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## Trip Report

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**Travelers:** Ms. Carlee Leftwich, IHP Consultant  
Mr. Brice Atkinson, IHP Consultant

**Country Visited:** NIGERIA

**Date of Trip:** September 23 - October 10, 1985

**Purpose:** To conduct a Program Development workshop for the 15-member Bauchi State Training Team.

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

## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	1
SCHEDULE DURING VISIT.....	iii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	1
IV. DESCRIPTION OF ACTIVITIES.....	2
V. FINDINGS.....	7
VI. CONCLUSIONS.....	8
VII. RECOMMENDATIONS.....	9

### APPENDICES

Appendix A  
Persons Contacted

Appendix B  
List of Participants

Appendix C  
Paper on Health Resources by Umar Abubakar Sade

Appendix D  
Workshop Curriculum

\*\* Appendix E  
Workshop Handouts

Appendix F  
Bauchi State Family Planning/ORT Programme  
Implementation Plan 1986 - 1990

\* Appendix G  
Biodata Forms

\* Appendix H  
Participant Reaction Forms

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\* On file with INTRAH Data Management Service

\*\* On file with INTRAH Program Office

EXECUTIVE SUMMARY

From September 23 to October 9, 1985, an FP/ORT program planning workshop was held in Bauchi City, under INTRAH's contract with the Bauchi State Health Management Board. Technical assistance was provided by IHP consultants Mrs. Carlee S. Leftwich and Mr. Brice Atkinson. The purpose of the workshop was to develop a plan for the statewide implementation of FP/ORT services.

The fifteen workshop participants were senior staff designated by the Health Management Board and the Ministry of Health. Following an introduction to program planning and management, the participants developed program policies and then identified four components for planning purposes. They divided into four work groups to develop specific objectives, time lines and evaluation methods for each component. The entire group then reviewed and revised the four components and finalized the plan.

The result was a five-year implementation plan which includes manpower training and program standards, public enlightenment, development of health infrastructure and evaluation. Finance is dealt with in a general way by identifying expenditures and income resources by category.

The workshop participants were highly motivated and produced a plan which will be printed following approval by the new military governor, and which will be used to guide the integration of FP/ORT into the existing health care delivery system throughout the state over the next five years.

It is recommended that in the future, all states requesting training assistance have a program planning workshop as their first activity. This provides an opportunity to focus on institutionalization of family planning within the existing health care delivery system with training as one essential component, the success of which depends on development of other planning components.

With this kind of planning and commitment by Bauchi State, continuity is of extreme importance. Therefore, all consultants should be thoroughly familiar with the program plan, policies and standards.

SCHEDULE DURING VISIT

September 18 Arrived Lagos - 5:20 AM  
Met with Ms. Keys MacManus, and  
Mrs. Shitta-Bey, AID/Lagos

September 19 Arrived Bauchi - 9:30 AM  
Attempted meeting at Health Management  
Board

September 20 Met with Dr. Mahdi and Mrs. Ahmed,  
Health Management Board

September 23 -  
October 1 Workshop  
Conference Room, School of Midwifery,  
Bauchi City

October 2-6 Workshop  
Conference Center  
Yankari Game Reserve

October 7-9 Workshop  
Ministry of Health  
Health Management Board, Bauchi

October 10 Departed Bauchi - 10:00 AM

October 11 Attempted meeting AID/Lagos - 11:00 AM

October 12 Departed Lagos - 11:00 AM

October 13-14 Arrived Chapel Hill  
Debriefed at INTRAH

I. PURPOSE OF TRIP

To conduct a Family Planning Program Planning workshop for fifteen senior Health Management Board (HMB) and Ministry of Health (MOH) staff.

II. ACCOMPLISHMENTS

An FP/ORT Program Planning workshop was held, as scheduled, September 23 - October 9 for fifteen participants, two part-time participants and two coordinators.

The workshop participants developed an FP/ORT program implementation plan for Bauchi State for 1986 through 1990.

III. BACKGROUND

This workshop was the first in a series of six activities in the workplan of a contract between the Bauchi State HMB and INTRAH of the University of North Carolina. The development of the statewide program implementation plan was expected to substantially increase the potential for family planning service delivery following the training of direct service providers.

#### IV. DESCRIPTION OF ACTIVITY

Project Coordinator Dr. Shehu Mahdi, Director of Health Services, H.M.B., received a telex from INTRAH on Friday, September 20 which had been sent on August 21, confirming that the workshop was to begin on Monday, September 23. This placed an unanticipated burden on the H.M.B. and M.O.H. officials who were three days away from submitting and justifying their annual budget and from an official visit by the newly appointed military governor. In spite of this, the workshop began on Monday at 11:00 AM with an opening ceremony which included a speech by the governor (presented by the permanent secretary of the Ministry of Health) and press coverage. Twelve of the fifteen participants and several dignitaries were present.

Dr. Mahdi discussed what had led up to the workshop, its objectives and expected outcomes. The first session ended at 2:00 PM to allow the participating senior officials to arrange for their three week absence after learning of their assignment during the weekend or on that Monday morning. On Tuesday morning, all participants were present and ready to begin (see Appendix B, List of Participants).

At Dr. Mahdi's request, the program planning workshop included some management training. Fortunately, management by objective and program planning are so closely related that both objectives were achieved. The first two days

included participant discussion and activities regarding organizational structure, communication, power and authority, types of management, types of managers and one lecture on the history of management theory. From that point forward, the workshop shifted into a program planning mode with an overview of the planning process, followed by involvement of the entire group in:

1. Review and analysis of the RAPID report.
2. Creation of a demographic profile of each local government area in Bauchi State, which included a five-year projection of the FP/ORT target population and existing health facilities and manpower.
3. Identification of existing health, social and educational resources. This included a report by a participant, Mrs. Dogo, on the history of family planning services by PPFN and the present cooperative venture between PPFN and the H.M.B. In addition, a comprehensive report was presented by a participant (see Appendix C) on the history and existing status of health facilities, health manpower, and preventive health services in the state.
4. Establishment of a statement of long-range program goals.
5. Establishment of program policies.
6. Identification and naming of program planning components.
7. Formation of work groups.

The participants identified the planning components and workgroups as:

1. Manpower training, development and standards
2. Public enlightenment
3. Health infrastructure which includes:
  - a. Drugs, supplies, materials and equipment
  - b. Transport
  - c. Record and statistics
4. Evaluation
5. Finance (This was identified as a component, but left as a task for the group as a whole.)

On Day Six of the workshop, the participants expressed frustration over the venue for the workshop because of the proximity to headquarters and the resultant propensity for interrupting the participants for decisions and direction. The group nominated three spokesmen to make a request of Dr. Mahdi that the venue be changed to the Yankari Conference Center, 110 km from headquarters. By Day Six, the participants had clearly identified their priority as being the program implementation plan and informed Dr. Madhi who supported their request. It was Dr. Mahdi's clear intention to attend the workshop as much as possible and the move to Yankari complicated that intention (which was already being eroded by the new military governor's sorties to local government areas where overseeing hospital construction is

one of Dr. Mahdi's responsibilities). It was also clear that the three physicians responsible for obtaining government approval of the plan were highly committed to the workshop outcome. As a result, on Wednesday afternoon, Dr. I. J. Daudo, Principal Medical Officer, M.O.H. (who had been a regular participant when not accompanying the governor) proceeded to Yankari with the planning team. Dr. Mahdi, Director of Health Services and Dr. Joshua Maina, Director of Medical Services (both H.M.B.) joined the team on Friday afternoon and stayed until Saturday night.

The Yankari schedule established by the group was a ten hour/per day work schedule from 8:30 AM to 10:30 PM, including Saturday and Sunday. Their schedule speaks for itself as a reflection of the intensity of their interest and commitment to producing a viable program implementation plan.

Using a management by objectives format, each of the four work groups developed its component and reported back to the total group and made revisions. As stated in the introduction to the plan written by the participants, the group "discussed exhaustively over each groupwork and finally endorsed on them".

After a discussion of program monitoring as an essential part of MBO, the participants returned to the work groups to

develop tracking reports with which to monitor the major activities in relation to each objective. Acceptance of specific time-related program monitoring as a management tool was tempered by the reality of fluctuating resources.

The final draft of the plan was submitted to Drs. Mahdi, Daudo and Maina at a meeting on October 9. Their positive response to the work of their staff resulted in a meeting between Dr. Mahdi, Dr. Daudo and INTRAH/IHP consultants, and Mr. Alkaleri, M.O.H. Permanent Secretary, during which time both physicians approved the plan and recommended it be put into printed form after approval by the governor.

## V. FINDINGS

Information and data necessary to establish demographic profiles, and needs/resources identification for program planning are more readily available in Nigeria than many might assume. Once the participants had an opportunity to discuss what information was pertinent, they gathered the data during their lunch hours or early in the morning. This involved other ministries and various units in the M.O.H.

This workshop was identified by Dr. Mahdi and participants as a first for Bauchi State in three ways:

1. It was the first time that a combination of senior officials from both the H.M.B. and the M.O.H. have worked as a team.
2. It was the first time that many of the officials experienced having their opinions sought and valued at the inception of a new program.
3. The sense of accomplishment resulted in speculation that "Bauchi is the first state to have such a complete program implementation plan".

Another first was the statement made by the new military governor following his visit to all local government areas and ministries. He reported that he had established three

priorities for Bauchi State: agricultural development, family planning and education.

Every effort was made to focus the plan on achievable objectives and on program evaluation. It is apparent that the new military government's rigorous budgetary constraints over the next two years (at least) will have an impact on all health programs. A careful analysis of the plan time lines will reveal a conservative approach to health facility expansion and other capital outlay. The major thrust of the program plan is public enlightenment and statewide accessibility of clinical family planning services through manpower training. A firm foundation will be laid by institutionalization of the Bauchi State HMB/MOH training team(s) under the existing INTRAH contract and by continuing assistance with provision of contraceptive supplies at least through 1987 with a re-evaluation then of future needs.

The key individuals in program implementation are:

- Dr. Shehu Mahdi, Director of Health Services,  
Health Management Board
- Dr. I. J. Daudu, Principal Medical Officer,  
Ministry of Health
- Dr. Joshua Maina, Director of Medical Services,  
Health Management Board
- Mrs. S. Ahmed, Acting Chief Health Sister,  
Health Management Board

The Project Coordinator, Dr. Mahdi is highly committed to family planning as an integrated part of health services. Organizationally, he has assigned the program to Mrs. Ahmed who is in charge of all MCH programs except expanded program of immunization, which is directly under Dr. Mahdi. Family planning clinic services are already available in the primary city in each of three zones. A person is designated in each zone as responsible for program implementation in the local government areas within the zone. This decentralization should be very effective in developing accessibility of clinical services throughout the state.

The INTRAH workshop on evaluation to be held in Jos in November is a timely and welcome sequel to this workshop. Two members of the work group on evaluation will be designated to attend that workshop. One of the specific objectives in the evaluation component of the plan is to establish program evaluation criteria by June 30, 1986.

Certificates from INTRAH/IHP arrived via courier on October 2 and were very much appreciated by the participants.

## VI. CONCLUSIONS

With a modicum of technical assistance, the planning team assembled by the Bauchi State MOH/HMB was capable of creating a five-year FP/ORT program implementation plan which they consider achievable and integrative. The result is not only a plan of which they are justifiably proud, but an entourage of seventeen senior health officials highly committed to its success. This kind of planning is essential to the success of efforts to expand family planning services and education. Weaving FP into the existing health infrastructure should strengthen the potential for the long-term effect of training efforts.

## V. RECOMMENDATIONS

In the future, the initial activity in each state should be the development of a program implementation plan. This provides the MOH/HMB an opportunity to look at those aspects of the program which are essential to ensuring clinical FP service delivery capability following the training activities. Toward the end of the workshop, the participants and medical directors frequently stated they were building a solid foundation for their program.

Concern was expressed by Dr. Mahdi and participants that there be a clear continuity in the evaluation of their plan. Consequently, they developed an outline of the subjects they would like to see covered in the TOT. They would like members of the planning team to participate in the training during the TOT. It is recommended that all of their requests be accommodated.

The telex from INTRAH received by Dr. Mahdi on September 20 recommended that the TOT be postponed and that time be devoted to contraceptive technology. This recommendation was the result of advice from various consultants. Dr. Mahdi later reaffirmed his initial opinion that contraceptive technology is essential to, and should be integrated into, the four-week TOT. The present sequencing will not increase the number of trained FP providers until

March 1986. The entire implementation plan hinges on trained personnel. Dr. Mahdi does not want anything to postpone their ability to expand services at the earliest possible date. He is equally concerned about standards of practice and wants safe patient care. Dr. Mahdi and the manpower development work group feel that the seven weeks scheduled for the TOT and curriculum development workshop should result in a competent training team, prepared to train their first fifteen clinical FP service providers and fifteen CHE providers during February/March 1986.

