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Program for International Training in Health

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March 25, 1986

Ms. Marilynn Schmidt
Program Monitor
ST/POP/IT
SA 18 Room 811
Agency for International Development
Washington, D.C. 20523

Re: AID-DPE-3031-C-00-4077

Dear Marilynn:

Enclosed are two copies (one complete copy, 1 standardized copy) of INTRAH trip report # 0-242:

Country: Nigeria

Activity Title: Five-Day FP/ORT Update workshops

Dates: January 9 - February 8, 1986

Traveller(s): Dr. Gilberte Vansintejan, INTRAH Consultant

Purpose of Trip: To conduct two Five-Day Family Planning and Oral Rehydration Therapy Update workshops and to conduct a reassessment of family planning training needs in Imo State.

Please let us know if you need additional copies of these reports or portions thereof.

Sincerely,

Anne Echerd

Anne Echerd
Program Assistant

Enclosures

cc: Ms. Keys MacManus, AAO/Lagos.
Mr. Jack Thomas, AFR/TR/HPN
AID Acquisitions ✓
Dr.James Lea,Director/Ms.Lynn Knauff,Deputy Director
Miss Pauline Muhuhu, E/SA Office Director
Mr. Robert Minnis, IHPS
Dr. Sarah Clark, REDSO/WCA/Abidjan

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Trip Report #0-242

Travelers: Dr.Gilberte Vansintejan,
INTRAH Consultant

Country Visited: NIGERIA

Date of Trip: January 9 - February 8, 1986

Purpose: To conduct 2 Five-Day Family Planning and Oral Rehydration Therapy Update workshops and to conduct a reassessment of family planning training needs in Imo State.

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* On file with INTRAH Program Office

EXECUTIVE SUMMARY

Two Five-Day Family Planning Oral Rehydration Therapy (FP/ORT) Update workshops were conducted in Imo State, Nigeria from January 20 to 31, 1986 for 57 nurses, nurse/midwives, and public health nurses.

The training was conducted in Atta at a retreat center which provided live-in facilities for the two groups and for participants of an INTRAH/IHP family planning service delivery skills workshop which was conducted January 13 to February 8, 1986.

Preceded by one week of planning with a co-trainer, the workshop proceeded smoothly. The guidelines provided support to the training team -- three national co-trainers and the INTRAH consultant.

Reassessment of training needs was conducted during the fourth week. Several methods were employed to produce a list of additional training needs: 1) visit to 17 integrated family planning clinics in four of the five zones of Imo State; 2) interview of state and zonal coordinators; 3) feedback on training needs by participants in the two FP/ORT update workshops; and 4) analysis of the state "Five-Year Plan."

State family planning programs were at different levels of development; the most active ones were located in urban centers. All clinics were run by trained family planning clinicians. Personnel met and interviewed in the field had difficulty in expressing their training needs. They mostly spoke of their problems: lack of transportation and the need for an impress account. Participants in the five-day workshops need additional training in IUD insertion and management (and general clinical family planning), counseling and education of clients, and supervision.

The state and zonal coordinators had more concrete suggestions concerning further need for training staff in FP and ORT.

The five-year plan further defines the types of personnel to be trained and the topics for training. Those are listed in Appendix H.

SCHEDULE DURING VISIT

Thursday January 9, 1986	Departure to Lagos via PanAm.
Friday January 10, 1986	Arrival Lagos Airport at 8:00 p.m. To Kuramo Lodge in Lagos.
Saturday AM January 11, 1986	Briefing with Ms. Keys MacManus - together with two INTRAH/IHP consultants enroute to Bauchi State: Ms. Helen Sirica and Ms. Mary Kroeger.
Sunday AM January 12, 1986	Travel to Port Harcourt by plane. Travel by car to Owerri, Imo State. To Concorde Hotel.
Monday AM January 13, 1986	Ministry of Health: To Atta. Meetings with MOH family planning coordinator and training team.
Tuesday AM January 14, 1986	Ministry of Health: Introduction to Commissioner of Health.
Tuesday PM January 14, 1986	Travel to Atta: Plan curriculum with co-trainer.
Wednesday January 15, 1986 to Friday January 17, 1986	Plan workshop schedule, guidelines for trainers, course content, handouts, visit FP and ORT services with co-trainer.
Monday January 20, 1986 to Friday January 24, 1986	Conduct, facilitate, implement Workshop I.
Monday January 27, 1986 to Friday January 31, 1986	Conduct, facilitate, implement Workshop II.
Saturday February 1, 1986	To Owerri: Concorde Hotel. Report on workshops.

-CONTINUED-

Monday & Tuesday February 3-4, 1986	Visit MOH family planning clinics in Imo State including Aba, Owerri, Orlu, Oru, Umuahia.
Wednesday February 5, 1986	Work with family planning coordinator.
Thursday February 6, 1986	Draft final report.
Friday February 7, 1986	Departure to Lagos via Port Harcourt. Debriefing with Ms. Keys MacManus and Ms. Shitta-Bey. 11:55 p.m.: Departure to New York via London.
Saturday February 8, 1986	Arrival in New York.

I. PURPOSES OF TRIP

A. Family Planning and Oral Rehydration Therapy Workshops

1. To implement two Five-Day FP/ORT Update workshops in Imo State for thirty nurse/midwives and public health nurses per workshop.
2. To make specific recommendations regarding the appropriateness of using this course to update knowledge and skills of other nurse/midwives and public health nurses in Imo State.

