

**Technical Report 8: Follow-up on  
training of Indigenous Systems  
of Medicine Practitioners in  
Non-clinical Methods of Family  
Planning  
in Uttar Pradesh, India**

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## **List of Acronyms**

<b>AAI</b>	Allahabad Agriculture Institute
<b>CFDRT</b>	Center For Development Research and Training
<b>FP</b>	Family planning
<b>IFPS</b>	Innovations in Family Planning Services
<b>IRMA</b>	Indian Rural Medical Association
<b>ISM</b>	Indigenous systems of medicines
<b>ISMP</b>	Indigenous systems of medicines practitioners
<b>IUCD</b>	Intrauterine contraceptive device
<b>OCP</b>	Oral contraceptive pills
<b>SIFPSA</b>	State Innovations in Family Planning Services Agency
<b>UP</b>	Uttar Pradesh
<b>USAID</b>	United States Agency for International Development

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# Introduction

## 1. Background

There are approximately 43,000 registered Indigenous Systems of Medicine Practitioners (ISMP) in the state of Uttar Pradesh (UP) and probably as many more who are not registered (Rapid assessment, Policy Project, 1997). These include practitioners practicing Ayurveda, Siddha and Unani and other forms of indigenous medicine and, Homeopathic medicine.<sup>1</sup> ISM practitioners work not only in urban settings but also in thousands of villages across Uttar Pradesh. These practitioners along with the approximately 30,000 biomedical practitioners are the primary health care providers in Uttar Pradesh (benchmark 9:1995).

In 1993 a study conducted by the *Social Research Institute* and the *Options Project* found that 43% of practicing ISMPs were already providing some FP services and, that virtually all the rest were interested in providing such services (Options, Levin et. al, 1993). The same report also mentioned that only 12% of ISMPs had received some training in the use of contraceptive methods. This cadre of providers are a very important but often ignored channel for the delivery of non-clinical FP services.

In this context, a PRIME-assisted pilot project was initiated in mid-1995 to provide non-clinical FP training to 1200 ISMPs, 600 each in the districts of Sitapur and Jhansi. This project was initiated with financial assistance from the United States Agency for International Development (USAID) and the Innovations in Family Planning Services (IFPS) project. The pilot training project was developed and implemented by two agencies located in Jhansi and Sitapur districts of the UP, the Indian Rural Medical Association (IRMA) and the Center for Development Research and Training (CFDRT).

The pilot project, also called the “ISM program,” was conducted over a two year period from October 1995 to July 1997. By December 1996, 940 ISMPs and Homeopaths had been trained; 545 in Sitapur and 395 in Jhansi representing (91%) and (66%) of the targeted number respectively.

In January 1997, the *Policy Project* commissioned a rapid assessment of the ISM program. The purpose of the assessment was to determine the effectiveness of the ISM program so that USAID/Delhi and State Innovations in Family Planning Services Agency (SIFPSA) could decide whether to expand the ISM program to other districts. This assessment included interviews with program managers, trainers, government officials and a random sample of 240 trained ISMPs--120 from each of the two districts.

The rapid assessment found that the training had resulted in the following positive changes:

- the proportion of ISMPs providing FP services nearly doubled;
- OCP services increased from 30% to 60%;

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<sup>1</sup> Although Homeopaths do not practice an indigenous system of medicine, they are included in the generic term “ISM practitioners” for convenience.

- condom use increased from 39% to 64%;
- referrals for intrauterine contraceptive devices (IUCDs) increased from 37% to 61%;
- referrals for sterilization increased from 40% to 65%;
- referrals to public sector sites for clinical services increased.

In short, the program was successful in improving access to Family Planning services in Sitapur and Jhansi districts.

## ***2. PRIME's Role in the ISM Program Expansion***

Following the assessment the decision was made to expand the ISM program to six new districts with PRIME providing the technical assistance for the expansion. IRMA expanded their already existing ISM program into the districts of Banda, Shahjahanpur and Rampur. Several new organizations were chosen by IRMA to implement the ISM program training activities in the three remaining targeted districts. These were the Allahabad Agricultural Institute (AAI) for Allahabad district, St. Catherine's Hospital Society for Unnao district and the Garhwal Community Development and Welfare Society for Tehri Garhwal district.

During the initial expansion phase, 1710 ISMPs and Homeopaths working in three of these districts were identified as potential recipients of six day training in non-clinical family planning: 900 in Allahabad, 600 in Unnao and 210 in Tehri Garhwal.

To support the expansion of the ISM program PRIME provided technical assistance to all of the above named organizations in the following areas:

- development of curriculum and training materials,
- training the trainers, and helping to train the first groups of ISM trainees,
- helping to establish linkages with referral networks,
- facilitating access to FP commodities (condoms, OCPs), and
- developing and establishing training documentation and follow-up systems.

Subsequently, ISMPs working in the targeted six districts of Banda, Shahjahanpur and Rampur, Allahabad, Unnao and Tehri Garhwal were trained in the following counseling and other non-clinical FP services with the assistance of PRIME curriculum and trainers:

- general counseling for FP;
- counseling for oral contraceptive pills and providing pills;
- counseling for condoms and providing condoms;
- referral to other service providers of clients seeking IUD or sterilization ;
- gender issues in FP;
- prevention of sexually transmitted diseases.