The existence of written policies, protocols and standardized procedures will facilitate both the TOT and curriculum development as well as establishing a basis for safe patient care. The public enlightenment section and program policies will serve as the guide to development of community health education training.

Consultants/trainers for all subsequent events in Bauchi State should be thoroughly familiar with the following:

- 1.) The Bauchi State FP/ORT Program Implementation Plan which includes program policies.
- 2.) The state-approved standardized protocols and procedures for clinical family planning and rehydration services and ORT.

3.) The standard FP patient record and statistical reporting forms approved by the Federal MOH (with technical assistance from CDC).

4.) The standard reporting forms for ORT developed by UNICEF.

The existing FP clinic in Bauchi City has only five IUCD insertion kits. Every effort should be made to assist the state in obtaining at least 150 kits by February 1986.

Increasing activity was evident by what the workshop participants called "International Aides". During the final wrap-up meeting with the medical directors, word (not a request) was received that a group would be coming on September 28 to show FP films. This coincides with the first day of the TOT. The pressure on the limited number of MOH/HMB officials and upon their transport capability is easily exceeded if more than one group is present at one time. Every effort should be made to coordinate activities if the present level of motivation is to be maintained.

Dr. Mahdi requests, and it is recommended, that communications with Bauchi State be accomplished via courier (DHL) rather than, or in addition to, telex.

**Appendix A**

**PERSONS CONTACTED**

**Lagos - A.I.D.**

**Ms. Keys MacManus, AID Affairs Officer**

**Mrs. Shitta-Bey, Population/FP Specialist**

**Bauchi State**

**Dr. Shehu Mahdi  
Director of Health Services, Health Management Board**

**Mr. Alkaleri  
Permanent Secretary, Ministry of Health**

**Mr. Tata  
Finance Officer, Health Management Board**

APPENDIX B  
LIST OF PARTICIPANTS

NAMES	DESIGNATION	PLACE OF WORK
1. Dr. I.J.Daudu	Prin. Med. Officer	Ministry of Health
2. Dr. A. Kwanashie	Head of Dept. of Paed.	Specialist H. Bauchi
3. Mr. J.T. Balewa	Prin. Asst. Secret.	Health M. Board
4. Mrs. N. Ahmed	Asst. Chief H. Sist.	Health M. Board
5. Mrs. Nana Mahmood	Asst. Chief Pharm.	Health M. Board
6. Mrs. H.A. Ali	Asst. Chief H. Sist.	Health Man. Board
7. Mrs. P. Dogo	P.N.S. & Supervisor	F. Planning C. Bauchi
8. Mr. Sani Bilayabu	Princ. Pharmacist	Ministry of Health
9. Baba U. Farouk	Asst. Secretary	Ministry of Health
10. A. Haladu Dayebu	Asst. C.N. Tutor	Ministry of Health
11. Moh'd G. Mu'azu	Vice P.C.O. (PNT)	Sch. Health Technology
12. Mr. Peter Ali Tula	Vice Princ.	School of Nursing B.
13. Mr. Lewi Kwaglag	P.C.H. Off. (Rural)	Health M. Board
14. Mr. Yusufu G. Jarawa	Prin. Nursing Tutor	Ministry of Health
15. Umar A. Sade	Prin. C. Health Off.	Health Management B.
16. A.A. Othman	Vice Princ.	School of Midwifery

**APPENDIX C**

**Paper on Health Resources by Umar Abubakar Sada**

PAPER PRESENTED  
HEALTH RESOURCES IN  
BAHCHI STATE AT A  
WORKSHOP ON MANAGEMENT  
DEVELOPMENT FOR MCH, P.P. & OBT  
ON 29TH SEPTEMBER, 1985

BY

(UMAR ABUBAKAR SADE)  
PRINCIPAL COMMUNITY HEALTH OFFICER  
HEALTH MANAGEMENT BOARD

## HEALTH RESOURCES IN BAUCHI STATE

### DEFINITION:

HEALTH- Which has been described by the WHO "as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" is a fundamental human right.

### INTRODUCTION/BACKGROUND

The attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social economical sectors in addition that of the health sector.

It is the responsibility of every legitimate government to strive to formulate and pursue policies through which the attainment of the highest possible level of health could be achieved.

When Bauchi State was created on the 1st April, 1976, only four (4) General Hospitals were inherited from the defunct North Eastern State with a total of 449 beds, 35 Doctor, 95 Nurses and Midwives, and negligible number of Public Health Supts., Rural Health Workers and Pharmacist Staff.

In apprehension of the poor health facilities (Resources) available in the State, the administration and the successive <sup>ongoing</sup> intensified efforts were made to extend health services to all nooks and corners of the state.

The sum of progressive efforts was a total number of 714 registered health establishments in the state, ranging from dispensaries, (missionaries) Health Clinics, Leprosy Clinic, Primary Health Centres, Comprehensive Health Centre to Hospitals. (See table as applied to Local Government Area.

The efforts of the Government were not only directed towards extending health services to all but also toward providing qualitative health services. In pursuances of this, the four hospitals were expanded and up-graded.

1) GENERAL HOSPITAL BAUCHI - 1917:

Inherited with only 180 beds was expanded and up-graded to status of Specialist Hospital now has about 682 beds. With consultancy services in various fields of specialisation.

2) GENERAL HOSPITAL COMBE - 1957:

This hospital had a total of 90 beds at the inception of the state but has now been improved in both equipments and services. The physical expansion of the hospital has brought the total number of 275 beds. The hospital offers specialist services.

3) GENERAL HOSPITAL AZARE - 1932:

A total of 95 beds at the begining of Bauchi State but has now been increased to 255 beds. Specialist Services are also available.

4) GENERAL HOSPITAL KALTUNGO - 1955:

This hospital had a total number of 62 beds and now has been increased to 160 beds with specialist services in medicine and surgery.

5) Along with the four (4) hospitals inherited from the defunt North Eastern State Rural Health Centre Darazo and a Leprosian Leprosorium with a total bed strength of 38 and 32 respectively.

Rural Health Centre has now been expanded to a total of 64 bed and Leprosorium, to 55 beds.

Presently the state has 11 hospitals including Specialist Hospital, located at

HOSPITALS	NO.OFBEDS	L.G.A OF LOCATION
1. Bauchi	682	Bauchi L.G.A.
2. Gombe	275	Gombe "
3. Azare	255	Katagum "
4. Misau	110	Misau "
5. Ningi	110	Ningi "
6. Jama'are	110	Jama'are "
7. Kaltunga	160	Kaltungo "
8. Gamawa	110	Gamawa "
9. Bajoga	110	Dukku "
10. Bayara	55	Bauchi "
11. Darazo	64	Darazo "
12. ? Toro is about 95% of completion and soon be commission - Toro Local Government Area.		
1 - Comprehensive Health Centre sited at Tafawa-Balewa - Tafawa-Balewa Local Government Area.		
7 - Primary Health Centres sited at:-		
- Dass	Dass	Dass Local Government Area
- Kirfi	Alkaleri	" " "
- Dull	T/Balewa	" " "
- Itas	Katagum	" " "
- Kalshingi	Akko	" " "
- Shinga	Akko	" " "
- Nyuwar	T/Waja	" " "
3 - Urban Maternity's located at:-		
- Bauchi	Bauchi	Local Government Area
- Azare	Katagum	" " "
- Gombe	Gombe	" " "

/u.

20

2 - Family Planning Units:-

- Bauchi                      Bauchi Local Government Area
- Gombe                      Gombe       "       "       "
- Azare                      Katagum       "

With above maternities the state and the Local Government Area have 75.

20 - Health Clinics distributed as thus:-

- Itas                      Katagum Local Government Area
- UGubo                      Gamawa       "       "       "
- Zungur                      Bauchi       "       "       "
- Katagum                      Gamawa       "       "       "
- Yana                      Shira       "       "       "
- Mallam-Sidi                      Gombe
- Dukku                      Dukku       "       "       "
- Damban                      Misau       "       "       "
- Hardawa                      Misau       "       "       "
- Burra                      Ningi       "       "       "
- Gumau                      Toro       "       "       "
- Futuk                      Alkaleri       "       "       "
- K/Madaki                      Darazo       "       "       "
- Deba                      Akko       "       "       "
- Kumo                      Akko       "       "       "
- Talasse                      T/Waja       "       "       "
- Billiri                      T/Waja       "       "       "
- Bunnunu                      T/Balewa       "       "       "
- Dogon-jeji                      Jama'are       "       "       "
- Ibrahim Bako                      Bauchi       "       "       "

- All the mentioned Health Institutions ranging from Clinics to Hospitals are equiped and functioning.

In the case of Dispensaries which are about 310 Local Governmer.: owned and 25 Missionaries owned, 1 State I wish I could mention all their places of

situation but due to time factor I couldn't, may I tender my apology (see map and table)

IMPLEMENTATION:

The successful implementation of any scheme depends on the availability of mostly two things which are rather in-dispensable, namely, Finance and Man-power; but will also like to apologise of not providing anything on the financial aspect, "please accept":

HUMAN (MANPOWER) RESOURCES:

The provision of qualified personnel to run these health institutions is of paramount importance. Therefore, the problem of the State Government has been compounded in this case. Besides the successful building of these health institutions, the Government is equally obliged to maintain and improve the services being rendered to the public at the hospitals and other small health facilities already in existence.

In the light of the above, it was then imperative for the Government to embark on the massive training of various grades of Doctors, Nurses, Pharmacist, Laboratory Technicians, Radiographers and other allied medical staff.

The following schools produce the bulk of the middle cadre of medical personnel required by the state to accomplish its health programmes.

1) The School of Health Technology: Coimbatore

The implementation of the Basic Health Services scheme as then little ~~de~~ New Primary Health Care:- Is entirely dependent in the training of the appropriate medical and para-medical staff. The policy of the School is directly geared towards the training on inter-mediate level manpower.

The School formally came into being on 23rd May, 1978, with a total enrolment of 38 Community Health Assistants

and only four (4) Teaching Staff.

The School has for a long time now been training Community Health Aides, Medical Laboratory Assistants and Public Health Inspector. The student enrollment and the staff strength have been increased by far.

This year, the School has its first intake of 30 Pharmacy Technicians 30.

The trained personnel of the School are multipurpose skilled personnel capable of serving in the Rural Communities where about 80% of the populace live, and with little or no adequate Health facilities.

2) School of Nursing - Bauchi:

Established in April, 1976 with 30 students and Six (6) academic staff.

The Primary objective was to train student Nurses for a period of 3 years at the end of which they should be able to carry out all the nursing duties, just to mention few:-

- a) To collaborate with other members of the health team to identify the needs of the community - physically, mentally and socially and to meet these needs
- b) To administer the resources and personnel with the time available towards the maximum provision of health care.
- c) To provide nursing care-preventive, curative and supportive and to diagnose and treat frequently occurring conditions.

3. School of Midwives - Bauchi:

This School inherited from the North Eastern State and was addressed as "Community Midwifery Training School" was opened in January, 1974 with a total students of enrollment of 30 and 6 academic staff.

The aims for which the School was established were health care delivery with more emphasis on public and midwifery clinical health care. A total of 152 Community Midwives were turned out under this scheme until of recent when the course design was changed to lay more emphasis on Midwifery alone, hence the new name, "School of Midwifery".

The three (3) Schools approximately turned out 200 (Two hundred) students per annum.

The state now has various categories of workers to ~~form~~ the Health Team with:-

- Doctors plus NYSC	- 95
- Nurses and Midwives	-756
- Community Health Worker	-397
- Pharmacist and Pharm.Tech.	- 39
- Laboratory Technician and Asst.	- 39
- Radiographers	- 3
- Public Health Supt.	- 24
- Rural Health Workers	- 45
- Dental Techn. and Therapist	5

PREVENTIVE HEALTH SERVICES DEPARTMENT:

This was formally known as the Epid Unit and Government Health Office and is divided into Four (4) sections last year namely:-

- a) Expanded Programme on Immunization
- b) Environmental Sanitation
- c) Health Education
- d) Malaria and Vector control.

This grapped together is to a large extent concerned with the preventive aspect of the health services e.g Environmental Health and General Sanitation.

- Immunizations
- Control of Communicable Diseases
- Malaria and Vector Control etc.

NUTRITION UNIT:

This Unit was established in 1969. The services of the Units have been improved over the years, and it is presently engaged in conducting demonstration exhibitions, lectures and baby show regularly at various part of the State in order to educate mothers, on the problems of non-balanced diet. The Unit has rehabilitation centre in Bauchi where it treats patients with nutritional diseases purely on diet basis. The patients being most referred from Child Welfare Centre and the rural hospital.

