



# Intrah

**TRIP REPORT B - # 87-1  
and 2**

**Travelers:** Mrs. Ruth S. Odindo,  
INTRAH Consultant

**Country Visited:** Tanzania

**Date of Trip:** August 16 - September 20, 1993

**Purpose:** To plan, conduct and evaluate a  
basic clinical FP skills workshop  
for 14 FP service providers from  
Shinyanga Region, August 16 -  
September 17, 1993.

**Program for International Training in Health**

**PAC IIb**

**University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina 27514 USA**

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\*On file with INTRAH/Nairobi

## EXECUTIVE SUMMARY

From August 16 to September 17, 1993, INTRAH Consultant Mrs. Ruth Odindo, Mara Regional Trainer Mrs. Naomi Musagasa, and Mwanza Regional Trainer Mrs. Tatu Lussesa planned, conducted and evaluated a basic clinical FP skills (without IUD insertion) workshop for 14 FP service providers from 5 districts of Shinyanga Region: Shinyanga Urban (5), Shinyanga Rural (2), Meatu (1), Kahama (3), Maswa (1) and Bariadi (2). This workshop is activity #14 of the INTRAH/MOH/UNFPA subcontract workplan, but was funded by the INTRAH/MOH/USAID project because of a lack of UNFPA funds.

The theory component of the workshop was conducted in the conference room at the Diocese of Victoria Nyanza (DVN) in Mwanza and practicum was conducted at five municipal clinics: Kirumba Dispensary, Makongoro MCH/FP Clinic, Igoma Dispensary, Nyegezi Dispensary, and Butimba Health Centre.

Major accomplishments were:

- Fourteen FP service providers were trained to provide basic clinical FP services (except IUD insertion).
- Five clinics were used as practicum sites for the first time, although there were limitations common to most Tanzania clinics, e.g. shortage of supplies, equipment and clients.
- The Tanzania National FP Policy Guidelines and Standards, the draft procedure manual and the INTRAH Guidelines were used as references for training and guiding trainees in applying updated FP practices.
- Seven standard performance assessment instruments developed at INTRAH/Nairobi and used in previous training in Tanzania were used by the trainers to monitor clinical skills acquisition, as per the curriculum.

Major recommendations included the need for INTRAH and the Family Planning Unit (FPU) to follow-up participants of

basic clinical FP skills workshops within at least 4 weeks to:

- provide guidance and support in applying the skills acquired;
- ensure that the participants are deployed to work in service delivery and that the client recordkeeping system is adhered to; and
- support providers in counselling clients for informed choice, identifying high-risk mothers from MCH services and promoting one-to-one counselling while at the same time avoiding long client waiting hours.

Recommendations also included the need for the FPU and regional and district medical officers to make available high-level disinfectants for decontamination, sterilizers and other facilities for boiling instruments, and expendable supplies such as gloves to enable the service providers to apply their knowledge and skills in practicing and maintaining aseptic technique.

Briefings and debriefings were held at INTRAH/Nairobi and the regional medical officer's (RMO's) office in Mwanza.

SCHEDULE OF ACTIVITIES

August 9-15

Briefed at INTRAH/Nairobi with Deputy Regional Director Mrs. Jedida Wachira, Consultant Mrs. Florence Githiori, Administrative Officer Mrs. Damaris Waiyaki, and Clinical Programs Officer Mrs. Grace Mtawali.

Prepared and packed training materials.

August 16-22

Briefed in Mwanza with:

- Mrs. Tatu Lussesa, Regional Trainer
- Mrs. Hadija Mwanaupanga, Regional Trainer
- Mrs. Naomi Musagasa, Mara Regional Trainer
- Mr. Lukius D. Mtani, Regional Administrative Officer
- Mrs. Seraphine Lutta, Regional MCH/FP Coordinator
- Dr. John Madukwa, Acting RMO
- Dr. Zebedayo Sekirase, District Medical Officer (DMO)
- Mr. John Kyambwa, Regional Development Director

Visited and prepared clinical practicum sites.

August 23-  
September 17

Conducted workshop.

September 18-20

Debriefed the trainers and senior officials in Mwanza.

September 20-24

Debriefed at INTRAH/Nairobi with Regional Director Miss Pauline Muhuhu, Mrs. Mtawali and Consultant Ms. Stembile Matatu.

LIST OF ABBREVIATIONS

<b>DMO</b>	District Medical Officer
<b>DVN</b>	Diocese of Victoria Nyanza
<b>FPU</b>	Family Planning Unit
<b>RMO</b>	Regional Medical Officer
<b>RNO</b>	Regional Nursing Officer
<b>RTT</b>	Regional Training Team

**I. PURPOSE OF TRIP**

The purpose of the trip was to plan, conduct and evaluate a (four-week) basic clinical FP skills workshop for 14 FP service providers from Shinyanga Region.

**II. ACCOMPLISHMENTS**

- A. Fourteen service providers from five Shinyanga districts were trained in basic clinical FP skills. Participants developed skills and acceptable levels of performance in the following areas:
- counselling clients for informed choice;
  - counselling high-risk clients to make FP method decisions;
  - instructing clients on the use of oral contraceptives;
  - managing side effects of hormonal contraceptives and barrier methods;
  - conducting and evaluating group education;
  - observing and maintaining aseptic technique;
  - maintaining appropriate provider-client relations;
  - recordkeeping and use of data for service improvements; and
  - screening and identifying STDs.
- B. The basic clinical FP skills curriculum was used with adaptations to match the learning style of the service providers and specific needs of Shinyanga Region, which has the lowest contraceptive prevalence rate.
- C. The 1992 edition of the Tanzania Policy Guidelines and Standards on FP Practice and handouts from the FP Procedures Manual were distributed as training materials.