B. Reassessment of Training Needs

1. To reassess FP/ORT needs in Imo State for INTRAH's review.
2. To identify additional training required for participants of the Five-Day FP/ORT Update workshops and for other categories of health personnel, for the purpose of accelerating provision of FP and ORT services in Imo State.

II. ACCOMPLISHMENTS

A. The Imo State training team and the INTRAH consultant conducted two Five-Day FP/ORT Update workshops which were attended by a total of 57 persons, 18 participants the first week and 39 participants the second week.

B. Additional training needs were expressed by the participants at the end of the workshops and by the co-trainers.

C. Visits to 17 integrated family planning clinics were carried out by the INTRAH consultant in order to identify categories of health personnel requiring additional training (see Appendix H).

III. BACKGROUND

In 1984, Imo State became very much involved in population policy and in providing family planning services to a growing population estimated to be between six and eight million inhabitants. Only five private Planned Parenthood Federation of Nigeria (PPFN) clinics existed until then. Imo State is second to Lagos in terms of population density.

INTRAH and the Institute of Health Policy Studies (IHPS) of the University of California have conducted numerous activities in the state during the PAC II period. These are listed below:

A. Visit to finalize subcontracts and to develop program workplans; INTRAH trip report #0-18 (R. Baker, C. Durham), January 3-17, 1985.

B. Two FP/ORT program Policy Seminars for Imo State officials; INTRAH trip report #0-110 (G. Bergthold and M. Silverman), March 16-April 9, 1985.

C. FP/ORT Training of Trainers and Health Education workshop for 16 members of Imo State training team; INTRAH trip report #0-111 (L. Andrews and C. Hall), April 22-May 17, 1985.

D. FP/ORT Curriculum Development workshop for the 16-member Imo State training team; INTRAH trip report #0-112 (L. Andrews and J. Boone), May 20-June 14, 1985.

E. Visit to develop project for a series of five-day update workshops in FP/ORT in five states; INTRAH trip report #0-59 (J. Herrington, J. Tsuei, J. Wachira, and S. Smrcka), May 13-June 8, 1985.

F. FP Clinical Skills Delivery workshop for 15 senior health sisters/trainers; INTRAH trip report #0-113 (E. Lewis and R. Hosang), July 1-August 5, 1985.

G. FP/ORT Management/Supervision/Evaluation workshop (for 17 senior/trainers and administraters); INTRAH trip report #0-155 (J. Malvinsky and J. Williams), November 11-December 3, 1985.

IV. DESCRIPTION OF ACTIVITIES

A. Week 1: Planning the Workshop Curriculum, Schedule, Content

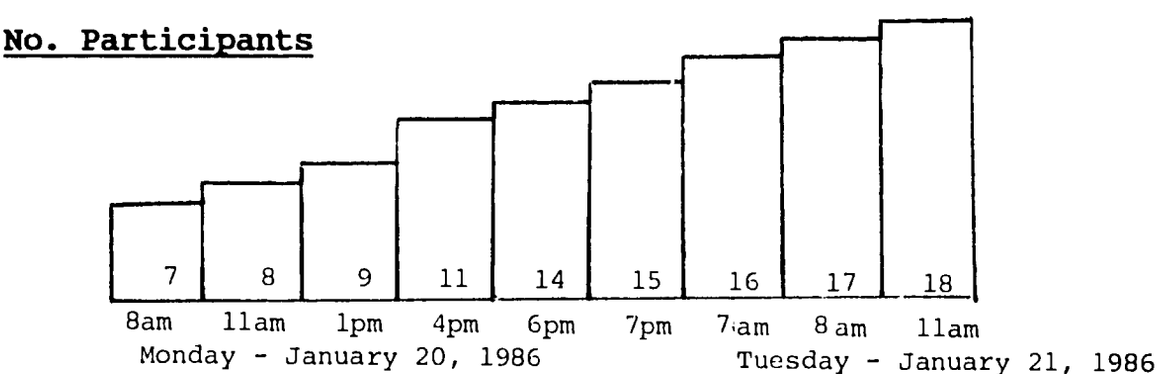
The INTRAH consultant first met with Mrs. Grace Ogbonna, Family Planning Coordinator at the Ministry of Health (MOH). Mrs. Ogbonna assigned Mrs. Lydia Anomnachi to work with the workshop trainers. Mrs. Anomnachi is a tutor in the School of Public Health Nursing in Owerri. Already in Atta, she was working with the trainers of the FP Service Delivery Skills workshop.

Mrs. Anomnachi and the INTRAH consultant worked on a curriculum which would best fit the needs of the participants, taking existing guidelines into account. Two learning objectives were modified and simplified (see Appendix C.1). The schedule and training guidelines for trainers provided direction for the two workshops. Handouts and wall charts were also prepared during that week (see Appendices C and D).

B. Week 2: Implementing Workshop I

Thirty participants were expected but only seven were present Monday morning. An opening ceremony was conducted by: 1) Dr. S.N. Ugoji, Director of Health Services, Acting Permanent Secretary; 2) Dr. Nwoso, Acting Chief Health Officer; and 3) Mrs. C.D. Njoku, State Chief Nursing Officer. The Permanent Secretary and Dr. Eke were both on vacation.

Thereafter, until Tuesday noon, 18 additional participants trickled in. The following cumulative graph shows the pattern of arrival.



Late arrival of participants was disruptive to this short workshop. Each participant had to take the pre-test at once, and only after, joined the group for sessions. Introductory exercises and participant expectations were done for only the original seven participants. The reason for delayed participant arrival was later discovered - a typographical error on the invitation letter. Participants were asked to come on Monday, January 20 at 6:00 p.m. instead of Sunday January 19. Only those present on Sunday received the radio message.

