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REGIONAL WORKSHOP REPORT

Multi-Country Workshop on Clinical Family Planning:
Development of Guidelines for PAC Worker Training

SITE: Istanbul, Turkey

DATES: June 22 - 27, 1987

TRAVELERS: Oluremi Sogunro
Narcy Benson
Robert Miltz
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EXECUTIVE SUMMARY

The purpose of the Multi-Country workshop on Clinical Family Planning was to assist Family Planning service providers, policy makers, and trainers in four NENA countries (Turkey, Tunisia, Lebanon, and Morocco) in developing curriculum for in-service training of PAC workers in family planning with an emphasis on clinical skills.

There were thirty-one participants at the Regional Workshop held in Turkey, June 22-27, 1987. The participants were primarily senior midwife/nurses and physicians who are responsible for Family Planning training and represent a wide variety of institutions and cities in each country.

The workshop was conducted in a participatory mode. The agenda was constructed so that participants were able to design their own curricula, protocols, and procedures. The basis for this approach is in the belief that adults learn best through experience, rather than from a lecture format.

Almost all the objectives of the workshop were achieved. A written curriculum outline for in-service training of midwives was produced; and protocols and procedures for four methods of family planning were developed.

Participant evaluations indicated that they perceived most of the workshop sessions to be "very useful" or "useful". At least two-thirds of the participants rated various aspects of the workshop to be either "excellent" or "good".

The major recommendations that emerged from the workshop were the following:

- the creation of national committees to develop or adapt training curricula to meet local needs;
- the development of a network system among countries to enable them to share experiences in Family Planning training; and
- the design of a one year planning calendar which includes training activities in each country as well as the training activities of all the international assistance organizations.

INTRODUCTION

The Turkey Regional Training Workshop recently completed by RONCO PAC II was held in Istanbul (Turkey) from June 22 - June 27, 1987. It was held in response to an expressed need of NENA (Near East and North Africa) Family Planning policy makers. This need was clearly stated during the first Regional Training Workshop conducted by RONCO PAC II in September, 1986. At that point in time, NENA Family Planning institutions were beginning to realize the emergence of RONCO's cycles of training and the wholistic nature of RONCO's approach to Family Planning training.

Preparation for this workshop included the following steps:

- Conducting a survey of NENA institutions that train or have potential to train PAC workers in clinical Family Planning training;
- Analyzing the results of this survey; and
- Utilizing the results to organize the technical contents of the workshop.

One important result of this survey was the clear indication that countries and institutions are at different stages of sophistication in clinical Family Planning training. Further analysis of the results showed that the more sophisticated countries, contrary to the traditional physician-oriented approach to service delivery, also have well established policy regarding the training and use of PAC workers in providing Family Planning services. Thus it was logical for RONCO to conduct two distinct regional Family Planning workshops: this first one for relatively "advanced" countries, such as Morocco, Tunisia, and Turkey; and a second workshop, yet to be held, for those not as sophisticated - Egypt, Jordan, and North Yemen. Furthermore, it was anticipated that these groups of countries could be brought together with minimal translation difficulties. The language of this first workshop was in French with simultaneous Turkish translation; while the next and second workshop will be conducted in Arabic only.

A relatively large delegation from each country was encouraged to participate in this workshop to increase the diversity of representatives from all the countries/institutions who would be able to implement recommendations upon returning home. Thus there were representatives from National and Governorate level government programs, as well as from medical schools and private Family Planning institutions. The criteria used to select participants is discussed in detail in the body of

this report.

Thirty-one representatives from four countries (Lebanon, Morocco, Tunisia, and Turkey) participated in this clinical workshop and developed in-service training curricula for midwives, as well as protocols and procedures for Family Planning services. Seventeen (55%) of the participants were senior midwife/nurses who occupy high level positions in public/private Family Planning institutions in the countries involved. The other participants, who were physicians, hold various responsible positions, such as:

- policy makers responsible for national Family Planning programs
- directors of Family Planning programs
- directors of Midwifery Training programs
- curriculum specialists, and
- medical faculty

Chapter 1

WORKSHOP CONTENT

1.1 Goals and Objectives

The overall goal of this conference was to improve the quality and quantity of family planning services in countries of the Near East and North Africa region through appropriate training of PAC personnel.

The objectives of the conference were:

1. to enable country groups and individuals to benefit from exchange of information and sharing of experiences in clinical family planning training for non-physician health workers;
2. to develop guidelines for clinical family planning training curricula for non-physician health workers;
3. to establish written protocols for the delivery of family planning services as well as establish written procedures for the provision of specific contraceptive methods;
4. to provide information on all currently available methods of birth control;
5. to identify clinical training needs based on an analysis of current information on contraceptive methods (Contraceptive Technology Update);
6. to establish a mechanism for clinicians to continue to exchange information and experience in training of PAC workers; and
7. to provide information on uses of modern technologies, including video techniques, in training.

1.2 Learning Objectives

At the end of the workshop the participants will have

1. developed a draft outline of the objectives and content of an in-service clinical family planning training curriculum
2. developed an action plan for the use of this curriculum to strengthen in-service family planning training
3. developed a draft protocol for the delivery of clinical family planning services
4. written an outline on how to incorporate new family planning information into in-service curricula.

And, in addition, each participant will be able to:

1. describe and explain three future methods of contraception
2. briefly discuss the epidemiology of Acquired Immune Deficiency Syndrome (AIDS)
3. identify an appropriate mechanism for an on-going exchange of information within each country among family planning workers
4. critically review videotaped programs for appropriateness and usefulness in the development of family planning training.

The materials and methods used to accomplish these objectives are given in Section 1.4 - Highlights of the Workshop and in Appendices A through C.

1.3 Daily Workshop Agenda

SUNDAY, JUNE 21

18.00 - 19.00

Reception and Workshop Registration

MONDAY, JUNE 22

9.00 - 10.00

Opening Ceremony

10.00 - 10.15

BREAK

10.15 - 11.00

Ice - Breaker

11.00 - 11.30

Needs - assessment and Expectations

11.30 - 12.00

Presentation and Discussion of Workshop Objectives

12.00 - 12.15

Contract agreement

12.15 - 12.45

Adult Experiential Learning

12.45 - 13.00

Logistics

13.00 - 15.00

LUNCH

15.00 - 15.30

TUNISIA - presentation of experience in training non-physicians in Family Planning

15.30 - 16.00

Discussion of presentation

16.00 - 16.15

BREAK

16.15 - 16.45

MOROCCO - presentation of experience in training non-physicians in Family Planning

16.45 - 17.15

Discussion

17.15 - 17.30

Summary of day's activities

17.30 - 18.00

Evaluation

TUESDAY, JUNE 23

8.00 - 8.15	Reflection and Presentation of previous day's evaluation results
8.15 - 8.45	Health rationale for Family Planning
8.45 - 9.15	LEBANON - presentation of experience in training non-physicians in Family Planning
9.15 - 9.45	Discussion
9.45 - 10.00	BREAK
10.00 - 10.30	TURKEY - presentation of experience in training non-physicians in Family Planning
10.30 - 11.00	Discussion
11.00 - 12.30	Introduction to curriculum revision and development
12.30 - 14.00	LUNCH
14.00 - 16.00	Curriculum revision and development (small group work in 5 groups)
16.00 - 16.15	Summary of the day's activities
16.15 - 16.30	Evaluation
EVENING ACTIVITY	Presentation on Acquired Immune Deficiency Syndrome [AIDS]

WEDNESDAY, JUNE 24

8.00 - 8.15	Reflection and Presentation of previous day's evaluation results
8.15 - 12.30	Small group work in curriculum revision and development
12.30 - 14.00	LUNCH
14.00 - 15.00	Small group work in curriculum revision and development, continued
15.00 - 16.30	Group presentation of curriculum
16.30 - 16.45	Summary of the day's activities
16.45 - 17.00	Evaluation
EVENING ACTIVITY	Audio - visual workshop

THURSDAY, JUNE 25

8.00 - 8.15	Reflection and Presentation of previous day's evaluation results
8.15 - 8.30	Procedure for clinic visits
8.30 - 12.30	Visit to Family Planning clinics
12.30 - 13.30	LUNCH
13.30 - 14.00	Summary of observations
14.00 - 14.15	Introduction to guide to development of protocols and procedures for delivery of family planning
14.15 - 16.00	Small group work on protocols and procedures
16.00 - 16.15	Summary of the day's activities
16.15 - 16.30	Evaluation

FRIDAY, JUNE 26

8.00 - 8.05	Reflection and Presentation of previous day's evaluation results
8.05 - 10.15	Contraceptive Technology Update
10.15 - 10.30	Resource Materials in Contraceptive Technology
10.30 - 10.45	BREAK
10.45 - 12.30	Small group work on procedures and protocols
12.30 - 14.00	LUNCH
14.00 - 16.15	Plenary Session: Procedures and Protocols
16.15 - 16.30	Summary of day's activities and evaluation

SATURDAY, JUNE 27

8.00 - 8.15

Reflection and presentation of previous day's evaluation results

8.15 - 10.15

Finalization of curriculum development:
Group session followed by plenary session