- D. Service providers at the 5 practicum sites were invited to participate in selected sessions and actively took part in:
- demonstration and return demonstration on general physical assessment,
  - sessions on the updated shelf life of Copper T380A and Ortho 380, and
  - demonstrations on pelvic assessment and aseptic technique.
- E. Participants developed backhome application plans emphasizing how they would establish FP services in the areas of their responsibility or seek re-deployment to FP service delivery areas. They also included plans to introduce new infection control procedures and improve one-to-one counselling to offer more opportunity for interaction.
- F. Briefings and debriefings were held at the RMO's office in Mwanza and at INTRAH/Nairobi.

### **III. BACKGROUND**

This was the third basic clinical FP skills workshop in a series of four in the MOH/INTRAH/UNFPA contract workplan revised in June 1993. It was designed to accelerate expansion of quality FP services in underserved regions through the training of service providers in basic clinical FP skills (without IUD insertion). A previous similar workshop was conducted in July/August 1993 in Arusha (see Trip Report B-#83). The activity reported herein was conducted simultaneously with a similar one taking place in Mtwara and was the first INTRAH-assisted clinical FP skills workshop conducted in Mwanza.

#### IV. DESCRIPTION OF ACTIVITIES

##### A. Preparation

Preparation took place in two phases. Phase one took place at INTRAH/Nairobi from August 9-15, 1993. Mrs. Odindo briefed with Deputy Regional Director Mrs. Jedida Wachira, Clinical Programs Officer Mrs. Grace Mtawali, Consultant Mrs. Florence Githiori, and Administrative Officer Mrs. Damaris Waiyaki on the technical and administrative aspects of the workshop. Mrs. Odindo assembled training materials and references and prepared additional workshop materials.

Phase two took place in Mwanza from August 16-22, 1993 and included team building among Mrs. Odindo and the 2 regional training team (RTT) members; selection and preparation of practicum sites; familiarization with the curriculum, handouts and evaluation instruments; preparation of additional materials; and rehearsing of selected FP procedures, according to the procedural guidelines, to discuss and agree on standard techniques prior to the workshop. Senior health officials in Mwanza were briefed and their cooperation in supporting the training efforts was sought.

##### B. Participants

There were fifteen participants including 2 public health nursing officers, 3 public health nurses and 10 nurse midwives from the Shinyanga Region. Twelve participants arrived on day 1 and 3 arrived on day 3. One participant who arrived after day 3 was sent back. All of the participants had very little FP knowledge and limited skills. They reported that they had never been exposed to FP training before this workshop.

One participant, the MCH/FP Coordinator for Kahama District, became ill and had to go back home following

6 days of sickness in addition to missing a number of classroom and practicum sessions on other days.

C. **Methodology**

Participatory training methods were used including group assignment, small group discussions, simulations, case presentations, demonstrations and return demonstrations and limited lectures. Clinical practice formed a large part of the training (see Appendix G, Workshop Schedule).

D. **Venue**

The theory component of the workshop was conducted in the DVN conference room, which lacked adequate ventilation and lighting, and was very dusty. It was close to the public dining room, which made it impossible to control the noise from customers and workers.

**Practicum Sites**

The examination rooms at Igoma Dispensary, Kirumba Dispensary, Butimba Health Centre, and Nyegezi Dispensary were small and overcrowded with trainees, clients and trainers. Makongoro MCH/FP Clinic is strategically located in the urban centre and had a large number of clients and enough space, but lacked a trained service provider to manage it. As a whole, the 5 practicum sites exposed participants to a reasonable variety of clinical experiences.

E. **Trainers and Resource Persons**

The training team included INTRAH Consultant Mrs. Ruth Odindo, Mara Regional Trainer Mrs. Naomi Musagasa, and Mwanza Regional Trainer Mrs. Tatu Lussesha. The practicum was conducted with assistance from 4 service providers from the practicum sites (Augusta Bisigoro from Igoma Dispensary, Mary Makila from Kirumba

Dispensary, Prisca Katunzi from Butimba Health Centre, and Esther Komba from Nyegezi Dispensary) who performed some preceptorship roles.

F. Clinical Practicum Achievement

All of the participants achieved the minimum practicum requirements except for diaphragm-fitting because there was only one size of diaphragm in stock. Because of lack of time, the trainers decided not to spend much time on this method as it was not going to be practical for trainees to fit diaphragms on clients counselled on this method. The trainees were instructed by either a trainer or a selected service provider/preceptor until individual trainees gained confidence and competence in performing skills.

During the last 5-6 days of clinical practice, six trainees were able to assist and instruct other trainees in selected skills.

G. Evaluation

Pre/post-tests were administered to assess the participants' entry-level knowledge and skills. Continuous performance assessment was carried out on all of the skills related to the practicum objectives. A mid-training test was administered, and guidelines for developing backhome application plans were introduced during the third week of the workshop.

Trainers gave feedback on the skills and knowledge tests to the participants on the last day of the workshop.

All of the participants were below the cut-off score on the knowledge pre-test. Four participants scored below the cut-off score and 10 scored above the cut-off score on the mid-training test.

FP Skills

Counselling for decision making: one participant scored above and 14 participants scored below the cut-off score on the pre-test. All of the participants scored above the cut-off score on the post-test.

Group education: all of the participants scored below the cut-off score on the pre-test, but all of them scored above the cut-off score on the post-test.

Aseptic technique: all of the participants scored below the cut-off score on the pre-test. All of the participants except one scored above the cut-off score on the post-test.

