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United Republic Of Tanzania

Postabortion Care Clinical Skills Curriculum

Volume 1
Trainer's Guide

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Designed and formatted by:
Mercie Gachie
PRIME II/Intrah Regional Office, Nairobi
Norfolk Towers, Block G
P.O. Box 44958, 00100
Nairobi, Kenya



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Foreword

Comprehensive Postabortion Care (PAC) is a strategy aimed at reducing maternal mortality and morbidity. The overall objective is to reduce maternal deaths. Maternal mortality devastates thousands of families and is considered a worldwide crisis. About 600,000 women die every year from complications of pregnancy and childbirth. Ninety-nine percent of these deaths occur in the developing world. In 1995, the World Health Organization (WHO) estimated that up to 15% of pregnancy related mortality worldwide is due to abortion. The maternal mortality rate (MMR) in Tanzania is estimated as 529 per 100,000 live births. The 1996 Tanzania Demographic and Health Survey (TDHS) indicate that abortion contributed 16% of the maternal deaths (TDHS 1996). Several strategies have been tried in Tanzania to reduce the problem of maternal mortality, including adoption of the Safe Motherhood Initiative. However, these efforts seem to have yielded minimal impact on maternal mortality.

In light of the above, the MOH is committed to scaling up comprehensive PAC so as to reduce abortion related maternal mortality and morbidity through training of middle level health service providers such as clinical officers, nurse-midwives in addition to the medical doctors. The aim is to ensure that comprehensive PAC services are available at lower level health facilities. Comprehensive PAC entails community involvement and participation, comprehensive PAC counselling, emergency treatment of complications from spontaneous or induced abortions, family planning counselling and services, and linkages with social, general medical and other reproductive health services to cover comprehensive reproductive health.

It is my hope that this curriculum will enhance quality comprehensive PAC, increase community awareness of abortion complications and maximise utilisation of comprehensive PAC services within the health sector reform policies, strategies and guidelines. I urge all users of this curriculum to make it a living document in government's efforts to improve women's health taking into account emerging community based needs and scientific developments.



Dr. Gabriel L. Upunda
Chief Medical Officer
Ministry of Health

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Ms. Grace Mtawali	Consultant – PRIME/Intrah
Dr. David Kihwele	Director of Programmes – UMATI
Dr. Isaac Achwal	Medical Associate and PAC Advisor – EngenderHealth
Ms. Rose Wasira	Service Delivery Programme Officer – RCHS
Ms. Gaudensia Tibaijuka	Former Asst. Training Coordinator – RCHS
Mr. John Simbamwaka	Research and Evaluation Officer – UMATI
Dr. Nsima Mshumba	Marie-Stopes, Tanzania
Dr. K. Mohammed	Medical Officer – Njombe District Hospital
Ms. Leonia Rutahiwa	Reproductive Health Trainer – Njombe District Hospital
Ms. Colleta Obunga	Former Ipas Regional Director
Dr. Joseph Kanama	National Service Delivery Coordinator – UMATI
Dr. Dawson Mrosso	Obstetrician/Gynaecologist – Mbeya Consultant Hospital
Dr. Regina Kutaga	Safe Motherhood Initiative Officer – RCHS
Dr. H.S.S Shemhilu	Head of Information and Documentation – PHC Iringa
Dr. David E. Martin	Vice Principal – CEDHA, Arusha

Dr. Andrew Kilonzo	Obstetrician/Gynaecologist – Bugando Medical Centre, Mwanza
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Dr. A. A. Mzige
Director, Preventive Services, MOH

Abbreviations

AIDS	- Acquired Immunodeficiency Syndrome
AMO	- Assistant Medical Officer
ANC	- Ante-natal Care
Bp	- Blood Pressure
BUN	- Blood Urea Nitrogen
CEDHA	- Center for Educational Development in Health, Arusha
cm	- Centimetre
CO	- Clinical Officer
COC	- Combined Oral Contraceptives
COPE	- Client Oriented Provider Efficiency
CPAC	- Community-level Postabortion Care
CVS	- Central Vascular System
D&C	- Dilatation and Curettage
DIC	- Disseminated Intravascular Coagulopathy
DMPA	- Depot- Medroxy Progesterone Acetate
EC	- Emergency Contraception
ELC	- Experiential Learning Cycle
EPI	- Expanded Program of Immunization
FP	- Family Planning
GATHER	- Greet, Ask, Tell, Help, Explain, Refer/Return (as used in counselling technique)
m/dl	- grammes/decilitre
Hb	- Haemoglobin
HBV	- Hepatitis B Virus
Hct	- Haematocrit
HIV	- Human Immunodeficiency Virus
HLD	- Highlevel Disinfection
IEC	- Information, Education and Communication
IM	- Intramuscular
IP	- Infection Prevention
Ipas	- International Project Assistance Services

IUCD	- Intrauterine Contraceptive Device
IV	- Intravenous
JHPIEGO	- Johns Hopkins Programme for International Education in Reproductive Health
LMP	- Last Menstrual Period
LNMP	- Last Normal Menstrual Period
MCH	- Maternal Child Health
mm	- millimetre
MMR	- Maternal Mortality Ratio
MO	- Medical Officer
MOH	- Ministry of Health
MSD	- Medical Stores Department
MTUHA	- Mfuno wa Taarifa za Uendeshaji wa Huduma za Afya (The National Health Information System)
MVA	- Manual Vacuum Aspiration
N/M	- Nurse/Midwife
NSAID	- Non-Steroidal Anti-inflammatory Drugs
Ob/Gyn	- Obstetrician/Gynaecologist
OJT	- On - the - Job - Training
OPD	- Out-patients Department
OR	- Operation Room
OT	- Operating Theatre
PAC	- Comprehensive postabortion Care
PCV	- Packed Cell Volume
PHC	- Public Health Care
PMH	- Past Medical History
POCs	- Products of Conception
POP	- Progestin Only Pill
PR	- Pulse rate
RCHS	- Reproductive and Child Health Section
RH	- Reproductive Health
RS	- Respiratory System
STD	- Sexually Transmitted Diseases

TT	- Tetanus Toxoid
TDHS	- Tanzania Demographic and Health Survey
UMATI	- Uzazi na Malezi Bora Tanzania (FP Association of Tanzania)
USAID	- United States Agency for International Development
VCT	- Voluntary Counselling and Testing for HIV
WHO	- World Health Organisation
WST	- Whole Site Training (orientation of all personnel including management, cleaners and security staff on the subject/issues skills on-job-training of service providers)

Introduction to the Curriculum

Basis of the Curriculum

- This is a competency-based curriculum based on five elements of comprehensive PAC, national policy guidelines and Program Components and Service Standards for Family Planning and Safe Motherhood.

In 1991, the initial concept of comprehensive PAC had 3 elements however after many years experience, other important aspects that make it holistic and all inclusive were added and the elements were globally revised in 2002 to five. These are:

1. ***Community involvement and participation*** (for prevention of unwanted pregnancies and unsafe abortion), mobilisation of resources (to help women receive appropriate and timely care for complications from abortion), and ensuring that health services reflect and meet community expectations and needs.
2. ***Comprehensive postabortion counselling*** (to identify and respond to women's emotional and physical health needs and other concerns).
3. ***Emergency treatment of complications from spontaneous or induced abortion*** (that are potentially life-threatening).
4. ***Family planning counselling and services*** (to help women prevent an unwanted pregnancy or practice birth spacing).
5. ***Linkages to access comprehensive reproductive health (CRH) care*** (provided on-site or via referrals to other accessible facilities in providers' networks).

Contribution to Providing Positive attitudes to Comprehensive PAC

- The curriculum contributes to expanding the knowledge, improving skills and changing attitudes of health workers who will be trained using this curriculum, in order for them to:
 - Display non-judgmental and caring attitude to women who have suffered complications of abortion.
 - Be proactive in assisting postabortion women to prevent repeated abortion and the health consequences associated with it.

Contribution to geographic and human resources decentralisation

- Programmatically, the implementation of the curriculum will help the Ministry of Health and Local Government Health Management Teams to decentralise comprehensive postabortion care from central referral hospitals to health centres – district hospitals and from few physician service providers to many middle level service providers.

Pool of Comprehensive PAC graduates and integrating PAC with other health services

- The graduates of the curriculum will form a pool of comprehensive postabortion care (PAC) service providers from which to draw comprehensive PAC trainers and health facility level comprehensive PAC supervisors. However, given the integrated approach, comprehensive PAC services will be part of other life saving skills, reproductive health, medical and other social care. Hence the inclusion of skills related to client/provider interaction, STD/HIV/AIDS etc.

Training Approaches

- The curriculum will be adaptable for a variety of structured training approaches depending on training needs, setting of the training and availability of resources. Examples of these approaches are:
 - Short centralised or group training (which is the main approach in this curriculum).
 - Individualised and self-directed learning.
 - On the-job-training.
 - Whole site training.
- For each training approach participants will be assisted to link or transfer learning to work situation through:
 - Applying the seven step experiential learning cycle during all sessions.
 - Developing and using individual skills application plans (each participant or team of participants).
 - Supportive/facilitative trainee follow-up, which is ultimately phased into supportive supervision.
 - Applying self assessment tools, including COPE (Client - Oriented Provider Efficiency) checklist or procedural steps; and,
 - Use of relevant job aids.

***Link with clients
and Community
rights***

- In all the above training approaches, upholding the clients' and community's rights will be a key quality for comprehensive PAC service. Community rights include the clients' right of participating in the design, implementation and evaluation of the health service. The comprehensive PAC curriculum reflects an aspect of this community right.
- Trained comprehensive PAC service providers should apply other Ministry of Health guidelines and use data from MTUHA, in maximising community involvement in comprehensive PAC service delivery, access and quality.

***Link with existing
national health
information system
(MTUHA)***

- Existing comprehensive PAC providers use comprehensive PAC records developed for a transitional period until this information is incorporated in the MTUHA.
- Trainers will assist trainees to use comprehensive PAC data during practice and after the training, while ensuring that this data stays accessible for continuing client care when needed.

How to use the Curriculum

Curriculum presentation

- This curriculum is presented in eight interrelated modules as listed in the table of content. A brief module overview and general objectives are presented at the start of each module. Trainer preparation and materials required are suggested. Each module consists of several sessions. Training methodology and evaluation approaches are also suggested. The trainer is urged to deepen his/her knowledge through review of the suggested references.
- The trainer will note that the schedule introduces Clinical Practice and MVA earlier than in the traditional approaches. This new approach allows more time for clinical practice.

Primary users of this Curriculum

- The primary users of this curriculum are comprehensive **PAC Trainers.**

Other users of the Curriculum

- These are listed below.
 - a. **On-site or distance-based reproductive health supervisor**

He/she will use:

- The checklists and appropriate FP/PAC/RH service standards to identify technical assistance needed in order to strengthen the comprehensive PAC provider's skills/practices. He/She will ensure this assistance is provided in a timely manner.
- The list of equipment, supplies and materials needed for providing quality comprehensive PAC service to ensure that a sustainable system for avoiding stock outs is in place.
- The comprehensive PAC provider guidance in record keeping, to ensure that in the long term, comprehensive PAC data will be integrated with other RH data in MTUHA.

b. Hospital and Council Health Management Teams:

- To ensure that the post training tasks of the comprehensive PAC service provider will be recognised officially and explicitly reflected in the job description of the comprehensive PAC provider.
- To ensure that support to the supervisors and in turn the comprehensive PAC provider leads to "training that has impact/results on service provision."

Planning the centralised group training

- The curriculum is presented in modular form for easy selection of modules to meet training needs of service providers with different entry knowledge and skills. With respect to the whole curriculum: First users of the curriculum will require at least five planning days before starting the training while those using the curriculum for the subsequent (second or more) training will require one day. During this period, trainers should:
 - review the whole curriculum to familiarise themselves with all the materials presented, in order to identify the training materials that need to be prepared such as newsprints, handouts and monitoring tools that require modification.
 - Assemble and familiarise themselves in the use of available equipment, slides and video films.
 - Go through the suggested reference readings to strengthen their knowledge and if necessary update the content presented. Develop their own session objectives, based on the overall and specific objectives and major comprehensive PAC jobs/tasks in the comprehensive PAC performance standards.
- Develop session plans using the model session plan, contained in the Trainer's Guide No. 2, which applies the experiential learning cycle (ELC). Keep all session plans developed and used in the 1st training, in typed form, ready for minor modifications during subsequent training activities.
- Prepare other additional/required training materials, including trainees' materials.
- Visit the practical area e.g. gynaecological ward or PAC/MVA room. In consultation with the officer in-charge of the health facility and the community leader identify clients or community members who are agreeable to participating in trainee clinical or community involvement practice sessions. Be oriented in the comprehensive PAC client care procedure of the ward/PAC/MVA room. Do this to ensure that the training sessions do not interfere with the section's practices/ operations. In the case of practical session in community involvement, it is recommended that both the trainers and trainees learn how they are expected to behave in the community.
- Review registers and other forms used for recording comprehensive PAC activities and relevant MTUHA documents before training and plan how you will guide trainees in using them.
- Where the practicum site has limitations of actual client load, prepare simulations that will be conducted to help each trainee acquire safe and acceptable exit competence level.

Conducting the training

- Use the session plans and other materials developed during the planning phase.
- Monitor knowledge and skills acquisition as described below. Be available for individual participants as needed.
- Demonstrate all comprehensive PAC procedures and allow trainees a return demonstration through simulation and/or on models before practicing on actual patients. Follow principles of using a Demonstration and the “Do-as-you-say” training approach, during demonstrations.
- Review and modify training methods and materials during training, if the trainees’ skill acquisition pace does not match the process and time suggested. Ensure that the set general and specific objectives are met. Also negotiate with trainees to put in extra curricular time for conducting training/learning activities that cannot be covered during the regular time.
- Give clear guidelines and adequate time frames e.g. from middle of first week to first 2 days of second week, for the Project on Facility Organisation.
- Use overhead or slide projector where available. Trainers who do not have overhead or slide projector may use the content meant for slides as handouts or trainees’ materials or newsprint.
- Provide one-on-one guidance to trainees during the centralised training practicum. Ensure that each trainee provides emergency care, including at least 10* MVA procedures for incomplete abortion, practices new skills such as using chemicals for high level disinfection; history taking for comprehensive PAC service, recording client care provided, counselling for emotional support of comprehensive postabortion clients, holding a meeting for community involvement in comprehensive PAC service delivery etc.

NB: *This number is not “written on stone”. The main point is to provide several opportunities for the trainee to practice and refine these skills.

- Encourage trainees to document the changes/applications learnt that they intend to make at their work sites. The trainees should compile those that they feel are a priority at the end of the training, for application.

Monitoring the Training

Outcomes of monitoring the training contribute to end of training recommendations for certifying participants.

- Use the Comprehensive PAC Performance Standards, FP Procedure Manual, STD Syndromic Management Flow Charts, Checklists and steps of providing comprehensive PAC, including Infection Prevention procedures, to monitor skills acquisition. Conduct process reviews after each practicum session and classroom day. Provide immediate guidance and support to the trainee during training on clients' and quality of service.
- Encourage individual trainee/trainer consultations or guidance.
- Help trainees' link theory and practice through identifying opportunities during actual client care that build on theory provided.
- Remind the trainees that they too will monitor their own skills acquisition at their work sites using the comprehensive PAC Performance Standards, FP Procedure Manual, STD Syndromic Management Charts and the Skills application (Action Plans).

Evaluating Training

Evaluation of training to be conducted jointly by the trainer and trainee.

- Administer the Pre/Post Training Questionnaire and share results with individual trainees during the first week of training.
- Administer participant daily feed-back form to monitor the sessions where participants require immediate remedial measure.
- Use the checklists/skills assessment tools, the comprehensive PAC Performance Standards and STD Syndromic Management Flow Charts to document the status of each trainee's competence and through daily and weekly trainers' process reviews.
- Administer Participant Course Evaluation Form to evaluate the whole training.
- Conduct a grand (end-of-training) process review.
- Share relevant outcomes of evaluation with trainees and re-plan as appropriate.

**Expectations of
trainee competence at
the end of training**

By the end of the training participants are expected to have achieved the following:

- Developed positive attitudes towards comprehensive postabortion clients and PAC generally.
- Acquired/updated their FP, STD/HIV/AIDS and counselling skills, including empathetic interaction counselling, treatment, MVA and other procedures.
- Updated their skills in infection prevention.
- Updated their skills in documenting findings of client assessment and management of abortion complications.
- Updated their skills in community mobilisation and involvement.
- Identified how to advocate for comprehensive PAC and source of comprehensive PAC messages.
- Committed themselves to each train at least one colleague on-the-job in comprehensive PAC.
- Developed comprehensive PAC Action Plans that would include establishing and strengthening the involvement of the community in their catchment areas for comprehensive PAC services.

**Supportive on-site
trainee follow-up
and other guidance**

The two weeks training enables the graduate to achieve acceptable exit level competence. Proficiency is expected to occur once the newly trained person is deployed as a comprehensive PAC provider. However, as a newly qualified comprehensive PAC service provider, one-to-one guidance at the work site would contribute to maintaining the skills acquired. It is hoped that the Hospital and Council Health Management Teams will make this possible.

- The trainer must:
 - Help the trainee to continue with learning through using job aids provided during the training and various procedures on comprehensive PAC counselling, FP/PAC/STD/HIV/AIDS. The sources of these job aids include the FP Procedure Manual, and STD/HIV/AIDS manual leaflets and posters.
 - Encourage the on-site supervisor to provide an atmosphere for self-directed learning e.g. acknowledge this officially in relevant form.

Certification

• Trainers:

- If the participant has completed the 2 weeks of training and in that time has demonstrated acquisition of all comprehensive PAC skills according to set standards, then the trainer can either issue a certificate of competency or recommend the trainee for certification.
- Recommend for:
 - a) Certification and issuing Certificate of Competence at a later date, if the participant's continuous skills assessment during training reveals limitation in critical skills for offering comprehensive PAC services. Critical skills include those which:
 - ❖ Make comprehensive PAC service complete.
 - ❖ Influence comprehensive PAC client safety.
 - b) On-the-job guidance or self-directed learning that is needed to get the trainee reach certification level. Recommend person to guide him/her and the practice-site if possible.

Trainer's Note

Section 1

***Foundational Information for
Enhancing Effective Comprehensive Postabortion Care Training***

Selection Criteria for Trainers, Trainees and Practicum Site for the Training Reflected in this Curriculum

The Comprehensive PAC Trainer

- CO, AMO, MO, Ob/Gyn Specialist, N/M, PHN.
- Currently practicing and deployed in comprehensive PAC service.
- Having training skills including OJT, coaching/preceptor-ship. Is recognised by MOH as comprehensive PAC trainer.
- Having participated in contraceptive technology update, interpersonal communication/counselling course, infection prevention update.

The Comprehensive PAC Trainee

- Health workers i.e. MO, AMO, Ob/Gyn Specialist, CO, NO, PHN and N/M "B".
- Should be working in a health care facility that provides maternal health services.
- Should have interest in comprehensive PAC services.
- Have a positive attitude towards comprehensive PAC clients.
- Will be deployed for comprehensive PAC services and will train another staff member for the continuity of comprehensive PAC service.

The Comprehensive PAC Practicum Site

In order to provide effective practicum, the site must meet the following criteria:

- A facility that provides quality comprehensive PAC services according to national standards.
- The management of the facility must show an interest in hosting comprehensive PAC training and indicate acceptance to host the same upon request.
- Should have a client caseload that will enable trainee reach acceptable exit level of competence.
- The facility must have adequate water supply to maintain IP standards.
- The facility should be one that has good support services (i.e. those needed to complement comprehensive PAC service provisions such as a laboratory and pharmacy).
- Should be a facility that provides family planning services according to expected national service policies and standards.
- The facility should ideally have a range of or has access to other RH services to which comprehensive PAC patients are routinely referred.

Equipment, Supplies and Drugs for Quantity PAC Service Delivery

Basic Equipment and Supplies for MVA

- Bi-valve speculum (small, medium or large).
- Uterine tenaculum or vulsellum forceps.
- Sponge holding or ring forceps (2).
- 10-20 ml syringe and 22-gauge needle and/or needle extenders (for paracervical block).
- MVA Instruments:
 - MVA vacuum syringes, single or double valve.
 - Flexible cannulae of different sizes.
 - Adapters (if double valve syringe).
 - Silicone for lubricating MVA syringe o-ring.
- Light source (to see cervix and inspect tissue).
- Swabs/gauze.
- Antiseptic solution (preferably an iodophor such as povidone iodine).
- Gloves, sterile or high-level disinfected surgical gloves or new examination gloves.
- Utility gloves.
- Strainer (for tissue inspection).
- Simple magnifying glass (x 4-6 power) (optional).
- Clear container or basin (for tissue inspection).
- Items that should be at hand but are not required for all MVA procedures:
 - Curettes, sharp.
 - Tapered mechanical dilators (Pratt [metal] or Denniston [plastic]).

Furniture and Equipment

Before beginning the MVA procedure, make sure that the following equipment and supplies are in the treatment room and in working order:

- Examination table with stirrups.
- Strong light (e.g., gooseneck/angle poise lamp).
- Seat or stool for the surgeon performing the clinical procedures (optional).
- Plastic buckets (at least 3) for decontamination solution (e.g. 0.5% chlorine).
- Puncture-proof container for disposal of sharps (needles).
- Leak-proof container for disposal of infectious waste.
- Battery operated torch/spotlight.

For Highlevel Disinfection or Sterilisation of Instruments

These items should be available for processing instruments:

- Normal (plastic) containers with lids for HLD and storage.
- Detergent.
- Clean Water.
- Chlorine solution (concentrated solution or dry powder).
- Highlevel disinfectant or sterilisation agent; – gluteraldehyde (Cidex, Steraneous, Totacide) (optional).
- Large pot for boiling cannulae (optional).
- Autoclave (steam) or convection oven (dry heat).
- Heavy duty gloves.
- Cleaning brush (e.g. toothbrush).

For Emergency Resuscitation

These items are seldom required in uterine evacuation cases but are needed for possible emergency use:

- Atropine.
- Sodium bicarbonate.
- Hydrocortisone.
- Adrenaline.
- IV infusion equipment and fluid (Dextrose saline, Ringers lactate and normal saline).
- Suction apparatus electric/manual.
- Ambu bag.
- Oxygen giving apparatus (tank with flowmeter) with oxygen.
- Oral airways.

Essential Drugs for Emergency Comprehensive postabortion Care***

Drugs used for anaesthesia **

Atropine
Diazepam
Ketamine
Lignocain, 1% without epinephrine

Analgesics

Paracetamol
Diclofenac
Indomethazine
Pethidine (or suitable substitute)

Antibiotics

Broad spectrum antibiotics such as:
Ampicillin
Amoxyl
Benzylpencillin
Chloramphenical
Metronidazole
Sulfamethoxazole-trimethoprim
(C0trimoxazole)
Erythromycin
Tetracycline

Antiseptics

Chlorhexidine, *** 4% (Hibitane, Hibiscrub)
Iodine preparations, 1-3%
Iodophors (Betadine)

Disinfectants

0.5% chlorine solution constituted from Sodium hypochlorite tablets/ chlorine powder/ commercial chlorine solution Ibuprofen
Formaldehyde, 8% (Formalin)
Glutaraldehyde, 2% (Cidex, Steraneous,Totacide)

Tetanus Toxoid****

Oxytocics**

Ergometrine injection
Ergometrine tablets
Oxytocin Injection

Intravenous Solutions

Water for injection
Sodium lactate (Ringer's)
Glucose 5%, 10%, 25% and 50%
Glucose with isotonic saline
Sodium Chloride

Blood Products**

Capability for blood transfusion or access to blood transfusion services.

** Should be available at all secondary or referral facilities.

*** Savlon, which contains chlorhexidine, is not listed because the concentration of chlorhexidine varies from country to country from as little as 1% to 4%. (Check local products for approximate concentration before using).

**** Anti-D tetanus immunoglobulin (human) or antitoxin, if available, should be provided when indicated.

Post Training Tasks of a Service Provider Trained in Comprehensive Postabortion Care

In addition to the usual official duties, the comprehensive PAC trained service provider will carry out the following tasks:

- Establishing and maintaining positive interaction between him/herself and clients, clients relatives and with other members of the health team.
- Advocating for comprehensive postabortion care in the respective catchment area.
- Managing complications of incomplete abortion.
- Providing counselling services in the following areas:
 - Support for comprehensive postabortion emotional issues.
 - Family Planning including dual protection and emergency contraception.
 - STD/HIV/AIDS.
 - Other reproductive health, medical and social uses contributing to abortion.
 - Other preventive health services such as cancer screening, nutrition or malaria in reproductive age, tetanus toxoid and others.
- Managing STI and HIV/AIDS among comprehensive postabortion clients.
- Practicing/providing integration of comprehensive PAC with general and other reproductive health services.
- Providing a mix of family planning methods to comprehensive postabortion clients.
- Establishing and maintaining a referral mechanism for clients, needing services not provided at the facility and/or specialised care or support.
- Organising the health facility to provide quality comprehensive PAC.
Maintaining and sustaining supplies, equipment, furniture, environment and records for comprehensive PAC service.
- Performing and assuring that infection prevention practices are in place and adhered to.
- Involving the community to facilitate timely referral and transport of comprehensive postabortion clients.

Overall/General Objectives

By the end of the two weeks training, based on national service standards, the participant will be able to:

1. Advocate for comprehensive PAC services within the health facility, community and among policy makers.
2. Counsel comprehensive postabortion clients for emotional support, family planning, reproductive, medical, social and other related issues.
3. Provide emergency care for clients with comprehensive postabortion complications.
4. Provide family planning including dual method use and emergency contraception according to client needs.
5. Manage STI/HIV/AIDS and other medical conditions encountered during comprehensive PAC services.
6. Organise the health facility to provide sustainable comprehensive PAC services.
7. Involve the community to identify and facilitate timely referral of, and transportation for women who need comprehensive PAC services.

Specific Training Objectives

By the end of the two weeks training, based on national service standards, the participant will be able to:

1. Advocate for comprehensive PAC services

- Display a positive attitude towards comprehensive PAC clients and activities in the facility and other forum.
- Create an enabling environment for access to comprehensive PAC services at health facility and community levels.
- Solicit the support of all stakeholders at facility, community and district levels in improving the quality of and access to comprehensive PAC services.

2. Counsel Clients

- Provide emotional support to clients during comprehensive postabortion care.
- Counsel comprehensive PAC clients on other reproductive health (e.g. syphilis, HIV/AIDS), medical (e.g. diabetes, malaria) and other social (e.g. rape, incest, wife battering) issues that may have contributed to abortion.
- Counsel comprehensive postabortion clients for informed choice of family planning methods, medical, reproductive health and social services.

3. Provide Emergency Care

- Assess the client for shock and other life threatening complications.
- Initiate resuscitative measures and treatment for life threatening complications.
- Assess the client to ascertain the diagnosis and plan the management.
- Manage pain associated with comprehensive postabortion complications and treatment.
- Perform uterine evacuation using MVA.
- Manage other complications encountered among comprehensive postabortion clients.
- Identify clients with complications that cannot be managed at the health facility for referral.

4. Offer Family Planning and other Reproductive Health Services

- Provide comprehensive postabortion clients with family planning methods mix including dual method use and emergency contraception.
- Diagnose STD using syndromic management flow charts.
- Provide selected STD/HIV/AIDS care and treatment during comprehensive PAC service delivery using syndromic management chart.

5. Organise Comprehensive PAC/RH Services

- Apply universal precautions for reducing infections during comprehensive PAC and other health services.
- Maintain a mechanism for assuring timely availability of supplies, equipment and other necessary materials.
- Use records to evaluate and improve the quality of comprehensive PAC services.
- Use a variety of approaches of ensuring the comprehensive postabortion clients who choose family planning methods, receive them.
- Conduct on-the-job training (OJT) for other health workers according to their functions and comprehensive PAC service requirements.

6. Involve the Community

- Mobilise the community to provide timely referral and transportation for women who need comprehensive PAC services.

