vehicles are in good condition and should give no major trouble until end of project date. The MOH has been most cooperative in providing logistical support for trekking away from home base in Cotonou.

### Conclusions

To borrow from a daily exercise in the UCSC TOT program -- "OU EN SOMMES-NOUS?" or "WHERE ARE WE?", we are now ready to enter the final 12 months of project activity in Bénin. The Béninois team personnel has been strengthened in numbers, their responsibilities have increased, they have adopted a more progressive and positive role in planning, programming and training, and even in submitting requests for improvements in health techniques, laboratory services, health education, and training in their report to superiors.

The host government continues to be supportive and cooperative, recognizing the need to assume full responsibility for project direction and maintenance. Project scope remains definable but amenable to realistic expansion; project goals are attainable; host country's maintenance (post-project) is based more on the abilities and responsible activities of trained personnel than on increased financial outlay. The project team continues to believe that our goals and objectives will be met by the termination date.

UCSC team members enjoy remarkably positive relationships with their counterparts and parting at the end of 1978 will be most difficult. We have been permitted the unique experience of more than a working relationship with individuals of another culture and ethnic background. We communicate in a language other than our own and we are constantly challenged to use our skills constructively with patience and understanding. We have learned, I think, that all peoples of whatever origins are not too dissimilar in their

---

\*Ibid.

hopes and dreams for a decent life which, among other things, includes good health.

For the year 1978, we look forward to continued training and retraining, continued improvement of skills and facilities, and the installation of the last two selected center sites, Ouidah and Savè. We expect to accomplish final turnover to the host government of all project materials and supplies as well as responsibility for ongoing activity.

Project personnel join with me in the belief that this UCSC MCH project will have contributed some measure to the improvement of the "quality of family life" in Bénin.

PROJECT ACTIVITIES AND RESULTS

Second Six Months - 1977

VERIFIABLE OBJECTIVES

1. Two site evaluations
2. Two site installations
3. Participation at Torri-Bossito
4. Five Beninois nurse midwives trained in Santa Cruz
5. Periodic team meetings
6. Proper assignment of trained personnel
  - a. National level
  - b. Center responsibility
7. Follow-up visits and start of regular visits to all centers
8. Standardized records
9. Cooperation with other donors
10. Continuing inventory
11. Liaison with National Laboratory of the MOH

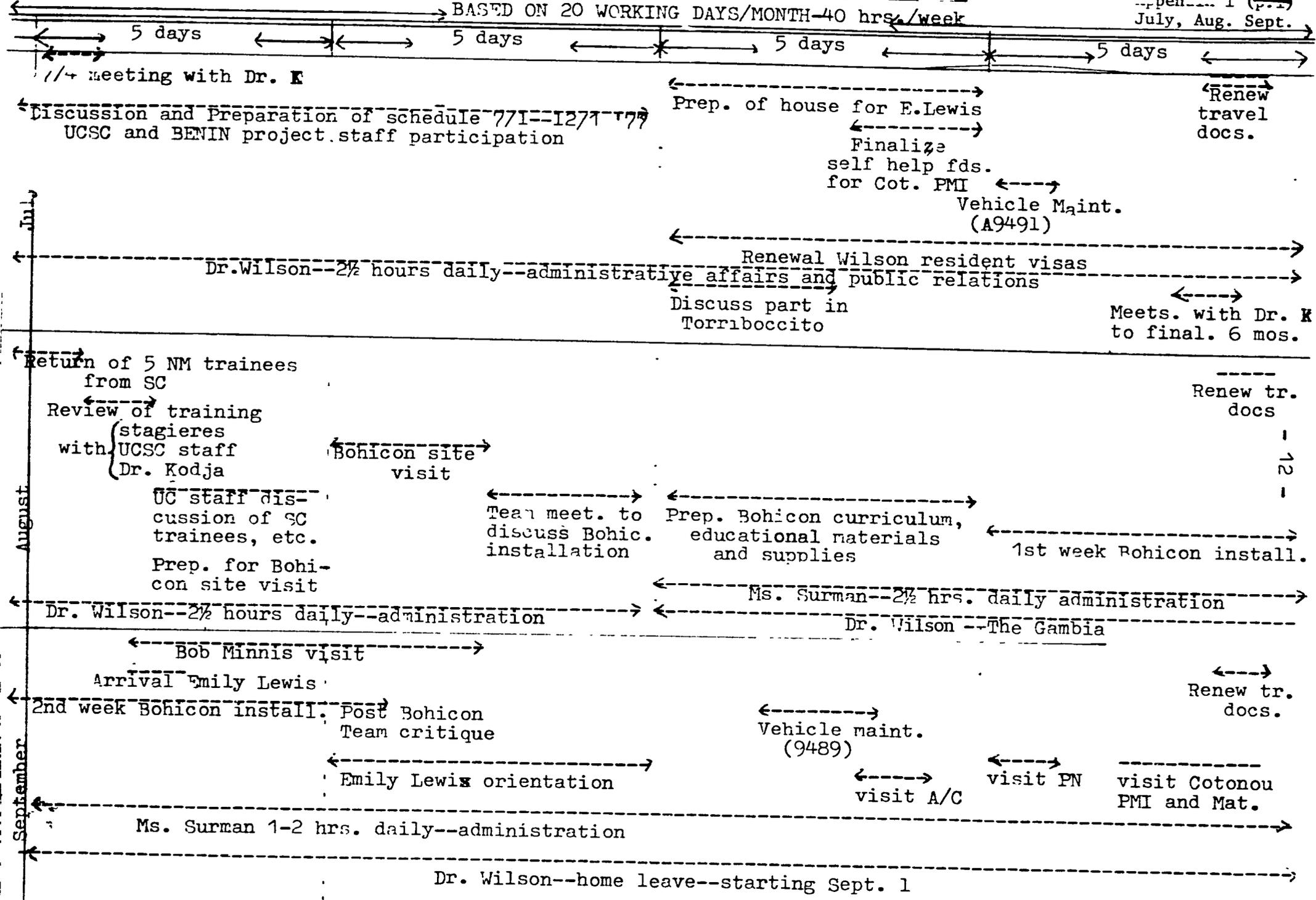
RESULTS

1. Bohicon and Adjarra evaluated (Appendices 6,7)
2. Bohicon and Adjarra installations (Appendices 6,7)
3. Report by Office of Health Education (Appendix 14)
4. Favorable report of Mme. Dehoue upon return to Benin
5. Post Adjarra report (Appendix 3)
- 6.a. Assignment of Mme Dehoue to national team to work with Mmes Ouendo and Amoussou-Genou
- b. UCSC trainees assigned as nurses-in-charge of MCH/FP services at Bohicon and Adjarra
7. Report of trek and other follow-ups (Appendix 4)
8. Records at MCH centers are standardized
9. Self-help et al.
10. Current list
11. Analysis of antiseptic and disinfectant solutions used in FP clinic

FLC CHART CALENDAR JULY 1 - DECEMBER 31 - 1987

BASED ON 20 WORKING DAYS/MONTH - 40 hrs./week

pen 1 (p.1)  
July, Aug. Sept.