Physical assessment: all of the participants were below the cut-off score at pre-test but all of them were above the cut-off score at post-test.

H. Problems Encountered

The participant orientation to the workshop was too short and made worse for the three trainees who arrived late on the third day of the workshop.

Most of the participants were slow in comprehension, which made it necessary to spend more time than initially planned to help them understand. Delayed per diem to the participants was very frustrating to them and trainers spent too much time and energy calming them down and getting them to concentrate on learning.

I. Debriefing

The trainers debriefed at the RMO's office with:

- Dr. John Madukwa, Acting Regional Medical Officer
- T. Shile, Deputy Zonal MCH/FP Coordinator
- R. Masalu, RNO's Office
- S. Lutta, Regional MCH/FP Coordinator
- R. Kimenya, Regional FP Trainer, Shinyanga
- E. Kyando, Acting District MCH/FP Coordinator, Mwanza

The overall accomplishments and activities conducted before the workshop began, trainees' achievements in terms of the pre-and post-knowledge and skills assessments, and the processes used in conducting the workshop were reviewed during the debriefing. The debriefing underscored the need for the clinical preceptors who participated in the practicum to be recognized as regional trainers and for a communication to be sent from the FPU to the RMO and DMO indicating them as persons suitable to participate in clinical FP skills training. The problems encountered made the debriefing team strongly highlight the need to provide clear information to participants on what they should expect in terms of allowances, and the need for them to be prepared for long training days.

## V. FINDINGS AND RECOMMENDATIONS

### 1. Finding

Many of the workshop participants were not currently deployed in FP sites. The Shinyanga participants expressed the need for administrators to facilitate their deployment to service delivery points to enable them to practice and develop their skills in FP service delivery. They also requested MCH/FP kits.

### Recommendation

The FPU, in collaboration with the Shinyanga RMO, should facilitate smooth deployment of the participants to the MCH/FP clinics or to areas where it would be easy to begin offering FP services within the next three to four weeks so that they do not lose their skills.

The service providers should be given supplies and facilities to enable them to practice infection control procedures and offer quality client care: at least, those offering FP services should be supplied with sterilizing equipment and needed antiseptics and decontaminants.

2. **Finding**

The participants did not meet the objectives on diaphragm-fittings because there was only one size of diaphragm supplied.

**Recommendation**

The FPU, in collaboration with agencies assisting with procurement of commodities, should ensure that various sizes of diaphragms are supplied to the clinics.

3. **Finding**

About one-third of the participants had problems up to the last week of the workshop in the following skills:

- differentiating counselling clients for informed choice and giving instructions on the method selected;
- identifying high-risk mothers and recruiting them for FP services;
- detecting the size, consistency and position of the uterus during bimanual examination; and
- applying knowledge of anatomy and physiology of the reproductive system to clinical practice especially the menstrual cycle and the influence of hormones at various phases.

**Recommendation**

INTRAH and the FPU, in conjunction with regional trainers and supervisors from Shinyanga, should follow-up the participants within the next 2 months in order to facilitate appropriate deployment and help to strengthen the weak skill areas identified.

4. **Findings**

Trainers' and preceptors' level of skill in clinical service delivery was quite good, but needed brushing up in some areas. One of the trainers was very good in training but had low FP skills because she did not practice FP service delivery in her work place. One trainer had good clinical skills which needed very little

upgrading, but needed a lot of practice in classroom training.

Three of the preceptors needed very little skills updating while the fourth, with only basic clinical FP skills, needed much more help.

#### **Recommendation**

The regional trainers should be given a chance to work in FP clinics when they are not training to enable them to maintain their skills. The trainer who needs more updating in clinical skills should participate in a comprehensive FP clinical skills before she conducts another basic FP skills training. The preceptor with only basic clinical FP skills should be considered for IUD insertion skills training.

#### 5. **Finding**

The pre-training skills assessment conducted in the classroom and clinical practicum requires clinical supplies such as soap, disinfectants, and gloves.

#### **Conclusion**

Once training begins, the training team should focus on training assignments and trainee learning and not on purchasing clinical supplies. The regional trainers are likely to miss a lot when they have to be in and out following-up on these logistical issues.

#### **Recommendation**

The FPU should make sure that all training materials and supplies are available at least three days before training begins to enable trainers to prepare participant packages, conduct pre-skills assessment and ensure that all trainers participate fully in all of the classroom sessions.

#### 6. **General Recommendation**

Mwanza regional FP trainers should continue to be given support and guidance by INTRAH to enable them to attain and maintain the standards set by INTRAH and the FPU.

**APPENDIX A**

**Persons Contacted/Met**

## APPENDIX A

### Persons Contacted/Met

#### Regional Medical Officer's Office, Mwanza

Mrs. Seraphine LUTTA, Regional MCH/FP Coordinator  
Dr. John MADUKWA, Acting Regional Medical Officer  
Mrs. Hadija MWANAUPANGA, Regional Trainer  
Dr. Zebedayo SEKIRASA, District Medical Officer  
Mr. S.S. SEIBULU, Regional Chain Coordinator and Acting  
Regional Health Officer  
T. SHILE, Deputy Zonal MCH/FP Coordinator  
R. MASALU, RNO's Office  
R. KIMENYA, Regional FP Trainer, Shinyanga  
E. KYANDO, Acting District MCH/FP Coordinator, Mwanza

#### Diocese of Victoria Nyanza

Ritta ACHELLIS, Manager

#### Regional Commissioner's Office

Mr. John KYAMBWA, Regional Development Director, Mwanza  
Mr. Lukius D. MTANI, Regional Administrative Officer, Mwanza

