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Report on the
TRAINING OF TRAINERS IN CONTRACEPTIVE TECHNOLOGY
AND FAMILY PLANNING PROGRAM MANAGEMENT

an

INSTITUTIONAL DEVELOPMENT

for

THE CENTRE FOR AFRICAN FAMILY STUDIES

in collaboration with

THE CENTER FOR POPULATION AND FAMILY HEALTH

of

Columbia University, New York, N.Y., USA

held in

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Susan Nalder
Martin Gorosh
Allan Rosenfield

In collaboration with:

K.E. de Graft-Johnson
Noel Dossou-yovo
Ezekiel Kalaule
Jane Kwawu
Nimrod Mandara

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TRAINING OF TRAINERS IN CONTRACEPTIVE TECHNOLOGY
AND FAMILY PLANNING PROGRAM MANAGEMENT

Nairobi, Utalii Hotel, August 1 - 12, 1983

INTRODUCTION

The second in-country workshop under Cooperative Agreement AFR 0662-A-00-2068-00 was held in Nairobi, Kenya from 1 through 12 August 1983. The workshop entitled "TRAINING OF TRAINERS IN CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING PROGRAM MANAGEMENT" was developed and conducted in collaboration with the Centre for African Family Studies (CAFS) of the IPPF Africa Region and the Center for Population and Family Health (CPFH) of Columbia University.

The Centre for African Family Studies is a regional training centre which offers inter-alia short, intensive courses in population, family planning and family life education. Over the past year, CAFS has been exploring the feasibility of developing and offering courses to upgrade clinical family planning skills and family planning program management skills. Furthermore, CAFS has identified a need for training of trainers in these two content areas, so that participants from the Africa Region could return home from training and offer courses on a national, regional or local level. With assistance from the USAID-REDSO East Africa Population Office, CAFS identified CPFH to assist them in holding this workshop and to develop a proposal for future CAFS training programs in these two content areas.

OBJECTIVES

The overall goal for this workshop was to enable the staff of CAFS and its consultants to design, implement and evaluate training of trainers in contraceptive technology and family planning program management. The general objectives were formulated by CAFS in making their request for the workshop. They were as follows:

At the end of training, participants can:

1. demonstrate an upgrade in their knowledge and skills in family planning program management;
2. demonstrate an upgrade in their knowledge and skills in contraceptive technology as applied to family planning service delivery;
3. develop two training of trainers projects for implementation by CAFS in 1984 in family planning program management and contraceptive technology applied to service delivery.

Specific objectives were later formulated by CPFH training team and are discussed later in this document.

PARTICIPANTS

The participants were identified by Prof. K.E. de Graft-Johnson, the Director of CAFS, in consultation with the CPFH. There were fourteen participants of family planning programs and associations from Kenya and Tanzania, and clinical and teaching staff from health and family planning programs. Representatives from USAID in Washington and the regional REDSO Population Office attended in order to become acquainted with regional F.P. training resources. The group included 3 physicians, 5 nurses and midwives, 4 family life and social development educators, 2 managers, and 1 nutritionist. Organizations which participated included:

- Family Planning Association of Kenya (FPAK)
- National Family Welfare Program of Kenya
- Family Planning Association of Tanzania (UMATI)
- The International Planned Parenthood Federation, Africa Region (IPPFAR)
- African Medical & Education & Research Foundation (AMREF)
- United States Agency for International Development (USAID)

The group of participants constitutes a resource of potential trainers for future training programs, with whom CAFS has developed collaborative relationships. Visitors from related training programs (INTRAH and JHPIEGO) came for brief sessions. A complete list of workshop participants and visitors is found in the appendix.

FACULTY

Faculty for this workshop came from the Center for Population and Family Health. Because of the last minute decision about CPFH role in the workshop, there was inadequate lead time to identify collaborative faculty and to develop joint training materials in Nairobi. Therefore, participants assumed leadership and resource roles within the plenary sessions and work groups in their various areas of expertise, which included family planning and socio-economic development, clinical family planning, training of trainers, community development and family life education.

CPFH faculty included Susan Nalder who directed the workshop; Dr. Allan Rosenfield, Director of the Center for Population and Family Health who provided training in contraceptive technology; Dr. Martin Gorosh who provided training in the field of management.

CURRICULUM DEVELOPMENT

The workshop was originally planned to be held with the participation of three U.S. based institutions using funds from Pathfinder for conduct of program management were discussed with CAFS in 1982 and early 1983. In late June, CPFH was asked to conduct the entire training program due to unforesee difficulties with the other institutions. Therefore, with only 20 days left time, the actual curriculum was developed based on the CPFH institution's capability to respond to the general statement of needs by CAFS.

An in-depth training needs assessment was not possible due to the short lead time, however, a pretraining questionnaire was developed to provide information to the training team about the educational and experience background of the participants. A copy is attached in the appendix.

Pretesting and posttesting in the three content areas was conducted. This was done for trainers and participants alike to assess the level at which training should be directed, and to identify areas which may need particular focus. The tool was also returned to participants in order to allow them to see personal progress and identify any areas for independent study. Pretesting and posttesting results are discussed in the section on evaluation. Copies of the pretest are found in the appendix, and are identical to the posttest, except that the order of questions was scrambled.

The curriculum was submitted to CAFS and to the participants for review and change. No changes were suggested, however, in the course of doing the workshop, the training staff met frequently with CAFS staff and other participants to revise the program to meet participants' needs.

The curriculum as was designed is found in the appendix with notations about implementation.

CONDUCT OF THE COURSE

The workshop was designed to permit maximum application of contraceptive technology concepts and management concepts to the development of training modules which could then be used by CAFS to train others. The overall style of the workshop was one of open interchange between the training team and the participants. As noted elsewhere in this report, the schedule of training was an ambitious one, and some sessions had to be eliminated, or collapsed in order to allow time to process the concepts and issues to the satisfaction of the participants. There were seven hours of organized training daily, Monday through Friday. Many sessions continued on into the lunch break and the evening hours due to the high level interest, and the participants' enthusiastic desire to get as much as possible from the visiting training team.

The training team attempted to role model the conduct of competency based training to further maximize the experimental learning for the participants. This was only partially successful in that most participants were not familiar with experimental learning. Some people felt they could try some of what they observed the training team doing, most were favorably impressed by the conduct of the team approach to training and some were able to identify and appreciated the use of the variety of training methods used by the team.

Technical sessions were presented using combinations of training methodologies and each technical session was followed by structured work group exercises.

The work groups were the most important element of this workshop. As stated earlier, the purpose of the workshop was to provide an update in contraceptive technology and in family planning program management, and to integrate trainers into the two content areas with the result that participant work groups would produce two training projects for implementation by in the coming year.

The work groups were formed to complete TOT assignments in the following way:

1. The content area was presented in a plenary session which also may have included special training events.
2. The work groups formed to apply content concepts and TOT methodology to a structured exercise.
3. Work group results were presented for large group critique as often as time and logistics allowed.
4. Work group results were typed and entered into a workshop manual to be used in future training courses.

A competency based training procedure was applied to all work groups. Content areas included:

- Overview of Health Impact of FP on Maternal/Child Health
- Contraceptive Update on Oral Contraception, Depot Medroxy Progesterone Acetate (DMPA), Intrauterine Contraception
- Overview of Program Model
- Program Planning
- Program Implementation
- Program Supervision
- Training
- Program Evaluation

Discussion sessions without full work group proceedings briefly covered topics such as sterilization, barrier methods, natural family planning and sexually transmitted diseases. The full sessions of these topics were cancelled due to inadequate time.

The results of the work group sessions are presented in a separate document entitled "Draft Training Materials for TOT in Family Planning Contraceptive Update and Family Planning Program Management".

REFERENCE AND RESOURCE MATERIALS

All participants received a comprehensive set of texts and references materials as listed in the Appendix. These materials covered important areas of family planning program management and contraceptive technology.

In addition to assigned readings, two books were used in structured training exercises on the management modules. Participants found "On Being in Charge" and "Case Studies in F.P. Programme Management" especially useful. "Contraceptive Technology" (and the soon to be published "Contraceptive Technology for Africa") was adopted as the source for setting standards of case and standards for training.

ORGANIZATION AND LOGISTICS

The organization and logistics backup to this workshop were provided by the CPFH and the CAFS. Although CAFS tried to arrange for the workshop to be held right away from the city of Nairobi, the short lead time made it hard to book lodging in this, one of Kenya's busiest tourist seasons. Consequently, the workshop was held at a hotel which is also a large hotel training institution, only four miles from the center of Nairobi. Nevertheless, many of the participants who live in Nairobi actually lodged at the hotel in order to be able to give greater attention to reading assignments, work group assignments and to participate in the spontaneous sessions which are one important advantage of residential training.

CAFS provided excellent full administrative back-up to the workshop. A secretary set up an office at the hotel so that the results of work groups could be typed and distributed for discussions. Transportation was also provided by CAFS and CAFS offered office space and secretarial back-up to CPFH staff before, during and after the workshop which was an invaluable contribution.

CERTIFICATES

Certificates of participation were awarded to all who participated. Certificates of special commendation were awarded to those who provided administrative support to the conduct of the workshop. An example is found in the appendix.

EVALUATION OF TRAINING

Evaluation of this workshop was conducted in four categories:

1. Participant learning
2. Participant reaction to training
3. Trainee participation
4. Participant use of new or improved skills

It was conceptualized as a dynamic process to be integrated into the proceedings of the training. It is hoped that the spirit of the dynamic process will be carried over to the last phase or category of implementation as participants try out new skills gained during the workshop in the coming months.

1. Participant Learning

A pretest and posttest were prepared and administered in three categories:

1. Contraceptive technology
2. Management
3. Training of trainers

Copies of these test instruments are found in the appendix. The pretest was administered to all participants before they entered the program. CAFS staff took the pretest during the week before training started, which also served as a field test for the instruments which were tested in New York.

The pretest and posttest scores are presented in the table below:

Subject (N: No. of taking test)	Pretest Scores in Percentages			Posttest Scores in Percentages			Per Cent Gain in Mean Score
	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	
Contraceptive Technology N: 12	65	65	split	74	80	55	9 plus
Management N: 13	60	60	45	76	75	90	16 plus
Training of Trainers N: 13	55	55	65	71	70	70	15 plus

1. Split mode 11-13-18 out of 20

Because of the mix in medical and non-medical background of the participants, it is menaingful to look at the scores in contraceptive technology separately:

Contraceptive Technology by Medical & Non- Medical ack- ground	Pretest Scores in Percentages			Posttest Scores in percentages			Percent Gain in mean Score
	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	
Physicians, Midwives, Nurses	78	80	1	85	90	95	7 plus
Educators, Managers	55	55	55	60	57	55	5 plus

1. Equal distribution, no mode score

There was no appreciable difference between these two groups of trainees in the management area; however, in the TOT area, educators and managers scored 9.5% points higher in the mean score than the physicians, midwives and nurses.

This workshop was designed to provide practical application of concepts in work group assignments. The results of the work groups show that participants gained significant skills in the three areas of contraceptive technology, management and TOT. Competency based training which focuses on the acquisition of specific skills rather than providing a broad base in knowledge, was the main strategy used for development of training modules by the participants. This was a new area for all participants and with practice should result in more effective training programs in the future.

Participants made particular progress in learning to identify and develop training methods which maximize trainee application of concepts while in training. To accomplish this, participants were exposed to or participated in several training methods. The total list is found in the table entitled "Training Methods" on page 8. Participants were surprised by the length of the list but wished that they could have had some discussion to process such analysis as the advantages, disadvantages and uses of the various methods with which they may not have been familiar. One important outcome of the practice sessions with training exercises was that participants learned to develop exercises more fully, including identification of objectives and identification of the important ideas which need to be processed at the end of the exercise to make it meaningful for students. The exercises also consolidated participants' knowledge and skills in the concept of training objectives.

The results of the pre/posttesting and the exercises were good and most participants demonstrated progress in the three areas. Nevertheless, all participants demonstrated a need for follow-up to this training in order to use what was covered, and to improve their contraception service delivery and F.P. program management skills as well as their ability to train others in these areas. As one CAFS reviewer of this evaluation commented, whereas the scores in the individual segments of objectives seem satisfactory, the scores do not reflect how participants comprehended in an integrated manner the whole package. Discussion (among participants and trainers) at the end of the course indicated that this type of grasp was not optimally achieved.

The ensemble of the training materials developed by the group would support this observation. These materials are a good beginning, but a significant effort will have to be made to complete the modules and to create a cohesive training design for either the contraceptive technology modules or the F.P. program management modules.

TRAINING METHODS

The group tried:

Assignments
Audience reaction team
Brainstorming
Buzz sessions
Competency based approach case studies
Demonstration
Return demonstration
Discussion groups
Forum
Guest speaker
Information sheets
Interview
Ice breaker
Lecture
Lecture series
Lesson planning
Programmed instruction
Question periods
Role modeling
Role play
Seminar
Simulation
Structured experience
Sensitivity and values clarification
Visual aides
Flip charts
Wall charts
Transparencies
Workshop
Work groups-committees
Training games
Brown bag
Fish bowl

We didn't try:

Clinic practice - supervision	Listening team
Colloquy	Panel
Correspondence	Skit
Critical incidents	Symposium
Exhibits	Teaching systems
Field trips - tours	Trigger plays/films
News letter	

Participant Reaction to Training

Participant reaction to training was solicited in three ways:

1. Use of a "Quick Feedback" questionnaire at the end of many of the major content sessions. The TOT sessions were treated at a continuum and so feedback was not very specific to the elements in the TOT sessions. A copy of the "Quick Feedback" form is in the appendix.
2. Trainers and participants had many spontaneous sessions in which workshop presentation and materials were discussed. The feedback was used to restructure training events, re-organize sessions to allow for more discussion or work group time and to clarify content needing further group discussion.
3. The final evaluation of the course consisted of a self-evaluation of participants' perception of how well the training objectives were attained. A copy of the evaluation tool is included in the appendix.

The information submitted on the quick feedback forms was useful in many ways. It told trainers the degree to which participants felt the material was useful, and their reactions to the trainer. The majority of responses were in the high range of being "worthwhile". A summary of participants reactions to the plenary sessions is found in the next table entitled "Participants' Reaction to Training".

In addition, the feedback forms solicited subjective comments about participants likes, dislikes and other comments about the sessions. This was useful to all to gain insight into individual perceptions and to pick up on participants' insights. The information was tabulated and shared with the participants as one strategy to create a shared responsibility for training and learning.

One criticism which came out regularly was the perception that there was too little time for the information being covered. This two week workshop was probably too short a time to accomplish all of the CAFS three main objectives, and in future this type of workshop should probably be extended to four weeks. The quick feedback comments very often indicated to trainers the degree of the ideas participants had or were acquiring about training methodologies, and about issues in family planning service delivery. A summary of comments by session is presented in the following pages 10 through 21.

PARTICIPANTS' REACTION TO TRAINING

Topic and Participants' Reaction	No, Waste of time.....		Yes, very Worthwhile		Total Responses
	0	1-3	4-7	8-10	
<u>1. Four Plenary Sessions in Contraceptive Technology</u>					
- Do you think this session was worthwhile?	0	1	11		12
- How much do you feel you personally needed this session?	0	2.2	9.2		11.4
- How much do you feel others in the group needed this session	0	3.5	7.75		11.25
- How well do you think the trainer (s) did his/her job?	0.5	0.5	11		12
<u>2. Five Plenary Sessions in Management</u>					
- Do you think this session was worthwhile?	0	0.2	12		12.2
- How much do you feel you personally needed this session?	0	1.8	10.6		12.4
- How much do you feel others in the group needed this session?	0	0.6	11.8		12.4
- How well do you think the trainer (s) did his/her job?	0	0.2	11.4		11.6
<u>3. One Phased Plenary Session 2/ on Training of Trainers</u>					
- Do you think this session was worthwhile?	0	3	9		12
- How much do you feel you personally needed this session?	0	4	8		12
- How much do you feel others in the group needed this session?	0	1	10		12 (FNO Resp)
- How well do you think the trainer (s) did his/her job?	0	5	7		12

1. Total respondents does not always add up as these were incomplete responses to some questions. Attendance varied as some people had to leave to attend meetings.
2. Only one reaction sheet was done in TOT area.

TITLE OF SESSION: OVERVIEW

1. What did you like most about the session?

- although it was done within a very short time the facilitator knew his staff, arranged in logical sequence and has tied up closely with real life situation - Very good.
- the apparent ease that the speakers have in providing a large amount of ideas so briefly.
- honest exposition of some of the constraints in the delivery of F.P. service to majority of rural communities in the developing world.
- time allowed to short
- well organized. Good pace for presentation 1. Presentation 2 was good but probably to fast for some.
- the overview on MCH
- programme management overview
- the simple was the session was presented easy to read with few simple wording
- the slides (both transparencies and the film slides facilitates quick learning and remembrance)

2. What did you like least about it?

- time limit
- too much emphasis on the feedback
- I did not know that there will be handouts so I wasted time writing

3. Any other comments or suggestions?

- wonderful presentation, short, clear and easy to follow. Very good
- not now. Still digesting what has been presented.
- so far very good
- the overview on Management was also useful
- if only the speak could be lower
- the use of slides helps me to grasp fast what I am taught
- the 2ns presentation was rather fast- may be because of time constraint. It does not matter very much if we use a few minutes of lunch break.

N.B. We have not introduced ourselves yet

TITLE OF SESSION: ORAL CONTRACEPTIVE UPDATE

1. What did you like most about the session?

- the practical and participatory approach
- complications
- the handouts
- management of O.C. in connection with Developing Countries
- Scientific explanations given on the pills
- information on the pill - contraindication, side effects
- the highlight on updated information and to discuss what information is valid and which is suggestive or not proved as of statistical significance
- presentation, content and discussions
- brought up important points about risk factors (especially vs pregnancy); good comparisons; well presented
- none contraceptive benefits

2. What did you like least about it?

- limited time given to the panel discussion: The audience should have shared their views more
- too short. We had no time to give him our problems in the field

3. Why other comments or suggestions?

- most medical concepts have fallen into place in my mind since this was the second exposure I had with the first one was in Nyeri last January.
- more time to answer questions on facts
- I feel screening is very essential before putting a woman on oral contraception.
- more time to be given to question sessions
- we need more time to exhaust his knowledge
- very good
- it appears time was not enough for topic
- it is important to bring up the CBD/CRS approach to fp service delivery. However, the high level policy obstacles are so great that as sympathetic as physicians/nurses ought to be to this approach, changes are very difficult to effect. Written pre-response by participants!

Challenge to educate policy makers and senior civil servants
on advantages of contraception vs risks of pregnancy.

TITLE OF SESSION: INTRA UTERINE DEVICE UPDATE

1. What did you like most about the session?

- complication of IUD
- clarity - use of teaching aids
- information on the latest IUCD in the market. Management of failures with IUCD in place.
- the practice of IUD's insertion of GYNNY
- Miss Gynny
- ability to clarify misconceptions
- relationship of IUD and ectopic pregnancies
- the use of GYNNY MODEL
- very informant
- the theory that was followed by a practical session
- presentation and the discussions following the presentation and the practical demonstrations on pelvic exam. and IUD insertion using the Gynny Model
- the experience of inserting and IUD in Gynny

2. What did you like least about it?

- not new
- reading material was very informative
- the theoretical explanations were too technical to be followed by non-clinical personnel.
- all material relevant

3. Any other comments or suggestions?

- we are moving at a high speed. So much material in short time.
- latest information will be helpful to all Trainers at least twice yearly
- as non medical person I was most impressed by this session - I got to see how relatively easy it is to teach even a lay person how to insert IUD's
- a bit of reproductive anatomy for non-clinicians
- relationship of IUD and infection for rural women short of water, poor managers of present hygiene and rising incidence of STDs.

- simplify the theoretical explanation
- the use of the model has definitely a new experience to many of us, I think the model idea is great. One wonders how this model can be obtained. Please assist.
- more class practice if there were time.

TITLE OF SESSION: DEPO PROVERA UPDATE

1. What did you like most about the session?

- latest information on the findings about D.P.
- reasonable room given for disadvantages
- controversy over depo
- approach used to discuss the Depo Provera
- the discussion part of it
- the presentation was very clear
- discussion of sources of controversies and efforts being made to resolve the issue. - the presentation
- role play
- screening of suitable clients. Political dictates of its non use in USA nad U.K.
- very important
- clarity - use of treating aids

2. What did you like least about it?

- the fact that it is not used in U.S.A
- I was not very satisfied with the explanation on why the use of Depo is restricted to the Developing World none than the Western World. Will need more and further explanation.
- all material relevant
- not new

3. Any other comments or suggestions

- latest information needed periodically at least twice yearly
- speed high
- this was a very useful session, Depo creates alot of controversy in this country. It was great to learn that of all it has the least complications. Thanks alot.
- very difficult to determine since DEPO issue is so controversial.

TITLE OF SESSION: PLANNING

1. What did you like most about the session?

- The criteria for prioritising plentified problems
- the use of the Text book "On Being in Charge" the writing is very simple and easy to follow. The trainer used it effectively.
- The steps to take in planning and how to involve other people in planning. Everything was of great use to me.
- Simple examples
- The fact that a reference book was available was a great help
- Statement of objectives for using the methodology used
- The discussion that led to the application of planning for non-professionals or other members of staff
- The examples - very illustrative
- The presentation based on logical sequence, this facilitated the learning
- Clearly set out
- Systematic approach to planning
- Methodology and material given

2. What did you like least about it?

- reading the book while you explain

TITLE OF SESSION: PLANNING

3. Any other comments or suggestions?

- I had seen the "On Being in Charge" and never took trouble to read. Now I see what a wonderful reference manual it is.
- Trainers method of teaching using the text book will be effective only if the right materials are available
- The good thing is that the information is available for future reference and can easily be shared with other people who did not have a chance of attending the course.
- Use of simple illustrations helps a learner to grasp the material being taught faster. The real life examples are very good
- Satisfied with presentation and visual aids
- Very good session. Useful for all of us.
- More time of steps in developing a plan
- planning tends to be the weakest component of many programmes as a consequent the implementation tends to have many grey areas and evaluation almost impossible
- ¹12 hrs. was a bit too short for the session otherwise the trainer treid to do it well and finished on time.

What did you get personally from the exercise?

- Structuring the role play helps
- Having had an overview of the topic being role played enhances integrated ideas and learning at a high level (analysis - synthesis - evaluation of knowledge gained)
- Consolidates learning about most desired supervision
- I got to know the best way of helping health workers to freely explain their problems and how the supervision should help them to learn on the job and to encourage them
- Trainers should be the supervisors. It was a real situation of what happens in the field: I have such two different kinds of supervisors.
- It posed a key managerial problem. Supervision: Depicted the styles of supervision that happen in the real life situation. The discussion that followed brought out very important aspects of supervision and alternatives to offer for a supervisor who is negative. Very good.
- Apart from the training objectives in the role play, it initially reminded me of the field problems of supervision and logistic supply.
- I was able to see two types of supervision and appreciate the need to be understanding to those under me when carrying out my daily duties.
- Good management is a tool for programmes to be successful. Of course, ideal situations are rare; but such exercises reflect people's attitudes in real life whether they like it or not. It was good that this exercise happen to come from the same office or management set up.
- The importance of writing out the content of a role play before using it as a training method.
- The different styles of playing the parts of the situations.
- It brought out certain practical issues on management in just a few minutes, and to note points which may not have come out in the training itself.
- To appreciate and involve myself with the problems that the junior workers might be facing.

Any other comments or suggestions?

- Should try to deal with the issue of "directive" ("aristocratic"), personalities and how they may be best deployed in a program.
- Should try in a group discussion to grapple seriously with the points revised by de Graft-Johnson regarding expectations of or even a cultural preference for a certain formality, distance and directive addressed i.e., perhaps a slight formality is good to preserve, it may make supervisors' suggestions and praise more effective.
- The role play did not bring out policy issues.
- Demonstrate more vividly the management skills and supervision.

EVALUATION

What did you like most about the session?

- Good presentation
- Unfortunately, I missed the session but I can imagine it was good and I feel I missed an important area.
- How to associate evaluation and planning/decision making.
- The patient, systematic way the session was conducted.
- Clarity, being a build up onto previous management topics as evaluation process is.
- To learn about the cost/benefit analysis, cost effectiveness and cost efficiency including the couple-year-of protection and related family planning method use.
- Comparison by clinic performances using couple year of protection.
- Clear presentation; covered most important parts of evaluation; issue of comparability especially important.
- Clarification on cost efficiency and cost effectiveness.
- The whole lesson
- The handouts of scores to refer to
- Explanation about the mode

What did you like least about it?

- the time was short
- time was too short
- lack of active participation in the session
- not actually doing at least one example of analysing the evaluation sheets.
- lecture method

Any other comments or suggestions?

- Good
- It was very valuable topic and was well arranged to be given at the right time.
- It was a pity the session was interrupted by another unscheduled talk on TOT, but this talk did a lot of good. In any event, the session on evaluation covered enough substance.
- This component should have come much earlier instead of the last day for participants to use in evaluation plan of the TOT modules prepared in the exercises. I believe this area is very weak in the prepared TOTs.
- Very well presented and relevant session, but it is too bad this came on the last day. While I realize the time constraints, my personal feeling is that evaluation should perhaps be presented in an earlier session although I understand the process/design you were following.
- I missed the group ex. to help me complete the planning, implementation and evaluation modul on IUD, I was trying on my own.

- Adequate time should be given (at least two hours) to enable better trainer /trainee participation and therefore, effective learning.
- Needed discussion based on what people have been doing.

TRAINING OF TRAINERS

What did you like most about the session?

Topic is needed; difficult to introduce at first; good exercises.
Careful detailed presentaion
The whole session, very informative and relevant
Relevancy, clarity. Well done
Adequacy of teaching materials and appropriate use of teaching aids. Teh
trainer prepared her tasks very well.
Practical orientation
Competence based training
The systematic aspect of teh module
Being able to learn new technique of training for the first time
Teh class practical activities - The role play and case study presentation
competence based training
Role plays

What did you like least about it?

Perhaps the competences based approach should be simplified; instructions
a bit unclear.
Linkages and instructions for exercises not always clear.
Tiem was too short for practical sessions of TOT, etc.
A lot of information not new but covered in slightly different way.
Practice of user, certain training methods were not well structured. Too little
time for so much material covered.
I found the task of analysis step most challenging
Time allocated seemed rather short
The time was short, I could not ask many questions
Teh mode of giving out these useful materials. Too much materials are given
at teh same time
Short time and too many handouts rather long
Too much to do within a very short time

Any other comments or suggestions?

rainers should have rotated more. After people understand teh basics, they
should be allowed to understand that some flexibility can be built in to this
approach.
Perhaps concentration on a single theme to review and practice the different
methods would help those unfamiliar with the methods.
A model to be implemented by various groups could have been developed
More time would be needed to consolidate these aspects
Follow up on this kind of training for me at least once a year to help me keep up
The evaluation session was to brief. May be with more time it would have been OK
More time is needed for participants to develop adequate skills in TOT
For next training workshops, send the reading material to the participants well
in advance so that during the actual training, more time is spent on discussions.

Many discussions were held in which the conduct of training, the content of training and the timing of training events were discussed. Although we did not form an official steering committee to manage these elements of training, there was regular input from CAFS as well as other organizations' participants. The changes in the planned training calendar and the actual calendar as implemented are a reflection of the decisions made to respond to trainee needs.

The final measure of trainee reaction was made by asking participants to rate the degree to which they felt they achieved the objectives of the course. A scoring tool was rapidly assembled in which each detailed objective was rated. The tool was probably too long and too detailed, however the responses of the participants as a group tended to be consistent. The following table is a summary of this evaluation:

Fourteen Trainees' Perception of Attainment of Objectives

Category of Objectives	Number of objectives by category	Percentage of Responses by Trainees			
		low Attainment	medium Attainment	high Attainment	No Response
TOT Objectives	9	1%	31%	65%	3%
Contraceptive Technology Objectives	9	3	29	68	0
Management Objectives	3	0	24	69	7
TOT in Contraceptive Technology	7	3	36	58	3
TOT in Management	6	7	22	63	8
TOTAL	34	3%	29.3%	64.3%	3.3%

From this information, approximately two thirds of objectives in all categories were perceived to have been attained to a high degree by the participants. TOT application to management appeared to be more highly attained than that for contraceptive technology, and this would be expected as the group had one week experience with TOT before beginning the management cycle. A copy of the scoring tool for self-rating of the objectives is found in the appendix.

3. Trainee Participation

Participants in this training program exhibited a very high degree of commitment and interest in the training. Many of the participants were directors and program officers of national and regional level programs, and came to participate in spite of ongoing pressures and responsibilities. The workshop focused on the development of training programs that CAFS plans to implement in the future, and the participants worked long hours to complete these assignments.

4. Participant Use of New or Improved Skills

As part of the overall evaluation of the five in-country training programs of the CPFH, a follow-up questionnaire will be sent to participants to inquire about the usefulness and present use of skills attained during this workshop. In addition, CPFH may provide technical assistance to CAFS in the final planning and implementation of the two new training initiatives of CAFS in Contraceptive Technology and Family Planning Program Management. This further collaboration will provide both CAFS and CPFH the opportunity to evaluate the usefulness and application of the training offered in August 1983. Particular attention will be paid to the use of training needs assessment, use of competency based training, and the updated information in contraception and management.

SUMMARY AND RECOMMENDATIONS

The two-week workshop was developed to respond to a specific request from CAFS. The program was an ambitious one and the participants worked long hours to complete training exercises. The areas of competency based training, training of trainers and management training were relatively new to most participants and are areas for which some follow-up technical assistance to CAFS is presently under consideration by CPFH and USAID. The contraceptive technology update was enthusiastically received by all, particularly discussions and issues of clinical management and contraceptive technology applied to community based programs in Africa. Dr. Rosenfield's presence made it possible for clinicians and managers to discuss questions from all aspects of contraception with a renowned university clinician and researcher. Such an update should be considered on an annual basis so that regional clinicians and managers can come together to be apprised of current research and service delivery findings.

Upon return to their organizational setting, participants may wish to give consideration to the following recommendations, which came out in the discussions during the workshop:

1. Participants from the organization should meet together with other personnel within their organization to report on the proceedings of the workshop. Plans should be developed for the integration of new information and skills into F.P. services, existing F.P. training programs, new F.P. training programs and management of service delivery programs. Such a meeting should take place within a three month period following the August workshop.
2. Participants should work within their organization to implement training needs and resources assessment which will then be used to prepare for future training programs in contraceptive technology and family planning program management. Such needs and resources assessment should include answers to the following kinds of questions:
 - (a) What are family planning health care standards?
 - (b) What are the job performance standards?
 - (c) What do members of the organization see as the program objectives?
 - (d) What do individuals have as personal objectives?
 - (e) What are the characteristics of the learners?
3. Participants should make an effort to read through the three major books provided at the workshop, particularly "Contraceptive Technology, 1982-83", "On Being in Charge" and the "Casebook and Family Planning Management". These books contain material which is key to further development of training materials from the workshop.

4. Participants should review the training materials which were developed during the two-week workshop. These training materials are a good beginning for developing a training program, but will need further refinement and development.
5. Participants should plan to participate fully in the follow-up evaluation which will be administered by CPFH in 1984. This evaluation will be an attempt to use a questionnaire to find out from participants the extent to which they have been able to use the new skill and information from the workshop, and to measure impact.

The Center for Population and Family Health wished to recognize the Centre for African Family Studies in the Leadership CAFS has provided for training in population, family planning and development in Africa. The list of CAFS has collaborated for training and which will continue in the future. This workshop marks a beginning step for CAFS as it prepares to expand its training program to include training of trainers in contraceptive technology and in family planning program management.

The fact that CAFS is an important regional training program with an established reputation throughout Africa means that its new initiatives in training will bring an important contribution to effective family planning service delivery and program management.

