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Trip Report

#0-120

Travelers: Ms. Mary Kroeger, IHP Consultant
Ms. Deborah Rogow, IHP Consultant

Country Visited: Kwara State, NIGERIA

Date of Trip: July 10-30, 1985

Purpose: To conduct an FP/ORT Service
Delivery Workshop for 19 Nurse/Midwives

Program for International Training in Health
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Chapel Hill, North Carolina 27514 USA

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* On file with INTRAH Program Office.

EXECUTIVE SUMMARY

This report details the INTRAH/IHP Kwara State Ministry of Health (MOH) joint Family Planning/Oral Rehydration Therapy Service Delivery workshop, held June 10 through July 30, 1985 -- with INTRAH/IHP trainers present through July 2, 1985. The goals of the training activity were to enhance the service delivery capacity in FP/ORT in Kwara State by training twenty nurse/midwives and to strengthen the training skills of the four participating co-trainers from the state training team. These goals were reached. In addition, a number of other FP and ORT program issues were identified and progress was made in planning activities related to the service delivery component.

The activity was extremely successful and the MOH is prepared for both the upcoming management workshop and the upcoming MOH-administered service delivery workshops.

Major recommendations of this report include naming appropriate candidates for leadership roles on the state training team, proposed modifications of the curriculum development workshop and the service delivery workshop, support of an additional locally-administered community health education workshop, and proposed considerations for the upcoming management workshop.

SCHEDULE OF ACTIVITIES

June 3, 1985 Departed San Francisco.

June 4 Arrived Lagos.

June 5 Met with Mrs. Shitta-Bey at U.S. Embassy.
Traveled to Ilorin, arrived at ARMTI Guest House.

June 6 Met with Kwara State Training Coordinator.

June 7 Met with Kwara State MOH Chief Medical Officer.

Met with Service Delivery Training Team and Training Coordinator.

June 10 Workshop began (didactic session).

June 27 Didactic session ended.

Kwara State officially launched its family planning program.

June 28 Clinical practicum began.

June 28 to
July 1 Clinical field supervision, planning meetings.

July 2 Debriefed with MOH.

July 3 Left Ilorin.

Traveled to Lagos and debriefed with Mrs. Shitta-Bey and Mr. Lawrence Eicher.
Left Lagos.

July 4 Arrived New York City.

July 5 Left New York City, arrived Chapel Hill.
Debriefed at INTRAH.
Left Chapel Hill.

July 6 Arrived home.

I. PURPOSE OF TRIP

Goals and Objectives

Goal #1

TO ENHANCE THE CAPACITY FOR FAMILY PLANNING AND ORAL REHYDRATION THERAPY SERVICE DELIVERY IN KWARA STATE.

Objectives

At the end of workshops, participants will be prepared to:

Explain and demonstrate the proper preparation and administration of oral rehydration solution.

List at least four specific tasks involved in presenting FP/ORT services to a community for the first time.

Describe the mode of action, advantages, disadvantages (including side effects), and effectiveness of all major contraceptive methods.

Insert an IUCD correctly (based on ten insertions under supervision).

Demonstrate an understanding of and sensitivity to the social and cultural issues surrounding family planning in Kwara State.

Counsel a client effectively to help her decide her reproductive and family planning needs.

Describe at least five major sexually transmitted diseases, including their mode of entry, symptoms, diagnosis, treatment, prevention, and impact on family planning and infertility.

Name the incidence, major causes, and initial treatment of infertility problems in Kwara State.

Goal #2

TO CONSOLIDATE AND STRENGTHEN THE TRAINING AND COMMUNICATION SKILLS OF THE FOUR CO-TRAINERS.

Objectives

Training team will be prepared to:

Plan, conduct, and evaluate FP/ORT service delivery workshops independently.

Evaluate and modify the service delivery training manual/curriculum.

II. ACCOMPLISHMENTS

1. All the stated goals and objectives set out for the course were accomplished. The course was extremely successful in the view of trainers, participants, and the Ministry.
2. One main problem in the workshop was identified: the lack of adequate clinical activity in Ilorin to support the practical training of 19 participants at one time.
3. The INTRAH/IHP team assisted the MOH and state team to develop plans for the subsequent service delivery workshops and suggested the idea of separate community health education workshops.
4. The INTRAH/IHP team identified Mrs. Victoria Abodunrin as an appropriate candidate for out-of-country training in planning and management.
5. The INTRAH/IHP team identified concrete objectives to be covered in the upcoming management workshop.
6. The INTRAH/IHP team identified the need for the Ministry to accelerate the development/finalization of its project proposal to be submitted to Pathfinder so as to begin equipping the clinics where newly-trained family

planning nurses are stationed. Furthermore, the Ministry was encouraged to formally name Dr. Abiodun Oyeyipe to work on the proposal and three days were spent assisting him to draft the proposal.

7. The INTRAH/IHP team made contact with UNICEF, which expressed interest in the possibility of supporting a pilot ORT project in Kwara State. The MOH's formal request to UNICEF was also facilitated.

8. The INTRAH/IHP team identified a problem directly related to women's health; i.e., the mass use of Diethylstilbestrol for late menses, and brought the issue to the attention of the MOH, the participants, and others.

9. The INTRAH/IHP team facilitated the production of a 30-minute talk show on family planning with workshop participants and trainers.

III. BACKGROUND

The service delivery workshop is the fourth activity in a set of nine activities forming the work plan of the Kwara State Project for the Accelerated Delivery of Family Planning and Oral Rehydration Services in Nigeria. The state goals for the project include:

1. the provision of effective FP/ORT services at all existing 18 hospitals, 11 rural health centers, and 28 clinics as they are completed; and,
2. the continued development of a well-trained staff to provide high quality FP/ORT services through scheduled management, supervision, evaluation, health education and clinical training.

For this activity, the goals included the expansion of the current capacity for FP/ORT service delivery in 14 existing MOH clinics, and the consolidation and strengthening of training skills of four co-trainers selected from the state training team. Twenty senior nursing and senior health sisters were scheduled to participate in this workshop.

The Kwara State project was developed during a 3-state (Kwara, Imo, and Bauchi) training project development and updated needs assessment activity conducted by INTRAH/IHP in

November/December 1984. This activity proceeded according to the schedule proposed by the Kwara State work plan and contract finalized in-country in January 1985.

The two preceding activities: a training of trainers/community health education workshop and a curriculum development workshop-laid the foundations in training skills for fifteen members of a Kwara State training team from which four members were selected as co-trainers in this activity. Three of these four had been recommended by the previous INTRAH/IHP team, based on their knowledge base, communication skills, and complementary backgrounds. The fourth had been recommended to play an administrative role; however, the MOH had named him as a co-trainer.

The next activity, scheduled for August 5, 1985, is a Management, Supervision, and Evaluation Training workshop planned for the 15-member state team.

IV. DESCRIPTION OF ACTIVITIES

A. TRAVEL AND ARRIVAL

Travel from San Francisco to Lagos went smoothly, except for the loss of one INTRAH/IHP trainer's typewriter by the airline. The trainers were met by the Embassy expediter at the airport and driven to the Kuramo Lodge.

Briefing at U.S. Embassy

On Wednesday, June 5, the INTRAH/IHP trainers met with Mrs. Shitta-Bey at the U.S. Embassy. Mrs. Shitta-Bey was in charge of population programs during Ms. Keys MacManus' absence.

In addition to a brief discussion (primarily logistics), the following supplies were picked up at the Embassy:

30 copies of Family Planning Methods and Practice - Africa

12 IUCD insertion kits

40 CU-T IUD's

28 copies of Population Reports: ORT

3 family planning flipcharts

(No sphygmomanometers, stethoscopes, or Lippes loops were available.)

Mrs. Shitta-Bey also provided the INTRAH/IHP trainers with a copy of a letter, dated May 2, from Ms. Keys MacManus to the Permanent Secretary of Health, Kwara State, inquiring about the discrepancy between the N40 per diem in the budget and the N15 - N20 actually being paid. As of June 5, that letter had not been answered. A copy is provided as Appendix M.

Arrival in Ilorin

The INTRAH/IHP trainers drove to Ilorin the same day and were accommodated at the ARMTI Guest House. The training coordinator, Mr. Gabriel Adeseke met us and arranged meetings with the training team and the Chief Medical Officer, Dr. Olubaniyi.

B. WORKSHOP REPORT

The didactic session of the training lasted 11-1/2 days. (Two days were lost to Sallah/public holidays and one-half day was spent attending the Kwara State Family Planning Program launching.)

The course went very smoothly: all of the 19 participants had virtually perfect attendance, daily "reflections" discussions indicated a high level of motivation and enthusiasm, and the trainers were able to complete each day's training design or schedule. Furthermore, all

materials developed by the trainers were reproduced on schedule by the training coordinator.

The INTRAH/IHP trainers stayed through Tuesday of Week #4. The revised schedule and curriculum are attached as Appendix C.

Evaluation of Didactic Section

The training workshop was extremely well received, as evidenced by participants' group feedback, examination performance, attendance, and written evaluations (see Appendices C-F).

The trainers were extremely impressed with the motivation of the participants. The group not only absorbed an enormous quantity of technical information, but, in discussions, they consistently demonstrated an eagerness to think about and grapple with difficult social and clinical issues. However, the didactic material proved difficult, particularly for those nursing sisters who had not been classroom students for 15-20 years.

The knowledge base of the participants was determined in the following ways:

Pre-test: A pre-test was administered on the first day (see Appendices D and G). The median score was 23.5, with a range from 11.5 to 40 (of 52 points).

Post-test: A more difficult comprehensive examination was administered at the end of the FP/ORT sessions (see Appendices E and H). The median score was 69 with a range from 51 to 90. The trainers considered 70 passing.

The group decided to schedule an additional review session and a second test for those who did not pass; the second test was to emphasize the most important concepts, including: mode of action, contraindications, and danger signs for all contraceptives; anatomy and physiology; diagnosis and treatment of STD's; and, ORT preparation/administration.

The second test was administered (see Appendices F and I) and the results were as follows: median 73.5 and range 42 -95. Four participants did not pass the post-test or the re-test. The trainers will continue to work with the participants and administer a second re-test.

Participant reaction forms were distributed at the end of the didactic sessions. They are summarized in Appendix J. The following were the primary weaknesses of the didactic portion of the course:

1. A full fifteen days were needed to cover all the material. Participants complained of feeling overwhelmed and of not having the time to do all the readings.

2. Lack of electric power for five or six evenings made evening reading nearly impossible for most participants.

Clinical Practicum

The clinical practicum section of the training was split into two identical, consecutive sessions in order to accommodate all nineteen participants. Only four clinics were selected as appropriate field practicum training sites: Maternity Hospital, Planned Parenthood Federation of Nigeria, the MOH District Health Unit/Ilorin, and Okelele Clinic. These sites were chosen for their clinic load and their proximity to central Ilorin.

Those participants who had come from beyond 40 km to the workshop formed the first clinical group. The local participants went back to their jobs for 2-1/2 weeks and then returned to do their clinical practicum.

The INTRAH/IHP consultants, together with two of the local trainers, developed the requirements for completion of the practicum and daily and summary log sheets to record the activities of each participant (see Appendices H and I). In addition, guidelines for conducting practicum field reviews were developed.

