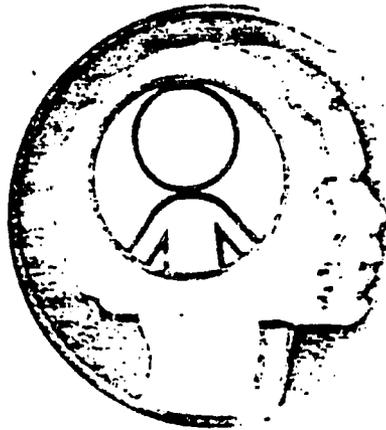


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REPORT

ON

COURSE ON CONTRACEPTIVE TECHNOLOGY

UP-DATE

Nairobi, Kenya
March 19 to April 14, 1984

REPORT ON COURSE ON CONTRACEPTIVE TECHNOLOGY UPDATE

March 19 to April 14, 1984

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I. INTRODUCTION

In August 1983, the Center for Population and Family Health (CPFH), Columbia University, New York, together with the Centre for African Family Studies conducted an intensive two weeks workshop on contraceptive technology up-date, FP Programme Management and Training of Trainers at Utalii Hotel for 15 participants from Kenya and Tanzania. As a follow up to this training two courses, one on Contraceptive Technology Update as applied to service delivery and training and another on Family Planning Programme Management were developed and scheduled for 1984 with technical assistance from CPFH Columbia University, New York. Funds for this workshop on contraceptive technology update were provided by CPFH through a cooperate agreement with the Africa Bureau of USAID.

The selection of participants was done by CAFS in consultation with CPFH and approved by USAID - REDSO. Two Tanzanian participants in the group were sponsored by CAFS, and the third by the CPFH - Health Services Operations Research Project in Arusha. Technical assistance from CPFH proved extremely valuable especially in planning and development of the curriculum, training designs and actual conduct and evaluation of the workshop.

II. CONTRACT BETWEEN CAFS AND CPFH

CAFS and CPFH first developed and conducted an in-country workshop in Nairobi, Kenya from 1st to 12th August 1983 under a cooperate agreement AFR 066-A-00-2068-00 which marked the beginning of CAFS expansion into the area of training in contraceptive technology updating family planning service delivery, family planning programme management and training of trainers. As a result of these new initiatives the Center for Population and Family Health asked for an amendment to the cooperate agreement in order to respond to the request from the Centre for African Family Studies. This amendment was approved by USAID thereby enabling the two institutions to proceed with their plans. This workshop forms the first part of the project, the second being the Management Course for Family Planning Senior Staff which is scheduled for implementation in July, 1984.

III. OBJECTIVES

CAFS has, for sometime, been aware of the training needs in family planning that exist within the African Region of IPPF. This impression was confirmed by the needs assessment exercise which was undertaken early 1984 and showed great training needs in the areas of contraceptive technology, family planning programme management and training of trainers.

The goal of the workshop was therefore directed to bridge this gap, and enable participants to update their knowledge and skills in contraceptive technology, and design, implement and evaluate family planning service delivery and training of trainers programmes.

Specific Objectives

- a) At the end of the training course the participants would be able to:
- i) Demonstrate an up-date in family planning knowledge and skills as applied to service delivery.
 - ii) Demonstrate an up-date in knowledge and skills in family planning programme management.
 - iii) Develop family planning training or service delivery projects using the newly acquired knowledge and skills.
- b) The Centre for African Family Studies would use the experience gained from conducting the workshop to design, implement and evaluate future courses in contraceptive technology up-date, FP programme management and training of trainers.

IV. PARTICIPANTS

The participants were identified by CAFS from a list of applicants. The final selection was discussed with CPFH before submission to USAID, REDSO for approval.

There were 18 participants, seven from Zambia, two from Seychelles, three from Kenya, three from Uganda, two from Tanzania who were sponsored by CAFS, and one more from Tanzania who was sponsored by the Masai Health Services Project. Seven of them were nurse or midwifery tutors, and the rest engaged in service delivery as clinic nurses, public health nurses or health visitors. They represented the following organizations:

- Nursing or Midwifery Schools	7)	
- Hospitals	5)	See Appendix I
- Family Planning Clinics	3)	
- Family Planning Associations	3)	

V. TRAINERS

There was a team of four trainers coming from CAFS, CPFH, IPPF Field Office Nairobi and UMATI (See Appendix II). The training team was able to meet for one week before commencement of the workshop to coordinate the final plan and arrangements for the workshop, and put together the necessary training materials.

In addition there were five guest facilitators from the University of Nairobi Medical School, the Kenya National Family Welfare Centre and Clinic and a founding member of the Family Planning Association of Kenya who is now a retired civil servant. (See Appendix III)

The faculty from CPEH, Susan Nalder, was able to be with the team for the duration of the workshop and provided valuable assistance and guidance to the conduct of the workshop.

VI. CONDUCT OF THE COURSE

The conduct of the workshop was designed to allow for maximum interaction between the trainers and participants, and free interchange of ideas. There were six hours of organised training from Monday to Friday with one free afternoon a week. At times it was necessary to extend the training longer than was planned for in the timetable. The workshop covered the three main areas of contraceptive technology updating family planning services, Family planning management and training of trainers. During the last week of the course participants were organised into six country groups to work on their final projects under the guidance of the facilitators. The final projects were presented to a peer review panel that assessed the main components of the projects and commented on their qualities.

As far as possible the rule of 30% theoretical teaching and 70% practical exercise was observed throughout the workshop, an approach which attracted very favourable response from the participants. There were two field trips, one to see a Community Based Family Planning Programme at Mukarara Location in Murang'a District some 70 Km. North of Nairobi, and a second visit to the Kenya National Welfare Clinic at the Kenyatta National Hospital. The outcome of these visits was very positive, especially in comparing the two programmes, one in an urban hospital and another in a rural setting.

Apart from one session on evaluation of the workshop the last week of the course was devoted to work groups to develop final projects which as stated earlier were presented to a peer review panel. Of the six final projects which were developed, five of them were on training.

Three Key references were used during training: On Being in Charge, Family Planning Methods and Practice: AFRICA and Teaching for Better Learning. All participants received a copy, as well as other publications (See Appendix VIII). There were three modules produced during the course.

VII. MODULES

VII. I Contraceptive Technology Update

The module on contraceptive technology was introduced with a lecture discussion on overview on Maternal Child Health/Family Planning and a brief summary on country MCH/FP profiles by the participants. The approach enabled the participants to discuss in detail the health benefits of family planning and compare different MCH/FP programmes in their own countries.

i) Objectives

The objectives of the contraceptive technology update module were:

- a) Participants should demonstrate an update in knowledge and skills in contraceptive technology.
- b) Participants should demonstrate practical application of the knowledge and skills in service delivery with special reference to community based family planning services.
- c) Participants should demonstrate use of knowledge and skills to management of side effects and complications of commonly used contraceptives.

ii) Content

The content of this module was influenced by the needs and resource assessment, the pretest and participants expectations of the course. Participants were encouraged to refer to the training materials which were provided, and especially the book 'Family Planning Methods and Practice AFRICA' for additional information. The subjects that were covered in the module included:

- Review of reproductive Anatomy and Physiology
- General Concepts in Family Planning
- Natural Family Planning Methods
- Combined Oral Contraceptives
- Progestin only pills and injectables
- Intrauterine Contraceptive Devices including IUD insertion practice session on Ginny Model
- Traditional Family Planning Methods
- Surgical Contraception
- Counselling in Family Planning
- Common Gynaecological Problems seen in FP clinics
- Sexually Transmitted Diseases
- Community Based FP services
- Infertility.

These sessions provided an opportunity for participants to review mechanisms of action, contraceptive and non-contraceptive benefits, risks and benefits of use, management of side effects and complications, and user instructions. Many misconceptions were clarified about pills and injectable hormonal contraception. Emphasis was placed on training and service delivery implications as well as implications for community based programmes.