A P P E N D I X

1. List of Participants
 2. Pretraining Questionnaire
 3. Pretest Instruments in Training of Trainers Contraceptive
Technology Management
 4. Curriculum
 5. List of Materials and References
 6. Certificate of Participation
 7. Quick Feedback Form
 8. Self-Assessment on Attainment of Objectives
-

APPENDIX I

LIST OF CONTACTSFrom the Center for African Family Studies (CAFS):

1. Professor H.E. de Graaf-Tolson
Sociologist
Director of CAFS
CAFS
PO Box 60054
Nairobi, Kenya
2. Mr. Ezekiel B. Mutitu
Adult Educator
Programme Officer
CAFS
3. Mrs. Jane Kwaku
Home Economist and Curriculum Developer
Programme Officer
CAFS
4. Dr. Noel-Tossou-Mouton
Communication and Documentation
Deputy Director
CAFS

2. From the International Planned Parenthood Federation, Africa Region (IPPFAR):

1. Dr. Nimrod Mwandira
Physician
Programme officer and Medical Officer
IPPF Nairobi Field Office
IPPFAR
IPPF Field Office
PO Box 30234
Nairobi, Kenya

3. From the Family Planning Association of Kenya (FPAK):

1. Mrs Millicent Odera
Research and Evaluation Officer
Acting Executive Director
FPAK
FPAK
Box 30581
Nairobi, Kenya
2. Mrs Magdalen Kabiru
Nurse-Midwife
Clinic Supervisor
FPAK, Nairobi
3. Mrs Ruth Odindo
Nurse Midwife
Clinic Supervisor
FPAK, Mombasa
FPAK
PO Box 98223
Mombasa, Kenya

4. From the Family Planning Association of Tanzania (FMATI):

1. Dr. Rhodes Mwaikambo
Obstetrician-Gynecologist
Medical Director
FMATI
FMATI
PO Box 1372
Dar es Salaam, Tanzania
2. Mrs. Grace Mrawali
Nurse Midwife
Chief Training Officer
FMATI

5. From the National Family Welfare Program of the Ministry of Health of Kenya:

1. Dr. John Kigundu
Physician
Director
National Family Welfare Programme
Senior Deputy Director of Medical Services (MOM)
National Family Welfare Programme
PO Box 43219
Nairobi, Kenya
2. Mrs. J. J. J. J.
Nutritionist
National Family Welfare Training Center

6. From the African Health and Research Association (AHR):

1. Miss Penira Ochoi
Nurse
Trainer
AHRF
PO Box
Wilson Airport
Nairobi, Kenya
2. Mrs. Mary Juma
Nurse
Trainer

7. From the United States Agency for International Development (USAID):

1. Ms. Dana Vogel
2. Ms. Barbara Kennedy
Population Office
USAID/REDSO
Nairobi, Kenya

8. From the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO):

1. Dr. Ron Magarrick
Director
JHPIEGO
Baltimore, Maryland

9. From the International Training in Health (INTRAH):

1. Mrs. Pauline Mahuhu
Nairobi, Kenya

11. Center for Population and Family Health (CPFH):

1. Dr. Allan Rosenfield
Obstetrician Gynecologist
Professor and
Director of the CPFH
CPFH
Columbia University
60 Haven Avenue B-3
New York, New York 10032
United States of America
2. Ms. Susan Naldon
Nurse Midwife
Assistant Clinical Professor
CPFH
Telephone 212-694-6260
Telex 971913 POPFAWHLTH
3. Dr. Martin Pollack
Administrator
Associate Professor
CPFH

APPENDIX C

Sex (Please Check): Male Female Date of Birth _____

Organization Affiliated: _____

Present Position: _____

Work Address: _____

Home Address: _____

Part 1

Questions 1 through 8 elicit biographical information. Your answers will help us. Please complete or check each item as appropriate.

1. In one brief statement, describe your major duties and responsibilities. (Be specific; use key words.)

- () less than one year
- () one to five years
- () five to ten years
- () ten to fifteen years
- () more than 15 years (specify) _____

How long have you worked at your present position?

- () less than one year
- () one to three years
- () three to five years
- () five to ten years
- () more than ten years (specify) _____

Please indicate your highest level of formal education.

- () high school or equivalent
- () technical school
- () military service schools
- () some college but no degree
- () college degree
- () some graduate study
- () postgraduate degree

Please indicate your major field of study. (You may indicate more than one, if appropriate.)

- fine arts
- social science
- biological sciences
- business
- personnel administration
- education
- home economics
- medicine
- nursing
- midwifery
- psychology
- public health at masters levels
- others (list)

Indicate the amount below:

Some A great deal

- not applicable
- training course design
- training aids design
- writing part of objectives
- writing the materials
- delivery of classroom training
- delivery of clinical training
- development of course outlines and materials
- evaluation of training effectiveness

During the past three years, have you taken any formal courses similar to those below?

- Instructor Training Course
 - Workshop in Training Course Design
 - Instructional Methods Workshop
 - Training of Trainers
 - Training Aids Design Workshop
 - Task Analysis Workshop
 - other courses related to training design (list)
-
- clinical family planning training
 - family planning program management
 - other courses related to family planning

Following questions are about tasks involved in training. Please check the appropriate response to each; if you are "not sure," indicate your level of proficiency on the scale.

Proficiency Level (circle one)				
low	moderate	high		

1	2	3	4	5

TRAINING TRAINING NEEDS

Have you gathered, analyzed, and organized job information in order to formulate task statements?

No _____
 Yes _____

1 2 3 4 5

... knowledge and skills required to perform a task?

- a. No _____
- b. Yes _____

1 2 3 4 5

14. Have you conducted a needs and resources analysis for a training program?

- a. No _____
- b. Yes _____

1 2 3 4 5

15. Have you compared trainees' present skills with task performance standards in order to establish training needs?

- a. No _____
- b. Yes _____

1 2 3 4 5

COURSE DEVELOPMENT

16. Have you developed goal statements from these training needs?

- a. No _____
- b. Yes _____

1 2 3 4 5

17. Have you written measurable behavioral objectives from these goal statements?

- a. No _____
- b. Yes _____

1 2 3 4 5

18. Have you selected the content that will best accomplish the behavioral objectives?

- a. No _____
- b. Yes _____

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

W. Have you organize this in a sequence that is conducive to learning?

- a. No _____
- b. Yes _____

1 2 3 4 5

W. Have you determined training methods and techniques that will best teach the content and accomplish the behavioral objectives?

- a. No _____
- b. Yes _____

1 2 3 4 5

W. Have you developed the necessary instructional methods and materials For example,

Case studies

- a. No _____
- b. Yes _____

1 2 3 4 5

Role Plays

- a. No _____
- b. Yes _____

1 2 3 4 5

Demonstration and Return Demonstration

- a. No _____
- b. Yes _____

1 2 3 4 5

Workshops

- a. No _____
- b. Yes _____

1 2 3 4 5

a. No _____
b. Yes _____

1 2 3 4 5

Trainee Workbooks

a. No _____
b. Yes _____

1 2 3 4 5

16. Have you selected media to enhance the training design?

a. No _____
b. Yes _____

1 2 3 4 5

17. Have you determined evaluation methods to test the effectiveness of training?

a. No _____
b. Yes _____

1 2 3 4 5

18. Have you developed evaluation or feedback instruments in order to measure the effectiveness of the learning experiences?

a. No _____
b. Yes _____

1 2 3 4 5

19. Have you conducted field tests of training course materials to measure their effectiveness?

a. No _____
b. Yes _____

1 2 3 4 5

107	1	2	3	4	5
-----	---	---	---	---	---

47. Have you revised training course materials based on evaluation results and feedback from field tests to improve the quality of the materials?

- a. No
- b. Yes

1	2	3	4	5
---	---	---	---	---

The following questions are about contraceptive technology. Please check the appropriate response to each. If you check yes indicate your level of proficiency on the scale.

- A Oral Contraceptives (combined and progestin only)
- B Intrauterine Contraceptive Devices
- C Infectable Contraceptive (DMPA)
- D Barrier Methods
- E Sterilization (male and female methods)
- F Natural family planning

Proficiency Level				
low	moderate		high	
1	2	3	4	5

1. For *A* of the contraceptive methods listed above, can you describe the following

a. mechanism(s) of action

1	2	3	4	5
---	---	---	---	---

b. effectiveness

1	2	3	4	5
---	---	---	---	---

c. risks

1	2	3	4	5
---	---	---	---	---

d. side effects

1	2	3	4	5
---	---	---	---	---

e. indications and contraindications

1	2	3	4	5
---	---	---	---	---

f. patient instructions for use

1	2	3	4	5
---	---	---	---	---

following questions are about contraceptive technology.
 Check the appropriate response to each. If you check yes
 state your level of proficiency on the scale.

- Oral Contraceptives (combined and progesterin only)
- Intrauterine Contraceptive Devices
- Injectable Contraceptive (DMPA)
- Barrier methods
- Sterilization (male and female methods)
- Natural family planning

Proficiency Level				
low	moderate		high	
1	2	3	4	5

For each of the contraceptive methods listed above, can you
 describe the following

.. mechanism(s) of action	1	2	3	4	5
.. effectiveness	1	2	3	4	5
.. risks	1	2	3	4	5
.. side effects	1	2	3	4	5
.. indications and contraindications	1	2	3	4	5
.. patient instructions for use	1	2	3	4	5

Following questions are about contraceptive technology. Check the appropriate response to each. If you check yes rate your level of proficiency on the scale.

- Oral Contraceptives (combined and progestin only)
- Intrauterine Contraceptive Devices
- Injectable Contraceptive (DMPA)
- Barrier Methods
- Sterilization (male and female methods)
- Natural family planning

Proficiency Level				
Low	Moderate		High	
1	2	3	4	5

For each of the contraceptive methods listed above, can you describe the following

mechanisms of action

1	2	3	4	5
---	---	---	---	---

effectiveness

1	2	3	4	5
---	---	---	---	---

risks

1	2	3	4	5
---	---	---	---	---

side effects

1	2	3	4	5
---	---	---	---	---

indications and contraindications

1	2	3	4	5
---	---	---	---	---

patient instructions for use

1	2	3	4	5
---	---	---	---	---

PART III

The following questions are about contraceptive technology. Please check the appropriate response to each. If you check yes indicate your level of proficiency on the scale.

- A Oral Contraceptives (combined and progestin only)
- B Intrauterine Contraceptive Devices
- C Injectable Contraceptive (DMPA)
- D Barrier Methods
- E Identification of Male and Female Steroids
- F Natural Family Planning

Proficiency Level				
Low	moderate		High	
1	2	3	4	5

1. For A of the contraceptive methods listed above, can you describe the following:

a. mechanism(s) of action

1	2	3	4	5
---	---	---	---	---

b. effectiveness

1	2	3	4	5
---	---	---	---	---

c. risks

1	2	3	4	5
---	---	---	---	---

d. side effects

1	2	3	4	5
---	---	---	---	---

e. indications and contraindications

1	2	3	4	5
---	---	---	---	---

f. patient instructions for use

1	2	3	4	5
---	---	---	---	---

Following questions are about contraceptive technology. Check the appropriate response to each. If you check yes be your level of proficiency on the scale.

- Oral Contraceptives (combined and progestin only)
- Intrauterine Contraceptive Devices
- Injectable Contraceptive (DMPA)
- Barrier methods
- Coiturbation male and female
- Natural family planning

Proficiency Level				
low	moderate		high	
1	2	3	4	5

For each of the contraceptive methods listed above, can you perform the following

a. mechanism(s) of action

1	2	3	4	5
---	---	---	---	---

b. effectiveness

1	2	3	4	5
---	---	---	---	---

c. risks

1	2	3	4	5
---	---	---	---	---

d. side effects

1	2	3	4	5
---	---	---	---	---

e. indications and contraindications

1	2	3	4	5
---	---	---	---	---

f. patient instructions for use

1	2	3	4	5
---	---	---	---	---

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2. Have you trained people to provide family planning services?

- a. () No
- b. () Yes, and continue below

a. physicians 1 2 3 4 5

b. nurses/midwives 1 2 3 4 5

c. medical assistants 1 2 3 4 5

d. traditional healers or traditional birth attendants 1 2 3 4 5

e. village health workers 1 2 3 4 5

f. social workers 1 2 3 4 5

3. Have you conducted family life and sex education or counselling for adults?

- a. () No
- b. () Yes

1 2 3 4 5

4. Have you provided family life and sex education or counselling for adolescents?

- a. () No
- b. () Yes

1 2 3 4 5

5. For physicians, midwives and nurses only:

Assessment of patient for all methods
(Interview, physical exam, laboratory exam)

Selection and prescription of pill

1 2 3 4 5

Management of pill side effects

1 2 3 4 5

Management of IUD complications	1	2	3	4	5
Selection and insertion of IUD	1	2	3	4	5
Management of IUD side effects	1	2	3	4	5
Management of IUD complications	1	2	3	4	5
Removal of IUD	1	2	3	4	5
Prescribe and administer DMPA	1	2	3	4	5
Management of DMPA side effects	1	2	3	4	5
Management of DMPA complications	1	2	3	4	5
Fitting of Diaphragm	1	2	3	4	5
Instruction in natural family planning techniques:					
1. calendar rhythm	1	2	3	4	5
2. temperature or thermal method	1	2	3	4	5
3. the cervical mucous method	1	2	3	4	5
4. the sympto-thermal method	1	2	3	4	5

Proficiency Level
 1 2 3 4 5

 1 2 3 4 5

only: Vasectomy

1 2 3 4 5

Tubal ligation

1 2 3 4 5

by laparotomy

1 2 3 4 5

by minilaparotomy

1 2 3 4 5

Best Available Document

The following questions are about family planning program management. Please check the appropriate response to each. If you check yes, please indicate your proficiency level.

Proficiency Level (circle one)				
low	moderate	high		
1	2	3	4	5

1. Have you conducted and needs and resources assessment for a (national, regional, local) family planning program?

- No
- Yes

1	2	3	4	5
---	---	---	---	---

2. Have you developed objectives for a family planning program?

- No
- Yes

1	2	3	4	5
---	---	---	---	---

3. Have you designed the implementation plan for a family planning program?

- No
- Yes

1	2	3	4	5
---	---	---	---	---

4. Have you supervised a family planning program?

- No
- Yes

1	2	3	4	5
---	---	---	---	---

5. Have you supervised a family planning clinic?

- No
- Yes

1	2	3	4	5
---	---	---	---	---

Have you managed supplies for a family planning program or clinic?

- () No
() Yes

1 2 3 4 5

Have you designed a clinical family planning service record?

- () No
() Yes

1 2 3 4 5

Have you designed a family planning service activity reporting system?

- () No
() Yes

1 2 3 4 5

Have you evaluated a family planning service program?

- () No
() Yes

1 2 3 4 5

Have you written a family planning project proposal for funding by an outside agency?

- () No
() Yes

1 2 3 4 5

Competency based training design must include:

- 1. behavioral objectives, core curriculum, what and how and bibliography
- 2. task analysis, behavioral objectives, procedures for delivery content, material and equipment
- 3. task analysis, title of session, methods and materials
- 4. objectives, title of session, methods and materials, bibliography

Why is design an important reason to help the trainer to achieve results?

- 1. logical, sequential, step by step training session
- 2. an evaluation based on results
- 3. core curriculum
- 4. learning objectives

Which answer that is the least important reason why a training program should be conducted?

- 1. because staff members must achieve the performance standards set for their jobs
- 2. because time, money and effort can be wasted through training that is not based on valid present or emerging needs
- 3. so people will be happier and be ready for advancement
- 4. to increase knowledge and skills; to explore attitudes that may be hindering staff members' effectiveness
- 5. all are equally important

Choose the response that includes at least three methods that are most effective for building skills

- a. groups, lectures, brainstorming, programmed instruction
- b. informal, open-ended discussion groups, simulations, role-plays, demonstrations
- c. lectures, panels, films, readings
- d. brainstorming, demonstrations, guided group discussions, slide and tape presentations

Learning to perform a task is frequently thought of as a composite of

- a. skills, abilities and knowledge
- b. knowledge skills and attitudes
- c. practical experience, education and knowledge
- d. education, attitudes and abilities

8. Which of the following planning activities all are part of the following:

- a. observation of clinic services
- b. random observation of work using a stop watch
- c. interviews with patients in a family planning clinic
- d. reading procedure manuals
- e. interviews with clinic personnel

9. Lectures, panels, films and readings are methods that are most applied when

- a. building skills
- b. changing attitudes
- c. providing information
- d. reinforcing what has already been learned
- e. all of the above

10. Which of the response that includes at least three methods that are most effective in changing attitude

- a. small groups, lectures, brainstorming, programmed instruction
- b. informal open-ended discussion groups, simulations, role-plays and demonstrations
- c. lectures, panels, films and readings
- d. simulations, videotape feedback, demonstration, programmed instructions
- e. informal open-ended discussion groups, brainstorming, programmed instruction, panels

11. A family planning training program for community workers should be:

- a. 50% theoretical and 50% practical
- b. 75% theoretical and 25% practical
- c. 75% practical and 25% theoretical

12. Below you will find three 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.

- a. To give trainees skills in using information to plan an educational strategy and series of activities.
- b. Participants can describe the mechanism of action and user effectiveness of the pill and can apply it to the development of a training module.
- c. Trainees will appreciate the relationship between family planning and the health of mothers and children.

... Based on experience in many projects it is generally recommended that family planning trainees who are learning to select and to insert the IUD should perform:

- a. 5-10 pelvic exams and 2-5 insertions under supervision
- b. 20-30 pelvic exams and 10 insertions under supervision
- c. 50-60 pelvic exams and 15 or more insertions under supervision

... Village workers can be taught to safely initiate and distribute oral contraceptives using the following methods:

- a. lectures and tests
- b. demonstration and return demonstration
- c. role-play and discussion
- d. repetitions recall exercises
- e. a and b
- f. all of the above

13. Which of the following is the primary purpose of training of trainers?

- a. to facilitate more effective communication
- b. to provide personal growth
- c. to teach new information
- d. all of the above
- e. none of the above

Instructions: For question 14, 15 and 16, select from the following lettered answers the one that most closely applies and circle the corresponding letter on the blank line.

- a. 10 percent
- b. 20 percent
- c. 50 percent
- d. 90 percent

14. When they hear words, people generally remember _____.

15. When they read, people generally remember _____.

16. When they watch a demonstration, people generally remember _____.

Instructions: For question 17, select from the following lettered answers the one that most closely applies and circle the corresponding letter on the blank line

- a. Excellent
- b. Very Good
- c. Good
- d. Fair

17. How well the business learned a particular part of the training program _____.

18. In-the-job-use of principles, facts and techniques that were understood and absorbed by the participants _____.

19. In-over improvement due to training _____.

20. The principles, facts and techniques that were understood and absorbed by the participants _____.

CONTRACEPTIVE TECHNOLOGY PRESENT

1. 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 sticky

2. According to the basal body temperature method of contraception, changes in BBT can be used
 - a. to predict when ovulation will occur
 - b. to indicate when ovulation has probably occurred
 - c. to indicate an increase in sperm production

3. When a vasectomy is performed, the vas deferens is ligated to prevent ejaculation of sperm.

4. Although the exact nature of how the IUD prevents pregnancy is not known, which of the following is a suggested theory of contraceptive action?
 - a. prevents sperm from entering the uterus
 - b. interferes with implantation by changing the intrauterine environment
 - c. inhibits ovulation
 - d. all of the above

5. Which of the following may be a side effect of the IUD?
 - a. nausea
 - b. breast tenderness
 - c. intermenstrual bleeding
 - d. weight gain
 - e. b and c

6. The Mini-Pill oral contraceptive contains
 - a. estrogen and progesterone
 - b. progesterone alone
 - c. estrogen alone
 - d. prostaglandin

9. Evaluate contraindications to the use of oral contraceptives.

- a. thromboembolic disorders
- b. acne
- c. cervical stenosis
- d. impaired liver function
- e. cancer of the breast or reproduction system

10. For maximal effectiveness of contraceptive creams, foams, and jellies should be inserted _____.

- a. 2 hours before intercourse
- b. not more than 15 minutes before each act of intercourse
- c. a half an hour before intercourse
- d. during foreplay to ensure lubrication

11. For a woman taking oral contraceptives, which of the following symptoms may be indicative of a serious health problem?

- a. severe headaches
- b. severe chest pain or shortness of breath
- c. blurred vision
- d. severe leg pains or cramps
- e. nausea
- f. breast tenderness

12. Which of the following may be associated with the use of Depo-Provera?

- a. leg cramps
- b. pelvic inflammatory disease
- c. amenorrhea

13. Although the length of the preovulatory phase of the cycle may vary, it is generally believed that ovulation occurs approximately _____ days before menstruation.

- a. 5
- b. 14
- c. 9
- d. 28

14. A man is considered sterile immediately after having a vasectomy.

- a. true
- b. false

11. Name two possible future trends of contraception for women.

12. As contraceptive agents, IUDs are more ^{effective} ~~productive~~ against

- _____ a. multiple pregnancies
- _____ b. intrauterine pregnancies
- _____ c. multiple abortions

13. The incidence of ____ of the following may be decreased with the use of oral contraceptives.

- _____ a. benign breast disease
 - _____ b. melanoma melanoma
 - _____ c. iron deficiency anemia
 - _____ d. benign liver tumors
 - _____ e. uterine cysts
- _____
_____ a. b, c, and d
_____ b. a, c, and e
_____ c. a, b, c, and e

14. A woman who becomes pregnant with an IUD in place

- _____ a. has an increase risk of having a ~~spontaneous~~ spontaneous abortion.
- _____ b. has a decreased risk of having a ~~spontaneous~~ spontaneous abortion.
- _____ c. has the same risk of having a spontaneous, ~~spontaneous~~ abortion as a woman who becomes pregnant while not using any form of contraceptive.

15. A physician conducting an infertility work-up will generally begin

- _____ a. with performing a diagnostic laparoscopy on the woman.
- _____ b. with a semen analysis of the male partner ~~partner~~.
- _____ c. with performing a diagnostic dilatation and curettage of the woman.

16. Progestin only contraceptives are appropriate for the breastfeeding patient.

- _____ a. true
- _____ b. false

17. The ionosphere is a layer of ionized gas in the upper atmosphere. It may be disturbed by solar activity, which may affect the propagation of radio waves.

- a. true
- b. false

18. Match the following symptoms with the most likely associated with the following conditions.

- | | |
|---|---|
| <input type="checkbox"/> severe abdominal pain | a. acute bacterial meningitis |
| <input type="checkbox"/> severe chest pain | b. acute myocardial infarction |
| <input type="checkbox"/> severe headache | c. bacterial meningitis |
| <input type="checkbox"/> loss of vision or blurring | d. bacterial meningitis preceding stroke |
| <input type="checkbox"/> severe leg pain with tenderness and swelling | e. thrombosis of abdominal artery or vein |

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

1. Management is a process which involves planning, implementing, and evaluating the activities of an organization to achieve certain objectives. A manager is:
- A person trained in management, usually holding an advanced University degree.
 - A high level executive in a private corporation.
 - A government official with at least 5 years of experience supervising more than 6 subordinates.
 - Any person in an organization who takes responsibility for all or part of the management process.
2. 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.
3. 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.
4. 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.

5. Which of the following statements about baseline information is not correct?

- a. It should be collected when a new service is introduced to a community.
- b. It should be understated to permit the best possible evaluation in the future.
- c. It enables management to decide what kinds of health services and activities are needed.
- d. It permits calculation of the number of people who should receive different kinds of services.

6. It is often easy to confuse causes and problems. Which of the following statements is a problem?

- a. Well water is contaminated
- b. There are too many flies
- c. Many people have diarrhea
- d. Sanitation is poor
- e. The people need health education

7. 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. Which of the following is not a characteristic of a useful objective
- Relevant
 - Replicable
 - Feasible
 - Observable
 - Measurable
9. Which of the following statements about objectives is not correct.
- The intended result of a program or activity.
 - Essential for making plans and evaluating results.
 - Operational targets are expressed in the same way as objectives but they refer to shorter periods of time and to parts of, or steps towards, an objective.
 - Objectives and targets should be set prior to reviewing problems and their underlying causes.
10. Which of the following statements about coordinating the work of the health team is not correct. The person responsible must:
- Coordinate members of the team
 - Coordinate the activities of the team
 - Convince community leaders that the team knows best
 - Communicate decisions to the team
11. Which of the following questions should not be the subject of administrative monitoring?
- Is fertility declining in communities served?
 - Do health units receive adequate drug supplies?
 - Do midwives fill out the family planning records correctly.
 - Is the referral system being used as intended.
12. Which of the following is not generally considered to be a method of supervisory monitoring?
- Observing
 - Checking supplies against inventories and stock lists
 - Pretending to be a client of a community-based program
 - Examining records
 - Discussing with staff and community

13. Which of the following statements about monitoring is not correct?
- Monitoring means watching the progress and standards of the work in a program.
 - Monitoring may be done by supervisory visits using a check list.
 - Monitoring may be done by interviews, discussions, and by studying records and reports.
 - Monitored information should never be used to redirect a program.
14. Supervision may be autocratic, anarchic, or democratic. Supervisory activities are:
- The same for all three styles
 - The same for autocratic and democratic but different for democratic
 - The same for autocratic and anarchic but different for democratic
 - Different for all three styles
15. The general approach for evaluation consists of 5 steps: These steps are given in an illogical order below.
- Collect information needed to provide evidence.
 - Judge to what extent targets and objectives have been met.
 - Decide whether to continue, change, or stop the program.
 - Compare results with targets and objectives.
 - Decide what is to be evaluated and select indicators.
- The correct order of the steps is:
- 1-2-5-3-4
 - 5-3-1-4-2
 - 1-5-2-4-3
 - 5-1-4-2-3
16. Which of the following is generally not asked in an evaluation of work progress.
- Did the team reach its targets
 - Was the work of expected quality
 - Was the budget underspent by at least 15%
 - Was the work carried out on time

17. 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 grades
- d. Technical procedure manuals

18,19,20. For various purposes program costs are related to Benefits, Effectiveness and Efficiency. The following statements concern resources and results.

- a. Could some resources be used to achieve better results/outputs
- b. What are the results projected 20 years into the future, of the resources used in this program
- c. What resources could be obtained from other development sectors
- d., Could some results be obtained with less resources
- e. Foreign currency expenditures have been reduced by 50%.

18. Which statement concerns cost/effectiveness_____

19. Which statement concerns cost/efficiency_____

20. Which statement concerns cost/benefit_____

INTERNATIONAL DEVELOPMENT

for the

CENTRE FOR AFRICAN FAMILY STUDIES

1 - 12 August 1983

Goal

The staff of CAFS and its consultants will be able to design, implement and evaluate training of trainers in Contraceptive Technology and Family Planning Program Management.

General Objectives

At the end of training, participants can:

1. demonstrate an upgrade in their knowledge and skills in family planning program management;
2. demonstrate an upgrade in their knowledge and skills in contraceptive technology as applied to family planning service delivery;
3. develop two training of trainers projects for implementation by CAFS in 1983 in family planning program management and contraceptive technology applied to service delivery.

Specific training objectives are found on the following pages according to the topic.

The overall training schedule is found attached.

Date	Objectives and Procedure to Follow with Content	Materials
	<p><u>Pretraining Questionnaire</u></p> <p>To obtain information about the participants training and experience in family planning services, program management and training of trainers.</p> <p><u>Pretesting</u></p> <p>To obtain baseline pretraining measure of participants knowledge in three areas:</p> <ul style="list-style-type: none"> - Contraceptive Technology - Program Management - Training of Trainers <p><u>Procedure</u></p> <p><u>Pretraining Questionnaire</u></p> <p>Distribute before course. Some may be distributed evening before course for late arrivals. To be reviewed and summarized. Results shared with participants end of day one or soon after.</p> <p><u>Pretest</u></p> <p>Distribute on day one (or to CAPS staff before discussing course with them). To be completed in one hour. Results will be tabulated and distributed the same day. Pretests will be returned at the end of the course.</p>	<p>20 copies Pretraining Questionnaire</p> <p>20 copies Pretest in 3 Parts</p>

Objectives and Procedure to Follow with Content	Materials
<p>1. Describe major maternal-infant mortality and morbidity problems and relate to fertility and child-bearing practices.</p>	<p><u>Family Planning: Its Impact on the Health of Women</u> - C. Lerner, 56 pgs.</p>
<p>2. Describe major health benefits to Family Planning.</p>	<p>"Modern Medicine and the Delivery of Health Services" Rosenfield et al. <u>Family and Community Medicine</u>, Vol. 2, No. 1, 1977.</p>
<p>3. Discuss concepts of risks and benefits as applied to family planning programs.</p>	<p>"Medical supervision for contraception: too little or too much" Rosenfield, <u>Am J Pub. Health</u>, 68:105-110, 1977.</p>
<p>4. Discuss concepts of clinic and community-based programs.</p>	<p>"Community-based health and family planning" <u>Population Reports</u>, Series L, No. 3, Nov-Dec '82.</p>
<p>5. Discuss risks and benefits of community-based family planning programs.</p>	
<p>6. Describe the elements of family planning methods that are safe and practical to provide within a sub-Saharan African context.</p>	
<p>7. Participants can design a training module for medical or paramedical personnel incorporating above concepts.</p>	
<p>8. Participants can design a training module appropriate for community-level workers incorporating above concepts.</p>	
<p>Teach and discuss</p>	

Objectives and Procedure to Follow with Content

Materials

At the end of the session, the participants will be able to:

- Describe an overall framework for planning, implementing and evaluating community based programs.
- Recognize the relationship between inputs and process and changes in contraceptive practices.

Objectives and Procedure to Follow with Content

Materials

To inform participants and obtain concurrence

1. Workshop schedule for week 1:

- 9:00 - 10:30 with tea break, workshop
- 12:30 - 2:00 Lunch break
- 2:00 - 5:30 with tea break, workshop

Monday evening : assigned readings

Tuesday evening }
 Wednesday evening } work groups complete
 Thursday evening } modules and assigned
 readings

2. 3 components TOT, Contraceptive Technology and FP Program Management

3. Technical sessions followed by workshops to produce modules for use by CAPS in future courses

4. Secretarial services to type and prepare modules for distribution to group

5. Payment to hotel for rooms

6. Payment to waitress Ksh.300 per day for meals, etc.

Objectives and Procedure to Follow with Content	Materials
<ol style="list-style-type: none"> 1. Participants will be able to write training of trainers modules in contraceptive technology applied to service delivery and in family planning program management (an overall course objective) 2. Participants will apply concepts of adult learning in training of trainers to development of modules 3. Participants will use concepts and techniques of competency based training in development of modules 4. Participants will be able to show how they will train others to: <ul style="list-style-type: none"> - develop a guide to training needs and resource assessment - develop task lists - analyse tasks for skill, knowledge and attitude components - develop training objectives and entry level skills and knowledge - select appropriate training methods for mastery of tasks - determine minimum standard for practical experience one would require for mastery of tasks - develop training design - develop lesson plans which includes procedure to follow to cover content - develop training evaluation tools 5. Participants will use a variety of training methodologies in each module, selected from among the following: <ul style="list-style-type: none"> - demonstration and return demonstration - case studies with discussion - role play as trigger for discussion - clinical practice under supervision - readings or lecture with discussion - focused discussions/pre-planned discussions - film or slides with discussion - training games and discussion - values clarification exercises - programmed instruction - T-group or sensitivity group - communication exercises 	

e	Objectives and Procedure to Follow with Content	Materials
	<ol style="list-style-type: none">1. Participants can analyse tasks (competencies) by requisite skill, knowledge and attitude, and apply the analysis to selection of training methodologies 2. Participants can determine training methods appropriate to:<ul style="list-style-type: none">- knowledge (cognitive learning)- skills (psychomotor learning)- attitudes (psychosocial learning)	

Objectives and Procedure to Follow with Content

Materials

Participants can describe the following and apply to the development of a training module:

FOR ORAL PILLS AND MINI PILLS

- o Characteristics of oral pills
- o Effectiveness
- o Risks and management of complications
- o Side effects and their management
- o Indications and contraindications in selection of pill candidates
- o Selection of pill type
- o Patient roles and responsibilities
- o Instructions for patients using the pill

Participants can apply the above information to case studies concerning pill management

Participants can discuss important issues of pill use including:

- o Identification and management of women who can use the pill by village level workers
- o Screening tool for village level workers
- o Management of complications (see cases)
- o Risks and benefits of pill use and public health decisions as well as patient care decisions
- o Pills for the breast-feeding woman

Contraceptive Technology, 1962-63. pgs. 33-36

"Benefits of steroidal contraceptives" Perspectives on Contraception, 1963.