July

August

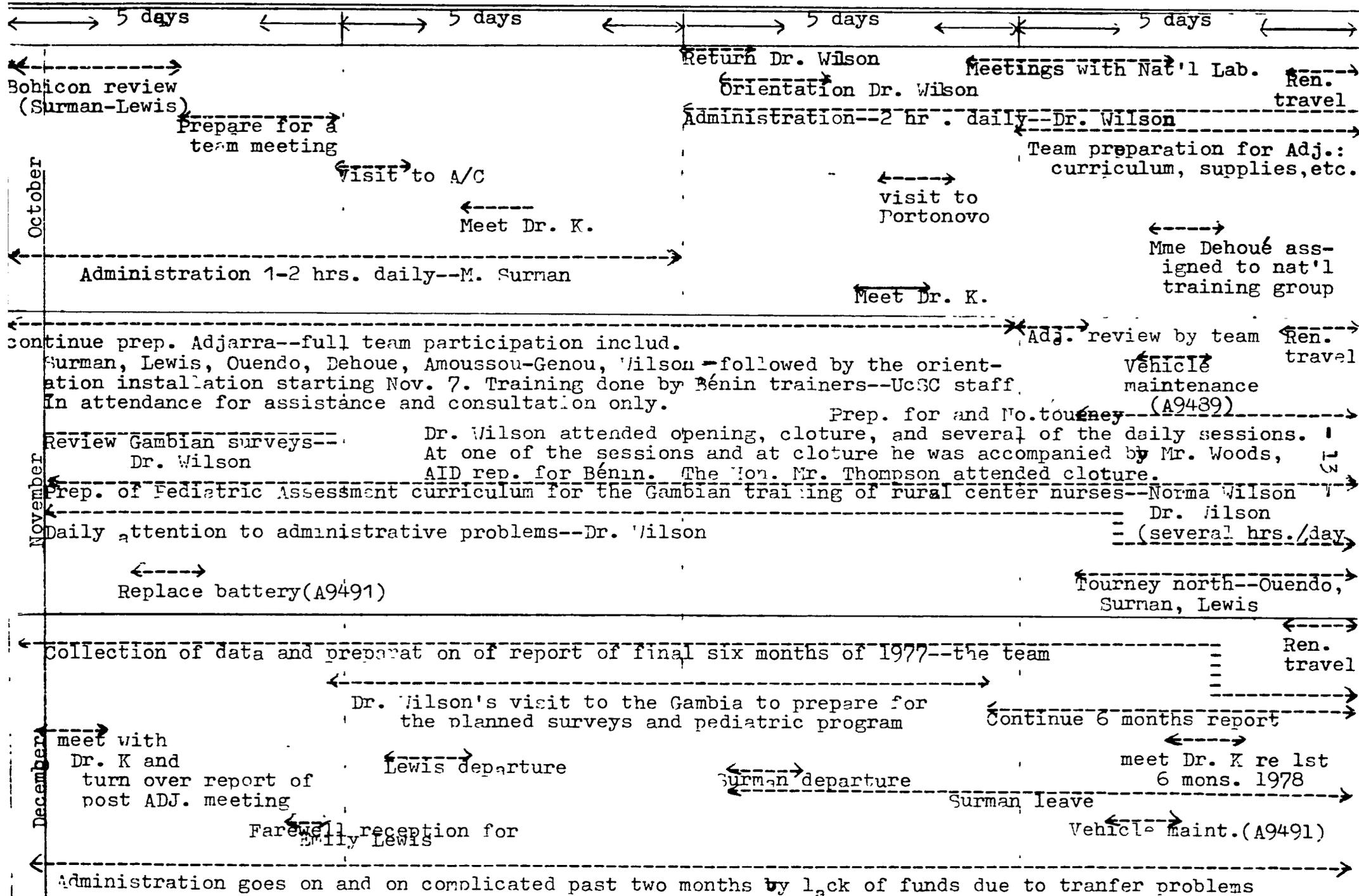
September

1  
2  
1

... N C T C END -JUL-DEC-31 1977

BASED ON 20 WORKING DAYS/MONTH-40 hr./week

Appendix 1 (p.2)  
Oct. Nov. Dec.



Note: This Appendix not available at time of printing of this Semi-annual Report.

RAPPORT SUR LA REUNION DE L'EQUIPE DU PROJET  
P.M.I. DE L'UCSC A COTONOU  
COTONOU, le 22 Novembre, 1977

SUJET: Adjarra, la formation d'installation; la rétroaction.

Sont présents:

Mme OUENDO Lucie  
Mme LEHOUE Bernadette  
Mme AMOUSSOU-GUENOU Henriette  
Mme LEWIS Emily  
Mlle SURMAN Maryan  
Dr. KODJA Joseph  
Dr. WILSON Paul

A. INTRODUCTION

Les membres du groupe ont discuté les problèmes qui concernent une formation d'installation. Nous avons préparé ce rapport pour le Directeur de la Médecine Préventive pour qu'il comprenne nos problèmes et nos tâches et par conséquent il nous aidera à poursuivre nos travaux plus effectivement.

B. DECISIONS DE LA REUNION

1. La préparation du terrain doit être au minimum en avance d'un mois.
  - a) La place, la date, la durée de la formation.
  - b) Une requête d'approbation et d'assistance du Chef Médical de la Province.
  - c) Une notification, avec un sommaire de la formation au personnel du centre et participants. Nous pensons que ces choses stimulent les intérêts.

B.2. Quand les participants sont trop nombreux, le contrôle et l'enseignement de la formation sont très difficiles. Donc, nous demandons une limitation des nombres des participants - trente six au maximum.

3. Une réorganisation du programme scolaire:

a) Plan du travail chaque jour - où en sommes-nous?

b) Revoir l'utilisation des films et des aides visuelles.

c) La revue des sujets du programme scolaire par l'équipe - par conséquence les membres auront la même compréhension, la même information sur les sujets du programme.

Il faut que nous évitions de donner de faux renseignements, de fausses ou confuses idées et pensées aux participants.

4. Une réunion par mois - la continuation de l'éducation de l'équipe qui choisira les sujets à revoir.

5. Les visites aux Centres - au moins une visite par trois mois à chaque Centre.

L'équipe aidera avec les problèmes du travail, reverra les statistiques, l'inventaire, etc...

6. Il faut que le Projet encourage chaque Centre d'avoir les petites formations régulièrement.

L'équipe donnera des conseils et aidera aussi avec les programmes et les matériels nécessaires par l'enseignement.

### C. CONCLUSION

Ce rapport est respectueusement présenté avec nos sentiments distingués et aussi avec la promesse de la coopération active et rétroaction continue de l'équipe du projet P.M.I.

#### ONT SIGNE:

Mme OUENDO Lucie

Mme LEWIS Emily

Mme DEHOUE Bernadette

Mlle SURMAN Maryan

Mme AMOUSSOU-GUENOU Henriette

Dr. WILSON Paul

VISIT TO CENTERS AT DJOUGOU, PARAKOU, AND NATITINGOU

At the evaluation meeting of the Adjarra installation, it was decided to schedule the trip north to visit three centers. The inspection and evaluation group consisted of Emily Lewis, specialist in Family Nurse practitioner education (one of the Santa Cruz training instructors), Maryan Surman, Educational Technician III, and Mme. Lucie Ouendo, staff counterpart and unofficial leader of the Beninois training team. They departed Cotonou the 23rd of November and returned the 29th of November.

PARAKOU

ABDOU Rachidatou, trained at Santa Cruz in 1976, was at this center until mid-1977. She was then transferred to the PMI (Maternal and Child Health Center) in Cotonou and was replaced by OUAKE Aissitou, another 1976 trainee who will be assigned to assume responsibility for maternal and child health services, including family spacing.

Statistics for this center cover the period from March to November 1977. During this period Mme. ABDOU was ill and on maternity leave accounting for some scanty reporting. The clinic registered 94 new acceptors during the reporting period (Appendix 5). The nurses at the PMI give causeries in a variety of topics covering maternal and child health problems. There is an animatrice rurale, trained and associated with the local branch of the CNBPF who visits outlying satellite villages, who discusses child spacing and encourages referrals to the center and the branch clinic.

There is a new physician-in-chief at the hospital who is very supportive of the MCH program and who plans to participate in contraceptive prescriptions; e.g. insertion of IUD's. The other nurses, too, have been partially trained by Mme. ABDOU and prescribe condoms, foam, and spermicidal tablets.

DJOUYOU

MANIGUE Lamatou, another 1976 trainee from Santa Cruz, was stationed at this clinic until her reassignment to the one at Natitingou to replace OUAKE Aissitou. This clinic started services in the fall of 1975 but for several reasons such as illness, a breakdown in transportation, etc., it was not possible to conduct an installation-orientation program. In spite of this Mme. MANIGUE was able to use her new training to establish several MCH services and she was able to train a nurse to continue these activities following the former's transfer to Natitingou. Another Santa Cruz trainee, (May-July 1977), Mme. CHABI CHINA Léontine is expected to be assigned to this clinic as the midwife in charge, early in January, 1978.