### ***3. Purpose and Objectives of the Follow-up Study***

Between November 1997 and January 1998 PRIME staff and consultants assisted the trainers of the implementing agencies to plan and conduct an initial “trainee follow-up” of the expanded SIFPSA-funded ISM training projects in Allahabad, Unnao and Tehri Garhwal districts of the UP. The assessment focused on the trainees’ FP practice. The specific objectives were to determine:

- changes in access to FP services provided before and after training;
- changes in the number of FP clients provided with FP counseling, methods or referrals, before and after training;
- whether training competencies (skills) had been retained three months following the training.



# Methods

The first batch of ISMPs and Homeopaths from Allahabad, Unnao and Tehri Garhwal district, trained between June and July of 1997, were chosen for participation in the follow-up assessment. The trainers, sometimes accompanied by PRIME staff and consultants, visited the participants' clinics to assess the effects of the FP training on the practitioners' practices.<sup>2</sup> Data was obtained from a *sample of 34 trainees*; 12 from Allahabad, 13 from Unnao and 9 from Tehri Garhwal districts.

The following *instruments* were administered to ISMP and Homeopath participants by the trainers at the practitioners' clinic sites.

*Skills Assessment Checklist:* Observers rated the performance of three "critical skills," namely, general FP counseling, and method specific counseling for condom and OCP use. People attending these clinics generally do not come specifically seeking family planning services. Rather, practitioners incorporate family planning counseling as they deem appropriate. Thus during the follow-up visit, the trainees were simply asked to role-play the critical skills being assessed. Practitioner skills demonstrations were then assessed in terms of the presence or absence of the sub-steps involved in each critical skill. These are detailed in the skill assessment instruments (See appendix 1).

*Record Review Format:* A record review questionnaire was developed to determine changes in the type of services provided to clients before and after the training. The questionnaire, based primarily on recall also provided detailed information on the number of FP clients served before and after the training (See appendix 2).

*Bio-data Form:* The purpose of this form was to provide the trainers with information on participants' background and experience. This information helps the trainer to do the following: 1) verify whether the participants' background and experience were consistent with training selection criteria and to confirm the validity of the training curriculum and methodologies, 2) compare the results of the post-training assessment of trainees according to basic qualification and system of medicine, and 3) locate the trainees for follow-up (See appendix 3).

*Collection and Analysis:* Data from all three districts were aggregated and mean scores calculated to determine changes in the provision of FP services before and after the training. Specifically, a comparison was made regarding the availability of general FP counseling and temporary contraceptives through trained ISMPs and Homeopaths for a period of three months before and after the training event. A similar comparison was also made for the number of practitioners providing condoms and oral contraceptive pills before and after training.

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<sup>2</sup> Due to time constraints, ISMPs who were not available at their worksite on the day data was collected were revisited only once more. If unsuccessful again, they were dropped from the sample.



# Findings

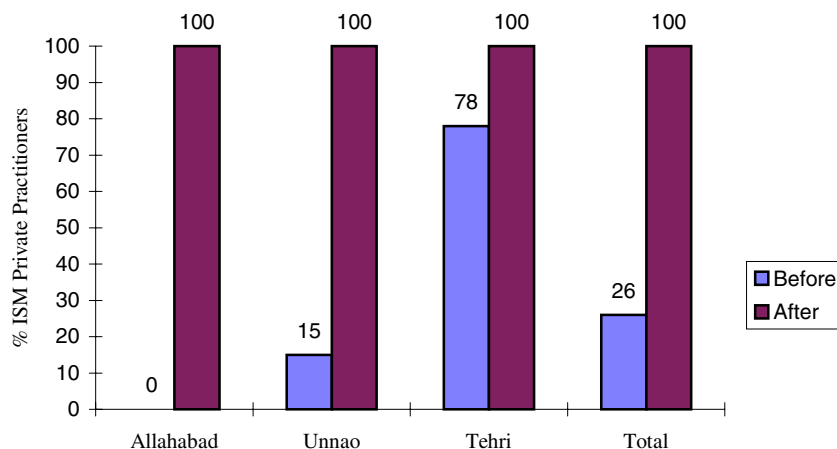
The aggregated results of trainee follow-up visits to all three districts are organized according to the study objectives below.

## 1. Changes in access to family planning services

Changes in access to FP services through trained ISMPs were examined by comparing the percentages of trained *ISMPs* who reported that they were *providing general family planning* counseling and temporary contraceptives before and after the training. The pre-training figures were obtained from the trainees' bio-data form filled out by the practitioners prior to training. Although the ISM program advocates the use of records among trained practitioners, in practice hardly any practitioners maintain clinic records. Therefore, at the time of follow-up participants were again asked to provide recall estimates of the numbers of FP clients they had seen since training.

The percentages of trained ISMPs reporting provision of FP services before and after training are presented in Figure 1. Overall 26 percent ISMPs reported that they provided general FP counseling prior to training. After the training, 100% of the ISMPs interviewed reported that they provided FP counseling to their clients indicating a significant change in ISMs and Homeopath practitioners' practice which in effect increased the availability of FP counseling services to people living in their service area.

