2006

Reproductive health update trainings for health workers in North Eastern Province, Garissa

Kenya Ministry of Health

Population Council

Reproductive Health Update Trainings for Health Workers in North Eastern Province, Garissa

Training Health Service Providers as Change Agents

2006

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Population Council
FRONTIERS
IN REPRODUCTIVE HEALTH

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The training was organised by the population Council's Frontiers in Reproductive Health program (FRONTIERS), Nairobi office, through the Provincial Medical Officer's (PMO) office, North Eastern Province.

We would like to thank the various District Health Management Teams (DHMTs) in North Eastern Province for supporting the training and allowing their staff members to travel to Garissa for the training. We would like to thank the Head of Division of Reproductive Health, Ministry of Health Headquarters for sending their busy staff for the first two trainings where they presided over the opening and closing sessions together with the PMO besides giving various lectures on key management topics like supportive supervision and other educative sessions.

On behalf of the women and children of North Eastern Province who will benefit from the training we would like to thank very sincerely our partners UNICEF and DANIDA offices in Garissa, who supported the training financially and enabled us to reach the large number of health service providers. Special thanks go to the staff of UNICEF, Zeinab Ahmed and Hussein Golicha for their inspiring talks and experiences they shared with the participants. In the same way we would like to express our gratitude to the staff of DANIDA, Dr. Gunter., Dr. Chakava and Dr. Maurice for their support during all the training sessions.

We would also like to express our appreciation to management and staff of Garissa Provincial General Hospital for their cooperation and for allowing us to use their facility and patients during the practical sessions our training.

We acknowledge the contribution of Prof. Joseph Karanja of University of Nairobi's Department of Obstetrics and Gynaecology and Dr. Nancy Kidula, a practising Obstetrician Gynaecology in Nairobi for availing themselves and giving the participants up to date knowledge in reproductive health during the trainings.

This training would not have succeeded without the generous contribution of the people of United States of America through their organisation USAID who gave us the financial support for the program.

BACKGROUND TO THE TRAININGS

The Somali community living in Kenya has practiced the severest form of FGM/C, infibulation, for centuries. To understand the context within which the practice takes place, and how its complications are managed, FRONTIERS undertook a diagnostic study in North Eastern Province (Wajir and Mandera districts) and in the Eastleigh area of Nairobi[1]. The diagnostic study found that the health system is ill equipped to serve women who have been cut, and particularly infibulated women who are pregnant and delivering. This stems from an overall weakness in the availability and quality of maternal and neonatal heath services in North Eastern Province.

Evidence from the Kenya Demographic and Health survey (2003) showed very low antenatal care attendance among this population, with about 70% not attending any ANC care, compared with less than 10% nationally. There is evidence in the literature that ANC attendance is associated with lower maternal morbidity and mortality as well as reduced perinatal mortality. This low attendance could be improved by community mobilisation and education through outreach activities by the health facility staff, during which the importance of early attendance for ANC, de-infibulation prior to delivery, and for organizing an attended delivery, preferably at a facility, are promoted. ANC consultations are also an opportunity to discourage mothers from cutting their daughters.

The health care providers are sometimes confronted with the life-threatening complications of FGM/C, mostly at the time following the cutting procedure as well as during delivery. The diagnostic study revealed that most of the health care providers were not confident in handling these complications. Infibulated pregnant women need a different management approach to pregnancy, delivery and the post-partum phase. High levels of complications are likely in any community practicing FGM/C, especially those where the most severe forms are common as seen among the Somali of North Eastern Province of Kenya. Health-care providers therefore required having the skills to treat and counsel these women. Unfortunately for these women, referral centres are often non-existent which means that, there is no access to the highly qualified services needed.

The health workers are part of the community themselves, such as fathers and mothers, uncles and aunts, play an important role in the decision as to whether or not to circumcise the female members of their family. Female health workers may be excised themselves. In addition, and especially in urban areas, health workers are increasingly being requested to perform infibulations and re-infibulations. In areas of high prevalence of type III FGM/C, women and their husbands often ask for re-infibulation

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1 Jaldesa GW, Askew I, Njue C, Wanjiru M. Female genital cutting among the Somali of Kenya and management of its complications. Population Council: Nairobi, Kenya

after the delivery of the baby. Many nurses are responding to these requests, with the justification that they can do it more safely than traditional practitioners, and because they can supplement their income, despite the fact that the practice is illegal and punishable. They should advise women and their husbands against re-infibulation after delivery and recommend that families do not seek FGM/C for their daughters. Health workers are well placed to counsel women suffering from psychological or sexual problems related to FGM/C. Again, however, they often lack the essential knowledge and skills needed to provide good counselling. As with other health-risk behaviours, health workers play an important role in any IEC and behaviour change campaign addressing the issue of FGM/C in communities.

Specific recommendations were made in the diagnostic study report of ways in which the health system could strengthen these services so as to competently manage women with FGM/C. Improved management of complications associated with FGM/C should be within the framework of improving safe motherhood services generally. Interventions with health providers should also contribute to abandonment efforts, through ensuring that staff adhere to MOH policy and become involved in community-level discussions to create a climate for behaviour change.

As a contribution to reducing maternal morbidity and mortality, these interventions will provide lessons that the MOH can use in its efforts to achieve the Millennium Development Goals, through demonstrating the feasibility and effect of strengthening maternal health services among this distinct population. In addition, it will identify the feasibility of working with communities that have proved highly resistant to external influences on traditional practices such as FGM/C. Links have been established with UNICEF, which with funding from the Italian Development Cooperation, is working in Garissa, Ijara and Moyale districts and nationally, to also address FGM/C. As far as possible, the interventions implemented through this project will be aligned with those of UNICEF so that common results can be found.

OBJECTIVES

General Objective

To reduce the suffering caused by FGM/C among the Somali community in Kenya through improving the health system's capacity to manage women who have undergone genital cutting, and through encouraging the community's abandonment of the practice.

Specific Objectives

To develop a training curriculum and materials to improve management of pregnancy, delivery and postpartum care for women with genital cutting, to manage gynaecological and sexual complications among women who have been cut, and to advocate against the practice, that can be used for pre- and in-service training by health workers[2] providing antenatal and basic obstetric care.

To strengthen the capacity of Provincial and District Health Management Teams in North Eastern Province to supervise and support the provision of antenatal, labour, delivery, postnatal and newborn care services for women (and their newborn) who have undergone FGM/C.

To improve the quality of care received by women seeking antenatal, obstetric and gynaecological services in North Eastern Province through strengthening the capacity of clinics and clinic staff to provide these services among a population that practises FGM/C.

DISCUSSIONS AND TRAINING ACTIVITIES

The Training at Garissa Provincial General Hospital

The training was conducted in seven-day sessions. There were five training sessions conducted with a total of 145 health workers from various cadres, facilities and districts. Each training session had theoretical sessions where the participants updated their knowledge on common conditions that contribute to maternal mortality and morbidity in their work environment.

After the cross-cutting issues that contributed to poor service utilization by the patients such as infection prevention, data collection and utilization, emergency preparedness, communication and counseling techniques and introduction to FGM/C as a traditional practice, which is universal in the project area, the participants toured the Hospital which is a center of excellence and referral center for the region. The aim of this guided orientation tour is to have a quick appraisal of reproductive health services and the organization of the provincial hospital including its management and comparing it to their place of work. Each training session was concluded with a selected video show, which was relevant to the preceding session.

Recognizing that there is a limited medical literature for the participants and to build their level of knowledge that they can take back to their institutions and share with their colleagues, each participants was issued with a well selected resource materials.

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2 The curriculum is intended for the following cadres of health workers: nurses, nurse-midwives, clinical officers, medical officers, and doctors.

The materials used for the trainings included the following;

- WHO Trainee's manual on Female Genital Mutilation,
- Integrating the Prevention and the Management of the Health Complications into the curricula of nursing and midwifery,
- The Population Council's /MOH/UON Essential Obstetric Care Manual for Health Service Providers in Kenya,
- Management of Complications, Pregnancy, childbirth and the postpartum period in the presence of Female Genital Cutting /Mutilation, Manual for health workers,
- Female Genital Cutting among the Somali of Kenya and Management of its Complications, a report for Population Council, Kenya office, among many other materials.

THE TRAINING ORGANIZATION

The first training constituted of five District Health Management Team (DHMT) members from all the five participating districts and five members of Provincial Health Management Team (PHMT). From this team one member was chosen from each district to be trained as a facilitator for future trainings. This individual was also the one coordinating the trainings in their respective districts. All the subsequent trainings were co-presented with facilitators from Nairobi and the ones from the region. The aim of this was to develop the manpower from the region so that they can conduct their own trainings in the field of reproductive health especially **FGM/C** after the end of the program life. They were also empowered to give supportive supervision in their respective districts.

The training of health service providers from North Eastern recognised that the region has several health problems. These areas were identified and the participants given both theoretical and practical trainings. The key areas covered are **antenatal care**, **care of women during labour**, **delivery** and **postpartum period** as well as the **care of newborn**. Other common medical conditions that occur in pregnancy observed in North Eastern Province such as **malaria**, **anaemia** and **hypertensive diseases** in pregnancy were also taught.

The training team recognised that the prevalence of **HIV** in the region is about 3.5% as per hospital reports. Though the prevalence of HIV in this region is low, the health care providers must realize the importance of HIV infection and the need for action. Good counselling skills are important to combat the psychological aspects of HIV infection in pregnancy. Through this training the participants were given updates on the national HIV trends and taught on the care of HIV in pregnancy including prevention of mother

to child transmission, which is incorporated into the antenatal care. Special attention is given to nutrition, risk reduction behaviour, counselling on infant feeding and family planning services. Changes in midwifery and obstetric practice are required due to HIV infection in pregnancy.

