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CONSULTANT REPORT FOR THE  
EVALUATION OF FAMILY HEALTH TRAINING  
IN NIGERIA - PROJECT 620-11-580-789

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I. INTRODUCTION

The purpose of this assignment was to assist the Agency for International Assistance (AID) in a final evaluation of Project 620-11-580-789, Family Health Training (Nigeria). The Family Health Nurse Training Project, under the direction of Professor O. Ransom-Kuti, former Director of the Institute of Child Health, Lagos, Nigeria was to be reviewed in terms of whether its objectives/purposes were met, as well as its actual outputs and impact, and to make recommendations regarding methods by which implementation of the State Grant Program may be accelerated.

Specifically, the team was to evaluate and make recommendations on the following points:

1. Contribution of the project to the improvement of the system of delivering preventive and curative services.
2. Integration of family planning counseling and services with the MCH system.
3. The appropriateness of health training for auxiliary manpower.
4. The effectiveness of nurse-trainers.
5. Services offered by state health centers.
6. Quality and appropriateness of data from the Shomolu Survey for purposes of change measurement and attribution of course, particularly infant mortality and attitudinal and practice changes relative to family planning.
7. Impact of project on operational plans for Basic Health Services Scheme.
8. Make recommendations for means by which implementation of state grant program may be speeded up.

The site visits in Nigeria occurred between February 14 and March 19, 1978.

## II. OVERVIEW AND FINDINGS

The activities of the consultants centered around the assessment of three aspects of the project: the services provided by the Family Health Nurses in the various clinics established throughout Nigeria, the educational program designed to train the Family Health Nurses, and the research and evaluation activities established to periodically collect data related to the population served by the Family Health Clinics.

### A. FAMILY HEALTH CLINIC SERVICES

Over the past fifteen years, Nigeria has developed a system of basic health services which depends on nurses and midwives, rather than physicians, for direct health care. During the 1960's, a demonstration project was established in which mothers and children were cared for by trained nurses. The study demonstrated statistically that the mothers and children who were cared for constantly by nurses had less morbidity and mortality than a comparable community visited weekly by a physician. Immunization rates were higher, nutritional status was significantly improved, and attendance at well-child and sick-child clinics was more frequent and regular.

Incorporating the principles and practices of this successful rural clinic demonstration program, and with collaboration from the Departments of Community Health and Pediatrics of the Lagos University College of Medicine, the Family Health Clinic was established in a low income area of Lagos, Nigeria. A population of 30,000 was outlined and it was referred to as the clinic on Gbaja Street. Women and their children received preventive and curative services including nutrition counseling, immunizations, and prenatal and family planning care from a staff consisting mainly of nurses with a pediatrician available for consultation in complicated or emergency cases. Field Health Workers from the clinic visited homes to collect social and demographic data, to educate residents about common problems, and to refer them to the clinic for periodic and emergency care. Every patient had his or her own health record which was kept at home and brought to the clinic on visits.

The success of this health care project led to the funding of Project 620-11-580-789, Family Health Training (Nigeria) which is evaluated herein. The principal investigator in the project, Professor O. Ransome-Kuti had been planning and negotiating with the Nigerian government and USAID to formalize

the program on a larger scale in which a new expanded model service would be established as well as a training center near Lagos. In the fall of 1973, the Oguntolu Street Family Health Clinic in the Shomolu-Muslin area of Lagos was opened as a training site. During the next three years teams of nurses were trained from Calabar, Katsina, Ife, Kano, and Port Harcourt. Trainees spent 4 and 1/2 months at the new Lagos center and learned skills in medical practice, administration, and teaching. These trainee teams were selected and sent for training only after the state government had agreed to establish and maintain the anticipated health clinics. The Institute of Child Health in Lagos invested funds in the Shomolu Training Center and USAID also lent support for renovating and equipping the facilities and in providing some staff and supplies for the first operating year. Currently, the first five teams trained are now back in their home settings and have begun service and training programs. Originally, it was planned to train eight teams, but the number was reduced to six because of the effects of inflation. Eight clinic sites were visited by the evaluators -- two by Dr. Fischman and seven by Dr. Fitch -- and are described below. (Also see Appendix A)

1. Oguntolu Street Family Health Clinic, Shomolu

The Shomolu Clinic is the largest and best known of all of the Family Health Clinics. Patterned after the demonstration clinic at Ghaja Street, this clinic uses nurses in an expanded role in the comprehensive care of mothers and children. In this setting, the clinic serves a target community of 30,000 and evaluates the effect of service on that community. Services include preventive and curative care, health education and counseling, food demonstrations, immunizations, prepackaged drugs, integrated childspacing services, and a home-based record system. The Oguntolu Street Family Health Clinic also serves as the demonstration service and training site for the institute of Child Health Family Health Nurse Training Project. Referrals are made for prenatal care to the Health Department Clinic which is in the building adjacent to the Clinic. In the same building is a maternity clinic with nine beds staffed by nine midwives. Approximately 200 deliveries a month are done in this unit.

The Oguntolu Street Family Health Clinic began providing care to a defined area in Shomolu in July 1974. Prior to opening the clinic, the target area had been enumerated

by the Research and Evaluation Unit in order to provide information about the community, including baseline data for later evaluation of the work of the clinic. The target area is divided into five sections, each of which is assigned two family health nurses, two or three field health workers, and one or two field health assistants.

The staff of the Family Health Clinic include a physician, who acts as consultant and educator, seeing only those patients referred by the family health nurses; a senior nursing sister in charge of the clinic; additional nursing sisters and community midwives who provide primary care according to standing orders;\* clinic assistants who register families, weigh children, do hemoglobin testing, immunizations, and packaging of drugs; field health workers who carry out research and evaluation in the community for a research sample of 5,000 people in the target area; and field health assistants who carry out education, referral and follow-up in the community for at least 25,000 people in the target area and who help register patients in the clinic on a rotating schedule.

In addition to basic qualifications in nursing and midwifery, all nurses in the Family Health Clinic have undergone the 4 1/2 month intensive training program in primary pediatrics and maternal health care, child-spacing services, clinic organization and management, and community health. The curative services provided in the clinic include the examination, diagnosis and treatment of common health problems according to Standing Orders developed by Dr. Ransom-Kuti and the Family Health Project Team.

The Standing Orders are divided into those for pediatric conditions, adult conditions, and child-spacing, and provide a complete and well organized guide that can be followed in the event that a deviation from normal is identified. The document is actually more

The Family Health Sister has had 5-1/2 years of education plus 2 years experience (3 1/2 years of general nurses' training, 1 year of public health, and 1 year of midwifery). The Community Midwife has had three years of education ( 1 1/2 years of midwifery, 1/2 year of public health, and 1 year of general nursing).

comprehensive than a mere listing of standing orders, in that it describes how to assess, evaluate and treat specific conditions. The Standing Orders provide a overview of the condition, list the questions the examiner should ask the patient, describe the symptoms which may occur in various bodily systems, and then relate specific findings with specific actions. The final action, such as "review next day", "check weight loss", or "review on return from hospital", are all clearly stated. A referral to the doctor is actually made in less than 10 percent of the families seen. Patients requiring hospital care are referred to Lagos University Teaching Hospital or Island Maternity Hospital.

The Standing Orders written for situations related to child-spacing are complete as well as humanistic. They include, not only the medical components of care, but take into account the social, cultural, and psychological variables which are so crucial in the acceptance and continuous use of contraceptive methods. Included in these Standing Orders are guidelines for the assessment and management of the first contraceptive visit, IUD insertion, vaginal discharge, and various complications, related to the IUD and oral contraceptives. A section on infertility includes an overview of the condition, pertinent questions to be asked, examination of the patient, and specific findings which are then correlated with the appropriate actions.

Observation of the Oguntolu Street Family Health Clinic revealed a very active and crowded service, but a well organized one. The staff had well defined duties, appeared confident in the conduct of their patient care, and seemed to function well as a team. Approximately 500 persons attend the clinic each day. The mothers spend approximately 3 to 4 hours at the clinic, although during that time all of the services are provided.

Patient flow was well controlled and included the following stages: registration, weighing, interviewing and examination of the mother and her children by the nurse, exit interview to maintain and reinforce the mother's understanding of the condition and its treatment, and injections, immunizations, and minor procedures, e.g. hemoglobin, blood pressure, and urine. Family planning services are readily available

to those who desire them. All of the Family Health Nurses have been trained to provide family planning services which include prescribing the oral contraceptive and inserting the intrauterine device. In addition, health education lectures are provided each morning before the mothers and their children are seen by the nurses, of which one each week is on family planning.