The workshop proceeded smoothly. The three Imo State co-trainers -- Mrs. Lydia Anomnachi, Mrs. Comfort Ukanwoke and Mrs. Mercy Onyekwere had participated in all workshops offered by IHPS. They were well-prepared as trainers and service providers. They were among the

best this INTRAH consultant has worked with during the five-state project, knowing process and content teaching in family planning and oral rehydration therapy. Each thoroughly prepared her sessions. Teamwork went very well. They taught the participants the many songs on FP/ORT they had developed in other workshops.

Participants agreed to have sessions in the evenings, so as to compensate for lost time. They were all highly motivated in learning more about FP/ORT. Few had such content in their pre-service education.

Problems were few and only related to coordination of extramural activities.

Continuous assessment was done throughout the workshop:

1. Participants asked many questions, thus providing feedback on their understanding of workshop content;
2. Participants were asked to respond to five brief sentences designed to express their daily impressions on Tuesday and Wednesday (see questions and responses in Appendix F);
3. Pre- and post-test results indicated a gain in knowledge. The pre-test mean was 33% while the post-test mean was 57% with an increase of 24% for the group (see Appendix F).

At the end of the week, each participant received commodities: eight tubes of spermicides (Ortho), five applicators and 500 condoms. As oral contraceptives are sufficiently stocked in the various clinics (they are considered a medical method), participants will have access to them through the existing system.

C. Week 3: Implementing Workshop II

Thirty-nine participants attended the second workshop. New invitations had been sent out. Thirty-two arrived Sunday night. The workshop proceeded very well. Teaching, discussions, questions and answers and group work were extended daily upon the request of the participants. Daily evening sessions (from 7:30 to 9:00 p.m.) ensured more in-depth knowledge and skills in family planning methods. Due to age (mean of 41 years), understanding of some issues was slower than for a younger group. There was however great eagerness to learn. The participants admired the Imo State trainers for their competence and skill in teaching and for their knowledge about family planning; they were good role models.

The pediatrician from the ORT Unit, Owerri Hospital, came to present "State policy and rationale for ORT." This was a good preparation for the participants' visit to the ORT Unit. They observed how mothers were rehydrating their children and obtained the statistics of admission.

Transportation was well-organized. The FP and ORT hospital services were well aware of the objectives for the groups' visit. While one sub-group went to visit, the others worked on family planning case studies.

Pre- and post-test results indicated a gain in knowledge - from a mean of 32% to 59%, an increase of 27% (see Appendix F). At the end of the workshop, each participant received the following commodities: six tubes of spermicide, three applicators and 300 condoms. There was no official closing ceremony.

During both workshops MOH resource persons presented sessions (see Appendix $C._1$):

1. Mrs. Grace Ogbonna taught "State policies on family planning/demography," and "Outline of

family planning methods;"

2. Mrs. Edna Onyegere and Mrs. Kate Ugochuku presented "Natural family planning." INTRAH had sponsored both to attend an NFP/TOT course in the Philippines in November 1985; and
3. Miss Stella Dike presented "Communication and counselling."

D. **Week 4: Reassessment of Training Needs**
See Appendix H, Report

V. FINDINGS

A. Bishop Cocklin Center located in Atta (15 miles from Owerri), hosted two workshops at the same time:

1. From January 13 to February 8: an FP Service Delivery Skills workshop for 18 service providers conducted by Ms. Emily Lewis, Ms. Kelly O'Hanley and a team of three Imo State co-trainers.
2. From January 20-31: two Five-Day FP/ORT Update workshops with three Imo State co-trainers and INTRAH consultant Dr. Gilberte Vansintejan. Mrs. Grace Ogbonna was coordinator for both workshops. She also taught in both.

There were both advantages and disadvantages in running two workshops at the same time.

Advantages were:

- saved time for the project coordinator who also stayed in Atta for the complete period.
- Facilitated participants' sharing and learning about each others' workshops. Participants of both workshops were of similar professional background and were able to work together.

- Facilitated trainers' sharing, who knew each other from previous workshops.
- Facilitated material sharing. The FP Service Delivery Skills workshop trainers were well-equipped with materials they had brought from California (staplers, markers, scissors, etc.) and shared these items with the other team. The five-day workshop trainers had many publications and books for trainers and gave copies to the other team and to participants. Handouts were equally shared.

Disadvantages were:

- Coordinator, at times, was overwhelmed. Coordination was poor for extramural activities during the first week.
- Shortness of five-day workshops was accentuated due to length of FP Service Delivery Skills workshop. The five-day workshops were perceived by co-trainers and participants as being too short, with too extensive objectives.

B. The five-day FP/ORT workshops were "updates" for very few participants. Few had pre-service training in family planning. Through the biodata forms, it was possible to assess prior exposure to family planning, attendance in other workshops related to MCH/FP and tasks currently performed in family planning. The following table summarizes the findings:

1. **WORKSHOPS**

In Family Planning

	Number of Participants	%
None	47	82
Non-Clinical FP & IEC	2	
Evaluation in FP	1	
Policy Seminar in FP	1	
Clinical FP (1 to 3 months)	4	
Management of FP services	2	

WORKSHOPS

In Maternal/Child Health

	Number of Participants	%
Expanded Program of Immunization	2	
Nutrition	3	
Neonatal/Pediatrics	1	

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2. **TASKS**

	Number of Participants	%
None	34	60
Counseling About Spacing	23	40
Supervision of Services	2	
Management of Family Planning Services	2	
Planning/Evaluation	1	
Clinical Methods	4	
Non-Clinical Methods	3	
Natural Family Planning	3	

Through interviews, the consultant found out that 23 participants (40%) work with clinically prepared nurse/midwives. Many of the other participants may be transferred, or serve as service supportors and motivators in the various local government areas.