Starting day four, the participants were divided into groups whereby they went through a hands-on practical session in labour ward and the antenatal clinics including family planning and voluntary counseling and testing for HIV units. While in these units the participants took part in care, counseling as well as health education talks on various topics including FGM/C. Those in the labour ward were given the practice of monitoring women in labour, and depending on the FGM/C status of the patient, the participants practised de-infibulation and counselled against re-infibulation. (*See the attached appendix for the tasks given to participants to perform at various departments).*

Considering that there is a strong attachment of religion as a factor for performing FGM/C in this community, a belief strongly held by the health workers from the community, all the training sessions committed some time for an Islamic scholar to talk on the role of FGM/C in Islam. This was aimed at de-linking Islam and FGM/C. The participants also during all the trainings watched two video shows on FGM/C.

One of the films was a 16-minutes production by UNICEF, *Women on the run,* featuring one prominent Kenyan woman who escaped FGM/C and thus successfully completed her education and got married against the myths held by her community and developed to become a cabinet minister in Kenya. Also with her was a world marathon runner who also escaped the practice and succeeded in her community. The video ended with a success story of a traditional practitioner giving up the practice on recognizing the problems associated with the practice. The other video was a WHO documentary: *The road to change*, which retraces the history of FGM/C by placing it in the perspective of other traditional practices that have affected women's health and sexuality across civilizations and throughout history. It also showed the grassroots work undertaken by NGOs and activists to increase communities' awareness about FGM/C, as well as the action undertaken by the National Committee Against FGM/C in Burkina Faso including alternative rites of passage to bring an end to the practice. It was emphasized in the video the fact that FGM/C is not a religious practice and it is an act against humanity.

At the end of the seven-day training session, each participant wrote down in duplicates, the activities they hope to carry out at their workstation on return. The facilitators from Population Council retained a copy of this individual action while the participant retained their copy. The purpose of this is to keep the fire of this training to continue burning and it is also a pledge from the participants to make changes at their facilities so as to improve the quality of service to their clients. The DHMT, the Council and other donors will use the copy retained by the Council facilitators during supportive supervision and follow up visits.

At the beginning and the end of every training session the participants undertook a written test (pretest and posttest). The purpose of these tests was to understand the areas of their weakness that required emphasis during the training and to indirectly assess the quality of the training. The posttest also examined the quality of knowledge gained which may reflect on their future practice.

Facilitators demonstrating how to fill antenatal register to the participants at the ANC clinic. Other than the training participants, the hospital staff working in various departments including the medical training students benefited as they were taught along with the participants.

Through this we hope to build the capacity of Garissa PGH and it's staff to do proper documentation. The participants were provided with various registers provided by DANIDA programme aimed at strengthening the information collection.

A local facilitator giving lectures in the classroom. One component of the training is to develop the capacity of health workers in the region to be trainers in reproductive health and be part of the advocacy teams for women rights.

The 'local' trainers were trained through mentorship and currently can conduct their own training with minimal support from outside.

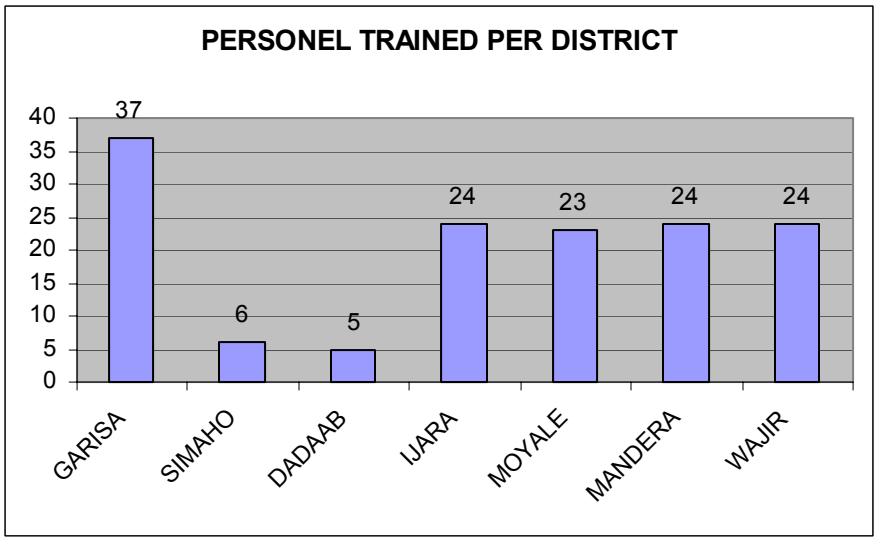
A religious leader giving lectures on FGM/C and Islam demystifying the wrong perspective that FGM/C act required by Islam. At the end of every training the participants were asked to declare whether they think FGM/C is a practice required by Islam and how many of them are willing to talk against the practice with some confidence.

This session is usually quite interactive where the participants discuss around all the myths, rumours and all the misconceptions they have had concerning FGM/C and Islam.

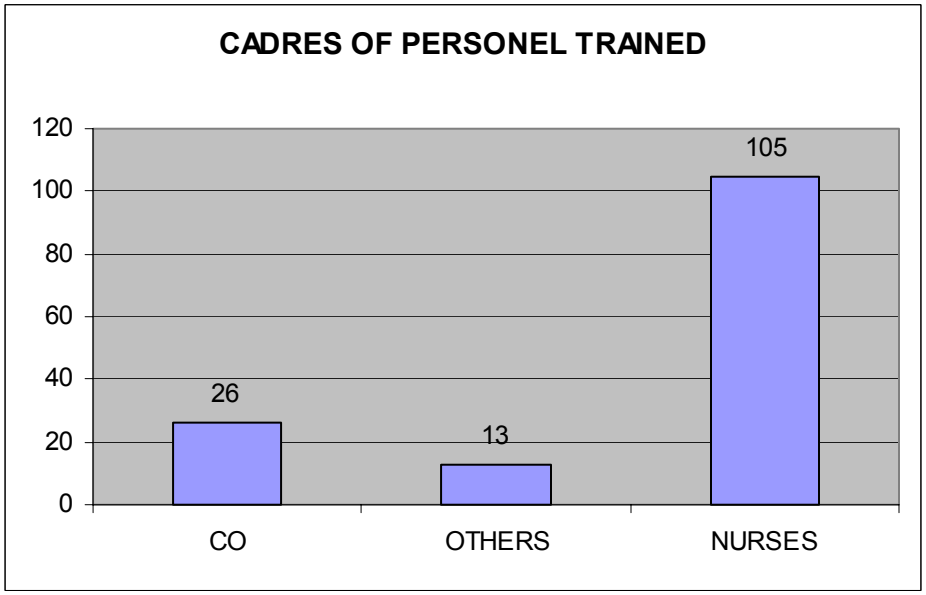
During one of the training sessions, His Excellency the Ambassador of the Royal Danish Embassy in Nairobi visited our training session which was co-sponsored by DANIDA and UNICEF offices in Garissa.

Accompanying the ambassador were the Provincial commissioner, North Eastern Province and the District Commissioner Garissa among other prominent guests.

The Provincial Medical Officer of Health North Eastern, who presided in all the opening and closing sessions was addressing the participants emphasizing the need for such trainings.

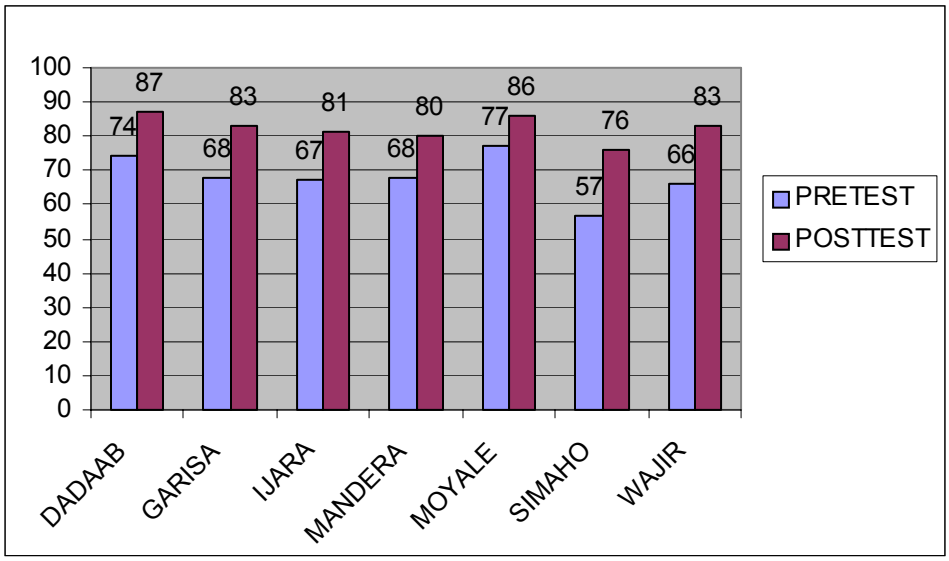


Garissa distict took advantage of the home ground and sent in the highest number of trainees. Other major beneficiaries included a private nursing home SIMAHO and the Dadaab-GTZ managed refugee health hospitals that sent five participants. All the other districts sent in almost equal number of participants.



The nurses were the majority of all the health workers. The others who were trained included Medical Officers, public health officers, health information officers and hospital administrators. The Nurses are the bulk of health service providers and it was our intention to train as many as we could.

Performance of the participants from different districts



All the districts recorded improved performance at the posttest as compared to the pretest. The participants from SIMAHO and Wajir recorded the best improvement in their posttest performance.

