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REFRESHER TRAINING OF CLINIC WORKERS
FOR
FAMILY PLANNING
IN
EGYPT

A Report Prepared By:
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The consultant is particularly grateful to the following individuals for their helpfulness and kindness:

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Dr. Moshira El Shaffie	Department of Planning, Ministry of Health, Government of Egypt
Dr. Wafaa Fathy	Department of Planning, Government of Egypt
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Laila Stino	USAID/Cairo
Laura Slobey	USAID/Cairo
Torhan Noury	USAID/Cairo

It has been a rewarding experience, professionally and personally, to work with the dedicated staff of the Department of Planning, Ministry of Health, the central training team of the Clinical Refresher Training Project, and the Population Office of USAID/Cairo. The consultant looks forward to the next stage of service with all of these dedicated colleagues as the project develops.

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- Appendix A: Management Schedule Chart
- Appendix B: Video Tape for Governorate Teams*

*The video tape produced during this consultancy is a 6-hour production on Betamax and is available separately. A 1-hour condensed, edited version is also available.

EXECUTIVE SUMMARY

The majority of the physicians and health unit staff in facilities that provide family planning services have been inadequately trained for this purpose. The Clinical Refresher Training Program holds the promise of supplying this training and assisting in the development of skills that will allow the health unit staff to communicate with their clients more effectively. The program places a heavy administrative/management burden at the governorate level to maintain equipment, supplies, training material, and schedules.

Purpose

The purpose of this assignment and the tasks expected of the consultant were to develop a detailed implementation plan, train central training team, assist with development of printed and audio-visual materials, and supervise the pilot test of the clinic based training program in several governorates.

Observations

1. Coordination with rural health services management will allow for the timely introduction of additional interventions to the training process covering other MOH problems directly affecting infant/child mortality. However, such interventions should not be attempted until the delivery/training system is in place and functioning at least in the three test governorates.
2. There will be a great temptation to overload this training program with messages other than those specifically geared to increase contraceptive use. This should be resisted until the system establishes the fact that it can carry out the family planning content.
3. Coordination with other ministries involved with community development, such as the Ministry of Social Affairs, should be established. Social workers will be included in the training program to enlist their participation in communicating family planning.

Consultant Activities

The consultant participated in the following activities in cooperation with the AID-supported headquarters of the family planning project MOH Department of Planning staff:

1. Recruitment of central training team.

2. Planning and conducting 24 day-long training sessions for the central training team.
3. Planning and producing 6 hours of video-taped prototype refresher training with visuals, script, editing assistance. This capsulized version of the 3-hour refresher training course is being edited down to a 1-hour tape that provides an overview for the peripheral governorate teams.
4. Developing and pretesting instruments to pretest:
 - Four films
 - Six posters
 - Four-page flip chart
 - Printed leaflets
 - Printed booklets
 - Three-hour training course
5. Field test of 3-hour training course in Warwara Village Health Center, Qulubia governorate.
6. Developing management chart schedule.
7. Developing administrative/management support concept paper.
8. Providing and preparing papers, readings, transparencies, and handouts on modern, effective, efficient training methods.
9. Coordinating logistical support and other USAID/Cairo inputs.
10. Planning subsequent consultancy support.

Recommendations

The following recommendations are made:

1. There is a need to maintain the interest and momentum of the Clinical Refresher Training Project, especially the participation of the central training team.

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2. Continual emphasis will be placed on the importance of reviewing the refresher training course manual and observing a balance of allotted time for each of the five general content areas specified in the manual.
3. The central training team recommends that an objective separate evaluation unit be established to monitor the effectiveness of the Clinical Refresher Training Program.
4. Continued innovations in training will be introduced to develop alternatives to time-consuming lecture methods.
5. Since medical solutions have been emphasized in the past, there is a need to examine problems related to communication and improving relations with clients/patients. A study of attitudes of health personnel toward patients and patients toward health personnel would help identify problems where clinics are under-utilized.
6. Upgrading the priority of health and family planning as an essential component for development will be stressed at the highest levels. The fact that conditions in the health clinics and supporting infrastructures are related to other national priorities, including industrial production, will be recognized.
7. The expansion of office space as a core support for the refresher training program will be reexamined.
8. The budget for the Clinical Refresher Training Program will be made available to those making decisions concerning the management of the program. Levels of funding for essential elements will reflect the importance of this strategic nationwide program.
9. The plan for decentralized management of the clinical refresher training through governorate level structures, which is the core of the program, will allow flexible implementation of national training goals. A similar plan to assist decision making at the central level would facilitate the implementation of the project plan on a day-to-day basis.