CONCLUSION:

Because of insufficient verifiable and time I have not been able to fully discuss the topic. Any Health Policy evolved in Bauchi State relate and conform to national goals and is also harmonising the public and the private efforts in the Health Sector.

Thanks.

G . A.	SPEC. HOSPITAL	GENERAL HOSPITAL	LEP/RIUM HOSPITAL	DISPENS CLINICS	LEPROSY CLINICS	M.C.H CLINICS	H.CENT.& CLINICS	PRIVATE CLINICS	VOLAN.DISP.& CLINICS	PRIV SCHOL SICK
	-	-	-	35	29	7	4	-	2	1
ALERI	-	-	-	21	12	5	1	-	-	-
CHI	1	-	1	11	10	8	2	4	-	-
AZO	-	1	-	20	19	5	1	-	1	-
S	-	-	-	8	2	2	1	-	-	-
KU	-	-	-	18	23	4	1	-	-	-
MAVA	-	1	-	23	20	3	2	-	-	-
ME	-	1	-	16	9	6	1	-	-	-
W'ARE	-	1	-	8	4	1	2	-	-	2
SAGUM	-	1	-	21	13	5	1	-	-	-
SAU	-	1	-	17	13	7	2	-	-	3
VGI	-	1	-	15	25	4	1	-	1	-
IRA	-	-	-	25	10	2	1	-	-	-
BALEVA	-	-	-	20	13	3	3	-	3	-
VAJA	-	1	-	27	38	7	3	-	18	-
RE	-	4	-	25	19	4	1	-	1	-
<b>Total</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>310</b>	<b>259</b>	<b>75</b>	<b>27</b>	<b>9</b>	<b>25</b>	

26

O . A.	SPEC. HOSPITAL	GENERAL HOSPITAL	LEP/RIUM HOSPITAL	DISPENS CLINICS	LEPROSY CLINICS	M.C.H CLINICS	H. CENT. & CLINICS	PRIVATE CLINICS	VOLAN. DISP. & CLINICS	PRIV. SCHOOLS SICK
AKKO	-	-	-	35	29	7	4	-	2	1
ALKALERI	-	-	-	21	12	5	1	-	-	-
BAUCHI	1	-	1	11	10	8	2	4	-	-
CARAZO	-	1	-	20	19	5	1	-	1	-
DASS	-	-	-	8	2	2	1	-	-	-
ETOKU	-	-	-	18	23	4	1	-	-	-
GAWA	-	1	-	23	20	3	2	-	-	-
GUCE	-	1	-	16	9	6	1	-	-	2
JAMA'ARE	-	1	-	8	4	1	2	-	-	-
KATAGUM	-	1	-	21	13	5	1	-	-	3
KISAU	-	1	-	17	13	7	2	-	-	-
WINGI	-	1	-	15	25	4	1	-	1	-
SHIRA	-	-	-	25	10	2	1	-	-	-
T/BALEVA	-	-	-	20	13	3	3	-	3	-
T/WAJA	-	1	-	27	38	7	3	-	18	-
TORO	-	4	-	25	19	4	1	-	1	-
<b>TOTAL</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>310</b>	<b>259</b>	<b>75</b>	<b>27</b>	<b>9</b>	<b>26</b>	

27

**APPENDIX D**

**Workshop Curriculum**

**FAMILY PLANNING/ORAL REHYDRATION PROGRAM  
BAUCHI STATE**

**September 23 - October 10, 1985**

**Outcome Objectives:**

1. A written plan for the development and integration of Family Planning and childhood diarrhoea prevention into existing health services. The plan will include:

- A. Training Strategy - Clinical, CHE, Supervision Management
- B. Logistical System
- C. Records and Reporting
- D. Program Monitoring and Quality Assurance, Evaluation
- E. Budget Considerations

**Technical Consultants:**

**Carlee S. Leftwich  
Brice Atkinson**

**AGENDA - FAMILY PLANNING/ORAL REHYDRATION PROGRAM DEVELOPMENT WORKSHOP**

**WEEK ONE**

<b>MONDAY</b> DAY 1	<b>TUESDAY</b> DAY 2	<b>WEDNESDAY</b> DAY 3	<b>THURSDAY</b> DAY 4	<b>FRIDAY</b> DAY 5
Opening Ceremony Introductions Workshop Overview	History, theory, and functions of Management	Population, health social and economic development  Bauchi State Demography	Family health, MCH Family Planning and childhood diarrhoea prevention--service needs	FP/ORT Service needs versus resources.
Organizational Structure	Types of Management Types of Managers	Health, Social and Educational Resources in Bauchi State	Policy, Planning and Problem Solving	
<b>WEEK TWO</b> DAY 6	<b>DAY 7</b>	<b>DAY 8</b>	<b>DAY 9</b>	<b>DAY 10</b>
FP/ORT Program Objectives and Standards	Identification of components of FP/ORT Program Plan for Bauchi State	Planning Exercise Plan Development Work Groups	Plan Development Work Groups	Plan Development Work Groups
Task Identifica- tion	Formation of Work Groups	Plan Development Work Groups	Plan Development Work Groups	

of

**AGENDA - FAMILY PLANNING/ORAL REHYDRATION PROGRAM DEVELOPMENT WORKSHOP**

**WEEK THREE**

<b>MONDAY</b> DAY 11	<b>TUESDAY</b> DAY 12	<b>WEDNESDAY</b> DAY 13	<b>THURSDAY</b> DAY 14	<b>FRIDAY</b> DAY
<p>Present Plan Components</p> <p>Review and Revise</p> <p>↓</p>	<p>Finalize Plan</p> <p>↓</p>	<p>Program Monitoring</p> <p>↓</p>	<p>Wrap-up</p> <p>Closing Ceremony</p>	

**APPENDIX F**

**Bauchi State Family Planning/ORT Programme**  
**Implementation Plan 1986 - 1990**

B A U C H I

S T A T E

F A M I L Y P L A N N I N G  
ORAL REHYDRATION THERAPY PROGRAMME  
IMPLEMENTATION PLAN  
1986 - 1990

G O A L S

TO IMPROVE THE HEALTH AND GENERAL WELL BEING  
OF THE PEOPLE OF BAUCHI STATE BY EDUCATING  
THE PUBLIC ON THE IMPORTANCE AND METHODS OF  
FAMILY PLANNING AND BY INCREASING THE AVAI-  
LABILITY OF FAMILY PLANNING SERVICES;  
TO BRING ABOUT THE ADOPTION OF EFFECTIVE  
DIARRHOEAL MANAGEMENT PRACTICES IN EVERY HOME  
IN BAUCHI STATE.

MINISTRY OF HEALTH

O C T O B E R, 1985

### INTRODUCTION:

The programme Implementation Plan is a result of a Workshop held at Bauchi/Yankari. The Workshop was declared open by the Permanent Secretary Ministry of Establishment on behalf of the State Military Governor whose Opening Speech was read by the Permanent Secretary on Monday the 23rd of September, 1985.

Participants in the workshop are Senior Officers drawn from and designated by the Ministry of Health and the Health Management Board.

The Objective was to develop the Bauchi State Plan for the Implementation of Family Planning and Oral Rehydration Therapy; and to provide Training in Programme Planning and Management.

The Plan Components for the Workshop Comprise of Five (5) important ingredients which have been worked out by groups.

They are:-

1. Manpower Training, Standards and Development.
2. Health Infrastructure.
3. Public Enlightenment.
4. Evaluation and Monitoring.
5. Financial

The working groups based their work on a programme consisting of Six (6) different aspects now stated in sequence:-

.../2.

35

SPECIFIC SUBJECTIVES	METHODS TASKS ACTIVITIES	DATE TO BE COMPLETED	PERSON RESPONSIBLE	RESOURCES NEEDED	EVALUATION METHOD
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If ~~coordinated~~, these aspects should make the whole programme successful; taking into consideration the integration of all the existing programmes and facilities into this Plan and also taking into consideration only those Objectives that could be achievable.

Towards the end of the workshop the various groups came together, discussed Exhaustively over each groupwork and finally endorsed on them.

The list of Participants is as follows:-

NAMES	DESIGNATION	PLACE OF WORK
1. Dr. I. J. Daudu	Prin. Med. Officer	Ministry of Health
2. Dr. A. Kwanashie	Head of Dept. of Paed. Specialist	H. Bauchi
3. Mr. J. T. Balewa	Prin. Asst. Secret.	Health M. Board
4. Mrs N. Ahmed	Asst. Chief H. Sist.	Health M. Board
5. Mrs Nana Mahmood	Asst. Chief Pharm.	Health M. Board
6. Mrs H. A. Ali	Asst. Chief H. Sist.	Health Man. Board
7. Mrs P. Dogo	P. N. S. & Supervisor	F. Planning C. Bauchi
8. Mr Saní Bilayágu	Princ. Pharmacist.	Ministry of Health
9. Baba U. Farouk	Asst. Secretary	Ministry of Health
10. A. Haladu Dayebu	Asst. C. N. Tutor	Ministry of Health
11. Moh'd G. Mu'azu	Vice P. C. O (PNT)	Sch. Health Technology
12. Mr Peter Ali Tula	Vice Prin.	School of Nursing B.
13. Mr Lewi Kwaglag	P. C. H. Off. (Rural)	Health M. Board
14. Mr Yusufu G. Jarawa	Prin. Nursing Tutor	Ministry of Health
15. Umar A. Sade	Prin. C Health Off.	Health Management B.
16. A. A. Othman	Vice Prin.	School of Midwifery

SPECIFIC SUBJECTIVES	METHODS TASKS ACTIVITIES	DATE TO BE COMPLETED	PERSON RESPONSIBLE	RESOURCES NEEDED	EVALUATION METHOD
----------------------	--------------------------	----------------------	--------------------	------------------	-------------------

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16. A. A. Othman	Vice Princ	School of Midwifery

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CO-ORDINATORS

1. Dr Shehu Mahdi      Director of Health Ser. Health M. Board
2. Dr Joshua Maina    Director of Med. Services Health M. Board

ACKNOWLEDGEMENT:

We the participants appreciate the opportunity given to us by the Ministry of Health and the Health Management Board to take part and produce this plan for Implementation.

We also appreciate working with the INTRAH/IHF s representatives who facilitated the conduct of this programme development workshop.

STATE, LT. COL. C.A. GARUDA ON THE OCCASION OF THE OFFICIAL OPENING OF THE PROGRAMME DEVELOPMENT WORKSHOP ON FAMILY PLANNING AND ORAL REHYDRATION IN BAUCHI ON MONDAY, THE 22RD SEPTEMBER, 1985

Distinguished Ladies and Gentlemen.

It is a great pleasure for me to open this important Workshop on Programme Development for Family Planning and Oral Rehydration. I would like to start by welcoming the organisers of this programme to the State. It is my sincere hope that you will use this opportunity to know about the people of this State.

The role of Planning both in Policy formulation and execution cannot be over emphasised. Many otherwise beneficial policies could not be translated into substantial goals due to inadequate or poor planning. It is therefore my conviction that for us to succeed in our endeavours especially in the prevailing economic predicament, top priority must be given to meticulous planning. This is the only way to reap any meaningful benefits from our resources.

Although the organisers and supporters of this Workshop initially came in specifically for the development of Family Planning Services, it is noteworthy to realise that this Workshop will seek to touch on management and planning in all its ramifications. This important brooding of the objectives must have been a further realisation that planning forms the bedrock of all development. It also further underlines the multisectoral and intersectoral relationships of the various projects.

I am also pleased to learn that the ultimate objective of the programme is to enable the State to develop and maintain an indigenous training team that will form the nucleus of our local training requirements. This is a welcome expectations as it clearly seeks to imbibe the spirit of self reliance in the people of the State.