Evaluation of the training by participants

At the end of every training session the participants were asked to evaluate the training they had undertaken over the previous seven days. Below are summary of their views.

1. Facilitators gave a recommendable job.
2. Gained more knowledge on RH in the training.
3. It was very good. Continue with the same spirit.
4. Scope of health workers are captured and sensitised.
5. Course was excellent and participation of participants was good.
6. Very educative course. Improves the lives of the family pillars i.e. mothers and child especially the girl child. Bravo trainers!! You have made it and you are very experienced facilitators.
7. Future training should be conducted at grass root level so that other health service providers in cadres not included in these trainings can benefit.
8. The training has been standardized. Knowledge and skills was gained. The videotapes and hospital visits have added more to the training.
9. Training was educative and timely as FGM/C is chronic and Somali girls are dying daily due to complications related to FGM/C.

10. Absolutely necessary for the health care managers and care providers
11. The course, timing and content were relevant to the participants
12. The timing was well planned, prepared and conducted by professionals
13. Issues of FGM/C especially the Islamic perspective has come out crystal clear
14. Training was very educative
15. Course was good, I gained a lot of knowledge
16. Course excellent, Educative and refreshing.
17. Congested time-table. There is a need to add more time for participants to digest and revise. Maybe extend the training by two more days
18. I Congratulate the organizers for bringing learned friends especially experienced practising doctors and lecturers from the university.
19. The facilitators were friendly always.
20. Thank the managers and organizers of the course.

Recommendations on future trainings by participants

The participants were asked to suggest ways of improving the future training based on their experience. These are the summary of their recommendations.

1. To make the training more practical, it should be integrated involving religious leaders, health workers and other stakeholders.
2. Incorporate theory with practical sessions in hospital and those mothers who do the FGM/C – about three days practical.
3. Increase the duration of the training to 2 weeks to give more practical sessions.
4. A similar course should be done for all health workers especially those from relevant departments.
5. The course should be done at district level so as to give opportunities to those who cannot travel outside their facilities.
6. Involve community leaders on sensitization, as they are the agents of change in the society.
7. Follow up to the districts should be done for monitoring and evaluation after these courses are done to ensure service providers put what they have learnt into practice.
8. Please issue certificates of participation, as it is very important to us.
9. The venue is conducive for the training so please keep this as the place for future trainings.

CONCLUSIONS

- There is need for follow up of the participants to ensure that they will practice what they learnt and implement their individual action plans.
- There is need for extended practical trainings session for those from busy health facilities to give them more hands on experience.

The following were recruited as facilitators for various workshops.

- Dr. Ahmedin H. Omar - Wajir District - 0721667326, Deen_Omar@yahoo.com
- Mohamed Salat Dagane - Garissa District/PHMT 0721424557, salat_2004@yahoo.com
- Mohamed Hambulle - Moyale District 0720314851 or 0734348417
- Adam M. Mohamed-Mandera District 0722586177, adamqone@hotmail.com
- Siyat Moge - Ijara District 0721298302, siyatgure@yahoo.ac.uk

APPENDICES

Appendix 1. Action plans

Below, is a selection of individual and district workplans produced by the participants during the trainings.

MANDERA DISTRICT

Adam Mohamed, DPHO, Mandera District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Sensitize PH staff on RH, FGM/C, child law, human right and their role	Health office	24/12/05	Adam	Sodas and notebooks
Supervise infection control team fortnight	MDH	From 23rd Dec 05	Adam	Disinfectants/Packets
Initiate and carry out RH school health program/institution	Institutions	From 8/02/06	Adam	Transport

Suleiman H. Omar, Physiotherapist, Mandera District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Advice mothers who come with delayed milestone children to deliver at hospitals	Physio dept	19/12/05	Self	None
Educate and sensitize mothers on adverse effect of FGM/C	Physio dept	16/1/06	Self	None
Visit ANC clinic and teach pregnant mothers on pelvic floor MMS exercises (group exercises)	ANC clinic	24/2/06	Self	None
Start and stress infection prevention techniques in handling patients and protecting staff	Physio dept and the wards	As soon as I go back	Self and other staff	None

Issack Maalim Eliyas, Pharm Tech, Mandera District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Dissemination of RH programmes to pharmacy staff	Madera District Hospital	23/12/05	Self	None
Promote infection prevention	MDH pharmacy dept	From Jan 2006	Self/Staff	None
Ensure rational use of drugs	MDH	From Jan 2006	Self	None
Ensure supportive pharmaceutical supervision	MDH	From Jan 2006	Self	None

Derrow Maalim Gamow, Health Education Officer, Mandera District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Give feedback to health education staff	MDH	19/12/05	Derrow	None
Initiate continuous medical education committee	MDH	6/1/06	Derrow	None
Strengthen health programme in ANC (health talk timetable)	MDH	10/1/06	Derrow	None
Organise one day meeting with TBA's	Central Divisions	24/1/06	Derrow	None

Omondi Gogo, KRCHN, Mandera District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Set an emergency tray	ANC Maternity	14/12/05	In charge of Maternity and ANC	Trays and emergency drugs and equipment
Strengthen infection prevention method	All wards in MDH	14/12/05	In charge of all wards	None
Plot ante-natal delivery monitoring chart	Ante-natal RM and maternity	30/12/05	In charge of MCH/FP and maternity	Monitoring charts
Make sure all wards have duty roster	All wards	14/12/05	In charge of all wards	Plain papers
Feedback of the seminar	To all nursing staff	14/12/05	Omondi	Nil

WAJIR DISTRICT

Dr. Ahmedin H. Omar, DMOH, Wajir District				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Establish an active maternal mortality review	DH/Sub DH	January 06	DMOH/ Incharge sub District hospitals	None
Establish routine health education for mothers in MCH	Wajir District Hospital	19/12/06	In charge MCH	IEC materials on reproductive health
Provide supportive supervision to all facilities	Hospital/S.D. H	19/12/05	DMOH	Logistics and personnel allowance
Establish emergency preparedness	Health Centres, Dispensaries	Feb – March 06	Nursing Officer in charge and DPHN	Supplies and drugs
Sensitize communities on FGM/C	Wajir hospital, Habasweni, Griftu and Bute	Feb – March 06	DMOH	Ksh. 300,000

Mohamed Hussein Ali, Nursing Officer in Charge, Wajir District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback to HMT	Hospital	14/12/05	Self	Space, staff and time
Meeting with ward incharges	Office	18/12/05	Self	Office space
Strengthen infection prevention in all depts. Within the hospital	Hospital	Jan – Feb 06	Self	Supplies, protocols and guidelines
Strengthen FANC and PMTCT in MCH and maternity	MCH/Maternity	From 19/12/05	Self	Registers
Follow up health education activities	MCH/Maternity /VCT/OPD	From 19/12/05	Self	materials on RH
Start and strengthen MDR	Maternity	January 2006	Self	Discuss in HMT meetings
Start IP committees	Hospital	January 2006	Self	Avail Jik, buckets
Supervision	All departments	2 weekly	Self	Time, checklist, Team

Abdirahman Sheikh, Lab Technician, Wajir District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback on reproductive health and lab staff	Wajir District Hospital	22/12/05	Self	None
Start an infection control team at laboratory	WDH	23/12/05	Self	None
Ensure supportive supervision and feedback is given	WDH	2/2/06	Self	None
Ensure all ANC profile text is done on time and proper recording at registry	WDH	19/12/05	Self	None

Dr. Ahmedin Hassan Omar, DHMT, Wajir District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Supportive supervision for all facilities in the district with emphasis on staff members	Whole district	Quarterly	Dr. Ahmedin	Logistic and personnel allowance
Feedback to DHMT on staff members	Wajir District Hospital	19 – 26.12.06	Dr. Ahmedin	None
OJT to maternity staff on partograph usage	D.H, SDH	January 2006	Dr. Ahmedin	Stationery for partograph
On MgS04 usage	DH, SDH	January 2006	Dr. Ahmedin	MgS04 availability

Adam Abdirahman, Nurse, Eldas Dispensary				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Introduce duty roster	Eldas dispensary	Immediately	In charge	Stationery
Introduction to infection prevention	Eldas dispensary	Immediately	In charge	Posters, Manilla paper
Implement records and registers	Eldas dispensary	Immediately	In charge	Jik, Water
Feedback to community	Colleagues and community living near the dispensary	Immediately	Nursing officer in charge	None
Create awareness on FGM/C	Eldas dispensary	Immediately	In charge	Posters
ANC, Early visit	Eldas dispensary	Immediately	In charge	Transport
Set emergency tray	Eldas dispensary	Immediately	In charge	Tray and emergency equipment

Abdi Adow Aden, KECHN, Wajir District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCE REQUIRED**
Feedback to M.C.N.	M.C.H staff	15.12.05	Abdi	None
Update emergency tray	Maternity, MCH	30.12.05	Abdi	None
Strengthen infection prevention	M.C.F and maternity	7.01.06	Abdi	None
Strengthen medication in MCH and Maternity	MCH, Maternity	15.01.06	Abdi	None
Share update on RH (eg Medical eligibility criteria)	MCH	30.01.06	Abdi	None

Soransora, Nursing Officer, Moyale District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCE REQUIRED**
Workshop Feedback	Hospital hall	21/12/05	Self	Time/plain papers
Fact finding on infection control	Maternity	1.01.06	Self	Time
Supervisory on records	Maternity	23.12.05	Self	Writing materials
Health message	MCH Bay	23.12.05	Self	Posters and flip charts
Update on the use of MgS04	Maternity	23.12.05	Self	Posters and flip charts
Updates on waste disposal	General meeting	23.12.05	Self	Stationery and staff time