During these sessions participants were also introduced to different training methodologies: lecture discussion, questions and answers, role play, demonstration and return demonstration, case studies, lecture slides and field trips. They were given an opportunity to assess each of these methods and give their opinion during "where we are" sessions that were held each morning before the beginning of scheduled topics.

For many of the participants it was not the first time they were being exposed to these training methods which helped to facilitate the participatory approach to the workshop.

VII.2 Management

The management segment of the course was intended to enable participants to understand that Management is a function in health work and therefore needs to be paid attention to. A total of 8 sessions were spent on this segment.

A number of broad subject areas were covered. A model framework for key programme elements was analysed at the beginning of the segment with the view to enabling the participants to get a broad view of social development programmes and how they are developed. In this connection the environment under which any social development programme is developed including population, physical environment and ecology, and some constraints was described. Needs and resources assessment was highlighted as an essential initial step in developing a programme. The major elements in programme development including inputs, processes, output etc., and the relationship between them were highlighted.

Also dealt with during the segment was the definition and explanation of management related vocabulary which would be used in subsequent sessions. The three major functions of management were initially highlighted and then treated in detail one by one later.

One major function treated was planning. It was pointed out that the planning function of management deals with working out an appropriate response to a detected problem. The actual planning starts after the needs and resources assessment - an exercise that entails information gathering, analysis and interpretation. The sources and methods of gathering information were highlighted and two types of information, namely, qualitative and quantitative were explained. Setting of programme objectives and the qualities of good objectives were treated during the discussions. The important steps one goes through in planning a programme were discussed. Five such steps were identified. These are: Looking at the situation and collecting facts; selecting the important problems; setting objectives and trends; reviewing obstacles and limitations; and preparing the plan itself.

Next to be dealt with was the implementation function. This is a function which ensures the translation into action of the plan. Major decisions in implementation were identified and discussed. These included decisions pertaining to execution, deployment and manpower, allocation of resources, and processing of information. Co-ordination was identified as a key to programme implementation as it implies harmonisation of human and material resources with the view to enabling an organisation to achieve maximum results. Monitoring and redirecting a programme was highlighted as another important activity required in programme implementation as it enables the manager or management to check on the progress of the programme with respect to speed and obstacles that might exist. Different ways of monitoring were identified and discussed. Finally supervision was identified as being another necessary component of programme implementation. Different approaches of supervision were highlighted and discussed.

The third function of management that was dealt with is evaluation which was defined as a process which attempts to determine as systematically and objectively as possible the effectiveness and impact of activities in the light of their objectives. Major steps in undertaking an evaluation were identified and discussed. Steps in evaluation are:

- a) Deciding what is to be evaluated and select indicators of effectiveness.
- b) Collecting the information needed to provide the evidence
- c) Comparing the results with the targets or objectives
- d) Judging whether and to what extent the targets and objectives have been met.
- e) Deciding whether to continue the programme unchanged, to change it, to stop it, etc.

It was pointed out that programme evaluation should be built into the programme right from its inception. Different types of evaluation carried out at different steps of the programme were identified and discussed. It was stressed that indicators are essential elements in evaluation and should accordingly be developed at the early steps of the programme.

Evaluation of staff performance was also treated under this function of management. In this connection the procedures to follow in undertaking the evaluation of staff performance and the source of information in this exercise were discussed. Management audit was also discussed with respect to its meaning, importance and how it is carried out.

As in other segments of the course, the material in the management segment was treated by using a multiplicity of methods including lecture discussion, and group exercises.

VII.3 Training Module

i) Approach to Training

Although the training module was implemented during the third week of the course, participants began working on training methods work-sheets to familiarize themselves with methods which were being used by the trainers. These work-sheets were distributed on the first day of the workshop, and each participant was encouraged to complete one work-sheet for each of the eight training methods shown below:

- Human relations and team building exercises
- Lecture discussion with use of visual aids, media or assigned reading
- Role play
- Demonstration and return demonstration
- Work group exercises and projects
- Case studies
- Observation visits/clinic experience based on objectives
- Training games.

The purpose of this approach was to make optimum use of available training time and alert trainees to the fact that trainers were role modeling methods which they could adopt. One trainer gave feedback to the participants based on completed work-sheets.

ii) Organised Training

The organised training module took 4 days (20% of workshop time) to complete.

Objectives

The general objectives of the module was to enable participants to:

- a) Demonstrate up-dated knowledge, skills and attitudes of training methodology as applied to both clinic and community based family planning services.
- b) Use the Competency Based Training (CBT) approach in planning, implementing and evaluating training for which they are responsible.
- c) Describe the rationale and tools for evaluating training programmes.
- d) Use at least new training methods in their back-home situations.

iii) Content

The content of the training module was always in the context of family planning methods and practice as applied to community based and clinic services. A variety of reading materials - Family Planning Methods and Practice AFRICA, Helping Health Workers Learn, The WHO publication Teaching for Better Learning, various Population Reports and IPPF Family Planning booklets were made available to the participants for reference.

o Overview of Training

The objectives for this session were to enable the participants to:

- focus their thoughts to the training methodology mini-workshop
- have a background on which to build new knowledge obtained from the training module, and establish appropriate environment for self-learning.

The important areas covered during the session include:

- Definitions of learning and teaching
- Five interrelated components of training viz-a-viz needs assessment goals and objectives, plan or design, implementation and evaluation.
- Factors that influence training positively or negatively.
- Organisation of learning activities in a training design.
- Three approaches to training as outlined in the book - Helping Health Workers Learn.



o Adult Learning

During this session the trainer together with trainees listed the principles, some of the concepts involved in adult learning and discussed them with the purpose of sensitizing participants to adult learning and using same approaches in their work situations.

o Competency Based Approach to Training

In a clearly illustrated and well paced session the ten steps of developing a competency based training were described:

- Investigate and identify training needs.
- Develop a task list (Job description).
- Analyse each task for skills, attitude and knowledge component.
- Establish entry level skills and knowlege.
- Develop training objectives.
- Select appropriate training methods for mastery of tasks.
- Determine minimum standards for practical experience to master tasks.
- Develop training design and use of organised classroom training, supervised practical experience, preceptorship and phased modules.
- Develop lesson plans including the procedure to follow to cover content and practical experience guides.
- Develop training evaluation design.

The trainer went on to compare CBT with the traditional educational approach as used in most professional courses before taking the participants through a series of exercises. The experience gained from these exercises was demonstrated during the last module of the workshop when the participants were developing their final projects.

o Response to Trainees Needs

A majority of the participants were for the first time exposed to the competency based training methodology during this workshop. However, as training progressed and team spirit developed, the earlier anxiety and frustration was replaced by a sense of better understanding and confidence as demonstrated by the "where are we" and "quick feedback" sessions. There was also improved individual and group participation and contribution to sessional content and also during the processing of training games that revealed application of not only the training module but all the three modules of the course.

The team approach to training and the ability to enhance trainee motivation despite a rather new approach to training was an asset to positive results of the workshop in all the three modules, but more so in the training module. In spite of time constraint for planned training exercises the objectives of the module were on the whole achieved.

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VIII. ORGANISATION AND LOGISTICS

The organisation and logistics to the course were provided for by CAFS with support from CPFH especially in the procurement of training materials. The workshop was conducted at CAFS premises, Mlima House, where the training facilities were quite satisfactory. The participants were accommodated in a hotel in Nairobi City centre less than three kilometers from Mlima House. CAFS or IPPF Nairobi Field Office supplied transport, and on one of the field trips the National Family Welfare Centre assisted with the transport by supplying an additional mini bus.

CAFS also arranged for a common lunch at a nearby hotel which gave the participants an opportunity to be together with all the trainers. CAFS provided full administrative back-up to the workshop as well, including a full-time secretarial support and photocopying facilities. At the end of the course participants were awarded certificates for successfully completing the course.

IX. EVALUATION

The baseline information for evaluation was obtained from three sources: the needs and resource evaluation visits to two countries by the Director of CA and the course co-ordinator, the needs and resource evaluation questionnaire and the pretest. The results indicated that both in Zambia and Malawi there was a great need to train all categories of family planning workers especially those given the responsibility of training such as midwifery and nursing tutors.

