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Trip Report

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Travelers: Ms.Linda Andrews, IHP Consultant
Mr.John Boone, IHP Consultant

Country Visited: NIGERIA

Date of Trip: May 20 - June 13, 1985

Purpose: To conduct a 4-week FP/ORT Curriculum Development Workshop for the 16-Member Imo State MOH Training Team

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

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EXECUTIVE SUMMARY

Ms. Linda Andrews and Mr. John R. Boone, IHP consultants, conducted an integrated Family Planning, Oral Rehydration Therapy Curriculum Development workshop in Imo State, Nigeria from May 20 to June 13, 1985 for sixteen senior nurse/midwives and tutors from the Ministry of Health, Imo State. Primary colleagues were: Mr. A. E. N. Izuwah, Permanent Secretary M.O.H.; Dr. Eke, Chief Medical Officer M.O.H.; Mrs. Grace Ogbonna, Project Coordinator M.O.H.; and, Mrs. C. N. Ukanwoke, co-trainer, M.O.H.

Workshop participants and co-trainers resided at and conducted the activity in the Bishop Cockin Anglican Church Retreat Center at Atta, a rural village 12 km from Owerri. The communal, spiritual ambiance of the center contributed greatly to the resounding success of the workshop.

An integrated FP/ORT curriculum in the context of primary health care was developed and presented to the Ministry of Health. Additionally, a training plan for implementation of the curriculum was developed for each of the five zones of Imo State.

Field activities conducted during the workshop included public presentations to professional and non-professional community groups. At all the presentations, the audience

demonstrated an active interest in obtaining FP/ORT and malaria knowledge and expressed eagerness to receive the forthcoming services. The participants demonstrated their FP/ORT knowledge through individual subject matter presentations on FP methods and ORT information, and by correctly answering questions from the audience.

Information, Education, and Communication (IEC) procedures, plans, strategies and educational materials were developed as an integral part of the curriculum development process. Role playing/dramatization activities were part of the training process and were utilized in the public presentations. Four songs were developed: two on FP, one on ORT, and one on malaria. These songs were part of each presentation and all audiences were taught to sing the songs.

Participants completed the course well prepared in FP/ORT/malaria didactics and IEC information. They are now in need of in-depth practical experience in clinical services delivery.

It is recommended that two workshops in service delivery be conducted to provide an adequate clinical experience for future service delivery in view of the number of clinical sites planned to be opened in the near future.

It is further recommended that a closer liaison be developed between PCS (Population Communications Services, Johns Hopkins University) and INTRAH/IHP in order to effectively utilize IEC materials and strategies in support of the FP/ORT curriculum.

SCHEDULE DURING VISIT

Co-trainer Linda Andrews was already on-site from a previously conducted TOT/CHE workshop.

Andrew's and Boone's schedules followed the work plan of daily activities to satisfy the daily workshop objectives which are included in this report (see Appendix C). During the course of the workshop, daily training activities were conducted by Jack Boone, Linda Andrews and Mrs. Comfort Ukanwoke (acting as co-trainer for sixteen course participants). On weekends, the trainers and co-trainer were involved in workshop activities, scheduling and logistic arrangements.

Friday, May 17 - Co-trainer Jack Boone arrived at Concorde Hotel and called upon the Imo State MOH Permanent Secretary, Chief Medical Officer, Chief Financial Officer and their respective support staffs. The Chief Medical Officer took Jack Boone to the Bishop Cockin Retreat Center in Atta . He met with IHP/INTRAH co-trainer Linda Andrews and the retreat center staff, including Warden Jerry Lang and his wife Ginger. Jerry and Ginger acted as hosts and chaplain during the workshop.

Monday, May 20th to Thursday June 13th - Activities consisted of co-training with Mrs. Comfort Ukanwoke and the sixteen participants. In addition to workshop participation, training activities for the group included setting up additional knowledge transfer activities, co-facilitating and co-implementing various IEC activities (radio, TV, public appearance, public FP/ORT/malaria presentation) and workshop logistics:

A. MOH, supplies, transportation, finance liaising
B. Religious leader visits
C. Coordinating with local chiefs (Ezes), establishing community confidence, and communicating a frame of reference for workshop field activities.

During the weekends, the trainers were involved in evaluating the workshop program, developing the following week's activities, resolving conflicts and pursuing personal health maintenance.

The workshop was conducted in a spiritual setting. The Permanent Secretary and all MOH staff actively participated in the workshop activities. The retreat center resident priest conducted morning chapel services twice weekly.

Thursday, June 13 - The Bishop of the Owerri Anglican Diocese addressed the group on this last day of the workshop, thanking them and IHP/INTRAH/USAID for bringing information and spiritual strength to the State's Family Health Program.

During the closing ceremony, the trainers expressed their feelings that the trip had been professionally and personally rewarding and that they were proud to represent IHP/INTRAH/USAID in this training activity. The MOH and all the participants extended their appreciation of the coordination and cooperation of all the agencies involved and requested further close coordination on implementing their Family Planning Program. The Permanent Secretary presented certificates and charged the participants with their new duties in the community and their new roles as apostles of change for the health sake of Imo State.

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a four-week workshop in curriculum development for sixteen senior nurse/midwives and tutors under the terms of Article II Work Plan Activity # 3, Subcontract between MOH, Imo State and INTRAH for the accelerated delivery of Family Planning and Oral Rehydration Services, Nigeria.

II. ACCOMPLISHMENTS

This four-week FP/ORT/malaria training course for sixteen senior nurse/midwives and tutors from the Ministry of Health was successfully completed, as indicated by the responses of the participants in the Participant Reaction Forms (Appendix F). The accomplishments include:

1. A completed curriculum in FP/ORT/malaria.
2. Visual aids on all contraceptive methods, ORT and malaria.
3. Production and recording of FP/ORT/malaria songs.
4. TV documentary on curriculum development workshop.
5. Several professional and nonprofessional presentations on FP/ORT/malaria.
6. Training plans for curriculum implementation in each of the five zones of Imo state.

III. BACKGROUND

Demographic/Workshop Background

Imo State is very densely populated. Census data is not available, but population is estimated to exceed 6.3 million inhabitants. Recognizing the grave consequences to health and state resources of an unchecked population growth (estimated at 2.5% per year), the Ministry of Health, Imo State is beginning an aggressive and accelerated program of family planning service delivery. Currently, the Planned Parenthood Federation of Nigeria (PPFN) is providing limited services to the state in four clinics. It is the intention of the Ministry of Health to extend the whole range of family planning services (clinical and educational) throughout the state by integrating family planning into the existing health system within the context of maternal and child health (MCH).

In March and April of 1985, two Family Planning Policy Seminars were conducted in Imo State. In April and May, a Training of Trainers and Community Health Education workshop was conducted. The participants of the TOT/CHE workshop continued on and were the participants of the Curriculum Development workshop. It is the intention of the MOH that the same participants be included in upcoming project activities (a Service Delivery Skills workshop, an Educational Materials Development workshop and a subsequent Management/Supervision/Evaluation workshop).

IV. DESCRIPTION OF ACTIVITY

The workshop was conducted in a spiritual setting, a religious retreat center. The retreat center resident priest conducted morning chapel services twice weekly. The Permanent Secretary and all MOH staff actively participated in workshop activities.

This section will describe activities as they occurred chronologically and will discuss the output and future work implications of each activity.

On Monday, May 20, the Curriculum Development workshop was convened in Imo State. Sixteen state trainers, two INTRAH/IHP and one state MOH co-trainer comprised the workshop personnel.

Day 1

The activities for the day included reviewing FP in general from the previous TOT/CHE workshop, assessing where we were, preparing for and conducting a public FP/ORT/Malaria presentation at a maternity home clinic and writing two family planning motivational songs. As a result of these activities, the participants will be able to train others in how to make a public presentation and how to write a family planning song. These activities had the effect of improving

the confidence of the participants and increasing the knowledge and awareness of the mothers attending the clinic. The influence on further work is a positive one in that the participants have a greater confidence and knowledge base from which to function. The song developed will be learned by the entire community--mothers, children, and fathers--all singing an appropriate and effective IEC tool.

Day 2

Activities for the day included formal presentation on male and female sterilization followed by class discussion and brainstorm sessions to explore a broad base of existing knowledge on these two topics to determine the knowledge and accuracy of same. The participants had received and completed reading assignments on the above subjects.

The workshop group prepared an inventory of the curriculum components, their status of completion and a work plan for completing the components. This work contributed to a smoother implementation of the curriculum development process.

As a part of the day's activities, the group worked on visual aids. After a brief introduction to the technical aspects of visuals for classroom use, the participants prepared visuals to support their individual curriculum unit. They accomplished this by using flow tip pens and

sketching freehand on scrap paper and then finalizing the work on heavy bond cardboard. These visuals will be incorporated into the curriculum and will greatly contribute to the future program. They will also provide a base of knowledge to be expanded upon in the subsequent educational materials workshop. By preparing their own visuals, the participants gained increased knowledge on visual aid production and increased their confidence level, enabling them to communicate more effectively with their future trainees.

Day 3

Each participant had been assigned a unit of the curriculum which he/she developed by writing objectives and training designs. Each day, time was devoted to this activity of curriculum development and accompanying visual production.

The group developed an ORT song by taking the home mixing instructions, rearranging the words, and adding a melody that an average client could sing. This ORT song, in addition to being an awareness-raising tool such as the two family planning songs, also serves as a method of instruction and prepares mothers to effectively mix and administer oral rehydration solution. It is important to note that the songs were developed by the health professionals themselves as opposed to an outside group. This method utilizes the natural creative abilities of the

professional, increasing his/her ability to transfer knowledge at an appropriate level. The songs will be sung at home and subsequently throughout all levels of the community, having a tremendous impact upon the total program. The songs are an effective IEC method.

Another activity on this day was the unit on pill management presented by the co-trainers with the participants discussing individual cases and determining proper pill management as indicated by client reactions. This activity increased the FP knowledge of the professionals and will ultimately benefit the clients at large.

Day 4

Participants continued to develop visual aids and lesson plans for their curriculum unit. Samples of visual aids from around the world and other parts of Nigeria were shared with the participants. These references plus text book examples enabled the group to develop accurate and appealing visuals which they will use in later training and public information activities resulting in a greater clarity of knowledge transferred.

A field activity on this day consisted of an observational visit to the Owerri FP clinic. The participants divided into groups and joined clinic staff in taking patient history, observing the subsequent reporting and charting

and, finally, each participant was able to follow a client through the complete clinic visit. This participatory activity enabled the group to observe theory being put into practice and helped solidify client care consonant with history, examination, etc. Upon return, an evaluative class discussion enlarged upon the clinic visit. The closing hours of the day were spent discussing human sexuality. The participants, as health professionals, felt the need to increase their awareness and decrease their sensitivity in this area so they might better serve their clients in an unbiased manner. Each participant placed a question or questions regarding human sexuality on a card and submitted it to the co-trainers. In a relaxed environment, the questions were read by the co-trainers and answered by the group in a discussion format. A variety of questions were asked (see Appendix H) and a variety of attitudes were displayed. The co-trainers frequently reminded the group that the feelings and general health of the clients superceded any bias the professionals may have. All participants expressed satisfaction with the session and agreed that their future clients would benefit by this increased awareness of the extent and variety of sexuality and its relationship to overall family planning.