Mohamed Kampicha, KRCHN, Moyale District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCE**
Feedback on workshop	Moyale District Hosp	19.12.05	DHEO	Stationery
Supportive supervision of units plus dispensaries	MCH and dispensaries	26.12.05	DHEO	Vehicle
Updates on infection prevention, safe motherhood	Moyale District Hospital	3 to 4th December 05	DHEO	Flip chart, pens
Impact of FGM/C practices on RH	MCH, Maternity			Hand outs on topic
Routine health education	Inpatients plus out patient department	Daily	DHEO	Teaching aid

Hambule Mohamed, DPHN, Moyale District Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Workshop feedback	MDH	21.12.05	DHMT	Time
Identify and distribute underutilized items in the store	MDH	22.12.05	DPHN	Time
Set up one complete emergency tray in ANC	MDH	24.12.05	DPHN	Time
Conduct on job training to RH/FP staff on IP and FGM/C	R.H.Fs	Quarterly visits	DPHN	Time
Calculate UN process indicators for the district	District	Jan 2006	DPH	Time

Sora Dima, Moyale District Hospital, District Nutritionist				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Breastfeeding practices	M.C.H	19.12.2005	Nutritionist	None
Weaning diet & time	MCH	19.12.05	Nutritionist	None
Attending ward round	M.C.H	6.1.06	Nutritionist	None
Feedback to DHMT		21.12.05	DPHN/DHED/DNO	None
Assessment of weight for age to children attending MCH	MCH	26.12.05	Nutritionist	None

GARISSA DISTRICT

A. M. Abdile Xarran, Acting D.C.O, Provincial General Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback to HMT	PGH	Dec 05 – Jan 06	Xarran	None
Strengthening internal supervision (internal support)	PGH	Jan 06	Xarran	None
Updating COs on pillars of SM & NH	PGH	Feb 06	Xarran	None
CME on management of FGM/C complication for health care providers	Garissa VCT Resource Centre	24.2.06	Xarran	None

Martin Kamau, HRIO, Provincial General Hospital				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Promote health education in ANC	M.C.H/FP	Every morning	Kamau	Writing materials
Ensure operational emergency tray	Labour and casualty	Always	Kamau	Drugs and equipment
Feedback to other staff	PGH	Tuesdays	Kamau	None
Ensure availability of stationeries eg partograph	PGH	Tuesdays	Kamau	Duplicating paper

Warfa Osman, DMOH, MOHs Office				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback from workshop	District headquarters	13.12.05	DHMT	None
Roll out FANC	PGH	Jan 2006	DMOH, DPHN	Ksh. 224,200
Roll out EMOC QA	Garissa hospitals	Jan to Feb 2006	Warfa, All DMOHs	Ksh. 152,000
Sensitize and distribute national RH guidelines to all facility incharges	Health centers and dispensaries	Dec 05	DMOH, DPHN	Ksh. 100,00
Pilot output based approach (OBA) in 3 facilities	Balambala, Daadab, Modogashe	Nov. 05 – March 06	DMOH, DPHN, UNICEF, Facility incharges	Ksh.400,000

Mohamed Hussein Ibrahim, Nurse, PGH Garissa				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback from workshop RH, SMH through CME session	PGH staff	13.12.05	Hussein	None
Meeting with staff on RH update	MCH	20/12/05	Hussein	None
Implement best practice i.e FANC, IP, Post Natal, PMCTC	MCH	2/1/06	Hussein	None
Give health talk on RH/FGM/C	MCH	14/1/06	Hussein	None
Update emergency tray	MCH	19/12/05	Hussein	None
Strengthen MDR in the hospital	Maternity	3/01/06	Hussein	None

Mohammed Salat Dagane, PNO, PMOs Office Garissa				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Feedback to PHMT	PMOs Office	14.12.05	PNO	None
Supervisory visits to districts	Garissa District	7.1.06	PHMT	None
Supervisory visits to districts	Ijara District	20/1/06	PHMT	Ksh. 150,000 for fuel and allowances
Supervisory visits to districts	Wajir District	Dec 05	DMOH, DPHN	Ksh. 210,000 for fuel and allowances
Supervisory visits to districts	Mandera District	Nov. 05 – March 06	DMOH, DPHN, UNICEF, Facility incharges	Ksh.345,000 for fuel and allowances

Dakane Khalif, DPHN, DPHN Office Garissa				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Give feedback to other DHMT members	DMOH office	16.12.05	Dakane	None
Stores search of equipment of delivery	Stores	19.12.05	Dakane	None
Sensitization of health workers in rural facilities about the training	Rural Facilities	29.12.05	Dakane	None
Do H/count for instruments in the facilities	Rural facilities	24.12.05	Dakane	None
Share with neighbouring facilities on FGM/C dangers and Islamic views	Rural facilities	13.12.05	Dakane	None

Hussein Aden, DMLT, DMLT Office Garissa				
ACTIVITY	**WHERE**	**TIME**	**RESPONSIBILITY**	**RESOURCES**
Give feedback on reproductive health to other DHMT and lab staff	DMOH office	13.12.05	DMLT	None
Strengthen infection prevention by introducing CME at PGH	PGH Garissa, IFTIN sub district hospital	15.12.05	DMLT	None
To avoid expiry of blood by use of FIFO system	PGH	Every Thursday morning	DMCT and PGH lab in charge	None
Give health talks on reproductive and FGM/C to my neighborhood	Home	Twice in a month i.e Sunday night	DMLT and any volunteer	None

Appendix 2. Time Table

Day	Time	Activity	Facilitator
DAY 1	08.00-08.30am	Registration	Dr. Ahmed/Secretariat
	8.30-8.40am	Introductions	DANIDA/Dr. Ahmed
	8.40-8.50AM	Expectations/Norms	UNICEF/Siyat
	8.50-9.40am	Opening remarks by PMO,	PMO, DRH, DANIDA, Pop Council
	9.40-10.00am	Pretest	Jaldesa/ Hambule/Siyat
	10.00-10.30am	Overview of FGM/C activities in NEP	UNICEF
	10.30-11.00am	TEA/COFFEE BREAK	
	11.00-11.15	Workshop objectives	DRH/Jaldesa/Hambule
	11.15-12.00	RH Policy & Kenya SM model	Prof. Karanja /Salat
	12.00-1.00pm	Infection prevention	Adam /Prof. Karanja
	1.00-2.00pm	LUNCH BREAK	
	2.00-2.30PM	Emergency preparedness & referral	Dr. Jaldesa/ Siyat
	2.30-4.00PM	IPCC Lecture and Video	Adam/Prof. Karanja
	4.00-4.30pm	TEA/COFFEE BREAK	
	4.30-6.00pm	Video shows *(Safe Motherhood, Mama Song, Infection Prevention)*	Dr. Jaldesa/Dr. Ahmed
DAY 2	8.00-9.00am	Data collection & Utilization	Adam
	9.00-9.45am	MDR Lecture/ *video show on beyond the numbers, my sister my self*	Siyat
	9.45-10.30am	Introduction to FGM/C	Jaldesa/Salat
	10.30-11.00am	TEA/COFFEE BREAK	
	11.00-12.00	Immediate and long term complications associated with FGM/C	Jaldesa/Ahmed
	12.00-1.00pm	Management of FGM/C complications *Video show road to change (FGM/C)*	Jaldesa/Ahmed
	1.00-2.00pm	LUNCH BREAK	
	2.00-5.00pm	FANC	Prof. Karanja/Siyat
	5.30-6.00pm	ANC in Type I, II, III, IV FGM/C	Dr. Jaldesa/Hambule
DAY 3	8.00-9.30am	Management of normal labour	Prof. Karanja /Siyat + (TEAM)
	9.30-10.30am	Management of labour in presence of FGM/C I, II, III, IV	Jaldesa/Hambule
	10.30-11.00am	TEA/C OFFEE BREAK	
	11.00-1.00pm	Introduction to Clinical Areas	TEAM
		Groups Reports From Clinical Areas	TEAM
	1.00-2.00pm	LUNCH BREAK	
	2.00-3.30pm	Partograph in Labour	Jaldesa/Ahmed
	3.30-4.00pm	Pre-eclampsia/Eclampsia	Dr. Ahmed
	4.00-430	Malaria/Anemia in pregnancy	Salat
	4.30-5.00	TEA BREAK	
	5.00-600	HIV in pregnancy	Adam/Ahmed

DAY 4	8.30-12.00noon	CLINICAL EXPERIENCE	TEAM
		Reports from Clinical areas	TEAM
		LUNCH BREAK	
	2.00-4.30pm	Care of normal Neonate	KHADIJA/Hambule
		Neonatal Asphyxia/resuscitation	Dr. KHADIJA/Siyat
		Neonatal Sepsis	Dr. KHADIJA/Salat
	4.30-5.00pm	TEA/COFFEE BREAK	
	5.00 – 6.00pm	Focused Postpartum care	Dr Ahmed/Prof. Karanja
		PPH, puerperal sepsis	Dr Ahmed
DAY 5	8.30 - 11.00am	Clinical Experience	TEAM
	11am - 1pm	PRAYERS	
	1.00pm - 2pm	LUNCH BREAK	
	2.00-3.00pm	Prolonged Labor & Obstructed labor	Ahmed/ Prof. Karanja
	3.00-4.00pm	Role of HC Providers in abandonment of FGM/C	Jaldesa/DRH/Adam
	4.00-4.30pm	Human Rights and Legal implications of FGM/C	Jaldesa/DRH/Adam
	4.30-5.00pm	TEA Break	
	5.00-6.00pm	RVF/VVF; role of FGM/C	Dr. Ahmed
DAY 6	7.30 - 12.00	Clinical Experience	TEAM
	12-1.00pm	Reports from Clinical areas	TEAM
	1.00-2.00pm	LUNCH BREAK	
	2.00-4.30pm	Religious perspective of FGM/C	Sheikh
	4.30-5.00pm	Introducing National plan of action on FGM/C	Adam
	5.00-5.45pm	TEA/COFFEE BREAK	
	5.45-6.00pm	FP UPDATES	Hambule
		Action Plan and activities by HC providers in their facilities	JALDESA/ UNICEF/DANIDA Team
DAY 7	8.30-9.30am	Post test	Salat/Jaldesa
	9.00-10.30am	Facilities Records Reports	Jaldesa/Adam (TEAM)
	10.30-11.00	TEA/COFFEE BREAK	
	11.00-1.00pm	Facility/ Clinic strengthening/ individual plans (what is needed, what can be done, who will, how)	Hambule/Jaldesa (TEAM)
	1.00-2.00pm	LUNCH BREAK	
	2.00-2.30pm	Review the individual action plans.	Jaldesa (TEAM)
	2.30-5.00pm	CLOSING	PMO/DANIDA/ UNICEF