2. Calabor and Katsina Family Health Clinics

These two Family Health Clinics follow the above described model although on a smaller scale. The family health nurses provide primary care to mothers and babies as they have been trained to do and appear to function in an organized and systematic manner. Approximately 100 to 200 mothers and children are seen in these clinics each day where all services, preventive and curative, are available as described for the Oguntolu Street Family Health Clinic. Family planning services are available and the mothers are so informed each morning before the clinic services begin. In addition, health education lectures and food cooking demonstrations are conducted. Research and evaluation efforts have been concentrated in these clinics as in Shomolu.

3. Abeokuta Family Health Clinic

The Family Health Clinic at Abeokuta has been open for only several months and the nurses have not yet taken the Family Health Nurse Training Program. The nurses were observed doing health lectures using songs and dance to convey their messages. Approximately 50 mothers and their children were in attendance at the clinic.

4. Kano, Ife, and Port Harcourt Clinics

The clinics in these three locations are not yet functioning. Construction is underway in all three sites with the Kano and Port Harcourt Clinics being nearest to completion. The construction contract was only recently signed in Ife.

5. Sokoto Clinic

The philosophy of the Family Health Clinic is not as apparent in the Sokoto clinic. The clinic is located on the grounds of the regional hospital in a building which is largely used as the outpatient maternal and

child health clinic. Of the 200 to 300 patients who attend the clinic each day, only about 25 were assigned to the Family Health Clinic; thus, most of the care was provided by physicians rather than family health nurses.

The population in Sokoto, northern Nigeria, is primarily Muslim and therefore the acceptance of family planning is low. Most of the women will not practice contraception without permission from their husbands and many of them are reluctant to even discuss the subject with their husbands. In some cases, husbands do not allow their wives to leave the compounds even for the purpose of taking a sick child to the clinic.

#### **B. FAMILY HEALTH NURSE TRAINING PROGRAM**

The second major component of the Project is the Educational Unit of the Institute of Child Health. The staff, several of whom have Masters in Public Health degrees, are responsible for the development of the curricula and resource materials for the Family Health Nurse Training Program and periodically conduct the 4 1/2 month training programs. To date, over 50 nurses have been trained by this unit. We reviewed the general and instructional objectives for the Family Health Nurse Training Program as well as the tentative program for the training scheduled from the 6th of March to the 21st of July, 1978. The content of the program includes the following topics: child health care, maternal health care, clinic organization and management, supervision and evaluation, communication and teaching, and community health. The materials are comprehensive, yet concise, and appear to have had a considerable amount of effort put into their development.

The Family Health Nurse Training Program for 12 nurses from Abeokuto which was to have begun on March 6 was cancelled as only three nurses arrived despite Dr. Ransome-Kuti's efforts. The non-attendance of the remaining nurses were attributed to the lack of staff to provide care in their absence. We are not aware of how this situation was eventually resolved.

#### **C. EVALUATION AND RESEARCH UNIT**

The third major component of the Family Health Nurse Training Project is the Evaluation and Research Unit which has two main functions: 1) to link the clinic and the community via survey work and community liaison, referral into the clinic,

and health education in the community with follow-up of clinic patients, and 2) research and evaluation of clinic services.

The initial activity of the Evaluation and Research Unit was to survey the target community of 30,000 people and obtain information on the socioeconomic and demographic characteristics of the population (household composition, age, sex, education, occupation, ethnic group, religion) and the living condition of households (number of rooms occupied, type of water supply, sewage disposal). Periodic data are also collected related to the health practices of mothers and children under six years of age and include immunizations, arm circumference measurement, feeding practices, child care arrangements, pregnancy status and attitudes, prenatal care, and child-spacing practices.

A file is kept on all mothers of children five years of age and under in the target area. The Family Health Worker issues referral slips to mothers inviting them to register their children in the clinic. Those mothers who do not bring their children to the clinic are followed up. The Family Health Workers are also trained to provide basic health education in the homes and to give advice on clinic attendance, hygiene and home safety, nutrition, communicable diseases and the importance of immunization. They refer to the clinic any sick children they encounter, as well as women in need of prenatal care or child-spacing.

The major activity of the Evaluation and Research Unit is to conduct periodic socio-demographic surveys to assess the progress of the project and to measure its achievement in improving the health of the target community. Specifically, the project has attempted to demonstrate a significant decline in infant and maternal mortality, a decline in the crude birth rate, an improvement in the nutritional status of the target community, increased understanding on the part of the mothers in the community of health matters and infant and child care, and the women's attitudes toward child-spacing practices. Tests of reliability have been built into these household surveys. Despite a thorough search of the files at the Lagos University Teaching Hospital and at the Evaluation and Research Unit's office in Randall, a complete set of these survey reports could not be obtained. A few copies from each of the various clinics were located, but the data are too incomplete to allow for an adequate assessment of the project's effect upon the above listed parameters.

Mr. S. Idowu, Head of the Research and Evaluation Unit in Katsina provided a fairly complete set of statistical data from the surveys which have been conducted in that community every four months for the past two years. The wide fluctuations of crude birth rates and infant mortality rates which were computed illustrate the many problems that are encountered when collecting survey data in developing countries and the difficulties inherent in using small sample sizes. For example, over a two year period, the crude birth rates varied from 46 to 67 live births per 1,000 population, while the infant mortality rates ranged from 115 deaths per 1,000 live births to 34 deaths per 1,000 live births.

The staff of the Evaluation and Research Unit were also unavailable to the consultants. The head of the unit, Mrs. Anne Bamisaiye, was in England because of ill health. The second in charge, Mr. Opeyemi Adegoye, had left the area to return to school for further education, and the third in command, Mrs. Abodunde, was in the hospital during our visit. The fourth person in charge, Mrs. Nwaenyi, supervisor of the Field Health Workers at the Oguntolu Street Family Health Clinic was unable to locate a complete set of the evaluation reports.

Only two annual reports, both of which are from the Calabar Family Health Clinic was obtained, and are attached as they provide an overview of the daily activities of a typical family health clinic. (Appendix B) The data consist of counts only and their accuracy can not be determined. The enumeration of the family planning activities indicated that the number given family planning advice declined sharply from 1976 to 1977 (752 to 474), whereas the number receiving family planning services increased slightly (776 to 874). Approximately half of the women who receive family planning information do not accept a birth control method, indicating that they planned to abstain which conforms with traditional taboos against sexual intercourse for the first year after a baby is born. The remaining women tended to chose either the oral contraceptive or the intrauterine device. In both years, the acceptance rate for the intrauterine device was higher than that for the oral contraceptive by approximately 100 to 200 patients. The total number of women who accepted these two methods increased in 1977 by almost 200, while the number of women given the condom increased four fold.

### III. SUMMARY

#### A. CONTRIBUTION OF THE PROJECT TO THE IMPROVEMENT OF THE SYSTEM OF DELIVERING PREVENTIVE AND CURATIVE SERVICES.

There is no doubt that the Family Health Nurses as currently trained are conscientious and competent providers of preventive and curative care to mothers and their young children. There has been discussion of expanding their repertoire to include the care of older children and males and it is our impression that they are quite capable of incorporating these expanded functions if provided with the necessary training. Hard data are currently lacking to demonstrate statistically whether morbidity and mortality have been reduced by the Family Health Nurse system of health care delivery. Conversely, there is no evidence that the health situation has deteriorated since the initiation of the Project. The demonstration program which was evaluated by Dr. Nicholas Cunningham in the mid-1960's showed that family health nurses were effective in significantly reducing morbidity and mortality in a select population for which they provided care. As the Family Health Nurses are continuing to function in the same way, there is no reason to suspect that their effectiveness has been diminished or eliminated.

The apparent success and acceptance of the health care model developed by this project has led the federal government to adopt a similar, expanded plan to provide health care to the population at large. By serving as a model for the Basic Health Services Scheme Implementation Program with Dr. Ransome-Kuti as its Director, this project has contributed to the improvement of the system of delivering preventive and curative services in Nigeria.

#### B. INTEGRATION OF FAMILY PLANNING COUNSELING AND SERVICES WITHIN THE MCH SYSTEM.

The family health clinics that are operating with nurses who have undergone the family health nurse training have integrated their family planning services with the other services provided for the mothers and their babies. In general, a specific family health nurse is assigned to provide family planning counseling and methods to all of the women, and a separate room is set aside for the provision of that care. The family health nurses appeared supportive of the concept of child-spacing and readily referred their clients who expressed interest in such care to the Family Planning Nurse. In this comprehensive care setting, family

planning appears to receive appropriate emphasis and seems to be readily available to the clients.

At the Oguntolu Street Clinic, attempts are being made to make contact with the men in the community so that a dialogue can be established on a variety of topics including family planning. This may help to diminish the resistance of some men to the use of family planning methods by their wives.