"Contraceptives: Distribution of the pill in the developing world" Rosenfield, Family Planning Perspectives Vol. 5, No. 4, pgs. 30-33. Dec '60.

"The pill: an evaluation of recent studies" Rosenfield, The Johns Hopkins Medical Journal, Vol. 150, No. 5, pgs. 177-180. May '62.

"The nonclinical health benefits from oral contraceptive use" Ory, F.A. Family Planning Perspectives Vol. 14, No. 4, pgs. 132-134. Aug. '62.

"Mortality associated with fertility and fertility control" Swan, S.H., W.L. Brown, Vol. 15, No. 3, pgs. 57-63.

"Oral contraceptive use, sexual activity, and cervical carcinoma" Swan, S.H., W.L. Brown, Am. J. Obstet. Gynecol., Vol. 139, No. 1, pgs. 52-57. Jan '61.

"Contraception and the etiology of pelvic inflammatory disease: new perspectives" Senanayake, S., D.G. Kramer, Am. J. Obstet. Gynecol., Vol. 138, No. 2, pgs. 852-859. Dec '60.

Oral

Time

Facilitator

Dr. Rosenfield

Objectives and Procedure to Follow with Content

Materials

"Oral contraceptive use and the risk of endometrial cancer" JAMA. Vol. 249, No. 12, pgs. 1600-04. Mar 25, '83

"Oral contraceptive use and the risk of ovarian cancer" JAMA. Vol. 249, No. 12, pgs. 1598-99. Mar 25, '83.

"Long term oral contraceptive use and the risk of breast cancer" JAMA. Vol. 249, No. 12, pgs. 1591-95. Mar 25, '83.

"Headaches related to oral contraceptive use" Int'l Med Case 3. pgs. 111-14.

"Breast masses and oral contraceptives" Surgery Case 1. pgs. 7-9.

"Oral contraceptives in the 1980s" Population Reports. Series A, No. 6, May-June '83.

Title of Presentation Work Groups: Oral Contraception

Day 2 Time 4 - 5:30 Facilitator Naider/Rosenfield

Time	Objectives and Procedure to Follow with Content	Materials
	<p>To develop 3 TOT modules in which current contraceptive technology is applied to secure delivery of oral contraceptives.</p> <p><u>Procedure</u></p> <ol style="list-style-type: none">1. Divide into 3 or 4 work groups2. Select one of the following for development of your module.<ol style="list-style-type: none">A) A TOT for nurses and midwives who will identify and manage women who can use the pill in an urban setting.B) A TOT for nurses who will train village health workers to identify women who can use pill, distribute pills, provide re-supply and identify women who should be referred to the clinic (new or return).C) A TOT for physicians and nurses who will train MCH aides to deliver services and to supervise VHW's who will provide re-supply.3. Follow the procedure for development of competency based training.4. Provide an outline of information to be presented and details about training experiences and evaluation.	

Objectives and Procedure to Follow with Content

Materials

Participants can describe the following and apply to development of a training module

- c Mechanism of action
- c Effectiveness
- c Side effects, complications
- c Indications and contraindications to use
- c Management
- c Non-contraceptive benefits
- c Patient role and responsibilities

Participants can discuss important issues including:

- c The acceptance of DMPA in traditional societies where menstruation is very important
- c What is the relevance of the finding of cancer in animals to human use of DMPA?
- c Does DMPA lead to permanent anovulatory cycles and infertility?
- c The role of community-based workers in an outreach program where DMPA is provided (perceived/actual risk)
- c What are other problems associated with DMPA use?

"The Food and Drug Admin. and megestrol progesterone acetate" Rosefield, A. J. Fam. Plann. Vol. 249, No. 21, June 3, '83

Contraceptive Technology, 1982-83, pgs. 81-91.

"Gyn Co Case 9: irregular bleeding" Case histories in Family Planning, Fraser et al.

"The depo-provera debate" Benagiano, B., Fraser. Contraception, Vol. 24, No. 3, pgs. 402-528, Nov '81

"Long acting injectable hormonal contraceptives." Fraser, I.S. Clinical Reproductive and Fertility, Vol. 1, pgs. 67-88, 1982.

Time	Objectives and Procedure to Follow with Content	Materials
	<p>Divide into 3 groups</p> <p>Follow the procedures for competency based training</p> <p>Create a TOT module in the following context:</p> <p>Identification and management of women who can use the injectable DMPA. This module is to be appropriate for use in a system where clinic personnel provide DMPA through an outreach network of rally points.</p> <p><u>Group I</u></p> <p>Develop tasks, task analysis and training objectives as well as evaluation for the module.</p>	
	<p><u>Group II</u></p> <p>Develop one case study for use in the module</p> <p>Develop one role play for use in the module</p>	
	<p><u>Group III</u></p> <p>Develop a screening tool for patient selection</p> <p>Develop a short questionnaire to solicit women's beliefs and attitudes and practices about menstruation</p> <p>and</p> <p>Develop a 10 minute health talk about DMPA which incorporates menstrual beliefs, attitudes and practices as well as DMPA by breast-feeding women.</p> <p>Note: This exercise was modified, to place emphasis on development and use of role play and case study as training methods</p>	

Objectives and Procedure to Follow with Content

Materials

Participants can describe the following and apply to be a content of a training module:

- For both medicated and non-medicated IUD's
 - when and at which
 - correct areas
 - risks and management of complications
 - side effects and their management
 - indications and contraindications in selection of IUD candidates
 - selection of IUD type
 - insertion and removal procedures
 - instructions for patients with IUD

Participants can apply above information to case studies concerning IUD management

Participants can demonstrate pelvic evaluation and insertion of the IUD using the Gynny model and apply to training of others

Participants can discuss important issues of IUD use including:

- insertion by nurses, midwives, medical assistants
- differences between copper IUD's and Lippes Loop
- timing for insertion in reference to menses
 - premenstrual
 - during menses
 - postmenstrual
- IUD and Pelvic Inflammatory Disease

Contraceptive Technique, 1962-63, pp. 11-19

Family Planning Programs, 1962, pp. 11-19

"IUDs: Update on safety, effectiveness and research", Fertility Reports, Ser. No. 3, May 1979.

"IUDs: An approach to contraceptive counseling", Fertility Reports, Ser. No. 3, May 1979.

"Early post-partum and immediate post-abortion insertion", Rosenfield's Contraception, 1978, Vol. 11, No. 3, pp. 110-114, Apr. 1974.

Title of Presentation _____

Date 3 - 4 Time 2:30 - 3:30 Facilitator S. Nalder/A. Rosenfield

Time	Objectives and Procedure to Follow with Content	Material
2:30 - 3:30 (60 min)	<p>Participants will observe demonstration and return demonstration as a training methodology.</p> <p>Participants will be able to use a model to do a pelvic evaluation, IUD insertion, and fitting of diaphragm.</p> <p><u>Procedure</u></p> <ol style="list-style-type: none">1. Select one participant who has never performed pelvic exam and never performed insertion of the IUD.2. Demonstrate pelvic assessment3. Ask participant to do it4. Ask participant to draw what she can visualize by touch on flip chart5. Demonstrate IUD insertion technique (Lippis Loop). Demonstrate different methods of inserting Loop: push Copper T: pull6. Ask participant to return demonstration.7. Ask observers to comment on what may have been lost if return demonstration was not performed.	

Time	Objectives and Procedure to Follow with Content	Materials
	<p>Divide into 3 work groups:</p>	
	<p>1. Prepare a training module for IUD insertion</p> <p>To include:</p> <ul style="list-style-type: none"> - Tasks - Task analysis - Objectives - Procedure to follow with content with description of methods to use. 	
	<p>2. Prepare a training module to teach nurses/midwives how to:</p> <ul style="list-style-type: none"> - select good candidates for IUD - select type of IUD - manage problems, to include: <ul style="list-style-type: none"> missing period missing strings excessive bleeding <p>Show tasks, task analysis, objectives. Develop training exercises appropriate.</p>	
	<p>3. Prepare a training module for clinical practice of IUD insertion in a FP clinic for nurses/midwives.</p> <p>Include tasks, task analysis for:</p> <ul style="list-style-type: none"> - Patient interview and counselling - Patient assessment and selection of IUD - Insertion procedure - Patient education <p>Develop a clinical practice record which indicates standards and evaluation of progress for the patient.</p>	

Note: This training exercise was modified to place emphasis on the development of task lists and task analysis only.

The organized sessions on Barrier Methods, Natural Family Planning and Breastfeeding; Fertility and Family Planning were omitted from the program so that participants were able to have time to complete their exercises and review them in the group as a large. Participants were referred to materials handed out, and were requested to formulate questions on these topics for the open forum.

APR 1 1974
11:15 AM

Objectives and Procedure to Follow with Content	Materials
<p>For all barrier methods.</p> <ul style="list-style-type: none"> o spermicides o condoms o diaphragms o cervical caps <p>Participants can discuss the following and apply to development of a training module.</p> <ul style="list-style-type: none"> o mechanism of action o effectiveness o side effects o indications and contraindications to use o management o fitting procedure for diaphragms, caps o non-contraceptive benefits of spermicides and condoms o patient roles and responsibilities <p>Participants can discuss important issues of barrier methods.</p> <ul style="list-style-type: none"> o community based distribution o post-partum distribution o preventing unwanted adolescent pregnancy o male role in family planning 	<p>Contraceptive Technic Co. 1982-83, Pgs. 95-109, 110-116, 117-123</p> <p>Partners Reports, etc. 11-12-83 - 13-14-83 and later editions, etc.</p>

Title of Presentation or _____

Date _____ Time _____ Facilitator _____

Objectives and Procedure to Follow with Content

Materials

Participants are able to describe 4 techniques of artificial birth control:

- 1. calendar method (rhythm)
- 2. temperature of cervical mucus
- 3. the cervical mucus method
- 4. the symptothermal method (STM)

Contracted _____

Participant Materials
Artificial Birth Control

Participants can describe the following for any one or combinations of the 4 techniques:

- 1. the basic steps of technique
- 2. level of use, regular use, and calculation of fertile periods
- 3. advantages
- 4. indications and contraindications in selection of birth control to use the technique
- 5. concerns in using technique
- 6. relevant instructions

Participants can discuss the following issues:

- 1. spontaneous abortion and birth defects in NFP users
- 2. single technique or combinations
- 3. use of barrier methods with NFP
- 4. NFP age group
- 5. instructing couples and providing follow-up
- 6. plans for NFP in a program

Title of Presentation Breast feedin. , Fertility and Family Planning

Day 4 Time _____ Facilitator TBA

Date	Objectives and Procedure to Follow with Content	Materials
	<p>Participants will be able to describe the usual progression of lactation.</p> <p>Participants can list common problems of breast feeding mothers, the probable cause and possible solutions.</p> <p>Participants can discuss advantages and disadvantages of the following methods for the breast feeding mother:</p> <ul style="list-style-type: none">- lactation suppression of ovulation only- combined pills- progestin only pills- progestin only injections- foam- condoms- diaphragm- IUD- natural methods- sterilization <p>Participants can discuss timing or onset of use of any of the above methods as it relates to breast feeding maintenance.</p>	<p>Population Reports J-24 "Breast Feeding, Fertility and Family Planning"</p> <p><u>Contraceptive Technology</u> pgs. 124 - 151</p>

Objectives and Procedure to Follow with Content	Materials
<p>1. Participants will form 3 groups, one each to deal with:</p> <ul style="list-style-type: none"> • Barrier Methods • Natural Methods • Breastfeeding, Fertility and Family Planning <p>2. Participants will identify and use knowledge and experienced consultants from within their group to develop modules.</p> <p>3. Participants will use readings and group consultants to discuss information and issues proposed in the outline provided.</p> <p>4. Each work group will produce a training design for a TCT using the following context:</p> <p><u>Barrier Methods</u></p> <p>Distribution and management of barrier methods in a community based program (urban or rural). This module is to be appropriate to a system where a health educator assures supplies, supervision and management from a central health center. (Group may omit diaphragms and caps).</p> <p><u>Natural Family Planning (Fertility Awareness Methods)</u></p> <p>Identification and management of couples who can practice fertility awareness methods. To be used in a system that depends upon volunteer trainers supervised by a nurse in a central health center.</p> <p><u>Breastfeeding, Fertility and Family Planning</u></p> <p>Teaching and counselling new or return clients by MCH Aides in a transitional setting where the majority of women breastfeed their children yet do not achieve a 24-36 interval as compared to women in the more traditional settings who achieve a 24-36 month interval. The teaching and counselling is to result in selection of a method, appointment or referral as indicated or distribution of supplies.</p>	

Objectives and Procedure to Follow with Content	Materials
<p>Participants will upgrade their present knowledge base in:</p> <ul style="list-style-type: none"> - Sterilization (male and female) - Sexually Transmitted Diseases (STD) - Infertility <p>Participants will review literature which is provided and prepare written questions for consultant panel.</p> <p>Note: Questions are to be prepared and submitted not later than noon on Thursday. Each participant is to prepare at least one question for each topic. Give your questions to Martin Gorosh, Moderator. (Use question form on following page)</p> <p>Participants will become familiar with the open forum as a training methodology.</p>	<p>CONTRACEPTIVE TECHNOLOGY</p> <p>1. 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 - 29 - 30 - 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38 - 39 - 40 - 41 - 42 - 43 - 44 - 45 - 46 - 47 - 48 - 49 - 50 - 51 - 52 - 53 - 54 - 55 - 56 - 57 - 58 - 59 - 60 - 61 - 62 - 63 - 64 - 65 - 66 - 67 - 68 - 69 - 70 - 71 - 72 - 73 - 74 - 75 - 76 - 77 - 78 - 79 - 80 - 81 - 82 - 83 - 84 - 85 - 86 - 87 - 88 - 89 - 90 - 91 - 92 - 93 - 94 - 95 - 96 - 97 - 98 - 99 - 100</p> <p>1. 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 - 29 - 30 - 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38 - 39 - 40 - 41 - 42 - 43 - 44 - 45 - 46 - 47 - 48 - 49 - 50 - 51 - 52 - 53 - 54 - 55 - 56 - 57 - 58 - 59 - 60 - 61 - 62 - 63 - 64 - 65 - 66 - 67 - 68 - 69 - 70 - 71 - 72 - 73 - 74 - 75 - 76 - 77 - 78 - 79 - 80 - 81 - 82 - 83 - 84 - 85 - 86 - 87 - 88 - 89 - 90 - 91 - 92 - 93 - 94 - 95 - 96 - 97 - 98 - 99 - 100</p> <p>1. 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 - 29 - 30 - 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38 - 39 - 40 - 41 - 42 - 43 - 44 - 45 - 46 - 47 - 48 - 49 - 50 - 51 - 52 - 53 - 54 - 55 - 56 - 57 - 58 - 59 - 60 - 61 - 62 - 63 - 64 - 65 - 66 - 67 - 68 - 69 - 70 - 71 - 72 - 73 - 74 - 75 - 76 - 77 - 78 - 79 - 80 - 81 - 82 - 83 - 84 - 85 - 86 - 87 - 88 - 89 - 90 - 91 - 92 - 93 - 94 - 95 - 96 - 97 - 98 - 99 - 100</p>

QUESTIONS/ISSUES FOR OPEN FORUM

Return to Martin Gorosh by noon on Thursday

Name:.....

Question about Sterilization:.....

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

Name:.....

Question about Sexually Transmitted Diseases:.....

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

Name:.....

Question about Infertility:.....

.....
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On Friday the program was altered to allow time to develop modules to be used for the training program in CAFS project proposal. Groups of two were formed to prepare training materials for each of the contraceptive methods. These training modules were prepared with the following assumptions in mind:

1. The training program would be offered by ICF, using faculty identified from this group from FPAK, NCH, NFAH, ICFP and other family planning training programs
2. Participants would be selected from English speaking countries, having the following qualifications:

nurses/midwives or nurse tutors with one year cumulative experience or training in family planning

physicians with one year combined training/experience in NCH/FP
3. Applicants will be reviewed by CAFS/EPPE Medical Program Officer
4. TOT on Contraceptive Technology will last 3-4 weeks
5. Training will be offered in Nairobi-
6. Clinical service sites for practical training will be arranged through FPAK and the National Family Welfare Center
7. Overall Training design should consist of one part family planning update to three parts family planning service delivery applied to TOT. The group should aim for a 30 per cent time commitment to didactic sessions and 70 per cent time given to practical sessions

The instructions for writing these modules were as follows:

1. Review the training objectives of this workshop for each method and revise them or add to them as would be needed for a future TOT
2. Select training method and suggest training materials, and provide an outline for training content and training exercises
3. Set the standard for practical experience for the module
4. Use the format including Time/Objectives/Content/Methods/Materials/Evaluation
5. Suggest evaluation Tools

MANAGEMENT MODULES TO BE IMPLEMENTED

Overview of Programs

2. What is Management

3. Planning

- A. Needs and Resources Assessment
- B. Selecting and Defining Problems
- C. Setting Objectives, Developing Strategies, and Setting Standards for Service Delivery
- D. Setting Objectives, Developing Strategies, and Specifying Evaluation Criteria

4. Implementation

- A. Information Systems for Coordination
- B. Information Systems for Administration Monitoring
- C. Information Systems for Supervision
- D. Information Systems for Monitoring Service Delivery

Evaluation

- A. Achievement
- B. Progress
- C. Staff Performance
- D. Use of Resources
- E. Management Audit

Workshop: Overview of Population Model

Tasks: Development of a model representing the key elements of the reality of program operations

Manipulation of the model to examine the relationships between and among components

Selecting the more important components for detailed attention

Skills	Exercises	Activities
Abstract thinking about programs	Vocabulary of systems Analysis	Models are useful representations of reality
Understanding of interactive relationships	Health and Family Planning Program Operations	Models are useful for teaching
Single use a component for detailed analysis without losing sight of its place in the overall context	Planning and Decision Making Program Design Goals, Objectives, Targets Inputs Processes Outputs Utilization Time Knowledge Attitudes Practice Health Nutrition Fertility Evaluation Population Environment Constraints Total societal context	Models are useful for analytical purposes

Time

Objectives and Instructions

Materials

3 min
acknowledgment

At the end of the session the participants will be able

Overhead Projector

15 min
discussion

- . Describe an overall framework for planning, implementing and evaluating community-based programs
- . Relate the relationship between inputs and processes and changes in contraceptive practices
- . Identify and develop key topics for special attention in training programs
- . Write a module for a TCT program incorporating 1-3 above

Transparencies

Handouts

Worksheet for
writing modules

Following presentation and discussion of the program model, a work group or groups will be formed to develop adaptations of the approach for use in TCT programs.

10/15/80

- Steps:
- Conducting Needs and Resources Assessments
 - Selecting and Defining Problems
 - Setting Objectives, developing strategies, and specifying evaluation criteria
 - Setting objectives, developing strategies, and specifying standards for service delivery

Skills	Knowledge	Attitudes
Obtaining qualitative and quantitative information	Information Sources	Community resources are useful
Analyzing information	Simple statistical counts distributions projections indices	Qualitative info is often as important as quantitative
	The variety of strategy community based hospital and clinic based self sustaining inexpensive local resources volunteer vs paid workers simple interventions combinations of interventions and phasing acceptability availability effectiveness integrated/vertical urban/rural post partum strategies use of traditional health workers	Clear objectives are important

Quantitative Approaches

Sources and Use of Existing Data

- .Census data and projections
- .Vital statistics
- .Demographic surveys
- .KAP (Knowledge, attitude and practice) surveys
- .Morbidity/Health Service Statistics
- .Program service statistics
- .Administrative statistics
- .Other surveys

Topic Modules: French and Italian sites:

- . Knowledge of contraceptive methods, sources and supplies
- . Contraceptive use, patterns and past (history of contraceptive use, method, source, reasons for discontinuation, etc.
- . Birth history
- . Lactation and weaning: infant feeding practices in relation to contraception, weaning practices, attitudes towards breast-feeding and local foods
- . Maternal health
- . Child health

Survey Methodology:

- . Sampling
- . Questionnaire design and pretesting
- . Interviewer selection and training
- . Interviewing techniques
- . Organization and administration of fieldwork
- . Coding and data editing
- . Data processing
- . Data analysis and reporting

Qualitative Methods:

- . A comparison of quantitative and qualitative methods
- . The need for qualitative data in community-based health projects
- . The perception of needs: programs vs. community
- . Qualitative methods: what, when, how, who
- . The utilization of qualitative data

Objectives and Procedures

Materials

At the end of the session, participants will write at least four modules for TOT in Planning

Or. Being in Charge

Exercises

a. For needs and resources assessment the module will include

Module Worksheets

- . gathering information
- . identifying useful information from records
- . analyzing and interpreting information
- . translating it
- . reviewing existing health work
- . collecting information on resources

1. For selecting and defining problems the module will include

- . identifying and listing problems in the community
- . selecting important problems according to criteria
- . recognizing problems which are the responsibility of sectors

2. For setting objectives, developing strategies, specifying evaluation criteria, and setting standards for the quality of service delivery, the module will include

- . writing program objectives
- . specifying measurable targets
- . setting objectives that are relevant, feasible, measurable and observable
- . selecting appropriate program design
- . specifying the evaluation measures to be used
- . listing the measures to be used to assure that standards of service delivery are met

Following Presentation and Discussion of the key themes for planning, the participants will be divided into four to six groups in which specific planning exercises will be completed and based on the experience in completing these exercises, the groups will then develop TOT modules.

Needs and Resources Assessment Exercise

A regional director of a community based program scheduled to be launched in six months you have decided to "look at the situation" as a first step in planning. Using the material on pages 269 to 277 as a guide, prepare an outline for this task. Be sure to include a mix of quantitative and qualitative measures (optional format on following page).

Selecting and Defining a Program Exercise

Using pages 278 to 283 as a guide, indicate how you would select family planning as an important problem.

Setting Objectives, developing strategies and standards, and specifying evaluation criteria exercises

Consider a community based family planning program integrated into the national PHC program. Write several objectives for the program and for each objective specify the strategies to be followed and the standards required for providing high quality services in the community.

The number and specificity of the exercises in the preceding page has been increased by linking them with the following program components.

1. Teaching and counselling new or return clients in a transitional setting where the majority of women breast feed their children yet do not achieve a 24-36 month interval as compared to women in the more traditional settings who achieve a 34-36 month interval.
2. Identification and management of women who can use the pill by village level workers. This module is to be appropriate for use in a system where nursing level personnel supervise the village level worker.
3. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of relay points.
4. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of relay points.
5. Distribution and management of barrier methods in a community based program (urban and rural). This module to be appropriate to a system where a health educator assures supplies, supervision and management from a central health center.
6. Identification and management of couples who can practice fertility awareness methods. To be used in a system which depends upon volunteer trainers supervised by a nurse in a central health center.

Problem Statement

QUANTITATIVE APPROACHES

Information Needed	Intended Use	Source and Method of Obtaining Information
--------------------	--------------	--

QUALITATIVE APPROACHES

Information Needed	Intended Use	Source and Method of Obtaining Information
--------------------	--------------	--

Select one quantitative and/or one qualitative approach and specify in detail the type of information needed and the steps to be followed in its collection. Describe in detail the tool you will use to gather the data.

UNIT: Information

Goals: Coordination
Administration Monitoring
Supervision
Monitoring Service Delivery Standards and Norms

Skills

Selecting needed information
Designing forms
Designing information flow
Filtering information into indicators
Using information for coordination, administrative monitoring, service delivery standards

Knowledge

Sources of information
Flow of information
Cost of information
Summarizing information
Collecting information
Developing indicators
Using indicators
Teaching workers to use information

Attitudes

Informed decisions require accurate and timely information
You don't have to be a statistician or demographer to use information

Time Objectives and Structures

One day At the end of the session, participants will have written at least four modules for FCT in implementation, including:

- o coordination
- o administrative monitoring
- o supervision
- o monitoring service delivery standards and norms

The modules developed will include the following themes:

- o coordinating the activities of a plan
- o coordinating people within an organization structure
- o communicating decisions concerning implementation
- o using a check list to review work standards
- o using records to monitor work
- o using reports to assess work outputs
- o redirecting activities as necessary
- o making a schedule of supervisory visits
- o planning a supervisory visit
- o conducting a supervisory visit in a helpful way

The basic procedure involved is to design an information system for use in a community based family planning program. Following an introductory session and discussion, participants will be formed into work groups to complete exercises, as follows:

1. Title: Management and Supervision Role Play

2. Objectives:

By participating in this exercise, participants will be able to:

- 2.1 Identify management by objectives in the role play
- 2.2 Identify use of standards of care in management from the role play
- 2.3 Identify at least 2 principles of management from the role play
- 2.4 Observe and describe factors of motivation and of dissatisfaction which come out in supervision.
- 2.5 Differentiate 3 styles of supervision
- 2.6 Identify effective supervision strategies, to include
 - supervision according to work standards
 - problem solving in supervision visits
 - service statistics and monitoring in supervision
- 2.7 Determine and describe the effectiveness of role play in senior level management training

3. Participants:

- a. Who can use this type of exercise effectively
 - middle level - senior level managers
 - future trainers (TOT)
- b. optimum number of participants?
 - 4 = role players
 - 16 = discussants
 - 1 = facilitator

4. Time: 90 minutes to 2 hours.

5. Material:

Role Play Descriptions

Observation Guides

Flip Chart summarizing important ideas

6. Procedure to Follow:

Time

5 min This is a role play about supervision
It requires 4 players
ASK for volunteers to be

- 1) Regional Program Manager (SHE)
- 2) Supervisor A (HE)
- 3) Supervisor B (HE)
- 4) Community Based Health Worker (SHE)

20 min Distribute role descriptions to players only.
Tell them to read carefully and meet in small
groups to discuss their act. Inform the rest of
group about what to expect (see below) also
distribute guide to observation of role play

10 min 1. Health Worker in middle
Supervisor A arrives and conducts supervision visit

10 min 2. Health Worker in middle
Supervisor B arrives and conducts a supervision visit

15 min 3. Regional manager in middle
Two supervisors arrive
Regional manager conducts a supervisors meeting

Place one table and 3 chairs in middle of room.

7. Process Points:

15 min After Role Play, discuss the observations of the group.
(see observation guide)

15 min In summary ask the group
What are the most important management lessons you
have learned? (list them on black board) or newsprint.

15 min What are the most important supervision lessons you
have learned? (list on black board) or newsprint.

HEALTHWORKER

This health worker has received a six weeks training in community based distribution of the pill. She is responsible to identify women who can take the pill, distribute the pill, manage re-supply visits. She also conducts home-visits to women who fail to return for their supply. Once or twice a month she organizes a family planning talk at the local women's collection, the agricultural extension meetings and other community meeting places. She is a paid health worker and is expected to work ten days a month.

She has been at work for one year. She is a well motivated F.P.W. worker. She goes to work on time and hasn't missed a day. The women like her because she is thoughtful and respects their needs for information, support and confidentiality. She has not gone on home visits lately because she has no time for that. Lately she has been giving women the wrong information about what to do if they forget to take their pills. She has been saying to stop the pills, wait for the next period and to begin again with bleeding.

For the past three months she has been receiving her pill supplies late, and last month she did not receive all of what she needed and ordered. Furthermore, she has been out of condoms/foams for four months.

1. This supervisor is a health educator by training. He is very impressed by himself and by his importance. He believes that he is the most effective communicator in the program, and all he has to do is say what he has to say once! (Because he is "SO GOOD" at it).

He has been with the program for 8 months: after being recommended by his uncle, the Minister of Education. In order to carry out his tasks, the program has assigned a car and a driver to him. He is on the road 3 days a week, but is able to return to his home each night. He often uses the car for his family needs as well, because he believes he is very important. He believes he has excellent control over the 20 health workers in the program. They stand up at attention as soon as he arrives, and respond to his questions with a correct and polite "yes sir" or "no sir".

He uses a check list to perform his visits, which he has helped to develop. The most important part of his job is to get the numbers back to the regional manager. He always finds out:

1. Number of women on pill
new clients
return clients
2. Number of women referred to health center
3. Number of home visits
4. Number of condoms/foams distributed
5. Number of hours the health worker worked this month.

Right now he does not pay too much attention to problems and can barely tolerate the health workers who have problems. It would be fair to describe him as arrogant.

He is hoping to be promoted soon because there is an opening for a

The Family Planning Program Regional Manager is an experienced Ministry of Health professional. She is the chief MCH/FP official in the Region and reports directly to the Ministry of Health MCH/FP office. She has been in the position for five years and for the past 2 years she has enthusiastically worked to achieve the objectives of the new community-based family planning program. Objectives of particular concern to her are:

1. creating and maintaining a cadre of trained VHW's
2. training and retraining VHW's
3. supervising VHW's
4. maintaining a reliable logistics system to assure adequate supplies of contraceptives.

The program design has VHW's identifying clients who may use the pill, providing initial and subsequent pill supplies, offering referral to the Health Center for clients with problems, and providing condoms and foam for clients who prefer them. Methods for clients who need a back-up method while waiting to complete a health center referral.

She is supportive of the problems of supervision but she won't tolerate bad supervision. She believes Village Health Workers are an important and valued part of her program and that they need good supervision. She insists that supervisors be problem solvers ----- people who can solve problems as they occur and people who can suggest program wide changes to prevent problems.

She delegates authority to her two supervisors to assure that program objectives are being met, that services are being delivered according to the program design and that the VHW's receive responsible supportive back-up.

GUIDE FOR OBSERVING THE ROLE PLAY

You will observe 3 small plays, which will consist of two supervision visits and one supervisors meeting. Each part will not exceed 10 minutes.

PART ONE

For each supervision visit, guide your observations to these items:

1. A. Motivation is made up of some common factors which encourage people to apply their ability and energy to work:

five motivations are:
 - achievement
 - recognition
 - the work itself
 - responsibility.
 - self improvement
How did these come out in the role play?

- B. Dissatisfaction is made up of some common factors which make people unhappy of their work
 - incompetent supervision
 - poor interpersonal relations
 - personal qualities of the leader
 - bad logistic support
How did these come out in the role play?