Day One, Session 1: Introduction and overview of reproductive health policy, including safe motherhood and newborn health

LEARNING OBJECTIVES

At the end of the session, health workers will:

1. Describe the overview of reproductive health components and policy.
2. Define Safe Motherhood and Newborn Health
3. Describe Safe Motherhood and Newborn Health
4. Identify the key elements of Safe Motherhood and Newborn Health
5. Identify the factors and causes of maternal and perinatal morbidity and mortality
6. Explain the Millennium Development Goals relevant to SMNH
7. Explain basic and comprehensive Essential Obstetric Care

TRAINING NEEDS

Knowledge required:

i. Understanding reproductive health components and policy.
ii. Understanding Safe Motherhood and Newborn Health
iii. Appreciates magnitude of the problem
iv. Key elements of SMNH
v. Immediate and underlying factors and causes of maternal deaths in Kenya
vi. Understand the Millennium Development Goals
vii. Strategies for implementing SMNH in your area *of* work
viii. Challenges for implementing Safe Motherhood and Newborn Health

Skills required:

i. Implementations of reproductive health policy in the districts
ii. Compilation of maternal and perinatal morbidity and mortality data
iii. Analysis of maternal and perinatal deaths near misses: maternal and perinatal audit
iv. Analysis of factors and causes contributing to maternal deaths
v. Formulation of strategies for reducing avoidable factors *of* maternal deaths in the area.

vi. Outlining strategies for implementing SMIH

vii. Advocacy: Information, Education, Communication (IEC) on Safe Motherhood issues

viii. Monitoring and Evaluation of progress

Attitude required:

Health care providers should appreciate that most maternal and perinatal deaths are avoidable. In spite *of* maternal and child health/family planning programmes, maternal and newborn health must be given its due prominence. Safe Motherhood is a basic human right as women are entitled to enjoy a safe pregnancy and childbirth.

Session 2: Data collection and utilisation and its role in monitoring and evaluation

LEARNING OBJECTIVES

By the end of the session, health care providers will:

1. Define monitoring, review and evaluation
2. Describe types of records used to collect maternal and perinatal service data
3. Describe the UN obstetric indicators and
4. Explain the importance of maternal and perinatal data collection and record keeping
5. Describe 'on site' review and evaluation of data
6. Utilize maternal and perinatal service data for planning.
7. Appreciate the importance of regular facility meetings to discuss reproductive health issues

TRAINING NEEDS

Knowledge required:

i. Understand monitoring, review and evaluation

ii. Types of records and their use

iii. Understand the use of UN and national indicators

iv. Understand how to calculate basic rates, ratios and proportions for selected indicators

v. Importance of data collection, storage

vi. Mechanisms for retrieval and analysis of data

vii. Report writing and feedback

Skills required:

i. Accurate documentation of different records and registers

ii. Coaching and supervision of data collection and management

iii. Safe storage and easy retrieval of records

iv. Regular and accurate compilation of records

v. Analysis and report writing

vi. Dissemination of maternal and perinatal health service data

Attitude required:

Health care providers will appreciate data collection, management analysis report writing appreciate the importance of monitoring review and evaluation, which includes supervision of record keeping, recording information correctly, and the relevance of various records used in providing appropriate high quality care. Health facility management committees should hold regular meetings to review the reproductive health data and focus on the issues rather than fault-finding.

Session 3: Interpersonal communication and counselling

LEARNING OBJECTIVES

At the end of the session, health care providers will:

1. Define terms used in interpersonal communication and counselling (IPCC)
2. Identify health activities that require IPCC
3. Explain the basic counselling principles and IPCC skills and techniques
4. Explain the purpose of counselling
5. Describe the qualities of a good counsellor
6. Explain the counselling process utilizing GATHER steps
7. Identify factors that facilitate and those that interfere with counselling
8. Review elements of quality care

TRAINING NEEDS

Knowledge required:

i. Terms used in IPCC
ii. The basic counselling principles
iii. IPCC skills and techniques
iv. Counselling process using GATHER
v. Qualities of a good counsellor
vi. Factors that facilitate or interfere with counselling
vii. Elements of quality of care

Skills required:

i. Demonstrate skills, qualities and techniques of a good counsellor
ii. Demonstrate utilization of GATHER in the counselling process
iii. Ability to identify positive and negative factors that influence counselling

Attitude required:

Practice of IPCC skills is necessary to foster a positive relationship with individual clients and community members especially when interacting with clients attending maternal health services. Maternal health care should be personalised and requires excellent interpersonal skills since listening to clients is just as important as giving advice.

Session 4: Infection Prevention

LEARNING OBJECTIVES

At the end of the session, health care providers will:

1. Define Infection Prevention
2. Describe the disease transmission cycle
3. Explain the purpose of infection prevention
4. Explain the principles of infection prevention
5. Describe the basic infection prevention methods
6. Describe the procedures used to process instruments
7. Describe the procedures for waste disposal

TRAINING NEEDS

Knowledge required:

i. Definition of infection prevention
ii. Purpose of infection prevention
iii. Knowledge on disease transmission cycle
iv. Explanation of the IP principles
v. Basic infection prevention methods
vi. Procedures used to process equipment vii. How to make a chlorine solution

Skills required:

i. Implementation of Infection Prevention measures
ii. Demonstrate appropriate infection prevention practices at all times.

Attitude required:

Infection prevention practice will go along way to reduce transmission within the health facility. This has an impact on the quality of care a woman will receive.

Day Two Session One: Emergency Preparedness

LEARNING OBJECTIVES

At the end of the session, health care provider will:

1. Define Emergency Preparedness
2. List the qualities required for handling an emergency
3. Describe the elements of emergency preparedness
4. Prepare a complete emergency trolley/tray and equipment
5. Describe the management of an emergency
6. Describe the preparation for a referral
7. Explain the documentation process during and after an emergency

TRAINING NEEDS

Knowledge required:

i. Definition of emergency preparedness
ii. Understand the process of emergency preparedness
iii. Items required for emergency preparedness
iv. Criteria and response for handling obstetric emergencies

Skills required:

i. Implementation of emergency preparedness measures
ii. Adult and newborn resuscitation
iii. Midwifery skills

Attitude required:

Health care providers should appreciate the importance of emergency preparedness as an essential part of the daily routine. There should be willingness and teamwork to ensure that everyone in the facility knows their roles to respond efficiently to emergencies.

Rationale:

Emergency preparedness and appropriate response saves lives. Most emergencies in SMNH are generally unpredictable thus the need for preparedness at all times.

Session Two: Introduction to FGM/C

LEARNING OBJECTIVES

1. To define and classify FGM/C
2. To describe the prevalence of FGM/C in Kenya and Africa
3. To describe why different communities practice FGM/C
4. To describe the Short and long term physical complications of FGM/C
5. To describe the Psychosocial and sexual complications of FGM/C
6. Understand the management of different types of FGM/C complications

The expected outcomes for this are as follows;

Knowledge:

By the end of the training, the participants will be able to:

1. To describe the different types of FGM/C and the complications of the practice.

Skills:

By the end of the one weeks training, the participants will be able to:

1. Understand why different communities practice FGM/C
2. Understand the health complications associated with the FGM/C

Day Three Session 1: Focused Antenatal Care

LEARNING OBJECTIVES

At the end of the session, health care providers will:

1. Define antenatal care.
2. Describe focused antenatal care
3. Explain the reason for focused antenatal care
4. Take history from and perform physical examination of a pregnant woman
5. Assist the pregnant woman to develop and implement a birth plan
6. Explain the possible complications during pregnancy, labour, delivery and postpartum period
7. Manage or refer women with high risk conditions or complications
8. Screen and manage appropriately for reproductive tract infections (RTI) in pregnancy.
9. Demonstrate Health Promotion activities including anti FGM/C messages during antenatal period.
10. To describe problems associated with FGM/C during pregnancy.
11. To explain the management of women with Type I, II, IV FGM/C during pregnancy.
12. To state the indications for and timing of opening up Type III FGM/C
13. To discuss the procedure of opening up Type III FGM/C during pregnancy.
14. To describe the post care of an opened Type III FGM/C during pregnancy.

TRAINING NEEDS

Knowledge required

i. Understand antenatal care.
ii. Understand focused antenatal care
iii. Reason for focused antenatal care
iv. History taking and physical examination of a pregnant woman
v. Development of an individualized birth plan
vi. Understand the use of Syndromic Chart for RTI management.
vii. Complications of pregnancy associated with FGM/C

Skills required

i. History taking and physical examination of a pregnant woman
ii. Ability to implement appropriate management or timely referral
iii. Demonstrate IPCC in providing antenatal care

Attitude required

Health care providers to appreciate the importance of focused antenatal care in SMNH.