Analysis of the needs and resource assessment questionnaire showed that the participants to the course were weakest in management followed by contraceptive technology and strongest in training. Similar results were obtained from analysis of the pretest answers.

The evaluation was carried out in two ways: CAFS and trainers evaluating participants, and participants evaluation of the workshop.

1. Trainers Evaluation by Participants

The purpose of the evaluation was to assess the extent to which participants achieved the training objectives, and the degree to which they were able to put the new knowledge and skills into practice. A variety of evaluation methods were employed - pre and post tests, questions and answers, use of concepts and facts in role play, demonstrations, case studies, discussions, performance in group exercises and group work, and a quiz session. Such observations of trainees learning indicated an overall improvement of the whole group as was confirmed by results of the final exercise, pre and post tests and the quiz session.

Final Projects

This was the most important form of evaluation for this workshop, as trainees demonstrated the degree to which they could use new skills and knowledge gained throughout the contraceptive technology, management and training segments.

The trainees were organized into 6 groups for the final exercise. The purpose of the exercise was to provide an opportunity for trainees to apply new concepts and methods to the development of a family planning project. The instructions for the final project are found in Appendix VII.

The list of final projects, by country team is as follows:

List of Final Projects

<u>Group</u>	<u>Project Title</u>
1. Kenya	Competency Based Family Planning Training Programme for enrolled nurse midwives (FPAK)
2. Tanzania	Training seven dispensary rural medical aids and MCH/FP aids.
3. Seychelles	Training community nurses/midwives in family planning with emphasis on IUCD insertion.
4. Uganda	Introduction of family planning services to Kesiso settlement in Luwero District.
5. Zambia	Develop and implement a family planning training of trainers programme for nursing tutors.
6. Zambia	Family Planning training programme for nurse/midwives.

Each project was presented by the team and was reviewed by a peer panel composed of facilitators and participants using a checklist (see Appendix VI). All teams were successful in writing their projects using the concepts of planning, implementation planning and evaluation. In addition, participants wrote detailed analysis of training using the competency based approach as well as a detailed implementation plan and budget.

The gains in problem identification, statement of objectives and implementation planning were especially impressive. The peer review panel discussions indicated that participants had also learned to be able to analyse a project for essential components. Many clarifications were made during the presentations concerning clear statements of problems and through analysis of needs and resources.

All teams indicated plans for submission of their projects to their respective organizations for consideration. Three of the projects (2, Tanzania, 3 Seychelles and 5 Zambia) were developed based on activities which will be going on in their respective countries in the near future.

CAFS and CPFH will plan for follow-up to all teams, and will attempt to assist with technical assistance as requested by the country organizations.

Copies of the project proposals are available for review at CAFS.

Pre and Post Tests

The post test was the same as the pre-test, and the results showed a mean gain score of 16 in management and 17 in contraceptive technology. The mean score gain in training and supervision was five because most of the participants were trainers and scored highly in training pre-test.

The Pretest and Posttest scores are presented in the table.

Subject N = number taking test	Pretest score			Posttest score			Gain in mean scores
	Mean	Median	Mode	Mean	Median	Mode	
Management N - 18	47	45	45	63	65	65	16
Contraceptive Technology N - 18	59	55	55	76	80	80	17
Training & Supervision N - 18	73	75	Split	78	80	Split	5

On individual basis the results of the pre and post-tests also showed an overall gain by all the participants in management, but three scored less in contraceptive technology post test and eight in the training post test than they did in the pretests. The reason for this is unclear, but maybe it was an indication of inability to absorb all the new knowledge that was imparted and some language difficulty with English.

2. Participants Evaluation of the Workshop

The participants on their part evaluated the course in a variety of ways. Their observations during discussions in the class or informally outside the classroom were taken into consideration, and at the end of most of the sessions they completed "quick feedback" forms which were analysed by the trainers and the results discussed at the beginning of next day's programme.

i. Quick Feedback

The Quick Feedback responses were useful in a number of ways. Apart from the fact that the information given enabled the trainers to adjust the training to meet participants' needs and re-assess the training materials, the comments made by the trainers were useful indicators of the progress of the workshop. The majority of responses were in the high range of "worthwhile", but many participants were unhappy about the speed of several presentations and the short time in which they were done. This was probably a good indication that in the future fewer modules should be included in such a Workshop, and longer time allowed for some of the presentations.

ii. Participants End of Course Evaluation

On the last day of the Workshop participants were asked to fill in an evaluation questionnaire intended to assess participants response to specific issues directly or indirectly related to the course such as travel arrangements, accommodation, meals, duration of the course etc. Of the 18 participants only one failed to fill-in the questionnaire, and the summary of the analysis of the 17 questionnaires is presented below.

a) Organization of the Course

The participants were asked to indicate the degree of the satisfaction for each of the various aspects of course organization including travel arrangements, time of notification, accommodation, lunch and relations between CAFS staff and participants. The results are summarised in the Table I, and indicate that apart from information provided about the course and time of notification the participants were satisfied with the accommodation provided at 680 Hotel and lunch. Relations between CAFS staff and participants were also graded very positively.

Table I

	Highly Satisfied	Satisfied	Fairly Satisfied	Undecided	Not Satisfied
Information provided to you about the Course before coming	4	11	-	-	2
Time of notification	-	6	6	1	4
Travel arrangements	9	7	1	-	-
Accommodation	11	6	-	-	-
Meals (lunch)	16	1	-	-	-
Relations between CAFS staff and participants	12	5	-	-	-

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Although the numbers not satisfied with information provided before the Course (2) and time of notification (4) were small longer time lead is required in advertising such courses. Because of late time of notification three participants found it very hard to make the necessary travel plans.

b) Duration of the Course

Participants were asked to suggest appropriate duration for a course of this nature, and the majority, 59%, favoured a six-weeks course, whereas two suggested five weeks and three eight weeks. The results indicate that a longer duration of the course would have been more appropriate for this group of participants. Several of them felt that more time was required to cover the management and training modules because these were new subjects to them. Some would have liked to do more IUD insertion practice on the Ginny Model, and almost half thought the time given for final project development was inadequate.

c) Rating of Topics Covered During the Course

Participants were asked to rate the topics on a 0-5 scale according to how much:

- i) the topic was relevant to their work
- ii) the topic was understood
- iii) the knowledge and skills gained will be put to use when they returned home.

The responses are presented in table form showing the mean scores on 0-5 scale (See Table II next page)

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TABLE II

	Relevance to work	Level of your understanding	Use of knowledge and skill gained
<u>1. CONTRACEPTIVE TECHNOLOGY UPDATE</u>	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>
a) Overview of MCH/FP	3.6	3.6	3.5
b) Review of Reproductive Anatomy and Physiology	4.1	4.0	3.8
c) General Concepts in Family Planning	4.1	3.5	3.5
d) Natural Family Planning Methods	3.6	3.4	3.4
e) Hormonal Contraceptives - Orals and Injectables	4.4	4.0	3.9
f) Intrauterine Contraceptive Devices	4.2	4.1	3.6
g) Traditional Family Planning Methods	2.8	3.4	2.4
h) Surgical Contraceptives	4.0	3.8	3.5
i) Counselling in Family Planning	4.4	3.9	3.9
j) Gynaecological Problems and STDs	4.1	3.4	3.9
k) Community Based Family Planning and Field Visit	3.3	3.8	2.9
<u>II MANAGEMENT</u>			
a) Introduction and Overview of Management	4.1	3.2	3.4
b) Planning Functions of Management	4.1	3.2	3.4
c) Implementation Function of Management	4.1	3.3	3.4
d) Evaluation Function of Management	4.1	3.6	3.1

Table II

	Relevance to work	Level of your Understanding	Use of Knowledge and skill gained
III <u>TRAINING</u>	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>
a) Overview of Training and Adult Learning	4.5	3.8	3.6
b) Identification and Task Analysis for CBT	4.3	3.7	3.6
c) Writing/Training Objectives	4.3	3.9	3.9
d) Training Methods	4.4	3.8	3.7
e) Evaluation of Training	4.3	3.9	3.5

The results show that the participants thought the topics covered were relevant to their work, and the level of understanding was more than adequate. Except for traditional family planning methods and to some degree the community based family planning the use of knowledge and skills gained upon return to their countries was rated high (adequate to more than adequate).

d) Reading Materials

Nearly all the participants, 94%, indicated that the reading materials provided during the course were adequate.

e) General Comments

All the participants felt that the topics covered in the Workshop were relevant, but some would have liked to do more practice on IUD insertion and discuss the triphasic pill. On the whole their specific expectations in attending the course were met except in two areas, latest developments in contraceptive technology and how to insert diaphragms.