According to our information, the lack of acceptance of family planning services appears to be primarily related to social, psychological, and cultural attitudes which place strong values on children and support the desire of men and women to have four or more children. One would expect that there are men and women in Nigeria who do not support these values. If leaders or national heroes would openly articulate their desires for smaller families, and thus validate the acceptability of having fewer children, the family planning movement might receive a needed boost. Several articles appeared in the newspapers while we were in Nigeria; one cited the enormous population growth and supported the need for birth control, while the other was a vehement indictment against abortion. It appears that abortion and sterilization will not be accepted by Nigerians, at least in the short run, and that more effort should be applied to the changing of attitudes toward family size, especially among those Nigerian men who actually forbid their wives to use birth control. The development of additional roles for women, interestingly enough, may not be the answer in Nigeria as many women do work outside of the home as "market women." They take their smallest baby with them and apparently function just as well, with or without their baby. Obviously, there must be support systems available to these women to care for their older children.

The February-March 1978 issue of Studies in Family Planning had an article entitled, "Developing a Clinic Strategy Appropriate to Community Family Planning Needs and Practices: An Experience in Lagos, Nigeria" co-authored by Anne Bamisaiye, Cocile DeSweemer, and Olikaye Ransome-Kuti. The article described how the desired birth intervals among Nigerian women, which are typically two to three years in length, have, in the past, been achieved largely through the traditional practices of breast feeding and sexual abstinence. As the use of these traditional practices has declined, birth intervals have shortened. In order to make the most effective use of both traditional practices and modern contraception, the Family Health Clinic

in Shomolu developed strategies to facilitate the introduction of modern family planning methods during the weaning period. These programs include regular home visits to mothers of pre-school children; family planning clinic counseling at the time of weaning; and the organizing of a Fathers Club to provide education about the clinic's program.

The article goes on to state that the Clinic's service objective is to reach 80 percent of eligible mothers in the target community with information on modern contraception. The policy at present is to work toward this goal via a judicious mix of field and clinic contacts, including counseling of fathers. Although the study has been underway for less than a year and the data are premature, the program appears to be having a certain amount of success. In the first month of providing family planning information during home visits, one-third of those contacted who were not currently using any birth-spacing device accepted a clinic appointment for advice on modern contraceptive methods. A systematic review of this strategy is planned as soon as the first-year data are available for circulation. Informal feedback suggest that the staff were generally pleased with the approach, particularly the community health workers who now have considerably more responsibility for direct patient counseling. The accomplishments of the Fathers Club have not been formally evaluated; however, the discussions that have taken place indicate that fathers are using this meeting to air anxieties about modern contraceptives, which suggest that they are considering their use.

**C. THE APPROPRIATENESS OF HEALTH TRAINING FOR AUXILIARY MANPOWER.**

A review of the training materials and several opportunities to observe the activities of the Family Health Nurses, the community health aides, and other levels of staff, indicated that the training is appropriate and serves a vital and essential purpose. The acceptance by the mothers of the Family Health Nurses was apparent. In fact, the mothers are very deferential to the Family Health Nurses and curtsy when they address them. The Family Health Nurses appear to be aware of their special position without abusing or flaunting that position.

There will always be a need for practitioners in addition to physicians because of the inadequate number of physicians and their reluctance to serve in rural areas. Even though all Nigerian physicians must work in clinics as part of their obligatory service with the national health program, the

services of non-physicians will be required if care is to be provided to the total population of mothers and babies which is doubling every 25 to 30 years.

It is obvious that a 4 1/2 month training program cannot cover all situations, and does not provide for changes in treatments and assessment techniques which occur over time. In addition, several instances where the nurses were confronted by unfamiliar conditions were observed. The lack of new information being funneled into the ongoing health care system seemed to be the most serious one observed. It would be beneficial for the Education Unit to develop a series of inservice education programs, in order to provide a means of upgrading the knowledge and skills of the Family Health Nurses.

In addition to a regularly scheduled program of inservice education for the staff of the Family Health Clinics, daily or weekly team conferences are needed to provide the means by which the diagnosis, treatment or referral of unusual or interesting conditions can be discussed for mutual educational enhancement. There is also a need to improve the managerial and supervisory skills of the Family Health Clinic staffs. Dr. Ransome-Kuti is aware of this need and, with financial assistance from the Ford Foundation, is attempting to have curricula and resource materials in these areas developed so that training programs can be launched.

D. THE EFFECTIVENESS OF NURSE TRAINERS.

The effectiveness of the nurse trainers could be assessed only by observing the activities of the Family Health Nurses who had received the training. As indicated above, the activities of the Family Health Nurses were highly commendable. Although we were unable to observe an actual training session, the materials which had been produced by the nurse trainers are complete, detailed, and well organized. We also observed the Standing Orders being used as reference material during a clinic session.

The training documents and the Standing Orders produced by the Project staff are fine prototypes which could be used in other health care settings where non-physicians are providing primary care. It would be worthwhile to provide these materials to practitioners in other countries where their usefulness and appropriateness in other situations could be tested.

E. QUALITY AND APPROPRIATENESS OF DATA FROM SURVEYS CONDUCTED BY THE EVALUATION UNIT.

As previously indicated, because of illness and job changes, the Evaluation Unit currently lacks leadership which may partially explain our inability to locate a complete set of the survey reports which have been produced by this project. Considering the time, effort, and money that have gone into the evaluation process, one would expect a more complete and organized set of reports with which to provide feedback related to the impact that the project has had upon the critical parameters of morbidity, mortality, birth rates, family planning practices, and child-spacing attitudes.

The reports which have been produced should be critically assessed in terms of their usefulness to decision-making related to the project. A decision has already been made to incorporate the Family Health Clinic model into the basic health service system throughout Nigeria, even though the hard data to support that decision have not been obtained by the Evaluation Unit. There are, however, much subjective data to indicate that the Family Health Clinics do provide needed health services and that the target population does respond to having its health care provided by trained nurses. Thus, it appears unnecessary to continue to collect data related to the project when the decisions for which the data were to be used have already been made.

Simple counts of clinic activities, such as those collected at the Calabar Family Health Clinic, should be encouraged as the data show trends in services provided, conditions diagnosed, and treatments conducted. These data have limitations, however, in that they do not describe the populations served, nor do they reflect seasonal or other types of variations. Apparently, the Calabar Clinic is the only one that keeps a systematic accounting of service statistics.

F. IMPACT OF PROJECT ON OPERATIONAL PLANS FOR BASIC HEALTH SERVICES SCHEME IMPLEMENTATION PROGRAM.

The overall design of the Basic Health Services Scheme Implementation Program is to have approximately 300 basic health units throughout Nigeria, with each unit consisting of one comprehensive health center with 30 beds, four primary health centers with 14 beds each, 20 health centers and five mobile health clinics, all of which would serve 150,000 people. When the plan is in full operation, it is

estimated that 40 million people will be provided with health coverage. There will be three levels of workers within the BHSSIP - Community Health Officers who will be family health nurses; Community Health Assistants; and Community Health Aides. The training of these workers will be done in Schools of Health Technology which are currently being established in the various states.

There is no doubt that the Family Health Clinics have provided the health care model upon which the Basic Health Services Scheme Implementation Program has been developed. At this time, the implementation of the program appears to be hampered more by political in-fighting than by problems with the design of the project. In the current situation, Dr. Ransome-Kuti is apparently hampered in his efforts as Director of the BHSSIP by some individuals in the Federal Ministry of Health. The criticisms from these individuals of Dr. Ransome-Kuti's way of operating may be indicators of jealousy and struggles for power. These internal grass-root problems will have to be resolved if the program is to effectively move forward.

As the Basic Health Services Scheme Implementation Program gets underway, and the states begin to exercise control over the Family Health Clinics, it is possible that the quality of the care rendered by these clinics will be diluted or diminished. The states are under pressure to provide care to all of the people and, in at least one instance in Calabar, the health officials wanted to extend the service of the clinic to a larger population. Dr. Ransome-Kuti interceded in this instance, although it will be very difficult to prevent this from happening in all of the clinic sites.

G. LIAISON BETWEEN THE U.S. EMBASSY AND THE BASIC HEALTH SERVICES SCHEME IMPLEMENTATION PROGRAM.

Support for Nigerian population and development policies must be considered within the context of their basic health services and, in particular, health services directed toward mothers and their babies. The Nigerian government is not interested in lowering fertility and family size per se, but rather in achieving the aims of improved quality of life for the majority of the population. Specifically, the Nigerian population policy tends to be concentrated on reducing the mortality of children which, if successful, will hopefully convince women to reduce their fertility. Because Nigeria's potential to stabilize its population will be achieved through the health infrastructure, the U.S. Embassy should consider placement in

their office of an individual responsible for matters related to health. A Health Officer could provide assistance, as requested, to the Director and Staff of the Basic Health Services Scheme Implementation Program and make suggestions regarding consultation and evaluation services for the program. In addition, the Health Officer could promote collegial relationships and arrange meetings between U.S. and Nigerian health professionals, facilitate the family planning activities of AID funded intermediaries, and provide information and guidance on health and social issues related to population growth and development.