Day 5

Through the use of models, textbooks, and participant-prepared visuals, the unit on anatomy and physiology was

presented. The health professionals participated by presenting their component of the FP curriculum as it related to this unit.

Day 6

The previous day's visit to the clinic was evaluated by the workshop group. After discussing both positive and negative observations, the group prepared a description of the ideal or model clinic that they will duplicate when they open their own clinics at the conclusion of the series of workshops. This observation visit will contribute to better clinic services for the FP clients.

Clinic policy and procedures were discussed using examples from other FP clinics and texts. Examples were discussed describing types of clients and what they were likely to experience as a result of policies and procedures.

History-taking was developed by an explanation of the history form and an exercise in which the participants took each other's history. Record-keeping was presented in a similar manner and each group member role played as a patient so a record could be developed.

Both history-taking and record-keeping are essential administrative tasks that the professional will utilize in

improving the training of other health workers that he/she will train.

Day 7

Infertility and its effect upon the family unit was discussed during the morning session. Each participant presented different examples and various causes of infertility. Alternate methods of counseling clients were explored. Future clinic services will include fertility counseling as an essential part of all FP services. The inclusion of this component will assure clients that their desire for bearing children is one of the primary concerns of the FP clinic and will result in a greater overall level of confidence and acceptability for the program.

Additional activities included continued curriculum development and presentation preparation for the upcoming professional nursing school program in Aba, scheduled for the ninth day.

Day 8

Clinic management was this day's activity topic using information already presented in the workshop. A model clinic was described and its management was discussed from the client's point of view. A portion of this day was devoted to curriculum development. The third activity for this day was a rehearsal and production conference for the

next day's professional school presentation. The subject matter was selected, presenters were named (different ones for each presentation and different topics), the order of presentation and timing were determined--and finally, a rehearsal was conducted. This preparation provided a lesson plan for tomorrow's appearance and established objectives for it. The resultant public performance was well done. The participants gained new experience and will be able to transfer the IEC knowledge gained to their trainees.

Day 9

The entire workshop, (sixteen participants and three co-trainers) travelled 1-1/2 hours to make a public FP/ORT/Malaria presentation to the professional nursing school's staff and students at Aba. Approximately 500 students and staff attended a stimulating 40-minute presentation on FP/ORT/Malaria complete with motivational songs that the audience learned and were able to sing. Following the presentations, the audience asked questions and, at the conclusion of the formal presentation, the audience was invited to visit an educational table set up with visual aids and models of FP/ORT materials.

Numerous members of the audience thanked the participants for sharing their knowledge and complimented them on their stage presence and ability to communicate. This single event served to weld together a significant percentage of

state health providers on FP information and its dissemination.

Day 10

A public presentation on FP/ORT/Malaria was conducted at the Aba Center chapel for local Anglican and Catholic residents. This event had been announced through the respective reverend fathers of their parishes. Several members of the community attended the event and were pleased to acquire the information and were anxious to know where and when they could receive the mentioned FP services.

Each public presentation gave the participants new and valuable experience to call upon in future service delivery. The opportunities also presented new information about the knowledge and attitudes of clients which will contribute to a better client service.

Day 11

A portion of this day was allocated to curriculum development. As a method of evaluation and solidifying knowledge, a grab bag exercise on the previous infertility session was conducted. The participants demonstrated by their appropriate answers that they were familiar with infertility causes and treatments.

The presentation at Aba was formally evaluated by each participant suggesting ways of improvement based upon responses from the audience and co-trainers.

The consensus of the evaluation was positive. An in-depth technical discussion on the production aspects of length and balance of song to presentation, audience work-up (warm-up), teaching the song, total audience participation, etc., resulted in each participant gaining a significant amount of IEC knowledge and experience from which he/she, the clients and trainers, will all benefit. The latter part of this day was given to rehearsal for the next day 's TV presentation at two rural villages.

Day 12

In the previous TOT/CHE workshop, the participants made two community presentations based upon surveys in those areas. The curriculum development workshop participants (the same as those of the TOT/CHE) again made public presentations to these same villages, Umudim and Ifakala; however, this time they were staged especially for TV coverage. Six participants made presentations in each village to an audience consisting of community citizens, the chief and his wife, members of the MOH administration, the local government authorities and the TV.

There are several out-puts of the activity:

1. A TV documentary on FP in Imo state.

2. Video tape for clinical and community TV program (educational and informational).

3. The MOH Permanent Secretary in attendance complimented the participants on their abiliy to discuss freely and informatively topics that until recently were thought to be too sensitive for open public discussion. He also gained new insight as to the complexity of overall tasks.

4. Two local villages, both with strong religious affiliations, participated in public meetings and welcomed family planning into their frame of reference for life planning decisions.

5. Grassroots level community readers endorsed family planning and by doing so on TV also provided a role model for other leaders.

6. The cumulative experience of these public presentations provides an excellent base upon which to establish local clinics. This was agreed and will be acted upon at the two locations.

Day 13

Curriculum development.

Natural family planning was presented to participants by a doctor who was introduced by the Permanent Secretary. Participants engaged in a group discussion with the doctor. At the close of the session, the group felt that they were better able to counsel clients in NFP. NFP is a favored method by many and proper counseling could result in a greater satisfaction rate among practicing clients.

Day 14

The final assignments on developing curriculum components were made. The workshop group participated in a brainstorming session in IEC that was community-based and that utilized mass media as support communication to that community base. Zonal IEC/FP/ORT/Malaria program implementation work plans were developed. Each participant included the following three activities each week: training, clinic service delivery, and community outreach (IEC). The zonal plans (Appendix G) include groups that will be contacted both for training and for outreach activities. These plans will shape the total FP program for the state.

Day 14

Curriculum development.

The Chief Medical Officer and Project Director accompanied a local OB/GYN MD and they jointly presented a session on adolescent pregnancy and illegal abortion which was followed by a class discussion on those topics. Knowledge of both of these areas will result in better client health service at the clinic.

Day 15

Curriculum finalized.

A presentation on sexually transmitted diseases included class discussion and examples from participant experience. The entire workshop proceeded to nearby Owerri to produce an audio tape (Appendix E) on FP/ORT/Malaria which will be used for the clinical community and radio program. The program included two family planning songs, one on ORT and one on Malaria. The audio tape will serve many IEC purposes in future FP work.

Day 16

Proofed and edited curriculum.

Day 17

Proofed and edited curriculum.

Day 18

Collated curriculum. Completed participant evaluation form (Appendix F).

Day 19

An oral evaluation of workshops was conducted.

V. FINDINGS

The participants were satisfied with the workshop as indicated in the evaluation forms (Appendix F).

The co-trainers and the Ministry of Health Administration observed the viability of transferred knowledge and the increase in FP/ORT/Malaria information as demonstrated by the participants' public performances.

VI. CONCLUSIONS

The participants are well prepared in the didactics of FP/ORT/Malaria. A strong, knowledgable core training team for Imo State has been developed. A practical, viable curriculum has been developed by the participants and can be implemented by them in future training activities.

The experientially-oriented training process that IHP/INTRAH utilizes is a dynamic, effective, viable method of transferring knowledge. The participants, as a result of this transfer of knowledge base, are now able to train their fellow country persons to develop themselves and a total family health program.

The above-mentioned process is significant to the mission in that the participants gained specific skills and didactic and socratic experience which allows them to train the number of people they are responsible for in a timely manner with quality as the bottom line.

VII. RECOMMENDATIONS

FP Workshop Follow-up Recommendations:

1. Condom: Contact PIACT regarding approximate size of condom and packaging; consider Imo State production and manufacturing of condoms.

2. Diaphragm:

   a. Recommend USAID supply all flex diaphragm--not coil spring.

   b. Recommend ORTHO plaster demonstration models be provided to clinics.

3. Birth Control Pills:

   . Suggest USAID supply progesterone only pills.

4. IUCD:

   a. Suggest USAID supply FP clinics with Vulsellums and Sim's speculums, instead of tenaculums.

   b. Recommend that IUCD policies be determined on which clients will receive IUCD.

c. Suggest the question be examined of whether or not IUCD clients should receive prophylactic antibiotics and, if so, determine what antibiotic should be utilized?

d. Suggest the question be examined of whether or not copper T's should be used for four years per current FDA policy?

e. Recommend plastic IUCD models (Searle) be provided to participants in service delivery workshops in order to practice IUCD insertion.

5. NFP

Suggest INTRAH consider utilizing the NFP book published in Nigeria (Natural Family Planning, the Billings Method).

6. Suggestions for Upcoming Service Delivery Skills Workshops

Workshop #1 (July 8 to August 2)

Objectives of the workshop:

1) Update five physician preceptors selected from the five Imo State zones in FP service delivery and prepare them to train the participants in IUCD insertion.

2) Train 16 TOT/CHE/CD participants in FP/IEC Service Delivery with emphasis on interpersonal communication skills regarding client counseling.

3) Establish an FP Training Center in Aba, Imo State, which will include IEC components.

4) Select and train staff for Aba Training Center, to include administrator, clinical instructor, and IEC Coordinator.

Participants: Sixteen TOT/CHE/CD participants, plus four to five physicians.

Workshop location: Aba Professional School of Nursing and the four MOH clinics.

Suggested didactic content:

1. Review FP methods, lesson plans 11-20
2. STD, lesson plans 21-29
3. Menopause and hormonal replacement therapy
4. Evaluate drugs distributed by chemists as abortifacents.
5. Finalize FP protocol's suggested clinical content.

Suggested Clinical Content

1. Methodology - Suggest that a review of proper IUCD insertion be conducted for physicians so they can train participants in proper insertion (lesson plan 16).

2. Clinical skills needed to provide FP services. (Utilize lesson plans 8, 9, 10 of curriculum.)

Suggested IEC Content - Lesson Plan 33

1. Implement zonal plans.
2. Evaluate IEC plans.
3. Liaison with private sector, i.e. commercial sponsorship of radio and TV FP/ORT/Malaria instructional and informational programming.
4. Coordinate FP curriculum content with education curriculum.
5. Coordinate IEC development with other agencies, i.e. UNICEF, PCS, etc.
6. Prepare specialized audience IEC plans, such as those for: all male group, army, police, adolescents.

Workshop #2 (September/October 1985)

Objectives:

1. To train twenty family planning service providers at the established Aba Training Center, utilizing the newly-developed curriculum.

2. To train twenty family planning service providers in IEC implementation activities (see Lesson Plan 33).

7. Program Reassessment

The enthusiasm demonstrated by the participants, their competency, capabilities, knowledge, attitude and the speed at which integrated Family Planning/Primary Health Care is progressing suggests the need for a reassessment of the total Family Planning Program. A meeting between INTRAH/IHP and MOH Imo State, as soon as possible, would be most advantageous to Imo State and the implementing agencies.

8. Coordination Recommendation

A coordination study tour to IHP/INTRAH and all participating USAID agencies by: Mr. A. E. N. Izuwah,

Permanent Secretary, MOH; Mrs. Comfort N. Ukanwoke, TOT/CHE Co-trainer, MOH; Dr. R. A. Eke, Medical Director, MOH; and Mrs. Grace N. Ogbonna, FP Coordinator, MOH, would be most beneficial to the Imo State FP program.