Interim and followup activity

1. The consultant brought a wide variety of materials for production of training aids, evaluation guides, and catalogs for obtaining training hardware and software to the Clinical Refresher Training Program. These materials are currently being kept at the MOH, Department of Planning Refresher Training Office, and will be utilized during the next consultancy visit.

2. A mutually agreed schedule has been developed, which covers the following activities:
 - Continued field testing of the 3-hour training package.
 - Training of peripheral training teams in three to four governorates.
 - Final editing of the 1-hour video training tape.
 - Delivery of five A-V vehicles equipped for use by the governorate training teams.
 - Testing and replication of the contraceptive displays, which will be placed in each of the 3,500 clinics.
 - Delivery of 21 additional A-V vehicles.
3. Cooperation with other MOH health training projects, the Ministry of Education Population Education project, SIS Mass Communications Project for Family Planning, and the Ministry of Social Affairs (College of Social Work) will continue.
4. The Clinical Refresher Training Program will continue to promote media and methods of training that offer alternatives to didactic and authoritarian training and are less dependent on lectures and speeches.

ABBREVIATIONS

MOH	Ministry of Health
MOE	Ministry of Education
CRT	Clinical Refresher Training (Program)
SIS	State Information Service
USAID	United States Agency for International Development
APHA	American Public Health Association
MSA	Ministry of Social Affairs

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INTRODUCTION

Background

The Clinical Refresher Training Program (CRT) of the Ministry of Health (MOH) began in May 1981. It is designed to provide training to medical and support staff in the more than 3,000 MOH facilities and 500 public sector clinics which provide family planning services. The purpose of the training is (1) To increase the knowledge of clinic staff in methods of communication and education, with special reference to family planning services and contraceptive use; (2) to increase the acceptability of family planning services provided by the clinic staff; and (3) to help clinical staff relate more effectively with the community they serve.

The program is directed by the MOH and has been developed in collaboration with the State Information Service (SIS). It consists of three parts:

- (1) Development of a 3-hour, preprogrammed refresher training course for all health staff.
- (2) Establishment of a central training team that is pilot testing the course and training governorate training teams.
- (3) Establishment of 26 governorate peripheral training teams that will present the course to all health facility staff in Egypt.

The clinical refresher course is designed to prepare the health unit staff technically and psychologically to assume increased responsibility for providing family planning information and related counseling. Four films have been prepared covering the following major themes:

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

The films were made in Egypt and are in Arabic. The health unit physician has been trained to participate in the presentation. The entire course will last 3 hours but can be divided into smaller discrete sections.

A central training team has been established to train governorate-level training teams. Teams will consist of an MOH physician, a health/adult education specialist, an administrator, and a driver-operator of mass media equipment.

Each governorate training team will have the following equipment and materials:

1. Vehicle (van) fully equipped for audio-visual presentations and electrical power generating capacity to run equipment.
2. Films for the recorded portions of the refresher course 16mm projector and screen.
3. Plasticized, 10-page flip chart with stand describing the male and female reproductive systems and contraceptive methods.
4. A supply of one-sheet leaflets on all contraceptive methods available in Egypt to be distributed to clients.
5. A supply of one-sheet leaflets explaining each contraceptive method.
6. A set of posters illustrating all contraceptive methods for display at health facilities.
7. A display of contraceptives.
8. Copies of a fact book on family planning and contraceptive methods.

The course will be field tested by the central training team and three governorate teams in 10-15 health facilities in 1983.

Technical assistance for the development and production of materials is provided by the State Information Service (SIS), Ministry of Education (MOE) and other agencies as relevant.

Rationale

The majority of the physicians and health unit staff in facilities that provide family planning services have been inadequately trained for this purpose. The Clinical Refresher Training Program holds the promise of supplying this training and assisting in the development of skills that will allow the health unit staff to communicate with their clients more effectively. The program places a heavy administrative/ management burden at the governorate level to maintain equipment, supplies, training materials, and schedules.

Purpose

The purpose of this assignment and the tasks expected of the consultant were described in the cable shown below: Requestor: Ministry of Health. Consultant: Dr. Charles Ausherman. Purpose: Begin implementation of the Clinic Refresher Training Program. Consultant will develop detailed implementation plan, train Central Training Team, assist with development of printed and audio-visual materials, and supervise the pilot test of the clinic based training program in several governorates. Duration: 90 days beginning January 1983.