2. Is the supervision
 - Autocratic?
 - Democratic?
 - Anarchic?
WHY:

3. What was done to maintain work standards?

4. What was done to identify and solve problems?

BOOKS, POPULATION REPORTS, ARTICLES, AND SUPPLIES
FOR TRAINING PROGRAM IN KENYA

August 1-12, 1983

Books

- 20 On Being Up to Date: WHO
- 20 Helping Health Workers Learn, Werner and Bower
- 20 Where There Is No Doctor, Werner
- 20 CPFH - Family Planning: Its Impact on the Health of Women and Children, Rosenfield and Maine
- 20 Contraceptive Technology - 1982-83, Werner, et al
- 20 Family Planning Procedure Manual for Nurse-Midwives. 1982. State University of New York
- 20 Casebook and Family Planning Management, Frances F. Kortzen and David C. Kortzen
- 1 ~~Counselling Skills in Family Planning, Trainers Handbook~~
- 20 Family Planning Handbook for Doctors, IPPF (1980)
→ (Did not arrive on time - to be used later)

Articles

- 20 'Modern, Transitional, and Tradition Demographic and Contraceptive Patterns Among Kenyan Women,' Thomas E. Paw and Linda H. Werner, Studies in Family Planning
- 1 'Contraceptive Technology for Africa,' U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control. In print.
- 1 Computer Studies - Kenya 1978-83
- 20 Table 1-3, 'Symptoms of a Series of Potentially Serious Nature,' Managing Contraceptive Pill Patients, R.F. Kickey, M.D., 1983.
- 13 'Family Planning In-service Training Program,' American Public Health Association
- 20 'Evaluation of Headache while on Oral Contraceptives'
- 20 'Evaluation of Abdominal Pain While on Oral Contraceptives'
- 20 'Natural Family Planning: A Review,' Hanna Klaus, Gynaecological and Gynecological Survey, 1982
- 20 'Evaluation of Abdominal Pain in IUD Users'
- 20 'Infertility in Africa,' People, Volume 5, Number 1, 1978
- 20 'Benefits of steroid contraception,' Allan Rosenfield, M.D., Contemporary Obstetrics and Gynecology, 1983.
- 20 'Contraception and the Etiology of Pelvic Inflammatory Disease: New perspectives,' Pramilla Senanayake, M.B.B.S., D.T.P.H., Ph.D. and Dorine G. Kramer, M.D., M.P.H.
- 20 'Oral Contraceptive Use and the Risk of Endometrial Cancer,' The Centers for Disease Control, Cancer and Steroid Hormone Study, JAMA, March 25, 1983, Vol. 249, No. 12
20. 'Mortality Associated with Fertility and Fertility Control: 1983,' Howard W. Ory
- 20 'Long-term Oral Contraceptive Use and the Risk of Breast Cancer,' The Centers for Disease Control, Cancer and Steroid Hormone Study, JAMA, March 25, 1983, Vol. 249, No. 12
- 20 'The Noncontraceptive Health Benefits from Oral Contraceptive Use,' Howard W. Ory
- 20 'Oral Contraceptive Use and the Risk of Ovarian Cancer,' The Centers for Disease Control, Cancer and Steroid Hormone Study, JAMA, March 25, Vol. 249, No. 12

26 'Noncontraceptive Health Benefits of Oral Steroid
Contraceptives,' Daniel R. Mishell, Jr. M.D.

- 20 'The Pill in the 80's'
- 20 'The IUD'
- 20 'Community-Based Health Workers in Family Planning'
- 20 'Breastfeeding, Fertility, and Family Planning'
- 20 'Periodic Abstinence,' Series I, No. 3, September 1981
- 5 'Traditions of Wives and Family Planning,' Series J, No. 22, May 1980
- 5 'Adolescent Fertility - Risks and Consequences', Series J, No. 10, July 1976
- 20 'The Diaphragm and Other Intra-vaginal Barriers - A Review,' Series H, No. 4, January 1976
- 20 'Contraceptive Prevalence Surveys: A New Source of Family Planning Data,' Series M, No. 5, May-June 1981
- 20 Service Statistics: AID to More Effective Family Planning Program Management'
- 20 'Voluntary Sterilization: World's Leading Contraceptive Method,' Special Topic Monographs, No. 2, March 1978

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Materials

- 20 Training Manuals
- 20 Contraceptive Demo Kits
- 20 Pre-Test.

Supplies

- 20 Looseleaf notes with dividers, filers, etc. for curriculum development
- 6 Large flip charts
- 1 Large masking tape
- 6 Small scotch tape
- 12 Markers - black, red, blue, green
- 1 Pocket name tags
- 2 Boxes #2 pencils
- 2 Boxes black ballpoint pens
- 2 Boxes red ballpoint pens
- 1 Pencil sharpener

AVG 11. 11. 11.

THE CENTER FOR POPULATION AND FAMILY HEALTH
OF COLUMBIA UNIVERSITY

AND

THE CENTRE FOR AFRICAN FAMILY STUDIES

Recognize the participation of

in the Training Workshop
FAMILY PLANNING IN AFRICA

TRAINING OF TRAINERS IN CONTRACEPTIVE TECHNOLOGY
AND FAMILY PLANNING PROGRAM MANAGEMENT

given in Kenya, August 1 - 2, 1983

K. E. de Graft-Johnson, M.A.
Director
Centre for African Family Studies

Susan Naider, C.N.M., M.P.H.
Course Director
Center for Population and
Family Health

Martin Gorosh, Dr. P.H.
Assistant Course Director
Center for Population and
Family Health

Allan Rosenfield, M.D.
Director
Center for Population and
Family Health

5. What has been done to collect service statistics?

Read Dr. Being in Charge, pages 71- 84, 114 - 121

For the management meeting, guide your observations and note:

1. How did the Regional Director implement management by objectives?
2. Did she use standards of care in her discussions? How?
3. What important principles of management did you observe? In what way?

1. One thing I like about being a supervisor-trainer is:

2. One quality or characteristic about me that is helpful in my role as a trainer-supervisor is:

3. One quality or characteristic about me that is not helpful in my role as a trainer-supervisor is:

4. One characteristic about a trainee/supervisee which impedes my ability to train or supervise is:

5. One characteristic about a trainee/supervisee which facilitates my ability to train or supervise is:

5. _____

6. As I consider applying new concepts in training and supervision, I have one fear or reservation about myself or my organization which could block me:

7. As I consider new concepts in training or supervision, I feel confident about myself or my organization to be able to implement:

8. Within the next six weeks, I am going to try:

- 1.01: Evaluate achievement
 - Evaluate progress
 - Evaluate staff performance
 - Evaluate use of resources
 - Management Audit

Skills

Specifying objectives
 Determining evaluation
 criteria and methods
 Designing evaluation questions
 Selecting evaluation topics
 Using appropriate methods
 Making decisions for program
 improvement based on
 evaluation findings
 Present findings

Knowledge

The place of evaluation in
 an organization
 Evaluation methods
 Evaluation models

Attitudes

Evaluation is an
 important management
 function
 Evaluation is not a
 burden imposed by
 external forces

Time

Objectives and Procedure

Materials

One day

At the end of the session, participants will
 have chosen at least five modules for TGT in
 evaluation, including

- . management achievement
- . measuring progress
- . assessing staff performance
- . evaluating use of resources
- . conducting a management audit

The modules developed will include the following themes:

- . measurement of the progress of the health teams in terms
 of the services delivered and their results
- . measurement of the progress of the health team work
- . appraisal of the performance of the health team members
- . assessment of the efficient use of health team resources
- . assessment of the management of the health team

Following presentation and discussion of evaluation participants will be divided into five workgroups and asked to devise a quantitative and qualitative evaluation system for each of the above topics.

1. The objective being evaluated (or the activity or target)
2. The measures and methods being used to evaluate process and impact, and whether these are short term, intermediate, or long term assessment
3. Repeat 1 and 2 for additional objectives

Note: The clarity and specificity of these objectives may be increased by linking them with the six program components specified on the following page.

FAMILY PLANNING EVALUATION MEASURES

Evaluation starts with the program's objectives -- are they being achieved?

.. For fertility ... consider the following:

1. Crude Birth Rate
2. Child:Woman Ratio
3. General Fertility Rate
4. Total Fertility Rate
5. Age Specific Fertility Rate
6. Marital Age Specific Fertility Rate
7. Percent Currently Pregnant
8. Acceptability of surveys may be measured and contraceptive fertility -- the way from one to the other can be compared to some standard, such as the fertility trend for other women matched on personal characteristics.
9. Other methods to measure program effect on fertility are explained in two UN Manuals**:

Trend analysis
Area regression
Field experiments with control areas
Computer simulation (Dacrap/Converse; SCVP)
Potter and Wolfert methods of births averted
Bongaarts formulas for the relation of prevalence to fertility
Others

3. For services provided:

- By contraceptive method
- By first vs. repeat acceptors (and also divide the quantity of pills and condoms by first vs. repeat).
- By service point (to see what type of outlet works best -- this may vary by method).
- By type of personnel who recruit, or have the first contact with clients (again, to learn the paths via which people come to the service).
- Also by open interval, previous contraception (both in the program and privately), and past abortions.
- Also by personal characteristics -- age, no. children, residence.

1. Personnel: Follow each process separately: selection, training (and re-training), supervision, and especially turnover. Watch monthly, the proportion of authorized posts that are not occupied, as program performance can be very sensitive to empty field positions.

2. Supplies: Follow closely the stocks and flow of each contraceptive method, being sure that the pipeline has plenty of inventory at each level. Also small medicines, IUDs, etc.

For each equipment item, watch a few times necessary for ordering, transport and installation.

3. Indicators of Education, Socialization. Follow each sub-indicator by desired output:

- Is the work getting out not just the family planning is a good idea but specifically what services are available: where, when, by whom.
- via mass media follow each separately.
- at what cost the more expensive is often not the one that does the most good.

UN Population Division: Methods of Measuring the Impact of Family Planning Programmes on Fertility, ST/ESA/SER.A/61.1978.

Also: The Methodology of Measuring the Impact of Family Planning Programmes on Fertility, Manual II, ST/ESA/SER.A/66.1979

to small studies and experiments. For other examples see:

Small depots in the remoter villages

Volunteers who are ready users, to recruit new clients, or visit them after acceptance for reassurance

New kinds of personnel, especially larger numbers of lay and paramedic staff who cost less and can cover a larger rural population

An intensive small area study to interview every household, see what contraceptive method is used (or preferred), what travel patterns exist between town and the services, what contacts they report with fieldworkers or IHC, and so on.

Ways to activate the private sector, to do more via small drugstores or sidewalk stands, traditional midwives, folk medical practitioners, etc.

Local workers clubs - to be depots, to focus on health and FW, to back up the field staff

Index

1. Select a summary of a family planning program design
2. Specify the information needed by different groups for different purposes.

The number and specificity of exercises on the left may be increased by linking them with following program components

→

	Administrative	Monitoring
Planning	Monitoring of	Service
and	Targets	Delivery
Assessment	and Evaluation	Methods

Consultants

Health workers

Supervisors

Managers

Funding Agencies

3. For each user of information specify

- data source
- point of collection
- frequency of collection
- analysis (counts, distributions, indices, trends, etc.)
- the upward and downward flow of the information in the organization

4. Design a client record for use in the program.

- show how the information is used for client care
- show how the information is used in various implementation activities

5. Design a summary form for a monthly report of activities using information collected on the client record. What other information should be included in the summary report

MONDAY
Management Overview
Gorosh

TUESDAY
Complete Modules

Complete Modules

Exercises in Supervision

8:30 - 9:00

IP Program Management

10:00 Tea Break

Tea Break

Tea Break

Tea Break

Tea Break

10:30 IP Program Management
A case study with discussion

11:00

11:30

12:00

1:00 Planning
Gorosh

Implementation

TOT Applied to IP Supervision

Free Afternoon

2:00

Planning
Gorosh

Review TOT Concepts
Gorosh

3:00

3:30 Planning Exercises

Implementation

Exercises and Drilling
Modules for TOT Supervision

4:00 Writing TOT Modules

Exercises and Writing
TOT Modules for Implement-
ation

4:30

5:00

Planning

5:30

APPLIED Pro
Gorosh

ation
McGarrick

Lecturers: Prof. Dr. G. L. Johnson CAPS Dr. Susan Walker CAPS	TOT: Selecting Training Methods for Competency Based Training	Injectable Contraception DMPA	Intra-uterine Contraception IUD	Group Presentations on Competency Based Training
10.30 Tea Break	Tea Break	Tea Break	Tea Break	Tea Break
11.00 Overview of MCH and Impact of FP on MCH Rosenfield	Oral Contraception Rosenfield	Write Modules		
11.30 Overview of FP Program Gorosh	Panel of Respondants (3)		Selection of 3 modules for Friday's presentation	
12.00 Introduction to Workshop: Workshop Objectives Walker	Work Group Formation 3 Group / 4 Groups	Intra-uterine Contraception Rosenfield	Role Play and Case Studies on DMPA	
12.30 Overview to Workshop Design FP Contraceptive Technology Management Competency based Training Walker	Write TOT Modules for Oral Contraception	Use of Gynny Model to Teach Pelvic Assessment and Insertion of IUD Rosenfield Walker	Tea Break	
1.00 Tea Break	Tea Break	Tea Break	Open Forum:	
1.30 Training Design: Topics Subject vs. Content Role-play		Write Modules	<ul style="list-style-type: none"> - Sterilization - Sexually Transmitted Diseases - Infertility - Other Contraception 	
1.45 Assigned Readings: Oral Contraception Injectable Hormones	Group Meeting all Work Groups Walker	Announce Panel on Sterilization, STI		
	Finish Modules Assigned Readings: - DMPA (1)	Complete Modules Assigned Readings: - DMPA (1)		

Participants will be able to describe the usual progression of lactation.

1 2 3 4 5 6 7 8 9 10

Participants can list common problems of breast feeding mothers, the probable cause and possible solutions

1 2 3 4 5 6 7 8 9 10

Participants can discuss advantages and disadvantages of the following methods for the breast feeding mother:

- lactation suppression of ovulation only
- combined pills
- progestin only pills
- progestin only injections
- foam
- condoms
- diaphragm
- IUD
- natural methods
- sterilization

1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10

Participants can discuss timing or onset of use of any of the above methods as it relates to breast feeding maintenance.

1 2 3 4 5 6 7 8 9 10

Participants will upgrade their present knowledge base in:

- Sterilization (male and female)
- Sexually Transmitted Diseases (STD)
- Infertility

1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10

Participants will become familiar with the open forum as a training methodology.

1 2 3 4 5 6 7 8 9 10

Participants will demonstrate mastery of TOT skills through presentation of rules which they have developed in groups.

1 2 3 4 5 6 7 8 9 10

Rules will be evaluated/critiqued by training staff and by trainees using a guide to critique.

1 2 3 4 5 6 7 8 9 10

- . Describe an overall framework for planning, implementing and evaluating community-based programs 1 2 3 4 5 6 7 8 9 10
- . Recognize the relationship between the process and changes in practice 1 2 3 4 5 6 7 8 9 10
- . Identify and develop key topics for special attention in training programs 1 2 3 4 5 6 7 8 9 10
- . Write a module for a TOT program incorporating 1-3 above 1 2 3 4 5 6 7 8 9 10

At the end of the session, participants will write at least four modules for TOT in Planning: 1 2 3 4 5 6 7 8 9 10

a. For needs and resources assessment the module will include

- . gathering information 1 2 3 4 5 6 7 8 9 10
- . identifying useful information from records 1 2 3 4 5 6 7 8 9 10
- . analyzing and interpreting information 1 2 3 4 5 6 7 8 9 10
- . tabulating data 1 2 3 4 5 6 7 8 9 10
- . reviewing existing health work 1 2 3 4 5 6 7 8 9 10
- . collection information on resources 1 2 3 4 5 6 7 8 9 10

2. For selecting and defining problems the module will include

- . identifying and listing problems in the community 1 2 3 4 5 6 7 8 9 10
- . selecting important problems according to criteria 1 2 3 4 5 6 7 8 9 10
- . recognizing problems which are the responsibility of sectors 1 2 3 4 5 6 7 8 9 10

3. For setting objectives, developing strategies, specifying evaluation criteria, and setting standards for the quality of service delivery, the module will include

- . writing program objectives 1 2 3 4 5 6 7 8 9 10
- . specifying measurable targets 1 2 3 4 5 6 7 8 9 10
- . setting objectives that are relevant, feasible, measurable and observable 1 2 3 4 5 6 7 8 9 10
- . selecting appropriate program design 1 2 3 4 5 6 7 8 9 10
- . specifying the evaluation measures to be used 1 2 3 4 5 6 7 8 9 10
- . listing the measures to be used to assure that standards of service delivery are met 1 2 3 4 5 6 7 8 9 10

At the end of the session, participants will have written at least five modules for TOT in implementation, including:

- o coordination 1 2 3 4 5 6 7 8 9 10
- o administrative monitoring 1 2 3 4 5 6 7 8 9 10
- o supervision 1 2 3 4 5 6 7 8 9 10
- o monitoring service delivery standards and norms 1 2 3 4 5 6 7 8 9 10

The modules developed will include the following themes:

- o coordinating the activities of a plan 1 2 3 4 5 6 7 8 9 10
- o coordinating people within an organization structure 1 2 3 4 5 6 7 8 9 10
- o communicating decisions concerning implementation 1 2 3 4 5 6 7 8 9 10
- o using a check list to review work standards 1 2 3 4 5 6 7 8 9 10
- o using records to monitor work 1 2 3 4 5 6 7 8 9 10
- o using reports to assess work outputs 1 2 3 4 5 6 7 8 9 10
- o redirecting activities as necessary 1 2 3 4 5 6 7 8 9 10
- o making a schedule of supervisory visits 1 2 3 4 5 6 7 8 9 10
- o planning a supervisory visit 1 2 3 4 5 6 7 8 9 10
- o conducting a supervisory visit in a helpful way 1 2 3 4 5 6 7 8 9 10

At the end of the session, participants will have written at least five modules for TOT in evaluation, including:

- . management achievement 1 2 3 4 5 6 7 8 9 10
- . measuring progress 1 2 3 4 5 6 7 8 9 10
- . assessing staff performance 1 2 3 4 5 6 7 8 9 10
- . evaluating use of resources 1 2 3 4 5 6 7 8 9 10
- . conducting a management audit 1 2 3 4 5 6 7 8 9 10

The modules developed will include the following themes:

- . measurement of the progress of the health teams in terms of the services delivered and their results 1 2 3 4 5 6 7 8 9 10
- . measurement of the progress of the health team work 1 2 3 4 5 6 7 8 9 10
- . appraisal of the performance of the health team members 1 2 3 4 5 6 7 8 9 10
- . assessment of the efficient use of health team resources 1 2 3 4 5 6 7 8 9 10
- . assessment of the management of the health team 1 2 3 4 5 6 7 8 9 10

CONTRACEPTIVE TECHNOLOGY EXERCISES

This section contains the curriculum as developed by the CPFH in the area of Contraceptive Technology. The exercises and lesson plans include:

1. An Overview of Family Planning and Its Impact on Maternal and Child Health
2. Combined Oral Contraception TOT
3. Injectable Contraception
 - 3.1 TOT for Training of Doctors and Nurse-Midwives on Administration of DMPA and Client Management
 - 3.2 Case Study and Two Role Plays which can be used in Training about DMPA
4. Intrauterine Contraceptive Devices
 - 4.1 TOT in IUD Insertion
 - 4.2 Task lists and Task Analysis for TOT in Intrauterine Contraceptive Devices
5. Breastfeeding, Fertility and Family Planning
6. TOT for the Community Based Distribution of Condoms
7. Natural Family Planning Methods

Objectives and Procedure to Follow with Content	Materials
<ul style="list-style-type: none"> o Describe major maternal-infant mortality and morbidity problems and relate to fertility and child-bearing practices. o Describe major health benefits to Family Planning. o Discuss concepts of risks and benefits as applied to family planning programs. o Discuss concepts of clinic and community-based programs. o Discuss risks and benefits of community-based family planning programs. o Describe the variety of family planning methods available and practical to provide within sub-Saharan African context. <p>Participants can design a training module for medical/paramedical personnel incorporating above concepts.</p> <p>Participants can design a training module appropriate for community-level workers incorporating above concepts.</p> <p>Talk and Discuss</p>	<p><u>Family Planning: Its Impact on the Health of Women and Children.</u> 56 pp.</p> <p>"Modern Medicine and the Delivery of Health Services" Rosenfield. <u>War and Medicines.</u> Vol. 2, No. 1, 1977.</p> <p>"Medical supervision for contraception: too little or too much" Rosenfield. <u>Int'l Surv/Oc.</u> 15:105-110, 1977.</p> <p>"Community-based health and family planning" <u>Population Reports.</u> Ser. #3 L, No. 3, Nov-Dec '82.</p>

Please answer the following questions by circling the number that comes closest to how you feel right now.

- | | | | | | | | | | | | | |
|--|------------------------------|---|---|---|---|---|---|---|---|---|------------------|---------------------------------|
| | <i>No, Waste
of Time</i> | | | | | | | | | | | <i>Yes, Very
Worthwhile</i> |
| 1. Do you think this session was worthwhile? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | <i>Not
At All</i> | | | | | | | | | | <i>Very Much</i> | |
| 2. How much do you feel you personally needed this session? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | <i>Not
At All</i> | | | | | | | | | | <i>Very Much</i> | |
| 3. How much do you feel others in the group needed this session? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | <i>Poorly</i> | | | | | | | | | | <i>Very Well</i> | |
| 4. How well do you think the trainer(s) did his/their job(s)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

What did you like most about the session?

What did you like least about it?

Any other comments or suggestions?

ATP AND EARLY BIRTH RATE

	1	2	3	4	5	6	7	8	9	10
Describe major maternal, infant mortality, and morbidity problems and relate to fertility and child-bearing practices.										
Describe major health benefits to Family Planning.	1	2	3	4	5	6	7	8	9	10
Discuss concepts of risks and benefits as applied to family planning programs.	1	2	3	4	5	6	7	8	9	10
Discuss concept of clinic and community based programs.	1	2	3	4	5	6	7	8	9	10
Discuss risks and benefits of community based family planning programs.	1	2	3	4	5	6	7	8	9	10
Describe the variety of family planning methods available and practical to provide within sub-Saharan African context.	1	2	3	4	5	6	7	8	9	10
Participants can design a training module for a target category of personnel incorporating above concepts.	1	2	3	4	5	6	7	8	9	10
Participants can design a training module appropriate for a group of health workers incorporating above concepts.	1	2	3	4	5	6	7	8	9	10

1. Participants will be able to write training of trainers modules in contraceptive technology applied to service delivery and in family planning program management (an overall course objective)	1	2	3	4	5	6	7	8	9	10
2. Participants will apply concepts of adult learning in training of trainers to development of modules	1	2	3	4	5	6	7	8	9	10
3. Participants will use concepts and techniques of competency based training in development of modules	1	2	3	4	5	6	7	8	9	10
4. Participants will be able to show how they will train others <i>inside the procedure for competency based training</i>	1	2	3	4	5	6	7	8	9	10
- develop a guide to training needs and resource assessment	1	2	3	4	5	6	7	8	9	10
- develop task lists	1	2	3	4	5	6	7	8	9	10
- analyse tasks for skill, knowledge and attitude components	1	2	3	4	5	6	7	8	9	10
- develop training objectives and entry level <i>skills and knowledge</i>	1	2	3	4	5	6	7	8	9	10
- select appropriate training methods for mastery of tasks	1	2	3	4	5	6	7	8	9	10
- determine minimum standard for practical experience one would require for mastery of tasks	1	2	3	4	5	6	7	8	9	10
- develop training design	1	2	3	4	5	6	7	8	9	10
- develop lesson plans which includes procedure to follow to cover content	1	2	3	4	5	6	7	8	9	10
- develop training evaluation tools	1	2	3	4	5	6	7	8	9	10

5. Participants will use a variety of training methodologies in each module, selected from among the following: 1 2 3 4 5 6 7 8 9 10

- demonstration and return demonstration
- case studies with discussion
- role play as trigger for discussion
- clinical practice with supervision
- readings or film with discussion
- focused discussion and pre-planned discussions
- film or slides with discussion
- training games and discussion
- values clarification exercises
- programmed instruction
- T-group or self-activity group
- communication exercises

6. Participants can analyze tasks (competencies) by requisite skills, knowledge and attitude, and apply the analysis to selection of training methodologies 1 2 3 4 5 6 7 8 9 10

Participants can determine training methods appropriate to: 1 2 3 4 5 6 7 8 9 10

- knowledge (cognitive learning)
- skills (psychomotor learning)
- attitudes (psychosocial learning)

Participants can describe the following and apply to the development of a training module:

OR COMBINED PILLS and MINI PILLS

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| c Mechanisms of action | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Effectiveness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Risks and management of complications | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Side effects and their management | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Indications and contraindications in selection of pill candidates | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Selection of pill type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Patient roles and responsibilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c Instructions for patients using the pill | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Participants can apply the above information to case studies concerning pill management

Participants can discuss important issues of pill use including:

- o Identification and management of women who can use the pill by village level workers 1 2 3 4 5 6 7 8 9 10
- o Counseling for village level workers 1 2 3 4 5 6 7 8 9 10
- o Management of complications (see cases) 1 2 3 4 5 6 7 8 9 10
- o Risks and benefits of pill use and public health decisions as well as patient care decisions 1 2 3 4 5 6 7 8 9 10
- o Pills for the breast-feeding woman 1 2 3 4 5 6 7 8 9 10

Participants can describe the following and apply to development of a training module

For Depot Injvera, DMPA

- o Mechanism of action 1 2 3 4 5 6 7 8 9 10
- o Effectiveness 1 2 3 4 5 6 7 8 9 10
- o Side effects/complications 1 2 3 4 5 6 7 8 9 10
- o Indications and contraindications to use 1 2 3 4 5 6 7 8 9 10
- o Management 1 2 3 4 5 6 7 8 9 10
- o Non-contraceptive benefits 1 2 3 4 5 6 7 8 9 10
- o Patient role and responsibilities 1 2 3 4 5 6 7 8 9 10

Participants can discuss important issues including:

- o The acceptance of DMPA in traditional societies where menstruation is very important 1 2 3 4 5 6 7 8 9 10
- o What is the relevance of the finding of cancer in animals to other use of DMPA? 1 2 3 4 5 6 7 8 9 10
- o Does DMPA lead to permanent anovulatory cycles and infertility? 1 2 3 4 5 6 7 8 9 10
- o The role of community-based workers in an outreach program where DMPA is provided (perceived/actual risk) 1 2 3 4 5 6 7 8 9 10
- o What are other problems associated with DMPA use? 1 2 3 4 5 6 7 8 9 10

Participants can describe the following and apply to development of a training module:

(For both medicated and non-medicated IUD's)

- o Mechanisms of action 1 2 3 4 5 6 7 8 9 10
- o Effectiveness 1 2 3 4 5 6 7 8 9 10
- o Risks and management of complications 1 2 3 4 5 6 7 8 9 10
- o Side effects and management 1 2 3 4 5 6 7 8 9 10
- o Indications and contraindications in selection of IUD candidates 1 2 3 4 5 6 7 8 9 10
- o Selection of IUD type 1 2 3 4 5 6 7 8 9 10
- o Patient role and removal procedures 1 2 3 4 5 6 7 8 9 10
- o IUD insertion and removal procedures 1 2 3 4 5 6 7 8 9 10
- o Instructions for patients with IUD 1 2 3 4 5 6 7 8 9 10

Participants can use above information to use studies concerning IUD management 1 2 3 4 5 6 7 8 9 10

Participants can demonstrate pelvic evaluation and insertion of the IUD using the Gynny model and apply to training of others 1 2 3 4 5 6 7 8 9 10

Participants can discuss important issues of IUD use including:

- Insertion by nurses, midwives, medical assistants 1 2 3 4 5 6 7 8 9 10
- Differences between copper IUD's and Mirena IUD 1 2 3 4 5 6 7 8 9 10
- Training for insertion in reference to nurses and other staff 1 2 3 4 5 6 7 8 9 10
- The IUD in the patient's life 1 2 3 4 5 6 7 8 9 10
- The IUD in the pregnant patient 1 2 3 4 5 6 7 8 9 10
- The IUD and the contraceptive IUD state 1 2 3 4 5 6 7 8 9 10

Participants will observe demonstration and return demonstration as a training methodology. 1 2 3 4 5 6 7 8 9 10

Participants will be able to use gynny model to teach pelvic evaluation, IUD insertion, fitting of diaphragm 1 2 3 4 5 6 7 8 9 10

Participants can describe the following:

- c spermicides 1 2 3 4 5 6 7 8 9 10
- c condoms 1 2 3 4 5 6 7 8 9 10
- c diaphragms 1 2 3 4 5 6 7 8 9 10
- c cervical caps 1 2 3 4 5 6 7 8 9 10

Participants can describe the following and apply to development of a training module.

- c mechanism of action 1 2 3 4 5 6 7 8 9 10
- c effectiveness 1 2 3 4 5 6 7 8 9 10
- c side effects 1 2 3 4 5 6 7 8 9 10
- c indications and contraindications to use 1 2 3 4 5 6 7 8 9 10
- c management 1 2 3 4 5 6 7 8 9 10
- c fitting procedure for diaphragms/caps 1 2 3 4 5 6 7 8 9 10
- c non-contraceptive benefits of spermicides and condoms 1 2 3 4 5 6 7 8 9 10
- c patient roles and responsibilities 1 2 3 4 5 6 7 8 9 10

Participants can give 4 important issues of barrier methods.

- c community based distribution 1 2 3 4 5 6 7 8 9 10
- c post-partum distribution 1 2 3 4 5 6 7 8 9 10
- c preventing unwanted adolescent pregnancy 1 2 3 4 5 6 7 8 9 10
- c male role in family planning 1 2 3 4 5 6 7 8 9 10

Participants are able to describe 4 techniques of periodic abstinence:

- c calendar rhythm (rhythmus) 1 2 3 4 5 6 7 8 9 10
- c temperature of thermal method 1 2 3 4 5 6 7 8 9 10
- c the cervical mucus method 1 2 3 4 5 6 7 8 9 10
- c the sympto-thermal method (STM) 1 2 3 4 5 6 7 8 9 10

Participants can describe the following for any one or combinations of the 4 techniques:

- c physiologic basis of technique(s) 1 2 3 4 5 6 7 8 9 10
- c observations, record-keeping and calculation of fertile period 1 2 3 4 5 6 7 8 9 10
- c effectiveness 1 2 3 4 5 6 7 8 9 10
- c indications and contraindications in selection of candidates to use the technique (s) 1 2 3 4 5 6 7 8 9 10
- c problems in using technique(s) 1 2 3 4 5 6 7 8 9 10
- c patient instructions 1 2 3 4 5 6 7 8 9 10

Participants can discuss the following issues:

- c spontaneous abortion and birth defects in NFP users 1 2 3 4 5 6 7 8 9 10
- c single technique or combinations 1 2 3 4 5 6 7 8 9 10
- c use of barrier methods with NFP 1 2 3 4 5 6 7 8 9 10
- c TOT for NFP 1 2 3 4 5 6 7 8 9 10

Materials:

Packages of oral contraceptives
Calendar

Note: This training should take 4 - 6 hours depending on group progress.