H. STATUS OF PAYMENTS UNDER THE STATE GRANT PROGRAM FOR CLINIC CONSTRUCTION AND MEANS BY WHICH IMPLEMENTATION OF THE PROGRAM MAY BE FACILITATED.

Kano: In January 1977, the grant from ICH to the Kano State MOH was increased from \$100,000 to \$150,000 with \$100,000 designated for rehabilitation. The contract for the work was signed July 13, 1977. By February 14, 1978 most of the work was completed and a letter was written to ICH and signed by Dr. Quershi for the Permanent Secretary asking that payment of \$91,200 be made to the MOH of which \$72,000 was for completed work. It was estimated that the remaining work, which would allow the clinic to be opened, would be completed by the contractor within one month after receipt of the above payment. Dr. Fitch hand carried a copy of the February 14 letter to Dr. Ransome-Kuti.

Ife: Dr. Fitch learned during his February 22 visit that the contract signing, long delayed, was to take place on February 24. AID should be prepared to make a payment of about \$100,000 in May or June.

Port Harcourt: Agreement between the Rivers State MOH and ICH for \$100,000 with \$60,000 for rehabilitation was signed in April 1976. It seems that there was a revision of that agreement which increased the amount to \$150,000 with \$100,000 for rehabilitation as a contract for \$108,800 was signed in March 1977. The first interim certificate (IC#1), certifying the completion of \$22,046 worth of work, was submitted to ICH on March 28, 1977. There is some evidence that only \$16,000 of this was paid. IC#2 for \$37,084 was submitted to ICH on July 13, 1977 and paid by ICH on August 5, 1977. IC#3 for \$18,550 was submitted to ICH on October 21, 1977 at which time the work stopped because the contractor did not have sufficient funds to proceed. Later he obtained funds from some other source and completed the roof. IC#4 was submitted for \$30,618

on January 4, 1978. Mrs. Herndon had a statement from ICH requesting that payments of IC#3 and IC#4 be expedited. Although Mrs. Herndon indicated that she would not be able to process the ICH statements without help from Accra, on March 17, 1978 she said that she had received a check for \$19,000. It was not clear whether this represented payment of IC#3 or IC#4. There is a question as to whether IC#4 includes, or is in addition to, the work certified by IC#3. At this time, attention needs to be given to payment for the work at Port Harcourt so that the work can be completed and paid from the AID grant before the June deadline. The issue of possible overlap between IC#3 and #4 needs to be resolved.

I. AID'S CONTRIBUTION TO THE IMPROVEMENT OF HEALTH IN NIGERIA

The U.S. Agency for International Development (AID) has provided financial assistance to Nigeria for projects designed to improve the health of mothers and babies since the late 1960's. Specifically, AID funds were used to develop the Gbaja Street Clinic in Lagos in which family health nurses provided preventive and curative care to mothers and their children, including family planning advice and services. Funds for the Gbaja Street Clinic were used to develop resource materials for the family health nurse training program as well as to implement these programs.

In 1973, a more formal arrangement was negotiated between the Institute of Child Health, under the directorship of Professor Ransome-Kuti, and USAID to establish a new, expanded model service and training center in a Lagos suburb. Beginning in the fall of 1973, the Oguntolu Street Family Health Clinic in Shomolu became the training site for health teams from Calabar, Katsina, Ife, Kano, and Port Harcourt. The broad objective of this project was to improve Nigeria's potential for population stabilization through the training of Family Health Nurses who would be capable of manning Maternal Child Health/Family Planning clinics at the state level. Specifically, the objective of this grant was to operate a demonstration clinic in Nigeria so that the advantages and the philosophy of a comprehensive MCH/FP service in which nurses act as primary decision-makers might continue to function and hopefully spread to other parts of the country. The training would be complimentary to Nigeria's goal to create a health infrastructure accessible to all mothers and young children. In addition, the project was designed to develop training manuals and other resource materials, to assist the states to set up their

own child saving and child spacing training programs, to initiate on a wider basis family planning advice and service, and to collect more definitive data on the utilization and effectiveness of the family health of the population served. AID funding also provided support for renovating and equipping the training center facilities and for providing some staff and supplies for the first operating year.

Funds provided by the AID for the Family Health Training Project, totaling 1.6 million dollars, have facilitated the development of a basic health model for the provision of primary preventive and curative health care of mothers and babies by non-physicians, specifically nurses. This health care delivery scheme has been so successful that the Nigerian government has plans to incorporate it into a country-wide health care delivery system consisting of comprehensive and primary health centers, health clinics and mobile health units.

Although the Family Health Training Project and, subsequently, the Basic Health Service Scheme have been conceptualized and implemented under Nigerian leadership, the accomplishments would have been far less extensive had it not been for the funding provided by the Agency for International Development. The achievements of the Family Health Nurse Training Project, including the examination of family planning activities, the production of educational resource materials and the conduct of training programs are noteworthy. Further, the educational materials and training formats, as well as the clinic strategies appropriate to community family planning needs and practices, are potentially useful in other settings where attempts are being made to examine alternative health care delivery systems. The AID funds, although used to improve the health care of Nigerian mothers and babies, have the potential to impact on the delivery of health care in other developing countries.

#### IV. RECOMMENDATIONS

1. AID should provide funds, if requested, to assist in the development of the Basic Health Services Scheme Implementation Program within the Nigerian Federal Ministry of Health. Discussions should be held with the Director of the Program to determine the impact of this unique health care program on maternal and child health in Nigeria. Such an evaluation might be conducted by an organization outside of the BHSSIP. In conjunction with this evaluation, AID might explore the interest of specific Nigerian health professionals to develop an improved vital statistics collection system.
2. AID should provide funds to the Basic Health Services Scheme Implementation Program for educational activities which would:
  - a. develop and expand the training of health personnel at the supervisory and managerial levels,
  - b. develop training programs for other staff in the Family Health Clinics including the community health aides, field health workers and clerks as these personnel are crucial to the smooth and organized functioning of the clinics, and
  - c. develop Inservice Education Programs within the Family Health Clinics for staff development.
3. The U.S. Embassy should consider hiring a Health Officer who could provide assistance to the Basic Health Services Scheme Implementation Program, promote collegial relationships between U.S. and Nigerian health professionals, facilitate family planning activities within Nigeria, foster positive relationships between the staffs of the Embassy and AID, and provide information and guidance on health and social issues related to population growth and development.
4. USAID should encourage family planning programs in Nigeria to attempt to counteract the cultural attitudes which encourage large families. For example, respected national leaders should be urged to endorse child-spacing and limitation of family size. In addition, clinic strategies to increase family planning practices which have been developed by the Family Health Project should be replicated in other parts of Nigeria, as well as tested in other developing countries.

5. The Family Health Clinics should be encouraged to develop a simple data collection form, such as that used by the Calabar Family Health Clinic, to obtain on a daily basis the routine service statistics related to the health care provided to mothers and babies. These data will provide useful information about trends in services provided and changes over time.
6. The expenditures of the final payments for clinic construction at Kano, Port Hartcourt, and Ife might be facilitated if Mr. Raymond Martin and the accountant in Accra who handles the Family Health Training Project funds met with Mrs. Gloria Herndon and Professor Ransome-Kuti. If funds remain after the construction work at these three sites has been completed, we recommend that they be used for the purchase of drugs and vaccines which frequently are in short supply.
7. AID should consider disseminating to other countries the valuable training and resource materials which have been developed by the Family Health Nurse Training Project and encourage these countries to consider using the Family Health Nurse model in their health care delivery systems.