Demographic Background

Egypt has a population of 47 million people and is growing rapidly. The difference between its birth rate of 41 and its death rate of 11 yields a 3-percent rate of natural increase and thus a doubling time of 23 years. The total fertility rate is 5.3 children per woman; 41 percent of the population is under the age of 15.

The Government of Egypt is well aware that such growth and a youthful age structure will continue to impede progress toward its development goals. Because over 96 percent of Egypt's land area is desert, rapid population growth is a particular obstacle to the achievement of food independence and the improvement of the per capita diet. In addition, the potential for redistributing people is clearly limited; therefore, worsening urban crowding is the inevitable result of rapid population growth. Continuing to increase social, health, and educational services is a great challenge as is the creation of jobs for the growing number of young people entering the labor force.

Observations

The following observations are made concerning this activity.

1. Coordination with rural health services management will allow for the timely introduction of additional interventions to the training process covering other MOH problems directly affecting infant/child mortality. However, such interventions should not be attempted until the delivery/training system is in place and functioning at least in the three test governorates.
2. There will be a great temptation to overload this training program with messages other than those specifically geared to increase contraceptive use. This should be resisted until the system establishes the fact that it can carry out the family planning content. A system of gradual additions could then be developed,

starting with oral rehydration. A dialog will begin with management of the Rural Health Project to discuss initial integration demonstration efforts in select rural health centers and units in the four governorates, Behera, Dakahlia, Fayoum, and Assiut, which will come under this program.

3. Coordination with other ministries involved with community development, such as the Ministry of Social Affairs, should be established. Social workers will be included in the training program to enlist their participation in communicating family planning.

Consultant Activities

The consultant participated in the following activities in cooperation with the AID-supported headquarters of the family planning project MOH Department of Planning staff:

1. Recruitment of central training team.
2. Planning and conducting 24 day-long training sessions for the central training team.
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5. Field test of 3-hour training course in Warwara Village Health Center, Qulubia governorate.
6. Developing management chart schedule.
7. Developing administrative/management support concept paper.

8. Providing and preparing papers, readings, transparencies, and handouts on modern, effective, efficient training methods.
9. Coordinating logistical support and other USAID/Cairo inputs.
10. Planning subsequent consultancy support.

PROJECT DESCRIPTION

To implement family planning services, each health clinic in Egypt must include medical and health personnel trained to administer family planning services. Equally important, they must be able to attract new clients and communicate the benefits of family planning. For this reason, a special 3-hour training course has been designed for in-service training at the sites where health services are delivered.

Overview of the Project

Definition of Refresher Training. Refresher training is a course lasting about 3 hours. It is conducted by a specially equipped training team that travels to a place where the entire staff of a clinic can be trained as a unit. The objective is to take the single topic of family planning and, within a short, intensive training period, assist the staff to improve the quantity and quality of services in that particular area.

A schedule will be developed and circulated covering the dates when the peripheral governorate teams will be trained by the central training team.

Objectives of the family planning training. Almost all workers in health clinics have received some training in family planning; however, in many cases this training was not specific enough. Because of turnover in clinic personnel, the staff may no longer have an optimal procedure for providing family service. The objective of this refresher training is to heighten the efficiency of the staff and prepare the clinic to improve its performance in providing family planning services. Specifically, it will seek to:

- Refresh and upgrade the knowledge of contraceptive technology for various staff members whose knowledge may be incomplete, incorrect, or confused.
- Remove any doubts that family planning is an integral part of clinic services to be provided to the public, and that this particular aspect of their duties has high priority in the national health program.
- Prepare the staff to provide information and counseling at an appropriate level for people who seek information, and to counsel with empathy and compassion those who have difficulties or problems with contraception.
- Stimulate the clinic to organize itself so as to establish a smooth division of labor for providing family planning services in the future.

- Introduce new items of audio-visual aids and physical equipment that will make it easier for the staff to achieve these objectives.

Site of training. The ideal site for training is the clinic itself--the place in which the proposed changes in work habits and procedures are expected to take place. In this setting, realistic planning and discussion can occur, with a strong probability of actual implementation of decisions once the training team has departed. Alternatively, the clinic staff may be transported to a more central site where several clinic teams can be trained simultaneously.

