**TRIP REPORT # 6**

TRAVELERS: Jo Ella Holman, INTRAH Consultant  
Jean de Malvinsky, IHP Consultant  
James Veney, INTRAH Eval. Officer

COUNTRY VISITED: NIGERIA

DATE OF TRIP: November 12 - December 2, 1984

PURPOSE: Needs Assessment/Family Planning  
Project Development Visits to Kwara, Imo  
and Bauchi States, Nigeria

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## EXECUTIVE SUMMARY

INTRAH representatives Jo Ella Walters Holman (consultant), Jean de Malvinsky (IHP), and James Veney (INTRAH Evaluation Officer) visited Nigeria from November 13 to December 30, 1984. States visited during this trip were Kwara, Imo and Bauchi.

The team was able to discuss FP service delivery plans, FP training needs, assess clinical sites as potential practica sites for training, and develop a project proposal with each of the 3 states.

The current status of FP service delivery varied from state to state as well as their organization for the expansion or integration of FP services. Even though differences among the states exist and all express great enthusiasm for FP service provision, all 3 states can be said to be in the initial phase of FP service delivery: limited service delivery at the present time; limited equipment for clinical services; limited number of personnel trained to provide services (clinical and educational); lack of logistical system for supply distribution necessary for an expanded FP program; lack of comprehensive goals for FP service delivery expansion; and lack of management/coordination of all phases of an effective FP program. As a result of this situation, the INTRAH team held lengthy discussions with officials in each state concerning the definition of components and activities necessary for expanding FP services, in the case of Kwara State, and for initiating FP services, in the case of Imo and Bauchi State, of which training is one component. The team emphasized the need for planning and coordination in instituting the FP service delivery components in order for the personnel to be able to provide service once they are trained. Progress was made in each state in defining these components and activities, training needs were identified and project proposals were developed.

SCHEDULE DURING VISIT

November 13	Arrival in Lagos from the U.S.
November 14	Briefing by the AAO/Lagos
November 15-19	Travel to Kwara State and meetings with the Chief Medical Officer (and appropriate MOH staff)
November 19 (late)	Travel to Lagos
November 20	Travel to Imo State
November 20-24	Imo State
November 24	Travel to Lagos
November 25	Travel from Lagos to Jos
November 26	Follow-up with Plateau State and Travel to Bauchi City
November 27-29	Bauchi State
November 29 (late)	Travel to Lagos
November 30	Lagos; Veney departure to Nairobi
December 1	Holman & Malvinsky departure to U.S.

## I. PURPOSES OF THE TRIP

1. To conduct project development visits in 3 states: Kwara, Iwo and Bauchi, which included collection of budget factors.
2. To discuss proposed service implementation plan to which training relates.
3. To assess the proposed clinical practica sites for adequacy for training purposes.
4. To determine the best mechanism for transfer of INTRAH training funds to the states.
5. To design evaluation schemes for the 3 states and to discuss the overall training impact evaluation strategy with AAO/Lagos.
6. To assess commodity needs pertinent to clinical training.
7. To assess and identify resource materials needs in the 3 states.
8. To determine follow-up and follow-on needs in Ondo, Niger and Plateau States.
9. To discuss Chapel Hill-based summer evaluation workshop with AAO.

## II. ACCOMPLISHMENTS

### A. Kwara State

1. Project proposal developed with the MOH and budget factors collected.
2. Family planning service implementation plan discussed and training needs within it identified.
3. Potential clinical practica sites assessed.
4. Mechanisms of transferring funds determined and information gathered.
5. Evaluation schemes at three levels developed.
6. Resource materials needs for training and pre-service training institutions identified.
7. Commodity needs for clinical training identified.
8. Coordinating Team for FP/ORT service delivery program created with roles of members defined.
9. State Training Team concept agreed to and membership in terms of categories of personnel defined. (The MOH will forward precise names to INTRAH.)
10. Baseline data collected on FP service delivery.
11. Profiles of personnel categories to be included on the State Training Team and in the first FP/ORT service delivery workshop written.
12. Information collected regarding INTRAH communication with the state.
13. Letter from the Permanent Secretary requesting INTRAH assistance with training.

### B. IMO STATE

1. Family planning service delivery plan outlined with MOH by gathering baseline data on each of 7 components of the plan and projecting expansion of FP service delivery.
2. Project proposal for FP training developed with the MOH and budget factors collected.
3. Potential clinical practica sites assessed.
4. Mechanisms for transferring funds determined and information gathered.
5. Evaluation scheme at 3 levels developed.

6. Resource materials needs for training and pre-service paramedical education identified.
7. Commodity needs for clinical training identified.
8. Coordinating Committee for FP service delivery planning and implementation discussed. The MOH will notify INTRAH of persons named to this Committee.
9. State Training Team concept agreed to and membership in terms of categories of personnel defined. Training Coordinator named (Ms. Grace Ogbonna.)
10. Baseline data collected on FP service delivery.
11. Profiles of personnel categories to be included on the State Training Team promised to be forwarded to INTRAH.
12. Information collected regarding INTRAH communication with the State.
13. Letter from Permanent Secretary requesting INTRAH assistance in training.

#### C. BAUCHI STATE

1. Project proposal developed with the Health Management Board and budget factors collected.
2. Family planning service implementation plans discussed and training needs within it identified.
3. Potential clinical practica sites assessed.
4. Mechanisms for transferring funds determined and information gathered.
5. Evaluation schemes at three levels developed.
6. Resource materials needs for training and for pre-service education identified.
7. Commodity needs for clinical training identified.
8. Training team concept agreed to and membership in terms of categories of personnel defined.
9. Baseline data collected on FP service delivery.
10. Information regarding INTRAH communication with state collected.

### III. BACKGROUND

The project development visit described within this report marks INTRAH'S s year of activity in Nigeria. During the previous fiscal year (1983-1984), INTRAH was invited by the AID Affairs Officer (AAO), Ms. Keys MacManus, to visit Nigeria and to develop a FP training program within Nigeria's "Accelerated Delivery of Family Planning (FP), Immunization and Oral Rehydration (ORT) Services." INTRAH's intervention began in 3 states, which had been identified as ready for the accelerated program: Ondo, Plateau and Niger. The training INTRAH provided in FP/ORT service delivery and the creation and training of state-level training teams within each of the 3 states was very positively received by the states and by the AAO. Consequently, INTRAH was invited to conduct project development visits in 3 different states: Kwara, Imo and Bauchi

The accelerated service delivery program to which INTRAH's training efforts correspond has included numerous international agencies whose work is being monitored by the AAO. (See Appendix A.)

The INTRAH-IHP team was briefed in Chapel Hill before departure to Lagos by Ms. Lynn Knauff, INTRAH's Deputy Director, Mr. Tom Milroy, the former Nigeria Project Manager for INTRAH as well as by Mr. Ray Baker and Ms. Chris Durham of INTRAH's Administration Unit. Mr. Malvinsky was also briefed by Dr. Gary Bergthold of IHP.

### IV. DESCRIPTION OF ACTIVITIES

#### A. Nigeria, General

Per INTRAH's request, the team informed the AAO/Lagos, Ms. MacManus, of regional training possibilities for Nigeria through INTRAH: (1) Zimbabwe clinical training for 6 trainees per year; (2) UMATI Training of Trainers for up to 6 trainees in the Spring of 1985; (3) Visual Communication Workshop for 2 trainees in the Summer of 1985, pending approval of the event by AID/W; (4) Evaluation training for 2 trainees in the Summer of 1985 in Chapel Hill. The AAO expressed strong interest in all 4 possibilities and intends to nominate participants and alternates as soon as she receives the request from INTRAH

with details of the activities. The INTRAH Evaluation Officer provided a written description of the Evaluation Workshop scheduled for Summer 1985 in Chapel Hill. The AAO has promised to send nominations for 2 participants and 2 alternates.

The team also discussed with the AAO her interest in a Pan-Nigeria Visual Communications workshop and received a very positive response to the suggestion. Further, the team suggested that the 2 participants who attend the regional visual communication training if conducted, participate as trainers of a Pan-Nigeria workshop, with INTRAH trainer support, should funds become available for this event.

The AAO and the Population Advisor, Mrs. Shitta Bey, briefed the INTRAH team concerning the logistical arrangements for the visit to the 3 states. Also during the first day in Lagos, INTRAH met the Permanent Secretary of Imo State and a representative of Sokoto State, both of whom paid visits to the AAO. (See Appendix B for a list of all persons contacted in Nigeria.)

The AAO and the Population Advisor accompanied the INTRAH team to Kwara State to introduce the program and to coordinate the visits by both INTRAH and Africare. (See Appendix C for information regarding Africare's visit to Kwara.)

#### B. Kwara State

INTRAH's primary contact within the Kwara State MOH is Dr. David Olubaniyi, Chief Medical Officer and Director of the FP Project, and his staff. Dr. Olubaniyi was very positive regarding INTRAH's mission and provided freely of his time as well as that of his staff to facilitate the team's work.

The process used to develop a project proposal for the training of FP/ORT service delivery personnel in Kwara State was as follows:

1. Introduction of the INTRAH program, including types of information needed to propose a training project;
2. Discussion of the state's plan for improving and extending FP services, including defining the present level of service delivery, goals and needs to be filled in order to meet the goals;

3. Creation of a State Coordinating Committee to oversee the implementation of the service delivery plan. Roles of members defined;
4. Collection of baseline data from existing documents and assessment of potential sites for clinical practica;
5. Identification of training needs in order to implement the service delivery plan;
6. Composition of a State Training Team in terms of categories of personnel determined and the need for a Training Coordinator identified. (Names of team members and the Training Coordinator are to be transmitted to INTRAH.)
7. Work plan for training events written and discussed with the FP Project Director.
8. Other elements of the project proposal written and discussed with the FP Project Director.
9. Participant profile information collected.
10. Methods for transferring training funds to the MOH discussed and information collected.
11. Resource materials needs discussed and training materials identified.

