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Trip Report

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Travelers: Mr. James Herrington, Program Officer
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Country Visited: NIGERIA

Date of Trip: May 13 - June 8, 1985

Purpose: Project development for a series of 5-day update workshops in FP and ORT in Plateau, Ondo, Imo, Anambra and Benue States, Nigeria.

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EXECUTIVE SUMMARY

At the request of the AID Affairs Officer, Ms. Keys MacManus, and at the invitation of the Nursing Division of the Federal Ministry of Health, INTRAH Program Officer, Mr. James Herrington, M.P.H., and consultants, Ms. Julia Tsuei, M.D. (Clinical Specialist), Mrs. Jedida Wachira, R.N., M.H.Sci. (Curriculum Development Specialist), Ms. Solanges Smrcka, R.N., M.P.H. (Oral Rehydration Therapy Specialist), and Federal Ministry of Health (FMOH) Nursing Division representative, Mrs. T. Kuteyi, R.N., C.N.M., visited Plateau, Ondo, Imo, Anambra and Benue States from May 13 to June 8, 1985.

The purpose of the INTRAH team visit was to meet with state family planning and training representatives to assess needs and resources and, if deemed appropriate and feasible, to develop a project proposal for five-day update workshops in family planning and oral rehydration therapy for nurse-midwives.

The objectives of the INTRAH team's assignment were successfully accomplished. The INTRAH team spent an average of four days in each state meeting with key MOH officials, visiting family planning training and practicum sites, and urban and rural health centers. Proposals were developed in each state.

Each state will implement two back-to-back 5 day update workshops. They will be led by two INTRAH trainers; co-trainers will be drawn from state family planning and ORT training personnel. Thirty nurse midwives who are current or proposed family planning and ORT providers will attend each workshop for a total of 60 per state and 300 for the series.

Observations, conclusions and recommendations were compiled for each state (see Section V) as was a set of overall recommendations (see Section VI).

If evaluations of training effect and impact indicate that the five-day updates are effective it is recommended that INTRAH assist in the design and implementation of 5-day workshops in five additional states during 1986, and in each year thereafter until all 19 states and the new Federal Capital Territory have received at least two 5-day FP/ORT workshops under INTRAH sponsorship. Each state should also be encouraged to continue the 5-day workshops in FP/ORT as part of their regular in-service training for providers of FP/ORT services in the private, public and military sectors.

SCHEDULE DURING TRIP

- Monday,
13 May Arrival in Lagos from Kenya and U.S. Briefing with Ms. Keys MacManus, AID Affairs Officer, Lagos (EKO Lodge).
- Tuesday,
14 May Briefing with UNICEF Oral Rehydration Promotion Officer, Dr. Alan Brody; Travel to Jos, Plateau State by air (Hill Station Hotel).
- Wednesday - Friday,
14 - 17 May Meetings with Mrs. Sarah O. Dung Basic Health Coordinator, and MOH training team members.
- Saturday,
18 May Traveled from Jos to Lagos by air; to Akure, Ondo State by car; (Owena Motel).
- Sunday - Thursday (am),
19 - 23 May Meetings with Mrs. Marcie Oluwo, Acting Principal of School of Health Technology and MOH and Ministry of Education training team members; Visited three Health Clinics and one hospital offering family planning services.
- Thursday (pm),
23 May Traveled from Akure to Lagos by car; (Ikoyi Hotel).
- Friday,
24 May Meetings with UNICEF ORT staff and Coopers and Lybrand representatives (Mr. Fadojutimi and Mr. Kukoyi).
- Saturday,
25 May Draft of pre/post test was prepared.

- Sunday,
26 May Traveled from Lagos to Port Harcourt by air, then to Owerri, Imo State by car. (Concorde Hotel).
- Monday - Wednesday,
27 - 29 May Met with Dr. Eke, Chief Medical Officer, Public Health Division, and Mrs. Josephine Madumihe, Representative of Local Government Area Health Services, and MOH planning team members. Visited INTRAH TOT training. Pre-tested 5-Day workshop pre-test.
- Thursday (am),
30 May Travel from Owerri to Enugu, Anambra State by car. (Valley Inn Guest House).
- Thursday (pm) - Monday,
30 May - 3 June Met with Dr. Ukeje, Chief Medical Officer/Chief Executive Health Services Management Board (HSMB), Mrs. Veronica Tabansi, Chief Matron at University of Nigeria Teaching Hospital (UNTH), and other MOH HSMB planning team members. Visited two clinics and the UNTH OB/GYN outpatient department where FP and ORT services are offered.
- Tuesday (am),
4 June Traveled from Enugu to Makurdi, Benue State by car; (Plaza Hotel).

Tuesday (pm) - Friday (am),
4 - 7 June Met with Dr. Mary Ogebe and MOH
planning team.
Visited two FP clinics in Makurdi.
Met with Dr. Rosemary Abdullahi, who
recently returned from INTRAH sponsored
course in Philippines.

Friday (pm),
7 June Traveled from Makurdi to Lagos by air.
(Debriefing with AAO Acting Representa-
tive, Ms. Shitta-Bey, did not occur due
to late arrival of flight in Lagos).
Left copies of state proposals at U.S
Embassy for AAO.

Saturday (am),
8 June Departed for Kenya and U.S.

Monday (am)
10 June Herrington, Tsuei, and Smrcka debriefed
at INTRAH/Chapel Hill office; Keys
MacManus was present at debriefing.

IMPLEMENTATION STRATEGY

The workshops will meet expressed needs (of Ms. Keys MacManus, AAO, and all state MOH/HSMB officials contacted) to provide an update on FP/ORT principles and practices (excluding IUCD insertion) for a large number of nurse-midwives currently (or proposed to be) providing FP/ORT services. It was explained to all state officials that the 5-day scheme is to be tested and, if appropriate, will be revised for use throughout Nigeria. The workshops' planning, process and outcomes should, therefore, be reviewed with this prospect in mind.

Thirty (30) participants will be trained in each of two back-to-back workshops in each state, for a total of 300 participants and 10 workshops.

The implementation strategy developed with Dr. Julia Tsuei and Mrs. Jedida Wachira relies on two key points:

a) Tsuei and Wachira return to conduct the first two workshops in Ondo State (16 - 27 September 1985).

b) Two co-trainers from each of the remaining four states attend one workshop in Ondo as a participant/observer. The assumption being the model set by Tsuei and Wachira in Ondo will have a significant impact on the co-trainers from the other states.

Tsuei and Wachira are tentatively willing to return to conduct the two Ondo workshops. Due to their time constraints, Tsuei and Wachira will not be available for assignment in the other four states.

Two other teams (A and B) for the remaining four states would be composed of two INTRAH clinician/trainers who would implement the workshops with the local MOH/HSMB co-trainers.

Teams A and B would arrive in Nigeria on Saturday, September 28, and spend Monday to Wednesday planning with the team of the second state to be trained and then travel

to the first state to be trained, spending Thursday to Saturday in preparation with the co-trainees there. For example, Team A would go directly to Anambra State for preparation for their workshops, then travel to Imo State to plan and begin the first workshop. Team B would travel first to Benue State, then to Plateau. This methodology allows preparation time prior to entry into each state and allows the workshops to be conducted back-to-back.

Dr. Tsuei and Mrs. Wachira

Ondo State workshop	1:	16-20 Sept. 1985
Ondo State workshop	2:	23-27 Sept. 1985

Team A

Imo State workshop	1:	7-11 Oct. 1985
Imo State workshop	2:	14-18 Oct. 1985
Anambra State workshop	1:	21-25 Oct. 1985
Anambra State workshop	2:	28 Oct. - 1 Nov. 1985

Team B

Plateau State workshop	1:	7-11 Oct. 1985
Plateau State workshop	2:	14-18 Oct. 1985
Benue State workshop	1:	21-25 Oct. 1985
Benue State workshop	2:	28 Oct. - 1 Nov. 1985

It should be noted that the two teams will be working concurrently during the month of October.

The project director and co-trainer teams in each state are aware (and will be reminded by letter) that they will need to do the bulk of the preparatory work (e.g. logistics, housing, materials, information to participants, etc.). Moreover, since two co-trainers from each state will attend

the Ondo State workshop they will have a firm idea as to how their own workshops can be carried out prior to the arrival of the INTRAH teams. The INTRAH teams would brief and debrief with Ms. Keys MacManus at the AAO in Lagos, and also with INTRAH in Chapel Hill or Nairobi as appropriate.

Follow-up of the 5-day FP/ORT workshops will be essential to assessing their effectiveness and impact in updating the FP/ORT knowledge of the nurse-midwives trained. In addition to review of the INTRAH Participant Reaction forms (which will be completed by the participants during the final day of the workshops), it is recommended that INTRAH conduct a follow-up visit to the five states to determine the feasibility and utility of sponsoring the 5-day scheme in other Nigerian states. These follow-up visits could be conducted in early 1986. Should the 5-day scheme prove successful it is further recommended that INTRAH assist in the design and implementation of 5-day FP/ORT workshops in five additional states in 1986, and in five more states in each year thereafter until all 19 states and the new Federal Capital Territory have received at least two 5-day FP/ORT workshops under INTRAH sponsorship. Thus, in four years, a total of 1200 first generation nurse-midwives will have received FP/ORT updates through the 5-day workshop plan.

Moreover, each state should be encouraged to continue offering the 5-day workshops as part of the states' regular in-service training for providers of FP/ORT services, in the public as well as the private and military sectors.

I. PURPOSES

The objectives for the team's visit were as follows:

1. If sanctions, readiness and needs are found to exist, develop a 5-day FP/ORT workshop series for nurse-midwives to be conducted in five focus states: Plateau, Ondo, Imo, Anambra and Benue.
2. Assess and assure that Federal and states' health officials' sanction for the activity will result in release of nurse-midwives to attend the workshops and support of their post training function.
3. Assess and identify the family planning and oral rehydration therapy informational and skill needs of nurse-midwives from the points of view of: nurse-midwives, their immediate supervisors, the service heads and health officials.
4. Assess, identify and assure that the FP/ORT workshop context will be consistent with Federal and states' policy, protocol, and practice.
5. Identify potential Nigerian resource persons, training sites, training dates, trainee selection criteria, costs, fund transfer mechanisms, and next steps.
6. Prepare a pre/post test and five day curriculum (ratio of four days FP, one day ORT) based on information obtained from 1-5 above, that is entirely consistent with the expectations of nurse-midwives' roles in family planning and oral rehydration therapy and the realities of their work situations, infrastructural and material support and prevailing policies, procedures and practice.

7. Prepare a proposed workshop schedule and budget for each state.
8. Prepare recommendations for fund transfer mechanisms and next steps to be taken.
9. Identify types, titles and quantities of training materials that will be needed.

II. ACCOMPLISHMENTS

A. The INTRAH Planning Team met with Ministry of Health (MOH), Health Services Management Board (HSMB) and Ministry of Education (MOE) officials and service heads, clinic supervisors, nurse-midwives, other health cadres and clients to discuss family planning and oral rehydration therapy training and services in five states: Plateau, Ondo, Imo, Anambra and Benue. Service and training sites were visited.

B. The Planning Team assessed with their state counterparts the pre-service and in-service curricula in family planning and oral rehydration therapy currently utilized for training nurse-midwives.

C. An outline curriculum and workshop schedule were prepared. (see Appendix H).

D. A proposal was developed with each state for implementing two 5-day workshops in family planning and oral rehydration therapy for 30 nurse-midwives per workshop. Each proposal gives brief background data on the state, indicates the purpose of the workshops, tentative dates, proposed venues, goals and objectives, responsibilities of the MOH/HSMB and INTRAH, a budget estimate and evaluation objectives. (See Appendices B,C,D,E,and F).

E. A pre/post test was developed and pre-tested for reliability and validity with 16 senior nurse-midwives. (See Appendix G).

F. A meeting was held with Coopers and Lybrand Chartered Accountants, Mr. A. Oluwole Fadojutimi, Partner, and Mr. M. Olatunde Kukoyi, Senior Manager, to assess the feasibility of employing Coopers and Lybrand to administer and facilitate the transfer of funds from UNC to each of the five states for the 5-day workshops. It was tentatively determined that Coopers and Lybrand had the capacity to perform this task.

G. Co-trainers in each state were identified who would be responsible for planning and implementing the 5-day workshops under the supervision of a Project Officer (named in the State's proposal) and with the assistance of two INTRAH consultants.

H. Training materials and the quantities needed were identified for possible use by the co-trainers and participants (nurse-midwives). (See Appendix O).

I. The Planning Team met with UNICEF Oral Rehydration Promotion Officer, Dr. Alan Brody, to coordinate the oral rehydration therapy content areas of the 5-day workshops with the UNICEF/Federal Ministry of Health national strategy of ORT which promotes a "home mix" solution for the treatment of dehydration due to diarrheal disease. The Planning Team endorsed the UNICEF approach and received verbal assurance from Dr. Brody that UNICEF teaching materials (e.g. instruction booklets, spoons, and salt/sugar containers) will be made available for the workshop co-trainers and participants. The UNICEF/FMOH ORT manual was reviewed by the Planning Team. (See Appendix I).

III. BACKGROUND

In December 1984, INTRAH received a request from the AID Affairs Officer/Nigeria, Ms. Keys MacManus, to assess the feasibility of offering a series of one-week workshops on contraceptive methods (excluding IUCD insertion practice) to update the knowledge of nurse-midwives who provide family planning services. This series was perceived as a follow-on to the Pan-Nigeria Nurses seminar which took place in April 1984, and which involved planning and support from the Federal Ministry of Health, Nursing Division, Mrs. Stella Savage, Chief Nursing Officer.

In response, Lynn Knauff, INTRAH Deputy Director, developed a draft proposal for four-day family planning update workshops to be conducted in five focus states. The overall objectives were to:

1. Improve and deepen knowledge and understanding of family planning's role in and contribution to improved maternal health.
2. Increase the informational base on all contraceptive methods.
3. Improve comprehension of the relationship between client lifestyle/client health history and contraceptive method selection.

Subsequently, the AAO suggested that the workshops should also include a component on oral rehydration therapy as part of the UNICEF/Nigeria campaign for child survival. The workshop duration was changed to five days. It was thought that if the 5-day scheme proved successful, it could serve as a model for nurse-midwife updates throughout the Nigeria.

INTRAH assembled a planning team to develop the 5-day update workshops on family planning and oral rehydration therapy in five focus states: Plateau, Ondo, Imo, Anambra and Benue. These states were chosen because they had participated in previous INTRAH training and/or they highly

demonstrated motivated MOH professionals and credible teaching institutions. Members of the team and their areas of responsibility were as follows:

Mr. James Herrington, M.P.H., INTRAH Program Officer.	Team Leader
Julia Tsuei, M.D. Obstetrician/ Gynecologist, University of Hawaii.	Clinical Specialist
Mrs. Jedida Wachira, R.N., C.N.M. M.H.Sc., Senior Lecturer, School of Nursing, University of Nairobi	Curriculum Develop- ment Specialist
Mrs. Solanges Smrcka, R.N., M.P.H., Maternal and Infants Division Gynecology and Obstetrics Department, University of New Mexico	Oral Rehydration Therapy Specialist
Mrs. Tunde Kuteyi, R.N., C.N.M., Deputy Chief Nursing Officer Nigeria Federal Ministry of Health Representative.	FMOH Representative appointed by Mrs. Savage.

IV. DESCRIPTION OF ACTIVITIES

A. Lagos

1. AID Affairs Officer

The Planning Team met with Ms. Keys MacManus, AAO, just prior to her departure for the U.S. for homeleave. Ms. MacManus briefed the team regarding who was expecting the team in each state and when, and what the team should expect regarding family planning policy and degree of functional services in each state, and recommendations for facilitating the team's travel from state to state. Ms. MacManus had also arranged meetings for the team with UNICEF/Nigeria representatives.

2. UNICEF

The team met with Mr. Richard Reid, Director; Mr. Alan Brody, Ph.D., ORT Promotion Officer; Ms. Adjuwa Amana, Assistant in ORT promotion; and Mr. Gary Gleason, Program Communication Specialist. The UNICEF Director felt that the government rhetoric was high in family planning but the actions were low. From the religious sector he felt one could expect some resistance, mostly from Catholics. However, Mr. Reid indicated that the Catholic Church in Nigeria has been quite active with UNICEF in the Expanded Program for Immunization (EPI) as part of the UNICEF Child Survival campaign. In general, the Director observed that while the country's carrying capacity is high, agriculture has been almost totally abandoned due to the oil boom of the early 1970s, most recently evidenced by rural to urban migration trends. More importantly, the Director indicated that a linkage between child survival and family planning would serve to communicate to government officials that many children in one family are not necessarily healthy for the family or the nation.

Dr. Brody said that UNICEF is addressing ORT at the national level. Though UNICEF is not currently active at the state level, they were hoping to stage ORT campaigns in several states beginning in July, 1985. Dr. Brody noted that outside the UNICEF program, ORT is apparently being offered at some clinics using a variety of sugar/salt solution recipes. Given the inconsistency, potential harm, or lack of efficacy of the recipes being offered, UNICEF has presented a standard "home mix" formula: 10 level teaspoons sugar; 1 level teaspoon salt; 1 beer bottle or 2 soda bottles of clean water; mix in a large bowl and administer with a spoon to the dehydrated child over a 24 hour period.

Dr. Brody indicated that UNICEF's pre-packaged oral rehydration mix was being promoted for use in hospitals and large clinic. (Anecdotally, some nurses and physicians in

several hospitals expressed astonishment that ORT could be successfully used in place of the intravenous drip).

UNICEF intends that by December 1985, the following will be achieved:

1. UNICEF pre-packaged ORS will be available in local dispensaries in select states for use by trained nurses on severely dehydrated children.
2. Nurses will be providing instruction to mothers on "home mix" method at the dispensary level in select states.
3. Training in "home mix" ORT will be carried into the community through local groups (e.g. women's groups) who can teach their members in select states.
4. One-day in-service training of ORT teams at the level of the local government area (LGA) will be started in all states.

In relation to the INTRAH sponsored 5-day workshops, Dr. Brody proposed that a) the UNICEF approach be used as part of the 5-day workshop curriculum; b) UNICEF posters and booklets be pre-tested with the workshop nurse-midwife participants, and revised according to their comments and experiences after using the materials in the field; and c) UNICEF would provide the INTRAH sponsored workshops with ORT reference and teaching materials and a speaker to assist at the workshops if considered necessary and appropriate.

3. Coopers and Lybrand

INTRAH Program Officer, James Herrington, met with Coopers and Lybrand Chartered Accountants Partner, Mr. A.O. Fadojutimi and Senior Manager, Mr. M.O. Kukoyi at their office in Lagos to discuss the possibility of Coopers and Lybrand administering and facilitating the transfer of UNC

funds necessary to implement the 5-day workshops proposed in the five focus states. Mr. Herrington described the overall objective of the workshops and the proposed methods for financing them, namely using a Coopers and Lybrand representative to meet with the Workshop Project Officer in each state one month prior to the start date of the workshops to discuss logistics and specific means for paying vendors and the per diem, collecting the receipts and reconciling the process to INTRAH.

Mr. Fadojutimi indicated that Coopers and Lybrand has branch offices in Jos (Plateau State), Ibadan (Oyo State), Kaduna (Kaduna State), Kano (Kano State) and a proposed office in Port Harcourt (River State) and could carry out the process from those local offices. If necessary, Coopers and Lybrand could advance the funds and collect and submit the receipts to INTRAH. The estimated cost of administering one workshop would be approximately N1000 (\$1250), though the amount of time, travel and associated costs would need to be worked out in detail during the contract negotiation visit of INTRAH's Mr. Ray Baker during July, 1985.

Mr. Fadojutimi indicated that Mr. Kukoyi, Senior Manager, would handle the managerial aspects of this assignment but INTRAH would liase with Mr. Fadojutimi directly. Additionally, Coopers and Lybrand uses Union Bank in Nigeria. Mr. Herrington left sample copies of proposals developed with Plateau and Ondo states for Mr. Fadojutimi.

B. FIVE FOCUS STATES: PLATEAU, ONDO, IMO, ANAMBRA AND BENUE

The Planning Team visited the following cities (in this order to facilitate travel arrangements):

Jos, Plateau State
 Akure, Ondo State
 Owerri, Imo State
 Enugu, Anambra State
 Makurdi, Benue State

In each state the team was met by MOH/HSMB officials (usually the Chief Medical Officer, Chief Nursing Officer, Coordinator for Primary Care and Tutors from the local schools of health technology, nursing, midwifery and public health.)

Discussion of the team's objectives was generally followed by site visits to at least three clinics (one of which was usually rural-based) where family planning/oral rehydration therapy services are delivered. Each team member would pair up with respective counterparts and talk with the practicing nurses, nurse-midwives, student nurses, community health officers and clients in the clinics to qualitatively assess knowledge and attitudes toward family planning. A tour of the clinic facilities gave a summary assessment of family planning services offered by type and under what clinical conditions.

After the clinic visits the team met with the MOH/HSMB team to review the current curricula used in each state for pre-service and in-service training in family planning and oral rehydration therapy. Once the INTRAH team completed visits to the first two states (Plateau and Ondo, both of which participated in INTRAH sponsored Training of Trainers workshops in 1984) it was apparent the the states' pre-service curriculum (based on the model of the Nigeria National Nursing Council) offered very little in FP/ORT content. Moreover, none of the states had developed an in-service curriculum in FP/ORT.

Thus, the INTRAH team developed an outline curriculum (see Appendix H) based on the needs expressed by the MOH/HSMB teams. It was modified in each successive state based on expressed needs and MOH/HSMB review. The final product reflects the input, review and commentary of approximately 30 senior nurse-midwives, tutors and health professionals from five states presenting diverse ethnic and religious backgrounds.

The team also developed a multiple choice 50-item pretest (see Appendix G) on family planning and oral rehydration therapy. The final product was pre-tested with 16 senior nurse-midwives who were participating in an in-service training course under INTRAH sponsorship in Imo State. The test proved to be a valid and reliable instrument for testing the FP/ORT knowledge of practicing nurse-midwives based on the distribution of responses across items.

Finally, the team discussed the presentation of curriculum content during a 5-day workshop. After reviewing the workshop and methods, a workplan was developed (see Appendix A) which listed the day, topic and time for each curriculum objective. Once the workplan was developed it became clear to MOH/HSMB that five days was an appropriate timeframe for adequately addressing the curriculum objectives.

Section V describes in detail the observations, conclusions and recommendations for each state visited.

V. OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS BY STATE

(See attached charts)

(A) THE SERVICE HEADS AND HEALTH OFFICIALS

- | | | |
|--|--|---|
| <p>1. It appears service heads and health officials welcome the opportunity to update the knowledge of nurse-midwives in family planning and oral rehydration therapy in Plateau State. Only 90 have received training up to date.</p> | <p>1. Continuing Education Planning Committee appeared to be functioning adequately with an impressive long-range goal to train 1,009 nurse-midwives in FP and ORT throughout Plateau State within the next three years.</p> | <p>1. - The 5-day workshop should be endorsed by INTRAH.
 - The new curriculum should be utilized as a model for future training programs.
 - INTRAH should address the need for second generation training activities.
 - Evaluation activities should be built in the initial program design.</p> |
| <p>2. The basic training program of nurses and midwives contain minimal information and education concerning FP and ORT and very little clinical practice.</p> | <p>2. There is a lack of knowledge and clinical skills in the basic training of nurses and midwives in FP and ORT.</p> | <p>2. The Nurse Midwife Basic Curriculum should include indepth knowledge and skills in FP and ORT.</p> |
| <p>3. The service heads and health officials expressed the need to train all the 65 clinic supervisors in family planning skills and ORT.</p> | <p>3. It appears service heads and officials recognize the need for professional knowledge and skills for supervisors in order to answer the needs of their service providers in family planning and oral rehydration therapy.</p> | <p>3. A training program in knowledge of and skills in family planning and oral rehydration therapy should be organized for clinic supervisors.</p> |

(B) IMMEDIATE CLINIC SUPERVISORS

- | | | |
|---|--|---|
| <p>4. The clinic supervisors delegated the discussion regarding family planning to the nurse-midwife responsible for this area.</p> | <p>4. There is lack of regular communication between the supervisor and the nurse-midwives who are providing the family planning services.</p> | <p>4. A training program in clinic management, record keeping and communication should be organized for clinic supervisors.</p> |
| <p>5. The clinic supervisors expressed a need for training in management and record keeping.</p> | <p>5. Training in management and record keeping is needed.</p> | <p>5. Curriculum for nurse-midwives should be made available to the clinic supervisors to enhance</p> |

PLATEAU STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
6. It seemed that clinic supervisors are removed from the activities regarding DRT.	6. Clinic supervisors are unaware of every day activities in .	understanding of respective job roles and communication between the two. 6. In-service training should be initiated for the clinic supervisors and other personnel responsible for providing DRT.
<u>(C) NURSE-MIDWIVES</u>		
There appeared to be a lack of knowledge and skills regarding contraceptive methods.		
7. <u>Oral Contraceptives:</u> - Appeared familiar with trade names, number of pills per cycle and corresponding color of pills rather than the chemical composition, dosage and potency.	7. Appeared to have difficulty in differentiating the potency and dosage of different brands of oral contraceptives and therefore did not maintain a consistent supply to the client based on the individual's needs.	7. Curriculum content should not be limited to knowledge of number of pills per cycle, "high and low dosage", but should include the chemical composition and the potencies. E.g. demonstrate the equivalency of brand names in potencies and dosages.
8. <u>Injectables:</u> Appeared at ease and familiar with administration of this method. However, there was a low number of acceptors in this state.	8. Although the nurse-midwives are familiar with the technique of intra-muscular injections, the method is not popular among the clients apparently because of the lack of client education by the nurse-midwives.	8. Curriculum content should include composition, potency and positive benefits such as long acting, low risk and enhanced lactation regarding injectables.
9. <u>Intra Uterine Contraceptive Device:</u> - Appeared to be lack of experience in insertion. - There seemed to be lack of adequate facilities to perform IUCD insertion, e.g. spotlight,	9. Lack of knowledge and inadequate facilities contribute to the low acceptance of this method.	9. - The curriculum should include IUCD knowledge, patient education/counseling skills and practice of insertion on pelvic models. - INTRAH should assist in addressing the issue of appropriate resources for equipment, supplies

PLATEAU STATE (CONTINUED)
OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
sterilization solutions and different sizes of IUCB.		and minimum standards regarding IUCD insertion e.g. lamps, sterilization solutions and different sizes of IUCD.
10. Condoms: ----- - Appeared to be lack of protocol in client instruction and in condom distribution in the clinics visited. - The need for larger and smaller sizes was expressed.	10. - There appeared to be a socio-cultural barrier to patient instruction regarding condoms. - Nurse-midwives seemed to recognize the need for clients to have more than one standard size of condom.	10. - The curriculum should address the factors affecting the socio-cultural barriers regarding condom instruction and use. - INTRAH should assist in addressing the issue that more than one size of condom is required. Experience from Asia regarding the need for multiple condom sizes may be applicable here.
11. Diaphragm and Spermicides: ----- - There appeared to be no client demand for these methods in the two clinics visited. - Lack of continuous supply of spermicide was expressed. - Appeared to have only two diaphragm sizes (75 and 85).	11. There were no records of diaphragm and spermicide acceptors in the two clinics.	11. - Curriculum should include detailed information regarding the benefits and disadvantages of the diaphragm and spermicides, the technique for fitting the diaphragm, and methods for client instruction. - Ortho and Gennie models should be provided for training.
12. Natural Family Planning: ----- It appeared that Rhythm is the only method of natural family planning being promoted and that its instruction and practice was reserved mainly for the Catholic communities.	12. Nurse-midwives are unaware of all natural family planning methods. Natural family planning was not being offered in these clinics.	12. - Curriculum should include the full range of natural family planning methods, e.g. mucous, thermal and thermal-syptom methods. - Natural family planning should be offered as one of the family planning methods.
13. Sterilization: ----- There appeared to be an established referral	13. - Female sterilization procedures are referred to the hospital.	13. - Curriculum should reinforce knowledge of indications, and pre- and post-operative counseling

PLATEAU STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
<p>system for female clients, but the degree of sterilization knowledge and counseling skills of the Maternal Child Health Clinic staff was not known.</p>	<p>- There appeared to be a socio-cultural barrier regarding male sterilization in general.</p>	<p>for female sterilization. - Curriculum should include knowledge of male sterilization regarding basic physiology, actual procedures and its low risk, low cost and high benefit quality.</p>
<p>(B) ORAL REHYDRATION THERAPY</p>		
<p>14. Nurse-midwives stated that Oral Rehydration Therapy (ORT) education, information and services are being conducted by Community Health Officers at the outpatient department of the two clinics visited.</p>	<p>14. Nurse-midwives in the two clinics visited are not participating in ORT education, information and services.</p>	<p>14. - The curriculum should include an integrated approach to ORT and a uniform approach to patient education. - All nurse-midwives should avail themselves to participate in ORT education and services.</p>
<p>15. During discussion, Community Health Officers explained the procedure for ORT but they are not equipped for demonstration, client education, or treatment.</p>	<p>15. - The procedure for ORT explained by the Community Health Officer concurred with the FMOH/UNICEF approach. - There is no equipment and education material for ORT.</p>	<p>15. - UNICEF should provide educational material to the clinics. - INTRAH should assist in addressing the issue of knowledge of appropriate resources for equipment and educational materials for ORT. - Curriculum should include preventive measures for diarrheal diseases. - Curriculum should include a component of standardization of procedures for treatment and protocol for diagnosis and referral regarding diarrheal diseases.</p>

PLATEAU STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
[E] CLIENT EDUCATION AND COUNSELING		
16. Nurse-midwives states that educational activities are taking place routinely.		16. Curriculum should recognize and enhance the educational activities already in existence.
17. The content consists of pre-natal care, family planning motivation and child care with the exception of ORT.	17. There appear to be adequate services for client education in the areas of pre-natal care, child care and family planning, but no coverage in ORT by the nurse-midwives.	17. Curriculum content should ensure an integrated approach to educational activities given by the nurse-midwives, e.g. ORT.
18. Nurse-midwives stated that they do offer counseling services for family planning but not ORT.	18. - There appeared to be counseling services available for family planning by nurse-midwives. - ORT education and counseling are offered by the Community Health Officers even though ORT demonstration kits are not present.	18. - Curricula should recognize and enhance the family planning counseling activities already in existence. - Curriculum should foster communication and educational exchange between the nurse-midwives and Community Health Officers.
19. The nurse-midwives appeared to be enthusiastic about updating their knowledge and skills in FP and ORT.	19. It appeared that nurse-midwives are motivated to expand present knowledge and skill in FP and ORT.	19. INTRAH should sponsor 5-day workshops for updating knowledge and skills in FP and ORT.
[F] RECORD KEEPING AND FOLLOW-UP		
20. Nurse-midwives presented for review individual patient records as well as monthly registers for family planning.		
21. The standard record form used for Plateau State is in use.	21. It appears that family planning records are being kept but the number of client dropouts are not being recorded.	21. Curriculum should cover extensively record keeping for both family planning and ORT, including follow-up visits.
22. The new standard form of the Centers for	22. It appears CDC records will be made available	22. The CDC records should be pre-tested and

PLATEAU STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
Disease Control is not available in the clinics at the present time.	to the clinics in the near future.	modified as appropriate.
23. Return visits were recorded in the register.		
24. The records did not indicate the number of dropouts.		
25. There was no record keeping for ORT activities.	25. It seemed ORT records are not being kept, given	
(6) FACILITIES	ORT is a low priority service.	
26. The two clinics visited (Tundun Wada and Township MCM clinic, Jos) appeared to be clean and well maintained.	26. There is the potential for using these clinic facilities to provide the full range of FP and ORT services.	26. Nurse-midwives should continue to be guided and fully supported by their supervisors to fully utilize available space in the clinics for FP and ORT.
- The clinic facilities appeared large enough but the service areas seemed not to be fully utilized.		

ONDO STATE, MAY 19-22, 1985

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

(A) THE SERVICE HEADS AND HEALTH OFFICIALS

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| <p>1. The service heads and health officials expressed the need to train the majority of nurse-midwives in FP and ORT in the state.</p> <p>2. This group expressed the need for and capacity to monitor and evaluate the effectiveness and impact of FP and ORT training activities and service delivery.</p> <p>3. The Training Committee/Training Team is a multi-disciplinary integrated team which appeared well organized and productive.</p> <p>4. The Ondo State training team had planned and conducted a series of workshops with INTRAH in family planning and oral rehydration therapy as follows:</p> <p>a) 12 members underwent a Training of Trainers Workshop for 6 weeks in February 1984.</p> <p>b) 22 members were trained in motivation</p> | <p>1. This group recognizes the need to update knowledge and skills in FP and ORT.</p> <p>2. This group recognizes the importance of long term evaluation.</p> <p>3. The training team consists of Physicians, Public Nurses/Nurse-Midwives, a Curriculum specialist from the Ministry of Education and a Health Educator.</p> <p>4. The training team is made up of members from academic institutions and the service sector of the Hospital Management Board and have adequate knowledge and skills for conducting FP and ORT training.</p> | <p>1. INTRAH should address further training needs to include and expand beyond the 5-day workshops.</p> <p>2. INTRAH or other appropriate agency should assist to meet this expressed need in monitoring/evaluation.</p> <p>3. The proposed 5-day workshops and integrated FP and ORT should use existing local expertise in order to fully utilize and further develop in-country resources in training.</p> <p>4. The combination of the efforts of both the in-country training team and INTRAH technical assistance may be used as a model for other states in FP and ORT training.</p> |
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ONDO STATE (CONTINUED)

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

and health education for 4 weeks

in May 1984.

c) 26 members were trained in family planning skills for 4 weeks in August 1984.

5. The Ondo State training team expressed the need to further develop relationships among themselves in order to enhance the team's effectiveness.

5. The Team recognizes the benefits of group coordination and collaboration in training.

5. INTRAH should assist the group in developing team building activities.

(B) FACILITIES

6. Facilities visited included:

a) Aramoko Comprehensive Health Centre (rural)

b) Ilara - Mokin Comprehensive Health Centre (sub-urban)

c) Akure Hospital

Family Planning Clinic (urban)

d) Arakale Health Clinic (urban)

7. Equipment and supplies for FP and DRT are available and being used.

8. It appears there is a problem of constant supply of electricity but natural light is being used.

9. There appears to be an established network for distributing FP commodities.

6. It appears the clinics visited, whether urban or rural, are adequately equipped and supplied for providing Family Planning and DRT services, and appear to be serving a large number of clients; though data were unavailable to ascertain the exact number.

7. See # 6 above.

8. There appear to be difficulties in using electrical equipment.

6. The facilities should be used for FP/DRT training.

8. Donor agencies for equipment should be alerted to the erratic electricity supply.

ONDO STATE (CONTINUED)
OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

(C) SERVICES

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|---|---|---|
| <p>10. The services are well organized in the area of client education, management, counseling, record keeping and follow-up in FP.</p> <p>11. The clinics appeared to be adequately staffed.</p> <p>12. The policy is to provide FP and DRT on the daily basis.</p> <p>13. There is a steady increase in number of FP acceptors in all the clinics visited, e.g. in the Hospital FP Clinic new acceptors for 1984 were 750, yet acceptors in the first 3 months of 1985 has already reached 300.</p> <p>14. In comparison to the 10 year old hospital FP clinic, which is fully utilized, the community had not yet sufficiently utilized the newly established Health Clinics which are equally well equipped and staffed.</p> <p>15. It appears there is a lack of consistency</p> | <p>10. It appears that services in the clinics visited are adequate for training in FP and DRT.</p> <p>11. See #10 above.</p> <p>12. It appears that FP and DRT services are integrated in this State, due to an integrated curriculum which was used in past training programs.</p> <p>14. There appears to be a lack of public awareness of the existence of these well equipped and staffed newly established services for FP and DRT.</p> <p>15. There is no protocol for DRT record keeping.</p> | <p>10. The 5-day workshops could use these clinics as training sites.</p> <p>12. Ondo State should serve as a model to other States for FP and DRT;</p> <ul style="list-style-type: none"> - The integration of FP and DRT in the curriculum should be enhanced. - The result of the training could be used as an example for future training programs. - Support for future training activities should be available, an issue INTRAH should explore. <p>14. Outreach programs and publicity should be strengthened in these clinics.</p> <p>15. The curriculum should include a component</p> |
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ONDO STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
in the DRT record keeping and follow-up system.		on record keeping and follow-up for DRT.
[D] SUPERVISORS -----		
16. The administrative responsibilities in the clinics visited rely on Public Health Nurses who, in addition to Public Health nursing, have Midwifery and Nursing training.	16. Administrators of the clinics visited are well aware of the importance of FP and DRT as integrated services.	
17. The supervisors seemed conversant with the function of the nurse-midwife and are knowledgeable about FP and DRT techniques and procedures.	17. Supervisors and the staff are functioning as a team in FP and DRT.	17. This could serve as a model for training health personnel.
18. Supervisors expressed the need for continuing education for the staff in FP and DRT.	18. The supervisors recognize the need for a continuous update on knowledge and skills in FP and DRT.	18. The curriculum should reflect built-in mechanisms of continuing education in FP and DRT.
19. Supervisors expressed the need in the clinics for standard protocols on procedures for FP and DRT services.	19. The supervisors recognize the importance of standardization of procedures.	19. The Ondo State training team should initiate the development of standardized protocols for FP and DRT.
20. Supervisors expressed the need for more educational materials and audio-visual aids for community education regarding FP and DRT.	20. There appears to be a severe lack of material and equipment for community education in FP/DRT.	20. Curriculum should include skill development for training requiring minimal educational materials; however, the issue should be addressed regarding appropriate resources for equipment, educational materials and funding.
21. Supervisors expressed the need for public awareness of the existing FP and DRT services offered in the clinics and hospital.	21. The supervisors recognize the importance of mass media approach for publicity in community awareness about the existing FP and DRT facilities.	21. INTRAH should coordinate with Population Communication Services (PCS) regarding media publicity for FP and DRT facilities in Ondo State.

ONDO STATE (CONTINUED)

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

(E) NURSE-MIDWIVES

22. Nurse-midwives are the major service delivery personnel for FP and ORT.	23. Although the quality of training is adequate, the number of trained nurse-midwives in FP and ORT is not sufficient.	23. Additional 5-day workshops should be offered to increase the number of trained nurse-midwives in FP and ORT.
23. It was expressed that the majority of nurse-midwives in Ondo State have not had the opportunity to update their knowledge and skills in FP and ORT.	24. It appears that nurse-midwives provide a wide range of contraceptives in the clinics visited.	25. Curriculum should include indepth knowledge of all methods.
24. The trained nurse-midwives feel at ease to provide injectables, oral contraceptives, condom and foam tablets methods.	25. It seems that with more indepth knowledge of hormonal contraceptives, diaphragm and sterilization methods, expanded FP services could be provided.	26. See #25 above.
25. It seems that nurse-midwives lack indepth understanding of composition, potency and benefits of hormonal contraceptives i.e. injectables and oral contraceptives.	26. See #25 above.	27. See #25 above.
26. It appears that the diaphragm method is taught, but there is no demand from clients.	27. See #25 above.	28. See #25 above.
27. It was expressed that female sterilization was not routinely practiced but is reserved for medical complications.	28. See #25 above.	29. Curriculum should address the issue of male involvement in FP.
28. It was expressed that male sterilization appears to be a taboo.	29. The staff provide FP services with the awareness of the women's needs to conceal their contraceptive practice.	
29. Injectables appear to be the preferred method for the majority of clients because many women conceal the fact that they are using contra-		

ONDO STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
<p>ceptives.</p> <p>30. There appears to be some efforts to involve fathers-to-be in full range Maternal Child Health Care including family planning and ORT as observed in a "Father's Club".</p>	<p>30. This is an admirable and effective effort by the nurse-midwives which has great potential to enhance couple communication and cooperation in FP and ORT practice.</p>	<p>30. Curriculum should make use of such positive learning experiences as the "Father's Club" in the training program.</p>
<p>31. Four trainees of a previous clinical skills workshop displayed capability for delivery of the full range of FP and ORT services.</p>	<p>31. The result of past training has been adequate and is being utilized.</p>	<p>31. These trained personnel could serve as trainers for future training activities.</p>
<p>32. It appears that a multidisciplinary approach to ORT is being utilized in the clinics and hospitals visited.</p>	<p>32. The teaching and management of ORT is well established but the formula used is different from that of UNICEF/FMOH.</p>	<p>32. Curriculum should include the UNICEF/FMOH ORT formula.</p>

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

(A) THE SERVICE HEADS AND HEALTH OFFICIALS

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|--|---|---|
| <p>1. The Senior Health Officials of Ministry of Health (MOH) displayed knowledge of the national and State plans for family planning (FP) and oral rehydration therapy (ORT).</p> | <p>1. INTRAH team and Imo State Curriculum Planning Committee were fully briefed on the State policy and plans for FP and ORT programs.</p> | <p>1. Senior officials of MOH should continue to support the implementation of these plans.</p> |
| <p>2. The Team was introduced to the various departmental heads who among others were Chief Medical Officer, Chief Finance Officer, Secretary Health Management Board, Chief Nursing Officers from the MOH and Health Management Board, and Chief Pharmacist.</p> | <p>2. Effort is being made to ensure participation of all departments concerned.</p> | |
| <p>3. The Imo State Curriculum Planning Committee which had been created shortly before the arrival of the INTRAH team presented a course outline and a budget for a 30-day training workshop of 102 people consisting of 81 nurse-midwives and 21 women leaders from the 21 Local Government Areas.</p> | <p>3. Although Senior Officials were informed of the USAID/INTRAH's proposed 5-day workshop project, the outline plan presented by the curriculum Planning Committee failed to reflect that the committee was familiar with or had an understanding of the proposed 5-day workshop project.</p> | <p>3. Better communications by INTRAH and USAID with the MOH/HSMB should be established to facilitate program implementation prior to the arrival of a planning team.</p> |
| <p>4. Need was expressed by the Curriculum Planning Committee for observational tours to other countries where FP services are established e.g. Thailand, Philippines, Zimbabwe and Kenya.</p> | <p>4. The Curriculum Planning Committee recognize the need for this exposure.</p> | <p>4. INTRAH should address this issue.</p> |

(B) SERVICES

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| <p>5. MOH does not offer FP services at present.</p> | <p>5. Participation of MOH in FP services in this</p> | <p>5. The MOH should established pilot FP clinics in</p> |
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IMO STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
<p>However, the Child Welfare Clinic at Owerri and Nwaorizu Health Centre are making available with PPFN an FP clinic once a week and once a month, respectively.</p>	<p>State is minimal. However, the team was informed by the Permanent Secretary that plans are on the way to establish in Imo State 10 FP clinics by June and 21 more by December for a total of 31 FP clinics for CY 1985.</p>	<p>geographic areas where they have the greatest chance of success before implementing all FP clinics.</p>
<p>6. The team did not witness FP activities nor did they find any FP commodities and records in the clinics visited.</p>	<p>6. The following seems apparent:</p> <ul style="list-style-type: none"> a) Clients in need of FP services are not served. b) Underutilization of trained staff. c) Inappropriate utilization of space and group educational opportunities. d) FP commodities are in storage under "lock and key" and yet not distributed. 	<p>6. a) Commodities should be made available where currently trained personnel exist and client demand is high.</p> <p>b) Clinic space should be allocated to maximize group educational opportunities and individual counseling sessions.</p>
<p>7. Statements were made to the effect that there are many clients seeking FP services. E.g. 25% of post-partum patients (20 deliveries per day) would ask for FP services.</p>	<p>7. See #6 above.</p>	<p>7. See #6 above.</p>
<p>8. At the Ezei Rural Health Clinic visited, 100 children per session attended the newly (UNICEF) launched expanded program for immunization (EPI) which is offered at least twice per week.</p>	<p>8. See #6 above.</p>	<p>8. See #6 above.</p>
<p>9. In each of the clinics visited there are trained nurse-midwives in FP, including IUCD insertion.</p>	<p>9. See #6 above.</p>	<p>9. See #6 above.</p>
<p>10. QRT services are being provided but different</p>	<p>10. There is no uniformity in the preparation,</p>	<p>10. The Federal MOH/UNICEF QRT solution should be</p>

IMO STATE (CONTINUED)

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

ORT solutions are being used.

administration and practice of ORT.

adopted.

[C] NURSE-MIDWIVES

11. It was stated that there are currently 20 nurse-midwives trained in FP working in areas other than FP (e.g. school health).

12. 16 nurse-midwives (State Training Team) are participating in the Training of Trainers workshop presently underway as part of the INTRAH/Imo State FP training program.

13. MOH stated that there are 4,000 nurse-midwives in the Public sector eligible for FP and ORT training.

14. 16 nurse-midwives (State Training Team) TOT trainees participated in the testing of a proposed pre- and post-test for the 5-day workshop. (See appendix --).