People Visited during Nigeria Tour by Dr. S. Fischman

U.S. Embassy, Lagos

Gloria Bozeman Herndon  
Health/Population

Hadiat Shitto  
Health/Population

Lagos University Teaching Hospital  
and Office in Yaba

Professor O. Ransome-Kuti  
Director, Basic Health Services  
Scheme Implementation Program

Dr. Ahmed  
Director, Institute of Child Health

Grace Alifale  
Nurse Tutor  
Family Health Nurse Training Program  
Institute of Child Health

Richard Poresky  
Under Secretary  
Basic Health Services Scheme  
Implementation Program  
Yaba

Delores Olambiwonnu  
Research Fellow  
Health Education Unit  
Institute of Child Health  
Yaba

Junie Ugboajah  
Research Fellow  
Health Education Unit  
Institute of Child Health  
Yaba

Sister Adesola Tinibu  
Family Health Nurse Training Program  
Institute of Child Health

Ogunfalu Street Clinic, Shomolu

Sister Ojo  
Head Nurse

Sister Odunlami  
Staff Nurse

Mrs. Nwaenyi  
Supervisor of Field Health Workers

Federal Ministry of Health, Lagos

Dr. Dada  
Statistician, Basic Health Services Scheme  
Implementation Program

Stella Savoge  
Chief Nursing Education and  
Training Officer

Calabar

Mrs. Efang  
Head Nurse  
Family Health Clinic

Mrs. Nkanga  
Family Planning Sister  
Family Health Clinic

Mrs. Abasiokong  
Project Manager  
Cross River State Ministry of Health

James Ikpe  
Secretary of Special Projects  
Cross River State Ministry of Health

Ford Foundation

Petra Reyes  
Research Associate

Other

Dr. Robert Parler  
Consultant, Basic Health Services Scheme  
Johns Hopkins University School of Hygiene &  
Public Health, Baltimore

People Visited during Nigeria Tour by Dr. D. Fitch

Test Development and Research Unit of  
The West African Examinations Council, Lagos

Dr. E.D. Awowoloye  
Mrs. F. O. Guobadia  
Dr. M. A. Soriyan

World Health Organization, Geneva

Prof. T.A. Lambo,  
Deputy Director-General  
  
Dr. E.A. Smith  
Director Public Health Services  
Federal MOH

Professor A.M.A. Imobore  
Dept. of Biology  
Univ. of Ife

Dr. A.O.O. Sorungbe  
Federal Epidemiological Unit, Lagos

U.S. Embassy, Lagos

Mrs. Penny Easum

Mr. Harry Cahill  
Econ Officer

Miss Edna Jo Lee  
Counsular Officer

Mrs. Gloria B. Herndon

Mr. Parker D. Wyman  
Dep. Chief of Mission

University of Ife

Prof. M.A. Bankole  
Dean, Faculty of  
Health Sciences

Dr. A. Adeniyi - Jones

Dr. L. Adeokun  
Demography

Sister Jegede  
In charge of Enuwa  
Maternity Clinic

Abeokuta

Dr. Seni Sikuade  
Senior Consultant (Preventive)

Mrs. Owode  
Health Sister in charge  
of community nurses

Mrs. D.A. Jaqun  
Health Sister

Mrs. Marsha  
Chief Health Sister for  
Ogun State

Mr. D.O. Olutayo  
Permanent Secretary MOH

Port Harcourt

Dr. Afiesimama  
Principal Health Officer

Dr. Simonhart  
Chief Health Officer

Mr. Atali  
Permanent Secretary, MOH

People Visited (continued Dr. D. Fitch)

Port Harcourt (continued)

Dr. Obuzor  
Commissioner of Health

Mrs. V.C. Eze  
Health Educator RSSHT

Mrs. E.C. Adole  
Sister in charge of training  
Community Health Aides, RSSHT

Accra, Ghana

Dr. Stewart N. Blumenfeld  
Demographic-Statistician  
U.C.L.A. Danfa Project

Sokoto

Dr. Abubakar Gaba Idris  
Director of the Gwadbawa Rural Health Center

Dr. Anjo  
Principal Medical Officer

Mrs. E. Kaka Omar  
Staff Midwife

Mrs. Hadizatu Bungudu  
Supervisor of the field health workers

Alhaji A. B/Kabbi  
MOH

Dr. M.A. Abdallah  
Director of Medical Services

Dr. N. Parkarisi  
Chief Health Officer (Preventive)

Mrs. Anna Ginalska  
WHO Nurse

Dr. Afonzyor  
Pediatrician

Sokoto (continued)

Mrs. Pullan Ighinosum  
Staff Nurse-Midwife

Aziko Okachukua  
Nigerian Youth Service Corps.

Ashaji H. Bunza  
Chief Nursing Officer

Dr. (Mrs.) A.R. Siddiqui  
Womans and Childrens Welfare Clinic

Mrs. R.N. Platankari  
Nursing Sister in charge of WCWC

Kano

Dr. Quarshi  
Chief Health Officer (Preventive)

Dr. Muhammadu Ibrahim  
Permanent Secretary, MOH

Dr. Basu  
Director of Health Services

Mrs. Akande  
Health Sister

Mrs. Bello  
Supervisor of field health workers

Dr. A.S. Kohli  
Principal, Kano State School of  
Health Technology

Katsina

Dr. N. Rehan  
Medical Officer in charge of the Kaduna State  
Research and Library Unit

Mrs. Mary Ferguson  
Librarian

Mr. S.A. Idowu  
Head of the Research and Evaluation Unit

Mrs. Elizabeth K. Akali  
Nursing Sister

Mrs. Hilda McFarlane  
Nursing Sister in charge of the Family Health

WORK ITINERARIES

Dr. S. Fischman

- February 15 - Arrived in Lagos, Nigeria.
- February 16 - U. S. Embassy for briefing discussions with Mrs. Gloria Harnden and Mrs. Shitta, and the Federal Ministry of Health for meeting with Mrs. Stella Savage.
- February 17 - Lagos University Teaching Hospital for meetings with Dr. Ransome-Kuti and Mr. Richard Peresky. Observed the activities of the Ogunfola Street Clinic, Shomolu.
- March 10 - Lagos University Teaching Hospital and the Health Education Unit of the Institute of Child Health, Yaba, for discussions with Mrs. Grace Akilele, Mrs. Gloria Glasbivonnu, and Mrs. Junie Ughoajah.
- March 13 - Visited the staff of the Family Health Clinic at Calabar and met Mr. James Ikpe and Mrs. Abasiokong, Cross River State Ministry of Health.
- March 14 - Visited the Family Health Clinic, Calabar.
- March 15 - Visited Lagos University Teaching Hospital and Educational Unit of the Institute of Child Health, Yaba, to review files and data collection forms.
- March 17 - U. S. Embassy to meet with Mrs. Gloria Harnden and Mrs. Shitta, and the Federal Ministry of Health for discussion with Dr. Dada from the Basic Health Services Scheme Implementation Program. Evening meeting with Dr. Ransome-Kuti.
- March 18 - Departed Lagos.

Dr. D. Fitch

- February 14 - Arrived in Lagos, Nigeria.
- February 15 - Reported to Gloria Harnden at American Embassy. Met Prof. Ransome-Kuti.
- February 16 - Briefing at American Embassy.
- February 17 - Visited Ogunfola Street Family Health Clinic. Discussed site visit plans with Professor Ransome-Kuti.
- February 21 - Visited Sociology and Economics Departments, University of Ife.

- February 22 - Met with Prof. Baskole. Visited Enuwa Maternity Clinic with Dr. Adeniyi-Jones. Met with Dr. Adeokun to discuss development and evaluation of the Basic Health Services.
- February 23 - Visited newly opened Family Health Clinic with Dr. Sikanda. Met Mr. Olukeyo, Permanent Secretary, ION. Toured maternal and child health clinics with Sister Dwoade.
- February 24 - Reported to Mrs. Herndon. Reviewed files for Sokoto, Katsina and Kano.
- February 26 - Visited Professor Ransome-Kuti.
- February 28 - Visited Professor Ransome-Kuti.
- March 1 - Met with Alhaji B. Kebbi in Sokoto. Met Drs. Abdullah and Parkarai.
- March 2 - Visited Family Health Clinic and Children's Ward of the Regional hospital. Talked with Mrs. Bunqudu, supervisor of the field health workers.
- March 3 - Visited Women's and Children's Welfare Clinic and Gwadawa Rural Health Center.
- March 6 - Met with Dr. Quayshi and visited nearly completed Family Health Clinic at Gwarzawa. Toured the clinic's target area with Mrs. Bellow and two of her field health workers.
- March 7 - Visited with Mrs. Akande at the Sabon-Gari Maternity Clinic.
- March 8 - Met in Katsina with Dr. Rehan and Mr. Idowu.
- March 9 - Visited the Family Health clinic, Katsina.
- March 10 - Visited the Kano State School of Health Technology.
- March 13 - Met with Dr. Afiesimama in Port Harcourt. Reviewed files on status of payments from USAID via Institute of Child Health. Visited the construction site of the Family Health Clinic. Also visited a maternity clinic.
- March 14 - Visited a new maternity clinic and the Rivers State School of Health Technology.
- March 16 - Visited the Oquantelu Street Family Health Clinic. Visited with staff at the West African Examinations Council and discussed personnel selection possibilities for the Basic Health Services. Went to Institute of Child Health to check information in files.
- March 17 - Briefing with Mrs. Herndon. Met at her request with Dr. Dada, Federal ILO. Evening meeting at the home of Professor and Mrs. Ransome-Kuti.
- March 18 - Departed Lagos.

ANNUAL REPORT OF FAMILY HEALTH CLINIC, GALABAR FROM JANUARY TO DECEMBER 1976

ATTENDANCE

There has been marked increase in the attendance of the Clinic especially with the old cases (mothers and children) as compared to 1975. The number of new attendances is on the decline as compare to last year. Reasons for the decline might be due to:-

- (a) Movement of the people from the survey areas to the modern areas of the town; This could be detected from the number of persons we have for immunisation only.
- (b) The survey areas have almost been practically exhausted.
- (c) Interrittent carrying out of various medical surveys.

