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TRIP REPORT B - # 346-1 and 2

Travelers: Mr. Joanny Kaboré, INTRAH Consultant

Dr. Boniface Sebikali, INTRAH Consultant

Country Visited: Cameroon

Date of Trip: August 18-28, 1993

Purpose: To conduct a workshop to develop a basic clinical FP skills training curriculum for service providers from integrated health centers, August 23-28, 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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EXECUTIVE SUMMARY

From August 23-28, 1993, INTRAH Consultants Mr. Joanny Kaboré and Dr. Boniface Sebikali conducted a workshop in Yaoundé to develop a basic clinical FP skills training curriculum for provincial-level service providers from integrated health centers (CSI). The INTRAH team worked with the following national trainers:

- Mrs. Angakoy Sadjo, Advanced Nurse Technician (TSSI) and Head of the Division of Training and Cooperation (DFC),
- Mrs. Odilia Kukah, TSSI at PMI Central of Yaoundé,
- Mrs. Guilomette Assana, DPSP Adamaoua/Ngaoundéré,
- Mrs. Aurore Jombi, TSSI and Director CFAS/Douala,
- Mr. Daniel Hebah, SES/DFMH/MOPH/Yaoundé, and
- Mr. Charles Ateba, SESA Financial Analyst.

The workshop was financed by a USAID/Cameroon buy-in.

The major accomplishments of the workshop were the preparation of a draft 2-week basic clinical FP skills curriculum for the training of provincial-level service providers from CSI, and a plan to field-test, translate into English and finalize the curriculum in English and French.

A joint briefing was held at the Directorate of Family and Mental Health (DFMH) with USAID/Cameroon and the DFMH and a debriefing was held at USAID/Cameroon.

SCHEDULE OF ACTIVITIES

August 18	Courtesy visit to DFMH Director Dr. David Awasum.
	Held a joint USAID/DFMH briefing at the DFMH.
	Finalized workshop logistics with DFMH/INTRAH Project Coordinator Mr. Lucas Mbofung.
August 19-21	Prepared for the workshop.
August 23-28	Conducted workshop.

LIST OF ABBREVIATIONS

CSI	Integrated Health Centers
DFC	Division de la Formation et de la coopération (Division of Training and Cooperation)
DFMH	Direction de la Santé Familiale et Mentale (Directorate of Family and Mental Health)
PHC	Primary Health Care
SESA	Santé de l'Enfant du Sud et de l'Adamaoua (Child Survival for Southern and Adamaoua Provinces)
TSSI	Technicien Supérieur en Soins Infirmiers (Advanced Nurse Technician)

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a workshop to develop a basic clinical FP skills training curriculum for provincial-level service providers from integrated health centers. The activity was financed by a USAID/Cameroon buy-in.

II. ACCOMPLISHMENTS

A. The DFMH and USAID/Cameroon stated their expectation that the duration of basic clinical FP skills training would be 2 weeks, and not 3 weeks as recommended during INTRAH-assisted work sessions to develop a strategy for basic FP training of provincial-level service providers (see Trip Report B-#345).

B. A draft curriculum for the basic clinical FP skills training of service providers from CSI was developed, using other FP-related training curricula developed with INTRAH, SEATS and PCS assistance as references. It is a 12-day curriculum, with 5 mornings for practical training.

C. A plan was prepared to field-test, translate into English and finalize the curriculum in both French and English.

D. Participants analyzed other reference documents developed for use by service providers in CSI to determine how their content influenced the post-training FP functions for CSI personnel that were identified during the June 1993 training strategy development work sessions (see Trip Report B-#345).

E. A joint briefing was held with USAID/Cameroon and the DFMH and a debriefing was held at USAID/Cameroon.

III. BACKGROUND

In the context of phase 3 of the INTRAH/DFMH PAC IIb training project, USAID/Cameroon and the DFMH requested INTRAH assistance to increase the availability and accessibility and improve the quality and use of FP services in the provinces supported by the USAID-financed bilateral Family Health Project.