10.15 - 10.30

BREAK

10.30 - 11.15

Mechanism for follow-up

11.15 - 12.00

Review of objectives and summary of week's activities

12.00 - 12.15

Final Evaluation

12.15 - 12.30

Closing ceremony

GROUP PHOTOGRAPH

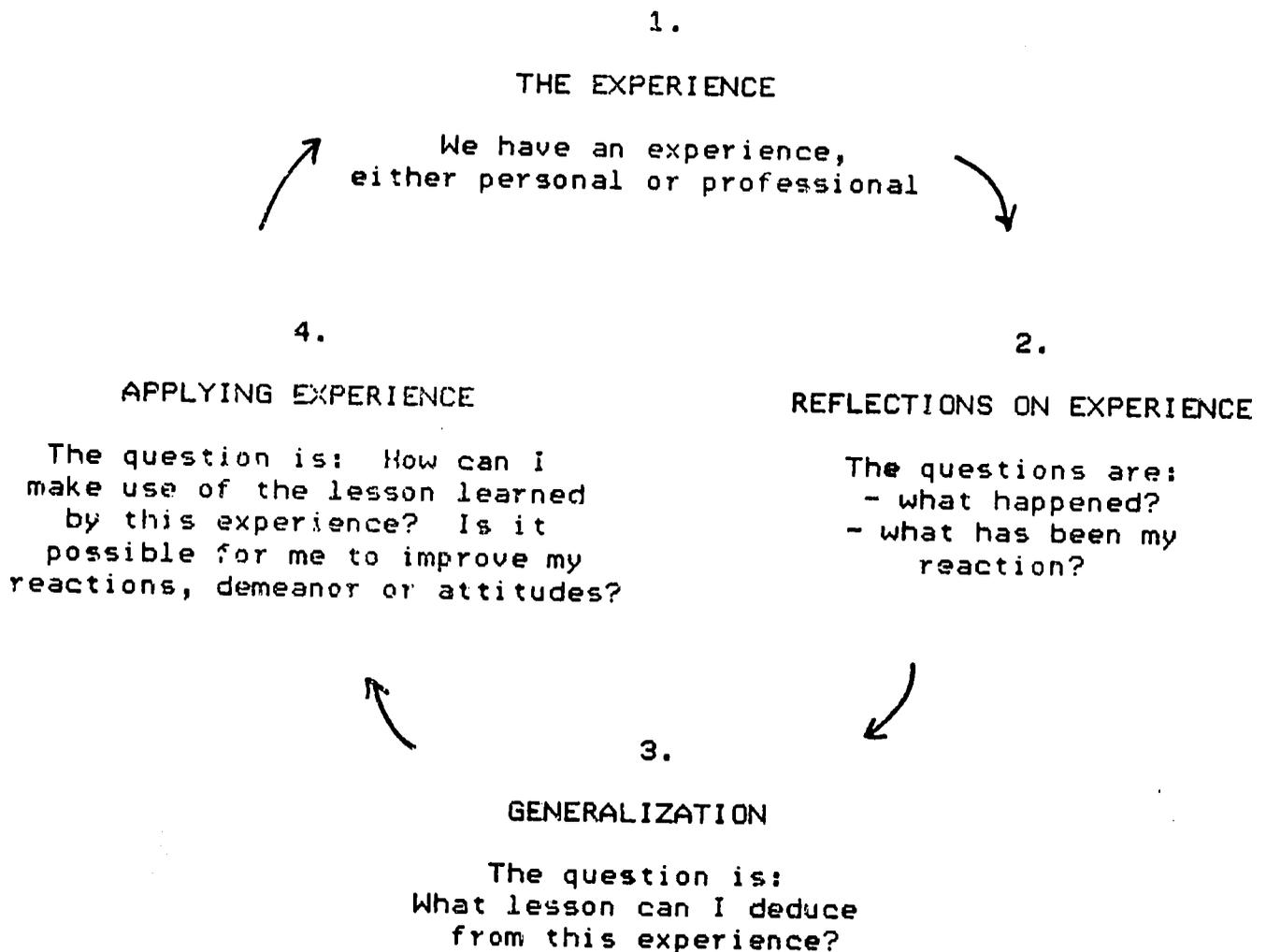
1.4 Highlights of the Workshop

Throughout this section highlights of particular sessions and activities are included. They are arranged in the order they occurred in the workshop and are dated accordingly (refer back to Daily Agenda, Section 1.3).

1.4.1 ADULT EXPERIENTIAL LEARNING-- Monday

In this session workshop facilitators presented an experiential learning module to help participants understand how the workshop would be conducted throughout the week. Below is a diagram used to illustrate the process of experiential learning. On the following page a description of two types of learning is given.

LEARNING BY EXPERIENCE



TYPES OF LEARNING

ANDRAGOGY

ANDRA	GOGY
Adults	Lead, Instruct

PEDAGOGY

PEDA	GOGY
Children	Lead, Instruct

PARTICIPATIVE METHOD

- Participative Exercises
- Discussions
- Small group work
- Small theatre scenes
- Role play
- Brainstorming
- Feedback

CLASSIC TRAINING

- In a school or classroom
- Teacher, professor
- Lectures
- Note taking, listening
- Exercise books, books or manuals tables, etc.

SOCRATIC

Exchange between Facilitator
and Learner

1.4.2 COUNTRY PRESENTATIONS- Monday & Tuesday

Prior to the workshop representatives from each of the four countries was asked to prepare a presentation on their country's experience in training non-physicians in Family Planning. Invitation letters included a tentative workshop agenda which indicated when each country would make a 30 minute presentation.

The suggested content of country presentations was as follows:

1. Brief history of public and private sector Family Planning training
2. Overview of institutions currently undertaking Family Planning training
3. Description of major in-service clinical Family Planning training programs:
 1. Number and type of paramedicals being trained in Family Planning service delivery
 2. Balance between theoretical and practical training in existing programs
 3. Integration of Family Planning and MCH and PHC
 4. Relationship between training and service delivery
4. Strengths of this clinical Family Planning training program
5. Problems to be overcome

1.4.3 HEALTH RATIONALE FOR FAMILY PLANNING - Tuesday

Family planning means different things to different people at any one time. To some it means population control, while to others it is synonymous with birth spacing. Yet to a few groups of people it means saving the lives and promoting the health of mothers, children, and indeed the whole family.

In places where family planning is practiced, there has been dramatic reduction in the infant, child and maternal mortality as well as morbidity. Therefore, it is an understatement to say that family planning saves lives.

The following discussion will address three specific issues:

- Principles of family planning
 1. Family planning is voluntary
 2. Voluntary family planning is an important preventive health measure
 3. A wide range of contraceptive options should be offered to the clients who should be able to make an informed decision, given correct and thorough information
 4. Clients have a right to complete confidentiality
 5. Population pressure and explosion is not a major focus for clients attending a family planning clinic
 6. Information, education, prevention, and treatment of sexually transmitted infections should be a component of family planning programs
 7. Men should be encouraged to participate in family planning decisions

Health benefits of family planning

* One mnemonic to be discussed is FAMILY HEALTH (see Appendix A, Number 17 and 25)

- Food is more available
- Anemia, caused by iron deficiency, is diminished
- Maternal mortality is reduced
- Infertility may be prevented
- Low birth weight infants are less likely to be delivered
- Young children and infants are less likely to die of infectious diseases
- Happier sexual relationship can develop once the couple knows that there is less chance of unwanted pregnancy
- Education may increase for parents and children
- Abortions are diminished
- Lactation, with all its attendant benefits, can continue for a longer period
- Teenage pregnancy rates are decreased
- Health screening tests such as Pap smears can be done to detect cancer and other diseases early

Non-contraceptive benefits of family planning methods (see Appendix A, number 17)

* The non-contraceptive benefits of various methods were discussed. The benefits of the pill were significantly emphasized. A table was presented which compared mortality figures from contraceptives and commonly encountered risks taken by individuals on a daily basis.

1.4.4 CURRICULUM REVISION AND DEVELOPMENT - Tuesday & Wednesday

Curriculum revision and development took place in small groups, and was guided by the following set of assumptions and considerations.

Guide to Curriculum Revision and Development Assumptions

Assumptions about the current status of FP Training Curriculum Development:

- Each group or individual is at a different stage of FP curriculum development.
- FP curriculum may already be either fully included, partially included, or only mentioned in PHC/MCH Training Curricula
- FP curriculum may be treated alone, or as part of MCH or PHC curriculum
- FP may be taught completely as theory, competency based, or supervised practice only
- FP trainers and curriculum development personnel themselves may need further skills development.

OUR FOCUS IS ON CONTINUING EDUCATION

Continuing Education can:

- strengthen or reinforce skills in curriculum development
- clarify other specific areas needing work

FOCUS: Competency Based Training for Clinical Skills Development

DEFINITION:

- Training which is directly related to performance of job
- Content which is based on Defined Objectives
- Periodic evaluation which is based on objectives and student practices; Evaluation should be repeated until student performs acceptably.