The dynamic nature of the FP program in Imo State and the rate of implementation both suggest that such a study tour would allow the agencies and the MOH to facilitate a viable implementation of the total program and assure a faster, better quality delivery of services to the FP clients in Imo State.

9. Constraint

Transportation is a major constraint to any workshop activity and must be addressed for all components of the Family Health/Family Planning Program, i.e. Commodities, IEC, and service delivery support. Transportation, or lack of, is a tremendous obstacle to communication.

APPENDIX A

PERSONS CONTACTED

PERSONS CONTACTED

I. Ministry of Health

Permanent Secretary.....Mr. A.E.N. Izuwah
Director of Health Services.....Dr. S.N. Ugoji
Chief Health Officer.....Dr. R.A. Eke
Acting Chief Nursing Officer, Health
Sister, Family Planning Project.....Grace N. Ogbonna (Ms.)
Principal Health Educator.....Mr. R.U. Ude
Project Manager, EPI Program.....Dr. J. Obiribe
Senior Health Educator.....Agnes Ngumezi (Miss)
Principal Health Sister, Inspectorate Unit
(Cotrainer).....Comfort N. Ukanwoke (Mrs.)

II. Health Management Board

Chief Executive.....Dr. E. I. Emanalom

III. Ministry of Local Government

Secretary, Mbaitoli/Ikeduru.....Mr. S. Akuta
Public Health Nurse.....C. C. Ukeje (Mrs.)

IV. Planned Parenthood Federation of Nigeria

State Secretary.....Rose Nzeakor (Miss)

V. International Organizations

A. World Bank

1. Consultant.....Kadi Jat Mojidi (Mrs.)

B. UNICEF/Owerri

1. Epidemiologist/ORT Consultant

VI. Chiefs

Ifakalo.....Ezeriokanma I
C. E. Ahanedu
Umudim.....Eze Erich Osuji, The Duru
Ojinnaka of Umudim

VII. Bishop Cockin Maternity Center at Atta — Midwife

VIII. Public Communication Channels

Bishop of Owerri Anglican Diocese
General Manager, Head of Engineering, Head of Production and
Production Team
Radio Production Crew of Imo B Cart Co.
Senior Nursing Administrators and 500 students of Professional
Nursing Schools in ABA
Citizens of the village of Ifakalo
Citizens of the village of Umudim
The Clients of the Bishop Cockin Maternity Center
The Clients of the PPFN Family Planning Clinic
Husbands of the Workshop Participants

APPENDIX B

LIST OF PARTICIPANTS

APPENDIX B
WORKSHOP PARTICIPANTS

No.	NAME	JOB TITLE
1.	Linda Andrews (Ms.)	Women's Care Nurse Practitioner
2.	Jack Boone (Mr.)	Population Communication Consultant
3.	Grace Ogbonna (Ms.)	Public Health Nurse
4.	Mercy Onyekwere (Mrs.)	Health Visitor (Lecture)
5.	Atim O. Jibueze (Mrs.)	Midwife Tutor (Senior)
6.	Florence Oparagwu (Mrs.)	Snr. Nursing Sister, Nursing & Midwifery
7.	Eunice U. Obi (Mrs.)	Senior Nurse Administrator
8.	Abigail A. Onuekwusi (Mrs.)	Assistant Chief Health Sister
9.	Malinda N. Okoro (Mrs.)	Senior Nursing Sister
10.	Lydia Anomnachi (Mrs.)	Senior Health Tutor
11.	Grace Nwangri (Mrs.)	Asst. Chief Health Sister
12.	Stella A.C. Dike (Miss)	Snr. Public Health Sister
13.	Edna O. Onyegere (Mrs.)	Snr. Nursing Sister
14.	G.P. Ezumah (Mrs.)	Principal Health Sister
15.	A. Nkwoh (Mrs.)	Principal Health Sister
16.	O.I.T. Ukonu (Mrs.)	Principal Health Sister
17.	Ola Opusunju (Mrs.)	Senior Health Sister
18.	C.N. Ukanwoke (Mrs.)	Principal Health Sister
19.	C.O. Onuoha (Mrs.)	Principal Health Sister
20.	Kate C. Ugochukwu (Mrs.)	Midwife Tutor
21.	Ola Opunsunju (Mrs.)	Senior Nursing Sister

APPENDIX C

- COURSE CURRICULUM
- GOALS AND OBJECTIVES
- AGENDAS
- TRAINING DESIGNS

  AND

- MATERIALS DISTRIBUTED: IEC DRAFT PLAN FOR ORT IN KWARA AND STEPS OF PLANNING IEC

IMO STATE
Curriculum Development Workshop

Members of the State Training Team: 16 In-Service Staff

Trainer: 2 INTRAH/IHP Consultants
1 Ministry of Health Educator

Goals:

- To acquire the skills necessary to plan, implement and evaluate a program of curriculum development in family planning and ORT.
- To train others to do the above.

Objectives:

Workshop in curriculum development in family planning and ORT.

At the end of the workshop, each participant will be able to:

- design a curriculum for a given training program of family planning and ORT
- design a clinically-based program for FP and ORT
- design an IEC program for FP and ORT utilizing community communication (Town Crier, etc.) to be reinforced by mass media

(All the above to be implemented in service delivery workshop, activity #4.)

Expected outcome:

1. A team of staff trained (and able to train) in curriculum development on family planning and ORT.
2. A plan for a curriculum development program in FP and ORT
3. Educational materials to be used as part of a curriculum development program in FP and ORT.
4. A list of suggestions as to items to be discussed during a review of the project.

Duration: Curriculum Development, IEC and Clinical Services Delivery in FP and ORT, proposed dates:
May 20 - June 14, 1985

Place of Work: ATTA, Bishop Cockin Church, Retreat Center

OBJECTIVES

Biweekly Objectives for the Curriculum Development Workshop

At the end of the second week, each participant will be able to:

1. Present an F.P./ORT/Malaria training program to professionals, para-professionals and villagers.
2. Prepare educational materials to support the ORT/F.P./Malaria program training program in objective one.

At the end of the fourth week, each participant will be able to:

3. Prepare a Zonal training and communication plan.
4. Develop a draft Integrated Primary Health Care/Family Planning/IEC curriculum for professionals and para-professionals.

IMO STATE CURRICULUM WORKSHOP:
MAY 20 - JUNE 13:

DAILY OBJECTIVES:

At the end of the day the participant will be able to:

Day 1

- Present a F.P., ORT, malaria presentation to an ante-natal clinic of the Anglican Maternity Centre.
- Sing a F.P. song that they have developed.
- Evaluate their recent experience and to identify their own professional expectation utilizing the knowledge they have gained.

Day 2

- Prepare a visual aid to demonstrate anatomically what occurs in a female sterilization procedure.
- Prepare a visual aid to demonstrate anatomically what occurs in a male sterilization procedure.
- Briefly describe the female and male sterilization procedures.
- State 3 advantages of a post partum tubal ligation.
- Identify 3 complications of female sterilization.
- Identify 3 advantages of male sterilization.
- Counsel clients regarding the procedures for both the male and female sterilization.
- Describe what is a curriculum.
- Organize a course outline.

Day 3

- Complete a portion of their curriculum design.
- Sing a ORT song that they developed.
- Manage six B C P related problems.

Day 4

- Describe the client flow of a P.P.F.N. clinic.
- Assess the attitudes of the F.P. personnel.
- Recall 4 questions asked in taking a F.P. history.
- Describe how F.P. clients are counselled on various birth control methods.
- Recall the costs of the birth control methods sold at the P.P.F.N. clinic.

- Evaluate the physical assessment and management of client.
- Teacher clients how to sing the F.P. song.
- Counsel a client regarding issues concerning their sexuality.

Day 5

- Manage 4 B C P problems utilizing the tables used in Africa: Family Planning Methods and Practice.
- List the physical structures that should be assessed during a routine examination of the external genitalia.
- Describe the normal variations in assessing structures seen during the speculum exam.
- Identify the squamo-columnar junction of the cervix.
- Describe the structures palpated during a bimanual exam.
- Describe the 5 positions of the uterus.
- Differentiate between normal and abnormal pelvic exam findings and recognize when to refer.
- Demonstrate on a model how to take a pap smear.
- Complete a portion of their curriculum design.

DAY 6 Monday, May 27

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Complete a care history on a co-participant.
2) Perform three separate record entires on a care history client.
3) Complete a portion of their curriculum.

DAY 7 Tuesday, May 28

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Provide the initial evaluation of infertile couples which will include a history of the male and female.
2) Complete a portion of their curriculum.
3) Present a public presentation on ORT/FP/Malaria for a local community church presentation.

DAY 8 Wednesday, May 29

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Communicate accurate FP/OBT/Malaria information to a public gathering.
2) Sing FP/ORT song in public.
3) Teach FP/ORT song to audience.

DAY 9 Thursday, May 30

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Present FP/ORT/Malaria information to a professional audience.
2) Sing FP/ORT songs with a professional audience of health workers.
3) Teach FP/ORT songs to a professional audience of health workers.
4) Accurately answer questions from a professional audience.

DAY 10 Friday, May 31

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Enumerate the essentials of proper clinic management.
2) Complete a portion of their curriculum.

DAY 11

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) To answer review questions concerning infertility.
2) To complete a portion of their curriculum.
3) Evaluate a FP/ORT/Malaria professional audience presentation.
4) Develop a presentation on FP/ORT/Malaria for 2 rural communities which will be televised.

DAY 12

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

Conduct a FP/ORT/Malaria presentation for a rural community.

DAY 13

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

Complete a portion of the curriculum

DAY 14

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Complete a zonal training plan.
2) Complete a portion of the curriculum.

DAY 15

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Complete a portion of their curriculum
2) Recall the prevalence of illegal abortion and adolescent pregnancies in Imo state.
3) Describe the risks of illegal abortion in Imo state.
4) Describe the risks of adolescent pregnancy.
5) Explain ways to prevent adolescent pregnancy and illegal abortion.

DAY 16

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Diagnose, manage and counsel clients on Common Sexually Transmitted diseases, Monila, Trichomonas.
2) Write and produce a radio F.P./O.R.T./Malaria program.
3) Complete a portion of the curriculum.

DAY 17

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

Complete a portion of their curriculum.

DAY 18

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

Complete their portion of the curriculum.

DAY 19

CURRICULUM DEVELOPMENT WORKSHOP

IMO STATE

OBJECTIVES

1) Present a completed curriculum.
2) Present a complete zonal training plan.