Tentative Schedule PAC Clinical Skills Training for Service Providers - Tanzania

DATES: From To 20

VENUE:

WEEK ONE - Morning Sessions

MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY 1 - Morning		DAY 2 - Morning	DAY 3 - Morning	DAY 4 - Morning	DAY 5 - Morning	DAY 6 - Morning
8.30 - 8.45 a.m.	Welcoming Remarks	8.30 - 9.00 a.m.	Where are We?	8.30 - 9.00 a.m.	Where are we?	8.00 - 9.00 a.m.
8.45 - 9.45 a.m.	Registration/Biodata Form (for all) circulated	9.00 - 10.30 a.m.	Providing Emergency Care and Introduction to comprehensive PAC Practice	9.00 - 10.00 a.m.	Manage comprehensive post abortion complications	9.00 - 10.30 a.m.
9.45 - 10.30 a.m.	Introductions; Expectation, Norms, Housekeeping			9.00 - 10.30 a.m.	MVA practicum in Gym Ward when clients available	MVA practicum in Gym Ward when clients available
10.30 - 11.00 a.m.		Tea Break		Tea Break		Tea Break
11.00 - 12.00 noon	Pre-Training Questionnaire	11.00 - 1.00 p.m.	Continuation: Providing Emergency Care and Introduction to comprehensive PAC Practice	11.00 - 11.30 a.m.	Processing instruments for re-use	11.00 - 1.00 p.m.
12.00 - 1.00 p.m.	Introduction to comprehensive PAC training: Goals; Rationale; Objectives; Methodology; Monitoring and Evaluation of Training				Comprehensive PAC counselling: Lecture/Discussion/Role-plays	11.00 - 1.00 p.m.
1.00 - 2.00 p.m.		Lunch Break		Lunch Break		Lunch Break

WEEK ONE - Afternoon Sessions

MONDAY DAY 1 - Afternoon	TUESDAY DAY 2 - Afternoon	WEDNESDAY DAY 3 - Afternoon	THURSDAY DAY 4 - Afternoon	FRIDAY DAY 5 - Afternoon	SATURDAY DAY 6 - Afternoon
2.00 - 3.30 p.m. Advocating for comprehensive postabortion care	2.00 - 3.30 p.m. <i>Continuation:</i> Providing Emergency Care and Introduction to comprehensive PAC Practice	2.00 - 4.00 p.m. Providing comprehensive Postabortion support	2.00 - 3.30 p.m. Counselling practice in ward role plays	2.00 - 4.00 p.m. Infection Prevention - Universal Precautions	2.00 - 4.00 p.m. <i>OFF DUTY</i>
3.30 - 4.00 p.m. OPEN	4.00 - 4.30 p.m. <i>Continuation:</i> Providing Emergency Care and Introduction to comprehensive PAC Practice	4.00 - 4.30 p.m. Introduce and prepare for group project on organisation of the health facility	4.00 - 4.30 p.m. Counselling practice in ward role plays	4.00 - 4.15 p.m. <i>Continuation</i>	4.00 - 5.00 p.m. <i>OFF DUTY</i>
Reflection/Closure	Reflection/Closure	Reflection/Closure	Reflection/Closure	Reflection/Closure	Reflection/Closure
4.30 - 5.00 p.m. <i>Evening:</i> Film	Evening: Film: M.V.A (Ipas) Assignment: Module 4 providing emotional support Individual review of work done	Evening: Film: Infection Prevention practices Simulation: Using Models	Film: on STD/HIV/AIDS: "(Raphael Tuju in Kiswahili: Mambo Bado)"	Film: Put yourself in her shoes	OFF DUTY

WEEK TWO - Morning and Afternoon Sessions

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY 7 - Morning	DAY 8 - Morning	DAY 9 - Morning	DAY 10 - Morning	DAY 11 - Morning	DAY 12 - Morning
8.30 - 9.00 a.m. Where are we?	8.30 - 9.00 a.m. Where are we?	8.30 - 9.00 a.m. Where are we?	8.30 - 9.00 a.m. Where are we?	8.00 - 9.00 a.m. Where are we?	9.00 - 10.30 a.m. Resource persons post-training meeting and recommendations
9.00 - 10.30 a.m. Involving the community in improving comprehensive PAC access and quality	9.00 - 9.45 a.m. Introduction to skills application plan	9.00 - 10.30 a.m. Practicum in the PAC room using Madam Zoe	9.00 - 10.30 a.m. On-the-job training	9.00 - 10.00 a.m. Post Training Questionnaire	
10.30 - 11.00 a.m.	Tea Break	Tea Break	Tea Break	Tea Break	Lunch Break
11.00 a.m. - 1.00 p.m. Community involvement, participation and ownership	11.00 a.m. - 1.00 p.m. MVA Practice in PAC room using Madam Zoe	11.00 a.m. - 1.00 p.m. Continuation: Practicum in the PAC room using Madam Zoe	11.00 a.m. - 3.00 p.m. Practicum and completion of Back-home implementation plan	11.00 a.m. - 1.00 p.m. Sharing skills application plan	11.00 a.m. - 12.00 noon Resource persons post-training meeting and recommendations
1.00 - 2.00 p.m.	Lunch Break	Lunch Break	Lunch Break	Lunch Break	Lunch Break
2.00 p.m. - 3.00 p.m. Management of STD/HIV using algorithm/syndrome charts	2.00 p.m. - 3.00 p.m. Maintaining a mechanism for assuring equipment and supplies	2.00 p.m. - 4.00 p.m. Practicum in the PAC room using Madam Zoe	2.00 p.m. - 4.00 p.m. Practicum in the ward	2.00 p.m. - 4.00 p.m. Individual feedback on performance-based on skills monitoring tools/checklists.	2.00 p.m. - 4.00 p.m. Training report writing
3.30 - 4.00 p.m.	Tea Break	Tea Break	Tea Break	Tea Break	Lunch Break
4.00 p.m. - 5.30 p.m. Outline of VCT and STD counselling Role-plays	4.00 p.m. - 5.30 p.m. Use records to evaluate and improve the quality of services	4.00 p.m. - 5.00 p.m. Practicum in the PAC room using Madam Zoe	4.00 p.m. - 5.30 p.m. Presenting project on organisation of sustainable comprehensive PAC services	4.00 p.m. - 5.00 p.m. End of training and closure	OFF DUTY
Evening	Evening	Evening	Evening	Evening	OFF DUTY
Film: Bushfire	Film: Consequences (Majuto)	Film: Time to Care: Lets face it	Film:		

Time Allocated to Modules

Module No.	Module Title	Theory Hours	Practice Hours
1.	Developing a climate for learning	3	-
2.	Advocating for comprehensive postabortion care services	2	as part of Module 7
3.	Providing emergency comprehensive postabortion care	7	- do -
4.	Counselling to identify and respond to women's emotional and physical needs and other concerns 4.1 Providing comprehensive postabortion, emotional and other related support 4.2 Providing counselling to comprehensive postabortion clients 4.3 Counselling comprehensive postabortion clients for informed choice of family planning methods, medical, reproductive health and social services 4.4 Counselling comprehensive PAC clients on STD/HIV/AIDS 4.5 Managing medical conditions encountered during comprehensive postabortion service delivery, including STD/HIV/AIDS. 4.6 Providing comprehensive postabortion clients with a mix of family planning methods including emergency contraception and dual methods use	6 1 1 1 1 2	
5.	Organising the Health Facility for sustainable comprehensive PAC/RH Services 5.1(a) Preventing infection spread 5.1(b) Processing instruments for re-use 5.2 Maintaining a mechanism for timely supplies and equipment 5.3 Using records for improvement of comprehensive PAC/RH services 5.4 Ensuring comprehensive PAC clients receive timely FP methods 5.5 Conducting on-the-job training for other comprehensive PAC/RH providers	7.5 2 2 2 0.5 0.5	
6.	Involving the community to improve comprehensive PAC service Access and Quality	4	
7.	Practising comprehensive PAC Clinical Skills	-	35
8.	Evaluating Training, Skills application plans at work sites and closure.	3	-
TOTAL (10 X 7 Training hours)		3	3

Trainer's Note

Trainer's Note

Section 2

The Comprehensive Postabortion Care Training Modules

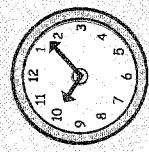
Content Outline By Module

- Module 1: Developing a Climate for Learning
- Module 2: Advocating for Comprehensive postabortion Services
- Module 3: Providing Emergency care for Comprehensive postabortion Clients
- Module 4: Providing Comprehensive postabortion Support, Family Planning and other Reproductive Health Services
 - Sub-module: 4.1 Counselling Comprehensive postabortion Clients
 - Sub-Module: 4.2 Providing Family Planning methods to Comprehensive postabortion Clients
 - Sub-Module: 4.3 Managing STI/HIV/AIDS and other medical conditions
- Module 5: Organising the Health Facility for sustainable Comprehensive PAC/RH services
 - Sub-Module: 5.1 Preventing Infection Spread
 - Sub-Module: 5.2 Maintaining a mechanism for timely supplies and equipment
 - Sub-Module: 5.3 Using records for improving Comprehensive PAC/RH services
 - Sub-Module: 5.4 Using a variety of approaches for FP method provision
 - Sub-Module: 5.5 Conducting on-the-job training for other Comprehensive PAC providers
- Module 6: Involving the community to improve Comprehensive PAC service access and quality
- Module 7: Practicing Comprehensive PAC Clinical Skills
- Module 8: Evaluating Training, Skills Application plans at work sites and Closure

Module 1

Developing a Climate for Learning

Duration: 3 Hours



Objective:

By the end of this module, participants should be able to:

1. Develop a climate for learning.

Overview:

The climate-setting module orients the trainee to the PAC training as part of other Reproductive Health Services in the country and districts. The need for working in partnership with other providers, all sectors and the community is emphasized from the start of the two weeks training program. Trainees get the feel of taking an active part in their learning through sharing expectations and norms, reviewing the objectives and monitoring evaluation approaches.

Module 1

Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
15 min		By the end of the module, the participants should be able to:				
		1. Address at least half of their fellow participants' and facilitators by preferred names.	• Introductions: - Participants. - Facilitators.	• Exercise.	• Introduction Format on Newsprint, 10 Blank.	• Listening.
30 min		2. Identify their individual strengths and limitations based on a pre-training knowledge questionnaire.	• Pre-training knowledge questionnaire.	• Individual activity.	• Pre/Post Training Questionnaire.	• Questions on the questionnaire.
30 min		3. Share individual expectation about the training.	• Participants' and Facilitators' expectations.	• Large Groups or Dyads followed by large groups.	• Newsprints Felt pens, Masking tape.	• Listening with training objectives as standard.
15 min		4. Agree on the norms set by participants and facilitators.	• Norms setting.	• Brainstorming and Discussion.		• Questions & Answers.

Module 1 Continued . . .

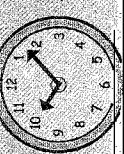
Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
20 min plus extra-curricular time		5. Explain in their own words, the rationale of the Comprehensive PAC Clinical Skills Training and relation to other RH activities in their district of work and nation.	<ul style="list-style-type: none"> • Reproductive and Child Health Program in Tanzania. • Essential Reproductive and Child Health Service Package. • How Comprehensive PAC fits in the Package. • Rationale of Comprehensive PAC expansion in districts. 	<ul style="list-style-type: none"> • Small group work. 	<ul style="list-style-type: none"> • Handout booklet from National R/CH communication strategies 1996-2001, 2001-2005 respectively & others. • Trainers & Trainees experiences in Comprehensive PAC situations in the community. • MOH: <i>National Essential Package of Essential Reproductive and Child Health in Tanzania 2000.</i> 	<ul style="list-style-type: none"> • Observing interest during session. • Observe application during training.
		6. Cite:		<ul style="list-style-type: none"> • Comprehensive PAC Post Training tasks of a PAC provider. • Comprehensive PAC Program Goal. • Comprehensive PAC Training General and Specific Objectives. 	<ul style="list-style-type: none"> • Using visuals to elaborate ideas. • Buzz groups. 	<ul style="list-style-type: none"> • Post Training Task of Comprehensive PAC Provider Volume 2. • General & Specific Objectives Volume 2.

Module 1 Continued ...

Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
40 min		7. Explain the monitoring & evaluating system used in Comprehensive PAC training.	<ul style="list-style-type: none"> • Comprehensive PAC Monitoring and Evaluation system: • By the facilitators & learner. <ul style="list-style-type: none"> - By Hospital/CHMTs. • By client and community. 	<ul style="list-style-type: none"> • Brainstorming 	<ul style="list-style-type: none"> • All Knowledge & Evaluation forms. • SMI, FP, STI/HIV/AIDS Standard. • Own experience. 	<ul style="list-style-type: none"> • Checklists • Observing results. • Questions & Answers. • Observing use. • Listening.

Module 2

Advocating for Comprehensive Postabortion Care Services



Duration: 21 hours

Objectives:

Advocate for comprehensive postabortion care services within the health facility, community and among policy makers.

Overview:

The module provides content on maternal health and statistics to help trainee experience the magnitude of Comprehensive postabortion related complications and the need for Comprehensive postabortion care. The module also helps to link Comprehensive PAC to other related issues and health problems. PAC related laws in Tanzania are introduced for applying during Comprehensive PAC services. Facilitators will help the trainee to use the content in advocacy for Comprehensive PAC verbally and non verbally. For example, through observing the “enabling service access” atmosphere developed for Comprehensive PAC services in his/her facility or positive attitude towards Comprehensive PAC clients served in the facility.

Module 2

Class Time	Practice Simulation	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
2 hours	<ul style="list-style-type: none"> Create an enabling environment for access to Comprehensive PAC services at health facility and community levels. 	<ul style="list-style-type: none"> Definitions/descriptions: <ul style="list-style-type: none"> - Gender. - Reproductive health. - Abortion. - Unsafe abortion. - Comprehensive postabortion care. - Maternal mortality rate, maternal Morbidity rate. - Three delays in health care. - Life saving skills. - Emergency Obstetric Care. - Essentials of safe motherhood. - Quality of care. - Domestic violence Advocacy. 	<ul style="list-style-type: none"> Introduction: <ul style="list-style-type: none"> • Definitions/descriptions: <ul style="list-style-type: none"> - Gender. - Reproductive health. - Abortion. - Unsafe abortion. - Comprehensive postabortion care. - Maternal mortality rate, maternal Morbidity rate. - Three delays in health care. - Life saving skills. - Emergency Obstetric Care. - Essentials of safe motherhood. - Quality of care. - Domestic violence Advocacy. 	<ul style="list-style-type: none"> Group work in diad or triad and presentation of definitions Ongoing reference to the terms. Individual assignment. Lecture Extra-Curriculum: <ul style="list-style-type: none"> - Pairs Review and Summary of: - Use in Comprehensive PAC All the stated guidelines. 	<ul style="list-style-type: none"> WHO definition of unsafe abortion. Glossary of terms: Handout No. 2.1. Postabortion care; a reference Manual for improving quality of care by: J. Winkler, Elizabeth Oliveras, Noel McIntosh. Handout No. 2.3 Goals and Rationale of Postabortion care. WHO Video: Why did Mrs. X die? Where are we? 	<ul style="list-style-type: none"> Observation of evidence of use during sessions. Pre/Post Training questionnaire. Observe use during Comprehensive PAC provision e.g. Comprehensive PAC or education sessions.

Module 2 Continued . . .

Class Time	Practice/ Simulation	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
		<i>Cont.</i>	<ul style="list-style-type: none"> • Reasons why women resort to abortion: <ul style="list-style-type: none"> - Economic reasons, Socio cultural and Medical. - Laws, regulations and guidelines regarding abortion and Comprehensive PAC. - Brief review of current guidelines and service standards which PAC trained providers must use: - Programme Components and Service Standards for SMI and FP (2 separate documents) - FP Procedure Manual - STI Syndromic Flow Charts - MTUHA No. 1, 2, 3, 4, 6, 10 - Others on use of drugs, STD/HIV//ADS - Concept of comprehensive Post abortion Care - Reviewed definition of Comprehensive PAC - Elements of Comprehensive PAC: <ol style="list-style-type: none"> 1. Community involvement for advocacy and promotion of access and quality. 2. Comprehensive postabortion counselling. 3. Emergency treatment. 4. FP counselling and services 5. Links between emergency services and RH service delivery system 		<ul style="list-style-type: none"> • Postabortion care: A Reference Manual for Improving Quality of Care by Judith Winkler and others (Editors) • Trainer's and trainee's experiences • Observation/ checklist 	

Module 2 Continued . . .

Class Time	Practice Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <ul style="list-style-type: none"> • Create an enabling environment for access to Comprehensive PAC services at health facility and community levels. 	<ul style="list-style-type: none"> - Rationale for CPAC. - New approaches. - Curettage as part of Comprehensive PAC. - MVA as part of Comprehensive PAC. • Description of an enabling environment: - One that fosters client provider partnership and trust for quality Comprehensive PAC service. • Some indicators of enabling environment (on client/community perspective) health team in the facility: - Are supportive and convincing/persuasive. - Have display positive attitude and commitment to Comprehensive postabortion care services. - Provide Comprehensive PAC services enthusiastically while upholding clients' and community's health rights. - Clients and community feel part of the service. 	<ul style="list-style-type: none"> • As above. • As above. 		<ul style="list-style-type: none"> • As above.

Module 2 Continued . . .

Class Time	Practice/ Simulation	Content Objective	Facilitator/Learner Resources	Evaluation Methods and Tools
<ul style="list-style-type: none"> ◦ Solicit the support of all stakeholders at facility, community and district level for improvement of Comprehensive PAC access and quality in the providers' catchment area. 	<ul style="list-style-type: none"> ◦ Establishment of an enabling environment: <ul style="list-style-type: none"> - Demonstrate indicators shown above. - Results of fostering an enabling environment: <ul style="list-style-type: none"> - Clients increase. - Satisfied clients. - Community support and Transport/referrals. - Cooperation for facility improvement. - Types of support Comprehensive PAC provider may need to improve Comprehensive PAC service access and quality. ◦ From Managers and supervisors: <ul style="list-style-type: none"> - Equipment and supplies. - Job expectations and Performance feedback. - Recognition, motivation and updates. - Atmosphere and recognition of OJT he/she conducts. - Guidance. 	<ul style="list-style-type: none"> ◦ Simulation <ul style="list-style-type: none"> (Short e.g. in statement form by trainee or actions to show "enabling indicators above" to peers and facilitators. 	<ul style="list-style-type: none"> ◦ 5 Short scripts. ◦ Trainer and Trainees experiences. 	<ul style="list-style-type: none"> ◦ Observation. ◦ Quiz Pre/Post Training/questionnaire.

Module 2 Continued . . .

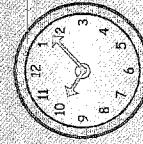
Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <ul style="list-style-type: none"> • Display positive attitude towards Comprehensive PAC activities in the facility and other forums. 	<ul style="list-style-type: none"> • Other support staff: <ul style="list-style-type: none"> - Participation in Comprehensive PAC service delivery at initial contact with client and in promotion of Comprehensive PAC. ◦ Community involvement. ◦ Examples of positive attitude: <ul style="list-style-type: none"> - Welcoming self-introduction. - Consistently using two-way communication with clients. - Making services consistently accessible/available. - Having the Comprehensive PAC service listed with other RH services (shows it is an important and “open” service). 	<ul style="list-style-type: none"> • Values clarification or short simulations in Positive attitude in different (3-4) situations in the facility or community. 	<ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • Observing attitudes during practice and simulation.

Module 3

Providing Emergency Comprehensive Postabortion Care

Duration: 7 Hours

(Classroom including simulations. The practice sessions of these skills will be part of the total time of 35 hours.)



Objectives:

Provide emergency care for clients with Postabortion complications.

Overview:

This module provides all the emergency care expected for a woman after abortion. It addresses the third comprehensive PAC element. Participants will rely heavily on the experiences they bring to the module. Since comprehensive PAC provides a challenge to the individual provider attitudes, the module is closely related to all the other modules. The trainee will be reminded also to recognise sharp curtailage as a component of comprehensive PAC as long as all other comprehensive PAC elements are approved as part of it.

Apart from resuscitative care and uterine evaluation other services to ensure comprehensive PAC is provided apply also to non-emergency Postabortion clients.

For example, history of complete abortion within 4 – 6 weeks Postabortion and client is attending a Child Health service. Provider should counsel the client for informal choice of Postabortion assessment, family planning and assessment to exclude infection or other unidentified health problem and referral if necessary.

Module 3

Theory Practice/ Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 min	3.1. Rapidly assess for shock and other life threatening conditions.	<ul style="list-style-type: none"> 3.1.1 Definition of shock/recognition of shock: <ul style="list-style-type: none"> • Vital signs. • Pallor. • Altered level of consciousness. 3.1.2 Other life threatening complications of abortion: <ul style="list-style-type: none"> • Severe vaginal bleeding. • Sepsis. • Intra abdominal injury. 	<ul style="list-style-type: none"> • Lecture/ discussion • Demonstration 	<ul style="list-style-type: none"> Postabortion care: A reference Manual for improving Quality of care; Postabortion care consortium, 1995. • Manual Vacuum Aspiration - Trainers Handbook IPAS. • Complications of abortions: Technical and managerial guidelines for Prevention and treatment WHO, 1995. 	<ul style="list-style-type: none"> • Questions & Answers. • Performance Skills checklist.
1 hour	3.2. Initiate resuscitation and treatment of complications	<ul style="list-style-type: none"> 3.2.1 Resuscitation: <ul style="list-style-type: none"> • Airway management. • Correct hypovolaemia: - Setting I.V. line - IV fluids. - Blood Transfusion 3.2.2 Initial treatment for specific complications: <ul style="list-style-type: none"> - Hb, Group/cross matching. - Laboratory investigation: - Control of severe vaginal bleeding . - Antibiotic treatment. - Pain control. - Prophylactic Tetanus toxoid if appropriate. 	<ul style="list-style-type: none"> • Lecture/ discussion • Demonstration • Practice. • Simulation/ Role Play. 	<ul style="list-style-type: none"> • Performance skills checklist if possible artificial/ rubber arms for practice IV. • EPI schedule of TT for 15 – 45 years age group. 	<ul style="list-style-type: none"> • Questions & Answers. • Observations using checklist.

Module 3 Continued . . .

Theory Practice Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
1 hour 1 hour	3.3 Assess client for diagnosis and management planning	3.3.1 History taking in Comprehensive PAC client: <ul style="list-style-type: none"> ◦ Age, parity, gravidity. ◦ LNMP. ◦ Duration, severity of vaginal bleeding, including loss of tissue or POC. ◦ History of interference. ◦ Relevant PMH. 3.3.2 Physical Examination: <ul style="list-style-type: none"> ◦ General examination Evidence of severe blood loss, infection and general health status. 3.3.3 Systemic examination: <ul style="list-style-type: none"> ◦ CVS, RS and abdomen 3.3.4 Pelvic Examination: <ul style="list-style-type: none"> ◦ Inspection of vulva, vagina and cervix ◦ Digital bimanual examination of pelvic to determine: <ul style="list-style-type: none"> - Stage of abortion. - Complications: Pelvic sepsis /genital/intra abdominal injury. 	<ul style="list-style-type: none"> ◦ Lecture/discussion. ◦ Demonstration. ◦ Brainstorming. ◦ Buzz groups. ◦ Practice in Clinic 	<ul style="list-style-type: none"> ◦ Postabortion care: A reference manual for improving quality of care- Postabortion consortium. ◦ FP Procedure Manual Section on History and physical examination. 	<ul style="list-style-type: none"> ◦ Question & Answers. ◦ Return Demonstration. ◦ Observation during history taking (simulated & in clinic).

Module 3 Continued . . .

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>3.3 Assess client for diagnosis and management planning</p>	<p>3. Incomplete abortion:</p> <ul style="list-style-type: none"> - Slight to heavy bleeding. - Open cervix. - Partial expulsion of products. <ul style="list-style-type: none"> o Management: - Resuscitation. - Counsel. <p>Uterine evacuation by sharp curette or MVA if less than 12 weeks.</p> <p>4. Complete Abortion:</p> <ul style="list-style-type: none"> - Little or no bleeding. - Cervix dilated or closed. - Complete expulsion of products. <ul style="list-style-type: none"> o Management: - Resuscitation. - Counsel. - Confirm. - Exclude complications. 	<ul style="list-style-type: none"> • As above. 	<ul style="list-style-type: none"> • As above. 	<ul style="list-style-type: none"> • Observation in practice / clinics.

Module 3 Continued . . .

Theory Practice/ Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
Cont.	<p>3.3 Assess client for diagnosis and management planning</p> <p>3.3.5. Investigations:</p> <ul style="list-style-type: none"> ◦ Laboratory Hb, GP & matching RH Factor. ◦ Radiological ultrasound <p>3.3.6. Principle of management: dependent stages of abortion and complications</p> <ol style="list-style-type: none"> 1. Threatened abortion: <ul style="list-style-type: none"> - Slight to moderate bleeding - Closed cervix 2. Inevitable abortion: <ul style="list-style-type: none"> - Moderate to heavy bleeding on cervix, but products in uterus. 	<p>As above.</p> <p>As above.</p> <p>As above.</p> <p>As above.</p>	<p>As above.</p> <p>As above.</p> <p>As above.</p> <p>As above.</p>		

Module 3 Continued . . .

Theory Practice/ Time Hours	Objective	Content	Facilitator/learner activities	Resources	Evaluation Methods and Tools
	<p>Cont.</p> <p>3.3 Assess client for diagnosis and management planning</p>	<p>5. Missed abortion:</p> <ul style="list-style-type: none"> - Prolonged retention of dead foetus in uterus before 28 weeks. - Patient may present with: <ul style="list-style-type: none"> ❖ Amenorrhoea. ❖ On and off spotting. ❖ Diagnosis: <ul style="list-style-type: none"> - Caessation of pregnancy symptoms. - Uterus smaller than dates. - Ultrasound-non-viable foetus. ❖ Management: <ul style="list-style-type: none"> - Counsel. - Dilatation and evacuation if less than 12 weeks. - Induction of labour by oxytocics if more than 12 weeks. 	<ul style="list-style-type: none"> • Practice if possible. 	<p>As above.</p>	<ul style="list-style-type: none"> • As above.

Module 3 Continued . . .

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner Learner	Resources	Evaluation Methods and Tools
2 hours	1 hour Simulation	3.4 Perform uterine evacuation using MVA	<p>3.4.1 Patient preparation:</p> <ul style="list-style-type: none"> ◦ Pre-procedure counselling. ◦ Vulva/toilet/hygiene. ◦ Bladder emptying. ◦ Pain management. <p>3.4.2 MVA instruments preparation:</p> <ul style="list-style-type: none"> ◦ Assemble/Disassemble. ◦ Check for completeness of MVA instruments ◦ Check functional state of MVA instruments <p>3.4.3 Infection Prevention measure for MVA procedure:</p> <ul style="list-style-type: none"> ◦ Universal precaution. ◦ No-touch technique. 	<ul style="list-style-type: none"> ◦ Lecture. ◦ Discussion. ◦ Demonstration. ◦ Small group work. ◦ Brainstorming. ◦ Slide viewing. 	<ul style="list-style-type: none"> ◦ Postabortion care: A Reference Manual for improving quality of care. Postabortion care consortium 1995. ◦ Practice. ◦ Simulations. ◦ Infection Prevention for family planning service programs by JHPIEGO. 	<ul style="list-style-type: none"> ◦ Questions & answers. ◦ Return Demonstration. ◦ Checklist.
1 hour	Simulation Extra curricula time		<p>3.4.4 Steps in performing MVA:</p> <ol style="list-style-type: none"> 1. Establish the vacuum on the syringe. 2. Insert the speculum. 3. Administer paracervical block if needed. 4. Dilate the cervix if required. 5. Introduce the cannula through the internal OS and attach the cannula to the syringe. 	<ul style="list-style-type: none"> ◦ Lecture. ◦ Discussion. ◦ Demonstration. ◦ Slide viewing. ◦ Practice. ◦ Simulation ongoing Practice 	<ul style="list-style-type: none"> ◦ Postabortion care: A reference Manual for improving quality of care. Postabortion care consortium 1995. ◦ Job Aid on MVA Procedure. ◦ Job Aids on processing MVA Instruments. 	<ul style="list-style-type: none"> ◦ Questions & answers. ◦ Return demonstration. ◦ Performance skills checklist. ◦ MVA Job Aid Steps.