Team rather than categorical training. Instead of having a separate training session for physicians, another for nurses and midwives, and still a third for social workers and other assistants (a stratified "categorical" approach), this training treats the entire clinic staff as a unit and attempts to weld it into an effectively functioning team. In doing this, the training team must take advantage of the existing organization and authority structure within the clinic and use it as the basis for the improvements expected from the training. Hence, during the training session there should be an effort to stimulate informal discussion and participation, but no attempt to change lines of authority and responsibility within the clinic by treating all trainees as being of equal status during the training session.

Time of training. The training is scheduled in advance. Since it is undesirable to close the clinic while the training is being done, the training sessions are special supplementary activities after clinic hours. This may be either in the afternoon immediately after clinic hours or in a special evening meeting.

Preparing the Clinic Directors and Physicians.

Before the training session actually begins, the training team should contact the training director and gain not only his approval, but his enthusiastic support for conducting the training. Perhaps he can be mailed a copy of this training plan (with some of the training materials to be introduced), with a covering letter from the minister of health. Ideally, a representative of the training team should meet with the clinic director, or even his entire medical staff, to explain the training and solicit their support. They can review the training agenda together and decide how it might be modified to emphasize on the topics that need special attention at that particular clinic.

A division of labor can be established whereby the clinic director and his staff become active participants in the training session. The training will be more effective if the senior clinic staff members are a part of the training exercise than if they are just passive by-standers. Moreover, the junior clinic staff will feel that the clinic has made a firmer and more enduring commitment to step up the pace of its family planning activities if they hear the plans from both their local directors and the emissaries of the Ministry of Health in Cairo.

The Program of Training

The training session is divided into 21 units or segments. Each one is comparatively short. They have been arranged to lead the training quickly through all of the work that must be accomplished. About one-half of the time is devoted to instructional presentation by the trainers (either directly or in the form of movies), and one-half of the time is devoted to asking questions, discussions, or suggestions by the trainees themselves. The entire program is divided into five major sections, as follows:

<u>Unit number</u>	<u>Topic</u>	<u>Time allotted (min)</u>
<u>I. Introduction: Overview</u>		
1.	Welcome and introduction of trainers and trainees	2
2.	Health benefits of family planning (clinic director)	8
<u>II. What Do Clients Need To Know about Reproduction and Methods of Contraception?</u>		
3.	Statement of the question by trainers	2
4.	Movie: The Physiology of Human Reproduction	4
5.	Comment by chief medical officer of the clinic ...	5
6.	Movie: The Methods of Contraception	6
7.	Discussion and Demonstration	10
Demonstration for hypothetical client:		
● How to take the pill properly (midwife)		

- How the IUD is inserted (clinic physician)
 - How to use spermicides (nurse)
 - How to insert and remove the diaphragm (physician or midwife)
 - How the condom is used (explanation) (midwife or social worker)
8. Statement about the quality and reliability of contraceptive materials provided by the Ministry of Health for its clinics 5

III. Correcting Rumors, Misbeliefs, and Exaggerated Fears about Contraception

9. Introduction to the problem: findings of research (chief trainer) 5
10. Discussion: Islam and family planning 5
11. Movie: Managing the Side Effects of Family Planning 10
12. Group discussion: What are the obstacles to family planning that are most common in this community, and what can we do to overcome them? 10
13. BREAK FOR A SHORT SNACK AND TEA 15

IV. How to Counsel Clients for Family Planning

14. Movie: Techniques for Counseling Clients for Family Planning 8
15. Demonstration of good counseling techniques 8
16. Practice in counseling for family planning (staff practices, in pairs) 30
17. Discussion: Answers to questions most often asked by clients 10

V. Planning for the Future: How the Clinic Will Deal with Family Planning

18. Presentation of prepared audio-visual materials for use in the clinic (training team) 5

19. Discussion: How can the clinic organize itself better to improve family planning services? 10
- (a) What can the doctors do?
 - (b) What can the midwives and nurses do?
 - (c) What can the remainder of the staff do?
 - (d) Development of a plan, making of decisions, commitment
20. Closing: Summary, thanks, arrangements for future contact 5
21. (After closing) Posting of posters on clinic walls (staff and trainers together)

VI

Detailed Specifications for Each Unit of the Refresher Training

I. Welcome and Overview

- Unit 1. Welcome and introduction of team and participants. This brief unit will attempt to establish friendly and informal relationships between the trainers and the staff. The trainers introduce themselves and ask each staff member to introduce himself or herself, giving position. Trainers record names and learn them quickly, so that they can be used in the balance of session. Any sense that this is an "inspection of the clinic" or an "evaluation" must be dispelled. Any feelings of defensiveness by clinic staff must be eased.
- Unit 2. Importance of family planning. To demonstrate to the clinic staff the importance of family planning, there should be a quick review of the benefits of family planning. The director of the clinic or a knowledgeable local physician/health educator should undertake this task. Flip charts or posters may be used to dramatize the 10 most important benefits of family planning.