C. Strategies for "Health for all by year 2000" have been endorsed by Imo State and include FP, ORT and an expanded program of immunization. All local government areas follow the Ministry of Health policy directives. The Imo State Health Bulletin (December 1985) gives data for the 1984 population (reported in Appendix G). Participants have been well selected from all local government areas. Each received a list of existing clinics for referral of clients for IUD insertions (see Appendix I).

D. The Imo State Health Bulletin (December 1985) reports the existence of the following medical institutions in 1984:

Hospitals	208	Health Centers	90
Maternity Homes	386	Dispensaries	88

The ownership of these medical institutions is as follows:

	Hospitals	Maternity Homes
State/Government	9.6%	13%
Private Individuals	71.0	75
Missions	6.3	10

There were no participants from the private or mission sectors.

E. Manpower in 1984 (Imo State Health Bulletin):

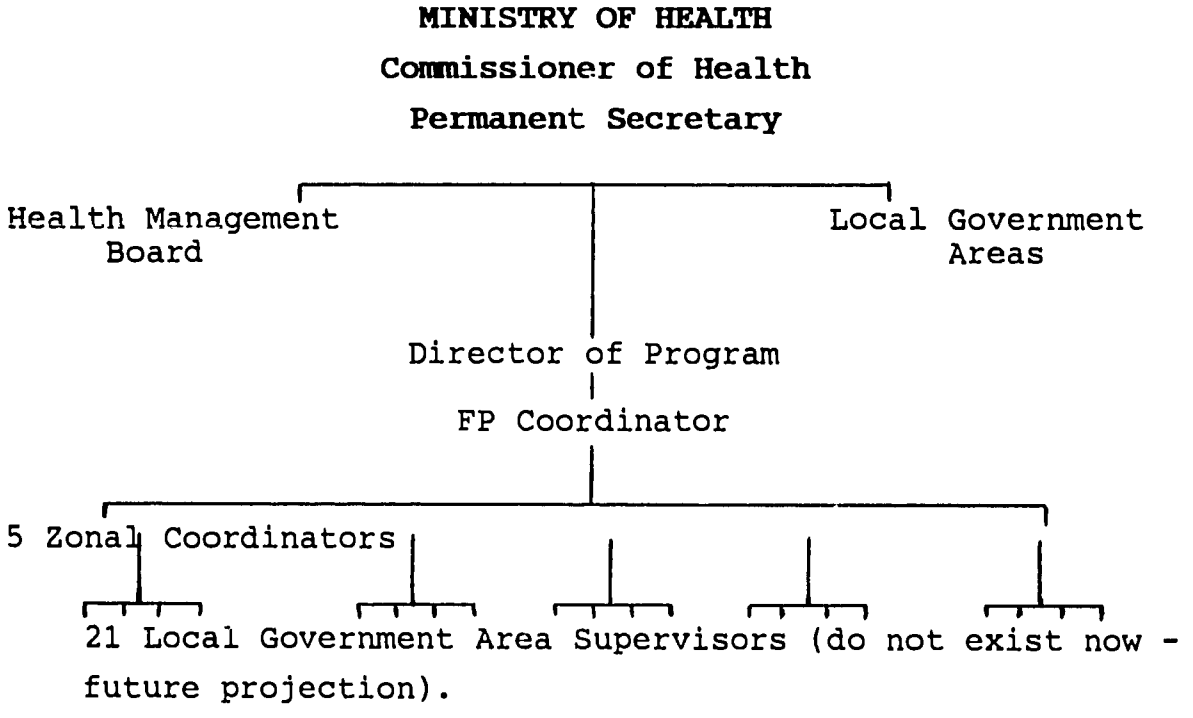
Physicians: 488 (Ratio physician/population - 1/12,641)
Personnel of the Health Management Board are listed as follows (the list does not include health personnel from the Ministry of Health or local government areas, whose numbers are greater):

Chief nursing officer	**1**	**Administrative sisters**	**3**
Sr. matron assistants	**8**	**Nursing superintendents**	**575**
Principal nursing officers	**20**	**Staff nurse/midwives**	**383**
Sr. nurse superintendents	**194**	**Staff nurses**	**272**
Sr. administrative sisters	**11**	**Staff midwives**	**525**

Targeting nurses and midwives for FP/ORT services seems to be valid. It may be possible, at a later date, to integrate those nurse/midwives working in private and missionary health services.

F. Services provided by FP clinics run by the Ministry of Health and local government areas (and HMB) are now provided free of charge. All commodities are provided by donor agencies.

G. The current organigram of the Ministry of Health as it relates to family planning services is as follows:



The MOH's goal is for each local government area to have at least one FP center by the end of February 1986, when the third group of clinicians will complete their four-week training in clinical training in Ibadan. Two groups have already been trained in Ibadan (total: 17 clinicians), and a third group of eight departed for Ibadan February 2, 1986. Those trained in the Five-Day FP/ORT Update workshops could have satellite clinics if they are not directly working with the clinicians, and thus refer women for IUD insertions.