Session 2: Malaria in Pregnancy

LEARNING OBJECTIVES

At the end of the session, health care providers will:

1. Define malaria
2. Explain the clinical features of malaria
3. Explain the effects of malaria in pregnancy
4. Explain intermittent preventive treatment of malaria in pregnancy
5. Describe treatment of severe or complicated malaria in adults
6. Explain relationship of malaria and HIV in pregnancy
7. Describe other ways of preventing malaria

TRAINING NEEDS
Knowledge required:

i. Definition, causes, classification, types and diagnosis of malaria
ii. Identification of risk factors in malaria
iii. Guidelines for Intermittent Preventive Treatment for malaria
iv. Guidelines for treatment of Insecticide Treated Nets
v. Management of severe and complicated malaria in adults

Skills required:

i. Diagnosis of malaria
ii. Assessment of malaria during antenatal period
iii. Management of uncomplicated malaria in pregnancy
iv. Criteria for referring woman with severe malaria

Attitude required

- North Eastern Province is one of the regions in Kenya with malaria throughout the year. Health care providers must be aware of the seriousness of malaria and should ensure early treatment of malaria in pregnant women to prevent complications.
- Develop a positive relationship with the pregnant woman in devising ways to prevent malaria including the importance of Intermittent Preventive Treatment of malaria and Insecticide Treated Nets.

Session 3: Anaemia in Pregnancy

LEARNING OBJECTIVES

At the end of the session, health care providers will:

1. Define and classify anaemia
2. Describe common causes of anaemia
3. Identify women at risk of developing anaemia
4. Diagnose anaemia
5. Explain effects of anaemia in pregnancy
6. Explain the management of anaemia during pregnancy and labour

TRAINING NEEDS

Knowledge required:

i. Definition, causes, classification, types and diagnosis of anaemia
ii. Identification of risk factors in anaemia
iii. History taking and patient examination procedures
iv. Management of anaemia in pregnancy, labour and the puerperium
v. When, where and how to refer

Skills required:

i. Diagnosis of anaemia in pregnancy
ii. Ascertaining the causes of anaemia in pregnancy
iii. Management of a woman with anaemia antenatally, intrapartum and postpartum
iv. Criteria for referral

Attitude required:

There is high prevalence of anaemia in the region. The commonest cause of the anaemia is malnutrition and one secondary to malaria. Health care providers use good interpersonal skills to communicate successfully the line of treatment for a case of anaemia to the patient and her relatives. The importance of antenatal care in identification and treatment of anaemia must be emphasized.

Session 4: Pre- Eclampsia and Eclampsia

LEARNING OBJECTIVES

At the end of the session, health care provider will:

1. Define pre-eclampsia and eclampsia
2. Identify risk factors for pre-eclampsia and eclampsia
3. Diagnose and classify pre-eclampsia
4. Diagnose eclampsia
5. Manage a woman with pre-eclampsia and eclampsia
6. Referral

TRAINING NEEDS

Knowledge required:

1. Definition of pre-eclampsia and eclampsia
2. Understand the epidemiology of pre-eclampsia and eclampsia
3. Clinical features of pre-eclampsia/eclampsia
4. Diagnosis of pre-eclampsia and eclampsia
5. Management of pre-eclampsia/eclampsia
6. The referral procedure

Skills required:

i. Patient examination and evaluation procedures
ii. Correct technique of blood pressure measurement
iii. Correct technique of urine dipstick analysis and interpretation
iv. Correct administration and monitoring of Magnesium Sulphate (MgSO4) or diazepam where MgSO4 is not available
v. Correct administration and monitoring of antihypertensive (Hydrallazine and/or Nifedipine)
vi. Correct referral procedures

Attitude required:

Health care providers should appreciate the importance of pre-eclampsia and eclampsia and urgency and diligence in dealing with these conditions. They should ensure that the patient and her relatives understand that pre-eclampsia/ eclampsia are serious and life threatening conditions.

Session 5: HIV in Pregnancy

Learning Objectives:

At the end of the session, health care providers will:

1. Describe the magnitude of HIV in pregnancy in Kenya
2. Describe the magnitude of mother to child transmission of HIV in Kenya
3. Describe the management of HIV positive women during pregnancy, labour, and postpartum period
4. Describe baby care and feeding alternatives for babies of HIV infected mothers
5. Outline anti-retroviral therapy in HIV infection

TRAINING NEEDS

Knowledge required:

i. Magnitude of HIV in pregnancy and mother to child transmission of HIV
ii. Antenatal, intrapartum and postpartum care in HIV infected women
iii. Outline of infant feeding options in HIV infected women
iv. Anti-retroviral drug therapy regimes

Skills required:

i. Identification of HIV infection in pregnant women
ii. Provision of care to HIV infected women antenatal, intrapartum and postpartum
iii. Choice of infant feeding options and antiretroviral drug therapy

Attitude required:

Though the prevalence of HIV in this region is low, the health care providers must realize the importance of HIV infection and the need for action. Good counseling skills are important to combat the psychological aspects of HIV infection in pregnancy. Special attention is given to nutrition, risk reduction behaviour, counselling on infant feeding and family planning services. Changes in midwifery and obstetric practice are required due to HIV infection in pregnancy.

DAY 4: Management of normal labour and delivery

Learning Objectives:

At the end of the session, the health care providers will:

1. Define and make a diagnosis of normal labour
2. Assess the condition of the patient and foetus as well as the stage of labour (assess progress of labour)
3. Manage normal labour at different stages
4. Define and describe the use of a partogram
5. Identify signs of abnormal labour
6. Take appropriate action for abnormal labour including referral
7. Establish and maintain rapport with woman in labour
8. To describe problems associated with FGM/C during labour, delivery, and postpartum

9. To explain the management of women with Type I, II, IV FGM/C during labour, delivery and postpartum.
10. To state the indications and timing for opening up Type III FGM/C

TRAINING NEEDS

Knowledge required:

i. Signs and symptoms of the different stages of normal labour
ii. General, abdominal and pelvic examination in normal labour
iii. Management of normal labour at different stages
iv. The use of the partogram and its components
v. Identify signs of abnormal labour and
vi. Understand when to take appropriate action including referral
vii. Understand psycho-social support women need during labour

Skills required:

i. Diagnosis of normal labour
ii. Assessment of patient's condition and progress of labour
iii. Management of normal labour at different stages
iv. Fill in the partograph using appropriate symbols
v. Correct interpretation of the partograph
vi. Based on available resources and information take appropriate action.
vii. Demonstrate good interpersonal communication especially with infibulated women.

Attitude required:

Health care providers should appreciate the importance of monitoring labour using appropriate tools and early recognition of abnormal signs. In case of referral, explain the reason, urgency and place for referral.

Every woman in labour should be treated with dignity and respect and a right to privacy and confidentiality at all times. All women should be given the choice of having a companion (partner, friend or relative) during labour and childbirth.

Session 2: Postpartum Care

Learning Objectives:

At the end of the session, the health care provider will:

1. Define the puerperium/post partum / post natal period
2. State the aims and timing of post partum care
3. Explain the signs and symptoms of normal post partum period
4. Manage normal puerperium
5. Identify complications/danger signs of postpartum period
6. Counsel the mother on personal hygiene, safer sex, nutrition, breastfeeding and family planning.

TRAINING NEEDS

Knowledge required:

i. Definition of puerperium/post partum/post natal period
ii. Aims and timing of the post natal care
iii. Signs and symptoms of normal puerperium
iv. Management of normal puerperium
v. Complications/danger signs of postpartum period
vi. Counselling the mother on personal hygiene, safer sex, nutrition, breastfeeding and family planning.

Skills required:

i. Ability to recognise and manage normal puerperium
ii. Ability to recognise and manage complications of puerperium
iii. Ability to counsel a post partum mother

Attitude required:

The health care provider should appreciate the importance of post partum care in reducing maternal and perinatal morbidity and mortality.

Session 3: Management of postpartum haemorrhage

Learning objectives:

At the end of the session, the health care provider will:

1. Define Primary and Secondary Postpartum Haemorrhage
2. Identify predisposing factors of Primary Postpartum Haemorrhage
3. FGM/C as a risk factor for PPH
4. Assess a patient with Primary Postpartum Haemorrhage
5. Manage a woman with Primary Post Partum Haemorrhage
6. Manage woman who requires manual removal of placenta
7. Organize appropriate referral of a patient with Primary Post Partum Haemorrhage from a rural health facility
8. Identify predisposing factors of Secondary Postpartum Haemorrhage
9. Assess a patient with Secondary Postpartum Haemorrhage
10. Manage a woman with Secondary Post Partum Haemorrhage

TRAINING NEEDS

Knowledge required:

i. Definition of Postpartum Haemorrhage
ii. Diagnosis, causes and pre disposing factors of PPH
iii. Assessment of condition of a patient with Postpartum Haemorrhage
iv. Management of a woman with PPH
v. Management of a woman who requires manual removal of placenta
vi. Appropriate referral of a patient with PPH

Skills required:

i. Ability to diagnose Post Partum Haemorrhage (PPH)
ii. Ability to assess the condition of a patient with PPH
iii. Examination of placenta and membranes
iv. Active management of PPH
v. Competency in manual removal of placenta
vi. Appropriate referral procedures

Attitude required:

Health care providers should appreciate that any excessive bleeding during the puerperium is critical. It is especially important that the patient is closely observed during the first few hours following delivery. Health care providers will communicate successfully the diagnosis of PPH and be able to generate the cooperation of the patient and her relatives in arranging blood for the patient.