As the INTRAH/IHP trainers left after the first three clinical days, assurance was made that the practicum began smoothly and each clinic and participant was visited once. In fact, the practicum was going extremely smoothly upon departure of the INTRAH/IHP trainers. Participants were receiving training and supervised experience and were expected to successfully complete the required training. The continuing oversight of the field practicum and the completion of clinical training requirements became the responsibility of two members of the Kwara State training team (Victoria Abodunrin and Rachael Ajiboye). The INTRAH/IHP team felt that the Kwara State team was prepared to handle this task, as they were involved in the site selection, site administrator orientation, development of clinical training requirements, practicum daily recording forms, scheduling/rotation of participants, and early field visits during the practicum. In addition, they will participate in the second clinical practicum as trainees. The two Kwara State co-trainers have expressed confidence

and enthusiasm with the increasing responsibility they are taking with the clinical follow-up.

The Kwara State team will send the completed summary records of each participant's clinical training experience to INTRAH/IHP at the completion of the course. These records, together with exam scores (including second re-testing where indicated), should provide the basis for course completion and presentation of individual certificates. The Kwara State team will also send INTRAH/IHP a narrative report on the overall success of the clinical practicum unit.

C. IMPROVING TRAINING TEAM'S SKILLS

The second goal of the activity was to consolidate and strengthen the training and communications skills used in FP/ORT clinical and IEC service delivery of the four trainers. Meetings were held at least three times a week with the entire training team to discuss the progress of the workshop, offer feedback on training and plan upcoming units.

Several observations about the training team should be noted:

Two members of the team, Mrs. Victoria Abodunrin and Mrs. Rachael Ajiboye, were outstanding trainers and team members. They not only utilized creative training

methods, but they spontaneously assumed increasing responsibilities for the workshop; e.g., writing daily agendas, preparing materials and supplies, maintaining sensitivity to the progress and comfort of participants, planning for meetings, cleaning up after each session, etc. In addition, they took time outside of group meetings to consult regularly with the INTRAH/IHP trainers on training design and progress of the groups. Dr. Oyeyipe is extremely knowledgeable about FP/ORT subject matter, and is capable of delivering clear and dynamic lectures.

It should be noted that Victoria Abodunrin, in particular, showed enormous skill and potential as a trainer and a manager. Her experience as a teacher shows in her skill in communicating new information clearly and slowly and in perceiving the amount of understanding or confusion among the learners. Her commitment to family planning became evident in informal discussions as well as by the amount of work she put into planning her training activities. Most impressive was her skill in assessing the needs of the group for a change in pace, encouragement, support, greater challenge, etc. Finally, she demonstrated great interest in and ability to plan and coordinate the clinical practicum. By the end of our stay, her ability to link the various aspects of the activity and

her specific skills and personality rendered her the natural leader of the team. The INTRAH/IHP trainers see her as providing the greatest leadership to the state team's activities.

We met numerous times with the training coordinator, Mr. Gabriel Adeseke. The INTRAH/IHP trainers' assessment is that he has developed tremendously since March and is now functioning more competently in his post than before. The co-trainers agreed with this assessment.

We attempted to work with him on his communication/teamwork skills and his planning skills. It is our expectation that Mr. Adeseke may not provide leadership to the training team but he will successfully handle logistic functions for the team.

OTHER PROGRAMMATIC ISSUES

Obviously, the problem of increasing Kwara State's FP/ORT service delivery goes beyond simply training personnel. The INTRAH/IHP trainers therefore made efforts to facilitate the support-related planning and coordination activities by the state training team. These activities are detailed below.

A. Pathfinder Funding of Service Delivery/Supplies

Although IHP had informed the trainers that Pathfinder is providing FP supplies to the Ministry, in fact, Kwara State had not yet submitted a proposal for funding to Pathfinder. It was learned that the Nigeria Pathfinder representative, Mrs. Olatokumbo, was due to come in June to Ilorin to assist the Ministry in proposal writing. The Ministry had not yet considered who should handle this task. Discussions were held with Dr. Fakeye (of the Pathfinder-funded Maternity Hospital Clinic) and Dr. Olubaniyi of the MOH about who might be named to work on this task. Dr. Fakeye and Dr. Olubaniyi agreed that Dr. Abiodun Oyeyipe, one of the four co-trainers, was appropriate. Several attempts were made to communicate with Mrs. Olatokumbo; however she did not arrive in Ilorin during the training session. Dr. Oyeyipe developed a draft

service delivery implementation plan for the proposal.

This included:

- surveying workshop participants to develop a detailed inventory of what supplies/equipment were available at each of the fourteen centers which are supposed to be delivering family planning services;
- discussing the function of standards of medical care;
- establishing goals and objectives;
- curriculum development; and
- addressing the system for storage and distribution.

At the time the INTRAH/IHP trainers left, the Ministry had a draft form of the Pathfinder proposal.

B. UNICEF ORT Project

An informal contact was made with Mr. Sule Garba, Director of the Kwara State UNICEF branch office. UNICEF is conducting ORT pilot projects in four states in Nigeria. Upon learning of the ORT training, he was very interested in supporting ORT service delivery in Kwara State with a pilot project.

The entire training team discussed ways to collaborate with UNICEF and agreed that Mr. Babatunde and the

INTRAH/IHP trainers should meet with Mr. Garba. UNICEF's ORT projects in Nigeria have centered on use of ORT packets in hospitals. This strategy is aimed at achieving a concentrated drop in mortality in a short time and convincing physicians of the value of ORT. UNICEF does, however, support the promotion of home-prepared ORT taught at the community level. Therefore, it was decided that the Ministry should explore with UNICEF a request for funding ORT community health workers, transport, posters, training workshops, and evaluation activities.

At the time the INTRAH/IHP trainers departed, UNICEF had expressed initial interest in the project and the Ministry was submitting a formal request to UNICEF to conduct discussions on how such a collaboration might proceed.

C. Planning Future Service Delivery Workshops

The INTRAH/IHP trainers encouraged the Kwara State training team to begin planning the upcoming service delivery workshops as soon as possible. The following recommendations/decisions were discussed:

1. Participants:

a) The participants should be predominantly female. Although there is wide interest in involving men in the family planning campaign, there was general agreement that most women feel more comfortable receiving family planning clinical services (i.e., counselling and a pelvic exam, etc.) from a woman.

b) Sensitivity should be paid to religious issues and the needs of different communities in selecting participants. It was the feeling of the INTRAH/IHP trainers that since Kwara State is roughly 80% Muslim, efforts should be made to train Muslim nurses in family planning. The INTRAH/IHP trainers informally discussed the issue with Dr. Olubaniyi and the co-trainers.

c) Trainees should come from the area surrounding the workshop city as well as from more remote areas. This will ensure a more even distribution of trained personnel.

2. Dates: The next service delivery workshop will run for seven weeks (October 7 to November 25, 1985).

3. Content: The participants voiced a strong and unanimous desire for community health education information; however, the Kwara State training team is undecided whether to include CHE in the following service delivery workshops or to conduct separate CHE workshops.

5. Radio Show: Contact was made with Mr. Lanray Kawu, a popular radio announcer on Radio Kwara, Ilorin. He was very interested in interviewing some trainers and participants from the workshop for his weekly "Outlook" talk show. After getting support from the Ministry, one of the local trainers and two trainees participated in a 30-minute talk show on the training program and family planning issues. The show went well and was aired several times prior to the departure of the INTRAH/IHP trainers.

V. FINDINGS

The following issues emerged within the first days of our arrival:

A fourth trainer, Mr. Babatunde, had been added to the training team by the Chief Medical Officer.

The pre-test, to be administered to the nineteen participants of this workshop, was first administered to the four co-trainers. Three scored above 70%, but one scored only 30%.

Twenty-one participants had been chosen--one cancelled the last day before the training and another never showed, leaving nineteen participants (Appendix A). Three had comprehensive FP experience, including over 30 IUCD insertions each; several more had limited clinical family planning practice. The remainder knew little or nothing of family planning. Few participants had any working knowledge of ORT.

The Ministry was quite supportive and cooperative. They arranged for transportation for the INTRAH/IHP trainers as well as providing a typewriter. The Ministry also arranged for a change of training site to the nursing school if it proved preferable; however, a

decision was made to remain at the staff development center.

A visit to each of the four clinical training sites clarified that their patient loads were inadequate to train more than two or three participants during a two-week period and still ensure sufficient experience. This meant only eight to ten participants could complete their practicum at a time. A decision was made to run two consecutive practica with those participants from outside Ilorin completing the first practicum session.

Shortly after arrival, it was brought to the INTRAH/IHP trainers' attention that the Ministry had not completed the proposal for Pathfinder funding and so supplies were not yet available. This fact is important beyond the implications it had for short-term training supply needs. Shortages in clinic supplies and equipment preclude delivery of quality family planning services. For example, of the three clinics inserting IUCD's, two have exam tables. The third uses a floor mat for insertions. Sphygmomanometers are absent. Running water is available in some locations only. The entire stock of oral contraceptives which had recently arrived at the MOH clinics and were being dispensed had expired over one year ago (expiration date April 9, 1984).

The day before the INTRAH/IHP trainers left, Dr. Olubaniyi stated that Africare was in fact providing "some supplies" shortly. However, he did not know the amount or type of these supplies.

None of the clinics are currently doing Pap smears or gonorrhea cultures, although the Ilorin District Health Unit is theoretically able to send out smears to the University. Official data on gonorrhea and cervical cancer rates do not exist due to lack of screening, but half of the gynecology clients at the Maternity Hospital clinic are infertility cases and 2/3 of infertility in Nigeria is attributed to STD's/PID (Population Reports). Cervical cancer is reportedly relatively common in Kwara State. The participants in the service delivery workshops will receive minimal training in pap smears and gonorrhea cultures because equipment to provide these tests does not exist.

The INTRAH/IHP trainers seriously question the appropriateness of introducing the IUCD under these conditions and of training service delivery personnel in the absence of an integrated plan ensuring the proper equipping of clinics to support those personnel.

Another finding which falls under the general quality assurance issue is the common use of Diethylstilbestrol to induce late menses. Marketed as "Menstrogen" and sold in local pharmacies, this drug is being taken by many women who are most certainly in early pregnancy. Why this drug is permitted to be sold was not ascertained.

V. CONCLUSIONS

1. Overall, this training activity was immensely successful as determined by written and verbal feedback from the participants, co-trainers, and the Chief Medical Officer. As a result, two main goals were accomplished:

- Nineteen nurse-midwives are being trained in comprehensive FP/ORT service delivery; and,

- the training skills of four members of the state training team were strengthened and consolidated. As previously discussed, this was demonstrated by the increasing responsibility, creativity, confidence and training delivery shown by the co-trainers.

2. The Ministry of Health was supportive of the INTRAH/IHP trainers in all respects and was very responsive to the recommendations made.

3. The major obstacle facing successful service delivery of FP/ORT in Kwara State is the lack of well equipped clinics and support services (lab tests, etc.). To address this need, the MOH is in the process of drafting a proposal to Pathfinder Fund. However, at the time of debriefing at the U.S. Embassy/Lagos with AID population staff, the sentiment was expressed that extensive funding to support service

delivery is not likely to be forthcoming. Therefore, since the MOH is not in a position to absorb the enormous start-up costs, serious doubt arises as to the successful implementation of FP services in Kwara State.

VII. RECOMMENDATIONS

Future Service Delivery Workshops (SDW) in Kwara State

1. Mrs. Victoria Abodunrin and Mrs. Rachael Ajiboye are recommended as lead trainers in the two subsequent service delivery workshops in Kwara State under this contract. Two additional members of the state training team are recommended to participate as co-trainers, under the leadership and guidance of the team members named above. After consultation with the Chief Medical Officer of the MOH, based on the particular skills they offer, the INTRAH/IHP trainers recommend for co-trainers:

Mrs. Sarah Omotaye (BHC Okelele)

Mrs. Elizabeth Owolabi (MOH Ilorin)

In particular, Mrs. Omotaye has been actively involved in FP service delivery for some time now and can serve as a clinical resource and Mrs. Owolabi has been active as a community health educator in the Ilorin community for many years.