This center is very active: a population of 25,000 in the central area and of 130,000 in the rural surrounding districts is served. There are 50-57 deliveries per month and 300 prenatal consultations per month.

It is estimated that approximately 70% of all deliveries occur in the home. (A reason for establishing TBA training programs). At the time of this visit the following information was obtained:

1975--November/December--a total of 30 new contraceptive acceptors registered. No breakdown available as to methodology.

1976--47 new acceptors registered--methodology Appendix 5.

1977--28 new acceptors through the end of October 1977.

There is a newly assigned physician for this region who is interested and cooperative and will aid in the development of this center. An installation-orientation program is planned for early 1978 after Mme. CHABI CHINA arrives to take up her responsibilities.

#### NATITINGOU

Following a successful installation program (see previous reports) in late 1975, this clinic has been under the supervision of Mlle. OUAKE Aissitou until her assignment to Parakou. During the latter 3 months of 1975, 58 clients were registered in the family spacing clinic and other services pre and post natal, deliveries, and newborn and follow-up care were developed. Although complete statistical records are not available (they were reported as lost), some figures are available. (Appendix 5)

Mme. MANIGUE is now at this center and is responsible of all services: pre and post natal care, family health, child spacing, and child care. The clinic is bright, clean, and well appointed and during this visit the team had the opportunity to observe these activities. The chief of the medical center is her husband who is very interested and cooperative.

A young animatrice rurale, CNBPF trained, visits satellite villages to inform about family spacing and to refer to the center for contraceptive advice and treatment. She also has the opportunity to provide other health information. Records of her visits are being maintained.

#### GENERAL CONCLUSIONS

The newly developed health cards (see previous reports) were introduced to all of these centers to provide a record keeping system that will be used nationally in all MCH centers. At a future visit each center will be asked to evaluate the effectiveness of this instrument, to make suggestions for improvement. Use of this card will make it simpler and easier to collect pertinent and analysable information.

Each of these centers has a CNBPF branch which has cooperated with the center personnel and has trained an animatrice rurale, provided her with a mobylette, to visit satellite villages. Mme. Ouendo works in cooperation with these branches and is interested in developing this activity on a national level. This would be an outstanding contribution to health services at a rural level.

The project staff has been asked to return to these centers to provide counselling and to help conduct an educational review. Local personnel will study and list their needs and the programs will be developed accordingly.

TOTAL NEW FAMILY PLANNING ACCEPTORS CLASSIFIED BY METHOD  
(all operational centers)

Clinic and date of installation	Total New Acceptors	IUD	Pill	Condom	Foam	Depo Prov.	Cream	Diaph.	Sperm-icidal tablets	Remarks
Abomey/Cal April 1977	48	9	10	13	7	2	5	2	0	
Bohicon November '77										Clinic services started Nov. 1 - statistics not yet available
Bjougou Aug. 1975	28	6	10	10	2	0	0	0	0	Statistics based on 6 months -- May - October
Cotonou MI--1971	197	122	27	21	1	16	7	0	3	The PMI and Maternité of Cotonou will develop and institute a follow-up system as of Jan. 1, 1978
Maternité Cotonou Aug. 1975	151	84	25	4	5	8	0	0	25	
Nkokossa April 1977	11	4	1	4	0	0	1	1	0	Statistics for June, July, Aug. Remainder not yet available
Parakou Sept. 1975	94	47	8	15	18	0	10	0	36	Based on 9 mos. March-November
Porto Novo Fall 1975	21	6	7	4	1	2	1	0	0	These statistics are from Jan. to June (missing from 1st report last 6 mos. not yet available)
Vatitingou Fall 1975	81	12	7	26	8	1	0	1	8	Reporting for one year-- August 1976 to August 1977
Adjarra Nov. 1977										Services will begin January 1978

Recording, follow up and control visits have been irregular and confused with different systems by each facility. Uniformity of data collection is one of the goals for 1978.

BOHICON

The initial site evaluation report from Bohicon was completed by Mme CODJIA Emily, a recent (July 1977) graduate of the Santa Cruz Nurse Practitioner Training Program. Two visits were made there and the final installation-orientation occurred during the interval between August 24 and September 6. Clinic revisions and repairs were completed in October and services were inaugurated in November when Mme CODJIA returned from leave. Statistics are not yet available.

The UCSC project undertook the installation of the electric wiring for the sterilizer, and the repair of an old refrigerator to permit the storage of vaccines and medications.

The two-week training was very successful with excellent attendance by a variety of personnel (Appendix 9). The newly graduated family nurse practitioners (July 1977) Mes GANDEMY and DEHOUE, of the Adjarra clinic and Cotonou maternity respectively, attended several sessions, observing the content and methods of teaching in preparation for their own future responsibilities. Mr. Robert Minnis of Santa Cruz (on a semiannual visit to the project) and Mrs. Emily Lewis were also present. Mrs. Lewis, one of the principal trainers in Santa Cruz, arrived for a temporary assignment of several months as a project technician.

Many Benin health officials were present and the resident director of WHO attended the closing ceremony. The medical director for the district of Abomey and many recently graduated medical students attended the final sessions. A film entitled The Children of My Brother, produced in Nigeria using the tribal language of the Yoruba, was shown at the closing ceremony. It was very well received and the medical director provided an excellent critique which managed to summarize many of the problems confronting health personnel regarding motivation and significance of child spacing in the African community.

Although services started slowly (due to staff vacations, completion of repairs, etc.) there is such a good cooperative spirit among the various medical personnel that the project looks forward to excellent progress during the coming year. There will be several evaluation and consultation visits as well as a second short period of in-service re-education.

Location Bobicon Date 8-15-77 Par Qui ? \_\_\_\_\_

Genre de formation visitée \_\_\_\_\_

1. Quels sont les Services de l'Institution : (voir les statistiques mensuelle du service)

Les Services	'Existes-t-il		'No. Nouvelles 'Visites/mois	'No. Visites 'suivies/mois
	' Oui	' Non		
Consultations prénatales	✓		300	1000
Consultations postnatales				
Consultations d'enfants sains	✓			
Consultations des Malades	✓			
Accouchements	✓		250	
Accouchements compliqués	✓			
Consultation gynécologique	✓			
Consultation Planning Familiale	X			
Consultations d'enfants malades				
Consultations nutritionnelles				
Visites aux domiciles				
Autres :				

2. Quels sont les diagnostics qui ont été faits ici pour les enfants soignés, âgés 0 à 5 ans : (Citez les maladies et les chiffres.)

Maladies infectieuses	No. des cas	Maladies non-infectieuses	No. des cas

3. Y-a-t-il un programme de vaccination ? Non
- Combien d'enfants ont reçu la première série de Tétracoq ? Non
- Combien d'enfants ont reçu toutes les séries de Tétracoq ? Non
- Combien d'enfants ont reçu le B.C.G. ? Non Anti-variolique ? Non
- D'où proviennent les vaccins ? Non
- Avez-vous participé à un programme de vaccination contre la Rougeole ? Non
- Avez-vous participé à un programme de vaccination contre :
- La Variole ? Non Les deux ? Non
- Durée ? Non
- Combien de femmes enceintes ont reçu V.A.T. ? Non Séries Comptées

4. Quels genres d'orientations faites-vous à partir de ce Centre ?

Orientation	Où ?	No en un mois
Médecine générale		
Pédiatrie		
Obstétrique		
Autres		

5. Quels sont les éléments de la médecine préventive dans ce Centre ?

Education Sanitaire : Causeries

Autres

Education nutritionnelle :

Démonstrations \_\_\_\_\_  
Causeries ici  
Autres \_\_\_\_\_

Animation :

Club des femmes \_\_\_\_\_  
Club des hommes \_\_\_\_\_  
Club des jeunes \_\_\_\_\_  
Autres \_\_\_\_\_

6. Quels sont les éléments de la médecine curative dans ce Centre ?

7. Quels sont les problèmes posés par les maladies chroniques dans cette communauté ?

Comment les traitez-vous ?