(See Appendix C for background information on Kwara State and Appendix D for the Kwara Project Proposal).

### C. Imo State

INTRAH's primary contact in Imo State is Mr. A. E. N. Izuwah, Permanent Secretary, Ministry of Health. Mr. Izuwah has designated Health Sister Grace Ogbonna as INTRAH's primary working contact within the MOH. Ms. Ogbonna arranged the schedule for the team's visit and made all necessary logistical arrangements.

FP services are not presently offered within the state's health system, though PPFN (Planned Parenthood Federation of Nigeria) provides services at 4 clinics. The MOH, though the initiative of the Permanent Secretary and the Health Commissioner, is quite keen on offering FP services through their existing clinics at the earliest possible date. The INTRAH-IHP team was, therefore, extended a warm welcome and provided with every possible assistance in accomplishing their mission.

The process used to develop a project proposal for the training of FP service delivery personnel was as follows:

1. Initial discussions with the Permanent Secretary, the Chief Health Officer, the Chief Nursing Officer, Mrs. Grace Ogbonna and Miss Agnes Ngumezi (Senior Health Educator). From this discussion, a schedule was devised for the remainder of the week.
2. Introduction to the Health Commissioner, Mrs. Bridgette Nwanko.
3. Visits by INTRAH representatives to clinics, schools of nursing/and banks.
4. From information collected during visits as well as from documents provided by the Statistics Unit of the MOH, the team prepared a document on the major components of an FP service delivery program in which the current situation, the operational situation and activities to be conducted were described. (See Imo State Project Proposal, Appendix F.)
5. This document was used as the basis of a meeting called by the Permanent Secretary and included high level representatives of all Divisions within the MOH as well as from other Ministries. This meeting was very successful in that it apprised top-level officials of the MOH plan to provide FP services, it allowed for discussion of the current situation and the operational status needed to implement the program and it engendered support for the program.
6. From the input obtained in the meeting, the INTRAH team was able to plan a training program with the MOH.
7. The plan was reviewed by the Permanent Secretary and the Director of Health Services and discussed with the INTRAH representatives.
8. The Permanent Secretary provided a letter to the INTRAH Director requesting assistance for the training program outlined in the project proposal.

(See Appendix E for Background Information on Imo State and Appendix F for the project proposal.)

D. Bauchi State

Unlike the two previous states, the INTRAH team was asked to work with the Health Management Board rather than with the Ministry of Health. INTRAH/IHP's primary contact during this visit was Dr. Mahdi, Director of Medical Services. (The Director of Health Services was, unfortunately, in Ibadan to attend the Five-Year Development Plan meeting for the federal government.) The group identified to work with the INTRAH team included: Dr. Mahdi; Chief Health Sister, Mrs. Ahmed; Mrs. P. Dogo, Coordinator for FP activities and recently returned from training at the Margaret Sanger Center; and Dr. Kwanashie, pediatrician, who also serves as Secretary for PPFN/Bauchi and as a member of the Executive Committee of PPFN at the national level.

FP services are currently being provided at 3 clinics and are staffed by Health Sisters or Nurse/Midwives who have received clinical FP training at the University of Ibadan, Margaret Sanger, or in Sierra Leone. The Health Management Board provides the clinic space and staff while PPFN provides the contraceptive supplies. The Health Management Board is very interested in integrating FP service delivery into the existing MCH services, but has done little planning toward this end.

The process used to develop a project proposal for training FP service delivery personnel was as follows:

1. Initial discussion with the Permanent Secretary (MOH), the Chairman of the Health Management Board, Chief of Health Services, Chief Health Superintendent, Chief Health Sister and Secretary of PPFN.
2. Visits by INTRAH/IHP staff to clinic sites, the first of which was supervised by Mrs. Dogo, FP Coordinator.
3. Visits to the School of Midwifery, School of Nursing, and local banks.
4. From information collected, the team prepared a document which contained the major components of an FP service delivery program and activities to be conducted. The document was discussed in detail with the working group.
5. Training needs were identified by the group.
6. A training plan was developed and discussed with the group as well as with the AAO/Lagos and the Population Advisor, who had joined the INTRAH/IHP team in Bauchi City.

7. Closing sessions were held with the Permanent Secretary and with the Chairman of the Health Management Board.
8. The training proposal developed with the working group is to be reviewed by the MOH and MHB officials before a formal request is made of INTRAH. The team emphasized the need for expediency, if assistance is to be requested.

(See Appendix G for the Background Information on Bauchi State and Appendix H for the project proposal.)

#### E. Follow-up of Plateau, Niger and Ondo States

Due to the pressed travel schedule of the team and the magnitude of their assignment in Kwara, Imo and Bauchi States, the team was unable to conduct a systematic follow-up of training done last year by INTRAH.

The team was able to visit the Plateau State MOH (Jos) while enroute to Bauchi State. Discussions were held with the Permanent Secretary, the Chief Medical Officer (Head of the FP Program) and the Chief Nursing Officer. During this discussion, the team learned that FP service delivery has not yet been expanded and that training is at a standstill. The MOH intends to assume FP services at several former PPFN clinics within MCH. The MOH referred to the outline for Phase 2 of training which was handcarried from Plateau State by Ms. Carlee Leftwich last summer. Phase 2 plans call for FP clinical skills training of 100 midwives, who have had no previous FP training, in 4 groups of 25. Also included in Phase 2 is the training of 20 physicians and senior nursing staff in FP case management and referrals as well as in management/supervision skills.

The team related the AAO's suggestion of a joint management/supervision skill workshop with 6 trainees from each state (Niger Ondo and Plateau). The other 2 states have indicated to the AAO the need for this type of training. The Plateau State MOH was amenable to participating in such a workshop and in hosting the event in Plateau State.

It was evident from the discussions in Plateau State that INTRAH/IHP assistance is expected for continued FP training. The AAO related that training is proceeding in Ondo State, but not in Niger State.

## V. FINDINGS AND CONCLUSIONS

### A. Kwara State

FP Service Delivery has already begun in 14 clinics and expansion is planned for approximately 7 clinics per 6 months until coverage is statewide. Little planning had been done prior to the INTRAH-IHP visit which incorporated the various aspects of FP service delivery into a comprehensive implementation plan with individual responsibility assigned for each component of the plan. The organization and implementation of FP service delivery expansion has essentially been handled by one person, the Chief Medical Officer, with little delegation of authority or responsibility. (Mrs. Tolusha does have responsibility for the major FP clinic in Ilorin and a role in the overall FP Project.) The areas of the program which have already received attention are mass media (in collaboration with Population Communication Services) and the availability of contraceptive supplies (through AID/Lagos). There is no existing group which provides in-service training. (See Appendix C for baseline data and other background information on Kwara State).

### B. Imo State

FP services are currently limited to 4 clinics operated by PPFN. Although the Imo State MOH officials expressed keen interest in providing FP services, little has been done toward its planning and implementation. The INTRAH team was highly impressed by the organizational abilities of the MOH and the support within the Ministry for FP as evidenced by the attendance of high-level officials within the MOH as well as within other Ministries at a meeting called to discuss FP service delivery on only one day's notice. The discussion proved to be very valuable toward the understanding of the roles of MOH Divisions and other Ministries in FP as well as toward gaining support by the various Divisions and Ministries represented. The major impediment to FP service delivery in Imo State, as viewed by this team, is likely to be the resistance of physicians regarding clinical services delivered by nursing staff. Presently, only physicians provide FP clinical services, many of which are provided through private service for a fee. This situation exists even though nurses and midwives are trained in

contraceptive technology and Public Health nurses are trained in IUD insertion in their pre-service education. The problem is particularly difficult because the majority of the physicians in Imo State are concentrated in Owerri and Alba, the major towns, with few in rural areas. There is not a functioning training group to provide in-service training. (See Appendix E for background information and Appendix F for the Imo State Project Proposal.)

C. Bauchi State

Presently, 3 clinics provide FP clinical services. These are staffed by Health Management Board (HMB) personnel and contraceptive supplies are provided by PRFN. Of the 3 states visited, Bauchi State showed the most resistance to planning, in general. Little thought has been given to the various aspects of instituting a new service into the existing service delivery system, much less to the coordination of these components. And yet, 6 Nursing Sisters or Midwives have been trained in FP clinical skills, 5 of whom are actually providing clinical services. Administratively, Bauchi State seems to require more review, and approval of plans by high-level officials than was necessary in the 2 previous states.

D. Niger, Plateau and Ondo States

The evaluation conducted in August 1984 by MOH officials and INTRAH/IHP personnel in each state found that management/supervision training is required in each state. This need was also identified in the meeting held in Jos, which included representatives from each of these states. As related through the AAO, Ondo State is proceeding with training while Plateau and Niger States are at a standstill. The evaluation team of August 1984 also identified the importance of the Community-Based Health Education Workshop in team-building among training team members and in providing skills for educating and motivating potential FP clients. Further, they noted a lack of cohesiveness among team members in the 2 states that did not have a Community-Based Health Education Workshop.

### E. PPFN

The team learned that the role of PPFN is changing from service delivery to promotional/educational and training. The team was unable to meet with PPFN officials at the national level to gather details of this change in role.