Non catchment area cases treated in the Clinic:- 9673

As could be seen from the statistics the number of non-registered cases (cases outside our target population) has increased tremendously. These group of patient do not receive immunisation only but we administer treatment to them when ill. In fact they also consume our drugs and benefit in some of the Clinic services.

ATTENDANCE STATISTICS

1975		1976	
MOTHERS	CHILDREN	MOTHERS	CHILDREN
New Mothers	New children	New Mothers	New Children
807	1275	464	695
Old Mothers	Old children	Old mothers	Old children
7001	8875	7110	10,190

Total number of Non-registered cases treated in the Clinic

1975	1976
3472	9673

IMMUNIZATIVE CARE

It could be emphatically stated that our immunisation programme is a real success. Nearly all Clinic mothers are aware of the importance of early immunisation as a source of preventing certain fatal diseases. Therefore they co-operate and see that their children are fully immunised. Health education on this programme is intensified daily.

The following immunisation were administered daily to children according to priority:-

- (1) B. C. G.
- (2) Triple Vaccine
- (3) Iolic Vaccine
- (4) Measles
- (5) Tetanus Toxoid

But for B.C.G. the children were referred to Field Unit for immunisation.

HEAT TEST:- It is performed as a routine to all mothers and children.

Cases from the General Hospital Calabar and Maternity were also referred to us for administration of B.C.G., Triple Vaccine, Polio, Heat Test and Tetanus Toxoid.

SUPPLY OF VACCINE

The supply of vaccine from Institute of Child Health Lagos has been very good and regular, although in the months of March and April this year we were extremely short of vaccine due to poor means of transportation.

Total immunisation administered in 1976:- 12,662

Remarks:- As a result of this effective immunisation programme the incidence of the following diseases have reduced considerably among our Clinic children e.g.

Whooping Cough	Diphtheria	Tetanus	Polio	Measles	Small-pox
5	2		-	69	-

CURATIVE SERVICES

Minor ailments among children and mother were treated, but the seriously ill ones were referred to General Hospital Calabar. It is regretted that some of the important investigations like Laboratory Blood Test and Stool e.g. Sickling test is not being carried out as previous years due to refusal of the laboratory staff to honour our laboratory requisition forms.

The treatment of cases is according to standing order and patients are reviewed or followed up until condition improves. The common conditions still ranging high among our clinic patients are:-

Cough	Fever	Diarrhoea	Slow <sup>Child</sup> <del>Condition</del>
868	1161	643	551
139	286		

Malnutrition and anaemia are on the decline.  
(Well children 3897; referred to hosp. 44; Death Reported 20)

HEALTH EDUCATION AND FOOD DEMONSTRATION  
Health education is inbuilt into every activity of the clinic. This is also done by the nurses and Field workers during home visit.

FOOD DEMONSTRATION

We have not actually achieve nutrition success in this programme, however mothers find it hard to attend the number of clinics that were prescribed for them, especially if their children were not promptly re-nutrited or anaemia. But on the other hand, records of the children's weight has improved greatly and about 75% are within the above and between weight chart. The malnourished children are not only seen in the Clinic but are followed up at home where we could readily assess the socio-economic condition and supervise the mother closely.

### HOME VISITING

The Socio-demographic Unit carry out intensive home visiting where the following duties are performed:-

- (i) Health Education
- (ii) Referral of cases to the Clinic
- (iii) Follow-Up of immunisation, Family Planning and attendance defaulters.
- (iv) Assist in conducting survey.

The Clinic nurses also accompanied these workers to the Field once a week. Please see attach statistic on Socio-demographic Unit.

### FAMILY PLANNING

The response to this is very encouraging. Most of the women accept I.U.D. There was no serious complication arising from Family Planning during the year. Some cases of sub-fertility attend our clinic and they were referred to the Gynaecologist at the Maternity Hospital. Supply of Family Planning devices were very good. See attach statistic.

### SURVEY CONDUCTED DURING THE YEAR

An American P.H.D. Student conducted a survey on Medical Geography in this unit from July to December 1976. The Field Health Workers assist him a lot on this job. Other survey conducted are:-

- (1) Immunisation Survey
- (2) Up-dating of Forms A
- (3) Preliminaries for Demographic Survey with Form B
- (4) Arm-circumference survey.

### TRAINING

- (i) Community Midwives in training come in for one month field work experience in this Clinic.
- (ii) Student Health Sister's in training are also to work and gain their urban health services from this clinic. This set of student spend one month for their practical experience.
- (iii) Rural Maternal and Child Health/Family Planning Field Health workers are also trained here.
- (iv) Students from school of Nursing also come on observation visits to see how the clinic functions.

### DRUGS

The drugs supply from Institute of Child Health Lagos is good but due to lack of transport facilities there is always a delay on the supply. In some cases, some of these drugs are even damaged at the airport. I strongly hope that by the beginning of next year, the Ministry of Health would be able to supply the Clinic with adequate drugs. Vote should be allocated to this unit for the purchase of drugs.

- (a) Equipment - adequate
- (b) Furniture - Most of the chairs are broken and needs replacement. Would be grateful if the Ministry will grant us vote to buy the needed furniture.
- (c) Transport - A Cumbi bus and a driver was posted to Family Health Clinic. The vehicle is in good condition and has also help to facilitate the running of essential services like home visiting, inspection and conveying cases to hospital.

CLINIC BUILDING

The Ministry of Health, Calabar, has embarked on the repairs of the existing building. The repairs that are being carried out are:-

- (1) Repair of the roof and ceiling
- (2) Change of damage keys and repair of toilets
- (3) Building of soakaway
- (4) Repair and installation of electric fans
- (5) Installation of burglary proof in the windows.

STAFF DISPOSITION

(1)	Senior Health Sister	1
(2)	Health Sister	1
(3)	Public Health Nurse	1
(4)	Staff Nurses	3
(5)	Community Nurses	4
(6)	Clinic Attendant	7
(7)	Field Health Worker (Clinic Attendant)	9

Some of our staff have gone for Health Sister's Course (2)

Resignation - 3 Clinic Attendant  
1 Field Health Worker

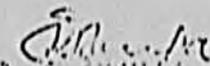
Deployment to Other Job - 1 Clinic Attendant to typist

STAFF CONFERENCE

Monthly staff conference were conducted in which matters affecting the Clinic were discussed. Problems arising solved and plans for improvement of service made. During post Clinic Conference, the staff of the Unit review daily the standing order.

RECOMMENDATION

- 1. Expansion of the catchment area
- 2. Construction of a second Clinic in another thickly populated area of Calabar.
- 3. Construction of standard class-rooms for students
- 4. Posting of a Medical Officer to the Unit as consultant to various facilities. (part-time doctor)
- 5. Posting of Clerical Assistant/typist
- 6. Supply of a typewriter
- 7. Provision of adequate vote for the purchase of drugs for the Clinic.

  
 J. C. B. B. B.  
 SENIOR HEALTH SISTER

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF LAGOS

FAMILY HEALTH INQUIRY CLINIC:

CAIARAO

MONTHLY REPORT

Jan. - Dec. 1976  
Month

ATTENDANCE:

NEW	Children	695
	Mothers	464
	Total	1159

Total New Cases 1159

OLD:	Medical Care	Mothers	7110
		Children	10,190
	Injections Only		1433
	Immunisation Only		1385
	Total		20,118

Total old cases 20,118

Total registered cases 21,277

DISPOSITIONS:

	Mothers	Children
Seen by Nurse 1	2024	2860
2	1850	2600
3	1915	2750
4	1885	2675
5		
6		
7		
Total 8	7674	10,885

Non-registered cases 9673

Total attendance 30,950

Seen with Doctor 14

Referred to Hospital 99

Injection (Rx) 595

Total Injection (Rx + Inj. only) 5612

LABORATORY TESTS:

Haemoglobin (Clinic) 676

Patients sent for Lab. tests 8

Urino Tested (Clinic) 108

Total X-rays -

Total Investigations 792

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF LACCOR

FAMILY HEALTH NURSE CLINIC:

CHALABAR

Monthly Report

Jan - Dec 1976  
Month

PREVENTIVE CARE

IMMUNISATIONS:

Triple Antigen:

1	1603
2	1478
3	1391
Booster	66
Total	4438

Total Triple Antigen 4438

Total Tetanus Toxoid 116

Polio:

1	1555
2	1698
3	1268
Booster	299
Total	4806

Total Polio 4806

Total Small-Pox

-
875
2277
12,612

" Measles  
" B.C.G.  
" Immunisations

Small-Pox:

First	-
Re-vaccinated	-
Total	-

H.T. Readings:

Pro BCG ..