15. Many nurse-midwives indicated that IUCD insertion is the domain of the physicians.

16. It was expressed that FP is taught in the pre-service Nursing, the Midwifery and Public Health Nurses schools training curriculum.

13. MOH has a massive and noble task ahead for training in family planning.

14. The results of the pre- and post-test confirmed INTRAH planning team's impressions that the most required knowledge is in the area of:

- a) chemical composition, potency, dosage and action of oral contraceptives;
- b) sexuality;
- c) ORT.

15. Permanent Secretary recognized the need for nurse-midwives and physician collaboration in training and delivery of FP services.

16. Upon examination of FP course outlines for these programs, it failed to reflect that in fact FP is being adequately covered in these schools.

13. The State Training Team should be fully released once properly trained and prepared to address this training issue.

14. The curriculum should strengthen the areas of chemical composition, potency, action and dosage of oral contraceptives, sexuality and ORT issues.

15. Inclusion of physicians on the 5-day workshops as participants/co-trainers.

16. The schools' course outline should be further developed to strengthen FP principles and practice, e.g. the 5-day workshop curriculum may serve as one resource.

(A) THE SERVICE HEADS AND HEALTH OFFICIALS

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|--|--|--|
| <p>1. Health Officials are well aware of the need for family planning and have served voluntarily in a private capacity by providing FP services for the past 10 years through 6 PPFN Clinics and the University Teaching Hospital in Anambra State.</p> | <p>1. Health Officials recognize the need to establish statewide FP and ORT services on an official basis.</p> | <p>1. The MOH should develop an official policy and strategy for training and service delivery in FP and ORT.</p> |
| <p>2. In order to provide statewide FP services, the following needs were expressed:</p> <ul style="list-style-type: none"> a) trained personnel; b) commodities and equipment; c) clinic space. | <p>2. FP services are offered in high quality but in minimum quantity and limited in the range of methods.</p> | <p>2. Continuous in-service training should be established in the State.</p> |
| <p>3. Health Officials anticipated training of 40 nurse-midwives for each of the 5-day workshops in FP and ORT.</p> | <p>3. Health Officials recognize the need to train nurse-midwives in large numbers; however, the participatory training format for the 5-day workshop is not designed to accommodate 40 participants and achieve quality training.</p> | <p>3. The 5-day workshop for nurse-midwives could serve as a pilot program which should be limited to 30 participants. It will be tested and revised if a greater number of participants is deemed feasible taking into account the need to maintain the high quality of training.</p> |
| <p>4. It was stated that there are 20 trained nurse-</p> | <p>4. There is an insufficient number of trained</p> | <p>4. The MOH should concentrate on increasing the</p> |

ANAMBRA STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
midwives within the State, 7 of them based at the UNTH.	personnel in the MOH FP service areas.	number of trained personnel in FP and DRT.
5. The expressed need is for greater training capacity in the State.	5. Health Officials recognize the importance of the 5-day workshops in meeting the need for trained personnel.	5. INTRAH should pursue the expressed need for training an Anambra State training team.
6. Health Officials recognize the need to strengthen the State policy regarding FP training and service delivery.	6. There is strong interest on the part of MOH/HMB toward integrating FP policy within the current Health policy.	6. A Policy Seminar should be held by INTRAH to assist in development and strengthening of intersectorial FP policy.
7. It was expressed that this is a predominantly Roman Catholic State. There are many missionary hospitals providing services.	7. Health Officials recognize that there may be difficulties in this state with the integration of the philosophical aspect of Natural Family Planning and general FP.	7. Include Natural Family Planning providers in all the FP training programs to enhance communication and collaboration.
8. Natural Family Planning methods are provided by the Catholic missionary hospitals.	8. See #7 above.	8. See #7 above.
9. Concern was expressed by the Health Officials regarding integration of Natural Family Planning into the general FP services.	9. See #7 above.	9. See #7 above.
10. The planning committee consists of the Chief Matron, Health Management Board; State Chief Nursing Officer; Chief Health Tutor; and an Obstetrician/Gynecologist consultant.	10. The composition is representative of all officials responsible for in-service training of nurse-midwives.	10. The inclusion of physicians in the planning committee insures a collaborative effort among the health professionals in FP/DRT training and services. This effort should be recognized and strengthened.
11. The planning committee was open to consider the INTRAH Team's input on the 5-day workshop curricula.	11. The committee did not propose a FP/DRT curriculum but accepted the INTRAH team's proposal developed from the visits to other States.	
12. The committee participated in a thorough	12. The members expressed the need for more experience	12. a) That 2 co-trainers for the 5-day workshop

ANAMBRA STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
review of the 5-day workshop curriculum.	in the participatory format of training upon review of the curriculum.	participate in the Ondo State workshops. b) A Training of Trainers workshop is highly recommended for the State of Anambra.
13. The planning committee stated the need to include private sector and voluntary organizations and the military in training and services.	13. The committee recognizes the need to involve private sector voluntary agencies and the military in FP and ORT activities.	13. The 5-day workshop should include participation of representatives from the non-governmental sector and the military.
(B) SERVICES -----		
14. The PPFN and University of Nigeria Teaching Hospital (UNTH) clinic visited had a high number of attendance both for new and continuing clients. UNTH offers FP services once per week to 70 and 200 clients, respectively.	14. There is a current and future client demand which is not met.	14. INTRAH should assist MOH to further develop the State's Family Planning services to meet client demand.
15. It was expressed that the Family Planning clinic days are insufficient to meet the current client demand.	15. Lack of MOH/UNTH policy and trained personnel limit the availability of family planning services.	15. Anambra State should formulate stronger policy and integration of Family Planning services to meet client demand.
16. Trained personnel work voluntarily in PPFN sites and UNTH - FP clinic after official hours.	16. See #15 above.	16. See #15 above.
17. Equipment, commodities and supplies appeared insufficient and their supply sporadic.	17. Lack of resources to procure the needed supplies.	17. Assist MOH and UNTH to identify resources for procurement of necessary equipment and supplies e.g. USAID and Federal Ministry of Health. Explore the possibility of using cheaper solutions, e.g. iodine.
18. Insufficient sterilization solution for FP	18. Insufficient supplies of sterilization solutions.	

ANAMBRA STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
<p>services.</p> <p>19. At the UNTH the one month old ORT clinic situated at the casualty department is open 7 days a week for 24 hours. An average of 20 children per day are seen. It is based on FMOH/UNICEF model using UNICEF ORT packages to prepare solutions at the UNTH pharmacy, which are utilized for treatment of children with severe dehydration due to diarrheal disease. However, the home treatment method is being taught to the mothers prior to discharge using the FMOH/UNICEF oral rehydration solution formula.</p>	<p>19. The ORT clinic is successfully treating dehydrated children at 98% rate of cure.</p>	<p>19. The UNTH ORT clinic should be used as a training centre for ORT nurse-midwives and other health personnel.</p>
<p>(C) NURSE-MIDWIVES</p>		
<p>20. The 3 Midwifery and 1 Public Health Nurse training schools use the standard Nurse Midwifery Council syllabus the FP component of which is minimal and superficial.</p>	<p>20. Little effort is made to provide adequate knowledge and skills in FP at these schools in Anambra State.</p>	<p>20. a) Tutors of the Nurse-midwives and Public Health Nursing schools should participate in FP training courses. b) The 5-day workshop content in FP and ORT for this state should be geared towards more basic knowledge and skills.</p>
<p>21. The MOH clinics visited were:</p> <p>a) Anechi - Awkunanaw Basic Health Clinic;</p> <p>b) Abakap - Nike Health Centre (Enugu)</p>		
<p>22. One clinic offers FP services including IUCD insertion on Thursday evenings.</p>	<p>22. a) Lack of knowledge and skills prevent nurse-midwives from responding to these needs.</p>	<p>22. a) A complete range of education and training in Family Planning should be provided to all</p>

ANAMBRA STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
<p>It is run by a PH nurse who was trained 2 years ago in Ibadan. In the absence of this PH nurse, no other staff is prepared to answer family planning related questions.</p>	<p>b) Family planning services are offered at a very minimum level.</p>	<p>nurse-midwives/public health nurses serving in clinics and dispensaries. b) Increase the number of trained personnel in FP. c) Adequate staffing of the existing family planning clinics with personnel trained in FP would be appropriate.</p>
<p>23. The two clinics showed large numbers of clients for maternal/infant care including delivery and lying in. One clinic had an average of 227 deliveries per month yet did not offer FP services.</p>	<p>23. a) There is insufficient number of trained personnel and staff coverage in FP. b) There is lack of FP service in the most needed areas.</p>	<p>23. Establish family planning services in all active MCH clinics.</p>
<p>24. In the above mentioned clinics staff are instructing ORT management to the patients utilizing formulas different from the FMOH/ UNICEF standard.</p>	<p>24. There is a lack of training regarding ORT.</p>	<p>24. The FMOH/UNICEF formula should be taught to all clinic staff.</p>

BENUE STATE, JUNE 4-7, 1985

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

(A) THE SERVICE HEADS AND HEALTH OFFICIALS

1. Senior Health Officials of MDH and Health Service Management Board in Benue State showed they were knowledgeable of both the national and state plans for Family Planning (FP) and Oral Rehydration Therapy (ORT).
2. FP and ORT are part of Benue State's health strategies which are in the process of implementation.
3. A detailed program of ongoing and future activities in FP and ORT was presented to the INTRAH team (see appendix *N*, Report Read to Press April 1985).
4. A temporary Planning Committee organized shortly after the INTRAH team's arrival in Benue consisted of the Chief Medical Officer, Health

1. Senior Health Officials are well aware of health needs in Benue State and are in the process of addressing the issue accordingly.
2. Although FP and ORT services are scarce at the present time, there is a well integrated plan which is being put into effect by the following:
 - a) a training program including Training of Trainers for FP and ORT;
 - b) procurement of commodities and equipment;
 - c) identification of appropriate service sites.
4. The policy making, training and service delivery divisions were well represented.

1. INTRAH should recognize and continue to support the State's efforts.
2. AID/INTRAH should assist in the planning and coordination of the various FP training activities.

BENUE STATE (CONTINUED)

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

Services Management Board (HSMB); Chief Nursing Officer, MDH; Principal Tutor, School of Nursing and Midwifery; Assistant Chief Community Health Officer, HSMB; and Community Health Sister in Charge, MCH Clinic, Makurdi.

5. Most of the intended co-trainers for the 5-day workshops are presently undergoing FP training in Philippines. (One of these who returned early from Philippines met briefly with the INTRAH team before its departure from Benue.)
6. The Planning Committee expressed desire to review the 5-day workshop curriculum already developed by the INTRAH team.
7. After a thorough discussion, the curriculum was fully accepted.
8. The Planning Committee expressed concern regarding the lack of teaching aids and training materials e.g. reference books; film, slide and

5. It is apparent that the INTRAH team arrived one week earlier than the State would have wished. However, the four days' preparatory task was accomplished to everyone's expectation.
--The present temporary planning committee members will brief the absent members regarding the 5-day workshop curriculum and plans.
6. The content of the 5-day workshop appears feasible. However, the participatory format suggested was not familiar to the members of the temporary Planning Committee.
7. The Planning Committee recognizes the relevance of family health content areas, e.g. demographic characteristics, sexually transmitted diseases and ORT.
8. The Committee recognizes the need for A.V. equipment and skills for training.

5. Communication mechanisms should be established between incoming co-trainers to ensure successful outcome of the planned workshops.
6. The designated co-trainers of the 5-day workshop should be alerted to this fact.
8. INTRAH should coordinate with other donors e.g. PCS, FPIA and Pathfinder regarding the procurement of teaching aids e.g. slide projectors,

BENUE STATE (CONTINUED)

OBSERVATIONS

CONCLUSIONS

RECOMMENDATIONS

- overhead projectors; and pelvic models.
9. The Planning Committee recognizes the following facts:
- a) the 6 Roman Catholic missionary hospitals do not offer any FP services, lacking even natural family planning services;
 - b) there are two FP clinics offered by the private sector i.e. a private maternity home and a private hospital;
 - c) one FP clinic is offered by the Army.

7. The Committee intends to invite participants from the MDH/HSMB, the voluntary sector and the military to participate in the 5-day workshops.

- film and overhead projectors, and pelvic models.
9. This intersectorial effort should be supported by AID/INTRAH.

[B] SERVICES

10. The following MDH clinics were visited:
- a) Makurdi Child Welfare Clinic
(opposite Government College).
 - b) North Bank Basic Health Clinic, Makurdi.
(PPFN/HSMB FP clinic is temporarily in operation in this building).
 - it offers daily FP services providing full range of FP methods including natural family planning methods;
 - attendance for May 1985 was:

new acceptors:	38
continuing acceptors:	112

10. Well organized and well attended clinics.

10. The clinics should be used as training sites for the 5-day workshops.

BENUE STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
total acceptors: 150		
[C] SUPPLIES -----		
11. It was expressed that the quantity of commodities did not meet the demand of clients.		
12. Commodities are supplied by PPFN Plateau State. Although wide in range, the quantity is insufficient.	12. There appears to be confusion as to how the FP commodities should be ordered and received by the Benue State MOH/HSMB.	12. AID should clearly inform various States as to AID FP commodities delivery protocol and procedures. The MOH/HSMB should designate one officer responsible for ordering, monitoring, receiving and distributing FP commodities for the State.
13. a) The North Bank Basic Health Clinic is well staffed and in full operation providing ante-natal care and child welfare services.	13. The clinic is equipped and staffed for MCH services. Trained personnel is available to include FP in the MCH services. However, due to lack of equipment, commodities and support, client needs for FP are not met.	14. INTRAH should assist the MOH/HSMB to support the initiative of North Bank Basic Health Clinic to provide FP services.
b) The Assistant Chief Community Health Officer in charge of the clinic received FP training at Ibadan in 1981 including IUCD insertion. However, the ACCHO stated she was unable to provide FP services due to lack of medical support, equipment and commodities.		
c) In this clinic, FP is provided in the form of health talks and referrals.		
14. The average attendance is as follows:		
a) Ante-natal clinic		
New: 40 - 60 weekly		
Re-attendance: 50 - 100 twice a week		

BENUE STATE (CONTINUED)

OBSERVATIONS	CONCLUSIONS	RECOMMENDATIONS
b) Child Welfare Clinic		
New: 60 weekly		
Re-attendance: 60 weekly		
15. Monthly activity/attendance summary records appeared not to be readily available.	15. The staff does not apparently recognize the usefulness of monthly summaries as a means for monitoring the demand for health services including FP.	15. The curriculum should address issues in record keeping and service monitoring.
16. At the above mentioned clinics staff conduct health talks on all subjects including ORT. The ORS preparation being taught is different from the one adopted by FMOH/UNICEF.	16. Lack of knowledge regarding the FMOH/UNICEF management of diarrhea and dehydration prevent staff from teaching the correct formula.	16. The State MOH/HSMB should support FMOH/UNICEF efforts to launch the ORT educational program.
17. Staff of both clinics expressed the need for equipment and educational material for ORT management.	17. There is a lack of resources to facilitate demonstration regarding preparation and administration of ORS.	17. MOH/HSMB should provide the necessary ORT equipment and educational material to enable the staff to fully serve the clients.
(D) NURSE-MIDWIVES		
18. In the two clinics visited, the nurse-midwives providing MCH services had very little knowledge and skills regarding FP.	18. Nurse-midwives are eager to be trained as Family Planning service providers.	18. The current MOH/HSMB plan for training in FP and ORT should include all nurse-midwives in the service delivery area.
19. Student nurses interviewed at one clinic stated that they had not yet received FP instruction but were exposed to FP at this particular clinic. However, they are very interested in learning more about FP.		

VI. OVERALL RECOMMENDATIONS

i. A long term training strategy similar to the current program being implemented in Imo State (with minor modifications in sequencing of activities) could serve as a model for in-country training.

2. Training activities recommended for each state should be consistent with the state plans for family planning and oral rehydration therapy services.

3. Nurse-midwives were identified as the major providers of family planning and oral rehydration therapy services. Training efforts in family planning and oral rehydration therapy should focus on this target group.

Collaborative efforts in family planning and oral rehydration therapy training should be strengthened between physicians and nurse-midwives to enhance a team approach to family planning and oral rehydration therapy service delivery.

4. It appears that the sanction and readiness exist for the training of nurse-midwives in family planning and oral rehydration therapy in the five states visited (Plateau, Ondo, Imo, Anambra and Benue).

Therefore, it is strongly recommended that the 5-day workshops be implemented in these five states.

The 5-day workshop scheme should be tested and revised in an effort to train all nurse-midwives who will be providing family planning and oral rehydration therapy services in these five states.

Moreover, this training scheme could serve as a model for the training of nurse-midwives in the remaining 14 states and the Federal Capitol Territory.

5. The 5-day workshop curriculum should emphasize, but not be limited to, the following content areas:

- Demographic factors relating to maternal and child health.
- Male and female reproductive systems in relation to family planning.
- Hormonal basis for methods.
- Natural family planning methods.
- Chemical composition and dosages of hormonal contraceptives.
- Female and male sterilization methods.
- Management of dehydration due to diarrheal diseases through oral rehydration therapy.
- Sexually transmitted diseases and infertility.
- Sexuality and psychosocial factors in family health.
- Record keeping and evaluation.

6. Due to the scarcity of training materials and teaching aids in the country, the 5-day workshops should be supported with appropriate materials, such as reference books, and audio-visual materials and equipment. Suggested teaching aids:

- a) Charts/newsprints/ markers/transparencies.
- b) Reference books for co-trainers and participants. (See Appendix O).
- c) Anatomical models.
- d) Slides and films.
- e) List of audio-visual equipment available and required, including spare parts and bulbs.
- f) UNICEF/Nigeria ORT demonstration materials and reference books.

7. In order to improve family planning service delivery, the distribution system for family planning commodities should be administratively and technically assessed and coordinated at donor agency, Federal and State Ministry of Health levels. Special attention should be given to:

- Low dosage and low potency progesterone oral contraceptives.
- Multiple sizes of contraceptive devices (i.e. IUD, diaphragms and condoms).
- Low cost sterilization solution (e.g. iodine).
- Compatibility between spermicidal cream/jellies and diaphragms.

8. Locally available family planning and oral rehydration therapy educational materials (e.g. posters, brochures, booklets) should be pre-tested, revised and made more widely available for greater public awareness regarding the need for and availability of family planning and oral rehydration therapy services.

9. The existing family planning and oral rehydration therapy component of Nursing-Midwifery Council of Nigeria syllabus used by schools of nursing and midwifery should be revised and expanded to reflect current principles and practices in family planning and oral rehydration therapy.

The 5-day workshop curriculum developed during this assignment and materials from the Institute of Maternal and Child Health (IMCH), Manila, Philippines, could serve as useful guides.

10. Trans-regional training for nurse-midwives/physicians in family planning should be encouraged as a

means of effectively transferring to Nigeria successful family planning techniques and practice from other developing countries.

11. The UNICEF and Federal Ministry of Health strategy for oral rehydration therapy is well developed and was presented to the team as a guideline in developing the 5-day workshop design. The strategy proposes education of the mother in preparation of a "home mix" rehydration solution (in preference to the UNICEF pre-packaged mix) for use by the mother in treatment of dehydration due to diarrheal disease in the child. The pre-packaged oral rehydration salts will be used exclusively in the clinic setting and not given out to mothers. It is recommended that INTRAH adopt and promote the UNICEF/FMOH oral rehydration therapy strategy as part of the global campaign of child survival.