Lèpre \_\_\_\_\_

Polio \_\_\_\_\_

Tuberculose \_\_\_\_\_

Autre (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Travaillez-vous en permanence dans ce centre ou avez-vous conjointement un programme de travail dans la communauté ? (Centres satellites, Cliniques mobiles, etc.)

- a. Quel genre de travail faites-vous dans la communauté ?
- b. Quel moyen de transport utilisez-vous pour accomplir ce travail
- Où ?

9. Y-a-t-il un programme d'animation rurale ? d'animation de la communauté ?

Où ?                      Que font-ils ?                      Avez-vous des contacts professionnels avec eux \_\_\_\_\_

*CNBF*

10. Quelles sont les ressources sanitaires de cette communauté ou de ce quartier ? (Hôpitaux, cliniques, pharmacies, dispensaires, Centres sociaux, etc.)

11. Quel est l'échelonnement hiérarchique ? Qui sont vos supérieurs ?

12. Quels processus employez-vous pour passer commande de vos fournitures et vos équipements ? A qui ? *Dir. MED du PROVINCE*

13. Quel est le budget annuel pour le fonctionnement de votre formation ?

14. Qui est responsable pour les statistiques du Service ?

Y-a-t-il une fiche spéciale qu'on emploie ? No (Prendre une exemplaire)

15. Evaluation du bâtiment et du matériel :

Designation	Adéquat	Néant	Réparation
Emplacement pour les services cliniques :	!	!	!
Table d'auscultation.....	!	!	!
Lumières(fenêtres ?).....	!	!	!

(Suite)

Désignation	Evaluation (Echec)		
	Adéquat	Néant	Réparatio
Bureau ou table.....		✓	
Réserve ou dépôt pour équipement/fournitu- res.....			
Emplacement pour enseigner :			
Sous l'ombre .....			
Salle .....		✓	
Bancs.....		✓	
Tableaux.....			
Tables.....		✓	

Désignation	Evaluation (Echec)		
	Adéquat	Néant	Réparatio
Emplacement de bureau :			
Chaises .....			
Tables .....			
Equipement diagnostique :			
Stethoscope.....			
Tensiomètre .....			
Microscope .....		✓	
(plaques, produits chimiques, etc)			
Eau courante	✓		
Dépôt d'ordures			
Eaux d'égouts			
WC sanitaire			
Electricité	✓		
Téléphone			

- 51-01-<sup>24</sup>~~27~~

10. Commodités et accessibilité de la zone environnante :

Centres d'approvisionnement

Condition de routes



ADJARRA

The Adjarra medical center and maternité, already chosen as a site for the development of maternal and child health services, was visited several times to obtain a pre-orientation-installation profile. This was obtained with the cooperation of Mme. GANDEMEY Emilie, another of the recently trained Santa Cruz nurse midwives (July 1977 - Appendix 7a). It is she who is now in charge of the MCH services at this center.

With the aid of self-help funds which were provided by the U.S. Embassy of Bénin, and obtained with the help of project staff, some refurbishments of the clinic were made. A small generator was installed to provide electricity for the clinic room and labor room, several areas were repainted, and some plumbing installed and repaired.

The installation-orientation took place between November 7 and November 19 and up to 80 participants were registered. Because of its location many of them were students and instructors from the regional schools as well as some medical personnel (Appendix 9). Much emphasis was put on getting information to the people; this was an opportunity to discuss the subjects of sexuality, sex education, and family spacing before many of the participants were fully sexually active. Misconceptions and inaccurate information could thus be corrected.

At cloture, a CNBPF branch was established and the officers were elected from amongst the participants. At this last closing session, the Hon. Kenneth Thompson and his wife (he is the DCM of the U.S. mission) and the new AID representative for Bénin, Mr. Herbert Woods, were in attendance. Mr. Woods had attended several sessions and was impressed with the attention, the attendance, and the delivery of teaching. This training was the first where the Béninois members of the team assumed the major responsibilities for the planning and teaching, and the first training at which Mme. Déhoué participated for the first time as a member of the national training team.

This is a very busy facility, registering about 130 deliveries per month, Mme. Gandémey is extremely well motivated, the CNBPF branch officers are enthusiastic, and there is a possibility of an "animatrice rurale" to visit the satellite clinics and villages. All of this would suggest a successful operational center beginning in January of 1978 when Mme. Gandémey returns from a well earned vacation.

Location ADJACKA Date \_\_\_\_\_ Par Qui ? GIAN DERIEY  
 Genre de formation visitée Centre Médical et Maternité

1. Quels sont les Services de l'Institution : (voir les statistiques mensuelle du service)

Les Services	Existes-t-il		No. Nouvelles Visites/mois	No. Visites suivies/mois
	Oui	Non		
Consultations prénatales	✓			
Consultations postnatales	✓			
Consultations d'enfants sains	✓			
Consultations des Malades	✓			
Accouchements	✓			
Accouchements compliqués				
Consultation gynécologique	✓			
Consultation Planning Familiale				
Consultations d'enfants malades				
Consultations nutritionnelles	✓			
Visites aux domiciles				
Autres :				

2. Quels sont les diagnostics qui ont été faits ici pour les enfants soignés, âgés 0 à 5 ans : (Citez les maladies et les chiffres.)

Maladies infectieuses	No. des cas	Maladies non-infectieuses	No. des cas
<u>Paludisme</u>		<u>Malaria</u>	
<u>Rugose</u>		<u>Avortements</u>	
<u>Bronchites</u>			
<u>Malaria</u>			

3. Y-a-t-il un programme de vaccination ? Pédagogie BCG  
 Combien d'enfants ont reçu la première série de Tétracoq ? non  
 Combien d'enfants ont reçu toutes les séries de Tétracoq ? quatre  
 Combien d'enfants ont reçu le B.C.G. ?          Anti-variolique ?           
 D'où proviennent les vaccins ? l'état  
 Avez-vous participé à un programme de vaccination contre la Rougeole ? pas suivi  
 Avez-vous participé à un programme de vaccination contre :  
 La Variole ?          Les deux ?           
 Durée ?           
 Combien de femmes enceintes ont reçu V.A.T. ? non disponible Séries Comptées

4. Quels genres d'orientations faites-vous à partir de ce Centre ?

Orientation	?	Où ?	?	No en un mois
Médecine générale-	- - - - -	- - - - -	- - - - -	- - - - -
Pédiatrie-	- - - - -	- - - - -	- - - - -	- - - - -
Obstétrique-	- - - - -	- - - - -	- - - - -	- - - - -
Autres-	- - - - -	- - - - -	- - - - -	- - - - -

5. Quels sont les éléments de la médecine préventive dans ce Centre ?  
 Education Sanitaire : Causeries

Autres

Education nutritionnelle :

Démonstrations           
 Causeries Oui  
 Autres         

Animation :

Club des femmes           
 Club des hommes           
 Club des jeunes           
 Autres         

6. Quels sont les éléments de la médecine curative dans ce Centre ?

7. Quels sont les problèmes posés par les maladies chroniques dans cette communauté ?

Comment les traitez-vous ?

Lèpre \_\_\_\_\_

Polio .. \_\_\_\_\_

Tuberculose \_\_\_\_\_

Autre (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Travaillez-vous en permanence dans ce centre ou avez-vous conjointement un programme de travail dans la communauté ? (Centres satellites, Cliniques mobiles, etc.) *Oui*

a. Quel genre de travail faites-vous dans la communauté ?

b. Quel moyen de transport utilisez-vous pour accomplir ce travail

Où ?