2. Mrs. Victoria Abodunrin shows real promise in her overall planning and management skills. As discussed above, she, more than any of the other co-trainers, readily took an organizational responsibility for this service delivery workshop. It is strongly recommended that she be considered

for short-term, U.S. based training in program planning and logistics management.

Mrs. Rachael Ajiboye also shows great promise as a trainer in CHE and should be considered for further training in this area.

3. The following changes in the FP/ORT service delivery curriculum are recommended:

Add:

- a) Values and cultural issues surrounding family planning (see training design).
- b) How to ensure quality and comprehensive women's health care (e.g. screening for STD's before insertion of IUCD).
- c) Introduction to new FP methods (see training design).
- d) Health education techniques (to accompany counselling unit).

Delete:

CHE (Entering a Community, Communication for Health)

4. The training design, as it has been revised during this service delivery workshop, will be the design used in

subsequent SDW's. The MOH trainers, however, should revise and update this basic design as needed.

5. The number of participants in future service delivery workshops should be reduced from 20 to a maximum of 15 in order to ensure adequate clinical experience.

6. Under the existing conditions, the format of future service delivery workshops could be as originally planned, but with a second practicum:

3 weeks didactic

3 weeks clinical for first 8 participants

3 weeks clinical for remaining 7 participants

7. Pre-testing and post-testing on knowledge of FP/ORT should be done with each service delivery workshop in addition to practicum evaluation.

8. It is recommended that the FP/ORT community health education be expanded in a separate workshop for the following reasons:

a) With the implementation of services, the primary obstacle to family planning use will be social/cultural, particularly male opposition. The need for effective CHE to help effect change has been identified by everyone interviewed.

- b) While participants in this workshop were chosen because many of them had some FP experience, the majority of them were overwhelmed by the contraceptive technology information presented and needed more time on specific FP/ORT content. They were therefore not capable of absorbing much information on a topic so expansive as CHE. This problem will be even greater in future service delivery workshops since participants may have little or no FP/ORT knowledge or experience.
- c) Three days of CHE as part of the service delivery training simply doesn't provide enough time to develop lasting CHE skills. A two-week workshop, similar to the CHE training done in March 1985, is recommended; or community health educators should be trained in FP/ORT so they can proceed with and complement the work done by the clinicians.
- d) Strong sentiment exists towards more involvement of men in FP promotion in Kwara State. The INTRAH/IHP trainers and Kwara State co-trainers think this is most appropriately accomplished by involving male and female community health workers in CHE/FP training. The Kwara State team recommends that INTRAH support at least one CHE workshop during this contract period and that the

accumulating per diem monies (see Appendix A) be used to this end.

e) An INTRAH/IHP consultant should supervise this CHE workshop.

9. Regarding future workshops/training:

a) When a service delivery workshop is to immediately follow a curriculum design workshop it is essential that adequate planning be done during the curriculum development activity to ensure the successful completion of the clinical requirements of this curriculum, specifically:

1. The specific AID clinical training requirements should be clear to the training team.
2. Where no AID guideline exists, there should be discussion of local standards.
3. Logistical coordination of the practicum should begin.

b) Some provision must be made for ensuring that all members of the state training team have a baseline working knowledge of FP/ORT. This is especially important for those who will be trainers in service delivery workshops. The report from the trainers in the curriculum development workshop indicates that the

first week of the three-week curriculum development activity was spent in FP review. It is recommended that this review be preceded with a pre-test and concluded with a post-test.

c) Planning and coordination should be guaranteed by the MOH in advance so that appropriate clinic sites are identified for the practicum component of the service delivery workshop. This includes a profile of FP methods offered at each clinic as well as the number of FP acceptors in a two to three week period.

d) Specific clinic-based preceptors should be identified to assist in the evaluation of the clinical performance of each participant.

10. Suggestions for the Management/Supervision/Evaluation Training workshop planned for August 1985 are:

a) A training session on teamwork and conflict resolution skills should be included in the curriculum.

b) Specific training materials for future service delivery workshops and CHE workshops should be identified and requested from INTRAH; e.g.:

- 30 copies Family Planning Methods and Practice: Africa (note: These have now been tagged at the Embassy for the management trainers to pick up and deliver.)
- 30 copies Population Reports on ORT
- 12 diaphragm-fitting models
- 35 copies of Werner: Helping Health Workers Learn for any CHE workshop(s) that may be planned

11. Full briefing of all consultants on the current status of the various international FP/ORT activities in the region (e.g. INTRAH, Pathfinder, Johns Hopkins Group, UNICEF, etc.) is recommended. Specifically, a regularly updated written report would help clarify lines of responsibility and ensure successful coordination and implementation of comprehensive FP/ORT services in Kwara State.

12. Certificates of Attendance should be generated by INTRAH/IHP for the fifteen members of the Kwara State training team who will have completed three separate workshops by the end of August 1985 and for the nineteen nurse-midwives who will have successfully completed this current service delivery workshop by the end of July 1985. These certificates should all be carried personally by the management training team in early August.

APPENDIX A

FAMILY PLANNING/ORAL REHYDRATION TRAINING

June 10th - July 5th 1985

List of Participants

No.	NAME	PRESENT RANK	STATION	REMARKS
1.	Mrs. M.B. Alao	S.N. Officer	BHC Oke-oyi	
2.	Mrs. E.M. Adejumo	Health Sister	DHU Afon	
3.	Mrs. A. Adepoju	S/N Midwife	RHC Koko	
4.	Mrs. G.D.Afolabi	S/Midwife	DHU Omu-aran	
5.	Mrs. F.R.O. Abolarin	N.Sister	GH Omu-aran	
6.	Mrs. F.B. Omidiji	N. Sister	RHC Omupo	
7.	Mrs. C.M. Olubaniyi	S.H. Sister	DHU Ilorin	
8.	Mrs. F.B. Adedapo	S/N Midwife	Okelele Maternity	
9.	Mrs. A.A. Olumo	S.H. Sister	BHC Obidi	
10.	Mrs. Opaleke	Midwife Sister	B.H.C. Shao	
11.	Mrs. E.E. Soladoye	P.H. Sister	DHU Offa	
12.	Mrs. R.F. Arokoyo	SNO/Comm. H.O.	RHC Erin-ile	
13.	Mrs. M.O. Oyegoke	N. Sister	Pakata Maternity	
14.	Mrs. C. Bada	S.N. Sister	GH Okene	
15.	Mrs. D.T. Agbogun	S.N. Sister	DHU Lokoja	
16.	Mrs. F.E. Bello	S.N. Sister	GH Lokoja	
17.	Mrs. Elekula	P.N. Sister	DHU Kabba	
19.	Mrs. E.I. Adebayo	P.H. Sister	MOH Ilorin	FP Coordinat
20.	Dr. Oyeyipo, A.C.	Medical Officer	DHU Ilorin	Trainer
21.	Mrs. R.M. Ajiboye	P.M. Sister/Com. H.O.	DHU Ilorin	Trainer
22.	Mr. A.O. Babatunde	S.N. Tutor	SON Obangede	Trainer
23.	Mrs. Victoria Abodunin	S/Midwife Tutor	SDM Ilorin	Trainer

APPENDIX B

People Contacted

Subject of Meeting

- | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. Dr. David Olubaniyi
Chief Medical Officer
Ministry of Health, Ilorin | general oversight, decision-making |
| 2. Mrs. Florence Tolushe
FP Project Coordinator / Community Health Officer
Ministry of Health, Ilorin | general coordination |
| 3. Dr. Olutorotimi Fakeye
Director, Maternity Hospital FP Clinic,
University of Ilorin | overview of family planning issues |
| 4. Mr. Sule Garba
Project Coordinator
UNICEF, Ilorin | ORT project |
| 5. Mr. Lauray Kawu
Radio Kwara
Ilorin | FP/ORT talk show |
| 6. Ms. Nadine Burton
Sr. Program Coordinator
Africa/Near East
Family Health Int'l, U.S. | Norplant studies for Kwara |
| 7. Mr. Jose Rimon
Johns Hopkins IEC Program | IEC/INTRAH Coordination |
| 8. Ms. Carol Kazi
PIACT, Nigeria | CHE training |
| 9. Mr. George Cernada
U. Mass, Div. of Public Health
U.S. | IEC Training Needs |
| 10. Mr. Lawrence R. Eicher
AID Health Development Officer
U.S. Embassy, Lagos | FP Training Needs |

APPENDIX C

Training Design

APPENDIX C

The following section outlines the schedule, content, evaluation/testing tools, and clinical practicum plan for the service delivery workshop.

1. Schedule and Content

The curriculum was revised and completed along the following schedule:

Week 1 - Didactic

Monday: Introduction to workshop, pre-test values and cultural issues re: FP/ORT

Tuesday: Logistics ORT

Wednesday: Anatomy and Physiology
Traditional Methods
Breastfeeding
Natural Family Planning

Thursday: Counseling
History-taking
Oral Contraceptives
Injectables
Barriers

Friday: New Methods
 IUCD - Guest Lecturer and Film

Week 2 - Didactic

Monday: Sexually Transmitted Diseases, Infertility

Tuesday: Public Holiday

Wednesday: Public Holiday

Thursday: Exam - Physical Examination

Friday: Review written exam. Issues in Women's
 Health

Week 3: Didactic/Clinical CHE

Monday: Entering a community communication in FP/ORT

Tuesday: Health Status,
 Resources for CHE: Case-finding and
 counseling, role-play with women's problems

Wednesday: CHE for FP, STD's, ORT

Thursday: Re-test (Kwara State Ministry of Health
Family Planning Program launching)

Friday: Clinical Practicum - Group 1

Week 4 Clinical Practicum - Group 1

Week 5 Clinical Practicum - Group 1

Week 6 Clinical Practicum - Group 2

Week 7 Clinical Practicum - Group 2

Week 8

Monday: Final wrap-up

Tuesday -

Friday: Co-trainers write report on clinical and
final evaluation

FAMILY PLANNING/ORAL REHYDRATION THERAPY SERVICE DELIVERY WORKSHOP

KWARA STATE JUNE 10-JULY 12, 1985

GOALS AND OBJECTIVES

GOALS

1. TO ENHANCE THE CAPACITY FOR FAMILY PLANNING AND ORAL REHYDRATION THERAPY SERVICE DELIVERY IN KWARA STATE
2. TO CONSOLIDATE AND STRENGTHEN THE TRAINING AND COMMUNICATION SKILLS OF THE FOUR CO-TRAINERS

OBJECTIVES

1. Explain and demonstrate the proper preparation and administration of oral rehydration solution.
2. List at least four specific tasks involved in presenting FP/ORT services to a community for the first time.
3. Describe the mode of action, advantages, disadvantages (including side effects), effectiveness of all major contraceptive methods.
4. Insert an IUCD competently (based on 10 insertions under supervision).
5. Demonstrate an understanding of and sensitivity to the social and cultural issues surrounding family planning in Kwara State.
6. Counsel a client effectively to help her decide her reproductive and family planning needs.
7. Describe at least five major sexually transmitted diseases, including their mode of entry, symptoms, diagnosis, treatment, prevention, and impact on family planning and infertility.
8. Name the incidence, major causes, and initial treatment of infertility problems in Kwara State.