The activity described in this report -- the development of a basic clinical FP skills curriculum for the training of provincial-level service providers -- was preceded by two other INTRAH-assisted activities focused on preparing for training provincial-level service providers:

- comprehensive basic clinical FP training needs assessment in 5 project provinces (see Trip Report B-#344), and
- work sessions to develop a strategy for provincial-level basic FP skills training (see Trip Report B-#345).

IV. DESCRIPTION OF ACTIVITIES

A. Briefing

A briefing was conducted with USAID Chief HPNO Mr. Richard Greene, USAID Population Coordinator Mrs. Regina Dennis, INTRAH Regional Clinical Officer Dr. Manuel Pina and DFMH Director Dr. David Awasum. The group discussed the proposed field-testing of the English versions of the comprehensive clinical FP skills curriculum and the MCH/FP Service Policy and Standards document in Bamenda, and clarified USAID's and the DFMH's expectations for the curriculum development activity, including reducing the duration of basic clinical FP skills training from 3 weeks to 2 weeks.

USAID and the DFMH recommended this reduction in training for several reasons, including:

- the MOPH's new policy to reorient primary health care (PHC) and integrate MCH/FP and PHC training calls for shorter duration of training;
- high cost of training; and
- MOPH's re-focus on technical supervision, including the provision of on-the-job training for service providers, should reduce the length of training which takes providers away from their worksites.

B. **Preparation**

Mr. Kaboré, Mrs. Sadjo and Mrs. Kukah prepared for the workshop from August 19-21, 1993. They prepared workshop objectives and the schedule, proposed modules to be developed, including objectives and methodologies for each module and developed a draft plan for field-testing and finalizing the curriculum.

C. **Curriculum Development**

The workshop began on August 23 at about 9:00 a.m. with the INTRAH/DFMH trainers orienting participants to workshop objectives and expected outcomes. Participants worked in small groups to draft modules, which were reviewed, discussed and revised in plenary.

V. FINDINGS AND RECOMMENDATIONS

1. **Finding**

The shortened duration of training requires efficient use of time in order to meet expectations of trainees at the end of training.

Recommendations

National trainers and the DFMH should provide well-prepared notes and handouts to trainees so they can focus their attention on the content of the workshop and not have to spend time taking notes.

Supervisors should be technically assisted to provide on-the-job training to service providers trained in basic clinical FP skills 2 to 8 weeks after training to help them apply workshop learnings and overcome obstacles.

Clinical FP service protocols should be distributed to service providers trained in basic clinical FP for use as a reference after they return to their worksites.

2. **Finding**

There are very few clinical training sites in cities where basic clinical FP skills workshops are scheduled to take place.

Recommendation

Special attention should be paid by national and provincial trainers and provincial health delegates to preparing clinical training sites in the provinces where basic clinical FP skills workshops are scheduled to take place.

3. **Finding**

Formathèques provided by INTRAH are not available in all of the provinces where basic clinical FP skills workshops are scheduled to take place.

Recommendation

The DFMH should distribute trainers' reference documents to provincial trainers as soon as possible so they can become familiar with the content and how to use them.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Cameroon

Mr. Richard GREENE, Chief HPNO

Mrs. Regina DENNIS, Population Coordinator

Ms. Joan SCHUBERT

Directorate of Family and Mental Health

Dr. David AWASUM, Director

Dr. Andela ASSOUM, Deputy Director

Mr. Lucas MBOFUNG, DFMH/INTRAH Project Coordinator

INTRAH/Lomé

Dr. Manuel Pina, Regional Clinical Officer

APPENDIX B

List of Participants

ANNEXE B.