0	1	2	3	4
479	174	58	-	2

Tetanus Toxoid:

Mothers	40
Children	76

Post BCG

0	1	2	3	4
147	350	58	2	-

Heaf Tests:

Pre	989
Post	1005
Total	1994

Total Read .. 1542

Miscellaneous:

Attendances by age and sex:

	M	F	T
Less than 1 year ..	2017	1618	2620
1 - 2 years ..	1778	1651	8005
3 - 6 years ..	1960	1966	3070

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF LONDON

Calabon

FAMILY HEALTH CLINIC MONTHLY RETURN FORM

Jan - Dec 1976

LIST OF CONDITIONS

	CHILDREN		MOTHERS	
	NEW	FOLLOW UP	NEW	FOLLOW UP
<u>WELL CHILD/MOTHER</u>	3891	-	4592	-
<u>INFANT FEEDING PROBLEM</u>	76	51	6	1
<u>DIARRHOEA</u>	648	281	93	24
<u>DIARRHOEA &amp; VOMITING</u>	224	61	20	10
<u>COLD</u>	244	58	28	14
<u>SORE THROAT</u>	227	82	53	1
<u>COUGHS</u>	868	112	87	4
<u>PNEUMONIA/ORGANO PNEUMONIA</u>	40	14	1	3
<u>ASTHA</u>	144	25	100	12
<u>FEVER</u>	1161	291	167	64
<u>CHICKENPOX</u>	2	-	7	-
<u>MEASLES</u>	69	74	-	-
<u>HOOPIING COUGH</u>	5	4	-	-
<u>RUMPS</u>	9	7	-	-
<u>TETANUS</u>	-	-	-	-
<u>TB/SUSPECTED TB</u>	2	1	3	-
<u>SKIN CONDITIONS</u>	551	718	88	10
<u>EAR CONDITIONS</u>	225	62	25	-
<u>EYE CONDITIONS</u>	108	9	20	10
<u>MOUTH CONDITIONS</u>	91	30	6	-
<u>MALNUTRITION</u>	139	119	9	-
<u>ANEMIA</u>	286	53	116	26
<u>ECZAS</u>	205	195	5	-
<u>URINARY INFECTION</u>	6	1	7	1
<u>ABDOMINAL PAIN</u>	243	200	53	-
<u>ACCIDENT</u>	13	20	18	-
<u>OROPHTHLMY</u>	1	11	-	-
<u>GYNACOLOGICAL PROBLEM</u>	1	3	20	1
<u>OTHER CONDITIONS</u>	244	195	211	84
<b>TOTAL</b>	<b>8918</b>	<b>1961</b>	<b>6875</b>	<b>205</b>

CHILD WEIGHT ABOVE 853

INSTITUTION ON CAMPUS FOR AGRICULTURE UNIVERSITY OF ILLINOIS

FAMILY HEALTH NURSE CLINIC

MONTHLY REPORT

JAN - DEC 1976  
 Month Year

Family Planning

Attendance:

Registered Mothers

Non-registered Mothers

Total

Nov. 183  
 Dec. 332  
 Total 515

124 495 619

367 827 1134

Type of Visits:

Physical Complaint

Family Planning Advice Only

Subfertility

Family Planning Service

Total

66 100 166

997 752 1749

40 17 48

418 776 1194

1515 1656 3151

Family Planning Services:

Pill 419

Frequency by default - NIL

IUD 615

Removal 46

Expulsion 29

Reinsertion 30

Pregnancy - NIL

Other Methods:

Condoms

12 21 33

Total IP service

Methods Discontinued:

Pill 10

IUD 19

Other 27

Methods Charged to:

Pill 9

IUD 17

Other 26

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF MICHIGAN

FAMILY HEALTH NURSE CLINIC:

Calvin

MONTHLY REPORT

Jan. - Dec. 1976  
Month

MOSE VISITS

Number Done:

Number not at home

2427

" not at home

250

" revisited

125

Total ..

2802

Correct Address ..

5

Mistaken address

35

HEALTH EDUCATION:

Health Talks: Oral ..

252

Typed ..

10

Food Demonstrations ..

48 classes

Flannelgraph Stories ..

1

Film .. ..

7

TOTAL ..

312

Lost Cards

3

Deaths

20

ANNUAL REPORT OF FAMILY HEALTH CLINIC, GAZABAR  
FOR PERIOD OF JANUARY/FEBRUARY, 1971

INTRODUCTION:-

The Family Health Clinic caters for children under six years and their families in our catchment area. The clinic serves a population of fifty thousand people although it also renders preventive health services to other members of the community.

OBJECTIVES OF FAMILY HEALTH CLINIC PROGRAM:

1. Training and supervision of Health Personnel to meet the health needs of our community. The Family Health Clinic provides a better quality controlled preventive and curative services to the community by integrating all its activities in daily clinic sessions.
2. Integrate Family Planning into Maternal and Child Health Services.
3. Maintain accurate record system on vital statistics and conduct survey which can be used for future planning of improved health services.

ACCOMMODATION:

The Family Health Clinic shares building with Health Office. The accommodation at the onset of the clinic was adequate but as the attendance increases, there is real need for expansion. Recently the whole roof of the clinic is leaking and this gave rise to alot of inconvenience during rains. Some of the electric ceiling fans are not functioning and makes the waiting room very hot and uncomfortable to patients and their babies. There is no office accommodation for the sisters. All these problems had been reported to both Ministry of Health and Municipal Council, Gazabar.

STAFF: The total number of personnel serving in the unit is as follows:-

- |                           |    |   |
|---------------------------|----|---|
| (1) Senior Health Sister  | 1  |   |
| (2) Health Sisters        | 2  |   |
| (3) Community Mid Sisters | 3  |   |
| (4) Community Nurse       | 1  |   |
| (5) Clinic Attendants     | 16 | (9 Field Workers and Ten Serving in Clinic) |
| (6) Typist                |    | Nil   |
| (7) Clerical Officer      |    | Nil   |

The shortage of clerical staff in this unit means that paper work has been added to operative staff.

- REQUIREMENT STAFF:
1. Typist 1
  2. Clerical Officer 1
  3. Messenger 1
  4. Community Educator 3
  5. Clinic Attendant 4

RESIGNATION: 2 (Miss P.S. Ewien, Mr. Van)

STAFF LEAVE: 1 (Miss Uwak)

APPRAISAL OF STAFF TO WORK: ..... Very Good.

EQUIPMENT

The Unit is fairly equipped. There are still some essential equipment which the clinic needs, e.g. Autoclave, Electric Sterilizer, Angle jointed lamp, Refrigerator or cooler, Mask, Sterilizing Drum, Gas/Electric Cocker Etc. Some of the damaged equipment needs replacement. These were taken to general Hospital Calabar but were not replaced.

DRUGS: Drug supply is fair as the Institute of Child Health Lagos supply drugs and vaccine on quota basis since the inception of the project. Few drugs were also supplied from General Hospital at the beginning of the year. Occasionally there is shortage of these drugs and vaccines due to difficulties in transporting the consignment by air from Lagos. Now that the Municipal Council has taken over the clinic, I would suggest that a central drug supply service be established where we can collect our drugs and vaccines regularly.

TYERS OF VACCINE NEEDED/REQUIS

1. B.C.G. 2000 Bottles
2. Tripled Vaccine 5,000 Bottles
3. Polio 5,000
4. Tubes Tuberculin Solution 5,000
5. Tetanus Toxoid 200 Bottles.

TYERS OF SERVICES RENDERED:

The Family Health Clinic offer the following health services to its clients, in the clinic and at home.

1. Maternal care
2. Child care
3. Immunisation Programmes
4. Health Education
5. Food Demonstration
6. Family Planning
7. Community Based Services.

OTHER ACTIVITIES:

1. Training and Supervision of different cadres of Health Personnel
2. Research and Survey.

...../3

MATERNAL CARE:

Mothers who have minor ailments are treated in the clinic whilst the seriously ill ones are referred to the hospital. Pregnant mothers are identified early and advised to register at the antenatal clinic. Tetanus toxoid are also administered to our pregnant mothers.

CHILD CARE:

The attendance of new cases have increased in the clinic due to the extension of the catchment area by two more zones. The unit has achieved a high coverage of our population.

	NEW ATTENDANCE		OLD ATTENDANCE	
YEAR:	1976	1977	1976	1977
	4,159	2,434	20,123	23,382

MANAGEMENT OF INFANT ILLNESSES:

This clinic has actually helped to reduce prediagnostic cases in the hospital and so give the Doctors opportunity to handle the more serious cases. The common ailments treated this year as compare to last year were as follows:-

YEAR	FEVER	COUGH	DIARRHOEA	SKIN CON	WHOPPING COUGH	MEASLES
1977	918	831	410	582	=	19
1976	1167	774	641	657	5	30

The Nurses knowing their limitation refer the serious cases to hospital. Apart from treating and follow up of the ill cases, they also cater for the well children by assessing their growth and development and motivating their mothers see statistics.

