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 **Intrah**

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Report on the Proceedings of the
Second INTRAH Anglophone Africa

TECHNICAL ADVISORY COMMITTEE
Nairobi, KENYA

PN-AAy-400

Report on the Proceedings of the
Second INTRAH Anglophone Africa

TECHNICAL ADVISORY MEETING

Nairobi, KENYA

February 16 - 20, 1987

Submitted by:

Miss Pauline Muhuhu
INTRAH/ESA Regional Director
and
Mrs. Grace Mtawali
INTRAH/ESA Regional Training
Officer

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ACKNOWLEDGEMENT

INTRAH Regional Office/Nairobi wishes to express appreciation to all colleagues of government and non-government organizations in making the Second Anglophone TAC Meeting a success. We wish to express our special gratitude to the employers of TAC members for allowing them to participate.

Our thanks also go to:

- The USAID Missions for facilitating efforts.
- The Pathfinder Fund, for the active participation in facilitating the discussion on alternative approaches of delivering family planning.
- The management of Hotel Utalii for the hospitality extended during the meeting.
- Mrs. Tabitha Oduori, Chief Nursing Officer, Kenya Ministry of Health for her support of this endeavor.
- The INTRAH/Chapel Hill team of Ms. Lynn Knauff and Ms. Terry Mirabito for their active participation in the arduous planning, conducting and monitoring of the TAC II activities and moral support to the INTRAH/ESA staff and consultant.
- Lastly but not least, the TAC members who worked enthusiastically to achieve the objectives of the meeting.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBD	Community-Based Distribution
CTT	Core Training Team
DFH	Division of Family Health
DON	Division of Nursing
ESA	East and Southern Africa
FP	Family Planning
ICM	International Confederation of Midwives
ICN	International Council of Nurses
INTRAH/WCA	INTRAH/West Central Africa Office
IPPF	International Planned Parenthood Federation
IUCD	Intrauterine Contraceptive Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MFPA	Mauritius Family Planning Association
MCH	Maternal and Child Health
MOH	Ministry of Health
NC	North Carolina
NCC	Nairobi City Commission
NGO	Non-Governmental Organization
NHI	National Health Institute
OPD	Out-Patient Department
PST/IST/S	Pre-Service, In-Service and Service (INTRAH Project shown in Appendix K)
RO/A	INTRAH Regional Office/Abidjan
RO/N	INTRAH Regional Office/Nairobi
TAC	Technical Advisory Committee
VSC	Voluntary Surgical Contraception
WB	World Bank
WHO	World Health Organization
ZNFPC	Zimbabwe National Family Planning Council

I. PURPOSE

The purposes of the INTRAH Anglophone TAC II were:

1. to provide guidance on training and technical assistance priorities to INTRAH.
2. to actively orient TAC members to the concept of linkages between nurse/midwives pre-service training, in-service training and services.

OVERALL OBJECTIVES

Objectives for the Technical Advisory Committee were as follows:

1. To review INTRAH progress during the past twelve months since the 1986 TAC meeting.
2. To furnish suggestions for improving the relationship between pre-service and in-service MCH/FP training, and service systems for nursing, midwifery and public health personnel.
3. To identify the functions and roles of PAC personnel in MCH/FP programs and their emerging training needs (See Appendix E).

In summary, major tasks of the members in achieving the objectives were:

1. Reviewing accomplishments of represented country training programs/projects during the past 12 months following the 1986 TAC.
2. Reviewing progress in implementation of 1986 TAC recommendations.
3. Identification of unmet needs and factors that inhibit implementation of projects.
4. Briefing of countries/agencies attending the TAC meeting for the first time on the state of MCH/FP training and service.
5. Identification of non-clinic-based MCH/FP service delivery approaches; their relationship with clinic-based services and training needs related to improvement/development of linkages between the non-clinic-based approaches.
6. Identification of issues that affect linkages between pre-service and in-service MCH/FP educational and training personnel; and make recommendations for improvement in service delivery.

- D. In-country, regional and trans-regional training needs were listed with identification of the cadre of MCH/FP personnel to whom training needs apply and the types of assistance requested of INTRAH.
- E. TAC members unanimously proposed and agreed to participate in a training workshop during the week following the TAC meeting based on a common high priority training need. A Consultancy Skills workshop will be conducted immediately following Anglophone Africa TAC III (March 1988). Future needs to be addressed include skills in operations research, project development and management.
- F. The concept of PST/IST/S linkages was thoroughly examined using a case study (see Appendix J) and accepted as vital to the advancement of MCH/FP education, training and service delivery.
- G. Plans of action related to the INTRAH project on PST/IST/S Linkages were developed for each represented country/agency. Sensitization of policy makers, managers, community leaders and senior health professionals was strongly felt by TAC members to be the first step in the implementation of the PST/IST/S project.
- H. Information from group discussions regarding the PST/IST/S linkages case study was compiled and incorporated in the descriptive definition of LINKAGES, thus differentiating linkages from INTEGRATION. This compound definition will assist interested persons or organizations/countries in understanding the INTRAH

SECOND INTRAH ANGLOPHONE TECHNICAL ADVISORY
COMMITTEE MEETING, NAIROBI
FEBRUARY 16-20, 1987

Minutes of Monday, February 16, 1987

Present:

Val Gilpin	Sierra Leone	Moderator of the day
Mary Nduati	Nairobi City Commission	Recorder
Tunde Kuteyi	Nigeria Federal	Recorder
Lynn Knauff	INTRAH/CH Deputy Director,	Facilitator
Lucy Botsh	Zimbabwe (ZNFC)	
Geeta Oodit	Mauritius (MFPA)	
Halima Abdi Sheikh	Somalia (MOH)	
Margaret Gatei	DON Kenya	
Lydia Cege	DFH Kenya	
Laheri Rushota	Uganda MOH	
Anthony Aboda	Uganda MOH	
Mary Ogebe	Benue State, Nigeria	
Daisy S. Mosieman	Botswana (NHI)	
G. Dorcas Mompoti	FHD, Botswana	
Terry Mirabito	INTRAH/CH Program Officer	
	Anglophone Africa	
Pauline Muhuhu	INTRAH/ESA Director	
Jedida Wachira	INTRAH Consultant	
Grace Mtawali	Regional Training Officer	

1. Registration and Housekeeping Matters

1.1. The meeting was declared open at 8:40 a.m. by Miss Pauline Muhuhu, INTRAH/ESA Director, and concerned the following housekeeping matters which Miss Muhuhu explained:

- 1.1.1. Need to share rooms by some participants due to inadequate single rooms for all participants and facilitators.
- 1.1.2. Review of the starting time of daily meetings, breaks and procedure of having individual country paper typed.
- 1.1.3. Field trip to Masai-Mara Game Lodge on February 21 and 22. Participants intending to go should have their names listed by noon of that day.

2. Introduction and Welcome

- 2.1. Still leading the meeting, the INTRAH/ESA Director welcomed all TAC members and INTRAH colleagues from the University of North Carolina, Chapel Hill, North Carolina, USA.
- 2.2. A self-introduction was done to enable old and new members to become acquainted with each other.
- 2.3. Miss Muhuhu explained that the current TAC meeting included thirteen representatives from eight countries, including new members. Objectives of the INTRAH program were outlined (see Appendix A.1).

2.4. Tasks of TAC Members

Six major tasks of the Anglophone TAC meeting were outlined (see Appendix A.1). Similarly, Miss Muhuhu highlighted the expected outcome of the second TAC meeting as:

- (a) "identified training needs that could be met through INTRAH assistance in in-country training programs;
- (b) recommendations for improvement of linkages between pre-service and in-service MCH/FP education and training programs."

3. Review and Adoption of the Agenda

- 3.1. TAC members reviewed the agenda and made minor amendments related to timing of the DFH Kenya and Sierra Leone country presentations, and working hours on Thursday, February 19, 1987.
- 3.2. The agenda was then moved for adoption by Val Gilpin and seconded by Tunde Kuteyi.

4. TAC Meeting Procedure Guidelines

- 4.1. Terry Mirabito outlined the procedures for moderating and reporting activities of the daily sessions (see Appendix A.2). TAC facilitators selected teams for daily moderating, recording and reporting.
- 4.2. The moderating, recording and reporting team for Monday, February 16, 1987, consisted of Val Gilpin, Mary Nduati, Tunde Kuteyi with Lynn Knauff as back-up. The team took over leadership of the day from Pauline Muhuhu.

5. Overview of INTRAH Program

5.1. Ms. Lynn Knauff led this session, noting that since the venue was a training college the TAC members should consider the need to evaluate performance of the trainees and give feedback. She also reiterated the need to read the literature on AIDS in the members' files since they have a great role to play as resource persons in MCH/FP issues, including AIDS.

5.2. Ms. Knauff's presentation provided thorough information regarding:

5.2.1. The INTRAH Program status in terms of number of years of the INTRAH/USAID contract;

5.2.2. Staffing changes since the first TAC due to:

(a) new INTRAH/WCA Office;

(b) expansion of the INTRAH Evaluation Unit by having one Francophone evaluation specialist and several students so as to improve data input and analysis;

(c) obtaining the consultant services of Mrs. Jedida Wachira at INTRAH/ESA; and

(d) departure of Jim Herrington, INTRAH/CH Francophone Africa Program Officer to IPPF.

5.2.3. Responsibilities of RO/N and RO/A.

5.2.4. The USAID evaluation team, which will visit participating countries in 1987. Ms. Knauff urged participants to be frank with the team in terms of their individual country needs and INTRAH achievements.

5.2.5. Greetings from Dr. James Lea, INTRAH Director, Ms. Catherine Murphy, Training Materials Officer, Mr. Ray Baker, Associate Director for Administration, Dr. James Veney, Evaluation Officer and all others at INTRAH University of North Carolina at Chapel Hill.

5.2.6. Five areas which are a challenge to the INTRAH Program are as follows:

- (a) whether people trained are deployed in positions where they can use their skills;
- (b) how we can learn from participants' feedback and emerging needs so as to revise curricula according to that feedback and needs;
- (c) maintaining ways, by INTRAH, of sharing experiences through regional and trans-regional interchanges;
- (d) that necessary attention is given to linkages between pre-service, basic and in-service education; and
- (e) our role to facilitate improved access to all resources for MCH/FP to improve health of individuals, families, communities and the nation.

In conclusion, Ms. Knauff commended RO/N dedication in bringing the highest quality of training assistance and support to the region.

6. Regional and Trans-Regional Status, including Recommendations of First TAC 1986

6.1 Miss Muhuhu presented an overview of INTRAH regional and trans-regional activities from October 1985; those which were a response to recommendations of the first TAC; problems and factors affecting INTRAH program implementation and future plans.

Major areas of the presentation also included active INTRAH Resource Material development under the leadership of Ms. Cathy Murphy.

A full report is in Appendix C.

7. Discussion of the Report (Agenda 6 above)

- 7.1. Selection criteria of trainees was a subject of concern to many TAC members.

It was discussed that selection criteria are related to functions and responsibilities of the trainees. The Lagos State needs assessment by INTRAH included selection criteria identification.

The discussion was inconclusive, with some members relating how INTRAH can make efforts, and with whom in the different countries in order to enable appropriate selection for training.

8. Country Presentations

8.1 Benue State, Nigeria

- 8.1.1. Dr. (Mrs.) Mary Ogebe presented a summary of activities in Benue State.

- 8.1.2. Achievements included:

- (a) integration of family health programs into government health care services;
- (b) training of nurses/midwives and physicians;
- (c) equipping nine clinics;
- (d) appointment of full-time FP coordinator; and
- (e) contract development with INTRAH.

- 8.1.3. Unmet needs included lack of close supervision of clinics; non-completion of family planning training of more than 50 nurse/midwives who participated in a 5-day FP course in 1985; training of physicians in contraceptive technology, establishment of a training team, community involvement and publicity.

8.2. Kenya: Division of Nursing

Mrs. Margaret Gatei presented the MOH/INTRAH Project of Nursing Education in MCH Phase II. The project objectives and outcome were presented for the year 1986, viz.:

- (a) 5 National Trainers trained in TOT skills and MCH/FP program management;
- (b) 22 District Trainers trained in TOT/Clinic Management Skills;
- (c) 300 ECNs trained in Clinic Management Skills in six provinces;

Year II of the project would be completed during June 1988.

8.3. Sierra Leone

Ms. Val Gilpin presenting progress of the Sierra Leone project since TAC I highlighted the following achievements:

- (a) Analysis of survey questionnaire on family planning service delivery points.
- (b) 15 State Enrolled Community Health Nurses trained in FP Clinical Skills without IUCD insertion.
- (c) Standardization of family planning forms.
- (d) Implementation of recommendations B.3, C.3, C.4 and C.5 of TAC I.

Sierra Leone's main service needs are:

- (a) Follow-up of field activities.
- (b) Intensification of community mobilization and education regarding family planning.

9. Discussion after Benue State, Kenya and Sierra Leone

9.1. One member said that resistance to family planning sometimes is related to high infant or child mortality. Parents may be less resistant if they were taught that family planning contributes to child survival.

However, Mrs. Wachira, citing examples in Kenya, cautioned that child survival is not a guarantee to family size limitation.

9.2. In response to a question from the Sierra Leone member about how well family planning-trained personnel were deployed, it was stated that

participants are selected from MCH/FP clinics. The Benue State members suggested the need to train hospital-based staff to encourage family planning information to be given in OPD.

10. Zimbabwe

Mrs. Lucy Botsh presented the ZNFPC progress report, a comprehensive report covering the different phases of training projects including part of the Zimbabwe National Survey findings.