APPENDIX A

PERSONS CONTACTED IN LAGOS

American Embassy

Ms. Keys MacManus, AID Affairs Officer
Mrs. H.O. Shitta-Bey, Population/FP Specialist

UNICEF

Mr. Richard Reid, Director
Mr. Alan Brody, ORT Promotion Officer
Ms. Adjuwa Amana, ORT Promotion Assistant
Mr. Gary Glerson, Program Communication Specialist

Coopers and Lybrand

Mr. A.O. Fadojutimi, Partner
Mr. M.O. Kukoyi, Senior Manager

PERSONS CONTACTED IN PLATEAU STATE

<u>NAME</u>	<u>POSITION</u>
1. Mrs. Michal B. Sani	Pharmacist I, MOH HQS.
2. Mrs. Saratu O. Dung	Primary Health Care Coordinator
3. Mrs. H. Tarnap	Chief Midwife Tutor, MOH
4. Mrs. Rebecca Nadona	Principal Health Sister
5. Richard B. Gurumnaan	Health Educator
6. Mrs. Zipporah Gambo Mafuyai	Principal Nurse Tutor
7. Mrs. M.L. Shemu	Health Sevices Management Board, Jos
8. Mrs. Hannah Jatau	Chief Nursing Officer, MOH Jos
9. Mr. Amos David Ayenajeh	Permanent Secretary, MOH Plateau State
10. Dr. Emmanuel Miri	Senior Medical Officer, Acting Chief Medical Officer, MOH
11. Mrs. Deborah Dusu	Matron in Charge of Vom Christian Hospital, Vom
12. Mr. John Samani	Matron in Charge of ECWA (Evangelic Church of West Africa) Hospital, Jos
13. Mrs. Gofwn	Community Health Sister, Supervisor of Tudun-Wada Health Clinic, Jos
14. Mr. Samaila I. Usaine	PPFN Field Supervisor for Information, Education and Communication, Jos

PERSONS CONTACTED IN ONDO STATE

<u>NAME</u>	<u>POSITION</u>
1. Mr. S.A. Orisasona	Nursing Superintendent Health/ Health Educator
2. Mrs. M.M. Olowo	Public Health Nurse Tutor
3. I.O. Adegbenro	Medical Officer
4. E.A. Ajayi	Minister of Health, Health Education Unit, Akure
5. Mr. Omolorun Modupe	Permanent Secretary, MOH Ondo State
6. Mrs. A. A. Ojo	Assistant Chief Health Sister
7. Mrs. R.T. Ogunlowo	Principal Health Sister C.H.C. Aramoko
8. Mr. A.P. Banji	Public Health Supervisor Storekeeper, C.H.C. Aramoko
9. Mr. J.A. Aboluwoye	Community Health Officer Arakale Health Center, Akure
10. Mr. Eddie O. Oguntonade	Ministry of Education, Akure
11. Mr. A.M. Attah	PPFN, Akure
12. Dr. A.T. Adelesawe	Chief Health Offficer, MOH
13. Dr. O.A. Adeleye	Comprehensive Health Center, Ilare Mokin, via Akure

PERSONS CONTACTED IN IMO STATE

1. Mrs. Ada Ugbaga
Principal Nursing Officer
Nursing Services Division
Health Management Board,
Owerri
2. Mrs. Mercy Umezuruike
Asst. Chief Midwife Tutor
Principal, School of Midwifery
General Hospital, Aba
3. Mrs. Doris Otuka
Asst. Chief Midwife Tutor
Principal, School of Midwifery
General Hospital, Aboh
4. Mrs. Josephine Madumihe
Asst. Chief Health Sister
Ministry of Local Government
Owerri
5. Mrs. Irene Amadi
Asst. Chief Health Sister
Local Government, Owerri
6. Mrs. Cecelia C. Ibe
Senior Nursing Sister/
Nurse Educator
MOH School of Nursing, Owerri
7. Mrs. Patience C. Njoku
Principal Public Health Nurse
Tutor
School of Public Health
Nursing, MOH, Owerri
8. Dr. Reginald A. Eke
Chief Health Officer
MOH, Owerri
9. Mr. A. E. N. Izuwah
Permanent Secretary
MOH, Owerri
10. Mr. J.C. Onwnehekwa
Chief Financial Officer
MOH, Owerri
11. Mr. C.I. Ogoke
Senior Asst. Secretary
MOH, Owerri

12. Dr. E.I. Emenalom
Acting Secretary/Chief
Executive Officer, HMB
Owerri
13. Mr. J.N. Aburuonye
Principal Asst. Secretary
MOH, Owerri
14. Dr. S.N. Ugoj
Director, Health Services
MOH, Owerri
15. Mr. O.O. Obasi
Secretary for Administration
and Finance, MOH, Owerri

PERSONS CONTACTED IN ANAMBRA STATE

<u>NAME</u>	<u>POSITION</u>
1. Dr. M.A.S. Ukeje	Chief Medical Officer/ Chief Executive, Health Management Board
2. Mrs. G.N.I. Onowu	Nursing Officer Health Management Board
3. Dr. E.C. Okpala	Deputy Chief Medical Officer Health Management Board
4. Dr. Gideon O. Ude	Senior Consultant Health Management Board
5. Mr. E.O.Nworah	Secretary, Health Management Board
6. Mrs. Veronica Obiageli Tabansi	Senior Matron, OB/GYN, University of Nigeria Teaching Hospital (UNTH)
7. Mrs. B.A.C. Moneme	State Chief Nursing Officer MOH
8. Mr. G.E. Anukwu	Permanent Secretary, MOH
9. Mrs. Agnes D. Enelife	Chief Health Tutor, MOH
10. Mr. C. Onwe	Commissioner of Health, MOH
11. Dr. K. Okoye	Chief Health Officer, MOH

PPFN Clinic

12. Mrs. Mabel N. Ugboaya	Nursing Sister
13. Mrs. Patience Onyema	Field Worker
14. Mrs. Chioma Madriabuchi	Field Worker

University of Nigeria Teaching Hospital

15. Dr. Peter C. Gini

Consultant, Dept. of OB/GYN

16. Mrs. Ngozi Ifezue

Senior Nursing Sister

PERSONS CONTACTED IN BENUE STATE

<u>NAME</u>	<u>POSITION</u>
1. Mary D. Ogebe, M.D.	Chief Consultant, Curative FP Clinical Consultation, 12 years. HSMB, Makurdi, Benue State
2. Hannah N. Adema	Acting Principal School of Nursing & Midwifery Makurdi
3. Martha K. Dalhatu	Chief Nursing Officer MOH, Makurdi
4. Mrs. S.G. Ogbaje	Principal Nursing Officer FP trained @ Lagos General Hospital, Makurdi
5. Mrs. E.N. Kange	Community Health Sister FP trained @ Ibadan University College Hospital Maternal Child Welfare Clinic Makurdi
6. Mr. J.A. Tandyer	Asst. Chief Community Health Officer Community Health, HSMB, Makurdi
7. Mr. Alex Karidi	Commissioner for Health, MOH
8. Mr. J. Onya Ikyaagba	Permanent Secretary, MOH
9. Dr. Nelson Bur	Executive Secretary, HSMB Makurdi
10. Dr. Rosemary Abdullahi	Consultant in Public Health MOH, Makurdi

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APPENDIX B

PLATEAU STATE PROPOSAL, WORKPLAN AND CURRICULUM

TRAINING PROGRAMME FOR NURSE/MIDWIFE IN FAMILY-
PLANNING AND ORAL REHYDRATION THERAPY.

GOAL: To prepare the health workers to offer efficient services in family planning including natural family planning and oral rehydration therapy in an integrated setting.

Objective

At the end of this training programme the participants should:

1. Demonstrate skills in providing information communication, education and services in family planning and oral rehydration therapy.

FIVE - DAY FAMILY PLANNING AND ORAL REHYDRATION
THERAPY UPDATE WORKSHOPS

PROPOSAL TO:-

THE UNIVERSITY OF NORTH CAROLINA (INTRAH) FROM
THE MINISTRY OF HEALTH, PLATEAU STATE,
REPUBLIC OF NIGERIA.

1. BACKGROUND.

Plateau State has an estimated projected 1984 population of 3.5 million inhabitants. The Plateau State Ministry of Health is aggressively pursuing the integration of Family Planning Services into its primary health care programme. The State currently operates 45 maternal and child welfare clinics the majority of which are located in rural areas. Most of these clinics provide limited family planning services. The M.O.H. intends to extend the whole range of family planning services (clinical and educational) throughout the state within the existing maternal and child welfare clinic system.

Personnel at these clinics, however have received minimal in-service training in Family Planning to update their clinical and non-clinical knowledge and skills. Moreover, the majority of these personnel have received little or no training in oral rehydration therapy (ORT).

2. PURPOSE

This proposal (as part of a long term family planning effort in Plateau State) to the University of North Carolina program for International Training in Health (INTRAH) from the Plateau State Ministry of Health (MOH) intends to address the immediate clinical family planning informational and service needs of select registered nurses and midwives in the areas of current family planning methods

and oral rehydration therapy by the means of two 5 - day Family Planning and ORT update workshops (20 participants per workshop). ^{The necessary} conditions and readiness are found to exist on the part of the MOH. The tentative dates (inclusive) for these two 5- day workshops are Oct. 7 - 11 and Oct. 14 - 18, 1985.

3. PROPOSED SITES (V.L.S.),

1. School of Health Technology
or
2. Jos University
or
3. Evangelic Church of West Africa Conference Building.

4. GOALS AND OBJECTIVES - (See attached).
5. WORKPLAN - (See attached).
6. RESPONSIBILITIES OF MINISTRY OF HEALTH, PLATEAU STATE.
 - (a) Designation of a Team Leader (Mrs. S.O. Dung) who shall have overall responsibility for the successful, timely completion of the work plan. Designation of the following individuals in addition to the team leader. (See attached).
 - (b) As required, coordinating with the ^{other} donors to assure availability of family planning and ORT service delivery commodities.
 - (c) Provision of physical facilities for classroom training and practicum site.
 - (d) Selection and notification of participants.
 - (e) Logistic arrangements related to transport, accommodation, meals and materials for participants with funds provided through INTRAH.
 - (f) Cooperating in the evaluation activities outlined in section 9 - Evaluation.
 - (g) Compilation and mailing of participant biodata forms and participant reaction forms to INTRAH.
 - (h) Follow-up of participants to assess the usefulness of the 5 - day family planning and ORT update workshops and to jointly assess with INTRAH training effectiveness and additional training needs.
7. RESPONSIBILITIES OF INTRAH
 - (a) Provide operating funds as detailed in section 8 - Budget and disbursement of such funds through a reputable accounting firm (e.g. Coopers and Lybrand) located in Lagos, Nigeria.
 - (b) Assure that participant per diem rates have AID Affairs office (AAO) approval.
 - (c) Assure an adequate supply of forms required to document the participant training and/or technical assistance activities.
 - (d) Arrange and Finance INTRAH technical assistance visits as outlined in the workplan plan - section 5
 - (e) Provide training materials (books, booklets, information packets, etc.) as described in the work plan.
8. BUDGET
 - (a) The financial component of the 5-day workshops will be administered through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Specific details as to how the funds are to be disbursed will be communicated by INTRAH to the MOH as soon as known.

8. (b) The following budget sets forth estimated costs for individual line items. Within the total amount the MOH may adjust line items as reasonably necessary for the performance of work in this proposal. MOH guidelines for travel and per diem are anticipated (i.e. according to allowable cost per km and salary grades and steps).

<u>CATEGORY</u>	<u>NIGERIA NAIRA PER WORKSHOP</u>	<u>U.S. DOLLARS PER W/SHOP</u>
Travel (round trip) (N 40x30 participants)	1,200	1,500
Per Diem (N20 x 6 days x 30 parts)	3,600	4,500
Lunch at Site (N6 x 5days x 40 persons)	1,200	1,500
Honorarium (N 12/hr x 6hr/wk/trainer x 5 trainers)	360	450
Petrol (2 vehicles) (N6/ day x 5 days x 2 vehicles)	60	75
Support staff (1) Typist (N10 /day x 5 days) (1) Messenger (N8 /day x 5 days) (2) Drivers (N5 /day x 5days x 2drivers)	140	175
Training/Discussion supplies	1000	1,250
Space Rental (if necessary) (N 50 x 5 days)	250	313
Communications (to Lagos, U.S. etc.)	500	625
TOTAL one 5-day workshop	<u>N 8310</u>	<u>U.S. 10388</u>
	<u>x 2</u>	<u>x 2</u>
GRAND TOTAL TWO WORKSHOPS	N 16,620	US 20,776

Conversion rate: 80 Naira = \$ 1.00 U.S.

9. EVALUATION

Evaluation of the 5 - day Family Planning and oral Rehydration Therapy Workshops in Plateau State will occur in the form of pre and post workshop tests on an individual level. The objective of the pre and post tests is to assess the effectiveness of each individual training intervention. The comparison of before - after knowledge and skills will be based on workshop objectives as outlined in the workshop workplan.

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10. SIGNATURES

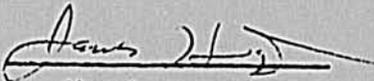
This proposal has been reviewed by the following responsible parties:

Plateau State Ministry
of Health, Private Mail Bag
2014, Jos.
Plateau State, Nigeria.

INTRAH, University
of North Carolina,
Chapel Hill, N. C. 27514.



Signature.



Signature.

MR. AMOS D. AYENAJEH
Typed Name.

MR. JAMES HERRINGTON.
Typed Name.

PERMANENT SECRETARY
Title.

PROGRAM OFFICER
Title.

17TH MAY, 1985
Date.

17th MAY, 1985.
Date.

TRAINING PROGRAMME FOR NURSE/MIDWIFE IN FAMILY PLANNING
AND ORAL REHYDRATION THERAPY 7 - 18TH OCTOBER, 1985.

O B J E C T I V E S	C O N T E N T / T O P I C S	M E T H O D / M A T E R I A L	T I M E	E V A L U A T I O N	R E S O U R C E P E R S O N
<p>At the end of this training programme, the participants shall be able:</p> <p>1. To determine the relationship between demographic characteristics and the socio-economic development and health issue of population.</p>	(a) Introduction of participants.	Self Introduction Written	<u>MONDAY</u> 8 - 8 . 10 a.m.		MRS. R. NADOMA.
	(b) Pre - Test.		8.10 - 9.47 a.m.		
	(c) Opening Ceremony.		10 a.m - 12 noon		-
	(d) Exchanging Clinical problems on F.P.	Participants divide themselves into 5 groups discuss and group leader present report to full class	12 noon - 1 p.m.		MRS. Z. MAFUYAI.
	L U N C H	B R E A K	1 - 2 p.m.		
	Brief over view on Training Methodology.	- Adult Education concept. - Time Table - Participants expectation.	2 - 3 p.m.		S. O. DUNG.
	(a) Demographic characteristics of Nigeria. (b) Total population. (c) Projected population (d) Growth rate.	Discuss the demographic data of Nigeria and Plateau State.	3 - 5.30 p.m.	Outcome of group discussion outlining relationship.	S. O. DUNG.

<p>2. To evaluate the family planning programme in Nigeria in relation to their job as F.P. providers</p>	<p>(e) Density per square kilometer. (f) Per Capital income. (g) Gross National Product. (h) Crude Birth Rate. (i) Infant Mortality Rate (j) Fertility rate. (k) Maternal Mortality Rate</p> <p><u>Review:</u> (a) F.P. programe and strategies for Nigeria and Plateau State. (b) Prevalent F.P.Methods. (c) Agencies involved in providing the services. (d) Collabrotive role of the agencies in F.P. and M.O.H.</p> <p>C O F F E E B R E A K</p>	<p>Group discussion.</p>	<p>3 - 5.30 p.m.</p> <p><u>TUESDAY</u> 8 a.m. - 10 a.m.</p> <p>10 - 10.30 a.m.</p>		<p>MRS. S. O. DUNG</p>
<p>3. To describe the impact of F.P. and O.R.T. on the Health of children and women.</p>	<p>(I) Improves children's health by helping in: (a) Spacing of birth. (b) Control of family size. (c) Avoiding pregnancy at unfavourable maternal age. (d) Reducing Infant Mortality Rate. (6) Supporting child survival (ORT)</p>				

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	<p>(II) Improves health of women by helping to</p> <p>(a) Avoid high risk pregnancy.</p> <p>(b) Avoid induced abortion</p> <p>LUNCH</p>	<p>Group activities</p> <p>-News print</p> <p>-Markers.</p> <p>BREAK</p>	<p>10.30 - 1.30p.m</p> <p>1.30 - 2.30p.m</p>		<p>MRS.R. NADOMA</p>
<p>4. Demonstrate knowledge about the Anatomy and Physiology of the Female and Male reproductive system and their relationship to F.P. methods.</p>	<p>(I) Female reproductive systems.</p> <p>(a) Structure and Location of Organs</p> <p>(b) Menstrual Cycle</p> <p>(II) Male reproductive system</p> <p>(a) Organs</p> <p>(b) Spermatogenesis/ Ejaculation Mechanism.</p>	<p>Group activities</p> <p>-Chatts</p> <p>-Models</p> <p>-Diagrams</p> <p>-Newsprints</p> <p>-Markers</p>	<p>2.30 - 5 p.m.</p>	<p>Reflections on method and content by participants</p>	<p>MRS.Z. MAFUYAI</p>
<p>5. Demonstrate skill and describe rationale in History taking and physical examination including breast and pelvic examination.</p>	<p>(I) History:</p> <p>(a) Social</p> <p>(b) Obstetric</p> <p>(c) Medical</p> <p>(d) Contraceptive</p>	<p>Group activities</p> <p>- Demonstration</p> <p>- Clinical Observation</p> <p>- Posters</p> <p>- Charts</p> <p>- Clients</p>	<p><u>WEDNESDAY</u></p> <p>8 - 10 a.m.</p>	<p>Check lists</p>	

<p>5.</p>	<p>(II) Examination: (a) Thyroid (b) Breast (c) Abdomen (d) Pelvic (e) Inguinal gland (f) Extremities</p> <p>C o f f e e</p>	<p>B r e a k</p> <p>To the clinic where F.P. activities are carried out for observation and practice.</p>	<p>10 - 10.30 a.m. 10.30 - 12.30</p>		
<p>6. To describe contraceptive methods in terms of types, effectiveness, action, effectiveness, advantages, in convenience, side effects, complications and contraindications.</p>	<p>Oral contraceptives Injectables Condoms Diaphragms Natural F.P. (Mucous) Chemical barrier methods Intrauterine devices Sterilization</p> <p>L U N C H</p>	<p>Demonstration, Group activities</p> <p>B R E A K</p> <p>Continue with above <u>No.6.</u></p>	<p>12.30 - 1.30 1.30 - 2.30 2.30 .. 5.30 p.m.</p>	<p>Post - Test</p>	<p>Post-Test Feed back, Questions & Answers.</p> <p>Mrs. Z. Mafuyal</p>

<p>7. To demonstrate skill in preparing and administering the Sugar-Salt solution used in Oral Rehydration Therapy of children and health teaching about prevention of dehydration.</p>	<p>Sugar Salt solution mechanism of action -Preparation of Sugar - Salt solution. -Return demonstration -Oral rehydration serum -Preparation of O.R.S. -Administering ORS.</p>	<p>Group activity -Demonstration</p>	<p><u>THURSDAY</u> 8 - 9.30 a.m</p>		<p>MRS. G. GOFWEN</p>
<p>8. I identify the degrees of dehydration occurring in children suffering from diarrhoea.</p>	<p>(a) Mild moderate & severe dehydration, (b) Loss of 5% & 10%, sunken fontanelle & eyes, Rapid deep breathing, loss of skin elasticity, fast weak pulse & dry skin. C O F F E E</p>	<p>Group activity - Charts - Posters - Manual from UNICEF. B R E A K Continue with above</p>	<p>9.30 - 10.30 10.30 - 11 a.m. 11 - 12 p.m.</p>	<p>Feed back</p>	<p>DR. MWANMUT</p>
<p>9. To demonstrate skill in identification, treatment, prevention and referral of sexually transmitted diseases.</p>	<p>(a) Types of S.T.D., diagnosis of S.T.D, Health teaching about S.T.D., referral of S.T.D. for treatment. (b) Contraceptive methods in relation to S.T.D. and infertility. L U N C H</p>	<p>Group discussion B R E A K</p>	<p>12 - 1.30 p.m. 1.30 - 2.30 p.m</p>		<p>DR. D. MWANMUT</p>

<p>10. To demonstrate knowledge and skill in identification, treatment and referral of infertility cases.</p>			<p>2.30 - 3.30 p.m.</p>		<p>DR. MWANMAT.</p>
<p>11. To demonstrate skills in providing intergrated MCH/FP services including management and counselling.</p>	<p>(a) Guiding clients in selection of the most suitable contraceptive (b) Instructing clients on how to use the chosen method. (c) Identification of side effect and complications of contraceptive methods. (d) Counselling new and continuing acceptors (e) Referral for complication of the contraceptive use, STD and infertility cases. (f) Intergrated practice of the above described abilities in <u>No.7 & 8.</u></p>		<p>3.30 - 5.30 p.m.</p>		<p>MRS. S.O. DUNG.</p>

<p>12. To demonstrate skill in recognizing and examining influences of psychosocial issues in F.P., ST., Infertility and O.R.T.</p>	<p>Community's:- (a) Cultural beliefs and related to reproduction and Family Planning. (b) Male and Female role in sexual behaviour. (c) Local attitude about infertility. (d) Cost-effect of F.P. and O.R.S. services (e) Socio-economic and educational factors.</p>	<p>Role play Group discussion</p>	<p><u>FRIDAY</u> 8 - 10 a.m.</p>	<p>Participants and trainers connect on role play. Presentation of group report.</p>	<p>DR.D.MWANMAT.</p>
<p>13. To demonstrate skill in maintainance of accurate FP & ORT. records.</p>	<p>C L O S S I N G (a) Function of records. (b) Types of records needed for official statistical evaluation and follow up.</p>	<p>C E R E M O N Y</p>	<p>10 - 12 noon</p>	<p>Check the filled out records.</p>	<p>MRS.R.NADOMA.</p>
<p>14. To Familiarize with the system of commodity supplies and maintenance.</p>	<p>L U N C H (a) M.O.H. system of ordering and re-supply. (b) Available commodities. (c) Self life of each contraceptive. (f) Storage.</p>	<p>B R E A K Group discussion</p>	<p>1.30 - 2.30</p>	<p>2.30 - 4 p.m</p>	<p>MRS.R.NADOMA.</p>
<p>T O T A L r-</p>		<p>34hrs.40 minites</p>	<p>Spent Excluding</p>	<p>Tea & Lunch.</p>	

APPENDIX C

ONDO STATE PROPOSAL

FIVE DAY FAMILY PLANNING AND ORAL REHYDRATION THERAPY
WORKSHOPS FOR NURSE MIDWIVES

PROPOSED TO UNIVERSITY OF NORTH CAROLINA PROGRAM FOR INTERNATIONAL
TRAINING IN HEALTH (INTRAM)

FROM THE ONDO STATE MINISTRY OF HEALTH (OHA) Republic of
Nigeria.

1. BACKGROUND

Ondo State has an estimated (1984) population of 4.3 Million with an annual population growth rate of 3.0 percent. The Ondo State Ministry of Health has taken a very positive and proactive position towards integrating family planning and Oral rehydration therapy training and services into its primary health care (PHC) activities throughout the State. Seven Primary Health Care clinics and three hospitals in the State are currently offering the full range of family planning services (e.g. Oral Contraceptives, IUCD insertion, Condoms, Foaming, tablets, diaphragm fitting, and Family Planning Counselling) and oral rehydration therapy (e.g. Oral rehydration solution mixing demonstrations for mothers). The Ondo State Ministry of Health intends to extend Family Planning and Oral Rehydration Therapy Services (clinical and educational) throughout the State through integration of FP/ORT into the existing Primary Health Care system.

2. PURPOSE

This proposal intends to address expressed needs by the Ondo State Ministry of Health for updating the family planning and oral rehydration knowledge and skills (excluding IUCD insertions) of select nurse midwives throughout the State by means of two five day family planning and oral rehydration therapy up-date workshops. This activity will be carried out by Ondo State core training team members (who received INTRAM training in February 1984) with the assistance of not more than two INTRAM consultants.

The Ministry of Health proposes to release 30 nurse midwives for each five day workshop. A Total of 60 nurse-midwives will be trained.

3. WORKSHOP VENUE AND DATES

The five day workshops are proposed to be held at the Ilorin Comprehensive Health Centre for theory and group discussions and at the above site plus the Ondo State Hospital for practical experiences.

Proposed dates for the workshops are (inclusive) 15 - 20 April and 25 - 30 September, 1985

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4. GOALS AND OBJECTIVES - (See Attached)
5. WORK PLAN - (See Attached)
6. RESPONSIBILITIES OF MEMBERS OF INTREMI, OYO STATE
 - (a) Designation of a Project Officer - Dr. A.A. Adetunji who shall have overall responsibility for the successful, timely completion of the Work plan. Designation of the following individuals as trainers for the workshops. - (See Attached)
 - (b) As required coordinating arrangements with other donors to assure availability of service delivery commodities.
 - (c) Provision of physical facilities for training (educational and clinical, excluding IUD insertions).
 - (d) Selection and notification of participants.
 - (e) Logistic arrangements related to the transport (specifically to and from venue of workshop and Akure), accomodation and meals for participants during the workshop week with funds provided by INTREMI.
 - (f) Co-operating in the evaluation activities as detailed in section 9 - Evaluation.
 - (g) Completion and mailing of INTREMI participant biodata forms and participant reaction forms.
 - (h) Following of participants for the purpose of evaluating the usefulness of the workshops and assessing jointly with INTREMI additional training needs.
7. RESPONSIBILITIES OF INTREMI
 - (a) Provide operating funds as detailed in section 8 - Budget and disbursement of such funds through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Details of this financial transfer mechanism will be sent to the Project Officer as soon as known.
 - (b) Assuring that participant ^{per diem has} per diem has approval of the Affairs office (A.A.O).
 - (c) Assuring an adequate supply of forms required to document the participant training and/or technical assistance activities.
 - (d) Arrange and finance INTREMI technical assistance visits as detailed in the work-plan.
 - (e) Provide training materials (books, booklets, information packets, etc.) as appropriate according to the workplan.