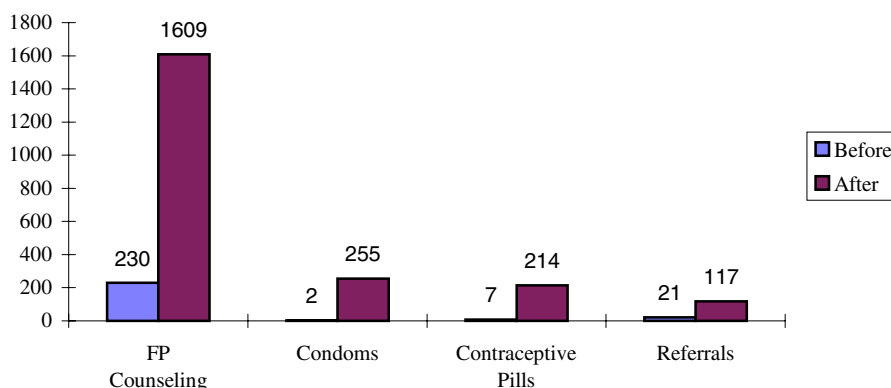
**Figure1: Percentage of ISMPs providing general Family Planning Counseling before and after PRIME Assisted Training**



## 2. Changes in the Number of Clients Provided FP Services by method types

Figure 2<sup>3</sup> shows a significant increase in the *total number of clients* receiving some type of counseling or temporary contraceptives from trained ISMP. A significant increase was found for general FP counseling, method specific counseling and referrals for other FP methods. This increase in the absolute number of clients was due to both the rise in the number of private practitioners offering these services (as discussed above) as well as an increase in the volume of clients per private practitioner after receiving training.

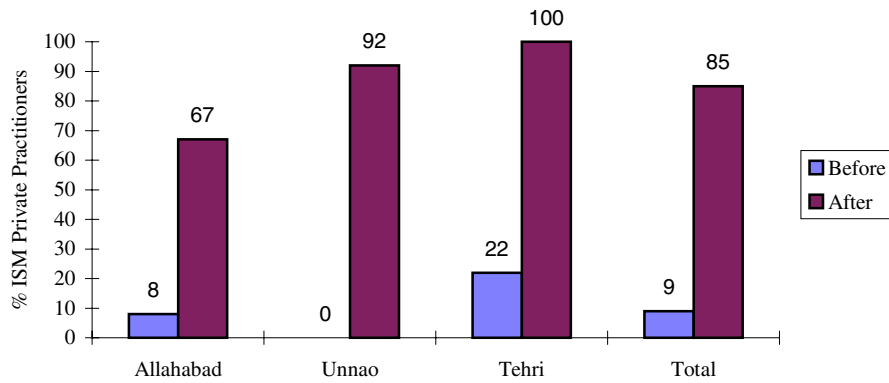
**Figure 2: Total number of clients provided Family Services in two districts during a period of three months before and after PRIME Assisted Training**



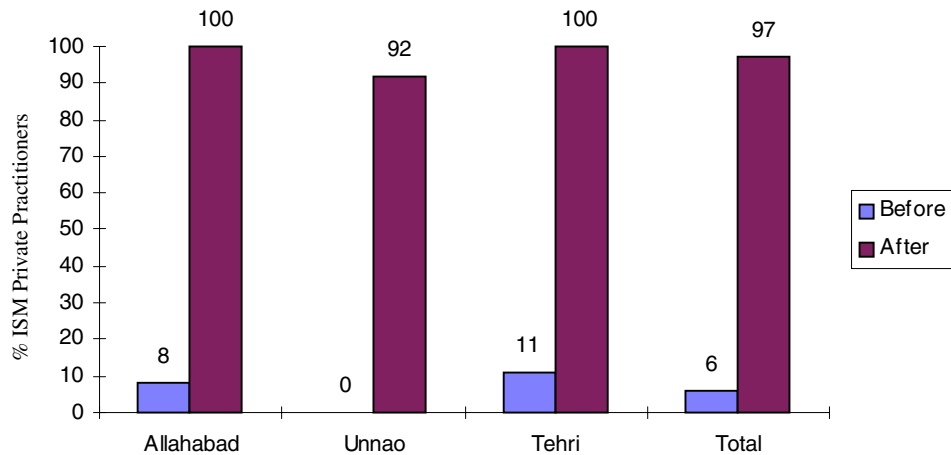
The percentages of trained ISMPs and Homeopaths providing *condoms* and *oral contraceptive pills* to their clients, both before and after training, are represented in Figures 3 and 4. After the training, 85 percent of practitioners interviewed reported supplying condoms and 97 percent oral contraceptive pills to their clients. Prior to training less than one in ten ISMPs and Homeopaths in their respective areas were providing these services. This represents a substantial increase in the provision of each of these methods.

<sup>3</sup> Comparative analysis was made on the basis of figures for two districts as pre training data for district Unnao was not available. Therefore, this information is for 21 ISMPs.