Participants were asked to mention specific ways in which they intended to put into practice the knowledge and skills gained from the course. Their reactions to this was varied, but some thought they would be able to apply the knowledge and practice in improving their family planning service delivery while others intended to apply it in their training of nurses and midwives. In trying to achieve this the participants foresaw two main problems, that of convincing their colleagues about new concepts to management and training especially CBT - resistance to change, and the problem of obtaining enough resources - funds and materials to be able to carry out their proposed projects effectively.

Generally assessment of the course was rated as successful by ten participants and very successful by seven. Several commended CAFS for organizing the course and expressed a need to see a follow-up.

Follow-up

Considering the good quality of the final projects developed by the participants, and as part of overall evaluation of the training workshop follow-up visits by CAFS and CPFH to assess the degree to which the

participants are using the knowledge and skills will be warranted. Such visits will also provide technical assistance to in-country training programmes and give CAFS the opportunity to assess the training needs in those countries which have not so far been visited.

X. SUMMARY AND RECOMMENDATIONS

This Workshop was the first of two courses to be run by CAFS in collaboration with CPFH in 1984 as a follow-up of the Workshop conducted by CPFH in August 1983, and with encouragement and support from USAID. The course was well received by the participants who worked hard to achieve the objectives, and demonstrated a substantial gain in the three modules covered in the course in spite of the fact that the areas of management and competency based training were new to most of them. The presence of Ms. Susan Nalder from the CPFH and Mrs. G. Mtawali from UMATI facilitated the conduct of the course.

This Workshop marked a good beginning for CAFS to undertake training in contraceptive technology which should be continued at least once a year in the future. More emphasis should be placed on training of trainers, and selection of participants carefully done so as to have multidisciplinary management level teams who can have greater impact within their organizations.

MAY, 1984

N.A. MANDARA
Course Co-ordinator

NM /ho.

COURSE ON CONTRACEPTIVE TECHNOLOGY UPDATE

March 19 to April 14, 1984

LIST OF PARTICIPANTS

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7. Mrs. Hellen Manda Nsama	District Public Health Nurse Supervisor of MCH and F.P. Ndola Central Hospital P/A Ndola.
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11. Ms. Anastasia J. Malamla	UMATI P.O. Box 1372 DAR ES SALAAM.
12. Miss Janet Muigai	Nursing Officer Thika Clinic - FPAK FPAK Thika.
13. Mr. Anthony O. Ophwette	Clinical Tutor National Family Welfare Centre P.O. Box 43319 NAIROBI.
14. Mrs. Charity T. Nkonge	Nursing Trainer MCH/FP National Family Welfare Centre P.O. Box 43319 <u>NAIROBI.</u>
15. Miss Lucy Asaba	Nurse-Midwife Mulago Hospital P.O. Box 7051 <u>KAMPALA.</u>
16. Miss Elizabeth Rwakihembo	Health Visitor Makerere University Hospital P.O. Box 7062 <u>KAMPALA</u>
17. Mrs. Regina Bukenya	Health Visitor Institute of Public Health Makerere Medical School P.O. Box 7072, <u>KAMPALA.</u>
18. Miss Sion Solomon	Masai Primary Health Project Selian Lutheran Hospital P.O. Box 3164 <u>ARUSHA.</u>

APPENDIX II

FACILITATORS

Dr. Nimrod A. Mandara
Course Co-ordinator
Obstetrician Gynecologist
Regional Representative
International Planned Parenthood Federation
Nairobi, Kenya.

Mrs. Grace Mtawali
Nurse Midwife,
Chief Training Officer
Chama Cha Uzazi na Malezi Bora
Cha Tanzania (UMATI)
Dar es Salaam, Tanzania.

Mr. Ezekiel Kaiuale
Adult Educator
Senior Programme Officer
Centre for African Family Studies
Nairobi, Kenya.

Ms. Susan Nalder
Nurse-Midwife
Assistant Clinical Professor
Center for Population and Family Health
Columbia University
New York, U.S.A.

APPENDIX III

GUEST FACILITATORS

Professor Japhet K.G. Mati
Obstetrician - Gynecologist
Chairman, Dept. Obstetrics & Gynaecology
University of Nairobi Medical School
Nairobi, Kenya.

Dr. John Kigundu
Director, National Family Welfare Centre
Nairobi, Kenya.

Ms. Herine Ugembo
Nurse - Midwife
Nursing Officer in-charge of Family Planning Clinic
National Family Welfare Centre
Nairobi, Kenya.

Dr. Andrew Makokha
Obstetrician Gynecologist
Dept. OB-GYN.
University of Nairobi Medical School
Nairobi, Kenya.

Mr. M. Ndisi
Founding Member of FPAK
Nairobi, Kenya.

Speech made by Professor J.K.G.Mati at the official
opening of "Update Course on Contraceptive
Technology" at the Centre for African Family Studies
on 19 March, 1984.

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When Dr Nimrod Mandara last week asked me to give the opening address at this course the immediate reaction was that the notice was too short. But on second thought I decided I must try to attend even though the course opening clashes with another which was opening more or less at the same time in my Dept. Apart from the fact that one has to please classmates, there were two main reasons why I felt I must make it. First this was the first invitation by CAPS to serve in this capacity. CAPS is a very unique institution anywhere in the world, which was founded out of the strong conviction that for family planning activities to be meaningful they had to be in harmony with the culture of the people. This was particularly important for Africa where tradition and culture are still very strong. At the time when these discussions were taking place I happened to have been one of the four medical advisors to the Regional Director of the African Region of IPPF.

The second reason why I had to make this address is because I am a strong believer in the value of continuing education. Update courses are not synonymous with refresher courses. It is true that an update course may remind you some things you had forgotten, but the real purpose is to build on your knowledge through introduction of recent ideas and concepts which were either unknown or underdeveloped when you were at school. In other words the intention is bringing you up to date. All of us when we qualified either as nurses, midwives or even doctors, we felt that we were competent to function in the various assignments in our specialisation. What few of us appreciated was that the rate of forgetting things learnt takes the form of what in mathematics is called hyperbola. This means very rapid drop in our theoretical knowledge within the first few years, to be left after three years or so with knowledge based on experience, which we continue retaining so long as we continue repeating the same job. The best example is the story of the surgeon who through years of experience was reputed to be able to wake out of an alcoholic

stupor and perform a beautiful Caesarean section. On one such situation the theatre nurse handed him a Morris' retractor instead of the usual Doyen's retractor, whereupon he proceeded to do a beautiful hysterectomy- he could not think of the use of a Morris retractor for C.S!

People who ~~ixaxx~~ function by experience alone also tend to be rigid and almost violently resist change. This is particularly evident in the Nursing profession. Nursing implies the care of the sick, ~~xxxx~~ not just the medical problem, but their psychological health too. I am yet to see a patient whose condition worsens because of ornaments on the body of the nurse. But how many hospitals allow the nurses to wear their best ear rings, perfume or shoes whilst on duty ?