ZNFPC, with government and donor agencies, has trained 133 nurse tutors in clinical family planning; 77 physicians, theatre nurse and nurse anesthetics for VS contraception; 15 trainers of MCH/FP in FP clinical skills. A manual for village health workers has been developed.

Service needs presented included family planning services for youths and reaching the 30.9% of at-risk child bearing age women but not using family planning methods (see Appendix D).

11. Botswana

Mrs. Daisy Mosieman reported on the training activities which are occurring in Botswana for trainers (faculty members) and various students in MCH/FP. She highlighted the systematic plan to integrate MCH/FP into the basic nursing programs of the NHI. Her paper is appended (see Appendix D). Mrs. Mosieman reported that the MOH was developing an MCH/FP Program with INTRAH technical assistance. The second member from Botswana, Mrs. Dorcas Mompoti, presented an overview of MCH/FP services and how the service is affected by demographical patterns of the Botswana people and the small (30%) amount of arable land. A detailed paper is appended.

12. Nigeria (Federal)

Ms. Tunde Kuteyi presented a brief overview of the primary health care program which seeks to include the Chairman of the local government as an active participant in the planning stage of PHC projects.

13. Discussion of Zimbabwe, Nigeria (Federal) and Botswana

13.1. In response to Ms. Knauff's question about whether the Evaluation Division of ZNFPC is reviewing training in terms of increase of or decrease in family planning acceptance, Mrs. Botsh said that the issues of trainee deployment and supervision were being addressed by the evaluation teams.

13.2. The issue of what to do with the change of influential people which affects program progress in Nigeria was raised by Dr. Ogebe.

One member responded that the question should make health workers rely more on local community leaders than official leaders.

13.3. Regarding the Botswana report on training, Ms. Knauff noted that many consultants were used, and were their services required? The answer from a Botswana member was that, generally, consultants were required.

14. Uganda

The Uganda report was presented by Mr. Anthony Aboda. It was a comprehensive report consisting of the objectives of the Family Health Initiative Project which the MOH training project for physicians, public health nurses, nurse/midwives and tutors is funded by INTRAH.

Highlights of achievement were:

(a) training of physician/nurse teams in FP clinical skills;

(b) orientation of Hospital Management Teams, to the MCH/FP training program and Uganda Population Statement;

- (c) training of CTF members in training skills and training evaluation skills; and
- (d) evaluation and field follow-up of previous trainees in service and schools of nursing and medical assistants.

The Uganda paper is appended.

15. Mauritius

Mrs. Geeta Oodit presented the paper highlighting:

- (a) FP acceptance rate of 60.8% (82,920 acceptors) as of December 1985.
- (b) FP coverage increased from 24.3% in 1972 to 57.4% in 1984.
- (c) Increase in teenage pregnancy: 37.3 per 1000 (December 1985).
- (d) The objectives of the National FP program were achieved by 1983 and maintained.
- (e) Training of doctors and nurses had been conducted in service delivery skills and health management.
- (f) New service needs are:
 - i. reaching married women under 25 years and over 35 years old, laboratory services in STDs, AIDS and cervical cancer screening;
 - ii. handling the high birth rate on Rodrigues Island through training more field workers and community field workers; and
 - iii. dealing with resistance of provision of family planning and MCH services by the same people.

15. Discussions

16.1. Questions regarding the Mauritius presentation were:

- (a) what plans were there to improve the hostility of Action Familiale on artificial methods of family planning. Mrs. Oodit responded that attempts will be made towards better MFPA/Action Familiale collaboration.

- (b) What was Mauritius FP target since prevalence was 60.8%?

Mauritius should redefine its target. Mrs. Oodit emphasized that efforts would be concentrated on improving MCH services while still maintaining the family planning services. The Mauritius government was reviewing the population and family planning policy.

- 16.2. One member wanted to know the composition of the Uganda Family Health Advisory Committee.

Ms. Laheri Rushota provided the information, showing that the committee was multisectoral, including representatives from religious organizations and donor agencies. Dr. Ogebe stated that a similar committee exists in Benue.

17. Conclusion

Ms. Val Gilpin, moderator of the day, summarized the day's presentations and emphasized the similarities and differences of the projects in the countries whose presentations were made. Important points or discussions were in the areas of:

Having effective data collections; conducting and acting on evaluation; training physician/nurse teams in family planning; and selection criteria of participants.

There being no other business, the meeting was closed at 5:00 p.m.

**SECOND INTRAH ANGLOPHONE TECHNICAL ADVISORY
COMMITTEE MEETING, NAIROBI**

FEBRUARY 16-20, 1987

Minutes of Tuesday, February 17, 1987

Present:

Mary Ogebe	Benue State, Nigeria	Moderator of the day
Grace Mtawali	INTRAH/ESA Regional Training Officer	Facilitator
Geeta Oodit	Mauritius	Recorder
G. Dorcas Mompoti	Botswana	Recorder
Lucy Botsh	Zimbabwe (ZNFC)	
Geeta Oodit	Mauritius (MFPA)	
Halima Abdi Sheikh	Somalia (MOH)	
Margaret Gatei	DON Kenya	
Lydia Cege	DFH Kenya	
Mary Nduati	Nairobi City Commission, Kenya	
Laheri Rushota	Uganda MOH	
Anthony Aboda	Uganda MOH	
Tunde Kuteyi	Nigeria (Federal)	
Daisy S. Mosieman	Botswana (NHI)	
G. Dorcas Mompoti	FHD, Botswana	
Terry Mirabito	INTRAH/CH Program Officer Anglophone Africa	
Lynn Knauff	INTRAH/CH Deputy Director,	
Pauline Muhuhu	INTRAH ESA Regional Director	
Jedida Wachira	INTRAH Consultant	

1. Meeting

1.1. The meeting was opened at 8:40 a.m. with Dr. Ogebe as the day's moderator.

1.2. Previous Day's Minutes

1.2.1. Ms. Val Gilpin read the previous day's minutes.

1.2.2. After clarifications, the minutes were moved for adoption by Mrs. Mompoti and seconded by Mrs. Rushota.

2. Country Presentations

2.1. Somalia

Mrs. Halima Abdi Sheikh presented her country situation focusing on family health in a socially or religiously homogenous society (see Appendix D). The achievements in Somalia since TAC I were

stated to include but not limited to logistical plans and implementation; refresher training of nurses in family health; establishing a health information system; establishment of an evaluation and research unit and a medical panel review.

Problems in Family Health service delivery were related to female circumcision and differences in interpretation of the Koran regarding family size limitation.

2.2. DFH Kenya

Lydia Cege presented a comprehensive report on the Division of Family Health highlighting achievements of the DFH/MOH/INTRAH training project in strengthening the capacity of the trainers. DFH is the main in-service MCH/FP training institution for the MOH. The full report is appended.

2.3. Nairobi City Commission

Mrs. Mary Nduati's presentation of the Commission's health services included main activities and problems encountered.

2.4. Discussion on Country Situations

2.4.1. A question on complications of female circumcision was answered by Mrs. Sheikh.

2.4.2. On the Koran's recommendation regarding breastfeeding, Mrs. Sheikh informed the members that breastfeeding for 30 months was being rigidly adhered to against the use of artificial means of family planning. The CBD approach was, therefore, now being used to promote artificial methods of family planning.

2.4.3. Mrs. Nduati and Kenya colleagues clarified the relation of the Nairobi City Commission's MCH service to those of the Ministry of Health.

3. Identifying in-Country, Regional, Trans-Regional and Other Needs

3.1. TAC members in groups identified the in-country, regional and trans-regional training needs. A summary of these needs is in Appendix E.

The purpose of the exercise was to provide guidance to INTRAH, responding to various country or regional needs.

4. **Selection Criteria for Regional, Trans-Regional and U.S.A. Participants**

This exercise was a continuation of the one on identifying training needs. Small groups had difficulty in clearly writing selection criteria.

5. **Alternatives to Clinic-Based Services and Relation Between Clinic- and Non-Clinic-Based Services**

5.1. **Zimbabwe CBD**

5.1.1. Mrs. Botsh presented an outline of the CBD approach by the ZNFPC. Highlights of the presentation were the CBD program's history, rationale, selection of trainees system; post-training functions of CBD workers, duration of training and training methods used; how contraceptives are used by CBD based on a checklist; supervision system; and linkage between clinical and non-clinic-based FP services.

5.1.2. **Mauritius CBD**

Mrs. Oodit presented brief information regarding the CBD service in Mauritius by MFPA. The CBD in Mauritius became male-oriented in 1979 with condoms being made available through vending machines at a cost of one rupee per three condoms. The cost is one third of the commercially available condoms. Special MFPA staff and some community members are responsible for the vending machine refills and minor repairs.

Recently, the MFPA embarked on establishment of a social marketing system for condoms, spermicide tablets, and the oral pill. This project is expected to be completely established by 1988.

5.1.3. **Clinic- and Non-Clinic-Based Services Relationship: An Experience**

Dr. A. Ajayi, The Pathfinder Fund Regional Representative, led the discussion by presenting his experience in non-clinic-based contraceptive services. The highlights of his presentation delivered from notes (no documentation) were as follows:

1. Clinic-based services anywhere reach only about 40% of at-risk people in many African countries for less than 40% coverage.
2. A more daring approach (i.e., less conservative) makes the adoption of clinic-based programs a necessity.
3. The CBD approach is aggressive because most Africans do not perceive birth control as a need.
4. Family planning services invite healthy people to come and be made sick for a few months (side effects). This creates many problems. Therefore, back-up clinics must be maintained to support non-clinic personnel providing CBD.
5. The concept of a CBD approach is that of using the community to:
 - (a) stimulate interest among policy makers;
 - (b) select a trusted group to serve the community. Respected norms must be adhered to such as the person being married, honest, respectful to elders.
6. CBD training should cover condoms, foam and jelly, with or without oral contraceptives.
7. CBD scope should cover condoms, foam and jelly, with or without oral contraceptives.
8. WHO research has shown, he revealed, that three cycles of pills are safe and thereafter the client should present herself at a FP clinic for further advice.
9. Supervision is very essential, he stressed. A simple checklist for re-supply of pills to certified clients is safe in the hands of CBDs.
10. On remuneration, the speaker said this was variable:

- purely voluntary with nothing given in return
- bonus to first, second and third best performers per given period
- salaried

11. Contraceptive Social Marketing

Condoms could be promoted using this approach, especially with the problem of AIDS.

Persons who can be used to sell condoms are taxi drivers, hair dressers, etc.

6. LINKAGES OF NON-CLINIC WITH CLINIC-BASED SERVICES: Identification of training needs and recommendations

- 6.1 TAC members assisted by facilitators, presentations and discussions on CBD services and non-clinic-/clinic-based relationships, listed training needs and recommendations which also demonstrated how linkages should be established and maintained.

These needs and recommendations were in the context of:

- (a) where there is currently no CBD and
- (b) where a CBD project exists.

Emphasis was made by various groups that clinic-based and non-clinic-based personnel should respect each other's expertise and bridge gaps existing between the two services (see Appendix I).

7. Adjournment

There being no further business the meeting was closed at 5:30 p.m. with a session on "pluses and wishes."

**SECOND INTRAH ANGLOPHONE TECHNICAL ADVISORY
COMMITTEE MEETING, NAIROBI**

FEBRUARY 16-20, 1987

Minutes of Wednesday, February 18, 1987

Present:

Daisy S. Mosieman	Botswana (NHI)	Moderator of the day
Lydia Cege	DFH Kenya	Recorder
Rachel Rushota		Recorder
Halima Abdi Sheikh	Somalia (MOH)	Recorder
Pauline Muhuhu	INTRAH/ESA Director	Facilitator
Lynn Knauff	INTRAH/CH Deputy Director,	
Mary Nduati	Nairobi City Commission	
Val Gilpin	Sierra Leone	
Tunde Kuteyi	Nigeria Federal	
Lucy Botsh	Zimbabwe (ZNFC)	
Geeta Oodit	Mauritius (MFPA)	
Margaret Gatei	DON Kenya	
Laheri Rushota	Uganda MOH	
Anthony Aboda	Uganda MOH	
Mary Ogebe	Benue State, Nigeria	
G. Dorcas Mompoti	FHD, Botswana	
Terry Mirabito	INTRAH/CH Program Officer Anglophone Africa	
Jedida Wachira	INTRAH Consultant	
Grace Mtawali	INTRAH/ESA Regional Training Officer	

1. **Previous Day's Matters and Minutes**

- 1.1. The meeting was opened at 8:40 a.m. with Mrs. Daisy Mosieman as the day's moderator.
- 1.2. Dr. Mary Ogebe, the previous day's moderator read the minutes of Day 2.
- 1.3. The minutes were adopted with minor corrections.

2. **Rationale for the Nurse/Midwives' Project in PST/IST/S Linkages: INTRAH's Point of View**

- 2.1. Ms. Lynn Knauff led this session. Linkages were described as referring to working relationships, formal and informal, between one unit and another, one organization and another, one cadre and another, one set of values and another. The difference between "education" and "training" were explained. Education is concerned with value installation. Training was concerned with updating skills, or adding new dimensions to the

job. The process of training does not follow the same process as "education." Continuing the session, Ms. Knauff explained that observations show that in-service training is unnecessarily overburdened and therefore a deliberate effort has been made to ensure that a balance exists between three areas, PST, IST and Service. This effort can be achieved by strengthening the linkages between these three areas.

3. Current Status of the Nurses/Midwives' Project in PST/IST Linkages

- 3.1. Ms. Knauff introduced INTRAH Consultant, Mrs. Jedida Wachira, responsible for the PST/IST Linkages Project.
- 3.2. Mrs. Wachira then presented the following report:
 - 3.2.1. Contact had been made with WHO/Geneva and the response was favorable.
 - 3.2.2. ICN/Geneva was also interested in the linkages approach and encouraged INTRAH to contact the National Nurses' Association.
 - 3.2.3. ICN did not have much contact with African countries except Nigeria.
 - 3.2.4. In Kenya, Mrs. Wachira had met with various nursing leaders and with DON/MOH's permission the first stages of needs assessment were being implemented.