Time	CONTENT	TEACHING METHOD
15 mins	<p>1. <u>Introduction and Review of Oral Contraception</u></p> <p>1.1 The pill and its use world wide</p> <p>1.2 Review basic contraceptive technology on:</p> <ul style="list-style-type: none">- mechanisms of action- effectiveness rates (theoretic and real)- indications for use- contraindications for use:<ul style="list-style-type: none">: Absolute contraindications: Relative contraindications- Selection of pill type- side effects- complications and risks- non-contraceptive benefits	<p>Assigned readings Lecture discussion/slides(?) Solicit basic information from trainees</p> <p>Overhead transparencies maybe useful here</p>
30 mins	<p>2. <u>Management of clients using the pill</u></p> <p>2.1 Concept of informed decisions</p> <p>2.2 Client and provider responsibilities</p> <p>2.3 Screening and selection of clients who can use the pill - discuss concepts then form 2 work groups:</p> <ul style="list-style-type: none">a. Have participants develop a screening tool for use by midwives or nurses (interview, physical exam and laboratory exam) and justify each part.b. Have participants develop a screening tool for use by village health workers and justify each part	<p>Discussion of concept</p> <p>Discussion Structured exercise in Work Groups (2's, or larger groups)</p>
15 mins	<p>Work groups present findings to class - facilitator then helps group to determine risks and benefits related to community based programs</p> <p>Facilitator related this assessment exercise to need for standards of care in F.P. programs</p>	<p>Work groups presentations</p> <p>Quick feed back</p>

Time	CONTENT	TEACHING METHOD
30 mins.	<p>2.4 <u>Recognition and Management of Minor Side Effects</u></p> <ul style="list-style-type: none"> - Solicit list from group, then ask trainees to discuss causes and how they have managed these side effects in past - Facilitator corrects any misconceptions. Be sure to cover: <ul style="list-style-type: none"> : weight gain : breast tenderness : spotting : depression : acne : decrease in libido : heavy menses with clots : scanty menses : hair loss : suppression of lactation : cyclical edema : nausea <p>Be sure to discuss pill type related to side effects</p>	<p>Brainstorm and group discussion</p> <p>Overhead transparency may be useful here</p>
30 mins.	<p>2.5 <u>Recognition and Management of Complications</u></p> <ul style="list-style-type: none"> - First discuss how complications are different from side effects. - Have participants site major complications - signs and symptoms - which are life threatening (Thrombosis in legs, pelvis, lungs heart or brain severe headache blurred vision severe leg pains severe chest pains) - Discuss management in <ul style="list-style-type: none"> : hospitals having doctors : health centers without doctors - Discuss management of women with hypertension - Facilitator leads this with scientific basis for practice 	<p>Brainstorm and group discussion</p> <p>Overhead transparency</p> <p>Use work sheets for these complications. (from August course)</p>
45 mins.	<ul style="list-style-type: none"> - Form work groups and distribute 3 case studies <ol style="list-style-type: none"> 1 - Hypertension 2 - Headache 3 - Blurred vision - Have groups read and discuss cases and prepare plan of care. Then have each work group report on their case and plan. Discuss plan and correct any misconceptions <p>Finish by discussion of prevention of major complications</p>	<p>Work groups</p> <p>Quick feed back</p>

Time	CONTENT	TEACHING METHOD
20 mins.	<p>2.6 <u>Teaching Patients How to Use the Pill:</u></p> <p><u>For New Users</u></p> <ul style="list-style-type: none"> - Use spontaneous role play - Ask one participant to take place of nurse and another to take place of client - Give package of pills and ask 'nurse' to explain how to take them as she would in clinic. - Critique any mis-information - Discuss how to manage teaching illiterate women. 	<p>Role Play and discussion</p> <p>Discuss *Quick feed back</p>
20 mins.	<p>2.6.1 <u>For Return Clients</u></p> <p>(Prepare a role play involving a woman who forgets pills, takes 2 after intercourse and complains of spotting)</p> <ul style="list-style-type: none"> - Select one participant to resolve the problem - participant should be selected spontaneously. - Critique any mis-information 	<p>Role Play and discussion</p>
20 mins.	<p>2.6.2 Ask all participants to take out pencil and paper</p> <ul style="list-style-type: none"> - Write down what they tell a woman who has forgotten her pills 2 days in a row - Collect papers, read them - Discuss misconceptions - Agree on uniform counselling for this problem 	<p>Exercise</p> <p>*Quick feed back sheet</p>
	<p>3. <u>Identification and discussion of training methods used in this module:</u></p> <ul style="list-style-type: none"> - Identify methods <ul style="list-style-type: none"> : lectures : discussion : reading assignment : brainstorming : work groups : structured exercises : work sheets : case studies - Discuss advantages and disadvantages each method in course of this module* - Explain this area will be further explored in TOT week. <p>*It would be good to use a quick feedback sheet at least once for each type of method during this module. Tell participants what they thought as a group of the methods</p>	<p>Brainstorm Discuss</p>

EVALUATION:

Pre-Post Test:

Observation of participants in:

- discussions
- role play
- case studies
- group assignments

Quick feedback sheets

INJECTABLE CONTRACEPTION
TOT FOR TRAINING OF DOCTORS AND
NURSE/MIDWIVES IN ADMINISTRATION
OF DMPA AND CLIENT MANAGEMENT

TITLE: TOT FOR TRAINING OF DOCTORS AND NURSE/MIDWIVES ON ADMINISTRATION OF DMPA AND CLIENT MANAGEMENT -

OBJECTIVES:

At the end of this training component the trainee will be able to do the following:

1. To define DMPA
2. To describe mechanism of action
3. To explain the effectiveness of the DMPA
4. To describe advantages and disadvantages of DMPA
5. To describe the side effects
6. To describe the indications and contraindications
7. To discuss controvercies in DMPA
8. To select client suitable for DMPA
9. To manage the DMPA client.

MATERIALS:

- Ampule of DMPA, syringes, needles.
- Questionnaires
- References: 'Contraceptive Technology' P.37, 67
- Black board
- Classroom
- Slides and projector, screen,
- Flip chart
- Handout on indications and contraindications
- References: Minkins, S. 'Depo Provera; A Critical Analysis
Benagiano G. et al, 'The Depo Provera Debate'
FP Procedure Manual for Nurse/Midwife
- Gynny model
- Sphygmomanometer, & Stethoscope
- Speculum
- Test tubes, Albustix
- First visit forms
- Handout of consent form
- Client cards
- Calendar/Dairy, Appointments, Time Table of mobile clinic

Time	CONTENT	TEACHING METHOD
	<ul style="list-style-type: none"> - Chemical composition - Mode of preparation - Suppression of ovulation - Pregnancy rates in DMPA users - List of advantages and disadvantages of DMPA including non-contraceptive benefits - List of side effects - Essential characteristics based on 	<p>Lecture, client knowlas Role play Demonstration of ampule DMPA Announce concept, Solicit knowledge of gr. and complete, deal with each scientifically</p>

Time	CONTENT	TEACHING METHOD
	<ul style="list-style-type: none"> - History, social, family, obstetrical, gynaecological - Physical/pelvic examination - Blood Pressure - Urinalysis 	Solicit knowledge, discussion
	<p>Ins</p> <ul style="list-style-type: none"> - Instructions to client on advantages, (disadvantages) and anticipated side effects - Return date - Indications for early return to clinic - Time method becomes effective - Need to avoid sex midcycle or use barrier/spermicidal method - How to deal with severe vaginal bleeding either by depo oestradiol, D & C or reassurance - Instruction to client on expected menstrual disturbances in relation to her cultural background - Advice on need to purchase more sanitary towels for first 3/12 - Advice on when to cease use of method in order to get pregnant again - Introduce participants to CBD concepts and rationale. - Validation of family planning practice as a health promotive measure - Promotion of DMPA effective and safe contraceptive method - Information on mobile clinic visit days 	<p>- do -</p>
	<ul style="list-style-type: none"> - Appropriate sites for intramuscular injection gluteal muscle (upper and outer quadrant) or deltoid muscle - Importance of shaking the ampule thoroughly before withdrawing drug into syringe - Importance of aseptic technique - Need to pull the syringe plunger to avoid injection of drug into a blood vessel. 	- do -

EVALUATION:

1. Pre test and post test
2. Role play

INJECTABLE CONTRACEPTION:
CASE STUDY AND TWO ROLE PLAYS
WHICH CAN BE USED IN TRAINING
ABOUT DMPA

CASE STUDY ON VAGINAL SPOTTING AND WEIGHT GAIN
IN USERS OF DMPA

STATEMENT OF PROBLEM

Irregular or intermittent vaginal bleeding and weight gain are not uncommon side-effects among DMPA users. Women experiencing such problems tend to be concerned with these changes and ultimately wish to be informed and re-assured of the safety of continuing with DMPA. Thus the case under review seeks to highlight salient aspects on the management of women experiencing vaginal spotting and weight gain while on DMPA.

SUBJECTIVE EVALUATION

Mrs. X is a 36 year old business woman with 8 living children. She has been on DMPA for the past six months, and comes up to the clinic complaining of weight gain and intermittent light vaginal spotting a month after starting the injection. She bleeds for about 7 - 10 days each month. The bleeding is reported to be very light and only requiring changing the vulval pad once per day.

The patient denies a history of dizziness, headaches, palpitations, abdominal pain, backache, foul-smelling vaginal discharge or post-coital bleeding. She also denies a history of amenorrhoea or early symptoms of pregnancy. Her appetite is reported to have markedly increased in recent months. There is no family history of diabetes. Enquiry into counselling procedures before starting DMPA shows that no one talked to her about the side-effects; only benefits were mentioned.

OBJECTIVE EVALUATION

On physical examination Mrs. X looks lightly obese. B.P. 140/80 mm.Hg., Pulse 82 beats/min. Temp. 37°C. Weight is 80 Kg. (1st reading was 76Kg.)

Breasts, chest and abdominal findings are all normal. Speculum examination shows no evidence of vaginal infection, cervical erosion or polyps/growths. Slight darkish blood is seen at the cervical os.

Bimanual pelvic examination shows no signs of pelvic masses. The uterus is of normal size and freely mobile. No tenderness is elicited.

Laboratory examinations: Pregnancy test is negative. Hb is 13.5 Gm.% Urinalysis is negative. Pap smear taken at first visit was also negative.

QUESTIONS

1. Is such irregular bleeding as described above considered a serious problem?
2. Can spotting or bleeding be stopped in DMPA users?
3. Will irregular spotting in DMPA users decrease or disappear over time?
4. Do any women have regular menses while using DMPA?
5. How does one explain and manage weight gain in DMPA users?

REFERENCES:

1. "Injectables and Implants: Long-Acting Progestins - Promise and Prospects". Population Reports, Series K, No.2, May 1983 pp. K-26-K-27. Population Information Program, The Johns Hopkins University, Hampton House, 624 North Broadway, Baltimore, M.D. 21205 U.S.A.
2. "Contraceptive Technology 1982-1983". 11th Edition by Hatcher, R.A. et al. Irvington Publishers, Inc., 551 Fifth Av., N.Y. 10176. pp. 66 - 71.
3. "Family Planning Procedure Manual for Nurse - Midwives 1982" used by both Downstate Medical Centre & Kings County Hospital in Brooklyn, New York. pp. 65 - 66. 1

PLAN OF ACTION

1. Counsel on spotting that it will probably diminish. If very much concerned, try medication with hormones.
2. Counsel on weighting diet and exercises.
3. Advise on regular check-ups.

TRAINING EXERCISES

1. TITLE

Role play for nurses and doctors about effectiveness of DMPA for client who is using O.C. but who forgets to take pills regularly.

2. OBJECTIVE(S) What do you expect the participants to achieve by taking part in this exercise?
- a) for the nurses and doctors to be able to explain the advantages and disadvantages of DMPA to a client who is on the pill.
 - b) for doctors and nurses to be able to communicate effectively in a non-scientific manner.

3. PARTICIPANTS

a. Who can use this type of exercise effectively?

Doctors and Nurses can use this type of exercise effectively

b. What is the optimum number of participants for this exercise?

Between 6 to 20. Actual role-play by two participants one in the role of the client and one in the role of the provider (doctor or nurse)

4. TIME How much time is needed?

Total: one(1) hour for role-play and discussion.

5. MATERIAL

Contraceptive Technology pp. 66-70.

"Depo-Provera: A Critical Analysis" by Stephen Minkin

"The Depo-Provera Debate: Commentary on the Article "Depo-Provera, A Critical Analysis" by G. Benagiano M.D.

Table, chairs, forms, B.P. machine, weighing scale, D.P. syringes and needles, sterilizer and O.C.

Written instructions for the role-players (see Procedure).

PROCEDURE Describe the procedure, step by step

1st Step: The client walks into the clinic for re-supply of O.C. She is offered a chair by the nurse who establishes that the client can get her re-supply of pills. At the last moment, the client mentions the problem of forgetting to take the pill.

The nurse explains the DMPA as an alternative method to the pill. The client agrees and gives consent.

2nd Step: The group criticises the role play.

3rd Step: Two other members of the group perform the role play; if possible a male should play the role of the client.

4th Step: Group critique (again)

5th Step Depending on the size of the group, repeat step 3 & 4 until every body gets a chance. If the group is small participants can change roles.

6th Step: Some kind of summary statement.

7. PROCESS POINTS What are the essential ideas which should be discussed at the end of this exercise so that the participants can process the experience?

- a) a) Doctor and nurse have to listen carefully to what the client says so that they can offer appropriate alternatives.
- b) In the course of the interview all advantages & disadvantages should be explained (see Contraceptive Technology p.67).
- c) In the course of the interview contraindications are considered (Ibidem, p.37)

TRAINING EXERCISE

ROLE PLAY

1. TITLE: Teaching People in a Well Clinic About Depo-Provera
 2. OBJECTIVE (S) What do you expect the participants to achieve by taking part in this exercist?
 - A. The participants will demonstrate their understanding of DMPA by their response to questions, and the questions they ask in the following aspects:
 - (a) informed consent
 - (b) menstrual side effects
 - (c) return of fertility
 - B. The trainer will gain skills in using Role Play as a training method.
 3. PARTICIPANTS:
 - A. who can use this type of exercise efectively?
 - (a) Trainees
 - (b) VHW
 - (c) Villagers
 - B. What is the optimum number of participants for this exercise?
- 15
4. TIME: How much time is needed?
 - 1hour (-60 minutes)
 - 15 min - Discussion 45 mins.
 5. MATERIAL
 - (a) Chairs
 - (b) Depo Provera/Injection
 6. PROCEDURE: Describe the procedure, step by step
 1. A group of men and women are assembled at an MCH/FP.
 2. A clinic nurse conducts a health talk on DMPA ensuring that questions on informed consent, menstrual side effects and return of fertility are answers.
 3. The nurse will make efforts to enhance a possitive attitude towards DMPA and voluntary choice to use method.
 - 6.2 PEOPLE:
 - (a) 1 Clinic Nurse - To teach the women
 - (b) A father who has four children is there with one of them. He has one wife, who has used the pill unseccessfully. He is concerned about children and their future.
 - (c) Village elder - who believes that women have one purpose

- (c) on earth and that is to bear children. And it is the men to make decisions about number of children. He is polygamous and has 10 children.
- (d) A mother of 2, urbanized, educated, has read about F.P. convinced, she is in a monogamous marriage; breast feeding she is here with her 5 month baby. She is looking for a method which she can use.

7. PROCESS POINTS:

What are the essential ideas which should be discussed at the end of this exercise so that the participants can process the experience?

LISTENERS

- A. Do you think this method can enable participants to understand:
 - 1. the purpose of getting DMPA informed consent
 - 2. the kind of menstrual irregularity a woman may expect from using DMPA
 - 3. the period of time to expect before fertility may return after using DMPA
- B. What kinds of beliefs, attitudes do you need to anticipate when teaching a group about DMPA?
- C. Did the "teacher" use good communication skills to respond to questions?
- D. Comment on the way the role was presented in relation to its purpose.
 - strong points
 - weak points.

TRAINING EXERCISES

1. TITLE: Teaching People in a Well Clinic About Depo-Provera

2. OBJECTIVE(S) What do you expect the participants to achieve by taking part in this exercise?
 - A. The participants will demonstrate their understanding of DMPA by their response to questions, and the questions they ask in the following aspects:
 - (a) informal consent
 - (b) menstrual side effects
 - (c) return of fertility.

 - B. The trainer will gain skills in using Role Play as a training method.

3. PARTICIPANTS

- a. Who can use this type of exercise effectively?
 - (a) Trainees
 - (b) VHW
 - (c) Villagers.

- b. What is the optimum number of participants for this exercise?

- 15

4. TIME: How much time is needed?

1hour (60 minutes)
15 min - Discussion 45 mins.

5. MATERIAL

- (a) Chairs
- (b) Depo Provera/Injection.

6. PROCEDURE: Describe the procedure, step by step

1. A group of women attend MCH/FP Clinic
2. Role play a health talk.

People:

- (a) 1 Clinic Nurse - To teach the women
- (b) A father who has four children is there with one of them. He has one wife, who has used the pill unsuccessfully. He is concerned about children and their future.
- (c) Village elder - who believes that women have one purpose on earth and that is to bear children. And it is the men to make decisions about number of children. He is polygamous and has 10 children.

- (d) A mother of 2, urbanized, educated, has read abit of FP, convinced, she is in a monogamous marriage; breast feeding she is here with her 5 month baby. She is looking for a method which she can use.

7. PROCESS POINTS

What are the essential ideas which should be discussed at the end of this exercise so that the participants can process the experience?

LISTNERS

- A. Do you think this method can enable participants to understand:
1. the purpose of getting DMPA informed consent
 2. the kind of menstrual irregularity a woman may expect from using DMPA
 3. the period of time to expect before fertility may return after using DMPA
- B. What kinds of beliefs, attitudes do you need to anticipate when teaching a group about DMPA?
- C. Did the "teacher" use good communication skills to respond to questions?
- D. Comment on the way the role was presented in relation to its purpose.
- strong points
 - weak points.

INTRAUTERINE CONTRACEPTIVE DEVICE
TOT IN INSERTION

TITLE: IUCD INSERTION

OBJECTIVES:

Participants will be able to:

1. Provide guidelines for the selection of clients for whom the IUCD will be the most suitable.
2. Describe the history, types, mechanism of action and the effectiveness of IUCDs.
3. Demonstrate pelvic examination and the insertion of the IUCD using the Gynny model and apply to training others.
4. Practice pelvic examination and insertion of the IUCD in a family planning clinic.
5. Discuss important issues of IUCD use
6. Discuss the management of these categories of IUCD clients namely:
 - a) visits/checkups
 - b) problems
 - c) removal

MATERIALS:

1. Family Planning Procedure Manual for Nurses/Midwives 1982 (State University of New York)
2. Ibid Pg.76, 83, 93, 69, 81,
3. Contraceptive Technology 1982-83 Pg.75
4. Population Reports July 1982 "IUCDs, An Appropriate Contraceptive for Many Women". Pg.8105
5. (3) Gynny models
6. Clients, physical facilities, IUCDs, personnel

Time	CONTENT	TEACHING METHOD
1 day	<ol style="list-style-type: none"> 1. General guidelines <ul style="list-style-type: none"> - gravidity and parity - pregnancy and menstruation - pelvic infections - abnormal cervical cytology - fibromyoma - abnormal vaginal bleeding 2. Advantages and disadvantages from client perspective. 3. Informal consent 	Lectures/Discussions in large groups -- Film strip on "Motivation"

Time	CONTENT	TRAINING METHOD
	<p>4. Mechanism of action</p> <ul style="list-style-type: none"> - mechanism of action - effectiveness - risks and management of complications - side effects and their management - indications and contraindications in selection of pill. - Client selection of IUD type i.e: <ul style="list-style-type: none"> - Lippes Loop - Copper "7" - Copper "T" - SAL-F-"T" - client role and removal procedures - IUCD insertions and removal procedures - instructions for clients with IUCD 	<p>Lectures/small group discussions</p> <p>Use of case studies concerning management of complications with IUCDs</p> <p>Role playing on client - Dr. - nurse consultations. (on IUCD problems, removal etc.) with emphasis on counselling techniques.</p>
1 day	<p>5. Steps in insertion of IUCDs</p> <ul style="list-style-type: none"> - explanation to the patient in general terms - bimanual examination - speculum examination - sounding the uterus for position and size - twelve steps in insertion of IUCD 	<p>Lecture & discussion on steps in IUCD insertion</p> <p>Demonstration and return demonstration on:-</p> <ol style="list-style-type: none"> a) pelvic examination b) insertion of IUCD using Gynny model
1 day	<p>6.</p> <ul style="list-style-type: none"> - Review of step in content - Review of equipment for a small family planning clinic with emphasis on IUCD insertion facilities. 	<ol style="list-style-type: none"> a) Demonstration of counselling and history taking session on insertion of IUCD b) Demonstration of procedure c) Group observation of a return demonstration by a participant on a client. d) Individual practical work on IUCD insertion under supervision
1 day 2	<p>7.</p> <ul style="list-style-type: none"> - Insertion of IUCD by: nurses, midwives, medical assistants. - Differences between Copper IUCDs and Lippes Loop - Timing for insertion in reference to menses and post partum - The IUCD in anaemic populations - IUCD in pregnant patient - IUCD and pelvic inflammatory diseases <p>8. Visits and Check ups</p>	<ul style="list-style-type: none"> - Fish-bowl technique in discussions - Pannel discussion on selected themes - Consensus discussions

Exercises:

- a) Oral questions and answers situation
- b) Pretest and Post test on IUCDs
- c) Quick feedback
- d) Rating scale to assess the effectiveness of role play
- e) Check list of 12 point step-by-step procedure for insertion of an IUCD (with Synny model)
- f) Feedback on Synny model practice
- g) Group critique of students practicing IUCD insertion
- h) Record cards for students inserting IUCDs. (5 IUCDs to be inserted by each student under supervision)
- i) Group critique.

INTRAUTERINE CONTRACEPTIVE
DEVICE: TASK LISTS AND TASK
ANALYSIS FOR TOT IN INTRAUTERINE
CONTRACEPTION

TASK ANALYSIS SHEET

MODULE TITLE OUTLINE OF TRAINING MDS AND N-Ms

TASK INSERTION OF IUD, MANAGEMENT AND REMOVAL

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
1. <u>Client Screening</u>	<ul style="list-style-type: none"> - History taking & physical examination of the client. - Knowledge of anatomy - Screening of suitable client for IUD 	<ul style="list-style-type: none"> - Discussion & role playing - Use of Gynny Model
2. <u>Client Preparation</u>	<ul style="list-style-type: none"> - Explanation to the client of the IUD insertion procedure - Empathy with client - Selection, & sterilisation of appropriate instruments - Selection of IUD type - Pelvic examination - Use of aseptic technique 	<ul style="list-style-type: none"> - Role playing - Role playing - Explanation - Demonstration - Critique, Role playing - Explanation - Critique
3. <u>Insertion of IUD</u>	<ul style="list-style-type: none"> - Cleaning of the vulva, vagina and cervix - Insert speculum gently - Use of the tenaculum forceps - Uterine sounding - Insertion of IUD in the inserter - Actual insertion - check if IUD in proper place 	<ul style="list-style-type: none"> - Gynny model - Demonstration - Explanation - Role playing - do -
4. <u>Instructions to Client</u>	<ul style="list-style-type: none"> - Communication skills, - Empathy with client - Indicate warning signs and symptoms - Instruct how often to return to clinic - Instruct on self examination to checking IUD is in place - Instruct on measures for personal hygiene and management of periods (menses) - Management of side effects and complications 	<ul style="list-style-type: none"> - Role playing - Group critique - Discussion - do -
5. <u>Removal of IUD</u>	<ul style="list-style-type: none"> - Explain the procedure to client - Sympathise with client - Clean vulva, vagina and cervix - Insert speculum gently - Use tenaculum forceps - Inspect the cervical os for threads - Insert artery forceps and pull the strings gently 	<ul style="list-style-type: none"> - Gynny model - Role play - Group critique - Discussion - do -

TASK ANALYSIS SHEET

MODULE TITLE

OUTLINE HOW YOU WOULD TRAIN MD, N/MS

TASK

TO INSERT/MANAGE AND REMOVE THE IUD

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p><u>INSERTION</u></p>	<p>Review Anatomy of the Pelvis</p> <p><u>Knowledge</u> - mechanism - types - side effects - contra-indication - complication</p> <p><u>Review</u> - methods of sterilizing IUD equipment</p> <p><u>Skills</u> - using the IUD instruments - laying IUD trolley - pelvic examination</p> <p><u>Attitude</u> - Favourable for F.P. - Gentle handling of clients - sympathetic - understanding - empathy</p>	<p>- Questions and answers inputs by trainer handouts Gynny model</p> <p>- handouts IUDs different types - handouts/slides</p> <p>- input by trainer Discussion</p> <p>- Discussion Demonstration Return demonstration input by trainer</p> <p>- Gynny model Human - Demonstration/Return demonstration - Gynny model then human</p> <p>- Incorporated in the above</p>
<p><u>MANAGE</u></p>	<p><u>Knowledge</u> - side effects - complications - contra-indication</p> <p><u>Skills</u> - communicational skills - listening, interviewing - techniques - counselling - pelvic examination - Attitudes as above</p>	<p>- Input by trainer - handouts - discussion</p> <p>- Role play - discussion</p> <p>- Gynny model then human</p>
<p><u>REMOVAL</u></p>	<p><u>Knowledge</u> - Timing of removal - knowledge of problems that may necessitate removal - <u>skills</u> regarding</p>	<p>- Input by trainer Discussion</p>

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p><u>REMOVAL</u></p>	<ul style="list-style-type: none"> - <u>Skills</u> regarding: <ul style="list-style-type: none"> - Pelvic examination - Aseptic technique review - IUD removal technique - Counselling, interviewing techniques 	<ul style="list-style-type: none"> - Gynny then human - (incorporated in the procedure demonstration) - Gynny then human - role play discussion

TASK ANALYSIS SHEET

MODULE TITLE THE IUCD

TASK: INSERTION AND REMOVAL OF AN IUCD

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p><u>INSERTION OF IUCD</u></p> <p>1. <u>Counselling client on procedure</u></p> <p>2. <u>Bimanual Examination</u></p> <p>3. <u>Speculum Examination</u></p>	<ul style="list-style-type: none"> - Trainee must have thorough knowledge of the three major steps to be taken when inserting the IUCD, as well as the problems that may arise during and after the process of insertion. Knowledge of interpersonal communication skills. Counselling techniques on above factors is also essential; and so is true with type of IUD to be inserted. - Skills: Acquisition of the art of listening and responding appropriately to client when discussing IUD insertion. - Attitude: Positive relationship with client and demonstration of mastery of device and procedure of IUD insertion. - Knowledge of the five steps of this procedure and objective of this exercise as shown in "Family Planning Procedure Manual for Nurse - Midwives 1982" p. 69. - Skills: Gentle use of the hands in examining genital organs. Acquisition of bimanual exam. skills. - Attitude: Reflection of respect of ethical codes of conduct in the examination of patients - Knowledge of how Cusco's bivalve speculum is used, purpose of procedure; and what to say to client. Knowledge of and steps to be taken on common findings. Asepsis. 	<ul style="list-style-type: none"> - Role Play - Lecture/Discussions - Case Studies - Films - Lecture/Discussions - Practical demonstrations including use of Gynny pelvic model. - Case studies - Films - Lecture - Demonstrations

- - -
TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p><u>Speculum exam. (cont'd)</u></p>	<ul style="list-style-type: none"> - Skills: Correct insertion of speculum and interpretation of findings. - Attitude: as for step (1) and (2) above 	<ul style="list-style-type: none"> - Observations
<p>4. <u>Sounding of Uterus</u></p>	<ul style="list-style-type: none"> - Knowledge of purpose of using aseptic procedures in IUCD insertion, as well as antiseptics available. Sterilization of equipment. Knowledge of correct usage of tenaculum and uterine sound and implications of the findings of the sounding. Know the six steps in sounding. - Skill: Gentle and correct application of the tenaculum and uterine sound. 	<ul style="list-style-type: none"> - Lecture/discussions - Demonstrations/Practice - Films
<p>5. <u>Insertion of the IUD</u></p>	<ul style="list-style-type: none"> - Have a complete understanding of each type of IUCD and how it is inserted. Indications and contra-indications. Guidelines for choosing a particular type. - Skill: Compliance for standards of insertion of each IUCD, as per lecture or manufacturer's advice. 	<ul style="list-style-type: none"> - Lecture - Film - Demonstrations
<p>6. <u>Counselling client on IUCD inserted and follow-up</u></p>	<ul style="list-style-type: none"> - Knowledge of early IUCD danger signals and how to communicate these to client 	<ul style="list-style-type: none"> - Lecture - Role Play - Practical demonstrations in clinic
<p><u>STEPS FOR SAFE REMOVAL OF IUCD</u></p>		
<p>1. <u>Counselling client on removal of IUCD</u></p>	<ul style="list-style-type: none"> - Knowledge of indications for removal of IUCD and future contraception - Skill: art of listening and responding. - Attitude: sympathy 	<ul style="list-style-type: none"> - Lecture/discussions - Role Play

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
2. <u>Bimanual and Speculum Examination</u>	- As for IUCD insertion Knowledge of identifying or recognising IUCD threads essential.	
3. <u>Removal of IUCD</u>	- Knowledge of steps to be taken when threads are visible and when they are not visible. Ref. "Family Planning Procedure Manual for nurse-midwives 1982" pp.110 - 112.	- Lecture/Discussions - Demonstrations - Films - Case Study - Clinical practice.

TASK ANALYSIS SHEET

MODULE TITLE OUTLINE HOW TO TRAIN N/M, MD

TASK: INSERTION AND REMOVAL OF IUD

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
1. Insert	<ul style="list-style-type: none"> - Revision on the anatomy of reproductive organs - Revision on examination procedures - Vaginal examination - Determine the position of uterus - Be able to insert the speculum and visualize the cervix - Check the characteristics of the cervix - Sound the uterus 	<p>By using Gynny model</p>
2. Management	<ul style="list-style-type: none"> - Assembling of instruments with great consideration to sterility - Insert the speculum into the vagina - Inspect the cervix for any problems - Clean the external and cervix with antiseptic - Sound the uterus for position and size - Pull downwards and outwards to align the uterine cavity - Insert the IUD into the cervical canal allowing it to guide itself into the uterus - Tap the funds with the sound to confirm your position. - Remove the tenaculum - Clear excess blood from the vagina - Remove the speculum - Clean the blood or mucous off the perineum - Help the patient to sit up - Explain to the patient what she may expect to see, or feel - Discuss personal hygiene <ul style="list-style-type: none"> - the use of pads or napkins - checking with fingers to be sure the IUD is not expelled - Sexual activity - waiting for at least 5 days - Revisits - Handouts 	<ul style="list-style-type: none"> - Gynny model - Appropriate instruments e.g. <ul style="list-style-type: none"> Jpēculum Sterile forceps Swabs Sterile tenaculum Sound Sterile IUD Sterile inserter Sterile gloves Scissors Valvar pad

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p>3. Removal</p>	<p>Indications and timing</p> <ul style="list-style-type: none"> - Patient request - Excessive bleeding - Pain - Infection - Pregnancy. <p>Steps:</p> <ul style="list-style-type: none"> - History in sufficient detail - Bimanual pelvic exam. - Speculum - : Swab the cervix : If string is visible, grasp strings with forceps pull slowly and firmly and remove the device : If the string is not visible make sure that she is not pregnant - pelvic exam : Gently exrole the endocervical : If you feel the device use the retriever and bring down the string or device. 	<p>Appropriate instruments and materials e.g. Gynny model</p>

TASK ANALYSIS SHEET

MODULE TITLE outli OUTLINE HOW TO TRAIN N/M, MD

TASK INSERTION AND REMOVAL OF IUCD

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
IUCD INSERTION	<ul style="list-style-type: none"> - Review female reproductive system and anatomy - Be able to select client for IUCD - History taking. - Outline sterile procedure - Be able to do pelvic examination - Detect any abnormalities - Bi-manual examination - Speculum examination - Detect contra-indication for IUCD - Sound the uterus 	<ul style="list-style-type: none"> - Demonstration on Gynny model after brief lecture - Practice on Gynny model by each trainee - Case studies - Demonstration on actual procedure on a woman by the trainer
MANAGEMENT	<ul style="list-style-type: none"> - Proper use of Tenaculum - Counselling prior to the examination is very important. - Prepare the client with enough knowledge on how IUCD works. - Proper selection of IUCD - Be gentle and re-assure the client during the procedure (speculum insertion) - Inform the client on possible side effect and how and when to return in case of complications - Record keeping - instructions on how to feel the string especially after the first M.P. - Be able to determine when IUCD should be removed. 	<ul style="list-style-type: none"> - Practice on a woman under the supervision of the trainer - Perform 12 - 20 cases before the trainer is left to do it alone. - More case studies on problem identification and problem solving - Close supervision by the trainer - Be able to re-assure the client and allay fears
IUCD INSERTION AND MANAGEMENT	<ul style="list-style-type: none"> - Be able to know the need to have and care for the equipment needed. - Advice on return visits - Be able to manage side effects and complications - Decide when Doctor's advise is needed. 	<ul style="list-style-type: none"> - Give full list of the equipment need Ref: to "Family Planning Procedure Manual for Nurse - Midwife 1982 Page 67 - 103
REMOVAL OF IUCD	<ul style="list-style-type: none"> - Know when removal is necessary - In case of severe complication decide when to remove before Doctor sees the client e.g. 	<ul style="list-style-type: none"> - When strings are not lost Speculum and Lows Artery forceps are the only equipment needed besides the examination couch.