9. Y-a-t-il un programme d'animation rurale ? d'animation de la communauté ?

*LA VA COMMENCER*

Où ?                      Que font-ils ?                      Avez-vous des contacts professionnels avec eux \_\_\_\_\_

10. Quelles sont les ressources sanitaires de cette communauté ou de ce quartier ? (Hôpitaux, cliniques, pharmacies, dispensaires, Centres sociaux, etc.) *à BENTON*

11. Quel est l'échelonage hiérarchique ? Qui sont vos supérieurs ?

12. Quels processus employez-vous pour passer commande de vos fournitures et vos équipements ?                      A qui ? *Dir. MED du Province*

13. Quel est le budget annuel pour le fonctionnement de votre formation ?

14. Qui est responsable pour les statistiques du Service ? *Le Sage Femme*  
Y-a-t-il une fiche spéciale qu'on emploie ? *1/0* (Prendre une <sup>responsable</sup> *exemplaire*)

15. Evaluation du bâtiment et du matériel :

Designation	Evaluation(Echec)
Emplacement pour les services cliniques :	Adéquat Néant Réparation
Table d'auscultation.....	✓
Lumières(fenêtres ?).....	✓

(Suite)

Désignation	Evaluation (Echec)		
	Adéquat	Néant	Réparation
Bureau ou table.....	✓		
Réserve ou dépôt pour équipement/fournitures.....		✓	
Emplacement pour enseigner :			
Sous l'ombre .....	✓		
Salle .....	✓		
Bancs.....	✓		
Tableaux.....	✓		
Tables.....	✓		

Désignation	Evaluation (Echec)		
	Adéquat	Néant	Réparation
Emplacement de bureau :			
Chaises .....			
Tables .....			
Equipement diagnostique :			
Stethoscope.....	✓		
Tensionnètre .....	✓		
Microscope .....			
(plaques, produits chimiques, etc)			
Eau courante			✓
Dépôt d'ordures			
Eaux d'égouts			✓
WC sanitaire			
Electricité			✓
Téléphone	✓		

16. Commodités et accessibilité de la zone environnante :

Centres d'approvisionnement

Condition de routes *bonnes*



LABORATOIRE NATIONAL DE LA SANTE PUBLIQUE

During a review of procedure used in the various centers for sterilization, disinfection, etc, it was noted that the agents recommended in the manual (developed at Santa Cruz) are not readily available in Bénin. To provide accurate information for the trained nurse practitioners, to help develop a uniform national procedure, the chemical agents locally available and provided were subjected to testing and analysis.

To accomplish this, a liaison was established with the National Laboratory of Public Health (WHO sponsored) which is under the direction of a young Béninois physician with a Ph. D. in microbiology after four years of study in Canada. Following this study (Appendices 8b and 8c) it was possible to decide on the several factors necessary to make these agents suitable for use.

The two agents are Dettol and Mercyrl Laurate. There were no standardized dilutions and no standardized methods of preparation. They have been used for the disinfection of vaginal tissues during gynecological and other operational procedures. There have been no instances of deleterious affects on human tissues or any damaging affects to intrauterine devices.

Mme Ouendo provided information concerning the use of these materials at the Cotonou PMI -- preparation, dilution, mode of utilization. These factors were considered by the laboratory in their analysis.

DETTOL -- Rockett and Colman (British) -- active agent, Chloroxyleneol 4.8%

The report of the laboratory indicated its effectiveness if properly used. It is recommended that IUD's should be resterilized after one week if not used. Otherwise fungal growth would contaminate any sterilized product stored for more than one week.

MERCYRL LAURATE -- Laboratoires Labaz -- French

Composition:	Mercurbutol	0.01 g
	Sulfate de lauryle et de sodium	4.08
	Excipient q.s.p.	100 ml. de solution

At the strength tested (according to supplied information) this is also an effective sterilizing and disinfecting agent. It is used in the same manner as Dettol and Mme Ouendo has reported no side effects and no damage to intrauterine devices during the preceding three years of use at the PMI.

---

Copies of these reports from the National Laboratory will be distributed to all MCH centers where UCSC is involved so that there will be another area in which uniformity will be attained. It is expected that this information will be disseminated to all health facilities where these products are used. (Appendix 8d)

REPUBLIQUE POPULAIRE DU BENIN

MINISTRE DE LA SANTE PUBLIQUE  
DES MALADIES SOCIALES

LABORATOIRE NATIONAL DE LA SANTE PUBLIQUE

LABORATOIRE NATIONAL DE LA SANTE PUBLIQUE

B. P. 418

TÉL. 30-42 - 36-82

COTONOU

Appendix 5.b

- ATTESTATION -

Le Laboratoire National de Santé Publique reconnaît avoir effectué une analyse bactériologique pour contrôle de stérilité de deux (2) modèles de stérilets désinfectés au préalable pendant une demi-heure, l'un dans une solution à 2% de Dettol (1 capsule soit 9 ml de Dettol pour 500 ml d'eau), l'autre dans une solution à 8% de Mercryl Laurylé (1 capsule soit 20 ml de Mercryl pour 250 ml d'eau).

L'incubation en milieu de culture pendant 48 heures de l'un et l'autre de ces stérilets n'a révélé aucun germe.

En foi de quoi, nous délivrons la présente attestation pour servir et valoir ce que de droit.

Le Technicien chargé de l'analyse

*Z. AINADOU*  
Z. AINADOU

Fait à Cotonou le 8 décembre 1977

Le Responsable du Laboratoire

Le Directeur  
Ministère de la Santé Publique  
P. DU BENIN  
*[Signature]*

## ATTENDANCE AT ORIENTATION INSTALLATIONS(4) - 1977

Location and dates	Filles de salle	Garçons de salle	Nurses	Midwives	Rep. CNBPF	Agents sociaux	Doctors	Teachers	Students	Government Officials	Laboratory Technicians	Rural Animatrice	Epidemiologist	Other unclassified	Total reg. attend.	Remarks
Abomey/ Calavi March 17 to April 4	3	1	14	2											20	The personnel of A/C represents the greatest % of nurses--many from rural clinic sites
Lokassa April 23 to May 5	5	4	8	3		5	1 <sup>+</sup>			5 <sup>††</sup>	1	4	1	2	39	† Attended several sessions at beginning of program †† Sec'ys Mayor and Party of Rev. in Mono district
Bonicon August 21 to Sept. 6	2		8	4		2	3	2		7		2		1	31	5 attended full time 3 " 9 days 9 " 8 " 2 " 7 " 3 " 6 " 8 " 5 "
Adjarra November 7 to Nov. 21	4	2	4	3	1	1	2	27	28					11	83	Rep. AID Bénin DCM attended closing
Totals	14	7	34	12	1	8	4	29	28	12	1	6	1	13	173	



PMI - COTONOU

A start has been made on the analysis of the follow-up visits of clients to this facility but it will not be possible at this time to provide a profile of method users. It would appear that the age-related methodology counselling is consistent with good medical practice. The emphasis at this facility is on intra-uterine devices because there are fewer problems with follow-up and the women appear to be satisfied with this method. (Appendix 10b). Given the safety factors involved and the fewer side effects, it is the most satisfactory method to provide.

Mme. Ouendo is actively involved in sex education for young nursing students, male and female, who obtain some clinical experience in family planning during their rotation through the P.M.I. Many of these young male nurses ask probing questions and it is rewarding to observe Mme. Ouendo's responses and interaction with them.

These educational sessions with young people should bear fruit in the near future.

PMI - COTONOU

Fig. 1 - AGE AT ACCEPTANCE OF CONTRACEPTION

<u>AGE (YEARS)</u>	<u>%</u>
14 - 19	6
20 - 24	12
25 - 29	16
30 - 34	30
35 - 39	30
40 - 44	6

Fig. 2 - AGE ACCORDING TO ACCEPTANCE OF METHOD

AGE	20-25	26-30	31-35	36-40	40+
PILL	4	3	3	1	0
IUD	12	16	9	10	7
CONDOM	9	6	5	2	1
DEPO PROVERA	-	1	5	10	

Fig. 3 - MEAN AGE OF ACCEPTORS - ALL METHODS  
(SAMPLE 93 CLIENTS)

AGE	14-19	20-28	26-30	31-35	36-40	40+
NO.	*3	32	23	16	16	6

- 1 - Referred to social agency
- 1 - Celibataire fitted with IUD
- 1 - Male accepted condoms

MATERNITY - COTONOU

An evaluation of the figures available for the country as a whole through November 30, 1977, based on 8 operational facilities indicates that a total of 651 new receptors were registered. The two oldest clinics, based at Cotonou, were responsible for more than 50% of the total volume. (Appendices 10b and 11b).