**Figure 3: Percentage of ISMPs providing condoms before and after PRIME Assisted Training**

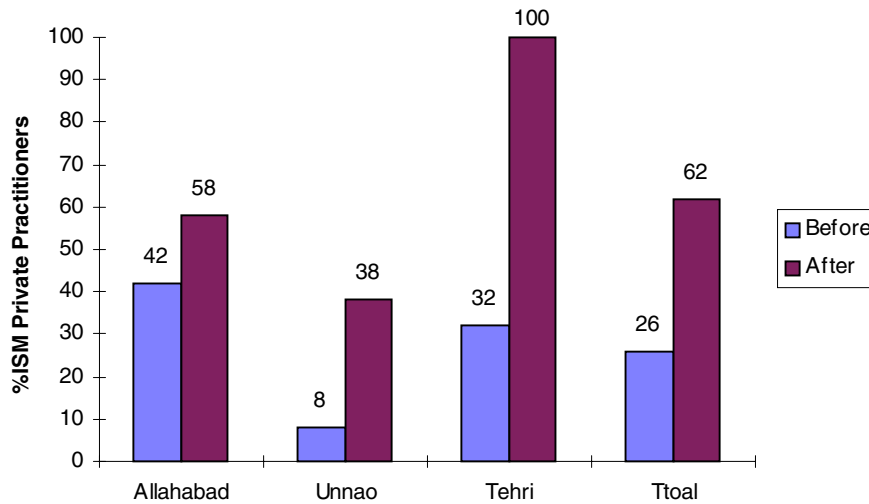


**Figure 4: Percentage of ISMPs providing oral contraceptive pills before and after PRIME Assisted Training**



ISMPs were trained to *refer clients seeking other FP methods*, such as IUCD or sterilization, to public sector sites where such services are available. Before training, 26% reported making referrals for IUCD or sterilization, while after training the proportion increased to 62% (see Figure 5).

**Figure 5: Percentage of ISMPs providing Family Planning Referrals before and after PRIME Assisted Training**



### 3. Retention of Skills

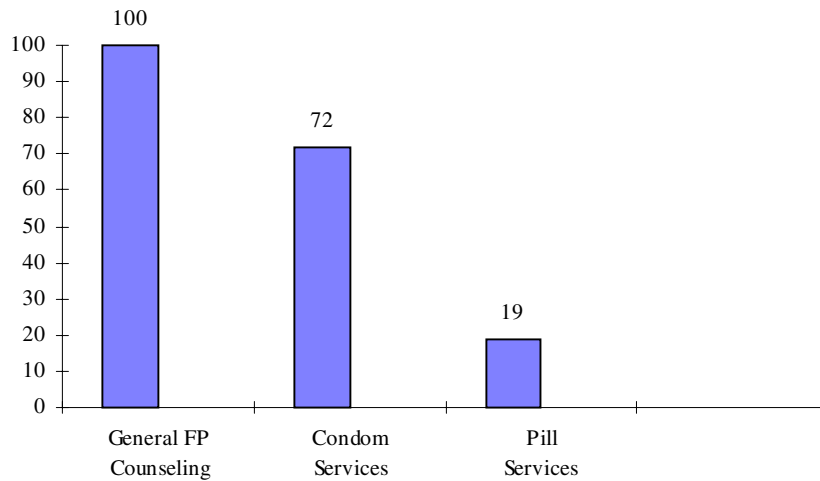
The data in figure 6 shows mixed results in terms of trained ISMPs’ ability to perform the three major tasks for which they were trained.<sup>4</sup> For the purpose of this assessment, “acceptable level” refers to correctly responding to checklist questions without missing a single question considered critical. All trained ISMPs were able to perform at the acceptable level for general family planning counseling and seven out of ten met the acceptable level for providing condom services. But only one out of five were able to meet the acceptable level for providing oral pills services.

The six day training of ISMPs emphasized OCP screening and use of checklists during role plays. Trainees also received hard laminated copies of these checklists to use at their worksite. Despite these efforts, detailed analysis of the responses given by the participants in this follow-up indicated that the majority of ISMPs did *not* use the checklist provided at the training to screen clients prior to prescribing oral contraceptive pills or, inform the clients what to do in case one or more pills were not taken as prescribed.

<sup>4</sup> Out of a total of 34 trained ISMP who were part of the follow-up exercise, two refused to participate in the skills retention assessment and, therefore, the analysis is based on data from 32 ISMP (Figure 6).



**Figure 6: Percentage of trained ISMPs meeting the acceptable level of performance with regard to three critical skills**



#### ***4. Summary of Results***

The results of the follow-up of trainees are summarized as follows:

- There was a large increase in the reported provision of FP services by ISM and Homeopathic Practitioners following training: general family planning counseling increased from 26% to 100%; provision of condoms increased from 9% to 85%; provision of OCPs increased from 6% to 97%; and referrals increased from 26% to 62%.
- Almost all ISMP participants do not maintain client services registers to record the types of services they have been providing.
- Two of the three critical skills for which they had received training (general FP counseling and provision of condom services) were effectively retained by the ISMPs. However, the critical skills for providing OCP counseling were not maintained by trained ISMPs assessed 3 months following training.



## Discussion and Recommendations

The levels of contraceptive use are determined by demand for services and service supply, including both ongoing supply of family planning commodities (“logistics”) and access to practitioners providing these services. All three of these elements need to be implemented and present to result in increased service use. As in the ISM pilot project the objective of the expansion into Banda, Shahjahanpur, Rampur Allahabad, Unnao, and Tehri Garhwal districts was to increase *access* to trained FP practitioners.

Three organizations new to the ISM program, the Allahabad Agricultural Institute (AAI), St. Catherine’s Hospital Society and the Garhwal Community Development and Welfare Society, managed the projects in the latter three districts. The follow-up assessment data drawn from practitioners working in those three districts indicate that access to FP was improved through training ISMPs. These results are similar to the results of the rapid assessment of the pilot project managed by IRMA and CFDRT in Sitapur and Jhansi districts. This follow-up assessment however, focused not only on access but also on the *retention of skills* three months after training. It revealed a need to strengthen the skills of ISMPs so they may competently provide a full range of FP methods, including OCPs to their clients.