Another change midwives have tried to resist is adoption of a more scientific approach to the management of labour. I understand that most of the participants in this course are trained midwives and some may be teaching the subject in their nursing school. How do you describe a uterine contraction ? Most of your colleagues in this country still talk of mild, fairly strong, or strong contractions. But if you ask them what they mean by these terms it becomes clear that these terms mean different things to different people. As a result you might have come across that patient who is found to be in the second stage of labour even though the best contraction described was a mild one. In biology this is impossible, and it

only emphasises the imprecise nature of the monitoring system. Difficulties are encountered when one tries to explain that what is being measured is a build up of pressure in the uterus which lasts a period of time and then falls when the contraction ceases. A more meaningful description of a contraction is therefore in terms of time, so that when it is said to last 30 seconds etc everyone understands what this means. The use of the partogram which requires this sort of recording is still not universally accepted by midwives.

Let us be relevant by returning to contraceptive technology. I came across a few years back, a young nurse in a rural health centre who that morning had sent away all oral contraceptive users because she had sent her blood pressure machine to Nairobi for repair. She had learnt at the family planning course that all pill users must have their blood pressure checked before re-supply. What she did not appreciate was that she still continued seeing antenatal patients, even though hypertension would have more serious consequences in pregnancy than in the users of the pill! She very much needed a form of continuing education.

I would also like to cite another example of resistance which involves a much wider section of the community. This is the attitude towards adolescent fertility. There is still a lot of controversy as to whether FP services should be made available to adolescents. The health professions are divided mostly because of safety issues: the churches are united against, and all this in spite of a wealth of evidence of ongoing sexual activity among the adolescents. One only needs to look at hospital statistics to note that close to 20% of all births are by teenagers, and most of them out of wed-lock. When we look at gynaecological admissions we find that

in urban areas 60% of these admissions are abortion cases. There is data to show that as many as 62% of these are induced abortions, a significant number of them being teenagers, single, schooling, and practically using no contraception whatsoever. The leading cause of maternal mortality in these hospitals is abortion. I personally have very strong doubts if sex education to such individuals, or preaching to uphold high standards of morality will help these girls, but that can be said to be a matter of opinion.

I have taken a lot of your time trying to emphasise the need and importance of update courses. Yet I realise that I didn't really need to, since that is the reason you are here in the first instance. I note the participants of this course come from Seychelles, Zambia, Malawi, Tanzania and Kenya. Looking through the programme there is no doubt that a lot of thought has gone into not only the selection of the participants and lecturers, but also the course content. The course aims at improving not only the technological know-how but also the managerial role in your respective functions. I would like to commend the staff of CAFS for initiating such a course.

Most countries in our region have accepted, or are beginning to accept FP as one of the important tools for socio-economic development. There is no doubt that the rapidly increasing population is rapidly denying the nationals the enjoyment of the fruit of their labour. But when one looks at the statistics in the Region he/she gets appalled by the very low contraceptive acceptance rates, in Kenya recently estimated at under 6%. Even more worrying is the very high discontinuation rates, which in the case of the pill may be as high as 80% at the end of 12 months. Many questions arise from these revelations which require our combined effort to answer. Data deriving from the World Fertility Survey shows that in Kenya where contraceptive practice is very low, the level of awareness of modern contraceptive methods is surprisingly high. So the major problem does not seem to be lack of information. Three factors can be identified that may contribute to low utilisation rates particularly in the rural areas. The first is inadequacy of services- this includes inadequate flow of supplies, not just contraceptives but also drugs for primary health care. Integrated clinics enable mothers to obtain FP supplies while at the same time getting the child seen for immunisation etc. Quite often the health of the child is rated more by the mother than her own contraceptive needs.

The second factor is lack of proper coordination of motivational activities and inadequate supervision of the field staff. Where there are multiple agencies offering FP information using personnel taught under different settings, it becomes very difficult to convey a common message, and this can have serious repercussions to a FP programme.

The third factor is a possible negative attitude of the health workers. It has been taken for granted that since a ministry of health has accepted FP as part of MCH, then all health personnel are for FP. Therefore whereas you can find a lot of reports on the attitudes of FP consumers, hardly any good study is available on the attitude of the very persons that are expected to preach and render FP services. Yet we all know how often doctors and nurses value their individual opinions in their day to day work. It seems we have failed to copy the example of the manufacturer who takes great pains to make sure that his salesman has a positive attitude towards his goods. So as trainers I would like to ~~make~~ urge you to make sure that your trainees will convey the message intended, and not their individual convictions or beliefs.

I wish everyone a fruitful four weeks, and hope that the themes expressed in this course will be multiplied as you later convey them to your students and colleagues in your own country. Good luck !

JJGM.

1984.

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Please read each question carefully. Then check the letter which you believe to be the correct answer.

1. Which of the following statements about coordinating the work of the health team is not correct. The person responsible must:
 - a. Coordinate members of the team
 - b. Coordinate the activities of the team
 - c. Convince community leaders that the team knows best
 - d. Communicate decisions to the team.

2. Which of the following statements about objectives is not correct.
 - a. The intended result of a program or activity.
 - b. Essential for making plans and evaluating results.
 - c. Operational targets are expressed in the same way as objectives but they refer to shorter periods of time and parts of, or steps towards, an objective.
 - d. Objectives and targets should be set prior to reviewing problems and their underlying causes.

3. Which of the following is not a characteristic of a useful objective.
 - a. Relevant
 - b. Replicable
 - c. Feasible
 - d. Observable
 - e. Measurable.

4. Below are eight criteria for selecting a problem for "high priority consideration".
 - Affects large numbers of people
 - Causes high infant mortality
 - Affects maternal health
 - Affects children and young persons
 - Causes chronic conditions and handicaps
 - Affects rural development
 - Causes worry to the community
 - Simple ways to deal with the problem exist.

To select a problem for "high priority" consideration it should meet:

- a. One of the criteria
- b. All of the criteria
- c. At least 3 of the criteria
- d. At least 5 of the criteria.

8. Supervision problem solving involves five basic steps:
 - a. identify the trouble maker
gather evidence about the problem
decide who or what is wrong
correct the problem
write a report
 - b. identify the problem
identify possible solutions.
select a solution (or combination of solutions)
carry out the solution
evaluate results.
 - c. identification of the cause of the problem
get rid of the things that cause the problem
teach people about prevention
write a report
issues policies or protocols to prevent further trouble
9. Training design is important because it helps the trainer to carefully develop
 - a. logical, sequential, step by step training sessions
 - b. an evaluation based on results
 - c. core curriculum
 - d. learning tasks.
10. Select the response that includes at least three methods that are most effective in changing attitude.
 - a. buzz groups, lecturers, brainstorming, programmed instruction
 - b. informal open-ended discussion groups, simulations, role-plays and demonstrations.
 - c. lecturers, panels, films and readings
11. Three important elements of supervision by objectives are:
 - a. clinic attendance records, worker monthly reports and pharmacy requisition lists
 - b. a statement of observable program objectives, reports of service statistics by age, sex, diagnosis and outcome, and health personnel who are aware of the program objectives.
 - c. a statement of program objectives, monthly death reports and attendance record of health personnel.
12. Choose the response that includes at least three methods that are most effective for building skills.
 - a. lectures, brainstorming, programmed instruction
 - b. simulations, role-plays, supervised practice, demonstration with return demonstration
 - c. lectures, panels, films, readings
 - d. brainstorming, group discussions, slid and tape presentations

13. Lectures, panels, films and readings are methods that are best applied when
- building skills
 - changing attitudes
 - communicating information
 - all of the above
14. Task analysis of health care skills includes all but which of the following:
- observation of clinic services
 - random observation of work using a stop watch
 - interviews with patients in a family planning clinic
 - reading procedure manuals
 - interviews with clinic personnel

Instructions: For question 16, 17, 18 & 19 select from the following lettered answers the one that most closely applies and enter the corresponding letter on the blank line.

- behavior change
 - learning
 - reaction
 - results
15. The principle, facts and techniques that were understood and absorbed by the participants. _____
16. On-the-job use of principles, facts and techniques that were understood and absorbed by the participants. _____
17. Program improvement due to training. _____
18. How well the trainees liked a particular part of the training program. _____

Below you will find two training objectives. Indicate if you find each one to be well written or not. If you find it is not well written, re-write it so that it is.