Module 3 Continued . . .

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.		<p>6. Transfer vacuum to cannula and uterus by releasing the valve(s) on the syringe.</p> <p>7. Move the cannula back and forth while rotating it.</p> <p>8. Inspect the tissue in the syringe.</p> <p>3.4.5 Problems during MVA:</p> <ul style="list-style-type: none"> ◦ Loss of vacuum. ◦ Full syringe. ◦ Cannula with-drawn. ◦ Clogged cannula. ◦ Smaller cannula than cervical dilation. ◦ Syringe can't hold vacuum. ◦ No or less than expected tissue. ◦ Incomplete evacuation. <p>3.4.6 Complication of MVA:</p> <ul style="list-style-type: none"> ◦ Post abortal syndrome. ◦ Vaso-vagal reaction. ◦ Uterine perforation/cervical laceration. 	<p>As above.</p> <p>As above.</p>	As above.

Module 3 Continued . . .

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 min	30 min (Simulation)	3.5 Manage second trimester abortion, in preparation for referral	<p>3.5.1 Overview/special considerations for 2nd trimester abortion:</p> <ul style="list-style-type: none"> ◦ Increased risk for morbidity resulting from excessive blood loss, uterine perforation, sepsis. ◦ Requires a higher level of provider training and experience. ◦ Facility need more equipment/ supplies for: <ul style="list-style-type: none"> - Dilatation/evacuation. - IV fluids, blood transfusion. ◦ Facilities for general anaesthesia. <p>3.5.2 Management of 2nd Trimester abortion;</p> <ul style="list-style-type: none"> ◦ Threatened abortion; <ul style="list-style-type: none"> - Counsel - Expectorant. - Bed rest. 	<ul style="list-style-type: none"> ◦ Lecture. ◦ Discussion. ◦ Demonstration. ◦ Role Play. 	<ul style="list-style-type: none"> ◦ Postabortion care: A reference Manual for improving quality of care. Postabortion care consortium 1995. ◦ Complications of abortion. ◦ Comprehensive PAC client Card and Register. 	<ul style="list-style-type: none"> ◦ Questions & answers. ◦ Checklist. ◦ Observation. ◦ Document review.

Module 3 Continued . . .

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<i>Cont.</i>				
		3.5 Manage second trimester abortion, in preparation for referral	<ul style="list-style-type: none"> 3.5.3 Inevitable abortion. <ul style="list-style-type: none"> ◦ Counsel. ◦ Expectant management for spontaneous expulsion. ◦ Resuscitation if appropriate. ◦ Intravenous oxytocin to induce uterine contraction if severe bleeding. 3.5.4 Incomplete 2nd trimester abortion. <ul style="list-style-type: none"> ◦ Counsel. ◦ Refers to retention of placenta or parts of placenta (membrane) Evacuation by sharp curettage after appropriate resuscitative measures. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above.
1 hour	1 hour (Simulation)	3.6 Manage Pain associated with Comprehensive postabortion complications and treatment	<ul style="list-style-type: none"> 3.6.1 Introduction: <ul style="list-style-type: none"> ◦ Aims of pain management. ◦ Anatomy/Nerve supply of the uterus, cervix. ◦ Origins of pains in Comprehensive PAC client. 	<ul style="list-style-type: none"> ◦ Lecture. ◦ Discussion. ◦ Questioning. ◦ Demonstration. ◦ Slide viewing. ◦ Role play. ◦ Use of diagram for discussions /review of physiology related to pain. 	<ul style="list-style-type: none"> ◦ Postabortion care: A Reference Manual for improving the quality of Care PAC Consortium. ◦ Role play script. 	<ul style="list-style-type: none"> ◦ Checklists. ◦ Observation. ◦ Pre/Post Training. ◦ Questionnaire.

Module 3 Continued . . .

Theory Time	Practice/Hours	Objective	Content activities	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont. 3.6 Manage Pain associated with Comprehensive postabortion complications and treatment	3.6.2 Types of pain control medication: <ul style="list-style-type: none">◦ Anxiolytics/Sedative.◦ Analgesics:<ul style="list-style-type: none">- Non-Narcotics.- Narcotics.◦ Anaesthetics<ul style="list-style-type: none">- Local/AAnaesthetics.- Involving paracervical block.- General anaesthetics.	◦ As above.	◦ As above.	◦ As above.
			3.6.3 Suggested pain control protocols: <ul style="list-style-type: none">◦ Analgesics alone.◦ Analgesics & Anxiolytics.◦ Analgesics & Anxiolytics plus paracervical block.	◦ Slide diagram of Pain “sites” Document above sample of Drugs and then literature.	◦ Role play script	◦ Observation.
			3.6.4 Complications and treatment of pain control medications: <ul style="list-style-type: none">◦ Complications of analgesics.◦ Complication of Anxiolytics.◦ Complications of narcotics.◦ Complications of local anaesthetics:<ul style="list-style-type: none">- Mild.- Severe.	◦ Practice. ◦ Checklist.		

Module 3 Continued . . .

Theory Time	Practice/Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
2 hours	Practice in clinic	3.7 Manage specific Comprehensive postabortion complication	<ul style="list-style-type: none"> 3.7.1 Shock: <ul style="list-style-type: none"> ◦ Definition of shock. ◦ Signs/ symptoms of shock. ◦ Causes of shock. - Neurogenic. - Severe blood loss. - Sepsis. ◦ Initial treatment for shock: <ul style="list-style-type: none"> - Airway management. - Oxygen. - IV fluids. 	<ul style="list-style-type: none"> ◦ Lecture/ discussion. ◦ Demonstration. ◦ Slides. ◦ Practice in Clinic. 	<ul style="list-style-type: none"> ◦ Handouts 	<ul style="list-style-type: none"> - Checklists. - Observation. - Pre/Post Training - Knowledge Questionnaire.

Module 3 Continued . . .

Theory Practice/ Time	Objective	Content	Facilitator/learner activities	Resources	Evaluation Methods and Tools
Cont.	3.7 Manage specific Comprehensive postabortion complication	<ul style="list-style-type: none"> ◦ Specific treatment: <ul style="list-style-type: none"> - Treat underlining cause e.g. Retained products of conception, intra-abdominal injury. - Monitoring for complications of sepsis: <ul style="list-style-type: none"> = DIC. = Gas gangrene. = Tetanus. ◦ Intra-abdominal injury: <ul style="list-style-type: none"> ◦ Common injuries to internal organs in Comprehensive PAC clients. ◦ Squeal of intra-abdominal injury. ◦ Signs and symptoms of intra-abdominal injury. ◦ Initial treatment: <ul style="list-style-type: none"> - Airway management. - IV access + fluid replacement. - +/- Blood transfusion. - IV antibiotics. - Analgesics. - Abdominal X-ray. 	<ul style="list-style-type: none"> ◦ As above. ◦ As above. ◦ Handout. ◦ Discussion/lecture. ◦ Questions & Answers. ◦ Practice if possible. ◦ Observation. 	<ul style="list-style-type: none"> ◦ As above. ◦ As above. ◦ Handout. ◦ Discussion/lecture. ◦ Questions & Answers. ◦ Practice if possible. ◦ Observation. 	<ul style="list-style-type: none"> ◦ As above. ◦ As above. ◦ Handout. ◦ Discussion/lecture. ◦ Questions & Answers. ◦ Practice if possible. ◦ Observation.

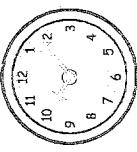
Module 3 Continued...

Theory Practice/ Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	<p>Cont.</p> <p>3.7 Manage specific Comprehensive postabortion complication</p>	<ul style="list-style-type: none"> ◦ Specific treatment: <ul style="list-style-type: none"> - Laparotomy. - Evacuation. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above.

Module 4

Counselling to identify and respond to women's emotional and physical needs and other concerns

Duration: 6 Hours



Objectives:

1. Describe the purpose and three phases of counselling comprehensive postabortion clients.
2. Counsel clients for Postabortion, emotional, physical including medical, other reproductive health needs and concerns.

Overview:

This module and sub modules deal with an area that is “forgotten” or not familiar to many service providers. Effective counselling for clients who are experiencing incomplete abortion and possible complications should permeate every component of services, from first contact between the client and provider to the last contact and cover more than family planning and contraception. Facilitators will make efforts so that each participant practices the skills at least through simulation skills.

Sub-module 4.1 Providing Comprehensive Postabortion, Emotional and Other Related Support

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
1 hour	1 hour simulation Practice in clinic	4.1 Provide Comprehensive postabortion emotional support	<p>4.1.1 Values and attitudes related to Comprehensive PAC:</p> <ul style="list-style-type: none"> ◦ Define values and attitudes. ◦ Exploring service.Provider/trainers own values and attitudes. <p>4.1.1 Client rights:</p> <ul style="list-style-type: none"> ◦ Provide care regardless of age, religion, political belief, social economic status, ethnic origin, marital status, geographical location & any other characteristic that may place an individual at risk of discrimination. ◦ Prompt emergency care. ◦ Information giving including risks of treatments, benefits & addressing client's needs. ◦ Safety – procedural & related to cross-infection. ◦ Choice & free decision, informed choice of FP/RH services. ◦ Privacy & confidentiality. 	<ul style="list-style-type: none"> ◦ Buzz. ◦ Valves clarification exercises. ◦ Sample value statements. 	<ul style="list-style-type: none"> ◦ Programme Components and Service Standards for Safe Motherhood: Chapter II Section Job Aid on Rights. ◦ Handout e.g. Rights of the client. ◦ Counselling the comprehensive postabortion patient: Training for Service Providers (Page 11) AVSC. ◦ Job Aid. 	<ul style="list-style-type: none"> ◦ Questions & Answers ◦ Listening. ◦ Observing in Practice of emergency Comprehensive PAC.

Sub-module 4.1 Continued...

Theory Time	Practice Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.	<ul style="list-style-type: none"> ◦ Dignity & Comfort including pain management. ◦ Continuity of service during 24 hours, uninterrupted contraceptive methods & other RH services. ◦ Opinion of client encouraged and acted on. 	<ul style="list-style-type: none"> ◦ Review Card and client's rights. ◦ Brain storming. ◦ Small group discussion. ◦ Case Studies. 	<ul style="list-style-type: none"> ◦ Model Session Plan in this curriculum. ◦ FP Procedure Manual, Section C Procedures. 	<ul style="list-style-type: none"> ◦ Observe in practice. ◦ Checklist.
		4.1 Provide comprehensive postabortion emotional support.	<p>4.1.3 Interpersonal communication skills in supporting Comprehensive postabortion client.</p> <p>a. Ten Facilitation and Communication Skills that are relevant for enhancing informed choice & other client/provider interaction:</p> <ol style="list-style-type: none"> 1. Being objective & non-judgmental. 2. Encourages. 3. Listening actively. 4. Show concern & that you care. 5. Observe client's non-verbal communication & respond to them. 6. Help client continue what he/she is saying e.g. go on, I hear you. 	<ul style="list-style-type: none"> ◦ Brainstorming. ◦ Lecture/discussion. ◦ Brief simulation of Ten Communication Skills. 	<ul style="list-style-type: none"> ◦ Population Report series J. Number 50, 2001 "Helping People Decide". ◦ Handout No. 4.2 on Ten Facilitation and Communication. ◦ Skills relevant for counsel from: Kutooa. ◦ Huduma Teule za Afya ya Uzazi na Mtoto Chapter 2. (RCHS Publication) 	

Sub-module 4.1 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<i>Cont.</i>	7. Being ready to receive client's opinion. 8. Summarises. 9. Show respect. 10. Using simple language and visual aids.	◦ As above.	◦ As above.	◦ As above.
		4.1 Provide comprehensive postabortion emotional support.	4.1.4 Emotional state and concerns of clients during all phases of Comprehensive PAC: - Shock/Disbelieving. - Depression. - Anger. - Demoralised (Self steam/reviewed). - Fear. - Guilt. - Denial. - Hopelessness. - Other general by trainer & trainees.	◦ In statements or action by individual trainees. ◦ (Trainer and peers observe)	◦ HIV/AIDS A Guide for Nurses/Midwives and other Health Care Workers, 1999, The East, Central and Southern African College of Nursing (ECSACON)	
				◦ Alleviating emotions and concerns of comprehensive postabortion clients.		

Sub-module 4.2 Provide Counselling to Comprehensive Postabortion Clients

Theory Time	Practical Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	4.2	Provide Counselling in comprehensive postabortion clients	<p>4.2.1 Counselling:</p> <ul style="list-style-type: none"> ◦ Review: Defining of counselling. ◦ Outline qualities of good counsellor. ◦ List factors that promote effective FP/RH counselling. ◦ How to Counsel the client using New GATHER technique applied to the Comprehensive postabortion Module Clients (See 1.5 – 16 above). ◦ Supportive counselling to help Comprehensive postabortion client agree. ◦ As for objective on “Providing Emotional support”. 	<ul style="list-style-type: none"> ◦ Population Report Series J. 1998 & FP Procedure Manual Section on Counselling to Help Make RH Decision. 		
			<p>4.2.2 The aims of counselling comprehensive postabortion clients:</p> <ul style="list-style-type: none"> ◦ Solicit and affirm client's feelings and provide emotional support throughout the entire comprehensive PAC visit. 	<ul style="list-style-type: none"> ◦ Lecture/ discussion. ◦ Brain storming. 	<ul style="list-style-type: none"> ◦ Essential Elements of postabortion care An Expanded and Updated Model. Postabortion Care Consortium, July 2002. 	<ul style="list-style-type: none"> ◦ Questions & answers.

Sub-module 4.2 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.		<ul style="list-style-type: none"> ◦ Ensure that clients receive appropriate answers to their questions or otherwise are provided with information about medical conditions, test results, treatment and pain management options and follow-up care, and that they understand how to prevent post-procedure complications, when and where to seek for complications if they arise. ◦ Help women clarify their thoughts about their pregnancy, incomplete abortion, treatment, resumption of ovulation and RH future. ◦ Listen and ask questions to help the provider better understand and respond to other needs and concerns that could potentially impact their care e.g., if women are infected with HIV or have STD or are at risk of STI/HIV, or if women survivors of sexual or gender-based violence. ◦ Address other concerns women may have e.g. social (rape, incest, domestic violence), other medical causes of abortion (malaria, diabetes, syphilis etc.). 	<ul style="list-style-type: none"> ◦ As above. ◦ As above. ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. ◦ As above.
		4.2 Provide Counselling in comprehensive postabortion clients				

Sub-module 4.2 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/learner activities	Resources	Evaluation Methods and Tools
Cont.	4.2 Provide Counselling in comprehensive postabortion clients	4.2.3 Three Phases of counselling: <ul style="list-style-type: none"> ◦ Pre-procedure counselling: ◦ Assess client's ability/capacity to give or receive information. ◦ Explore client's needs and feelings. ◦ Examine values and life plans. ◦ Based on the client's condition, provide information about the following, as appropriate: <ul style="list-style-type: none"> ❖ Consolation that good quality care will be provided and that her life is in good hands. ❖ Reassure her of confidentiality on all issues disclosed. ❖ Examination findings. ❖ Treatment procedure/ anaesthesia. ❖ Possible side effects/ complications/risks. ❖ Human reproductive processes/physiology and anatomy. ❖ Available contraceptive methods. 	<ul style="list-style-type: none"> ◦ Lecture/ discussion. ◦ Role plays. ◦ Brainstorming. 	<ul style="list-style-type: none"> ◦ Counselling the Postabortion Patient: training for Service Providers, AVSC International, 1999. 	<ul style="list-style-type: none"> ◦ Questions & answers. ◦ Observation of client. counselling/ role play. 	

Sub-module 4.2 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>4.2 Provide Counselling in comprehensive postabortion clients</p>	<ul style="list-style-type: none"> ◦ Intra/during procedure counselling: <ul style="list-style-type: none"> - Maintain emotional support by providing: <ul style="list-style-type: none"> ❖ Positive, empathetic, verbal/non-verbal communication. ❖ Gentleness while performing the procedure. ◦ Post-procedure counselling: <ul style="list-style-type: none"> - Explore client's feelings, questions and concerns after procedure. - Provide support and encouragement. - Remind client of possible side effects, risks and warning signs – client should return when warning signs occur. - Tell client how to take care of herself at home. - Give written post-procedure information. - Remind patient of the importance of follow-up. - Discuss available contraceptive methods as appropriate. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above.

Sub-module 4.2 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.		• Discuss RTIs/STDs	◦ As above.	◦ As above.
		4.2 Provide Counselling in comprehensive postabortion clients.	◦ Assess the need for additional counselling and/or referral for other reproductive health needs or non-medical issues.		◦ As above.	◦ As above.

Sub-module 4.3 Counselling Comprehensive Postabortion Clients for Informed Choice of Family Planning Methods, Medical, Reproductive Health and Social Services

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
4.3 Counsel	4.3 Counsel	<ul style="list-style-type: none"> ◦ Factors that indicate need for the client's FP counselling: <ul style="list-style-type: none"> - Does not want to become pregnant soon. - Is under stress or pain. - Was using FP method when she got pregnant. - Stopped using FP method. - Partner unwilling to use condom. - Was victim of rape or abuse. 	<ul style="list-style-type: none"> ◦ Discussion/ small group work. ◦ Presentation/ Brainstorm. ◦ Role play. 	<ul style="list-style-type: none"> ◦ Population Report Series J. 1998 & FP Procedure Manual Section on Counselling to Help Make RH Decision. ◦ Counselling the Postabortion patients/clients: Training for Service Provider, AWSC. 		

Sub-module 4.3 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	Cont. 4.3	Counsel comprehensive postabortion clients for informed choice of: <ul style="list-style-type: none">- FP methods.- Medial.- RH and social services.	<ul style="list-style-type: none">- Fear of infertility & eventual marriage breakdown.- Other issues generated by trainers and trainees.	<ul style="list-style-type: none">o As above.	<ul style="list-style-type: none">o As above.	<ul style="list-style-type: none">o As above.

Sub-module 4.4

Counselling Comprehensive PAC Clients on STD/HIV/AIDS

(1 Hour plus extra curricular assignment determined according to trainee groups needs and experience)

This lesson is highlighted to help the trainer identify the objectives & content area. Training Comprehensive PAC providers on these skills is expected to be more of an update than new information. The trainer will use the time allocated to the sub module to help trainees to prepare extracurricular project/assessment & presentation for strengthening it if applicable.

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
2 Hours	As part of Clinic Practice	<ul style="list-style-type: none"> ○ 4.4 Counselling comprehensive PAC clients on STD/HIV/ AIDS ○ Diagnose STDs using diagnostic flow charts. 	<ul style="list-style-type: none"> ○ Counselling on STD/HIV/AIDS: <ul style="list-style-type: none"> - Rationale for Comprehensive PAC client needing information on STD/HIV/AIDS. - Identifying the essential information that Comprehensive PAC client must have before they leave the site: Vulnerability as a woman/youth, as newly aborted person (raw uterus lining), STI/HIV link, prevention and dual method use etc. - Study findings regarding results STD/HIV/AIDS education. - Awareness high but not always accompanied by behaviour change. - Participants respond to why, why, why. 	<ul style="list-style-type: none"> ○ Lecture/ discussion. ○ Demonstration. ○ Handout/Tool No. 3. 	<ul style="list-style-type: none"> ○ A guideline for counsellors in Tanzania with special emphasis on HIV/AIDS/STD counselling by National AIDS Control Programme, Ministry of Health, 1999. ○ STD Training for clinicians MOH/NACP , 1999. 	<ul style="list-style-type: none"> ○ Questions & answers. ○ Listening. ○ Observation Mid training questions.

Sub-module 4.4 Continued...

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.	<ul style="list-style-type: none"> ○ Educate Comprehensive postabortion clients on prevention of STD/HIV/ AIDS. 	<ul style="list-style-type: none"> ○ Relation of new HIV infection with ulcerative STI. ○ Adolescent & woman vulnerability. ○ Concept of men making a difference Peer Health Education experience & results: <ul style="list-style-type: none"> = Main syndromes & diseases. = How to take history. = Physical Examination relevant to different STI. = Diagnosis and treatment using flow chart and referral. ○ Some of STD message areas in health education component: <ul style="list-style-type: none"> = Nature and possible complications of the STD. = Need for medication compliance. = Need to return if symptoms persist after treatment. = Importance of partner referral and negotiation with partner. = Condom or STD/HIV/AIDS treatment negotiation with partner. 	<ul style="list-style-type: none"> ○ National STI Syndromic Management Flow Chart. ○ Client Cards Forms. ○ MTUJHA Book 4 on Record keeping & use. 	

Sub-module 4.4 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
Cont.		Preventive counselling on STD/HIV/AIDS:	<ul style="list-style-type: none"> ○ Preventive counselling on STD/HIV/AIDS: <ul style="list-style-type: none"> - Reactions on receiving HIV+ results. <ul style="list-style-type: none"> - On VCT. - On Maternal Child Transmission. - Issues Surrounding: <ul style="list-style-type: none"> ○ Educate Comprehensive postabortion clients on prevention of STD/HIV/ AIDS. - Empowering women to negotiate use of condom. - Shall I tell partner I am HIV positive. - Going public of HIV positive. - Benefits of and problem which Living Positive with HIV//AIDS. - Safer sex: what is it? - Religious bias towards ABC concept. - Partnership with the community on: <ul style="list-style-type: none"> ○ Home based care. - Timely referral to health facilities for symptoms of STD/HIV/AIDS. - For care of cares: orphans caring for orphans, grandmothers & grandfathers caring for orphans. - Role of multisectoral collaboration in prevention of STD/HIV/AIDS in rural & urban areas. ○ How to tap on. 	<ul style="list-style-type: none"> ○ Role Plays. ○ Lecture/ Discussion. ○ Job Aids. ○ Role Play or Practice. ○ Debate. 	<ul style="list-style-type: none"> ○ Manual Section C. ○ Trainer's Guide No. 11 "Psychological Impact of an HIV+ test on an individual". ○ STD Training for Clinicians MOH/NACP 1999 ○ Trainer made Guide for Debate on the generated issue (Extra curricular Debate). ○ Trainer Guide made for Debate ○ Protocols used in own health facility. 	<ul style="list-style-type: none"> ○ Observation. ○ Questions & Answers. ○ Observation. ○ Mid Training Questionnaire ○ Pre/Post Training Questionnaire.

Sub-module 4.5 Managing Medical Conditions Encountered During Comprehensive Postabortion Service Delivery Including STD/HIV/AIDS Care

(1 Hour plus extra curricular assignment determined according to trainee group needs and experience)

Theory Practice/ Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		4.5 Manage medical conditions encountered during Comprehensive PAC service delivery.	<ul style="list-style-type: none"> ◦ Managing medical conditions according to protocol and referral. - Common medical problems associated with STI/HIV/AIDS: <ul style="list-style-type: none"> ❖ Fungus. ❖ TB (Tuberculosis). ❖ Sores & Skin problems. - Others identified from the National STD/HIV/AIDS guidelines & Standards and the Local Medical Treatment Guidelines. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ "A Guideline for Counsellors in Tanzania with Special emphasis on HIV/AIDS/STD counselling by NACP/MOH, 1999". ◦ Handout on Syndromic Chart. 	<ul style="list-style-type: none"> ◦ Observing result of debate of role play.

Sub-module 4.6 Providing comprehensive postabortion clients with a mix of family planning methods including emergency contraception and dual methods use

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	4.6	Provide Comprehensive postabortion clients with a mix of family planning methods including emergency contraception and dual method use.	<ul style="list-style-type: none"> ◦ Rationale for FP methods for Comprehensive PAC clients: <ul style="list-style-type: none"> - Fertility returns 7 – 14 days Postabortion (or within 11 days average). - Prevent repeat unwanted pregnancy. - Contraceptive use by clinical conditions. - FP methods suitable for Comprehensive postabortion clients (generally): <ul style="list-style-type: none"> - Hormonal (short & Long term). - Condoms (dual method use). - If applicable permanent methods. ◦ How to ensure Comprehensive PAC clients informed choice & eligibility to a method: ◦ Counsel for informed choice especially in relation to reproductive goal, ensuring stable emotionally. ◦ History taking & only indicated FP related physical assessment. ◦ Screening for any other RH or mentioned conditions. ◦ Use adopted WHO (2000) Eligibility criteria in FP Procedure Manual Section. ◦ Use FP procedure to provide each method referral & follow-up. 	<ul style="list-style-type: none"> ◦ Brain storming. ◦ Lecture/discussion. 	<ul style="list-style-type: none"> ◦ Handout showing Return of ovulation after first or second trimester abortion. ◦ Handout 4.6 "Guidelines for Contraception Use for Comprehensive PAC Client." ◦ FP Procedure Manual 2002 ◦ Samples of FP methods 	<ul style="list-style-type: none"> ◦ Questions & answers. ◦ Observation using the FP Procedural Steps. ◦ Mid – Train Questionnaire. ◦ Review Questions/ Cards (trainer made), Quiz.

Sub-module 4.6 Continued...

Theory Time	Practice Hours	Objective	Content activities	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>4.6 Provide Comprehensive postabortion clients with a mix of family planning methods including emergency contraception and dual method use.</p>	<ul style="list-style-type: none"> - Ensure supplies are uninterrupted - Learn & use alternative FP method with “similar” chemical content. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above.

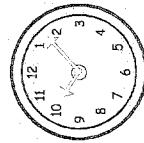
Sub-module 4.6 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		Cont.	<ul style="list-style-type: none"> • How to use EC: 	<ul style="list-style-type: none"> • Simulation. 	<ul style="list-style-type: none"> • Chart and FP methods. 	<ul style="list-style-type: none"> • Observing use 10 days practicum.
		4.6 Provide Comprehensive postabortion clients with a mix of family planning methods including emergency contraception and dual method use.	<ul style="list-style-type: none"> - IUD. - OC's & doses (ensure client does not consider it as short cut LS regular FP method especially in case of OC. - Instructions. - Help select a regular FP method. - If using OC's (COC or POP) give a dose for emergency or invite to clinic of regular OC are used for EC 	<ul style="list-style-type: none"> • Practice. 	<ul style="list-style-type: none"> • Robert Hatcher and others: The Essentials of Contraceptive Technology: A Handbook for Clinic Staff, 1997. 	

Module 5

Organising the Health Facility for Sustainable PAC/RH Services

Duration: $7\frac{1}{2}$ Hours



Overview:

This module seeks to help the trainee to participate actively and take leadership in his/her learning about how to organise the Comprehensive PAC/RH for quality care.

Objectives:

Organise the health facility to provide quality sustainable Comprehensive PAC services.

Emphasis on sustainable Comprehensive PAC/RH services has been deliberately made in order for trainees to learn being assertive and assist their on-site supervisors in maintaining a sustainable facility based service.

The trainee will ensure that the time allocated for extracurricular exercises will be used adequately to ensure the achievement of the set objective.

Sub-Module 5.1(a) Preventing Infection Spread (2 Hours)

Infection prevention is an integral part of every clinical procedure. Emphasis on training participants will require creativity in training them in infection control.

Theory Time	Practice Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
1 Hour	Practice in training practicum	<ul style="list-style-type: none"> • Apply universal precautions for reducing infections during Comprehensive PAC and other Health Services 	<ul style="list-style-type: none"> • Rationale for controlling infection in health settings. <ul style="list-style-type: none"> - The transmission cycle. - Transmission of HBV and HIV from clients to FP/ Comprehensive PAC health workers. • Purpose of infection prevention. • Elements of universal precautions and how to perform: <ul style="list-style-type: none"> - Hand washing. - Use of barriers. - Wearing gloves. - Handling sharps. - Waste disposal. - Environmental cleanliness. - Processing instruments for re-use. 	<ul style="list-style-type: none"> ◦ Lecture/ Discussion ◦ Large Group Discussion using a visual ◦ Brainstorming. ◦ Questions & Answers. ◦ Buzz. ◦ Practice/ Simulations. ◦ Demo/practice. ◦ Practice during Comprehensive PAC procedures. ◦ Role play Practice. 	<ul style="list-style-type: none"> ◦ Infection prevention for FP service programs by JHPIEGO; Linda Tientjen et al. ◦ FP Procedure Manual Section B. 	<ul style="list-style-type: none"> ◦ Questions and Answers. ◦ Listening. ◦ Observe application of this knowledge during clinical practice. ◦ Checklist/ procedure steps. ◦ Skills assessment checklist. ◦ Checklist Observation.

