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TRIP REPORT ON TECHNICAL ASSISTANCE TO
THREE FAMILY PLANNING TRAINING ACTIVITIES
IN EGYPT ;

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TRIP REPORT ON TECHNICAL ASSISTANCE TO THREE FAMILY PLANNING TRAINING
ACTIVITIES IN EGYPT

1. Purpose of Assignment and Scope of Work

This trip report covers a two-and-a-half week consultancy to provide technical assistance to the Government of Egypt for three on-going training activities in the field of family planning. The three assignment components included:

(i) To participate in the final round of workshops to train governorate medical officers as trainers of new interns in population and family planning;

(ii) To serve as a resource person to the Institute of Development for a Regional Workshop on Adaptation of Training Manuals for Clinicians and Nurses; and

(iii) To consult with the Ministry of Health (MOH) on the implementation of the Clinic Refresher Training Program.

Components (i) and (ii) took place in Alexandria. The first workshop lasted 10 days (February 16-26) and the second two weeks (February 23-March 7). The consultant had to leave three days before its conclusion. During the second phase of his assignment, the consultant made three trips to Cairo to consult with MOH officials in conjunction with component (iii).

2. Training of Governorate Trainers

2.1 Background

These workshops are part of a USAID-funded project to train governorate medical officers in family health, population and family planning. Medical officers from 10 of Egypt's 26 governorates have been trained to date. The project is run by the High Institute of Public Health (HIPH), University of Alexandria. The three-week sessions take place at a training center in Abbis-2, a village just outside of Alexandria and include clinical aspects of contraception, counseling and supervision.

The long-term objective is to prepare medical officers to provide training in family planning to new interns who have been assigned after medical school to one of the country's 26 governorates. Organized by the MOH, this field training is run by governorate Directorates of Health. Prior to the HIPH project, the three-month practical course included very little exposure to family planning, focusing instead on the more general areas of clinical and public health practices. Thanks to exposure to family planning training in Alexandria, however, many medical officers are now equipped to provide this knowledge to new interns in the field.

2.2 Observations

The HIPH training sessions in which the consultant participated were for the medical officers from Kafr El Sheikh and Sharkeya, the final two governorates to be covered during the current phase of training. Trainees from most of the other eight governorates who missed earlier sessions also attended. Thus, compared with earlier workshops, attendance was extremely high. The curriculum included theoretical and practical sessions on population issues, family planning programs, health consequences of unplanned fertility, contraceptives, and training methods. Time was also spent to develop governorate-specific training programs. At least one subsequent training program was carried out in each of the 10 governorates, with financial and technical support from HIPH.

2.3 Recommendations

1. A modified version of this training program should be carried out for the 16 remaining governorates. Experience gained in the current program should be applied in any subsequent effort.

2. A manual should be prepared by HIPH, including edited, supplemental and updated teaching materials for use in particular by medical officers who could not attend the Abbis-2 sessions.

Regional Workshop on Adaptation of Training Manuals for Clinicians and Nurses

3.1 Background

This workshop was held to adapt and translate into Arabic six clinical training manuals for use by clinicians and nurses. The manuals have been developed by the Institute of Development in Chapel Hill, N.C. The workshop was a collaborative effort between the U.S.-based Institute and the Institute of Research and Training in Family Planning in Alexandria. It was attended by medical personnel from Egypt, Jordan, Lebanon, Bahrain and Yemen. Most participants were nurses, although some physicians also attended. The consultant's assignment was to advise on medical, educational and cultural considerations during working group sessions.

3.2 Observations

There was some misunderstanding among workshop participants, both about the scope of their assignment and their level of pay. Some felt that the task before them was too comprehensive for the time allowed (two weeks), and others felt that the remuneration should have been at a consultant-fee level. Despite the problems, the manuals were translated in the time allotted.