19. To give trainees knowledge about planning training programs
- _____ well written
 - _____ not well written
- If not well written, rewrite here.
20. At the end of training, participants will be able to describe 3 strategies for introduction of ORT in the community.
- _____ well written
 - _____ not well written

If not well written, re-write here.

INSTRUCTION: Read each question carefully and circle the correct answer.
There is only one correct answer to each question.

CONTRACEPTIVE TECHNOLOGY PRE-TEST

1. Which of the following modern contraceptives does not provide some protection against STDs.
 - a - combined oral contraceptive pill
 - b - condoms
 - c - IUD
 - d - spermicides

2. The menstrual cycle is controlled by the following ovarian hormones
 - a - oestrogen and progesterone
 - b - gonadotrophins
 - c - androgens

3. In counselling the client about tubal ligation one should explain
 - a - that it is 100% effective
 - b - that it is a permanent surgical procedure which is very difficult to reverse should the women want to become pregnant again.
 - c - that it causes a cessation in regular menstruation

4. During the post-ovulatory phase of the menstrual cycle the cervical mucus becomes:-
 - a - thin, stretchy and receptive to sperm penetration
 - b - thick, sticky and hostile to sperm penetration
 - c - profuse and itchy

5. The combined oral contraceptive pill contains the following hormones:
 - a - oestrogen and progesterone
 - b - cortisol and oestrogen
 - c - progesterone and prolactin

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6. Which of the following may be a side effect due to the progesterone element of the combined pill.
 - a - nausea
 - b - lactation suppression
 - c - weight gain -
 - d - chloasma
 - e - all of the above

7. The mini pill contains
 - a - prostaglandins
 - b - oestrogen and progesterone
 - c - oestrogen alone
 - d - progesterone alone

8. Absolute contraindication to the use of oral contraceptive pill include
 - a - thromboembolism
 - b - acne
 - c - cervical stenosis
 - d - hypertension

9. For maximum effectiveness, contraceptive foaming creams and tablets should be inserted into the vagina.
 - a - 2 hours before intercourse
 - b - not more than 18 minutes before each act of intercourse
 - c - half an hour before intercourse
 - d - during foreplay to ensure proper lubrication

10. Which of the following may be associated with the use of DMPA
 - a - leg cramps
 - b - pelvic inflammatory disease
 - c - amenorrhoea



11. As contraceptive agents, IUDs are more protective against
 - a - ectopic pregnancies
 - b - intrauterine pregnancies
 - c - multiple pregnancies

12. A woman becoming pregnant with an IUD in place
 - a - has an increased risk of having a miscarriage
 - b - has a decreased risk of having a miscarriage
 - c - has the same risk of having a spontaneous abortion as a woman who becomes pregnant while not using any form of contraceptive.

13. A man is considered sterile immediately after vasectomy
 - a - True
 - b - False

14. Which of the following methods would not be appropriate for a breast feeding mother in the first three post partum months.
 - a - DMPA
 - b - Mini pill
 - c - IUD
 - d - Sympto-thermal
 - e - Spermicidal tablets

15. The sympto-thermal method employs all but one of the following indices to detect ovulation.
 - a - cervical mucus
 - b - laparoscopy
 - c - basal body temperature measurement
 - d - calendar calculations

16. Factors which could contribute to post-pill amenorrhoea include:
- a - delayed resumption of hypothalamic - pituitary - ovarian function
 - b - accommodation of the hormones from the pill
 - c - pelvic inflammatory disease
17. Oral contraceptives have a protective effect against the following but one disease.
- a - benign breast disease
 - b - ovarian and endometrial cancer
 - c - iron deficiency anaemia
 - d - hypertension
 - e - PID
18. The best contraceptive for the teenage girl is
- a - the pill
 - b - the IUD
 - c - the condom and foam
 - d - none of the above
19. Primary health workers can safely provide which of the following methods
- a - IUD, pills and condoms
 - b - pills, condoms and foams
 - c - condoms and foams only
20. If 100 typical users who start out the year using sympto-thermal method the number who will be pregnant by the end of the year will be
- a - 1-10
 - b - 20-30
 - c - 50-60

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Please read each question carefully. Then check the letter which you believe to be the correct answer.

1. Which of the following statements about coordinating the work of the health team is not correct. The person responsible must:
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 - c. Convince community leaders that the team knows best
 - d. Communicate decisions to the team.

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 - Causes chronic conditions and handicaps
 - Affects rural development
 - Causes worry to the community
 - Simple ways to deal with the problem exist.

To select a problem for "high priority" consideration it should meet:

- a. One of the criteria
- b. All of the criteria
- c. At least 3 of the criteria
- d. At least 5 of the criteria.

5. It is often easy to confuse causes and problems. Which of the following statements is a problem?
- Well water is contaminated
 - There are too many flies
 - Many people have diarrhoea
 - Sanitation is poor
 - The people need health education.
6. Which of the following statements about evaluation is not correct?
- Evaluation is finding out the value of what has been achieved.
 - Evaluation depends on monitoring of information
 - Management audit is evaluation of management by external consultants and accountants.
 - Feedback is necessary if program improvement is to occur
7. Which of the following statements about baseline information is not correct?
- It should be collected when a new service is introduced to a community.
 - It should be understated to permit the best possible evaluation in the future.
 - It enables management to decide what kinds of health services and activities are needed.
 - It permits calculation of the number of people who should receive different kinds of services.
8. Which of the following statements about the implementation function of management is not correct? Implementation deals with:
- Annual decisions about execution of activities.
 - Organization, Direction, and Supervision of manpower.
 - Mobilization, allocation, monitoring, and control of resources.
 - Processing and communication of information.
9. Which of the following statements about the planning function of management is not correct? The Planning function of management is:
- To anticipate implementation and evaluation decisions
 - To set a future course of action for the organization
 - To deal with decisions about objectives, activities, and resources.
 - So complex that it is best carried out by Central Ministry Planners.

16. Which of the following statements about monitoring is not correct?
- a. Monitoring means watching the progress and standards of of the work in a program
 - b. Monitoring may be done by supervisory visits using a checklist
 - c. Monitoring may be done by interviews, discussions, and by studying records and reports
 - d. Monitoring information should never be used to redirect a program.
17. Which of the following is not generally considered to be a method of supervisory monitoring?
- a. observing
 - b. checking supplies against inventories and stock lists
 - c. pretending to be a client of a community-based program
 - d. examining records
 - e. discussion with staff and community
18. The general approach for evaluation consists of 5 steps: These steps are given in an illogical order below.
- 1. Collect information needed to provide evidence.
 - 2. Judge to what extent targets and objectives have been met.
 - 3. Decide whether to continue, change, or stop the program.
 - 4. Compare results with targets and objectives.
 - 5. Decided what is to be evaluated and select indicators.
- The correct order of the steps is:
- a. 1-2-5-3-4
 - b. 5-3-1-4-2
 - c. 1-5-2-4-3
 - d. 5-1-4-2-3
19. Which of the following is generally not asked in an evaluation of work progress.
- a. Did the team reach its targets
 - b. Was the work of expected quality
 - c. Was the budget underspent by at least 15%
 - d. Was the work carried out on time
20. Which of the following documents is least useful in assessing staff performance.
- a. The job description
 - b. The work plan
 - c. Worker's school examination records
- AB

APPENDIX VI

COURSE ON CONTRACEPTIVE TECHNOLOGY UP-DATE

A Workshop in Applied Family Planning Clinical Skills, Family Planning Program Management and Training for Family Planning Programs.

The Centre for African Family Studies

Nairobi, Kenya

in collaboration with

The Center for Population and Family Health

Columbia University, New York, USA.