COMPARISON: Traditional Training VS. Competency Based Training

FIVE STEPS FOR COMPETENCY BASED TRAINING:

1. Needs Assessment for Training

1. Client/Community needs for Family Planning;
2. Current level of knowledge and skills;
3. Current level of actual practice;
4. Management considerations

2. Job Analysis

1. Study work requirements and job description
2. Enumerate tasks:
 1. define skills and knowledge needed;
 2. what are health problems they will be treating or referring;
 3. what are procedures they will perform;
 4. what are supplies and medications they will need

3. State Learning Objectives

1. Exact behaviors = objectives
2. Skills and knowledge get converted to objectives - what will they do?

4. Develop Curriculum The usual components of curriculum format are the following:

Format	Preparation
objectives	Persons responsible
Content	Duration
Methods	Evaluation
Materials	

Evaluation

1. assess student progress;
2. assess effectiveness of materials and methods;
3. assess instructors, content, and process

TASK - EXAMINE, COUNSEL AND DISTRIBUTE ORAL CONTRACEPTIVES
TO FERTILE WOMEN

DUTIES	SKILLS	KNOWLEDGE

Six Steps in Planning
A Training Program

1. Joint Planning and Establishment of Learning Environment

2. Analysis of Needs

3. Establishment of Objectives

4. Planning of Activities

5. Execution of Activities

6. Evaluation

COMPONENTS OF CURRICULUM

CONTENT

RESOURCES

COMMENTS

CONTENT	RESOURCES	COMMENTS

Training Format

Objectives

Activities

CURRICULUM OUTLINE FOR TRAINING MID-WIVES

WORKING IN THE FIELD

Module 1. Basic Knowledge

TOPIC	NUMBER OF HOURS	METHODOLOGY	FACILITATOR
MEDICAL ASPECTS			
DEMOGRAPHIC ASPECTS			
SOCIO-EDUCATIONAL ASPECTS			

Module 2. Education/Motivation

TOPIC	NUMBER OF HOURS	METHODOLOGY	FACILITATOR
MEDICAL ASPECTS			
DEMOGRAPHIC ASPECTS			
SOCIO-EDUCATIONAL ASPECTS			

Module 3. Contraceptive Methods

TOPIC	NUMBER OF HOURS	METHODOLOGY	FACILITATOR
MEDICAL ASPECTS			
SOCIO-EDUCATIONAL			

1.4.5 PRESENTATION ON ACQUIRED IMMUNE DEFICIENCY SYNDROME -
Tuesday

- HIV - Viral Infection

- * HIV is abbreviation for Human Immunodeficiency Virus; retrovirus reproduce only in living cells

- Overview

- * Virus - Life Time Infection
- * HIV - All those infected will suffer serious health consequences
- * CNS - Still a question: Scientists only recently have described involvement [dementia]
- * Healthy Carriers - problem when infected for life
- * Signs and Symptoms
- * Prevention
- * Future lapses

- Statistics

- * Data given to WHO voluntarily by countries
 - 36,000 reported cases worldwide
 - 78 countries report cases, i.e., willing to report
 - 3700 reported cases in Europe; expect in 2-3 years 25,000- 30,000 cases
 - 350 cases reported in Australia - sexual tourism in New Zealand
- * Sexual Tourism
 - 78 cases in Asia - 11 countries
 - 1800 cases reported in Africa
- * WHO believes there are 2.5 million infected

- * Anticipated 200,000 - 600,000 cases
- * Threat to Development: 20-49 year olds [productive age groups] are reported to be infected.

- Transmission

- * Sexually - Homosexually or heterosexually
- * Blood - Transfusions, Needles, or Scaring
- * Mother to Child
- * Others - Still questions about Urine, Stool, Tears, Saliva

- Clinical Manifestations

- * Overall:
 - Initial infection and development of antibodies
 - Asymptomatic carrier state
 - Persistent generalized lymphadenopathy
 - Other HIV related diseases and AIDS
- * HIV particularly affects T-Helper cells
- * AIDS is a syndrome: a group of diseases and symptoms
- * Opportunistic infections
- * Varies across regions and reflects indigenous infections
 - in AFRICA common infections would be
 - * Tuberculosis
 - * Cryptococcal Meningitis
 - * Herpes Simplex
 - * Candidiasis - Oral or Esophageal
 - * CNS Toxoplasmosis
 - * Skin rashes
 - * Chronic Diarrhea and Weight Loss

- in UNITED STATES common infections would be

* Pneumonia - pneumocystic

* Neurological disorders, e.g., dementia, encephalitis, meningitis

- Signs and Symptoms

* Generalize - non-specific signs and symptoms

* Fatigue, headaches and dizziness

* Fever of long duration

* Night sweats

* Diarrhea - Slims disease

* Weight loss

* Lymph gland swelling

* Opportunistic infections such as:

- pneumonia

- Meningitis

- CNS - TB

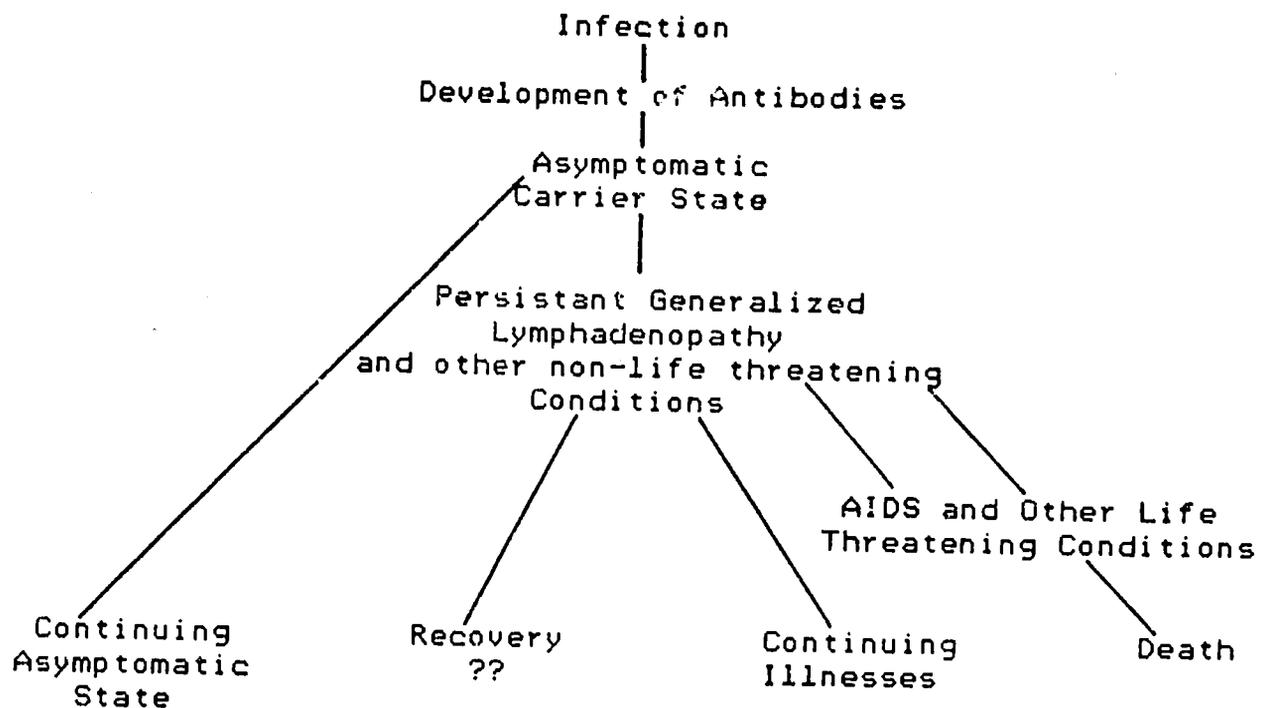
* Kaposi's Sarcoma is the most common malignancy

Testing for AIDS

* Elisa - Not specific; care

* Western Blot - Expensive but more specific

Stages of Development



- Interactions with other Diseases

- * Creates underlying immunodeficiency just as poor nutrition lowers resistance
- * Epidemics of TB in Africa (AIDS related TB)
- * Question of interrelation with:
 - Malaria
 - Trypanosomiasis
 - Schistosomiasis
- * WHO and Tropical Disease Research Unit are researching connections between AIDS and these diseases
- * Common Opportunistic Infections
- * Cryptococcal Meningitis

- Prevention
 - * Mutually exclusive sexual relationship best; Reducing number of contacts good
 - * If sexually active, use condoms and avoid needles and blood transfusions
 - * Consider delay of pregnancy if suspect is infected
 - * A "healthy" looking person can spread or carry AIDS virus
- Health Education
 - * Is Vital - Each of you is needed
 - * Sexual Protection - Education
 - * Blood Transfusions
 - * Injections
 - * Care and Treatment of Patients
 - * Education
- Dr. Jonathan Mann has said, "Individuals Can Make the Difference"
- Role of Medical Workers
 - * Involvement
 - Identify Women/persons at risk or at possible risk
 - * People with multiple sex partners
 - * IV drug users - those who receive IV injections
 - * People who have partners who are in contact with partners who have multiple partners or who are IV drug users
 - * Infants of exposed or infected women
 - * Recipients of blood or IV injections
 - * Young sexually active individuals
- Equipment and Supplies - Health workers use with some care
 - * Blood Products/Needles

- * Linens
- * Deliveries/blood
- * Furniture
- * No need for Isolation except to protect the AIDS patient

- Risk Reduction

- * Clarify that it is NOT spread by:
 - Casual contact
 - Sharing eating utensils and housing facilities
 - Caring for AIDS infected individuals