Sub-Module 5.1 (b) Processing Instruments for Re-use

Theory Time	Practical Hours	Objective	Content	Facilitator/I earner activities	Resources	Evaluation Methods and Tools
		<p>1. Explain the purpose of processing instruments.</p> <p>2. Describe the causes of, and how infection spreads.</p> <p>3. Describe the 4 steps in processing PAC instruments for re-use and rational for each.</p> <p>4. Demonstrate the instruments: 4 steps in processing instruments for re-use</p>	<p>1.1 Purpose of processing instruments.</p> <ul style="list-style-type: none"> ◦ Prevent infection spread. ◦ Protect clients. ◦ Protect service providers. <p>2.1 Micro-organisms during infection</p> <ul style="list-style-type: none"> ◦ Bacteria, fungi, parasites. ◦ Viruses – HBV, HIV. ◦ Bacterial endospores – tetanus. <p>2.2 Source/reservoir of infection</p> <p>2.3 Who is at risk</p> <p>3.1 The 4 basic steps for processing instrument</p> <ul style="list-style-type: none"> ◦ Decontamination. ◦ Cleaning. ◦ Sterilisation or HLD. ◦ Storage/reassembly. <p>4.1 Presentation</p> <ul style="list-style-type: none"> ◦ Drawing decontamination solution through cannula into MVA syringe. ◦ Decontaminating instruments – submerge soiled instruments in decontamination solution. ◦ Removing instruments from decontamination solution (use gloves or strainer bag). 	<ul style="list-style-type: none"> ◦ Infection prevention for FP service programs by JHPIEGO; et Linda Tientjen al. ◦ Cleaning, disinfecting and maintaining Instruments, Ipas booklet. ◦ Infection Prevention: A Reference booklet for health care providers (CD ROM) by EngenderHealth. 		

Sub-Module 5.1(b) Continued..

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p><i>Cont.</i></p> <p>4. Demonstrate the instruments: 4 steps in processing instruments for reuse</p>	<p>4.2 Cleaning:</p> <ul style="list-style-type: none"> ◦ Reason for using luke-warm water and detergent. ◦ Assembling the MVA syringe. ◦ Washing all MVA parts and other instruments under water using soft brush. ◦ Rinsing instruments. ◦ Drying instruments by air or with clean towel. <p>4.3 Sterilisation or HLD:</p> <ul style="list-style-type: none"> ◦ Cannulae HLD: <ul style="list-style-type: none"> - Boiling for 20 minutes. - Chemical HLD. <ul style="list-style-type: none"> ❖ 0.5% chlorine for 20 minutes. ❖ 2% glutaraldehyde for 20 minutes. ◦ Cannulae sterilisation: <ul style="list-style-type: none"> - Chemical: <ul style="list-style-type: none"> ❖ 20% Glutaraldehyde for 10 hours. ❖ 8% Formaldehyde for 24 hours. ◦ Rinsing chemically sterilised on HLD instruments in sterile or boiled and cooled water. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above. 	<ul style="list-style-type: none"> ◦ As above.

Sub-Module 5.1(b) Cont...

Learning Time	Practice Hours	Objectives	Content	Facilitator/learner activities	Resources	Evaluation Methods and Tools
			4.4 Storage:	<ul style="list-style-type: none"> • Wrapping sterile cannulae in sterile paper cloth or sterile covered tray. • Storage of sterile packages in shelves. • Dating instruments for use within one week. • Storage of cannulae in dry, covered HLD or sterile containers with tight fitting lids. Reassembling the MVA Syringe. - Replacing the o-ring. - Lubricating with silicon, glycerol or liquid soap. - Checking the syringe for vacuum tightness. 	<ul style="list-style-type: none"> • As above. 	<ul style="list-style-type: none"> • As above.

Sub-Module 5.2

Maintaining a Mechanism for Timely Supplies and Equipment (2 Hours)

This sub module seeks to empower the Comprehensive PAC provider on long term planning and contributing constructively to the manager's efforts of processing and purchasing equipment, supplies etc. The training/learning activities will consist of short theory time for project preparation and for presentation and using an outline/handout) to observe and learn from the practice sites.

Theory Time	Practice Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 mins (guiding trainer on the project)		<ul style="list-style-type: none"> o Maintain a mechanism for assuring of equipment, supplies and other necessary materials. o How the mechanism assures availability of supplies, equipment and other necessary materials. o Making available non-threatening space near female/ gynecology ward for: <ul style="list-style-type: none"> - Consultation/treatment room with lighting, water, ventilation, furniture, privacy. - Sterilisation area. - Recovery room/space. - Storage. 	<ul style="list-style-type: none"> o Lecture/ discussion. o Structured observation/ project. o Questions & answers. 	<ul style="list-style-type: none"> o Group project: <ul style="list-style-type: none"> - Use this contact as checklist for assessing Practicum Training Site for learning purposes. o Equipment and Supplies: <ul style="list-style-type: none"> - Setting up an inventory. - Determining level of need. - Quantities, AND - Quality e.g. designs, types of materials etc. o Present the project as part of processing clinic practice if time is a constraint. 	<ul style="list-style-type: none"> o Guide for project to include cost analysis tool CAT for budgeting (EngenderHealth). o MSD price catalogue (Latest). o Formula for estimating supplies. o List of equipment copy for trainees (from this curricular Introduction Section). 	<ul style="list-style-type: none"> o Evaluation guide for project. o Program Components & Service Standards for safe Motherhood. o Chapter I: Logistic FP Procedure Manual Section E. o Checklist: o Document review at follow-up.

Sub-Module 5.2 Cont...

Theory Time	Practicee Hours	Objective	Content	Facilitation/learner activities	Resources	Evaluation Methods and Tools
		<ul style="list-style-type: none"> ○ Consultation with supervisor and establishing a review/ follow-up plan. ○ Evaluate the mechanisms established. ○ Use records, including bin cards. ○ Inventories. 	<ul style="list-style-type: none"> ○ Constitution with supervisor and establishing a review/ follow-up plan. ○ Evaluate the mechanisms established. ○ Use records, including bin cards. ○ Inventories. 	<ul style="list-style-type: none"> ○ Put on Skills Application Plan for handling in own site. ○ Brainstorming ○ Individual exercise ○ Simulation. 	<ul style="list-style-type: none"> ○ Follow up checklist. ○ Review Skills Application Plan. 	

Sub-Module 5.3 Using records for improvement of Comprehensive PAC/RH services (2 Hours 30 minutes)

The sub-module seeks to stimulate Comprehensive PAC trainees to use the records kept for Comprehensive PAC and other RH services. This skill is conducted through assignment and short time in class and will be included on the Skills Approach plan. Trainers/Supervisors who will provide supportive supervision to the Comprehensive PAC provider must take time to assist him/her on site.

Theory Practice/ Time	Objective Hours	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 mins	On going guidance throughout the 2 weeks.	<ul style="list-style-type: none"> ◦ Use records to evaluate and improve the quality of services. 	<ul style="list-style-type: none"> ◦ Overview on health records and record keeping: <ul style="list-style-type: none"> - Types of records used in reproductive health services. - MTUHA. - Anecdotal. - MVA room Register. - Ward Admission Register. - Theatre Register. - RH records in which Comprehensive PAC service records fit. 	<ul style="list-style-type: none"> ◦ MTUHA book No. 1, 2, 3, 4, 6, 8, 10 (Year 2000 Toledo 2.1). ◦ Facilitative Supervision by EngenderHealth. ◦ National Guidelines of Supervision MOH. ◦ Handout No. 3.2 MCH5 Card. ◦ PAC Clinic Records. ◦ PAC Register. 	<ul style="list-style-type: none"> ◦ Observation of use of records/ checklists. ◦ Observation of use of records/ checklists.

Sub-Module 5.3 Continued...

Theory Practice/ Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
2 Hours	On going through the 2 weeks.	<ul style="list-style-type: none"> • As above • Keeping Comprehensive PAC records: <ul style="list-style-type: none"> - On client card. - In the registers. - Using records for planning, costing and buying equipment. - Use records to evaluate and improve the quality of services. - Compiling Comprehensive PAC data collection for evaluation: 	<ul style="list-style-type: none"> • Questions & answers. • Exercise on using Comprehensive PAC records case study. • Lecture/ discussion. • Practice. • Small group work. • On-going during practice. 	<ul style="list-style-type: none"> • Trainer's & Trainees' experience. • Family Planning Management: May/June 1992, volume 1 No. 2, "Using Service Data" Tools for Taking Action." 	<ul style="list-style-type: none"> • Observation of use of records/ checklists. • Use MTUHA (No.1) guide on using data to evaluate service provider. • Pre/post training questionnaire. • Document review. • Observation.

Sub-Module 5.4

Ensuring Comprehensive PAC clients receive timely FP methods (30 Minutes)

This sub module address the needs of clients who are served in institutions that restrict FP method use or are not part of the FP clinic.

Theory Time	Practice/Hours	Objective	Content activities	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 Mins	Ongoing practice in clinics.	<ul style="list-style-type: none"> • Use a variety of approaches of ensuring the Comprehensive postabortion clients who choose FP methods, received them. 	<ul style="list-style-type: none"> • Client oriented benefits for ensuring selected FP methods are provided timely: <ul style="list-style-type: none"> - Prevent pregnancy that may occur 7-14 days, after abortion. - Maximise FP method access to clients - Clients right fulfilled. <p>Option 1 (one approach):</p> <ul style="list-style-type: none"> - Provide 3 months supplies or injection straight away and give follow up date and name of nearest site and referral not to show method begun. <p>Option 2:</p> <ul style="list-style-type: none"> - When situation doesn't allow provision of methods at site: <ul style="list-style-type: none"> ❖ Counsel for FP method and refer; invite to return to you in case of problems. Advise how to prevent pregnancy during transition (between your site and referral site). <p>Option 3:</p> <ul style="list-style-type: none"> - Educate/counsel on "alternative" ways of preventing pregnancy and refer to nearest FP service site e.g. abstain (creatively) until FP method started. - Using the approaches/options of ensuring Comprehensive PAC methods: <ul style="list-style-type: none"> - Timing in relationship to client care. 	<ul style="list-style-type: none"> • Lecture/Discussion. • Questions & Answers. • Practice. • Large group discussion. • Practice. 	<ul style="list-style-type: none"> • Trainer & Trainees. • Experiences of Religions, NGO not allowing FP methods. • Document review post training. • Document review post training. • Mid training questionnaires. 	<ul style="list-style-type: none"> • Quiz. • Observation. • Document Review post training. • Observe during practice.

Sub-Module 5.5 Conducting on-the-job training for other Comprehensive PAC Providers (30 Minutes)

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 Mins	Extra curricular preparation	<ul style="list-style-type: none"> • Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery. 	<ul style="list-style-type: none"> • Types of OJT. <ul style="list-style-type: none"> ◦ Definition of OJT. - Unstructured OJT. - Structured OJT (Always use structured OJT). ◦ Advantages of OJT. ◦ Disadvantages of OJT. ◦ Method suitable for OJT: <ul style="list-style-type: none"> - Demonstration and return demonstration. - Using role-plays, simulations, case studies, modelling etc. ◦ Developing OJT relationships: <ul style="list-style-type: none"> - Autonomy, initiative decisiveness, and a share of ownership for one's work are essential for both OJT trainer and trainee. 	<ul style="list-style-type: none"> • As part of group assessment ◦ Simulation ◦ Use of models (Trainer and trainees) ◦ Demonstrations ◦ Role-plays, simulations, case studies, modelling etc. ◦ Fostering learning: trainee develops new skills with the support of the trainer and sets new standards of skills to acquire in the next session. 	<ul style="list-style-type: none"> • Section 6 of "Programme components and service standards 2001" ◦ Trainer made Handouts ◦ Programme components and service Standards for Safe motherhood, FP and other RH services by Ministry of Health. ◦ Coaching Successfully, John Eaton & Roy Johnson. 	<ul style="list-style-type: none"> ◦ Checklists ◦ Procedural steps or Service Standards ◦ Section 6 and from other relevant service standards or manuals.

Sub-Module 5.5 Continued...

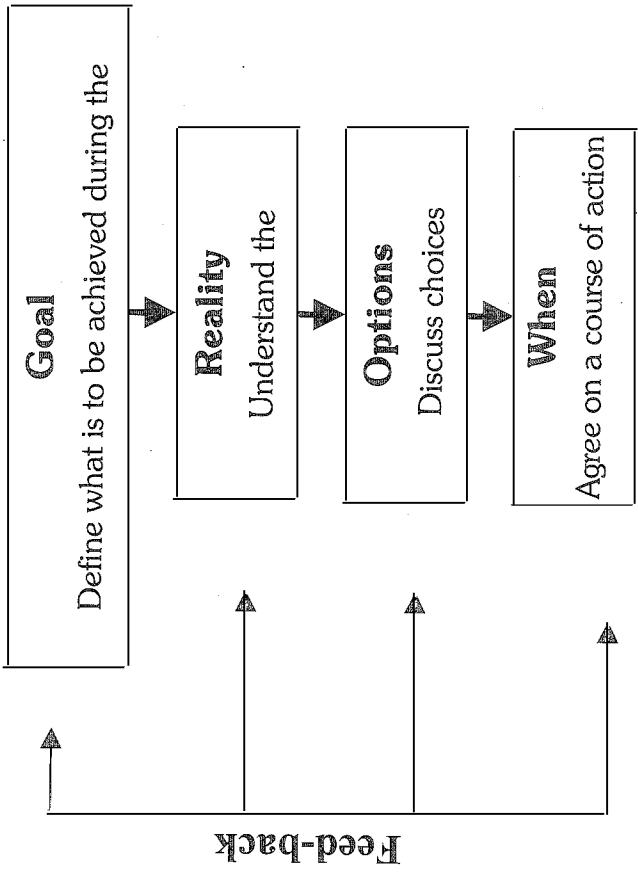
Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	Cont.	<p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p> <ul style="list-style-type: none"> ◦ Do's for developing OJT relationships: <ul style="list-style-type: none"> - Do let the trainees find their own best way and time to practice the skills. - Do give the trainees as much time as possible to perform the skills without endangering clients; safety without intervening. - Do use the phrase "how can we ..." and not "why did you..." ◦ Don'ts for developing OJT relationships: <ul style="list-style-type: none"> - Don't stifle trainee's effort and initiative with rules and regulations. - Don't encourage the trainee to see you as the fountain of all wisdom. - Don't train people beyond their limits of competence. 	<ul style="list-style-type: none"> ◦ As above. ◦ As above. ◦ As above. 			◦ As above.

Sub-Module 5.5 Cont...

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> ◦ Tools for conducting PAC OJT <ul style="list-style-type: none"> - Discussion and mutual planning between trainer and trainee. - Shaping the OJT session: - Use the GROW model to structure your work: define the goals, explore present reality, discuss options, and agree on when an action will take place. (see illustration below). - Aim to form OJT goal that is workable, operates within a realist time frame, and is also achievable (SMART) on the trainee's present level of experience. - Plans showing steps, time frame and trainer/coach Initiating OJT - The first steps in OJT are: to lay the foundations for its likely success, be clear about when to start OJT and how to structure and follow-up a session. Be sure about what you will work on during the session. 	<ul style="list-style-type: none"> ◦ As above ◦ As above 	<ul style="list-style-type: none"> ◦ As above ◦ As above 	<ul style="list-style-type: none"> ◦ As above

Sub-Module 5.5 Continued...

The GROW model



Sub-Module 5.5 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Evaluation Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> • Arranging an OJT session <ul style="list-style-type: none"> - Location: <ul style="list-style-type: none"> ❖ Meeting room — a private office enables the didactic discussions to be confidential and uninterrupted. ❖ Off-site—an informal, neutral location lends a more relaxed, less guarded air to the discussion. - Planned session: <ul style="list-style-type: none"> ❖ Agree timing—discuss on time to meet and length of session that suits both parties. ❖ Allow sufficient time—over estimate the time required for the meeting/session and make allowances for the unexpected. ❖ Book ahead—book two meetings/sessions in advance to ensure continuity because people's diaries fill up quickly. ❖ Meet regularly—to make the best of time limitations, hold short OJT meetings on a regular basis. • Spontaneous session <ul style="list-style-type: none"> - Be flexible—turn a question or complaint into an opportunity for spontaneous OJT/didactic session. - Be clear—make clear how much time you have at the start of a session. - Be considerate—ask the trainee how much time they can spare, in case they have other commitments. 		

Sub-Module 5.5 Continued...

Theory Time	Practice/ Hours	Objective	Content activities	Facilitator/learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> - Review—book a time and place for the next meeting, for feed-back and further action. - Skills acquisition checklist. - Monitoring form. - Evaluation form. - Follow-up plan. - Carrying out OJT - Start sessions positively and treat the trainee as an equal. - Divert telephone calls to avoid unwanted interruptions. - Achieving mutual understanding and giving feed-back. 	<ul style="list-style-type: none"> ❖ Relax—you are offering an opinion, not imposing your interpretation as a fact. ❖ Be specific—call attention to the trainee's past performance and its possible consequences. ❖ Interact—be able to listen, clarify and expand. ❖ Be tactful and avoid casting blame. ❖ Seek agreement and action—ask for the trainee's view and how he/she will act on your feed-back. 		

Sub-Module 5.5 Continued...

Theory Time	Practice Hours	Objective	Content	Facilitation/learner activities	Resources	Instructional Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> • Receiving feed-back <ul style="list-style-type: none"> - Be open—feed-back is crucial to development and learning, so listen attentively. - Evaluate—assess the validity of the feed-back and the consequences of acting on it. - Clarify—ask questions to clarify your understanding of the points made. - State your views—if you have a different view, offer it as another interpretation rather than as the “right one”. - Recognise non-verbal signals—understanding body language gives you insight. - Trainer and trainee discuss the theory/knowledge. - Trainee reads more on her/his own. - Trainer performs the procedure while the trainee is observing. - Trainer performs the procedure assisted by the trainee. - Trainee performs the procedure assisted by another person while the trainer is observing. - Trainee performs the procedure on her/his own with trainer being around. - Trainee performs alone without the trainer within reach. 			

Sub-Module 5.5 Continued...

Theory Time	Practice Hours	Content	Facilitation/Learner activities	Resources	Evaluation Methods and Tools
	Cont.	<p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p> <ul style="list-style-type: none"> - Review—book a time and place for the next meeting, for feed-back and further action. - Skills acquisition checklist. - Monitoring form. - Evaluation form. - Follow-up plan. o Carrying out OJT - Start sessions positively and treat the trainee as an equal. - Divert telephone calls to avoid unwanted interruptions. - Achieving mutual understanding and giving feed-back. ❖ Relax—you are offering an opinion, not imposing your interpretation as a fact. ❖ Be specific—call attention to the trainee's past performance and its possible consequences. ❖ Interact—be able to listen, clarify and expand. ❖ Be tactful and avoid casting blame. ❖ Seek agreement and action—ask for the trainee's view and how he/she will act on your feed-back. 			

Sub-Module 5.5 Continued...

Theory Time	Practice Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> o Receiving feed-back <ul style="list-style-type: none"> - Be open—feed-back is crucial to development and learning, so listen attentively. - Evaluate—assess the validity of the feed-back and the consequences of acting on it. - Clarify—ask questions to clarify your understanding of the points made. - State your views—if you have a different view, offer it as another interpretation rather than as the “right one”. - Recognise non-verbal signals—understanding body language gives you insight. - Trainer and trainee discuss the theory/knowledge. - Trainee reads more on her/his own. - Trainer performs the procedure while the trainee is observing. - Trainer performs the procedure assisted by the trainee. - Trainee performs the procedure assisted by another person while the trainer is observing. - Trainee performs the procedure on her/his own with trainer being around. - Trainee performs alone without the trainer within reach. 			

Sub-Module 5.5 Continued...

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> • Monitoring and evaluation: <ul style="list-style-type: none"> - Use of procedural steps or posters. - Assessing with scales—use a scale to help staff evaluate their present skills levels, and to assess their commitment to a goal: ❖ Before starting, let the trainee take a knowledge pre-test ❖ Before starting have a client and physically go through a procedure with the client (trainer taking lead), marking on a checklist all steps that the trainee does not know or had no ideas about. ❖ Thereafter routinely mark skills acquisition on the checklist as performed on model and on client. - Follow-up: <ul style="list-style-type: none"> ❖ Ask your trainee to tell you what they have learnt from recent sessions. - Instilling OJT attitudes: <ul style="list-style-type: none"> ❖ Encourage team members to teach each other. ❖ Set an example by seeking assistance yourself in areas that you are not conversant with. 	<pre> graph TD A[You teach your team members] --> B[Staff become their own teachers] B --> C[Team members teach team] </pre>		

Sub-Module 5.5 Cont...

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
	Cont.	<p>Conduct OJT for other health workers according to their functions in the continuum of Comprehensive PAC service delivery.</p>	<ul style="list-style-type: none"> - Recommend those who have acquired competency/proficiency for certification by national trainers. o Documenting and reporting OJT. o Following up and sustaining skills of cadre trained through OJT. o Use of lessons learned from OJT conducted. 			

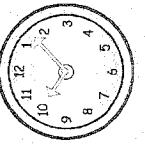
Trainer's Note

Trainer's Note

Module 6

Involving the Community for Improving PAC Service Access and Quality

Duration: 4 Hours (Theory and Role Play)



Overview

This module comprises training/learning activities and materials to help the participant begin service provider to develop and maintain effective the service provider/community partnerships. It defines the community, lists advantages of involving the community in comprehensive PAC service delivery, roles of the service provider in mobilising the community and discusses the importance of networking with the private sector, community-based and non-governmental organisations.

Objectives:

1. Involve the community to facilitate timely referral and transportation of Postabortion clientsAdvocate for early identification, providing basic first aid and referral for management of postabortion complications
2. Mobilise the community to set up sustainable transport for referral.
3. Establish sustainable network for comprehensive PAC with community-based organisations, NGOs and the private (for profit) sector.

Module 6

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
2 hours	2 hours	Advocate for early identification, providing basic first aid and referral for management of abortion complications	<ul style="list-style-type: none"> ◦ Definition of community: <ul style="list-style-type: none"> - "A social group of people in a certain geographic area (village) who share similar interests and needs, a common culture and shared government". ◦ Advantages of involving the community in Comprehensive PAC service delivery: <ul style="list-style-type: none"> - Promotes common understanding of danger signs and early recognition of life-threatening complications. - Promotes early decision-making in seeking medical care. - Facilitates availability of transportation to a health facility. - Facilitates timely/proper treatment and care at facility level. - Increases community's commitment to comprehensive PAC. - Encourages contraceptive use to prevent unwanted pregnancy. - Increases access to comprehensive PAC service delivery. - Advocates for establishment of community-based comprehensive PAC services from the government. 	<ul style="list-style-type: none"> ◦ Brainstorming. ◦ Buzz. ◦ Lecture/ discussion. ◦ Small work groups. 	<ul style="list-style-type: none"> ◦ Handout No. 6.1 "Involving the Community for Comprehensive PAC Access". ◦ Observation ◦ Glossary of Operational Terms. ◦ National Safe Motherhood Program Components and Standards, 2000. (See Type of SM Service-by-Service Provider Chapter 2 Section 6). ◦ National Package of Essential RCH interventions MOH/RCHS, 2000. ◦ Management Strategies for Improving Family Planning Services, MSH, 1996 (page 117) 	<ul style="list-style-type: none"> ◦ Question & answers. ◦ Quiz. ◦ Observation

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
Cont.		<ul style="list-style-type: none"> o Advocate for early identification, providing basic first aid and referral for management of abortion complications - Eliminates harmful cultural/traditional barriers that prohibit timely use of comprehensive PAC services. - Addresses community-specific problems pertaining to comprehensive PAC services. - Enhances more effective planning, management and use of resources. - Creates a bridge to segments of the community that may be hard to reach through formal program channels, e.g. adolescents. - Creates community-based emergency preparedness, including transportation and other costs. <p><i>Roles of the service provider in mobilising the community</i></p> <ul style="list-style-type: none"> - Educate the community (men, women, adolescents etc.) on the magnitude of the problem, danger signs and complications. - Educate the community on the need for timely referral and possible means of available transportation. - Collaborate with community-based health workers, NGOs and private sector to improve Comprehensive PAC services. 	<ul style="list-style-type: none"> o Brainstorming. o Buzz. o Lecture/ discussion. o Small work groups. o Glossary of Operational Terms. o National Safe Motherhood Program Components and Standards, 2000. (See Type of SM Service-by-Service Provider Chapter 2 Section 6). o National Package of Essential RCH interventions MOH/RCHS, 2000. o Management Strategies for Improving Family Planning Services, MSH, 1996. 	<ul style="list-style-type: none"> o Handout No. 6.1 “Involving the Community for Comprehensive PAC Access”. o Question & answers. o Quiz. o Observation 		

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Evaluation Methods and Tools
		<p>Cont.</p> <ul style="list-style-type: none"> o Advocate for early identification, providing basic first aid and referral for management of abortion complications - Provide comprehensive PAC education to women, men, adolescents and communities about dangers of spontaneous and unsafe abortion and the need to seek immediate care at a health facility. - Recognise early signs of abortion. - Rapidly assess condition of emergency PAC clients. - Stabilise and refer immediately. - Guide relatives or escorts regarding transporting clients, and possible readiness for blood transfusion and payment of fees. - Promote comprehensive PAC at work and in their community consistently. 	<ul style="list-style-type: none"> o Assist trained NGO and private sector community based health workers to: 	<ul style="list-style-type: none"> o Individual experiences. o Discussion with peers (simulation). o Brainstorming. o Small work groups. 	<ul style="list-style-type: none"> o Handout No.6.6 "Planning the Comprehensive PAC/RH mobilisation: Part I: Community Perspectives and Unsafe Abortion". o Facilitator/ Participants experience. o Community COPE. o Handout No. 6.4a "Sample Community Involvement Action Plan.

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
		<ul style="list-style-type: none"> ○ Cont. 	<ul style="list-style-type: none"> ○ Planning for community mobilisation: 	<ul style="list-style-type: none"> ○ Lecture/Discussion. 	<ul style="list-style-type: none"> ○ Community COPE. 	<ul style="list-style-type: none"> ○ Observation.

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
		Cont.	<ul style="list-style-type: none"> ◦ Identify available resources within the community e.g. mode of transport, CBHWs, extension development workers, teachers and dispensary staff etc. ◦ Advocate for early identification, providing basic first aid and referral for management of abortion complications ◦ Develop a community mobilisation plan with community members to include: <ul style="list-style-type: none"> - Activity. - Target group, time for activity, venue. - Persons/who is responsible, expected outcome. - Indicators for monitoring the activity. ◦ Evaluate the program with the community on achievement of: <ul style="list-style-type: none"> - Timely referral/reaching the clinic. - Establishment and use of transportation of emergency comprehensive PAC/RH clients. - Document the community mobilisation done, its outcomes and issues then display results by target group. 	<ul style="list-style-type: none"> ◦ Lecture/Discussion. ◦ Small work groups. ◦ Individual experiences. ◦ Role Play. ◦ Case study. 	<ul style="list-style-type: none"> ◦ Community COPE. ◦ Management Strategies for Improving Family Planning Services, MSH, 1996. 	<ul style="list-style-type: none"> ◦ Observation. ◦ Review questions.