DAILY WORKPLAN/AGENDA

MASTER

MONDAY MAY 20	TUESDAY MAY 21	WEDNESDAY MAY 22	THURSDAY MAY 23	FRIDAY MAY 24
. Anglican Maternity . Home Ante-Natal Clinic . Develop Two FP Songs	. Male sterilization . Female sterilization . Curriculum Inventory . and Work Plan	. Curriculum Development writing objectives & Training designs . Write ORT Song . Pill Management	. Preparation of Site Visit . Site Visit Owerri F.P. Clinic Observe service Delivery . Human Sexuality	. Anatomy & Physiology
MONDAY MAY 27	**TUESDAY MAY 28**	**WEDNESDAY MAY 29**	**THURSDAY MAY 30**	**FRIDAY MAY 31**
. Debrief PPFN Clinic . History taking . Record keeping . Develop curriculum	. Infertility . Develop curriculum --- Preparation for Presentations	. Anglican Catholic Community presentation	. Aba professional presentation of Sch. of Health . " " Midwifery . " " Psychiatric . " " Public Health	. Clinic Management . Develop curriculum . Natural Family Planning Speaker-invited guest
MONDAY JUNE 3	**TUESDAY JUNE 4**	**WEDNESDAY JUNE 5**	**THURSDAY JUNE 6**	**FRIDAY JUNE 7**
. Infertility Grab Bag . Develop curriculum . Evaluate ABA presentation . Rehersa T.V. presentation at Umudim & Ifakala	T.B. presentation at Umudim & Ifakala	. Develop curriculum	. Community communication . Zonal F.P. - ORT - IEC . Work Plan . Finalize curriculum	. Curriculum development . 11:00 Dr. Eke Adolescent Pregnancy/Illegal abortion

MASTER

MONDAY JUNE 10	TUESDAY JUNE 11	WEDNESDAY JUNE 12	THURSDAY JUNE 13	FRIDAY JUNE 14
. STD's . Finalize curriculum . Radio Studio recording song on FP/ORT/Malaria	Finalize curriculum	Finalize curriculum Participant evaluation (INTRAH)	Present final Curriculum Write Evaluation Fare Well	

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TRAINING DESIGN

DATE May 20

DAY 1

ACTIVITY

OBJECTIVE:

IME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Introduction	Match Game	Matches	
9:00	Ante-Natal Clinic FP/ORT/Malaria presentation	Presentation to	B.C. Method K.T.	Question Audience
10:30	Break			
11:00	Assessing needs Professional expectations workshop	20 mins. individual reflection, sharing	self/paper	self
1:00	Lunch			
3:00	Review final BCM examination			
3:30	F.P. Song	Sing and Dance	Self/paper	
4:00	Reflection			
4:30	Assignment and Adjourn			Africa chapter pgs.259-

TRAINING DESIGN

DATE May 21

DAY 2

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we			
8:30	Female sterilization Male sterilization	Role play 4 groups (2 male, w female) Group discussion - presentation	Africa Pages 259-270	Grab Bag
9:30	Present female sterilization	role play	News print Visual aids on female and male operations	
10:30	Tea			
1:00	Lunch			
3:30	Present male sterilization	Role play		
4:00	Curriculum	Brainstorm Assigned curriculum Components	Abbot Chapter 5	Curriculum

TRAINING DESIGN

DATE May 22

DAY 3

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we	Group discussion		
8:30	Curriculum design	Individual writing and		Completed objectives
11:00	ORT song	Singing	Singers	Song
3:00	Managing BCP Related Problems	Case studies	Africa Pages 138-148	Assessment and plan for the client described i the case study.

TRAINING DESIGN

OBJECTIVE:

DATE May 23

DAY 4

ACTIVITY

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we			
8:30	Site visit Owerri PPFN Clinic	Observation clinic management, history taking counseling clients, physical assessment and management of clients.	Patient, staff, nurses doctor, clinic procedures	Grab bag
		Singing and dancing of FP song		Song and dance
3:00	Human sexuality	Group discussion -- each student to submit anonymously a question they have about any issue concerning sexuality. Questions will be read and discussed by participants	File Cards	Interpersonal communicat

TRAINING DESIGN

OBJECTIVE:

DATE May 24

DAY 5

ACTIVITY

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we			
8:30	Pill management	Lecture/case study	Africa pages 138-148	
10:30	Anatomy & physiology	Assessment of knowledge through questionaire with class discussion	Questionaire	Grab bag
1:00	Lunch			
3:00	Curriculum preparation	Individual writing	Objectives, visual aids	Completed curriculum components

TRAINING DESIGN

DATE ~~Monday, May 27~~

DAY 6

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where we are			
8:30	History taking	Case History/Discussion Role Play/Interview classmates	Form already developed	Completed form
10:30	Record keeping	Case History/Discussion Role play/Interview classmates	Form already developed	Completed form
1:00	Lunch			
3:00	Curriculum development			

OBJECTIVE: 1) Provide initial evaluation for infertile couples which will include a history of the male and female.
2) Identify

TRAINING DESIGN

DATE Tuesday May 28

DAY 7

ACTIVITY

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we			
8:30	Infertility	Discussion/Lecture	Chalk, Blackboard	Grab-Bag
11:00	Curriculum development	Individual writing	Africa	Completed curriculum components
1:00	Lunch			
3:00	Prepare for community church presentation	Rehearse songs and presentation	Song FP Presentation plan	presentation

TRAINING DESIGN

OBJECTIVE:

DATE Wednesday May 29

DAY 8

ACTIVITY

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9:00	public FP/ORT/MAL aria presentation at church sponsored meeting	singing/individual mini-lecturer question and answer	lesson plans/songs/visual aids knowledgeable participants	observation presentation
1:00	Lunch			
3:00	Natural Family Planning	Invited Guest - Natural Family Planning Trainer	Chalk/Blackboard	oral questions

TRAINING DESIGN

DATE Thursday May 30

DAY 9

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
All Day	Professional audience presentation to school of nursing, midwifery, psychiatric nursing, public health	Singing/mini-lectures Tables to be set up each exhibiting a birth control method. After the presentation, participants to be invited to visit the exhibitions and ask any questions they might have.	Blackboard/Chalk/Visual Aids/Songs	Presentation question & answer

TRAINING DESIGN

DATE Friday May 31

DAY 10

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-1:00	Clinic Management	Group discussion/Lecture/Role play	Africa/ co-trainer's experience visual aids	observation
3:00-5:30	Curriculum development	individual work		curriculum

TRAINING DESIGN

DATE June 3, 1985

DAY 11

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00	Where are we			
8:30	Infertility review Develop curriculum	Grab-bag; work on individual assignments	file cards	accuracy of answers
10:30	Tea			
11:00	evaluate Aba presentation	Brainstorm	Chalk/Blackboard	
1:00	Rehearse for Umidim and Ikafala	Participants will divide up into the Umidim and Ikafala presenters and reherse for content and accuracy of information and timing of presentations	visual aids	Participants evaluate each other

TRAINING DESIGN

DATE Tuesday June 4

DAY 12

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
All day	TV presentation at Umudim and Ifakala	Traditional dancers, song, drama, demonstration; public speaking	T.V.	Preview T.V. material Feedback of T.V. broadcast

TRAINING DESIGN

DATE Wed. June 5

DAY 13

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8-4:30	Curriculum development	Individuals work on their portion of the curriculum	Library materials	

TRAINING DESIGN

DATE June 6

DAY 14

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-1 pm	Zonal IEC	Group Discussion Individuals work on their IEC plan for their zones with instructors.	Scrap paper	
3:00-4:30	Curriculum development	Finish individual assignments	Scrap paper	

TRAINING DESIGN

DATE June 7

DAY 15

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-10:30	Curriculum development	Correct and Revise Typed Drafts of curriculum		
11-1:00 pm	Illegal abortion Adolescent Pregnancy	Guest Lecturer: Dr. Eke		
3:00-4:30	Curriculum Development	Finish Curriculum Development		

TRAINING DESIGN

DATE June 10

DAY 16

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-10:30	STD's: Monilia Trichomonas	Students will be assigned to prepare a presentation on a STD.	Library meterials scrap paper blackboard chalk	Observation
10:30-1:00	Radio presentation	Write and produce a radio FP/ORT/Malaria program		
3:00-4:30	Curriculum development	Finalize curriculum	scrap paper	

TRAINING DESIGN

DATE June 11

DAY 17

ACTIVITY

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30-4:30	Curriculum development	Finish curriculum development	Library materials	completed curriculum

TRAINING DESIGN

DATE June 12

DAY 18

ACTIVITY

OBJECTIVE:

IME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-4:30	Curriculum development	Complete curriculum development	Library materials	completed curriculum

TRAINING DESIGN

DATE June 13

DAY 19

ACTIVITY

OBJECTIVE:

IME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30	Where are we			
9:00	Review of curriculum and zonal training plan	class discussion	curriculum and zonal training plan	completed curriculum and zonal training plan
10:30	curriculum and training plan presentation	workshop coordinator present to MOH permanent secretary	curriculum and zonal training plan	
12:30		Closing of workshop		

MATERIALS DISTRIBUTED

CHE CURRICULUM UNIT V

TRAINING FOR CHE

SOME SUGGESTIONS FOR MAKING A GOOD PRESENTATION

1. Audience must be warmly welcomed.
2. The topic of the presentation should be simply and clearly stated.
3. The content of the presentation must make sense and be readily understood by the audience.
4. Encourage participation by asking questions of the audience.
5. Give plenty of praise.
6. Do not criticise or judge people's behaviour.
7. Accept other opinions and ideas even if they conflict with your own.
8. Use visual aids where possible.
9. Always summarize the points you want people to remember.
10. Maintain interest in the audience by relating topics to their needs.

WHEN TO USE VISUAL AIDS

1. Use visual aids when you want people to learn and remember important information.
2. ....make something small look larger
3. ....compare similarities and difference
4. ....show steps in doing a task
5. ....show how something changes or grows
6. ....serve as a basis for discussion
7. ....review or test learners
8. ....provide information when you cannot be present
9. ....show something people cannot see in real life
10. ....help people discover solutions to problems
11. ...make difficult ideas easier to understand

IDENTIFYING APPROPRIATE TARGET GROUPS

1. Women and mothers
2. Adolescents
3. TBAs
4. Traditional Healers
5. Development Workers
6. Fathers
7. Community Leaders

CHE CURRICULUM

UNIT V

TRAINING FOR CHE

SPECIAL PRESENTATIONS FOR FP/CHT - SOME HINTS TO CONSIDER

Health Benefits of Family Planning

1. FP can decrease maternal mortality rate
2. FP can allow time for maternal replenishment
3. FP can help decrease complications of pregnancy and childbirth
4. FP can decrease perinatal mortality
5. FP can allow better infant care
6. FP can improve the nutritional status of mothers and children
7. FP can prevent genetic disease
8. FP can prevent communicable diseases
9. FP can decrease mental stress and help family adjustment

Family and Economic Benefits of FP

1. Allows for the prevention of unwanted pregnancies
2. Helps fight austerity; enables people to cope with the higher costs of living
3. Decreases the number of abandoned babies
4. Can increase the educational potential of children; improves intellectual potential
5. Can improve the financial potential of people by reducing the number of people competing for jobs and resources
6. Can improve the quality of life at the community level. A community that grows too quickly usually cannot provide adequate basic services.