The major steps of the project would be:

1. Needs Assessment to determine current linkages between nurse educators in IST, trainers and service.
2. In-country workshops.
3. Regional conference in 1988 where country position, papers would be read on the directions that countries plan to take in terms of PST/IST/S linkages.
4. Implementation of conference recommendations.

4. Discussion

- 4.1. The moderator commented on the educational information received about the PST/IST linkages project.

- 4.2. Responding to a question whether the West African College of Nursing had been contacted, Mrs. Wachira said that informal contact was made.
- 4.3. The possibility of contacting JHPIEGO would be explored, although it appeared that JHPIEGO emphasis was on nursing involvement, not on strengthening linkages between systems. Zimbabwe's involvement with JHPIEGO was highlighted.

5. **Case Study to Orient TAC Members in the Linkages Concept**

5.1. Issues in PST/IST/S linkages.

- 5.1.1. Mrs. Wachira presented the case study about low post-natal care and contraceptive prevalence in a particular country for which senior nurses were asked to provide solutions by the ADMS/MOH. Instructions were given and TAC members were asked to work in groups.

Three groups addressing the linkages issues were formed so that:

Group I: Outlined issues concerned with PST to IST linkages.

Group II: Outlined issues concerned with PST to IST linkages.

Group III: Outlined issues concerned with PST to IST linkages.

Outcomes of these group discussions were presented. (See Appendix L.)

5.2. **Plans of Action to address selected PST/IST/S linkage issues:**

- 5.2.1. TAC members in the above groups, with one INTRAH staff member as facilitator and back-up, further developed plans of action to respond to selected PST/IST/S linkages issues which were identified in an earlier session (para. 5.1. above). This group work continued in the evening and would be presented on the next day.

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6. Adjournment

In plenary session:

- 6.1 Mrs. Wachira summarized the day's activities, acknowledging the TAC members' hard work
- 6.2. A brief evaluation of the proceedings was done, resulting in several positive remarks about the day's activities.

There being no further business the meeting was adjourned at 5:30 p.m.

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SECOND INTRAH ANGLOPHONE TECHNICAL ADVISORY
COMMITTEE MEETING, NAIROBI
FEBRUARY 16-20, 1987

Minutes of Thursday, February 19, 1987

Present:

Margaret Gatei	DON Kenya	Moderator of the day
Anthony Aboda	Uganda MOH	Recorder
Lucy Botsh	Zimbabwe (ZNFC)	Recorder
Halima Abdi Sheikh	Somalia (MOH)	Recorder
Terry Mirabito	INTRAH/CH Program Officer Anglophone Africa	Facilitator
Mary Nduati	Nairobi City Commission	
Daisy S. Mosieman	Botswana (NHI)	
Val Gilpin	Sierra Leone	
Tunde Kuteyi	Nigeria Federal	
Geeta Oodit	Mauritius (MFPA)	
Laheri Rushota	Uganda MOH	
Lydia Cege	DFH Kenya	
Mary Ogebe	Benue State, Nigeria	
G. Dorcas Mompoti	FHD, Botswana	

1. **Previous Day's Matters and Minutes**

- 1.1. Business of the day started at 8:40 a.m.
- 1.2. A brief and precise account of the previous day was presented and adopted.

2. **Linkages Issues Continued**

- 2.1. The facilitator explained the major task for TAC members in groups composed of intermingled groups of Day 3 but keeping at least one person representing Groups I, II and III of Day 3 (See para. 5.1.1 of Day 3's minutes).

The task was to "develop plans of actions" (see Appendix L) for developing and strengthening linkages between pre-service, in-service and service so as to achieve the goal (in the case study) of increasing post-natal returns and contraceptive prevalence.

The outcomes of the three groups included the following activities of plans:

1. Formation of multidisciplinary committees of PST/IST/S of both government and NGO community leaders so as to have commitment and their participation in planning strategies to improve PST/IST/S linkages.
2. The need for research and needs assessment in order to collect baseline data and service data; determine magnitude of the problem, and identify appropriate plans of action towards improving the PST/IST/S linkages.
3. Developing CTT consisting of PST/IST and clinic- and non-clinic-based services.
4. Review and revisions of curricula based on findings of needs assessment.
5. Preparation and development of monitoring and evaluation mechanisms.
6. Development of MCH/FP clinic- and non-clinic-based service providers and pre-service trainees.
7. Pre-service, in-service and service personnel to draw action plans to address the linkage issues based on research or needs assessment findings.

3. Synthesis of Group Work Resulting from the Case Study and Small Group Deliberations

Facilitators of the TAC meeting presented the synthesis of group work highlighting the following issues:

3.1. Group I:

Miss Muhuhu reported on the deliberations of this group as follows:

- That linkages included NGOs.
- That members were going to start immediately.
- That Primary Health Care and other new programs should address themselves to the concept of linkages right from the beginning and that external agencies should assist countries and ensure that linkages are sought.

- That linkages are important.
- To be able to establish linkages a look at the communication systems and all concerned must be represented at the official and not the individual level.
- Training programs have been implemented and curricula developed but service people are never invited.
- That with the present status quo, how do members of the three areas fair at par in order for linkages to be established? What clear mechanisms that form a complete chain must be established?
- That this would provide a model not only for MCH/FP but for other areas.

3.2. Group II

Ms. Mirabito facilitated deliberations of the group and the following was highlighted:

- How to look toward self begins problem-solving, seeking possible solutions versus complaining.
- Sensitivity to the fact that problems are multi-faceted and must be addressed through active communication and interfacing with PST, IST and service.
- That TAC members can initiate action to build linkages between PST, IST and service and other organizations.
- Through improved linkages with strengthening PST, the need in intensive and lengthy in-service courses would be decreased.
- That development and strengthening of PST will produce qualified MCH/FP service providers in large numbers, thus increasing coverage and quality of service.
- That there was need for linkages between policy and implementors of education and service.

3.3. Group III

Mrs. Mtawali facilitated the deliberations of the group and the following were highlighted:

- The group started with many questions to include:
 - where are we now?
 - is it possible?
 - will PST get down to the service areas?
 - how do we incorporate the needs? e.g., the Mauritius target was met before the target date.
 - would policy makers recognize the need for linkages? or will the question of "what are the nurses at again" be asked?
 - The group realized that problems were similar in represented countries. For example:
 - Hierarchy was seen as a problem leading to blockage somewhere along the line of project implementation.
 - That linkages were intertwined with Primary Health Care and that people must come out of their professional boxes.
 - What does INTRAH want to do? was a question asked by one member in Group III.
4. TAC Members' Application of the Ideas Addressed in the Linkages Concept
- 4.1. The above question from Group III was answered by the next group activity. Participants were requested to state what they were going to do back home and to state what INTRAH could do. The results of this activity are shown in Appendix M.2. TAC members hoped that Mrs. Wachira as the INTRAH Consultant would provide them with possible support, assistance and advise as the case may be.
5. Adjournment
- 5.1. The meeting closed at 5:15 p.m.

SECOND INTRAH ANGLOPHONE TECHNICAL ADVISORY

COMMITTEE MEETING, NAIROBI

FEBRUARY 16-20, 1987

Minutes of Friday, February 20, 1987

Present:

Pauline Muhuhu	INTRAH/RON	Moderator of the day
Jedida Wachira	INTRAH Consultant	Recorder
Grace Mtawali	INTRAH/ESA Regional Training Officer	Recorder
Halima Abdi Sheikh	Somalia (MOH)	Recorder
Lynn Knauff	INTRAH/CH Deputy Director	Facilitator
Anthony Aboda	Uganda MOH	
Mary Nduati	Nairobi City Commission	
Lucy Botsh	Zimbabwe (ZNFC)	
Daisy S. Mosieman	Botswana (NHI)	
Val Gilpin	Sierra Leone	
Tunde Kuteyi	Nigeria Federal	
Geeta Oodit	Mauritius (MFPA)	
Laheri Rushota	Uganda MOH	
Lydia Cege	DFH Kenya	
Mary Ogebe	Benue State, Nigeria	
Terry Mirabito	INTRAH/CH Program Officer Anglophone Africa	
G. Dorcas Mompoti	FHD, Botswana	

1. Opening Meeting

- 1.1. The meeting was called to order by Mrs. Margaret Gatei, the day's moderator.
- 1.2. The minutes of Day 4 were read by Mrs. Gatei, minor corrections made, proposed by Mrs. Botsh and seconded by Mrs. Cege.

1.3. Matters Arising from the Minutes

Ms. Mirabito asked whether the question of PST tutors going down to the IST was what had been said in one of the previous days' groups. Lucy, who had used the phrase "going down" reiterated the statement. Mrs. Mtawali explained that the statement implied that PST and IST were of a higher/lower hierarchy in terms of professional relationship.

2. Activities for Day 5

2.1. Training Needs Assessment and Recommendations

- 2.1.1. Miss Muhuhu, facilitator of the afternoon, provided written guidelines to members. Individuals and groups would

identify specific in-country regional and other needs related to training and PST/IST/Service (clinical and non-clinical) linkages with recommendations as to what assistance was required from INTRAH for regional and other needs. In-country needs would be refined individually or by the in-country team and handed to facilitators on Monday 23, 1986.

2.1.2. Regional and other Needs

After conscientious group sharing and discussions members presented regional and other training needs to be addressed within the 1987/89 period. The training needs identified as of high priority were presented in the following skills:

- needs assessment
- project management
- consultation skills
- CBD program management or orientation
- evaluation of projects as orientation of top management in ministries, PST, IST, clinic- and non-clinic-based services
- training programs management

The full list of the regional and other training needs appears in the recommendations of this TAC minutes/record of proceedings (see Appendix M.1).

2.2. Facilitators' Comments

2.2.1. Miss Muhuhu, as facilitator, commended the work of the TAC members, especially the ability to refine the training needs from long lists developed in previous sessions. INTRAH would find it easier and try to address the identified needs.

2.2.2. Ms. Knauff underscored Miss Muhuhu's remarks.

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2.3. Facilitators' Comments

2.3.1. Miss Muhuhu and Ms. Knauff led the session entitled "pluses and wishes" for the day and week. The session was conducted and responses enthusiastically revealed members' and facilitators' satisfaction with the achievement of TAC II objectives, the group process, new insights about the PST/IST/S clinical- and non-clinical-based services linkages, and the reality of the problems identified during the various sessions of the meeting.

3. Closing Remarks

3.1. Miss Muhuhu delivered informal closing remarks by:

- (a) Summarizing progress made between TAC I and II in terms of members' perception of their role as TAC members.
- (b) Reminding members that the term for each TAC member was two years, therefore, during the week beginning February 23 TAC members and INTRAH staff should make relevant decisions which would give direction for TAC III.
- (c) TAC III would be held in early March 1988 perhaps in a country which is a model in addressing the PST/IST/S/non-clinical service linkages.
- (d) Thanking Ms. Knauff, Ms. Mirabito, Mrs. Wachira, and Mrs. Mtawali as planning, facilitating and resource team. On behalf of INTRAH, Miss Muhuhu looks forward to the work of Mrs. Wachira as consultant to INTRAH who will conduct various activities based on TAC II recommendations. All members applauded as reinforcement to Miss Muhuhu's remarks.

3.2. Ms. Knauff as leader and all TAC members proposed a standing ovation for Miss Muhuhu for her leadership in the TAC. This was accomplished.

3.3. Mrs. Oodit and Mrs. Mosieman gave their farewell remarks and gratitude for having participated in the TAC meeting.

4. Adjournment

There being no other business, the meeting was closed at 5:30 p.m.

APPENDIX A

ANGLOPHONE AFRICA TECHNICAL ADVISORY COMMITTEE MEMBERS

APPENDIX A

ANGLOPHONE AFRICA TECHNICAL ADVISORY COMMITTEE MEMBERS

<u>Name</u>	<u>Designation</u>	<u>Address</u>
1. Anthony ABODA	MOH/INTRAH CTT Member Obstetrician/Gynecologist	Mulago Hospital Dept. of OB/GYN P.O. Box 7051 Kampala, Uganda
2. Lucy BOTSH	Chief Training Officer	Zimbabwe National Family Planning Council, Box 220, Southerton, Harare, Zimbabwe
3. Lydia W. CEGE	Head, Training Unit MOH/DFH Trainer MCH/FP Training Program	Division of Family Health, MOH P.O. Box 43319 Nairobi, Kenya Tel: 725105/6/7/8
4. Margaret GATEI	Senior Nursing Officer INTRAH/DON Project Coordinator	Ministry of Health P.O. Box 30016 Nairobi, Kenya Tel: 728370
5. Val GILPIN	MOH/INTRAH CTT Member Nurse/Tutor	National School of Nursing, Lightfoot-Boston St. Freetown Sierra Leone Tel: (W) 24488 (H) 30569
6. Tunde KUTEYI	Assistant Chief Nursing Officer (Primary Health)	Federal Ministry of Health, New Secretariat Ikoyi, Lagos, Nigeri
7. Dorcas G. MOMPATI	MCH/FP Officer	Division of Family Health, MOH Gaborone, Botswana
8. Daisy MOSIEMAN	Deputy Principal	National Health Institute Gaborone, Botswana

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|-----|--------------------|--|---|
| 9. | Mary NDUATI | FPIA/Nairobi City
Commission Project
Director | Nairobi City
Commission
P.O. Box 30075
Nairobi, Kenya
Tel: 794903 |
| 10. | Mary OGEBE | Chief Medical Officer | Health Services
Management Board
Makurdi, Benue State
Nigeria |
| 11. | Geeta OODIT | Executive Director
Mauritius Family Plan-
ning Association | 30 Sir Seewoosagur
Ramgoolam St.
Port Louis, Mauritiu |
| 12. | Laheri RUSHOTA | MOH/INTRAH CTT Leader
and FHI Project
Coordinator | Ministry of Health
P.O. Box 8
Entebbe, Uganda
Tel: 20201 |
| 13. | Halima Abdi SHEIKH | IEC Coordinator | Family Health Divisi
Ministry of Health
P.O. Box 91 (Private
Mogadishu, Somalia
Tel: (H) 80234
Telex: through USAI |

APPENDIX B

SECOND ANGLOPHONE AFRICA TECHNICAL ADVISORY COMMITTEE

MEETING AGENDA

APPENDIX B

**Second Anglophone Technical Advisory
Committee Meeting, Nairobi, February 16-20, 1987**

Agenda:

Sunday, February 15, 1987 Arrival and check-in at hotel.