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
Cont.		<ul style="list-style-type: none"> o Deliver community education session: <ul style="list-style-type: none"> - Use visual aids, stories and sayings in education sessions with the community. o Ask questions to determine understanding of the session by the community o Allow for questions. o Summarise key points and then close the session. o Provide information on comprehensive PAC services at the facility: ▪ Place sign post to show service area for comprehensive PAC in the health facility. ▪ Arrange posters for easy reading and attract clients to read them. ▪ Place the Client Rights poster in a place visible to both the client and the service provider. ▪ Place the PAC Performance Standards and MVA Procedure posters in the PAC room or theatre. ▪ Place the HLD using chemical and by boiling poster in the PAC room, sterilisation room and theatre. ▪ Bar graphs with explanation e.g. Number of Comprehensive PAC clients transport by community, timely referrals from community and outcomes; not treated, referred out of the facility. 	<ul style="list-style-type: none"> o Case study. o Individual/Group exercise. o Demonstration by example (Trainer show or write sign Post on PAC). 	<ul style="list-style-type: none"> o Trainer and trainees experience. o Kutoa Huduma Teule za Afya ya Uzazi na Mtoto: Mwongozo wa Mto Huduma: Sura 2 Page 27 – 32. o FP Procedure Manual. o MTUHA Book 1 (confirm accuracy Trainers) Section on How to Evaluate Services. o Community COPE. 	<ul style="list-style-type: none"> o Observation. o Checklist. o Observation Trainee's Skills Application Plan and extent of its implementation. 	

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
<p>Cont.</p> <ul style="list-style-type: none"> ◦ Advocate for early identification, providing basic first aid and referral for management of abortion complications ◦ Identify available resources within the community e.g. mode of transport, CBHWs, extension development workers, teachers and dispensary staff etc. ◦ Develop a community mobilisation plan with community members to include: <ul style="list-style-type: none"> - Activity. - Target group, time for activity, venue. - Persons/who is responsible, expected outcome. - Indicators for monitoring the activity. ◦ Evaluate the program with the community on achievement of: <ul style="list-style-type: none"> - Timely referral/reaching the clinic. - Establishment and use of transportation of emergency comprehensive PAC/RH clients. - Document the community mobilisation done, its outcomes and issues then display results by target group. 	<ul style="list-style-type: none"> ◦ Lecture/Discussion. ◦ Small work groups. ◦ Individual experiences. ◦ Role Play. ◦ Case study. 	<ul style="list-style-type: none"> ◦ Community COPE. ◦ Management Strategies for Improving Family Planning Services, MSH, 1996. 	<ul style="list-style-type: none"> ◦ Observation. ◦ Review questions. 			

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
		Cont.	<ul style="list-style-type: none"> • Deliver community education session: <ul style="list-style-type: none"> - Use visual aids, stories and sayings in education sessions with the community. ◦ Ask questions to determine understanding of the session by the community ◦ Allow for questions. ◦ Summarise key points and then close the session. ◦ Provide information on comprehensive PAC services at the facility; 	<ul style="list-style-type: none"> • Case study. ◦ Individual/Group exercise. ◦ Demonstration by example (Trainer show or write sign Post on PAC). <p>- Place sign post to show service area for comprehensive PAC in the health facility.</p> <p>- Arrange posters for easy reading and attract clients to read them.</p> <p>❖ Place the Client Rights poster in a place visible to both the client and the service provider.</p> <p>❖ Place the PAC Performance Standards and MVA Procedure posters in the PAC room or theatre.</p> <p>❖ Place the HLD using chemical and by boiling poster in the PAC room, sterilisation room and theatre.</p> <p>- Bar graphs with explanation e.g. Number of Comprehensive PAC clients transport by community, timely referrals from community and outcomes; not treated, referred out of the facility.</p>	<ul style="list-style-type: none"> • Trainer and trainees experience. ◦ Kutoa Huduma Teule za Afya ya Uzazi na Mtoto: Mwongozo wa Mto Huduma: Sura 2 Page 27 – 32. ◦ FP Procedure Manual. ◦ MTUHA Book 1 (confirm accuracy Trainers) Section on How to Evaluate Services. ◦ Community COPE. 	<ul style="list-style-type: none"> • Observation. ◦ Checklist. ◦ Observation Trainee's Skills Application Plan and extent of its implementation.

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
		Mobilise the community to set up sustainable transport for referral	<ul style="list-style-type: none"> • Consensus building among stakeholders (community members, CBOs, NGOs, private sector), through: <ul style="list-style-type: none"> - Public seminar on the benefits of establishing emergency transport. - Sharing comprehensive PAC data collected from the facility and national studies. - Establishing a working group. - Holding a workshop for the working group. - Meeting for information of the potential members of the emergency transport. - Agreeing on operational rules and regulations for managing the transport fund. - Preparation of the first budget. - Holding the initial community meeting. - Implementation: <ul style="list-style-type: none"> - Collection of funds. - Identification of transport provider and signing of the agreement where necessary. 	<ul style="list-style-type: none"> • Brainstorming. ◦ Small work groups. ◦ Case study. ◦ Lecture/Discussion 	<ul style="list-style-type: none"> ◦ Training of Trainers Manual for Mutual Health Organisation: Ghana, Abt Associates, 2000, (pages 23 – 47). 	<ul style="list-style-type: none"> ◦ Question & answer. ◦ Observation.

Module 6 Continued

Theory Practice/ Time	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
Establish sustainable network for comprehensive PAC with community-based organisations, NGOs, and the private (for profit) sector.	Roles of the CHMTs	<ul style="list-style-type: none"> ◦ Identify individuals in the community who can actively participate in your programs, and develop a clear set of activities that these community members can undertake to actively support and sustain comprehensive PAC. ◦ Motivate and sustain community participation in comprehensive PAC: ◦ Create bridges to the community by organising people to promote comprehensive PAC services. This can be developed and established with some of the following types of organisations: <ul style="list-style-type: none"> ❖ Local NGOs: CHMT develop a mechanism for collaborating with other local NGOs to mobilise community members concerned with comprehensive PAC. These community organisations can carry out a variety of activities that will promote and educate members of the community about comprehensive PAC. ❖ CBOs: CHMTs encourage service providers at facilities to collaborate with CBOs that provide services in areas such as literacy, education, agricultural extension and water and sanitation systems. Comprehensive PAC and FP education can be incorporated into the activities of these organisations. 	<ul style="list-style-type: none"> ◦ Lecture/Discussion. ◦ Small work groups. 	<ul style="list-style-type: none"> ◦ Training of Trainers ◦ Manual for Mutual Health Organisation: Ghana, Abt Associates, 2000. 	<ul style="list-style-type: none"> ◦ Question & answer. ◦ Observation.

Module 6 Continued

Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
		<p>Cont.</p> <ul style="list-style-type: none"> • Establish sustainable network for comprehensive PAC with community-based organisations, NGOs, and the private (for profit) sector. 	<ul style="list-style-type: none"> ❖ Local governmental organisations: CHMTs collaborate with other local governmental organisations, e.g. schools. By sharing information and resources, including government officials in local program planning, and looking for ways to promote understanding, danger signs and life-threatening complications of comprehensive PAC and how to prevent unwanted pregnancies. ❖ Clubs: CHMTs develop mechanisms for collaborating with existing clubs for mothers, e.g., Mothers' Unions, youth and men clubs. These clubs can address the special needs, issues and problems that club members are likely to face when encountered with abortion complications. Clubs can promote greater awareness of the benefits of FP in preventing unwanted pregnancy, link members to RH, other medical and social services and inspire recognition and identify PAC complications and make timely decision and referral to an outlet where quality comprehensive PAC services are available 	<ul style="list-style-type: none"> • Lecture/Discussion. • Small work groups. 	<ul style="list-style-type: none"> • Training of Trainers Manual for Mutual Health Organisation: Ghana, Abt Associates, 2000. 	<ul style="list-style-type: none"> • Question & answer. • Observation.

Module 6 Continued

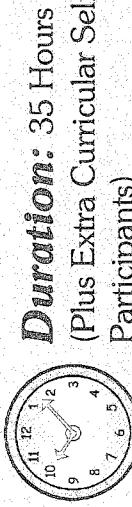
Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
Cont.	o Establish sustainable network for comprehensive PAC with community-based organisations, NGOs, and the private (for profit) sector.	<ul style="list-style-type: none"> o On return from training, the service provider: <ul style="list-style-type: none"> - Gives feedback to the supervisor about the training and its benefits to the health facility and the community. - Shares and takes the supervisor through the back-home application plan. - Solicits the supervisor's support for implementation of the new skill including equipment and supplies. - In consultation with the supervisor ascertains if it is necessary to orient the CHMT. If necessary requests the superiors to arrange a meeting to orient the CHMT on comprehensive PAC. - Orients other service providers during continuing education meetings. 	<ul style="list-style-type: none"> o Lecture/Discussion. o Small work groups. 	<ul style="list-style-type: none"> o Training of Trainers Manual for Mutual Health Organisation: Ghana, Abt Associates, 2000. 	<ul style="list-style-type: none"> o Question & answer. o Observation. 	

Module 6 Continued

Theory Time	Practice/ Hours	Objective	Content	Facilitator/ Learner activities	Resources	Evaluation Methods and Tools
	Cont.	<ul style="list-style-type: none"> o Establish sustainable network for comprehensive PAC with community-based organisations, NGOs, and the private (for profit) sector. 	<p>Preparation for the CHMTs orientation</p> <p>The service provider:</p> <ul style="list-style-type: none"> o Determines on the agenda. - Objective of the meeting. - Expected outcome. - Presentation of the content. <p>o Creates an agenda:</p> <ul style="list-style-type: none"> - Date. - Time. - Place/venue. - Objective of the meeting. - Expected outcome. <p>Orientation of CHMTs</p>	<ul style="list-style-type: none"> o Lecture/Discussion. o Small work groups. 	<ul style="list-style-type: none"> o Training of Trainers Manual for Mutual Health Organisation: Ghana, Abt Associates, 2000. 	<ul style="list-style-type: none"> o Question & answer. o Observation.

Module 7

Practicing PAC Clinical Skills



Duration: 35 Hours
(Plus Extra Curricular Self-directed Simulations by Participants)

Objectives:

Same as the Objectives for the Competency-Based Training contained in Modules 1 to 6

Overview:

This module consists of training/learning activities which will enable the participant acquire the skills and attitudes required for providing client oriented care and maintaining a client friendly services. He/she will learn through demonstration, modelling by trained provider in providing Comprehensive PAC/RH services and continuous system of monitoring his/her skills acquisition.

The trainer and practicum site staff will organise the practicum creatively so that the participant achieves acceptable level of Comprehensive PAC/RH related competence. He/she will assist participants to use job aids, service standards and other trainer's guidelines as basis of the practicum training.

Module 7

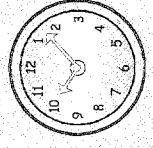
Theory Time	Practice/Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
35 hours	As stated for the whole training. (Volume 2).	<ul style="list-style-type: none"> ◦ Procedures which are a break down of the Post Training tasks & sub tasks; Also reflected in the checklists in Section 1 pg 15 of this Curriculum. ◦ Introduction to the practicum: - Venue & its characteristics practices. - Need for using the objectives & Post Training Task of the Comprehensive PAC trained provider as “checklist” for monitoring learning progress. - Use of national guidelines & service standards. - Roles of Facilitators during practice. - Roles of Participants during practice. - Project/Assignment on Facility Organisation. 	<ul style="list-style-type: none"> ◦ Individual guidance. ◦ Demonstrations on actual client service. ◦ Self directed simulation on ongoing process, daily regularly & extra curricular using modules peers. ◦ Discussion of “case studies” observed & drawing learning. ◦ Assignment for consolidating skills. 	<ul style="list-style-type: none"> ◦ All Handouts on procedure steps. ◦ Units on client assessment or counselling. ◦ Comprehensive PAC/RH visual aids including Job Aid. ◦ Clinical supplies equipment & space. ◦ Clients. ◦ Trainers/providers. ◦ Transport. ◦ Various Service Policy Guidelines & Standards. 	<ul style="list-style-type: none"> ◦ Observation. ◦ Listening. ◦ Review of trainee written records. ◦ Checklists in this Comprehensive PAC Curricular. ◦ National Service Policy Guidelines & Standards. 	

Module 8

Evaluating the Training, Planning for the Application of the acquired Knowledge and Skills at the various Work-sites and Closure of the Training

Overview

Duration: 3 Hours
(Plus Extra Curricular Time)



Objectives:

By the end of this Module, the participants should be able to:

1. Identify knowledge, attitudes and skills gained based on the Comprehensive Pre/Post Training Questionnaire.
2. Provide written comments on the Comprehensive PAC Clinical Skills Training using the Participants Reaction Form
3. Share with peers and individual trainer's Skills Application Plan for ensuring acquired knowledge, skills & attitudes are "transferred" to the comprehensive PAC service delivery.
4. Give personal verbal reactions on the training in a plenary
5. Agree in one-on-one discussions with the trainers regarding:

Individual participants' overall performance
AND document in the Skills Application Plan approaches for continuing to strengthen identified weak skills, if any.

This module gives a guide on how to evaluate the effectiveness of the training, how to plan for the application of the acquired knowledge and skills at the various work-sites and finally the closure of the training.

Module 8

Theory Time	Practice/ Hours	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
1 hour		Identify know-ledge, attitudes and skills gained based on the Pre/Post training questionnaire.	<ul style="list-style-type: none"> • Post Training Questionnaire: ▪ Review of purpose & time for completion. ▪ Correction & quick general feedback to class before departure. 	<ul style="list-style-type: none"> • Large Group. • Individual Exercise. 	<ul style="list-style-type: none"> • The Comprehensive PAC Training Materials • 10 copies of the Pre/Post Training Questionnaire • Marking "Key/Scoring sheet" 	<ul style="list-style-type: none"> • Document Review.
30 min		Provide written comments on the Comprehensive PAC Clinical Training using the Participants' Reaction Form.	<ul style="list-style-type: none"> • As Above. 	<ul style="list-style-type: none"> • As Above. 	<ul style="list-style-type: none"> • Participant's Course Evaluation Form Handout No. 8.1 • Daily Comprehensive PAC Evaluation Report, Trainer's Handout No. 2. 	<ul style="list-style-type: none"> • As above.
1 hour	Extra-Curricular Time of individual preparation of the plan.	Share with peers and trainers, the Skills Application (Action Plan) for ensuring acquired knowledge, attitudes & skills are "transferred" Comprehensive PAC service delivery.	<ul style="list-style-type: none"> • Skills Application Plan (Action Plan): ▪ Purpose to newly trained provider, trainers & supervisors. ▪ Source of data for the Plan (ELC Step No. 4 – 6, journal and trainee/trainers feedback). ▪ Format. 	<ul style="list-style-type: none"> • Lecture/discussion. • Brainstorming. • Individual Exercise. • Large Groups <p>NB: Introduce this task by mid-week of Week 1 and begin completing the plan for less than 10 activities. The Plan can be revised at worksite. On last day of training, trainees refine & share generally with peers & trainers of lessons learned from preparing it.</p>	<ul style="list-style-type: none"> • 10 Blank Skills Application Forms. • Individual trainee's journal & feedback on performance. 	<ul style="list-style-type: none"> • Document renew. • Checklist used at Follow up of The trainee Comprehensive PAC provider.

Module 8 Continued...

Theory Practice/ Time	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
30 min	<ul style="list-style-type: none"> • Give personal verbal reactions on the training in a plenary. 	<ul style="list-style-type: none"> ◦ Grand Process Review: <ul style="list-style-type: none"> - What went well with me regarding this training. - What and not going so well with me regarding this training. 	<ul style="list-style-type: none"> ◦ Large Group Discussion. 	<ul style="list-style-type: none"> ◦ Newsprint, Felt Pens & masking Tapes. ◦ Notes on a variety of Method/ Approaches for conducting Grand Process Review e.g. What went well, what did not go so well? Pluses & wishes, I am glad that/ I am not so glad about/ that. 	<ul style="list-style-type: none"> ◦ Listening.
2 hours	<ul style="list-style-type: none"> ◦ Agree, in one-on-one discussions with trainers regarding: <ul style="list-style-type: none"> - Individual participant's overall performance - Document in the Skills Application onPlan, approaches for continuing to strengthen identified Weak Skills if any. 	<ul style="list-style-type: none"> ◦ Using outcomes of knowledge, attitudes & skills assessment for feedback session (trainer & trainee). ◦ Agree on approaches for rectifying performance problems. 	<ul style="list-style-type: none"> ◦ Trainer/Trainee Confidential Discussion. 	<ul style="list-style-type: none"> ◦ Feedback Rules. ◦ Completed/ Filled Knowledge, Attitude & Skills Assessment Form for each trainee. ◦ Trainee, note book & application plan. 	<ul style="list-style-type: none"> ◦ Listening. ◦ Observing trainee's non verbal communication. ◦ Document review.

Trainer's Note

Trainer's Note

Section 3

Model Session Plan Outlines and Other Trainer's Guides

Content Outline

Biodata Form (suggested format) [See Trainer's Guide No. 1 – below]

Model Session Plan on providing Comprehensive postabortion Support: Objectives [See Trainer's Guide No. 3 below]

Model Session Plan Number 1 [See Trainer's Guide No. 2 – below]

Guide on Selected Training Methods:

- Role Play;
- Demonstration and its Characteristics;
- Case Study;
- Values Clarification Exercises (See Participant /Trainer Manual and Model Session No. 2);
- Participant Reaction Form.

Note: * Trainers will develop the remaining session plans using the above models, type, file them accessibly and use them for subsequent training activities.

Session plans of a trainer team will be reviewed during Comprehensive PAC project evaluation supportive trainers' follow-up. During the "internships" or supportive technical assistance of newly trained trainers, the technical assistance providers will ensure that "interns" in Comprehensive PAC/RH training have their own session plans. These will be evaluated at scheduled project evaluation phase(s).

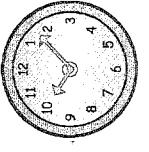
Module 1

Developing a Climate for Learning

Trainers Guide No. 1



Model Session Plan Number 1



Duration 35 Minutes

Objectives:

(See model Session Objectives)

Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
35 Mins		By the end of the module, the participants should be able to: Address at least half of their fellow participants' and the facilitators by preferred names.	Introductions of: • Participants Facilitators Address at least half of their fellow participants' and the facilitators by preferred names.	<p>1. Climate Setting: (2 mins):</p> <ul style="list-style-type: none"> • Welcome participants • Inform who will deal with housekeeping matters and when? <p>2. Objectives:</p> <ul style="list-style-type: none"> • Read the objectives and distribute to participants • Clarify issue. 		

Class Time	Practice/ Simulation	Objective	Content	Facilitator/Learner activities	Resources	Evaluation Methods and Tools
				<p>3. Experience: Exercise: 10 minutes</p> <ul style="list-style-type: none"> Ask individuals to choose a person they admire most. In pairs and in turns: <ul style="list-style-type: none"> Share your name, position, work station Share name of admired person and why you admire him/her. <p>Large Group: 10 minutes</p> <ul style="list-style-type: none"> Pairs introduce peers: <ul style="list-style-type: none"> Name (full) Preferred name Position and Work station One thing admired by the particular person Each individual write preferred name on folded manila paper and place in front of them. <p>4. Processing: (2 minutes)</p> <ul style="list-style-type: none"> Ask individuals to share feelings about the exercise on introduction. Summarise feelings. <p>5. Generalising: (5 minutes)</p> <ul style="list-style-type: none"> Ask what are some learnings from the exercise and presentation of “admired factors” of identified persons. Co-facilitator record. <p>6. Application: (5 minutes)</p> <ul style="list-style-type: none"> Ask “what” are some learnings that you can use during the training or after? Summarise and praise respondents. <p>7. Closure: (2 minutes)</p> <ul style="list-style-type: none"> Tell participants the session on Introduction is over. Summarise learnings and application and link to next session. 		

Module 4

Providing Postabortion Support, Family Planning and Other Reproductive Health Services



Model Session Plan on Providing Postabortion Support

Duration: 1 Hour 40 Minutes

Session Objectives:

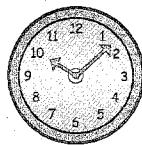
By the end of the session the participant should be able to:

1. Share his/her stand on postabortion care situation based on Values Clarification Exercises and (if possible) the Video film "Put yourself in Her Shoes", shown on previous day.
2. Identify the application of at least 5 of the 10 clients rights based on role-plays and exercises.
3. List at least 4 feelings which a postabortion client may have
4. Cite at least 3 statements that show supportive approach of assisting Comprehensive PAC client to cope with her emotions.
5. Counsel client with one of the common feelings encountered during postabortion period.



Trainer's Guide No. 3

Using the 7 steps: Experiential Learning Cycle



Duration: 1 Hour 40 Minutes

Training Methods:

- Questions & Answers
- Values Clarification
- Role Play

Materials Needed:

- Written situation for values clarification
- Role Play
- Observation' Checklist or Instructions
- Newsprints
- Markers
- Masking Tape
- Trainers own papers

1. Climate Setting: (5 minutes)

- Ask "Share quickly one feeling you have about abortion".
- Co-trainer record responses on newsprint.
- Summarise and tell participants you will refer to them later in the session (in Objective 3 but do not specify when?)
- Thank the participants.

2. Objectives: (10 minutes)

- Post the Newsprint with Session Objectives.
- Ask volunteer to read them loudly.
- Thank volunteer and ask for any clarifications.
- Clarify and move to next steps.

3. Experience:

a. Individual Exercise (On previous day):

- i. Briefly explain purpose of film;
 - To prepare self for next days session on specific Objective No. of this training.
- ii. Ask individuals to take own notes, for reference on next day.
- iii. Show Film "Put yourself in her shoes".

b. Lecture/Discussion:

(On the day of the Session): 10 minutes

- Explain, using outlined handout and the process of Values Clarification Exercises. Handout No. 4.10:
- Main Values Clarification:
 - Any expressed or shared opinions during the exercise are individual's opinions or feeling.
 - No correction should be made by peers.
 - Peers may seek clarification only.
 - The individual shares/publicizes the idea, feeling or opinion after considering consequences of sharing it.
 - Facilitator will summarise outcome and shared ideas/feelings/opinions.
 - Values clarification is a useful approach for explaining own stand about a sensitive matter.
- There is no right or wrong opinion:
 - It makes the person have some food for thought as he/she continues to change or confirm his/her stand or feelings.
 - Individual may change feelings based on hearing others perspective and as a result of continuing to reflect on or experience a particular issue.
- Allow clarifications, points of view of trainees.
- Summarise contributions and process of the values clarification.

c. Value Clarification Exercise:

- Context is "Post Miscarriage/abortion situation on person".
 - Strategies used are:
 - "I am someone who"
 - I never
 - "I would like to tell youandand choice of stand on the issue ofetc.

(NB: Trainer selects any or combines any of these strategies)

Comprehensive postabortion Situation:

Exercise No. 1:

Ms. Sipo, a 17 year old girl has had three miscarriages. You have met her on the immediate Comprehensive postabortion period when she reported to the PAC room.

- Take one minute and write a statement on:

"I am someone who about Comprehensive postabortion situation"

- Move around and share with two persons of your choice. Let them share the statements too. Discuss anything you wish about the statement.

(10 minutes)

Exercise No. 2:

- With the same group share:

"I would like to tell you regarding this (Sipo's) Comprehensive postabortion
(10 minutes)

Or Before Exercise No. 2:

- Return to your place.
- Indicate a point on the line below (or on the Newsprint) that indicates your feelings concerning Ms Sipo.



Punish Sipo

**Unsure of what
to do with Sipo**

**Provide Sipo with
supportive care**

- Trainer asks volunteers to state their position and she/he marks the position without writing who said it.
(5 minutes)

Process the Values Clarification Exercise: (10 minutes)

- Ask individual trainees how they feel about Comprehensive postabortion situations.
- What change did they make by the time you responded or saw responses for Exercise No. 3.
- What does this mean to them?
- Summarise factors as co-trainer records.
(10 minutes)

Questions and Answers:

- Ask trainees to state the client's rights they remember and some elaboration of each.
- Add omitted clients rights.
- Review the recorded feelings (1-4).
- Ask, "which clients rights are fulfilled or not fulfilled as you read those responses.
- Participants respond.
- Trainer summarises or gives the trend of participants opinions observed from their responds and thank them.

Exercise No. 4:

NB: During this exercise, it is important to emphasize that there are no "right" or "wrong" answers. People respond based on their own values and beliefs, and the purpose of the exercise is to help explore differences when they exist. You must remain neutral throughout the exercise and maintain a balance between the different viewpoints presented. You will have to limit responses to just two or three per group per statement in order to cover a range of issues.

Sample values statements:

Please note – these are not to be distributed as a handout because participants, or others who read their materials later, may misunderstand the intent of this exercise and may think that these statements reflect the beliefs of MOH and the trainers.

- Doctors have a responsibility to terminate unwanted pregnancies that result from contraceptive failure.
- A woman's role is to bear children.
- Women who have multiple abortions should be sterilised.
- If a woman consistently has miscarriages (spontaneous abortions), she must be doing something wrong.
- If a woman deliberately induces an abortion, she is committing murder.
- Women who have induced an abortion deserve to suffer and should expect to feel pain during an comprehensive postabortion treatment procedures.
- If abortion is legal, people will be more promiscuous and less responsible about sex.
- An unmarried schoolgirl who becomes pregnant does not deserve to be expelled from school.
- If a man wants his wife to have an abortion, she should have one, even if she wants to carry the pregnancy to term.
- In a couple, the woman should be responsible for contraception.

- If a postabortion patient has many children, she should be encouraged to be sterilised.
- Contraceptive methods should be available to adolescents and unmarried adults.

Brainstorming:

- After pointing at some positive feelings drawn out earlier during the session, ask, "what are some supportive statements you could say to Ms Sipo if you were helping her to cope with the Comprehensive postabortion situation."
- Remind them about the fact that there are no right or wrong opinions.
- Participants respond as co-trainer records:
- With participants, select the more supportive statements and give reasons to:
 - help Sipo make her own decision,
 - show you care for her,
 - provide expertise in the subject,
 - seek assistance from colleagues.
- Conclude by distributing the short handout (15 minutes)

Break: (5 Minutes)

Lecture/ Discussion:

- Share a list of feelings that might be experienced by the client in the Comprehensive postabortion period.
- List the actions that a Comprehensive PAC or other service provider/counsellor may take to help the client during this period.
- Highlight information you wish to emphasize e.g.:
 - Non-verbal communication by Comprehensive postabortion client may help you identify the problem and enable you to assist this client using counselling skills.
 - Repeated questions on same subject may indicate anxiety or fear.
 - Moving from one provider to another with the same problem may indicate need for help in coping with the Comprehensive postabortion situation.
 - Remember, it takes time to make a decision and take a stand.
 - Client may not return to you if they find another counsellor. Be open for that.
 - It is all right for the client to do that.

- Allow trainee to comment and add their input to your statements.
- Co-trainer records the session.
- Summarise and inform the participants that the idea will help in their simulations/ role-play on Session Objective 5.

Role-play: (60 Minutes)

- Divide the following emotions/feelings that are likely to be encountered by Comprehensive postabortion clients among the participants, Assign them to each play one role;
 - Shock.
 - Denial.
 - Anger.
 - Bargaining.
 - Fear.
 - Guilt.
 - Depression.
 - Shame and self consciousness.
- Ask participants form groups of 3 and 4 members and then to:
 - Each prepare themselves AND
 - Counsel each other about their assigned problem from the list above.
- Trainer is to instruct the participants that:
 1. When one is counselling a team member one other member is to observe using a checklist. *Handout/tool No. 2* (10 minutes)
 2. After they complete the role-play, the observer is then to share his/her observations and the member who acted as the client clarifies. All follow Feedback Rules (5 minutes)
 3. Repeat role-playing until each member has acted out their assigned emotion/feelings and discussion with others.
- As the trainees act out their roles, the trainer and co-trainer are to circulate, observe and listen in to the counselling simulations / role-play. They are to make note of statements that show:
 - Caring attitude.
 - Helping the Comprehensive postabortion client.
 - Provider referring to another centre.

- Problematic points to be solved.
- Statements that are an indication of a negative Comprehensive PAC attitude.
- When all participants have completed the role-plays, review the Steps of Conducting a Role-play; Trainee's Guide No. 6.

4. Processing (2 Minutes)

- Ask participants how they feel about the various experiences.
- Note responses.

5. Generalising (5 Minutes)

- Encourage them to share with the others what new tips they have learnt through the role-playing.
- Co-facilitator record on newsprint.