H. Coopers and Lybrand: Mr. Aribisala visited the FP coordinator on the Tuesday preceding the first workshop; he provided monies for materials and supplies to be bought. Mrs. Ogbonna said she discussed the budget with him, and that not having included per diem for the Imo State trainers was an oversight on the part of INTRAH. The coordinator and co-trainers also stay full-time in Atta and need a per diem to pay the center. She asked Mr. Aribisala to communicate with INTRAH and have an answer ready the next week. Another issue she raised with him was the cost of gasoline which had almost doubled over the last few weeks. The scarcity of transportation at the MOH may even justify renting a car. Mr. Oroja came on February 23 and 24. He reimbursed the center for food and lodging. He decided against providing participants with the difference in per diem (Naira: 14/day/participant).

When Mr. Oroja returned on Friday, January 31, for Workshop II, per diem was provided for each participant. Each received Naira 70 for the five days; lecturers received an honorarium. Imo State trainers were to wait for INTRAH's answer to the telex sent by Coopers and Lybrand on January 27. Mrs. Ogbonna received Naira 70 for each of the 18 participants of

Workshop I. It is her responsibility to get those monies to the participants.

I. From the 57 participants' reaction forms, it is evident that:

1. Time devoted to the workshop is perceived as too short; "somewhat too little," - 29 and "too little" - 14.
2. The amount of material to be covered during the workshop was "too much" - 26, "somewhat too much" - 13, "just about right" - 18.
3. Participants suggested ways to improve the workshops, mainly addressing the issue of time; "additional time" - 46, "more time to practice skills and techniques" - 26, "more time to become familiar with theory and concepts" - 9.

VI. CONCLUSIONS

A. The two Five-Day FP/ORT Update workshops ran from January 20-24, and from January 27-31. Overall they were successful and satisfactory to the 57 participants who gained knowledge and skills in communication/information and counseling and in the provision of FP methods (excepting IUDs) and oral rehydration therapy. This acquisition of knowledge was validated by the pre- and post-test scores, and by the level of participation throughout the workshops.

The fact that two workshops were run simultaneously (FP Service Delivery Skills and Five-Day FP/ORT Update) was beneficial to both participants and Imo State trainers.

B. Reassessment of training needs for INTRAH's review was carried out by various means: 1) interview of participants and summary of perceived needs as expressed in

the participant reaction forms; 2) discussions with the FP coordinator and Imo State trainers on their perceptions of target groups and topics for training; and 3) field visits to clinics where FP services are provided.

VII. RECOMMENDATIONS

A. Assessing outcomes of Five-Day FP/ORT Update workshops.

There is a need to assess/evaluate the outcomes of these intensive workshops in all states where they were conducted. Everywhere, the most recurrent complaint was that five days are not long enough and that they do not allow enough time for the participants to develop confidence in themselves as service providers. The five zonal coordinators would be the best group to assess activities carried out by the participants; e.g., one month after training, and six months later. For the six month assessment, INTRAH could send the zonal coordinators -- through the FP coordinator -- a standard questionnaire, to be administered to each participant through interview. INTRAH travelers could also follow up the outcomes of the training during other assignments.

B. Lengthening the Five-Day FP/ORT Update workshops to ten days for nurses, nurse/midwives and public health nurses or training other categories of health personnel in five day workshops.

Five days could be a satisfactory period to update knowledge and skills on FP/ORT. This assumes that participants have had previous exposure to the topics. This is not always the case, and most participants do not have the managerial skills to run family planning services. For a ten-day workshop, the

same objectives would apply. This consultant suggests the following ten-day schedule designed to cover the same material as was taught in the five-day workshops:

DAY I		Same	
DAY II	**AM**	Review anatomy/physiology, human sexuality and relationships with family planning.	
	PM	Overview of all FP methods: traditional, modern, natural, surgical.	
DAY III	**AM**	2 hours:	Review through grab bag questions.
		3 hours:	Chemical and hormonal methods; management of clients.
	PM	3 hours:	Barrier methods; management of clients.
DAY IV	**AM**	2 hours:	Review through grab bag questions.
		3 hours:	IUD; management of clients.
	PM	2 hours:	Surgical methods of contraception.
		1 hour:	Questions and answers on all FP methods.
DAY V	**AM**	1 hour:	Test on FP methods.
		3 hours:	Visit to family planning clinic.
	PM	1 hour:	Feedback on test.
		3 hours:	Oral rehydration therapy.
DAY VI	**AM**	2 hours:	Group exercises - case studies in FP/ORT.
		3 hours:	Information/Education/Communication in FP/ORT:

- Principles
- Practical aspects
- Obstacles and solutions

PM Preparing FP/ORT messages.

DAY VII	AM	Delivering FP/ORT messages to the communities.
	PM	Counseling.
DAY VIII	AM	Visit to an ORT unit.
	PM	Management of FP services; planning, organizing, implementing, evaluating records, client flow, daily and monthly statistics.
DAY IX	AM	2 hours: Grab bag questions for review.
		2 hours: Ordering supplies.
	PM	Strategies for motivating communities for FP/ORT.
DAY X	AM	Post-test reaction forms.
		Review.
	PM	Feedback.

C. Co-Trainers are essential in workshops; they will also follow up participants once participants return to their service areas. Any of the co-trainers who worked with this consultant could be utilized by INTRAH as facilitators in other workshops, in other states and even in other countries.

D. The training team of Imo State should own visual aids such as: a film projector for 16 mm. films, slide projectors, overhead projector/transparencies and/or OMNI manual film viewers. Films should always be available for workshops.

E. Consultant trainers should carry basic materials to the workshop site: masking tape, markers, staplers.

F. Specific recommendations regarding appropriateness of using this course to update knowledge and skills of others in Imo State.