8. BUDGET

- (a) The following budget sets forth estimated costs for individual line items. Within the total amount, the Project Officer may adjust line items as reasonably necessary for the performance of work under this proposal. Ministry of Health guidelines for travel and per diem are anticipated (i.e. according to allowable cost per Km. and salary grades and steps).
- (b) The financial component of the Five day workshops will be administered through a reputable accounting firm (e.g. Coopers and LyBrand) based in Lagos, Nigeria. Specific details as to how the funds are to be disbursed will be communicated by INTLAK to the Project Officer as soon as known.

<u>CATEGORY</u>	<u>Nigeria Naira Per Workshop</u>	<u>U.s. Dollars</u>
Travel (round trip) N11 x 30 participants	330	412
Per Diem (N20 x 6 days x 30 participants)	3,600	4,500
Lunch and breakfast site (N16 x 5 days x 40 persons)	1,200	1,500
Honorarium (average) (N72/trainer/week x 12 trainers)	864	1,080
Patrol (2 vehicles) (N10/day x 5 days x 2 vehicles)	100	125
Support staff (1) Typist (N10/day x 5 days)	180	225
(1) Messenger (N15/day x 5 days)		
(2) Drivers (N18/day x 5 days x 2 drivers)		
Training/Discussion Supplies	950	1,188
Communications (Lagos, etc.)	300	625
Total one 5 day Workshop	<u>7,724</u>	<u>9,655</u>
	x 2	x 2
	<u>15,448</u>	<u>19,310</u>
GRAND TOTAL		
Conversion rate: .80 Naira = U.S. 1.00		

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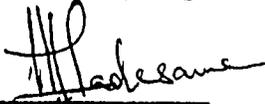
9. EVALUATION

Evaluation of the Five day Family Planning and Oral Rehydration Therapy Workshops in Ondo State will occur in the form of pre and post workshop tests at an individual level. The objective of the pre and post tests is to assess the effectiveness of each individual training intervention. The comparison of before - after knowledge and skills will be based on objectives as outlined in the workshop workplan.

SIGNATURES:

This proposal has been reviewed by the following responsible parties.

Ondo State Ministry of Health
Private Mail Bag 791
Akure.
Ondo State, Nigeria



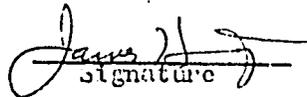
Signature

DR. H. T. ALADESAWE
Typed Name

Chief Health Officer
Title

22 May 1985
Date

INTRAM, University of
North Carolina, C
Chapel Hill, N.C. 27514,
U. S. A.



Signature

Mr. James Herrington
Typed Name

Program Officer.
Title

22nd May 1985
Date.

rec'd July 0, 1985

TELEGRAMS:

PRIVATE MAIL BAG No.....

TELEPHONE

MINISTRY OF HEALTH



SCHOOL OF HEALTH TECHNOLOGY
AKURE · ONDO STATE, NIGERIA

Your Ref. No.....

All communications should be
addressed to the Permanent Secretary
quoting

Our Ref. No..... SHT.166/Vol.4/251

Date 21st June, 1985

Dr. Keys Maclanus,
Director,
U.S.A.J.B.,
U. S. Embassy,
2, Locke Crescent,
Victoria Island,
Lagos.

Dear Dr. Maclanus,

Enclosed is the list of names of members of
the Family Planning training team of Ondo State.

Mr. James Herrington of INTRA has asked me to
send this list to you so that you can forward it
to him in U. S. ..

Thanks for your help.

M. M. Olorun
M. M. Olorun,
for: Principal,
School of Health Technology,
A K U R E.

Enc.

TRAINING TEAM MEMBERS
FIVE DAY FP/ORT WORKSHOP
ONDO STATE

	NAME	DATE OF BIRTH (day/mo./yr.)	PLACE OF BIRTH	CURRENT POSITION	AREA OF SPECIALIZATION
1.	Dr. Idowu Ogunleye	04/04/47	Ilupeju-Akih	OB-Gyn Consultant	OB-Gyn
2.	Dr. Ademola Adetunji	28/01/48	Iyin-Ekiyi	Principal, School of Health Tech. Akure	Public Health
3.	Dr. I. O. Adegbenro	05/06/56	Ilara-Mokin	Chief Consultant Public Health Medical Officer O&G Dept.	General Practice Physician
4.	Mrs. C.I. Ikuomola	24/06/41	Ondo	Chief Health Sister	Public Health
5.	Mrs. M.M. Olowo	24/10/34	Akoko	Assistant Chief Health Sister	Public Health
6.	Mr. E.O. Oguntunode	06/05/37	Ido-Ajinave-Ekiti	Chief Education Officer	Fine Art, Educational Technology Curriculum
7.	Mr. E.A. Ajayi	24/06/42	Okejabe	Principal Health Educator	Health Education
8.	Mrs. M. Pariola		West Indies	Nurse Tutor	Nursing
9.	Mrs. B. Onoyajowo		Ikole	Midwifery Tutor	Midwifery
10.	Mrs. P.A. Ajayi		Ondo	Chief Course Development Officer	Social Work
11.	Mr. A.M. Attah	06/11/22		Secretary PPFN Ondo State	Family Planning

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APPENDIX D

IMO STATE PROPOSAL

PROGRAMME PROPOSAL TO UNIVERSITY OF NORTH
CAROLINA ON INTERNATIONAL TRAINING IN HEALTH (INTRAH)

FROM THE MINISTRY OF HEALTH - IMO STATE
REPUBLIC OF NIGERIA

INTRODUCTION

Imo State was created in 1976 from the former East Central State. She is one of the smallest States (13,000 km²) in the Federation in landmarks but the highest densely populated in West Africa at 505 inhabitants per km². It has an official population of 6.4 million but in actual fact, she has more than this population at present. This State has the highest trained manpower as regards Primary Health Delivery and the highest literacy rate (54 percent) in the whole Federation. Besides the high literacy level, the State is predominantly (65 percent) Roman Catholic, who have not fully embraced the ideology of Family Planning, therefore any new programme such as Family Planning must be carefully and properly planned and executed. The pregnancy rate in Imo State is very high, as high as eight pregnancies for each married woman on the average.

2. PURPOSE

This proposal intends to update the skills of the trained nurses and midwives which is approximately 4000 (the 2000 mentioned earlier by the Permanent Secretary of the Ministry of Health during his address relates only to the Nurses of the State Health Management Board and not those of the Ministry of Health, Local Government and the Private Sector). The proposed activity will be carried out by the Imo State Ministry of Health, the co-Trainers and the Current Family Planning Participants of the Workshop organised by INTRAH Consultants to update the Family Planning and CRT knowledge and skills of select nurse-midwives.

3. WORKSHOP

The two five day workshops are proposed to be held in Imo State by October 1985 from the 7th - 11th and from the 14th - 18th. The Ministry of Health proposes to release 30 Nurses/Midwives for each five day workshop totalling 60 Nurse/Midwives to be trained. The workshops are proposed to take place at the Bishop Cockin Anglican Retreat Centre near Owerri. This has all the facilities conducive for teaching and learning processes. The clinical exposure will be in the Family Planning Clinic within the General Hospital Owerri.

4. GOALS AND OBJECTIVES - (See Attached)

5. WORK PLAN - (See Attached)

6. RESPONSIBILITIES OF MINISTRY OF HEALTH, IMO STATE

(a) Designation of Project Officer

The Permanent Secretary has designated Mrs. Grace Ogbonna as Project Officer and she will have responsibility for the successful and timely completion of the Work plan under the overall supervision of the Chief Health Officer. Designation of the following individuals as trainers for the workshops. - (See Attached)

- (b) Arrangements with other donors to ensure availability of service delivery commodities.
- (c) Provision of physical facilities for training (educational and clinical, excluding IUD insertions).
- (d) Selection and notification of participants.
- (e) Logistic arrangements related to the transport (specifically to and from venue of workshop and practical sites), accommodation and meals for participants during the workshop week with funds provided by INTRAH.
- (f) Co-operating in the evaluation activities as detailed in section 9 - Evaluation.
- (g) Completion and mailing of INTRAH participant biographic forms and participant reaction forms.

(3)

- (h) Following of participants for the purpose of evaluating the usefulness of the workshops and assessing jointly with INTRAH additional training needs.

7. RESPONSIBILITIES OF INTRAH

- (a) Provide operating funds as detailed in section 8 - Budget and disbursement of such fund through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Details of this financial transfer mechanism will be sent to the Permanent Secretary as soon as known.
- (b) Assuring that participant per diem has U.S. AID Affairs office (A.A.O.) approval.
- (c) Assuring an adequate supply of forms required to document the participant training and/or technical maintenance activities.
- (d) Arrange and finance INTRAH technical assistance visits as detailed in the work-plan.
- (e) Provide training materials (books, booklets, information packets, etc.) as appropriate according to the workplan.

8. BUDGET

- (a) The following budget sets forth estimated costs for individual line items. Within the total amount, the Permanent Secretary may adjust line items as reasonably necessary for the performance of work under this proposal. Ministry of Health guidelines for travel and per diem are anticipated (i.e., according to allowable cost per Km and salary grades and steps).
- (b) The financial component of the five day workshops will be administered through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria.

(4)

Specific details as to how the funds are to be disbursed will be communicated by INTREMI to the Project Officer as soon as known.

<u>CATEGORY</u>	<u>Nigeria</u> <u>Naira Per Workshop</u>	<u>U.S.</u> <u>Dollars</u>
Travel (round trip average) N35 x 30 participants	1,050	1,313
Per Diem (average) N35 x 6 days x 30 participants	6,300	7,875
Space Rent (N50 x 6 days)	300	375
Lunch and breaks at site N8 x 5 days x 40 persons	1,600	2,000
Honorarium (average) N72/trainer/week x 11 trainers	792	990
Petrol (2 vehicles) N10/day x 10 days x 2 vehicles	200	250
Support staff	205	257
(2) Typists N10/day x 5 days x 2 typists		
(1) Messenger N5/day x 5 days		
(2) Drivers N8/day x 5 days x 2 drivers		
Training/Discussion Supplies	1,000	1,250
Communications (to Lagos, U.S. etc)	500	625
Total one 5 day Workshop	11,947	14,935
	<u>X 2</u>	<u>X 2</u>
GRAND TOTAL TWO WORKSHOPS	<u>N23,894</u>	<u>\$US 29,870</u>

Conversion rate: .80 Naira = \$U.S. 1.00

9. EVALUATION

Evaluation of the Five day Family Planning and Oral Rehydration Therapy Workshops in Imo State will occur in the form of pre and post workshop tests at an individual level. The objective of the pre and post tests is to assess the effectiveness of each individual training intervention. The comparison of before - after knowledge and skills will be based on objectives as outlined in the workshop workplan.

10. CURRICULUM DEVELOPMENT

The Imo State proposed curriculum on Family Planning compared favourably with that from the Ondo State except for two items which were erroneously omitted and those are:-

1. O.R.T. - this programme has not really been officially launched though it is being practised in all the clinics and hospitals. It will be officially launched by Prof. Okaahialam (Paediatrician) in July 1985.
2. The S.T.D. is included in the curriculum as laid down by the Nursing and Midwifery Council of Nigeria. The omission was therefore an oversight. In view of the fact that the two curricula are identical, we, the co-Trainers propose to adopt the Ondo Curriculum on family planning.

RECOMMENDATION

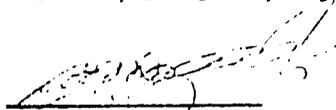
For the Imo State Family Planning Programme to be more meaningful and efficient, Co-Trainers suggest that INTRAH makes it possible for Administrator, Director and Co-Trainers, Public Health Nurses/Midwives of this State be exposed to practical experience in other countries such as Kenya, Zimbabwe, Thailand and Phillipines where family planning has been well established.

SIGNATURES

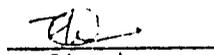
This proposal has been reviewed by the following responsible parties.

Imo State Ministry of Health
Private Mail Bag 1123
Owerri, Imo State, Nigeria.

INTRAH, University of
North Carolina, Chapel
Hill, N.C. 27514, U.S.A.



Signature



Signature



Signature

Mr. A.E.N. Izuwah

Typed Name

Mrs. J.U. Madumiho

Typed Name

Mr. James Herrington

Type Name

Permanent Secretary
Title

Asst. Chief Health Sister
Title

Program Officer
Title

29 May 1985
Date

29 May 1985
Date

29 May 1985
Date

RESUME - IMO STATE CO - TRAINERS

S/NO.	NAME	DATE OF BIRTH	COUNTRY	ADDRESS	QUALIFICATION	TITLE
1.	Mrs. Josephine U. Madumihe	28/9/52	Nigeria	Ministry of Local Govt. Owerri	State Registered Nurse (SRN) State Registered Midwife (SCM) Health Visitors Certificate (H.V.C.)	Assistant Chief Health Sister
2.	Mrs. Mercy N. Umezuruike	1/1/38	Nigeria	School of Midwifery General Hosp. Aba Imo State	SRN, SCM, Registered Midwife Tutor	Assistant Chief Midwifer Tutor (Principa
3.	Mrs. Doris U. Otuka	23/12/38	Nigeria	School of Mid-wifery Abon-Mbaise or c/o Dr. J.I.J. Otuka, 115 Wetheral Road, Owerri Imo State	SRN, SCM, MTD (Midwifery Tutor's Diploma)	Assistant Chief Mid-wifer Tutor (Principal)
4.	Mrs. Irene R. Amadi	15/5/40	Nigeria	Child-Welfare Clinic - Owerri	SRN, SCM, HVC, DNAM (Diploma in Nursing Administration and Management)	Assistant Chief Health Sister
5.	Mrs. Patience C. Njoku	2/5/38	Nigeria	School of Public Health Nursing Ministry of Health Owerri	RN, RM, Diploma in Public Health Nurse Tutor's Certificate (PHNTC)	Principal Public Health Nurse Tutor

Mrs Grace. Ojonna 2/10/45 Nigeria Ministry of Health Owerri Imo State SRN, SCM, PHN Health Sister/2.

S/NO.	N A M E	DATE OF BIRTH	COUNTRY	ADDRESS	QUALIFICATION	TITTLE
6.	Mrs. Ada A. Ugbara	2/8/43	Nigeria	Nursing Services Division Health Management Board Headquarters Owerri	RN, RM, DNAM (Diploma in Nursing Administration and Management)	Principal Nursing Officer
7.	Mrs. Cecilia C. Ibe	19/4/47	Nigeria	School of Nursing Owerri	RN, RM, RPN (Registered Psychiatric Nurse) RNT. (Registered Nurse Tutor)	Senior Nurse Educator

8. Mrs. Comfort UKAWOKE
 Nigeria
 NCH
 High School Division
 Owerri
 SRN, SCM, RPH
 Principal
 Health Center

9. Mrs. Constantine OMOGHA
 Nigeria
 NCH
 High School Division
 Owerri
 SRN, SCM, RPH
 Principal
 Health Center

10. Mrs. Lydia ANOMNACHI
 Nigeria
 NCH
 High School Division
 Owerri
 SRN, SCM, RPH
 Senior Health
 Officer

APPENDIX E

ANAMBRA STATE PROPOSAL

PROGRAMME PROPOSAL TO UNIVERSITY OF NORTH CAROLINA
PROGRAMME FOR INTERNATIONAL TRAINING IN HEALTH INTRAH

FROM THE MINISTRY OF HEALTH ANAMBRA STATE, REPUBLIC OF NIGERIA

1. BACKGROUND

Anambra State was created in 1976 from the former East Central State. It has an area of 16, 727 km² and an estimated (projected) total population of 5.3 million inhabitants (1984). With 215 persons per square kilometer Anambra State is one of the most densely populated areas in Nigeria. Approximately 70 percent of the population lives in rural areas. The Planned Parenthood Federation of Nigeria has been active in this state since 1974 and currently generates five branch centres located in Enugu, Onitsha, Mgbowo/Awgu, Umuze and Agbani; which provide limited family planning services, (e.g. Counseling, follow up, condom, oral contraceptives, injectables, and limited IUCD insertion). PPFN employs field workers who provide outreach into the surrounding communities. PPFN also enjoys the voluntary services of nurse midwives and Physicians who regularly assist at the clinics. The Ministry of Health is pursuing the objective of integrating family planning services as part of its primary health care programme. Currently the M.O.H. only offers health education in respect to family planning at its clinics. However, within the private sector full range family planning services are offered at cost which only a minority of the population can afford. Concerning oral rehydration therapy, Anambra State has recently launched an ORT campaign at UNTH and expects to carry this activity throughout the State as part of the UNICEF objective of Child Survival. UNICEF standards and materials are being used as part of the Anambra State strategy.

2. PURPOSE

This proposal intends to update the Family Planning and ORT informational and practical skills of select nurse midwives and public health nurses in Anambra State. This activity will be carried out by the Anambra State Ministry of Health Co-Trainers with the assistance two INTRAH consultants. The format will be two five day workshops with 30 participants per workshop for a total of 60 participants.

(2)

3. VENUE AND DATES

The two five days workshops are proposed to be held in Enugu, Anambra State from the 21st - 25th October and 28th October - 1st November, 1985. The proposed venue for the workshops is the Paramount Hotel and for practical skills the proposed venue is Abakpa Nike Health Centre and other selected Health Clinics.

4. GOALS AND OBJECTIVES (See attached)

5. Work Plan "

6. RESPONSIBILITIES OF MINISTRY OF HEALTH, ANAMBRA STATE

(a) Designation of Project Officer

The Chief Medical Officer/Chief Executive, S.H.M.B. has designated Dr. Ude as project Officer and he will have responsibility for the successful and timely completion of the work plan under the overall supervision of the Chief Medical Officer. Designation of the following individuals as co-trainers for the workshops. -(To be forwarded)

- (b) Arrangements with other donors to ensure availability of supplies delivery commitment.
- (c) Provision of physical facilities for training (educational and clinical, excluding IUD insertions).
- (d) Selection and notification of participants.
- (e) Logistic arrangements related to the transport (specifically to and from venue of workshop and practicum sites), accommodation and meals for participants during the workshop week with funds provided by INTRAH.
- (f) Co-operating in the evaluation activities as detailed in section 2 - Evaluation.
- (g) Completion and mailing of INTRAH participant biodata forms and participant reaction forms.
- (h) Following of participants for the purpose of evaluating the usefulness of the workshops and assessing jointly with INTRAH additional training needs.

.../3

19

7. RESPONSIBILITIES OF INTRAH

- (a) Provide operating funds as detailed in section 8 - Budget and disbursement of such funds through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Details of this financial transfer mechanism will be sent to the Chief Medical Officer/Chief Executive S.H.M.B., as soon as known.
- (b) Assuring that participant per diem has U.S.AID Affairs office (A.A.O.) approval.
- (c) Assuring an adequate supply of forms required to document the participant training and/or technical Assistance activities.
- (d) Arrange and finance INTRAH technical assistance visits as detailed in the work-plan.
- (e) Provide training materials (books, booklets, information packets, etc.) as appropriate according to the workplan.

8. BUDGET

- (a) The following budget sets forth estimated cost for individual line items. Within the total amount, the Chief Medical Officer/Chief Executive S.H.M.B. may adjust line items as reasonably necessary for the performance of work under this proposal. Ministry of Health guidelines for travel and per diem are anticipated (i.e., according to allowable cost per km and salary grades and steps).
- (b) The financial component of the Five day workshops will be administered through a reputable accounting firm (e.g. coopers and lybrand) based in Lagos, Nigeria. Specific details as to how the funds are to be disbursed will be communicated by INTRAH to the Chief Medical Officer/Chief Executive, S.H.M.B. as soon as known.

(4)

CATEGORY	NIGERIA Naira per Workshop	U.S. Dollars
Travel (round trip average) N35 x 30 participants	1,050	1,313
Per Diem (average) N45 x 6 days x 30 participants	8,100	10,125
(N2 Break fast (continental incl.) (N9 Lunch (N9 Dinner (N2 Breaks (N22.50/person (double room)		
Honorarium (average) N72/trainer/week x 11 trainers	792	990
Petrol (2 vehicles) N10/day x 10 days x 2 vehicles	200	250
Support staff	350	438
(2) Typists N15/day x 5 days x 2 typists		
(1) Messenger N10/day x 5 days		
(2) Drivers N15/day x 5 days x 2 drivers		
Training/discussion Supplies	1,000	1,250
Communications (to Lagos, U.S. etc)	<u>500</u>	<u>625</u>
Total one 5 day workshop	11,992	14,991
	<u>x 2</u>	<u>x 2</u>
GRAND TOTAL TWO WORKSHOPS	<u>N23,984</u>	<u>\$US 29,982</u>

Conversion rate: .80 Naira \$U.S. 1.00

9. EVALUATION

Evaluation of the five days family Planning and oral rehydration Therapy workshops in Anambra state will occur in the form of pre and post workshop tests at an individual level. The objective of the pre and post tests is to assess the effectiveness of each individual training intervention. The comparison of before - after knowledge and skills will be based on objectives as outlined in the workshop workplan.

.../5

81

RECOMMENDATION

For the Anambra State Family Planning Programme to be more meaningful and efficient, Co-Trainers suggest that INTRAH makes it possible for Administrator, Director and Co-Trainers, Public Health Nurses/Midwives of this State be exposed to practical experience in other countries such as Kenya, Zimbabwe, Thailand and Philipines where family Planning has been well established.

SIGNATURES

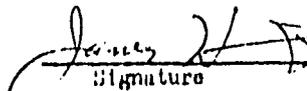
This proposal has been reviewed by the following responsible parties.

Anambra State Ministry of Health
Private Mail Bag 1645
Enugu
Anambra State, Nigeria.

INTRAH, University of
North Carolina, Chapel
Hill, N.C. 27514, U.S.A.



Signature



Signature

Dr. M. A. S. Ukuje
Name

Mr. James Harrington
Name

Chief Medical Officer/
Chief Executive
State Health Management Board
Enugu.

Title

Program Officer

Title

31st May 1985
Date

31st May 1985
Date

1985

STATE HEALTH MANAGEMENT BOARD

Park Lane General Hospital DIVISION



ENUGU

24th June, 1985

Telephone:

Your ref.