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK: _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
	<ul style="list-style-type: none">- severe bleeding, severe abdominal pain which prevents client from carrying on with her normal duties.- Where strings are lost be able to use a hook or special forceps for removing IUCD - prior knowledge of different types of IUCDs helps in trying to locate an IUCD where the strings are not visible- Referring client to doctor might be necessary.- IUCD removal should be very easy if it is difficult do not use force. Client should be seen by doctor- Be able to counsel on alternative method where required	<p>strings can easily be pulled by hand to avoid unnecessary discomfort to clients who detest speculum.</p> <ul style="list-style-type: none">- A hook for removing IUCD- A specially designed forceps for removing IUCD. Avoid unnecessary X-rays and hospitalization.

TASK ANALYSIS SHEET

MODULE TITLE TRAINING FOR IUD INSERTIONS, REMOVAL AND MANAGEMENT

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<u>INSERTION</u>	<p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> - Review of Anatomy of female reproductive system - IUCD mechanism, side effects and complications - Identify the equipment required - Review aseptic procedure - The steps in IUCD insertion - Timing - Interviewing for IUCD - Rationale of informed consent, for giving analgesic and iron tablets <p><u>SKILLS</u></p> <ul style="list-style-type: none"> - Ability to do a bimanual and speculum pelvic examination - Maintain asepsis - Recognise infection - Interviewing skill - Communication skill - How to insert vaginal speculum - How to use tenaculum - How to use scissors; sound - Loading of various IUCD <p><u>ATTITUDE</u></p> <ul style="list-style-type: none"> - Positive attitude (Belief) towards IUD as a contraceptive - Gentleness - Belief that IUCD is effective - Demonstrating professional ethics - Respect cultural ideas e.g. woman not wanting nurse/doctor to see her period 	<ul style="list-style-type: none"> - Lecture/Discussion on IUCD - Film "Pelvic Examination" - Programmed instructions - Practice on Gynny - Clinic practice - Demonstrating the equipment - Practice in setting IUCD tray - Talk/Discussion - Practice on model and clinic - Lecture, Discussion - Role play - Film "Interviewing" - Demonstration and return demonstration using Gynny model & clients - Practice in real situation - Practice in real situation - Practice in real situation - Films - Practice in real situation - " " " " - " " " " - Discussion - Role Play - Observe in real situation - Discussion

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
<p><u>MANAGEMENT</u></p>		
<p>(a) Client Management</p>	<p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> - Counselling <p>Elements of psychology, side effects, complications, pathology of female and reproductive system. Follow up procedures Records.</p> <p><u>SKILLS</u></p> <ul style="list-style-type: none"> - Recognise complications - Ability to speak in simple language - Being practical. Able to manage IUD problems 	<ul style="list-style-type: none"> - Lecture/Discussion on IUCD - Observation/Discussion/Role Play - Practice of managing IUCD clients and recording findings. - Role Play
<p>(b) Managing Equipment</p>	<p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> - Source of supply - Storage and inventory - Method of sterilising plastic and metal items <p><u>SKILLS</u></p> <ul style="list-style-type: none"> - Practical mindedness - Being meticulous 	<ul style="list-style-type: none"> - Discussion - Practice using formats - Practice in real situation - Practice in real situation - Practice in real situation
	<p><u>ATTITUDES FOR BOTH (a) & (b)</u></p> <ul style="list-style-type: none"> - Trusting client in IUCD use - Same as under INSERTION - Reassuring/confidence demonstrated 	<ul style="list-style-type: none"> - Role Play - Case Study
<p><u>REMOVAL</u></p>	<p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> - Timing of removal - Equipment required - Importance of showing removed IUCD to client - Counselling 	<ul style="list-style-type: none"> - Discussion - Demonstration and return demonstration on model and client - Case Study

TASK ANALYSIS SHEET

MODULE TITLE _____

TASK _____

STAGES OF THE TASK	KNOWLEDGE SKILLS ATTITUDES NEEDED TO PERFORM TASK	RELEVANT AND APPROPRIATE WAYS TO LEARN THE TASK
	<p><u>SKILL</u></p> <ul style="list-style-type: none">- Ability to locate IUCD's threads- Ability to prepare client and equipment. <p><u>ATTITUDE</u></p> <ul style="list-style-type: none">- Gentleness- Being ready to assist client with any questions on IUD.	<ul style="list-style-type: none">- Demonstration and return demonstration on model and client - Demonstration and return demonstration on client

BREASTFEEDING, FERTILITY AND
FAMILY PLANNING

TITLE: BREASTFEEDING, FERTILITY AND FAMILY PLANNING

OBJECTIVES:

1. Describe normal mechanism of lactation
2. Discuss probable courses and possible solutions of common problems of breastfeeding
3. Identify advantages and disadvantages of the following family planning methods for the breast feeding mother:
 - combined pill
 - progesterone only pill

Time	CONTENT	TEACHING METHOD
90 mins.	<ul style="list-style-type: none">- Hormonal effects on lactation- Effect of suckling on breast- Psychological factors that affect lactation- Socially related problems- Problems related to nutrition of the mother- Problems related to actual breast feeding practice- Pathological conditions of the breast	<p>Lectures & Discussions</p> <p>Case Studies and word practice?</p>

MATERIALS:

1. Slides
2. Reference: Hatcher: Contraceptive Technology 1982 P.144-151
3. Population Report

EVALUATION:

1. Post course questionnaire

TOT FOR COMMUNITY BASED
DISTRIBUTION OF CONDOMS

TITLE: BARRIER METHODS - THE CONDOM

OBJECTIVES:

1. Update the participants' knowledge in barrier methods in general.
2. Assist participants to identify, list and analyse tasks required by workers who will distribute and manage the condom in a community based programme (urban and rural).
3. Assist participants formulate objectives around the task list made in objective 2 above.
4. Assist participants to translate objectives developed in objective (3) above in sequential lesson plans.
5. To enable participants to practice teaching
6. Assist participants to understand how to evaluate their training programme.

MATERIALS:

- a) Blackboard
- b) Samples of diaphragm and condom
- c) Community for experimentation
- d) Transport
- e) A group of people with characteristics of eventual trainees or experimenting teaching etc.
- f) Paper
- g) Newsprint

Time	CONTENT	TEACHING METHOD
1/2 day	a) Identify the two major barrier methods - diaphragm & condom	a) Lecture
	b) Describe and discuss with respect to each method <ol style="list-style-type: none"> i) indication of use ii) mechanism of action iii) side effects iv) contraindications v) complications vi) advantages & disadvantages 	b) Discussion in class
	c) Specific instructions to the user	c) Demonstration and had demonstration on models

Time	CONTENT	TEACHING METHOD
3 days	a) Diagnosis of rural and urban community b) Discussion and concretization of list of tasks suggested by participants e.g.-appropriate communication techniques with potential users - procurement of commodity - actual distribution - instructions of use - record keeping - reporting - adjustment of system according to feed back	a) lectures b) Discussion in class c) Role play and simulation d) Field visits and experimentation.
1 day	a) Describe and discuss principles of objective formulation	a) Using the objective formulation or principles and the task list developed in objective (2) above, participants will practice and <u>actually</u> formulate training objectives for the people they will train.
2 days	a) Describe and discuss principles of developing lesson plans.	a) Using the principles of developing lesson plans participants will work in groups to develop lesson plans for different objectives. Each group to be assigned once or two objectives. b) Developed lesson plans will be presented and critiqued. The refined plans will be put together.
2 days	Practicals	Each student to demonstrate teaching before their friends using developed lesson plans
1/2 day	a) Principles of evaluation b) Instruments for evaluation of training.	a) Participants apply principles to evaluate the training exercises they have gone through.

EVALUATION:

- | | |
|---|------------------------------------|
| a) Pre and post test of knowledge | e) Quality of objectives developed |
| b) Quality of list of tasks produced | f) Quality of plans developed |
| c) Feedback from experimental community | g) Quality of teaching |
| d) Feedback from guinea pig trainees. | |

NATURAL FAMILY PLANNING
METHODS

TITLE: NATURAL FAMILY PLANNING METHODS

OBJECTIVES: The participants will be able to explain, describe and demonstrate advantages and disadvantages of Natural Family Planning Methods.

1. Be able to: define menstruation cycle and work out fertile periods
2. Be able to describe and work out the calendar rhythm method within a period of time.
3. Be able to read, record and work out the body temperature
4. Be able to differentiate and recognise the different characteristics of cervical secretions.

MATERIALS:

1. Calendar
2. Temperature charts
3. Chalk and board
4. Thermometer
5. Handouts

Time	CONTENT	TEACHING METHOD
1 1/2 Hrs.	1. Revision on : Reproductive system (female) : Ovulation : Sperm life	- Pre-training test (questionnaire) - Discussions
	2. Physiological basis of techniques e.g. - : Day 1 working out of the longest and shortest of the cycles i.e. 8 months : First fertile day of (1st day of the shortest period) : Last fertile day from the longest cycle - Observations, record keeping and calculation of fertile periods. - Effectiveness of the method - Identification of clients suitable for the method.	- Discussion - Demonstration using the teaching aids e.g. calendar
1 1/2 Hrs.	3. Observation, record keeping and calculation of fertile periods - Identification of fertile period within the cycle - Indications and contraindications of clients - Problems in using the technique (literacy level)	- Lecture & Discussions/ demonstration - Role play

Time	CONTENT	TEACHING METHOD
11 2 Hrs.	<p>4. Physiological changes e.g.</p> <ul style="list-style-type: none"> - Ovulatory pain - Cervical secretions i.e. <ul style="list-style-type: none"> a) pre and post ovulatory which is yellow viscous mucous b) slippery clear discharge (raw egg-white) during ovulation - Lower abdominal pain Abdominal swelling Possible rectal pain or discomfort - Observation, record keeping and calculation of fertile period. - The need to recognize problem in mid-cycle i.e. secretion due to infection, spermercide, semen - Discuss the combination of calendar and temperature method. 	<ul style="list-style-type: none"> - Post - test - Lecture - Demonstration

EVALUATION:

1. Individual group exercises on:
 - fertility periods for different cycles
2. Assignments on taking self temperature at home (f) and record.
3. Post test for the three methods.

MANAGEMENT EXERCISES

This section contains the curriculum as developed by the CPFH in the area of Program Management. The exercises and lesson plan materials include:

1. MANAGEMENT OVERVIEW

1.1 The Management Model

1.2 Introduction to Management

1.3 Management Training and a Case Study in Management

2. PLANNING EXERCISES

2.1 Needs and Resources Exercise

2.2 Selecting and Defining a Problem

2.3 Setting Objectives, Developing Strategies and Standards and Specifying Evaluation Criteria

2.4 Setting Objectives, Strategies, Standards for a Community Based Family Planning Program Integrated into Primary Health Care

3. IMPLEMENTATION EXERCISES

3.1 Coordination

3.2 Monitoring

3.3 Monitoring Standards of Care

4. SUPERVISION AND TRAINING EXERCISES

4.1 Management and Supervision Role Play

4.2 Training and Supervision as a Continuum

4.3 Supervision and Training Values Clarification and Comment Without Feedback Exercise

5. EVALUATION EXERCISES

MANAGEMENT MODULES TO BE DEVELOPED

1. Overview of Programs
2. What is Management
3. Planning
 - A. Needs and Resources Assessment
 - B. Selecting and Defining Problems
 - C. Setting Objectives, Developing Strategies, and Setting Standards for Service Delivery
 - D. Setting Objectives, Developing Strategies, and Specifying Evaluation Criteria
4. Implementation
 - A. Information Systems for Coordination
 - B. Information Systems for Administration Monitoring
 - C. Information Systems for Supervision
 - D. Information Systems for Monitoring Service Delivery

Evaluation

- A. Achievement
- B. Progress
- C. Staff Performance
- D. Use of Resources
- E. Management Audit

5. TOT applied in the evaluation

Subject: Overview of Program Model

As: Development of a model representing the key elements of the reality of program operations

Manipulation of the model to examine the relationships between and among components

Selecting the more important components for detailed attention

Skills

Abstract thinking about programs.

Understanding of inter-active relationships

Single out a component for detailed analysis without losing sight of its place in the overall context

Knowledge

Vocabulary of systems Analysis

Health and Family Planning Program Operations

Planning and Decision Making
Program Design
Goals, Objectives, Targets
Inputs
Processes
Outputs
Utilization
Time
Knowledge
Attitudes
Practice
Health
Nutrition
Fertility
Evaluation
Population
Environment
Constraints
Total societal context

Attitudes

Models are useful representations of reality

Models are useful for teaching

Models are useful for analytical purposes

<u>Time</u>	<u>Objectives and Procedure</u>	<u>Materials</u>
15 min presentation	At the end of the session the participant will be able	Overhead Projector
15 min discussion	<ul style="list-style-type: none"> . Describe an overall framework for planning, implementing and evaluating community-based programs . Recognize the relationship between inputs and process and changes in contraceptive practices . Identify and develop key topics for special attention in training programs . Write a module for a TOT program incorporating 1-3 above 	Transparencies Handouts Worksheet for writing modules

Following presentation and discussion of the program model, a work group or groups will be formed to develop adaptations of the approach for use in TOT programs.

Subject: Planning

Conducting Needs and Resources Assessments
Selecting and Defining Problems
Setting Objectives, developing strategies, and specifying evaluation criteria
Setting objectives, developing strategies, and specifying standards for service delivery

Skills

Obtaining qualitative and quantitative information

Analyzing information

Knowledge

Information Sources

Simple statistical counts
distributions
projections
indices

The variety of strategy
community based
hospital and clinic based
self sustaining
inexpensive
local resources
volunteer vs paid workers
simple interventions
combinations of interventions
and phasing
acceptability
availability
effectiveness
integrated/vertical
urban/rural
post partum strategies
use of traditional health workers

Attitudes

Community resources are useful

Qualitative info is often as important as quantitative

Clear objectives are important

Quantitative Approaches

Sources and Use of Existing Data

- .Census data and projections
- .Vital statistics
- .Demographic surveys
- .KAP (Knowledge, attitude and practice) surveys
- .Morbidity/Health Service Statistics
- .Program service statistics
- .Administrative statistics
- .Other surveys

Survey Modules Design and Utilization

- .knowledge of contraceptive methods, sources and supplies
- .contraceptive use, present and past (history of contraceptive use method, source, reasons for discontinuation, etc.)
- .Birth history
- .Lactation and weaning infant feeding practices in relation to contraception, weaning practices, attitudes towards breastfeeding and local foods
- .Maternal health
- .Child health

Survey Methodology

- .Sampling
- .Questionnaire design and pretesting
- .Interviewer selection and training
- .Interviewing techniques
- .Organization and administration of fieldwork
- .Coding and data editing
- .Data processing
- .Data analysis and reporting

Qualitative Methods

- .A comparison of quantitative and qualitative methods
- .The need for qualitative data in community-based health projects
- .The perception of needs: programs vs. community
- .Qualitative methods: what, when, how, who
- .The utilization of qualitative data

Time	Objectives and Procedures	Material
day	At the end of the session, participants will write at least four modules for TOT in Planning	On Being in Charge
	a. For needs and resources assessment the module will include	Exercises
	<ul style="list-style-type: none"> . gathering information . identifying useful information from records . analyzing and interpreting information . tabulating data . reviewing existing health work . collection information on resources 	Module Worksheets
	2. For selecting and defining problems the module will include	
	<ul style="list-style-type: none"> . identifying and listing problems in the community . selecting important problems according to criteria . recognizing problems which are the responsibility of sectors 	
	3. For setting objectives, developing strategies, specifying evaluation criteria, and setting standards for the quality of service delivery, the module will include	
	<ul style="list-style-type: none"> . writing program objectives . specifying measurable targets . setting objectives that are relevant, feasible, measurable and observable . selecting appropriate program design . specifying the evaluation measures to be used . listing the measures to be used to assure that standards of service delivery are met 	

Following Presentation and Discussion of the key themes for planning, the participants will be divided into four to six groups in which specific planning exercises will be completed and based on the experience in completing the exercises, the groups will then develop TOT modules.

Needs and Resources Assessment Exercise

Regional director of a community based program scheduled to be launched in six months you have decided to "look at the situation" as a first step in planning. Using the material on pages 269 to 277 as a guide, prepare and outline for this task. Be sure to include a mix of quantitative and qualitative measures (optional format on following page).

Selecting and Defining Problem Exercise

Using pages 278 to 283 as a guide, indicate how you would select family planning as an important problem.

Setting Objectives, developing strategies and standards, and specifying evaluation criteria exercises

Consider a community based family planning program integrated into the national PHC program. Write several objectives for the program and for each objective specify the strategies to be followed and the standards required for providing high quality services in the community

The number and specificity of the exercises on the preceding page may be increased by linking them with the following program components.

1. Teaching and counselling new or return clients in a transitional setting where the majority of women breast feed their children yet do not achieve a 24-36 month interval as compared to women in the more traditional settings who achieve a 34-36 month interval.
2. Identification and management of women who can use the pill by village level workers. This module is to be appropriate for use in a system where nursing level personnel supervise the village level worker.
3. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of rally points.
4. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of rally points.
5. Distribution and management of barrier methods in a community based program (urban and rural). This module to be appropriate to a system where a health educator assures supplies, supervision and management from a central health center.
6. Identification and management of couples who can practice fertility awareness methods. To be used in a system which depends upon volunteer trainers supervised by a nurse in a central health center.

NEEDS AND RESOURCES ASSESSMENT EXERCISE

Problem Statement

QUANTITATIVE APPROACHES

Information Needed	Intended Use	Source and Method of Obtaining Information
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QUALITATIVE APPROACHES

Information Needed	Intended Use	Source and Method of Obtaining Information
--------------------	--------------	---

Select one quantitative and/or one qualitative approach and specify in detail the type of information needed and the steps to be followed in its collection. Specify in detail the tool you will use to gather the data.

ject: Implementation

tasks: Coordination
Administration Monitoring
Supervision
Monitoring Service Delivery Standards and Norms

<u>Skills</u>	<u>Knowledge</u>	<u>Attitudes</u>
Selecting needed information	Sources of information	Informed decisions
Designing forms	Flow of information	require accurate and
Designing information flow	Cost of information	timely information
Processing information into indicators	Summarizing information	You don't have to be a
Using information for coordination, administrative monitoring, service delivery standards	Collecting information	statistician or
	Developing indicators	demographer to use
	Using indicators	information
	Teaching workers to use information	

Time Objectives and Procedures

One day At the end of the session, participants will have written at least four modules for TOT in implementation, including:

- o coordination
- o administrative monitoring
- o supervision
- o monitoring service delivery standards and norms

The modules developed will include the following themes:

- o coordinating the activities of a plan
- o coordinating people within an organization structure
- o communicating decisions concerning implementation
- o using a check list to review work standards
- o using records to monitor work
- o using reports to assess work outputs
- o redirecting activities as necessary
- o making a schedule of supervisory visits
- o planning a supervisory visit
- o conducting a supervisory visit in a helpful way

The basic procedure involved is to design an information system for use in a community based family planning program. Following an introductory session and discussion, participants will be formed into work groups to complete exercises, as follows:

Subject: Evaluation

As: Evaluate achievement
Evaluate progress
Evaluate staff performance
Evaluate use of resources
Management Audit

Skills

Specifying objectives
Determining evaluation
criteria and measures
Designing evaluation systems
Selecting evaluation topics
Using appropriate methods
Making decisions for program
improvement based on
evaluation findings
Present findings

Knowledge

The place of evaluation in
an organization
Evaluation approaches
Evaluation methods

Attitudes

Evaluation is an
important manage
ment function
Evaluation is not a
burden imposed by
by external donors

Time

Objectives and Procedure

Materials

1 day

At the end of the session, participants will
have written at least five modules for TOT in
evaluation, including

- . managment achievement
- . measuring progress
- . assessing staff performance
- . evaluating use of resources
- . conducting a management audit

The modules developed will include the following themes:

- . measurement of the progress of the health teams in terms
of the services delivered and their results
- . measurement of the progress of the health team work
- . appraisal of the performance of the health team members
- . assessment of the efficient use of health team resources
- . assessment of the management of the health team

Following presentation and discussion of evaluation participants will be divided into five workgroups and asked to devise a quantitative and qualitative evaluation system for each of the above topics.

1. The objective being evaluated (or the activity or target)
2. The measures and methods being used to evaluate process and impact and whether these are short term, intermediate, or long term assessment
3. Repeat 1 and 2 for additional objectives

Note: The number and specificity of these exercises may be increased by linking them with the six program components specified on the following page.

FAMILY PLANNING EVALUATION MEASURES

Evaluation starts with the program's objectives -- are they being achieved?

A. For fertility reduction consider the following:

1. The Crude Birth Rate
2. Child/woman Ration
3. General Fertility Rate
4. Total Fertility Rate
5. Age Specific Fertility Rate
6. Marital Age Specific Fertility Rate
7. Percent Currently Pregnant

8. Acceptor follow-up surveys may also measure pre- and post-acceptance fertility -- the drop from one to the other can be compared to some standard, such as the fertility trend for other women matched on personal characteristics.

9. Other methods to measure program effect on fertility are explained in two UN Manuals**:

Trend analysis
Areal regression
Field experiments with control areas
Computer stimulation (Tabrap/Converse; SCYP)
Potter and Wolfer methods of births averted
Bongaarts formulas for the relation of prevalence to fertility
Others

B. For services provided:

By contraceptive method
By first vs. repeat acceptors (and also divide the quantity of pills and condoms by first vs. repeat).
By service point (to see what type of outlet works best -- this may vary by method).
By type of personnel who recruit, or have the first contact with clients (again, to learn the paths via which people come to the service).
Also by open interval, previous contraception (both in the program and privately), and past abortions.
Also by personal characteristics -- age, no. children, residence.

For analyzing program mechanics (process measures).

1. Personnel: follow each process separately: selection, training (and re-training), supervision, and especially turnover. Watch monthly, the proportion of authorized posts that are not occupied, as program performance can be very sensitive to empty field positions.
2. Supplies: follow closely the stocks and flow of each contraceptive method, being sure that the pipeline has plenty of inventory at each level. Also small medicines, forms, etc.

For major equipment items, watch lead times necessary for ordering, transport and installation.

3. Information, Education, Communication: follow each sub-activity by desired output:
 - is the work getting out not just the family planning is a good idea but specifically what services are available: where, when, by whom.
 - via which media (follow each separately)
 - at what cost (the more expensive is often not the one that does the most good).

**UN Population Division: Methods of Measuring the Impact of Family Planning Programmes on Fertility, ST/ESA/SER.A/61.1978.

Also: The Methodology of Measuring the Impact of Family Planning Programmes on Fertility; Manual IX, ST/ESA/SER.A/66.1979

For program improvement

Do small studies and experiments. Try such examples as:

Small depots in the remoter villages

Volunteers who are ready users, to recruit new clients, or visit them after acceptance for reassurance

New kinds of personnel, especially larger numbers of lay and paramedic staff who cost less and can cover a larger rural population

An intensive small area study to interview every household, see what contraceptive method is used (or preferred), what travel patterns exist between them and the services, what contacts they report with fieldworkers or IEC, and so on.

Ways to activate the private sector, to do more via small drugstores or sidewalk stands, traditional midwives, folk medical practitioners, etc.

Local mothers clubs - to be depots, to focus on health and FP, to back up the field staff

Other

1. Select a community based family planning program design

Specify the information needed by different groups for different purposes.

The number and specificity exercises on the left may be increased by linking them with following program components

or the ... →

<u>Coordinating Workers and Activities</u>	<u>Administrative Monitoring of Targets, Supplies & Budgets</u>	<u>Monitoring Service Delivery Standards</u>	<u>Supervising Workers & Units</u>
--	---	--	--

Consumers

Health workers

Supervisors

Managers

Funding Agencies

3. For each item of information specify

data source

point of collection

frequency of collection

- . analysis (counts, distributions, indices, trends, etc.)
- . the upward and downward flow of the information in the organization

4. Design a client record for use in the program.

- . show how the information is used for client care
- . show how the information is used in various implementation activities

5. Design a summary form for a monthly report of activities using information collected on the client record. What other information should be included in the summary report

Teaching and counselling new or return clients in a transitional setting where the majority of women breast feed their children yet do not achieve a 2436 month interval as compared to women in the more traditional settings who achieve a 3436 month interval.

2. Identification and management of women who can use the pill by village level workers. This module is to be appropriate for use in a system where nursing level personnel supervise the village level worker.
3. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of rally points.
4. Identification and management of women who can use the injectable DMPS. This module is to be appropriate for use in a system where clinic personnel provide DMPS through an outreach network of rally points
5. Distribution and management of barrier methods in a community based program (urban and rural). This module to be appropriate to a system where a health educator assures supplies, supervision and management from a central health center.

Identification and management of couples who can practice fertility awareness methods. To be used in a system which depends upon volunteer trainers supervised by a nurse in a central health center

PLANNING EXERCISE 1

Needs and Resources Assessment

As the regional director of a community-based program scheduled to be launched in six months, you have decided to look at the situation as a first step in planning. Using the material on pages 269-277 as a guide, prepare an outline for this task. Be sure to include a mix of quantitative and qualitative measures. (The format below is optional) Select one of the categories on the following page as the context for this exercise.

Needs and Resources Assessment Exercise

Problem Statement:

Quantitative Approaches

Information Needed	Intended Use	Source & Method of Obtaining Information
--------------------	--------------	--

Qualitative Approaches

Information Needed	Intended Use	Source & Method of Obtaining Information
--------------------	--------------	--

Select one quantitative and/or one qualitative approach and specify in detail the type of information needed and the steps to be followed in its collection. Describe in detail the tool you will use to gather the data.

SELECT ONE OF THE FOLLOWING AS THE CONTEXT FOR THIS EXERCISE:

1. Teaching and counselling new or return clients in a transitional setting where the majority of women breast feed their children yet do not achieve a 24-36 interval as compared to women in the more traditional settings who achieve a 24-36 month interval.
2. Identification and management of women who can use the pill by village level workers. This module is to be appropriate for use in a system where nursing level personnel supervise the village level worker.
3. Identification and management of women who can use the IUD by physicians and middle level practitioners (midwives, medical assistants, nurses). This module is to be appropriate for use in a system where community level workers refer and provide ongoing counselling and management.
4. Identification and management of women who can use the injectable DMPA. This module is to be appropriate for use in a system where clinic personnel provide DMPA through an outreach network of rally points.
5. Distribution and management of barrier methods in a community based program (urban or rural). This module is to be appropriate to a system where a health educator assures supplies, supervision, and management from a central health center.
6. Identification and management of couples who can practice fertility awareness methods. To be used in a system that depends upon volunteer trainers supervised by a nurse in a central health center.

PLANNING EXERCISE 2

Selecting and Defining Problems Exercise

Using pages 278-283 as a guide, indicate how you would identify family planning as an important problem in a community. Select one of the categories on the following page as the context for this exercise.

PLANNING EXERCISE 3

Setting objectives, developing strategies and standards, and specifying evaluation criteria.

Consider a community-based family planning program integrated into the national PHC program. Write several objectives for this program and for each objective specify the strategies to be followed and the evaluation criteria to be used. Select one of the categories on the following page as the context for this exercise.

PLANNING EXERCISE 4

Consider a community-based family planning program integrated into the national PHC program. Write several objectives for the program and for each objective specify the strategies to be followed and the standards required for providing high-quality services in the community. Select one of the categories on the following page as the context for this exercise.

IMPLEMENTATION EXERCISE 1

1. Select a community-based family planning program design.
2. Specify the information needed by the following groups in order to coordinate workers and activities:
 - consumers
 - health workers
 - supervisors
 - managers
 - funding agencies
3. For each item of information specify the following:
 - data source
 - point of collection
 - frequency of collection
 - analysis (counts, distributions, indices, trends, etc.)
 - the upward and downward flow of the information in the organization
4. Design a client record for use in the program. Show how the information is used for client care. Show how the information is used in various implementation activities.
5. Design a summary form for a monthly report of activities using information collected on the client record. What other information should be included in the summary report?

Select one of the categories on the following page as the context for this exercise.

IMPLEMENTATION EXERCISE 2

1. Select a community-based family planning program design.
2. Specify the information needed by the following groups to accomplish administrative monitoring of targets, supplies and budgets:
 - consumers
 - health workers
 - supervisors
 - managers
 - funding agencies

Do questions 3-5 from IMPLEMENTATION EXERCISE 1.

Select one of the categories on the following page as the context for this exercise.

IMPLEMENTATION EXERCISE 3

1. Select a community-based family planning program design.
2. Specify the information needed by the following groups to effectively monitor service delivery standards:
 - consumers
 - health workers
 - supervisors
 - managers
 - funding agencies

Do questions 3-5 from IMPLEMENTATION EXERCISE 1.

Select one of the categories on the following page as the context for this exercise.

IMPLEMENTATION EXERCISE 4

1. Select a community-based family planning program design.
2. Specify the information needed by the following groups in order to effectively supervise workers and units:
 - consumers
 - health workers
 - supervisors
 - managers
 - funding agencies

Do questions 3-5 from IMPLEMENTATION EXERCISE 1.

Select one of the categories on the following page as the context for this exercise.

EVALUATION EXERCISES 1-4

Devise a quantitative and qualitative evaluation system for each of the categories listed below. In each case specify the following:

1. the objective (activity, target) being evaluated;
2. the measures and methods being used to evaluate process and impact and whether these are short-term, intermediate or long-term assessments;
3. repeat 1 and 2 for additional objectives.

EVALUATION EXERCISE 1: ACHIEVEMENT

EVALUATION EXERCISE 2: PROGRESS

EVALUATION EXERCISE 3: STAFF PERFORMANCE

EVALUATION EXERCISE 4: USE OF RESOURCES

In each case, select one of the categories on the following page as the context for the exercise.

EVALUATION EXERCISE 5: MANAGEMENT AUDIT

Using pages 342-344 as a guide, devise a management audit for a program. Select one of the categories on the following page as the context for this exercise.

FAMILY PLANNING EVALUATION MEASURES

Evaluation starts with the program's objectives--are they being achieved?

A. For fertility reduction consider the following:

1. The Crude Birth Rate
2. Child/Woman Ratio
3. General Fertility Rate
4. Total Fertility Rate
5. Age Specific Fertility Rate
6. Marital Age Specific Fertility Rate
7. Percent Currently Pregnant

8. Acceptor follow-up surveys may also measure pre- and post-acceptance fertility--the drop from one to the other can be compared to some standard, such as the fertility trend for other women matched on personal characteristics.

9. Other methods to measure program effect on fertility are explained in two U.N. manuals:

Trend analysis
Areal regression
Field experiments with control areas
Computer simulation (Tabrap/Converse, SCYP)
Potter and Wolfier methods of births averted
Bongaarts formulas for the relation of prevalence to fertility
Others

B. For services provided:

1. By contraceptive method
2. By first vs. repeat acceptors (and also divide the quantity of pills and condoms by first vs. repeat)
3. By service point (to see what type of outlet works best; this may vary by method)
4. By type of personnel who recruit, or have the first contact with clients (again, to learn the paths via which people come to the service)
5. Also by open interval, previous contraception (both in the program and privately), and past abortions
6. Also by personal characteristics--age, number of children, residence

C. For analyzing program mechanics (process measures):

1. Personnel: follow each process separately--selection, training (and re-training), supervision, and especially turnover. Watch monthly the proportion of authorized posts that are not occupied, as program performance can be very sensitive to empty field positions.