6. Application

- Ask the participants of the new skills learnt which would be applicable in their individual work situations or in their families.
- Ask what will the individual trainees do differently to emotionally support Comprehensive postabortion clients?
- In what other ways and situations will they be able to apply their new skills?
- Encourage the participants to record their new skills, thoughts in their learning journals.

7. Closure

- Ask 3 volunteers to briefly summarise new skills learnt, according to the session objectives.
- Strengthen their responses and thank them.
- Inform them that the new skills learnt are crosscutting and they should freely apply them in various other Comprehensive PAC service situations.
- Participant's record new skills learnt in their journals as soon as possible after the session.



Duration: 4 Hours (Plus Extra Curricula)

Module Objective:

1. By the end of the two week training, based on national service standards, the participant will be able to:
 - Involve the community to provide timely referral and transportation for women who need Comprehensive PAC services.

Session Objectives:

By the end of the 4 hours session the participants should be able to:

1. Define the term “community”.
2. State at least 2 advantages and 2 reasons for involving the community in PAC service delivery.
3. Share at least 4 roles of the PAC provider in mobilizing the community for enhancing service access.
4. List at least 4 types of groups and individuals with whom he/she will work in mobilizing the community for PAC/RH care.
5. Demonstrate ability to do the following based on exercises, role plays or short case studies created by the trainer:
 - 5.1 Plan the mobilization of at least one community target group.
 - 5.2 Hold a meeting with one target group for promoting actions that will establish and maintain timely PAC client referral and transportation to the health facility.
 - 5.3 Make PAC/RH information explicit in the health facility to build up on the PAC information provided during community level PAC education.
 - 5.4 Educate one community group on status of PAC activities and support he/she needs from the group.
 - 5.5 Use a monitoring system for jointly made community/provider agreements.
 - 5.6 Document his/her program on mobilization of the community.
 - 5.7 Share documented community mobilization results in monthly, quarterly and annual reports.

Training Methods:

- Lecture/Discussion
- Brainstorming
- Case Studies
- Role Play

Materials Needed:

- Handouts No. 6.1 - 6.8
- Films (*related to provider/community sharing problems on Comprehensive postabortion care, if available, or other films with relevant themes.*)
- Job aid (*made by trainer or from MoH*)



1. Climate Setting

- Introduce the subject.

2. Objectives

- Share objectives/purposes/outcomes of the role-play.

3. Experience:

3.1. Situation/Characters;

- Allow participants to read the situation.
- Allow clarifications.

3.2. Volunteers or (Selected Group).

3.3. Brief Players.

3.4. Briefing observers and giving observation Checklist/Procedure.

3.5. Start role Play.

4. Processing

4.1. Observers first respond to processing questions.

4.2. Role Players respond to processing questions.

4.3. De role the player.

4.4. Ask about alternative approaches.

5. Generalising

• Draw out new skills learnt by the trainees.

• Record on newsprint.

6. Application

• Relate to real life and work situations.

• Remind trainees to identify and record the new skills they have learnt and how they will apply them in their journals.

7. Closure

• Summarise new skills learnt with the trainees.

• Thank them for playing their various roles and the members who acted as the observers.



Trainer's Guide No. 6

Steps for Planning, Conducting and Completing a Demonstration

1. Planning Demonstration

- a. Based on previous knowledge & skills related to the content of the demonstration:
 - Identify or develop the learning objectives (these could be determined by the smaller tasks of the main service/step task).

For example, dilute 3.5% sodium hypochlorite to 0.5% solution for decontamination of soiled instruments (The bigger task being High level Disinfect MVA Instruments: syringe, adapters, cannulae and MVA syringe "O" ring).
- b. Design your session using the 7 steps experiential learning circle for a given time. Include writing out/finding step by step.
- c. Notes or existing visual and important steps you will make for each step:
 - i. Prepare in advance all required materials
 - ii. Test tools/equipment for good working order
 - iii. Having relevant visuals; if any, where they can be quickly and easily referred during the demonstrations.
- d. Practice the demonstration until it is easy for you.

2. Conducting the Demonstration

- a. Create an atmosphere for learning:
 - Client (if appropriate and available).
 - Introduce self and others if applicable.
 - Ask for client's consent after explaining to them that the session is for learning. Let the client know that the facilitator is a qualified professional and he/she will take responsibility for the procedure.
 - Ensure visual and audio confidentiality.
 - Ensure that there is enough space to accommodate all the participants and allow them all to have an unobstructed view of the procedure.
- b. Climate Setting:
 - Link what will be done with previous training/learning activity.

- Introduce the demonstration.
 - Ask what trainees already know about the topic. Have they seen/done another similar demonstration, where, what results.
 - Use appropriate trainees comments to explain what you are going to do.
- c. Objectives:
- Explain the objective of the demonstration.
- d. Experience:
- **Demonstration**
 - Ensure all the trainees can observe the procedure clearly.
 - Guide them on what to observe or make available a checklist (or handout, step in the procedure manual or Newsprint)
 - If client is involved, ensure readiness for the demonstration OR
 - If it is in the class, ensure materials are reachable or ask for Facilitator's assistance during the demonstration
 - Perform the steps of the procedure:
 - ❖ Explain what you are doing and why that action is necessary, as you carefully and slowly conduct each step.
 - ❖ Stop to answer any questions from the trainees.
 - ❖ Occasionally ask the group/individual questions.
 - ❖ Repeat any difficult step or procedure (*making apologies to the client or model for practicing real life situation*).
- **Return Demonstration**
 - Ask an individual member of the group to repeat the procedure that you have just completed.
 - Take over "step(s) that the individual is doing incorrectly".
 - Praise as necessary and give specific feedback.
 - Make mental note of points to be discussed during ELC steps 4 – 7 of the whole session
 - Close the demonstration with real or "simulated" client if appropriate.
 - Clean materials or process equipment according to standards.

3. Processing:

- Ask participant(s) feelings about the experience.

4. Generalising:

- Ask for individual learnings, difficulties anticipated for when they practice the procedure demonstrated.
- Summarise learnings and difficulties.
- Share with participants how you or they will handle the difficulties.

5. Application:

- a. Ask the trainees what new skills learnt they would be able to use at their respective work sites.
- b. Also ask them to identify the tools or support that they will need to enable them practice the procedure satisfactorily.

6. Closure

- a. Review demonstration objectives; summarise new skill learnt and plans made for utilising the new skills learnt in solving Comprehensive postabortion problems.
- b. If there were more parts of the session other than the Demonstrated one, include ideas from those parts during the closure.
- c. Close the session.



An effective demonstration has the following characteristics:

1. Well thought out and clear objectives.
2. Selected demonstration content is appropriate for the session and is well prepared.
3. All materials needed for the demonstration are assembled and laid out before the demonstration starts.
4. Materials/Tools needed for the demonstration laid out to correspond with the steps to be demonstrated.
5. The procedure is carried out carefully, slowly and the facilitator explains each step as he/she performs it.
 - Language used to explain the steps of the demonstration is clear and simple.
 - Trainees' understanding checked and difficult steps repeated.
 - Adequate time allocated for each demonstration session.
 - Return demonstration conducted by a minimum of one trainee.
 - Written Instructions for each demonstration available (e.g. as a checklist, procedural steps handout or in the form of a poster).
 - Closing steps lead to individual trainees sharing the new skills they have acquired, how they intend to apply them at their various work sites or next steps etc.



Trainer's Guide No. 8

Case Study

1. What is a case study in training?

A written participatory training method that describes:

- i. Real life situation(s) or
- ii. Problems or
- iii. Particular reproductive and child health care provided (in the case of RCH training program).

2. Uses of case study in training (this list is not exhaustive).

To:

- i. Show (portray) field experience or particular RCH care, in the classroom.
- ii. Practice decision making needed in the RCH service delivery.
- iii. Practice problem identification.
- iv. Practice analysing problem(s) or the health care related problem(s) in the case study.
- v. Practice solving problem(s) or RCH care for the identified problem(s) based on current service standards.
- vi. Stimulate exploration of feelings or values that influence the care that a particular provider offers/will offer after training.

3. Some characteristics of a good case study:

- a. Based on the set training session objectives.
- b. Solvable, yet complex enough not to give away the answer.
- c. Represent/reflect a situation that is believable, is real-to-life or work situation (even in the names used in the case study).
- d. Simply and clearly written. Short and to the point.
- e. Includes questions, or statements that show what the trainee must do and come out with as a result of working on the case study.

NB. In a few instances, trainers may use a particular case study for more than one objective.

4. How to use/steps of the case study in the sessions.

- a. As part of the **Experience** of a session that applies the Experiential Learning Cycle (ELC).
- b. Follow the following steps:
 - Climate setting related to the case study main theme/message.
 - Clarify the objective(s) or purpose(s) of the case study.
 - Link case study objective/purpose to the session objective, if they are different/a breakdown of the session objective.
 - Get participants to work on the case study as per questions/instructions that accompany the case study.
 - Co-trainers and lead trainer circulate or divide themselves among the groups (making sure all will provide agreed-on technical assistance and not take over the discussions).
 - Small groups present their findings as guided by the trainer e.g. on newsprints, using the ideas generated by group.
 - During small group's presentation, peers and trainers clarify.
 - Lead trainer and co- trainers share observations on the presentations or add points or underscore relevant points presented. Praise and thank the trainees for the efforts made. Refer to appropriate reference/job aid etc.
 - Proceed to the ELC steps of **Processing, Generalising, Application** and **Closure**.



**Trainer's
Guide No. 9**

**Counselling Clients for Informed Choice of FP
Methods**

Tasks/Activities	Yes	N/A	No	Comments
Pre-procedure				
1. Prepares room, space and materials.				
a. Materials:				
• STI and HIV/AIDS pamphlets or leaflets or posters.				
• Penile and female pelvic model, if available.				
• Condoms; male and female				
• Client card				
b. Space and seating:				
• To assure privacy (visual and auditory)				
• Seating for client and self.				
2. On arrival assesses a clinical situation for life threatening complications and whether counselling is appropriate at this time (if not, arrange for her to be counselled later).				
3. Uses appropriate introductory technique culturally acceptable greeting.				
4. Uses the following communication skills appropriately:				
a. Non-technical language.				
b. Smiles.				
c. Culturally acceptable eye contact.				
d. Listening actively, no interruption.				
e. Encourages e.g. aha, go on, nods at client.				
f. Focusing the discussion.				
g. Responding to client's non-verbal communication.				
h. Paraphrasing.				
i. Summarising.				
j. Allowing client questions.				
k. Being open and non-judgmental.				

During PAC Procedure Counseling					Comments
Tasks/Activities	Yes	N/A	No		
1. Greets woman respectfully and with kindness using culturally acceptable appropriate introductory technique					
2. Tells client what you are going to do and encourages her to ask questions.					

Tasks/Activities	Yes	N/A	No	
7. Sensitive with discretion asks:				
a. When the bleeding started.				
b. How bleeding started.				
c. Quantity of blood loss so far in terms of number of pads and tissue used, clots passed out.				
6. Enquires from the client in a friendly tone:				
a. When the bleeding started.				
b. How bleeding started.				
c. Quantity of blood loss so far in terms of number of pads and tissue used, clots passed out.				
8. Finds out whether clots were passed out if she included any tissue.				
a. If something was done to start the bleeding.				
b. Was the pregnancy wanted or not.				
9. Enquires about pain and when it started, where she feels pain the most and how severe it is.				
10. After examination explains in a simple language the client's overall physical condition and taking into account the client's condition and what will be done to the client to:				
a. Manage her condition.				
b. Possible side effects or complications.				
c. Female reproductive process and what is happening in her particular case.				
d. Available contraceptive methods. If she chooses IUD informs her that it will be fitted in the same sitting if no infection is found.				
11. Explains to the client in simple language conditions and the findings.				
12. If referral is necessary informs the client about the timing, nature of referral and where she is being referred.				

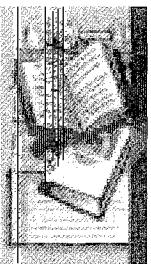
Tells client that she can ask for pain medication if the pain is not bearable.				
3. Kindly reminds the client that all the findings will be kept in confidence.				
4. Gently covers the client with a draw sheet to reduce her emotionally feeling naked.				
5. Introduces all service providers in the evaluation or MVA room to the client and tells her what their role will be in serving her.				
6. Informs the client politely that she is required to lie on her back on the operating table and finds out if she has energy to climb or if she needs assistance.				
7. Shows client how to take slow deep breaths to minimise the pain. Asks client to breath slowly in through her nose and out through her mouth to help her relax as she will focus more on her breathing and less on the pain.				
8. Assesses need for pain management medication.				
9. Explains each step of the procedure before it is performed.				
10. Waits a few seconds after performing each step to enable the client prepare for the next step.				
11. Avoids saying things like "this will not hurt", when it will hurt or "I am almost done" when you are not.				
12. Moves slowly, without jerky or quick motions.				
13. Uses instruments with confidence and avoids noisy, loud locking metallic instruments, knocking metallic surgical instruments among other metals.				
14. Talks with the client throughout the procedure emphatically.				
15. Informs the client of the findings when the procedure is over.				
16. Kindly finds out from her if she is able with support to walk to the resting area or informs her that the problem is over and she is safe but for her comfort she has to be taken to the bed in the resting area on a trolley.				
Tasks/Activities	Yes	N/A	No	Comments
Post MVA Counselling Skills				

1. Prepares room, space and materials.			
a. Materials:			
◦ STI and HIV/AIDS pamphlets.			
◦ FP, RH, STI counselling flip charts.			
◦ FP methods samples.			
◦ Penile and female pelvic model, if available.			
◦ Client cards.			
b. Space and seating:			
◦ To ensure privacy (visual and auditory).			
◦ Seating for client and self.			
2. Approaches the client when she is already calm and recovering from procedure.			
3. Takes care of the client's physical and emotional condition by considering if the client is strong enough to get up and walk to the separate room or prefers to stay in bed and have counselling.			
4. Uses appropriate introductory technique culturally acceptable greeting.			
5. Uses the following communication skills appropriately:			
a. Non-technical language.			
b. Smiles.			
c. Culturally acceptable eye contact.			
d. Listening actively, no interruption.			
e. Encouragers e.g. aha, go on, nods at client.			
f. Focusing the discussion.			
g. Responding to client's non-verbal communication.			
h. Paraphrasing.			
i. Summarising.			
j. Allowing client questions.			
k. Being open and non-judgmental.			
6. Requests the client if she could discuss her future fertility and reproductive health intentions			
7. Asks the client if she would like others who accompanied her to the service site to be included in the discussion.			

Tasks/Activities	Yes	N/A	No	Comments
8. <i>Explores the client's feelings, questions and concerns after the post MVA procedure.</i>				
9. <i>Explores the client's post procedure plans.</i>				
10. <i>Determines client needs and understanding of FP, STI/HIV/AIDS and other related RH issues.</i>				
11. <i>Asks what the client already knows or wishes to know about FP, STI/HIV/AIDS and other related RH issues.</i>				
12. <i>Asks if client was using contraception before she became pregnant, if she was, finds out if she:</i> <ul style="list-style-type: none"> ◦ Used the method correctly. ◦ Discontinued use. ◦ Had any trouble using the method. ◦ Has any concerns about the method. 				
13. <i>Provides general information about family planning.</i>				
14. <i>Explores any attitudes or religious beliefs that either favour or rule out specific methods.</i>				
15. <i>Gives the woman information about contraceptive choices available and the benefits and limitations of each method:</i> <ul style="list-style-type: none"> ◦ Shows where and how each method is used. ◦ Explains how the method works and its effectiveness. ◦ Explains possible side effects and other health problems. ◦ Explains the common side effects. 				
16. <i>Discusses the client's need, concerns and fears in a thorough, emphatic manner.</i>				
17. <i>Asks what the client already knows or wishes to know about STI/HIV/AIDS.</i>				
18. <i>Asks client what signs or symptoms or situations show possibility of being at STI/HIV risk.</i>				
19. <i>Provides the client with information on:</i> <ol style="list-style-type: none"> a. STI/HIV/AIDS risk factors which are: <ul style="list-style-type: none"> ◦ Multiple sexual partners. ◦ Client's marital status. ◦ Client's occupation. ◦ Unprotected sex including rape. ◦ Sharing injection needles. 				

Task/Activities	Yes	NA	No	Comments
<ul style="list-style-type: none"> • Frequent change of partners. • Sexual orientation (anal, homosexuality, oral and lesbianism) • Male or female has frequent bouts of STI (abnormal genital discharge, genital ulcers). 				
<p>b. HIV risk factors:</p> <ul style="list-style-type: none"> • Genital ulcers (STI) in male or female. <p>c. Reinforces right information and tactfully corrects client's misinformation</p>				
<p>20. Provides STI/HIV/AIDS information related to comprehensive PAC/RH client needs and in build on manner:</p>				
<p>a. Consequences of STI:</p> <ul style="list-style-type: none"> • PID. • Infertility. • Mother to child transmission (MCT): <ul style="list-style-type: none"> ❖ HIV ❖ Gonorrhoea ❖ Syphilis • Cancer of cervix (human papilloma virus) <p>b. HIV transmission and progression increased in presence of STIs.</p> <p>c. STI/HIV preventive measures are the same.</p> <p>d. HIV can be transmitted even when symptoms are not evident.</p> <p>e. If adolescent, immature birth canal more prone to STI infection than in adult women.</p> <p>f. For immediate comprehensive PAC client is prone to STI/HIV infection due to: <ul style="list-style-type: none"> ❖ Raw tissues e.g. uterine lining, cervix, vulva/vagina. ❖ Having become pregnant (practiced unprotected sex). </p> <p>g. Explains that only condoms, not other FP methods prevent transmission of STI/HIV.</p> <p>h. Demonstrates us of condom: <ul style="list-style-type: none"> ❖ Male. ❖ Female. </p>				

Tasks/Activities	Yes	N/A	No	Comments
i. Assists client to correctly return demonstration of condom use: ❖ Male. ❖ Female.				
j. Elicits/confirms client's understanding of preventing STI/HIV infection : ❖ Abstaining from sex. ❖ Being mutually faithful to a partner who has no other sexual partner. ❖ Health sexual styles. ❖ Consistent and correct use of condoms even when using another FP method. ❖ Correct use of medicines to prevent drug resistance.				
21. Helping client make a decision or plan to prevent STI/HIV/AIDS:				
a. Asks client how she would prevent or her plans to prevent STI/HIV/AIDS.				
b. Asks reason for the decision or plans shared.				
c. Helps client to make an appropriate decision if necessary.				
22. Helping client choose an appropriate FP method, RH including STI/HIV/AIDS, social or other services.				
23. Provides the post comprehensive PAC, FP, RH including STI/HIV/AIDS, social or other services based on the client's decision and education level, provides leaflets/pamphlets and reviews them with her.				
24. Schedules a return visit. AND / OR <i>Refers client to other special RH facility including STI/HIV/AIDS, social or other services explaining why, where and to whom if possible.</i>				
25. Helps client with whatever she needs as appropriate before saying good bye.				
26. Records relevant information.				



Trainer's Guide No. 10

Checklist for Assessing PAC Provider's Skills in Counselling Comprehensive PAC/RH Client to Make Decision or Plan for STI/HIV/AIDS Prevention

Checklist Objective:

To obtain the PAC/RH provider's strengths and gaps in counselling skills and STI, HIV/AIDS information giving and helping the client(s) make informed decision for preventing STI, HIV/AIDS.

Instructions to Trainer:

A. About the checklist

1. Review the checklist for familiarization.
2. Note that the checklist can be used for counselling:
 - Comprehensive PAC client (see # 3.1a; 4b).
 - Other Reproductive Health clients.
3. Where you see the words "OR" or "AND/OR" tick where applicable ONLY, write N/A what is not applicable (N/A = 1).
4. Where a list of bulleted options for a particular task, any 2 - 3 ideas provide right answer (e.g. see # 3.3a).

B. Collection of data using checklist:

1. Hold a quick orientation session with officer in-charge on the assessment exercise:
 - The whole data collection, activities, reasons, confidentiality of assessed provider's identity and process, assistance needed to ensure effective data collection.
2. Create rapport with provider(s) to be assessed.
3. Explain process you will follow:
 - Provider explain process to client AND
 - Seek client's permission for second person during her care.
 - Provider conduct procedure and data collector mark checklist quietly.
 - Data collector intervenes **ONLY** for client safety/misinformation
 - Thank client and provider.
 - Give provider feedback and **ONLY NEEDED** update or on the job technical assistance.
4. Share relevant comments with officer in charge.

Tasks/Activities	Yes	N/A	No	Comments
1. Preparing for the STI/HIV/AIDS Counselling Session.				
1.1 Prepares room, space and materials:				
a. Materials:				
• STI and HIV/AIDS pamphlets or leaflets or posters.				
• Penile and female pelvic model, if available.				
• Condoms; male and female				
• Client card				
b. Space and seating:				
• To assure privacy (visual and auditory)				
• Seating for client and self.				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

Tasks/Activities	Always 2 pts	Sometimes 1 pt	Never 0 pt	Comments
2. Establishes and maintains client/provider interaction.				
2.1 Uses appropriate introductory technique:				
a. Culturally acceptable greeting OR				
b. Remark that helps client to relax.				
2.2 Uses the following communication skills appropriately:				
a. Non-technical language				
b. Smiles				
c. Culturally acceptable eye contact.				
d. Listening actively, no interruption.				
e. Encouragers e.g. aha, go on, nods at client, relaxed				
f. Focusing the discussion				
g. Responding to client's non-verbal communication				
h. Paraphrasing				
i. Summarizing				
j. Allowing client questions				
k. Being open and non-judgmental				
2.3 Uses visual aids interactively.				
NB: Skills in 2.2 and 2.3 should be assessed throughout the entire session.				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

Tasks/Activities	Yes	N/A	No	Comments
3. Determining client's needs and understanding of STI/HIV/AIDS				
3.1 Confirms client's readiness for STI/HIV/AIDS counselling sessions, IF THE COUNSELLING IS UNSOLICITED:				
a. Post MVA Comprehensive PAC Client and other RH clients: <ul style="list-style-type: none"> • Comfort • General well-being • Willingness for the discussion 				
3.2 a). If NOT ready: <ul style="list-style-type: none"> • Makes/offers appointment for STI/HIV/AIDS counselling session AND/OR • Provides STI, HIV/AIDS visuals, • Briefly explains important points in visual. 				
b). If READY; <ul style="list-style-type: none"> • Asks what the client already knows or wishes to know about STI/HIV/AIDS • Ask client what signs or symptoms or situations show possibly being at STI, HIV risk 				
3.3 Provides client signs and symptoms and situations, in a build on manner.				
a. STI, HIV/AIDS Risk Factors: <ul style="list-style-type: none"> • Multiple sexual partners • Partner has multiple sexual partners AND • Client marital status • Client occupation • Unprotected sex including rape • Sharing injection needles • Frequent change of partners • Sexual orientation (Anal, homosexuality, oral and lesbianism). • Male or female has frequent bouts of STI: <ul style="list-style-type: none"> - Abnormal genital discharge - Genital ulcers 				
b. HIV Risk Factor. <ul style="list-style-type: none"> • Genital ulcers (STI) in male and female 				
3.4 Reinforces right information and tactfully corrects client's misinformation				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

	Tasks/Activities	Yes	N/A	No	Comments
4.	Providing STI/HIV/AIDS information related to Comprehensive PAC/RH client needs and in a build on manner				
	4.1 Consequences of STI: <ul style="list-style-type: none"> ◦ PID ◦ Infertility ◦ Mother to child transmission (MCT) <ul style="list-style-type: none"> - HIV - Gonorrhea - Syphilis ◦ Cancer of Cervix (Human Papilloma virus) 				
	4.2 HIV transmission and progression increased in presence of STI's.				
	4.3 STI and HIV preventive measures are the same.				
	4.4 HIV can be transmitted even when symptoms are not evident.				
	4.5 If adolescent, immature birth- canal more prone to STI infection than in adult women.				
	4.6 For Immediate Comprehensive PAC client; <ul style="list-style-type: none"> ◦ Client is prone to STI or HIV infection due to: <ul style="list-style-type: none"> - Raw tissues (e.g. uterine lining, cervix, vulva/vagina) - Having become pregnant (practiced unprotected sex) 				
	4.7 Explains that only condoms, not other family planning methods prevent transmission of STI/HIV.				
	4.8 Demonstrates use of condom one after the other: <ul style="list-style-type: none"> ◦ Male ◦ Female 				
	4.9 Assists client to correctly return demonstrations of: <ul style="list-style-type: none"> ◦ Male ◦ Female 				
	4.10 Elicits/confirms client's understanding of preventing STI or HIV infection: <ul style="list-style-type: none"> ◦ Abstaining from sex ◦ Being mutually faithful to a partner who has no other sexual partner, ◦ Healthy sexual style. ◦ Consistently and correctly use of condoms even when using another family planning method. ◦ Correct use of medicines to prevent drug resistance. 				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

	Tasks/Activities	Yes	N/A	No	Comments
5	Helping client make decision or plan to prevent STI/HIV/AIDS				
	5.1 Asks client how she would prevent or her plans to prevent STI, HIV/AIDS.				
	5.2 Asks reasons for the decision or plans shared.				
	5.3 Helps client to make an appropriate decision, if necessary.				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

	Tasks/Activities	Yes	N/A	No	Comments
6	Providing the STI, HIV/AIDS service or referring to special STI, HIV/AIDS service, inviting or scheduling a return client.				
	6.1 Provides the service, based on client's decision and educational level leaflets/pamphlets OR				
	6.2 Invites for return visit OR				
	6.3 Schedules a return visit AND/OR				
	6.4 Refers to special STI/HIV/AIDS service explaining why, where and to whom, if possible.				
	6.5 Thanks and bids client farewell				
	6.6 Records relevant information.				

Total expected score _____ (6) Score attained _____ Cut-off Score _____

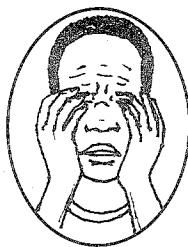


Session Objective:

Trainer to use this creatively to help the trainee have a broader perspective of HIV/AIDS and its impact on the client.

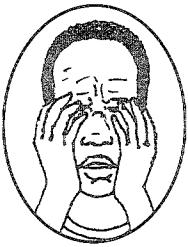
Psychological impact of an HIV positive test on an individual

- Most people on learning that they are HIV positive may experience a number of reactions. This is part of a process of adjusting to the reality of being HIV infected. These reactions are commonly known as loss reactions.
- Individuals upon receiving HIV positive test results or at any time when the news of possibly being HIV positive is received commonly experience the following emotional responses. The process is similar to the grieving process.



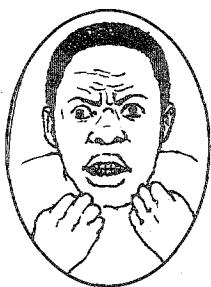
Shock

The client may experience physical and/or emotional shock on learning that he/she is HIV positive. He/she may be mute or violent, he may cry or laugh uncontrollably, or feel numb, confused and unable to think clearly.



Denial

It can come in a form of disbelief. It can also come in a form of a "scape goat", the client thinking that it is someone else's result, or take it for granted and say he knew he/she would be positive therefore it does not matter.



Anger

This reaction often is in the form of blame, or envy, resentment of others who are healthy and have a long life ahead of them. Anger may be directed to anyone, such as oneself threatening suicide, revenge and threats, feeling guilty. A partner may be the recipient of this anger as the infected individual attempts to blame another for becoming infected. Blaming "God" or the "gods" may indicate that the person is feeling unlucky. Finally, anger may be directed towards others who are not infected by stating "I am not going to die alone".



Bargaining

This may be the first step towards coping with the news of HIV infection. A person may try to rid himself/herself of the disease - "help me God, and I will be good". He/she may look for a miracle or magical cure, resulting in wasting of money that will be needed in the future. Bargaining is often done privately and at spiritual level.



Fear

People with HIV/AIDS fear many things, e.g.:

- Pain;
- losing their jobs;
- other people knowing that they are infected;
- rejection, isolation, divorce;
- leaving their children;
- death.