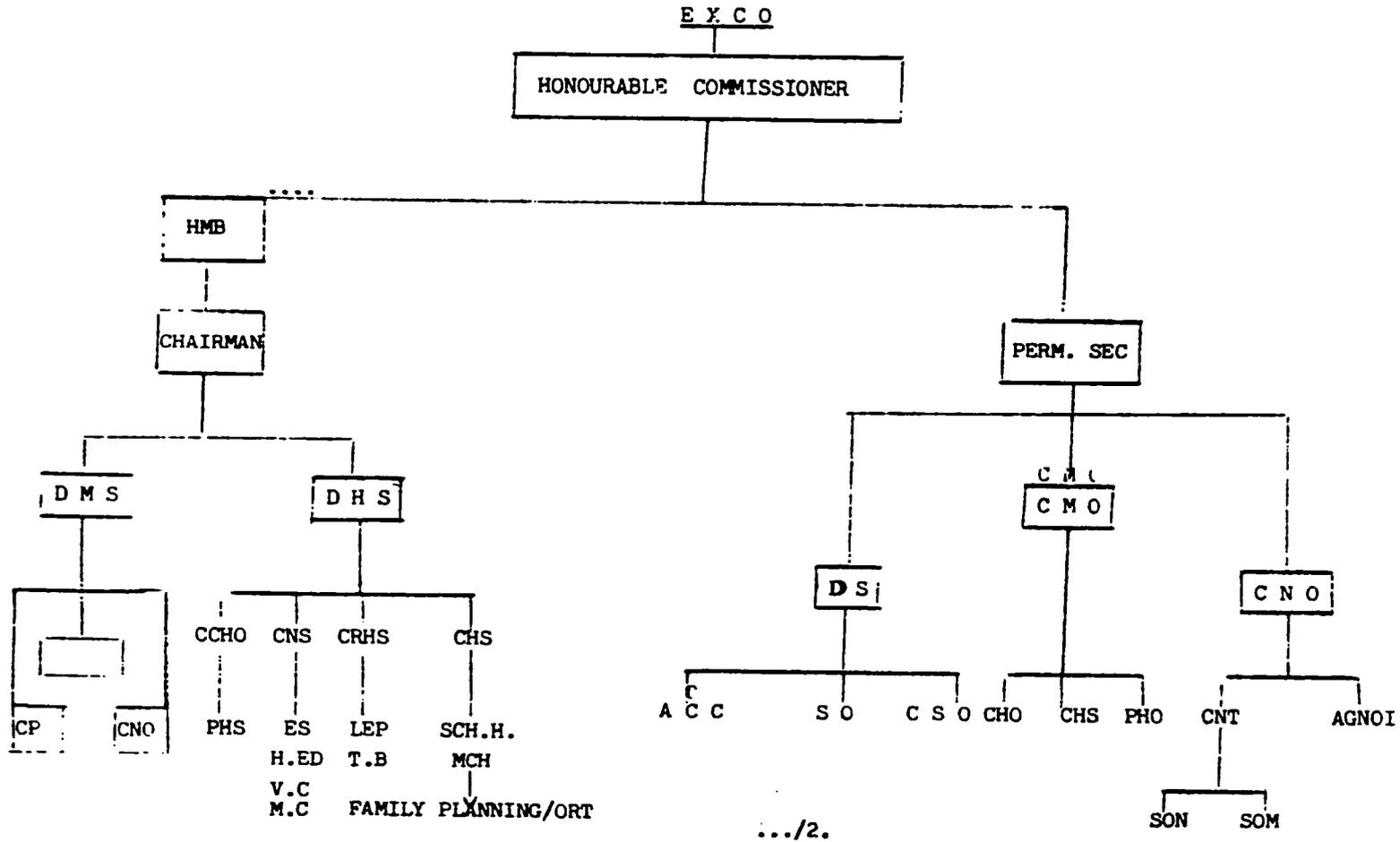
Health Care Services will continue to occupy a priority place in the programmes of this Administration. The State currently maintains eleven General Hospitals, including the Specialist Hospital in Bauchi, ten primary health centres and Twenty-five health clinics. Effort will continue to be made in the provision of such institutions as near the people as possible. In a country in which the rise in population is beginning to pose threat to our social and economic services, the current Federal Military Government's stand on Family Planning is timely. Available statistics indicate that by the end of this century, the population of this country will reach about 150 million. It is obvious that such an explosion, coupled with fluctuating prospects in food production in the background of global economic recession, will hamper our honest intention to provide adequate services. On the other hand, our determined efforts to fight communicable diseases and malnutrition through the Expanded Programme on Immunisation (EPI) and Oral Rehydration Therapy (ORT) programmes also tend to favour high population. It is therefore pertinent that planning in all its facts, now more than ever before, should be given adequate attention. I would therefore, like to call on all the participants in this Workshop to consider it a priority assignment. You must take the Workshop with the seriousness it deserves.

Before I conclude, I would like to acknowledge the assistance this State has been receiving from INTRAH in conjunction with the United States Agency for International Development (USAID) as well as other organisations. Your assistance, both financial and moral, is most welcome. It is my hope that our co-operation in the field of Health Care Delivery will continue for the benefit of the people of this State and the country in general. I wish you success in your deliberations during this Workshop.

Thank you.

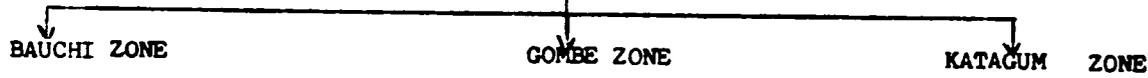
ORGANIZATION

CHART



Family Planning/ORT continuous

FAMILY PLANNING/ORT.



MANPOWER DEVELOPMENT  
PUBLIC ENLIGHTENMENT  
HEALTH INFRASTRUCTURE  
EVALUATION  
BAUCHI  
JASS  
ALKALERI  
DARAZO  
TORO  
TAFAWA-BALEWA  
NINGI

MANPOWER DEVELOPMENT  
PUBLIC ENLIGHTENMENT  
HEALTH INFRASTRUCTURE  
EVALUATION  
GOMBE  
AKKO  
TANGALI WAJA  
DUKKU

MANPOWER DEVELOPMENT  
PUBLIC ENLIGHTENMENT  
HEALTH INFRASTRUCTURE  
EVALUATION  
KATAGUM  
JAMA'ARE  
GAMAWA  
MISAU  
SHIRA

of

B A U C H I     S T A T E  
FAMILY PLANNING PROGRAMME POLICIES:

POLICY    1    -    BASIC POLICY:

The current Policy integrating Family Planning into Health Care Services in the State should continue, and Family Planning Services should be acceptable, accessible and subsidized.

POLICY    2    -    BUDGET:

The existing allocation for drugs and equipment should be increased to provide for Family Planning Services.

POLICY    3    -    CLINICAL SERVICE DELIVERY:

The following cadres of personnel will utilize all methods of contraceptive technology (with the exception, The only physicians will perform sterilization)

Physicians	Female Nurses
Nurse-Midwives	Public Health Sisters
Midwives	Female Community Health Officer

The following cadres of personnel will utilize prescriptive(1) and non-prescriptive (2) contraceptive methods, but will not utilize IUCD'S or DIAPHRAGMS:

Community Health Supervisors	Clinical Pharmacists
Community Health Assistants	

The following cadres will utilize only non-prescriptive(2) contraceptive methods:

Hospital Pharmacists	Village Health Workers
General Practice Pharmacists	Traditional Birth Attendants
Community Health Aides	

1) ORALS, INJECTIBLES

2) PILL, PELLETS, COILS, DIAPHRAGMS, FOAMING TABLETS

POLICY 4 - COMMUNITY HEALTH EDUCATION:

The following lists will be used for purposes of Community Health Education.

- |                               |  |
|-------------------------------|--|
| 1. Federal Ministry of Health | 11. Ministry of Education  |
| 2. State Ministry of Health   | 2. Ministry of Local Government/Community Development; Traditional Rulers. |
| 3. The Forces                 | 3. Ministry of Youth, Sports and Culture; Artists.                         |
| 4. Private Clinics            | 4. Ministry of Agriculture/BSADP.  |
|                               | 5. Voluntary Organizations   |
|                               | 6. Religious and Community Leaders.  |
|                               | 7. N.Y.S.C.  |
|                               | 8. Mass Media.   |

POLICY 5 - MANPOWER DEVELOPMENT:

- A) The current emphasis on teaching of Family Planning in the Schools of Nursing, Nurse-Midwifery, and Health Technology should be further strengthened.
- B) Efforts should also be geared towards the development and implementation of a training programme for Service Officers.

POLICY 6 - COUNSELING ON INFERTILITY:

As a part of Family Planning Infertility Counseling will be vigorously pursued to cater to the needs of Infertile couples.

POLICY 7 - STANDARDIZED PROTOCOLS AND PROCEDURES:

For Consistency and patients' safety, Family Planning Clinical Services shall be conducted in accordance with standardized protocols and procedures approved by the Bauchi State Government.

All Family Planning Service personnel shall pass a written and practical examination prior to utilization of prescriptive Family Planning methods.

ORAL REHYDRATION THERAPY:

POLICY 1 - SERVICE DELIVERY POLICY:

- A) The following cadres personnel will utilize Rehydration Therapy in the management of dehydration: Physicians; Nurse/Midwives; Midwives; Nurses; Public Health Sisters; Community Health Officers; Community Health Supervisors; Community Health Assistants.
- B) All other cadres of personnel will utilize simple Oral Rehydration Therapy only.

POLICY 2 - CURRICULUM

- A) The current Technology on Oral Rehydration Therapy Techniques should be integrated into the curriculum of the School of Nursing, Midwifery and Health Technology.
- B) Efforts should also be geared toward the development and implementation of a Training Programme for serving Officers.

POLICY 3 - BUDGET:

The existing allocation for drugs should be increased to provide for Oral Rehydration Therapy.

POLICY 4 - STANDARDIZED PROTOCOLS AND PROCEDURES:

For consistency and patients' safety, Oral Rehydration Therapy should be administered in accordance with standardized protocols and procedures approved by the Bauchi State Government.

HEALTH MANPOWER DEVELOPMENT PROGRAMME IMPLEMENTATION PLAN

GOAL/OUTCOME OBJECTIVES	ACTIVITIES/TASKS METHODS	TIME LINE DATE TO BE COMPLETED	PERSON RESPONSIBLE	RESOURCES NEEDED	EVALUATION METHOD AND/OR OUTCOMES
1. To develop State Training Team who can train others in Family Planning and ORT.	<p><u>1. Organisation:</u> To organize workshop in the following order:- The nomination of participants to attend the workshop by the, Post Basic Training Committee of MOH/HMB will be based on seniority, interest and interview.</p> <p><u>2. Participants:</u> The participants comprises of Doctors, Nurses/Midwives, Public Health Sisters, C.H. Officers, H.Educators and Toturs.</p> <p><u>3. Venue:</u> The venue of the w/shop will be in School of Midwifery (School of Health Tech. Class room) while the practicals will be at the Kofar Wase Family Planning Clinic and Spec.Hospital Bauchi Family Planning Clinic and lay out of the Family Planning commodities will be in the School of Midwifery. Demonstration Room,</p> <p><u>4. Accommodation:</u> All officers outside stations will be accommodated.</p>	<p>4 Weeks from 28/10/to 23/11/1985</p> <p>To be informed on 14/10/1985</p> <p>28/10/ to 23/11/1985</p> <p>11/11/85</p> <p>19/11/85</p> <p>8/11/85</p> <p>27/10/85</p>	<p>Director of Health Serv (MOH/HMB)</p> <p>Director of Health Serv. (MOH/HMB)</p>	<p>Typist Transport INTRAH contraceptives equipments.</p> <p>Official letters.</p> <p>INTRAH/IHP</p> <p>INTRAH /IHP</p> <p>INTRAH /IHP</p> <p>INTRAH /IHP</p>	<p>At the end of the w/shop 15 Family Planning/ORT personnel would have been trained to train others.</p> <p>By 26/10/85 all participants would have been informed.</p> <p>By 14/10/85, the Venue practical areas and demonstration would have been secured.</p>

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2. To develop Curriculum for trainers of trainers.