The program managers and trainers of the implementing agencies were informed of these findings during discussions and trip reports, and the following *training* recommendations were made at that time:

- The OCP counseling checklist should be duly modified and only retain the critical steps for the purpose of OCP skill assessment.
- Program managers should discuss the revision of the OCP counseling session with the implementing and technical agency in order to simplify session contents.
- The trainers should emphasize and reinforce all the critical steps in OCP counseling session during training of ISMP.
- Future training programs should provide more emphasis on maintaining records, as they are important not only for assessing the effects of training but also in providing follow-up services to clients. This would allow for more objective measures of FP services in the future.

It is unclear however whether simplifying the OCP training will solve the problem of retention. There are other factors which may contribute to the patterns of response to the training which are worth further qualitative and quantitative investigation. Ideally, the following questions should be addressed:

- What are the demographics of ISM and Homeopathic practitioners and their clients in Uttar Pradesh? Purpose: find out the distribution of practitioners use by type of system; to find out whether there is a group of people who see ISMPs exclusively; to find out the potential for increased access to underserved populations such as adolescents.

- How are the indigenous systems of medicine organized and supported? Purpose: adapt training in non-clinical FP counseling to the socio-cultural dynamics to support organizational structure.
- To what extent do logistical problems influence the successful provision of service? Purpose: support and augment logistic systems and clinic environment.
- What are the daily clinical practice norms for Ayurvedic, Siddha, Unani and Homeopathic practitioners compared with biomedical practitioners? Purpose: to modify teaching methods and content of training for these contexts.
- What is the relationship between these practitioners and the biomedical practitioners practicing in their areas? Purpose: to find out how comfortable ISMPs are when referring clients to biomedical practitioners or other indigenous practitioners and vice versa. Identify areas in need of mediation and/or agreement.
- What has been the experience of the various types of ISM practitioners who have been most actively involved in providing FP counseling, distributing OCPs and condoms, and referrals in daily clinical practice? What has been the experience among trained ISM practitioners not providing these same services? Purpose: identify issues leading to practitioners' use or non-use of training skills in clinical practice (i.e., ISMPs' critiques of the training and/or non-clinical FP methods, or issues raised by clients).
- To what extent does low demand and discontinuation in the communities contribute to low volume of FP services? Explore the socio-cultural dynamics of decision-making regarding FP e.g., community, husband's/elder's involvement. Purpose: adapt FP counseling techniques to socio-cultural context; organize overall program strategy accordingly.

The high degree of interest on the part of indigenous systems of medicine practitioners in providing FP services and the evidence that the majority of them who are trained actually incorporate learned skills into their clinic practices is highly encouraging. More work is needed however to improve the success of this program. A broader picture of the social and cultural context including ISM organization and clinic practice norms, relations among the various medical systems' (including biomedical) practitioners, and community/client reproductive health practice is needed to contextualize the appropriateness of training. A thorough understanding of these socio-cultural issues could be used to guide adaptation of non-clinical FP training so that the majority of ISMPs working in Uttar Pradesh could provide safe effective FP services and referrals.

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## INNOVATIONS IN FAMILY PLANNING SERVICE (IFPS) PROJECT

Indigenous System of Medicine and Homeopathy Practitioners (ISMPs & HPs) Training Project in Non-Clinical methods of family planning.

### Pre- and Post-Training Skill Assessment

**Technical Assistance:** PRIME/Program for International Training in Health (INTRAH)

**Objective:** To identify the gaps in critical skills of the ISMPs & HPs in non-clinical methods of family planning.

This instrument is designed to assess the critical skills requested to perform 3 tasks, namely

1. Counseling for FP (task 3)
  2. Counseling for Condoms (task 4a)
  3. Counseling for OCP (task 4b)
- Skills would be assessed by observations through role plays, using the checklists included in this instrument.
  - Under the critical skills, there are two columns labeled “actual scores” and “possible scores.” The possible score contains the total possible marks. The “actual score” column will be used for scoring during assessment.

### Instrument for using this instrument

- Each trainee should be assessed individually before and after the training.
- Each step under a skill carries a score of one.
- The skills should be observed through role plays.
- The trainers should establish rapport with the trainee before administering the instrument.
- The trainer should explain to the trainee the purpose of this assessment.

## **Guide lines for the use of role play for skills assessment of trainers during Pre-/Post-test.**

Trainer should inform the practitioner that he is going to do the role play in which he is a client.

### **1. SKILL ASSESSMENT FOR GENERAL FP COUNSELLING**

#### **Tips for trainers:**

Trainers should assess as to how ISMP counsels the client about various family planning methods and helps her in making informed choice (uses various steps in counseling i.e. GATHER and provides overview of FP methods.)

### **2. SKILL ASSESSMENT FOR OCP COUNSELLING**

#### **Tips for trainers :**

Assess the skills & critical skills of the trainee in counseling for OCPs, including use of screening checklist.

### **3. SKILL ASSESSMENT FOR CONDOM COUNSELLING**

#### **Tip of trainers:**

Assess the skill and critical skill of the trainee in counseling for condoms.

### **Analysis of the results of each group**

- A 'score sheet' for each group is provided and the criteria for "individual pass" and "group pass" is described.
- Tally sheet for pre- and post-test score included at the end for each trainee. This should be filled at the end of skill assessments.