- Health Promotion

- * Avoid sexual contact with those who are at high risk, known AIDS victims, and IV drug users
- * Avoid IV Drug use/injections
- * Avoid multiple partners or persons with contacts with multiple partners
- * Avoid use of blood products when possible
- * Use condoms correctly with every intercourse
- * Sexual Tourism - Global world workers traveling

- Approach - WHO Coordination

- * Rooted in PHC
- * Aggressive and Long Term
- * Each Health Worker Involved

- WHO Strategy

Helps Coordinate
 Global Efforts
 Exchange of Information
 Joint Research
 Aggressive Information

Helps Individual Countries organize programs
in: Prevention, Control, Education, and Data
Collection

- 10+ One Ways We can Help Stop AIDS

- * Learn about AIDS
- * Inform Public about AIDS
- * Encourage condom use
- * Encourage clients to have mutually exclusive sexual relationship or at least reduce number of partners
- * Counsel all who are sexually active or about to become so about AIDS
- * Screen blood
- * Give blood only when necessary
- * Use only sterile needles, syringes and instruments
- * Counsel clients regarding needle use
- * Counsel AIDS infected and possibly infected persons about how to avoid infecting others
- * Supply condoms

- Special Health Education vs. Political Efforts

- * Our responsibility as health workers/epidemiologists
 - cultural sensitivity
 - balance extreme disease with prohibitions of religion and culture
 - sensitivity with homosexual groups
- * Campaigns with prostitutes and IV drug users
- * Campaigns with those who visit and have sexual contact with prostitutes or with IV drug users
- * Campaigns with Homosexual men
- * Campaigns with Bisexual men
- * Blood donor sites
- * Women who are concerned about the sexual history of their partners

* Health education and supply of condoms should be planned

- General Question

* What should be planned in your training program with respect to:

- routine contact
- special campaigns

- Major Points

- AIDS IS

* FATAL

* NOT spread by casual or unusual professional health contact

* spread by

- sexual intercourse
- contaminated blood
- contaminated needles
- an infected woman can give AIDS to fetus during pregnancy and delivery

1.4.6 CLINIC VISIT - Thursday

Participants spent a half day at a Family Planning training and service delivery institution in the heart Istanbul. Staff at the center gave presentations on the service delivery approach they used; and on Family Planning public education and counseling activities at the center. Participants observed procedures such as IUD insertion during their visit. They were able to interact with the staff in small groups and ask questions and observe. Participants were asked to complete a field visit guide [see Appendix G] in order to make the visit.

1.4.7 IUD PROTOCOLS AND PROCEDURES - Thursday and Friday

The purpose of this session was to guide clinicians in service delivery and counseling. Protocols and procedures are developed to define tasks and responsibilities of health workers, and they support staff development and training. Protocols and procedures are also developed to guide clinicians in providing safe contraceptives to clients as well as to assist clinicians in minimizing side-effects and complications by selecting low-risk clients.

Participants brought with them copies of the existing protocols and procedures which are used in their respective countries. Participants were divided into country groups to work on protocols and procedures. During the workshop they choose to either:

1. write new protocols and procedures; or
2. actively revise already existing protocols and procedures.

Examples of protocols developed by WHO and CDC were presented. The example of the IUD protocol and procedures that follows is a summary from a WHO report (see Appendix A, number 14). The full text was translated into French and Turkish and distributed to the participants.

Summary of IUD Protocol

- Assembly of equipment
- Patient counseling and history taking
- Checklist completion
- Preliminary abdominal exam
- Speculum exam
- Sounding of the uterine cavity
- Bimanual exam
- IUD insertion
- Post insertion client instructions

1.4.8 CONTRACEPTIVE TECHNOLOGY UPDATE - Friday

Presentation on Contraceptive Technology

1. Current status of IUD in the US and it's implications for world-wide use.

- The factors which led to the decision by G.D. Searle and Company and Ortho Pharmaceutical Corporation in late 1985 and early 1986 to withdraw the Cu-T and Lippes Loop, respectively, from the market were discussed. The main message was that these two companies stopped marketing their IUDs NOT because of new research findings indicating increased medical risks, nor because of pressure from physicians and consumers to do so. Rather the decision was based on purely economic reasons which are peculiar to health systems in the US.
- Since this decision, the World Health Organization, International Planned Parenthood Federation, Agency for International Development and other major international donors for family planning activities have met. The discussion has been about the implications of these actions for world-wide family planning programs in general, and the use of IUDs in particular.
- IUD Guidelines for Informed Decision-making and Use developed by the CDC was worked through in detail. The purpose of the manual regarding its use and adaptation to country programs was also discussed. The manual was translated into french and distributed to participants. The final word left with the participants was that the IUDs are safe, effective, and are still approved for use by the United States Food and Drug Administration (U.S.F.D.A.).

2. Discussion of the new IUDs - Cu T 380

- Types of new IUDs
 - * Cu-T 380 A
 - * Cu-T 380 Ag
- Differences and approved duration of use
- Benefits
 - * Large surface area of copper - as copper surface area increases, pregnancy rate decreases

- * High fundal placement of copper
- * Extended life - 380 Ag only
- Effectiveness: 99.3%
- Clinical Procedures
 - * Medical history
 - * Medical exam
 - * Insertion
 - * Post insertion counseling
 - * Post-insertion visits
 - * Side-effects and complications
 - * Danger signals
 - * Non-contraceptive benefits
 - * Contra-indications to use

3. Drug Interactions with contraceptives

- Most of the discussion was on Oral Contraceptives. There are common drugs which interfere with the metabolism of oral contraceptives and are important for service providers who are non-physicians to know. These include:
 - * Antibiotics such as Ampicillin, Tetracycline, Chloramphenicol
 - * Anticoagulants
 - * Hypoglycemics
 - * Anticonvulsants
 - * Tuberculosis drugs
 - * Vitamins and minerals
- The probable mechanism of actions and interactions were highlighted.
- Another aspect of drug interactions discussed was the effect of oral contraceptives on some laboratory tests, such as liver function tests, lipid metabolism, and hematologic/coagulation tests.

4. New long-acting hormonal contraceptives

- NORPLANT

- * Types - NORPLANT and NORPLANT - 2
- * Description
- * Mechanism of action
- * Insertion techniques
- * Removal techniques
- * Effectiveness
- * Indications for use
- * Contra-indications
- * Advantages and disadvantages
- * Side-effects
- * Continuation rates

- Biodegradable Implant

- Injectable microspheres and microcapsules

- Vaginal rings

- Monthly injectables

Chapter 2

WORKSHOP PRODUCTS

During the workshop country groups produced protocols for IUD Insertion, Prescription of Oral Contraceptives, Voluntary Surgical Contraception, and Provision of Condoms. Each of the groups consisted of participants from a particular country. All of the protocols were subsequently presented to the plenary session and adopted by the workshop. The four protocols which were produced from the workshop are given in the Section 2.1.

Curriculum groups, which consisted of participants from at least two different countries, developed curricula for training midwives in Family Planning with an emphasis on clinical skills. There were three curriculum development sessions during the course of the workshop. In the first, each group developed a curriculum; in the second, the curricula were presented to the whole group, and one was chosen as the best; and in the third session, the chosen curriculum was improved upon by all participants. This final revised curriculum is presented in the Section 2.2. In addition, the Morocco group developed a training curriculum for IUD insertion which follows the IUD curriculum.

2.1 Protocol Development

2.1.1 Protocol for IUD Insertion - Morocco

1. Set up equipment for IUD insertion: Make sure all the equipment is sterile and complete
 - IUD type
 - Inserter
 - Hand gloves
 - Bivalve speculum
 - Sponge holding forceps
 - Single-toothed tenaculum
 - Uterine sound
 - Pair of scissors
 - Dressing forceps
 - Metal bowl
 - Vulval pads
 - Antiseptic
2. Counsel Client
 - Explain what an IUD is
 - Mechanism of action
 - Indications for use
 - Contra-indications for use
 - Advantages and Disadvantages
3. Help the client choose a specific IUD, depending on:
 - Client's profile
 - Clinician's experience with the IUD type

- Availability of the IUD type in the clinic
 - Client's experience with IUD
4. Chest and abdominal exam
- breast exam - unusual lumps, discharge
 - abdominal organomegaly, tenderness
5. Gynecologic exam
- Inspection - external genitalia
 - * congenital malformations, discharge
 - Bimanual exam
 - * size, lump, consistency of vagina
 - * shape, position, consistency of cervix
 - * tenderness, lumps in adnexia
 - Retrovaginal exam
 - * abnormal masses in posterior cul-de-sac
 - Speculum exam - internal genitalia
 - * color, discharge, size of external cervical os
 - * measurement of uterine cavity with the uterine sound
6. Insert the specific IUD
7. Instruction for the client
- advise taking aspirin after insertion if there is pain
 - verify that the IUD is still in place shortly after the woman's period [feel for string]
8. Follow up - 1 month, 3 months, 6 months post insertion
9. Counsel on personal hygiene
10. Indications for removal
- Personal reasons - pregnancy desired, menopausal, change to another method
 - Medical reasons - complications, side-effects

2.1.2 Protocol for Prescribing Oral Contraceptives - Tunisia

- Stage ONE

1. IDENTIFICATION

- * Name
- * Date of Birth
- * Address
- * Profession

2. ITEMS TO BE INCLUDED IN AN INTERVIEW

- * Medical History
 - Vascular disorders
 - * High blood pressure
 - * Heart diseases
 - * Thrombophlebitis
 - * Severe Headaches
 - Psychiatric disorders
 - * convulsions
 - * depressions
 - Hepatic
 - * malignancy
 - * impaired liver function tests
 - Diabetic
 - Surgery
 - * in the last month
 - * in the next month
 - Smoking