<p>5. <u>Transportation:</u> Vehicles will be provided by the MOH/HMB for conveying the 2 H.P. officials and participants during the Work shop.</p>	<p>28/10/1985 23/11/1985</p>	<p>Director of Health Services.</p>	<p>Health Management Board INTRAH</p>	<p>Vehicles would have been acquired by 14/10/1985</p>
<p>6. <u>Trainers:</u> Various categories of trainers needed will be provided during the workshop.</p>	<p>28/10/85 23/11/85</p>	<p>Director of Health Services.</p>	<p>INTRAH Lectures from HMB/MOH and MOF.</p>	<p>All lecturers needed would have been contacted by 14/10/85.</p>
<p>A) History of F.P/ORT in Bauchi State.</p>	<p>28/10/85</p>			
<p>B) Introduction to Management to enable the participants to acquire some management skills.</p>	<p>29/10/85</p>		<p>Typists, Stationaries, checkboul, T/aids charts INTRAH MOH/HMB</p>	<p>By the end of the 2nd day all these lectures would have been given</p>
<p>i) Definition of management.</p>				
<p>ii) Types of Management.</p>				
<p>iii) Types of Managers.</p>				
<p>iv) Communication Skills.</p>				
<p>v) Organizational structures.</p>				
<p>vi) Introduction to Population dynamics.</p>	<p>30/10/85</p>			
<p>C) Family Planning/ORT</p>	<p>31/10/85</p>	<p>Director of Health Services</p>	<p>Lecture notes, chalkboard posters, contraceptives etc.</p>	<p>The evaluation is subject to review annually by TOT.</p>
<p>i) Definition of FP/ORT</p>				
<p>ii) Aims/Objectives of FP/ORT</p>				
<p>iii) Methods of FP/ORT.</p>				
<p>iv) Advantages of Family Plan.</p>				
<p>v) FP/ORT Service needs versus resources in Bauchi State.</p>	<p>11-11--</p>	<p>Director of Health Service</p>	<p>F.P Commod. clients, Clinics, H.M.B/M.O.H</p>	<p>By the end of the two weeks participants would have acquired the desired skills to teach others.</p>
<p>vi) Practicals on FP/ORT. The practicals which will last for 2 weeks must be undertaken by each participant to equip them with the desired skills.</p>	<p>19/11/85</p>	<p>...3.</p>		

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<p>3. To develop curriculum for training of personnel in Family Planning skills delivery and Community Health Education.</p>	<p>To organize 'workshop in' the following order:-                  A) 1. Clinic management and supervision skills.                  2. Communication skills                  3. FP/ORT skills                  4. Practicals/Lay out on group 1 personnel Doctors, Nurses, PHS, C.H. Officers etc.                  B) Group II &amp; III personnel in management skills, communications skills and *Community Health Education.</p>	<p>Feb. 17-2/3/1986</p>	<p>Director of Health Services.</p>	<p>* INTRAH Health Management Board/ Ministry of Health Clinics, Clients, Equipments, Commoditing Typists, etc.</p>	<p>At the end of the 3 weeks curriculum would have been developed on groups I&amp;II.</p>
<p>4. To Train 15 Staff from group I in all F.P methods and to train 15 staff from Group 2&amp;3 in Comm. Health Education and prescriptive Family Planning methods.</p>	<p><u>Organization:</u>                  1. Selection of participants by interview, interest and <del>security, seniority</del>.                  2. <u>Participants</u>:-The 30 participants will be drawn from groups I&amp;II and to be selected from MOH/HMB and LGA's                  3. <u>Venue</u>:-School of Midwifery lecturers practicals at Family Planning Clinic K/Wase and Spec.Hosp. Baufhi F.P.Clinic                  4. <u>Accommodation</u>:-All Officers from outstations will be accommodated.                  5. <u>Transportation</u>:-Vehicles will be provided by the MOH/HMB.</p>	<p>17/2/1986                  8/3/1986                  1/2/1986                  1/2/1985                  "                  "</p>	<p>Director of Health Services                  Director of Health Services                  Director of Health Services                  Director of Health Services</p>	<p>MOH/HMB/LGA's                  MOH/HMB/LGA's                  MOH/HMB                  HMB                  MOH/HMB</p>	<p>At the end of the 3 weeks 30 personnel would have been trained in all F.P methods and Comm. Health Education.</p>

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**BAUCHI STATE**  
**MANPOWER TRAINING SCHEDULE ESTIMATED**  
**ACCEPTORS BY LOCAL GOVERNMENT AREAS**

	1985		1986			1987			1988			1989			1990	
	TARGET GROUP	ACCEPT	MANPOWER ACCEPT	GR1	GR2	GR3	MANPOWER ACCEPT	GR1	GR2	GR3	ACCEPT	MANPOWER GR1	GR2	GR3	ACCEPT	MANPOWER GR1
BAUCHI ZONE TOTAL	37189		7774				9485									
BAUCHI	56224	5052	776	-	-	-	759	-	-	-						
DASS	10584	-	35	1	1	1	130	-	-	-						
ALKALERI	49235	-	70	1	1	1	140	-	-	-						
DARAZO	62660	-	150	1	1	1	375	-	-	-						
TORO	45751	-	100	1	1	1	400	-	-	-						
T/BALEWA	49335	-	150	1	1	1	600	-	-	-						
NINGI	28102	-	100	1	1	1	250	-	-	-						
WBE ZONE TOTAL	310026		2926				2512									
GOMBE	11712	1450	1676	1	2	2	2072	2	2							
AKKO	104392	-	500	1	1	1	800	2	2							
T/WAJA	68904	-	500	1	2	2	1200	2	1							
DURKU	121928	-	250	1	1	1	500	1	1							
ITAGUM ZONE TOT	380800		987				2157									
KATAGUM	87198	500	659	1	2	2	1360	1	1							
JAMA'ARE	13173	-	10	1	1	1	40	-	-	-						
GAMAWA	103683	-	8	1	1	1	25	-	-	-						
MISAO	123307	-	250	1	1	1	600	-	-	-						
SHIRA	53049	-	60	1	1	1	120	-	-	-						

- Group 1 - Utilizes all Family Planning methods and administer Rehydration Therapy. Midwives, Female Nurses, Public Sisters, Female Community Health Officers, Nurse/Midwives
- Group 2 - Utilizes Prescriptive Family Planning methods, GRT and Community Health Education, Community Health Sep Community Health Assistants.
- Group 3 - Utilizes Non-Prescriptive Family Planning methods, GRT and Community Health Education, Community Health TB's Village Health Workers.

**Best Available Document**

BAUCHI STATE  
FAMILY PLANNING/ORT TRAINING PLAN:  
SKILLS AND COMMUNITY HEALTH EDUCATION

	1986		1987		1988		1989		1990	
	SKLS	CHE								
<b>Bauchi Zone</b>	12	14	5	6						
Bauchi	0	2	-	1						
Dass	2	2	-	1						
Alkaleri	2	2	-	1						
Darazo	2	2	1	1						
Toro	2	2	2	1						
Tafawa-Balewa	2	2	1	1						
Ningi	2	2	1	1						
<b>Gombe Zone</b>	13	14	7	5						
Gombe	3	5	2	2						
Akko	2	2	2	1						
T/Waja	3	5	2	1						
Dukku	2	2	1	1						
<b>Katagum Zone</b>	11	14	3	4						
Katagum	3	5	1	1						
Jama'are	2	2	1	1						
Gamawa	2	3	-	1						
Misau	2	2	1	1						
Shira	2	2	-	1						
Existing manpower										
Nurse/Midwives										
Nurse/Midwives total		63								
Midwives		170								
General Nurse		508								

\* To be determined by the acceptance rate in 1987

PROJECTION OF NUMBER OF GRADUATING STUDENTS  
WITH PRE-SERVICE TRAINING IN FAMILY PLANNING  
AND ORT:

	1985	1986	1987	1988	1989	1990
School of Nursing	102	92	80	28	35	35
School of Nurse/Midwifery	96	160	65	27	35	35
School of Health Technology						
Community Health Supervisors 9		24	24	24	24	24
Community Health Assistants 58		32	32	32	32	32
Community Health Aides 48		32	32	32	32	32

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*Public Enlightenment*

PROGRAMME/PROJECT IMPLEMENTATION PLAN

GOAL/OUTCOME OBJECTIVES	ACTIVITIES/TASKS METHODS	TIME LINE DATE TO BE COMPLETED	RESOURCES	PERSON RESPONSIBLE	EVALUATION METHOD OR OUTCOMES
<p>to convince Traditional Rulers/ Leaders on the idea of Family Planning and ORT so that they will convince their subjects.</p>	<p>1. Directives from Min. of Health, through Ministry for Local Government to Traditional Rulers. 2. Direct Visit by Senior Ministry Officer.</p>	<p>January, 1986</p>	<p>a) Ministry of Local Government b) Military Governor's Office. c) Ministry of Health</p>	<p>Permanent Sec. Ministry for Local Government. Secretary to the Military Government. Permanent Secretary Ministry of Health.</p>	<p>a) Clinical at of each Comm b) Reduction in and morbidity</p>
<p>greater and more positive involvement of the media in propagation of Family Planning and ORT.</p>	<p><u>ZONE</u> 1. Bauchi Ningi and Dass 2. Gombe, Kaltungo, Billiri, Dadiya, Waja and Cham. 2. Katagum, Misau, and Jama'are.</p> <p>1. Radio 2. Television 3. Newspapers a) Group discussion on T.V &amp; Radio. b) Jingles on Family Planning and ORT. c) Print posters in Local languages, if possible up date them yearly. d) Organising plays in Hausa on effects of Family Planning and ORT.</p>	<p>Jan.-April 1986 March-August, 1986 Sept.-Dec. 1986</p> <p>Once every 3 months. Daily for 6 months and weekly for 1 year.</p> <p>5 years</p> <p>Once to be reviewed every year.</p>	<p>a) Ministry of Information b) N.T.A, Bauchi. c) N.A.N.</p>	<p>Permanent Secretary General Manager, N.T.A State Correspondance.</p>	<p>.../2</p>

<p>Integrating the ideas on Family Planning and ORT into the activities of voluntary organizations</p>	<p>e) One song each by a popular artist.</p> <p>Organising discussions</p> <p>1) National Council of Women Societies</p> <p>2) Rotary Club</p> <p>3) Aid Groups</p> <p>a) J.N.I</p> <p>b) Red Cross</p>	<p>Once</p>	<p>a) Direct contact, Ministry Officials</p> <p>b) Ministry of Information.</p>	<p>Permanent Secretary Ministry of Health</p> <p>Chairman Health Management Board Bauchi.</p> <p>Permanent Secretary Ministry of Information.</p>	<p>Monitoring the of the selected sation and see the idea is acc</p>
<p>1) To update information on Family Planning and Diarrhoeal management to service officers</p> <p>2) Strengthening the concept in Health Institutions.</p> <p>3) Introducing the concept to Students in 5 post Secondary Schools.</p> <p>4) Training of teachers to teach in Primary and Post Primary Schools.</p>	<p>Health Education.</p> <p>a) Health institutions:- Family Planning &amp; ORT</p> <p>1. School of Midwifery Bauchi.</p> <p>2. School of Nursing Bauchi.</p> <p>3. School of Health Technology Zaria.</p> <p>b) Primary Schools; ORT through existing school Health service.</p> <p>Post Primary Family Planning &amp; ORT.</p> <p>c) Through school Health Service.</p> <p>d) Post Secondary Family Planning &amp; ORT. Through Lectures.</p>	<p>5 years</p>	<p>Ministry of Health</p>	<p>Permanent Secretary Ministry of Health</p>	<p>Through examination</p>
<p>(See Manpower Development and Implementation Plan)</p>		<p>5 years</p>	<p>Ministry of Education.</p> <p>Ministry for Local Gover.</p>	<p>Permanent Secretary Ministry of Educa.</p> <p>Permanent Secretary Ministry for Local Government.</p>	<p>Conducting survey some primary an primary schools view of findings whether students understood the c</p>
			<p>.../3.</p>		

5

<p>To convince Religious leaders that there is no conflict between Religion and Family Planning &amp; ORT.</p>	<p>1) BACAS Bauchi                  ii) UNI.TECH.Bauchi                  iii) Fed.Poly.Bauchi                  iv) A.T.C Azare                  v) A.T.S.(Tech)Gombe                  e) Workshop for each cadre of staff(in the case of serving officers) and defining their role in the programme.</p>	<p>Oct. 1986)                  Oct. 1986)                  Nov. 1986)                  Nov. 1986)                  Dec. 1986)</p>	<p>5 Years</p>		
<p>Basic Instruction on Family Planning &amp; ORT to agric extension workers, who inturn will propagate the message to the rural population</p>	<p>Direct discussions between Senior Ministry Officials and Religious leaders.                  A. Christian Association of Nigeria.                  B. Jama'atul Nasrul Islam (Bauchi State Branch)</p>	<p>Jan. to June 1986                  July to Dec. 1986</p>	<p>Senior Officials and Health Management Board</p>	<p>Permanent Secretary Ministry of Health and Chairman Health Management Board.</p>	<p>Sampling their through an index body and see if accepted the id.</p>
	<p>1) Integrating the concept into the school curriculum of school of agric Bauchi                  ii) Organising workshops on Family Planning and ORT to field officers. This will be done in each of the 5 Agric Zones:-                  Central Zone -                  Western Zone -                  Eastern Zone -                  Northern Zone -                  H/Quarter -</p>	<p>Jan-March 86                  April-June 86                  Aug-Nov. 1986                  Dec-Jan 86-87                  Feb-April 87</p>	<p>a) Ministry of Health.                  b) Ministry of Agric.                  c) BASDP</p>	<p>Permanent Secretary                  Permanent Secretary                  Project Manager</p>	<p>a) Increase tu people to cl for Family P                  b) Conducting a in rural area see whether t. le have accpt ORT.</p>