II. What Do Clients Need to Know About Reproduction and Methods of Contraception?

- Unit 3. Statement of the question. The training team introduces the subject. They emphasize that:

1. All persons present already have been trained, and it is assumed that the discussion is oriented toward teaching clients.
2. It is possible to tell clients too much or too little information.
3. One does not have to give the same amount of instruction for every client; it varies from client to client.
4. This instruction is useful not only for family planning, but also for prenatal care, preparation for delivery, and postnatal care.
5. More attention needs to be paid to the female side of reproduction than to the male side.

Unit 4. Movie: The Physiology of Reproduction. Show the movie and ask for comments by chief medical officer.

Unit 5. Comment by chief medical officer. This unit provides the chief medical officer an opportunity to take the leadership role in reorganizing the clinic for family planning. He will use as much material from the movie as he wishes, but will amplify it from his own knowledge. The team should keep him focused on the topic, "what the client needs to know," because there could be a tendency for the chief medical officer to launch into a lecture about what his staff should know. Distribute the training booklets to trainees, put flip charts on display.

Unit 6. Movie: The Methods of Contraception. Show the movie and ask for sample demonstrations or role playing.

Unit 7. Discussion and demonstration of how to use the methods.

- Have the doctor explain to hypothetical patient how the IUD is inserted.
- Have a nurse or midwife explain to hypothetical client how to take the pill.
- Have a nurse or midwife explain to hypothetical client how to use the diaphragm.
- Have a nurse or midwife explain to hypothetical client how to use the spermicides.
- Have a social worker or nurse explain how the condom is used.

Unit 8. Statement about the quality of contraceptives. Because methods of contraception provided at the clinic are inexpensive, there is a common misbelief that they may be of inferior quality in comparison with brands sold in pharmacies at much higher prices. The chief trainer should make a statement (brief) that this is not the case; the family planning materials are of the highest quality:

- All have been approved by Egyptian testing organizations.
- All have been approved by US and/or European FDA and other similar standards testing organizations.
- All are purchased from leading manufacturers and have been produced under rigorous quality control.
- In most instances, these items would be sold at high prices if not especially subsidized.

III. Correcting Rumors, Misbeliefs, and Exaggerated Fears about Contraception.

Unit 9. Islam and family planning. A religious leader well versed in family planning should give a brief presentation and answer questions. If possible this person should be from the local district or community. He can distribute printed statements about the opinion of leading religious thinkers.

Unit 10. Introduction to the section. Chief trainer summarizes findings of research about the obstacles to family planning in Egypt; he notes that they are not the obstacles that most people think, but highly specialized ones that pertain to the methods themselves. Most of them have to do with:

- Fears of temporary side effects.
- Confusion between contraindications and long-term effects.
- Confusion between harmless temporary side effects and rare complications of long-term use.

To give the facts about these two specialized topics, two movies will be shown.

Unit 11. Movie: Managing the Side Effects of Family Planning (by expert panel.) Show movie and lead a group discussion. Ask for comments by chief medical officer.

Unit 12. Group Discussion: What are the obstacles to family planning in this community? The objective of this session will be to remove from the minds of the clinic staff any wrong beliefs they may have about the long-term effects. It is believed that doctors and clinic workers themselves are a major source of exaggerated fears about particular methods. At this session it will be necessary for the medical trainer and the senior physician to interact with perhaps only modest participation from the rest of the staff, because the topic is somewhat technical. Following is a list of items that should be perfectly clear to all concerned at the end of the session:

1. Almost all side effects of pills and IUDs are minor, irrespective of how painful or inconvenient they may be.
2. The most serious hazard of the pill is blood clotting, and this occurs very rarely (less than 4 per 100,000 years of use, and mostly in women who smoke). So far, this particular complication is too infrequent in LDCs to warrant the noise raised about it.
3. The hazards to health of women with no contraindications are low for women under 40 years of age, and far less than a pregnancy.
4. The contraindications to the use of the pill are not to be confused with long-term side effects.