Considering the outline of the five-year plan, the categories of health personnel to be trained for FP/ORT service delivery and other activities are numerous. A modified version of the five-day FP/ORT workshop would be most appropriate for the following categories of Imo State personnel:

1. the 250 community-based workers (who are lower cadres of health providers; e.g., community health assistants);
2. members of women's organizations;
3. the 50 health educators (one week planned in the five-year plan); and
4. the 500 motivators and community aides, both men and women, at the village level.

APPENDIX A

PERSONS CONTACTED/MET

Lagos

Ms. Keys MacManus	AID Affairs Officer/Lagos
Mrs. Shitta-Bey	Population/Family Planning Specialist

Owerri/Atta

Mrs. Bridgett C. Nkwanko	Commissioner of Health, Imo State
Dr. S.N. Ugoji	Director of Health Services, Acting Permanent Secretary
Dr. Nwosu	Acting Chief Health Officer
Mrs. C.D. Njoku	State Chief Nursing Officer
Mrs. Grace Ogbonna	Family Planning Coordinator, Ministry of Health
Ms. Stella Dike	Sr. Public Health Sister, Tutor in Nursing School, Deputy Family Planning Coordinator (also Co-Trainer in FP Service Delivery Skills workshop)
Mrs. Lydia Anomnachi	Sr. Health Tutor in School of Public Health (also Co-Trainer in Five-Day FP/ORT Update workshops)
Mrs. Comfort Ukanwoke	Assistant Chief Health Sister (also Co-Trainer in Five-Day FP/ORT Update workshops)
Mrs. Mercy Onyekwere	Sr. Public Health Tutor in Nursing School (also Co-Trainer in Five-Day FP/ORT Update workshops)

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Owerri

Mr. Ken Heise	Management Sciences for Health
Mr. John Holley	Management Sciences for Health
Dr. Douglas Huber	Association for Voluntary Sterilization
Mr. Joseph Dwyer	Association for Voluntary Sterilization

Atta

Mrs. Edna Onyegere	Sr. Health Sister (also Co-Trainer in the FP Service Delivery Skills workshop)
Mrs. Constance Onuha	Principal Health Sister, Zonal Coordinator (also Co-Trainer in the FP Service Delivery Skills workshop)
Mrs. Kate Ugochuku	Sr. Nursing Tutor (also Co-Trainer in the FP Service Delivery Skills workshop)
Mrs. Emily Lewis	Trainer, FP Service Delivery Skills workshop - IHP/University of California
Dr. Kelly O'Hanley	Trainer, FP Service Delivery Skills workshop - IHP/University of California

APPENDIX B_1

list of participants, titles, place of work

WORKSHOP I

AKA, M.J.	Principal Nursing Sister	Afikpo L.G.A.
AMATOBI, C.G.	Senior Nursing Sister	Orlu, L.G.A.
CHIEKE, C.A.	Princ.Health sister	Isuikwuato/Okigwe
DIKE, Francisca	Senior Health sister	Ahiazu/Mbaise
EKEWUBA, G.A.	Asst.chief Health S.	Nkwerre/Isu
IHEANACHO, L.A.	Sr.Nurse Midwife	Arochukwu/Ohafia
IWE, E.U.	Asst.Chief H.sister	Aboh/Mbaise
Izuogu J.N.	Midwife	Oru
MANUBA, J.C.	Princ.Health Sister	Obioma Ngwa
MWABARA, C.U.	Princ.Health sister	Bende
ODOM, Victoria	Sr.Health sister	Ahiazu/Mbaise
OGBONNA, S.N.	Princ.Health sister	Isiala Ngwa
OKPOKIRI, J.M.	Nursing sister	Ukwa
OTUONYE, V.	Princ.Health sister	Etiti
UCHEWUBA, T.E.	Sr.Health sister	NSD, MOH, Owerri
UDENSI, J.I.	Sr.Health sister	NSD, MOH, Owerri
UDU, R.U.	Community midwife sister	Afikpo
UKPABI, M.N.	Princ.Health sister	Oru

WORKSHOP II

AGOMO, E.	Nursing sister	Isiala Ngwa
AKALONU, V.O.	Principal Nurs.sister	Mbaitoli/Ikaduro
AMADI, I.R.	Ass.Chief H.sister	Owerri LGA
ANOCHILI, B.N.	Sr.Nursing sister	Ikwuano Umuahia
ANYA UGO, O.K.	Comm.MW sister	AFIKPO
ANYANWU, S.C.	Sr.Nursing sister	General Hosp.Aba
ANYANWU, A.A.	Comm.MW sister	Ukwa
ASHIMONYE	Asst Chief H.Sister	Emiri Owerri LGA
CHIBUNDU, A.N.	Sr Nurse Midwife	Gen.Hospital Owerri
EBIRINGA, V.N.	Health sister	Aboh Mbaise
EKWEBELEM, A.C.	Sr.Nursing sister	General Hosp.Owerri
IGWE, E.C.	Nursing sister	Inspectorate unit AKA
IHEDINMAH, C.E.	Nursing sister	Aboh Mbaise
IHEDORO, R.N.	Princ.Health sister	MOH, Aba Health office
MBONU, V.O.	Nursing sister	Etiti
NJOKU, M.A.	Health sister	Aboh Mbaise
NKEMAKOLAM, C	Sr.Health sister	School of Nursing, Emukuru
NNEJI, K.N.	Sr Nursing sister	Umuneke Ngor
NKAPANA R.I.	Nursing sister	Ohozare
NMOCHIRI, H.N.	Nursing sister	Isuochi Health centre
NWACHUKU R.U.	A.Comm.Health S.	Mbatioli/Ikaduro
NWOKE, J.A.	Comm.N.sister	Obioma/Ngwa
NWOKORO, U.E	Sr.Nursing sister	Q.E.S.hosp.Unuahia
NWOSU, M.A.	Health sister	Orlu
OBIAJUNWA, C.A	Nursing sister	Nkisu
OGBONNA, A.A.	Nursing sister	Gen.Hosp.Umunnato
OJI, G.N.	Sr.Nursing sister	Gen, hosp.Aba
OJIAKO, C.	Principal health sister	Mbano
OKORO, S.C.	ass.Chief H.sister	Ohaj/Gbema/Ogute

APPENDIX B_1 (cont.)