Post Available Document

<p><u>NYSC</u></p> <p>Integrating the concepts of Family Planning and ORT in the Orientation Programme of NYSC.</p>	<p>1) Lectures and demonstrations during orientation of corp members.</p> <p>ii) Posting corp members into the rural areas.</p>	<p>August to Septem. every year for 5 years.</p>	<p>1) NYSC Secretariat</p> <p>ii) Ministry of Health</p>	<p>Chief Inspector</p> <p>Permanent Secretary</p>	
<p><u>FORCES:</u></p> <p>Increases their awareness for Family Planning &amp; ORT.</p>	<p>a) Directive through commanding officers</p> <p>b) Health Discussions.</p> <p>c) Army officers wives association.</p>	<p>Once 2 times every year (January and June) once.</p>	<p>i) Army Command Units</p> <p>ii) Police Barracks</p> <p>iii) Prisons.</p>	<p>Commanders</p> <p>Police Commissioners</p> <p>Controllers of Prisons.</p>	<p>Increase Clinic attendance and acceptance.</p>
<p>Public Acceptance of the concept of Family Planning and ORT.</p>	<p>Masses through</p> <p>a) Health Education</p> <p>b) Traditional Rulers</p> <p>c) Mass Media</p> <p>d) Voluntary Organisation</p> <p>e) Religious Leaders</p> <p>f) Agric. Extension Workers</p> <p>g) NYSC's</p> <p>h) Forces.</p>	<p>5 years.</p>	<p>a) Ministry of Health.</p> <p>b) Ministry for Local Government</p> <p>c) Ministry of Information.</p> <p>d) Military Government Office.</p> <p>e) N.Y.S.C Secretariat</p> <p>f) N.A.N</p>	<p>Perm.Secretary.</p> <p>Perm.Secretary</p> <p>Perm.Secretary</p> <p>Secretary to the Mil. Govt. C/Inspector.</p> <p>State Corresp.</p>	<p>a) Increase Clinic attendance acceptance.</p> <p>b) Decrease and Maternity and fertility and moral consumption</p> <p>c) Decrease in ritual consumption</p> <p>d) Decrease in consumption</p> <p>e) Ability of to make solutions.</p>

HEALTH INFRASTRUCTURE

PROGRAM/PROJECT IMPLEMENTATION PLAN

GOAL/OUTCOME OBJECTIVES	ACTIVITIES/TASKS METHODS	TIME LINE DATE TO BE COMPLETED	PERSON RESPONSIBLE	RESOURCES NEEDED	EVALUATION METHOD AND/OR OUTCOMES																					
1. To have Transport to effect efficient, health care delivery services-family planning plan and ORT.	Transport to include- <table border="1"> <tr> <td></td> <td>No Available</td> <td>No Needed</td> </tr> <tr> <td>Animals</td> <td>-</td> <td>-</td> </tr> <tr> <td>Bicycles</td> <td>-</td> <td>12</td> </tr> <tr> <td>M/Cycles</td> <td>-</td> <td>9</td> </tr> <tr> <td>Rails</td> <td>-</td> <td>-</td> </tr> <tr> <td>M/Vehicles</td> <td>-</td> <td>4</td> </tr> <tr> <td>Manual Treck</td> <td>-</td> <td>-</td> </tr> </table>		No Available	No Needed	Animals	-	-	Bicycles	-	12	M/Cycles	-	9	Rails	-	-	M/Vehicles	-	4	Manual Treck	-	-	From 1986 to 1990 Because the Exercise is a Continuous one	Perm.Secretary/ Chairman/Ministry of Health/ Health Management Board.	Funds, Man-Power; Drivers/ Mechanics.	The Transport to reach the MCH.
	No Available	No Needed																								
Animals	-	-																								
Bicycles	-	12																								
M/Cycles	-	9																								
Rails	-	-																								
M/Vehicles	-	4																								
Manual Treck	-	-																								
2. To have sufficient drugs.equipment and materials to reach the people in the whole state.	To purchase drugs, equipment and other materials such as Sugar, Salt, Bottles, Spoons Cups etc furnishing of all Hospitals. MCH, Clinics each. To mobilise our works Dept to manufacture some equipment e.g Chairs tables etc. To have simple drugs manufacturing Unit for Manufacturing simple Preps through the already Existing Manufacturing Comps.	1986 to 1990 For Equipment For Drugs however it will be a continuous process. ie 1986-1990	Doctors,Nurses Midwives Pharmacists(Clinical) To include groups 1,2&3 where applicable.	*Funds *Power All the people having been given the necessary basic Education on the Exercise - Aides. *See M/Power Training Sec.	To see to the patients attending and get drugs, supplies etc meant for them accordingly.																					

54

No.2 conts.

<p>3. To continue to use the already existing facilities in terms of structures and other health facilities and at the same time carry out their maintenance on continuous basis.</p>	<p>-Family Planning Clinics Attendance/Year;  <u>Bauchi Combe Azare</u>                  5,052 1,450 500                  0/TOTAL 12578                  § — IUCD Majority                  — 8314 Patients                  Other methods                  4157                  IUCD(Cost)=                  8314X#15                  —#124710                  Others (Cost) 4157X#3                  —#12471.                  Total Expenses for 1985-:  <del>137181:00</del>                  To have continuous <u>watersupply</u> for the Community. To have adequate <u>electricity</u> and or other sources of light eg Bushlamp, Torchlight, Stoves, Firewood etc.                  To provide buildings or renovate the existing ones.                  Drug Store—<u>EXISTING</u>   <u>NEEDED</u>                  12 6                  -It is expected that Drugs &amp; Equipment must be stored</p>	<p>Funds Man/ Power</p>	<p>2years 1986 to 1987. But other facilities to be replenished throughout period of Exercise</p>	<p>B.S.W.B- -NEPA/RURAL Electrical- tion Board -State Gov -L.G.As -The Commu- nity This level depend on the body operating the centre</p>	<p>To make these fac available to the areas for consumption the Community.                  It was realised that Records and Statistics are well maintained</p>
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55

<p>4. -To maintain proper records &amp; Statistics of (a) Patients as Attendants (b) Successes &amp; Failures in Family Planning &amp; ORT (c) Drugs, Equipments &amp; other Supplies.</p>	<p>Under Standardised conditions to maintain their Efficiency. Taking note of Thermolabile nature of these items.</p> <p>Daily activity Register/Report on the patients served &amp; Commodities dispensed.</p> <p>-Statistical Data using Standard Family Planning and ORT Forms Developed by Federal Ministry of Health, Stores forms/Ledger -CRV&amp;CIV to be presented monthly /Quarterly/Yearly.</p> <p>All Clinics giving Family Planning services and ORT services shall use Stores Records forms provided always.</p>	<p>Funds Man/ Power.</p>	<p>1986 to 1990</p>	<p>Medical Records Departments in Hospitals &amp; Clinics etc. -Stores Personnel.</p>	<p>It was realised that Records and Statistics are well maintained.</p>
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HEALTH FACILITY DEVELOPMENT PLAN  
PRIMARY HEALTH CARE:

DISPENSARIES/HEALTH CLINICS/MCH CLINICS AND PRIMARY HEALTH CENTRES.

	1985 EXISTING				1986				1987				1988				1989		
	Disp	H/Clin	MCH CLIN	Pr.H Cent	Disp	H/Clin	MCH Clin	Pr.H Cent	Disp	H/Clin	MCH Clin	Pr.H Cent	Disp	H/Clin	MCH Clin	Pr.H Cent	Dis	H/Cl	MCH Cl1
Bauchi Zone	124	5	33	2															
BAUCHI	11	1	10	1NF															
DASS	8		2	1															
ALVALEY																			
DARAZO	20	2 N.F	5 MUC	2 U.C	2	2									1				1
TORO	26	1	4	1 N.F			1												
T/BALEWA	23	1	3	1+2NF	2		2								1				
NINGI	15	1	4	1 U.C											1				
GOMBE ZONE	101	6	21	3															
GOMBE	16	1	6																
AVVO	25	2																	
T/UAJA	15	2		1+1UC											1				
DUKKU	18	1	4	1 U.C			1								1				1
KATAGUM ZONE	76	7	18	1															
KATAGUM	3	1	5	1+1UC															
JAMA'ARE	8	1	1	0											1				
GAMAVA	23	2	3	0															
MISAU	17	2	7	1 U.P											1				
SHIRA	25	1	2	0											1				

N.F = Completed but not staffed.  
U.C = Under Construction.

M.C HEALTH FACILITY DEVELOPMENT  
PLAN

LOCAL GOVERNME.	AREA	TOWNS	YEAR PROPOSED
1. Gamawa		-Sekwa	1987
		-Gwalōlo	1988
2. Katagum		-Bulka cheva	1987
		-Gadau	1988
3. Dukku		-Biri	1987
		-Sorodo	1990
4. Shira		-Maade	1987
			1988
5. T/Waja		-Gujiba	1988
		-Tanglang	1989
		-Babam	1990
6. Akko		-Kuri	1987
7. T/Balewa		-Boi	1988
8. Toro		-Tulu	1988
9. Alkaleri		-Bara	1988
		-Wanka	1989
10. Darazo		-Soro	1989

PROJECTED CONTRACEPTIVE  
NEEDS BASED ON ACCEPTORS:

	1986				1987				1988 to 1990
	TOTAL ACCEPTORS	IUCD	ORALS CYCLES	OTHER	TOTAL ACCEPTORS	IUCD	ORALS CYCLES	OTHERS	
Bauchi Zone Total									
Total	7774	5131	29,115	155	9485	6260	33,016	190	
Bauchi	7059	4702	28280	7	7,509	4,958	30,056	352	
Dass	45	22	55	2	130	84	210	6	
Alkaleri	70	16	135	1	140	92	230	2	
Darazo	150	99	240	3	375	240	500	8	
Toro	100	66	160	2	400	264	660	4	
T/Below	150	55	115	1	600	304	960	14	
Ningi	100	66	160	2	250	160	400	5	
Gombe Zone Total	2926	1931	8422	59	4512	2888	11,968	90	
Gombe	1676	1106	6432	34	2012	1268	7968	51	
Akko	500	330	800	10	800	2540	1280	16	
T/Waja	500	350	800	10	1200	9504	1920	34	
Dukku	250	165	400	5	500	1050	800	10	

Katagum Zone Total	987	651	2677	21	2157	1424	6,081	43
Katagum	659	435	2532	13	1360	238	5,386	3
Jaga'are	10	6	15	1	40	26	65	1
Ganawa	8	5	10	1	25	16	40	1
Misau	250	165	40	5	600	184	460	14
Saira	60	39	80	1	120	76	190	3

90

EVALUATION/PROGRAMME MONITORING  
PROGRAMME PROJECT IMPLEMENTATION  
PLAN

GOAL/OUTCOME OBJECTIVES	ACTIVITIES/TASKS METHODS	TIME LINE DATE TO BE COMPLETED	PERSON RESPONSIBLE	RESOURCES NEEDED	EVALUATION METHOD AND/OR OUTCOMES
To determine the achievement level of the stated objectives through periodic assessments.	1. Record keeping using the standard ORT/FP forms. Commencing Jan. 1st 1986	Daily 30/1/1986	Hospital Record keepers and field workers	Record forms	
	2. A) collection of the above Data commencing on 30/3/1986 and continuous thereafter quarterly B) Analysis of Data Quarterly commencing on 30/3/1986	Quarterly 30/3/86 Quarterly 30/4/86	H.M.B Copy 1. L.G.A 2. F.P. Clinic 3. Centres Copy	Record forms transport	
	3. Continuous supply of materials for statistical reporting	Supplementary Quarterly	H.M.B	Forms Stationaries Transport	Availability of materials at all centers
	4. Training on record keeping	See Appendix - Topic	MOH, HMB, DMC, LGA fieldworkers HMB, MOH	Records Stationaries Transport	The staff are motivated by getting the feedback.
	5. Establishment of analysis report and feedback system through quarterly report to fieldworkers and continuous thereafter.	1. Quarterly 2. Annually 30/5/1986		Transport, Stationaries	Records properly kept and check attendance and staff performance.
	6. Site-Visits	Quarterly 30/9/86	HMB/MOH		
	7. On the Job-Evaluation	Daily.	Supervisor .../2.	Record forms and report/ Register	Records are correctly kept.

Best Available Document

valuation of Family Planning and ORT	8. Examinations of workshop deliverers (see policy statements)	Every 6 months  30/6/86	1. Tutors 2. M.O.H 3. H.M.B	'The already existing auditing programme should apply at least twice a year for proper check and balances.  Stationaries Practical areas.	Establish stand-
	1. Establish Progam Evaluation criteria	30/6/86	1. M.O.H 2. H.M.B	Statistician	Written Criteria Established.
	2. Random sampling of 1. Questionaire 2. Reports 3. Interview	Yearly Monthly Yearly	1. M.O.H 1. H.M.B	1. Forms 2. Personnel (see manpower) 3. Transport (see Infrastractive)	1. Acceptance and progress of F.P. /ORT.