Monday, February 16, 1987

8:30	Logistics	
9:00	Welcome	Pauline Muhuhu
9:15	Review and Adoption of Agenda	Pauline Muhuhu
9.30	Presentation of instructions for moderation and reporting and recording teams	Terry Mirabito
10:00	Tea Break	
10:30	Overview of INTRAH program	Lynn Knauff
10:50	Regional and trans-regional activities including status of recommendations from last meeting	Pauline Muhuhu
11:15	Discussion	Val Gilpin & Lynn Knauff
11:45	Country presentations: Benue State: Mary Ogebe Kenya DON: Margaret Gatei Kenya DFH: Lydia Cege	Val Gilpin & Lynn Knauff
12:30	Discussion	Val Gilpin & Lynn Knauff
12:45	Lunch	
2:00	Country presentations: Zimbabwe: Lucy Botsh Botswana: G.D. Mompoti & D. Mosieman Nigeria Federal: Tunde Kuteyi	Val Gilpin
3:00	Discussion	Val Gilpin
3:30	Tea Break	
4:00	Country presentations: Uganda: Dr. Aboda & R. Rushota Mauritius: Geeta Oodit	Val Gilpin

4:30	Discussion	Val Gilpin & Lynn Knauff
4:45	Summary and Closure	Val Gilpin & Lynn Knauff

Tuesday, February 17, 1987

8:30	Opening	
	Presentation of Monday report, discussion and finalization	Mary Ogebe
9:00	Country presentations:	Grace Mtawali
	Somalia: Halima A. Sheikh	
	Kenya DFH: Lydia Cege	
	Nairobi City Commission:	Mary Nduati
9:45	Discussion	
10:00	Tea Break	
10:30	Where are we? What have we heard?	Mary Ogebe Grace Mtawali
	- in-country needs	
	- regional training needs	
	- others: trans-regional, US	
11:30	Discussion on selection criteria for regional and trans-regional and U.S. participants with recommendations.	Lynn Knauff
12:45	Lunch	
2:00	Alternatives to clinic-based services and relationship between clinic-based and non-clinic-based services.	Val Gilpin
3:00	What's happening in each country in non-clinic-based service and what link-ups are there between clinic- and non-clinic-based services?	Lucy Botsh Geeta Oodit
3:30	Tea Break	
4:00	Linking up non-clinic- with clinic-based services: identification of training needs and recommendations	Mary Ogebe Grace Mtawali
5:00	Summary and Closure	Mary Ogebe Grace Mtawali

Wednesday, February 18, 1987

8:30	Opening and presentation of Tuesday report, discussion and finalization	Daisy Mosieman Pauline Muhuhu Mary Ogebe
9:00	Rationale for nurses/midwives PST/IST Project: INTRAH's point of view.	Lynn Knauff
9:15	Current status of project: Kenya, London, Geneva, ICM, WHO, ICN	Jedida Wachira
9:45	Discussion	D. Mosieman
10:00	Tea Break	
10:30	Introduction to case study - Purpose - Process	Jedida Wachira
10:45	Individual reading and note taking	
11:15	Share notes (in 3 groups) and make a list	
12:00	Reporting in groups and develop one big list of linkage issues	
12:45	Lunch	
2:00	Solutions for issues: : IST - - PST - 1 : PST - - IST - 2 : Service - - PST & IST - 3 Each group to write on two issues.	
3:00	Reporting	D. Mosieman
3:30	Break	
4:00	ADMS challenge presented to group	Jedida Wachira
4:10	IST, PST service groups to make plans	
	Coaches: IST: Grace Mtawali PST: Pauline Muhuhu Service: Terry Mirabito	
5:00	Plenary	Jedida Wachira

APPENDIX C.1

Goal and Objectives of Anglophone Africa
Technical Advisory Committee Meeting

SECOND ANGLOPHONE TECHNICAL ADVISORY COMMITTEE
MEETING, INTRAH NAIROBI - FEBRUARY 16 - 20, 1987:

I. GOAL:

To provide guidance on training and technical assistance priorities to INTRAH.

II. OVERALL OBJECTIVES:

1. To review INTRAH progress during the past 12 months.
2. To furnish suggestions for improving relationship between pre-service and in-service MCH/FP training systems for nursing, midwifery and Public Health Nursing personnel.
3. Identify the functions and roles of PAC personnel in MCH/FP programs and their emerging training needs.

SUB-OBJECTIVES:

1. Review accomplishments of FP training in countries the Anglophone region and sub-region and to present a report on MCH/FP training and service since last TAC meeting reflecting: general progress, implementation of last TAC recommendations, emerging community and service approaches employed to meet these needs, factors inhibiting FP acceptance and maintenance, and suggestions to increase acceptance and continuation.
2. Through a case study, identify issues that affect linkages between pre-service and in-service MCH/FP training systems for Nursing/Midwifery personnel, and examine the issues to determine problems, conflicts, gaps and constraints.
3. Select the issues to be dealt with at in-country level and develop approaches for improving the linkages between pre-service and in-service MCH/FP training systems for Nursing/Midwifery personnel.

4. Utilizing the outcome of the preceding country report and outlined solutions, describe the roles of the Nursing/Midwifery personnel in the provision of MCH/FP services.
5. Identify the perspectives which training should address.

III. METHODOLOGY:

During the TAC meeting:

1. INTRAH personnel will present a progress report which will include achievements, unmet objectives and factors affecting progress.
2. TAC members will present country progress reports which will include:
 - a) FP service and training achievements since the last meeting.
 - b) Progress in implementation of the 1986 TAC meeting recommendations.
 - c) New service and training needs.
 - d) Factors inhibiting child spacing acceptance (initial and continuation rates).
 - e) Suggestions to increase/improve acceptance through training.

APPENDIX C.2

Instructions for Moderating and Recording Teams

INSTRUCTIONS FOR MODERATING AND RECORDING TEAMS

- Each team will be responsible for recording proceedings on the day assigned.
- A Report will be presented on the following morning at the opening session and will be revised as indicated per discussion.
- Moderator moves for concensus and adoption.
- Prepare daily report tor typing and distribution.
- Moderator then hands over to the new Moderator of the day.
- Keep time -- moderator and facilitator.

APPENDIX D
Welcome Address

INTRAH SECOND ANGLOPHONE
TECHNICAL ADVISORY COMMITTEE MEETING
(February 16 - 20, 1987)

WELCOME ADDRESS

Ladies and gentlemen. It is a pleasure for me to welcome you once again in Nairobi on behalf of INTRAH PROGRAM. This year we have some new members and I would like to take this opportunity for all of us to get to know each other.

This is the second technical advisory committee meeting for Anglophone/African countries with 13 members present from Botswana, Mauritius, Nigeria, Somalia, Sierra Leone, Uganda and Zimbabwe. The group is charged with a heavy responsibility of guiding INTRAH in provision of appropriate technical and training assistance to participating host countries.

For the benefit of the new members, the objectives of INTRAH PROGRAM are:-

- Provision of appropriate technical and financial assistance to training institutions, organizations and agencies in selected countries in the Africa and Asia regions in support of projects and activities which create or strengthen relevant training and service capabilities at the country level.
- Provision of appropriate technical, managerial and financial assistance to training institutions, organizations and agencies - equitably distributed within the region in terms of geography, language and special capability - in support of the establishment of creditable and self-sustaining regional resources for family planning clinical, non-clinical and management training and technical assistance.
- Provision of encouragement and appropriate assistance participating host country family programs' efforts to innovations in the training, development and support of a wide variety of professional, paraprofessional and traditional categories of personnel to enhance the planning, management delivery, and evaluation of services.

APPENDIX E
Report on Regional Activities

SECOND INTRAH ANGLOPHONE TECHNICAL
ADVISORY COMMITTEE MEETING
(February 16-20, 1987)

REPORT ON REGIONAL ACTIVITIES

I INTRODUCTION:

This report covers the period of October 1985 to present and a total of 12 in-country and 3 regional projects. During this period INTRAH has continued to provide technical assistance in several Anglophone African countries and continues to develop new projects. In addition to in-country training programs INTRAH has worked with three countries to conduct regional training activities. Inter-regional activities were also conducted in Philippines for Nurse/physician teams in comprehensive clinical family planning skills.

Other training areas in which INTRAH has provided financial, technical and training assistance include clinical family planning up-date; non clinical family planning skills; training of trainers in various areas; evaluation, management of MCH/FP clinics and curriculum development.

II ACCOMPLISHMENTS:

1. Training:

Anglophone participants have dominated most of of the training for Africans over the reporting period.

By September 30, 1986 1174 were trained from the Anglophone Africa region. These represent 88% of all persons trained for Africa.

Fifty-eight persons received training in Zimbabwe, Kenya and Philippines. These three countries served as regional, and inter-regional sites.

- In both the Africa and Asia regions, fostering region-wide exchange of information, experiences and ideas among national leaders, program managers and trainers as a means of extending the impact assistance provided directly in this program.

The major task of the members this week includes;

- Review of the accomplishments of the country training programs/projects in the past one year.
- Review of progress in implementation of 1986 TAC recommendations.
- Identification of unmet needs and factors that inhibit implementation of the project.
- Briefing of new countries/agencies on the state of MCH/FP training and service.
- Identification of new MCH/FP service delivery approaches; their relationship with clinic based - services and training needs related to improvement/development of linkages between the new non-clinic-based approaches.
- Identification of issues that affect linkages between pre-service and in-service MCH/FP educational and training personnel; and make recommendations for improvement of the linkages for better service delivery.

This week's long deliberations are based on recommendations made during the 1986 TAC meeting, the individual suggestions and INTRAH experiences in the region.

In conclusion I wish to highlight that the expected outcomes of the second Anglophone TAC meeting will be identified training needs that could be met through INTRAH assistance in in-country, and regional training programs; recommendations for improvement of linkages between pre-service and in-service MCH/FP educational and training programs.

I wish you fruitful deliberations and a pleasant stay in Nairobi.

2. Training Needs Assessments; Project Development; and new Projects

During 1986 INTRAH conducted needs assessment and developed projects in Gambia, Nigeria, Lagos, Benue and Gongola States, and Botswana.

Implementation of new projects has begun in Uganda and Lagos State, while technical assistance was provided to one regional institution to build its training capability.

3. Implementation of 1986 TAC recommendations:

- a) Training needs assessment skills development for TAC members is scheduled to follow this TAC meeting (recommendation No. A.3)
- b) Orientation for senior personnel on family planning service and training programs have been included in new in-country training plans (recommendatiion B.2)
- c) Formulation of participant selection criteria included in Benue and Lagos States in Nigeria (recommendation No. B.3).
- d) Contacts have been made in the past 4 months with in-country Nursing leadership in Kenya, Sierra Leone and Botswana and also with International Council of Nurses W.H.O. to find out their interest and possible collaboration. The concept and plans have been well received and INTRAH is proceeding with other steps in the project implementation (recommendation No. E. 1 & 2). There will be more discussion on this area later.

4. Distribution of training and other Resource Materials

INTRAH continued to distribute INTRAH publications and other materials throughtout the reporting period. INTRAH publications in the past one year include INTRAH TIPS, List of Free Materials in Family planning and Maternal Child Health and INTRAH Calendar. INTRAH Tips under development include, English and French glossary, Training Tips as an expansion of the INTRAH Calendar and Techincal Family Planning information TIPS. INTRAH will appreciate information from this group on 1988 Calendar.

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III PROBLEMS AND FACTORS AFFECTING IMPLEMENTATION OF THE PROGRAM

1. Success of any training program is dependent on availability of resource persons if in-country resources could be identified and be brought into the in-country projects. This would assist INTRAH in identification and utilization of appropriate persons.
2. Development of regional institutions remains below expectation mainly due to overload of potential institutions in in-country activities. However, more openings are expected in 1987. As the African institutions develop to a capacity where they can absorb activities currently carried out by inter-regional institutions, that is Thailand and Philippines, the opportunities for inter-regional exchange will be minimized unless African institutions have more to offer to the Asian countries especially in nursing field. African institutions could explore this potential.
3. Coordination of external donor agencies operating with the same in-country agencies as INTRAH, is somewhat inadequate in some countries resulting in potential duplication of effort.

US based agencies have coordinated with INTRAH in the past one year in needs assessment and project development. However, there is still duplication of effort. INTRAH suggests that countries manage the consultants.

IV FUTURE PLANS:

1. A one week workshop on identified topic will be conducted following each TAC meeting.
2. Strengthening the quality and standardization of service delivery through technical assistance plans in development of procedures manuals and protocols. These will be included in training.
3. Collaboration will be sought and assistance provided to at least one regional training institution.
4. New in-country initiatives in at least three more countries in the region. Potential countries are the Gambia, Mauritius and Lesotho. This is in addition to Botswana.
5. Full implementation of the pre-service and in-service nurses/midwives project.
6. Nairobi will participate in in-country evaluation activities.