FP/ORT SERVICE DELIVERY WORKSHOP

KWARA STATE

June - July '85

<u>Week 1</u> 10/6	11/6	12/6	13/6	14/6	15/6
Class	Class	Class	Class	Class	Class
<u>Week 2</u> 17/6	18/6	19/6	20/6	21/6	22/6
Class	Holiday	Holiday	Class	Class	Class
<u>Week 3</u> 24/6	25/6	26/6	Retest 27/6	28/6	
Class	Class	Class Review	Launching of Kwara FP Program	Begin Clinical (Group One)	
<u>Week 4</u> 1/7	2/7	3/7	4/7	5/7	
Clinical	Clinical Mary & Debbie's Last Day	Clinical	Clinical	Clinical	
<u>Week 5</u> 8/7	9/7	10/7	11/7	12/7	
Clinical	Clinical	Clinical	Clinical	Clinical Closure & Wrap-up	
<u>Week 6</u> 15/7	16/7	18/7	19/7	20/7	
Clinical (Second Group)				→	
<u>Week 7</u> 23/7	24/7	25/7	26/7	27/7	
Clinical				→	
<u>Week 8</u> 30/7	31/7	32/7	33/7	34/7	
Clinical Closure Wrap-up	← Two Co-trainers Draft		Final Report on	Clinical	→

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Gabriel/Dr. Olubanigi	8:00 a.m.	Formal Welcome		Newsprints-Prepared	
Babatunde	8:15	Intro. of Training Team/ Agenda	Self Introductions	Trainer's Nametags... Agenda/Newsprint of Names	
Rachel/Victoria	8:30	Intro. of Participants	Personal Check List Exercise	Personal Check Lists	
Rogow/Kroeger	9:30	Bio-Data	Distribute and Retrieve B-D sheets (Additional Questions to add on IUCD etc.)	B-D sheets from INTRAH INTRAH Newsprint Addendum	Completed sheets
	10:00	Break			

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Babatunde	10:15	Overview of Workshop Goals & Objectives	Lecture/Discussion	Chalkboard	Participant reaction question & answers
Rogow/Kroeger	10:40	General Structure Length, Hours, Format, etc.	Explanation/Questions	Newsprint: Course Schedule for month & first week	
Rachel	10:50	Ground Rules	Small group discussion with Group Reports	Board/Chalk	Group List G.R. devised
Abiodun	11:00	Adult Learning & Intro to Our Training Methods	Lecture/Discussion Brainstorm	Visual aids-Newsprint	Question & Answers
Rogow/Kroeger	11:30	Hand out Materials LUNCH		FP-Africa ORT (Pop.Reports) Exercise Books	

/h

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rogow	12:00	Values and Cultural Issues Introduction on Importance of Knowing One's Own Values			
Kroeger	12:05	Definition of FP and ORT	Brainstorm	Newsprint; markers Kwara curric defs.	Group consensus
Kroeger/Rogow	12:15	Why FP and ORT together?	Small groups (3) Discussion/brainstorm w/ group reports and trainers will process if integration <u>real</u> or <u>symbolic</u>	Paper etc.	Group shows understanding of: IMR to FP view. Integrating OR will increase accept. of FP
Rogow/Kroeger	12:35	Demography/Health Facts Nigeria	Guided discussion Question/Answer	Trainees Newsprint/Markers Demography Fact Sheet	Participant Comments
Rogow/Kroeger	12:50	Values Clarification Introduction of Idea	Forced Choice Exercise with Brief Process at conclusion	Room with space 'Values Statement Sheet' (attached)	Participant
Kroeger/Rogow	1:15	Conclude Values Exercise	Guided discussion wrap-up	----	---
Victoria	1:30	Reflections			
	2:00	Pre-test on FP/ORT		Prepared Pretest (see attached)	Correct test key available

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
		Relate ORT to diarrhea	A diagram of the leaking pots is shown and participants are told to interpret it.	Newsprint felt pen Chalk board Participants	Question & Answers
		Components of ORS	Discussion & Demonstration Traner show a graphic representation of the ingredients and also brings the various components physically	Visual Aids Real materials -sugar -spoon -empty beer bottle -water -cup -participants -trainer	Ask participants to identify the various components of ORS.
		How to prepare and store ORS	-Pour a full beer bottle of clear water into cup -Add 5 cubes of sugar of 10 level teaspoons -Add 1 level teaspoon of salt -stir to mix	As above	Ask participants to prepare ORS in class

1/1

Objectives: By the end of the training session, the participants will be able to conduct effective CHE activities to implement ORT Program in the community.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachael	11:30am-12noon	Teaching ORT in the community and home	<p>The trainer starts by saying many people in our community have very little knowledge about ORT, and its numerous advantages. This life saving therapy must be brought to their notice through effective CHE activities.</p> <p>Trainer than asks: How can we teach people ORT in the community & home?</p> <p>The list to include:</p> <ul style="list-style-type: none"> -Through health talks and demonstrations in local clinics -By training other health workers how to prepare and administer ORS so that they will be able to teach mothers and other members of the community, e.g., during home visiting -arrange for official launching of ORT in the community where the comm. leaders, school teachers, TBAS and traditional healers will be in attendance. 	Board/Chalk	<p>Ask participato to mention ho we can teach people in the community abo ORT.</p> <p>Question & An</p>

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
			<ul style="list-style-type: none"> -School pupils -Radio/TV spot announce- ment "ORT Saves Lives" -Posters -Songs Points to emphasize during teaching: -start ORS immediately diarrhea starts -Use local materials -Allow for return demon- stration -ensure proper mixing -don't boil the pre- pared solution. 		

Objectives: At the end of the session the participants should be able to recognise the initiation of diarrhea and report.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Babatunde	8-10 a.m.	<p>Diarrhea</p> <p>Definition</p> <p>Patho-physiology</p> <p>Causes</p>	<p>Lecture Discussion</p> <p>Frequent watery stool more than 2 times in 24 hours</p> <p>Increased peristalsis resulting in weakness as well as electrolyte loss. It may be mild, moderate or severe.</p> <p>Many Infection-bacteria virus Parasites</p> <p>Poor environmental and feeding habits</p> <p>emotional problems</p> <p>side effects of drugs and self medication</p>	<p>Chalk</p> <p>Chalk board</p> <p>Participants</p> <p>Postals</p> <p>Assignments for participants</p>	<p>Questions and Answers</p> <p>Participan response</p>

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June 11, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Debbie		NFP (cont)	BBT(cont) Explain concept, pattern, use. Pass around BBT & charts	BBT/Charts	Group identifies fertile time on chart
	1:35	Cervix Secondary symptoms	Cervix Concept and pattern Secondary symptoms Brainstorm list	newsprint	
	1:40	Effectiveness	Ask group acceptable eff. review eff. rate: 85%		Group identifies
	1:45	Client profile & benefits	Ask small groups or whole groups to make list of who may be interested in NFP info. list should include: -women opposed to b.c. for religious meth. -women w/irregular cycles want to expect menses -women whose men don't quite approve of b.c. but don't want another mouth to feed -couples who use condom but not every time -women trying to become pregnant -women who want to know more about their bodies -women who want safe method		7,42° signs
	1:55	Conclusion	Takes time to learn but is free and lasts a lifetime. Comment on world wide uses.		

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	8:30	Anatomy & Physiology -Male -Female Reproductive organs	Discussion 1. Decreases anxiety and stops myths about the influence of FP on person's body & reproduction 2. Assists in understanding how FP methods work. 3. Helps build a healthier attitude towards sex & sexuality. 4. Helps couples to make better informed decisions/choice about FP. 5. Involves the man more on decisions concerning FP. 6. Clarifies processes of menstruation, hormones and conception.	Poster - Handouts	Participants list at least 4 importance for studying A & P
		Male & Female Reproductive Organs	Participants in 2 groups Group I: Prepares to describe Female Reproductive Organs Group II: Prepares to describe Male Reproductive Organs	Charts/Poster -Female ext. & int. organs -Male ext. & int. organs -Plain sheets of paper	
	9:20	Female Reproductive Organ -vulva	Trainer calls on a participant in Group I to describe the vulva to the group	Poster - Chalk board	Questions & Answers from Participants

June 12, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	9:35	Woman's reproductive organs -Internal Organs	2nd participant from group I describes Int. Organs to the group	Poster / chalk-board	Questions & Answers
	9:45	Summary	Trainer summaries both descriptions - clarifies necessary issues		
	9:50	Male reproductive organs Group II	A member of the group describes the male organs External genitals Internal structures glands - tubes		
	10:05	Summary	Same as end of Gr. I discussion		
	10:15	Sexuality & Sexual response	Brief discussion between trainer/participants	Chalkboard	Male & Female counterparts male -- female scrotum - testes - Vas - Penis - Cowpers - participants fill in blanks Label diagrams
	10:20	Conclusion			Question & Answers

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Mary	12:30	Breast feeding's Contraceptive effects. Benefits of BF in General	Group brainstorms all benefits	Board/chalk	
	12:35	Survey of Group re: BF	Trainer asks participants questions: How many breast fed? How long? How many for the FP effect? How long before menses returned?		p's can list at least four benefits of B.F.
	12:40	Graph of group stats months breast fed vs. months of menses return	trainer records group's responses and makes graph	Board/chalk axes of graph "pre-prepared"	
	12:45	Review of Physiology of breast feeding as relates to FP	Lecture/Discussion Question & Answers	Board/Poster	Ques. & Ans.
	12:50	Report summary of literature CHE/Why is BF on decline in Nigeria.	Discussion - compare figures to group's graph Group brainstorms Reasons and Solutions	Board.	

TRAINING DESIGN

June 13, 1985

Objectives: By end of this session P's will be able to def. counselor, know the different types, know the imp. for counseling and identify the basic skills nec. for appropriate FP/ORT counseling.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachael	8:30 a.m.	What is counselling	Brainstorming Participants to give their own definition of counselling. -counselling is the process of interaction health worker with the clients to provide them with information, support and advice for their health and well-being.	board/chalk Participants / trainer	many participant asks to define counselling
	8:40 a.m.	Types of counselling the advantages and disadvantages of each type.	1. Individual counselling advantages to include: (a) client feels relaxed (b) special advice and attention is going to client. (c) personal issues clarified (d) client's knowledge about FP can be assessed Disadvantage : (1) It is time consuming 1. Group Counselling Advantages: a) It is time saving. b) clients may get answers to their questions without having to reveal their lack of knowledge. c) new acceptors may gain considerable support from each other because they have similar needs d) teaching techniques can be expanded in group work. Disadvantages:	Participants conduct role play on individual and group counselling -later brainstorm the advantages and disadvantages	Questions & Answers

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel	<p>9:10 a.m.</p> <p>9:25 a.m.</p>	<p>Importance of counselling in FP/ORT services</p> <p>Acquire skills in attracting clients to FP/ORT service</p>	<p>Group counselling, cont. Disadvantages: 1) there may be interruptions during training session 2) leader cannot know individual problems 3) it is easy to overlook shy or frightened clients 4) the public may be against discussion human sexuality openly.</p> <p>The group brainstorms the importance of counselling in FP/ORT services. Points to include: 1. allays fears of side effects 2. can correct rumors and misunderstanding 3. encourage more people to adopt new FP practices 4. Provide a personal and supportive service. 5. promote better attitude toward family planning 6. give needed information</p> <p>Participants identify some basic skills for successful FP/ORT activities. The skills to include: 1)ability to put clients at ease (2)conversational skills. (3) counselling skills.</p>	<p>Board/chalk</p> <p>Participants/trainer</p> <p>Handout</p>	<p>Quest.& Ans.</p>

June 13, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel	9:35	Putting clients at ease	Participants brainstorm how to put client at ease. Points to include: 1.friendliness 2.empathy 3.sincerity 4.equality 5.patience/tolerance 6.openness 7.being non-judgemental	Hand out	Question & Answers
9:40	conversational skills	points to emphasize 1.listening attentively 2.using questions to encourage clients to talk 3.being clear in your presentation.			
9:50	counselling skills	points to emphasize 1.establish rapport/confidence 2.give emotional support 3.provide practical help 4.encourage self-evaluation and assessment 5.pave way for future contact.			