**Task 3: Counsel individuals couples about various fertility control measures.**

Critical Skills	Possible Score	Actual Score	
		Pre	Post
<p>Effective counseling skills</p> <p>(*means absolutely critical steps and a score of zero if all absolutely critical step' are not followed)</p> <p>*a. greets clients</p> <p>*b. asks clients about themselves</p> <p>*c. tell clients about family planning methods (using charts and models if available during the assessment)</p> <p>*d. helps clients chose a method</p> <p>*e. explains how to use a method</p> <p>*f. plans return visit</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>		
	6		

**Task 4a. Provide quality services to those individuals couples who opt to use condoms**

Critical Skills	Possible Score	Actual Score	
		Pre	Post
<p>4.a. 1 Method specific counseling competence which includes the following: (*means absolutely critical steps and a score of <u>zero</u> if <u>all</u> absolutely critical steps are not followed)</p> <p>a) Interpersonal communication competence:</p> <p>*i. <b>establishes rapport</b></p> <p>ii. obtains information about any previous experience with condom and about rumors and myths</p> <p>iii. listens and questions</p> <p>*iv. <b>Give information about basic facts about the condom using simple language and making the client feel the condom.</b></p> <p>b) Demonstrates the correct use of condoms:</p> <p>i. Shows how to open the condom packet so that it does not tear</p> <p>ii. Shows how to place the condom on the penis with the rolled end on the outside of the condom.</p> <p>iii. Tell not to unroll the condom before putting it on the finger model</p> <p>*iv. <b>shows how to expel the air and ensure that space is left at the tip by squeezing the tip of the condom while putting it on the finger / model</b></p> <p>v. Continues squeezing the tip while unrolling it till it covers the whole finger/model ensuring that ½ an inch space is left at the tip.</p> <p>*vi. shows how to hold the rim of the condom when coming out of the partner</p> <p>vii. show how to slide condom off and dispose it safely.</p> <p>viii. *return demonstration</p> <p>ix. tell her where to get supplies from</p> <p>6. *Provides reassurance.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>14</p>		

**Task 4b. Provide quality services to those individuals couples who opt to use OCPs including referral to the appropriate service provides in case of complications side effect**

Critical Skills	Possible Score	Actual Score	
		Pre	Post
<p>4.b. 1 Method specific counseling competence which includes the following:</p> <p>(*means absolutely critical steps and a score of zero if all absolutely critical steps are not followed)</p> <p>a. Interpersonal communication skills:</p> <p>*i. <b>establishes rapport</b> 1</p> <p>ii. obtains information about experience with OCPs and about rumors and moths 1</p> <p>iii. listens and questions 1</p> <p>*iv. <b>give information about OCPs using simple language and showing the client a packet of OCPs.</b> 1</p> <p>b. Screens the client to see whether the OCP is appropriate</p> <p>Asks about/whether:</p> <p>i. Age. 1</p> <p>ii. Smokes 1</p> <p>*iii. Pregnant 1</p> <p>*iv. History of stroke/blood clots the lungs, less. 1</p> <p>*v. History of heart attack or heart disease 1</p> <p>vi. History of jaundice or liver disease or tumors. 1</p> <p>vii. History of high blood pressure 1</p> <p>viii. History of frequent severe headaches 1</p> <p>ix. History of diabetes 1</p> <p>vii. History of unexplained vaginal bleeding 1</p> <p>viii. Breast feeding in the first 6 months of delivery 1</p> <p>ix. Is on treatment for tuberculosis 1</p> <p>x. Is on treatment for convulsions 1</p>			
	Contd..		

Cont..... 4

Critical Skills	Possible Score	Actual Score	
		Pre	Post
<b>c.) Demonstrates the use of OCPs</b>			
i. shows the packet to the client	1		
*ii. tells that the pill should be started on the fifty day of menses	1		
iii. tells that the pill should be taken every day by mouth at a fixed time.	1		
*iv. shows her which pill should be taken first	1		
*v. explains the arrow on the packet indicating the order of taking the pill	1		
vi. shows how to take the pill out	1		
vii. tells her when to start the next packet	1		
*viii. tells her what to do if she forgets the pills.	1		
ix. tells her to use condoms in case of vomiting or severe diarrhea	1		
x. tells her to contact him /her if started on treatment for TB or convulsions	1		
xi. tells her about side effects and to report in case of side effects.	1		
*xii. tells her about warning signs and to contact immediately in such cases	1		
xiii. tells how to store the pill	1		
xiv. provides a weeks supply of condoms	1		
xv. requests her to come after a month for follow-up and to bring the empty packet along with her	1		
*xvi. requests the client to demonstrate how to take the pill and what to do if she misses the pill	1		
d. provides reassurance that help will be provided if she has any complaints.	1		
	35		

**SIFPSA ISM PRIVATE PRACTITIONERS TRAINING  
TRAINEE FOLLOW-UP**

1. District: \_\_\_\_\_ 2. Training Dates: \_\_\_\_\_ 3. Date of Visit: \_\_\_\_\_

4. ISM doctor's Name: \_\_\_\_\_ 5. System of Medicine: \_\_\_\_\_

6. Address: \_\_\_\_\_

**OBTAIN THROUGH INTERVIEW WITH THE ISM DOCTOR**

1. What types of family planning and reproductive health services were you providing before you attended the SIFPSA ISM training? (Ask and record what types of services were provided before training and then proceed to ask what types of services he now provides after training. Please probe for each category of service).