3.3 Recommendations

1. The workshop represented a good start, but the manuals should be further edited before they are published.
2. Participants should have been better prepared regarding what was expected of them. In future, perhaps a written agreement on the terms of the assignment should be obtained.
3. It would have been appropriate for the participants to have received payment closer to that of a consultant, since the work required a mix of training and consultation expertise.

4. Clinic Refresher Training Program

4.1 Background

The Clinic Refresher Training Program was instituted in 1981 by the MOH to provide training to medical and support staff in the more than 3000 clinics throughout Egypt that provide family planning services. The training is provided by traveling training teams who visit one clinic a day and offer a three-hour session on family planning. The sessions include showing of four films which provide information on physiology of reproduction; methods of contraception; side effects of contraceptive methods; and counseling techniques. Clinics are supposed to receive one visit a year. The eventual goal is to establish training teams in all the governorates. At this time, teams are operating in six.

The consultant had provided advice to the MOH on this program during November and December, 1984 (see Appendix A). During this follow-up consultation, he checked on program progress through site visits and had further discussions with MOH personnel. His recommendations were generally as stated in the earlier trip report.

4.2 Recommendations

- 1) The program should be extended to all 25 governorates.
- 2) The current exposure of only three hours annually seems insufficient, and it is recommended that visits by the training teams should take place at least twice yearly, if not more.
- 3) If a second training session is scheduled, training materials should include a mix of three of the films already seen (contraception, side effects and counseling) and a new film on the health consequences of unregulated fertility.

APPENDIX A

CONSULTANT REPORT
Assignment in Egypt, Nov.-Dec. 1984
(21 Days)
By
Dr. Abdel R. Omran

TERMS OF REFERENCE

From Attachment # 1

Assignments A, B, and C were carried out. In addition a few days were spent on reviewing documents on the PDP (Population Development Program) on request by Mr. Kangas.

A. THE CLINIC REFRESHER TRAINING (CRT) PROGRAM ACTIVITIES:

- (1) Several consultations with Dr. Helmy El Bermawy (Director of program) and Dr. Moshira El Shaffei (Deputy Director).
- (2) Consultations with the Health Education Division of the Ministry of Health whose members are involved in the CRT in selected governorates.
- (3) Field visits including a trip to El Fayoum governorate in Upper Egypt where a training demonstration was carried out by Dr. Moshira El Shaffei.
- (4) Personal discussions with Dr. Charles Ausherman who is also involved in the program (in Chapel Hill).
- (5) Review of documents.
- (6) Revision of a MANUAL FOR TRAINING in Arabic, with addition of certain sections in consultation with Drs. El Bermawy and Dr. El Shaffei.

THE PROGRAM

Starting in 1981, the Clinic Refresher Training (CRT) Program of the Ministry of Health aims to provide training to medical and support staff in the more than 3000 clinics which provide family planning services.

The specific aims of the training is to:

- (a) increase the knowledge of the clinic staff, who are being trained as a team rather than categories, in methods of communication and education with special emphasis on family planning services and contraception;
- (b) to increase the acceptability of family planning services provided the clinic staff;
- (c) to help clinic staff relate more effectively with the community they serve;

The program directed by MOH, has three components:

- (1) A three-hour programmed refresher course for all health staff.
- (2) Establishment of a CENTRAL TRAINING TEAM which is responsible for pilot testing and improvement of the course as well as for training the governorate training teams;
- (3) Establishment of 26 GOVERNORATE TRAINING TEAMS which are responsible for presenting the course to all health workers in the governorates.

The 3-hour course centers on 4 films on:

- (a) Physiology of reproduction
- (b) Methods of contraception
- (c) Introduction to the problem of side effects and what to tell clients about them
- (d) Techniques of counseling clients for family planning.

The ideas for the films, and indeed for the whole program came from Dr. Bermawy. The films were made in Egypt and are in Arabic, consultations on the educational components of the project were provided by Dr. Ausherman.