Liste des participants

Mr. MBOFUNG Lucas	TSSI MPH Coordonnateur du projet à la DSFM formateur des formateurs
Mme. ASSANA Guillomette	Formateur des Formateurs en IEC/PF DPSP Adamaoua à Ngoundere
Mme. JOMBI Aurore	TSSI, Directrice du CFAS de Douala Formatrice des Formateurs en PF
Mme. Sadjo ANGOKAY	TSSI, chef de service de la Formation à la DFC Formatrice des Formateurs
Mr. HEBAH Daniel	Chef de service adjoint au SES/DSFMMSP Yaoundé
Mme. KUKAH Odilia	TSSI, PMI centrale de Yaoundé Formatrices de Formateurs
Mr. ATEBA CHarles	Analyste financier au SESA

APPENDIX C

Workshop Objectives

ANNEXE C.

SEMINAIRE ATELIER D'ELABORATION DU CURRICULUM DE PF DE BASE

Objectif général

Elaborer un guide des formateurs pour la formation en deux semaines au lieu de trois, des infirmiers et sage-femmes des centres de santé intégrés, en PF clinique de base.

Objectifs spécifiques

- déterminer les tâches post-formation des prestataires de PF clinique de C.S.
- déterminer les objectifs de la formation
- déterminer l'approche pédagogique à utiliser pour l'élaboration du guide
- déterminer les thèmes de formation
- déterminer les activités de formation
- élaborer les plans de cours
- élaborer les objectifs de stage
- élaborer les instruments d'évaluation des connaissances et des performances
- proposer un calendrier d'exécution du curriculum
- proposer des stratégies de testage et de finalisation du curriculum
- proposer des recommandations pour atteindre et maintenir un niveau acceptable de performance.

APPENDIX D

Proposed Schedule for the Curriculum

ANNEXE D.

CALENDRIER D'EXECUTION DU CURRICULUM 1ère SEMAINE

Lundi J1

1. Orientation et pré-test		7H30à12H30
2. Intégration de la planification familiale		13Hà15H
au système de santé du Cameroun		13Hà15H

Mardi J2

3. Anatomie physiologie (suite)	2H15	de 77H30à10H
4. Méthodes naturelles	3H	de 10H15 à 12H30et
5. Allaitement maternel		de 13Hà14H
6. DIU et méthode de Barrière	2H	de 14Hà16H*

Mercredi3

7. Méthodes hormonales	9H	de 7H30 à 10H de 10H30 à12H30 de 13H à 16H

Jeudi4

8. IEC	8H	de 7H30à1230 et 13Hà16H

Vendredi J5

8. Consultation de planning familial	4H45	de 7H30à12H30
10. Stérilisation du matériel	1H	de 13Hà14H
11. Infécondité/infertilité	2H	de 14Hà16H

Samedi J6

12. MST/SIDA	3H45mn	de 7H30 à 12H
13. Orientation du stage	1H	de 10H30 à 12H30

2ème semaine

Lundi à Vendredi J7 à J1

de 7H30à2H	stage
de 13H30 à 16H	présentation des cas

Samedi J12

de 7H30 à 12H	(14) Evaluation et clôture
	de 14Hà16H

APPENDIX E

Proposed Strategy to Field-Test and Finalize the Curriculum

ANNEXE E

PROPOSITION DE STRATEGIE DE TESTAGE ET DE FINALISATION DU CURRICULUM

1. Envoie d'un exemplaire du draft avec une fiche de suivi à des aviseurs; Personnes physiques et morales

   a) services nationaux

   1. DSFM
   2. DFC
   3. DPSP 10
   4 DMPR
   5 DPH/CTS Mini-santé

   b) Organismes

   6. GTZ
   7. UNICEF
   8. PCS
   9. SEATS
   10. SESA
   11. CARE
   12. SAVE THE CHILDREN
   13. FNUAP

   c) Personne Physique

   14. Professeur LEKE

2. Utilisation du draft dans les deux premières formations avec collecte d'observations.

3. Traitement des deux séries d'informations par les coordinateurs du projet INTRAH et deux à trois formateurs nationaux, puis intégration des amendements retenus par le groupe avant l'impression du document final.

N.B.: Il y a des intérêts certains à ce que le groupe de formateurs nationaux soit composé en majorité de personnes ayant participé à l'élaboration du présent curriculum.