#### Igoma Dispensary

C. MAGOLANGA, Rural Medical Aide, FP Service Provider  
Augusta BISIGORO, FP Service Provider

#### Mabati Dispensary

Inspector KAZUNGU, MA In-charge  
Edith NGIMBWA, FP Service Provider

#### Bugando Medical Centre

Sr. Mary STELLA, Nurse Tutor  
Mr. Emerician MASHIKU, Medical Officer, Service Provider on  
Billing's Ovulation Method

**Butimba Health Centre**

Sr. Therisia LUBASA, Medical Officer In-charge  
Prisca KATUNZI, FP Service Provider

**Nyegezi Dispensary**

Aldefina MWENURA, Rural Medical Aide In-charge  
Mary GYEI, FP Service Provider, VSC Counselling  
Esther KOMBA, FP Service Provider

**Mkongoro MCH/FP Clinic**

Mrs. Rehema RUTAIWA, Nursing Officer III In-charge  
Mr. NGASA, Senior Medical Assistant

**Kirumba Dispensary**

Mary TIBAIJUKA, Principal Nurse Midwife In-charge  
Mary MAKILA, Rural Medical Aide with Basic FP Clinical  
Skills  
Imelda FERDINAND, Maternal Child Health Aide with Basic FP  
Clinical Skills

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APPENDIX B

List of Participants

APPENDIX B

List of Participants

1. Rebecca DANIEL  
Principal Nurse Midwife  
Maternity Ward  
District Hospital  
SHINYANGA
2. Prisca M. JINGU  
Nurse Midwife  
Maternity Ward  
SONGWA Health Centre  
SHINYANGA
3. Agness Mbesse KADESHA  
Nurse Midwife  
Theatre VSC Maternity Ward  
Regional Hospital  
SHINYANGA
4. Adventina K. KATARAIHYA  
Nurse Midwife  
Children's Ward  
Government Hospital  
KAHAMA
5. Mary KWEKA  
Public Health Nurse  
MCH Clinic  
Government Hospital  
KAHAMA
6. Juliana Pastory NGELELA  
Public Health Nursing Officer  
Maternity Ward  
Kola-Ndoto  
SHINYANGA
7. Mary NTEMI  
Nurse Midwife  
Maternity Ward  
Somanda Hospital  
SHINYANGA
8. Agnes MAKONGORO  
Nurse Midwife  
Female Ward  
District Hospital  
SHINYANGA

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9. Mary Gabone MANYALA  
Public Health Nurse  
MCH Clinic  
Ukune Rural Health Centre  
KAHAMA
10. Celline N. MMBAGA\*  
Nurse Midwife  
MCH Clinic  
Government Hospital  
SHINYANGA
11. Tina MUKULASI  
Public Health Nursing Officer  
MCH Clinic  
Government Hospital  
SHINYANGA
12. Leocadia R. MUSHI  
Public Health Nurse  
MCH Clinic  
Somanda Hospital  
SHINYANGA
13. Anna K. MWALONGO  
Nurse Midwife  
Maternity Ward  
Government Hospital  
SHINYANGA
14. Pudentiana RWEBANGILA  
Nurse Midwife  
MCH Clinic  
Town Council  
SHINYANGA
15. Angelina SHIJA  
Nurse Midwife  
Maternity Ward/MCH Clinic  
Salawe Health Centre  
SHINYANGA

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\* Did not complete the training

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APPENDIX C

Summary of Participant Reaction Responses

SUMMARY OF PARTICIPANTS' REACTIONS/RESPONSES

Activity title BASIC CLINICAL SKILLS TRAINING

Date of Activity AUGUST 23-SEPT. 17, 1993

INTRAH PARTICIPANT REACTION

The purpose of this form is to give trainers information about the quality of this training activity.

For each set of statements below, please check the response that best describes your feelings or reactions about this aspect of the training.

1. Workshop objectives were clear and were achieved.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: 1.5 trainees said that all objectives were clear & achieved and ready to use the learnings.

2.8 said all objectives were achieved to their satisfaction

3.1 said she was not able to learn Pap Smear procedure

2. Both the amount of content covered and the length of the workshop were about right.

5. Strongly Agree	4. Agree	3. Undecided	2. Disagree	1. Strongly Disagree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain: 1.5 Trainees said workshop was too light within a short period

2.5 said the period was about right as all topics were covered

3 one said the length of the workshop and time arranged overloaded the workshop

4.2 said the time was short we had to work until late without 1/2 hr. of rest.

3. This workshop was directly related to the work I do or am going to do.

5. Strongly Agree      4. Agree      3. Undecided      2. Disagree      1. Strongly Disagree  
                       

Please explain: 1.2 said we were not working in FP clinics, but now we are ready to go and serve clients.  
2.4 said was doing a bit of FP in my profession, now I will be able to do more.  
3.4 Said I want to practice the knowledge have learnt in order to help the client

4.1 said I am ready to work in the clinic

4. Possible solutions to my real work problems were dealt with in this workshop.

5. Strongly Agree      4. Agree      3. Undecided      2. Disagree      1. Strongly Disagree  
                       

Please explain: General comment: Our problem has been solved because we did not know much about FP, now are ready to go and share the knowledge with others

5. Workshop facilities and arrangements were quite satisfactory.

5. Strongly Agree      4. Agree      3. Undecided      2. Disagree      1. Strongly Disagree  
                       

Please explain: Facilities were good, we got all our handouts, we had transport to clinics and our trainers worked hard.

B

6a. The trainer(s)/preceptor(s) for this workshop was/were effective in helping me to learn and apply concepts and skills.