TRAINING DESIGN

June 13, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	10:00	History-taking why take client's history?	brainstorming participants to give reasons trainer lists reasons on chalkboard.	chalk/board samples of KWS Family Health Project FP record	
	10:10	group activity	participants to pair up and take history of each other using KWS FP record card.	cards (see attached)	
	10:20	conclusion	checklist on relevant questions on past/present medical history of client	p. 137 FP methods/Practice Africa	Quest.& Ans.
	10:30	BREAK			

June 13, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Abiudun	10:45	Oral contraceptive pills combined OCP combined OCP mini pills	Lecture/Discussion points to emphasize: -what are they -low failure rate -mode of action -benefits (brainstorm) +disadvantages/advanta- ges -contraindications brainstorm relative -indications	Board/Chalk Different type of oral pills available	Q & A How does it work - Why use them When not to use them - Side effects How to manage

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Abiudun	11:30	<p>COCPs</p> <p>Minipills</p> <p>Oral contraceptive pills</p> <p>Projesterone only pills (mini-pill)</p> <p>LUNCH</p>	<p>How to make a choice</p> <ul style="list-style-type: none"> -side effects/participants in turn -How to minimize serious complications -user instructions <p>-no estrogen</p> <ul style="list-style-type: none"> -low progesterone -discussed as for the COCP <p>-hand out distribution</p> <p>Lecture/Discussion</p> <p>Points to emphasize</p> <ul style="list-style-type: none"> -what one they -low failure rate -mode of action -advantages/disadvantages -indication and contra-indications -counselling and history of problems <p>as above</p>	<p>board/chalk</p> <p>different types of oral pills brought and identified by participants</p>	<p>Quest.& Ans</p> <p>How does OCP work?</p> <p>Why use them</p> <p>When not to use them.</p> <p>Side effects</p> <p>How to manag problems.</p>

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Babatunde	12:00	<p>Injectables: What it is. Types Action -Method of administration, dosage, and effectiveness.</p> <p>-who should use injectable contraception -who should not use injectable contraception -advantages -disadvantages users advice</p> <p>Def: as per hand bills</p>	Lecture/discussion	<p>Participants Chalk Chalkboard Syringes Drugs</p> <p>Participants Chalk Board Chalk Charts Syringes Drug</p>	<p>Quest.& Ans.</p> <p>Supervision during practice</p> <p>Feedback from clients</p>

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Objectives: By end of session, participants will know
 major side effects and effectiveness rates of the
 major barrier methods.

BARRIERS

June 13, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Mary	1:30	<p>Overview of Barriers History - Ancient Over 5,000 years of barriers/spermicides</p> <p>Condoms traced back to 1350 in Egypt. TER=2/100 UER=10/100</p> <p>Major Advantages: Cheap Safe Accessible Prevents STDs thus decreases infertility and decreases cervical cancer. Prevent premature ejaculation Man plays a role</p> <p>Major Disadvantages: Decreased sensitivity Interrupts spontaneity Occasional allergy to rubber. Failure to use leads to pregnancy</p>	<p>Ask P's for mode of action why they most often fail</p> <p>Brainstorm on newsprint</p> <p>Brainstorm</p>	<p>Board</p> <p>Board</p>	<p>Answers</p>

61

June 13, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Mary	1:50	<p>Condoms, cont. Instructions for use: -put on before penetration -take off after ejaculation Hold condom with hand -leave 1/2 inch at end -don't carry against body ...deteriorate -don't use petro jelly</p> <p>Foams, Creams, Jelly "spermicides" Many traditional solutions may be spermicidal TER=3-5/100 UER=15/100 1.8-29/100</p> <p><u>Major advan:</u> safe, available may decrease spread of GC & Trich lubricant</p> <p><u>Major disadvantages:</u> -messy -not spontaneous -occasionally cause irritation or allergy -not used!</p> <p><u>Use:</u> -Put in before penetration. -shake, aerosal cans -foaming supp; <u>must</u> be -put in 10-30 mins before -applicator must be put far up inside</p>	<p>Discussion</p> <p>Brainstorm/newsprint</p> <p>Discussion</p>	<p>Condom(s)</p> <p>Jelly</p>	<p>Quest.& Ans.</p>

65

TRAINING DESIGN

Objectives: Session shall prepare participants to briefly describe the norplant and RU486 contraceptives.

June 14, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Debbie	8:00 8:30	Where are we? New Methods	Lecture Intro -- Don't take notes; just for interest. Norplant - composition mode of action 5 yers. duration 799.7% effective review of side effects discuss poss. teratogenic effect Ru-486 - composition mode of action effectiveness safety marketing issues	Newsprint	
Dr. Fakeye	9:00	IUCD (Pelvic Exam)	Movie on pelvic exam IUCD insertion, and diaphragm fitting (Pathfinders)	Movie shown at Univ. Teaching Hospital - Maternity Wing	

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Objectives: Session shall prepare participants to perform pelvic exam and safely insert IUCDs of 2 different types.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Dr. Fakeye	10:30	IUCD (con'd)	Demonstration on Lippe's Loop and Copper-T and differences in insertion technique Push Method Drop Method	Copper T Lippes Loop with inserters	
	11:30	Break			
Mary	12:00	Practicum on IUCD insertion	Demonstration & re-demonstration in small groups - using IUCD kits	12 IUCD kits speculum sound Lippes Loops with inserts copper-T's	Re-demonstration

16/8

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Abiodun		<p>General points</p> <p>PID Chlamydia Syphilis Herpes Genetalis Condylomata Accuminate</p> <p>Trichomonas Monilicis Cystitis Pubic Lice Haemophilis</p> <p>CHE Activities for STDs</p>	<ol style="list-style-type: none"> 1. Treat both partners. 2. Take all medicines counsel on antibiotics. 3. Use condoms or abstain til condom 4. Look for 2nd infection. 5. Abnormal pap smear. 6. Consequences of PID. <p>Lecture discussion</p> <p>Symptoms Diagnosis Treatment Patient Instruction</p> <p>Follow-up Who at Risk</p> <p>Important points to emphasise Develop systematic manner of thinking about and evaluating STDs.</p> <p>Use of condoms for prevention - education on sign/symptoms - open discussion to reduce shame/guilt - sensitive counselling</p>		

10

Infertility

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Mary	12:30	Introduction to Infertility	Short Reading from Nigerian Novel	Emecheta, <u>The Joys of Motherhood</u> pp.31-32	
	12:35	Incidence of Infertility -Belt of Sub-infertility name countries -Ilorin 1 out of 2 gyn. pts. -Several problems related	Lecture/Discussion	Curriculum and FP Methods infer. Chapt. 5	
	12:40	Causes Male Factors 20-40% Female factors Couple's Factors	Group Brainstorm	Curriculum & <u>FPM in A.</u>	
	12:50	Incidence of PID compared to FP methods	Lecture/Discussion	Newsprint Table from Pop Reports August '83	Lists are developed

ok

TRAINING DESIGN

Objectives: Participants shall be prepared to describe at least 8 aspects of an infertility history; explain at least 2 female and 2 male diagnostic infertility procedures.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Debbie	1 pm	Taking an infertility history	<p>EXERCISE:</p> <p>3 small groups: develop list of questions to ask female or male infertility client -share results; comment -add to list as necessary</p> <p>List should include: female: Age OB history (complete) GYN history (especially PID) Health history</p> <p>Evidence of pre-menstrual signs</p> <p>Menstrual pattern Age of menarche Frequency and timing of intercourse Weight Occupation Coital habits Number of sexual partners Number of husband's sexual partners Time she has been trying to conceive</p>	F.P. Practices- Chapter on Infertility	90% of essential points listed by group

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TRAINING DESIGN

STDs/Infertility

June 17, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Abiodun	8:00 8:30 a.m.	Where are We? STD- Why important to know.	Conduct Oral pretest. Why; Incidence in Nigeria. Lecture/Discussion Points to Emphasize: 1) Consequences of STD to lines of people and family 2) importance of good attitudes and understanding of STD to clients 3) Great incidence of STDs in Africa. 4) Prevention & Cure. Male: Age Weight No. of children Occupation Health history (complete) No. of sexual partners Coital habits Process: Need medical guidance in developing infertility questionnaires -A good history can resolve the infertility problem through pointing to the need for education.	Board/Chalk Handout on STD Poster-male and female reproductive organs	Question & A session What am I game.

12

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
	1:30	Basic Infertility Work-up	Discussion/Lecture of Initial male/female work up Female: Physical exam Fertility Awareness Information Basal Body Temperature Post-Coital Exam Male: Physical exam including existence of varicocolle -Fertility awareness info, semen analysis	Newsprint sheets	
	1:50	Sensitivity to Infertility Clients	Exercise/Guided Fantasy (see attached)	Hand out	
	2:00	Reflections			
	2:30	Close			

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June 18 & June 19

Ramadan Holiday

June 20, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Team	9:00	Didactic Exam	Written exam distributed	See Appendix D.	
	10:30	Extended break			
Victoria (Mary)	11:30	Physical Exam (head to toe)	Review of regular PE through brainstorm and discussion	Trainer	
Victoria	11:45	Physical Examination	Trainer asks 1-2 participants to recount to the group how physical examination is done on pregnant woman (since all have midwifery experience where a lot of PE is done.)		
	11:55	Highlights of PE on clients seeking FP service	Lecture/Discussion		
		-First Visit	Findings to be used as baseline data.		
		-Subsequent Visits	Compare findings with baseline for early detection of abnormalities		
		-Blood-pressure	Why is it necessary? If high, which FP method is contra-indicated? Check B/P every follow-up	Physical Exam Check-List (see attached)	
		-Weight	Check initial weight. Check at follow up visit Useful in particular method.	Same as above	

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Which FP method requests regular check-up of client

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	12:10	Head to Toe Examination -Facial Appearance Eyes - Pallor - Jaundice Mouth - Pallor Ear - Allergy with metallic earrings Neck - scars/lumps -goitre	Lecture/Discussion What can you see? -Sign of obvious illness? -Any other sign as client walks into exam room? Which FP methods are contra-indicated? Which hormone is deficient Which FP method is suitable?		
	12:30	Breasts	Very important that trainees are able to do breast self-exam as well as carry it out/teach clients how to do it regularly. -Participants divided in 3 groups to read/practice/observe self-exam	Breast self-exam literature OMNI Health Communicator Breast Self-exam	Quest.&Ans.

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	1:00	Upper Arms Abdomen -Scar -Any swelling suggestive of tumors? Legs -Oedema -Varicosity	Lecture/Discussion 1) Client to stretch out for any neurological symptoms e.g. tremors refer to neurologist 2) Check pulse rate/volume etc. Discussion Which FP method is not suitable in these conditions?	OMNI Health Communicator Pelvic Exam	Quest.& Ans.
1:10	Pelvic Examination -Bimanual -Speculum -Specimens to lab Follow Up Visit	refer to film watched on 6/14/85 Participants to look at the Self-teaching aid All findings to be filled in on client's card			
1:40	Conclusion				

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Objectives: By end of session, participants will be able to identify the issues in women's health and lives she feels are most important.