What type of services do you provide now? (Probe carefully for accurate responses)

S.No.	Type of Service	Check if provided before training	Check if provided after training
1.	FP Counseling		
2.	Provided Condoms		
3.	Provided Oral Pills		
4.	Referred for IUD, Vasectomy or Tubectomy		
5.	Ante-Post natal care for women/ maternal health		
6.	STD Referral/treatment		
7.	Medical termination of pregnancy (MTP)		
8.	Post Abortion Care		



4. Please tell me if you are facing any difficulties in referring your patients to the government facilities such as CHC or PHC. Problems could relate to non-recognition by CHC/PHC, no referral slips, CHC/PHC are too far, private facilities are closer/better, etc .

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How useful are the IEC materials provided to you by the training agency? (Ask about materials for display at their clinic and materials meant for use during interaction with clients)

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**COPY FROM BASELINE SURVEY FORM**

6. Provided FP services before training? \_\_\_\_\_ Yes \_\_\_\_\_ No

6.1. If yes, copy types of FP services provided prior to training:

\_\_\_\_\_ FP counseling \_\_\_\_\_ provided condoms  
\_\_\_\_\_ Provided Oral Pills Others: \_\_\_\_\_

7. Received training in FP in last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Provide/advise clients re pregnancy prevention using traditional system of medicine?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**COPY FROM PRE/POST TEST DURING TRAINING**

9. Pre-test Scores: Knowledge \_\_\_\_\_ Skills (yes/no) 3. \_\_\_\_\_ 4a. \_\_\_\_\_ 4b. \_\_\_\_\_

10. Post-test Scores: Knowledge \_\_\_\_\_ Skills (yes/no) 3. \_\_\_\_\_ 4a. \_\_\_\_\_ 4b. \_\_\_\_\_

**COPY FROM SUPERVISION FORMS**

<b>Type of Information</b>	<b>Before Training</b>	<b>1* Date</b>	<b>2* Date</b>	<b>Remarks/Notes based on data or personal observation</b>
Total no. of patients/clients** Males Females				
Total no. of FP clients**				
No. counseled				
No. of old clients provided with condoms: From : GOUP supply CSM supply				
No. of old clients provided with OCs: From: GOUP supply CSM supply				
No. of new clients provided with Condoms: From: GOUP supply CSM supply				
No. of new clients provided with OCs: From: GOUP supply CSM supply				
No. of clients referred for: IUD Vasectomy Tubectomy Complications				
Record Keeping Satisfactory/Unsatisfactory				
Regularly receives newsletter Yes/No				
Displays sign board Yes/No				
Displays certificate Yes/No				



## BIODATA FORM

The purpose of this form is to provide PRIME trainers with information on participants' background and experience. This information helps the trainer to verify if the participants' background and experience are consistent with training selection criteria and to confirm the validity of the training curriculum and methodologies.

ACTIVITY TITLE: \_\_\_\_\_

ACTIVITY DATE: \_\_\_\_\_

### General Information

1) Last name: \_\_\_\_\_ Mrs.\_\_\_\_ Miss.\_\_\_\_ Mr.\_\_\_\_ Dr.\_\_\_\_

2) First name: \_\_\_\_\_

3) Sex (circle one): Female      Male

4) Address (Workplace): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

5) Address (Home): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

6) Country of Residence: \_\_\_\_\_

7) Job Title: \_\_\_\_\_

### Education

8) Number of years of formal education:

\_\_\_\_\_ a. Primary

\_\_\_\_\_ b. Secondary

\_\_\_\_\_ c. University/Professional School

\_\_\_\_\_ d. Total number of years (sum of a, b and c)

9) Do you have a university degree or a professional certificate/diploma?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is “yes,” what kind of degree or area of specialization (below please check any that apply):

- a) \_\_\_\_\_ Nursing
- b) \_\_\_\_\_ Midwifery
- c) \_\_\_\_\_ Public Health
- d) \_\_\_\_\_ Medicine
- e) \_\_\_\_\_ Education
- f) \_\_\_\_\_ Social Service/Human Sciences
- g) \_\_\_\_\_ Physical and/or Biological Sciences
- h) \_\_\_\_\_ Administration
- i) \_\_\_\_\_ Other specialty (please specify)

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10) For those who do **not** have a university degree or a professional certificate/diploma, please check (on the left) area(s) in which you have received training during your program. On the right, indicate the duration of training.

<b>Area</b>	<b>Duration of Training</b>
a) _____ Patient care	a) _____
b) _____ Traditional midwifery	b) _____
c) _____ Information/Education/Communication	c) _____
d) _____ Motivation/Community organization	d) _____
e) _____ Social service	e) _____
f) _____ Other (specify):	f) _____

## Training

11) If you have had on-the-job training, continuing education or a refresher course, please indicate in the columns at the right the duration and year of that training:

	<b>Column 1</b> (How long?)	<b>Column 2</b> (What year?)
a) Family planning (FP) management/supervision	_____	_____
b) FP evaluation	_____	_____
c) Non-clinical FP services	_____	_____
d) Clinical FP services (specify which): _____	_____	_____
e) _____	_____	_____
f) _____	_____	_____
g) _____	_____	_____
h) Natural Family Planning (NFP)	_____	_____
i) Information/Education/Communication (IEC) in FP	_____	_____
j) Training skills	_____	_____
k) Adolescent health	_____	_____
l) Prenatal care	_____	_____
m) Intrapartum management of normal labor and delivery	_____	_____
n) Postpartum care	_____	_____
o) Maternal education in newborn care	_____	_____
p) Post-abortion counseling	_____	_____
q) Management of post-abortion complications	_____	_____
r) Counseling on domestic violence	_____	_____
s) Counseling on FGM issues/decisions	_____	_____
t) Rape crisis counseling	_____	_____
u) STD/HIV prevention, recognition/diagnosis (for women? For men? Please specify)	_____	_____
v) STD/HIV management/referral (for women? For men? Please specify)	_____	_____

**Training** (continued)

	<b>Column 1</b> (How long?)	<b>Column 2</b> (What year?)
Other (please specify)		
w) _____	_____	_____
x) _____	_____	_____
y) _____	_____	_____
z) _____	_____	_____

12) To your knowledge, have you attended a training activity sponsored by INTRAH?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

a) Date of most recent course \_\_\_\_\_

b) Type of course \_\_\_\_\_

**Professional Experience**

13) The following is a list of FP activities. Please check on the left those activities you carry out, and indicate (at the right) how long you have been carrying out this activity:

<b>Activity</b>	<b>For how long?</b>
___ a) Counseling and/or Client education	a) _____
___ b) Clinic-based provision of clinical FP methods (IUD, pills, diaphragms, injections)	b) _____
___ c) Clinic-based provision of non-clinical FP methods (condoms, foam, foaming tablets)	c) _____
___ d) Provision of NFP methods (rhythm, mucous, sympto-thermal)	d) _____
___ e) Supervision of FP services	e) _____
___ f) Management of FP service(s)	f) _____
___ g) Planning/Evaluation of FP services	g) _____
___ h) Policymaking for FP services	h) _____
___ i) Community-based distribution (CBD) of contraceptives	i) _____
___ j) Community outreach, education or information	j) _____
___ k) In-service training in FP	k) _____

**Professional Experience** (continued)

<b>Activity</b>	<b>For how long?</b>
___ l) Pre-service teaching/Tutoring in FP	l) _____
___ m) Adolescent health	m) _____
___ n) Prenatal care	n) _____
___ o) Intrapartum management of normal labor and delivery	o) _____
___ p) Postpartum care	p) _____
___ q) Maternal education in newborn care	q) _____
___ r) Post-abortion counseling	r) _____
___ s) Management of post-abortion complications	s) _____
___ t) Counseling on domestic violence	t) _____
___ u) Counseling on FGM issues/decisions	u) _____
___ v) Rape crisis counseling	v) _____
___ w) STD/HIV prevention, recognition/diagnosis (for women? For men? Please specify)	w) _____
___ x) STD/HIV management/referral (for women? For men? Please specify)	x) _____
Other (please specify):	
___ y) _____	y) _____
___ z) _____	z) _____

14) Have you participated as a trainer or a co-trainer recently (in the last five years)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you have worked as a trainer, please check (in the **left** column) any courses in which you were a trainer/co-trainer. In the **right** column, please indicate the number of times you have participated in that course:

<b>Course</b>	<b>Number of Times</b>
___ a) Management/Supervision of RH/FP/MCH programs, or supervision of RH/FP/MCH services	a) _____
___ b) Evaluation of FP programs or Evaluation of RH/FP/MCH services	b) _____
___ c) Training of trainers	c) _____
___ d) Non-clinical FP service delivery skills	d) _____

Question 14 (continued)

<b>Course</b>	<b>Number of Times</b>
___ e) Clinical FP service delivery skills	e) _____
___ f) NFP methods	f) _____
___ g) IEC in FP	g) _____
___ h) Adolescent health	h) _____
___ i) Prenatal care	i) _____
___ j) Intrapartum management of normal labor and delivery	j) _____
___ k) Postpartum care	k) _____
___ l) maternal education in newborn care	l) _____
___ m) Post-abortion counseling	m) _____
___ n) Management of post-abortion complications	n) _____
___ o) STD/HIV prevention, diagnosis, management	o) _____
Other (please specify)	
___ p) _____	p) _____
___ q) _____	q) _____

**Professional Functions**

15) In what areas do your principal responsibilities lie?

(Please check any and all that apply to you.)

- \_\_\_ a) Curative or MCH/FP services in the public sector
- \_\_\_ b) Communication and/or motivation and/or information
- \_\_\_ c) Planning and/or administration and/or management
- \_\_\_ d) Supervision and/or evaluation
- \_\_\_ e) Training and/or teaching and/or precepting
- \_\_\_ f) Other (please specify) \_\_\_\_\_

**Work Setting**

16) Where is your primary worksite? (please check one.)

- \_\_\_ a) National-level administrative/planning/evaluation unit or center
- \_\_\_ b) Regional, provincial, district or local administrative/planning/evaluation unit or center

Question 16 (continued)

- c) Clinic/dispensary/hospital, not specifically or primarily FP
- d) Clinic/dispensary/unit in a hospital, specifically FP
- e) Training or teaching in a larger organization or agency
- f) Training or teaching unit in a larger institution
- g) Community agency, not specifically health related
- h) Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17) Is the setting in which you work (please check one):

- a) A public governmental organization?
- b) A public non-governmental or voluntary organization?
- c) A private sector organization?
- d) Other \_\_\_\_\_

18) Is the setting in which you work:

- Urban       Rural       Both