19 MARCH - 14 APRIL 1984

Monday 19 March

9.00 - 9.30	Greetings and Opening Address	Dr. Mandara Mr. Kalulu Dr. Maiti Ms. Nairi
9.30 - 10.00	Introductions Participants and facilitators will take part in an interview exercise	Mrs. Maiti
10.30 - 11.00	Tea break	
11.00 - 12.30	Pretests Participants will take multiple choice, management, training and supervision in order to the groups baseline knowledge in these 3 key areas of the workshop.	Dr. Mandara
12.30 - 14.00	Lunch Break	
14.00 - 15.00	Orientation to course and to the Nairobi Environs Participants will secure and overview of the course content, objectives and methodologie. In addition information about Nairobi and the schedule of the course will be provided.	Dr. Mandara and staff
15.00 - 15.30	Training Methods Worksheet: Participants will complete a worksheet on the eight key training methods used throughout the workshop.	Ms. Nalder
15.30 - 16.00	Tea Break	
16.30 - 17.30	Expectations Exercise and Recap activities Participants will identify the use of expectations in training by writing a list of their expectations and setting priorities.	Mrs. Mtwali

Tuesday 20 March

9.00 - 10.30

Over view of Maternal and Child Health and Family Planning.
a lecture discussion.

Dr. Kigundu

10.30 - 11.00

Tea break

11.00 - 12.30

Film - Title to be announced
a film which presents concepts of MCH - FP in the context of East African setting followed by discussion.

Mrs. Mtawali

12.30 - 14.00

Country Presentations
Participants will present a brief summary about their countries and existing MCH - FP programs using an outline guide.

Mrs. Mtawali

14.00 -

Tea break followed by independent study time.

Wednesday 21 March

9.00 - 10.30

Review of reproductive anatomy and physiology
Participants should apply knowledge of reproductive anatomy and physiology to contraceptive practice and reproductive health in a question - answer discussion

Dr. Mancara

10.30 - 11.00

Tea break

11.00 - 12.30

General Concepts in family Planning
Participants will develop working definitions of key terms in family planning care: Effectiveness, safety and risks, contraceptive benefits, non-contraceptive benefits, side effects, complications, high risk P.I. clients, informed choice, reproductive life

Dr. Mancara

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Wednesday 21 March (cont.)

- 12.30 - 14.00 Lunch break
- 14.00 - 15.30 Natural Family Planning Methods
Mrs. Mtwali
2-3 participants will participate in presenting techniques of natural family planning to the groups as if they were teaching a group of potential users of these techniques (calendar, cervical mucous and basal temperature observations/recording)
- 15.30 - 16.00 Tea Break
- 16.00 - 17.30 Combined Oral Contraceptive
Participants will demonstrate understanding of combined oral contraceptive through a review discussion and solving clinical problems presented in case studies.
Dr. Mandara

Thursday 22 March

- 9.00 - 10.30 Progesterone (Progestin) Pills and Injectables
Dr. Mandara
Participants will demonstrate knowledge about use of these methods through participating in an open forum.
- 10.30 - 11.00 Tea Break
- 11.00 - 12.30 Intrauterine Contraceptive Devices (IUCD)
Dr. Mandara
Participants will take part in a review discussion the IUI as a method of contraception and the techniques of insertion/removal, a case study will be presented.

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Thursday 22 March (cont.)

12.30 - 17.30

IUCD Insertion Practice
Session and Barrier Method
Role-Play

Dr. Mandara
Mr. Gwete

Using the Gynny Model,
Participants will practice
bimanual pelvic exam,
inspection of the cervix,
insertion and removal of
an IUCD (both push and
pull techniques for
insertion).

Mrs. Nkomo

In addition participants
will get experience
using an anatomic model
for teaching.

IUCD practice continued

Mrs. Mawali

The exercise will be
conducted in small groups.
Alternative groups of
participants will partici-
pate in role-play exercises
using to demonstrate their
understanding of selected
barrier methods.

Friday 23 March

9.00 - 9.30

Brief recap of IUCD exercise
and Barrier Method exercise

9.30 - 10.00

Traditional Family Planning
Methods. Participants will
contribute knowledge and
experience of these methods
from their countries.

Mr. M. Ndlovu

10.00 - 10.30

Lactation and Modern
Contraception
a review of appropriate
methods

Dr. Mandara

10.30 - 11.00

Tea Break

11.30 - 12.30

Surgical contraception
a lecture discussion with
slides.

Dr. Mandara

12.30 - 14.00

Lunch Break

14.00 - 15.30

Contraception in Family Planning

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Friday 23 March (cont.)

14.00 - 15.30

Participants will define counselling and interviewing and their advantages and limitations; compare and contrast directive and non-directive techniques and apply to nursing practice.

15.30 - 16.00

Tea break

16.00 - 17.30

Counselling Exercises
Participants will demonstrate principles of interviewing and counselling in role-play exercises.

Mrs. Mawali

Saturday 24 March and Sunday 25 March

F. B. L. I.

Monday 26 March

8.00 - 14.00

Free Time

14.00 - 15.30

Gynae Problems
Participants and facilitators will identify the problems to be discussed - an open exchange will be conducted.

Dr. Mawali

15.30 - 16.00

Tea Break

16.00 - 17.30

Sexually Transmitted Diseases
Participants and facilitators will review current epidemiologic and clinical aspects of STD's

Dr. Nigandu

Tuesday 27 March

8.00 - 10.30

Infertility
A lecture - discussion on infertility - Diagnosis and clinical management in Africa.

Dr. Nigandu

Tuesday 27 March (cont..)

10.30 - 11.00	Tea Break	
11.00 - 12.30	Community Based Family Planning - a presentation of the community based distribution (CBD) programs and the implications for improved MCH and improved service delivery.	Dr. Kigonda
12.30 - 14.00	Lunch (possibly on the road)	
14.00 - 17.30	Field Vist to a CBD program site at Muranga *Redd Gladys Case	All participants

Wednesday 28 March

9.00 - 10.30	Process observations and lessons learned in field visit to CBD program at Muranga.	Dr. Kigonda Dr. Mandara
10.30 - 11.00	Tea Break	
11.00 - 12.30	Introduction and overview of management	Mr. Kalala
12.30 - 14.00	Lunch Break	
14.00 - 15.30	Group work on the Gladys Case	Mrs. Mte.ani
15.00 - 17.30	Planning function of Management	Mr. Kalala

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Thursday 29 March

9.00 - 10.30	Planning function of management work group exercise.	
10.30 - 11.00	Tea Break	
11.00 - 12.30	Process Planning exercise	Mr. Kalala
12.30 - 14.00	Lunch Break	
14.00 - 15.30	Implementation function of Management	Mr. Kalala
15.30 - 16.00	Tea Break	
16.00 - 17.30	Implementation of family Planning Programs	Mrs. Mwaali

Friday 30 March

9.00 - 10.30	Field Trip to National Family Welfare Centre An exercise in management to observe organisation and function of a large family planning clinic eight groups will be organized.	Dr. Kigonde Mrs. Ggenbo
10.30 - 11.00	Tea Break	
11.00 - 12.30	Process findings of Field	Trainer:
12.30 - 14.00	Lunch Break	
14.00 - 15.30	Implementation Work Group Exercise	

Friday 30 March (cont..)

15.30 - 16.00

Tea Break

16.00 - 17.30

Process findings of work
group exercises

Mr. Kalaule
Mrs. Mawali

Saturday 31 March and /or Sunday 1 April

An outing to a place of interest
will be organized for the group.

Monday 2 April

9.00 - 10.30

Evaluation function of management

Mr. Kalaule

10.30 - 11.00

Tea Break

11.00 - 12.30

Evaluation Exercises

12.30 - 14.00

Lunch Break

14.00 - 15.30

Process Evaluation Exercises

Mr. Kalaule

15.30 - 16.00

Tea Break

16.00 - 17.30

Independent Study Time
Materials on Training will
be distributed.

Tuesday 3 April

9.00 - 10.30

Overview of training

Mrs. Mawali

10.30 - 11.00

Tea Break.

Tuesday 3 April (cont..)

11.00 - 12.30 Adult Learning Mrs. Mawali

12.30 - 14.00 Lunch Break

14.00 15.30 Competency based training Ms. N. Ser

15.30 - 16.00 Tea Break

16.00 - 17.30 C.B.T. exercise on Task Identification and Task analysis - work groups

Wednesday 4 April

9.00 - 10.30 Process exercise on Tasks

10.30 - 11.00 Tea Break

11.00 - 12.30 CBT Exercise on writing training objectives Ms. Nalder.