WORKSHOP II (CONTINUTED)

OKOROJI,A.E.	Nursing sister	Mbano
OKPOM,C.O.	Health sister	Aba
ONYEKA,B.A.	Sr.Nurse-midwife	Umuma Isiaku
OPAIGBEOGU,EO	Princ.Health sister	Ikwuano/Umuahia
OPARA,A.C.	Community midwife s.	Ohaji/Ogula/Egbang
OSU,C.I.	Sr.Nursing sister	QESH Unmahia
UDENSI,E.N.	Sr.Nursing sister	Gen.Hosp. Aba
UDENSI,P.O.	Nursing sister	Bende
UHIO,C.I.	Nursing sister	Okigwe Gen.hosp.
UZOMA,E.A.	Commun.Nursing sister	Aro Oheifia

APPENDIX B_2

List of Individuals, Titles, Places of Work Interviewed During Reassessment of Training Needs

1. People met with Mrs. C. Ukanwoke, Asst. Chief Health Sister, School of Technology, Aba, Zonal Supervisor

Mrs. Ola Opusinju	Zonal Coordinator, Queen Elizabeth Hospital, Umuahia and Ubakala
Dr. Ojimma	Medical Director, Queen Elizabeth Hospital, Umuahia
Mrs. Njiribeako	Matron in Charge, Queen Elizabeth Hospital, Umuahia
Mrs. Ogbonna	Chief Health Sister, Local Government, Umuahia
Mrs. H.O. Nwaobiala	Urban Family Planning, Umuahia
Mrs. O.I.T. Ukonu	General Hospital, Isiala Ngwa
Mrs. C.A. Onwuegbula	Health Center, Ukwa
Mrs. Okonkwo	Health Office, Aba - Part-time in FP clinic, School of Health Technology

2. People met with Mrs. Mercy Onyekwere, Sr. Public Health Tutor, Nursing School

Mrs. Eunice Obi	Sr. Nursing Administrator, AN/FP clinic, General Hospital, Owerri
Mrs. Ashimonye	Assistant Chief Health Sister, Health Center, Emii
Mrs. Malinda Okoro	Sr. Nursing Sister, FP civil service, Okibwere Sectorate, Owerri
Mrs. C. Ukeje	Sr. Health Sister, Health Center, Umudin
Mrs. Ashilike	Health Sister, Health Center, Nwaorieubi - Mbaitoli, Ikeduru

APPENDIX B_2 (cont.)

Mrs. Grace A. Nwaneri	Zonal Coordinator/Supervisor, Assistant Chief Health Sister, MCH clinic, Orlu
Mrs. M.B. Mbwakwe	Sr. Nursing Sister, Health Office, Ideato
Mrs. C.A. Onyewuenya	Sr. Nursing Sister, Health Office, Ideato
Mrs. Olva	Nursing Sister, General Hospital, Umuna, Orlu

APPENDIX C1

COURSE CURRICULUM, OBJECTIVES, SCHEDULE

FIVE - DAY WORKSHOP ON FAMILY PLANNING & ORAL REHYDRATION THERAPY FOR PUBLIC HEALTH NURSES/NURSE - MIDWIVES

IMO STATE

JANUARY 1986

GOAL

To update knowledge and skills of public health nurses, midwives and nurse-midwives to increase acceptance and use of family planning, including natural family planning, and oral rehydration therapy.

GENERAL OBJECTIVES

At the end of the 5-day workshop, participants should:

Demonstrate increased knowledge and skills in transmitting information, educating clients, and providing services in family planning and oral rehydration therapy.

LEARNING OBJECTIVES

Participants should be able to:

1. Explain the socio-economic and health background for maternal and child health, family planning and oral rehydration therapy in the State and in the nation.

2. Demonstrate increased knowledge regarding selected family planning methods and oral rehydration therapy.

3. Demonstrate, through practice, family planning and ORT Skills.

4. Demonstrate increased knowledge and skills in recognizing, preventing and managing sexually transmitted diseases.

5. Demonstrate through role playing, skill in recognizing, counseling and referral for infertility.

6. Identify social, cultural and educational obstacles to family planning and counteract with appropriate solutions.

7. Keep appropriate records and statistics.

FIVE - DAY FAMILY PLANNING/ORAL REHYDRATION
THERAPY WORKSHOPS
IN C STATE

20 - 24 and 27 - 31 January 1986.