- Gastrointestinal disorders
 - * vomiting
 - * nausea
 - * weight gain
- * Gynecological History
 - Date of last period
 - Cycle - length, flow, regularity
 - Cervical mucus
 - Breast tenderness
 - Prior infertility
 - Contraception
 - Reproductive tract cancer
 - Breast Malignancy
- * Obstetrical History
 - Gestation
 - Number of deliveries
 - Types of delivery
 - Breast-feeding

3. EXAM

- * Blood pressure
- * Weight
- * Heart
- * Breast
- * Abdomen
- * Lower limbs
- * Eye linings
- * Gynecological exam

4. DESIRABLE HEALTH TESTS

- * Blood sugar
- * NFS
- * Liver function tests
- * lipids

- Stage TWO

- * Conclusion
- * OC - - - - - YES or NO

- Stage THREE

- * Which Oral Contraceptive?
- * Hormonal profile
- * CHOICE of OC

- Stage FOUR

- * Instructions for using OC's and Counseling

- Stage FIVE

- * Follow-up

	Follow-up	Complaints	Exam	Comments
1st FU				
2nd FU				
3rd FU				

2.1.3 Protocol for Voluntary Surgical Contraception - Lebanon

1. Counseling

- Explain variety of contraceptive options
- Explain in detail surgical contraception
 - * reproductive anatomy and physiology
 - * types of operative procedures
- Advantages of this method
 - * effective
 - * one time procedure
 - * permanent
 - * no hormonal ingestion with the undesirable side-effects
- Disadvantages of this method
 - * permanent, therefore almost always irreversible
- Risks involved
 - * may not be 100% effective
 - * change in family situation requiring desire for children
- Complications
 - * complications of surgical procedures
 - * hot flashes
 - * hypomenorrhea
 - * spaniomeno rhea
- Rumors
 - * future sex life/ loss of libido

- Criteria for Selecting clients for voluntary surgical contraception
 - * age of mother
 - * number of children
 - * number of sons [if applicable]
 - * duration of marriage
 - * desire for more children
 - Informed consent
2. Appointment for clinical consultation
- History taking
 - * biodata
 - * general/psychological
 - * medical
 - * obstetric
 - * gynecologic
 - * surgical
 - Physical exam
 - * chest
 - * blood pressure
 - * abdomen
 - * gynecologic [female]
 - Pre-operative laboratory exam

3. Appointment for surgery
 - Preparation for surgery
 - * blood group
 - * cross-matching
 - * Hemoglobin
 - Surgical procedure
4. Post-surgery counseling
 - follow-up

2.1.4 Condom Protocols and Procedures - Turkey

Summary

1. Logistics
2. Education
3. Application
4. Registration
5. Supervision and Evaluation

1. Logistics

- Ministry of Health provides condoms to all family planning clinics
- Every three months, each establishment estimates the need for condoms and sends a request to the Ministry of Health

2. Education

- Other available family planning methods are explained to people who ask for condoms
- The general information about condoms provided to the public are that:
 - * they are simple to use
 - * they are safe to use
 - * they are effective if used properly
 - * they are effective against venereal diseases and AIDS
 - * there is no need for assistance from health personnel in the use of condoms
 - * they are cheap and easy to get [can be bought at local drug stores]
 - * during coitus if the condom breaks and sperm leaks into the vagina, use vaginal tablets
 - * couples are asked about allergies to rubber materials

* health personnel explain how to use a sample condom

3. Application

- Condoms are provided free of charge at family planning clinics
- Four condoms per week, or a maximum of sixteen condoms per month are given to each couple
- For those who use condoms regularly, a three month's supply is provided at one time [total of 50]
- During the distribution, the expiration date of the condoms is checked
- The use of the condom is explained again with the aid of pictorial brochures which are distributed.

4. Registration

- Records are transformed into clinic books
- The results are sent to the central bureau each month

5. Supervision and Evaluation

- The use of condoms is investigated when pregnant and infected couples apply
- Positive or negative comments of those who use this method are investigated

INFORMATION FORM FOR CONDOM USERS

Name _____ Date _____

Age _____
Sex _____

Education _____
Profession _____
Marital Status _____

Spouse's Education _____
Spouse's Profession _____

Address _____

How long have you been married? _____

Number of children _____
Number of children living _____
Number of Miscarriages _____
Date of latest pregnancy _____

Birth control method that you know:

IUD ___ Pill ___ Condom ___ Diaphragm ___

Birth control method that you use:

IUD ___ Pill ___ Condom ___ Diaphragm ___

The last birth control method used _____
The reason for choosing the condom _____

Period of condom use _____
The number of condoms provided _____

Profession of birth control device dispenser _____

First and last name of dispenser _____

Where birth control device was provided _____

2.2 Curriculum Development and Revision

2.2.1 Curriculum for Training Midwives in Family Planning

The curriculum that was chosen and revised by the workshop was originally developed by the group which included the following participants:

Tunisia - Dr. Hedi Khairi
Morocco - M M. Mehamdi
Morocco - M M. Hemdene
Tunisia - Mme M. Mlika
Tunisia - Mme M. Jaballah

The curriculum was developed with the following schema in mind:

- I. Health workers to be trained: Midwives in the field
- II. Family Planning Needs
 - A. I Information
E Education
C Communication
 - B. Family Planning Clinic/Program Management
 - C. Service Delivery

Four modules - 1) Health Indicators, 2) Education, 3) Management and Coordination, and 4) Clinical Techniques - comprise the curricula and expand upon the schema above. The last, Clinical Techniques, includes curricula for IUD, Hormonal contraception, Barrier methods (mechanical and chemical), Voluntary Surgical contraception, Menstrual regulation, and service delivery.

MODULE: HEALTH INDICATORS

- HEALTH INDICATORS - OBJECTIVE #1
 - * Become familiar with the level and determinants of fertility
- CONTENT
 - * Demography and Family Planning =
 - FMAR
 - urbanism
 - exodus/emigration
 - immigration
- TIME
 - * 2 hours
- FORMAT
 - * Theory
- RESOURCE PERSON
 - * Demographer
- MATERIALS
 - * Audio Visual: Overhead projector and transparencies
- EVALUATION
 - * Short-range; pre and post-tests

- HEALTH INDICATORS - OBJECTIVE #2

* Become familiar with the basic indicators of demography

- CONTENT

* Indicators:

- birth rate
- death rate
- growth rate
- infant mortality rate
- maternal mortality rate
- total fertility rate
- childhood mortality rate

- TIME

* 2 hours

- FORMAT

* Exercises

- EVALUATION

* Medium-range: Demographic study of their region at the end of 6 months

MODULE: EDUCATION

- EDUCATION - OBJECTIVE #1
 - * To be able to change preconceived ideas about procreation
- CONTENT
 - * Communication Techniques:
 - Interview
 - * Listen carefully and selectively
 - * Dialogue, directed questioning
 - Message
- TIME
 - * 4 hours
- FORMAT
 - * Role Play; Discussion
- RESOURCE PERSON
 - * Health Educator and Psychologist
- MATERIALS
 - * Video cassette; slides
- EVALUATION
 - * Short-range - Self evaluation
 - * Medium-range - Guided observation, supervision

- EDUCATION - OBJECTIVE #2
 - * Improve the reception of the client; Improve public relations
- CONTENT
 - * The reception and its components:
 - structure
 - the health worker
 - respect for customs and dialects
- TIME
 - * 2 hours
- FORMAT
 - * Role Play; Discussion
- RESOURCE PERSON
 - * Supervisory midwife
 - * Social worker
- MATERIALS
 - * Video cassette and slides
- EVALUATION
 - * Long-range:
 - survey: Image of the midwife in the community
 - statistical study

- EDUCATION - OBJECTIVE #3
 - * To be able to conduct an educational session
- CONTENT
 - * Education: sensitivity, motivation
 - individual
 - couple
 - group
- TIME
 - * 2 hours
- FORMAT
 - * Role Play; Discussion
- RESOURCE PERSON
 - * Supervisory Midwife
 - * Social worker
- MATERIALS
 - * Posters, films
- EVALUATION
 - * short-range: self-evaluation

- EDUCATION - OBJECTIVE #4
 - * To be able to counsel and instill confidence in a contraceptive
- CONTENT
 - * Rumors
 - * Prejudices
- TIME
 - * 1 hour for each [rumors and prejudices]
- FORMAT
 - * Role Play; Discussion
- RESOURCE PERSON
 - * Supervisory midwife
 - * Social worker
- EVALUATION
 - * long-range:
 - Survey: image of the midwife in the community

MODULE: MANAGEMENT AND COORDINATION

- MANAGEMENT AND COORDINATION - OBJECTIVE #1
 - * To be capable of managing a family planning center
MATERIALS
- CONTENT
 - * Management of materials
 - Upkeep
 - Inventory
 - Order blanks/forms
- TIME
 - * 1 hour
- FORMAT
 - * Theoretical presentation and demonstration
- RESOURCE PERSON
 - * Supervisory Midwife
- MATERIALS
 - * Brochures
 - * Overhead projector
 - * slides
- EVALUATION
 - * Life span of materials
 - * Study of established procedures for ordering and maintenance