Unit 13. BREAK FOR SNACK. It is believed essential to have a short break at which the participants can relax, talk to the instructors, and develop some flexible attitudes for the role playing to take place. It is proposed that the training team come prepared with food for distribution as a small party. This need not be luxurious.

IV. Counseling for Family Planning.

Unit 14. Movie: Techniques for Counseling Clients for Family Planning. This is perhaps the most difficult unit of the training session to develop. The health educator should be in charge. The movie on counseling should be shown to start the discussion. The leaflet on how to counsel for family planning should be distributed. Show the movie and ask for comments.

Unit 15. Demonstration of good counseling. It is suggested that before the group begins to practice counseling, the health educator should demonstrate good counseling practice to the class. This will set the tone and give an example for others to emulate. He or she should select an imaginative, outgoing member of the clinic staff as her "client."

Unit 16. Practice in counseling. It is suggested that the entire clinic group break up into pairs and take turns playing the role of counselor and client. They can sit in various parts of the clinic out of earshot of each other and practice, which will develop a number of questions. Then they should all be convened for a general session, summarizing their experiences and asking for suggestions.

Unit 17. Discussion: Answers to questions most often asked by clients. The section closes with a group discussion on questions most often asked. The clinic director may wish to lead this unit.

V. Planning for the Future: How the Clinic Will Deal with Family Planning.

At this point, the training team has presented all the information and coaching it has at its disposal. It remains to try to help the clinic staff organize itself for the future. The following ingredients are needed:

- o A commitment on the part of the staff that a new or renewed effort is needed.
- o A practical working arrangement or plan for doing this.
- o Some redefinitions of duties, reallocation of time, and other possible administrative changes that may be needed.
- o A policy statement from the clinic director that the plan thus developed will be put into effect.

It will not be possible to do this in such a short time, but the process must be started. There should be a brief visit or return "checkup" by the clinic trainer or some other medical officer at a later date to see that these changes have been implemented.

Unit 18. Presentation of materials. All of the materials to be left with the clinic staff have already been used in training, so they are familiar with them. It needs only to be stated that they are to be used by the staff

in training and that the supply is unlimited--new amounts can be had simply on request.

- Unit 19. Discussion: How can the clinic organize itself? This will tend to take the form of a dialogue between the clinic director and the chief trainer, with occasional suggestions from the health educator and perhaps senior clinic personnel. Because policy and management is involved, it is almost certain that the junior staff members will be silent. The chief trainer should be prepared with suggestions or prepared to make suggestions on the spot, to which the clinic director can respond.
- Unit 20. Closing. It is important that the training team leave on a friendly note, with a welcome to come again at a later date either to refresh the training on family planning or for another topic. The clinic staff should feel that they have been hosts to the session and under some obligation to carry out the plans made. End with thanks all around and friendship.
- Unit 21. Posting of the posters and displays. If the posters and displays of contraceptive methods are simply handed to the clinic director in a bundle, there is a likelihood that they will remain unused for a good time. Instead, the trainers should help the clinic staff choose sites for the posters. The driver and projectionist for the training team should be equipped with tape, tacks, and other materials for placing the posters and displays. The clinic staff should choose where to put each of the items. Within 10 minutes, the clinic will have been prepared to announce to all new clients the next day that family planning services are available.
- Unit 22. Medical supplies. If, as a result of the discussions, it develops that the clinic has insufficient contraceptive supplies, the training team must be prepared to give them a 3-month supply from a portable stock they carry. There should be no excuse for not starting good family planning service with the very next clinic session.

Headquarters of USAID-Supported
Family Planning Project and Department of Planning
Ministry of Health, Government of Egypt

Dr. Helmy El Bermawy, Director General

Clinical Refresher Training

Central Training Team

Management Team

- 1- Dr. Moshira El Shaffie
a- Manager of team/project
b- "Introduction"
- 2- Dr. Wafaa Fathy
a- Administrator Deputy Manager
b- "Clinical organization"
Sections 18-19
- 3- Mrs. Hoda Amer Shedeed
Secretary
- 4- Mr. Sadek Abdel Fattah
Photo-Copy
- 5- Mrs. Safaa Moursy
Typist
- 6- Mrs. Sekena Amin
Typist
- 7- Mr. Ahmed Abdel Kreem
Secretary-Arrangements Coordinator
- 8- Mr. Fouad Hamza
Technician
- 9- Mr. Magdy Abdel Kader
Technician
- 10- Mr. Mohsen Sayed Hassan
Worker
- 11- Dr. Charles Ausherman
Consultant