5. Strongly Agree  4. Agree  3. Undecided  2. Disagree  1. Strongly Disagree

Please explain: Trainers and clinical instructors helped us to learn, because they had good interpersonal relationship and helped us to gain new skills

6b. The practice sessions of this workshop helped me to apply concepts and learnings.

5. Strongly Agree  4. Agree  3. Undecided  2. Disagree  1. Strongly Disagree

Please explain: Practical sessions reinforced theory now I know how to counsel and I have learned a lot through simulations.

If applicable:

6c. The field practice sessions of this workshop helped me to achieve competence and confidence in performing the skills and techniques contained in the learning objectives for the workshop.

5. Strongly Agree  4. Agree  3. Undecided  2. Disagree  1. Strongly Disagree

Please explain: The clinical practice helped me to learn a lot because I am the one who is supposed to offer services. Now I can do it with confidence.

7. Please check any of the following that you feel could have improved the workshop.

- 3 a. Use of more realistic examples and applications
- 12 b. More time to practice skills and techniques
- 9 c. More time to discuss theory and concepts
- 4 d. More effective trainers
- 2 e. More effective group interaction
- 3 f. Different training site or location
- 4 g. More time to prepare for training sessions
- 5 h. Focus on more limited and specific topic(s)
- 5 i. Focus on a broader and more comprehensive topic
- 2 j. Other (specify) IUCD Insertion

Please explain: We need more time to practice and prepare ourselves to review  
handouts. We needed to have IUCDs Insertion, but four weeks were very busy,  
can we come back for refresher course?

8. Below are major topics that were presented in the workshop. Please indicate the usefulness of the topics to your work in the scale at right.

Trainers: Please be sure to fill in topics before administering this form.

	5	4	3	2	1
	very				not at all
	useful				useful
a. <u>Establishing and Maintaning Interpersonal Relationship.</u>	12	1			1
b. <u>Educating clients for FP</u>	12	1			1
c. <u>Counselling clients for FP methods</u>	12	1			1
d. <u>Anatomy &amp; physiology of Human Reproductive &amp; FP application</u>	10	3			1
e. <u>Hormonal contraceptives</u>	12	1			1
f. <u>IUCD overview</u>	11	2	1		
g. <u>Physical Assessment</u>	12	1			1
h. <u>Maintainance of Asepsis</u>	11	2			1
i. <u>Barrier Methods</u>	11	1	1		1
j. <u>Breast feeding &amp; contraception</u>	11	2			1
k. <u>VSC overview &amp; observation</u>	10	2	1		1
l. <u>Adolescents and Contraception</u>	12	1			1
m. <u>Managing clients with side effects</u>	11	2			1

Please comment: I will practice aseptic technique and counsel the clients.

The procedures taught were very useful and necessary to help me give services.

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9. Below are training materials used during the workshop. Please indicate how well each contributed to your understanding or learning:

Trainers: Please list by title, or refer to the specific session, the handout/material about which you would like feedback.

	5	4	3	2	1
	very				not at all
	well				well
a. <u>Pre-Assessment tools</u>	9	5			
b. <u>Maintainance of asepsis</u>	14				
c. <u>Group Client Education</u>	13	1			
d. <u>Giving &amp; Recéiving feedback &amp; couns.</u>	14				
e. <u>Anatomy and Physiology and its application to contraceptive use</u>	11	3			
f. <u>Hormonal Contraceptives</u>	14				
g. <u>Managing clients with Contraceptive related side effects</u>	14				
H. <u>Policy guidelines</u>	14				

10. Below are training materials used during the workshop. Please tick off which of these you plan to use in your work situation or share with colleagues:

Trainers: Please list by title or refer to by session, those materials about which you are seeking feedback

	<u>Plan to use/share</u>
a. <u>Policy guidelienes</u>	12
b. <u>Population reports on why counselling counts</u>	11
c. <u>Instructions on conducting group Education</u>	13
d. <u>Female anatomy and its clinical application</u>	11
e. <u>Maintainance of Asepsis</u>	12
f. <u>Adolescents and Contraception</u>	12
g. <u>Managing clients with contraception related side effects</u>	14

11. For the following training methods/techniques, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Trainers: Below, please add methods/techniques on which you want feedback; please cross out those methods that do not apply.

<u>Training Methods/ Techniques</u>	5	4	3	2	1	does not apply
	very useful				not useful	
a. lectures	11	2			1	
b. group discussions	12	1			1	
c. individual exercises	12	2	-			
d. group exercises	12	1			1	
e. field trips -clinical	11	2			1	
f. process reviews	10	3			1	
g. demonstrations	13				1	
h. <u>Return Demonstrations</u>	11	2			1	
i. <u>Simulations</u>	13				1	
j. <u>Pre-knowledge &amp; skills ass.</u>	13				1	

12. Materials or training methods/techniques that were not suitable for your country, please list them and explain why they were not suitable.

All participants commented that there is only one size of diaphragm so they were not able to counsel clients.

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13. Additional Comments: 5 participants said they need another workshop for IUCD insertion. 1 participant said would like to be called to another workshop in Mwanza, DSM or Nairobi. 2 said received a lot of thanks those who participated in this workshop. Asante and please rember to help us as you know our countries problems.  
 Feel free to sign your name. (Optional)
- 

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APPENDIX D

Pre/Post-Test Instrument

**APPENDIX D**  
**KNOWLEDGE PRE/POST TEST**  
**BASIC FP CLINICAL SKILLS WORKSHOP**

**INSTRUCTION I**

Please tick the correct answers to the following statements 1-10

1. To maintain clients' privacy and confidentiality, the Service Provider does the follow EXCEPT:

- A. Ensure client is covered and exposes only the parts of the body to be examined.
- B. Speaks in a low but audible voice.
- C. Gives the client something to drink.
- D. Asks the client to undress privately.
- E. Closes the door and or draws the screens when counselling, taking history and examining the client.