- MANAGEMENT AND COORDINATION - OBJECTIVE #1
 - * To be capable of managing a family planning center -
CONTRACEPTIVES
- CONTENT
 - * Management of commodities and contraceptives
 - First in First out [FIFO]
- TIME
 - * 1 hour
- FORMAT
 - * Demonstration, Exercises
- RESOURCE PERSON
 - * Pharmacist
- MATERIALS
 - * Flip chart
 - * Order blanks
 - * Visit to the regional pharmacy center
- EVALUATION
 - * Inspection

- MANAGEMENT AND COORDINATION - OBJECTIVE #1
 - * To be capable of managing a family planning center -
PERSONNEL MANAGEMENT
- CONTENT
 - * Personnel management
 - work plan
 - division of tasks
 - team spirit
- TIME
 - * 1 hour
- FORMAT
 - * Round table
- RESOURCE PERSON
 - * Administrator
- EVALUATION
 - * Inspection

- MANAGEMENT AND COORDINATION - OBJECTIVE #2
 - * To know how to involve local authorities - Religious, administrative, and Political
- CONTENT
 - * Personal interrelationships
- TIME
 - * 1 hour
- FORMAT
 - * Round table
- RESOURCE PERSON
 - * Administrator and Sociologist
- EVALUATION
 - * Surveys:
 - general impression of the authorities

MODULE: CLINICAL TECHNIQUES

IUD

- OBJECTIVE

- * To be capable of inserting the IUD with complete confidence

- CONTENT

- * Review of anatomy of female genitalia

- TIME

- * 2 hours

- FORMAT

- * Theory

- * Mechanism of action

- * Types of IUDs

- * Physical Characteristics

- * Effectiveness and Safety

- * Indications for use

- * Contra-indications for use

- * Side-effects

- * Complications

- * Non-contraceptive benefits

- * Insertion and removal techniques and gynecologic exams

- * Indications for removal

- * Management of complications

- * Instruction for clients

- * Follow-up

- TIME/FORMAT

- * 3 days - theory

* 1 week - practicum

- RESOURCE PERSON

* Obstetrician and Gynecologist

- MATERIALS

* Slides and films

* Equipped center

- EVALUATION

* Short-range: Pre and Post-tests

* Medium-range: Guided observation - evaluation grid

* Long-range: Survey and statistical analysis

IUD Curriculum - Developed by Morocco Group

CURRICULUM OUTLINE

- INTRODUCTION
- SPECIFIC OBJECTIVES
- BASIC INFORMATION
 - * Definition
 - * Mode of action
 - * Best time to insert an IUD; which IUD to choose
 - * Effectiveness
 - * Advantages
 - * Disadvantages
 - * Indications
 - * Contra-indications
 - * Inserting the IUD
 - * Patient counseling following insertion
 - * Removal of the IUD
- LENGTH OF COURSE
 - * Theory - 4 hours
 - * Practicum - 4 weeks
- PRE-REQUISITES
 - * Female genital anatomy and physiology
 - Principals and techniques of communication as applied to family planning
 - * General physical exam and breast exam
 - * Gynecologic exam
- PROPOSED TEACHING METHODS
 - * Pretest

- * Oral presentation, discussions on content or on basic information

- * Work group exercises

- * Demonstrations

- Equipment

- * transparencies and overhead projector

- * schematic cut-aways of genital apparatus

- * models

- * realia [examples of devices such as IUDs]

- * slides, films

- PROPOSED METHODS FOR EVALUATION

- * Post-test - series of questions

- * Practical application - case study and role play

- * Field Evaluation - evaluation form

IUD INSERTION

1. INTRODUCTION

- The IUD is considered to be an effective and useful method of birth control. This method holds high place in family planning activities.

2. SPECIFIC OBJECTIVES

- Cite at least 3 types of IUDs used in FP centers
- Explain (in simple terms) to the woman and to the couple, how it works, the best time for insertion, indications and contraindications.
- Cite at least 3 advantages of the IUD
- Cite the best time to insert an IUD and explain why
- Cite at least 2 absolute contraindications for IUD insertion
- List the major disadvantages of the IUD
- Give counseling to a woman wearing an IUD (in simple terms)

3. BASIC INFORMATION

- Definition
- Mode of action
- Best time for IUD insertion and choice of IUD
- Effectiveness
- Advantages
- Disadvantages
- Indications
- Contra-indications
 - * absolute
 - * relative

Questions to help
determine which IUD
to choose

Answers to
Questions

Suitable IUD
According to
Answers

4. IUD INSERTION

- Interview - opening a file
- Preparations for insertion:
 - * materials preparation
 - * client preparation
- proper technique

Type of IUD	How to Load the IUD	How to Insert the IUD
CU 7		
CU T		
200		
250		
LIPPES LOOP		

5. POST INSERTION COUNSELING

- What to expect
- What to avoid
- Check that IUD is still in place
- What to respect

6. REMOVAL OF THE IUD

HORMONAL CONTRACEPTION

- OBJECTIVE

- * To be capable of prescribing the hormonal contraception best suited to each woman

- CONTENT

- * Review of female reproductive physiology; menstrual cycle
- * Pharmacology of oral contraceptives
 - composition
 - types, number
 - effectiveness
 - mechanism of action
- * Indications for use
- * Contra-indications for use
- * Gynecologic exams and laboratory tests
- * Method use
- * Side-effects
- * Complications
- * Non-contraceptive benefits
- * Follow-up

- TIME

- * 4 hours

- FORMAT

- * Theory and Practicum

- RESOURCE PERSON

- * Obstetrician and Gynecologist

MATERIALS

- * Slides and films
- * Samples of pills

- EVALUATION

- * Short-range: Pre and Post-tests
- * Medium-range: Guided observation - evaluation grid
- * Long-range: Survey and statistical analysis

BARRIER METHODS - MECHANICAL AND CHEMICAL

- OBJECTIVE
 - * To be capable of identifying the ineffectiveness of these methods and how to improve them for use
- CONTENT
 - * The number and types of methods:
 - Diaphragm
 - Spermicides
 - Condoms
 - * Mechanism of action of each type
 - * Effectiveness
 - * Factors which influence effectiveness
 - * How to use the different types of methods
- TIME/FORMAT
 - * 1 hour - Theory
 - * 3 days - Practicum
- RESOURCE PERSON
 - * Obstetrician and Gynecologist
- MATERIALS
 - * Anatomically correct Mannequins
 - * Demonstration kit
- EVALUATION
 - * Immediate: Pre and Post-tests
 - * Short-range: Game
 - * Long-range: Game

VOLUNTARY SURGICAL CONTRACEPTION

- OBJECTIVE
 - * To be capable of identifying a man or woman's profile as a candidate for voluntary surgical sterilization
- CONTENT
 - * Client counseling
 - psychological preparation
 - criteria for client selection
 - advantages of the method
 - disadvantages of the method
 - * Techniques of Operation
 - Male sterilization
 - Female sterilization
 - * Complications
 - * Reversibility
 - * Follow-up
- TIME/FORMAT
 - * 1 hour - Theory
 - * 3 days - Practicum
- RESOURCE PERSON
 - * Obstetrician and Gynecologist
- MATERIALS
 - * Films
- EVALUATION
 - * Pre and Post-tests

MENSTRUAL REGULATION

- OBJECTIVE
 - * To be capable of identifying the risks of menstrual regulation
- CONTENT
 - * Technique of menstrual regulation
 - * Possible complications of method
 - * Medical/legal and ethical aspects
 - * Contraception after abortion
- TIME/FORMAT
 - * 2 hours - Theory
 - * 3 days - Practicum
- RESOURCE PERSON
 - * Physician
- MATERIALS
 - * Books
- EVALUATION
 - * Pre and Post-tests

OUTLOOK FOR THE FUTURE

- OBJECTIVE
 - * To be capable of understanding future methods of family planning
- CONTENT
 - * Identify possible future methods (e.g., Norplant, Male contraceptives)
 - * Mechanism of action [if known]
 - * Indications for use
 - * Probable side-effects
 - * Advantages, disadvantages
 - * complications
- TIME
 - * 2 hours
- FORMAT
 - * Theory
- RESOURCE PERSON
 - * Physician
- MATERIALS
 - * Books
- EVALUATION
 - * Pre and Post-tests

CHOICE OF CONTRACEPTIVE METHOD

- OBJECTIVE
 - * To be able to establish a grid facilitating quantification of criteria affecting choice of method
- CONTENT
 - * Criteria affecting choice
- TIME
 - * 2 hours
- FORMAT
 - * Round Table
- RESOURCE PERSON
 - * Physician and Supervisory Midwife
- MATERIALS
 - * Books
- EVALUATION
 - * Supervision in the Clinic

Chapter 3

WORKSHOP PARTICIPANTS

3.1 Description of Participants and Criteria for their Selection

Generally, workshop participants were selected from the following groups:

- Ministry of Health Officials
- Professors from faculties of Medicine
- Supervisory Midwives
- Midwife Trainers
- Directors of Family Planning Training Programs
- Curriculum Specialists
- Health Educators

The criteria for selecting participants from these groups were such that

- Clinicians (physicians, midwives, nurses) were to be currently involved in training non-physicians; or
- Health professionals were to be directors of training divisions responsible for the training of (and development of curriculum for) non-physician health workers.