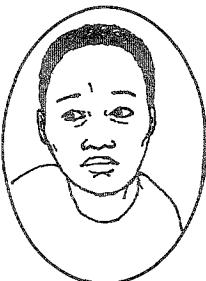
These fears become less when they talk to someone who understands. Someone with HIV/AIDS might also find that he/she is worried about things that they need not fear about.



Loneliness

A person with HIV/AIDS might feel lonely. Such a feeling may come and go for a long time and depends on the support given by family and friends.

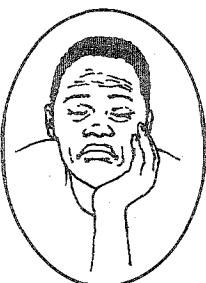
Anyone who has HIV/AIDS must be helped to remember that they are not alone, and that family, friends and the community surround them.



Self-consciousness

An HIV/AIDS person might think that everyone is looking or talking about them. This may make them want to hide because they feel unworthy of friendship.

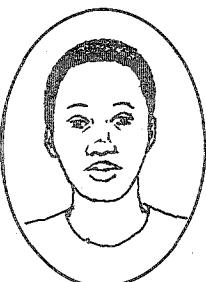
One can help them to overcome their self-consciousness by encouraging them to stay active in the community. This would also increase the acceptance of people with HIV/AIDS by showing the community that people with HIV/AIDS are valuable members of society -- as everyone else is.



Depression

This reaction in relation to HIV infection may occur as a response to feeling utterly helpless, or as a response of experiencing repeated illness. The client may experience a loss of hope that will affect him/her planning for the long term coping mechanisms.

A fear of loss of certain relationships, illnesses and dying may be experienced. Lastly, he/she may experience the loss of self-confidence in one's ability to cope. Depression may manifest itself by withdrawal from people, social activities, and irritability, crying, loss of energy, sleep disturbances, loss of appetite, not caring about one's physical appearance, suicidal attempts, among many others.



Acceptance and Coping

This indicates an adjustment to a situation that cannot be changed. A person may begin to accept certain responsibilities associated with being HIV positive such as not spreading the virus to others; informing current and past sexual partners;

In coping, a person comes to terms with, many of the uncertainties in being HIV positive by seeking help and support. Making the "BEST" of life and planning for his/her family's future may be decisions made at this time. Some people may gain strength by examining their spiritual life. He/she may live a positive life by making positive choices about the mental, and physical health of oneself and others he comes in contact with.

The person gains self-esteem, gaining independence and living positively.

Living positively includes:

- seeking medical attention promptly for any illness;
- eating a well balanced diet;
- exercising when physically well;
- getting enough sleep;
- resting when tired;
- avoiding hazardous health habits i.e. smoking, unwarranted use of drugs and alcohol;

- being able to continue with productive life;
- working towards preparing for his family after he/she dies.



Hope

During this stage the HIV/AIDS patient has many hopes:

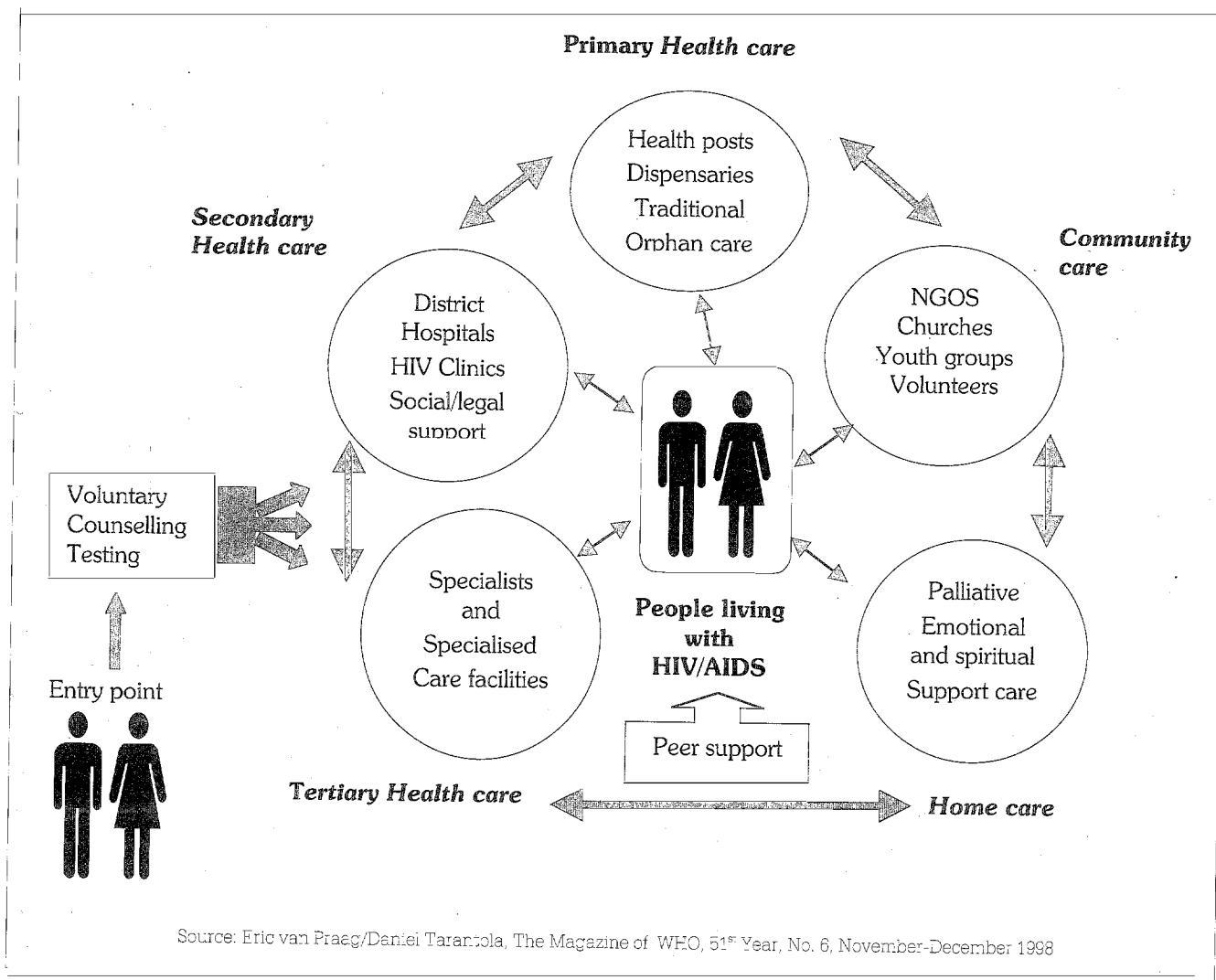
- hope that his/her will live a long time.
- hope that his/her baby will be healthy.
- hope that each sickness will be treated as it comes.
- hope because he/she is loved and accepted for who he/she is.
- Hope that scientists will find a cure.
- Hope because of belief in life after death.

It is important to have hope. Hope lifts spirits and gives strength to face each situation.

Note: An HIV/AIDS patient may not necessarily experience all the above reactions.
The reactions may not also follow each other in the above sequence.

Source: HIV/AIDS A Guide for Nurses/Midwives and other Health Care Workers, 1999, The East, Central and Southern African College of Nursing (ECSACON)

Illustration of The HIV/AIDS Continuum of Care



Home and Community Based Care of HIV/AIDS Patients:

Home based care can be described as the provision of services by family members, neighbours or trained community members in the home to meet the physical, emotional, social and spiritual needs of patients.



Purpose:

To help all trainers work as a team that:

- Achieves the objective of the assigned task.
- Serves as a model to the trainees on how to achieve positive working relations in a team.

Advantages of Team Building:

- Roles, expectations and norms clarified to all members.
- Mutual trust is built.
- Each person's strengths and limitations known/expressed.
- Where help is required from individuals or team, the need is shared and a commitment is then made to help one another or bear with some limitations.
- Respect for differences prevails. (Agreeing to disagree)
- Conflict resolution plans made and used when necessary.
- Attention is given to both the training process and content.
- Agreement is made on what is important to do/look out for and what needs to be rectified. For example, how the team will deal with slow progress towards reaching the activity objectives.
- Individual member's self-esteem is maintained.
- Team leader becomes a democratic facilitator, rather than just being an authoritative person.
- All members are involved.
- Team approach to training/facilitating session is established.

Team Building Exercise is done:

- Before beginning to work together.
- During training activity implementation e.g. during co-facilitating.
- Daily through Trainer Debriefing. Also anytime there is need to act on a special issue.
- At closure of training (Grand Process Review of trainers).



Please Note:
These are informal but useful meetings

Purposes:

- To continue building the trainer team.
- To ensure learners move progressively towards achieving the set objectives.

Information:

- You may keep a record of all debriefings for reference on progress made at end of training.
- Each person applies feedback rules and is ready to receive both "sweet and sour" feedback.

Sample Questions to ask when conducting a Trainers' debrief session:

Start by reviewing the day's participants' feed-back.

1. On a 1 – 3 scale, how well did we meet today's objectives?
2. What helped us?
3. What hindered us (e.g. from achieving objectives)?
4. What changes shall we make tomorrow based on assessment of today's performance?
5. Who will play what role or do what tomorrow?
6. What feedback can we give each other regarding items we agreed on during the initial team building meeting(s)?
7. How are we working together as co-facilitators?
8. Is there anything we need to watch for or improve? What is it?

Source: RCHS Basic Training skills Curriculum 1993



Module No. **Module Title:**

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.....
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Session Title:

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Total Time (allocated for session):

1. **Climate Setting** (10 minutes or less)
2. **Objectives** (5 minutes or just more)
3. **Experience** (Spend the larger part of the time on this session)
4. **Processing** (2 minutes)
5. **Generalising** (5 - 10 minutes)
6. **Application** (10 minutes)
7. **Closure** (5 minutes)



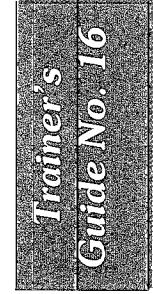
Background/Introduction

- A variety of ELC models exist with three, four and five steps/components.
- The seven-step model is an adaptation of the five-step ELC by Universal Associates, San Diego who publish annual booklets/Handbooks for Facilitators.
- PRIME/RCHS trained trainers apply the seven-step ELC which comprises the following components:
 1. Climate setting;
 2. Objective;
 3. Experience;
 4. Processing;
 5. Generalising;
 6. Application;
 7. Closure.
- One of the rationales for ELC was to consistently assist learners link the new skills learnt from each session during training to their individual work situations. Intrah were using lessons learned in order to improve “Integration of skills” acquired from the training into the participant’s work site activities.
- During the last three steps of the seven-step ELC, trainers/facilitators ask questions that help learners to pay attention to the outcomes of the training/learning activities, select priority ones for special application back in the learners’ work situation. (Intrah/JHPIEGO’s transfer of learning to work situations: Year 2000/2001).
- Hence, learners are encouraged to keep a personal journal and to develop a Skills Application Plan before the end of the training. This plan is also a tool for consolidating skills acquired during training and linking training to supervision.

The Seven Step Experiential Learning Cycle

1. Climate Setting:	<p>This is what the trainer does in order to:</p> <ul style="list-style-type: none">• Develop an atmosphere for learning.• Help learners begin thinking about the theme of the session.• Stimulate learner interest, curiosity and create readiness about the subject.• Link the session to previous ones and show where it fits in the training activity.
2. Objectives (Session objectives):	<ul style="list-style-type: none">• Presenting objectives provides a chance for learners to describe what they will do or display as a result of the training/learning activities/experience of the session.• Objectives give a list of ideas on which to base self and facilitated learning.• They are a standard of measuring extent of learning by the end of the session.
3. Experience:	<ul style="list-style-type: none">• Activities in which the learner will be involved that enable the achievement of the objectives shared during Step 2 of the ELC. The content of the training is presented during this step.• Commonly used “experiences” are participatory training methods such as small group work, demonstration, genuine lecture discussion, brainstorming, practice, role play, project, games, drama.• Provides learner experiences based on which he/she will link real life to new learning and draw more learnings for applying in work or real life situations.
4. Processing:	<ul style="list-style-type: none">• Provides learner to share individual feelings and reactions to the experience.• Learner analyses the various experiences he/she has just undergone. <p><i>NB. Should some learners share new skills learnt or applications of learning to work or life situations instead of reactions, the facilitator acknowledges them using feedback rules. Facilitator may then record them during the next step or step 6.</i></p>

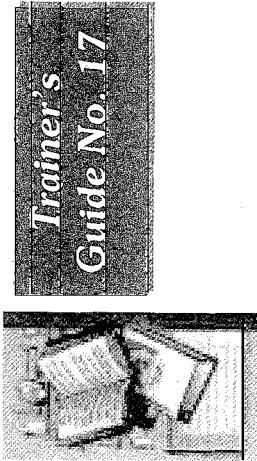
5. Generalising	<ul style="list-style-type: none"> • Facilitator finds out from learners what: <ul style="list-style-type: none"> - Conclusions individuals have drawn from the experiential learning (step 3); - New major skills learnt by individual participants. • New skills learnt and conclusions are recorded on newsprint. • Should learners express having had difficulty in any area, the facilitator notes these and informs the particular learner how to solve them or corrects the matter or plans with the learner next steps. These are also recorded on Newsprint for reference in subsequent sessions, if appropriate. <p><i>This is one of the times to remind participants to use their personal journals.</i></p>
6. Application:	<ul style="list-style-type: none"> • Facilitator reviews/summarises shared new knowledge and skills and asks individual participants to: • Share how they will use the new knowledge in their work place or during the training. • Or what they will do differently as a result of the new knowledge/skills. <p><u>Again this information is appropriate for individual journals</u></p>
7. Closure:	<ul style="list-style-type: none"> • Facilitator reviews the session objectives to see whether they have been achieved. • Facilitator him/herself or jointly with learners summarise the session, new knowledge/skills and applications in relation to objectives. • He/she thanks the learners/participants for active and productive participation or other specific point. • Links the session with next or provides an assignment/homework or distributes handouts. • Informs the learners that the session is over. <p><i>Participants fill their journals after closure of Session.</i></p>



Comprehensive PAC Monitoring Tool

Individual Monitoring Tool

Name of Participant: Hospital Participant's performance (use tick ✓)



Trainer's
Guide No. 17

Comprehensive PAC Format for plan of action

1. NAME OF PAC PROVIDER: _____
2. DISTRICT / REGION: _____
3. NAME OF CLINIC: _____
4. DATE: _____

5. PLACE OF TRAINING: _____



Trainer's Guide No. 18

Comprehensive PAC Training Practicum Individual Monitoring Summary



**Trainer's
Guide No. 19**

Trainee's End of Course Evaluation Form

Ministry Of Health

Reproductive and Child Health Section

Trainee's End Of Course Evaluation Form

Comprehensive PAC Clinical Skills Training

Training Dates:

From 200 To 200

- The purpose of the Information you will fill on this Form is to help trainers receive your feelings about the strengths and limitations of the training you have just completed. This improves future training.
- Please respond to all statement on the Form.
- Circle the number that best represents your response.
- You may or may not write your name at the end of this Form.

Evaluation Questions:

1. The training objectives were clear and were achieved:

	Agree	Somehow Agree	Disagree
2	1		0

- **Please explain your view in brief;**

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2. The knowledge and skills addressed by the training were adequate for me to perform PAC activities.

Agree	Somehow Agree	Disagree
2	1	0

- **Please explain your view in brief;**

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3. The length of the training was adequate.

Agree	Somehow Agree	Disagree
2	1	0

- **Please explain your view in brief;**

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4. This training addressed some real PAC/Reproductive Health service related problems that I experience at my work-site:

Agree	Somehow Agree	Disagree
2	1	0

- **Please explain your view in brief;**

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5. Logistics for the training including travel, accommodation and classroom were satisfactory:

	Agree	Somehow Agree	Disagree
2	1		0

- **Please explain your view in brief;**

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6. The trainers including practicum site staff have helped me acquire PAC/RH knowledge and skills I can apply at my work-site:

	Agree	Somehow Agree	Disagree
2	1		0

- **Please explain your view in brief;**

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7. The classroom and clinical practice sessions helped me link the knowledge, skills and attitudes required for servicing post-abortion and other clients seeking reproductive health services:

	Agree	Somehow Agree	Disagree
2	1		0

- **Please explain your view in brief;**

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8. The skills in which I feel particularly strengthened or competent as a result of this training are: (List as many as possible, in your own words).

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9. Before I leave this training, I want to say ONE or TWO THINGS

(a)

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(b)

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Name (Optional)

Thank you for the feedback and time taken to give it.

Date: _____



Trainer's Guide No. 20

Preparing a 0.5% Chlorine solution

Using Liquid Bleach

Chlorine bleach comes in different concentrations. You can use any concentration to make a 0.5% chlorine solution by using the following formula:

$$\left[\frac{\% \text{ Chlorine in liquid bleach}}{0.5\%} \right] - 1 = \text{Total parts of water for each part bleach*}$$

Example: To make a 0.5% chlorine solution from a 3.5% chlorine concentrate, you must use one part chlorine and six parts water.

$$\left[\frac{3.5\%}{0.5\%} \right] - 1 = [7] - 1 = 6 \text{ parts of water for each part chlorine.}$$

Using Bleach Powder

If using bleach powder instead of liquid bleach, calculate the ratio of bleach to water using the following formula:

$$\left[\frac{\% \text{ Chlorine desired}}{\% \text{ Chlorine in bleach powder}} \right] \times 1000 = \text{Number of grams of powder for each litre of Water}$$

Example: To make a 0.5% chlorine solution from calcium hypo chlorite powder containing 35% available chlorine.

$$\left[\frac{0.5\%}{35\%} \right] \times 1000 = 0.0143 \times 1000 = 14.3$$

Therefore you must dissolve 14.3 grams calcium hypochlorite powder in one litre of water in order to get a 0.5% chlorine solution.

* Note that "parts" can be used for any unit of measure (for example, ounce, litre or gallon) and need not even represent a defined unit of measure (for example, pitcher or container).



Participant's Biodata

Instructions:

- Distribute this Booklet and collect it by end of first day.
- Collect this information for Trainers Documentation.
- Encourage participants to write their first and last names fully and avoid abbreviation for addresses.

Purposes:

1. During training the data may help trainers & trainees in teaming up of trainees and trainers for particular group work or to identify approaches of enhancing training in individuals who need special assistance planned.
2. To obtain participants basic and in-service training attended, experience in various services and organization at entry to Comprehensive PAC training.
3. To obtain baseline training related data which will help supervisors and managers plan further capacity development of individuals or team of Comprehensive PAC/RH trainers and deployment.
Baseline data is also used during evaluation of the programme.
4. This format facilitates quick analysis of the participants Biodata.

Participant's Bio Data Form
Comprehensive Postabortion Care Clinical Skills Training

Instructions:

The trainee, at the beginning of the training, should complete this form. The information helps the trainer to verify the consistency of the trainee's background selection criteria and the training being undertaken. Trainers should send the completed biodata forms and the training report to CHMT and ZTC at the end of the workshop.

Activity title: -----

Venue: -----

Date of activity: -----

GENERAL INFORMATION

1	Last name: Mrs. () Miss. () Dr. () Mr. () Sr. ()
2	First name:
3	Sex (circle one): Female: Male:
4	Work place: Section:.....
5	Contact Address:
6	Job Title/Designation:

EDUCATION

7	Number of years of formal education: a. years of primary school b. years of secondary school c. years professional training
8	Do you have a professional certificate, diploma and or degree? If yes, circle the appropriate a. Clinical Officer b. Assistant Medical Officer) c. Medical Officer d. Ob/Gyn Specialise e. Nurse Midwife f. Public Health Nursing Officer
9.	List any other professional certificate you have attended (a) _____ (b) _____ (c) _____ (d) _____

10	List below the Reproductive and Child Health training and refresher courses you have attended since you qualified. State for how long and which year.		
	Type of training	How long	Year
	a.	a.	a.
	b.	b.	b.
	c.	c.	c.
	d.	d.	d.
11	Professional experiences:		
	Tick the Reproductive and Child Health related activities (MCH, FP, PAC) that you are currently carrying out on your worksite (you can tick more than one).		
	(a) <input type="checkbox"/> Currently providing PAC services (MVA)		
	(b) <input type="checkbox"/> Currently providing PAC services (pre & post) counselling Postabortion client		
	(c) <input type="checkbox"/> Providing counselling on FP method		
	(d) <input type="checkbox"/> Supervising FP services		
	(e) <input type="checkbox"/> Educating client on RCHS services (Advocacy)		
	(f) <input type="checkbox"/> Involved in policy, guideline/administration issues		
	(g) <input type="checkbox"/> Others specify:(i) _____		
		(ii) _____	
		(iii) _____	
12	Do you have () MVA room / () Theatre at your worksite (Tick appropriate)		

PROFESSIONAL EXPERIENCE

13 If yes, do you have MVA Kit/Kits () Yes () No

WORK SETTING

14 Have you ever worked as a trainer (tick) () Yes () No

If yes what training activities have you been involved in:

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

15 Work setting

Please tick your current worksite (tick only one)

(a) Hospital (c) Health Centre
(b) Clinic (d) Any other

16 Is the place where you work (Tick)

(a) Public/Government

(b) Non-Governmental Organisation (NGO)

(c) Private Sector Organisation

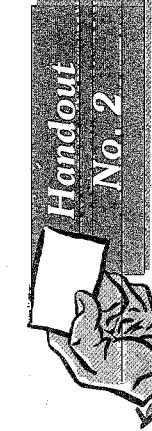
(d) Any other specify

17 Is the area where you work (Tick):

Urban

Rural

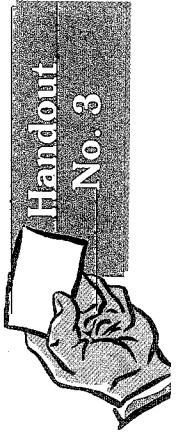
Both



17

- Key:

 - A. Currently providing PAC services (MVA)
 - B. Currently providing PAC services (Pre & Post) Counselling Postabortion client.
 - C. Providing Counselling on FP method
 - D. Supervising FP services
 - E. Educating client on RCHS services (Advocacy)
 - F. Involved in policy, guideline/administration issues
 - G. Others Specify



Handout
No. 3

MINISTRY OF HEALTH

REPRODUCTIVE AND CHILD HEALTH SECTION

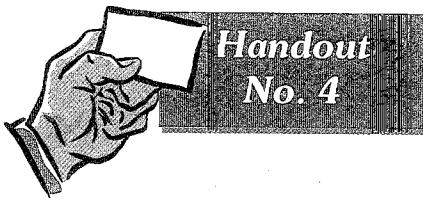
REGISTRATION FORM

TRAINING ACTIVITY TITLE:

DATES OF TRAINING:

VENIE.

INSTRUCTIONS: Complete the columns of this form. Avoid abbreviation of worksites and other information in the address.



Ministry Of Health

Reproductive And Child Health Section **Daily Evaluation Form**

From the day's activities and presentations:

1. Which things/topics did you like most?

.....
.....
.....

2. Which did you like least?

.....
.....
.....

Give reasons:

.....
.....
.....

3. Which areas do you feel need improvement?

.....
.....
.....

Give your suggestions:

.....
.....
.....

4. Which ones do you find are most important for application in your PAC service provision?



Checklist for Comprehensive Postabortion Care Clinical Skills Acquisition, Monitoring and Assessment

Instructions:

- Trainer and Trainee use this tool during and at the end of training.
- Rating scale guides trainer and trainee regarding learning progress and planning to ensure learning takes place.
- Total scoring is done at the end of the training.
- 100% is cut off because the steps are all critical for safe client care. (For Tasks A - E only).

Rate the performance of each task using rating scale below:

- | | |
|-------------------------------------|---|
| 1 Needs Improvement: | Step or tasks performed incorrectly or out of sequence or completely omitted. |
| 2 Competently Performed: | Step or task performed correctly in proper sequence, but participant does not progress from step to step efficiently. |
| 3 Proficiently Performed: | Step or task efficiently and precisely performed in the proper sequence |

TASK/ACTIVITY		3	2	1	N/A	Comment
A. PERFORMING INITIAL ASSESSMENT						
1.	<i>Assess patient for shock (vital signs)</i>					
	• BP					
	• Pulse					
2.	<i>Assess for other life threatening conditions</i>					
	• Severe vaginal bleeding					
	• Abnormal vaginal discharge					
	• Level of consciousness					
3.	<i>Take appropriate resuscitative actions for identified complications</i>					
	3.1 Establish and maintain clear airways					
	3.2 Establish IV line using a cannula and infuse with isotonic solution					
	3.3 Obtain blood for grouping and cross match					
	3.4 Perform digital evacuation when appropriate					
	3.5 Administer oxytocin to control severe vaginal bleeding					
	3.6 Administer pain relief medication					
	3.7 Initiate IV Broad spectrum antibiotics in case of sepsis					

Total score = **39 Points**

Score attained =

Cut off Points = **39 Points (100%)**

TASK/ACTIVITY	3	2	1	N/A	Comment
B. CONDUCTING MEDICAL EVALUATION					
1. Take history of the presenting illness including the reproductive health history using client care:					
1.1. Age					
1.2. Parity					
1.3. Gravidity					
1.4. Date of LNMP					
1.5. Description of presenting problem					
1.6. History of bleeding					
1.7. Passage of clots or products of conception					
1.8. History of fainting attacks					
1.9. History of fever, chills					
1.10. History of prior instrumentation					
1.11. Prior treatment given					
1.12. Previous contraceptive method(s)					
1.13. Relevant past medical history including;					
1.13.1. STDs					
1.13.2. Bleeding disorders					
1.14. History of known;					
1.14.1. Allergies and					
1.14.2. Current medications					
1.15. Tetanus vaccination status/possible exposure					
1.16. History and duration of;					
1.16.1. Abdominal/pelvic pain,					
1.16.2. Cramps and					
1.16.3. Referred pain					

Total score = **54 Points**

Score attained =

Cut off Points = **54 Points (100%)**

TASK ACTIVITY		3	2	1	N/A	Comments
B.	CONDUCTING MEDICAL EVALUATION (cont.)					

2.	Performing general physical and pelvic examinations:					
	2.1. Inspect for;					
	2.1.1. Appearance					
	2.1.2. Nutritional Status					
	2.1.3. Pallor					
	2.1.4. Cyanosis					
	2.1.5. Jaundice					
	2.2. Conduct systemic examination					
	2.3. Examine the cardiovascular system					
	2.4. Examine the respiratory system					
	2.5. Examine the abdomen and note any;					
	2.5.1. Distension					
	2.5.2. Tenderness					
	2.5.3. Masses					
	2.5.4. Bowel sounds					

Total score = **36 Points**

Score attained =

Cut off Points = **36 Points (100%)**

3.	Maintaining infection prevention before, during and after all procedures:					
	3.1. Wash hands					
	3.2. Ensure instruments are HLD					
	3.3. Cleaning with antiseptic					
	3.4. Wearing gloves					
	3.5. Wearing protection materials (barriers)					
	3.6. Ensure safe disposal of waste					

Total score = **18 Points**

Score attained =

Cut off Points = **18 Points (100%)**

TASK/ACTIVITY		3	2	1	N/A	Comment
B. CONDUCTING MEDICAL EVALUATION (cont.)						
4.	Conducting a pelvic examination:					
	4.1. Ensure client empties her bladder					
	4.2. Position woman for pelvic examination					
	4.3. Inspect vulva/perineum for bleeding and or abnormal discharge					
	4.4. Insert bivalve speculum into the vagina correctly and open it					
	4.5. Inspect vagina and cervix for;					
	4.5.1 Lacerations, products of conception and foreign bodies					
	4.5.2 Abnormal discharge					
	4.6 Perform bimanual digital examination and determine					
	4.6.1. Extent of cervical dilatation, uterine position and;					
	4.6.2. Size and tenderness					
	4.7. Feel adnexae and fornices for:					
	4.7.1. Tenderness					
	4.7.2. Masses					
	4.8. Check for cervical excitation tenderness					

Total score = **18 Points**

Score attained =

Cut off Points = **18 Points (100%)**

5.	Performing appropriate investigations (Specify):					
6.	Explaining to the client what is the problem is and the treatment plan					
7.	Ensures client understands her problem and treatment plan					

Total score = **6 Points**

Score attained =

Cut off Points = **6 Points (100%)**

TASK/ACTIVITY		3	2	1	N/A	Comment
C.	PREPARING FOR MVA PROCEDURE					
1.	Explain the MVA procedure to the client at the beginning and at relevant intervals:					
	2.1. Assess patient's need for pain relief and;					
	2.2. Give appropriate medication after inquiring about allergies to antiseptics and analgesic					
3.	Ensures required sterile or high level disinfected instruments are present					
4.	Ensures that all required instruments for MVA procedure are in good functioning condition					
5.	5.1. Check syringe for vacuum tightness					
	5.2. Charge syringe before the MVA procedure					

Total score = **18 Points**

Score attained =

Cut off Points = **18 Points (100%)**

D.	PERFORMING MVA PROCEDURE	3	2	1	N/A	Comment
1.	Positions patient in lithotomy position					
2.	Cleans vulva and perineum with antiseptic					
3.	Drapes patient with sterile towels					
4.	Performs bimanual pelvic examination to ascertain;					
	4.1. Size					
	4.2. Position of uterus					
	4.3. Extent of cervical dilatation					
5.	Inserts bivalve speculum into the vagina and removes blood or tissue from the vagina and cervical os using sponge holding forceps					
6.	Cleans vagina and cervix with antiseptic two times using gauze or cotton swabs					
7.	Holds the anterior lip of the cervix using a single toothed tenaculum at position 12 o'clock					
8.	Selects appropriate cannula according to assessment of uterine size					
9.	Selects appropriate syringe and adapter					
10.	Gently applies traction on cervix to straighten/align the cervical canal and uterine cavity.					
11.	Dilates cervix using progressively large cannulae if necessary.					