## VI. RECOMMENDATIONS

### A. Overall Training Strategy in Nigeria

Based on INTRAH/IHP visits to 6 of 19 states, the common denominators for FP service delivery and states are likely to be: (a) little FP service delivery currently being provided by state Ministries of Health; (b) limited FP services offered through PPFN where branches exist; (c) need for overall FP service delivery plans to which training corresponds; (d) in the absence of service delivery plans, project organization and coordination greatly needed for the initiation of FP services; and (e) training needed in most of the components of the service delivery plans, once formulated.

Given the above situation for Nigerian states, all 19 are likely to need a similar type of intervention as has been made in the 6 states currently within the INTRAH/IHP Training Project, each of which will require substantial resources. INTRAH may, therefore, need to consider alternative ways of providing the needed training. The current strategy of 3 states per year has 2 major drawbacks: (1) potentially few resources allocated to each state after the one-year intervention, which will result in (2) little support over a period of 5 years for fully developing the technical expertise and, therefore, may affect the success of FP service delivery in each state. For example, the Imo State proposal provides support for the training of a state-level training team and only 1 group of 2nd generation trainees. It is likely that financial support would be required for some period of time after this initial training in order to train substantial numbers of FP service delivery personnel. This is the situation identified in Plateau State.

The major advantage of working in each state individually is that the support needed to provide clinical services (e.g. supply systems; health education to increase the volume of clients) is likely to assume a greater

importance if training is conducted in the state. An alternative strategy would be to work with individual states on FP service delivery plans and then to provide training at a regional level within Nigeria, using members of the existing and proposed state training teams (6) whenever possible. The advantage of this strategy would be the training of representatives from each state in the needed skill areas at a lower cost than is possible by training the personnel at the state level. The major obstacle to this strategy is the relative autonomy of each state government. This obstacle could be minimized by: (1) project development visits to individual states to develop or refine FP service delivery plans and to identify training needs; (2) after training at a regional level within Nigeria, individual technical assistance during the first training conducted by INTRAH trainees; and (3) follow-up in each state, 3 previous states (Niger, Plateau and Ondo). Training in this area has been included in the project proposals for the current states, but is needed for the 3 previous states. We, therefore, recommend that a workshop be offered for participants, 6 from each former state (Ondo, Plateau and Niger). Plateau State is willing to host the activity.

#### B. Management Training

Management, supervision and evaluation skills have been identified as training needs for the 3 new states in INTRAH's project (Kwara, Imo and Bauchi) as well as in the 3 previous states (Niger, Plateau and Ondo). Training in this area has been included in the project proposals for the current states, but is needed for the 3 previous states. We, therefore, recommend that a workshop be offered for participants, 6 from each former state (Ondo, Plateau and Niger). Plateau State is willing to host the activity.

#### C. Community-Based Health Education Training

Given the important results of the Ondo State Health Education Workshop in the overall functioning of the state training team as well as the importance attached to this type of training in the 3 new states, Community-based Health Education has been included in the project proposals for Kwara, Imo and

Bauchi. It is recommended that this training be offered to members of the state training teams in Plateau and Niger States.

D. Imo State Policy Seminar

It is recommended that the proposed Policy Seminar be held in early February, as proposed, even though an official contract between INTRAH and the MOH may not have been signed. This seminar is deemed absolutely necessary by the INTRAH/IHP team and the MOH in order to initiate a successful FP service delivery program. The INTRAH/IHP representatives sent to this seminar must be extremely well-prepared in both their training and experience in FP policy formulation. It is also recommended that INTRAH/AAO, Lagos enlist the assistance of the Futures Group for holding a R.A.P.I.D.S. demonstration at this seminar.

E. Visual Communication for Family Planning Workshop

Materials development, and, particularly visual materials development, emerged as training needs in the 3 states visited. INTRAH staff had requested that the team pursue the idea of a Pan-Nigeria Workshop on FP Visual Communication with the AAO. The AAO was supportive of this type of training activity. The team recommends that a workshop be offered to the 6 states currently included in INTRAH's work in Nigeria rather than being offered to all 19 states, so that: (a) this training would be part of an overall program rather than an isolated event and (b) more participants can be sent from each state. A site would have to be selected and a budget developed for this activity to take place.

If a Regional workshop in FP Visual Communication is conducted by INTRAH, one participant should be from PPFN. The 2 trainees of a Regional Workshop might serve as co-trainers in a 6-state workshop.

F. FP Training and Reference Materials

Training materials have been suggested for each workshop of each state's training plan. Additionally, it is recommended that INTRAH provide some basic

references to each state's health training institutions. Basic FP texts as well as texts in MCH, training development, STD, infertility, and management/supervision/evaluation are needed in all of these institutions. (See Appendix K.)

G. Contract and Budget Development

Given the proposed training schedules for Imo, Kwara and Bauchi States, it is recommended that INTRAH/IHP personnel travel to Nigeria in early January, if the project proposals are approved. Both an Administrative representative charged with contract and budgetary responsibilities and a Programmatic representative charged with overseeing the programmatic aspects of the visit are needed. Other objectives to be accomplished during this visit are:

- a) setting dates for training events in Imo States, if possible;
- b) visiting Plateau State to develop the plans for the 3-state management, supervision, evaluation workshop (Niger, Ondo, Plateau States);
- c) discussing Community-based Health Education Workshops for Plateau and Niger States;
- d) identifying a training site for a workshop in FP Visual Communication for 6 states and developing a budget for this event.

H. Since all domestic air traffic in Nigeria goes through Lagos, more time than was allotted for this trip is needed for subsequent visits to several states. In scheduling domestic flights, it would be more efficient to fly into Lagos and out to the next state during one day, when flight times permit, rather than braving the Lagos traffic and spending the night in the capital.

I. For future project development visits, it is recommended that an Administrative representative accompany the programmatic staff for contract and budget development, thereby reducing the cost of staff travel and expediting the process.

- J. This INTRAH/IHP team developed project proposals with officials in the 3 states rather than only work plans. This decision was reached because of the relative inexperience of state officials in proposal writing and the complexity of the proposal guidelines provided by INTRAH. It is recommended that INTRAH develop a simpler format for the development of project proposals.





<u>Kwara State</u>	<u>Role on FP Coordinating Committee</u>	<u>Job Title</u>
Mr. Boro	Mass media	Public Relations Office, Ministry of Health Attache from Ministry of Information
Mr. A.B. Ajenifuja	Data collection	Principal Health Superintendent Statistics Unit, Ministry of Health
Mr. Z.B. Jeminiwa	Training Site	Director, School of Kwara, State Staff Development
<u>Kwara State (other)</u>		
Mr. D.A.O. Abegunde		Permanent Secretary, Ministry of Health
Mr. J.A. Shogo		Deputy Nursing Officer
<u>Imo State</u>		
Mrs. Bridgette C. Nwankwo		Health Commissioner
Mr. A.E.N. Izuwah		Permanent Secretary, Ministry of Health
Mrs. Grace Ogbonna		Health Sister, Family Planning Project
Dr. R.A. Eke		Chief Health Officer
Mrs. I.N. Ugwuh		Chief Nursing Officer
Miss Agnes A.C. Ngumezi		Senior Health Educator
Mrs. Emezi		Principal, School of Public Health Nursing, Owerri
Mrs. Ezenagu		Principal, School of Nursing, Owerri

<u>Imo State</u>	<u>Role on FP Coordinating Committee</u>	<u>Job Title</u>
Dr. Ogunka		Principal, School of Health Technology, Aba Planned Parenthood Federation of Nigeria Clinic, Aba
Mr. R.U. Ude		Principle Health Educator, Ministry of Health, Head, HEED Unit
Dr. Joe Obiribe		Project Manager, EPI Program, Health Education Unit
Dr. Ephraim Awuokinonu		OB/GYN Antenatal Clinic, Owerri General Hospital
Mrs. Jane Amaechi		S.N.S. Antenatal Clinic, Owerri General Hospital
Mrs. Iwudibia Chinwe		Owerri General Hospital (6 months of family planning training)
Mrs. Pauline Osis		Field Worker (family planning)
Mrs. E.E. Onyenwe	Infant	Volunteer (Planned Parenthood Federation of Nigeria)
Mrs. Patricia Azoro	Welfare Clinic	Field Worker (family planning)
Dr. Onuoha	Owerri	IUCD insertions

<u>Bauchi State</u>	<u>Role on FP Coordinating Committee</u>	<u>Job Title</u>
Mr. Umar M. Abubakar		Permanent Secretary, Ministry of Health
Dr. Ilyasu Muhammad		Chairman, Health Management Board
Dr. S. Mahdi		Director of Medical Services
Mr. Yahaye B. Kumo		Chief Health Superintendent
Mrs. Ahmed		Chief Health Sister
Dr. Kwanashie		Pediatrician; Secretary of Planned Parenthood Federation of Nigeria/Bauchi and Executive Committee Member, Planned Parenthood Feder- ation of Nigeria (national)
Mrs. P. Dogo		Family Planning State Coordinator
Mrs. H. Dantayi		Nursing Sister, Family Planning
Mr. A.W. Katty		Principal, School of Nursing
Mrs. F. Fasoro		Nurse-midwife (family planning)
<u>Plateau State</u>		
Dr. S.Z. Jebwi		Chief Medical Officer
Mrs. Hannah Z. Gatau		Chief Nursing Officer

## APPENDIX C

### Kwara State Background Information

<u>Coordinating Committee for FP/ORT Training</u>	<u>Role</u>
Dr. David Olubayani Chief Medical Officer and Director, Family Planning Project (physician)	Chairman, overall management of family planning project
Mrs. Florence Tolusha Family Planning Project Coordinator (nurse/midwife and community health officer)	contraceptive supply management/logistics
Mrs. Adebayo Family Planning Project Supervisor (nurse)	contraceptive supply management/logistics
Mrs. Shoyoola Family Planning Project Asst. Supervisor (nurse)	
Mrs. Owolabi Health Education Section Ministry of Health (health sister)	mass media and health education coordinator
Mr. Boro Public Relations Officer Information Section (attache from Ministry of Information)	mass media and health education coordinator
Mr. A.B. Ajenifuja Principal Health Superintendent Statistics Unit (Public Health Superintendent)	data collection, analysis
Dr. Fakeye OB/GYN Department University of Ilorin Teaching Hospital (physician)	
Nursing School Representative (to be named)	
Mr. Ayanfe Ministry of Health	equipment procurement, maintenance, repair for present and future service delivery sites

## APPENDIX C

### Kwara State: Family Planning Personnel Training

#### Training Team Membership:

2 physicians, 2-3 nurse/health educators, 4-5 health sisters and nurse tutors, 4 community health officers.