Friday, June 21, 1985

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Debbie Mary Victoria Rachel	8:00 8:30	Where Are We? Review of Exam			
	10:15	Break			
Debbie	10:35	Issues in Women's Health	Individual exercise: "Who would I tell?" (Privacy Circles) Questions Asked: "Who would I tell" -my age -my weight -my income -my husband has a girl- friend -I have a boyfriend -I have a STD -I have been raped -My method of birth control -coital habits	See attachment Discussion/Process (Importance of confidentiality; f.p. worker as more than a contraceptive dispenser.)	level of participation; feedback
Debbie & Mary	11:00	Sharing Personal Experiences Ten most pressing problems facing Women of Nigeria.	Anecdotes and group discussion of various female health issues, both U.S. and Nigerian, including Dalcon Shield, DES/Menstrogen, Menstrual regulation, etc. EXERCISE: in small groups (4-5) develop prioritized list of ten most pressing problems facing women of Nigeria. Each group reports share plan for doing role plays or stories on 4 most important issues, illustrating issue & suggesting solutions.	Chalk & Board or Newsprint & markers	participation and feedback Level of participation problems identified, group feedback

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Mary/Debbie	8:00	Where Are We?			
	8:30	Group Song - due to tragedy over week end in lives of several participants	One minute of silence Spiritual song sung by entire group		
	8:45	Problems of Women in Nigeria (con't.)	Same 4 groups as Friday form again. Each picks one problem from the lists developed last week and develops a role play of 10-15 mins. to illustrate this problem and suggest at least one solution.		
	10:00	Presentation of 4 role plays			
	10:40	Processing/Discussion			
	11:00	Lunch			Group evaluation & feedback

Objectives: By the end of this session, participants will be able to identify and use sources of comm. information for implementation of FP/ORT services. Identify and work with comm. leaders to gain support for FP/ORT services, involving whole comm. in the successful implementation of FP/ORT services.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachael	11:30 a.m.	Entering and knowing a community	Brainstorming/Discussion Participants list all reasons why it is necessary for a health worker to know how to enter a new community and how to get a quick understanding of how the community is. Discussion then follows	Handout summary sheet "why is it necessary to know how to enter and understand a community."	Trainer : 2 participants to mention reason why it is necessary to know & understand a community
	11:40 a.m.	How to find out about a community	In small groups participants identify all possible sources that a health worker can use to find out about a community. Groups report and list conclusion on the board.	Board/Chalk	Quest. & Ans

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel	12:00	Identify community leaders and their roles in the community and how to involve them in implementation of FP/ORT services	Trainer ensures that necessary points are included. Participants identify ways to involve community leaders in FP/ORT programs.	Board / Chalk	Quest. & Ans.
	12:30 pm	How community leaders can help health workers	Lecture/Discussion List on board Role play.	Role play on how water problem in Elemere Health Center was solved by community health leaders.	Participants to name and identify two leaders in their community and mention how they have helped the health svcs.
	1:10	How to discuss health issues with community leaders and members	Participants divided into 4 groups to discuss strategies to use then talking with comm. leaders and members. Lists on board.	Board/Chalk	Ask 2 participants to mention the strategi
	1:30	Other important things to know about a community.	Lecture/Discussion The things to include: -customs/affecting health practices. -child bearing/rearing processes -TBAS/healers -Means of communication -important festivals -market days & available	Board/Chalk Handout	Quest.& Ans

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel		Planning Initial Activities	<p>Intro: importance of establishing reputation in community of meeting people's perceived needs</p> <p>Brainstorm: Initial activities (should include)</p> <ul style="list-style-type: none"> -health talks -ORT demonstration -Group/Mothers' discussions -Fertility Awareness classes for women wanting pregnancy <p>Select the most appropriate initial activity for your community & reason.</p> <p>Group by type of activity and develop list of tasks.</p>		

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KEY FF= Facilitating Factor
HW= Health Worker

Objectives: By the end of the training session, participants will be able to (1) list common obstacles & FF for effective CHE activities for FP/ORT (2) Solve problem that may arise to hinder acceptance of FP/ORT (3) Use all the FF in a comm. to achieve successful CHE activities for FP/ORT.

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel	9:40	Obstacles & FF or resources for effective CHE	Trainer makes introduction by saying CHE can only take place if a health worker has an appreciation of those things that can help or hinder beneficial health practices.	Board/Chalk Note paper	
	10:00-10:20	BREAK			
	10:20	List common obstacles to effective CHE activities	Participants brainstorm major obstacles HWs are likely to find out in their communities. Trainer makes sure all obstacles listed in the curriculum are included. LIST ON BOARD. Trainer makes effort to explain why some of the points raised are important obstacles to note by the participants	As above	Trainer asks several participants to explain how certain obstacles might affect FP/ORT svcs.
	12:15	List the facilitating factors/resources	Participants brainstorm the FF/Resources List on Board		Trainer asks several participants to explain how certain helping factors can be used to support FP/ORT activities.

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Rachel	12:40	<p>Ways to overcome obstacles to acceptance of FP/ORT</p> <p>or</p> <p>Resources to overcome the obstacles.</p>	<p>Trainer chooses one obstacle and together with participants develops a possible strategy to overcome the obstacle. The problem-solving process should include:</p> <ol style="list-style-type: none"> 1) fully understanding the obstacles/problem 2) identifying those who can help you 3) developing a clear strategy using facilitating factors 4) being persistent but not pushy. <p>Participants go in to small groups select an obstacle and develop strategy to overcome it. Trainer and participants then discuss strategies developed by each group.</p> <p>LIST ON BOARD. Summary sheet given to participants</p>	<p>Summary sheet: Some strategies to overcome Kwara obstacles to FP/ORT</p>	<p>Trainer supervise & observe group work.</p> <p>Quest/Ans.</p>

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
	2:10	<p>Why men are not involved in FP</p> <p>How to approach people for FP/ORT(Counseling)</p>	<p>Participants now identify the reasons why men are not involved in FP. Trainer list all reasons on the board and emphasize the need to address these issues sensitively</p> <p>Please see the training design on Counselling presented on Thursday 13/6/85 by me.</p>	<p>Board/Chalk</p> <p>Handout "Case Finding and Counselling for FP/ORT"</p>	<p>Quest/Ans.</p>
	2:20	<p>Reflection</p>			

5/1

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	8:40	Training Health Workers for CHE in FP/ORT	Trainer asks a participant to read out the unit goal/objectives.		
	8:45	Why is CHE a necessary part clinic activities?	Participants brainstorm -Trainer lists points on chalkboard	Chalk/Board	
	9:15	Some effective CHE skills (1) How to organise an effective CHE talk --Audience----- -Topic/Introduction----- -Content----- -Involve audience -Rules of feedback -Summary of main points	Warmly welcomed clearly stated Logical;at audience level of understanding	Chalk/Board Handouts	Trainer asks 2-3 participants to give examples of effective CHE in their communities 1-2 participants to list 3 characteristics of a good CHE talk

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Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	9:45	(2) Using Visual Aids	Trainer puts up 3 different posters and asks participants to evaluate their usefulness in CHE talks -a participant acts as a recorder for points raised on each poster.	Posters: (1) balancing people and resources (2) "Child-spacing is like raising crops" (3) Steps in preparing ORS.	
	9:55	Identifying appropriate 1) target groups 2) how to get the support of comm. leaders	Re: session of 24/6/85		
	10:00	BREAK-----			
	10:30	SPECIAL CHE ACTIVITIES 1) Health benefits of FP 2) Family/Economic benefits of FP 3) ORT(benefits)	Participants in 3 main groups to take a topic each and prepare CHE talk Trainer facilitates group activity		
	11:00	Health Talk Presentation			
	12:15	CONCLUSION & LUNCH-----			Quest. & Ans.

10

Trainer(s)	Time	Content	Activity/Method	Materials/Resources	Evaluation
Victoria	1:30	Where to find people who might need FP/ORT services.	In small groups, participants identify specific places to focus their case finding and counselling activities. The lists are put on board by each group. Trainer concludes and emphasizes that CF and C can be carried out ANYWHERE - so Family Planners should be alert and ready.	As above	Ask some of the participants to describe how CF and C can be carried out in the community.
Rachael	1:55	How to get men involved in FP/ORT	Participants brainstorm all the ways in which men can be actively involved in FP/ORT. Trainer makes sure all the points emphasized in KWs/ curriculum for FP/ORT are included. The entire group discussion later follows.	As above	Ask several participants to mention the best way men in their community can be involved in FP/ORT services.

TRAINING DESIGN

OBJECTIVE:

Trainer	Time	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
Mary/ Debbie	12:45	Review for Retest	Presentation of case studies and discussion of appropriate contraceptive Review of menstrual cycle question/answer period	Chalk/Board (see case-studies attached)	
Mary/ Victoria	2:15	Overview of Clinical component	Explanation of assignments & requirements		
	2:45	Close		Clinic schedules (see attached) and see appendices I & J	

FP/ORT SERVICE DELIVERY WORKSHOP
CLINICALS

GROUP II

	NAMES	1st WEEK 15/7-19/7/85	2nd WEEK 22-26/7/85
1.	Mrs. M.B. Alao	PPFN	DHU
2.	Mrs. E.N. Adejumo	PPFN	DHU
3.	Mrs. A. Adepoju	DHU	PPFN
4.	Mrs. F.B. Omidiji	DHU	PPFN
5.	Mrs. Opaleke	UITH FP Clinic Maternity	Okele
6.	Mrs. E.I. Adebayo	UITH FP Clinic-Maternity	OKELE
7.	Mrs. R.M. Ajiboye	Okele	UITH FP Clinic-Mate1
8.	Mrs. V.B. Abodunrin	Okelele	UITH FP Clinic-Mate1

29/7/85 Members of Group II to report at SDC 8:00 a.m. for closing

TRAINING DESIGN

OBJECTIVE:

Trainer	Time	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
all	8:00	Re-test	Administer Exam	Re-test(see appendix E)	Correct exam passing score 70%
Mary written eval	9:00	Evaluation	Written and oral	INTRAH forms	Comments
All-oral eval	9:45	Closing workshop			
	10-2:00 pm	Kwara State FP Program Launching	Ceremony at Ministry of Health	See attachments Programme and Text of F. Tolusha's Report	

APPENDIX D

Pre-Test

APPENDIX D

FP/ORT service delivery
Kwara / June, 85

PRETEST ON FP/ORT

- (1) Describe the type of cervical mucus secreted just before ovulation _____

- (2) Which days in a 30 day menstrual cycle is a woman most likely to be fertile? _____

- (3) On the average, a woman who is fully breast feeding will not ovulate for _____ months
- (4) It is the _____ of breast feeding which determines the chances of ovulation occurring
 - a) frequency
 - b) duration
 - c) both of above
 - d) neither of above
- (5) In the normal menstrual cycle, the hormone dominant from the time immediately after menstruation to ovulation is _____ ? From ovulation to menstruation _____ ?
- (6) After the release from the ovary, the egg can live for how long _____ ?
- (7) In a 60-day menstrual cycle, ovulation occurs around day _____ .
- (8) Where are the female hormones produced ? _____
- (9) Sperm cells can survive for up to _____ .
- (10) The penis is made of ; _____
 - a) spongy tissue
 - b) cartilage
 - c) smooth muscle
 - d) none of above
- (11) Explain why the scrotum is located outside the body. _____

- (12) What are the 3 functions of the penis? 1. _____ 2. _____
3. _____ .
- (13) What are the corresponding organs in the female for each of these functions ?
1) _____ 2) _____ 3) _____
- (14) Define a Pap Smear and its function, _____

- (15) _____ % of infertility is of male origin
- (16) Name at least 2 common causes of female infertility. 1) _____
2) _____ Name one common cause of male infertility 1) _____
- (17) The 2 STD's most associated with P.I.D. (Pelvic Inflammatory Disease) and infection are _____ and _____ .
- (18) Which vaginal infection may arise as a result of antibiotic therapy? _____
_____ .