The governorate training team consists of :

- a. A physician
- b. A health educator / educational specialist
- c. An administrator
- d. Driver-operator of mass media apparatus.

Each governorate training team is to have the following equipment and materials:

- (1) Vehicle fully equipped for audio-visual presentations and electrical power generating capacity.
- (2) Films as above.
- (3) Flip charts and posters
- (4) Leaflets
- (5) A display of contraceptives
- (6) Copies of a fact book on family planning
- (7) A manual in training (in press).

The progression is as follows:

- (1) Training of the Central Team in Cairo by the project directors and consultants
- (2) The Central Team then trains the governorate Training Teams.
- (3) Then the governorate Team carries out the actual training to the staff of the clinics as follows:

Time: 12 noon to 3 p.m.

Site: Health Clinics in the governorates. The sequence is predetermined in consultation with the governorate Directorate of Health.

Participants: All workers in the clinic whether technical or clerical. All are trained as team and not categories.

Method: Presentation of films,
Discussion
Role playing

Evaluation: Participants are asked to fill out an evaluation sheet with comments.

Report: The team prepares a short note on the session.

Follow-up: Monitoring of work after the session.

The work is going as in 6 governorates.

RECOMMENDATIONS

1. The consultant feels strongly that this is a worthwhile program with great success potential. It is anticipated that formal evaluation will be done sometime in the future. But the progress to date justifies as recommendation to extend the program to other governorates. Because the procurement of equipment takes such a long time, it is recommended that orders should be placed as soon as possible for at least 6-8 more governorates. This recommendations has been relayed verbally to Mr. Kangas to avoid any delay.

2. The consultant feels that having one visit per unit a year is limited. A second visit is needed with a mix of material including :

- a. The film on contraception
- b. The film on side effects
- c. Techniques of counselling ?
- d. A new film on health consequences of unregulated fertility

The consultant is prepared to collaborate with the program directors and with Dr. Ausherman in preparing a suitable module and a film.

3. The training session is recommended for other clinics not included in the MOH program. The first extension may be the clinics of the CHO.

B. CAIRO HEALTH ORGANIZATION (CHO) FOR HEALTH CARE

ACTIVITIES

1. Meeting with Dr. Dewidar, director general of the organization.
2. Meeting with the research and statistical team of the organization.
3. Review of documents and reports.

THE PROGRAM

Initiated in March 1983, the program called "COMPREHENSIVE URBAN FAMILY PLANNING SERVICES IN GREATER CAIRO" is directed by Cairo Health Organization and entails strengthening of the family planning in greater Cairo. The P.I. is Dr. Dewidar who is the director general of the CHO. Dr. Dewidar is highly committed to this activity and is personally directing and monitoring its progress.

The CHO includes 10 hospitals with several out-patient clinics. The progress of the project is as follows:

1. The preparatory phase included:

- a. A planning meeting by the director general and the hospital directors, physician staff, supervisors and consultants to discuss procedures of implementation.
- b. Establishment of a central office within the CHO.
- c. Purchase of supplies (contraceptives) and equipments.
- d. Preparation of training program for staff.
- e. Preparation of statistical forms.

2. The Implementation Phase

This phase was quick to be launched and started 3 months after the first phase. All clinics belonging to the program started their activities except Agouza. Initial reports indicate success of the program. Data collection started with the clinic activities. An extensive training program was launched for doctors and nurses.

RECOMMENDATIONS

The consultant believes that this program has great potential and can be developed into a success story and demonstration of the possibility of increasing family planning acceptance in urban Egypt.

The following recommendations are:

1. To encourage and continue the support of this project beyond the current contract.
2. To help the training of the staff by using the clinic refresher training approach (the 3-hour presentation) for each of the clinics of the CHO.
3. The statistical analysis needs considerable input. Fortunately the statistical consultant of the project (who is recruited from the MOH) is very interested and willing to improve the analysis techniques. Several suggestions were made, but this should be a periodic activity.