#### Participants for First Family Planning/Oral Rehydration Therapy Service Delivery Workshop:

20 Senior Health Sisters and Senior Nursing Sisters

#### Profiles:

1. Senior Nursing Sisters - nursing and midwifery training; experience in service delivery (maternal/child health, including Health Education)
2. Senior Health Sisters - nursing and midwifery training plus a Health Visitor's Certificate (Public Health Nursing); experience in service delivery (maternal/child health, public health, including Health Education)
3. Community Health Officers - either Senior Nursing or Health Sisters who head services and training in clinics and health centers

## APPENDIX C

### Kwara State Family Planning Service Delivery

#### A. Expansion Strategy:

1. Ilorin, then expanding out
2. Establishment of another central service delivery point in eastern Kwara, then expanding out (based on population density).

#### B. Types of Services Currently Provided at Sites:

educational	14 sites (within service delivery site and surrounding community)
IUCD	2
Pill	14
Condom	14
Injectables	7 (when available)

#### C. Current Initiatives: Family Planning

1. (a) Mass media campaign (newspapers, radio, television, brochures on contraceptive methods) with assistance from Population Communication Services (PCS).  
(b) Training of 2 field workers in use of brochures through PCS.
2. "Father's Club" to promote role of the male in family planning.
3. CEDPA will begin training in teacher training colleges throughout Nigeria.
4. Africare will provide equipment needed in selected hospitals, clinics and rural health centers for clinical services.
5. Committee already formed and working with the Family Planning Project to begin and monitor a) Information and Communication (mass media) campaign and b) services. Membership includes representatives from: Family Planning Project (4); Health Education, Ministry of Health (1); Statistician, Ministry of Health (1); Rural Community Development (1); Information Section, Ministry of Health (1); and University of Ilorin Teaching Hospital (2).
6. Integration of family planning services into regular clinic hours (were previously held in the evening).

D. Current initiatives: Immunization

1. EPI training (UNICEF/WHO) begins at the end of November 1984.
2. Primary Health Care Implementation Committee already formed and working. Membership includes: Chief Medical Officer (Chairman); Ministries of Works, Education, Agriculture, Rural Development, Information, Health, and the University of Ilorin.

## APPENDIX C

15th November, 84

Dr. Keys MacManus,  
 Director AID,  
 United States Embassy,  
 Lagos Nigeria.

CLINICS FOR AFNICARE TOUR  
15th November - 20th November, 1984

* (1)	District Health Unit - Ilorin	}	15/11/84
† (2)	Basic Health Clinic, Shao		
× (3)	Rural Health Centre, Erinle	}	16/11/84
x (4)	District Health Unit, Afon		
(5)	General Hospital, Okene	}	19/11/84
(6)	General Hospital, Lokoja		
(7)	Rural Health Centre, Okengwe	}	20/11/84
(8)	General Hospital, Isanlu		

\* Existing FP Services

APPENDIX C

Kwara State: Service Delivery for Family Planning and Oral Rehydration Therapy

Present Service Delivery →

→ What is Needed to Accomplish Goals?

→ Goals/Objectives

Manpower:

doctors  
public health nurses  
community health officers  
community health supervisors  
community health assistants  
nurse/midwives  
nurses

Facilities: (14 sites)

hospitals  
health centers  
clinics

Types of FP services:

Educational - 14 sites  
IUCD - 2  
Pill - 14  
Condom - 14  
Injectables - 7  
(when available)

1. Well-trained staff to provide effective FP and ORT services
2. Effective management/supervision system for personnel providing services.
3. Logistics system to maintain adequate supplies and to distribute them to service delivery points.
4. Equipment, maintenance and repairs necessary for FP and ORT service delivery in present and projected sites.
5. Effective information and education program to increase number of clients for FP and ORT services:
  - mass media
  - health education
6. System for collecting information needed to measure program effectiveness and to take action when required to improve service delivery.

Overall goals:

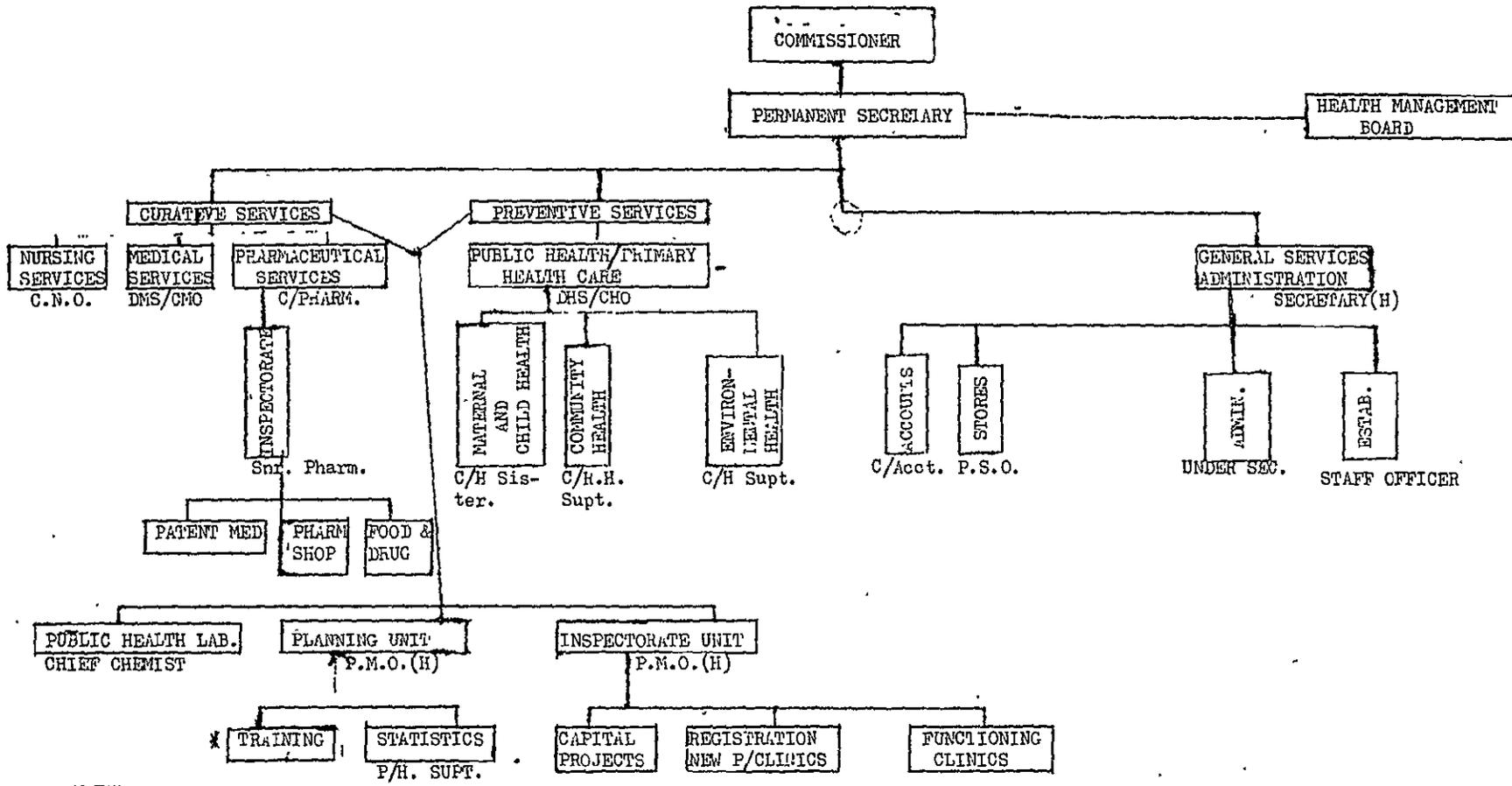
1. Increase and maintain FP acceptor rate.
2. Decrease morbidity and mortality by providing oral rehydration therapy services.

Objectives:

1. Provide effective FP and ORT services at all existing facilities (16 hospitals, 11 rural health centers, 28 clinics).
2. Expand types of contraceptive methods provided, as supplies are available.
3. Expand effective FP and ORT services as new clinics are completed.

APPENDIX C

MINISTRY OF HEALTH HEADQUARTERS, ILORIN, ORGANIZATIONAL STRUCTURE - DECEMBER, 1983



AOB

\* Non-functional

## APPENDIX C

### Baseline Data for Kwara State

#### 1. Demographic Characteristics\*

##### A. Population:

Population estimates for 1982 for Kwara State based on a .025 annual growth rate projected from 1963 census data indicate statewide population of 3,010,500. Of this total, 26% (782,700) is estimated to be women in the 15-44 year childbearing age group.

##### B. Overall Birth and Death Rates:

While specific birth and death rate data are not available population increase projections are based on an annual growth rate of 2.5%. Population projections by the State Ministry of Finance and Economic Development assume an annual growth rate of 2.5% for towns below 20,000 and an annual growth rate of 5% for towns above 2,000.