See CONCEPTS AND ISSUES IN FAMILY PLANNING: Guidelines for Nurses, Midwives and other Health Personnel. by Elizabeth M. Edmunds, INTRAH, Chapel Hill, 1984

HOW TO GET THE SUPPORT OF COMMUNITY LEADERS - Some suggestions

1. Consult leaders when making important decisions.
2. Ask Leaders to say what they think health priorities should be.
3. Have community leaders sponsor health activities
4. Appoint leaders to health committees
5. Give Leaders talks on new Health Practices

KWARA STATE FP/ORT CURRICULUM

OBJECTIVE:

TRAINING DESIGN

TRAINING HEALTH WORKERS FOR CHE IN FP/ORT

DATE: _____

ACTIVITY: _____

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	INTRODUCTION	Trainer ask a participant to read aloud the Goal and Objectives of the Unit. Trainer explains each objective briefly.	H.O. UNIT 5 GOALS AND OBJECTIVES	
	WHY IS CHE A NECESSARY PART OF CLINIC ACTIVITIES?	Trainer writes question on Board. Asks participants to answer question. Writes list on Board. Participants discuss and explain reasons. The list should include some of the following: i. CHE activities can do much to prevent serious health problems. ii. Clinic staff have to develop good health habits and practices amongst the community. iii. People usually come to a Clinic AFTER they have become ill. CHE can prevent small health ailments developing into serious ones. iv. CHE can maintain motivation and reduce apathy towards good health. v. CHE as a preventative measure is cheaper for everyone. vi. New health practices aren't always welcomed. CHE can help communities make reasonable decisions about needed health practices. vii. Effective CHE can build a sense of strength and power in a community that takes charge of its health	CHALK AND BOARD	TRAINER ASKS SEVERAL PARTICIPANTS TO GIVE EXAMPLES OF EFFECTIVE CHE IN THEIR COMMUNITIES

Kwara State FP/ORT Curriculum

OBJECTIVES

TRAINING DESIGN

TRAINING FOR CHE Pg 2

DATE: _____

ACTIVITY: _____

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIO	MATERIALS/RESOURCES	EVALUATION
	SOME EFFECTIVE CHE SKILLS			
	1. How to Organise an Effective CHE Talk	DEMONSTRATION: Trainer gives demonstration on "how to" and "how not to" give an effective CHE Talk. Participants list characteristics they noticed. Participants then discuss the demonstration; bring out the following points: i. Audience must be warmly welcomed. ii. The topic of the Talk should be clearly stated. iii. The content of the talk must be logical and at a level that is readily understood by the audience. iv. Involve the audience by asking questions and encouraging participation. v. Do not critise, or judge people's behaviour; give praise for good achievements and be accepting of others ideas and opinions vi. Summarise your main points at the end. At the end of the Discussion Trainer summarises discussion and gives H/O.	H/O "Things to Remember For Making a Good Presentation"	Trainer asks participants to identify three characteristics of a good talk. Participants prepare a 3 minute presentation.
	2. Using Visual Aids	Trainer asks participants to evaluate a series of ORT and FP posters. Participants decide why visual aids can be useful in CHE activities Compare conclusions with those of HANDOUT.	H/O " CHILD-SPACING IS LIKE RAISING CROPS " " When to use Visual Aids " Pg 55 TLVA	

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Kwara State FP/ORT Curriculum

TRAINING DESIGN

DATE: _____

OBJECTIVES:

TRAINING FOR CHE Pg 3

ACTIVITY: _____

TIME	CONTENT/TOPIC	METHODS/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	HOW TO IDENTIFY APPROPRIATE TARGET GROUPS	Trainer group to identify appropriate Target Groups for FP/ORT activities. The target groups should include: i. Women and mothers ii. Adolescents iii. TBAs iv. Traditional Healers v. Development workers vi. Fathers vii. Community Leaders	BOARD / CHALK	Direct Observation
	HOW TO GET THE SUPPORT OF COMMUNITY LEADERS	LECTURE Trainer gives a short lecture on the topic of "how to get the support of community leaders" Some of the main points include: i. Consult Leaders when making important decisions. ii. Ask them about health priorities as they see them; ask their opinions iii. Have Community Leaders sponsor health activities iv Appoint leaders to Health committees v. Give Leaders talks on new Health Practices Participants form small groups and create plan for getting the support of a Village leader in the establishing of a FP/ORT clinic.		Trainer supervises groups Observes planning processes

Kwara State FP/ORT Curriculum

TRAINING DESIGN

DATE: _____

ACTIVITY: _____

TRAINING FOR CHE Pg 4

TIME	CONTENT/TOPIC	METHODS/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	SPECIAL CHE ACTIVITIES FOR FP/ORT HEALTH BENEFITS OF FAMILY PLANNING	Trainer distributes Training Plans for FP/ORT CHE activities. Participants discuss. Presentation Points i. FP can decrease maternal mortality rate ii. FP can allow time for maternal replenishment iii. FP can help decrease complications of pregnancy and childbirth iv. FP can decrease perinatal Mortality v. FP can allow better infant care vi. FP can improve the nutritional status of mothers and children vii. FP can prevent genetic disease viii. FP can prevent communicable diseases ix. FP can improve mental stress and family adjustment (Remember when making a presentation in the community choose the points that are most relevant and use words that can be easily understood)	H/O Training Plans for FP/ORT CHE activities	Direct Observation

KWARA STATE FP/ORT CURRICULUM

TRAINING DESIGN

DATE: _____

OBJECTIVES:

CASE FINDING AND COUNSELLING FOR FP/ORT

ACTIVITY: _____

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	WHAT IS COUNSELLING	Counselling is the process of interacting with health service clients to provide them with information, support and advice for their health and well-being.		
	TYPES OF COUNSELLING	Participants identify the following broad types: 1. Individual Counselling 2. Clinical Counselling 3. Community Counselling		
	WHY IS COUNSELLING IMPORTANT?	Group brainstorms reasons for why counselling in FP/ORT services. LIST ON BOARD Points to include: - allays fears of side-effects - can correct false rumours and misunderstandings - encourage more people to adopt FP practices - provide a personal and supportive service - promote better attitudes towards the family - give needed information Participants conduct Role Play of an individual counselling session		

CHE CURRICULUM - FP/ORT

TEST QUESTIONS **TRAINING FOR CHE**

Answer TRUE or FALSE to the following questions.

1. CHE activities can do little to prevent serious health problems _____
2. Most people visit a clinic only after they become ill. _____
3. CHE activities are an intergral part of Medical services _____
4. New health practices aren't always welcomed _____
5. CHE activities take away people's initiative _____

CIRCLE the letter of the best answer in the following:

6. When organising effective CHE activities the following are necessary:
   a. The topic of the talk should be clearly stated.
   b. The content of the talk is not as important as the location.
   c. Criticism is most necessary.

7. Community leaders will support Health activities if:
   a. they have no involvment
   b. they do not have to spend their money
   c. they can see the advantages of the new health practices for themselves.

8. For CHE activities in FP/ORT what target groups might a health worker select?

9. When counselling a mother, what five health bebefits might you tell her about FP/ORT?

10. What benefits would you describe to a man about FP/ORT?

Kwara State FP/ORT Curriculum

TRAINING DESIGN

DATE: _____

OBJECTIVES:

TRAINING FOR CHE Pg 5

ACTIVITY: _____

TIME	CONTENT/TOPIC	METHODS/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
	FAMILY AND ECONOMIC BENEFITS OF FP	Trainer distributes flashcards on which are written family and economic benefits of FP. Participants are then called upon to read their card to the group and offer possible explanations of the benefits. Some benefits include: FP- i. allows for the prevention of unwanted pregnancies ii. helps fight austerity; enables people to cope with the higher costs of living iii. decreases the number of abandoned babies iv. can increase the educational potential of children; improves intellectual potential v. improves the financial potential of people by reducing the number of people competing for jobs and the like iv. can improve the quality of life at the community level. A community that grows to quickly usually cannot provide adequate basic services.	FLASH CARDS BOARD AND CHALK	Trainer asks several partic: to identify the benefit most appropriate for the communities they know.

CHE CURRICULUM

UNIT V

TRAINING FOR CHE
IN FP/ORT

INTRODUCTION

An effective FP/ORT service depends on a combination of effective strategies. Important amongst these is effective and consistent CHE activities. Unfortunately it is not always possible for Clinical staff to be everywhere all the time.. Most often the medical tasks of an FP/ORT programme overshadow the CHE aspects. This unit is designed to enable senior clinical staff to train other Community Health Workers to undertake CHE activities in support of local FP/ORT programmes.

CHE CURRICULUM

UNIT V

TRAINING FOR CHE
IN FP/ORT

GOAL AND OBJECTIVES

GOAL: BY THE END OF THIS UNIT, PARTICIPANTS WILL BE ABLE TO TRAIN OTHER HEALTH WORKERS TO CONDUCT EFFECTIVE CHE ACTIVITIES IN SUPPORT OF LOCAL FP/ORT PROGRAMMES.

Objectives: By the end of the unit, participants will be able to do the following:

1. Explain why CHE is a necessary part of Clinic/Health Service activities.
2. Identify four CHE skills required for effective CHE activities.
3. Conduct three FP/ORT CHE presentations such as
   a. Health benefits of F.P.
   b. Family and economic Benefits of F.P.
   c. Using ORT in the Home
4. Train fellow Community Health Workers in the above.

APPENDIX G

ZONAL IEC PLANS

INCLUDING

CLINIC LOCATIONS

APPENDIX G

Zonal Clinic Locations

Mercy Onyekwere	2	1 hosp. 1 HC Owerri Zone
*Abigail Onuekwusi	2	2 HC Okigwe Zone
*Comfort Adeoye	1	MCH Aba Zone
Eunice Obi & Malinda Okoro	1	Gen. Hosp. Owerri Aga Zone
*Grace Nwaneri	1	HC Orly Zone Hosp.
*Grace Ezumah	2	HC & 1 WC Umualua
*Constance Onuoha	2	2 HC Owerri
Florence Oparagwu	1	Gen Hosp. Okigue
Ola Opunsunju	1	Gen. Hosp. Umualua
Ogo Ukonu	1	Gen. Hosp. Okpualo, Aba
Stella Dike		Aba Zone
Kate Uguchukwu	1	Gen. Hosp. Aboh Mhave Owerri
Lydia Anomnacki	1	SPHN Owerri
Lydia Anomnacki		SPHN Owerri Zone
Edna Onyegere		Aba Zone

Edna, Ann, Comfort, Stella
4 clinics together Aba Zone

* Zonal supervisors for the clinics.

I. E. C. TRAINING

NAME: Grace P. Ezumah

RANK: Principal Health Sister.

Area of Responsibility:- Umuahia Zone

NO. AND STAFF TO BE TRAINED

1. Staff Midwives
2. Health Sisters
3. Ward Orderlies
4. Community Health Assistants
5. Community Health Aide

PUBLIC PRESENTATIONS (I. E. C.)

1. Clinic Mothers
2. Civil Servants
3. Schools -Students
4. Men Groups
5. Coomunities

REQUIREMENTS

1. Accommodation - clinic site.
2. Staff:- A Midwife, ward, Orderlies, Health Aides, Typist, Messenger
3. Transport
4. Finance

RESOURCES:- Visual Aids e.g. projections, syringes and needles, chalk and chalk board flip charts, handouts, pelvic model.

COMMODITIES:-

1. Supply of family planning Devices e.g.
   I. U. C. D.s, B. C. Ps, Diaphragm, condoms
   Depo - provera Jellies, foams.