Our ref. FP/GU/1/16

(All replies to be addressed to the Chief Executive)

The Director,
Agency for International Development,
Embassy of the United States of America,
Lagos.

Attention: Mr. James Harrington

Sir,

CO-TRAINERS ON FAMILY PLANNING AND ORAL REHYDRATION THERAPY
21 - 25 OCTOBER AND 28 OCTOBER - 1 NOVEMBER 1985

I hereby attach the name of Project Officer and Co-Trainers on the above subject matter, reference paragraph six of the Program Proposal Agreement between INTRAH, University of North Carolina, Chapel Hill, N.C. 27514, U.S.A. and Anambra State of Nigeria dated 31st May, 1985.

Yours faithfully,

Dr. G. Ude
Project Officer
Anambra State of Nigeria

CO-TRAINERS FOR FIVE DAY WORKSHOP ON FAMILY PLANNING AND ORAL REHYDRATION THERAPY
21 - 25 OCTOBER AND 28 OCT - 1 NOV. 1985
ENUGU, ANAMBRA STATE

	N A M E	CURRENT POSITION	EDUCATIONAL BACKGROUND
1	Dr. G. Ude	Obstetrician/Gynaecologist	
2	Dr. M. A. S. Ukeje	Community Physician(Public Health)	
3	Dr. Onyia	Paediatrician (or alternative)	
4	Mrs. Mgbodile	Health Educator	
5	Mrs. Nnelan	S M /Matron) Nursing staff trained in	
6	Mrs. P. Egbo	Health Sister) Family Planning	
7	Mrs. Chijioke	Principal Health Sister	
8	Mrs. B. N. Orefo	Principal Nurse Tutor	
9	Mrs. M. Okoli	Principal Nurse Tutor	
10	Mrs. C. Abufor	Principal Tutor S.Midwifery	
11	Mrs. V. N. Obiozor	Matron	

Two persons to observe Akure course: Dr. Ude and Mrs. Chijioke

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APPENDIX F

BENUE STATE PROPOSAL

rec'd July 8, 1985

GOVERNMENT OF BENUE STATE OF NIGERIA

Telephone: 33651

Telegrams: SECHEALTH

Ref. No. S/HEB/512/17
Ministry of Health and Social
Development, Benue State,
Private Mail Bag No. 102093,
Makurdi, Nigeria



In replying please quote the number and date
of this letter.

28th June, 1985

Mr. James Herrington,
Programme Officer,
INTRAH, University of North Carolina,
208 N. Columbia Street,
Chapel Hill,
North Carolina 27514.
U. S. A.

PROGRAMME PROPOSAL: INTRAH AND MINISTRY OF HEALTH
BENUE STATE

We are sending the duly signed Programme Proposal which you
were not able to collect before you left the State few weeks ago.

2. The following Officers have also been assigned as discussed.

Project Officer - Dr. Rosemary A. Abdullahi,
Consultant - Public Health,
Ministry of Health, HQ. Makurdi.

Co-Trainers & Resource Persons

- 1. Dr. (Mrs) R.A. Abdullahi,
 - 2. Dr. C. S. Musa
 - 3. Dr. C. T. Ityonzughul
 - 4. Mrs. S. C. Attah
 - 5. Mrs. J. S. Abeda
 - 6. Mrs. T.A. Onuaguluchi
 - 7. Mrs. S. G. Cgbaje
 - 8. Mrs. H. Adema
- } Nurses/Wives

The delay in sending these information is highly regretted.
We hope they will arrive in good time to enable you work on the
agreed training arrangements.

3. Hope you had a smooth journey back home. Expecting to
hear from you soon.

(MR. MRS. R.A. ABDULLAHI,
For Permanent Secretary.

PROGRAMME PROPOSAL TO UNIVERSITY OF NORTH
CAROLINA PROGRAMME FOR INTERNATIONAL TRAINING
IN HEALTH INTRAH

FROM THE MINISTRY OF HEALTH BENUE STATE, REPUBLIC OF
NIGERIA

1. BACKGROUND

Benue State was created in 1976 from the former Benue Plateau States ^{and Kwara}. It has an area of 63,740 km² and an estimated (projected) total population of 4.2 million inhabitants (1984). Benue State has 66 persons per square kilometer and an estimated growth rate of 3 percent. Approximately 75 percent of the population lives in rural areas. The Planned Parenthood Federation of Nigeria has been active in this state since 1972 and currently operates two branch centres located in Makurdi, and Otukpo which provide limited family planning services, (e.g. Counseling, follow up, condom, oral contraceptives, injectables, and limited IUCD insertion). PPFN employs field workers who provide outreach into the surrounding communities. PPFN also enjoys the voluntary services of nurse midwives and a physician who regularly assist at the clinics. The Ministry of Health is pursuing the objective of integrating family planning services as part of its primary health care programme. Currently the M.O.H. only offers health education in respect to family planning at its clinics. However within the private sector limited family planning services are offered at costs which only a minority of the population can afford.

Concerning oral rehydration therapy, Benue State will, ^{in July 1985} ~~in July~~, launch an ORT campaign throughout the state as part of the UNICEF objective of Child Survival. UNICEF standards and materials will be used as part of the Benue State strategy.

2. PURPOSE

This proposal intends to update the Family Planning and ORT informational and practical skills of select nurse midwives and public health nurses in Benue State. This activity will be carried out by the Benue State Ministry of Health Co-Trainers (who have recently attended a training workshop at the Institute for Maternal and child health (IMCH) in the Philippines) with the assistance two INTRAH consultants. The format will be two five day workshops with 30 participants per workshop for a total of 60 participants.

..../..

3. VENUE AND DATES

The two five day workshops are proposed to be held in Makurdi, Benue State from the 21st - 25th October and 28th October - 1st November 1985. The proposed venue for the workshops in the School of Nursing and Midwifery, Makurdi, and for practical skills the proposed venue is Makurdi Maternal and Child Health/PPFN Clinic.

4. Goals and OBJECTIVES - (See Attached)

5. WORK PLAN - (See Attached)

6. RESPONSIBILITIES OF MINISTRY OF HEALTH, BENUE STATE

(a) Designation of Project Officer

The Permanent Secretary/MOH or Chief Executive Health Services Management Board (HSMB) will designate a project officer who will have responsibility for the successful and timely completion of the work plan under the overall supervision of the ~~Chief~~ ^{Permanent Secretary MOH} Executive-HSMB. Designation of the following individuals as co-trainers for the workshops (To be forwarded).

- (b) Arrangements with other donors to ensure availability of service delivery commodities.
- (c) Provision of Physical facilities for training (educational and clinical, excluding IUD Insertions).
- (d) Selection and notification of participants
- (e) Logistic arrangements related to the transport (specifically to and from venue of workshop and practicum sites), accommodation and meals for participants during the workshop week with funds provided by INTRAH.
- (f) Co-operating in the evaluation activities as detailed in section 9 - Evaluation.
- (g) Completion and mailing of INTRAH participant biodata forms and participant reaction forms.
- (h) Following of participants for the purpose of evaluating the usefulness of the workshops and assessing jointly with INTRAH additional training needs.

7. RESPONSIBILITIES OF INTRAH

- (a) Provide operating funds as detailed in section 8- Budget and disbursement of such funds through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Details of this financial transfer mechanism will be sent to the Project Officer as soon as known.
- (b) Assuring that participant per diem has U.S. AID Affairs Office (A.A.O.) approval.
- (c) Assuring an adequate supply of forms required to document the participant training and/or technical Assistance activities.
- (d) Arrange and finance INTRAH technical assistance visits as detailed in the work-plan.
- (e) Provide training materials (books, booklets, information packets, etc.) as appropriate according to the workplan.

8. BUDGET

- (a) The following budget sets forth estimated costs for individual line items. Within the total amount, the Project Officer may adjust line items as reasonably necessary for the performance of work under this proposal. Ministry of Health guidelines for travel and per diem are anticipated (i.e., according to allowable cost per km and salary grades and steps).
- (b) The financial component of the Five day workshops will be administered through a reputable accounting firm (e.g. Coopers and Lybrand) based in Lagos, Nigeria. Specific details as to how the funds are to be disbursed will be communicated by INTRAH to the Project Officer as soon as known.

<u>CATEGORY</u>	<u>NIGERIA</u> <u>Naira per</u> <u>workshop</u>	<u>U.S.</u> <u>Dollars</u>
A. Travel (average round trip) (N28 x 30 participants)	840	1,050
B. Per Diem (N25 x 6 days x 25 out of town participants) (N12 x 6 days x 8 Makurdi participants)	4,110	5,138
C. Lunch and breaks at venue (N10 x 5 days x 40 persons)	2,000	2,500
D. Honorium (average) (N11/hour x 6 hours 1 week x 11 co-trainers)	726	980
E. Petrol (2 vehicles) (N10/day x 5 days x 2 vehicles)	100	125
F. Support Staff (1) Typist (N10/day x 5 days) (1) Messenger (N5/day x 5 days) (2) Drivers (N8/day x 5 days x 2 Drivers)	180	225
G. Training/Discussion Supplies	1,000	1,250
H. Communications (to Lagos, U.S., etc.)	500	685
TOTAL ONE 5 DAY WORKSHOP	<u>N9,456</u> x 2	<u>U.S. \$ 11,821</u> x 2
GRAND TOTAL TWO WORKSHOPS	N18,912	\$ U.S. 23,642

Conversion rate: .80 Naira = \$ U.S. 1.00

9. EVALUATION

Evaluation of the Five days Family Planning and Oral Rehydration Therapy Workshops in Benue State will occur in the form of pre and post workshop tests at an individual level. The objective of the pre and post tests is to assess the effectiveness of each individual training intervention. The comparison of before after knowledge and skills will be based on objectives as outlined in the workshop workplan.

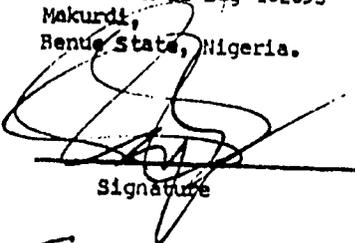
RECOMMENDATION

For the Benue State Family Planning Programme to be more meaningful and effective, Co-Trainers suggest that INTRAH continues to support for Physicians and Co-Trainers, Public Health Nurses, etc. of this State be exposed to practical experience in other countries such as Kenya, Zimbabwe, Thailand and Philipines where family planning has been well established.

SIGNATURES

This proposal has been reviewed by the following responsible parties.

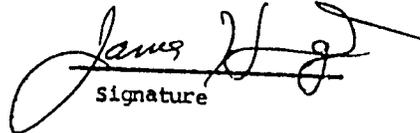
Benue State Ministry of Health
Private Mail Bag 102093
Makurdi,
Benue State, Nigeria.



Signature

J. ORYA IKYAAABA
Name

INTRAH, University of
North Carolina,
208 N. Columbia Street
Chapel Hill, North
Carolina 27514, U.S.A.



Signature

Mr. James Herrington
Name

Permanent Secretary
Ministry of Health
Makurdi, Benue State

PERMANENT SECRETARY
MINISTRY OF HEALTH
1985 MAKURDI 26/6/85
Date

Program Officer
Title

7 June
1985
Date.

APPENDIX G

5-DAY FP/ORT WORKSHOP PRE- AND POST-TEST

5-DAY WORKSHOP FOR NURSE-MIDWIVES IN FAMILY PLANNING
AND ORAL REHYDRATION THERAPY

1. The projected total population of Nigeria in 1984 was:
 - A. 56 million
 - B. 91 million
 - C. 150 million
 - D. 205 million

2. The population growth rate of Nigeria is:
 - A. 2.6 percent
 - B. 2.5 percent
 - C. 3.2 percent
 - D. 4.1 percent

3. The infant mortality rate for Nigeria is estimated to be:
 - A. 130 per thousand
 - B. 170 " "
 - C. 200 " "
 - D. 230 " "

Question 4 refers to Figure 1.

4. Identify the structure labelled "A".
 - A. Urethra
 - B. Bartholin's gland
 - C. Clitoris
 - D. Hymen

Question 5 refers to Figure 2.

5. Identify the structure labelled "F".
 - A. Fallopian tube
 - B. Small intestine
 - C. Ovary
 - D. Cervix

FIG 1.

LABIA
MAJORA

LABIA
MINORA

VAGINAL
OPENING

ANUS

PREPUCE

A.

B.

C.

D.

FIG 2

RECTUM

F.

E.

A

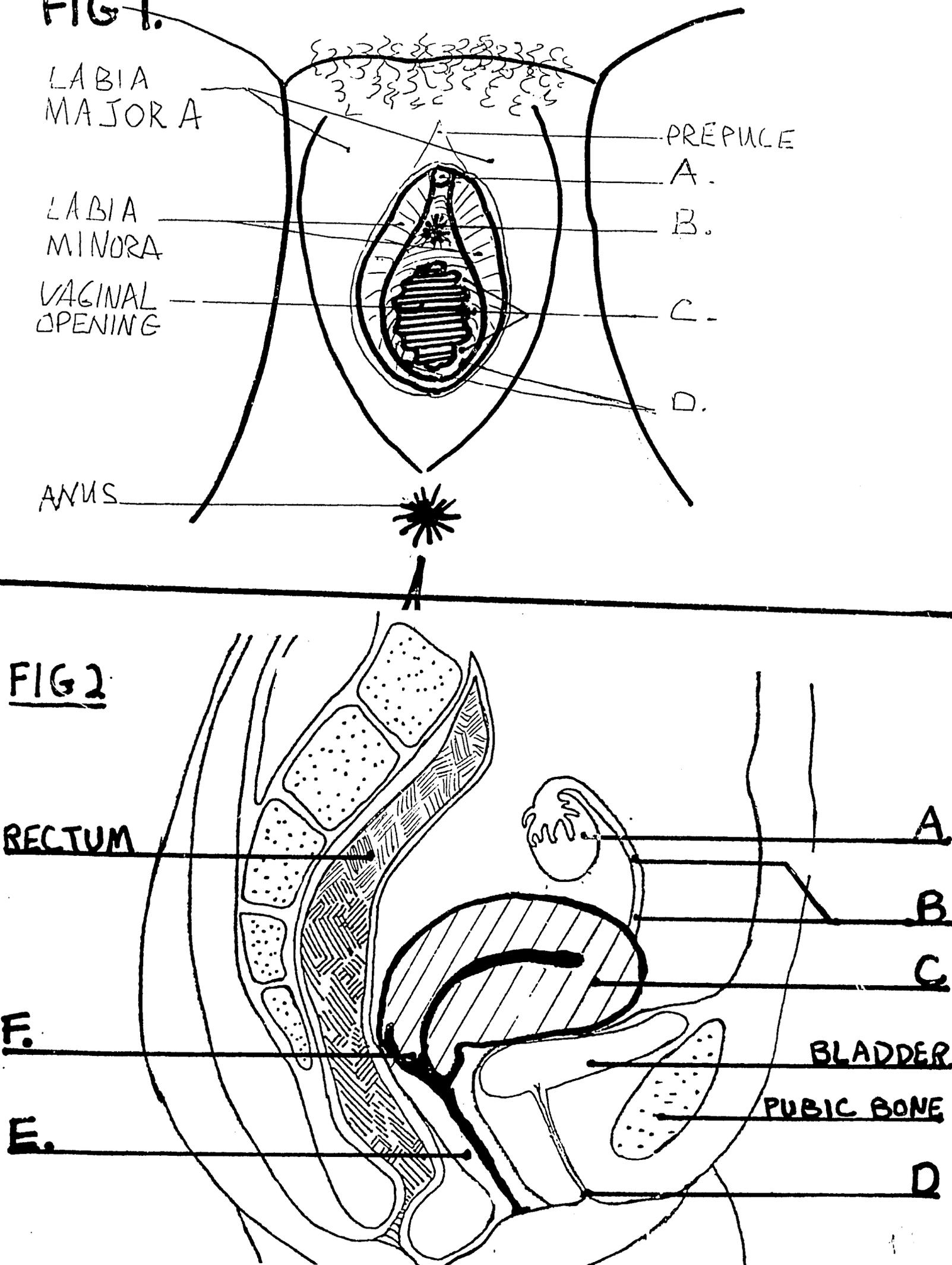
B

C

BLADDER

PUBIC BONE

D



Question 6 refers to Figure 3.

6. Identify the area in structure "K" where fertilization occurs:
- A. 1
 - B. 2
 - C. 3
 - D. All of the above.

Questions 7 - 10 refer to Figure 4.

7. Select the pituitary hormone labelled "2".
- A. Estrogen level
 - B. Testosterone level
 - C. Progesterone level
 - D. Luteinizing hormone level (LH)
8. Name the ovarian hormone labelled "6".
- A. Progesterone level
 - B. Estrogen level
 - C. Follicle stimulating hormone level (FSH)
 - D. Luteinizing hormone level (LH)
9. Name the type of endometrium found in the first half of the menstrual cycle labelled "7".
- A. Hypertrophic
 - B. Decidua
 - C. Proliferative
 - D. Secretory
10. Before ovulation, under increasing levels of estrogen, the cervical glands:
- A. Secrete decreasing amounts of mucous.
 - B. Secrete increasing amounts of mucous.
 - C. Block secretion of mucous.
 - D. Secrete the usual amount of mucous.

Questions 11 - 13 refer to Figure 5.

11. Name the function of site "F".
- A. Ejaculation
 - B. Capacitation
 - C. Lubrication
 - D. Spermatogenesis

FIG 3.

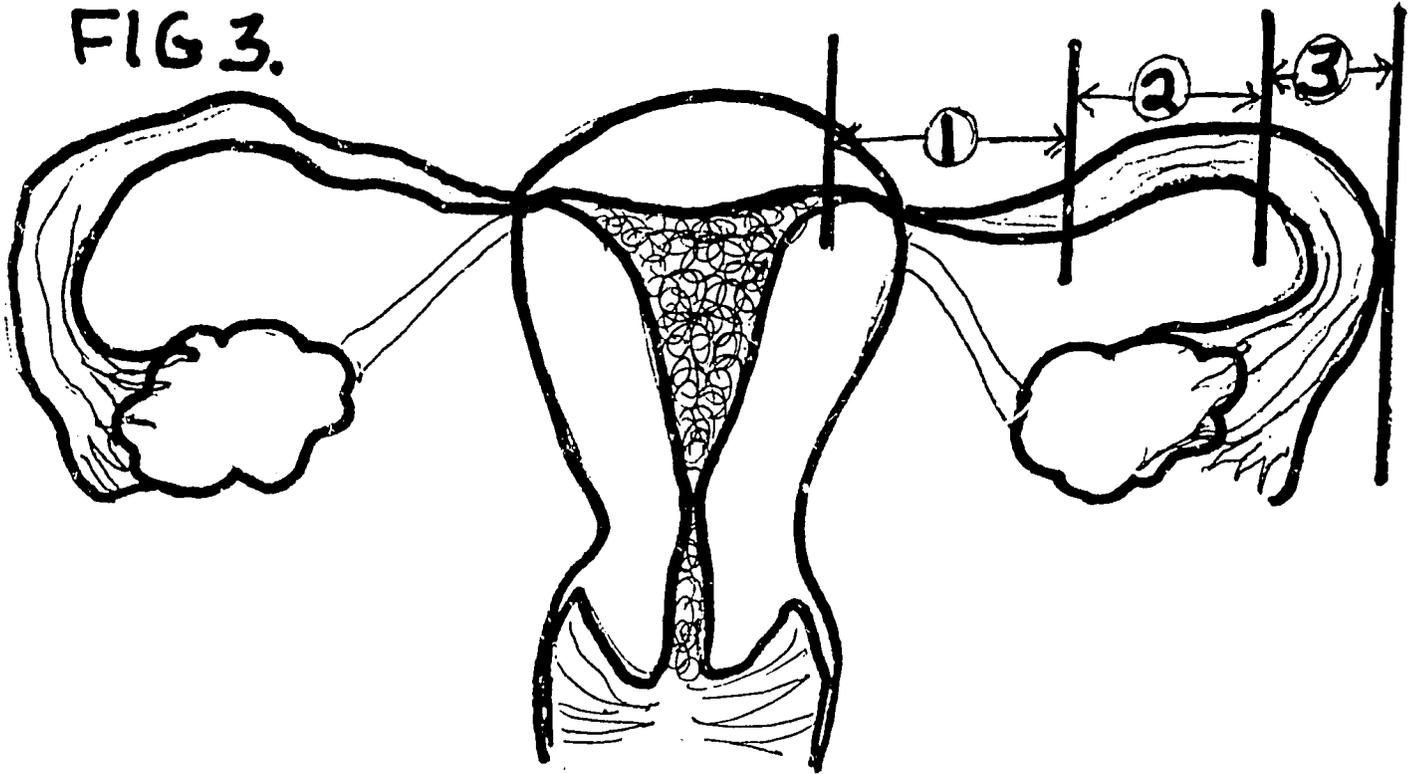
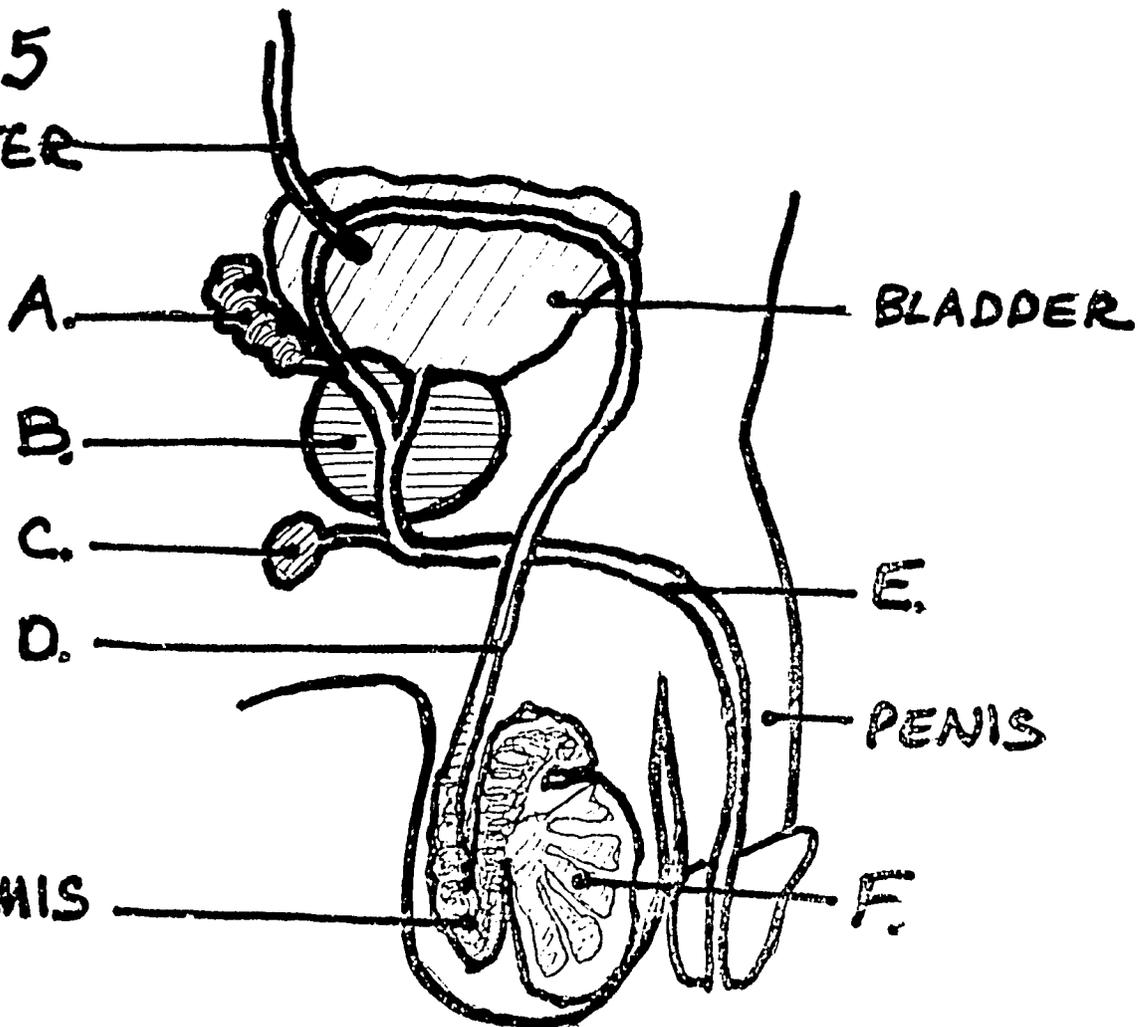


FIG 5

URETER



BLADDER

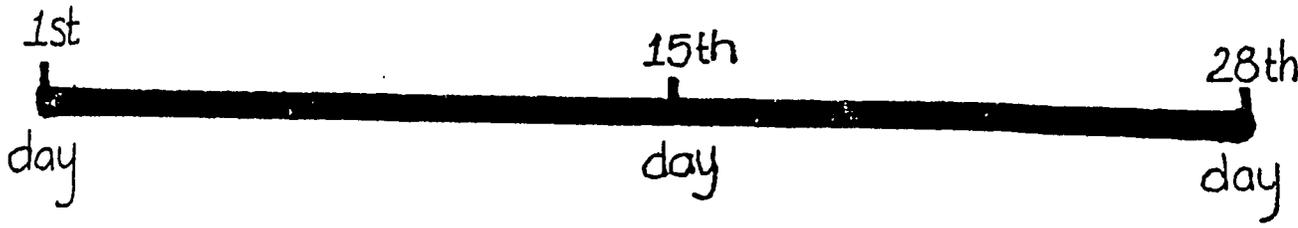
E.