Records are not uniform and it is difficult to provide a true picture of the actual clinic volume, but the number of visits far exceed the reported figure.

The change in the operation of clinic hours has provided some problems for the Maternity at Cotonou which had to limit child spacing service to two mornings each from 7-10 a.m. The absence of Mme. Dehoué for several months while attending the training at Santa Cruz is reflected by a drop in clinic volume during that period. Her assistant assumed total responsibility for Maternity services during her absence requiring a reduction in numbers of clients per visiting day. (Appendix 5).

Mme. Dehoué has been back on full service since her return from Santa Cruz and clinic activities have increased. She is working with project staff on methods for developing a profile of family spacing acceptors:

Age  
Method  
Time span of use of particular method  
Evaluation of follow-up services

This methodology will be instituted in January, 1978.

SERVICE DE PLANNING FAMILIAL  
MATERNITE DE COTONOU - (RPB)

ACTIVITE DU CENTRE

ANNEE 1975: Période du 1er septembre au 31 décembre 1975

<u>Total des visites</u>	<u>Nouvelles clientes</u>	<u>Anciennes clientes</u>
84	50	34

Méthodes Choisies

DIU	--	27
PILULES	--	5
CONDOMS	--	3
AUTRES	--	4

ACTIVITES EDUCATIVES

Causeries	--	38
Conseils individuels	--	7
Films	--	1

ANNEE 1976: Période du 1er janvier au 31 décembre 1976

<u>Total des visites</u>	<u>Nouvelles clientes</u>	<u>Anciennes clientes</u>
544	220	324

Méthodes choisies

DIU	--	121
PILULES	--	28
CONDOMS	--	73
AUTRES	--	42

ACTIVITES EDUCATIVES

Causeries	--	144
Démonstration des méthodes	--	1240
Conseils individuels	--	295
Films	--	7

ANNEE 1977: Période du 1er janvier au 31 juillet 1977

Total des visites  
297

Nouvelles clientes  
98

Anciennes clientes  
199

Méthodes choisies

DIU -- 67  
PILULES -- 15  
CONDOMS -- 4  
AUTRES -- 12

ACTIVITES EDUCATIVES

Causeries -- 30  
Conseils individuels -- 16

Fait à Cotonou, le 4 novembre 1977

PORTO-NOVO

Mme. Cyprienne DAOUA, who is responsible for the activities at the Maternité of Porto-Novo, continues to have problems in managing the family health clinic and continuing her duties properly as Directrice of the Maternité. The resolution of this difficulty is promised for the beginning of the new year. Dr. KODJA will either arrange for the transfer of Marie-Lucienne OGOUCHI, a Santa Cruz trained nurse-midwife, from Ekpè, a village about halfway between Cotonou and Porto-Novo; or he will assign one of the new young graduates of the School for Sage-Femmes.

There is a definite need for services in this densely populated area. Causeries are held twice weekly at the Maternité; the Animatrice rurale is in charge and provides talks and demonstrations on a variety of subjects including family spacing, nutrition, etc.

During the period January to June 1977 (these figures became available just six months late), there were a total of 26 family spacing clinic visits: 21 new acceptors and five control visits.

ABOMEY-CALAVI\*

- 1 - Frequent visits were made to this center because of its proximity to the Project Office in Cotonou. The nurse in charge of the MCH clinic consults the staff for counsel and information and has managed to provide these services in addition to her usual duties in the Maternity section. With someone to share the duties of the labor room she will be giving more time to MCH and family spacing in 1978.

Since installation of services, two "causeries" per week, attended by 30-35 prenatal and postnatal clients, are being presented. This is a heavily populated region, approximately 45,000 with 45% at less than 15 years.

- 2 - Activities (see following charts).

- a) Registration - 1250 new prenatal patients between January-June 1977.
- b) Deliveries - 100/month.
- c) "Causeries" (Talks and or demonstrations) - 2 per week attended by 30-50 pre and postnatal patients - a variety of topics is presented.
- d) Family spacing - 52 acceptors.
  - from the University (close by), Porto-Novu, and Cotonou suburbs with a good percentage of males.
  - services are consistent with good medical practice and a system for control and follow-up is being developed.
- e) The new "Carnet de Santé" is being used.
- f) Self-help fund assistance has been requested to address the problem of water supply.

---

\* / First Six Month Report - Appendix 1h1

RESULTATS DES ACTIVITES DU  
CENTRE D'ORIENTATION FAMILIALE

DE ABOMEY-CALAVI A \_\_\_\_\_  
POUR LA PERIODE DU AVRIL-NOVEMBRE 1977

PROFIL SOCIO-SANITAIRE DES CLIENTES NOUVELLES:

Nombre total des nouvelles clientes \_\_\_\_\_

A) DOMICILE

Tableau 1 - Répartition des clientes selon leur domicile.

DOMICILE	NOMBRE	%
ABOMEY-CALAVI	18	
COTONOU	12	
PORTO-NOVO	2	
PARAKOU	-	
OUIDAH	1	
NATITINGOU	-	
DJOUGOU	-	
ABOMEY	-	
DASSA ZOUME	-	
LOKOSSA	-	
AUTRES VILLES DU BENIN	-	
AUTRES PAYS AFRICAINS	-	
EUROPE	-	
AMERIQUE	-	
UNIVERSITE DU BENIN	2	
NON DECLARES	3	
TOTAL		

COMMENTAIRES:

1. Acceptance of clinic facility by residents of region?
2. And motivation for travel from Cotonou for service

B) AGE

Tableau 2 - Ce tableau démontre la répartition selon le groupe d'âge.

GROUPE D' AGE	NOMBRE	%
14 - 19 ans		
20 - 24 ans	8	
25 - 29 ans	15	
30 - 34 ans	7	
35 - 39 ans	10	
40 - 44 ans	1	
45 et +	2	
Non déclarés	9	
TOTAL		

COMMENTAIRES:

1. 30 of the 52 clients are accepting Planning Services between ages of 20-35 years. Most productive from fertility point of view. 13 of 52 between ages of 35-45+

C) - GROUPES ETHNIQUES ET NATIONALITES:

Ce tableau démontre les différents groupes ethniques et nationalités des clients.

TABLEAU 3:

RACE	NOMBRE	PROVINCE OF ORIGIN
FON	19	ATLANTIC
MINA	3	MONO
GOUN	4	OUEME (PORTO-NOVO)
YORUBA	4	OUEME
NAGOT	-	SAVE
PEDAH	-	MONO
ADJA	-	MONO-LOKOSSA
DENDI	-	DGOUGOU
DATCHA	-	DASSA-ZOUMA
TOFFIN	2	ATLANTIC
BARIBA	-	PARAKOU-BORGOU
PEULH	1	PARAKOU-BORGOU
PILA PILA	-	ATACORRA-NATITINGOU
COTOCOLI	-	NORD-not specified
POPO	3	MONO
AIZO	10	ATLANTIC
UNDECLARED	3	
AUTRES PAYS AFRICAINS	-	
EUROPE	-	
AMERIQUE	-	
MAHI	2	SAVALOU-ZOU
TOTAL		

COMMENTAIRES:

It is not known how long these different tribal groups have resided in the Abomey-Calavi region but I did notice that it was necessary at some clinic sessions for Seraphine to use an interpreter during prenatal sessions.

## D) - SITUATION FAMILIALE

TABLEAU 4:

SITUATION	NOMBRE	%
MARIEES -- MONOGAMES	24	
MARIEES -- POLYGAMES	3	
CELIBATAIRES	13*	
SEPREES	1	
DIVORCEES	-	
VEUVES	-	
Non-declarées	1	
TOTAL		

COMMENTAIRES:

\*Many of the célibataires are from the University body -- males who are sexually active.