29

HEALTH MAN-POWER  
PROGRAM/PROJECT IMPLEMENTATION PLAN GOAL/  
OUTCOME OBJECTIVE TRACKING REPORT

RESPONSIBLE MANAGER:.....

RESPONSIBLE MANAGER:..... CHIEF HEALTH SISTER .....

QUARTERLY REPORTING PERIOD ENDING:..... 31ST/12/ 85 .....

ASSESSMENT CONFERENCE:..... 19.....

OBJECTIVE	MAJOR ACTIVITIES	RESPONSIBLE PARTY	TARGET DATE OR OTHER MEASURE	ON SCHEDULE	IE NO, GIVE EXPLANATION
1. To develop State training team who can train others in Family Planning/ORT in Bauchi State.	1. Organization	Ag. Chief Nursing Tutor.	14/10/85		
	2. Selection of Participants				
	3. Venue				
	4. Accommodation	Post Basic Comm. H.M.B/M.O.H	19/10/1985 9/10/1985		
	5. Transportation for a) Officials b) Participants.	ACHS PCHO GHS	26/10/1985 21/10/1985		
2. To develop curriculum for training of trainers	1. History of Family Planning /ORT in Bauchi State	Director of Health Services	28/10/1985		
	2. Introduction to Management	ACNT (INSP)	29/10/1985		
	3. Communication Skills	INTRAH / IHP	29/10/1985		
	4. Introduction to population dynamics.	PNT/VP	30/10/1985		
	5. Lectures on Family Planning and ORT	Senior Reg.	31/10/1985		
	6. Family Planning/ORT Service needs versus resources in Bauchi State.	Director of Health Serv.	31/10/1985		
	7. Practicals a) Layout of Commodities b) Clinics.	PNS/SUP.F.P INTRAH /IHP .../2.	31/10/1985 11-19/11/1985		

3. To develop curriculum for training of personnel in Family Planning skills delivery and Comm. Health Education.	1. Organization	} for GR. 1	Ag. C.N.T	1/2/1986			
	2. Clinic Management and supervision skills.		PNS/Sup.FP	18/2/1986			
	3. Communication skills		INTRAH/IHP	19/2/1986			
	4. FP/CRT skills		INTRAH/IHP	20/2/1986			
	5. Practicals and lay out.		INTRAH/IHP	21/2/1986			
	6. Management	} For Group 3	INTRAH/IHP	22/2/1986			
	7. Comm. Skills		INTRAH/IHP	to			
	8. Comm. Health Educ)		PHS	2/3/1986			
4. To train 15 Staff from group 1 in all Family Planning methods and 15 Staff from groups 2 & 3 in Comm. Health Education.	1. Organisation		Ag. CNT	1/2/1986			
	2. Selection of Participants		PBC, MOH/HMB	6/2/1986			
	3. Venue		ACHS	9/2/1986			
	4. Accommodation for	a) Officials	PCHO				9/2/1986
		b) Participants					
	5. Transportation for	a) Officials	CHS				10/2/1986
		b) Participants					

PUBLIC ENLIGHTENMENT  
PROGRAM/PROJECT IMPLEMENTATION PLAN  
GOAL/OUTCOME OBJECTIVE TRACKING REPORT

RESPONSIBLE MANAGER:.....

QUARTERLY REPORTING PERIOD ENDING:.....

.....19.....

ASSESS-MENT CONFERENCE:.....19.....

OBJECTIVE	MAJOR ACTIVITIES	RESPONSIBLE PARTY	TARGET DATE OR OTHER MEASURE	ON SCHEDULE	IF NO, GIVE EXPLANATION
To convince traditional rulers/leaders on the idea of Family/ORT, so that they will convince their subjects	<ol style="list-style-type: none"> <li>1. Official letters through Ministry for Local Government.</li> <li>2. Direct contact by Senior Ministry Officials.</li> </ol>		<p>January, 1986</p> <p>January to December, 1986</p>		
Greater and move positive involvement of the media in propagation of Family Planning/ORT.	<ol style="list-style-type: none"> <li>1. Organising discussion groups</li> <li>2. Organising T.v/Radio Jingles.</li> <li>3. Organising plays and songs for the Family Planning/ORT.</li> </ol>		<p>March, 1986</p> <p>June, 1986</p> <p>December, 86 once to be reviewed every year.</p>		
Integrating the ideas on Family Planning/ORT into the activities of voluntary organizations.	<p style="text-align: center;">DISCUSSION</p> <ol style="list-style-type: none"> <li>1. National council of women societies.</li> </ol>		January, 1986		

65-

<p>To upstate information on Family Planning/Diarrhoeal management to serving officers.</p>	<p>See Man-power Development Section</p>				
<p>Convince religious leaders that there is no conflict between religious and Family Planning/ORT.</p>	<p>Direct discussion: Christian Association of Nigeria.</p>			June, 1986	
<p>Basic Instruction on Family Planning/ORT to agric extension workers who intend will propagate the message to the rural population</p>	<p>Organising workshop on Family Planning/ORT to field officers in the 5 BASDP agric zones. a) Central Zone</p>	Jan., 1986			
<p><u>Forces</u> Increase their awareness for Family Planning/ORT</p>	<p>Direct discussion with a) Commanding officers b) Rank file c) Army officers wives association.</p>	Jan., 1986			

24

HEALTH INFRASTRUCTURE  
PROGRAM/PROJECT IMPLEMENTATION PLAN  
GOAL/OUTCOME OBJECTIVE TRACKING REPORT

RESPONSIBLE MANAGER:.....

QUARTERLY REPORTING PERIOD ENDING.....19....

ASSESSMENT CONFERENCE.....19....

OBJECTIVE	MAJOR ACTIVITIES	RESPONSIBLE PARTY	TARGET DATE OR OTHER MEASURE	ON SCHEDULE	IF NO, GIVE EXPLANATION
<p>1. <u>Transport</u>            To have transport to effect efficient Health Care Delivery Services Family Planning and ORT.</p>	<p>-Motor Vehicles-4            -Motor Cycles -9</p>		<p>March, 1986</p>		
<p>2. To have sufficient <del>drugs</del> equipment and other materials to reach the people in the whole state.</p>	<p>Purchase of drugs, equipment and ORT demonstration supplies</p>		<p>January, 1986 for ORT, and March, 1986 for Family Planning</p>		
<p>3. To continue to use the already existing facilities in terms of structures and other Health facilities and at the same time carry out their maintenance on continuous basis.</p>	<p>The existing facilities are maintained.</p>		<p>Quarterly throughout the period.</p>		
<p>4. To maintain proper records/statistics of:            a) Patients attendance            b) Success/Failures in Family Planning and ORT            c) <u>Drugs, Equipment and other material</u></p>	<p>Check inventory and the periodic returns on all data in the record books</p>		<p>Quarterly throughout the period.</p>		

EVALUATION TRACKING REPORT

OBJECTIVE	MAJOR ACTIVITIES	RESP/PARTY	TARGET DATE OR OTHER MEASURE	ON SCHEDULE	IF NO, GIVE EXPLANATION
To determine the achievement level of the Stated objectives through periodic assessment	1.Continuous supply of materials		15/12/85		
	2.Record keeping using the standardised forms		1/1/1986		
	3.Collection and analysis of Data.		30/4/86		
Evaluation of Family Planning and ORT	1.Establish programme evaluation criteria		30/6/86		

108

**F I N A N C E**

**EXPENDITURES**

TRANSPORT  
EQUIPMENT  
COMMODITIES  
STATIONARIES  
MAINTAINENCE  
WATER RATES  
ELECTRICITY BILLS  
ALLOWANCES  
MANPOWER TRAINING  
PUBLIC ENLIGHTENIENT

**RESOURCES**

LOCAL GOVERNMENTS  
STATE GOVERNMENT  
FEDERAL GOVERNMENT  
INTERNATIONAL AIDS  
VOLUNTARY ORGANIZATION:  
COMMODITIES  
SALE OF COMMODITIES  
CLINIC FEES

AKHO LOCAL GOVERNMENT AREA

Most Common Languages:-

Fulani, Tangale, Tera.

Economic Factors :-

Farming, Cattle Rearing.

School Enrollees 1984/85

46.4% Children Ages 5-14 Enrolled.

6559 Post Primary Enrollees

2000 Literate Enrollees.

PROJECTED POPUL.	1985	1986	1987	1988	1989	1990
Total Population	521959	53761	53746	570358	587469	605093
Target Population	208784	21504	21498	228143	234988	242037
Women Ages 15-44	104392	10752	0749	114072	117494	121028
Child. Under Age 5	104392	10752	0749	114072	117494	121028
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	35					
L.G.A	33					
State Govern't	-					
Voluntary Org.	2					
Health Clinics-Total	2					
L.G.A	2					
State Gov't	-					
MCH Clinics-Total	7					
L.G.A	7					
State Gov't	-					
Comprehen.H.Centres	-					
Primary H.Centres	2					
HOSPITALS	1 Under Unstr.					
Private Clinics	-					
Sick Bays	1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives	1					
Public Health Sister Midwives	10					
Community H. Midwives						
Nurses						
Community H. Officers *						
Community H. Supers. *						
Community H. Assts. *	13					
Community H. Aides. *						
Medical Officers						
Alternative Resource						
Traditional Birth Attendants	.../2					

**BAUCHI LOCAL GOVERNMENT AREA:**

Most Common Languages:- Hausa Fulani, Gerawa.

Economic Factors :- Farming.

School Enrollees 1984/85

43.7% of Children Ages 5-14 Enrolled.

9239 Post Primary Enrollees.

4000 Literacy Enrollees.

PROJECTED POPUL.	1985	1986	1987	1988	1989	1990
Total Population	216248	222735	229447	236330	243420	250723
Target Population	26499	89094	91779	94532	97368	100289
Women Ages 15-44	56224	57991	59656	61445	63289	65188
Child Under Age 5	30275	31103	32129	33096	34079	35101
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	11					
L.G.A	11					
State Gov't	-					
Voluntary Org.	-					
Health Clin.-Total	1					
L.G.A	1					
State Gov't	-					
MCH Clinics-Total	8					
L.G.A	3					
State Gov't	5					
Prim. Health Centres	-					
Comprehen. Health C.	-					
HOSPITALS	1					
Private Clinics	4					
Sick Bays	-					
	State-3					
	Fed.-3					
	Priv.-1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives	6					
Public Health Sisters	7					
Midwives	11					
Comm. Midwives	5					
Nurses						
Comm. Health Officers	*					
Comm. H. Supervs.						
Comm. H. Assistants	2					
Comm. H. Aides	8					
Medical Officers	*					
Alternative Resources						
Traditional Birth Attendants						
Village Health Workers						
*Estimated at 3% Growth Annually.						
* INCLUDES ONLY THOSE RECORDED BY THE H.S.B. TO BE COMPLETED TO INCLUDE LOCAL PERSONNEL						

**ALKALERI LOCAL GOVERNMENT AREA**

**Most Common Languages:-** Fulani, Kanuri, Dugurawa,

**Economic Factors :-** Farming.

**School Enrollees 1984/85**

17% of Children Ages 5-14 Enrolled.

3210 Post Primary Enrollees.

2000 Literacy Enrollees.

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	246173	253553	261165	268999	277069	285381
Target Population	98469	101424	104466	107599	110828	114152
Women Ages 15-44	49235	50712	52233	53800	55414	57076
Child.Under Age 5	49235	50712	52233	53800	55414	57076
<b>HEALTH FACILITIES</b>						
Dispensaries	21					
L.G.A	20					
State Gov't	1					
Volunt.Org.	-					
Health Clinics Total	1					
L.G.A	1					
State Gov't	-					
MCH Clinics-Total	5					
L.G.A	5					
State Gov't	-					
Prim. Health Cents.	1					
Comprehen.H. Centres	1					
<b>HOSPITALS</b>	1 Under Constr.					
Private Clinics	-					
Stok Bays	-					
<b>HEALTH MANPOWER</b>						
Nurses/Midwives						
Public H.Sisters						
Midwives	6					
Community Midwives						
Nurses						
Community H.Officers *						
Community H.Supers. *						
Community H.Assts.						
Community H.Aides.	1					

Most Common Languages:-

Fulani Hausa

Economic Factors :-

Farming, Trading.

School Enrollees 1984/85

29% of Children Ages 5-14 Enrolled.