31 participants were invited to the regional workshop from Tunisia, Morocco, Lebanon and Turkey. Seventeen (55%) were midwife/nurses and the remainder were physicians who are policy makers for national Family Planning programs or directors of Family Planning programs. (see Appendices D and E for names and affiliations of participants and workshop facilitators).

A particularly noteworthy fact is that 100% of those who were invited actually attended the workshop. This is very unusual and, particularly given the difficulties of travel and the logistics that were involved, reflects highly on RONCO and the motivation of the participants.

3.2 Expectations and Needs

In addition to the workshop objectives, some participants had specific objectives they wanted to accomplish in the workshop. Because of the time constraints, not all of these needs were addressed in formal sessions. However, they were met by the end of the workshop usually through informal gatherings. The following are some of these additional objectives. The heterogeneity of the group was apparent from their questions.

- What is the experience of other countries in management of complications of the pill among users?
- What is the role of male nurses in family planning?
- What are some methods of evaluation adopted in country programs?
- What is the role of personnel other than midwives in family planning?
- What training programs (including practicum) do other countries have in surgical contraception?
- What are contraceptive methods used in other countries, client acceptance, and influences on the choice?
- Is there cooperation between ministry of Health and private associations, such as Family Planning Associations, in training and/or service delivery?
- What is the impact of AIDS on the choice of contraceptive method?
- What are some methods of contraceptive commodity procurement and distribution?

[See Appendix F for form used to assess expectations.]

3.3 Attitudes and Motivation

The workshop participants were highly motivated. They diligently worked long hours and were very cooperative and flexible. Their presentations on the experience of training non-physicians in each of their countries were thorough, and illustrated that participants had committed much time and energy in their preparation. In addition, most of the participants brought with them curricula, procedures and protocols to share with the group.

Chapter 4

EVALUATION

I. The workshop was successful from several standpoints:

1. Input criteria

- Attendance

- * All the countries invited participated at the workshop. Initially only 26 participants were invited; however, the extent of interest generated by country colleagues was such that RONCO increased the number of participants to 31.

- Participant selection

- * The choice of participants was very appropriate. The criteria for selection sent to country institutions were strictly adhered to. More than half of the group are senior midwives who are trainers; others were physicians with family planning training responsibilities such as:

- Deputy Director of General Directorate of Mother-Child and Family Planning for the Turkish Ministry of Health
- Program Coordinator for the "technicien superieur" program at the medical school of Tunis
- Curriculum Development Specialist at the Moroccan Ministry of Health

- Background materials

- * Participants were asked to bring with them curricula and protocols for family planning services. All the countries brought these materials.

2. Output Criteria

- Workshop objectives

- * With one exception [see Learning Objectives, Section 1.2.4] all the learning objectives were achieved.

- Country presentations

- * The quality of the presentations demonstrated that country representatives had taken the responsibilities seriously and had prepared carefully

3. Individual course evaluation

- At the end of each day, evaluation forms were distributed to participants to fill out. Every session was evaluated. Results are as indicated in Appendix H. Most of the marks are in the "useful" and "very useful" category which indicates that the participants perceived that they benefitted from the workshop sessions.

4. Participant's general reaction

- The participants evaluated the overall conduct of the workshop. More than anything else, this session was designed to evaluate the workshop methodology as well as the logistical support. As shown at the end of Appendix H, the participants were very satisfied with the workshop. Topics judged to be particularly useful were:

- * Contraceptive Technology Update

- * Health benefits of Family Planning

- * Clinic visits

II. Program changes attributable to the workshop

Only time can tell the impact of this workshop on training of PAC workers in general and on provision of family planning services in particular. As a follow-up to the workshop, RONCO intends to visit these countries after approximately six months to:

1. assess the extent to which the workshop recommendations have been implemented
2. identify any constraints to the implementation of the workshop recommendations
3. provide technical assistance to institutions in implementing the workshop recommendations, if necessary.

Chapter 5

RECOMMENDATIONS

Nine major recommendations follow from this workshop:

1. RONCO should send a full report of this workshop to the Ministries of Health and Family Planning Associations in each country for review and necessary action regarding the adoption of the conference products.
2. Within six months of this workshop, committees should be formed in each country to design programs in clinical training in family planning. One person from each committee should be responsible for its coordination and for the exchange of program designs with the other country committees.
3. In-country training programs should be developed by the committees to incorporate and reinforce skills and knowledge acquired from this workshop.
4. Protocols and procedures for clinical family planning services adopted by each country should be shared with other countries.
5. Quarterly regional newsletters describing plans of action in each country should be coordinated by RONCO and distributed to all countries.
6. Regular meetings of committee members from each country should take place to review and revise training programs.
7. Countries should exchange audio-visual materials which have been developed and successfully used in their programs.
8. Essential resource materials produced by Family Planning institutions should be provided to each country committee to aid them in designing their programs.
9. With the aid of the coordinating committee, each country should design a one year planning calendar which will include their own training activities, as well as the training activities of all the international assistance organizations.

Appendix A

List of Articles Used in Preparing for the Workshop

1. AIDS - A Public Health Crisis. Population Reports. Series L-6, July-August 1986.
2. Periodic Abstinence: How well Do New Approaches Work? Population Reports. Series I-3, September 1981.
3. New Developments in Vaginal Contraception. Population Reports. Series H-7, January-February 1984.
4. Oral Contraceptives in the 1980's. Population Reports. Series A-6, May-June 1982.
5. Films for Family Planning Programs Population Reports. Series J-23, January-February 1981.
6. IUDs: An Appropriate Choice for Many Women. Population Reports. Series B-4, July 1982.
7. Minilaparotomy and Laparoscopy: Safe, Effective and Widely Used. Population Reports. Series C-9, May 1985.
8. Update on Condoms - Products, Protection, Promotion. Population Reports. Series H-6.
9. Hormonal Contraception: New Long-Acting Methods. Population Reports. Series K-3, March-April 1987.
10. IUDs: Guidelines for Informed Decision-Making and Use. Centers for Disease Control, Atlanta, Georgia. May 1987.
11. Prevention of Infection in Voluntary Surgical Contraception. Biomedical Bulletin. 6:1; March 1987.
12. Anesthesia for Outpatient Female Sterilization. Biomedical Bulletin. 4:1; April 1983.
13. The Community Health Worker. World Health Organization, Geneva 1987.
14. Manual for the Provision of IntraUterine Devices. World Health Organization, Geneva 1980.

15. Contraceptive Technology 1986-1987, 13th Revised Edition. Robert A. Hatcher, M.D., et al.
16. Contraceptive Technology 1982-1983, 11th Revised Edition. Robert A. Hatcher, M.D., et al.
17. Family Planning Methods and Practice: Africa. Centers for Disease Control, Atlanta, Georgia. 1983.
18. The Misunderstood Pill. Network. 7:4; Summer 1986.
19. Glossary of Family Planning Terms. INTRAH 1987
20. The End of IUD Marketing in the United States: What Does it Mean for American Women? Jacqueline Darroch Forrest. Family Planning Perspectives. 18(2): 52-7. March-April 1986.
21. G.D. Searle Withdraws Copper IUD, Leaving Only One, Little-Used Device on U.S. Market. Family Planning Perspectives. 18(1): 35-6. January-February 1986.
22. Counseling for Voluntary Surgical Contraception - Guidelines for Programs in the United States. Association for Voluntary Sterilization.
23. Facts about injectable contraceptives: Memorandum from a WHO meeting. Bulletin of the World Health Organization. 60(2): 199-210, 1982.
24. Oral Contraceptives: Technical and Safety Aspects. WHO Offset Publications, No. 64, World Health Organization, Geneva 1982.
25. Family Planning Saves Lives - A Strategy for Maternal and Child Survival, IMPACT, November, 1986.

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Appendix B

List of Organizations Providing Family Planning Resource Materials

The following is a list of family planning organizations which provide resource materials.

ASSOCIATION FOR VOLUNTARY STERILIZATION, INC.

122 E. 42nd Street

New York

NY 10168

USA

Audio-visual materials and literature related to voluntary sterilization

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

18 - 20 Lower Regent Street

London

SW1Y 4PW

UK

Publishes periodical and occasional literature on health, medical, social, and economic aspects of population, family planning, and contraceptive technology

THE PATHFINDER FUND

1330 Boylston Street

Chestnut Hill

Boston MA 02167 USA

Audio-visual material and literature related to family planning

POPULATION COMMUNICATION SERVICES

The John Hopkins University

624 N. Broadway

Baltimore

Maryland 21205 USA

POPLINE - a computerized literature search service. Publishes POPULATION REPORTS

PLANNED PARENTHOOD OF NYC INC.

810 7th Avenue

New York

NY 10019 USA

Audio-visual material and literature related to family planning

THE POPULATION COUNCIL

One Dag Hammarskjold Plaza

New York

NY 10017

USA

Publishes: STUDIES IN FAMILY PLANNING and a variety of literature related to family planning and population studies

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

220 E. 42nd Street

New York

NY 10017 USA

Literature related to population
studies

POPULATION REFERENCE BUREAU

2213 M Street, N.W.

Washington, DC

20037

USA

Literature on population trends and
their economic, environmental and
social effects

Appendix C

Resources for Video and Media

The following organizations have a variety of media and media related resources that are of potential use to family planning projects. All of the organizations listed below are very good at sending materials out and have reasonable prices.