In conclusion INTRAH has had a busy year with both regional and in-country activities. The third year promises an even busier calendar. New training areas are emerging e.g. training in evaluation, manuals development and training needs assessment. The scope of cadre of personnel topics of training are also expanding.

INTRAH will respond to all these dynamics in-service and training spheres and calls upon the TAC members to be cognizant of changes and guide INTRAH accordingly.

APPENDIX F*
Country Presentations
(on File with INTRAH Program Office)

APPENDIX G

**In-Country, Regional, Trans-Regional
and Other Training Needs**

GROUP A:

IN-COUNTRY SERVICE

1. Training in supervision of trained workers.
2. Refresher training in clinical skills and management: systematic workshop.
3. Integrating F.P to present existing training schools.
4. T.O.T.
5. Workshop on IEC skills in F.P.
6. Workshop on training evaluation.

REGIONAL:

1. Workshop in evaluation and follow-up for country teams.
2. Workshop on clinic management and supervision for country trainers.
3. Clinical skills course.
4. Visual materials for courses (process of development).
5. Development of manuals
 1. Procedures in clinical
 2. Management in F.P

GROUP B:IN-COUNTRY NEEDS:

1. Curriculum development/strengthening, implementing pre-service training.
2. Training of existing health personnel in F.P service delivery (clinical).
3. Orientation program for para-medical and mass-media personnel in family health.
4. Develop training teams to provide community health education motivation and to train others.
5. Develop a commodity supply and recording system.
6. Training for non-clinical based health workers.
7. Supervision and evaluation for clinic and non-clinic health workers.

OTHERS:

1. Study tour a country where F.P is in nursing curriculum and is in examinable subject.
2. Study tour to a country where is a strong field supervision system directly related F.P service delivery performance.
3. Study tour to a country where a strong CBD related to clinic based.
4. Study tour to observe the management and performance of village based workers in F.P.
5. Provision of appropriate text and references for trainers and clinical trainees.
6. Supply of F.P commodities and equipment. Development of system.
7. Logistical support for field activities.

GROUP C:

IN-COUNTRY:

- Training needs assessment
- Evaluation and research
- Management and supervision skills on Family Health programs (various levels).
- Training of trainers
(Decentralisation)
(Consultation groups)
- Orientation of all leaders to new programs
- Development of manuals and performance standards.
- Study tours for in-service and pre-service, new approaches.
- Curriculum review (in-country). To adapt to emerging needs.
- In-country needs
- Regional needs and trans-regional needs.

REGIONAL NEEDS:

1. Development of consultancy skills.
2. Project management skills
3. T.O.T.
4. Needs Assessment
5. Programme evaluation

OTHERS:

1. Exchange programme
2. Study tours

APPENDIX H
Job/Task Analysis
Selection Criteria for TAC Members

TAC MEMBER TASK ANALYSIS

Knowledge	SKILLS	Behaviour	Standards	Resources
1. Demographic data related to MCH/FP including vital health statistic 1 IMR, MMR.	<ul style="list-style-type: none"> - ability to identify sources and resources. - ability to select & interpret the relevant demographic data. - ability to present the data. 	<ul style="list-style-type: none"> - perserverence & tolerance - Enquiring - committed to MCH/FP - Lively & creative presentation of data. 	Up-to-date concise report of country's demographic data.	<ul style="list-style-type: none"> - Country census. - MOH annual reports. - National dev. plans. - survey reports from gov. & NGO
2. Gov. policy/stand on pop. and MCH/FP	<ul style="list-style-type: none"> - ability to identify sources and resources of pop. policy. - interpret & select the relevant parts to MCH/FP - Ability to present the report. 	<ul style="list-style-type: none"> - enquiring - sharing with other people's experiences. 	up-date of gov. policy/standard on pop. and MCH/FP.	National devt. plan MOH annual reports on pop. and MCH/FP.
3. Govt. MCH/FP priority and strategies.	Ability to assess MCH/FP situations and to relate them to gov. priority and strategies.	<ul style="list-style-type: none"> - tactful - accurate and factual 	up-to-date information on gov. priority and strategies.	National devt. & pop. policy/statement.
4. MCH/FP programmes: <ul style="list-style-type: none"> - Pop. coverage - types of programs - staffing pattern - service points - training in MCH/FP - PST/IST/S - unmet needs. 	<ul style="list-style-type: none"> - ability to summarize reports from gov., NGOs on MCH/FP. - ability to monitor & evaluate MCH/FP programs. 	<ul style="list-style-type: none"> - unbiased articulate and through. 	up-to-date accurate records and reports regarding MCH/FP training & service programs.	training and service reports.

5

Knowledge	Skills	Behaviour	Standards	Resources
4 cont.	<ul style="list-style-type: none"> - ability to carry out TNA - ability to identify resources for training esp. in IST/S 			
5. Govt. budgeting allocation and funding agencies involved in MCH/FP training and service.	<ul style="list-style-type: none"> - ability to obtain budget information 	enquiring critical tactiful	accurate statement of financial needs.	<ul style="list-style-type: none"> - MOH Project document. - National devl. plan budget. - Agencies. - Financial report.
6. Curative medical services	<ul style="list-style-type: none"> - ability to obtain information regarding the scope and limitation of curative medical services. - ability to interact the whole of the health team. - ability to get feedback of patients refered to secondary health facilities. 	sensitive and concerned	up-to-date and accurate information	referral sheets and hospital data.

SELECTION CRITERIA FOR TAC MEMBERS

This person should:

1. Be in-charge of MCH/FP programs or co-ordinator or involved in MCH/FP training program.
2. Be participating or participated in INTRAH training program as a TRAINER.
3. Show experience and commitment in MCH/FP training and service programs.
4. Take active part in the implementation of INTRAH project in her/his country.
5. Be able to interact with other people.
6. Be conversant with government policy.
7. Collect demograhic data and MCH/FP statistic, analyse and present them effectively.

APPENDIX I
Zimbabwe CBD Presentation

ZIMBABWE NON-CLINIC BASED SERVICE - COMMUNITY BASED DISTRIBUTION PROGRAMME

Family planning services were introduced to Zimbabwe in 1953.

The approach to family planning service delivery was initially largely clinic-based. The Ministry of Health and all other health agencies delivered family planning services as an integrated part of health care services at hospitals and clinics and the prescription of hormonal contraception was vested in medical and para-medical hands.

To further improve family planning service delivery the council recruited its first field educators in 1967. By 1970, 55 field educators had been deployed, as time went on women were knowledgeable about family planning and the demand for contraceptive distribution increased in the rural areas. The CBD's programme was then initiated. The reason are as follows:

- higher travel times to clinics
- with many chores a woman finds it impossible to go to a clinic and leave all these chores unattended.
- family planning clients are not sick people, clinic/hospitals are looked upon as institutions of very sick people.

The community based distributor is therefore a very important component of the family planning service delivery system. She/he brings family planning services to the doorsteps of the rural population. 600 well trained CBD's have been deployed throughout the country.

Selection: Selection of new recruits is done by Ministry of Community Development and Women's Affairs.

: CBD's are literate, non-medical people and living in the community.

65

Training: Duration of training is six weeks. Four weeks is spent in class and two weeks in the field. Teaching methodologies are mainly lecture/discussion, role plays, practical demonstrations etc.

CBD's are trained to educate, motivate and distribute contraceptives and condoms on a three week rotation schedule.

They are also taught record keeping; how to refer clients to clinics, medical conditions related to family planning, community study certain selected components of primary health care.

INITIATION OF CONTRACEPTIVES

The CBD carries one brand of combined pill, one brand of a mini-pill and condoms. By use of the pill check list the CBD is able to select the correct pill for a client. The client is then instructed properly on how to take the pill, recommended and referred to a clinic for a thorough check up.

The CBD also reminds the woman when she will visit her for resupply of contraceptives. The CBD also stresses to the woman that if she has any problems, she must go to the clinic.

POST TRAINING

The first 2 - 4 weeks after training, the CBD is guided and supported at work by her/his supervisor. At this stage she plans her/his first 3 weekly programme with the help from the supervisor.

- Each CBD covers an area of about 20 kilometres in radius from her house.

SUPERVISION

Supervision element is the most crucial aspect of the CBD programme. CBD's are supervised by the group leaders who in turn are supervised by senior educators. The senior educators are supervised by chief of the CBD programme. Supervision must be on regular basis, support visits in the form of guiding the CBD at all levels.

Below is the CBD supervision structure

1	CBD Chief	National Level
8	Provincial Managers)	Provincial level
8	Senior Educators)	
67	Group Leaders	District level
600	Community Based Distributors)	Village level

IN-SERVICE TRAINING

Six months after initial training CBD attends a refresher course, thereafter once a year.

CBD PERFORMANCE

CBD performance is measured by the use of three achievements variables:-

- the number of new motivated clients
- the number of revisits
- the total couple years of protection

LINK - UPS BETWEEN CLINIC AND NON-CLINIC BASED SERVICES

1. CBD chief is used as a resource person in the FP communication skills component in all training programmes. It also introduces the CBD programme how the CBD links up to the clinic.
2. Each CBD is attached to a clinic.
3. CBD clients are referred to clinic for thorough check up.
4. CBD visits the clinic once a month to collect a list of clinic defaulters, remotivates them and refers them back to the clinic.

5. Clinics provide a back-up support services to CBD in the area.

CBD also belongs to a village health committee where health problems are discussed and suggestions for improvement submitted to supervisors.

INCENTIVES

- salary
- uniforms
- bicycle

ALTERNATIVE COMMUNITY BASED DISTRIBUTION SYSTEMS

The Council is now looking into other alternative community based distribution approaches. The Kubatsirama Research Pilot project in Goromonzi District is seeking to improve the status of women in Zimbabwe by organising e.g literacy classes and income generating projects. FP will then be added into these programmes. There are 17 community based teachers who lead these groups. Each group is composed mainly of 60 - 75 women of childbearing age.

These CBD's will be trained as depot holders. They will only re-supply contraceptives. This will give more time to the existing CBD's who will then spend more time recruiting new clients.

APPENDIX J
Training Needs and Recommendations to Link
Non-Clinic- with Clinic-Based Service

LINKING NON-CLINIC AND CLINIC BASED SERVICES

A. WHERE NON-CLINIC BASED
SYSTEM EXISTS TRAINING
NEEDS

RECOMMENDATIONS

- | | |
|--|---|
| <p>1. Skills in conducting needs assessment directed towards CBD</p> <ul style="list-style-type: none"> - using focussed interviews - finding appropriate approach of community mobilisation, participation. | <p>Conduct workshops on</p> <ul style="list-style-type: none"> (a) Needs Assessment (b) community organisation. |
| <p>2. CBD approach concept not understood by influential policy and professional/clinic staff.</p> | <p>Seminars for multi-disciplinary groups with influence and/or policy making responsibilities.</p> |
| <p>3. Procedure manuals for service provision, supervision and logistics (skills in developing)</p> | <p>Joint training using CBD experts including appropriate CHW in development (process) of procedures, standards).</p> |
| <p>4. C.T.T.</p> | <p>Conduct TOT for CBD C.T.T workshop to include technology I & EC, communication skills, community/assessment, curriculum development, marketing skills, focussed interviews, adult methodologies (theory and practicum) appropriate to community/target groups.</p> |

- | | |
|--|---|
| 5. Development of team | Conduct team building workshop for C.T.T and appropriate personnel who would be responsible for clinic/non-clinic linkages. |
| 6. CBD skills | Conduct phased training for CHW in I & E skills, family planning rationale and methods, record and report keeping. |
| 7. Community orientation to CBD | CTT, CHW and leaders and clinic staff join efforts in systematic community education. |
| 8. Skills in conducting needs assessment:-
- for both clinic and non-clinic personnel.
- directed towards CBD program in the community | Use experienced CBD Managers and Community members (e.g focus groups) in needs assessment and identifying appropriate community hierarchy. |
| B. <u>WHERE NO CBD EXISTS</u> | |
| 9. Communication, counselling skills including persuasion skills. | Train in needs assessment process for CBD approach. |
| 10. Knowledge in CBD approach inadequate among clinical based personnel. | Use experienced and excellent CBD resource persons in the communication component of training. |
| 11. CBD program management | CBD concept including roles of both clinical and non-clinical personnel, be included in the curricula for clinical and non-clinical trainees. |

12. Skills in preparing

Establish joint training to facilitate occasional local consultation for both service with special attention to referral, logistics feedback and update in concerns common to both services.

Joint training in preparing and use of visual materials.

13. Supervisory and coordinating skills

Joint training in supervisory and coordinating skills using experienced CBD supervisors/trainers

14. Management information skills

Joint training/workshops to design appropriate information formats/system/guidelines

15. Monitoring and evaluation skills

Develop and use guidelines and records for monitoring CBD services.

APPENDIX K
Case Study

TECHNICAL ADVISORY COMMITTEE MEETING

CASE STUDY - PART I

It was the 4th year of Simbaland's 5 year development Plan. Government Ministries were already examining relevant data in preparation for next 5 year plan period.

The Permanent Secretary (PS) Ministry of Health had just reviewed Simbaland's MCH/FP Program achievements as compared with goals and objectives of the development plan. He was disappointed to note the big differences between the set targets and the levels of accomplishment. As a result, he expressed concern, to the Director of Medical Services (DMS), at the poor MCH/FP services coverage. Addressing the DMS, PS wondered how the MOH would explain such poor output where ante-natal coverage was 60% against the 85% target while only 25% of the desired 50% children were fully immunised. "I am particularly unhappy with the extremely low post-natal returns and contraceptive prevalence" continued the PS. "Contraceptive awareness is only 8% and even then, only 10% of eligible couples are using any method at all. I find it difficult to accept that only 4% of post-natal women returned to clinic out of 40% we had aimed at".