##### C. Infant and Maternal Mortality:

Estimates of infant mortality are given as 160 per thousand live births in rural areas and 60 in urban areas. Actual service statistics for the state indicate a still birth/neonatal death rate of 33 per 1,000 live births based on 43,623 deliveries. (Kwara State Maternal Health Statistics, 1982.) Estimates of maternal mortality indicate 38 per 1,000 live births. Actual service statistics indicate a maternal death rate of approximately 5.5 per 1,000 live births based on 43,623 deliveries (Kwara State Maternal Health Statistics). It is estimated that 80% of deliveries are conducted at home

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\*All data taken from: Kwara State Profile: Background Information for Use in the Implementation of National Strategy for Health for All by the Year 2000, Federal Ministry of Health, National Health Planning and Research Directorate, Lagos, February, 1984.

by traditional midwives, but statistics suggest the rate may be lower, perhaps 66%.

## 2. Service Characteristics

### A. Number of Service Points for Family Planning (FP):

As of the fourth quarter, 1984, 14 service points are providing FP services in Kwara State. These are as follows:

#### Divisional Health Units:

Ilorin\*

Afon\*

Omu-Aran

Offa

#### General Hospitals:

Omu-Aaran

#### Basic Health Clinics:

Oke-oyi\*

Shao\*

Ogidi\*

#### Rural Health Centers:

Koko\*

Erinile

Omupo

Share

#### Maternity Clinics:

Okelele\*

Pakata (Ilorin)

The projected number of service points for the delivery of FP services through June 1986 are:

December 1984	14
June 1985	21
December 1985	30
June 1986	37

### B. Distribution of Service Points for FP:

At present, all family planning service points are located in the vicinity of Ilorin and the surrounding area. Specific

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\*Centers with three quarters FP provision experience

center opening locations have not been identified but the next major effort is projected for Okene in eastern Kwara State.

C. Contraceptive Methods Provided:

Of 14 centers currently providing FP services, 2 provide IUCD insertion, all provide FP education, Pills and condoms. Depo-provera is to be available at 7 centers, but at present there are no supplies.

D. Status of Service Recording and Reporting:

Kwara State has a specially designed form for recording FP service visits that includes a specification of type of mass media if that was the referral source. Data on each new acceptor is collected quarterly by the Family Health Project and compiled as part of a quarterly report by center giving total clients by religion and type of method provided. It is not possible from these reports to separate new acceptors from continuing users or to separate FP "incidence" from FP "prevalance."

3. Provider Characteristics

A. Numbers of Service Providers:

It is estimated that approximately 40 persons are currently providing FP services in 14 centers. While specific information is not available on the breakdown of these providers by type, the following represent an average distribution of service providers in 20 health centers:

Basic Health Clinics:

Nurses/Midwives	3
Community Health Assistants	2
Community Health Aides	5

Rural Health Clinics:

Nurses/Midwives	10
Community Health Officers	1
Community Health Assistants	5
Community Health Aides	8

B. State of Family Planning Knowledge:

Extensive information on existing FP knowledge is not

available. It was stated by the Chief Medical Officer that those persons providing FP services at present have had two training sessions, one of 3 days and one of 1 day.

#### 4. Recipient and Use Characteristics

##### A. Number of Persons using Family Planning Methods by Type:

On the basis of 7 centers in operation throughout the first three quarters of 1984, the following total acceptors have been recorded (not differentiated as to new or continuing acceptors):

Pills	465	.62
Depo-Provera	71	.09
IUCD	201	.27
Condom	13	.02
TOTAL	<u>750</u>	<u>1.00</u>

##### B. Number of New Acceptors by Type:

The data available on seven centers shows the number of acceptors by quarter. These figures are not distinguished between new and continuing. The figures are as follows:

	January-March '84	April-June '84	July-September '84
Pills	236	138	91
DEPO*	31	26	14
IUCD*	59	67	75
Condom	--	1	12

##### C. Proportion of Users Who Will Continue:

There are no current projections on the proportion of FP users who will continue in use.

##### D. Proportion of Women Receiving Antenatal Care:

1982 data for Kwara State indicate 80,500 new women seeking antenatal care and 456,200 total antenatal visits. With an approximate estimate of 130,000 births per year in the state, about 60% of women are receiving antenatal care according to existing records.

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\* Assumed to be all new acceptors

E. Proportion of Births Supervised by Trained Personnel:

Estimates are given of 20% of births supervised by trained personnel, but this figure may also be as high as 30% to 35%.

APPENDIX E

Imo State Background Information

SCHEDULE OF EVENTS FOR "PROGRAM FOR INTERNATIONAL  
TRAINING IN HEALTH" VISIT 20TH - 24TH NOV., 1984

TUESDAY 20TH NOVEMBER, 1984

1. Reception and discussion by
  1. Permanent Secretary
  2. Commissioner
2. Further discussions on schedule and questions.

WEDNESDAY 21st NOVEMBER, 1984

MORNING

- 8 a.m.      1. Team meets in Permanent Secretary/C.H.O.'s office  
              2. Team splits into two
- 8:30 a.m.    Team I visits Training Schools:  
              1. S.P.H.N. Owerri, Mrs. Emezi, Principal.  
              2. School of Nursing, Owerri, Mrs. Ezenagu, Principal.  
              State Library and Health Education Unit
- Team II visits Bank and Family Planning Clinical Sites  
              Infant Welfare Clinic.  
              Mbaitoli/Ikeduru.

AFTERNOON

Assembling of general outline.

THURSDAY 22ND NOVEMBER, 1984

MORNING

- 9 a.m. General meeting with selected Unit Heads and Ministries

AFTERNOON

Program Process development

FRIDAY      23RD NOVEMBER, 1984

Permanent Secretary vets the plan.

Program Process typing. .

SATURDAY      24TH NOVEMBER, 1984

Meeting with the Permanent Secretary

APPENDIX E

MEETING ON FAMILY SERVICES AND TRAINING

IMO STATE, NOVEMBER 22, 1984

1. R.O. Onyike (Mrs) - Ministry of Local Government
2. C.O. Ezenagu (Mrs) - Principal School of Nursing, Owerri
3. J. de Malvinsky (Mr) - University of California
4. J.N. Ahuruonye (Mr) - Principal Assistant Secretary, Ministry of Health, Owerri
5. F.P. Ekeada - Nurse Educator, Nursing Services Division, Ministry of Health, Owerri
6. Nze E. O. Amadi - Ministry of Information, Culture, Youth and Sports, Owerri
7. Dr. E.I. Emenalom - Acting Secretary, Ministry of Health, Owerri
8. A.E.N. Izuwah - Permanent Secretary, Ministry of Health, Owerri
9. Dr. S.N. Ugoji - Director of Health Services, Ministry of Health, Owerri
10. James Veney, Ph.D. - Evaluation Officer, INTRAH
11. Dr. R.A. Eke - Chief Health Officer, Ministry of Health, Owerri
12. E.E. Njemanza - Acting Chief Pharmacist, Ministry of Health, Owerri
13. Jo Ella Holman (Mrs) - INTRAH representative
14. D.K. Ekwonye - Administrative Officer, Ministry of Health, Owerri
15. A.A.C. Ngumezi (Miss) - Senior Health Education, Public Health Division, Ministry of Health, Owerri
16. R.A. Emezi (Mrs) - Principal, School of Public Health Nursing, Owerri
17. I.N. Ugwuh (Mrs) - Chief Nursing Officer, Ministry of Health, Owerri
18. G.N. Ogbonna (Mrs) - Health Sister, Ministry of Health, Owerri
19. S.D. Okoronkwo (Mr) - Statistician, Ministry of Health, Owerri  
Public Relations Officer, Ministry of Health, Owerri

APPENDIX E

FAMILY PLANNING SERVICE  
COORDINATORS FOR THE FAMILIAR TO I AND

1. 1 Pharmacist Grade I, Ministry of Health.
2. 1 Principal Health Tutor, School of Health Tech., Abe.
3. 2 Senior Health Educators, Ministry of Health.
4. 2 Consultant Gynaecologist, Health Management Board.
5. 2 Assistant Chief Health Sisters, Ministry of Local Government.
6. 1 Home Economics Master, Ministry of Education.
7. 1 Principal Nursing Sister, School of Health Technology, Abe.
8. 1 Assistant Chief Nurse Tutor, Ministry of Health.
9. 2 Health Sisters, Ministry of Health.
10. 1 Principal Health Sister, Ministry of Health.
11. 1 Staff Midwife, General Hospital Ede.
12. 1 Principal Statistician, Ministry of Health.

The Coordinator is Mrs. G. Ogburn.

## APPENDIX E

### Imo State

#### Nursing/Midwifery Pre-Service Training in Family Planning:

##### Nurses (Licensed) - 3 year program

1. Family planning included within maternal/child health in nationwide curriculum (Curricula developed by National Council of Nurses and National Council of Midwives: See Appendix I.).
2. Family planning content includes: methods (including natural and traditional), contraindications and side effects.
3. HEED included throughout nursing program.
4. Student nurses are attached to a clinic for 2 months for MCH/FP practicum.

##### Midwives

2 programs:

- 1) 2 1/2 years for students without a nursing degree
- 2) 1 year for nurses

##### Public Health Nurses

requires both nursing and midwifery training  
1 year program - teach IUD insertion (by physician); want  
1 of their tutorial staff trained in IUD insertion

One family planning reference was found in the libraries of the Nursing School and the Public Health Nursing School.