7381 Post Primary Enrollees

2500 Literacy Enrollees.

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	223560	230267	237175	244290	251619	259168
Target Popul.-Total	89424	92107	94870	97716	100648	103667
Women Ages 15-44	44712	46053	47435	48858	50324	51834
Child.Under Age 5	44712	46053	47435	48858	50324	51834
<b>HEALTH FACILITIES</b>						
Dispensaries	16					
L.G.A	16					
State Gov't	-					
Voluntary Org.	-					
Health Clins.-Total	1					
L.G.A	1					
State Gov't	-					
MCH Clinics-Total	6					
L.G.A	6					
State Gov't	-					
Prim.Health Cents.	-					
Comprehen.H.Cents.	-					
HOSPITALS	1					
Private Clinics	4					
Sick Bays	2(One State One Fed)					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives	3					
Public H.Sisters	1					
Midwives	11					
Comm.Midwives	5					
Nurses						
Comm.H.Officers *						
Comm.H.Supers. *	2					
Comm.H.Assts. *	1					
Comm.H.Aides *	3					
Med.Officers *						
Alternative Resources						
Traditional Birth Attendants						
Village Health Workers						
* Estimated at 3% Growth Annually.						
* I INCLUDES ONLY THOSE DISCLOSED BY THE E.A.B. TO BE COMPLETED						

TAMALE LOCAL GOVERNMENT AREA

Most Common Languages :- Fulani; Hausa.  
 Economic Factors :- Cattle Rearing, Farming, Trading.  
 School Enrollees 1984/85  
 21.2% Of Children Ages 5-14 Enrolled.  
 1189 Post Primary Enrollees  
 500 Literacy Enrollees

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	65675	67841	69126	71972	74131	76395
Target Popul-Total	26146	27156	27105	28789	29652	30558
Women Ages 15-44	13173	13568	13775	14394	14826	15279
Child. Under Age 5	13173	13568	13775	14394	14826	15279
<b>HEALTH FACILITIES</b>						
Dispensaries	6					
L.G.A	6					
State Gov't	-					
Voluntary Org.	-					
Health Clin, Total	1					
L.G.A	1					
State Gov't	-					
MCH Clin, Total	1					
L.G.A	1					
State Gov't	-					
Prim.H. Centres	-					
Compre.H. Centres	-					
HOSPITALS	1					
Private Clinics	-					
Sick Bays	-					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives						
Public H. Sisterd						
Midwives	1					
Community Midwives						
Nurses						
Community H. Offs. *						
Community H. Superst *						
Community H. Assts. *	2					
Community H. Aides *	6					
Medical Officers *						
Alternative Resources						
Traditional Birth Att.						
Village Health Worker						
*Estimated at 3% Growth Annually.						

\* INCLUDES ONLY THOSE SCHEDULED BY THE I. D. TO BE COMPLETED

**KATAGUM LOCAL GOVERNMENT AREA**

Most Common Languages:-

Hausa, Fulani

Economic Factors :-

Farming, Animal Husbandry.

School Enrollees 14/11/85

16.8% Of Children Enrolled Ages 5-14

6103 Post Primary Enrollees

5000 Literacy Enrollees

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	338132	318276	30724	269486	380570	391987
Target Population -Total	135259	139310	1489	147794	152228	156795
Women Ages 15-44	37318	90552	9168	96066	98948	101917
Child.Under Age 5	47341	48758	5021	51728	53280	54878

**HEALTH FACILITIES**

Dispensaries	3
L.G.A	2
State Gov't	1
Voluntary Org.	-
Health Clins.Total	1
L.G.A	1
State Gov't	-
MCH Clins.Total	5
L.G.A	5
State Gov't	-
Prim.H.Cents.	1
Comprehen.H.Cents	-
HOSPITALS	1
Private Clinics	-
Sick Bays	3

**HEALTH MANPOWER**

Nurse/Midwives	3
Public H. Officers	2
Midwives	10
Community Midwives	3
Nurses	
Community H. Officers *	1
Community H. Supervisors	2
Community H. Assistants	4
Community H. Aides *	6
Medical Officers *	
Alternative Resources	
Traditional Birth Attends.	
Village Health Workers	

\*Estimated at 3% Growth Annually.

\* INCLUDES ONLY THOSE SECONDARY HEALTH PERSONNEL TO BE COMPLETED BY THE L.G.A. AT THE END OF THE PERIOD.

MIS. J LOCAL GOVERNMENT AREA:

Most Common Languages:- Fulata Borno, Karekare, Fulfulde, Hausa

Economic Factors :- Farming, Cattle Rearing

School Enrollees 1984/85

23% of Children Ages 5-14 Enrolled

4488 Post Primary Enrolled

4000 Literacy Enrolled

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	308254	317502	327027	336838	346943	351351
Target Popul.*Total	123301	127000	30810	134735	138777	142940
Women Ages 15-44	30146	82550	35027	87578	90205	92911
Child.Under Age 5	43155	44450	45713	47157	48572	50029
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	17					
L.G.A	17					
State Gov't	-					
Voluntary Org.	-					
Health Clins.Total	2					
L.G.A	2					
State Gov't	-					
MCH Clinics-Total	7					
L.G.A	7					
State Gov't	-					
Prim.H.Cents	1 Non Funct.					
Comprehen.H.Cents	-					
HOSPITALS	1					
Private Clinics	-					
Sick Bays	1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives	1					
Public H.Sisters						
Midwives						
Community Midwives						
Nurses						
Community H.Officers*		1				
Community H.Supervisors*	1					
Community H.Assist.*	2					
Community H.Aides	6					
Medical Officers *						
Alternative Resources						
Traditional Birth Attends.						
Village Health Workers						

\* Estimated at 3% Growth Annually.

\* INCLUDES ONLY THOSE REPORTED BY THE H.A. TO BE COMPLETED

**NINGI LOCAL GOVERNMENT AREA**

Most Common Languages:-

Hausa Warji

Economic Factors :-

Farming

School Enrollees 1984/85

30.4% of Children Ages 5-14 Enrolled.

2572 Post Primary Enrollees

4500 Literacy Enrollees.

PROJECTED POPULA.*	1985	1986	1987	1988	1989	1990
Total Population	140511	144726	149028	153540	158146	162890
Target Popul.-Total	56204	57890	59872	61416	63258	65156
Women Ages 15-44	28102	28945	29936	30708	31629	32578
Child. Under Age 5	28102	28945	29936	30708	31629	32578
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	15					
L.G.A	15					
State Gov't	-					
Voluntary Org.	-					
Health Clins.-Total	4					
L.G.A	1					
State Gov't	-					
MCH Clins.-Total	4					
L.G.A	4					
State Gov't	-					
Prim.H.Centres	1 Under Const.					
Comprehen.H.Centa	-					
<b>HOSPITALS</b>						
Private Clinics	1					
Sick Bays	-					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives						
Public H.Sisters						
Midwives	4					
Community Midwives						
Nurses						
Community H.Officers*						
Community H.Supervisors*	1					
Community H.Assists*	4					
Community H.Aides*	7					
Medical Officers*						
Alternative Resources						
Traditional Birth Attends.						
Village Health Workers						
*Estimated at 3% Growth Annually.						

\* INCLUDES ONLY THOSE BORN, DIED BY THE L.G.A. OR ...  
 TO ...

**TAFAWA-BALEWA LOCAL GOVERNMENT AREA:**

Most Common Languages:- Sayawa, Jarawa  
 Economic Factors :- Farming.

School Enrollees 1984/85

33% of Children Ages 5-14 Enrolled.

5871 Post Prim ry Enrollees.

6000 Literacy Enrollees.

PROJECTED POPULATION *	1985	1986	1987	1988	1989	1990
Total Population	246776	254159	261804	269658	277748	286080
Target Popul.-Total	98710	101762	104722	107864	110100	114432
Women Ages 15-44	49335	50836	52361	53932	55050	57216
Child.Under Age 5	49335	50836	52361	53932	55050	57216
<b>HEALTH FACILITIES</b>						
Dispensaries	23					
L.G.A	20					
State Gov't	-					
Voluntary Org.	3					
Health Clinics.-Total	1					
L.G.A	1					
State Gov't	-					
MCH Clinics-Total	3					
L.G.A	3					
State Gov't	-					
Prim.H.Centres	1 Non Funct.					
Comprehen.H.Cents.	1					
Private Clinics	-					
Sick Bays	1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives						
Public H.Sisters						
Midwives	5					
Community Midwives						
Nurses						
Community H.Officers*		1				
Community H.Supervisor*		2				
Community H.Assistants*	3					
Community H.Aides*	6					
Alternative Resources						
Traditional Birth Attendants						
Village Health Workers						
*Estimated at 3% Growth Annually.						

\* ESTIMATED ONLY

**TANGALE/WAJA LOCAL GOVERNMENT AREA**

Most Common Languages:- Tangale Waja

Economic Factors :- Farming

School Enrollees 1984/85

47.3% of Children Ages 5-14 Enrolled.

10867 Post Primary Enrollees.

5500 Literacy Enrollees.

PROJECTED POPULATION *	1985	1986	1987	1988	1989	1990
Total Population	344718	355060	365711	376682	387982	399621
Target Popul-Total	131887	142024	146284	150672	155192	159848
Women Ages 15-44	68944	71012	73142	75336	77596	79924
Child.Under Age 5	68944	71012	73142	75336	77596	79924
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	45					
L.G.A	27					
State Gover't	-					
Voluntary Org.	18					
Health Clins.-Total	2					
L.G.A	2					
State Gov't	-					
MCH Clinics-Total	7					
L.G.A	7					
State Gov't	-					
Prim.Health Cents	1					
Comprehen.H.Cents.	-					
HOSPITALS	1					
Private Clinics	-					
Sick Bays	1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives						
Public H.Sisters	1					
Midwives	8					
Community Midwives	1					
Nurses						
Community H.Officers*		1				
Community H.Supervs.*		2				
Community H.Assists.*	3					
Community H.Aides *	9					
Medical Officers *						
Alternative Resources						
Traditional Birth Atts.						
Village Health Workers						
*Estimated at 3% Growth Annually.						

SHIRA LOCAL GOVERNMENT AREA

Most Common Languages:- Hausa, Fulani.  
 Economic Factors :- Farming, Animal Husbandry.

School Enrollees 1984/85  
 16% of Children Ages 5-14 Enrolled.  
 2462 Post Primary Enrollees  
 4500 Literacy Enrollees.

PROJECTED POPULATION *	1985	1986	1987	1988	1989	1990
Total Population	267224	275211	283498	292003	300763	309786
Target Population-Total	106890	110096	113398	116800	120304	123914
Women Ages 15-44	53445	55048	56699	58400	60152	61957
Child.Under Age 5	53445	55048	56699	58400	60152	61957
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	25					
L.G.A	25					
State Gov't	-					
Voluntary Org.	-					
Health Clins.-Total	1					
L.G.A	1					
State Gov't	-					
CH: Clinics-Total	2					
L.G.A	2					
State Gov't	-					
Prim.H.Cents.	-					
Comprehen.H.Cents	-					
<b>HOSPITALS</b>						
Private Clinics	-					
Sick Bays	1					
<b>HEALTH MANPOWER</b>						
Nurse/Midwives						
Public H.Sisters						
Midwives	1					
Community Midwives	2					
Nurses						
Community H.Officers *						
Community H.Supers. *	2					
Community H.Assists *	3					
Community H.Aides *	8					
Medical Officers *						
Alternative Resources						
Traditional Birth Atts.						
Village Health Workers						
*Estimated at 3% Growth Annually						

**TORO LOCAL GOVERNMENT AREA:**

Most Common Languages:- Fulani, Hausa, Ribina  
 Economic Factors :- Farming, Cattle Rearing.  
 School Enrollees 1984/85

38.3% of Children Ages 5-14 Enrolled.

4273 Post Primary Enrollees.

8000 Literacy Enrollees.

PROJECTED POPUL. *	1985	1986	1987	1988	1989	1990
Total Population	228756	235619	242687	249968	257467	265423
Target Popul.-Total	91502	94248	97075	99987	102989	106169
Women Ages 15-44	45751	47124	48537	49993	51494	53085
Child: Under Age 5	45751	47124	48537	49993	51494	53085
<b>HEALTH FACILITIES</b>						
Dispensaries-Total	26					
L.G.A	25					
State Gov't	-					
Voluntary Org.	1					
Health Clins.Total	1					
L.G.A	1					
State Gov't	-					
MCH Clinics-Total	4					
L.G.A	4					
State Gov't	-					
Prim.H.Cents.	1					
Comprehen.H.Cents.	-					
HOSPITALS	1					
Private Clinics	-					
Sick Bays	2					
<b>HEALTH MANPOWER</b>						
Nurses/Midwives						
Public H. Sisters						
Midwives	7					
Community Midwives	1					
Nurses						
Community H.Officers*						
Community H.Superisors* 1						
Community H.Assists# 3						
Community H.Aides.* 9						
Medical Officers *						
Alternative Resources						
Traditional Birth Attens.						
Village Health Workers						
*Estimated at 3% Growth Annually.						