Session 4: Puerperal sepsis

Learning objectives:

At the end of the session, the health care provider will:

1. Define puerperal sepsis and puerperal infection
2. Identify predisposing of factors for puerperal sepsis
3. Diagnose puerperal sepsis
4. Manage puerperal sepsis
5. Identify complications of puerperal sepsis
6. Arrange for appropriate referral

TRAINING NEEDS

Knowledge required:

i. Definition of puerperal sepsis
ii. Identification of risk factors of puerperal sepsis
iii. Diagnosis of puerperal sepsis
iv. Management of woman with puerperal sepsis
v. State complications of puerperal sepsis
vi. When and where to refer patients with history and treatment notes

Skills required:

i. Understanding of puerperal sepsis
ii. Management of puerperal sepsis
iii. Appropriate procedures for referral

Attitude required:

Health care provider should appreciate the importance of prompt action when a woman presents with fever or sepsis or both. The predisposing factors for puerperal sepsis must be discussed with the patient and their relatives and ensure they understand the necessary treatment.

Session 5: Obstructed labour - rupture of the uterus

Learning objectives:

At the end of the session, health care provider will:

1. Define obstructed labour
2. Explain causes of obstructed labour
3. Diagnose obstructed labour
4. Describe complications of obstructed labour
5. Manage a woman with obstructed labour
6. Define ruptured uterus
7. Describe the predisposing factors for ruptured uterus
8. Diagnose ruptured uterus
9. Manage a woman with ruptured uterus
10. Describe referral procedure

TRAINING NEEDS

Knowledge required:

i. Clinical features of obstructed labour
ii. Clinical features of ruptured uterus
iii. History taking and patient examination procedures
iv. Patient evaluation procedures
v. Indications of vacuum extractor, laparotomy, caesarean section, etc
vi. Indications of oxytocics, antibiotics, pain relief in labour
vii. When, where and how to refer a patient with referral notes

Skills required:

i. History taking and patient evaluation procedures
ii. Diagnosis of obstructed labour/ruptured uterus
iii. Ascertain the causes of obstructed labour/ruptured uterus
iv. Assess patient's condition to see if vaginal delivery is possible
v. Conducting assisted vaginal delivery by using forceps/vacuum extractor
vi. Criteria for referral
vii. IPCC skills to inform patient and relatives reasons for management and /or referral

Attitude required:

Health care providers will use counselling skills to communicate the management and treatment for a woman with obstructed labour or ruptured uterus to the patient and her relatives. Emergency preparedness is extremely important to reduce the risks of maternal and perinatal morbidity and mortality.

Day 5. Session 1: Neonatal care/care of a healthy newborn

Learning Objectives:

At the end of the session, health care provider will:

1. Define a newborn infant
2. Explain the immediate care of the newborn baby
3. Assess the condition of the normal newborn
4. Explain the subsequent care of the newborn baby
5. Manage the normal newborn

TRAINING NEEDS

Knowledge required:

i. Clinical features of the normal newborn
ii. The parameters of the APGAR score
iii. Recognise the danger signs
iv. When and where to send a newborn infant with referral notes

Skills required:

i. Physical examination of the baby
ii. Determine the clinical features of the normal newborn
iii. Management of the normal newborn
iv. Counselling of mothers on new born and infant care

Attitude required:

Interpersonal communication and counselling skills are important to enable new mothers to feel confident in caring for their newborn babies. Information on potential problems and key areas to observe must be highlighted.

COMPLICATIONS OF NEONATAL PERIOD

Session 2: Asphyxia neonatorum and new born resuscitation

Learning objectives:
At the end of the session, the health care provider will:

1. Define Asphyxia Neonatorum
2. List predisposing factors of Asphyxia Neonatorum
3. Outline the mechanism of asphyxia
4. Diagnose neonatal asphyxia
5. Assess the neonate's condition
6. Manage neonate with asphyxia

TRAINING NEEDS
Knowledge Required:

i. Predisposing factors and mechanism of Asphyxia Neonatorum
ii. Clinical features of neonatal asphyxia
iii. Describe of the APGAR score
iv. The causes of airway obstruction in a newborn baby
v. Ways of administering oxygen to a new born baby

Skills Required:

i. Diagnosis of neonatal asphyxia
ii. Assessment of neonates condition using the APGAR score
iii. Clearing airways and stimulating the new born to cry
iv. Resuscitation of newborn
v. Give oxygen to a new born baby
vi. Counseling.

Attitude Required:

It is essential that health care providers are prepared for diagnosis of neonatal asphyxia and able to start resuscitation urgently. Good counselling skills are necessary to assist the mother to adjust to situation.

SESSION 3: Sepsis in Newborn

Learning objectives:

At the end of the session, the health care provider will:

1. Define sepsis in a newborn
2. Diagnose sepsis in the newborn
3. Manage sepsis in the neonate
4. Organize appropriate referral procedure

TRAINING NEEDS
Knowledge Required:

i. Clinical features of sepsis in the newborn
ii. Causes of sepsis in the newborn
iii. Procedure for managing cases of newborn with sepsis

Skills Required:

i. Diagnosis of sepsis in the newborn
ii. Assessment of the cause of sepsis
iii. Management of sepsis in the newborn
iv. Counselling the mother on care of the baby

Attitude Required:

Sepsis is a major cause of neonatal mortality. Adequate and timely management is of great importance in preventing fatality. Good interpersonal skills are necessary to inform the mother and support her appropriately. Health care workers must give high priority to newborn care.

Day 6: The role of health workers in abandonment of FGM/C in the context of the health, law, ethics and religion

Objectives:

1. To provide health workers with knowledge and skills in managing complications associated with FGM/C
2. To describe the ethical implications of FGM/C
3. To describe the Laws and decrees against FGM/C and the legal implications
4. To discuss the Islam and FGM/C

Knowledge:

By the end of the weeks' training, the participants will be able to:

1. To describe the different types of FGM/C and the complications of the practice including the management of the complications
2. To discuss the rights of women and girls in different communities (specifically in the local community) and how FGM/C violates these rights
3. To discuss the legal instruments and national/international declarations relevant to the elimination of FGM/C
4. To describe the role of professional and regulatory bodies in the abandonment of FGM/C

Skills:

1. By the end of the weeks' training, the participants will be able to:
2. Manage the complications of FGM/C
3. Advocate for the rights of women, girls in their communities
4. Involve professional and regulatory bodies in FGM/C abandonment

Appendix 3: List of participants trained and facilities not represented

WAJIR DISTRICT

	Designation	**Names of DHMT**
	Nursing Officer - WDH I/c	Mohamed Hussein
DHMTs Wajir District	DMOH	Dr. Ahmedin Omar
	DMLT	Abdirahman Dahir Abdi
	KECHN	Abdi Adow Aden
	Nursing Officer - Eldas HC	Abdi Rahman Sheikh
Type	**Facility Names**	**Names of participants**
District Hospital	Wajir District Hospital	Hasan Abdub Salesa
		Ubah Adan Gymoi
		Fatuma Yusuf Ibrahim
		Esther Matibo
		Hindia Ahmed Sheikh
		Fatuma Adam Hussein
		Sahara Adow Adan
		Ibrahim Abdi Mohammed
		Mohamed N. Badel
		Daud Ajaba
		Deka M. Abdi (DPHN Office)
		Patrick Mite Kobha
		Anne Mutegi
Health Centre	Griftu Health Centre	Cosmas Babu Ngisa
Subdistrict Hospital	Buna SDH	Yusuf Salat
		Willy Kandie
	Bute SDH	Abdirahim Ali Adan
	Habaswein SDH	Wesley Towett
	Khorof Harar	0
Dispensaries	Tarbaj Dispensary	Abdullahi Bashane
	Wagalla Dispensary	Faith Nkirote Julius
	Albaqkorey Dispensary	0
	Biyamathow Dispensary	0
	Dadajabulla Dispensary	0
	Dalmanyale Dispensary	0
	Dambas Dispensary	0
	Danaba Dispensary	0
	Diff Dispensary	0
	Eblen Dispensary	0
	Eldas Dispensary	0
	Gurar Dispensary	0
	Hadado Dispensary	0
	Korondille Dispensary	0
	Kutulo Dispensary	0
	Lagbogol Dispensary	0
	Leheley Dispensary	0
	Mansa Dispensary	0

	Riba Dispensary	0
	Sabuli Dispensary	0
	Sarif Dipsensary	0
	Tulatula Dispensary	0
	Wajir-Bor Dipsensary	0

MOYALE DISTRICT

	Designation	**Names of DHMT**
DHMTs Moyale District	DPHN	Hambule Mohamed
	DHEO	Mohamed Kampicha
	D Nutritionist	Sora Dima
	Ag. DNO	Soransora
Type	**Facility Name**	**Names of participants**
District Hospital	Moyale District Hospital	Waqo Hapi Jilo
		Ali Marsa
		Rose Wato Guyo
		Esther Oba Kuricha
		Kuranja Muriungi Ntomukiri
		Dansoye Dulla Chudo
		Hassan Diba Miyo
		Mariam Golo
		Martha Tadicha
Dispensaries	DF Dispensary	Shano Hussein Guyo
		Mokora Kimanga
	Golole Dispensary	Harrison Juma Wendo
	Heilu Dispensary	Mugambi G Geoffrey
	Ramata Dispensary	Paul Guyo Waqoh
	Uran	Moses Kibusa
	Walda Dispensary	David Muriungi Emiliano
	Odda Dispensary	Hawo Iman