PENIS

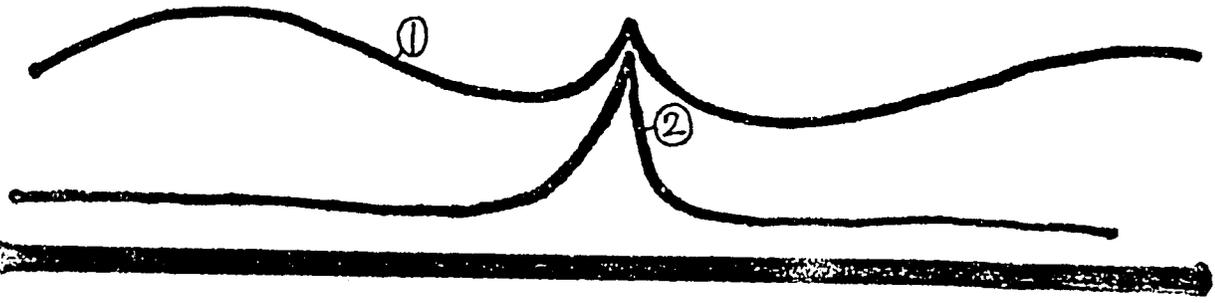
F.

EPIDIDYMSIS

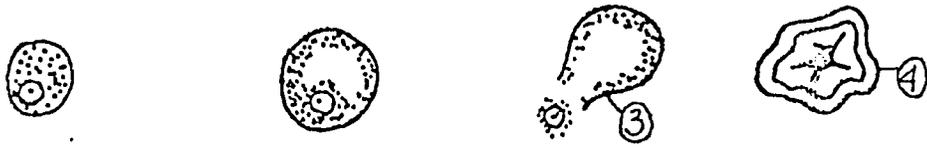
FIGURE 4



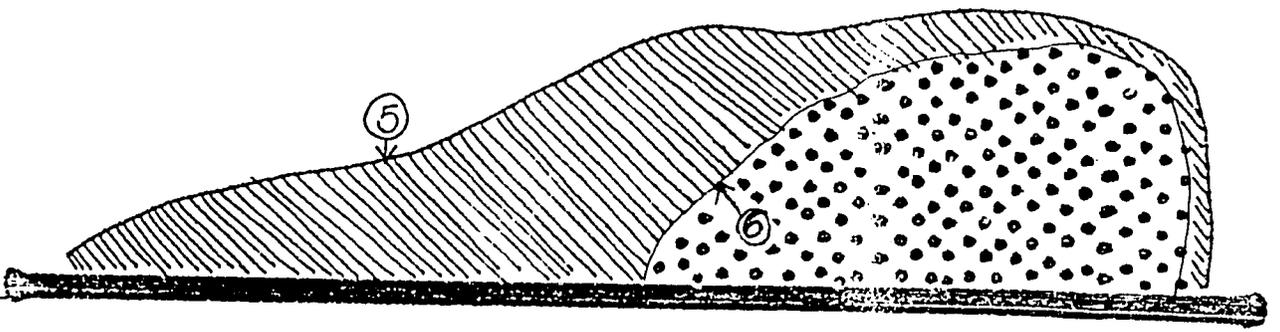
Pituitary
Hormone
Levels



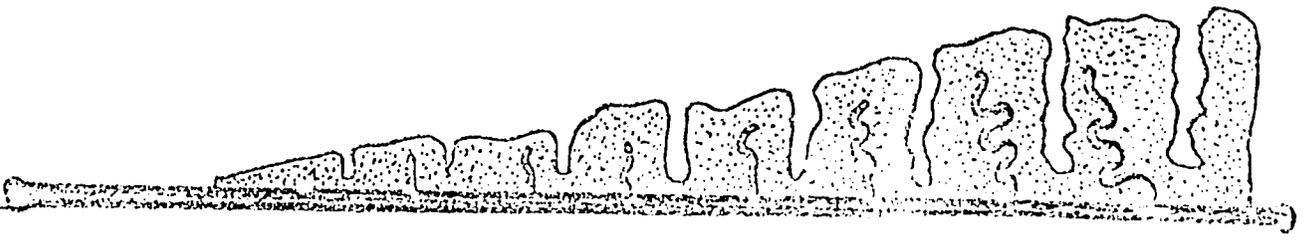
Follicular
Development



Ovarian
Hormone
Levels



Endometrial
Lining



12. The site of vasectomy is:
A. "E" B. "B". C. "C" D. "D"
13. Seminal fluid is produced from:
A. Epididymis - and - "B"
B. "A" and "B"
C. "C" and "E"
D. "A" and "E"
14. Male hormones are produced by:
A. Spermatogonia
B. Interstitial cells of Leydig
C. Sertoli's cell
D. Polar bodies
15. Implantation of a pregnancy usually occurs days after fertilization.
A. 2 to 4
B. 3 to 5
C. 6 to 8
D. 9 to 12
16. If one is pregnant, the slide pregnancy test performed in the hospital will be positive after ----- from the last menstrual period.
A. 14 days
B. 30 days
C. 42 days
D. 52 days
17. The optimal child-bearing age range is
A. Menarche to 15 years
B. Menarche to menopause
C. 35 years to menopause
D. 18 years to 34 years
18. Natural family planning method can be used by:
A. All men and women.
B. A specific religious group only.
C. Young nulliparous only.
D. Women only.

19. To use the Natural family planning method, one has to:
- A. Carry one's chart always.
 - B. Have strong self-awareness of one's own body changes.
 - C. Keep the vulva clean by constant washing.
 - D. Use a Basal body temperature (BBT) to check every cycle.
20. Which is the correct combination of the following statements regarding the use of a condom?
- 1. Condom always reduces the pleasure of sex.
 - 2. Condoms prevent some sexually transmitted diseases.
 - 3. Condom prolongs ejaculation time.
 - 4. Condom has as high a failure rate as withdrawal method.
 - 5. Condom comes only in one size.
- A. 1 and 4
 - B. 2 and 5
 - C. 2 and 3
 - D. 3 and 4
21. After a diaphragm and jelly are in place, contraception becomes effective after:
- A. 6 hours
 - B. 4 hours
 - C. 30 minutes
 - D. Immediately
22. Which combination of the following factors make a person a better IUCD candidate?
- 1. Never been pregnant.
 - 2. Post-caesarean section.
 - 3. Client specifically requests IUCD.
 - 4. Has at least one living child.
 - 5. History of pelvic inflammatory disease.
 - 6. Has no history of dysmenorrhea.
- A. 3, 4 and 6
 - B. 2, 3 and 5
 - C. 1, 2 and 6
 - D. 5, 6 and 1

23. In which of the following situations would you not advise an IUCD user to come immediately for an emergency visit?
- A. Missed menses with severe abdominal pain.
 - B. Experiencing heavy menstrual flow.
 - C. She can feel part of the device coming from the cervix.
 - D. Vaginal spotting with chills and fever.
24. The reason there are 21 and 28 pills per package of pills is because:
- A. The 21 pill package contains a lower dose of hormone.
 - B. Pill users need supplementary treatment such as iron.
 - C. The 28 pill package suppresses ovulation more effectively.
 - D. The user does not need to count the cycle day each month to start pill each month.
25. Which of the following situations would make you consider changing a contraceptive pill user to another type of pill?
- A. She started the pill two weeks ago, she has begun spotting for the last five days.
 - B. She feels nausea everyday since she started the pill five days ago.
 - C. She gained 6.8 kilogrammes (about 15 pounds) since she started to take the pill three months ago and continues to gain weight.
 - D. Her hemoglobin is low on her second visit to the clinic.
26. In case of weight gain due to the increased appetite, one would:
- A. Lower the total dose of the pill.
 - B. Lower the progestational component of the pill.
 - C. Lower the estrogenic component of the pill.
 - D. Discontinue the pill.
27. The hormone which is responsible for most of the major pill - associated complications is:
- A. Estrogen
 - B. Progestin
 - C. Norgestrel
 - D. Norethindrone acetate.

28. The advantages or disadvantages of having so many types of oral contraceptive pills is:
- The body of different users may react differently to different combinations and dosages of estrogen and progestin.
 - Different age groups may need different combinations and dosages of estrogen and progestin.
 - When one brand of pill is not available, one can substitute with another brand of similar type.
 - All of the above.
29. Which combination of the following factors make a person a better oral contraceptive candidate?
- Never been pregnant.
 - Obese.
 - Has history of dysmenorrhea.
 - Newly married.
 - Smokes.
 - Has never established regular menstrual periods.
- 3, 4 and 6
 - 1, 2 and 5
 - 1, 3 and 4
 - 2, 4 and 6
30. Which of the following methods would you not recommend to a woman who delivered her baby three weeks ago and is breast-feeding?
- Regular oral contraceptive pills
 - Injectable hormonal contraceptive (Depoprovera)
 - Diaphragm
 - Condom
31. Which of the following factors inhibit ovulation?
- Use of diaphragm
 - Oophrectomy (removal of ovary)
 - Tubal ligation
 - Hysterectomy (removal of uterus)
 - Oral contraceptives
- 3 and 5
 - 2 and 5
 - 1 and 4
 - 2 and 4

32. The most common consequence of vasectomy is:
- A. Reduction of men's sexual strength
 - B. Reduction of sexual desire
 - C. Impotence
 - D. Absence of sperm in semen
33. Female tubal sterilization may cause:
- A. Weight gain
 - B. Frigidity
 - C. Irregular menstrual bleeding
 - D. Promiscuity
34. For the women near menopause (after 45 - 52 years old), the best contraceptive advice to give is:
- A. No contraceptive method needed as soon as the menstrual periods become irregular.
 - B. Use of barrier method or keep IUCD in or use the mucous methods until one year after last menses.
 - C. Put on oral contraceptive pills to resume the regularity of the menstrual periods and therefore remain "forever" female.
 - D. Stop using anything as soon as menstrual period stops.
35. Which of the following would be the most common cause of diarrhea in the first year of life?
- A. Rotavirus and bacteria
 - B. Malaria and respiratory infections
 - C. Measles and parasite infections
 - D. Malnutrition
36. For the home management of ORT, which of the following is the correct instruction?
- A. Prevent dehydration
 - B. Continue breast feeding
 - C. Administer measured sugar salt solution
 - D. Give plain water or fruit juices
 - E. All of the above.

37. Which of the following is the mechanism of action of ORS?
- A. The solution is liquid and replaces body fluid quickly.
 - B. Salt enhances the body's capacity to absorb sugar and water immediately.
 - C. Sugar helps the body to absorb water and salt quickly.
 - D. All the ingredients have the same mechanism of action.
38. Which of the following identify the clinical condition found in an infant suffering from moderate dehydration?
- A. Drowsiness, rapid pulse, very sunken fontanelle and eyes, skin retracts very slowly.
 - B. Thirsty, irritable when touched, absence of tears, dry mucous membranes, dark urine.
 - C. General limp appearance, deep respiration, skin retracts rapidly.
 - D. Alert, thirsty, restless.
39. Which of the following combinations is necessary to calculate the quantity of fluid to be given to an infant with diarrhea?
- 1. Age of the child
 - 2. Height of the child
 - 3. Weight of the child
 - 4. Body surface of the child
- A. 1 and 2
 - B. 1 and 3
 - C. 1 and 4
 - D. 3 and 4
40. Which of the following questions is important to ask regarding an infant with diarrhea?
- A. How many stools the infant has had in 24 hours.
 - B. What color are the stools.
 - C. What is the consistency of the stools.
 - D. What is the odor of the stools.

41. Which of the following combinations would you choose to administer ORS?
1. Use a cup and small spoon
 2. Give the ORS in great quantity
 3. Give 3 to 5 teaspoonsful at the time
 4. Prepare the solution for two days
 5. Give the ORS slowly
- A. 1, 2, 3
B. 2, 3, 4
C. 1, 3, 5
D. 3, 4, 5
42. Which of the following represent the mode of transmission of the germs causing diarrhea?
- A. Eating contaminated foods
 - B. Drinking dirty water
 - C. Flies settling on foods
 - D. All of the above
43. Which of the following solutions is to be given intravenously in case of severe dehydration?
- A. Ringer lactate 40 ml/kg in the first hour
 - B. Normal saline 80 ml/kg/hr
 - C. Ringer lactate 80 ml/kg in 4 hours
 - D. Normal saline 160 ml/kg in 6 hours
44. Which of the following statements is true regarding the use of sulphonamides and antibiotics in diarrheal disease?
- A. Sulphonamides and antibiotics should be given in every case of diarrhea.
 - B. Sulphonamides and antibiotics are always effective in diarrhea.
 - C. Sulphonamides and antibiotics should not be used routinely in the treatment of diarrhea.
 - D. Sulphonamides and antibiotics should never be given along with ORT.
45. A client wants the IUCD to be removed because her husband claims that it hurts his penis. After you examine her and find that the IUCD is still in situ, you would:
- A. Tell the client not to worry because her husband is merely imagining.
 - B. Explain to the couple the mechanism of sexual intercourse and that the penis seldom touches the cervix.
 - C. Remove the IUCD.
 - D. Show the husband how the IUCD looks.

46. Which of the following sexually transmitted diseases can be easily detected by a wet smear in the clinic?
1. Chlamydia
 2. Gardnerella vaginalis
 3. Gonorrhea
 4. Herpes genitalis
 5. Trichomoniasis
 6. Monilia
- A. 5 and 6
B. 2 and 5
C. 1 and 3
D. 4 and 6
47. Which of the following combination of sexually transmitted diseases are the commonest causes of infertility?
1. Chlamydia
 2. Gardnerella vaginalis
 3. Gonorrhea
 4. Herpes genitalis
 5. Trichomoniasis
 6. Monilia
- A. 3 and 2
B. 4 and 5
C. 5 and 6
D. 1 and 3
48. Which of the following combination of sexually transmitted diseases increase perinatal mortality and morbidity?
1. Chlamydia
 2. Gardnerella vaginalis
 3. Gonorrhea
 4. Herpes genitalis
 5. Trichomoniasis
 6. Monilia
- A. 1, 3 and 5
B. 2, 3 and 6
C. 1, 3 and 4
D. 2, 4 and 6

49. The number of unwanted adolescent pregnancies is on the increase. Of the following factors, which is the major one associated with this increase?
- A. Lack of parental guidance
 - B. Absence of knowledge about sexuality
 - C. Availability of contraceptives
 - D. Broken down traditional practices and norms due to modernization
50. A 15 year old single school girl presents herself to the family planning clinic. You will:
- A. Ask her to bring her mother.
 - B. Tell her refrain from sexual acitivity until she is married.
 - C. Refuse her service.
 - D. Counsel her regarding sexuality.

STANDARD ANSWERS

NAME: _____

DATE: _____

ANSWER SHEET

Please black out the correct answer as follows: A B C D

- | | |
|-------------|-------------|
| 1. A B C D | 26. A B C D |
| 2. A B C D | 27. A B C D |
| 3. A B C D | 28. A B C D |
| 4. A B C D | 29. A B C D |
| 5. A B C D | 30. A B C D |
| 6. A B C D | 31. A B C D |
| 7. A B C D | 32. A B C D |
| 8. A B C D | 33. A B C D |
| 9. A B C D | 34. A B C D |
| 10. A B C D | 35. A B C D |
| 11. A B C D | 36. A B C D |
| 12. A B C D | 37. A B C D |
| 13. A B C D | 38. A B C D |
| 14. A B C D | 39. A B C D |
| 15. A B C D | 40. A B C D |
| 16. A B C D | 41. A B C D |
| 17. A B C D | 42. A B C D |
| 18. A B C D | 43. A B C D |
| 19. A B C D | 44. A B C D |
| 20. A B C D | 45. A B C D |
| 21. A B C D | 46. A B C D |
| 22. A B C D | 47. A B C D |
| 23. A B C D | 48. A B C D |
| 24. A B C D | 49. A B C D |
| 25. A B C D | 50. A B C D |

STANDARD ANSWERS

NAME: _____

DATE: _____

ANSWER SHEET

Please black out the correct answer as follows: A B C ●

- | | |
|-------------|---------------|
| 1. A ● C D | 26. A ● C D |
| 2. A B ● D | 27. ● B C D |
| 3. ● B C D | 28. A B C ● |
| 4. A B ● D | 29. A B ● D |
| 5. A B C ● | 30. ● B C D |
| 6. A B ● D | 31. A ● C D |
| 7. A B C ● | 32. A B C ● |
| 8. ● B C D | 33. A B ● D |
| 9. A B ● D | 34. A ● C D |
| 10. A ● C D | 35. ● B C D |
| 11. A B C ● | 36. A B C D ● |
| 12. ● B C D | 37. A B ● D |
| 13. A ● C D | 38. A ● C D |
| 14. A ● C D | 39. A ● C D |
| 15. A B ● D | 40. ● B C D |
| 16. A B ● D | 41. A B ● D |
| 17. A B C ● | 42. A B C ● |
| 18. ● B C D | 43. ● B C D |
| 19. A ● C D | 44. A B ● D |
| 20. A B ● D | 45. A ● C D |
| 21. A B C ● | 46. ● B C D |
| 22. ● B C D | 47. A B C ● |
| 23. A ● C D | 48. A B ● D |
| 24. A B C ● | 49. A ● C D |
| 25. A B ● D | 50. A B C ● |

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APPENDIX H

5-DAY FP/ORT WORKSHOP OUTLINE AND SCHEDULE

5-DAY TRAINING PROGRAM FOR PUBLIC HEALTH/NURSE MIDWIVES IN
FAMILY PLANNING AND ORAL REHYDRATION THERAPY.

GOAL:

To update knowledge and skills of Public Health Nurses/Nurse-Midwives to increase acceptance and use of family planning, including natural family planning, and oral rehydration therapy.

GENERAL OBJECTIVE:

At the end of this 5-day training program, the participant should:

1. Demonstrate increased knowledge and skills in transmitting information and providing service in family planning and oral rehydration therapy.

SUB-OBJECTIVES AND CONTENT:

At the end of this 5-day training program, participant should be able to:

1. Explain the socio-economic and health background and context for Maternal Child Health, Family Planning and Oral Rehydration Therapy in the nation and specific state.

CONTENT:

- Population dynamics of Nigeria and State
 - Comparisons of selected population characteristics
 - Vital health indices for Nigeria and State
 - Current FP/ORT programs or efforts in Nigeria and the State
 - Impact of FP/ORT on health of mother, children and family
2. Demonstrate increased knowledge regarding selected FP and ORT methods.

CONTENT:

- : Male and Female reproductive systems in relation to FP.
 - : Required physical assessment for FP.
 - : Barriers to acceptance and use of FP/ORT.
 - : Overview of FP methods.
 - : Family Planning methods - types, effectiveness, actions, disadvantages, inconveniences side effects and contraindications for each method.
 - Pills and injectables
 - IUD - counselling, follow up
 - Chemical barriers - foaming tablets, creams and gels.
 - Mechanical barriers - condoms, diaphragms.
 - Natural family planning methods.
 - Sterilization.
 - : Oral Rehydration Therapy:
 - Child survival
 - Type of ORT solutions
 - : Integration of FP and ORT into MCH services.
3. To demonstrate, through practice, FP and ORT skills.

CONTENT:

- : Family Planning.
 - Cultural and physical and provider related barriers to acceptance and use of FP.
 - How to deal with barriers.
 - Counselling principles and group education for all FP methods.
 - Problem solving in FP practice.
 - Psycho-social and sexuality issues related to counselling for utilising above strategies in FP practice.
 - Guiding clients in selection of most suitable contraceptive method/alternatives.

- Instructing clients on how to use the chosen method.
- Counselling new and continuing acceptors.