IMMUNIZATION PROGRAMME:

This is a vital operation in Maternal and Child Health as a measure to prevent communicable diseases. The type of immunization given daily are B.C.G., Tripled vaccine, Polio vaccine, Measles and small pox and Tetanus Toxoid. It is gratifying to report that most of our patients are completely immunized as a result of good screening of cases in the clinic and also the field workers checking referring defaulters to clinic and Health Education. For storage of vaccine, we need refrigerator and flask for our door work. See attached statistics on this.

...../A

FOOD DEMONSTRATION:

Four sessions were held due to lack of food but nutrition education was given. Another, from statistics collected on the weights of children attending clinic, it was observed that the nutritional status of our children has improved as compared to previous years.

WEIGHT	1975	1976	1977
Above	743	753	804
Between	2542	2390	3532
Under	1351	890	774

HEALTH EDUCATION: This forms an integral part in all the activities of the clinic and community based service. Some of the things they were taught were accepted and practical.

FAMILY PLANNING SERVICE:

This service is accepted by some mothers. I.M.D. is preferred by them. Daily services are provided to clients. The supply of Devices came from Institute of Child Health Lagos. All returns go to this institution. There is a field worker (Clinic Attendant) on secondment to this clinic which was employed by Family Planning Council of Nigeria. She has played vital role in referring clients to the clinic.

COMMUNITY BASED SERVICE:

To have a good quality material and Child Health Services, there must be a community based service where the patients can also be seen in their homes. For this purpose, this unit has trained clinic attendants as field workers under the supervision of Nurses carry out home visiting, referral of cases and also given public health enlightenment to people and also collect vital data. This group of staff also help to collect information from the community for evaluating the acceptance of the clinic services.

HOME VISITING PER ANNUM	CLASS REFERRED	DEPARTURE TRAFFIC
10586	2333	624

STAFF AND SUPPLIES

STAFF AND SUPPLIES:

Since this is a project, all its newly recruited staff are trained on the job on concept of the Family Health Clinic. E.g. the clinic attendants are taught how to take blood, registration of cases, weighing, taking of temperature, giving of immunisation (B.C.G. and Polio) blood test, performing Wassermann test, counselling

In Family Planning and record keeping etc. This is done so that this category of staff can do the simple procedures while the Nurses handle the more complex ones.

2. The Student Health Sisters and community Midwives use this unit as a base for the practical field experience.

STAFF TRAINING:

STUDENT HEALTH SISTERS	STUDENT COMMUNITY MIDWIVES
10	46

- 3. Other Staff Nurses are trained on Family Planning.
- 4. The Family Unit in conjunction with the Rural H.C.H project conducted a training for Traditional Midwives.

SURVEYS CONDUCTED:

- 1. Demographic Census.
- 2. Health Survey.
- 3. Utilization of service study.

Staff conferences are held monthly to discuss and solve any problems arising in the unit. To evaluate the impact of our services on the community and improved on them.

WORKSHOP/SEMINAR:

Two Staff of the Unit Mrs. E.H. Eboaga and Mrs. S.A. Nkanga attended Trainers workshop on implementation of Basic Health Services Schools in the months of March and November, 1977 respectively. These Staff are to take active part in the training of the different cadre of Health Personnel as prescribed by the D.H.S.S. On their return short orientation were organized to inform other health staff.

VISITOR: Both International and National Visitors visited the Clinic. An American Film Unit with the consent of the State Ministry of Health, Calabar shot a film of the various activities of the Clinic.

FUNDING: A total of six Hundred Naira was allocated to the Unit as input. This was spent thrifty and returns made. This amount was inadequate as sometimes drugs were bought from this fund.

VEHICLE: The Combi-Bus CRSS 2861 although nearly old is in good condition. The Unit requires another Combi-Bus for the Community work.

MEDICAL RECORD FORMS: Up till date the Unit is supplied with this forms from Institute of Child Health Lagos. But there is a problem of transportation which result sometimes to shortage of this essential cards. The Unit will appreciate if the Council can make arrangement for the supply of these cards at Calabar.

PHARMACY: Not supplied for this year.

RECOMMENDATIONS AND ESTIMATES:

1. Replacement of the Joking Roof of the Clinic.
2. Expansion of the Clinic's accommodation.
3. Provision of more Staff Clerical and Nurses.
4. Provision and replacement of equipment and Furniture.
5. Introduction of a central drug supply system to Clinic at Solapur.
6. Allocation of more fund for the services.
7. Supply of New Contri-Dos.

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF LAGOS  
FAMILY HEALTH NURSE CLINIC: CAMAISON

MONTHLY REPORT

Jan - Dec 1977  
 Month

ATTENDANCE:

<u>NEW</u>	Children	1462
	Mothers	972
	Total	2434

Total New Cases 2434

<u>OLD</u>	Medical Care	Mothers	5671
		Children	7344
	Injections Only		1740
	Immunisation Only		4641
	Total		19396

Total old cases 19396

Total registered cases 2180

DISPATCHES:

	Mothers	Child
Seen by Nurse 1	1446	1887
2	944	126
3	1099	1496
4	753	1008
5	1096	1441
6	1188	1586
7		
<b>Total</b>	<b>6526</b>	<b>8636</b>

Non-registered cases 6552

Total attenda: 28384

Seen with Doctor 3

Referred to Hospital 82

Injection (Inj) 926

Total Injection (Inj + Inj. only) 2678

LABORATORY TESTS:

Hemoglobin (Clinic) 1384

Patients sent for Lab. tests —

Urine Tested (Clinic) —

Total X-rays —

Total Investigations 1384

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF LAROC  
FAMILY HEALTH NURSING CLINIC

CALOCAR

Monthly Report

JAN - DEC 1977  
 Month

PREVENTIVE CARE

IMMUNISATIONS:

Triple Antigen:

1	2001
2	1432
3	981
Booster	221
Total	4675

Total Triple antigen 4675

Total Tetanus Toxoid 2

Polio:

1	2261
2	1596
3	1121
Booster	214
Total	5192

Total Polio 5192

Total Small-Pox 95

" Measles 572

" B.C.G. 1923

" Immunisations 12459

Small-Pox:

First	95
Re-vaccinated	-
Total	95

H.T. Readings:

Pre BCG ..

0	1	2	3	4
391	441	57	7	2

Post BCG

0	1	2	3	4
213	324	23	1	-

Tetanus Toxoid:

Mothers	-
Children	2

Total Read 424

Head Tests:

Pre	1402
Post	914
Total	2316

Miscellaneous:

Attendances by age and sex:

	M	F	T
less than 1 year ..	2266	1906	1172
1 - 2 years ..	1246	1161	2407
3 - 6 years ..	1160	997	2157



INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF IAGOS

FAMILY HEALTH NURSE CLINIC: COLUMBIAN

MONTHLY REPORT

Jan - Dec 1977  
Month Year

Family Planning

Attendance:	<u>New</u>	<u>Old</u>	<u>Total</u>
Registered Mothers	<u>113</u>	<u>291</u>	<u>404</u>
Non-registered Mothers	<u>377</u>	<u>583</u>	<u>960</u>
Total	<u>490</u>	<u>874</u>	<u>1364</u>

Types of Visit:

Physical Complaint	<u>—</u>	<u>289</u>	<u>289</u>
Family Planning Advice Only	<u>290</u>	<u>1474</u>	<u>264</u>
Sub-fertility	<u>3</u>	<u>—</u>	<u>3</u>
Family Planning Service	<u>490</u>	<u>874</u>	<u>1364</u>
Total	<u>783</u>	<u>1637</u>	<u>2420</u>

Family Planning Services:

Pill 564  
Pregnancy by default —  
IUD 660  
Removal 62  
Expulsion 23  
Reinsertion 24  
Pregnancy —

Other Methods:

Condom 140

Total FP service 1364

Methods Discontinued:

Pill 2  
IUD 18  
Other —

Methods Changed to

Pill 6  
IUD 8  
Other —

INSTITUTE OF CHILD HEALTH OF THE UNIVERSITY OF TORONTO

FAMILY HEALTH NURSE CLINIC:

MONTHLY REPORT

Month ..... 19.....

NOVEMBER

Number Days:

Number not at home

9167

" not at home

1419

" recalled

10586

Total ..

10586

Correct address ..

9856

Mistaken address

5

HEALTH INFORMATION:

Health Talks: Oral ..

287

Typed ..

—

Food Demonstrations ..

—

Flannelgraph Stories ..

—

Film ..

—

TOTAL ..

287

Lost Cards

3

Deaths

13