## E) - NIVEAU D'EDUCATION

TABLEAU 5:

NIVEAU	NOMBRE	%
Undeclared	8	
RIEN	5	
PRIMAIRE	5	
SECONDAIRE	9	
UNIVERSITAIRE	13*	
APPRENTISSAGE	2	
TOTAL		

COMMENTAIRES:

Note -- close proximity to University of Bénin.

F) PROFESSION DE LA FEMME ET DU MARI

1) PROFESSION DE LA FEMME

TABLEAU 6

CATEGORIES	NOMBRE	%
COMMERCANTES	1	
COUTURIERES	3	
STENO-DACTYLO	1	
CORPS MEDICAL ET SOCIAL	-	
ENSEIGNANTES	5	
ETUDIANTES	2	
MENAGERES	6	
VENDEUSES	6	
FONCTIONNAIRES	1	
INFIRMIERES	3	
NON DECLARES	16	
AUTRES		
TOTAL		

COMMENTAIRES :

F) - PROFESSION DE LA FEMME ET DU MARI

2) - PROFESSION DU MARI

TABLEAU 7:

CATEGORIES	NOMBRE	%
FONCTIONNAIRES	9*	
OUVRIERS	3	
EMPLOYES DE COMMERCE	0	
COMMERCANTS	3	
PROFESSIONS LIBERALES	7*	
MILITAIRES	0	
MANOEUVRES	1	
RETRAITES	0	
ARTISANS	0	
RELIGIEUX	0	
CHOMEURS	0	
PECHEURS	1	
CULTIVATEURS	0	
ETUDIANTS	7*	
PROFESSEURS	3	
ENSEIGNANTS	-	
AGRICULTURE	1	
AUTRES	-	
PARA-MEDICAUX	3	
Undeclared	8	
TOTAL		

COMMENTAIRES:

Seraphine has been having success with the higher educated groups. These figures indicate that we have not yet reached the indigenous population where the need is great. Most of the population of this region is cultivators and fishermen.

G) RELIGION DE LA FEMMETABLEAU 8

RELIGION	NOMBRE	%
CATHOLIQUES	20	
MUSULMANES	3	
PROTESTANTES	-	
ANIMISTES	1	
FETICHISTES	1	
BAPTISTES	-	
SERAPHINS	-	
CHRISTIANISME CELESTE	4	
RAIENE	1	
NOT DECLARED	14	
AUTRES		
SANS RELIGION		
TOTAL		

COMMENTAIRES:

- 1 - The problem of polygamy is not as great in the population served here as in other areas - perhaps because it's the level of client accepting services.

G) RELIGION DU MARITABLEAU 8

RELIGION	NOMBRE	%
CATHOLIQUES	20	
MUSULMANS	3	
PROTESTANTS	-	
ANIMISTES	-	
FETICHISTES	-	
BAPTISTES	-	
SERAPHINS	-	
CHRISTIANISME CELESTE	3	
PAISONE	1	
NOT DECLARED	16	
AUTRES		
SANS RELIGION		
TOTAL		

COMMENTAIRES :

- 1 - The muslim population represented at this facility may not be an accurate reflection of area incidence since many of the clients are from a higher educational level, not married, and come from other regions. It is believed that the incidence of animisme and fetichistes is much higher in this region than would be indicated by the tableau.

H) AGE DE LA FEMME A LA PREMIERE GROSSESSETABLEAU 9

AGE	NOMBRE	%
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
+		
TOTAL		

COMMENTAIRES

- 1 - This information has not been generally collected - Seraphine indicates that many women don't remember- we will try to correct this lack next report.

I) NOMBRE DE GROSSESSES

TABLEAU 10

NOMBRE DE GROSSESSES	NOMBRE DE FEMMES	% DES FEMMES	TOTAL DES GROSSESSES	% DES GROSSESSES
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
+				
NON DECLARES				
TOTAL				

COMMENTAIRES:

This information has not been consistently collected - except for pills and IUD acceptors - so is incomplete.

**TABLEAU 10A** - Ce tableau indique après combien d'enfants vivants la cliente désire pratiquer la contraception.

NOMBRE D'ENFANTS VIVANTS		NOMBRE DE FEMMES	% DES FEMMES
1	3	3	
2	4	4	
3	1	1	
4	3	3	
5	-	-	
6	2	2	
7	3	3	
8	1	2	
9	-	-	
10	-	-	
11	1	1	
12	0	-	
+	-	-	
0 - JAMAIS ENCEINTE OU PAS D'ENFANTS VIVANTS		9	
TOTAL			

**COMMENTAIRE:**

This is an interesting finding - about one third of acceptors have never been pregnant. Again this information has not been obtained from other than pill and IUD users.

J) ANTECEDENTS OBSTETRIKAUX

TABLEAU 11 - Ce tableau indique les conditions dans lesquelles ont été terminées les grossesses.

ANTECEDENTS OBSTETRIKAUX	NOMBRE	%
TOTAL DES GROSSESSES		
TOTAL DES AVORTEMENTS		
TOTAL DES MORTS-NES		
TOTAL DES GROSSESSES GEMELLAIRES		
TOTAL DES ENFANTS NES VIVANTS		
TOTAL DES ENFANTS DECEDES		

COMMENTAIRES:

This information has not been consistently collected for use of foam-condom or other than pill and IUD. We will attempt better collecting in 1978.

PROFIL STATISTIQUE DES SERVICES

Le tableau 12 montre les sources d'information sur les services d'orientation familiale.

TABLEAU 12

SOURCE D'INFORMATION	NOMBRE	%
PAR UN AGENT MEDICAL A LA MATERNITE	17	
PAR UN AGENT MEDICAL AU PMI	6	
PAR UN AGENT SOCIAL DE C.S.	2	
PAR UNE AMIE	11	
A LA RADIO	6	
PAR UN PARENT	-	
C.N.B.P.F.	-	
PRESSE (JOURNAUX, BROCHURES, POSTERS)	-	
FILMS	-	
AUTRES	-	
TOTAL		

COMMENTAIRES:

This information has not been asked of clients using other than pill or IUD. The number of responses are due to many clients citing more than one source.

HISTOIRE DES MOYENS DE CONTRACEPTION UTILISES ANTERIEUREMENT

TABLEAU 13 - Avez-vous déjà utilisé des moyens contraceptifs?

	NOMBRE	OTHER METHOD
OUI	4	Breast feeding - 2 Pills - 2
NON	7	Abstinence - 1 Bague-traditionel - 1 Coit. interruptus - 1
NOT DECLARED	6	
TOTAL		

COMMENTAIRES :

Information not requested of users of other than pills and IUD.

TABLEAU 14 - Ce tableau démontre les méthodes contraceptives choisies en mois \_\_\_\_\_.

METHODES	NOMBRE	%
PILULE	10	
D.I.U.	9	
RYTHME (OGINO)	0	
DIAPHRAGME	2	
CONDOM	12	
MOUSSE	7	
MOUSSE ET CONDOM		
INJECTION (DEPO-PROVERA)	2	
COMPRIME EFFERVESCENT	0	
COITUS INTERRUPTUS	0	
AUTRES	0	
TOTAL		

COMMENTAIRES :

NOUVELLES ET ANCIENNES CLIENTES

TABLEAU 15 - Méthodes abandonnées au cours de l'année de \_\_\_\_\_.

METHODE	NOMBRE D'ABANDON	%	NOMBRE ECHECS	%
PILULE				
D.I.U.	1 changed to pills			
RYTHME				
DIAPHRAGME				
CONDOM				
MOUSSE				
INJECTION (DEPO-PROV.)				
COITUS INTERRUPTUS				
CONDOM ET MOUSSE				
COMPRIMES EFFERVESCENTS				
AUTRES				
TOTAL				

COMMENTAIRES:

The one person who changed from IUD to pills was age 37. Discussed this with Seraphine and suggested further counselling for this client.

TABLEAU 16 - Nouvelles méthodes choisies après abandon.