INSTRUMENTS:-

Speculum, W. sound, Vulsellum, sponge holding forcep, Galipot kidney dishes, Angl poised lamp, couch Instrument tray, scissors, Scale, Trolley sterilizer and dressing drum wash-hand-basin and stand, soap dish and towel.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
I. W. C. Bende Public-pres. Counelling Service Delivery	Public Presentation Clinic Umuahia Urban Odida Amyanwu Hall	Out-reach e.g. Akayi Item Ikwuano Ohafia Arochukuwu	Counselling Public pres- Umuahia Urban	Counsell-ing Service Delivery Bende

I.E.C. TRAINING WORK PLAN

OWERRI ZONE

NAME: Eunice U. Obi

Title: Senior Nurse Administrator

Area of Responsibility: Ante - Natal Clinic, General Hospital Owerri.

TRAINING NO. AND TYPES OF STAFF TO BE TRAINED

1. Nurse Administrators
2. Nursing Sisters/Superintendents) Level I trainees
3. Staff Nurse/Midwives)
4. Staff Nurse
5. Hospital Orderlies)
6. Drivers) Motivators
7. Typists)

(2) PUBLIC PRESENTATION

(a) Civil Servants
(b) Churches
(c) Schools
(d) patent medicine dealers
(e) Traders
(f) Men group
(g) Women group
(h) T. V. and Radio people etc.

WORK SCHEDULE

Mondays	Tuesday	Weds.	Thursday	Friday
Giving Talk to A.N.C. patients	Training Family Planning Clinic	Giving talk to A.N.C. pts and F/P Clinic	F/P Clinic Booking of primip public presentation by sonal Trainers	F/P Clinic and counselling

...../2

RESOURCES

PERSONNEL
1. Experienced Nurse/Midwife
2. Experienced Clinician
3. Hospital orderly as a receptionist
4. Record Officer
5. Driver
6. Typist

MATERIAL
(a) Transport
(b) Finance
(c) Stationeries:-
(e) Measuring weight
(f) Sphygmonanometer
(g) Visual aide:-posters
(a) models
(b) comic pictures
(c) film/projectors

1. Register
2. Printed cards/folders
3. charts
4. Lab forms
5. cotton wool (Rools)
6. Urine reagents
7. pap sticks
8. Disinfectants e.g. Savlon dettol, hibitane

COMMODITIES
(f) F/P Devices:-
1. BCPS
IUCDS
Condoms
Diaphragm
Dmpa
foam/foam tabs
Jellies

CLINIC EQUIPMENT: (g) F/P EQUIPMENT
1. Speculum, Sims or Coscus
2. Uterine sound
3. Volselcum/Tenaculum
4. Sponge holding forceps
5. pair of scissors

(h)
(a) Dressing Trolley
(b) Dressing Bin
(c) Torchlight or angle poised lamp
(d) Disposable gloves
(d) Sterilizer/stove
(f) Instrument tray/packing drum
(g) Dressing bowl and receiver
(h) Cheatle forceps and container

INFRASTRUCTURE
(i) Nice wating room with visual aide
(ii) Nice sitting room
(iii) Reception area
(iv) partition with screen for privacy
(v) Area for lab work.
(vi) Examination room

I. E. C. TRAINING

NAME: Lydia N. Anoemachi

RANK: Senior Health Sister

Area of Responsibility: OWERRI ZONE (School of Public Health Nursing Owerri)

NUMBER AND TYPES OF STAFF TO BE TRAINED

1. Public Health Nurses In- Training (13 - 25) Delivers
2. Nurse/Student Nurses
*3 Community Health Assistants) Motivators
*4 Community Health Aides)
5. Health Ordorlies/Driver)

PUBLIC PRESENTATION (IEC)/TARGET AUDIENCE

1. Factory Workers
2. Schools
3. Civil Servants
4. Churches
5. Traders
6. patent Drug Dealer
7. Women Social Groups
8. Men Social Groups
9. Ezes
10. Community Leaders
11. T. V. & Radio

REQUIREMENTS

Human: Baseline Worker.

Material: Transport/ Driver Accomodation

1. Stationery

2. Typist

4. Training Materials

(a) Visual Aids-projector and films

(b) Posters

(c) Various Models (Pelivic)

(d) Hand Outs

(e) Comic Pictures

(f) Samples

5. Family Planning Devices

6. Family Planning equipment and instruments

FINANCE: IMPREST

Monday	Tuesday	Wed.	Thursday	Friday
Student P.H. Nurses	Student Nurses	Senior Nursing Personnel of M. O. H.	Zonal Public Presentation	2nd Line Training 1. Health Superintendent 2. Comm. Health Assistance 3. Comm. Health Aides 4. Orderlies & Drivers

I. E. C. TRAINING

NAME: Kate Chisom Ugochukwu (Mrs)

RANK: Midwife Tutor

Area of Responsibility:- OWERRI ZONE (ABOH MBAISE AND AHIAZU MBAISE)

TYPES OF STAFF TO BE TRAINED:-

1. Student Midwives
2. Staff Midwives
3. Staff Nurse/Staff Midwives
4. Nursing Sisters.
5. Public Health Nurses
6. Community Health Superintendents)
7. Community Health Aides) Motivators
8. Health Orderlies)
9. Drivers

PUBLIC PRESENTATIONS:-

1. Schools
2. Churches
3. Civil Servants
4. Traders
5. patent Medicine Dealers
6. Women Groups
7. Men groups
8. Ewes
9. Cultural/Social group
10. Community Leaders
11. T. V. and Radio

REQUIREMENTS FOR IMPLEMENTATION

1. Accommodation
2. Man power
3. Transport/Driver
4. Finance

RESOURCES:- MATERIAL

1. Transport/Driver
2. Stationaries
3. Typist
4. Finance
5. Training Materials
6. Visual Aids

...../2

(a) Projectors
(b) posters
(c) Comic pictures
(b) Hand outs
(e) Chalk and chalk board
(f) Flip charts
7. Family planning Devices
8. Family planning Equipment EG Couch, Angle poise Lamp

Time	Monday	Tuesday	Wednesday	Thursday	Friday
	Training of Student Midwives Staff Nurses Nursing Sisters Staff N/[illegible] [illegible] Health Sisters	Giving Talks b to Ante-Natal Mothers in Gen. Hosp. [illegible] Nurses	Giving talks to pregnant mothers Return visits in Gen. Hosp. [illegible] Nurses (2) Family planning Clinic	Giving talks to post-Natal patients Zonal Trainers	Training of Student Midwives Staff N. /Midwives N. Sisters Public Health Sisters

I. E. C. TRAINING

NAME: M

NAME: Mercy C. Onyekwere

RANK: Health Sister

Area of Responsiblity: OWERRI ZONE (EMEKUKU)

NUMBER AND TYPES OF STAFF TO BE TRAINED

1. Public Health Nurses
2. Nurses/Student Nurses
3. Midwives/Student Midwives
4. Health Superintendent
5. Community Health Assistant)
6. Community Health Aide)
7. Health Orderlies) Motivators
8. Drivers)

PUBLIC PRESENTATION (I.E.C.)

1. Churches
2. Schools
3. Civil Servants
4. Traders
5. Patent Drug Dealers
6. Women Groups
7. Men Groups
8. Exec Groups
9. Community Leaders
10. T. V. and Radio

REQUIREMENTS:

1. Accomodation
2. Man - power
3. Transport
4. Finance

RESOURCES: MATERIAL

1. Transport/Driver
2. Stationaries - Typist
3. Training Materials

VISUAL AIDS - PROJECTORS, FLIP CHARTS

- Pelvic model
- posters, Flannel
- Handouts
- comic pictures
- chalk and chalk board
4. F/P commodities e.g. Devices
5. F/P equipment e.G. couch, Angle poised lamp

...../2

PLAN AND IMPLEMENTATION

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	F/P Talks to Student Midwives Student - Nurses	Training of Staff Midwives Nurses and Nursing Sister	F/P Clinics	I.P.C. Public Presentation (Zonal Training)	F/P Clinics

FEATURE PLAN SCHEDULE.

1. LAUNCHING:

NAME: GRACE MWAIBRI

RANK: ASST. CHIEF HEALTH SISTER

I. E. C. AND TRAINING WORK - PLAN

Area of Responsibility Orlu ZONE (or)

Venue: M.C.H. Clinic, ORLU GOVT. STATION.

Clinic Days:- Monday - Friday

TARGET GROUP:- FOR TRAINING

1. Public Health Nurses
2. Midwives
3. Nurses
4. Health Supts.
5. Community Health Spervisors
6. Community Health Assistants
7. Community Aides
8. Health Orderlies

TARGET AUDIENCE:- COMMUNITY OUTREACH ACTIVITIES

1. Communities (Ezes, Community Leaders)
2. Clinic Mothers
3. Schools, social clubs, civil Servants
4. Churches.
5. Private hospitals and maternities

DAY TIME PARTICIPANTS PRESENTATION

DAY	TIME	PARTICIPANTS	PRESENTATION
Monday	9.a.m.	I.E.C. Presentation Clinic Mother	Councelling use of Visual aids
Tuesday	9.a.m.	Schools, Social clubs Communities	Contact
Wed.	9.a.m.	Clinic Mother post Natal Clinic	Family Planning Service delivery
Thursday	9.a.m	Training of professionals (Midwives) and Non - Professionals	Family Planning Methods ORT AND Malaria
Friday	9.a.m.	Ante-Natal Clinic Mothers	Counselling F. P. Methods

MATERIAL RESOURCES NEEDED

1. Transport and Driver (2) Flip chart (3) Projectors
4. Posters (5) Educational Materials (6) Handouts
7. writing (8) Registers (9) Finance (10) Stationares
11. Visual aid

I. E. C. TRAINING

NAME: Ola C. Opusunju

RANK: Senior Nursing Sister

Area of Responsibility:- Umuahia Zone/Um

NUMBER AND STAFF TO BE TRAINED

1. Staff Nurses/Midwives
2. Staff Midwives
3. Student Nurses/Midwives)
4. Orderlies) As Motivators

PUBLIC PRESENTATIONS (I. E. C.)

1. School - Stidemts
2. Civil Servants
3. Women groups
4. Men groups
5. Communities

REQUIREMENTS:

1. Accomodation
2. Man - power/Staff Nurses/Midwives, Staff Midwife, Orderly, Typist Messenger
3. Transport
4. Finance

RESOURCES:- Visual aids e.g. projectors, flip-charts posters, hand-outs, chalk and chalk board, chalk, patients cards and charts, peltic model Easle, Notice board

COMMODITIES:- Devices, e.g. condoms, pills, I.U.C.D. Diaphragms, foams, depo-provera, Jellies

EQUIPMENTS:- Speculur, sponge holding forceps vulsellum, Angle uterine sound, sphygmonometer, stethescope, Angle poised lamp, couch, kidney dishes, gallipots, Instrument tray, trolley Scissors, scale, sterilizer, dressing drum wash-hand basin/stand.

...../2

D.Y	TIME	PRESENTATION	GROUP
Monday	9.a.m.	Counselling Motivation	Clinic Mother
Tuesday	9.a.m.	Training Session	Staff Nurse/ Midwives Orderlies
Wed.	8.30 a.m	Public Presentation	Schools Community Social clubs Women Group
Thursday	9.a.m	Service Delivery	Post Natal Mother Clinic Mothers would be clients
Friday	8. a.m.	Counselling. Motivation	Ante-Natal Mothers

Okigwe Zone

I.C.E. TRAINING WORK SHOP PLAN

NAME: ABIGAIL ONEKWUSI/FLORENCE OPARAGWU

RANK: A. C. H.S.r/ Senior Nursing Sister

Area of Responsibility: OKIGWE ZONE.