Central Training Team
Members

- 1- Dr. Nefisa Moustafa Abdel Fattah
Research coordinator
"Counseling"
Sections 14-17
- 2- Dr. Shourbagi Mahmoud
Medical Advisor
"Contraception"
Sections 3-8
- 3- Dr. Helmy Touta
Medical Advisor
"Correcting fears about Family Planning"
Sections 9-12
- 4- Mr. Gamal Shanan
Media Advisor
"Media Methods"
- 5- Dr. Atef Hussein
Health Education Advisor
- 6- Mr. Adel Abdel Maksoud
Research Associate
- 7- Mr. Kamal El Masri
Research Associate
- 8- Dr. Mohamed Nafea Helmy
Qulubia Governorate Coordinator
- 9- Mr. Mohammed Rabeea Abdel Aziz
Qulubia Governorate Representative

I. Management Team

Functions

1. Choose training sites
2. Recruit governorate teams
3. Manage training of governorate teams
4. Oversee purchase/procurement, storage & distribution of all supplies, contraceptives, audio-visual hardware, software, educational materials (printed materials, posters, flip charts, films, film strips, slides, etc.)
5. Manage evaluation/pretesting/research (field test)
6. Implement management schedule (appendix A)
7. Conduct "Introduction of Clinical Refresher Training" sections I - 1-2

V - 20-21

II. Medical

1. Plan reproductive knowledge section assuring maximum active participation of trainees
2. Train governorate teams methods of pretraining senior medical clinical staff (gaining their participation & cooperation)
3. Conduct Sections II 3-8
III 9-13

III. Counseling

1. Train governorate teams in techniques of counseling utilizing active participation of trainees, i.e., role playing, group discussion, group process of learning.
2. Conduct Section IV 14-17

IV. Logistical

1. Train governorate teams steps in maintaining records, supplies, assuring distribution of material and organization of clinic.

2. Implementation of section V 18-19 planning for the future: How the clinic will deal with family planning.

Plan and implement schedules, tea break, poster placement.

V. Driver/Audio-Visual Technician

Train governorate team concerning the importance of vehicle maintenance, audio-visual hardware, care/maintenance/operation

Note: Media adviser will relate to all team members in their need to utilize media. The media adviser will especially relate to the logistical (IV) and audio-visual (V) members of the team.

Recommendations:

1. There is a need to maintain the interest and momentum of the Clinical Refresher Training Project, especially the participation of the central training team.
2. Continual emphasis will be placed on the importance of reviewing the refresher training course manual and observing a balance of allotted time for each of the five general content areas specified in the manual.
3. The central training team recommends that an objective separate evaluation unit be established to monitor the effectiveness of the Clinical Refresher Training Program.
4. Continued innovations in training will be introduced to develop alternatives to time-consuming lecture methods.
5. Since medical solutions have been emphasized in the past, there is a need to examine problems related to communication and improving relations with clients/patients. A study of attitudes of health personnel toward patients and patients toward health personnel would help identify problems where clinics are under-utilized.
6. Upgrading the priority of health and family planning as an essential component for development will be stressed at the highest levels. The fact that conditions in the health clinics and supporting infrastructures are related to other national priorities, including industrial production, will be recognized.
7. The expansion of office space as a core support for the refresher training program will be reexamined.

8. The budget for the Clinical Refresher Training Program will be made available to those making decisions concerning the management of the program. Levels of funding for essential elements will reflect the importance of this strategic nationwide program.
9. The plan for decentralized management of the clinical refresher training through governorate level structures, which is the core of the program, will allow flexible implementation of national training goals. A similar plan to assist decision making at the central level would facilitate the implementation of the project plan on a day-to-day basis.

Interim and followup activity:

1. A wide variety of materials for production of training aids, evaluation guides, and catalogs for obtaining training hardware and software to the Clinical Refresher Training Program. These materials are currently being kept at the MOH, Department of Planning Refresher Training Office, and will be utilized during the next consultancy visit.
2. A mutually agreed schedule has been developed, which covers the following activities:
 - Continued field testing of the 3-hour training package.
 - Training of peripheral training teams in three to four governorates.
 - Final editing of the 1-hour video training tape.
 - Delivery of five A-V vehicles equipped for use by the governorate training teams.
 - Testing and replication of the contraceptive displays, which will be placed in each of the 3,500 clinics.
 - Delivery of 21 additional A-V vehicles.
3. Cooperation with other MOH health training projects, the Ministry of Education Population Education project, SIS Mass Communications Project for Family Planning, and the Ministry of Social Affairs (College of Social Work) will continue.