(1 mark).

2. During Pelvic Examination the following are examined EXCEPT:

- A. Bartholins glands
- B. Urinary meatus
- C. Vaginal Wall and Cavity
- D. Cervix
- E. Uterus

(1 Mark)

3. The main hormone responsible for making the cervical mucus thin, clear and of elastic consistency is:

- A. Progesterone
- B. Follicle stimulating hormone
- C. Luteinizing hormone
- D. Oestrogen
- E. Both Oestrogen and Progesterone

(1 Mark)

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4. All the following are signs of successful FP services EXCEPT:
- A. Increased number of contraceptives issued.
  - B. Increased number of continuing FP users.
  - C. Increased number of trained staff in the clinic.
  - D. Increased number of clients returning with complaints related to FP methods. (1 mark)
5. The Combined Oral Contraceptive (COC Pills) prevent pregnancy by all the following ways EXCEPT:
- A. Blocking the mouth of the womb with mucus so that sperms do not enter the womb.
  - B. Preventing implantation of the fertilized ovum.
  - C. Preventing the woman's egg from ripening while still in the ovary.
  - D. Destroying the woman's egg before it is fertilized. (1 mark)
6. Mini pill (e.g. Microlut) contains the following hormone:
- A. Oestrogen
  - B. Progesterone
  - C. Testosterone
  - D. Both Oestrogen and Progesterone (1 mark)
7. To ensure maximum contraceptive effect the condom must be put on:
- A. Just before ejaculation
  - B. Soon after ejaculation
  - C. When the penis is fully erect
  - D. When there is secretion from the penis. (1 mark)

8. The following category of "Women are not suitable for Intra-Uterine Contraceptive" device (IUCD) EXCEPT:
- A. Women with a history of ectopic pregnancy
  - B. Women with high blood pressure
  - C. Women with abnormal uterine bleeding
  - D. Women with multiple sexual partners
  - E. Women with small uterus

(1 mark)

9. The following statements are correct about boiling method of sterilization EXCEPT:
- A. Completely cover (submerge) all the instruments after washing and rinsing them.
  - B. Boil for 5-10 minutes counting from when the water starts boiling.
  - C. Keep the sterilization/pan closed.
  - D. Boil for 30 minutes counting from when the water starts boiling.
  - E. Do not add more instruments to the sterilizer/pan during the process.

(1 mark)

10. The following is the correct strength (0.5%) of JIK bleach for decontaminating instruments.
- A. 1 part of JIK bleach to 10 parts of water.
  - B. 1 part of JIK bleach to 8 parts of water.
  - C. 1 part of JIK bleach to 7 parts of water.
  - D. 1 part of JIK bleach to 6 parts of water

(1 mark)

**INSTRUCTION II** (11-16)

Please answer the following questions in the spaces provided.

11. List 4 steps that the service provider would taken when helping the client make informed choice of FP method.
- A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_

(8 marks)

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12. The following terms are high risk factors. Please explain briefly their meaning as they apply to Family Planning.

- A. Too early \_\_\_\_\_  
\_\_\_\_\_
- B. Too soon \_\_\_\_\_  
\_\_\_\_\_
- C. Too many \_\_\_\_\_  
\_\_\_\_\_
- D. Too late \_\_\_\_\_  
\_\_\_\_\_

(8 marks)

13. Put a tick in the following statements to indicate whether TRUE (T) or FALSE (F).

- A. T: F: Mini-pill (Microlut) can be given to all women including lactating mothers.
- B. T: F: Most women who use Depo Provera may have changes in their periods- e.g. heavy irregular periods.
- C. T: F: When a woman stops using the Mini-pill (Microlut), she will have trouble getting pregnant.
- D. T: F: Depo Provera suppresses lactation (breast-milk).
- E. T: F: Depo Provera must not be given to women who are below age 33 years or women with less than 5 children.

(5 marks)

14. Mention two permanent contraceptive methods.

- A. \_\_\_\_\_
- B. \_\_\_\_\_

(1 mark)

15. List 3 cleaning steps (process) taken to ensure that instruments used in FP clinic do not transfer infection from one client to another.

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

(6 marks)

16. From the list of genital sores below, write the correct name of the genital sore against the following descriptions:

Syphilis, Herpes Simplex, Chancroid, Warts

A. Painful blisters on the genital area that keep coming back (recurring).

\_\_\_\_\_

B. Clean looking painless sore. \_\_\_\_\_

C. Dirty looking painful sore. \_\_\_\_\_

(6 marks)

## KNOWLEDGE PRE/POST TEST

(Marking Sheet)

### BASIC FP CLINICAL SKILLS WORKSHOP

#### Answer Sheet

1. C - Gives Clients something to drink
2. B - Urinary meatus
3. D - Oestrogen
4. D - Increased number of clients returning with complaints related to FP methods.
5. D - Destroying the woman's egg before it is fertilised.
6. B - Progesterone
7. C - When the penis is fully erect
8. B - Women with high blood pressure
9. B - Boil for 5-10 minutes counting from when the water starts boiling
10. D - 1 part of JIK bleach to 6 parts of water
11. Steps taken by service provider to help the client make informed choice of FP method.
  - a. Confirm client requires FP services.
  - b. Briefly inform the client how long the session will take.
  - c. Emphasize the objective of the session is to discuss FP methods available with view of assisting her to make a choice in one of them.
  - d. Show various methods one after another (use visuals).
  - e. Explain good points about each method, problems that may occur for each method and what to do about them.
  - f. Encourage the client to say what she knows about the methods.
  - g. Correct misconceptions on rumours with facts.
12. A. Too early: Female adolescents below 18 years of age.  
B. Too soon: Mothers with children of intervals less than two years.  
C. Too many: Women with 4 or more pregnancies.  
D. Too late: Women over 35 years old.