## APPENDIX F

### Health Education Unit, MOH, Imo State

#### A. Staff: 9

Mr. R.U. Ude, Principle Health Educator  
Dr. Joe Obiribe (Project Manager for EPI Program)  
Miss Agnes Ngumezi, Senior Health Educator

#### B. General Activities

1. Teaching HEED at Schools of Nursing, Midwifery
2. Mass media - radio, TV, and newspapers
3. Research - surveys
4. Field work with specific projects (e.g. EPI)

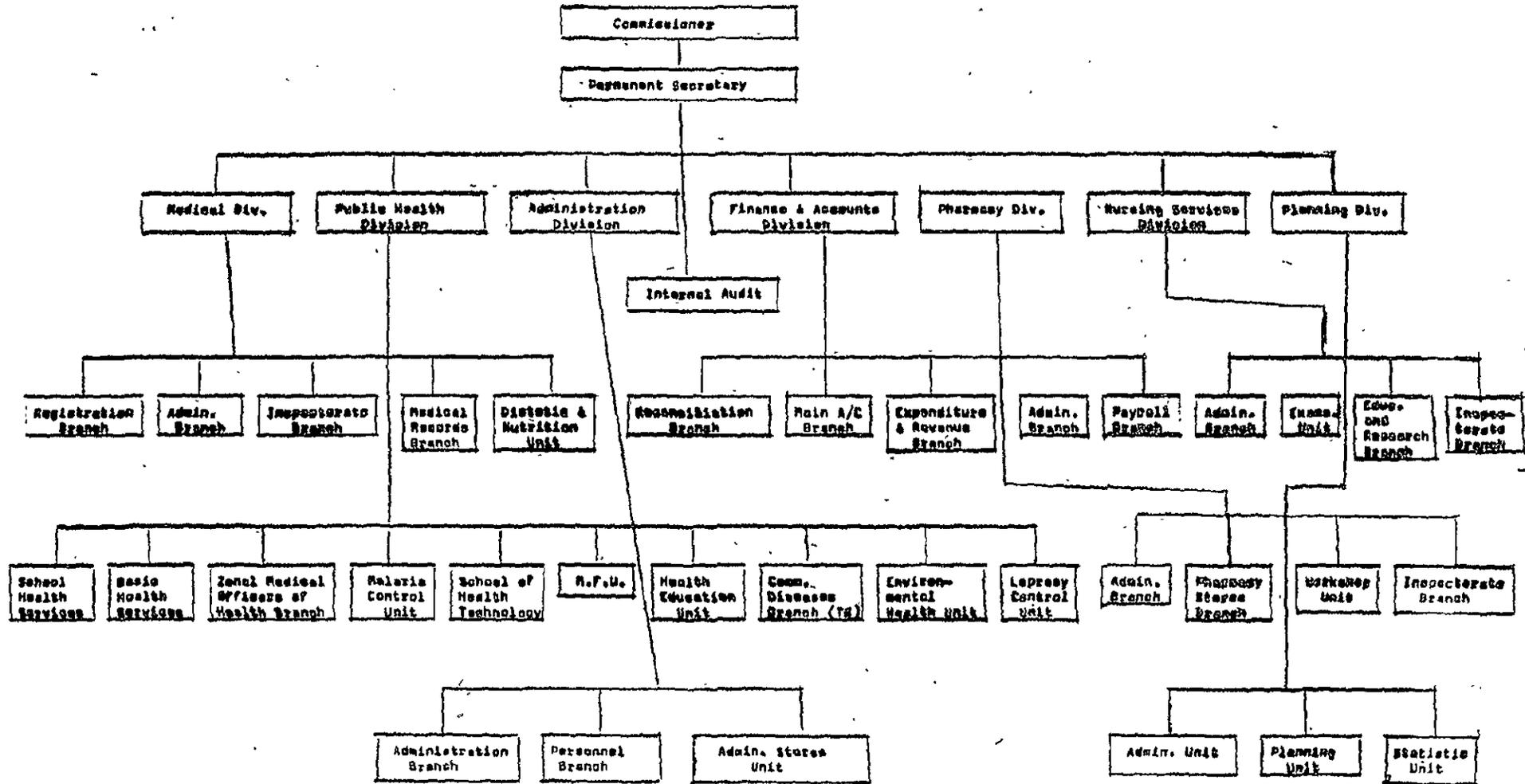
#### C. Current and On-going Projects

1. Materials: newsletter (monthly); pamphlets; posters.
2. Mass media - newspapers, radio, TV
3. Work with Ministry of Health projects:
  - a. UNICEF - Water and Sanitation (with Ministry of Local Government-Community Development and Social Welfare)
  - b. UNICEF/WHO - EPI
  - c. Sexually transmitted disease control (with School Health Services, Ministry of Health)

APPENDIX E

ORGANISATIONAL CHART

MINISTRY OF HEALTH, INDIA



**Mission:**

To ensure that the Health Programmes of the Government are effectively and efficiently implemented and that private Agency Health Institutions conform to set standards.

## APPENDIX E

### Baseline Data for Imo State

November 1984

#### 1. Demographic Characteristics

##### A. Population:

Official population estimates for Imo State for 1984 indicate 6,168,600 based on a .025 annual rate of increase from the 1963 census figure of 3,672,600. This figure may be subject to question as it does not take account of extensive internal migration during the period 1966 to 1970. Estimates of population as high as 8 million have been made for the state. The current official estimate of women in the 15-44 year childbearing age group is 23.5%.

##### B. Overall Birth and Death Rates:

On the basis of 1963 census data, the Crude Birth Rate estimate for 1981 was 49.2/1,000. While specific death rate data are not available, population increase projections are based on an annual growth rate of 2.5%. Life expectancy at birth is estimated to be 53.9 years for males and 56.7 years for females (1981) [Imo State Socio-Economic Indicators, 1976-1981].

##### C. Infant and Maternal Mortality:

Data for the entire state are not available. Data from government and some private medical facilities indicate a still birth rate of 14/1,000 and a maternal death rate of 2.8/1,000 (based on 39,688 live births)\*. No estimates are available for infant mortality (up to 5 years).

#### 2. Service Characteristics

##### A. Number and Distribution of Service Points for Family Planning:

At present there are five family planning clinics in Imo State, all under the auspices of the Planned Parenthood Federation of Nigeria (PPFN). These are located as follows:

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\*Ministry of Health Annual Statistical Bulletin, 1981, Imo State.

- 1) Owerri Infant Welfare Clinic
- 2) School of Health Technology, Aba
- 3) Nworieubi-Mbaitoli/Ikeduru (Owerri)
- 4) Aboh Mbaise (Owerri)
- 5) Orlu

The last two of these clinics have been opened only recently and may not be providing services as of the present date.

B. Contraceptive Methods Provided:

No summary data were available for the PPFN clinics (although records may be available in Port Harcourt in Rivers State where the summary statistics are said to be sent monthly). On the basis of the report of the two outreach workers at the Owerri Child Welfare Clinic, the IUCD is the most widely used family planning method. In the Owerri clinic, the following breakdown of family planning services was indicated as a monthly average:

IUCD insertions	20-30/month (Lipis loop)
Pills provided	3-4/month
Condom	5-7/month

It is likely that information about natural family planning methods is not being provided.

C. Status of Service Recording and Reporting:

Within the PPFN-sponsored clinics, service contacts are recorded on a standardized form which conforms to the form used in Kwara State. Summary reports are developed and sent monthly from the clinics to Port Harcourt. As the person who does this summary and reporting work was on leave during the five days of the team visit, it was not possible to get a copy of the summary reporting format.

3. Provider Characteristics

A. Number of Service Providers by Category:

Within five existing clinic sites, family planning services (primarily IUCD insertion) are being provided by physicians with one exception. IUCD insertions are being provided by a public health nurse at Aboh Mbaise.

The PPFN clinic at Owerri Child Welfare Clinic includes two

outreach workers. It is not clear what outreach personnel function at other clinics.

B. Knowledge of Family Planning by Providers:

Physicians providing family planning services have qualifications in obstetrics and gynecology. The public health nursing curriculum includes components on clinical and non-clinical aspects of family planning, although only one public health nurse is presently providing family planning services in the public sector. Outreach workers at the Owerri Child Welfare Clinic are public health nurses, but both expressed a desire for further training.

4. Recipient and Use Characteristics

A. Number of Women using Family Planning Methods by Type:

There is apparently some family planning activity in the private sector. The magnitude of this is not known, but it is likely to be limited and is probably primarily IUCD. Summary statistics were not available for the state in the public or voluntary sector. Verbal reports by the outreach workers at the Owerri Child Welfare Clinic give the breakdown shown in 2B above. At this same clinic, the outreach workers estimate a continuing active client population of 30 to 40 women.

B. Number of New Acceptors by Type:

Apart from estimates from the Owerri Child Welfare Clinic, no information is available on new acceptors of family planning methods and no estimates exist regarding the number of continuing users of family planning methods.

C. Proportion of Users Who Will Continue:

Because of incomplete reporting from both government and private facilities, there are no accurate figures on the proportion of women receiving antenatal care or on births supervised by trained personnel. With an estimated population of 6.2 million, and an estimated crude birth rate of 49.2, approximately 305,000 total births may be expected in the state annually. While there is substantial under-reporting to the Ministry of Health from medical facilities, the

proportion of births known to have taken place in such facilities is about 13% (based on 40,250 recorded births in 1981).

APPENDIX E (con't.)

A RESEARCH ON  
"THE PEOPLES' ATTITUDE  
TOWARDS FAMILY PLANNING"  
IN IMO STATE

CONDUCTED BY

JUSTINA ORLUA (MRS)

PUBLIC HEALTH NURSE IN TRAINING

SCHOOL OF PUBLIC HEALTH NURSING  
MINISTRY OF HEALTH  
OWERRI IMO STATE

N I G E R I A

1981/82.