12.30 - 14.00 Lunch Break

14.00 - 15.30 Process exercise on objectives

15.30 - 16.00 Tea Break, then free time for rest of the day

Thursday 5 April

9.00 - 10.30	Training Methods: Participants will take part in using a variety of training methods and discuss their usefulness and limitations	Mrs. Mawuli Ms. Nalder
10.30 - 11.00	Tea Break	
11.00 - 12.30	Continue training methods	
12.30 - 14.00	Lunch Break	
14.00 - 15.30	Continue training methods	
15.30 - 16.00	Tea Break	
16.00 - 17.30	Continue training Methods (may be free time depending on schedule)	

Friday 6 April

9.00 - 10.30	Training Evaluation A lecturer-discussion on four elements of training Evaluation: learning behavior change results reaction	Ms. Nalder
10.30 - 11.00	Tea Break	
11.00 - 12.30	Work group exercises on training evaluation	
12.30 - 14.00	Lunch Break	
14.00 - 15.30	Process Training Evaluation exercises.	Ms. Nalder

Friday 6 April (Cont..)

15.30 - 16.00 Tea Break

16.00 - 17.30 Discussions with participants All
to identify final projects and
how to organize themselves into
groups.

Saturday 7 April and Sunday 8 April

Free

Monday 9 April
Tuesday 10 April
Wednesday 11 April

Participants will organise themselves
into small groups to do their final
project.
Facilitators will be available
for consultations and guidance.

Thursday 12 April

9.00 - 10.30 Free - Participants may wish to use
time to set up for presentations of
final projects.

10.30 - 11.00 Tea Break

11.00 - 12.30 Post Test
Participants will take the same
multiple choice test as from the
first day as an evaluation measure
of learning.

12.30 - 14.00 Lunch Break.

14.00 - 15.30 begin presentation of final projects.
participants and facilitators will
serve on a jury panel for at least
one presentation. The criteria for
the juried presentations will be
developed by everyone and will be
distributed with the project
guidelines on Monday.
The time allowance for such
presentation will be determined
by the group.

Thursday 12 April (cont..)

15.30 - 16.00 Tea Break

16.00 - 17.30 Juried Presentations

Friday 13 April

9.00 - 10.30 Juried Presentations

10.30 - 11.00 Tea Break

11.00 - 12.30 Juried Presentations

12.30 - 14.00 Lunch Break

14.00 - 15.30 Evaluation of workshop
a presentation of evaluation
methods of the workshop
will be made. (Pre-Post Test,
Quick feedback, Results of
work group exercises and juried
presentations)
Participants will contribute to
an evaluation of the workshop
proceedings and outcome.

15.30 - 16.00 Tea Break

16.00 - 17.30 Closing Ceremony

To be planned with participants.

Dr. Mandere
Ms. Halcer

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CENTRE FOR AFRICAN FAMILY STUDIES

COURSE ON CONTRACEPTIVE TECHNOLOGY UP-DATE

19TH MARCH 1984 - 14TH APRIL 1984

GUIDELINES

FINAL PROJECT DEVELOPMENT

During the last week of the course the participants will develop their final project in country groups assisted where necessary by the trainers. This exercise has two objectives:

1. To enable the participants to use the acquired knowledge and skills in contraceptive technology, programme management and training to develop a country project or projects that can be implemented in their countries.
2. To enable participants and facilitators to assess the degree to which the newly-acquired knowledge and skills can be put into practice.

Groups

The participants will work in groups, but where, as in Zambia, they come from different parts of the country it is advisable to form more than one group which will work together in developing a final project. In some cases individual assignments may be warranted. As a guide the final project should have the following characteristics:

1. It may address itself to any of the three main areas which have been covered in the course:
 - i) Contraceptive technology applied to service delivery
 - ii) Management of a family planning program
 - iii) Training. Guidelines for a FP training project will follow the concepts of Competency Based Training.

2. It should aim at improving family planning or F.P. related activities of the group members, and/or the agency in which he/she works.
3. It should explore new initiatives or attempts innovative approaches to family planning activities such as community based services or family planning training for community health workers.
4. It could also be aimed at improving the management of existing family planning programmes or integrating family planning into already established MCH activities.
5. In view of budgetary constraints participants should avoid designing projects that require heavy funding, and should, as far as possible consider the use of available local financial and material resources.

6. The project should as far as possible state:

a) Needs and Resources Assessment

This should include a general assessment of the country situation from available information such as the environment, the population - sex distribution, fertility rates, morbidity and mortality and their causes, high risk groups and so on, the health services - maternal child health, family training services including training programmes, and so on. From the information thus gathered the participants will be able to assess the family planning needs to be met.

b) Priority Problems

From the needs assessment the participants should be able to identify, list and analyse existing problems and select those which the projects are addressed to. Full justification for selecting specific...

c) Objectives

Participants are expected to set the objectives using the criteria which were outlined during the course.

d) Resources

Available inputs should be identified, and additional resources such as manpower, materials and funds worked out.

e) Implementation

Procedures to be used in carrying out the project should be stated, and implementation plan drawn up. If the final project is in training its implementation should follow the design set out in the competency based Training.

f) Budget

Based on the detailed activities of the project and material and manpower requirements the project should be costed preferably in your local currencies, and the total budget estimate arrived at.

g) Evaluation.

Participants should indicate how the project is to be monitored and evaluated including where feasible a list of indicators to be used.

The final product will be jointly evaluated by trainers and other participants later during the last week in a peer panel presentation.

SCORING SHEET

1. Needs & Resource Assessment	Not done	Done with some data shown but needs clarification (Intent to do N & R)	Well done
2. Statement of problems	Not done	Done but needed clarification	Done and Priority Problems indicated
3. Objectives	Not done	Done and logical to problems but needed clarification	Well stated - feasible, observable or measurable, relevant, limiting.
4. Implementation Plan	Not done	Inputs/resources identified & time table shown but needed further clarification	Inputs/resources identified time table complete & feasible
For those who did a competency based training design	Not done	Needs/Resources Task analysis done, training objectives stated, but further clarification needed time table shown but needed changes to ensure adequate practice.	Needs/Resources Task analysis done objectives well stated and realistic time table shown with good practice time
5. Evaluation	Criteria for evaluation not stated	Criteria stated but needs clarification	Evaluation criteria well stated - both impact/process
6. Budget	Not shown	Outlined relates to project activities but needs clarification.	clearly shown and appears appropriate

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APPENDIX VIII

PUBLICATIONS USED

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|------|---|---|
| (1) | Case Histories in Family Planing | Robert A. Hatcne
1976 Revised Edition |
| (2) | Breast Feeding Fertility &
Contraception IPPF | Ronald L. Kleinman
Pramilla Senanayale |
| (3) | Helping Health Workers Learn | David Werner
Bill Boner |
| (4) | Casebook for Family Planning Management | Frances F. Korten &
David C. Korten |
| (5) | Where there is no Doctor | David Werner |
| (6) | Family Planning Methods and Practice | AFRICA |
| (7) | Teaching for Better Learning | FR Abbett |
| (8) | Family Planning Its Impact on the
Health of Women and Children | CPFH |
| (9) | On Being in Charge | WHO |
| (10) | Population Reports:
: Oral Contraceptives in the 1980

: Complications of Abortion in
Developing countries

: Vasectomy - Safe and Simple

: Vasectomy Reversibility
A Status Report

: Vasectomy - Old and New Techniques

: Reversing Female Sterilization

: Migration, Population Growth & Development

: Infertility and Sexually Transmitted Disease
- A Public Health Challenge

: New Development in Vaginal Contraception

: Oral Rehydration Therapy For Childhood Diarrhoea

: Spermicides - Simplicity & Safety are major Assets

: Periodic Abstinence - How well do new Approaches Work

: Tubal Sterilization - Review of Methods. | |