METHODE	NOMBRE	%
PILULE	1	
D.I.U.		
RYTHME		
DIAPHRAGME		
CONDOM		
MOUSSE		
MOUSSE ET CONDOM		
INJECTION (DEPO-PROVERA)		
COMPRIMES EFFERVESCENTS		
COITUS INTERRUPTUS		
AUTRES		
TOTAL		

Ces tableaux représentent la fréquence des visites au cours  
du mois \_\_\_\_\_.

TABLEAU 17a

Total des visites (clientes nouvelles) \_\_\_\_\_  
Total des visites (clientes anciennes) \_\_\_\_\_

TABLEAU 17b

REGISTRATION CONTROL VISITS	NOMBRE DE CLIENTES	%
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
+		
TOTAL		

COMMENTAIRES:

Control visits are not recorded for users of other than Pill and IUD -  
these latter can presently only be obtained by individual chart review.

Lack of control

<u>Pills</u>	<u>IUD</u>	<u>D/P</u>	<u>Diaph.</u>
1	2	0	0

Pills Used

Neugynon - 8  
Noryn11 - 2

No. of control  
visits IUD

#1 - 2 clients  
#2 - 3 "  
#3 - 3 "  
#4 - 0 "

Intra-uterine device

## Size:

B	C	D
1	3	5

STERILITETABLEAU 18A - On dit qu'un couple est stérile quand après un an de cohabitation régulière la femme n'est pas enceinte.

TYPE DE STERILITE	NOMBRE	%
Un an de cohabitation sans conception	1	
La femme conçoit mais avorte à répétition	0	
Après un premier accouchement la femme avorte à répétition ou ne conçoit plus	0	
TOTAL		

COMMENTAIRES:

This woman is the wife of a polygamous marriage. The husband has children by all other wives. They have been married eight years. Seraphine prescribed the pill for 3 months in attempt to regulate cycle, then transferred client to Gyn. Consultation where she was started on a course of Clomide. She did not have a period for two months and will be tested for pregnancy.

TABLEAU 18B

RESULTATS DES VISITES	NOMBRE	%	SUCCES	%	ECHecs	%
Traitées au Centre d'orientation	1					
Référées au gynécologue	1					
TOTAL						

COMMENTAIRES:

The outcome of treatment regime is not yet known - client under supervision of a gynecologist.

TABLEAU 19 - CLIENTES AVEC COMPLICATIONS

GENRE DE COMPLICATION	NOMBRE DE CLIENTES
Amenorrhea following Depo-Provera	1
Intra-uterine device- strings not visible- no Hxg expulsion- period regular- no evidence of pregnancy- sounding of uterus did not indicate presence of device inside- to be referred to Gyn. for further evaluation - advised interum methodology	

TABLEAU 20 - CLIENTES REFEREES

RAISON	LIEU	NOMBRE
Sterilité		

Nombre de causeries 20

Nombre d'auditrices aux causeries 30-50/causerie

Films \_\_\_\_\_

Nombre de démonstrations des méthodes 20

Nombre d'auditrices aux démonstrations 30 - 50

Autres \_\_\_\_\_

Signed Seraphine Ahoudau  
Responsable du service de P.F.

LOKOSSA\*

The installation-orientation training program was held in April-May 1977 and statistics for June, July, and August 1977 have been provided (Appendix 5). A return visit to this center was planned for August but was postponed because of the immediacy of the other project activities.

Marie DANVIDE continues to be responsible for the MCH clinic and services: several sessions per week for family health and child spacing activities. The clinic is functioning very well, causeries are provided every other morning for mothers being discharged from the maternity section and an animatrice rurale visits satellite villages to give health talks on a variety of subjects. Post partum and infant follow-up clinics are operating. At these visits mothers are given additional family spacing counselling. During the reported period, 39 causeries were presented on the purposes and methodology of family spacing.

---

\*/ Appendix 1h2 - first six months report, 1977

FOURNITURES ET EQUIPEMENT POUR L'INSTALLATION D'UN  
SERVICE D'ORIENTATION FAMILIALE

EQUIPEMENT MEDICAL:

DESIGNATION	QUANTITE
Spéculums	
Plateaux rectangulaires à instruments	
Bassins (grands)	
Ciseaux no 5	
Ciseaux no 7	
Dilatateurs utérins	
Hystéromètre (sonde utérine)	
Pincés éponges	
Criles hémostatiques	
Pincés hystérostomes	
Pincés stérilisateur	
Pincés ténaculum	
Petits plateaux avec couvercles	
Cuvettes à éponge	
Bassins réniformes	
Table à instruments	
Table d'examen	
Chaise ajustable	
Pèse-personne	
Pèse-bébé	
Stérilisateur à sec (poupinel)	
Transformateur	
Hémglobinomètre + piles et ampoule	
Thermomètre	
Récipient pour thermomètre	
Réchaud électrique	
Pot à pansement	
Dispositifs intra-utérin (D.U.I) Lippes-Loop	Gr. B, Gr. C Gr. D
Diaphragmes	Gr. 65 Gr. 70 Gr. 75 Gr. 80 Gr. 85 Gr. 90
Anneaux pour définir la gr. du diaphragme	
Crème ORTHO	

DESIGNATION	QUANTITE
Mousse DELFEN Applicateur ORTHO Mousse EMKO avec applicateurs	
Condom Pilules Norinyl 1+80	
<u>PETIT MATERIEL:</u>	
Réceptient inox pour les pinces	
Seringues	
Aiguille	
Torches électriques avec piles	
Lampe ajustable	
Lampe à alcool	
Poubelle inox	
Petits linges	
Gants chirurgicaux	Gr. 7 Gr. 7 1/2
Boîtes en plastique pour les gants	
PhisoHex	
Brosse pour les mains	
Brosse pour nettoyage des instruments	
Tubes loba pour analyser d'urine	
Acide acétique	
Alcool 90%	
Hercryl Laurylé	
Dettol	
Comprimés Trioxyméthylène (pour stériliser des gants)	
Talc	
Coton hydrophile	
Garnitures	
Savon	
Ajax	
Eponge pour nettoyages	
Seaux plastiques	
<u>MATERIEL DE BUREAU</u>	
Bureau	
Chaises	
Bancs	
Armoire	
Classeur	
Registre Clientes pour statistiques	
Cahiers	
Fiches Clientes	
Fiches rendez-vous	

MATERIEL DE BUREAU

DESIGNATION	QUANTITE
Fiches pour évaluation mensuelle Fiches pour évaluation annuelle	
Fiches "Bons de Commandes"	
Fiches pour "Infertilité" Fiches pour clientes "Mousse-Crème-Condoms"	
Dossier avec le mode d'emploi des divers appareils et instructions de laboratoire	
Dossier avec complément d'information sur les différentes méthodes de contraception	
Mannequin pelvien pour démonstration	
Vitamines	

CENTRE NATIONAL D'EDUCATION POUR LA SANTE FAMILIALE

In January of 1977, the Centre National d'Education pour la Santé Familiale requested technical and maternal assistance to develop a program for the training of matrones (TBA) and secouristes (low level dresser dispenser). The curriculum was designed for a three-week course in maternal care for matrones and "petits soins" (slightly more than first aid) for secouristes. On completion twelve "brigades" were formed to be assigned one each to twelve villages. Each "brigade" consists of two matrones and two secouristes.

The Chief of the bureau of Health Education, M. Ernest Adjovi, reviewed the curriculum with project staff.\* Material assistance was given in the form of surgical supplies (scissors, forceps, etc.) as well as materials for developing training aids.

Except for Mme Amoussou-Genou, project staff was unable to participate fully because of its commitments to training programs at certain MCH Centers. However members of the staff did attend opening and closing sessions of the first three-week training session. Twelve kits for matrones (scissors and two clamps) and twelve kits for secouristes (a bandage, scissors and two hemostats) were among the donated supplies.

The association with this office of Health Education continues with cooperation in sharing ideas and activities - a relationship reinforced by adjacent offices in the same building.

\* First six month report - 1977 Appendix following 19-2