ASSUMPTION

1. That birth control pills cause cancer.
2. They believe that a woman cannot have children again when she stops taking the pill.
3. Some believe that the chances of having twins or defective children are greater if a woman has used contraceptives.
4. Others believe that a mother's breasts milk will dry up if she starts taking contraceptive pills.

The writer believes that if family planning methods are not introduced, time will come when there will be population explosion because of decreased infant mortality rate.

This is so because of improved medical services and health education.

5. It is also assumed that agriculture will suffer because there will be scarcity of land, the fallow lands being used as residential houses for the population.

That there will be hunger and starvation because of low production of food compared to the rate of the upsurging population.

STATEMENT OF PROBLEM

Such problems like high parity (large number of births) short interpregnancy intervals, and pregnancy at both extremes of reproductive life. (Under 15 and above 30) increases the risks of childbearing.

In Imo State, the risks are heightened further by chronic malnutrition, little or no pre-natal and obstetric care especially in the rural areas. Others are excessive work, infections, other diseases and poor environmental conditions.

The wrong concept people have here is that only women should be involved actively in family planning e.g. no man wants to use any of the devices. Women who get pregnant when they don't want a child will go for abortion, to have the developing baby destroyed or removed. Since abortions are not legalised, many women get abortions illegally and secretly. This is often done in dirty conditions and performed by unskilled persons. Thousands of women die from such abortions. If they are given the chance to use family planning methods and information to use them wisely, most provoked abortions legal and illegal, would not be necessary. Much suffering and death could be prevented.

The problem of choice of methods then, depends upon many factors:

- (1) Upon religious attitudes
- (2) The problem of frequent teenage pregnancies
- (3) Methods available
- (4) The question of who can most happily and efficiently accept the responsibility for avoiding pregnancy
- (5) Feelings of modesty
- (6) Effects of the various methods on physical and psychological fulfilment
- (7) Perhaps upon cost.

If family planning is to be successful for the individual couple or for the nation, none of these factors should be ignored.

It is high time people plan their family so as to get the number of children they will be able to cater for. And there is this hue and cry of scarcity of food which is aiding inflation. This adds to the rise in the problem of the average imo State father who pretends he does not know the cause of his hypertension.

AN INSIGHT INTO THE OLD METHOD OF FAMILY PLANNING

Before modern methods of contraception were introduced, our women had their own methods of family planning which are still very much in use to-day in many rural communities, are:-

1. Lactation Method - This involves breast feeding a child for about two years which causes a delay in the return of ovulation.
2. Abstinence: Both couple refrain from sexual relationship until such a time they want a child
3. Rhythm - Some of the women in the rural areas do know that they can take in at the middle of their menstrual cycles.

Folk methods among the uneducated wives include

- (i) Sitting up for a while immediately after coitus so that sperms do not go up wards.
- (ii) Urinating immediately after coitus
- (iii) Wearing a charm around the waist during coitus.

Today the use of modern contraceptive devices is widely accepted by women and young girls in Urban Communities. Women in rural areas still need to be educated on their importance and use.

Many women were ignorant of modern contraceptive devices because they had not been educated about them. Some women agreed to give them a trial if they were available only as a means of spacing their children and not preventing conception. Many of these people depended on folk methods and traditional contraceptions already discussed. However the slightly educated people with probably standard six prevented conception in the following ways:

1. Drinking a hot beverage such as brandy, whisky or a locally brewed gin before coitus
2. Having strong coitus once pregnancy has been suspected
3. Taking a strong sugar solution once pregnancy is suspected.
4. Taking a solution of potash and hot drink if pregnancy is suspected, taking quinine or chloroquine tablets or mixture after coitus or as soon as pregnancy is suspected.

The methods listed above show that some women who do not want certain pregnancies would try any available method to terminate such pregnancies.

### METHODOLOGY

This research is aimed at exploration and explanation to the general public the advantages and the need of family planning practice in our society.

#### The Following Towns in Imo State were Visited:

Okigwe Local Government Area, Mbaise, Afikpo, Owerri and General Hospital, Owerri.

The study was centered on the knowledge and attitude of family planning as was stressed in the Questionnaire by people who were involved in the course of the research.

In collecting the data needed for this study, questionnaires were distributed to the women, men, married and unmarried couples, Religious groups. These classes were classified into two groups, the literate and the illiterate group.

The literate group were those who have had sufficient education to enable them answer on their own questions in the questionnaires. The people were selected randomly from different places - in hospitals, offices, market places, teachers and homes.

The illiterate group with no educational status had been interviewed orally with the questionnaires. The study covered in rural areas enlightened people like teachers,

TABLE I

Percentage of women who preferred different types of family planning methods.

DWERRI URBAN AREA

Intra Uterine Device (IUD)	63%
Pills	7%
Condom	1%

OKIGWE URBAN AREA

Intra Uterine Device (IUD) about	28%
Pills	10%
Ovulation method	70%

AFIKPO RURAL AREA

Intra Uterine Device (IUD)	2%
Pills	11%
Ovulation method	27%
Total abstinence	60%

TABLE II

This statistics were recorded in the general hospital  
Owerri family planning clinic.

Date started 12th November 1981 to 17th June, 1982

Total patients attended to	=	71
No of Patients who had Intra Uterine Device	=	63
No of Patients who had Pills	=	7
No of Patients who had Condom	=	<u>1</u>
Total	=	<u><u>71</u></u>

From the above table, it could be seen that the number of patients who attended the family planning clinic from the 12th of November 1981 to 17th of June, 1982 is not encouraging. It then means that our people have not yet accepted family planning methods in our society. Therefore intensive health education should be given to the public so that they will know the importance of the family planning programmes.

civil servants, revered priests and reverend sisters including the lay men. The same categories of people were interviewed in the urban areas.

On one occasion the christian mothers at Mbano were selected and interviewed at one of their meetings to enquire their attitudes towards family planning or child spacing and their impression about the effect of unplanned family system in our society.

Observation: This is another method I used in my research study. I observed that the difference between large and small families are many and varied. I noticed that the large family group belonged to the poor class. They live in squalor and feed mainly on carbohydrate foods. The majority of the children in this group are malnourished. Some of them do not read up to elementary six in education while the parents send the junior ones to serve as maids in rich families. Those with smaller families are mainly the well to do ones. A couple has about four children. These children are well catered for, they receive good quality education, well housed in well ventilated rooms. Their parents have time to enjoy themselves and to take part in community or national activities. It is therefore very important that people should start practising family planning so that they will live longer.

A RESEARCH ON  
THE PEOPLES ATTITUDE  
TOWARDS FAMILY PLANNING  
IN IMO STATE

CONDUCTED BY  
JOLINA OJUA

PUBLIC HEALTH NURSE IN TRAINING

SCHOOL OF PUBLIC HEALTH NURSING  
MINISTRY OF HEALTH  
IMO STATE NIGERIA

1931/1932

## APPENDIX G

### Bauchi State Background Information

#### Bauchi State: Nursing/Midwifery Pre-Service Training in Family Planning

##### School of Nursing (Bauchi City)

Although family planning is included in the national nursing curriculum, there has been a lack of trained tutorial staff in family planning until recently. Two tutors were trained at the University of Ibadan clinical course and have been asked by the Principal, Mr. A.W. Katty, to develop an outline of family planning content for the Basic Nursing training.

There are no family planning reference materials available in the school library.

##### School of Midwifery (Bauchi City)

Presently, none of the tutors have been trained in family planning. Some lectures have occasionally been given by Mrs. Dogo, Family Planning Coordinator, or her trained staff from the Kofar Wasi Maternal and Child Health Center.

Student midwives go to hospitals and clinics for practicum work so that those attached to one of the functioning family planning clinics receive some practical experience in family planning services.

There are no family planning reference materials available in the library.

APPENDIX G

Baseline Data for Bauchi State

November 1984

1. Demographic Characteristics

A. Overall Population:

One estimate of 2,430,000 has been given for Bauchi State. The source of the estimate is not given, but it is likely that it is based on a projection from the 1963 census. It is widely perceived within the state that this is not an adequate estimate.

B. Birth and Death Rates:

No data on birth or death rates are available.

C. Neonatal and Maternal Mortality:

No data on neonatal or maternal mortality are available.

2. Service Characteristics

A. Number of Service Points for Family Planning and Distribution:

There are four family planning centers in Bauchi State, three of which are providing family planning services at the present time. These are at the following locations:

1) Bauchi:

Kofar Wasi Maternal and Child Health Center  
Medical Reception Services: Army Barrack

2) Gombe:

Urban Maternity

3) Azare:

Urban Maternity (not presently operational)

B. Contraceptive Methods Employed with Proportions:

The following represents clinic activities for the months of June, August, September and October, 1984:

	IUCD	PILLS	COND.	TABLETS	INJECT.	ACCEPTERS
JUNE	48	28	--	2	12	82
AUGUST	38	28	5	--	5	87
SEPT.	26	28	2	--	1	72
OCTOBER	58	43	--	--	9	114
	<u>170</u>	<u>127</u>	<u>7</u>	<u>2</u>	<u>27</u>	<u>355</u>

There is no clear explanation for the discrepancy between acceptors and specific categories of contraceptors.

C. Status of Recording and Reporting:

Each family planning contact is recorded on the Planned Parenthood Federation of Nigeria (PPFN) form and these forms are maintained in the three active clinics. Monthly summary reports are sent to the family planning clinic Kofar Wasi and from there a combined monthly summary is sent to PPFN/LAGOS. At the time of the recent visit, no summary report had been sent to Lagos from about July 1984. No information on prevalence (continued acceptors) can easily be derived from the data.