TRAINING:

1. Principal H/Sisters/Matrons)
2. Senior Nursing Sisters/Supts)
3. Staff Nurse/Midwive) Level I Trainers
4. Staff Nurses
5. Staff Midwives/Community Midwives
6. Hospital Orderlies)
7. Drivers) Motivators
8. Typist)

PUBLIC PRESENTATIONS

(a) Civil Servants

(b) Churches

(c) Schools

(d) Traders

(e) Men group

To be able to achieve the above plan effectively these material resources are needed.

TRANSPORT: for visits excursions presentations to the grass roots and survey

1. Black Board easle and chalk
2. Stationeries
3. Materials for posters
5. Visual aids
6. Family planning commodities
7. Information media e.g. loudspeakers etc local G. Secretary
8. Finance.

...../2

OKIGWE ZONE

WEEK ACTIVITIES

MONDAY	Family Planning delivery Service
TUESDAY	Training of staff on F/P
WEDNESDAY	Visiting various communities e.g. Ezes Chiefs, Schools private hospitals maternity homes etc alternate weeks
Thursday	Ante-Natal clinic/counselling on F/P
Friday	Post Natal clinic/counselling on F/P and service delivery

RESOURCES CONTD.

9. Man Power to carry-out various tasks e.g.

(a) Driver

(b) Messenger or ward orderly

(c) Typist

INFRASTRUCTURE

1. waiting room

2. visual Aids

3. Reception area

4. Examination room

I. E. C. AND TRAINING WORK PLAN

NAME: Constance Onuoha

RANK: Principal Health Sister

Area of Responsiblity: OWERRI ZONE

STATION: Obinze child welfare Clinic Obinze Owerri

This is the weekly work plan and it is a part of the master I. E. C. Training Work plan

TRAINING: TYPES STAFF TO BE TRAINED

1. Public Health Nurses
2. Midwives
3. Nurses
4. Health Supts.
5. Community Health Aests.
6. Community Health aide
7. Health Orderlies

TARGET AUDIENCE:- Churches, Schools Civil Servants, Traders, Patent Drug Dealers, Woman and Men groups, Social groups, Exes, Community Leaders, T. V. Radio, Newspaper Organisations.

DATE	Monday	Tuesday	Wednesday	Thursday	Friday
	I.E.C. Contacts and Presentations to 1. Mothers 2. Aladimma 3. groups 3. Churches 4. Schools 5. Civil Servants 6. Traders 7. Patent Dealers 8. Social Groups	Training Members of Staff 1-3	F/P Clinic	I.E.C. Contacts& Present-ations (Zonal Trainers to present together to a target group) T.V. AND News paper Organis-ations to be covered	Training Members of staff 4-7

MATERIAL REQD: 1. Transport/Driver 2. Stationeries 3. Typist 4. Visual aids:-

(a) Film and projectors (b) Posters (c) comic books,

(d) F/P Devices.

5. Finance (Imprest if necessary)

EVALUATION:

The Zonal Trainers for Owerri will meet Monthly to

(1) Assess success or failure on the I. E. C. Work Plan

(2) Map out new Strategies for future plan.

OWERRI, ZONE

I. E. C. TRAINING

NAME: Mrs Malinda N. Okoro

RANK: Senior Nursing Sister

Area of Responsibility: A. N. C. General Hospital Owerri

TRAINING:- NUMBERS AND TYPES OF STAFFS TO BE TRAINED

1. Nurse administrators
2. Nursing Sister/Superintendents) Level I trainees
3. Staff Nurses/Midwives)

4. Staff Nurses
5. Hospital Orderlies)
6. Driver) Motivators
7. Typist)

PUBLIC PRESENTATION

(a) Civil Servants
(b) Churches
(d) Schools
(d) Traders
(e) patent Medicine dealers
(f) Men Group
(g) Women group
(h) T. V. and Radio people etc

WORK SCHEDULE

MONDAYS	TUESDAYS	WEDS	THURSDAYS	FRIDAYS
a. Giving talk to A.N.C. patients b. and Family planning Service delivery	a. Training Family b. Planning Service delivery	a. Giving talk to A.N.C. patients b. family planning service delivery	Family Planning Clinic booking of primigravida and public presentation by Zonal Trainers	Family Planning Clinic and counselling

RESOURCES PERSONNEL

1. Experienced Nurses/midwife
2. Experienced Clinician
3. Hospital Orderly as a receptionist
4. Record Officer
5. Driver
6. Typist

...../2

MATERIAL

(a) Transport

(b) Finance

(c) Stationeries:-

1. Register

2. Printed cards/folders

3. charts

4. Lab forms

5. Cotton wool (Rolls)

6. Urine reagents

7. pap sticks

8. Disinfectants e.g. savlon, Dettol Hibitane

(a) Measuring Weight

(b) Sphygmomanometer

(c) Visual aids:- posters Models, Comic, pictures Film/ projectors

COMMODITIES:- Family Planning Devices:-

(a) B.C.P's

(b) I.U.C.D.S

(c) Condoms

(d) Diaphragm

(e) DMPA

(f) Foam/foam tabs

(g) Jellies

CLINIC EQUIPMENT:

1. Speculum Sims, or coscus

2. Uterine sound

3. volselaum/Tenaculum

4. Sponge holding for cops

5. pair of scissors.

DRESSING TROLLEY

Dressing Trolley

Dressing Bin

Torch hight or angle poised lamp Disponsable gloves

Sterilizer/stove

Instrument tray/packing drum

Dressing bowl and receiver

cheatle forceps and container

...../3

INFRASTRUCTURE

1. Nice waiting room with visual aids
2. Reception area
3. Nice sitting room
4. Partition with screen for privacy
5. Area for Labouratory work
6. Examination room.

INFORMATION EDUCATION AND COMMUNICATION ON FAMILY PLANNING

(I.E.C. ON F/P ABA ZONE

NAMES:

1. Miss S. A. C. Dike
2. Mrs A. O. Jibueze
3. Mrs E. C. Onyegere
4. Mrs O. I. D. Ukaonu
5. Mrs A. Nkwoh
6. Mrs C. N. Ukanwoke - ZONAL CO-ordinator

GENERAL HOSPITALS

1. General Hospital Aba - (School of Nursing and Midwifery)
2. General Hospital Ukwa (Obehi)
3. General Hospital Ikpuala or Okpuala Health Centre
4. School of Health Technology Aba

VENUE:

1. Ante - Natal Clinic General Hospital Aba
2. Ante - Natal Clinic, General Hospital Ukwa
3. Health Centre Okpual Ngwa
4. Infant Welfare Clinic, I.C.H. Aba

CLINIC DAYS: Mondays to Fridays

TRAINING ACTIVITIES:

Group I - Sisters and Midwives
Group II Health Technologists and Health Superintendents
Group III Para Medicals
Community Health Supervisors
Community Health Assistants
Community Health Aids

COMMUNITY OUTREACH ACTIVITIES:

Communities (Ezes, community/
Opinion Leaders)
Clinic Mothers
Schools
Local Government Departments of e.g. - Agriculture
Social Clubs Education
Churches
Market Institution

ACTIVITY DIARY

...../2

HOSPITALS AND SCHOOLS AND HEALTH CENTRES

DAY	TIME	TARGET AUDIENCE	ACTIVITY
MONDAY	8.a.m.	Che to Clinic Mothers ANC and Infant Welfare Clinic	Discussion as F/P Techinques with Visual Aids
Tuesday	9.a.m.	Schools/Social clubs communities	contact and visits
Wed.	8.a.m	Clinic Mothers paediatric Clinic	Family planning Service Delivery
Thursday	9.a.m.	Talk to post Natal Mother Training of professionals M/W and Non professionals	Exhibitions F/P methods O.R.T. and Malaria
Friday	8.a.m.	Ante-Natal Mothers	Counselling F/P Methods

RESOURCES NEEDED

1. Transportation and Drivers, Orderlies and Messengers, Office and Furnitures, Fans and Tables Typists and Typo-writers
2. INSTRUMENTS

Flip Chart, Projectors, posters, Slides, Educational Materials, Hand-out, Writing Materials, Registrars, Finance Stationaries/Office-equipment.

Family Planning commodities

Storilizing Equipments - Sterilizer, Drums, Forceps etc

Pelvic models

Visual Aids

Black Boards and boles

Family Planning Clinic Equipments

Notice Boards for each Office

flannelette Board

FUTURE PLAN SCHEDULE

1. LAUNCHING:

Invite the masses especially the lovers of medical field. e.g. - Blood Donours and other philentropists, medical and para medical workers other proffessionals.

...../3

2. PROFFESSIONAL CLUBS

Evening club meetings by:-

Engineers

Lawyers and Doctors

3. SOCIAL CLUBS:

Poetry, Peoples club Inner will

4. HIGHER INSTITUTIONS:

Through the Principals e.g. Imo University

St. Josephs T.T.C./Ihie T.T.C.

School of Management and Technology

School of Accountancy

School of Arts and Science etc

5. PROFFESSIONALS

School, of Nursing, Midwifery, psychatry,

School of Health Technology, private midwives

6. VILLAGE COMMUNITIES:-

Through Ezes, Community/Opinion, Leaders formation of

Village Health Committee,.

7. DRIVERS UNION:

Aba Zone. In Town-ship and in different Local Government Areas.

8. NIGERIA UNION OF TEACHERS (N.U.T.) ABA ZONE

In different Local Government Areas.

9. SMALL SCALE INDUSTRY UNION:

Aba zone c/o the Chairman Mr. R. U. Uwakwe (Aba Township)

10. PATENT MEDICINE DEALERS:

Through the Ministry of Health

MAN POWER RESOURCES:-

Nursing/Midwifery/Health Sister = 3
(1 of each)

(Zona/Training)	Midwives (Staff)	=	3
	Nurses (staff)	=	3
	Staff Nurse/Midwives	=	3

EVALUATION:-

Monthly evaluation is done to assess success, discuss handicaps, and map out strategies for future successful developments.

APPENDIX H

HUMAN SEXUALITY QUESTIONS

APPENDIX H

HUMAN SEXUALITY QUESTIONS.

Why do men sleep off after sexual intercourse

1. Why do people indulge in oral sex ?

2. A man with 4 wives after years of normal sex life, find he could only achieve errection with one particular wife. This went on for months and both the man and the other wives accused this particular wife of witch-craft. What could be the reasons ?

Why are some women very sexy ?

1. What causes quick ejaculation

2. What causes failure of ejaculation even when there is serious wige.

Some girls from a girls school asked what was okay to do with other girls at school at night. They would sleep together. They wondered what was okay to do at night. What should I say ?

Why are some women afraid of an erect penis.

Why do some men/women cry during ejaculation/organism.

1. Do you think masturbation should be encouraged ?

A friend complained that her husband does not enjoy her because she lies like a log of wood and does not enjoy her. and she in return does not know the use of sex exccept to produce children, there was no need for sex once she has taking in.

1. Can inability to have organism be in anyway associated infertility in a female ?

2. What do you think of oral sex ? Is it dirty ?

I find it difficult to initiate a sex move with my husband Secondly, I don't enjoy having intercourse too often; even though I have much love for my husband, and he needs it. What do I do ?