2. Supplies: follow closely the stocks and flow of each contraceptive method, being sure that the pipeline has plenty of inventory at each level. Also small medicines, forms, etc.

For major equipment items, watch lead times necessary for ordering, transport and installation.

3. Information, Education, Communication: follow each sub-activity by desired output

- is the word getting out not just that family planning is a good idea but specifically what services are available?
- via which media (follow each separately)?
- at what cost (the more expensive is often not the one that does the most good)?

D. For program improvement

Do small studies and experiments. Try such examples as the following:

1. small depots in the remoter villages
2. volunteers who are ready users, to recruit new clients, or visit them after acceptance for reassurance
3. new kinds of personnel, especially larger numbers of lay and paramedical staff who cost less and can cover a larger rural population
4. an intensive small area study to interview every household, see what contraceptive method is used (or preferred), what travel patterns exist between them and the services, what contacts they report with field-workers or IEC, and so on
5. ways to activate the private sector, to do more via small drugstores or sidewalk stands, traditional midwives, folk medical practitioners, etc.
6. local mothers clubs--to be depots, to focus on health and family planning, to back up the field staff
7. other

THE MANAGEMENT MODEL

1964-65 10/15/65 W. B. W.

OBJECTIVES:

1. Trainee will be able to identify and describe components of the management model
2. Trainees will be able to apply these concepts to F.P. Programs
3. Trainees will understand efficiency and effectiveness and apply these to F.P. Programs.

MATERIALS:

1. "On Being in Charge" pp. 5-12
2. "Model Framework for Key Program Elements"
3. Flip chart with the model written out
4. Overhead projector with management model depicted on transparencies
5. Blackboard, chalk, erasers

<u>TIME</u>	<u>CONTENTS</u>	<u>TEACHING METHODS</u>
	<u>Knowledge</u> <u>Definition of components:</u> <ul style="list-style-type: none"> - population, environment, ecology, total social context, constraints - planning and decision making - input - processes - output vs outcome - utilization - time - knowledge, attitude, skills - status - evaluation 	<ol style="list-style-type: none"> 1. Lecture 2. Discussion on environment (population & ecology) 3. Brainstorming on 2 components of the model namely: <ul style="list-style-type: none"> - Outputs - Processes
	<u>Skills</u> Abstract thinking about programs	Exercises on: <ul style="list-style-type: none"> - Management Problems - Being in Charge Exercise in Diagnosing Management Problems pp. 13-14
	<u>Attitudes</u> Models are useful representations of reality Indicate example for each component of the management model relevant to F.P. Programs Definition of Efficiency and Effectiveness Application of: <ul style="list-style-type: none"> (a) efficiency (b) effectiveness to the management model	As above..... Group work discussing each component emphasizing: <ol style="list-style-type: none"> a. usefulness of the model in real life situations b. for teaching and c. for analytical purposes especially in F.P. Program
	Relation of efficiency and effectiveness to family planning programs	<ul style="list-style-type: none"> - Lectures - Discussions on the 2 concep - Case study of a management

EVALUATION:

Questionnaire exercises

Question and answers

Questionnaire

Use of rating scale

Check list for supervisors sample surveys a year later

**INTRODUCTION TO MANAGEMENT
FIVE ELEMENTS**

TITLE: INTRODUCTION TO MANAGEMENT

OBJECTIVES:

By the end of the training session participants will:

- define the term "Management"
- identify the principles which apply in a variety of situations

Explaining the 3 functions of management

Identify management decisions required in a variety of situations

MATERIALS:

Chalk and Board

Newsprint

Felt pens

Handouts

McMahon R; et al., On Being in Charge, A guideline for Middle-level Management in Primary Health Care.

WHO., Geneva 1980 pp. 9 Chapters 1, 3, 4, &5

Teaching chart (newsprint) with all the principles of management

Check list on how to conduct critique

- overhead projector
- overhead transparencies
- Written definition of decision-making
- Case Study prepared by trainer based on a situation common to all participants' work situation

McMahon et.al., chapters 3, 4, &5

<u>TIME</u>	<u>CONTENT</u>	<u>TEACHING METHODS</u>
	<u>UNIT 2: INTRODUCTON TO MANAGEMENT: 4 HOURS</u>	<u>BRAINSTORMING</u>
2.1	<u>What is Management?</u> - getting things done - taking responsibility - making decisions Management is: the efficient use of resources and to get people to work harmoniously together in order to achieve objectives	- Trainer poses the questions on the chalk board. "What is Management" - Responses of participants are written on the board without a judgement - Trainer & Participants eliminate words/phrases not applicable
2.2	<u>Principles of Management</u>	- with selected words participants in groups write definition of management
2.2.1	- objectives should state :what is to be accomplished :how much of it :where it is to be done :when it is to be completed - purpose of objectives - distinguishing training and program objectives	- participants present to whole class - Trainer clarifies to make participants reach a comon definition

TIME	CONTENT	TEACHING METHODS
	2.2.2 Balanced use of Resources	READING ASSIGNMENT
	2.2.3 Substitution of Resources	
	2.2.4 Division of Labour	- Trainer will write down
	2.2.5 Convergence of Activities	1 training objective and
	2.2.6 Delegation of authority	1 programme objectives
	2.2.7 Management by exception	
	2.2.8 Monitoring and information needs	- Trainer highlights dif-
		ferences in two types of
		objectives
	2.3 <u>Functions of Management</u>	
	2.3.1 Planning function	- participants individually
	- Definition of Planning	write their own programme
	:making implementation	& training objectives and
	decisions <u>before</u> implemen-	present to class
	tation	
	:making evaluation decisions	- Trainer modifies
	<u>before</u> implementation	
	2.3.2 Implementation function	- Lecture/Discussion to
	- Four types of implementating	describe and discuss each
	decisions	of the management principles
	: <u>Executive activities</u>	
		- Participants name situations
	: <u>Deployment of manpower</u>	in their normal work to which
	- organising	each of the principles may
	- directing	apply
	- supervising	
	: <u>Allocation of resources</u>	Lecture/Discussion
	- monitoring and control	
	- logistics	Questions & Answers
	- accounting	
	- organizational	Assignment and presentation
	: <u>Processing of information</u>	on each of the management
		function
	why, what, when, how, to whom,	Lecture/Discussion
	2.4 <u>Management Decisions</u>	
	2.4.1 <u>Definition of decision-making</u>	- Trainer asks participants
		"list types of decisions in
		your work situations which
		you have made"
	2.4.2 <u>Types of Management decisions</u>	Lecture/Discussion
	2.5 <u>Evaluation Function</u>	
	2.5.1 <u>Review of definition of Evalu-</u>	Brainstorm "what is evaluation"
	<u>ation</u>	Trainer and trainee agree on
		definition of evaluation:
	2.5.2 <u>General approach of evaluation</u>	
	- <u>measurement</u> of observed achieve-	
	ment	
	- <u>comparison</u> with previously stated	
	norms+ and standards+ or inten-	
	ded results	
	+Define norms and standards	
	- <u>Judgement</u> of the extent to which	
	certain values are satisfied.	
	- <u>Decision</u>	

EVALUATION:

Quality participants definitions in relation to trainers.

Objectives developed by trainees

Quality of participants responses based on the trainers guideline.

Quality responses based on trainer's questions

Peer critique (of the Trainer's critique) presentation

Ability of participants to highlight all 3 types of management decisions

MANAGEMENT TRAINING AND A
CASE STUDY IN MANAGEMENT

SECRET

TITLE: WHAT IS MANAGEMENT?

OBJECTIVES:

Participants must:

- a). Explain the meaning and functions of management with respect to planning implementation and evaluation
- b). Demonstrate ability to identify management problems and underlying management principles and apply management principles to solution of management
- c). Demonstrate ability to use case study to illustrate and teach management principles

MATERIALS:

- Ref: "On Being In Charge" pp. I, chapters 1-5
- Case Study (see attached)
- Organigram of: District Committee, Local Branch of FPA

<u>TIME</u>	<u>CONTENTS</u>	<u>TEACHING METHODS</u>
	<u>Knowledge</u> concept of management functions of management - planning implementation of evaluation Principles of management Problems of management	- Explain the objectives of the course - Brainstorming on "What is Management?" - analyze and categorize the contributions of the 3 major functions of
	<u>Skills</u> Identification of management problems Identification of management principles Application of management principles to solutions of management problems Development of case study to illustrate management problems	- planning - Implementation - Evaluation - Elaborate the 3 major functions and illustrate.
	<u>Attitudes</u> Appreciation of multifaceted nature of management. Sensitivity to good human relations within an organization. Sensitivity to good public relations.	- Present the case study - Group work to work on the case study

EVALUATION

Analysis as given by participant on functions of management.
Observation on the contributions during the case study disastrous.

TRAINING EXERCISES

CASE STUDY TRAINING OF TRAINERS ON MANAGEMENT

TITLE: WHAT IS MANAGEMENT?

OBJECTIVE (S) What do you expect the participants to achieve by taking part in this exercise?

Participants must:

- (a) Explain the meaning and functions of management with respect to planning, implementation and evaluation
- (b) Demonstrate ability to identify management problems and underlying management principles and apply management principles to solution of management.
- (c) Demonstrate ability to use case study to illustrate and teach management principles.

PARTICIPANTS

- (a) Who can use this type of exercise effectively?

Family planning and Family Health trainers, Supervisors eg. f.p. area supervisors of f.p. K E officers, Nurse trainers.

- (b) What is the optimum number of participants for this exercise?
15-20 participants.

TIME How much time is needed? 5 days.

MATERIAL

- Ref. - On Being in Charge -pgh. I, chapter 1-5
by Rosemary McMahon & E. Barton & M. Piot.
- Case study
- Organigram on - District Committee
- Local Branch of FPA

PROCEDURE: Describe the procedure, step by step.

1. Select and assemble participants
2. Explain objectives of the course
3. Introduce the subject by doing "Brainstorming" session on "What is Management"?
4. Analyze and categorize contributions under 3 major functions of-
 - planning
 - implementation
 - evaluation
5. Elaborate on 3 major functions and illustrate.
6. Present case study
7. Group work

PROCESS POINTS What are the essential ideas which should be discussed at the end of this exercise so that the participants can process the experience?

1. Nursing officer at District office level does not carry much weight and influence because of her lower status - no status of co-operation
2. Management style of N. Officers is harsh and her directives not clear
Poor communication and interpersonal relations
3. Outreach program not regular because of influence by the chairman using the vehicle and driver - Ineffective implementation/lack of commitments.
4. Staff indifferent because of N. Officer behaviors - Human relations
5. Community co-operation lacking because of irregular visits - lack of credibility/confidence
6. Acceptors stagnated over last 3-years - no evaluation - no attempt to review the program

TITLE: NEEDS & RESOURCES ASSESSMENT

OBJECTIVES:

At the end of the session the trainees will be able:

1. To understand and teach steps in carrying out needs and resources assessment
2. To identify the intended use of the information obtained
3. To list the sources and methods of obtaining the information and to apply them

MATERIALS:

"On Being In Charge" (WHO) (pp. 269-277)
Management Module Handout (Gorosh, Same course, 1983)

Chalk Board
Chalk
Eraser/Duster
Flip Charts
Overhead Projector
Slides
Slide Projector
Questionnair
Check list

TIME	CONTENT	TEACHING METHODS
	(as per attached 2 pages)	Discussion Brainstorming Small Group Excercise
	Present needs and Resources Assessment which is LOOKING AT THE SITUATION. The elements to be covered are:	
	1. Geographical area	
	2. Population	
	3. Epidemiological data	
	4. Attitudes to Health	
	5. Manpower	
	6. Materials	
	7. Money	

EVALUATION:

Pre & Post-test
Open Forum
Exercise in the field using check list
Sample survey of participants a year after completion of course

RESOURCES

Quantitative:

Information Needed

Intended Use

Source & Method of
Obtaining Infor-
mation

Manpower

- Health personnel by cadre
- Extension workers of various depts/organizations
- Community leaders
- Traditional Birth Attendants
- Traditional leaders

Manpower develop-
ment & development
for addition of
returning contacts

Health facility
records
Discussion and
listening

Materials:

- Health facilities by type
- Equipment therein
- Drugs & supplies
- Markets/shopping centres
- Schools
- Religious premises
- Social amenities
- Sanitation facilities

Incorporate in the
proposed CB
programme for
efficiency

◦ Health facility
records
◦ Community survey
check list

Money:

- Grants
- Donations
- Loans

Pay salaries
Pay for services
Purchase materials

GoK Budget
Private sector
Budget

Qualitative:

- Attitude to modern health services
- Cultural beliefs/practices related to activity

For preparation of
health education
strategy

Listening and
discussing with
community leaders

Other:

- Topography & climate

PLANNING EXERCISE NO.1

Needs and Resources Assessment:

As RD of CB programme scheduled to be launched in 6 months I decided to look at the situation as a first step in planning.

Problem Statement:

	Information Needed	Intended Use	Source & Method of Obtaining Information
QUANTITATIVE	Geographical area	space management	DOs/Clients office by visit; Study of maps and records
	Population - usual demographic variables e.g. births, deaths, females 15-49	Definition of target	- do -
	Houses	Status of Health	- do -
	Schools	Attitude to education; Literacy level	District MOH.
	Sanitation	Status of health	Community survey using check list
	Health staff by category Health facilities by type Epidemiological data	Manpower development and development. Prioritise health problems.	Reading results of clinics. Talking with traditional leaders
QUALITATIVE	Attitudes to health <ul style="list-style-type: none"> ◦ Taboos ◦ Use of traditional medicine ◦ Religious affiliation ◦ Cultural beliefs/practices related to fertility 	Build the health programme	Listening and observing community Discuss with community leaders. Talking with extension workers and traditional leaders

SELECTING AND DEFINING A PROBLEM

TITLE: Problem Definition

OBJECTIVES: Develop the objectives from your TASK LIST. Remember Knowledge/Skill/Attitude components.

1. To assist participants to acquire knowledge and skills in problem identification and definition -- with specific reference to family planning in a given community.

MATERIALS: Describe all material you will need to cover content, provide for group work and to assure practice.

1. As per attached sheet of paper
2. On Being in Charge
3. Black board and chalk
4. Paper, etc.

TIME	CONTENT	METHODS
Indicate time to cover each lesson/exercise/activity	<p>Outline the concepts, information, skills, attitudes which will be covered to attain the objectives. Try to organize the content outline into lessons.</p> <p>a) Identifying and listing problems in the community.</p> <ul style="list-style-type: none">- Define what a problem is- Need for identifying problems in line with objectives of the organization <p>b) Selecting important problems according to criteria</p> <ul style="list-style-type: none">- Define criteria as per page 281 "On Being in Charge" <p>c) Recognizing problems which are the responsibility of sectors. Identify family planning problems</p> <ul style="list-style-type: none">- related to agriculture (nutrition problem)- health (sanitation, etc.)- infrastructure, etc.	<p>Describe the methods/exercises activities you will use to cover the content to assure competence</p> <p>a) Through a lecture the trainer gives a general overview of factors and steps to consider in identifying and defining a problem</p> <p>b) Reading assignments from "On Being in Charge"</p> <p>c) Trainer to develop and use case study from participants working experience</p> <p>d) Oral questions; answer sessions</p>

Group II

Penina
Nimrod
Ezekiel

EVALUATION:

Describe how/when you will evaluate :

Trainee: understanding of objectives
 achievement of behavioral objectives
 opinions

Extent to which participants will identify and intelligibly discuss issues in the case study.



SELECTING AND DEFINING PROBLEMS

IDENTIFICATION OF FAMILY PLANNING AS A PROBLEM IN A COMMUNITY

Assumptions

- (a) A rural community of five thousand people total out of which 45% are children below 15 years, and 20% are women in reproductive life.
- (b) Fertility is high - 7.5 and birth space is less than 2 years.
- (c) There is one central health centre staffed with among other people the Health Educator.
- (d) The health centre is not easily accessible to the majority of the members of the community.
- (e) Awareness and knowledge of family planning among members of the community is very low.
- (f) Infant mortality rate and maternal mortality and morbidity are high.
- (g) Staple food is starch, nutritional status is poor.
- (h) Transportation and communication is poor.
- (i) Income per capita is KSh.800
- (j) Diarrhoea diseases among children below 5 are common.
- (k) Sanitation is very poor.
- (l) Malnutrition among children is high.
- (m) Two years ago a CBD program was launched but is not doing well.

From the information established above, it is clear that family planning information and services are lacking in the community. Further, many problems of the community - particularly health and nutritional problems are directly or indirectly related to lack of family planning practice in the community. It is therefore logical to state that lack of family planning is a major problem in the community.

IMPLEMENTATION EXERCISE 3

PART III: ORAL DISTRIBUTION SUMMARY FORM

PLACE ----- NAME OF VHW ----- Period being reported: Month/Year -----

A. CLIENTS

AYS/DATES	NEW ACCEPTORS	REVISIT OR RESUPPLY	NO. REFERRED	TOTAL CLIENTS (New, Revisits, & Referred)	REMARKS/PROBLEMS

B. SUPPLIES

YPES OF PILLS	RECEIVED	USED	STOCK REMAINING	REMARKS
g. Eugynon	-----	-----	-----	-----
Microgynon	-----	-----	-----	-----

IMPLEMENTATION EXERCISE 3: MONITORING SERVICE DELIVERY STANDARDS OF CARE IN A COMMUNITY BASED DISTRIBUTION OF ORAL PILL BY VHIV

Part 1: Information System

TYPE OF PEOPLE	TYPE OF INFORMATION REQUIRED	DATA SOURCE	POINT OF COLLECTION	FREQUENCY	ANALYSIS	FLOW OF INFORMATION
Consumers	<p><u>Regarding Oral Pills:</u></p> <ul style="list-style-type: none"> - Types available - When to start - How to take, how often - Action to be taken when client forgets - Side effects - Complications and what client should do when complications occur - When to expect the Village Health Worker - When to visit Service Delivery Point or clinic for check up - Awareness of check list and time required. 	<ul style="list-style-type: none"> - Verbal from VHIV - FP Booklet - Manufacturers leaflet in local language - Other consumers - Radio Health Education Program 	<ul style="list-style-type: none"> Service Delivery Point (SDP) Clinic Home 	<ul style="list-style-type: none"> - on first visit - when collecting supplies 	<p>Whether to accept, and continue with pill</p>	<p>From VHIV to Consumer and back</p>
Village Health Worker (VHW)	<ul style="list-style-type: none"> - As for Consumer - How to fill client card plus no. of population at risk in community - How to initiate, and follow-up - No. of cycles to give - Advice when client has side effects or complications - Referral procedure - Maintaining supplies - Reporting - Involvement of community 	<ul style="list-style-type: none"> - Orientation course - Supervisor - Local record of office of age groups & total populations - Community leaders/clients (about involvement) 	<ul style="list-style-type: none"> :Place of study :During supervisory visits :From reports of supervisors :FP manual :Village 	<ul style="list-style-type: none"> :Whenever required :On quarterly supervisory visits 	<ul style="list-style-type: none"> :No. of clients accepting, continuing, oral pill. :Any rumours and what type 	<p>From Supervisor to Consumers and back</p>
						<p>Cont'd .../</p> <p>Cont'd ..</p>

TYPE OF PEOPLE	TYPE OF INFORMATION REQUIRED	DATA SOURCE	POINT OF COLLECTION	FREQUENCY	ANALYSIS	FLOW OF INFORMATION
		:Technical Assistance reports :Project Managers :Supervisors :VHW; community	:libraries :Reprints from authors :Service Delivery Points :District Officers.	$\frac{1}{2}$ yearly annually	:Programme effectiveness :cost benefit	

SUPERVISION/TRAINING EXERCISES

1. Title: Management and Supervision Role Play

2. Objectives:

By participating in this exercise, participants will be able to:

- 2.1 Identify management by objectives in the role play
- 2.2 Identify use of standards of care in management from the role-play
- 2.3 Identify at least 2 principles of management from the role play
- 2.4 Observe and describe factors of motivation and of dissatisfaction which come out in supervision.
- 2.5 Differentiate 3 styles of supervision
- 2.6 Identify effective supervision strategies, to include
 - supervision according to work standards
 - problem solving in supervision visits
 - service statistics and monitoring in supervision
- 2.7 Determine and describe the effectiveness of role play in senior level management training

3. Participants:

- a. Who can use this type of exercise effectively
 - middle level - senior level managers
 - future trainers (TOT)
- b. optimum number of participants?
 - 4 = role players
 - 16 = discussants
 - 1 = facilitator

4. Time: 90 minutes to 2 hours.

5. Material:

Role Play Descriptions

Observation Guides

Flip Chart summarizing important ideas

1. Title: Management and Supervision Role Play

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5. Material:

Role Play Descriptions

Observation Guides

Flip Chart summarizing important ideas

6. Procedure to Follow:

Time

- 5 min This is a role play about supervision
It requires 4 players
ASK for volunteers to be
- 1) Regional Program Manager (SHE)
 - 2) Supervisor A (HE)
 - 3) Supervisor B (HE)
 - 4) Community Based Health Worker (SHE)
- 20 min Distribute role descriptions to players only.
Tell them to read carefully and meet in small
groups to discuss their act. Inform the rest of
group about what to expect (see below) also
distribute guide to observation of role play
- 10 min 1. Health Worker in middle
Supervisor A arrives and conducts supervision visit
- 10 min 2. Health Worker in middle
Supervisor B arrives and conducts a supervision visit
- 15 min 3. Regional manager in middle
Two supervisors arrive
Regional manager conducts a supervisors meeting
- Place one table and 3 chairs in middle of room.

7. Process Points:

- 15 min After Role Play, discuss the observations of the group.
(see observation guide)
- 15 min In summary ask the group
What are the most important management lessons you
have learned? (list them on black board) or newsprint.
- 15 min What are the most important supervision lessons you
have learned? (list on black board) or newsprint.

SETTING OBJECTIVES, STRATEGIES,
STANDARDS FOR A COMMUNITY BASED
FAMILY PLANNING PROGRAM INTEGRATED
INTO PRIMARY HEALTH CARE

TITLE: OBJECTIVES, STRATEGIES, STANDARDS

OBJECTIVES:

- set objectives that are relevant, feasible, measurable and observable for the program
- select appropriate program design
- list the measures to be used to make sure the standards are met.

MATERIALS:

1. "On Being in Charge" pp. 285-304
2. Case Problems and Proposed Solution
3. Follow chapters on:
 - (a) objectives
 - (b) programme design
 - (c) standards

<u>TIME</u>	<u>CONTENT</u>	<u>TEACHING METHODS</u>
3 Hours	-	- Introductory Lecture - Brainstorming - Discussions - Work group assignment - (see attached paper)

EVALUATION

Questions and answers to brainstorm

Review work group problem solutions

SUGGESTED SOLUTION

Task : Setting objectives, developing strategies and specifying standards for IUD service.

Objectives:

1. Be able to identify suitable clients who can use IUD
2. Identify those who want to continue with IUD
3. Identify those who have used IUD and have problems and need referral
4. Identify the post-partum women who would want to use IUD
5. Identify those with problems with IUD and manage
6. Select appropriate management design (e.g. a plan for IUCD insertion)

Strategies:

1. : Obtain figures of women who are in reproductive age from the Bureau of Statistics
: Questionnaire to women
2. : Clinic records
: Maternity Dept. records
: MCH/FP clinic
: Interview women:informal discussions
3. : Through records of referral cases
: Those who have problems with other methods through records
: Interview and recording of numbers
4. : Maternity records)
: TBAs')
: Private practitioners)
: Social workers)
: N. F. Workers) for 1. 2. 3. above
: F.H.F.E.)
: F.P.E.)
5. : MCH/FP clinic records
: Referrals by extention workers (see 4 above)

STANDARDS OF PROVIDING HIGH QUALITY SERVICES

1. Adequate screening for the IUD
2. Give services to the masimum number of the eligible clients
3. Provide service to those who want the method
4. Degree of interpersonal relationship between the Ph/nurses - clients should be to the maximum.
5. There will be no problems when inserting the IUD
6. There will be minimal number of drop-outs

IMPLEMENTATION: COORDINATION

10/10/10

TITLE: COORDINATION

OBJECTIVES:

At the end of the programme, participants will be able:

- explain implementation in terms of coordination with specific reference to the role of information in coordination
- to demonstrate knowledge of operation and problems associated with a barrier method CBD programme

MATERIALS:

Flip charts
Blackboard
Chalk
Felt pens
Slices
Film

<u>TIME</u>	<u>CONTENTS</u>	<u>TEACHING METHODS</u>
	- Definition of coordination	Lecture
	- Description and analysis of health service delivery system in a given country	Group Discussions
	- Identification of items within the health service delivery system that call for coordination : people (importance of team work) : activities : communication of information : kind of information required to coordinate health service delivery system	Brainstorming
	- Revision of barrier methods with respect mechanism of action, advantages and disadvantages, side-effects etc.	AS ABOVE
	- Structure of a community in a rural area	
	- Concept of CBD in general	
	- Problems associated with barrier methods	

EVALUATION

Pre-Post test

GROUP CATEGORY	TYPE OF INFORMATION	DATA SOURCE	POINT OF COLLECTION	FREQUENCY OF COLLECTION	ANALYSIS	FLOW OF MATION : ORGANIZ
1. CONSUMERS	Types of barrier methods available Where to get them When/how often they can be obtained How to use them Advantages & disadvantages of each method Side effects	Health worker Health Centre personnel	During supervisors'	On-going	None	Supervis to Consume
2. HEALTH WORKERS	Rate of acceptance of methods Suitable period/time/place of delivery Level of consumer motivation Attitudes of community leaders and consumers towards CBD Number of consumers eligible for use of methods Supply points Other extension workers delivering same methods Referral points	Clinic records Consumers Data extracted from need assessment. As above As above Supervisors Need assessment data Supervisors	At time of acceptance During distribution During planning As above As above During planning As above As above	On-going as need arise ↓	% count ↑ qualitati ve analysis ↓	Health to Supervi ↓
SUPERVISORS	Number of health workers and their locations Number of delivery points Rate of acceptance of each method Other extension workers delivering same methods	Health worker's records & reports "	During planning & analysis of health worker's reports	Quarterly coinciding with sub- mission of reports	content analysis of quarterly reports	Supe t Nati

CLIENT RECORD

CLIENT CARD	CLINIC CARD	EVALUATION CARD
NO.7P 10/83	NO.7P 10/83.	NO.7P 10/83
NAME -----	NAME ----- Husband -----	NAME -----
Address -----	Address ----- Hse ----- Tel -----	L.M.P. -----
Address -----	Occupation -----	Change of Method -----
Method -----	Residence -----	Termination of -----
Return Date: -----	Age ----- L.M.P. -----	method: -----
10.2.82 -----	No. of children -----	Method given: -----
	Mode of delivery: Normal <input type="checkbox"/>	Remarks: -----
	C/S <input type="checkbox"/>	-----
	Previous contraceptive: Yes <input type="checkbox"/> No <input type="checkbox"/>	Return date: -----
	If YES which one : Pill <input type="checkbox"/> IUD <input type="checkbox"/>	-----
	Barrier Method <input type="checkbox"/>	-----
	Method given: -----	-----
	Amount: -----	-----
	Return date: ----- Remarks: -----	-----

MONTHLY REPORT ON BARRIER METHODS: Submit within 1st week

	Condoms	Diaphragm	Foam Tablets	Jellies		TOTAL PER MONTH	TOTAL (same mth last year)
1st Attendance							
Continuing aptors							
Follow-up							
Failure got pregnant							

SETTING OBJECTIVES, DEVELOPING
STRATEGIES AND STANDARDS AND
SPECIFYING EVALUATION CRITERIA.

TITLE: OBJECTIVES & EVALUATION CRITERIA

OBJECTIVES:

1. To increase the number of contraceptive users from 4% to 8% in Central Province, and in a period of 3 years.
2. To provide non prescriptive/clinical contraceptives to women, young people (15-49 yrs.) and men of 15 years and over, in rural areas of Nyanza and Central Province within the planned period 1984-86.
3. To increase community participation in family planning service delivery by using community health workers, traditional birth attendants, family health field educators, lay educators and village committees to promote and dispense family planning barrier methods.
4. To make non prescriptive contraceptives available at all the health centres and dispensaries in the two provinces.

STRATEGY:

To intensify family planning service delivery in the two provinces by using all the village committees, traditional birth attendants, community health workers, family health field educators and lay educators for distribution of barrier methods and motivation.

T.O.T. component in setting Objectives & Evaluation Criteria

OBJECTIVES

1. Participants should be able to define a CBD programme and identify different types of CBD programmes.
2. Participants should be able to prepare modules for setting objectives for training.
3. Participants should be able to establish Evaluation Criteria for the objectives developed in (1) above.
4. Participants should be able to establish minimum standards for evaluating trainees in objective setting, and Evaluation Criteria.

EVALUATION CRITERIA

1. The evaluation arrangements will include evaluating the plan before implementation to ensure that the targets, resources, activities and timing have been tailored to the objectives and will facilitate the realisation of the stated objectives
2. Evaluating the process-by comparing the plan or project proposal (in terms of targets, resources, activities and timing) with the actual implementation.
3. Evaluating the project impact- by determining the extent to which each of the objectives has been achieved ie.,

3. Cont'd

- a) The extent to which the acceptor rate has been increased from 4% in Central Province and 2% in Nyanza Province between 1984 to 1986.
- b) To determine whether all the categories of distributors (village committees, community health workers, family health field educators and traditional birth attendants have been used to distribute barrier methods during 1984 to 1986
- c) To determine the % of health centres and dispensaries that have been constantly stocking and supplying contraceptives to the distributors as well as to the consumers.
- d) Determine the extent to which the community feels they have benefited from the CBD project between 1984 to 1986.

IMPLEMENTATION: MONITORING
STANDARDS OF CARE.

TITLE: MONITORING

OBJECTIVES:

By the end of the workshop participants will-

1. Develop an information system to monitor service delivery standards related to oral pill use in the community
2. Identify 3 main aspects of the implementing health activities
 - : Coordination
 - : Monitoring
 - : Supervision
3. The end of the workshop participants will- Describe the relationship of information systems in monitoring health activities
4. Review the main functions of management
 - : planning
 - : implementation
 - : evaluation

MATERIALS:

- Written instructions of exercise (see page 2 of "Implementation Exercise 3")
- Chalk & Board
- Notepaper & pens
- Textbook! McMahon et al., On Being in Charge, WHO Geneva 1980 pp. 71; 87-99; 113-119; 312-328; 312-317; 318-328; 31-47; Population Reports J17 J19
- Handout
- Handout on "Introduction to management: An Overview"

TIME

CONTENTS

TEACHING METHODS

Developing an information system to monitor service delivery standards

- study existing information system (e.g. MCH)
- identify people who will participate in the information system of the program
 - : consumers
 - : village Health Workers
 - : Supervisors
 - : Managers
 - : Funding agencies
- Identify information on oral distribution service that is needed; its source, how it would be collected, point of collection, frequency of the information flow; how analysed and how the flow goes from one level to another.