Explaining that he was aware there was a short supply of physicians in Simbaland and that most MCH/FP service providers were Nursing/Midwifery personnel, PS directed that DMS investigate the factors responsible for the unsatisfactory situation as a matter of urgency.

The DMS proceeded to summon the Assistant Director of Medical Services in-charge of the National MCH/FP Program (ADMS). Echoing the PS's sentiments, the DMS expressed deep concern at the poor MCH/FP program output. "This is a sorry situation Dr. Kinga," stated DMS to ADMS, "and to a large extent, the nurses and midwives are accountable. I suggest that you hold a meeting with all the nurse/midwifery leaders and find out what has been happening". He reiterated it was crucial to identify the hindrances before proposing the next development plan targets. ADMS was to make a report within one week.

The ADMS convened the nurse leaders meeting two days later. It was attended by the Chief Nursing Officer (CNO) and several Senior supervisors from the service delivery, urban and rural areas, Registrar of Nursing Council tutors from midwifery, basic nursing and public health nursing schools/programs, a nurse educator from the tutors' training college, and trainers of the in-service MCH/FP programs.

Explaining the objectives of the meeting, ADMS summarized the MCH/FP service coverage as compared with the objectives of the development plan. He highlighted the low post-natal returns and contraceptive prevalence. "We obviously have problems", declared ADMS. "I have called this meeting so that we can examine and sort out what is wrong. We should come out of this meeting with action plans for corrective measures to avoid perpetuating the poor situation into the next development plan."

Nurse leaders were quite open in presenting their views and many points came up. The CNO blamed the chronic shortage of personnel in general and specific for MCH/FP and the accompanying poor scheme of service for nurse/midwives. She noted that skilled MCH/FP nurse/midwives were leaving public service for better opportunities elsewhere. "In the past one year alone," complained CNO, "I have lost 5 of the best MCH/FP clinic service providers to non-government regional and international organizations. The salaries and status of clinic service providers are too low despite the heavy and crucial service and teaching responsibilities they carry".

Some service personnel supervisors placed blame on the frequent personnel transfers without replacement with similarly prepared and skilled persons. Other service delivery personnel supervisors contended that pre-service and in-service training programs were turning out graduates who were unable to meet real service needs. Addressing both tutors and in-service trainers, one provincial nursing supervisor accused, "you never seem to review or revise the curricula. Curricula developed more than 10 year ago when we were pre-service trainees is still in use when service needs have changed and increased. For instance, your graduates seem weak in counselling abilities. This may be the cause of non-use and discontinuation of contraceptives".

The head of in-service training retorted, "It is all very well to blame trainers for using an outdated curriculum, but why don't service people give us feedback on such observed weakness so that it can be corrected?" Speaking almost all at once, service group members complained bitterly about the inaccessibility of trainers and educators and how they (service) are never involved in or informed of activities dealing with the curriculum.

"Besides the traditional areas of knowledge and skills for nurses and midwives," said one of them, "We are never quite sure what graduates of pre-service programs can really do in MCH/FP service delivery. That is why we deploy them in those traditional areas we know to expect of them."

In addition, service group expressed their concern at the fact that once they train, both pre-service and in-service trainers do not visit to see if their graduates are fitting in the service delivery area. "How will they ever know if the training and post training functions match?" asked one supervisor.

At this juncture, the pre-service training tutors wondered at this outburst from service group. They argued that the service group should know best the capabilities of the graduates since most clinical teaching is conducted by service delivery personnel during trainees' clinical placement.

The tutors complained that while the trainees received much theoretical knowledge and clinical experience in MCH/FP, service supervisors did not encourage and support new graduates to utilize whatever skills they had, no matter how few. They (tutors) felt that both service people and in-service trainers instead instilled fear in the new graduates by implying that only the ones with a specific FP certificate could provide the FP component of MCH or teach others for that matter. They further complained that in-service training programs did not take into consideration the entry level of trainees. "All that pre-service training in MCH/FP is completely ignored, stated a University Nursing Department Lecturer. "In my view, this makes training long, expensive and causes a duplication of effort without necessarily meeting the real training needs that MCH/FP in-service programs should serve."

Pre-service tutors and in-service trainers complained that the only clinic sites available for students' experience sometimes offered sub-standard MCH/FP services and that attempts to work with clinic staff to improve the care was often perceived as interference.

Trainers of the in-service programs expressed dissatisfaction with both selection of trainees for MCH/FP service delivery and their subsequent deployment. "What is the logic in deploying a nurse/midwife to ICU or OT following a 6 week FP clinical skills training?" asked an in-service trainer. "Why was the person selected for such training in the first instance? Perpetuation of this situation will obviously slow down target attainment."

In-service trainers cannot dictate to us on whom to release for training or where to deploy graduates, " retorted one service group member. "We in the field know better our priorities. Those who have not had a refresher or gone for any course for a long time should get chances too. It is good for their morale."

At this juncture, ADMS who had listened keenly to the debate, observed that views expressed so far indicated the existence of gaps, deficits conflicts and overlaps between MCH/FP pre-service training systems on the one hand, and also between these and service delivery. "In myview," he said, "education, in-service training and service have to explore and adopt methods which would strengthen links between these major systems to ensure more effective training and utilisation of available MCH/FP service providers."

With those words, ADMS adjourned the meeting to reconvene after the lunch break.

CASE STUDY PART I - ASSIGNMENT

OBJECTIVES

Given the case study:-

1. Elicit issues which affect linkages in regard to pre-service with in-service, and service with both pre-service and in-service training systems.
2. Develop solutions for dealing with selected linkage issues. Give examples of each linkage.

TASK/INSTRUCTIONS

- a) Individually, make list of the linkage issues you identify from the case study in regard to PST with IST with PST and Service with PST and IST. (30 minutes).

Other instructions will follow.

CASE STUDY - PART II

It was now 2.30 pm ADMS had reconvened the nurse leaders' meeting. He announced that in fact, it had now been decided that post-natal returns and contraceptive prevalence were to increase in the next Simbaland's 5 year development plan period as follows:-

post-natal returns from 4% to 60%
 contraceptive prevalence from 10% to 30%

"I would like you to help in determining what linkages are required to enable us meet this challenge and attain the above mentioned objectives," said ADMS. The nurse leaders decided to go into 'functional' groups (PST, IST, & Service) as a first step.

CASE STUDY - PART II ASSIGNMENT

OBJECTIVES

Given the case study and in your PST, IST and Service group(s):-

1. Develop plans of action for developing and strengthening linkages between your system and the two other systems geared towards increasing post-natal returns and contraceptive prevalence.

TASK/INSTRUCTIONS

- a) In your PST, IST, and Service groups.
 Identify and list your role and responsibilities towards increasing post-natal returns and contraceptive prevalence.
- b) Identify and list the linkages the system requires to develop and/or strengthen in order to fulfil its role and responsibilities towards the attainment of the objective referred to in the case study.
- c) Develop a realistic plan of action for developing strengthening the linkages identified indicating priorities and focussing on the presented Simbaland's 5 year plan objective.
- d) Each group member must have a copy of the group plan of action.

CASE STUDY: FACILITATORS BACKGROUND NOTES

BROAD ISSUES AFFECTING LINKAGES BETWEEN PST AND, IST AND ALSO SERVICE AND IST AND PST

1. Nursing Education and trainers' responsibility as development professionals helping to translate development goals and objectives into content (both knowledge and skills) in nursing education, skills in training and appropriate services for women and children e.g during ante-partum, intra-partum, post-partum, pre-menopause and menopause including assisting women to educate own daughters.
2. The status of nurse educator versus the status of nurse trainer, nurse preceptor.
3. The two (or even three) islands concept which affects all phases of curricula evaluation of service personnel performance, e.t.c.
4. The influence of pre-service education on attitudes, performance and skills of the service providers (influence that is carried on to service and in-service situations).
5. The state of the feedback mechanism between the 3 systems.
6. The current status of the educator being non-service person.
7. Follow up systems for trainees and service providers.
8. Review of curricula every now and then.

LINKAGE: WORKING DEFINITION

THE WORKING RELATIONSHIP

- formal and informal;
- BETWEEN
- one unit and another;
 - one organization and another;
 - one cadre and another;
 - one set of values and another.

Internal linkages are shown in an organizational organogram, but external linkages are not shown and perhaps are thought to be irrelevant.

EXAMPLE: Establishment of feedback mechanism between pre-service training and services sections, is a linkage issue.

APPENDIX L
Draft Project Proposal

DRAFT PROJECT PROPOSAL

PROJECT TITLE: Project for Improvement of Linkages Between Nurses Pre-service and In-service Training in Family Planning and Maternal/Child Health: Africa.

SPONSORING AGENCIES: INTRAH and Co-Sponsors to be determined.

ESTIMATED COST TO INTRAH: To be determined.

GOAL: To improve coordination and collaboration between the pre-service and in-service systems that prepare and update nurses to deliver, supervise and manage family planning services.

I. SUMMARY OF PROPOSAL:

Although family planning is a fundamental component of MCH services, many new graduates of basic and post-basic nursing programs have neither the knowledge nor skills to deliver, supervise and manage family planning services. As a result, in-service training systems are burdened with the responsibility of providing basic training in a content area that should have been covered during nursing, midwifery and/or public health nursing education. In order to alter the existing situation INTRAH proposes to conduct a series of activities directed towards bringing together nursing leaders in education, training and service both within their countries and in a regional conference with the objective of identifying the ways and means to prepare nurses in family planning to respond to current and increasing service demand, and to establish working collaboration between pre-service education and in-service training leadership.

II. RATIONALE:

Adoption of a primary health care framework mandates a change in the way health personnel are trained to deliver, supervise and manage services. Nurses-- backbone of the primary health care system -- traditionally have been prepared in and for hospital based services, In recognition of the nurses' changed and expanded roles and responsibilities in primary health care, nursing schools are beginning to re-orient their faculty and curricula, a task made more difficult by legislative and policy restrictions on nursing practice, and time-consuming review and approval procedures for curriculum revision.

At the same time, demand for primary health care service, particularly those directed towards improving maternal and child health is increasing. The supply of competent and confident health personnel has been outstripped by the demand with the result that in-service training systems are attempting to meet converging needs: remedy deficits in the basic preparation of nurses, and refresh and update them in new approaches and technologies. The time of both trainers and those to be trained is limited as are financial and technical resources. At best, workshops, short courses and seminars bridge only a fraction of the gap between what is and what should be.

In an attempt to draw attention to and begin to work on the ways and means to change the existing situation by improving collaboration between pre- and in-service training systems, and between those systems and field level personnel, INTRAH will propose a series of activities to improve the preparation and training of nurses in an essential MCH service, family planning. The activities will actively involve nursing leadership from educational, training and service settings in sub-Saharan Africa and will result in country-specific and regional approaches and action plans that will lead to cohesion between educational and training programs that reflects actual and desired field conditions.

III. BACKGROUND:

Family planning is a fundamental component within the scope of MCH services. Yet basic and most post-basic nursing institutions are producing graduates who are unprepared to provide, supervise and manage family planning services required to meet the current and increasing demand within the MCH service network.

Within pre-service and most post-basic nursing programs in Sub-Saharan Africa, the following gaps have been identified:

- Lack of a comprehensive FP module in curricula in basic schools of nursing, some schools of nurse/midwifery, and public health nursing programs.
- Failure to implement the FP module when it does appear in the curricula.
- Lack of skills development component, or supervised practicum in curricula.

PROJECT OBJECTIVES:

1. To enable nursing leadership in education, training and services to define individual and shared roles and responsibilities in the preparation and training of nurses in family planning services delivery.
2. To establish working relationships among educational, training and service nursing leaders within countries in sub-Saharan Africa and within the region.
3. To develop strategies and action plans for collaboration and change directed towards increasing the supply of competent and confident service providers, supervisors and managers.
4. To identify legislative and policy barriers to expansion and enhancement of nurses' roles and responsibilities.

OPERATIONAL OBJECTIVES:

1. To conduct a needs assessment by questionnaire to nursing leaders in up to 15 countries to determine interest and willingness to participate in the proposed series of activities.
2. To act on the findings in (1) above, by:
 - a) making introductory visits to countries in which interest and willingness have been expressed;

- b) conducting in-country workshops aimed at examining the current and intended relationship between pre and in-service nurses programs and service delivery needs and assisting in the preparation of country position papers that will describe the current situation and plans for improving it.
3. To conduct a regional conference for nursing leaders (CNOs and principals of teaching institutions) aimed at promotion of improved linkages between pre and in-service training that reflects field conditions and expectations.
4. To prepare and distribute conference papers and proceedings.
5. To identify funding sources for in-country follow-up of the conference recommendations, and for continuing activities in countries that will require financial and technical assistance to implement action plans.

VI. STRATEGY:

While nursing leadership in education, training and service is not solely responsible for changes that will be required to re-direct and accelerate nursing education and training, the leadership must be at the forefront to stimulate and formulate the ways and means for changes to be introduced.

In order to unite leadership by drawing attention to areas of common concern, in-country activities are proposed that will bring three divergent -- but necessarily linked interests together: education, training and services. The regional activity is intended to build on the in-country alliances by bringing together the highest-levels of nursing leadership from countries where tri-partite alliances have resulted in position papers and preliminary action plans.

The stimulus and awareness created by these activities are expected to result in ongoing working relationships within each country and among countries in the region. Ultimately, it is expected that changes and improvements, particularly in pre-service and in-service training will be made that will expand the number of well-prepared nurses in family planning service settings which are, in the main, also MCH service settings.