Les organizations suivantes possèdent une variété des ressources de media qui puissent être utile pour les projets de planification familial. Toutes les organizations suivantes envoient les materials et les prix sont raisonnables.

Appropriate Health Resources
and Technologies Action Group
85 Marylebone High Street
London, W1M 3DE
England

Center for International Educ.
University of Massachusetts
285 Hills House South
Amherst, MA 01003 USA

World Neighbors
5116 North Portland
Oklahoma City,
Oklahoma 73112 USA

AKAP
66 J.P. Rizal, Proj. 4
Quezon City, Philippines

Tropical Health Technology Limited
14 Bevills Close
Doddington, Cambridgeshire PE15 0TT
England

The Hesperian Foundation
P.O. Box 1692
Palo Alto, CA 94302

Academy for Educational Development
Health Communications Project
1255 23rd St., N.W.
Washington, D.C. 20037 USA

Intermediate Tech. Publication
9 King Street
London WC2E 8HN
England

Teaching Aids at Low Cost
P.O. Box 49
St. Albans, Herts. AL1 4AX
England

International Ext. College
131 Hills Rd.
Cambridge CB2 1PD
England

Appendix D

List of Participants at the Turkey Regional Clinical Workshop

TURKEY

Dr. Erol Alpay
Chief of Family Planning Training Center
Ankara

Ms. Nefise Benli
Trainer, Family Planning Training Center
Aetimesgut - Ankara

Dr. Sevinc Bilen
Chief of Family Planning Training Center
Adana

Dr. Sezer Erdem
Head Doctor
Kayseri Maternity Hospital

Dr. Tiknur Misirci
Chief of Family Planning Training Center
Istanbul

Dr. Cihangir Ozcan
Deputy General Director, GDMCHFP*
Ankara

Dr. A. Yilmaz Ozel
Head Doctor of Isparta Maternity Hospital

Ms. Adviye Temiz
Central Trainer, GDMCHFP*
Ankara

Ms. Fatma Uz
Central Trainer, GDMCHFP*
Ankara

Dr. Saadet Yardim
Chief of Family Planning Training Center
Adana

* GDMCHFP refers to General Directorate of Maternal/Child Health and Family Planning in Turkey

TUNISIA

Dr. Bchir Abdallah
Medical Faculty
Monastir

Prof. Ali Bousnina
Professor of Cardiology
Program Coordinator for "Technicien Superieur"
Medical School, Tunis

Dr. Ben Romdhane Habiba
Deputy Director
Educational Development Center
Tunis

Dr. Khairi Hedi
Gynecologist
Sousse Medical Faculty

Madame Jaballah Maherzia
Supervisory Midwife
Training Center ONFP+

Madame Mlika Meriem
Supervisory Midwife
Inter-regional Training Center ONFP+

Madame Hamza Nejiba
Supervisory Midwife
Inter-regional Training Center ONFP+

Madame Cheour Rahima
Supervisory Midwife
Inter-regional Training Center ONFP+

Prof. Rekek Saida
Gynecologist, Sfax Maternity Hospital
Sfax

LEBANON

Mrs. Sawsan Halabi
Director of Makassad National College of Nursing
Beirut

Dr. Moustapha Khalife
Gynecologist
Lebanese Family Planning Association
Beirut

+ ONFP refers to Office National de la Famille et de la Population in
Tunisia

MOROCCO

Madame Kharkhach Fatiha
A.S.D.E. Major Reference Center
Owda

Madame Friz Fatima
Family Planning Counselor

Madame Lassel Hassania
A.S.D.E. Major Reference Center

Dr. El Haddadi Khadija
Gynecologist
C.N.R.N. Rabat

Madame Hafs Khadija
A.S.D.E. Family Planning Counselor
Casa Anfa

Madame Hamdane Mahjouba
A.S.D.E. Major Reference Center
Marrakech

Monseur Mehamdi Mohamed
Family Planning Counselor
Meknes

Madame Benamar Mounna
Midwife/Staff Trainer
Rabat

Madame Sabir Tahra
Midwife/Family Planning Counselor
Rabat

Madame Erroumati Zahra
Midwife/Staff School Certificate
Rabat

Appendix E
Training Team

E.1 Trainers

Ms. Nancy Benson
309 Yoakum Parkway
Apartment 1216
Alexandria, VA 22304

Prof. Robert Miltz
University of Massachusetts
Center for International Studies
54 Middle Street
Amherst, MA 01002

Ms. Rose Schneider
1416 Perry Place, N.W.
Washington, DC 20010

Dr. Oluremi Sogunro
Ronco Consulting Corporation
1821 Chapel Hill Road
Durham, NC 27707

E.2 Support Personnel

Aysegul Arisoy
Bulent Ask
Esen Dedeoglu
Mine Demirag
Asuman Dover
Ebru Dover

Yesim Koral
Demet Kucuk
Adil Onder
Can Sezgin
Onur Toplu
Aykut Uren

Appendix G
Guide for Field Visit

The field visit will allow the participants to see clinical family planning workers in service delivery settings. Specific family planning issues, facility structure, equipment, patient flow and patient education will be observed.

OBSERVATION SHEET

VISIT TO FAMILY PLANNING TRAINING CENTER

1. What center did you visit?

2. With whom did you speak? (Title)

3. What activities did you observe?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
4. Your comments on each of those activities: (such as, methods used? Were explanations clear? Atmosphere - one of confidence and encouragement or one of tension or uneasiness? Practical/theoretical balance?)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
5. If you observed training, give suggestions on how this training could be improved:

6. Please note below any observations from you field visit which might be useful in your family planning program when you return to your country:

Appendix H

Individual Session and Final Course Evaluations

At the end of each day participants completed an evaluation form. They rated each day's activities according to how useful they considered them to be by circling either "very useful", "useful", "somewhat useful", or "not useful". The number of participants rating each activity according to the four choices is given for each day.

H.1 EVALUATION OF ACTIVITIES ON Tuesday, June 23

ACTIVITY	VERY USEFUL	USEFUL	SOMEWHAT USEFUL	NOT USEFUL
Reflection	18	7	1	1
Health Rationale for Family Planning	15	7	2	1
Lebanon's Presentation	18	7	2	0
Turkey's Presentation	24	3	0	0
Discussion of Country Presentation	9	19	4	0
Introduction to Curriculum Revision and Development	4	21	4	0
Small group work on curriculum development	15	14	1	0
Summary of day's activities	9	10	6	0

H.2 EVALUATION OF ACTIVITIES ON Wednesday, June 24

ACTIVITY	VERY USEFUL	USEFUL	SOMEWHAT USEFUL	NOT USEFUL
AIDS Presentation of June 23	1	9	10	5
Presentation of evaluation results for June 23	5	14	5	1
Small group work on Curriculum development	19	7	0	0
Presentation of Curricula Developed by each group	15	10	1	0
Discussion of presentations of curricula	14	8	4	0

H.3 EVALUATION OF ACTIVITIES ON Thursday, June 25

ACTIVITY	VERY USEFUL	USEFUL	SOMEWHAT USEFUL	NOT USEFUL
Videotape Audio/visual workshop	2	10	8	6
Clinic visits	20	7	0	0
Summary of clinic visits	9	11	5	2
Introduction to development of protocols and procedures for delivery of family planning services	5	11	6	3
Small group work on development of protocols and procedures	8	2	1	1

H.4 EVALUATION OF ACTIVITIES ON Friday, June 26

ACTIVITY	VERY USEFUL	USEFUL	SOMEWHAT USEFUL	NOT USEFUL	NO ANSWER
Reflection and Results of Yesterday's evaluations	3	21	2	0	
Presentation of Contraceptive Technology	16	6	4	0	
Discussion of Contraceptive Technology	14	7	5	0	
Small group work on protocols	13	13	0	0	
Group presentations on protocols	12	14	0	0	
Discussion of group presentations	11	10	5	0	
Recommendations on protocols in plenary session	6	13	4	1	2
Resource documents	11	13	2	0	

H.5 SUMMARY OF FINAL EVALUATIONS

Participants rated various aspects of the entire workshop according to whether they found them to be excellent, good, fair, or poor. The number of participants who rated each activity according to the four choices is given below. This summary is based on 30 evaluations.

ACTIVITY	EXCELLENT	GOOD	FAIR	POOR
<u>LOGISTICS</u>				
Lodging	19	8	1	0
Meals at hotel	12	7	8	0
Transportation - Hotel - Conference Center	23	5	0	0
Meeting site at Conference Center	20	4	2	0
Simultaneous translations	18	8	2	0
Translation of documents	11	7	9	1
Final dinner on Friday night	19	6	1	0
Organization of workshop (flow of activities)	12	11	5	0
<u>METHODOLOGY</u>				
Small group work	17	11	0	0
Informal exchange of ideas outside seminar meetings	20	8	0	0
Discussions, questions and answers in plenary sessions	6	18	3	0
Role plays (audio-visual)	11	12	4	1
Group presentations	11	15	2	0
Technical presentations by Dr. Remi and Mlle. Rose	12	13	3	0
Clinic visits	13	14	1	0