Trainer ask participants to design a module showing information needed to effectively monitor a service delivery standards of oral pill distribution in the community by VHW

Format for Exercise

	Info needed	Source	Where collected	Frequen.	Analysis	Info flow
Consumers						
VHW						
Supervisors						
Managers						
Donors						

CONTENT

TEACHING METHODS

Implementation function of management in Health Services

- Coordination of activities, and personnel
- Monitoring/directing
 - : Administration monitoring
 - : Service Delivery Standards of
- Supervision

Monitoring

- Types of monitoring
 - : Administration monitoring
 - : Service delivery monitoring
- Purpose of monitoring
 - : maintain close control of
 - : enable change or redirection implementation of programme
 - : Difference between Evaluation and monitoring
- Ways of monitoring,
 - : Supervisory visits
 - : Observing activities
 - : Comparing health activities of two areas/districts
 - : Interviewing clients, staff about program
 - : Inventories
- Information Flow
 - : description of information flow e.g. organization
 - : channels of information flow
 - : Why collect information
 - : Importance of feedback being close to implementation
 - : Sources of information
 - : Summarising information
 - : Seveloping and using indicators for monitoring

Main Functions of Management

- Planning function
- Implementation function
- Evaluation functions

Lecture/Discussion

- Trainer write on chalk board the 3 main aspects of implementation function of management
- Trainer asks trainees in groups of 2-2 identify any one health activity for which coordination, monitoring, and supervision.

Each group reporter present examples to class using Newsprint. Trainer summarise by asking meaning of the 3 terms

- Each group: define monitoring in own words
- : Give examples of administration monitoring & service delivery
- : Give at least 3 purposes of evaluation
- Explain how they would monitor
- Use an MCH/FP service newsprint
- A recording of each group should present information from group discussion

Chalk and Board

Lecture/Discussion

Individual Assignment:

Describe importance and relationship of information systems in monitoring health activities

Lecture/Discussion

- Trainer reveals 3 main functions of management as discussed in previous sessions on "Introduction to management: An Overview"
- Participants ask questions to clarify any difficulties.
- Trainer informs trainees that session will emphasize on "Implementation and Information Systems Development"

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CAFS/COLUMBIA UNIVERSITY TRAINING PROGRAM
CONSULTATION ON TRAINING OF TRAINERS
NAIROBI AUGUST 1 - 12, 1983

EXERCISES ON MONITORING SERVICE DELIVERY
AND STANDARDS OF CARE IN A COMMUNITY BASED
DISTRIBUTION OF ORAL PILLS.
(IMPLEMENTATION EXERCISE 3)

By:

John Kigundu
Nimrod Mandara
Penina Ochola
Grace Mtawali

INSTRUCTIONS:

1. Select a community based family planning programme design
2. Specify the information needed by the following groups to effectively monitor service delivery standards
 - Consumers
 - Village Health Workers
 - Supervisors
 - Managers
 - Funding Agencies
3. For each item of information specify the following:-
 - data source
 - point of collection
 - frequency of collection
 - analysis (counts, distribution, indices, trends etc.)
 - the upward and downward flow of the information in the organization
4. Design a client record for use in the programme. Show how the information is used for client care. Show how the information is used in various implementation activities.
5. Design a summary form for a monthly report of activities using information collected on client record. What other information should be included in the summary report.

HEALTH WORKER

This health worker has received a six weeks training in community based distribution of the pill. She is responsible to identify women who can use the pill, distribute the pill, manage re-supply visits. She also conducts home-visits to women who fail to return for their supply. Once or twice a month she organises a family planning talk at the local women's collection, the agricultural extension meetings and other community meeting places. She is a paid health worker and is expected to work ten days a month.

She has been at work for one year. She is a well motivated F.P. worker. She goes to work on time and hasn't missed a day. The women like her because she is thoughtful and respects their needs for information, support and confidentiality. She has not gone on home visits lately because she has no time for that. Lately she has been giving women the wrong information about what to do if they forget to take their pills. She has been saying to stop the pills, wait for the next period and to begin again with bleeding.

For the past three months she has been receiving her pill supplies late, and last month she did not receive all of what she needed and ordered. Furthermore, she has been out of condoms/foams for four months.

1. This supervisor is a health educator by training. He is very impressed by himself and by his importance. He believes that he is the most effective communicator in the program, and all he has to do is say what he has to say once! (Because he is "SO GOOD" at it).

He has been with the program for 8 months; after being recommended by his uncle, the Minister of Education. In order to carry out his tasks, the program has assigned a car and a driver to him. He is on the road 3 days a week, but is able to return to his home each night. He often uses the car for his family needs as well, because he believes he is very important. He believes he has excellent control over the 20 health workers in the program. They stand up at attention as soon as he arrives, and respond to his questions with a correct and polite "yes sir" or "no sir".

He uses a check list to perform his visits, which he has helped to develop. The most important part of his job is to get the numbers back to the regional manager. He always finds out:

1. Number of women on pill
new clients
return clients
2. Number of women referred to health center
3. Number of home visits
4. Number of condoms/foams distributed
5. Number of hours the health worker worked this month.

Right now he does not pay too much attention to problems and can barely tolerate the health workers who have problems. It would be fair to describe him as arrogant.

He is hoping to be promoted soon because there is an opening for a

SUPERVISOR 2

The good supervisor has been involved in supervising 10 health posts in the MCH program for the past 8 years. Two years ago he was given the added responsibility for supervising the activities of 20 VFW's in the new community-based family planning effort. He was trained for this in a special 2 week workshop designed for supervisory staff about to undertake this new role. He was so impressive in training that he was made a trainer of VFW's and participated in teaching more than 100 VFW's in the past 2 years. 12 of the 20 VFW's under his supervision received their pre-service training from him.

He takes supervisory responsibilities seriously and prepares for his supervisory visits carefully. He makes supervisory schedules 3 months in advance and prior to visiting a post on VFW he reviews previous and current reports and notes areas of strengths and weaknesses. He prepares a check list prior to each visit covering:

- targets
- activities to be observed
- prospects to date
- past problems and current status
- supplies
- reports
- talks with clients and village leaders.

He has observed difficulties in ensuring adequate supplies to VFW's and so he makes a point of carrying with him sufficient quantities of pills, condoms, foams, and forms to replenish the supplies of the posts he visits.

He has an easy manner and starts his visits by enquiring about the weather, the village, family matters and accepting tea or other refreshments prior to getting down to the items on his check list.

The Family Planning Program Regional Manager is an experienced Ministry of Health professional. She is the chief MCH/FP official in the Region and reports directly to the Ministry of Health MCH/FP office. She has been in the position for five years and for the past 2 years she has enthusiastically worked to achieve the objectives of the new community-based family planning program. Objectives of particular concern to her are:

1. creating and maintaining a cadre of trained VHW's
2. training and retraining VHW's
3. supervising VHW's
4. maintaining a reliable logistics system to assure adequate supplies of contraceptives.

The program design has VHW's identifying clients who may use the pill, providing initial and subsequent pill supplies, offering referral to the Health Center for clients with problems, and providing condoms and foam for clients who prefer them. Methods for clients who need a back-up method while waiting to complete a health center referral.

She is supportive of the problems of supervision but she won't tolerate bad supervision. She believes Village Health Workers are an important and valued part of her program and that they need good supervision. She insists that supervisors be problem solvers ----- people who can solve problems as they occur and people who can suggest program wide changes to prevent problems.

She delegates authority to her two supervisors to assure that program objectives are being met, that services are being delivered according to the program design and that the VHW's receive responsible supportive back-up.

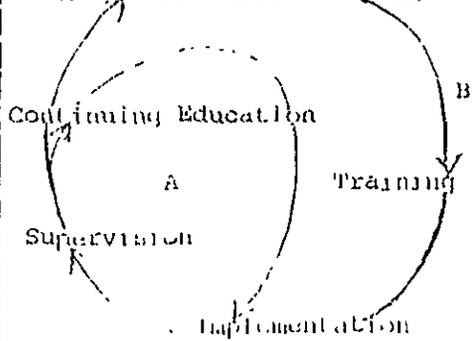
TOPIC : TRAINING AND SUPERVISION: A CONTINUUM
 TIME : 60 minutes DATE : 11-9-83
 PARTICIPANTS : 12 TRAINEES (CAPS, Kenya HOH, AMREF, PPAK)
 FACILITATORS : Susan Halder/Grace Hlavala/Hartini Gorosh

TIME	LEARNER OBJECTIVES	CONTENT	METHOD	RESOURCES	EVALUATION
1.00 a.m.	<p>By the end of the session participants will have:-</p> <ul style="list-style-type: none"> - Translated given training assumptions into supervision assumptions. 	<p>Translation of Training Assumptions into Supervision Assumptions</p>	<ul style="list-style-type: none"> - Trainer write on chalk board "<u>Training and Supervision: a Continuum.</u>" - Post objectives on wall - Explain objectives of exercise - Let each participant choose one assumption - Explain that: <ul style="list-style-type: none"> : participants will individually translate the training assumptions into own words based on concepts related to supervision - Some statements will change. Other statements will not change. - Where change is made it should include substituting words "participants" with "staff" or person being supervised and "learning" with performance - Additional supervision assumptions can be made 	<ul style="list-style-type: none"> - Chalk & board - Newsprint & felt pens - 12 Training Assumptions - Teaching charts with:- <ul style="list-style-type: none"> : objectives : continuum of Training & supervision - Reference: McMahon et.al <u>On Being in Charge</u> WHO Geneva 1980 pp. 	

TOPIC: TRAINING AND SUPERVISION: A CONTINUUM

TIME	LEARNER OBJECTIVES	CONTENT	METHOD	RESOURCES	EVALUATION
1.10 a.m.	<p>By the end of the session participants will have:-</p> <p>Translated given training assumptions into supervision assumptions (cont'd)</p>	<p>Translating training assumptions into supervision assumptions (con'd)</p>	<ul style="list-style-type: none"> - Trainer show example of translation (written on newsprint) using Training Assumption no.1 <u>Training Assumption:-</u> Learning may be defined as a change in behaviour. <u>Supervision Assumption</u> Performance is the extent to which new learning is incorporated into behaviour - Allow participants to ask questions - Answer as necessary - Give participants at least 5 minutes to write down translation - Training team (Susan/Grace/Martin) assist where necessary - Each participant read own translation - Peer help to refine translations 		<p>Quality</p> <p>Trained contribute</p> <p>List of Supervision Assumptions made</p>

TOPIC: TRAINING AND SUPERVISION - A CONTINUUM

TIME	LEARNER OBJECTIVES	CONTENT	METHOD	RESOURCES	EVALU
11.35 a.m.	<p>By the end of the session participants will have:-</p> <ul style="list-style-type: none"> - articulated the linkage between training and supervision 	<p>Training and Supervision Cycle (a continuum)</p>	<p>- Trainer post, diagram of Training/Supervision continuum related to family planning programme:- viz</p> <div data-bbox="1144 592 1501 722" style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p>Program Objectives</p> <ul style="list-style-type: none"> - Standards of Care - Job Descriptions </div>  <p>A - inner cycle - changes as identified by monitoring</p> <p>B - Changes as identified by programme evaluation</p> <ul style="list-style-type: none"> - Participants discuss the diagram and highlight linkages between training and supervision - Trainer summarise, highlighting linkages which are left out. 		

TRAINING ASSUMPTIONS

The training process used in this course is based upon certain assumptions; the most important of these are the following:

1. Learning may be defined as a change in behaviour.
2. Participants bring with them a cluster of understandings, skills, appreciations, attitudes, and feelings that have personal meaning to them and that are in effect the sum of their reactions to previous experiences.
3. Participants have developed self-concepts that directly affect their behaviour.
4. Learning requires activity on the part of the participants; they cannot be passive.
5. Ultimately, participants learn what they want to learn: they do not learn what they do not accept (or come to accept) as meaningful and useful.
6. Learning is enhanced when participants accept responsibility for their own learning.
7. Learning is directly influenced by the physical and social environment.
8. Learning is enhanced when the learning situation provides an opportunity to apply new information in as realistic a situation as is feasible.
9. Participants are more highly motivated when they understand and accept the purposes of the learning situation than when they do not.
10. Participants are motivated by experiences of success.
11. Participants tend to be motivated if they feel accepted by the trainer.
12. Participants are motivated when they can associate new knowledge with previous knowledge.
13. Participants are motivated when they can see the usefulness of the learning in their own personal terms.

SUPERVISORY ASSUMPTIONS*

There are many assumptions that can be derived from studying supervision as one of the management decision processes. The most important learning assumptions derived from Alfred Gorman (1974) were translated into supervision assumptions by the group:

1. Performance is the extent to which new learning is incorporated into behaviour.
2. Supervision or staff performance includes the extent to which a supervisor appreciates the worker's previous experience, skills, attitudes and feelings that have personal meaning to them and in effect the sum of their reactions to previous experiences.
3. Workers or supervisors have developed self-concepts that directly affect their performance.
4. Performance requires activity on the part of staff; they cannot be passive.
5. Ultimately, workers perform what they want to perform; they do not perform what they do not accept or come to accept as meaningful and useful.
6. Performance when supervisors delegate authority and acknowledge that staff can have responsibility for the quality of their work.
 - 6.1 Performance is enhanced when staff accept responsibility for the quality of their work.
7. Performance is directly influenced by the physical and social environment.
8. Performance is enhanced when the work situation provides an opportunity to apply to new information or behaviour.
9. Supervisors can motivate staff by explaining to them, purposes of the job or activity.
 - 9.1 Staff are highly motivated when supervisors explain purposes of the job/activity to them.
10. Supervisory or staff performance is enhanced by experience gained in participation in the training of the worker.
11. Staff tend to be motivated if they feel accepted by the supervisor, or their colleagues. Similarly supervisors tend to feel motivated if accepted by the staff.
12. Staff are motivated when the supervisor gives them new knowledge and at the same time upgrade their knowledge.
13. Staff are motivated when they see their performance as contributing to their personal growth or goals.

* Adapted from Training Assumptions distributed at a Consultation on Training of Trainers CAFS/CPFH Columbia University NY, Nairobi 1983.

TRAINING EXERCISES

TITLE Values clarification and comment without feedback exercise

OBJECTIVE(S) What do you expect the participants to achieve by taking part in this exercise?

1. To be able to state personal feelings which are a reflection of values about oneself in training and supervision.
2. To experience comment without giving or receiving feedback about value statements in a small group.
3. To gain personal insights into listening as a supervisor-trainer skill.

PARTICIPANTS

a. Who can use this type of exercise effectively?

Managers and supervisors who work together or in related fields

b. What is the optimum number of participants for this exercise?

10 in a group (i.e. can have 20-30 participants in 2 or 3 groups)

TIME How much time is needed?

45 - 60 minutes

MATERIAL

Questionnaire

Chairs for each person

Large room if 2 or more groups must be formed

- Facilitator explains objectives (2 - 3 min.)
- Facilitator reads questions and gives 1 min (60 seconds) for reading and response (3 min ±)
- Groups form in circle
- Facilitator begins by asking each person, questions by question to read their responses
No feedback is allowed
No interpretation or conclusions are appropriate
Questions which may clarify what a person means are allowed
- At end, facilitator asks all to recall objectives

PROCESS POINTS What are the essential ideas which should be discussed at the end of this exercise so that the participants can process the experience?

See objectives

1. One thing I like about being a supervisor-trainer is:

2. One quality or characteristic about me that is helpful in my role as a trainer-supervisor is:

3. One quality or characteristic about me that is not helpful in my role as a trainer-supervisor is:

4. One characteristic about a trainee/supervisee which impedes my ability to train or supervise is:

5. One characteristic about a trainee/supervisee which facilitates my ability to train or supervise is:

5. -----

6. As I consider implementing new concepts in training and supervision,
I have one fear or reservation about myself or my organization which
could block me:

7. As I consider new concepts in training or supervision, I feel confident
about myself or my organization to be able to implement

8. Within the next six weeks, I am going to try:

**TRAINING OF TRAINERS AND COMPETENCY
BASED TRAINING**

This section contains only one exercise, the first exercise in which the group went through the competency based procedure with part of an exercise.

Much of the Training of Trainers materials are integrated into the sections on Contraceptive Technology and Management.

You may wish to insert your notes from Training of Trainers which were distributed.

COMPETENCY BASED TRAINING

Steps for developing competency based training:

1. Investigate and identify training needs and resources
2. Develop task list (job description)
3. Analyse each task for skill, attitude and knowledge components
4. Establish entry level skills and knowledge
5. Develop training objectives
6. Select appropriate training methods for mastery of tasks
7. Determine minimum standard per practical experience to master tasks
8. Develop training design and use of organized classroom training, supervised practical experience, preceptorship and phased modules.
9. Develop lesson plans including the procedure to follow to cover content and practical experience guides.
10. Develop training evaluation design

I N S T I T U T I O N A L D E V E L O P M E N T

for the

CENTRE FOR AFRICAN FAMILY STUDIES
(CONSULTATION ON TRAINING OF TRAINERS,)
JULY 31 - AUGUST 12, 1983 NAIROBI, KENYA

PROPOSED TRAINING OF TRAINERS FOR NURSES FOR DISTRIBUTION
OF PILL BY VILLAGE HEALTH WORKERS

By:

Nimrod Mandara
Ezekiel Kalaule
Penina Ochola
Grace Mtawali
Susan Nalder

1. BACKGROUND

1. Assumptions

In preparing the outline of course content for the Training of Trainers Workshop for nurses who will in turn train Village Health Workers (VHW) in oral contraceptive distribution the following assumptions have been identified:-

- a) The need to train nurses so that they in-turn train VHW has been identified. The nurses have inadequate knowledge and skills on training.
- b) The nurses are family planning trained and are providing family planning services.
- c) The VHW programme and job descriptions exist.
- d) The nurses can write reports of their activities.

2. DESCRIPTION OF COURSE

The training of trainers workshop will be conducted for nurses so that they can train VHWS to distribute oral contraceptives in the community. The duration of the course is 4 5 day weeks or 120 hours. Participants will be taught so that 30 hours will be spent on theory and 90 hours on practical exercises. Practical exercises will be done in class by simulation, presentations of assignments, and micro-teaching.

The concept of competency based training will be taught in such a way that examples used will relate to the work of Village Health Workers as distributors of oral contraceptives. In addition, participants will review the steps taken in organising a training programme. The content on oral contraception is reviewed in the application of the 10 steps of developing a competency based training course.

N.B. In this presentation a training design for only two sessions the workshop have been done.

3. GENERAL OBJECTIVE

To enable nurses to train Village Health Workers to identify women who can use the pill, distribute the pill, provide re-supply and identify women who should be referred.

4. TRAINING OBJECTIVES

At the end of a four week workshop participants will:-

- a) Describe the terms:
 - learning
 - training
 - competency based training.

- b) Identify 10 steps of competency based training.
- c) Develop a competency based training (CBT) programme for Village Health Workers in oral contraceptive distribution.
- d) Identify all activities required in organising a training programme for VHW based on the trainer's example.
- e) Conduct a (CBT) training course in distribution of oral contraceptive by VHW.

5. COURSE CONTENT OUTLINE: 120 HOURS

5.1 Description of learning, training and competency based training.

5.2 Ten steps of competency based training.

5.2.1 Performing a needs assessment:-

Finding out Health Care performance standards in the following aspects:-

- Family planning clinic procedure manual
- Standing orders regarding family planning service delivery by non-physicians
- Present task of Village Health Workers
- Community inventory.

5.2.2 Developing a task list e.g. Village Health Workers task list:-

- Motivating clients to accept family planning
- Interviewing clients for pill use
- Using of check list to identify women who can use pill
- Instructing clients on pill use
- Identifying the existing distribution (of fp services) network
- Using the referral system
- Re-supply of oral contraceptives
- Ordering and storing oral contraceptives
- Keeping records
- Reporting activities, client numbers etc.

5.2.3 How to develop a task analysis (Village Health Workers)

Analyse a task into Knowledge required)
Skills required) to accomplish
Attitudes required) task

Example: Task of VHW: Use of check list to identify women who can use pill

<u>Knowledge Required</u>	<u>Skills Required</u>	<u>Attitudes Required</u>
- Ministry of Health Format for oral pill distribution in community	- Interviewing	- Belief that a Village Health Worker can distribute pill.
- Pill: - mechanism	- Explaining all given information using simple language	
- side effects		
- dangerous symptoms		
- when to start pill		
- when to ref		

- 5.2.4 How to establish entry skills. (for VHW to enter course)
- Being an accepted Village Health Worker in community for at least 3 months
 - Being selected by elders for training.
- 5.2.5 How to develop training objectives
- Defining a training objective
 - Characteristics and considerations in preparing training objectives
 - Identifying a list of action verbs
 - Domains of learning
 - Writing training objectives in all domains of learning.
- 5.2.6. How to select training methods to achieve objectives
- Review description of learning and domains of learning.
 - Principles of adult learning.
 - Learning cone
 - Training methods most effective in adult learning:
 - Group discussion
 - Demonstration and return demonstration
 - Field practice
 - Role play; drama
 - Case study
 - Posters
 - Real objects or pills
 - Songs.
- 5.2.7. Determining the minimum standards of practical experience needed to master task (oral pill distribution)
- Identify tasks/procedures for which setting minimum standards is vital
 - Preparation of check list to assess mastery of identified procedures.
 - Use of simulation in absence of actual experience to use for practising
 - Decide on number of times that enable competency
 - a) taking into consideration clinic records on number of clients for oral pill
 - b) experience from simulation exercises
 - Write down the minimum standards. Give copy to VHW.
- 5.2.8. How to write a training design.
- Description of a training design
 - Components/format of a training design
 - Sequence of presenting content on training design
 - Alloting time for training design:
 - e.g. Using Rule: 30% theory & 70% practical.
- 5.2.9. How to develop a lesson plan.
- Description of lesson plan
 - Elements/components of a lesson plan
 - Use of format
 - Preparing a lesson plan
 - Present a lesson plan.

- 5.2.10 How to develop an evaluation design:
- Principles of evaluation. Why evaluation?
 - Evaluation of students: achievement tests, performance evaluation;
 - Rationale of training programme evaluation.

6. How to organise a training programme (Village Health Workers)

Logistics:

- orienting elders and community
- selecting Village Health Workers for training
- arranging place for training

Resources:

- Assembling training materials
- selecting and briefing other resource persons

Monitoring the course

Preparing and submitting report.

7. EVALUATION OF THE COURSE (TOT)

The following methods are some of the ways of evaluating the course based on the training objectives:

- Pre- and Post Test
- Observing quality of micro teaching exercises, individual and group assignments
- End of course evaluation by participants and Workshop Coordinator
- At the time (not less than 6 months after TOT) when the nurses have started training VHW, evaluation by observation using a check list, and/or interviewing nurses will be done.

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1. Abbat F.R. : Teaching for Better Learning
Can be ordered from AMREF, Nairobi.
2. Hatcher et all : Contraceptive Technology 1980 - 81 and 1982 - 83.
Irvington Publishers N.Y.
3. Mager R. : Preparing Instructional Objectives
Fear and Pitman Publishers CA 94002 1972
4. : Family Planning Handbook for Doctors
IPPF

Title of Presentation COMPETENCY BASED TRAINING

Day 1 Time 60 minutes Facilitator P.O.
 Session 2

Time	Objectives and Procedure to Follow with Content	Materials
11.00 a.m.- 12.00 noon	3. <u>Describe difference between learning and training</u> : Divide participants in pairs : Brainstorm "What is learning" "what is training" : Trainer write ideas on chalk board : Trainer and participants agree on words or phrases (from brainstorming exercise) that are related to - learning and - training. : Ask pairs to write in own words definition of learning using agreed on words/phrases. : Pairs present own descriptions of <u>learning and</u> <u>training</u> to class. : <u>Trainer</u> add appropriate words to refine each description presented : Trainer show trainees previously prepared descrip- tions of <u>learning and training</u> . : Pairs write own descriptions of learning and training on newsprint and post on wall.	- chalk and board - Newsprint - Felt pens - Trainer's prepared descriptions of <u>learning and training</u> - Reference Book: Abbat: <u>Teaching for</u> <u>Better Learning</u> , W.H.C Chapter

TITLE: A TOT for Physicians and Nurses who will train MCH Aids to deliver services and supervise VHWS who will provide resupply

1. NEEDS ASSESSMENT

Definition: MCH Aids in Kenya is a motivator who goes into the health centres and works to create a positive atmosphere for FP

The MCH Aids

Background:

1. MCH Aid has standard 7/8 education
2. Preferably married (stable family)
3. Acceptable to community
4. 8 - 12 weeks training course

Skills:

1. Knows anatomy, methods, side effects of OCs.
2. Knows when to refer clients

The VHWS:

1. Has little education
2. Provides MCH services

Nurses and Physicians:

1. May need refresher in anatomy and physiology
2. Convinced MCHAs should provide services
3. May be trainers, but can use additional training
4. Knowledge of FP and patient management

2. TASK LIST: Teach doctors and nurses to teach MCHAs to use OCs correctly.

<u>3. SKILLS</u>	<u>KNOWLEDGE</u>	<u>ATTITUDES</u>
a. Communicate with non-literates	Know communication techniques	have value for semi-literates and illiterates
b. Explain differences of: - what time to begin - what times of day to take pill - what happens if pill is skipped - resupply	Know 21 & 28 day types of the pill	Beaware of which one is more appropriate.
c. -	Know menstrual cycle	

4. ENTRY LEVEL SKILLS/KNOWLEDGE (FOR MDs & Ns)

- Have knowledge of menstrual cycle
- Pre-test on OCs

5. TRAINING OBJECTIVE

At the end of the session, the MDs and Nurses will be able to list correct steps (according to clinic protocol) for use of two types of OCs

6. TRAINING METHOD

- a. Role play (for communications techniques with MCHAs and VHWS)
- b. Contraceptive Technology and other reference books
- c. Lecture on menstrual cycle

7. MINIMUM STANDARD OF PRACTICAL EXPERIENCE TO MASTER TASK

- demonstrate interest in working with MCHAs and VHWS
- interest in teaching.

SETTING OBJECTIVES, STRATEGIES,
STANDARDS FOR A COMMUNITY BASED
FAMILY PLANNING PROGRAM INTEGRATED
INTO PRIMARY HEALTH CARE

Title of Presentation _____

Day 1 Time _____ Facilitator _____

	Objectives and Procedure to Follow with Content	Materials
hrs.	<p><u>Pre-Testing</u></p> <p>To obtain baseline pretraining measure of participants' knowledge in 3 areas:</p> <ol style="list-style-type: none">1. Communication and teaching skills2. Oral contraceptive technology3. Patient management <p><u>Procedure</u></p> <ul style="list-style-type: none">- Distribute on the day of arrival (in the morning) pretest instruments to be forwarded in use on her- Tabulate results and distribute the same day- Return instrument at the end of the training after use as a post test.	
12 hrs	<p><u>Overview of Communication Process</u></p> <ol style="list-style-type: none">1. Outline the major components of communication process i.e. the ^{sender} message, channel, the receiver and feed back.2. Discuss how this process can be effective.	
hrs.	<p><u>Interpersonal Communication Techniques</u></p> <ol style="list-style-type: none">a. Small group discussionsb. Counsellingc. Demonstrations	
$\frac{1}{2}$ hrs.	<p><u>Review of Menstrual Cycle</u></p> <ol style="list-style-type: none">a. Discuss the importance of menstrual history in the choice of contraceptive methodb. Discuss menstrual pain and contraception	<p>- 'Contraceptive Technology 1982 - 1983. Pg. 23 - 25 & Pg. 30 - 34.</p>

Title of Presentation _____

Day 2 Time _____ Facilitator _____

Objectives and Procedure to Follow with Content	Materials
<p>r. <u>Overview of Hormonal Contraceptives and Review of OCs</u></p>	<p>- Ref: "The pill and Evaluation of Recent Studies by Rosenfield, John Hopkins, Medical Journal Vol:150 No.5 pp 177 - 180, May</p>
<p>1. Discuss the overview of hormonal contraceptives 2. Review the types of OCs available</p>	
<p>r. <u>Patient Management</u></p>	
<p>a. Discuss client management in a clinic b. Role play c. Demonstration of Oral Contraceptives to clients</p>	

IMPLEMENTATION: COORDINATION

TOT FOR NURSES AND MIDWIVES WHO WILL IDENTIFY AND MANAGE FEMALES WHO CAN USE THE PILL IN AN URBEN SETTING:

1. Training Needs & Resources Assessment

- A Identify: Eligible females 15 - 49 years of age who desires to practise contraception
- Women using no methods
 - Women using less effective methods
 - Women who have had IUD's removed
 - Special attention on identifying adolescents with sensitivity to family context
 - Post partum females especially those who breast feed.

Management:

- Decide who should get the pill and who should not
- Those who should be referred for other contraceptive methods
- To teach women to use oral contraceptive
- Ability to identify and deal with 'side effects by continuing or changing methods
- Refer as needed.

B Job Performance Proficiencies and deficiencies:

- Current involvement of nurse, midwife in family planning
- Involvement in related maternal health care.

C Learners Characteristics:

- Already trained in health profession
- How much family planning acquired especially in oral contraceptive....Questionnaire, interviews, pre-professional and in-service training especially short courses
- Male/female
- Availability for training
- Pretest of trainees

D System Characteristics:

- Urban - transport, communication, supplies - not problems,
- Nurses & midwives based in hospitals, health centres, clinics and dispensaries.
- To what extent are they independent practitioners
- High percentage of hospital deliveries.
- Oral contraception accepted in urban areas but room for more education and information
- Women groups, clubs, church groups, professional groups exist in the cities.
- Government Central and Regional Headquarters experts available in cities
- Will newly trained nurses, midwives have time and supplies to apply training.

2. Develop Task List

- A Identify females eligible (15-49 yrs of age) who are sexually active and desire to practise family planning.
- Those who have not been using anything.

- B Management of Women:
- of first time users
- continuing acceptors
- related tasks

Screening (first time users)

- History taking - social family
 - medical, surgical
 - obstetric history
- Physical examination
- Pelvic Examination
- Counseling
- Decision to give or not to give the pill and referral to other methods
- Follow-up appointments
- Maintaining adequate supply of oral contraceptives
- Be able to fill new forms and maintain records

3. Task Analysis

Examinations

Skills	Knowledge	Attitudes
a. Blood pressure taking	a) Use of blood pressure machine, stethoscope and measuring B/P	a) Sensitivity to clients.
	b) To know the up-limits and cut-off points for pill users.	b) Appreciate epidemiological evidence
	c) Relevance of blood pressure taking to pill use.	
b. Weighing	a) Use of scale.	a) Accurate recording is very important and note taking.
	b) Implication of weight changes in relation to blood pressure.	
	c) Procedure of accurate weight taking.	

4. Entry Levels

- They have to be nurses or midwives.

5. Training objectives for Blood Pressure

At the end of the training, the participants will be able to:

- take accurate blood pressure readings
- record accurate blood pressure readings
- decide whether the client may use oral contraceptives based on the blood pressure findings.
- explain why hypertension is a contra-indication for oral contraceptive use to
 - a) the trainer and
 - b) to the client.

6. Training Methods (for Blood Pressure)

- a) Lecture
- b) Demonstration
- c) Practise
- d) Role Play
- e) Audio-visual aids

7. Minimum Standards (for Blood Pressure taking)

- a) The trainee should be able to
 - I) Take a minimum of 10 systolic and 10 diastolic Blood Pressure readings under supervision and report with +5 mm. Hg accuracy
 - II) Record the systolic and diastolic Blood Pressure readings under supervision.
- b) Pass a written test with 100% identifying ten blood pressure readings as being above or within normal ranges for oral contraceptive use.
- c) Return demonstration of explanation of why Blood Pressure is important:
 - I) To trainers
 - II) To clients

8. Training Design (for Blood Pressure)

30% Didactic
70% Practise, demonstration and testing

9. Time	Objective and Procedure to Follow with Content	Materials
1hr.	How to take B.P. & why B.P. is important in O.C. use	slides, B.P. Machine, stethoscope pencils, forms.
2hrs.	Practise & return demonstrations (on taking & recording)	B.P. machines, stethoscopes, pencils forms
2hrs.	Tests & return demonstrations (on decision making & explanations).	

10. Evaluation Design

1. Tests and return demonstration in lesson plan.
2. Spot checks and observations in clinic at about six months post-training including interviews with clients after their Blood Pressure have been taken.
3. Monitor the clinic forms for compliance for Blood Pressure standards for oral contraceptives.