VII. SCOPE OF WORK:

1. ACTIVITY TITLE: Needs Assessment:Objectives:

1. To identify the countries interested in participating in this project and to obtain a commitment to do so.
2. To obtain expressed interest and commitment by international agencies to sponsor specific activities within this project.

Duration: 2 months (May 1 - June 30, 1986)

Methods:

1. Questionnaire to countries listed below. Information to be obtained through this questionnaire will include:
 - Types of nursing programs in the country (basic and post-basic) and the organizations responsible for these programs.
 - Whether a nursing council exists and if not which body is responsible for nursing registration and accreditation.
 - Presence of an organized in-service training program for nurses in general and in FP in particular.
 - Willingness to participate in project and possible dates for visits.
2. More detailed information to be obtained during country visits.

Participants:

1. Countries to include:

- | | | |
|--------------|---|--------------|
| - Kenya | - | Uganda |
| - Somalia | - | Botswana |
| - Mauritius | - | Swaziland |
| - Zimbabwe | - | Zambia |
| - Nigeria | - | Sierra Leone |
| - The Gambia | - | Ghana |
| - Liberia | | |

2. Representation from agencies/organizations to include, but not limited to:

- World Health Organization (WHO)
- International Council of Nurses (ICN)
- World Bank
- Ford Foundation
- Rockefeller Foundation
- UNICEF
- JHPIEGO
- International Confederation of Midwives
- Commonwealth Federation of Nurse/Midwives
- National Nurses Associations
- West Africa College of Nursing
- Commonwealth Trust Fund for Technical Co-operation
- Regional Economic Development Services Office East South Africa/West Central Africa (REDSO:ESA/WCA)

3. Facilitators: INTRAH staff

Outcomes:

1. Commitment by countries to participate in this project and commitment to co-sponsor by the agencies/organizations listed above.
2. Background information on nursing education and training programs and service delivery needs with a focus on family planning.

2. ACTIVITY TITLE: Preparatory Country Visits.

A visit will be made to each participating country by an INTRAH Consultant who is a nurse educator.

Objectives:

1. To review nursing pre-service and in-service curricula with a view to determine the extent of family planning knowledge and skills offered in these curricula and the linkages between the pre-service and in-service systems.
2. To review nursing registration regulations as they relate to family planning service delivery.
3. To guide the identification of appropriate participants to the in-country workshops and make other preliminary plans for them.

Duration: August 1 - October 31, 1986
Five days per country over a period of 3 months.

Description:

Prior to country visits the consultant will meet with INTRAH staff in Nairobi and review the country needs assessment questionnaires to identify major areas for concentration. However, in-country activities will include:

1. Meeting with nursing service leaders at policy and other levels to discuss the extent to which the pre-service programs meet the MCH/FP service needs of the population, and the role of the in-service programs.
2. Meet with key nurse educators and trainers to discuss:
 - the role of the pre-service faculty in in-service programs;
 - the role of in-service trainers in pre-service programs;
 - the current and intended relationship between pre-service and in-service programs;
 - what newly-posted graduates of pre-service programs are prepared to do in MCH/FP;
 - to what extent the country pre-service programs prepares nurses to meet preventive health service needs of the population;
 - what are the legislative/political constraints to family planning service provision by nurses.
3. Meet with Nursing Council staff and members to review the status of legislation as it relates to prescription of hormonal contraceptives and insertion of IUDs by nurses.
4. Work with country nursing leaders to develop in-country workshop objectives, including participant selection criteria, identification of resource persons, budgeting, and setting of workshop dates and venue.

Useful Materials:

- Various nursing curricula for each country.
- Nursing Council documents.
- Country's development plans.
- Country's in-service program plans and curricula.

- MCH/FP service delivery strategy documents.

3. ACTIVITY TITLE: Country Workshops

The purpose of these workshops is to create a forum for educational, training, and operational level nursing personnel to identify gaps between pre-service (basic and post-basic) nursing education and the in-service training system's provision of training in family planning service delivery, and to generate baseline information for a position paper.

Objectives:

1. To enable each type of nursing personnel (education, training and service) to identify constraints in meeting service demands.
2. To examine current and intended roles of education and training in preparing personnel to deliver, supervise and manage family planning services.
3. To enable service providers, training and education personnel to jointly determine appropriate measures to reduce the constraints and strengthen linkages in order to improve and accelerate the preparation of nurses in family planning service delivery.
4. To examine legislative regulations that facilitate or hinder nurses' performance as family planning service providers, and suggest actions and actors to remedy the hinderances.
5. To prepare a position paper based on information generated in 1-3, above.

Duration: January 5 - June 30, 1987

A total of 2 working week in each country (1 planning week and 5 workshop days)

Participants:

To be determined during preparatory country visits (Activity 2).

Venue: In-country. Specific site to be determined during the preparatory country visit (Activity 2).

Outcome: Country position paper

4. ACTIVITY TITLE: Nursing Conference (Regional)Objectives:

1. To enable sub-Saharan African participants to share problems and successes in linkage of pre-service education and in-service training with special emphasis on family planning.
2. To provide an opportunity for nursing leaders, trainers and educators to define the roles of their systems in preparation of service providers, supervisors and managers.
3. To increase awareness among nursing leaders, trainers and educators of the need for family planning service as an integral part of maternal and child health services.
4. To increase awareness of nursing leaders and educators of the importance of new graduates' capability to provide, supervise and manage family planning services.

Duration: One week. October 1987.

Description:

The workshop will take the form of paper presentations, small work groups and plenary sessions.

1. Paper presentations to include but not be limited to:
 - Nurses' role in delivery of maternal and child health and family planning services in Africa. (WHO representative)

- Overview of innovative in-service training and continuing education programs in preparing nurses to deliver, supervise and manage MCH/FP services.
 - The role of in-service nurses' training.
2. Working groups will discuss and report on:
- a) Expected responsibilities of nurses in family planning service delivery, supervision and management
 - b) Expected responsibilities of:
 - pre-service education and in-service training in preparing nurses for their jobs in family planning service delivery, supervision and management.
 - c) Intended relationship between pre-service and in-service systems and identification of mechanism(s) to achieve it.
 - d) Identification of legislative and policy changes required to:
 - strengthen family planning in pre-service curricula.

APPENDIX M

Package of Group Work on the Case Study on
PST/IST/S Linkages

PACKAGE OF GROUP WORK ON THE
CASE STUDY ON PST/IST/S LINKAGES

- : Issues identified
- : Action plans
- : Solutions to selected issues.

LINKAGE ISSUES GENERATED FROM CASE STUDY PART IGROUP ONE:

1. Mechanism for continuous monitoring of PST, IST and Service areas by M.O.H. lacking. (official, professional group).
2. No established mechanism for a follow up of graduates (PST to serve mainly).
3. No official communication mechanism for giving or receiving feedback PST, IST and Service.
4. Curriculum Problems:
 - lack of regular review to match emerging service/clients' needs
 - joint planning by PST, IST, service personnel lacking
 - attitudes/values of PST, IST, service differ.
5. Selection criteria not matching post training function
6. Staffing policy in terms of deployment is lacking
7. Common standards of practice do not exist. e.g. job descriptions specific tasks.
8. Service and IST discriminating against pre-service FP training.
9. No commonness of purpose between PST, IST service.

GROUP TWO:

1. Communication gap between policy makers and service/training MCH/FP objectives.
2. PST/IST doesn't respond to the needs of the community in MCH/FP
3. Consultation gap between Education/training and service in curriculum planning and review.
4. Lack of follow up and evaluation of graduates in the service delivery areas by trainers.
5. Lack of definition of the roles of inservice, preservice and service in clinical teaching.
6. Lack of selection and deployment criteria for inservice training.

GROUP TWO CONT'D

7. Duplication of contents and development of skills for inservice participants.
8. Lack of orientation or readiness to teach PST/IST graduates by service personnel.
9. Trainers are far removed from service settings.
10. Lack of collaboration between PST/IST and service.
 - service/PST/IST expectations differ
 - set criteria for competencies and practice (sites)
 - nursing professional leadership in educating on policy/objectives.

GROUP THREE:

1. Lack of communication and information flow and collaboration.
2. Lack of joint needs identification and subsequent planning.
3. Curricula deficiencies in pre and inservice and lack of involvement involving all 3 systems.
4. Lack of up-dating of curricula to meet changing MCH/FP community needs.
5. Clarification of job responsibilities and roles (all 3 groups).
6. Lack of follow up of trainees and trained (Pre and In-service)
7. Lack of proper supportive supervision.
8. Wrong selection of candidates of training.
9. Wrong deployment
10. Lack of pre-assessment at in-service level - to determine gaps in K.A.'s - to avoid duplication
11. Lack of standards for clinical practice
 - to guide service providers and on the job trainers of expectations of trainees and graduates.
12. Lack of upgrading of salaries and incentive
 - i) as staff involved in planning
 - ii) targets

ACTION PLANS ON LINKAGES WITH SALAD GROUPS

GOAL: TO INCREASE POST NATAL RETURNS FROM 4% TO 60% CONTRACEPTIVE PREVALENCE FROM 10% TO 30% WITHIN 5 YEARS

GROUP ONE

OBJECTIVES (PRIORITIES)	ACTIONS	BY WHOM & WITH WHOM	TIME FRAME	OUTCOME
Determine problem, extent contributing factors	Establish MCH.FP Education Service Committee	Rep. from PST/IST/S and research committee	1st month	Identification problems and formulate plan include procedure manual
	Task force for implementation and monitoring of	Leaders PST/IST S. Adm.		
Obtain information on problem	Data collection set target	PST/IST Service research unit	1st year	Awareness and attendance
Increase coverage rates to 60% of target group	Workshops (Training Series) (TBA, CBD) orientation of M. Staff	As above	Ongoing	As above
	Establish Referral mechanism provide adequate commodities all times			Annual Analysis
<u>GROUP TWO</u>				
In consultation with PST, IST, S and non-clinic Base service personnel determine the problems, the extent and contributory factors in X-pilot district per year	Consultation meeting on approaches	PST, IST, S, non-clinic base	March, 30 1987	Approaches developed
	Design tools for operational research	IST, PST, S, non-clinic base consultant	May, 23, 1987	Research tools available
	Conduct operation Research -MCH/FP service - KAP (community)	PST, IST service, non-clinic based consultant	July, 24 1987	Research conducted

GROUP TWO CONT'D

OBJECTIVES	ACTIONS	BY WHOM & WITH WHOM	TIME FRAME	OUTCOME
	Analysis and interpretation of Data	Consultant Evaluation and Research Unit	D.L	Data base reflecting objective -Deployment - personnel skills, A, K - Clinic setting - logistic and supply - Statue of records - types of client by age, parity and cultural practice
	Consultative meeting to develop implementation plan of operational research report	PST, IST, S Non-clinic base E.R.U	March, 15 1988	Plan and priority developed
Develop strategies for PST, IST, S non-clinic based, using the research to achieve goal	Orientation of the senior health teams to the low contraceptive prevalence and the status of post-natal attendance	PST, IST, S M.O.H	April-June 1988	Commitment
	Formation of task-force to work-out strategies and monitor implementation of strategies employed	Leaders in all 3 areas Nursing Council ADMS		
	Conduct a workshop on FP/PN communication & counselling skills for PST, IST, S & non-clinic based trainers	PST, IST, S and consultant	September, 1988	Skilled training plans for application of skills by each group member sharing linkages, coordinated application and each team serves as res. to other.

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GROUP THREE

OBJECTIVES	ACTIONS	BY WHOM. & WITH WHOM	TIME FRAME	OUTCOME
Determine the extent of the problems and factors contributing to lack of MCH/FP services.	To form working committee -PST IST, Service Community Clinic non-clinic	Nursing leader (in collaboration with Committees)	1st Month	The committee is formed
	Orientate members of committee on problems and discuss with them the challenges	Nursing leader, Committee and co-opt. members	1st month	Linkages established among mutple disciplines.
	Collection of Demographic Data to identify target population and characteristics	As above	3 months	Knowledge of target population in order to develop strategies
	Service statistics	As above	3 months	Base-line
	Community needs assessment	Same committee and research & evaluation unit	4 months	Identification of need and extent of problems and hindering factors
Strengthen and develop service staff capacity & capability	Link with 15 trainers to update knowledge skills and adjust attitudes of service providers (clinic/non-clinic based)	Committee	Begin 3-4 months and continue	Qualified and competent service providers
	Review and update PST/IST MCH/FP curriculum	PST/IST and Service (all)	6 - 12 months	Linkages established curriculum that addresses MCH/FP needs

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SOLUTIONS FOR SELECTED ISSUESBASED ON CASE STUDYCURRICULUM DEFICIENCY IN PST/IST PROGRAMS (LACK OF INVOLVEMENT PS/IS AND SERVICE PERSONNEL)

ISSUE:

GROUP A

What specifically ought to be done.	Who ought to do it. (organisation e.t.c)	Time and Frame (Period)
1. Setting up of curriculum committee (reflecting the presentation of all 3.	Training and education Institution and Nursing Council.	
2. Setting up of the mechanism for feedback between PST/IST/S. - needs and gaps - changes - standards and roles etc.	Representatives of all 3 and nursing council <u>PST</u>	
3. Needs Assessment	<u>PST</u> , IST and S; MCH/FP units (and other resources)	Every 5 yrs or as needs arise.
4. Documentation and communication of competencies of graduates of PST (by PST to IST).	<u>PST</u>	End of each progr
5. Competencies match against the job to be performed.	<u>PST/IST/S</u>	Beginning of training/employer and reviews.