MANDERA DISTRICT

	Designation	**Name**
DHMTs Mandera District	D Pharm Tech	Isaac Maalim Eliyas
	D Physiotherapist	Suleiman Omar
	DPHO	A. A Mohamed
	DHEO	Derrow Maalim Gamoh
	NO incharge	Omondi Gogo
Type	**Facility Name**	**Participants' names**
District Hospital	Mandera District Hospital	Nurudin Abdullahi
		Ibrahim Isack
		Yunis Haji Ismail
		Fatuma Noor Isaac
		Asha Adan Farah
Health Centers	Banisa Health Centre	Hassan Sharif Hassan
	Rhamu Health Centre	Omar Abdi Abdille

	Takaba Health Centre	Mohammed Ali Maalim
		Hassan Mohamed
		Abdirashid Khalif
		Abdinasir M Ibrahim
		Rukia Haji Omar
		Ismail Tullo Ali
Sub district hospital	Elwak SDH	Isack Adan
Dispensaries	Dandu Dispensary	Hassan Bulle
	Arabia Dispensary	Abdulaziz H. Hussein
Type	**Facility Name**	**Participants' names**
Dispensaries	Kutulo Dispensary	Ali Mahat
	Lafey Dispensary	Hassan Mohamed
	Wargadud Dispensary	Abdi Hussein Mohamed
	Fino Dispensary	0
	Guba Dispensary	0
	Khalalio Dispensary	0
	Libehiya Dispensary	0
	Rhamu- Dintu Dispensary	0
	Shimbiri Fatuma Dispensary	0
	Ashabito Dispensary	0
	Yabicho Dispensary	0

IJARA DISTRICT

DHMT	**Designation**	**Name**
	NO Maternity	Betsy Jepkorir
	DTLC	Abdirashid Mohamed
	NO MCH	Rahima Yusuf Buro
	DPHN	Siyat Moge
	CO	Abdi Tawane
Type	**Facility Name**	**Participants' names**
District Hospital	Masalani District Hospital	Suleiman Adam
		Mohamed Abdulahi
		Amos T Chelimo
		Fatuma Mahat
		Hamdi Dubat
		Dhahabu Hussein
		Rosemary Kathingati
		Hareth S. Dagane
		Douglas K Kemboi
		Hassan A Kassim
		Meimuna Ibrahim
		Hassan Anshur
Health Centre	Hulugho Health Centre	Abdi Gedi Abdi
Dispensaries	Galmagalla Dispensary	Gitonga
	Hara Dispensary	Phorry Mwambao

Dispensaries	**Facility Name**	**Participants' names**
	Kotile Dispensary	Betty K. Nyaga
	Sangailu Dispensary	Clayton Kadzenge
		Wesley Kiboino
		Abdullahi Hussein Ali
	Bothai Dipsensary	0
	Jalish Dispensary	0
Health Centre	Ijara Health Centre	Evans Nyakundi

GARISSA DISTRICT

DHMTs Garissa District	**Designation**	**Name**
	DMLT	Hussein H.A
	CO in charge PGH	Xaran Abdile Mohamed
	NO	Hassan Hussein
	DMOH	Dr. Warfa
	HRIO	Martin Kamau
	CO	Ahmed Abdi
	CO	Abdirashid Jama
	PNO	Mohamed Salat
	DPHO	Ahmed A Arab
	DPHN	Dakane Khalif
	RH Coordinator	Mohamed Hussein Ibrahim
Type	**Facility Name**	**Names**
Provincial General Hospital	Garissa PGH	Mohamud M. Hassan
		Abdirahman Kalif
		Nathifa Ibrahim Mohamud
		Ibrahim Adoh
		Sahara Hussein
		Felistus Macharia
		Habiba Abdulkadir
		Fred Ntore
		Beautrice Maina
		Tabitha Osuo
Dispensaries	Amuma Dispensary	Hassan Osman
	Benane Dispensary	Omar Osman
	Saka Dispensary	Mohamed Harun
	Medina Dispensary	Lathan Abdi
		Omuga Samuel
	Nanighi Dispensary	Wesley Kiptum
	Police Line Dispensary	0
	Prison Dispensary	0
	Alinjugur Dispensary	0
	Sankuri Dispensary	0
	Shanta-Abaq Dispensary	0

	Bura Dispensary	0
	Danyere Dispensary	0
	Dertu Dispensary	0
	Dujis Dispensary	0
	GTTC Dispensary	0
	Gurufa Dispensary	0
	Korakora Dispensary	0
	Mansabubu Dispensary	0
	Kulan	0
	GTZ/UNHCR Dadaab Refugee Camp	Mohamed Bashir Dahir
		Fatuma Kuno
		Ahmed Wardere
		Halima Dahir
		Artha Mohamed
Dispensaies	SIMAHO	Rumano Noor
		Lydia Semedi Karkia
		Cecilia M. Mwanzia
		Fatuma Ibrahim
		Zahra Hussein
		Rukia Hassan

Appendix 4 Task assignments for participants at Garissa PGH

VCT / Lab Team Visit

1. Look at the environment where the VCT / Lab is situated / cleanliness / appearance / convenience.
2. Patient flow & general arrangement of department.
3. Over view of services provided (From I/c}
4. The process (steps} in VCT; - who does what? Number of trained officers on VCT – Number on site (duty}, sequence of event (steps}.
5. Records kept – registers used/correct entry method applied, number seen, and confidentiality, how staff relate to one another.
6. Counseling techniques applied - pre/post test & follow ups - follow the process.
7. Specific test done – its specificity and sensitivity.
8. ARV's given, types, criteria used to know who is to get ARV's, reagents available Vs requirement, other non VCT related tests done.
9. Health Education / teaching aids available- H/E talks, posters, pamphlets, video shows, models, availability of condoms – male / female.

10. Infection prevention techniques practiced- what do they disinfect? What do they use? Is it effective in your opinion? who does it? For how long? Types of protective gears provided and are they used? Staff knowledge on IP, how many were trained? Do they have IPC and are active?
11. Time taken – from the time client comes to the facility until he or she leaves it.
12. Identify types of hazardous waste generated / observed at VCT / Lab and how they are disposed?
13. Networking between facility staff and community members for HIV/AIDS patients- home based care (HBC).
14. Constraints faced by staff/ short falls and remedial measures planned by the staff to overcome the same.

Maternity/Labour Ward Rotation:

Group 1

1. Basic equipment and supplies needed in the labor ward e.g consumables, like gloves, cotton wool, gauze, syringes and needles etc. Check availability and accessibility
2. Review the records required in the maternity ward such as: cardex, registers, patient notes, drug registers, DBR, duty roster, MDR etc. Review how they should be kept and how they should be updated and stored
3. Admission process: If possible admit one client to the labor ward
4. Review handing over of patient at the end of the shift. Practice the process of handing over
5. Define the duties of a nurse / RCO in the labor ward and maternity. Importance of the nursing care plan
6. Basic drugs needed in the maternity and labor ward unit, e.g ergometrine, antibiotics, syntocinon, magnesium sulphate, diazepam, etc. Check accessibility and availability
7. Basic tests done in the maternity /labor ward e.g Hb, blood grouping and x-matching, etc. Are request forms and specimen bottles available? Can they interpret results and institute interventions
8. General patient care e.g uniform, bedding, nets cleanliness, etc

Group 2

1. Partograph: Review thoroughly the use of the partograph
2. Demonstrate different case scenarios on the partograph eg obstructed labor, fetal distress, prolonged labor, in coordinate uterine contractions, and when and how to intervene
3. Review old case notes especially the partograph
4. Monitoring of the patient antepartum,and post partum; e.g vital signs, breasts, lochia loss, uterine involution, episiotomy
5. Review of patients admitted to the ward: antepartum, post C/S, post partum; clerk and discuss management
6. Observe/perform de-infibulation if indicated

Group 3

1. Review infection prevention and waste disposal practices
2. Check the emergency tray and discuss emergency preparedness
3. Manage a woman in labour and conduct delivery if patient available

MCH/FP Clinic Team

Major problems

1. Anaemia
2. Malaria in pregnancy
3. HIV/AIDs
4. Blood pressure during pregnancy

Emphasize

1. Haematinics for all pregnant women
2. Prophylaxis (sp) for all pregnant women
3. Correct anaemia during pregnancy
4. Emergency preparedness and individualized birth plan
5. Routine checking and recording of urine proteins and blood pressure.

1. Environment – check for:
   a. Cleanliness
   b. Flow of patients
   c. General arrangement of facility including chairs, tables, coaches
   d. Health education before the other services
   e. Adequacy of space
   f. Privacy

2. Registration area/room/weighing area – check:
   a) Registers/cards/reports
   b) Adequacy and functioning of equipments
   c) Staffing

3. ANC Room – check:
   a) Staffing
   b) IPCC
   c) Record systems – registers, ANC cards, monitoring charts etc
   d) Patient/clients care – IPCC, IP, health education e.g IBP
   e) Drugs available for routine care – preventive
   f) Emergency tray
   g) Availability of water
   h) Infection prevention
   i) Client attendance – daily and monthly
   j) Waste disposal

FP Room – check for the following;

   a) Organization of the room
   b) Staffing
   c) Type of the FP method available
   d) Attend to clients
   e) Infection prevention: running water, system used to sterilize the equipment
   f) No of patients attendance per day/month
   g) Recording/storage of information
   h) IPCC

PMTCT Room

- Organization of the room – flow of the clients
- Staffing; Number and qualification
- Test used
- Utilization: No of client seen daily/monthly; No. positive; No. negative
- Recording/storage of information
- Adequate space; Privacy/confidentially
- Waste disposal
- Storage of reagent
- Counseling – how is done, individually or group
- Adequate supply of supplies