- 2) _____ 3) _____
- (20) Describe probable mode of action of I.U.C.D. _____
- (21) Which of the following is most associated with I.U.C.D. use ? a) blood pressure ↑
b) ectopic pregnancy rate c) amenorrhoea d) all of above.
- (22) Name at least 2 potential problems (short term and long term) of injectable contraceptives; 1) _____ 2) _____
- (23) Injectable contraceptives are composed of _____
- (24) When during the sexual act should the condom be put on and taken off ? _____
- (25) The diaphragm can be inserted up to _____ hours prior to intercourse and should be left in the vagina at least _____ hours afterwards.
- (26) Describe 3 or more absolute or strong relative contraindications for oral contraceptive use; 1) _____ 2) _____ 3) _____
- (27) Describe the mode of action of oral contraceptives. _____
- (28) The data on oral contraceptives and cancer suggest that OC's are associated with;
a) increased uterine cancer
b) increased breast cancer
c) decreased breast and cervical cancer
d) I'm not sure
- (29) Which birth control method is ideal for the woman at high risk for S.T.D.'s ? _____
- (30) Explain the difference between theoretical effectiveness rate and "use" effectiveness rate. _____
- (31) State 4 symptoms of dehydration. 1) _____ 2) _____
3) _____ 4) _____
- (32) What are the three main ingredients for oral rehydration solution ?
1) _____ 2) _____ 3) _____
- (33) How long does oral rehydration solution last, once prepared, standing at room temperature ? _____
- (34) A lactating woman whose child is severely dehydrated should;
a) stop breastfeeding and give ORS only
b) continue breastfeeding and supplement with ORS.
c) simply breast feed
- (35) Which birth control methods are contraindicated for a lactating woman ? _____
- (36) In performing a pelvic examination, a normal position in which the uterus lies is
a) retroverted b) anteverted c) retroflexed d) all of the above.
- (37) In first entering a rural village to begin a community health campaign on FP/ORT you would go first to talk with; a) the local CHO b) village leader c) the director of the local clinic d) your sister's friend who has grown up in this village.

APPENDIX E

First Final Test

APPENDIX E

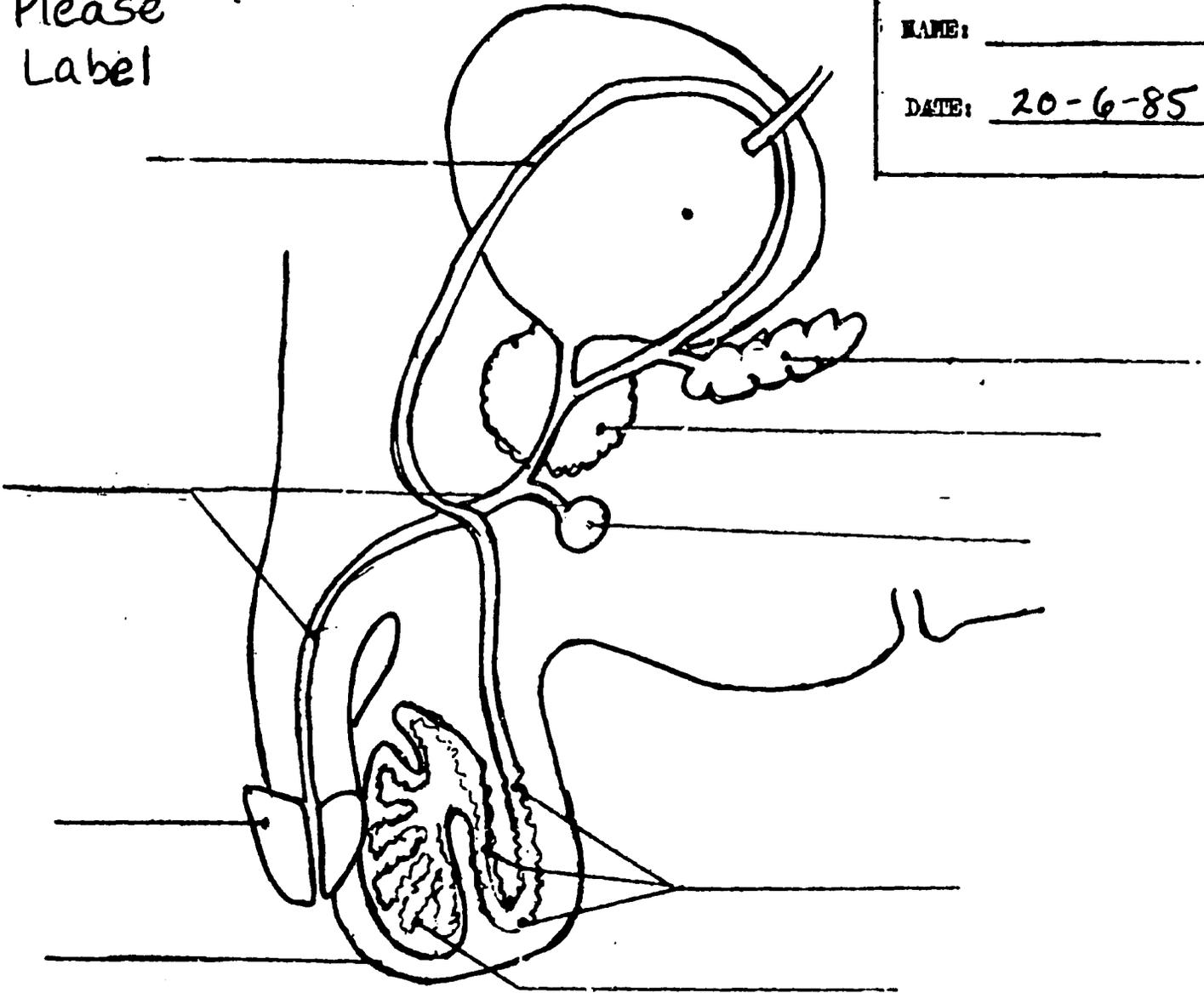
Question 1

KWARA SDW-FP/021

1
Please
Label

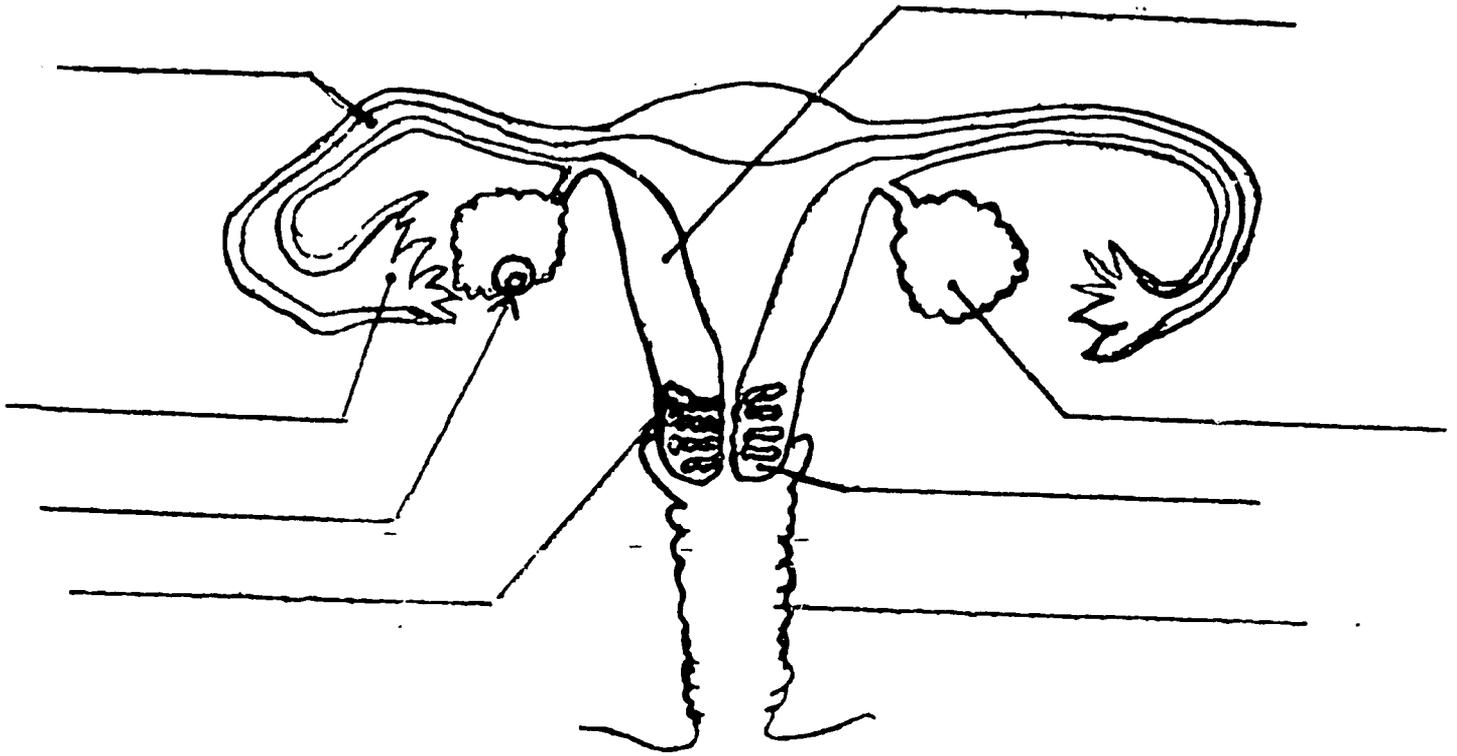
NAME: _____

DATE: 20-6-85



MALE REPRODUCTIVE ORGANS

Question 2



FEMALE REPRODUCTIVE ORGANS

KWARA 6/25
FP/ORT SDU

- (2) Define ovulation _____

- (3) Which day during the menstrual cycle does ovulation occur? _____

- (4) Which of the following effects does oestrogen have on the female reproductive system?
(Check all that apply)
- _____ Promotes growth of the endometrium
_____ Causes sticky, thick cervical mucus
_____ Triggers the "LH surge"
- (5) Describe the type of cervical mucus secreted at the time of ovulation. _____

- (6) A woman who takes her temperature every morning will find that her temperature is
- stable throughout the cycle
 - higher from menses to ovulation, and lower from ovulation to menstruation
 - lower from menses to ovulation, then higher from ovulation to menstruation
 - low if she is pregnant.
- (7) How does breastfeeding delay ovulation?
- Breastfeeding - increases prolactin - decreases oestrogen - no ovulation
 - Breastfeeding - decreases oxytocin - decreases progesterone - no LH surge
 - Breastfeeding - increases prolactin - increases LH - no ovulation
 - none of the above.
- (8) A woman who is using breastfeeding for contraception should be told to nurse her baby
- every 4 hours
 - for a long time in the evening so the baby will sleep through the night
 - as often and for as long as the baby wants
 - every 6 hours.
- (9) What is the composition of the combined oral contraceptive? _____

- The mini - pill? _____

- (10) How does the pill work? _____

- (11) Name 2 absolute and 3 strong relative contra-indications to O.C. use;
- Absolute; _____

- strong: _____

- (12) List 2 absolute contra-indications to use of injectables:
- 1) _____
 - 2) _____

(13) What are the two ways the diaphragm prevents pregnancy ?