GROUP B:

IST - PST

FEB 1987 - June 1991

SOLUTIONS TO SELECTED ISSUES BASED ON CASE STUDY

Issue	What specifically ought to be done	Who ought to do it	Time Frame
<p>1. TRAINING NEEDS ASSESSMENT (N/A) LACKING.</p> <ul style="list-style-type: none"> - Duplication of effort - Missed skills which are essential. - IST/PST trainers have no K.A. skill in N/A 	<p>Establish regular IST/PST meeting with agenda.</p> <p>Consultations between IST - PST trainers to discuss curricula being used.</p> <p>up-dateworkshop for IST & PST trainers.</p> <p>Training in N/A (joint training)</p>	<p>Heads</p> <p>IST & PST trainers.</p> <p>MOH resource persons; Heads of IST & PST</p> <p>MOH resource person.</p>	<p>Monthly</p> <p>first year J 1987.</p> <p>Second half 1988</p> <p>December 198</p>
<p>2. LACK OF FOLLOW-UP SYSTEM.</p> <ul style="list-style-type: none"> - Training skills reduced. - Deficiencies in supplies not corrected. - IST & PST curricula domant. 	<p>Consultations to identify problems into follow-up system.</p> <p>Plan formal needs assessment.</p>	<p>IST & PST Trainers</p> <p>Consultant, Heads IST, PST.</p>	<p>July 1987</p> <p>March 1988</p>

SOLUTIONS TO SELECTED ISSUES BASED ON CASE STUDY

GROUP C:

Issues	What specifically ought to be done.	Who ought to do it.	Time Frame
<p>1 Curriculum deficiencies</p> <p>SERVICE TO PST</p>	<p>Identification of the problem and discussion of possible solutions with</p> <p>State the problem to C.N.O in writing.</p> <p>CNO will contact the school principal</p> <p>Consultative meeting to reach a consensus and define a course of action.</p> <p>Plenary session review the existing syllabus</p> <p>Workshop to develop</p> <p>New syllabus to meet changing needs</p> <p>Schools will up-date their curricula to incorporate new MCH/FP</p>	<p>Service providers and supervisor</p> <p>Service supervisor</p> <p>C.N.O</p> <p>C.N.O; Supervisor & Principal</p> <p>Nursing Council Principals Supervisors</p> <p>Nurses Association</p> <p>Full Council</p> <p>Principal, Tutors Service Providers.</p>	<p>Periodic staff meeting</p> <p>As soon as the problem is identified & possible solutions thought out.</p> <p>Within 2 weeks of receiving the report.</p> <p>Next 2 weeks.</p> <p>2 months later.</p> <p>Ready for next intake.</p>

APPENDIX N

Recommendations Regarding:

N.1 Needs by Country and Anglophone Region

**N.2 Follow on Plan of Action to Promote the PST/IST/S
Linkages Project**

APPENDIX N.1

Recommendations to INTRAH on Linkages Follow-On

RECOMMENDATIONS TO INTRAH ON LINKAGES FOLLOW -ON

- SOMALIA: Subtle follow-up of Intrah trainees, and introduction of PST/IST/S project to FHD/MOH
Write to Director, Department of Nursing to introduce PST/IST/S project with copy to FHO/MOH.
- NIGERIA FEDERAL: Jedida should write Nigerian National Association of Nurses and Midwives about PST/IST/S project.
A workshop should be conducted on linkages for CNOs, Principals and senior level people.
- BENUE STATE: If Federal effort delayed or doesn't occur, Benue will request a linkage seminar, maybe conducted by Jedida, for CNOs, Principals and others.
- BOTSWANA: Incorporate linkage into newly-developed MOH/WB/INTRAH training program.
- DFH/KENYA: Jedida should conduct a (training) needs assessment on linkages PST/IST/S, and brief the linkage workshop on her findings.
- DON/KENYA: Same as above, but include NGOs.
- NCC/KENYA: INTRAH should conduct a mini-workshop on linkage for NCC policy makers, and conduct linkage training needs assessment.
- SIERRA LEONE: INTRAH should conduct and finance a workshop (described by Val) after receipt of O.K. from Val and letter sent by Intrah to M.O.H. (as composed with consultation from Val).
- UGANDA: INTRAH should provide technical and financial support for orientation seminar on linkage, needs assessment, curriculum review, procedures manual, and a workshop for IST and PST and service on strengthening linkages.
- ZIMBABWE: INTRAH should help with PST/IST/S needs assessment (in linkages) a 5 year training plan, linkage strategy, competency standards, and review of curricula (PST/IST) for counselling component improvement. Also review of Manuals.
- MAURITIUS: INTRAH should assist in conducting needs assessment on linkages (PST/IST/S) paying attention to NGOs role in PST and help with linkage strategy development.

APPENDIX N.2

Follow on Plan of Action to Promote the PST/IST/S
Linkages Project

NAIROBI CITY COMMISSION

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
1. Needs Assessment skills	Trainers PST, IST, Project Director (KRN/M/FP superintendents both Division I & II)	1987	Technical Assistance and Funding
2. Motivation interpersonal counselling on refresher course	Clinical service providers MCH/FP personnel	As soon as possible	Technical Assistance and Funding
3. Development of Manual - Clinical procedures - Family Planning management	PST, IST Trainers, Project Director Superintendent Div. I & II	1987	Technical Advisory process and how to use them
4. Training of Trainers decentralisation	KRN/M FP within the clinics project. 2 principal tutors from training schools	As soon as the project starts	Assist Nairobi City Commission in Training Programme, identify consultants to assist the nurse trainer and develop curriculum
5. Project Development management skills	Asst. Medical Officer of Health N.C.C. Project Director, Suptd. KRN/M/FP and supervisors Div. I&II	As soon as possible	Technical Support and Funding
6. Training of clinical service providers and non-clinic based health personnel	KRN/M/FP Doctors, clinical Officer Enrolled Community Male Nurses and Community Based Distributors etc	1987	Technical Advisory Development curriculum and help in training them
7. Visual Aid Training Development of Materials	Different level of Health providers eg KRN/M/FP incharge of the MCH/FP clinic, senior clinic Assistant incharge in clinical project Director	1987	Technical Advisory and Funding
Evaluation of Management orientation to the process	Programme Directors (Policy makers) Director - MCH/FP co-ordinator, M.O.H. Project Director	1987-1988	INTRAH T.A. and Funding

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
9, Mini-workshop on linkage	Policy makers NCC, M.O.H. Project Director, 2 tutors, PST, IST, Superintendents DIV I & II Asst, M.O.H. Div. I & II City Hall "A"	As soon as possible	Technical Advisory and Funding
10 Study Tour in a country with a well programmed CBD	M.O.H. or Asst. M.O.H. Project Director, Superintendents DIV I & II Supervisors DIV. I & II and 2-3 policy makers	Before our CBD Project begins eg May, 1987	Technical Assistance and Sponsor

INTRAH TAC MEETING

BENUE STATE NEEDS (IN-COUNTRY NEEDS)

THE NEED	FOR WHOM	TIME FRAME	INTRAH's ASSISTANCE
<p>Motivation of all officers involved in the implementation of FP activities in the state</p> <p>Clinical skills training for a physician and nurse and technician to man a state referral centre for FP complications. Service should include:</p> <ol style="list-style-type: none"> 1. FP counselling and supplies 2. Culture and sensitivity 3. Screen, pap smear service <p>Give a sense of direction for motivated private persons/groups in Family Welfare. These are C Baseo personnel already motivated but have not found their bearings yet</p> <p>Training of interested commercial citizens in motivation and dispensing of MCH/FP commodities</p>	<p>CNOs, CHOs, Chief Pharmacists CMOs, Admin. Officers in short implementation committee members and FP Advisory Committee members especially the men</p> <p>Physician (carefully selected) and Laboratory technician and Service provider in a curative set up.</p> <p>Identified individuals, groups, bodies e.g.</p> <ol style="list-style-type: none"> 1. Family Circle, Ministries 2. NCWS (National Council for Women Societies) 3. Church Health Departments <ul style="list-style-type: none"> - NKST Church - COCIN Church - ECWA Church <p>Pharmacists, Parent Medical Stores attendants, dispensary attendants chemists, supermarket managers</p>	<p>In the next six months</p> <p>6 months</p> <p>One year</p> <p>One Year</p>	<p>Funding and facilitating inter-regionally if possible. Zimbabwe or Nairobi or other.</p> <p>Funding for IST in either Manila or Harare</p> <p>Seminars, Study Tours, Clinical Skills training.</p> <p>Technical Assistance and Funding</p>

TRAINING NEEDS FOR NIGERIA

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
1. T.O.T	Experienced service provides: Public Health Sisters/Nurse/ midwives/Community Health Officers.	Next 12 months.	Technical/Financial support from INTRAH.
2. Cinical Training skills	Nurse/midwives/Public Health Nurses Community Health Supervisors Physicians.	12 - 14 months	"
3. C.B.D Training	Trainers F/P. F/p Coordinators, Pharmacists Community Health Officer Tutors in Schools of Health technology.	Next 9 months	"
4. Evaluation	Trainers F/P F/P Co-ordinator	12 - 14 months	"

SIERRA LEONE - IN-COUNTRY NEEDS

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
.. Family Planning Clinical Skills	State Enrolled Community Health Nurses	June, 1987	Updating of existing curriculum for state enrolled community health nurses.
. Program Evaluation Evaluation of FP services	Core Trainers Trainers FP	December, 1987	Technical Assistance
. Update of management and supervision of FP clinical and non clinic personnel	FP Trainers, Core Trainers, District Health Sisters	October, 1987	
. Curriculum development and implementation for all schools for health personnel	Tutors, Trainers, Lecturers in Schools of Health personnel - Nursing - Midwifery	1988 after Link-age conference	Technical Support, Financial Support
Clinical Skills update	PHS/Midwives, SEC and Nurses	By July, 1987	
Training Needs Assessment	Tutors/Trainers, District Public Health Sisters	By 1988	Technical Support, Financial Support

IN-COUNTRY NEEDS - SOMALIA

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
Motivation and inter-personnel counselling	Clinical service providers MCH/FP staff and Hospital.	As soon as possible.	Assistant needed from INTRAH is to send educational essential (visuals) like inter-personnel booklet, chart etc.
Introduce of linkages project.	<ul style="list-style-type: none"> - Director FH Division, MOH - Director training and planning department, MOH. - Director Nursing department, MOH. 	As soon as possible.	Visit and discuss.

UGANDA TRAINING NEED. COUNTRY, REGIONAL AND OTHERS

THE NEED	WHO TO BE TRAINED OR INVOLVED (level of Personnel)	TIME FRAME	WHETHER AND WHAT KIND OF INTRAH ASSISTANCE REQUIRED
1. Orientation medical personnel, policy makers and MOH policy influencers in MCH/FP programmes.	Top policy makers MOH officials who influence policy hospital teams.	By Dec. 1987	Technical and financial Assistance.
2. Development of MCH/FP recording and reporting system.	Supervisors of MCH/FP programmes. In-charges of MCH/FP clinics.	August 1987	Technical and Financial Assistance.
3. Training Needs Assessment	MCH/FP Programme managers	March 1987	Technical and Financial Assistance
4. Curriculum revision for P.S.T.	Tutors clinic managers and C.T.T.	December 1987	Technical and Financial Assistance
5. Training of Trainers	Regional trainers tutors in health institutions Schools	June 1988	Technical and Financial Assistance.
6. Development of FP clinical procedure manual	Clinic Managers, Project co-ordinator; C.T.T	December 1987	Technical and Financial Assistance.
7. Project development and management skills	Project co-ordinator MCH/FP Managers ; C.T.T.	June 1988	Technical and Financial Assistance.
8. Study tours in linkages between clinical based and non-clinical basic FP services	C.N.O; Tutors (Head of Schools)	August 1988	Technical and Financial Assistance.

1/2

TRAINING NEEDS FOR NIGERIA (FEDERAL)

Training Needs	Who to be trained	Time from within 3 years	Source of funding/Tech. Assistance
1. TOT	Experienced service providers. Public Health Sisters Nurse/ Midwives, Community Health Officers	Next 12 months	Tech/Financial support from "INTRAH"
2. Clinical Training Skills	Nurse/Midwives, Public Health Nurses Community Health supervisors, Physicians	12 - 14 months	"
3. CBD Training	Trainers FP, FP Co-ordinators, Pharmacists, Community Health Officers, Tutors in schools of Health Technology	Next 9 months	"
4. Evaluation	Trainers, FP, FP Co-ordinators	12 - 14 months	2

APPENDIX O

List of Materials Issued to TAC Members

(Materials on file with INTRAH Program Office)

LIST OF MATERIALS ISSUED TO TAC MEMBERS:

- 1.. EMBO A : On-going Community Based/
Alternative Health/Family Planning
Delivery Programs in Sub-Sahara
Africa.

A paper delivered at the
Pan-African Workshop on CBD/ADS in
Sub-Sahara Africa, Harare, November
3 - 7 1986.
2. SAI F : Community Based Distribution in FP
Programs. Keynote speed at the
November 3 - 7, 1987 Harare
Workshop
3. : Recommendations of the CBD/ADS in
Sub-Sahara workshop November 3 - 7
1986, Harare.
4. PAXMAN J.M. : Introducing Policy change on the
Use of Non-Physicians

Source : RON library collections
of papers and articles
from journals.
5. 1. The Big Chill : Fear of AIDS
2. You Haven't Heard Anything Yet?
Two articles from TIME, February 16,
1987.
6. Blood Banking : Screening for
quality. An article from Africa
Health 9. Dec/Jan. 1987.
7. TAC I Findings and Recommendations.
INTRAH ESA Regional Office 1986.

* Materials are in INTRAH Program files.