4. A mini computer is needed for this project and can enhance the analysis and feedback to the project directors for guiding and improving the program.
5. Further discussions with Dr. Dewidar are also needed for the overall approach.

C. THE TRAINING OF TRAINERS AT THE HIPH ACTIVITIES:

Consultations were carried out with Dr. El Sherbini and Dr. S. Fahmi in Alexandria, with Dr. Sherbini and Dr. Bermawy and Mr. Kangas in Cairo.

It is unfortunate that the training of trainers program was terminated before its final session. This decision by AID clouded the relations between AID and HIPH. Considerable negotiations by the consultant were needed on both sides. It was hoped at the time that AID might allow the final session to be carried out.

(After the end of the assignment, it was learned that AID has allowed the final session).

During the negotiations, ideas for further collaborative projects between AID and HIPH were discussed in very general terms. They concentrate on further training of trainers in family planning as well as service projects in a nearby governorate to provide FP/MCH.

RECOMMENDATIONS

The accumulated experience of the High Institute of Public Health in training and service should be made use of. It is one of the few specialized institutions in the region. The division of Family Health is in particular a good resource that can be utilized in further training and service research. This is particularly relevant with the increased availability of Dr. El Sherbini after his deanship term.

D. THE PDP REPORTS

Two reports on the PDP activities were reviewed on request by Mr. Kangas.

a. A report published in 1983 by the PDP (including Dr. Stycos) which showed little difference in the prevalence of contraception the PDP areas and non-PDP areas.

b. A second report by the same authors in 1984 showed a difference after weighting and other analytical procedures. Observations on these reports were relayed, in time, to Mr. Kangas. In general the results of the second report may be accepted with reservations. The whole PDP project should be evaluated by experts not involved in its activities in the past.

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AIDAC FOR NE/TECH/HPN LAURA SLOBEY

E.O.: 12356:N/A
 SUBJECT: POPULATION: DR. A. OMRAN CONSULTANCY TO SOME OF
 THE FAMILY PLANNING PROGRAMS IN EGYPT.

DAPE

REF: CAIRO 29794

1. PLEASE PASS TO DR. A. OMRAN UNIVERSITY OF NORTH CAROLINA.
2. USAID/CAIRO REQUESTS DR. OMRAN CONSULTANCY IN EGYPT FOR APPROXIMATELY THREE WEEK TO BE EXTENDED ACCORDING TO AVAILABILITY OF CONSULTATION TIME AND NEED. THE SCOPE OF WORK INCLUDE:
 - A) REVIEW CLINIC REFRESHER TRAINING (CTR) CURRICULUM, ASSIST MOH IN PRELIMINARY ASSESSMENT OF CRT TO DETERMINE FEASIBILITY OF MORE RAPID EXPANSION/IMPLEMENTATION IN RURAL GOVERNORATES. APPROX. 8 DAYS.
 - B) PROVIDE TA TO CHO IN EVALUATION OF FP SERVICE STATISTICS AND ASSIST CHO TO DEVELOP QUARTERLY SERVICE STATISTICS REPORTING SYSTEM. APPROX. 5 DAYS.
 - C) NIPH: PROVIDE CONSULTATION ON FUTURE FP TRAINING PROGRAM IN RURAL GOVERNORATES. APPROX. 7 DAYS.
 - D) DEPENDING ON ACTUAL AVAILABILITY, BOTH USAID AND MOH COULD USE ADDITIONAL CONSULTANT TIME TO UPDATE ANALYSIS OF FP SERVICE STATISTICS ON NATIONAL LEVEL. THIS IS AN ONGOING EFFORT AND TIME ASSIGNED TO IT CAN BE FLEXIBLE.
3. DR. OMRAN CONSULTATION FEE WILL BE REIMBURSED FROM BILATERAL FUNDS THROUGH ISTC.
4. PLEASE ADVISE ETA ASAP. VELIOTES

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