13. a. T: Minipill (Microlut) can be given to all women including lactating mothers.
- b. T: Most women who use Depo may have changes in their periods e.g. heavy irregular periods.
- c. F: When a woman stops using the pill, she will have trouble getting pregnant.
- d. F: Depo Provera suppresses lactation.
- e. F: Depo Provera must not be given to women who are below age 33 years or women with less than 5 children.
14. a. TL - Tubal Ligation
- b. Vasectomy
15. a. Decontamination
- b. Cleaning thoroughly all reusable instruments
- c. High level disinfection or sterilizing
16. a. Herpes Simplex
- b. Syphilis
- c. Chancroid.

Total Score = 44

44 = 100%

34 = 77%

Cut off 34

**APPENDIX E**

**Pre/Post-Test Scores**

**APPENDIX E**  
**INTRAH TRAINING EVALUATION DATA**  
**PRE/POST KNOWLEDGE AND SKILLS RESULTS**

1. Country: Tanzania
2. Activity Title: Basic Family Planning Clinical Skills
3. Contract Number:
4. Dates:- From: August 23rd To: September 17, 1993 (4 weeks)
5. Trainers: Ruth S. Odindo  
Naomi Masagasa  
Tatu Lussesa
6. Instruction

Write actual scores/marks and not percentages  
 Use the same alphabetical order of names as in the trip report.

NAMES	KNOWLEDGE (MARKS)			SKILLS (MARKS)											
	Pre	Post	Gain	Counselling for Decision Making			Group Education			Aseptic Technique			Physical Assessment		
				Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
1.	16	34	18	39	84	45	23	48	25	22	36	14	42	215	173
2.	12	41	29	31	80	49	23	48	25	16	36	20	44	194	150
3.	19.5	40	20.5	31	85	54	23	46	23	18	36	18	40	195	155
4.	12.5	40	27.5	33.5	86	52.5	12.5	43	30.5	22	36	14	62	184	122
5.	13	39	26	48	72	24	15	47	32	28	36	8	66	208	142
6.	16	32	16	41	83	42	23	49	26	26	36	10	34	189	155
7.	10	32	22	38	74	36	17	45	28	24	36	12	12	207	195
8.	19	33	14	27	70	43	14	45	31	20	36	16	28	207	179
9.	9.5	39	29.5	48	76	28	17	46	29	18	32	14	57	179	122
10.	13.5	-	-	31	-	-	16	-	-	8	-	-	48	-	-
11.	19.5	40	20.5	34	81	47	24	49	25	20	36	16	50	213	163
12.	19	40	21	37	86	49	23	43	20	16	36	20	36	187	151
13.	19.5	28	8.5	66	86	20	25	50	25	26	36	10	66	218	152

NAMES				Counselling for Decision Making			Group Education			Aseptic Technique			Physical Assessment		
	Pre	post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
14.	18.5	42	23.5	48	86	38	17	50	33	26	36	10	70	208	138
15.	11.5	42	30.5	41	84	43	18	49	31	16	36	20	42	178	136
• Total score on the tool	44	44		86	86		50	50		36	36		218	218	
• Cut-off score	34	34		62	62		38	38		36	36		140	140	
• Mean score	15.3	37.3		39.6	80.9		19.4	47		20.4	35.7		46.5	198.7	
• Range	9.5-19.5	32-42		27-66	70-86		12.5-25	43-50		8-28	32-36		12-70	178-218	
• Difference between mean pre and post score		22			41.3			27.6			15.3			152.2	
• Number of trainees:															
a) equal to cut-off score	0	1		0	0		0	0		0	13		0	0	
b) above cut-off score	0	9		1	14		0	14		0	13		0	14	
c) below cut-off score	15	4		14	0		15	0		15	1		15	0	

\* Denotes scores below cut-off score

**APPENDIX G**

**Workshop Schedule**

## APPENDIX G

## FAMILY PLANNING UNIT

### TIME -TABLE FOR BASIC FAMILY PLANNING CLINICAL SKILLS FROM 23rd AUGUST TO 17th SEPTEMBER 1993 IN MWANZA - TANZANIA

## WEEK

I	MONDAY- DAY 1	TUESDAY- DAY 2	WEDNESDAY - DAY 3	THURSDAY - DAY 4	FRIDAY - DAY 5	SATURDAY - DAY 6
Time:	23rd August 1993	24th August 1993	25th August 1993	26th August 1993	27th August 1993	28th August 1993
8 am to 10 am	Registration/Bio- data Forms Completion Trainer/trainees introductions.	Counseling Pre- skills Assessment.	Maintenance of Asepsis Pre- skills Assessment	Principles of adult learning	Establishing interpersonal relationship	
10 - 10.30		TEA	BREAK			
10.30 -11.30 am 11.30 - 13 HRS	Pre-knowledge test. Introduction to Pre-skills Assessments.	Pre-skills ass. on counselling continues	Maintenance of Asepsis Pre- skills Trainer/trainees expectations & norms	Training methods Evaluation Feedback during training	Educating client on FP/MH Services.	Review sessions covered.
13-14 HRS.		LUNCH	BREAK			
14-15.30 HRS	Clients Education pre- skills assessments	General Exam pre-skills assessment	Training Goals and objectives	Training resources & materials	Counselling clients for FP Services	AFTERNOON OFF
15.30-16 HRS		TEA	BREAK			
16-17 HRS	Client Education pre- skills assessment continues	G/E Pre - skills assessment continues	Post training job functions	Logistical arrangements	Counselling clients for FP services	