3. Provider Characteristics

A. Numbers of Service Providers:

At present there are five persons providing family planning services under joint government/PPFN auspices. These persons are all nurse midwives or nursing sisters. One physician provides part time back-up to three family planning personnel working at the Kofar Wasi Clinic.

B. Active Family Planning Personnel are distributed as follows:  
Kofar Wasi:

3 nurse midwives/nursing sisters

1 part time physician

Gombe:

1 nurse midwife

Azare:

1 nurse midwife

C. Family Planning Training Received by Category of Personnel:

Each nurse midwife has received six weeks training at Ibadan (4) or in Sierra Leone (1). Two have also attended the Margaret Sanger course in the U.S.

4. Recipient and Use Characteristics

A. Number of Women Using Family Planning Methods by Type:

Some data on women using services is given in 2B above. For eighteen months of operation at the Kofar Wasi Clinic (the most active clinic) there have been a total of 982

women who have been counted as family planning acceptors. The major categories of acceptors are the following:

IUCD	621	63.2%
PILL	197	20.1%
INJ	36	3.7%
OTHER	128	13.0%
	<hr/>	<hr/>
	982	100.0%

B. Number of New Acceptors by Type:

A four-month average for new acceptors for June, August, September and October, 1984 is as follows:

IUCD	42
PILLS	32
INJ	7
OTHER	8

Within each type, the trend is increasing.

C. Proportion of Users Who Will Continue:

No estimates have been made on the proportion of women who will continue as family practice acceptors over time.

D. Proportion of Women Receiving Ante-Natal Care:

There are no figures on the proportion of women receiving antenatal care. There are 66 maternal child health centers in the state and it is the view of health officials that most women receive some care.

E. Proportion of Births Supervised by Trained Personnel:

The observation of health officials in Bauchi is that most women deliver at home attended by a traditional midwife. It was suggested that fewer than 10% of women deliver in a government or private maternity facility, but no figures are available.

## APPENDIX I

### RECOMMENDATIONS FOR CLINICAL PRACTICA SITES

The Kwara State, the Okelele Health Center and the Ilorin District Health Unit seem to be suitable as potential training centers. The Imo State the antenatal clinic of the Owerri General Hospital seems to fulfill some of the requirements for Family Planning clinical and educational training. In Bauchi, the Kofar Wasai clinic is the one that seemed to be the most ready to accept trainees.

In order for those centers to be fully acceptable as training centers, they will have to be equipped and commodities provided before any clinical training activity begins. It is also assumed that the Family Planning Health Education workshops will lead to activities which will bring a sufficient client load for clinical and educational training purposes. Each recommended site has adequate space in the examination room for the client, midwife/nurse, and 3-5 observers.

### CLINICAL SITES ASSESSMENTS

We visited several health facilities designated by state authorities as potential training sites. All those seen in the three states were stated through Planned Parenthood Federation of Nigeria (PPFN) efforts. In the future, the Ministry of Health (MOH) and Health Management Board (HMB) will assume responsibility for those centers. PPFN will be more involved in the educational and training aspects of Family Planning. We looked at those facilities from the point of view of training future service delivery personnel in the clinical and educational aspects of Family Planning. Opportunities will be provided during the proposed training in each state for the development of criteria for future practicum training sites as well as Family Planning service delivery sites, in general, since services are now in their initial stages. There is also the possibility of each state developing a standard list of equipment and supplies for FP service delivery sites either during the January Program Planning Workshop sponsored by Pathfinder and CDC or within the proposed INTRAH training.

In the pages that follow are the observations made about each of these centers.

## ANTENATAL CLINIC OF THE OWERRI GENERAL HOSPITAL

### Staff

Dr. Ephraim Awuokimonu, Gynecologist

Mrs. Iwudibia Chinwe, Health Sister (6 months Family Planning training: theoretical and practical in 1982)

### Patient Flow

Number of patients/month: 500-1000. 1600 patients for the gynecology clinic alone

### Family Planning Activities

40 IUCD insertions in the last 2 years. Some counseling.

Equipment: Single exam table, lamp, trolley, speculum, scissors.

Supplies: Gloves, few other supplies.

Exam Room: 3m x 4.5m; One window; Ceiling fan.

Office and Waiting Room: 6m. x 6m.

### Activities Recommended by Dr. E. Awuokinonu:

1. Train staff.
2. Provide equipment and supplies.
3. Develop educational component.
4. Can have 3 to 5 trainees/day.

### Comments:

1. The doctor is willing to assist in training and accept trainees.
2. The clinic is centrally located in Owerri.
3. The flow of patients is high enough for obtaining the required number of acceptors for clinical training.

APPENDIX I

KWARA STATE: CLINICAL SITES

Health Facility / Family Planning	Consulting Room	Office	Counseling Room	Education Area	Equipment	Contraceptives	Trained Staff in Family Planning
SHAO Basic Health Unit Coverage = 15,000	No	No	No	Yes	Incomplete 1	Yes PPFN	1 Midwife
OKELELE Health Center Coverage = 160,000	Yes	Yes	No	Yes	Yes	Yes PPFN	3 M.D.'s (Residents) 2 Midwives
Ilorin District Health Unit Coverage = 100,000	Yes	Yes	No	No	Yes PPFN	Yes PPFN	1 Midwife 1 Nurse

Water and electricity are available at the Ilorin District Health Unit only.  
The electricity was out for non-payment of bill.

## APPENDIX I

IMO STATE: CLINICAL SITES

Health Facility / Family Planning	Consulting Room	Office	Counseling Room	Education Area	Equipment	Contraceptives	Trained Staff in Family Planning
Owerri Infant Welfare Clinic	Yes	Yes	Yes	No	Yes Incomplete	Some	M.D./OB./GYN
Antenatal Clinic of the General Hospital (Owerri)	Yes	Same as Consulting Room	No	No	Old and Incomplete	Yes PPFN	2 field workers 1 M.D. for IUCD insertion

Both clinics have water and electricity

BAUCHI STATE: CLINICAL SITES

Health Facility / Family Planning	Consulting Room	Office	Counseling Room	Education Area	Equipment	Contraceptives	Trained Staff in Family Planning
Kofar Wasai MCH Center	Yes	Yes	Yes	Yes	Yes	Yes	2 midwives 1 Health Sister (FP State Coordinator)
No date for coverage.							

Other clinics visited in Bauchi City were unsuitable for clinical training. The Family Planning clinic in Gombe (another major town) was not assessed.

## APPENDIX K

### Health Training Institutions to Receive Resource Materials

Permission granted by AAO/Lagos to pouch materials. INTRAH is requested to mark each box as to the intended state. Basic FP/MCH texts, training, management/supervision/evaluation texts are needed. Also, send the List of Free Materials in FP/MCH to each institution.

#### Kwara State

Send correspondence to Dr. David Olubaniyi, Chief Medical Officer, Ministry of Health.

- 2 - Schools of Nursing
- 2 - Schools of Midwifery
- 1 - School of Health Technology

#### Imo State

Send correspondence to Mr. A.E.N. Izuwah, Permanent Secretary, Ministry of Health.

- \*1 - School of Health Technology (Aba)  
Principal, Dr. Ogunka
- 1 - School of Public Health Nursing (Owerri)  
Principal, Mrs. Emezi
- 1 - School of Nursing (Owerri)  
Principal, Mrs. Ezenagu
- 1 - School of Midwifery

In addition to reference materials, Imo State has identified the need for visual family planning materials (including slides, films and charts), pelvic models for demonstrations and sample family planning brochures for use with clients.

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\*Planned Parenthood Federation of Nigeria clinic at the School with approximately 300 clients per month.

Bauchi State

Send correspondence to the Chairman, Health Management Board,  
Dr. Ilyasu Muhammad.

- 1 - School of Nursing (Bauchi City)  
Principal, Mr. A.W. Katty
- 1 - School of Midwifery (Bauchi City)
- 1 - School of Health Technology (Gombe)

## APPENDIX L

### INTRAH Communications to Kwara, Imo and Bauchi States, NIGERIA

#### Kwara State

1. Correspondence through the AAO/Lagos, who will send with other mail or through Kwara State Liaison Office.
2. Cablegrams, taking approximately 10 days, can be received through the Ilorin post office. Address to:  
Permanent Secretary, Ministry of Health, PNB 1386, Kwara State, Nigeria, ATTN: Dr. D. Olubaniyi.
3. There is no telephone at the Ministry of Health office.
4. DHL service is available in Ilorin. The office is located at the Kwara State Hotel. Cost currently is N 32 from Ilorin to the U.S.
5. Telephone calls can be made to the U.S. at the post office for N 12 per 3 minutes.
6. No telex facilities are available.

#### Imo State

1. Correspondence through the AAO/Lagos.
2. If there is an urgent message, the AAO will communicate it to the Imo State Liaison Office in Lagos, which will radio the message to Owerri.
3. Address correspondence to: Mr. A.E.N. Izuwah, Permanent Secretary, Ministry of Health, Owerri, Imo State, NIGERIA
4. The Ministry of Health telephone number is: 230-203.
5. The Permanent Secretary's home telephone number is: 230-029.

#### Bauchi State

1. Correspondence through AAO/Lagos, who will send with other mail or through Bauchi State Liaison Office.
2. Address correspondence to: Dr. Ilyasu Muhammad, Chairman, Health Management Board, Bauchi State (until a specific coordinator is named)
3. Chairman's office telephone number is: 077.42508

APPENDIX M

Family Planning Clinical Training at University of Ibadan  
Teaching Hospital

1. Six-week course
2. Contraceptive methods included in the course: IUCD, diaphragm, oral contraceptives, injectables, spermicides, condom
3. Standards for clinical practicum:
  - 20 IUCD insertions (after observing approximately 10)
  - 15 pregnancy tests
  - 50 counseling sessions