1) _____
2) _____

(14) Describe the major non - contraceptive benefit of condoms: _____

(15) List 4 side effects of the combined pill

1) _____
2) _____
3) _____
4) _____

(16) List 3 absolute contraindications to I.U.C.D. use:

1) _____
2) _____
3) _____

(17) Why are women with I.U.C.D's at greater risk of developing P.I.D. ? _____

(18) What 3 danger signs would you advise a person with an IUCD to watch for ? 1) _____
2) _____
3) _____

(19) Describe how to prepare oral Rehydration solution; _____

(20) What other instructions would you give regarding preparation of ORS ?

- a) Boil and cool the water before mixing
- b) Use the cleanest water available

(21) What instructions would you give regarding feeding during oral rehydration therapy ?

(22) Give four advantages of individual counselling;

1) _____
2) _____
3) _____
4) _____

(23) Name two skills of a good counselor. 1) _____
2) _____

(24) Name the first and second most common causes of female infertility (1 & 2)

_____ obesity _____ pituitary tumors
_____ blocked tubes _____ incompetent cervix
_____ malnutrition _____ ovulation disorders

(25) Check the two most common causes of male infertility:

_____ drug abuse _____ undescended testes
_____ infection _____ hormone imbalance
_____ low sperm count _____ hydrocode

(26) A couple having difficulty conceiving should be advised to have intercourse

- a) every day
- b) during the fertile days only
- c) every other day during the phase
- d) twice a day during the fertile phase

(27) The best time of the menstrual cycle for IUCD insertion is _____
Why? _____

(28) Circle the best answer: At the time of ovulation the L.H. level is (high, low),
FSH level is (high, low), oestrogen level is (high, low), progesterone level is (high,
low).

(29) Name 3 barrier methods:

- 1) _____
- 2) _____
- 3) _____

(30) What are the 3 functions of the penis? 1. _____ 2. _____
3. _____

(31) What are the corresponding organs in the female for each of these functions?
1) _____ 2) _____ 3) _____

(32) Define a Pap Smear and its function. _____

(33) The 2 STD's most associated with P.I.D. (Pelvic Inflammatory Disease) are _____ and _____

(34) Which of the following are associated with I.U.C.D. use? a) increased incidence
of P.I.D. b) dysmenorrhea c) ectopic pregnancy d) all of above.

(35) The diaphragm can be inserted up to _____ hours prior to intercourse and should
be left in the vagina at least _____ hours afterwards.

(36) List five "danger signs" to watch for if you are taking oral contraceptives:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

(37) Which of the following contraceptives are associated with cancer in animals:

- a) IUD's
- b) Injectables
- c) Spermicides
- d) b & c.

APPENDIX F

Re-test

APPENDIX F

27 June '85

FP/ORT SDW
FINAL EXAM.

NAME

- (1) Describe fertile mucous _____
- (2) During what days in a 30 day cycle is this type of mucous most likely to occur ?
 - a) days 1 - 14
 - b) days 5 - 16
 - c) days 12 - 16
 - d) after day 16 only
- (3) In a 21 day cycle, ovulation is most likely to occur on day _____
- (4) What do breast - feeding, O.C.P's, dpoprovera, and pregnancy all have in common?
(Circle the best answer)
 - a) dysmenorrhea
 - b) they suppress progesterone production
 - c) they suppress ovulation
 - d) all of the above
- (5) After release from the ovary, the ovum can live for up to _____ hours.
- (6) Match the following;
 - Clitoris _____
 - Corpus luteum _____
 - Prostate gland _____
 - Cervical crypts _____
 - a) Secretes mucous and stores sperm after ejaculation
 - b) Organ of sexual excitement and pleasure
 - c) Contributes to seminal fluid
 - d) Secretes estrogen and progesterone
- (7) Name the most common cause of female infertility ? _____
- (8) What percent of infertility is due to male factors ? _____
- (9) P.I.D. may manifest the following; (circle best answer)
 - a) abdominal pain and / or backache
 - b) vaginal discharge
 - c) weakness and fever
 - d) no symptoms
 - e) any of the above
- (10) The two most common cause of P.I.D. are: _____ and _____
- (11) Describe briefly the mode of action of the following;
 - Condom _____
 - OCP _____
 - Injectables _____
 - I.U.C.D. _____
- (12) List 5 Danger signs you would counsel in OCP's client to be aware of;

(13) List 5 Danger signs for an IUCD acceptor ?

(14) What FP methods are contraindicated for the following conditions ?

a) BP consistently greater than 140/90 _____

b) Active or recurrent P.I.D. _____

c) Pregnancy _____

d) Severe hepatic disease _____

e) History of ectopic pregnancy _____

f) Diabetes and varicose veins _____

g) Sickle - cell anemia _____

(15) Define a Pap Smear and its function ? _____

(16) Circle the two most common sources of uterine infection in IUCD users;

- a) Poor hygiene
- b) Bacteria travelling up the string
- c) Low - resistance due to anaemia
- d) Unsterile conditions during insertion

(17) Filling in the following blanks with one of the following hormones;

(Estrogen
Progesterone
LH
FSH)

a) Which hormone promotes the development of egg and follicle ? _____

b) Which ovarian hormone is dominant in the first half of the menstrual cycle ?

c) A surge of this hormone triggers ovulation _____

d) In the second half of the menstrual cycle, this hormone caused an increase in
body temperature _____

e) Falling levels of these two hormones causes the onset of menstruation

_____ and _____

APPENDIX G

Pre-test Scores

APPENDIX G

Pre-test Scores: Out of 52 points:

11.5
17
19.5
20
20.5
21
21
23
23.5 --- Median
25
25.5
26
26
27
29
30
32
36
40

Mean - 24.9
Median - 23.5

APPENDIX H

First Exam Scores

APPENDIX H

First Final

20-6-85

Ronke Abolarin	90%
G.M. Olubaniyi	87.5%
Feilicia B. Adedapo	85%
Florence Bello	83.5%
Adepoju Abosede	82.5%
Comfort Eleseku	80%
Mary Olaitan Oyegoke	79%
Grace Opaleke	72%
E.M. Adejumo	69.5%
Folake Arokoyo	67%
Alh. A.A. Olumoh	69%
Christy Bada	65%
M.B. Alao	63%
F.B. Omidiji	62%
Esther Soladoye	62%
Esther Adeboyo	60.5%
Durosomo	58%
Damaris A.	56%
Mary Elekula	51%

APPENDIX I

Re-test Scores

APPENDIX I

F.P./ORT SDW

Re-Test 27-6-85

1. Ronke Abolarim	95%
2. R. F. Arokoyo	84%
3. E.E. Soladoye	84%
4. Comfort Elesheku	80%
5. Abosede Adepoju	80%
6. E.M. Adejumo	76%
7. Florence Bello	75%
8. D. Agbogun	75%
9. Alhaja Olumoh	72%
10. Mary Bola Alao	71%
11. Esther Adebayo	71%
12. F.B. Omidiji	64%
13. Grace Opaleke	58% (passed first final)
14. Chrity Bada	42%
15. Mary E. Elekula	41%
16. G. Durosomo Afolabi	42%

APPENDIX J

Summary of Participant Reaction Forms

APPENDIX J

Summary of: Participant Reaction Forms

SDW-FP/ORT Kwara 6/85

1. Workshop objectives were:
 - Very Clear (15)
 - Mostly clear (4)
2. Workshop objectives seemed to be achieved:
 - Entirely (7)
 - Mostly (11)
 - Somewhat (1)
3. Workshop material seemed to be:
 - All up to date and accurate (11)
 - Mostly up to date and accurate (6)
 - Some up to date and accurate (3)
4. Workshop material presented was clear and easy to follow:
 - All the time (14)
 - More than half the time (5)
5. For the work I do or am going to do, this workshop was:
 - Very useful (18)
 - Mostly useful (1)
6. Possible solutions to real work problems were dealt with:
 - All the time (16)
 - More than half the time (2)
7. In this workshop I learned:
 - Many important & useful concepts (15)
 - Several important & useful concepts (4)
8. In this workshop I had an opportunity to practice:
 - Many important and useful skills (15)
 - Several important and useful skills (2)
 - Some important and useful skills (2)
9. The amount of material covered was:
 - Too much (3)
 - Somewhat too much (4)
 - Just about right (11)

10. The amount of time and effort required by the workshop was:

- Too much (1)
- Somewhat too much (1)
- Just about right (1)

11. Workshop facilities and arrangements were:

- Very good (9)
- Good (7)
- Acceptable (3)

12. The trainer(s) were:

- Very effective (17)
- Effective (2)

13. The trainer(s) for this workshop encouraged me to give my opinions of the course:

- Always (15)
- Often (4)

14. In providing information about my progress in training, the trainer(s) for this workshop were:

- Very effective (16)
- Effective (3)

15. This workshop was:

- Excellent, I would recommend without hesitation (18)
- Good, I would probably recommend it (1)

16. Please check any of the following that you feel could have improved the workshop:

- Additional time for the workshop (13)
- More time to practice skills and techniques (12)
- Use of more realistic examples and applications (4)
- More effective group interaction (2)
- Different training site (2)
- More time in training activities (2)
- More prep time outside of training
- More time for theory and concepts
- More effective trainers (two were weak)
- Consideration of a broader more comprehensive topic

*Other:

- Include: Pregnancy testing
- Menstrual regulation
- Men as participants

17. All of the following topics were rated as very useful:

- Anatomy and Physiology
- Counseling
- History taking/Physical exam
- Traditional FP methods
- Natural FP methods
- Breast feeding
- Barriers
- OCP's
- IUCD's
- Injectables
- Infertility
- Sexually transmitted disease

18. All of the following techniques or resources were rated as very useful

- lectures
- group discussions
- individual exercises
- group exercises
- field trips
- handouts/readings
- books
- audio-visuals

Note: the clinical sessions had just begun...

19. From the list below, please indicate the 3 areas where additional training would be most useful:

(In order of frequency)

- Diaphragms and other clinical methods
- Natural family planning methods
- In-service training in FP
- Management of FP services
- Supervision of FP services
- Policy Making/Direction of FP services
- Pre-service Teaching/Tutoring in FP
- Counseling and/or client education
- Community based distribution of contraceptives
- Community based outreach, education, information
- Planning/evaluation of FP services

20. Additional comments:

- not enough time
- clinics will need more instruments (equipment)
- liked fertility awareness
- liked adult education theory

APPENDIX K

ly Clinic Log Sheet

Participant Name _____

Clinic _____

ate	Card No. of Client	Counseling of Client	History taken	Physical Exam	Pelvic Exam		Condom Dispensed	O.C.P.'s Dispensed	Injectables	I.U.C.D. Insertion	Performed	O.R.T. Taught	Super- vised by	Remarks
					Bimanual	Speculum				Observed	Type/Size			

APPENDIX L

Summary Clinic Completion Form

APPENDIX L

CLINICAL COMPONENT

FP/ORT S.D.M

EMARA STATE

Participant _____

Clinic Location(s) _____

<u>FP/ORT SKILL</u>	<u>Number Required</u>	<u>Number Performed</u>	<u>Supervised By</u>	<u>Comments</u>
1. Counseling on FP (group or individual)	20			
2. History taken	20			
3. Physical Exam.	20			
4. Pelvic Exam. Manual	20			
Speculum	10			
5. Contraceptives Dispensed				
6. O.C.P.'s Dispensed with counseling	20			
7. Injectables-- with counseling	20			
8. I.U.C.D. Insertion Observed	10			
	10			
9. Gonorrhea culture (where possible)	10			
10. Pap Smear (where possible)	10			
11. Taught O.R.T. (group or individual)	10			
<u>OPTIONAL</u>				
1. Spermicides dispensed				
2. Natural FP taught				
3. S.T.D.'s diagnosed and treated				
4. Diaphragm fit				
5. Infertility counseling done				