4. The Clinical Refresher Training Program will continue to promote media and methods of training that offer alternatives to didactic and authoritarian training and are less dependent on lectures and speeches.

Appendix A: Management Schedule Chart

**Refresher Clinical Training Course
management scheduling chart**

	January	February	March	April	May	June
0- Procurement of Equipment for Central Training Team						
1- Vehicles						
2- Projectors						
3-						
4-						
5-						
6-						
0- Revision of Training Course Materials						
1-						
2- Content Validity						
3-						
4-						
0- Development of Training Management Plan						
1- Scope of work						
2- Evaluation Design						
3- Monitoring Instruments						
4- Coordination with existing Health Training						
0- 26 Governorate Training Teams Orientation						
1- Demonstrations						
2- Logistical Support Plan Development						
3- Procedure Development						
4-						
0- Materials/Equipment Procurement/Distribution to Governorate Training Teams						
1- Budget						
2- Schedule						
3- Procurement						
4- Distribution						
5- Contraceptives						
6- Maintenance Schedule						
7- Warehousing/ Storage						
8- Maintenance Schedule						

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Wirenet Clinical Training Course
Management scheduling chart

	January	February	March	April	May	June
0- Outline 3 hour training program						
1- Team Building						
2- Set-up						
0- Congenial Atmosphere i.e. family-Egyptian friend-liness						
0- Sequencing						
- Logical						
- Easy to learn						
- Fundamental principles						
Family						
Nation						
Islam						
0- Problem Identification/Resolution						
1- Time schedule						
2- Attitudes of clinic staff						
3-						
4-						
5-						
0- Follow-up visits						
1-						
0- Inventory of Equipment/supplies						
1- Commodity Control						
2-						
0- Define second visit objectives						
1- Needs Assessment						
2- Create training materials						
0- Pretest 2nd visit materials						
1-						
2-						
3-						
0- Disseminate 2nd visit materials						
1-						
2-						

Best Available Document

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Appendix B: Video Tape for Governorate Teams

February 7, 1983

To: Dr. Moshira

From: Dr. Ausherman

Video tape for governorate training teams

- 1- Audience: 26 governorate clinical (please specify audience)
- 2- Goal: provide concise overview of three-hour training package
- 3- Duration: maximum of 45 minutes
- 4- Production location: Nile training center SIS
- 5- Style: maximum use of visuals
minimum lecture speaker on camera emphasize major
components emphasize min. info necessities refer to U of
C 3 hr tape
- 6- Production staff: Central training team
- 7- Objectives:

Overall

As a result of this videotape the governorate training teams will (after viewing the tape) be able to list the major elements in the 3-hour training refresher training course and explain the purpose of each component in their own words.

Sub. objectives

- 1- The governorate training team members will be able to list the parts of the female reproductive system and explain the function of each part.
- 2- The governorate training team members will be able to list the essential parts of the male reproductive system and explain the function of each part.
- 3- The governorate training team members will be able to list methods of contraception and explain the advantages and disadvantages of each method.
- 4- The governorate training team members will be able to list the side effects of specific contraceptives and explain them in words understandable to a typical clinic client patient-visitor.
- 5- The governorate training team members will be able to identify the positive counseling characteristics in dealing with clinic clients.
- 6- The governorate training team members will be able to discuss typical questions often raised by clinic patients offering positive correct answers in words understandable to the patients.
- 7- Objectives need to be listed for care and use of
 - A- components of training package
 - 1- Vehicle
 - 2- Equipment
 - 3- Software: films
flip charts

4- Printed materials

A- leaflets

1- method of distribution

2- intended audiences

B- Booklets

5- Posters

A- purpose

B- where to place

C- how to place

D- when to place

6- Contraceptive display

A- purpose

B-

C-

7- As a result of this video tape, the governorate training team will be able to list the role of discussions in the clinical refresher training course. The C.T.T. members will be able to demonstrate techniques in establishing

A- a positive atmosphere

B- appropriate time allotment to each subject

C- encourage participation from all clinical staff members

D- demonstrating positive techniques to discourage domination of discussion by physicians or a few "vocal" members, i.e., speech makers

Summary: As a result of this learning experience (video tape), the GTT members will be able to explain applications of the clinical refresher training program.