: Oral Rehydration Therapy:

- Barriers to acceptance of ORT
- Dealing with such barriers
- Counselling and group education for ORT
- Problem solving in ORT practice
- Psycho-social and cultural issues related to acceptance and use of ORT
- Preparation and administration of ORT.

4. Demonstrate increased knowledge and skill in recognizing, prevention and management of sexually transmitted diseases.

CONTENT:

Types of sexually transmitted diseases.

- Gonorrhoea
- Syphilis
- Trichomoniasis
- Moniliasis
- Chlamydia
- Herpes
- Pubic lice

Recognition:

- Main symptoms and signs of each
- relevant laboratory examinations

Prevention of STD

- : Psycho-social, cultural and physical issues related to spread, early treatment and prevention.
- : Counselling and group education regarding STDs.

Treatment of STD:

- Referral
- Counselling
- Major modes of treatment

Implications for prescribing on FP method, counselling in selection of most appropriate FP method in clients suffering or more prone to developing an STD.

5. Demonstrate through practice and role playing, skill in recognizing, counselling and referral for infertility.
 - Types of infertility
 - Causes of infertility
 - How clients present infertility problems
 - Essentials of fertility
 - Role of nurse/midwife in:
 - : Investigation
 - : Referral
 - : Follow up treatment for infertility
 - Psycho-social and cultural issues related to infertility
 - How to overcome the barriers
6. Compile, examine and outline psycho-social issues related to FP and ORT and develop strategies to overcome any client, community and provider related barriers to acceptance of FP and ORT.

CONTENT:

- : Community's cultural beliefs and taboos regarding reproduction, Family Planning and diarrhoea/dehydration.
- : Traditional methods of FP and treatment of diarrhoea/dehydration.
- : Male and female roles in sexual behavior including adolescents.

- : Local attitudes about infertility
 - : Cultural beliefs regarding female/male sterilization
 - : Socio-economic and educational factors.
7. To design strategies and recommendations for continuing education, and for service evaluation delivery and service delivery evaluation in FP and ORT.

CONTENT:

- Role of participants in FP/ORT education and provision of service.
- Looking at local resources for improved quality care in FP/ORT.
- Commodity and equipment procurement and storage
- Integration of FP/ORT in MCH services
- Supervisory and monitoring methods
- Planning how and from where each participant would increase her practice in FP/ORT practice including IUD insertion.

Method of Teaching/Learning:

The workshop will adopt mainly participatory and group activity type of teaching. The following is a list of some methods to be used:

- a. Small group discussion
- b. Brainstorming
- c. Role play
- d. Drama (skit)
- e. Panel discussion
- f. Lecture/discussion using teaching aids e.g. overhead projector, slides etc.
- g. Demonstration and return demonstration.

Evaluation Methods:

- Pre and post test
- Check lists
- Responses from group work
- On-going daily feedback responses
- Strategies designed.

5-DAY TRAINING PROGRAM FOR NIGERIAN PUBLIC HEALTH NURSE/NURSE
MIDWIVES IN FAMILY PLANNING AND ORAL REHYDRATION THERAPY:

Schedule of Activities (tentative, to be revised by each State)

Monday - 8.00 - 9.00 a.m.	Registration, filling of biodata forms. Distribution of reference books, Workshop schedules and other training materials
9.00 - 10.00 a.m.	OPENING CEREMONY
10.00 - 11.00 a.m.	Introductions to each other (trainer and trainees)
11.00 - 12.00 p.m.	Pre-test
12.00 - 12.30 p.m.	Participants' Expectations
12.30 - 1.00 p.m.	Overview of workshop objectives, methods, trainers expectations, logistics.
1.00 - 2.00 p.m.	L U N C H
2.00 - 3.00 p.m.	People, Resources in Nigeria and State: An Overview
3.00 - 4.15 p.m.	FP/ORT as approaches to improve the family, maternal and child health.
4.15 - 4.30 p.m.	Introducing - Where are we? Reflections

Tuesday: 8.00 - 8.30 a.m.	Where are we? Grab Bag "FP & ORT "Benefits;
8.30 - 10.15 a.m.	Child Survival: ORT with emphasis on Nigeria Programmes.
10.15 - 10.30 a.m.	B R E A K
10.30 - 11.30 a.m.	Preparing ORT solutions/cocktails
11.30 - 1.00 p.m.	Practice in counselling and group education in ORT.
1.00 - 2.00 p.m.	L U N C H
2.00 - 2.15 p.m.	Overview of components of FP to be covered in workshop.
2.15 - 3.30 p.m.	Male & Female Reproductive systems and process of reproduction.

3.30 - 4.15 p.m. Male and Female Reproductive Systems and process of reproduction

4.15 - 4.30 p.m. B R E A K

4.30 - 5.00 p.m. Outline of major contraceptive methods.

Assignment "Local Cultural, and Physical barriers to FP and ORT acceptance!"

Reflections

Wednesday 8.00 - 8.30 a.m. Where are we?
Grab Bag: ORT, Reproductive Anatomy and Systems.

8.30 - 10.15 a.m. Oral and Injectable contraceptives and required physical assessment by provider (checklist)

10.15 - 10.30 a.m. B R E A K

10.30 - 1.00 p.m. NFP and required psycho-social physical assessment for appropriateness of NFP method and user-effectiveness

1.00 - 2.00 p.m. L U N C H

2.00 - 3.30 p.m. IUCD's

3.30 - 4.15 p.m. Barrier Methods

4.15 - 4.45 p.m. B R E A K

4.45 - 5.00 p.m. Reflections

Thursday: 8.00 - 8.30 a.m. Where are we?
Grab Bag Contraceptive Methods

8.30 - 10.30 a.m. Role play: Counselling for contraceptive methods.

10.30 - 10.45 a.m. B R E A K

10.45 - 11.30 a.m. Sexually Transmissible Diseases. Infertility.

11.30 - 1.00 p.m. Role play: Cultural, psycho-social factors affecting STD and infertility.

1.00 - 2.00 p.m. L U N C H

Thurs. (cont.)

2:00 - 3:15 p.m.	Role plays: Client management for IUD Diaphragm, Condom and Foam.
3.15 - 4.30 p.m.	Delivery, (of ORT/FP) resources, problems and suggested strategies.
4.30 - 4.45	B R E A K
4.45 - 5.00 p.m.	Reflections

Friday 8.00 - 9.00 a.m.	Where are we?
9.00 - 10.00 a.m.	Post Test
10.00 - 10.30 a.m.	B R E A K
10.30 - 1.00 p.m.	Panel Discussion of Senior Health and Administrative Staff from MOH, UNICEF Topic: "Provision of ORT/FP Services by PHN/Reg. N. Midwives".
1.00 - 2.00 p.m.	L U N C H
2.00 - 2.30 p.m.	Participants Reaction Forms filled
2.30 - 3.00 p.m.	O P E N
3.00 - 4.30 p.m.	CLOSING CEREMONY

PAN-NIGERIA CONTRACEPTIVE ORT UPDATE
WORKSHOP FOR NURSE/MIDWIVES AND PUBLIC
HEALTH NURSES.

5 DAY FP/ORT WORKSHOP OUTLINE

A guide for Trainers.

Jedida Wachira

1/1/20

MONDAY

- 1 -

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To provide data on self and obtain initial essential workshop materials.</p> <p>8 - 9 a.m.</p>	<p>Registration and Biodata.</p> <ul style="list-style-type: none"> - Distribution of reference books - Workshop schedule 	<ul style="list-style-type: none"> - Individual filling-out of Biodata forms. (Instructors and co-trainers to guide). <li style="text-align: center;">" <li style="text-align: center;">" 	<ul style="list-style-type: none"> - 30 INTRAH Biodata Forms - Package for each participant containing: Writing sheets/pads Reference books as per list Copy of workshop schedule (Time Table) 	<ul style="list-style-type: none"> - Completed Biodata Forms. - List of names of all participants and the clinic they come from/represent.
<p>To obtain relevant aspects of the importance of FP/ORT activities in the State.</p> <p>9 - 10 a.m.</p>	<p>Opening Ceremony/ Refreshments</p>	<ul style="list-style-type: none"> - Official Opening Speech by an identified State Official. (Course co-ordinator/co-trainers to guide this session). 		
<p>To relax and settle down to the task at hand by getting to know each other.</p> <p>10.00 - 11.00 a.m.</p>	<p>Introductions of trainers Resource Persons</p>	<p>ICE-BREAKER e.g.</p> <ul style="list-style-type: none"> - Knowing each other Any two persons sitting next to each other to introduce themselves knowing them well enough to be able to introduce entire group. - Each person then introduces partner to entire group. - Name tags are given out for participants to put the name they wish to be called during the workshop. 	<p>Name Tags for participants, trainers and resource persons</p>	<p>.../</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>a) Describe the relationship between national state resources and health issues of Nigerians.</p> <p>b) State the total population of Nigeria and the State</p> <p>c) Compare selected national and State vital health statistics</p>	<p>Projected Population of Nigeria 1984.</p> <p>Projected State Population in 1984.</p> <p>National Crude death rate.</p> <p>State Crude death cate.</p> <p>National Infant mortality rate.</p> <p>State mortality rate.</p> <p>Maternal mortality rate</p> <p>National and te</p> <p>Growth rate</p> <p>National and State</p> <p>National Fertility rate</p> <p>Density per sq. km.</p> <p>- People - young, old middle age children</p> <p>- Land, food, shelter & social facilities, health</p>	<p>i) Major national and major state resources</p> <p>ii) Major health problems national and state as viewed by participants and post results on Flip Charts</p> <p>- In the 5 groups of 6 and using discussion method.</p> <p>iii) Each participant to outline one wish to be related to the following:</p> <p>What I wish my children to be</p> <p>What I wish myself to be</p> <p>What I wish for my family</p> <p>What I wish for myself in life</p> <p>Post groups "wishes) on flip chart.</p> <p><u>Group Discussion:</u></p> <p>- Using the list of health problems/resources and list of "wishes", each group to discuss the factors that would influence the fulfilment or its lack of the "wishes"</p>		

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MONDAY CONT.

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
	<ul style="list-style-type: none">: Client days, flow, physical facilities- Commodities and equipment			

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To reflect on previous days learning. 8.00 - 8.30 a.m.</p>	<p>Where are we?</p>	<p>Grab bag: Each group of 5 to pick a question randomly and give answers to whole group</p> <p>- Brainstorming (own knowledge and experience)</p>		<p>1. Describe two benefits of ORT on Family Health</p> <p>2. How does FP benefit the child</p> <p>3. What is the impact of FP on health of a) women b) Nation?</p>
<p>To list five strategies for child survival. 8.30 - 10.30 a.m.</p>	<p>- ORT - Immunization - Breast feeding - Growth monitoring - Family Planning</p>		<p>Experienced person from ORT launched project</p> <p>UNICEF Nigeria</p>	<p>- Comments from participants</p>
<p>To describe strengths of the ORT method in child survival</p>		<p>Overview of experiments in Nigeria</p> <p>Case history from where ORT projects have been launched in the State.</p>	<p>ORT Packages - Salt - Sugar - Water - Beer bottles - Soft drink bottles - Charts (ORT) - Nurses Manual (UNICEF) Nigeria.</p>	<p>The Return Demonstration</p> <p>Feedback from rest of participants</p>
<p>To compare the different ORT solutions in action. 10.30 - 11.30 a.m.</p>	<p>- Types of ORT solutions - Physiological action of ORT solutions</p>	<p>- Demonstration of preparation of ORT by UNICEF/ORT instructor - Return demonstrations in each group.</p>		
<p>To demonstrate through role play/drama, skill in counselling clients for ORT</p>	<p>Principles of counselling clients - why, where, how to prepare, and to give</p>	<p>- Role playing (once) i) One to one counselling ii) Role playing (once) Group education on ORT</p>		<p>Feedback from the rest of the participants.</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To obtain an overview of the components of FP to be covered in the program.</p> <p>2.00 - 2.15 p.m.</p>	<p>Topics to be covered in FP:</p> <ul style="list-style-type: none"> : Female and male Reproductive systems and process of reproduction : Contraceptive methods <ul style="list-style-type: none"> - pills - injectables - NFP - IUDs - barrier methods - sterilization : Cultural and physical barriers to acceptance of FP and ORT : STDs : Infertility : Post test : How do we do it from now on? 	<p>Lecture/Discussion</p>	<p>Newsprint/Overhead projector</p>	
<p>To demonstrate knowledge regarding the role of the female reproductive systems in the process of reproduction</p> <p>2.15 - 3.30 p.m.</p>	<ul style="list-style-type: none"> - Structure and location of organs. - Exterior organs - Interior location of organs - Shape 	<p>Review through discussion in groups of 5, draw a diagram(s) of the female reproductive organs showing parts as in content.</p>	<ul style="list-style-type: none"> - Female Reproductive system charts - Female reproductive models - Newsprint - Felt pens 	<p>- Diagrams</p> <p>..../</p>

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To demonstrate understanding of Male reproduction in relation to reproduction</p> <p>3.30 to 4.15 p.m.</p>	<ul style="list-style-type: none"> - Menstrual cycle : Hypothalamus : Follicle stimulating Hormone (FSH) : Luteinizing hormone (LH) : Anterior lobe of pituitary gland : Ovary : Corpus Luteum : Estrogen : Progesterone : Uterus (ready) : Uterus (bleeding) (Menses) : Organs and function. - penis - scrotum - vas deferens - seminal vesicles - prostate gland - testosterone - interstitial tissues - ejaculation 	<p>Review through Drama to depict and play the systematic function of organs hormones leading to ovulation as in content</p> <p>A brief summary of the dramatised content by instructor</p> <p>Drama</p>	<p>A group of participants to play</p> <p>Charts or diagram</p> <p>A group of participants to play</p>	<p>Drama content and feedback from colleagues</p> <p>Feedback from other participants</p>
<p>To outline the major contraceptive methods</p> <p>4.15 - 5.p.m.</p>	<ul style="list-style-type: none"> : Hormonal : Chemical barriers : Mechanical " : IUDs : NFP methods : Sterilization 	<p>In groups of 5, brainstorming known methods and listing</p> <p>: Instructor(s) through discussion and clarification and use of group lists summarize.</p> <p>: Post on nesprint</p>	<p>Newsprint</p> <p>Felt pens</p>	<p>.../</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To outline the local cultural and physical barriers to acceptance of FP and ORT. (Home assignment)</p>	<p>Cultural e.g. : Traditional : Religious beliefs : Incarnation Physical e.g. : Ignorance : Lack of effective facilities</p>	<p>Groups to discuss and work on a list of existing local a) cultural and physical barriers</p>	<p>Newsprint Felt pens</p>	<p>Listing produced by groups</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>8.00 - 8.30 a.m.</p>	<p>Evaluation of Yesterday</p>	<p>Grab bag: ORT 4 questions</p> <p>Reproductive anatomy and physiology - 6 questions</p> <p>Random selection of one question on ORT and one question on reproduction for each group.</p>	<p>- Questions on ORT for each group.</p> <p>- Questions for each group</p> <p>- A container for each group containing the above.</p>	<p>Responses to questions.</p>
<p>8.30 - 10.30 a.m.</p> <p>To differentiate between two types of hormonal contraceptives.</p>	<p>Pills user effectiveness.</p>	<p>Lecture/Discussion</p>	<p>- Samples of locally available/used hormonal contraceptives. (enough for participants to look at and handle)</p>	<p>Comments from participants</p>
<p>To describe chemical composition of the commonly used hormonal contraceptives</p>	<p>Mini-pill</p>	<p>Demonstration by Instructor on model/chart.</p>	<p>Check list for systematic examination for each section.</p>	<p>Comments from participants</p>
<p>To outline the required physical assessment and its rationale before contraceptive use.</p>	<p>:Thyroid :Breast :Abdomen :Extremities :Pelvic examination</p>	<p>- Film on Pelvic examination for contraceptives</p>	<p>: Film on Pelvic examination</p>	<p>.../</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To describe NFP as a family planning method 11.00 - 1.00 p.m.</p>	<p>: Methods : Psycho-social and physical assessment in selection as a method of choice : Use effectiveness</p>	<p>In groups, brainstorming/discussion of NFP i) Methods known - Rapporteur to share out list from each group. Instructor to initiate discussion on - : facts - strengths, weakness : experiences : use of satisfied clients Slides on mucous method ii) Its strengths Its weaknesses viewed by participants</p>	<p>Writing paper - slides - slide projector - handout of booklet on NFP</p>	
<p>1.00 - 2.00 p.m.</p>	<p>LUNCH</p>			
<p>To describe the following contraceptive methods in terms of user-effectiveness and types 2.00 - 3.30 p.m.</p>	<p>IUDs : Lippes Loops : Copper T : Multi Load Barrier methods : Diaphragms : Condoms</p>	<p>In groups of 5(6 in all) Each group select and discuss one method for 20 minutes - present to entire group (one group to discuss Copper T and multi Load <u>10 minutes each group.</u></p>	<p>IUDs particularly Lippes Loop samples (A - D) Pelvic model Diaphragm (all sizes with creams) Condoms - all sizes</p>	
<p>3.30 - 4.30 p.m.</p>	<p>:Foam, cream or jelly - What each is made of - The different sizes - Location of its placement in the body.</p>	<p>- Instructor/s summarize (10 min) each method discussing user-effectiveness</p>		<p>The reports from Rapporteurs .../</p>

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
	- How it prevents pregnancy	Participants to handle/feel each type of contraceptive (Homework)		Home work on Counselling for Pills, injectable and NFP method.

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
To reflect on day 3 8.00 - 8.45 a.m.	Evaluation of Day 3	Grab Bag: Contraceptive methods (6 questions). 1. Pills 2. Injectables 3. NFP 4. Chemical Barrier method 5. IUD 6. Mechanical barriers		Responses to questions
To demonstrate through role play, counselling techniques and problem solving for selected FP methods.	- Pills - Depo provera - NFP (Mucous Method)	- Role play presentations (10 minutes each group) 5 minutes for feedback	- commonly used pills - injectables - NFP method charts	Recorded feedback from other participants and instructors
To describe common STDs and how to recognize them. To demonstrate understanding of - - prevention and - implications for prescribing an FP method 10.45 - 11.30 a.m.	- Gonorrhoea - Syphilis - Trichomoniasis - Moniliasis - Chlamydia	- Brainstorming on types and prevention - Slid shows - Summary by Instructor of implications to FP	- Slides - Slide projector	
To demonstrate through discussion and role play, ability in recognizing and handling psychosocial issues in FP. 11.30 - 1.00 p.m.	Culture barriers e.g. - Knowledge of sexuality - Discussion of sexuality in a culturally acceptable and understood way	- Case history discussion and decisions (instructor to construct case histories) - Role playing	- Case history sheets - Adequate room for role playing	- Feedback from other participants. - Reports of decisions on case history .../

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
	<ul style="list-style-type: none"> - Physical barriers - distance etc. Provider-related barriers - preparation own beliefs 			
<p>To demonstrate through a role play, skills in problem solving with IUD client, Diaphragm user, condom user and foaming tablets user.</p> <p>2.00 - 3.30 p.m.</p>	<ul style="list-style-type: none"> - Clients complaints and barriers to acceptance and use. 	<p>In groups, select one barrier to acceptance and role play a problem solving/counselling session</p> <ol style="list-style-type: none"> 1. IUD user with initial accepting problems. 2. IUD user who develops a complication 3. Diaphragm user with fitting cleaning problems 4. Condom user (couple) with any problems 5. Foaming tablets user <p>Instructor summarizes all contraceptive methods.</p>	<p>Samples of all the necessary types of contraceptives.</p> <p>Teaching aids e.g. pelvic models.</p> <p>Simulated penis.</p>	
<p>To identify solutions to real delivery problems in the State and resources available for the solutions.</p> <p>3.30 - 5.00 p.m.</p>	<ul style="list-style-type: none"> - Community Education aspects. - Personnel Education aspects. - Integration of FP into existing MCH services. - Commodity procurement - Mobilization of Community resources/organization support for community groups to gain access to FP 	<ul style="list-style-type: none"> - Group activity guided discussion. - Rapporteur to share group findings - Summary by instructor/s 	<ul style="list-style-type: none"> - Newsprint - Felt pens 	<p>Small group outputs</p> <p style="text-align: right;">.../</p>

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
	- Continuing Education for Nurse/Midwives in family planning.			

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FRIDAY

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OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
<p>To reflect on learning during the 4 days past.</p> <p>8.00 - 9.00 a.m.</p>	<p>Reflection on content, activities/participation during the week.</p>	<p>- Individual completion of critical incident record.</p>	<p>30 copies of critical incident record.</p>	<p>Tabulation of most effective and least effective learning experiences per group</p> <p>Post on Newsprint.</p>
<p>To demonstrate level knowledge and skill gained during the week.</p> <p>9.00 - 10.00 a.m.</p> <p>10.00 - 10.30 a.m.</p> <p>To plan strategies for providing service, developing further skills and obtaining supplies and monitoring output.</p> <p>10.30 - 1.00 p.m.</p>	<p>Post-Test questions</p> <p>BREAK</p> <p>The planned expectations and role changes for participants</p> <p>Establishment of new service delivery parts.</p> <p>Organization of practical way of improved skills in contraceptive practice including IUD insertion using locally available resources e.g. Obst/Gynaecologists,</p> <p>PPFN clinics and personnel</p> <p>Which, how and from where to obtain supplies equipment for FP and ORT</p>	<p>- Panel discussion</p> <p>Panelists to include:</p> <ul style="list-style-type: none"> : Health Management Board Officials e.g. Chairman Chief Nursing Officer Local Government Supervisor if any : Ministry of Health Officials e.g. Chief Nursing Officer : State PPFN Officer MOH Official responsible for ORT and UNICEF matters : Chief MOH Supplies Officer if any <p>Panelists to clarify strategies and answer participants questions.</p>	<p>Five or six panelists</p>	<p>Record of strategies agreed on.</p> <p>.../</p>

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION
	What records to keep Whom to consult for various needs and how. Relationship with other agencies providing FP and ORT presently.			
1.00 - 2.00 p.m.	LUNCH, CLOSING	Closing speech from identified Health Official according to State (e.g. Permanent Secretary for Health)		
To examine and state in writing and verbally results of the 5-day workshop as a learning experience 2.00 - 2.30 p.m. 2.30 - 3.00 p.m.	Participants reaction General Feedback Learning obtained Learning Method Welfare of participants etc.	Individual completion of Participants Reaction record. Participants and Instructors discuss the workshop in general.	30 participant's Reaction Records - Table Recorder	Responses recorded in participant's reaction records Comments of participants and instructors
3.00 p.m.	CLOSURE AND DEPARTURE			