



## Assessment and Adaptation of Training Packages and ToT Focused Antenatal Care, Post Natal Care and Family Planning

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This assignment is in 3 parts namely:

- 1). Review of some National Training manual,
- 2) Training of Trainers' workshop and
- 3) Adaptation of Training package for FANC, PNC, and FP.

The planning meeting for the review of National manual for FANC, PNC, and FP took place in Kano on 6th and 7th June, 2011. There, the mode of presentation (section by section), the Time- table for the programme and other logistics e. g. getting the participants materials ready etc were put in place before proceeding to Katsina, the venue of the meetings and training. June 8th and 9th was used for the review of the National training manuals on FANC, PNC, and FP. Mrs Oteka of the Federal Ministry of Health presented each of the two training packages (i. e .FANC and FP).; she gave a brief history of each including why and when they were developed highlighting the role of development partners in facilitating the processes.

Twenty five participants were in attendance comprising of various cadres of medical personnel (Consultant OBGY, RH Coordinators, Nurse midwives- and Midwife Educators, RH tutors, Senior CHEWs and State Principal Medical officers) in the field of Reproductive Health from Zamfara, Yobe, Kano States and the Federal Ministry of Health representative. Also in attendance were other development partners and key staff of PRRINN-MNCH and the three consultants working on different aspects of the project document development.

### FANC

The FANC manual was reviewed first. The manual has 226 slides. Each slide was worked on and the suggested contributions were captured on each as comments for presentation and discussion with the stakeholders. Suggestions for modifying the presentations to reduce the bulk without interfering with user-friendliness include:

- Comparing traditional and Focussed ANC slides in tabular form;
- Deleting some slides that are really not too relevant nor adding value to strict training focus!
- Many of the slides are still relevant but where nothing new is added to knowledge or practice they can be dropped for the purpose of training and these will be identified with the aid of the comments in each slide.
- The same will apply to the cases.

### PNC:

There was no national training manual for postnatal care. Dr Odujinrin came up with a detailed outline for the subject for further development by PRRINN-MNCH.

The stakeholders were put into groups to work on specific areas of PNC based on their own experiences. The participants were divided into 4 groups:

Group 1: discuss the objectives of postnatal care using Odujinrin's work.



Group 2: referral of mother and baby for special care (if need be)

Group 3: support breastfeeding

Group 4: Immunization.

See Annex vi– Group-work output 1

### **Family Planning**

Every comment and contributions were exhaustively discussed for over 5 hours in 4 sessions, allowing for tea break, prayers and lunch. Sources of inputs for the review were also deliberated on.

However almost all suggested modifications were accepted except the area on abortion where it was agreed that the title for abortion which was put as “Unsafe Abortion” in the presentation was to be changed to read “Abortion” and a brief write up on the country’s unsafe abortion experiences be included.

### **Training of Trainers**

The second activity was the Training of Trainers on the revised training manual. Prior to the TOT Dr Adegoke and Mrs Ajiboye met to plan for the activity. June 10th and 11th were used to integrate some of the corrections made during the review to the ToT manual and these were put in slides for simplicity of presentation. June 13th to 15th 2011 was used for conducting the TOT workshop.

On the first day, the participants were introduced to focused antenatal care. Until recently in Nigeria, ANC attendance has adopted the routine approach emphasising quantity of visits rather than the focused (goal –directed) approach that is evidence-based and focuses on assessment and action needed to make decisions and provide care for each woman’s individual situation. During the sessions the topic was presented followed by group-work, case studies, and

scenario to drive home the salient points of the session. The participants were introduced to the 4 visits by a woman with normal pregnancy and more frequent visits by others who may have one complaint or the other. They were later divided into 4 groups to discuss the specific things that should be done during each visit. Group-works were presented and comments made on how to improve the care during each visit. See appendix VI --for details of their responses.

The second day took the participants through care during postnatal period. After introduction to the topic, the participants were divided into 3 groups to discuss “what care should be given during immediate post-natal care” i.e. the first 24 hours , “Care during early postnatal period” (2 -7 days), and “care during late postpartum” (6 weeks after.) The participants work on their assigned topics and came up with useful and concrete responses. See Appendix----- for details of their responses.

The third day of the ToT took participants into different methods of Family Planning, Each method was discussed in detail and participants had opportunity to ask questions to clarify issues that are not clear to them. One of the issues discussed was the issue of CHEWs handling Family Planning clients in some of the clinics across the States. It was agreed that these cadre of staff should be trained to administer oral pills and barrier methods and will need further training to be able to handle clients on injectables.

The participants were divided into 3 groups for practical sessions on FP methods. Each group spent 45 minutes in break out rooms to gain some experience on all the FP methods. The first group worked on insertion and removal of IUD, group 2 on Homonals and group 3 on Barrier methods. The clinicians among them freely shared their experiences with others and received feedback on what were the best practices. The way forward was discussed after each presentation. See Appendix viii for details.



### **Materials Adaptation Meeting**

The third activity was the adaptation of evidence-based written standards, guidelines, and job aids for FANC, PNC and FP

The stakeholders were drawn from the project states of Katsina, Yobe, and Zamfara states. They were experienced people in the subject matter so they made very useful contributions to the review and adaptation of the materials.

The people that showed up included the Family Planning coordinator from Katsina and her deputy, Yobe State FP coordinator and a tutor from School of Nursing Damaturu, and Zamfara State FP coordinator. See list of participants in Annex 5b

On discussing the way forward, the stakeholders recommended that the materials should be streamlined so that we have one material for each of the subject areas.

### **Recommendations/ Way forward**

- Minimum of 6days was recommended for an integrated FANC, PNC and FP update for health providers.
- FP services by CHEWs should be classified and maintained within accepted Federal Government standard of practice
- Any provider for this short integrated course must have had the full initial FP training for a meaningful/desired outcome
- There is the need to include the classified forms in the manual – insert it after introduction of FANC
- There is the need to invite a graphic artist to work on the warning signs in

pregnancy, Birth preparedness (Safe Delivery Plan) Breast feeding at birth and Malarial in pregnancy graphics to reflect the culture of the people in the targeted areas e.g. cover the head with “rijap”etc

For the full report, please email [info@prinn-mnch.org](mailto:info@prinn-mnch.org)