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## WEEK

II	MONDAY - DAY 7	TUESDAY - DAY 8	WEDNESDAY DAY 9	THURSDAY - DAY 10	FRIDAY - DAY 11	SATURDAY - DAY 12
Time:	30th August 1993	31st August 1993	1st September 1993	2nd September 1993	3rd September 1993	4th September 1993
8 am-10 am	Male Reproductive	Application of Anatomy to FP Services.	History Taking and Physical Assessment	CLINICAL	PRACTICE	
10-10.30		TEA	BREAK			
10.30-13 HRS	Female Anatomy	Hormonal Contraceptives	Physical Pelvic Assessment Demonstrations			Review Session covered
13-14 HRS		LUNCH	BREAK			
14 HRS	Female Anatomy and			Barrier Methods	Breast Feeding	Afternoon off
		TEA	BREAK			
17 HRS	The menstrual cycle	IUCD overview	Maintenance of Asepsis Demonstration		and contraception	

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## WEEK

III	MONDAY- DAY 13	TUESDAY - DAY 14	WEDNESDAY -DAY 15	THURSDAY DAY 16	FRIDAY - DAY 17	SATURDAY - DAY 18
Time:	6th September 1993	7th September 1993	8th September 1993	9th September 1993	10th September, 1993	11th September 1993
8 am to	CLINICAL	PRACTICE				Review weeks Activities
		TEA	BREAK			
13 HRS	CLINICAL	PRACTICE	Post training	skills	assessment.	Simulation on client
13-14 HRS		LUNCH	BREAK			
14-16	SIMULATION ON	V S C OVERVIEW	S T D S OVERVIEW	ADOLE SCENTS AND CONTRACEPT ION	MANAGING CLIENTS WITH	
		TEA	BREAK			
	CLIENT COUN SELLING	V S C OVERVIEW	S T D S OVERVIEW	ADOLE SCENTS AND CONTRACEPT ION	CONTRACEPT IVES RELATED SIDE EFFECTS	

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## WEEK

IV	MONDAY - DAY 19	TUESDAY - DAY 20-	WEDNESDAY -DAY 21	THURSDAY - DAY 22	FRIDAY -DAY 23	SATURDAY - DAY 24
TIME:	13TH September 1993	14th September 1993	15th September 1993	16th September 1993	17th September 1993	18th September 1993
8 am	CLINICAL	PRACTICE		FINALIZING BACK-HOME APPLICATION PLAN	REVIEW OF THE TRAINING OBJECTIVES	DEPARTURE
	TEA	BREAK				
13 HRS	Post training	skills	assessment	Post- Knowledge test	FEEDBACK ON KNOWLEDGE AND SKILLS PERFORMAN CE	DEPARTURE
	LUNCH	BREAK				
14-15 HRS	MANAGING CLIENTS FOR OTHER HEALTH	ORGANIZING THE FP CLINIC TO OFFER	THE USE OF NATIONAL FP POLICY GUIDELINES AND STANDARDS	PARTICI PANTS REACTION FORM	DISCUSSION	DEPARTURE
	TEA	BREAK				
	SERVICES RELATED TO FP METHOD USE	EFFICIENT AND SAFE SERIVICES	GROUP WORK ON BACK-HOME APPLICATION PLAN	DISCUSSION ON CLINICAL SKILLS/	ISSUING OF CERTIFI CATES AND CLOSING REMARKS	

HOMWORK ON BACK-HOME APPLICATION PLAN. RECOMMENDATION.

APPENDIX H

List of Workshop Handouts

## APPENDIX H

### List of Workshop Handouts

1. Jobs and tasks of the basic clinical skills training graduate.
2. General learning goal and objectives.
3. Establishing and maintaining interpersonal relationships.
4. Group health education.
5. Seven planning questions.
6. Counselling for informed choice.
7. Rules of giving and receiving feedback.
8. Anatomy and physiology with its clinical application.
9. The menstrual cycle and female reproductive system and their application to contraceptive use.
10. Hormonal contraceptives, COC, POP, injectables and NORPLANT<sup>®</sup>.
11. Physical assessment.
12. Maintenance of aseptic technique.
13. Instructing clients on the use of FP methods.
14. Creating a caring environment.
15. The use of copper T 380A IUCDs.
16. Applying FP/MCH concepts in FP client management.
17. Diagnosis pregnancy.
18. Breastfeeding as family planning management.
19. Backhome application format.
20. Voluntary surgical contraception.
21. Adolescent fertility and contraception.
22. Introduction to Pap smear.
23. National FP policy guidelines and standards.
24. Sexually transmitted diseases.
25. Family planning clinic management.
26. Management of side effects of hormonal contraceptives.
27. Time schedule for 4-week training.

APPENDIX I

List of Training Aides

## APPENDIX I

### List of Training Aides

1. Newsprint and markers
2. Posters and diagrams
3. Flip charts
4. Models and samples:
  - a. Male pelvic model (penis)
  - b. Pelvic models for IUCD insertion
  - c. EVA pelvic model of pelvic examination
  - d. Samples of various oral contraceptives
  - e. Depo Provera Injectable
  - f. NORPLANT<sup>R</sup>
  - g. Vaginal sponge
  - h. Condoms
  - i. Spermicides