What may be th cause of early menapouse ? Is it harmful to have intercourse during menapoused period ?

Is masturbation not self abuse ? Yes No.

What are the consequences of oral sex ?

a) How do you feel about sex

b) Is there any other way one can enjoy sex ? If yes What way.

1. I do enjoy sex with my husband but, it takes me time to reach organism. After it I will be too weak to have another go.

2. I have a woman friend who complained that the husband have no errection and this disturb her so much. The man have had series of treatments with no good result. What can she do ?

Does a woman ejaculate ? What are the signs of organism in a woman ? Who is a sex maniac ? A woman comes to you saying she does not enjoy sex, what do you do ?
If a couple comes to you and say they preactice oral sex, do you discourage or encourage them ?

Is it unhealthy if I don't have sex ? I have been separated for 1 year and my friends say I must go out. Is it unhealthy if I do not ?

1. Why is it that some couples do not want to look at each other during sexual intercourse.

2. Why do some women complain of painful coitus.

1. What is responsible for some women not reaching organism during a seuxal acts.
2. A woman once came to me complaining that she no longer enjoys sex with the husband, what can be responsible for this.
3. How safe is it to have sex through the anus and the man ejaculates into the rectum.

I seem to be always sexy and as soon as I see girls I start wetting my pants particularly fine girls. What can I do to check it ?

I don't enjoy sex, I never have found it pleasurable. Since I have been circumcised can I have an organism ?

APPENDIX I

PRICE LIST OF AVAILABLE DRUGS

APPENDIX I

P I N A PHARM:

PRICE LIST AND AVAILABLE DRUGS:	₦	:	K
1. CONDOM		:	50 ea.
2. OESTRAFEMINAL (20 CAPS.)	4	:	00
3. NEOGYNON (21 TABS.)	4	:	00
4. QUININE HYDRO - CHLORIDE (1 TABS)		:	40
5. CUMORIT ORAL (2 TABS)	8	:	00
6. " INJECTION 1x1 OY	8	:	00
7. PREMODOS FORTE (2 TABS)	4	:	00
8. E. P. FORTE (MENSTROGEN TABS)	5	:	00
9. INJECTION MENSTROGEN EN FORTE	10	:	00
10. DEPO	9	:	85

SEED PHARM

11. EUGYNON E.D.	10	:	50
12. MICROGYNON (21 TABS)	5	:	50
13. LOGYNON (21 TABS)	5	:	50
14. DIANE (21 TABS)	5	:	50

P.P.F.N:

	₦		K
CONDOM		:	10k ea.
B. C. PILLS	1	:	00 ea.
DEPO	3	:	00
I U C D (NONE MED.)	1	:	00
COPPER T (AND OTHER MEDICATED)	5	:	00
EMKO/TABLETS	1	:	00
DIAPH/JELLY	5	:	00
JELLY ALONE	1	:	00

OTOKOTO PHARM:

		₦	:	K
1.	CUMORIT (TAB 2)	6	:	50
2.	INJ. "	15	:	00
3.	NORACYCLIN 22	8	:	50
4.	MICROGYNON	10	:	50
5.	INJ. MENSTROGEN FORTE	20	:	00
6.	EUGYNON E.D.	10	:	50

APPENDIX K

ANTHROPOLOGICAL AND SOCIOLOGICAL INFORMATION

APPENDIX K

Anthropological/Sociological Background

The following information was obtained through personal interviews with participants and members of the community to provide background knowledge for consultants working in Family Planning in IMO State.

1. Family Planning Terminology

American Terms	Nigerian Terms
a.) condoms	Durex (a popular brand)
b.) IUDs	IUCDs (IUD means Intrauterine death)
c.) intercourse/sex	"meet" or meeting your husband "taking in" or coitus
d.) getting pregnant	"getting full of belly" is a term used by the villagers
e.) uterus	"baby bag" is used by the villagers
f.) prostitutes	"tarts"

2. Effective Traditional Birth Control Methods (See Lesson Plan II of IMO Curriculum)

Polygamy

Polygamy is still practiced in IMO State regardless of the strong Anglican/Christian influence. The first wife is married in the Church after an involved

traditional marriage ceremony. The other wives are married through the traditional marriage ceremony only. The husband has to pay a "bride price" which can be very expensive. The actual bride price is decided at a meeting between the two families, which involves a lengthy negotiating process. The price depends on the resources of the groom's family. In addition to the bride price, the bride's extended family must also be satisfied with certain gifts. The man can have as many wives as he can afford.

It is the first wife who prepares the roster for the other wives. On the day assigned to the concubine or other wife, the assigned wife goes to the husband's home, prepares his food for that day and spends the night. Each wife has her own room off the main house. What happens in practice is that many times a man will favor one wife--usually the youngest or new wife. He might decide to visit her more frequently. There is usually considerable rivalry among the wives.

Having male chidren is extremely important. The men inherit the family wealth and carry on the family name. Children belong to the husband. Should a wife decide to leave her husband, he automatically assumes custody of the children. An infertile wife has no status and it is considered a disaster if a woman is unable to

bear children. If the infertility problem lies with the husband, it can be quietly remedied with another man. In some circumstances where the woman is infertile, her husband can marry a woman who can then bear children which become his. Therefore, her husband's wealth stays in her family rather than going back to his family.

a.) Polygamy as a birth control method.

Once a wife delivers she does not "meet" her husband again until the child can walk. The husband's sexual desires are satisfied by other wives.

b.) Breastfeeding as a traditional birth control method

The women were accustomed to breastfeeding for a prolonged period of time. During this time, it was felt that if you "met" your husband, his sperm would sour the milk. It is believed that souring of the milk causes diarrhea, later mental and physical development which, in "Igbo custom" is called "Agwa". Therefore, abstinence or withdrawal was observed while the woman was breastfeeding.

c.) Abstinence as a traditional birth control method

c.) Abstinence as a traditional birth control method

Not only was abstinence utilized during breastfeeding, but also the woman would travel back to stay with her in-laws for her delivery and postpartum care.

Polygamy, breastfeeding and abstinence are dying practices. Women do not want their husbands to take on other wives. They stop breastfeeding early in order to "meet" their husbands. The practice of going to the in-laws for delivery and postpartum care is dying out. Consequently, women are not spacing their children. The grandmothers we interviewed in two rural communities who utilized these traditional birth control methods are concerned about the younger generation.

3. Myths and customs that affect family planning

Reincarnation

It is believed that if a man or woman is sterilized they will be reincarnated sterile or deformed and will not be able to have children.

Menopause

A woman who reaches menopause leaves the matrimonial bed and sleeps alone. The belief is that sperm is flushed out by the menses; when menses cease, the sperm does not come out. Her belly gets full and she has

many physical problems. The husband then is forced to go out to find another woman. The TV was present at a rural community during one of our family planning presentations when this issue was addressed. It caused a lot of discussion among the participants.

"Ewu Ukwu"

This is the name of a custom of a certain tribe in IMO State whereby a woman receives a special celebration after her tenth child. It involves killing of a goat and other ceremonial activities. It is expected that she have one or two children in appreciation for this celebration. After the INTRAH/IHP policy seminar, one of the chiefs of such a tribe spoke out against this practice.

Female Circumcision

The females, until recently, have been automatically circumcised. The circumcision practice here involved only removal of the clitoris. The circumcision does not interfere with child bearing. Most of the women who spoke to us stated orgasm was not a problem--it just takes awhile to reach. They also told us their daughters were not circumcised.

Background on the Current Status of Modern Family Planning Methods

1. Condoms

Several men complained that the "Durex" were not big enough and wondered if they came in sizes. Some complained that they broke. Planned Parenthood Federation of Nigeria (PPFN) distributes Tahiti condoms in a variety of colors with reservoir tips.

2. Foam/Tablets

PPFN sells Emko Foam and Neosampoon tablets.

3. Diaphragms

Diaphragms are not popular. There is only one rim type available: the coil spring. This does not seem to be the best rim type considering the clientele are mainly multiparous women who would need the extra rim strenth of the All-flex. There are also no plastic models to demonstrate the use of the diaphragm.

4. Depo-Provera (DMPA)/Net

These are the two injectables used by PPFN. In our survey of two rural communities, we found a few women utilizing injectables. Dr. Eke, Chief Minister of Health, feels that DMPA/Net should be used with women who have completed their families due to the side effects of prolonged amenorrhea. Dr. Eke also feels DMPA/Net should not be used for breastfeeding mothers

due to the unknown side effects of progesterone on the infant.

5. Birth Control Pills (BCPs)

a. Combined Birth Control Pills

Dr. Eke and PPFN have decided not to prescribe combined pills for women who are breastfeeding. The TOT participants made several temporary policy decisions which are in the curriculum but need Dr. Eke's approval.

- Women over 35 or women who are over 30 and smoke, will not be placed on BCPs. (Few Nigerian women smoke.)

- Women with a history of liver disease will not be placed on BCPs. The participants feel these women are too vulnerable to repeated attacks of hepatitis, etc. and, with limited availability to do liver function tests, they should not be put on BCPs.

- Women who have parents or siblings with diabetes should not go on BCPs due to the lack of proper tests to follow these women.

- If a woman has a blood pressure of 140/90, she is not put on pills; and, if it rises to this

level while on the pills, they will be discontinued. The participants felt it would be too difficult to carefully monitor a woman with a borderline blood pressure problem.

- Refill schedule was decided to take place at 1 month, 3 months and 6 months during the first year. The second year, the BCP refill would be at 6 months. If a woman has no problems during the first year, she can receive a year's supply thereafter. Each year the woman will receive a full examination.

b.) Progesterone - only pills

These are not available.

6. IUCDs

PPFN uses Lippes Loop and CU-Ts. The CU-Ts are replaced every 2-3 years by PPFN. The FDA recently approved the CU-T in the U.S. for 4 years.

IUCDs seem to be the most popular method. However, with the high incidence of gonorrhea and the practice of polygamy, there is an increased risk of PID. If infertility were to result due to PID, this could be a disastrous event for a woman. Dr. Eke feels the risk of an illegal abortion may outweigh the risk of an

IUCD. Grace Ogbonna, the Family Planning Coordinator is concerned and feels, with proper counseling, other methods can be used to reduce the risk of unwanted pregnancy.

The participants have decided to treat women prophylactically when inserting an IUCD. PPFN at present prescribes Ampicillin 250 mg qid X 7 days. However, due to the possibility of Chlamydia, the TOT participants decided to utilize tetracycline (TCN). 500 mg qid X 7 days. The risk of using TCN is that it has been overused and there is a concern regarding a resistance to it.

The IUCD kits that are being supplied include tenaculums. The instruments commonly used in Nigeria for IUCD insertions are the volsellum with a Sum's speculum (one-valve speculum). The nurses felt the volsellum causes less trauma to the cervix than the tenaculum.

7. Natural Family Planning (NFP)

The Catholic Church is very involved in NFP. There is an excellent book published in Ibadan called Natural Family Planning, the Billings Method. It introduces a charting system that is easy to understand and utilizes local materials. It also compares the various types of

mucus to local products for care in client identification. The NFP course offered is eight weeks in length.

One reason for interest in this method is that one of its proponents believes it can be used for predetermining the sex of the child. In a culture where male babies are so important, this creates a major interest in utilizing this method.