	TASK/ACTIVITY	3	2	1	N/A	Comment
D.	PERFORMING MVA PROCEDURE (cont.)					
12.	12.1. Pushes the cannula slowly into the uterine cavity while holding the cervix steady until it touches the fundus 12.2. Notes the uterine depth by the dots visible on the cannula 12.3. Withdraws the cannula slightly					
13.	Attaches the prepared syringe to the cannula by holding the end of the cannula in one hand and the syringe in the other					
14.	Releases the pinch valve(s) on the syringe to transfer the vacuum through the cannula to the uterine cavity.					
15.	Evacuates the contents of the uterus by moving the cannula gently and slowly back and forth within the uterine cavity rotating the syringe as he/she does so.					
16.	Checks for signs of completion of the evacuation; 16.1. Red or pink foam 16.2. No more tissue in cannula 16.3. Gritty sensation 16.4. Uterus grips cannula					
17.	17.1. Close the pinch valves on the syringe 17.2. Detaches syringe from the cannula 17.3. Release the valves on syringe 17.4. Push the plunger to empty contents in a kidney dish.					
18.	18.1. Inspects for bleeding for cervix 18.2. Removes the cannula, tenaculum and speculum in that sequence					
19.	Inspects the tissue removed from the uterus for; 19.1. Quantity 19.2. Presence of POC to assure complete evacuation 19.3. Checks for molar pregnancy					
20.	Reassesses situation to be sure it is not an ectopic pregnancy If no POC are seen., AND REFERS URGENTLY					

Total score = **99 Points**

Score attained =

Cut off Points = **99 Points (100%)**

	TASK/ACTIVITY	3	2	1	N/A	Comment
E.	MANAGING PROBLEMS DURING MVA PROCEDURE					
1.	Loss of vacuum due to full syringe;					
	1.1. Closes valves					
	1.1.1. Disconnects syringe from the cannula					
	1.1.2. Empties the contents of the syringe into a kidney dish					
	1.2. Recharges syringe					
	1.2.1. Reattaches it to the cannula					
	1.2.3. Releases the pinch valve to resume aspiration					

Total score = **18 Points**

Score attained =

Cut off Points = **18 Points (100%)**

2.	If the aperture of the cannula is withdrawn beyond the cervical so, the vacuum is lost;					
	2.1. Removes the cannula taking care not to contaminate it through contact with the vaginal wall or other non-sterile surfaces.					
	2.2. Closes the pinch valve of the syringe;					
	2.3.1. Detaches the syringe from the cannula					
	2.3.2. Empties the syringe					
	2.3.4. Recharges the syringe					
	2.4. Reinserts the cannula if it has not been contaminated or inserts another sterile cannula if contamination has occurred;					
	2.5.1. Reattaches the syringe					
	2.5.2. Releases the pinch valve					
	2.5.3. Resumes aspiration					

Total score = **27 Points**

Score attained =

Cut off Points = **27 Points (100%)**

TASK/ACTIVITY		3	2	1	N/A	Comment
E. MANAGING PROBLEMS DURING MVA PROCEDURE (cont.)						
3.	Cannula clogged with POC:					
	3.1. Removes the syringe and cannula, taking care not to contaminate the cannula through contact with vaginal wall or non sterile surface					
	3.2. Removes the material from the opening in the cannula using sterile forceps or sponge, without contaminating the cannula					
	3.3. Proceeds as in steps 2.2. – 2.5.					

Total score = **9 Points**

Score attained =

Cut off Points = **9 Points (100%)**

4.	Bleeding persists after MVA and uterus is still soft;					
	4.1. Repeats step 12 – 18 of the MVA procedure					

Total score = **60 Points**

Score attained =

Cut off Points = **60 Points (100%)**

TASK/ACTIVITY		3	2	1	N/A	Comment
F. POST-MVA PROCEDURE ACTIVITIES						
1.	Before removing gloves, disposes of waste materials in a leak proof container or plastic bag.					
2.	Places speculum and metal instruments in 0.5% chlorine solution for 10 minutes for decontamination.*					
3.	a) If reusing needle or syringe, fills syringe (with needle attached) with 0.5% chlorine solution and submerge in solution for 10 minutes for decontamination. OR b) If disposing of needle and syringe, flushes needle and syringe with 0.5% chlorine solution three times, then places in puncture-proof container.					
4.	Attaches used cannula to MVA syringe and flushes both with 0.5% chlorine solution					
5.	Detaches cannula from syringe and soaks them in 0.5% chlorine solution for 10 minutes for decontamination.*					
6.	Empties POC into utility sink, latrine or container with tight fitting lid.					
7.	Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out; 7.1 If disposing off gloves, places in leak proof container or plastic bag.* OR					

TASK/ACTIVITY		3	2	1	NA	Comment
F.	POST-MVA ACTIVITIES (cont.)					
	7.2 If reusing surgical gloves, submerges in 0.5% chlorine solution for 10 minutes for decontamination*					
8.	Washes hands thoroughly with soap and water and dries with clean, dry cloth or air dries.*					
9.	Allows the patient to rest comfortably for at least 30 minutes where her recovery can be monitored.*					
10.	Checks for bleeding at least once and ensures that cramping has decreased before discharge*					
11.	On discharge provides appropriate information concerning;					
	11.1 Normal recovery, and return to normal activities including sexual activity.					
	11.2 When pregnancy may occur after abortion*					
	11.3 Post evacuation medication if required					
	11.4 Signs and symptoms of complications*					
12.	Discusses reproductive goals and as appropriate, provides family planning counselling and method as appropriate.*					
13.	Based on non-verbal or verbal communication from the client*;					
	13.1 Counsels to assisting client cope with emotion issues, or other observed health problems OR					
	13.2 Makes an appointment with self or expert					
14.	Addresses other reproductive health problems if identify.					
15.	Tell her when to return if follow up is needed and that she can return anytime she has concerns.					

Total score = **18 Points**

Score attained =

Cut off Points = **85%**

(15 points including starred points)



Postabortion Care Clinical Skills Training For Service Providers

Pre-Post Training Questionnaire

The purpose of this questionnaire is to find out how much knowledge you have before this training and how much gain you will have made in the areas reflected.

The results are intended to help the facilitators as a tool to improve the learning process and future trainings.

Instruction:

1. Read the instructions carefully before responding.
2. Attempt all the questions.
3. Write DON'T KNOW for the question(s) you have no response.

Questions:

1. A patient has the following symptoms and history:

12 weeks amenorrhoea followed by heavy bleeding for 5 days, no fever but cramping. In the physical examination you note the following signs:

- Pulse rate 112/minute
- Blood pressure 90/57 mm Hg.
- Pallor around the mouth and inner eyelids.
- Respiration 32/minute.
- Patient is very tense but aware of her surroundings.

A. What is your initial diagnosis of this client's condition? (2 points)

.....
.....
.....
.....

B. How would you treat this patient? (5 points)

.....
.....
.....
.....
.....

2. Mention 5 reproductive health information you should obtain to diagnose the post abortion status:

(5 points)

- A.
- B.
- C.
- D.
- E.
- F.

3. List 3 things that should be carefully assessed in a pelvic examination (speculum and bimanual) prior to beginning MVA procedures:

(3 points)

- A.
- B.
- C.

Write TRUE or FALSE in front of questions 4 to 10:

4. The following are signs of infection due to incomplete abortion (write true or false): (2 points)

- A. Little or no abdominal pain _____
- B. Foul smelling vaginal discharge _____
- C. Chills, fever, sweats _____
- D. Backache _____

5. The return to fertility following a first trimester abortion is: (2 points)

- A. 7 – 14 days after abortion _____
- B. Before the next period _____
- C. Following the first menstruation after abortion _____
- D. All the above _____
- E. None of the above _____

6. Which are some of the ways to reduce anxiety in patient during MVA procedure (True/False) (2 points)

- A. Good communication and supportive attitude of the service providers _____
- B. Uses of sedatives _____
- C. Clear explanation of each step of procedure _____
- D. Telling her the procedure won't hurt _____

7. The following are causes of virginal discharge syndrome in females you may encounter during PAC services: (True/False) (2 points)

- A. Candida albicans _____
- B. Chlamydia trachomatis _____
- C. Herpes Zoster _____
- D. Naiseria gonorrhea _____
- E. Trichomonas vaginalis _____

8. Post abortion care aims at reduction of maternal mortality through the following methods (5 points)

- A. Health provider sensitise the surrounding community about post abortion complications by being involved in their regular activities _____
- B. Health provider take chance to educate the community about abortion issues during various local gatherings. _____
- C. Health provider motivates the community/village council to set aside funds/plan for transport arrangement for various emergencies including post abortion. _____
- D. Health provider display positive attitude towards client seeking post abortion care. _____
- E. Health provider concentrate and keep strictly to her clinic since there are many community development personnel to deal with community affairs. _____

9. What are the results of fostering an enabling environment? (5 points)

- A. Number of clients increases _____
 - B. Clients are satisfied _____
 - C. Expendable supplies stockouts will become a permanent feature _____
 - D. Providers get motivated in their work _____
 - E. Health facility wins support from the community _____
10. Types of support PAC providers may need from their managers or supervisors include (4 points)

- A. Long holidays _____
- B. Equipment and supplies _____
- C. Performance feedback _____
- D. Supportive technical assistance _____

11. Indicate in number the correct orders of steps in MVA procedures: (9 points)

- A. Transfer the vacuum to the cannula and uterus by releasing the valve(s) on the syringe.
- B. Introduce the cannula through the internal OS and attach the cannula to the syringe.
- C. Administer paracervical block if needed.
- D. Move the cannula back and forth while rotating it.
- E. Inspect the tissue in the syringe.
- F. Dilate the cervix if required.
- G. Establish the vacuum on the syringe.
- H. Insert the speculum.
- I. Apply the tenaculum/vulselum

Circle the correct answer(s) on question 12 to 22:

12. The following are strategies applicable for pain management during MVA except: (1 point)

- A. Showing breathing technique to help relax during the procedure.
- B. Telling her the procedure is "Simple" and "Won't hurt" and "Don't worry".
- C. Explain that during the procedure she might experience a discomfort similar to a menstrual cramp.
- D. Tell the patient that if she feels pains, she may ask additional pain medication.

13. The following are signs that MVA procedure is complete except: (1 point)

- A. Walls of the uterus feel smooth
- B. Blood bubbles seen in the syringe
- C. Cervix grasps contracts around the cannula
- D. Walls of the uterus feel gritty

14. Mode of HIV transmission includes: (All except) (1 point)

- A. Heterosexual and homosexual
- B. Transfusion of infected blood and blood products
- C. Sharing needles and equipment to IV drug abusers
- D. Vertical Transmission
- E. Shaking hands with an infected person

15. The following are elements of universal precaution for infection control except: (1 point)

- A. Use of protection barriers such as gown, goggles
- B. Use of gloves
- C. Washing hands
- D. Use of no-towel technique
- E. Proper disposal of waste
- F. Processing instrument for re-use-decontamination
- G. Avoiding contact with needles & sharps

16. The following are advantages of MVA (Manual Vacuum Aspiration) over sharp curettage in treatment of incomplete abortion: except (1 point)

- A. Can be used in 2nd trimester abortion
- B. Lower levels of pain control required
- C. Reduce hospital stay and hence costs
- D. Can be outpatient or treatment room procedure
- E. Lower complication rates

- 17. PAC Records can be used to show: except** (1 point)
- A. For planning including costing of required items
 - B. To show the magnitude and trend of problem of abortion
 - C. To identify outcome of care
 - D. To show how bad PAC providers are performing for reprimanding purposes
- 18. Which of the following is the most appropriate high level disinfection method for MVA Kit?** (1 point)
- A. Boiling for 20 minutes
 - B. Autoclaving
 - C. Soaking in savlon
 - D. Soaking in 0.5% chlorine for 20 minutes
- 19. The counselling process may be described as:** (2 points)
- A. One way communication process in which the provider asks questions and client answers.
 - B. A one-time process in which a client learns everything about the family planning methods.
 - C. A process of interpersonal communication through which factual information, possible options and emotional support is given to the client to help her make a decision.
 - D. An ongoing communication process that takes place at every health center and family planning service encounter.
- 20. Which contraceptive method may be most appropriate to a postabortion client whom you suspect to have an STD infection?** (1 point)
- A. IUD
 - B. Condom
 - C. Combined oral contraceptives
 - D. Minilaparatomy
 - E. Dual method
- 21. Mrs. Juma is a trained PAC service provider. She would like to organize an OJT (On Job Training) on Post abortion Family Planning Counselling. What are the important things that she should put into consideration for the training to be effective?** (2 points)
- A. Identify the capabilities and limitation of the trainees in relation to PAC
 - B. Must have a lot of funds
 - C. Need to use natural and local standards
 - D. Must use update references

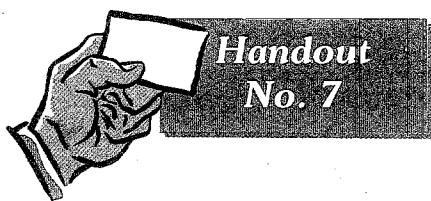
22. Select a situation where, even though incomplete abortion has occurred, you would not recommend use of MVA: (2 points)

- A. Uterus greater than 12 weeks size
- B. Client has large uterine fibroids
- C. Client very unstable
- D. Client has acute pelvic infection (unless under antibiotic cover)
- E. Client has history of bleeding disorders
- F. All of the above

Total Points: 60

Cut Off: 42 Points (70%)

Point achieve: (....%)



Answer Sheet

Postabortion Care Clinical Skills Training for Service Providers

Pre and Post Training Questionnaire

The purpose of this questionnaire is to find out how much knowledge you have before this training and how much gain you will have made in the areas reflected.

The results are intended to help the facilitators as a tool to improve the learning process and future trainings.

Instruction:

1. Read the instructions carefully before responding.
2. Attempt all the questions.
3. Write DON'T KNOW for the question(s) you have no response.

Questions and Answers:

1. A patient has the following symptoms and history:

12 weeks amenorrhoea followed by heavy bleeding for 5 days, no fever but cramping. During physical examination you note the following signs:

- Pulse rate 112/minute
- Blood pressure 90/57 mm Hg.
- Pallor tongue and conjunctiva.
- Respiration 32/minute.
- Patient is very tense but aware of her surroundings.

A. What is your initial diagnosis of this client's condition? (2 points)

- Incomplete abortion
- Haemorrhagic shock (due to excessive per vaginal bleeding)

B. How would you treat this patient? (5 points)

- Establish and maintain a clear airway
- Establish IV line using a cannula & Infusion Isotonic fluids
- Take blood for HB, grouping and cross match
- Administer pain relief medication
- Perform pelvic examination (speculum and bimanual) to ascertain diagnosis and uterine evacuation. Give prophylactic broad spectrum - antibiotics

2. Mention 5 reproductive health information you should obtain to diagnose the post abortion status: (5 points)

- Relevant past medical history e.g. STI, bleeding disorders
- History of amenorrhoea, passage of products of conception
- History of vaginal bleeding
- History of prior contraceptive use
- History of abdominal pain/cramps
- History of fever
- History of instrumentation or prior treatment

3. List 3 things that should be carefully assessed in a pelvic examination (speculum and bimanual) prior to beginning MVA procedures: (3 points)

- Inspect vagina, cervix for laceration, and products of conception
- Determine extent of cervical dilatation
- Determine uterine size, position and tenderness

Write TRUE or FALSE in front of questions 4 to 10:

4. *The following are signs of infection due to incomplete abortion* (2 points)

- A. Little or no abdominal pain (F)
- B. Foul smelling vaginal discharge (T)
- C. Chills, fever, sweats (T)
- D. Backache (F)

5. *The return to fertility following a first trimester abortion is:* (2 points)

- A. 7 – 14 days after abortion (T)
- B. Before the next period (T)
- C. Following the first menstruation after abortion (F)
- D. All the above (F)
- E. None of the above (F)

6. Which are some of the ways to reduce anxiety in patient during MVA procedure:

(2 points)

- A. Good communication and supportive attitude of the service providers (T)
- B. Uses of sedatives (F)
- C. Clear explanation of each step of procedure (T)
- D. Telling her the procedure won't hurt (F)

7. *The following are causes of virginal discharge syndrome in females you may encounter during PAC services:* (2 points)

- A. Candida albicans (T)
- B. Chlamydia trachomatis (T)
- C. Herpes Zoster (F)
- D. Naiseria gonorrhea (T)
- E. Trichomonas vaginalis (T)

8. Post abortion care aims at reduction of maternal mortality through the following methods (5 points)

- A. Health provider sensitise the surrounding community about post abortion complications by being involved in their regular activities (T)
- B. Health provider take chance to educate the community about abortion issues during various local gatherings. (T)
- C. Health provider motivates the community/village council to set aside funds/plan for transport arrangement for various emergencies including post abortion. (T)
- D. Health provider displays positive attitude towards client seeking post abortion care. (T)
- E. Health provider concentrate and keep strictly to her clinic since there are many community development personnel to deal with community affairs. (F)

9. What are the results of fostering an enabling environment? (5 points)

- A. Number of clients increases (T)
- B. Clients are satisfied (T)
- C. Expendable supplies stockouts will become a permanent feature (F)
- D. Providers get motivated in their work (T)
- E. Health facility wins support from the community (T)

10. Types of support PAC providers may need from their managers or supervisors include: (4 points)

- A. Long holidays (F)
- B. Equipment and supplies (T)
- C. Performance feedback (T)
- D. Supportive technical assistance (T)

11. Indicate the correct orders of steps in MVA procedures: (9 points)

- A. 7. Transfer the vacuum to the cannula and uterus by releasing the valve(s) on the syringe.
- B. 6. Introduce the cannula through the internal OS and attach the cannula to the syringe.
- C. 4. Administer paracervical block if needed.
- D. 8. Move the cannula back and forth while rotating it.
- E. 9. Inspect the tissue in the syringe.
- F. 5. Dilate the cervix if required.
- G. 1. Establish the vacuum on the syringe.
- H. 2. Insert the speculum.
- I. 3. Apply the tenaculum/vulselum

Circle the correct answer(s) on question 12 to 22:

12. The following are strategies applicable for pain management during MVA except: (1 point)

- A. Showing breathing technique to help relax during the procedure.
- B. Telling her the procedure is "Simple" and "Won't hurt" and "Don't worry"
- C. Explain that during the procedure she might experience a discomfort similar to a menstrual cramp.
- D. Tell the patient that if she feels pains, she may ask additional pain medication.

13. The following are signs that MVA procedure is complete except: (1 point)

- A. Walls of the uterus feel smooth
- B. Blood bubbles seen in the syringe
- C. Cervix grasps the cannula
- D. Walls of the uterus feel gritty

14. Mode of HIV transmission includes: All except (1 Point)

- A. Heterosexual and homosexual
- B. Transfusion of infected blood and blood products
- C. Sharing needles and equipment to IV drug abusers
- D. Vertical Transmission
- E. Shaking hands with an infected person

15. The following are elements of universal precaution for infection control except: (1 point)

- A. Use of protection barriers such as gown, goggles
- B. Use of gloves
- C. Washing hands
- D. Use of no-towel technique
- E. Proper disposal of waste
- F. Processing instrument for re-use-decontamination
- G. Avoiding contact with needles & sharps

16. *The following are advantages of MVA (Manual Vacuum Aspiration) over sharp curettage in treatment of incomplete abortion: except* (1 point)
- A. Can be used in 2nd trimester abortion
 - B. Lower levels of pain control required
 - C. Reduce hospital stay and hence costs
 - D. Can be outpatient or treatment room procedure
 - E. Lower complication rates
17. *PAC Records can be used to show: except* (1 point)
- A. For planning including costing of required items
 - B. To show the magnitude and trend of problem of abortion
 - C. To identify outcome of care
 - D. To show how bad PAC providers are performing for reprimanding purposes
18. *Which of the following is the most appropriate high level disinfection method for MVA Kit.* (1 point)
- A. Boiling for 20 minutes
 - B. Autoclaving
 - C. Soaking in savlon
 - D. Soaking in 0.5% chlorine for 20 minutes
19. *The family planning counselling process may be described as:* (2 points)
- A. One way communication process in which the provider asks questions and client answers.
 - B. A onetime process in which a client learns everything about the family planning methods.
 - C. A process of interpersonal communication through which factual information, possible options and emotional support is given to the client to help her make a decision.
 - E. An ongoing communication process that takes place at every health center and family planning service encounter.
20. *Which contraceptive method may be most appropriate to a postabortion client whom you suspect to have an STD infection?* (1 point)
- A. IUD
 - B. Condom
 - C. Combined oral contraceptives
 - D. Minilaparatomy
 - E. Dual method

21. Mrs. Juma is a trained PAC service provider. She would like to organize an OJT (On Job Training) on Post abortion Family Planning counseling. What are the important things that she should put into consideration for the training to be effective?

(2 points)

- E. Identify the capabilities and limitation of the trainees in relation to PAC
- F. Must have a lot of funds
- G. Need to use natural and local standards
- H. Must use update references

22. Select a situation where, even though incomplete abortion has occurred, you would not recommend use of MVA:

(2 points)

- A. Uterus greater than 12 weeks size
- B. Client has large uterine fibroids
- C. Client very unstable
- D. Client has acute pelvic infection (unless under antibiotic cover)
- I. Client has history of bleeding disorders
- J. All of the above

Total Points: **60**

Cut Off: **42 Points (70%)**

Point achieve: (....%)

Total Points: **60**
Cut Off: **42 Points (70%)**
Point achieved: (%)



**Handout
No. 8**

Trainer/Trainee Feed-back Report Format

To be filled induplicate: one copy for the trainer/trainee receiving feedback, the second one for the supervisor.

1. Activity Title: _____ Date: _____
2. Name of the trainer/trainee receiving feed-back: _____
3. General observation:
4. Strengths:
5. Areas needing more practice/improvement:
6. Recommendations:
7. Feed-back given by:
 1. Name: _____ Signature: _____
 2. Name: _____ Signature: _____
 3. Name: _____ Signature: _____
 4. Name: _____ Signature: _____
8. Feed-back received by:
 1. Name: _____ Signature: _____Date: _____

COMPREHENSIVE POSTABORTION CARE

END OF COURSE EVALUATION SUMMARY

Question	Agree	Somehow Agree	Disagree	Remarks
1. Were the Training Objectives clear and achieved?				
2. Was knowledge and Skills addressed adequately to perform PAC activities?				
3. Was the length of the training adequately?				
4. Did the training address some PAC/RH related problems at your work-site				
5. Logistics, travel, accommodation and classroom				
6. Did the trainers, site staff help you acquire PAC/RH knowledge and skills to happy at your work site?				
7. Did the classroom, practical sessions, help link the knowledge skills and attitudes required for offering PAC and other RH services?				
8. Which skills do you feel particularly strengthened? (a) MVA procedure = (b) Processing Instruments = (c) Postabortion Family Planning = (d) Infection Prevention =				
9. Before living this training, I want to say one or two things: (a) = (b) = (c) = (d) = (e) = (f) = (g) = (h) =				

PAC REGISTER FORM

Month

Year

PAC REGISTER FORM

Month _____ **Year** _____

COMPATIBLE INSTRUMENT PARTS

<i>Cannulae Size</i>	<i>Adaptor Color</i>	<i>Syringe Type</i>
4, 5, 6 mm	No adaptor needed	Single
4, 5, 6 mm	Blue	Double
7 mm		Double
8 mm		Double
9 mm	Dark Brown	Double
10 mm	Dark Green	Double
12 mm	No adaptor needed	Double

References:

* Documents that all pack Trainers and PAC site "resource Centre" must have.

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3. Basic Training skills curriculum (Trainers Guide), United Republic of Tanzania, Ministry of Health, October 1996, National Family Planning Programme MOH – Tanzania and INTRAH under PRIME Project.
4. Clinical Training Skills for Reproductive Health Professionals, Rick Sullivan et al 1995, JHPIEGO Corporation 16 Thames Street Suite 200 Baltimore, MD 21231 – 3447 USA.
5. Clinical Training Skills Course Handbook, Guide for Participants, JHPIEGO Corporation, April 2000.
6. Complications of abortion, Technical and managerial guidelines for prevention and treatment, World Health Organization (WHO), 1995, typeset in India, printed in England 93/9774 – Macmillan/Clays – 7000.
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8. Family Planning Counselling, A Curriculum Prototype, Participant's handbook, AVSC International, 1995.
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10. Family Planning Procedure Manual*, United Republic of Tanzania Ministry of Health, Reproductive and Child Health Section, May 2001.
11. Infection Prevention for Family Planning Service Programs, A Problem – Solving Reference Manual, Linda Tietjen et al, 1992, JHPIEGO Corporation, Essential Medical Information systems, Inc. P. O. Box 1607 Durant, OK 74702 – 1607. 1 – 800 – 225 – 0694.
12. Infection Prevention Multimedia Package Training CD-ROM and Reference Booklet, AVCS International 2000, AVSC International 440 Ninth Avenue New York, NY, USA*.
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14. Kutoa Huduma Teula za Afya ya uzazi na Mtoto, Jamhuri ya Muungano wa Tanzania, Wizara ya Afya 1999, Mwongozo wa Mtohuduma. ISBN – 9966 – 897 – 37 – 2*.
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18. *MVA Trainer's Handbook*, Laura Yordy, et al. 1996, IPAS 303 E. Main Street P. O. Box 999 Carrboro, NC 27510, USA.
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20. *National Package of Essential Reproductive and Child Health interventions in Tanzania**, United Republic of Tanzania Ministry of Health, Reproductive and Child Health Section.
21. *National Policy Guidelines for Reproductive and Child Health**, "Draft" The United Republic of Tanzania Ministry of Health, March 2001.
22. *National Reproductive and Child Health Communication Strategy 2001 – 2005*, The United Republic of Tanzania Ministry of Health.
23. *PAC Clinical Skills Training Curriculum (Centralized/Group Training Component) Trainer's Manual, Expanding Opportunities For Postabortion Care For communities Through Private Nurse/Midwives in Kenya*, PRIME II, August 2000.
24. *Postabortion Care Course Handbook, Guide for Participants*, JHPIEGO Corporation, April 2000.
25. *Postabortion Care, A training manual for clinicians and midwives, Part II: Participant's/Facilitator's Handbook*, United Republic of Tanzania, Ministry of Health, February 2000, UMATI/MOH – RCHS.
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