SCHEDULE

Monday

8	Welcome, registration Filling in biodata forms Introduction of participants and trainers Distribution of reference books, schedule Workshop rules/expectations
12-1	Pretest
1-2	Lunch
2-3	Demographic characteristics
3-5	Benefits of family planning/ORT

Tuesday

8-8.30	Where are we? Grab bag
8.30-9.30	Review anatomy-physiology of reproduction
9.30-12	Review of menstrual cycle
12-1	Human sexuality and family planning
1 - 2	Lunch
2 - 3	Overview of family planning methods
3 - 5	Family planning : group work

Wednesday

8 - 9	Natural family planning methods
9 - 11	Sexually transmitted diseases and infertility
11-1	ORT: presentation and demonstration
1 - 2	Lunch
2 - 3	Physical assessment
3 - 5	Social and cultural obstacles in FP/ORT

Thursday

8 - 8.30	Where are we: grab bag
8.30 - 10.30	Half group: visit family planning clinics and ORT unit.
8.30 - 10.30	Half group: management of clients on family planning.
10.30-12.30	Vice-versa
1 - 2	Lunch
2 - 4	Counseling
4 - 5	Community health education for FP/ORT

Friday

8 - 9	Post-test
9 - 12	Record - keeping, statistics, follow up & supplies
12 - 1	Reaction froms
1 - 2	Lunch
2 - 3	Feedback on test/reaction forms by trainers/ participants.
3 . 00	Closing

APPENDIX C_1 (cont.)

5 - DAY FP/ORT WORKSHOP - GUIDELINES FOR TRAINING
HLC - STATE

January 1986

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION	FACILITATORS
MONDAY . Provide Data On self & obtain Initial workshop materi- al. Get to know one another 8 -	- Welcome - Registration - Biodata - Books - Workshop schedule - Workshop rules	Filling of Forms . Sharing/Discussing Rules. Adult learning Methods	INITIAL BIODATA Forms Package for each Participant: - Pad, pen - Book-schedule - Folder	Completed BioData Forms List of names and & place of work	Lydia Anomnachi Gilberta Vansintejan Comfort - Ukanwoke Mercy Onyekwere
Assess entry Knowledge & skills Regarding FP/ORT 12-1	Pre-Test	Each participant fills a Pret-Test form	Pre-Test form + answer sheets	Results of Pretest.	GV Comfort Mercy, Lydia
Identify Learners Expectations	Participants Expectations	Group Exercise Each group write out expectat- ions & present.	News Print Felt Pen	Facilitator Summariizes	Lydia Comfort
Describe relationships between Demographic Characteristics, Health & Socio-Economic issues of population 2 - 3	National & State Population, Vital Statistics, Population Growth, State Policy for family planning	Facts on population Brain storm on causes of Deaths High Natality Give definitions Summarise Important. Characteristics	News print State Data FIG URBS	Questions by Participants	G. Ogbonna(G.O G. Vansintejan
Describe impact of FP/ ORT on Health of Mothers and children. 3 - 5	Benefit of child spacing by avoiding to have children when: Too young, Too often, Too old, Too many. *	Group work after brief presentation: on risk & benefits of FP/ORT. Discussions.	Ref: Book - AFRICA Pg. 3-14 Concepts & Issue of F.P. Pg. 29-42	Questions by Participants Work presented by each group.	L. A. C. U. M. O. G. V. * Child survival GOBI-FFF

26

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION	FACILITATORS
TUESDAY Reflect on previous day. 8 - 8.30	Where are we	Grab bag: Each group picks out a question & gives answer.	Questions in bag.	Answers by groups.	C. J. G. V.
Review Anatomy & Physiology of the reproductive organs: (Male & Female) 8.30 - 9:30	Male & Female reproductive organs	Each participants draws organs & label parts. Discussion of the Physiology.	Posters, Models, Reference pants - Fertility Awareness Pg. 4 - 9	Drawing by participants, Feedback by participants	E. A. Mercy O.
Review Menstrual Cycle 9.30 - 12	Menstrual Cycle	Reading Africa pg. 91-93 Mini Drama on menstruation.	Ref. Book Africa, Labels	Feed back by participants	G. V. E. A.
Discuss human sexuality & Family Planning 12 - 1	Relationship between reproductive process and human sexuality.	Drawing of phases question, participants on interference with F.P	News Prints & F. Pens Story Dreka &	Level of involvement Number of questions & answers.	G. V.
Outline Contraceptive methods 2 - 3	Overview of F.P method: Traditional Natural Hormonal Mechanical & Chemical, Surgical contraception.	Brain storming by participants Discussion	Samples posters News-print.	List produced by participants and amount of involvement.	Grace O.
Describe FP methods by effectiveness type advantages, side effects, contraindications 3 - 5	Family planning Methods	Group work. Each group prepares & present one method. Trainer completes group presentation	News-prints samples Ref. Book AMREF	Standard of group presentation	E. A. G. V. C. J. E. C.

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION	FACILITATORS
WEDNESDAY Describe Natural F.P. methods 8 - 9	NFP: Breast Feeding Rhythm BBT Mucus Sympto-Thermal Withdrawal Abstinence	Listing Minipresentation Exercise	Newsprints, Ref bk. AFRICA pg. 225-235 - Fertility Awareness - Periodic Abstinence - "SAFE - UNSAFE"	Discussion guided by trainers	Kate and Edna
Describe common STDs & how to recognise them. Identify causes of Infertility 9 - 11	STD: Gonorrhoea Chlamydia, Trachomonasis, Moniliasis Syphilis & Herpis Male & Female Infertility	Presentation with Discussion	Newsprints Ref. Book - Hand book on infertility AFRICA pg. 77-87	Number of questions Level of Participation	Gilberte Mercy O.
State National and State Policy on ORT. Prepare ORT 11 - 1	ORT Management of Diarrhoea & Dehydration. Educating mothers ORS & SSS	Overview & case story Demonstration & Practical	Posters, Newsprint Hand outs Materials necessary for demonstration	Results of Posters on ORT Return demonstration	Comfort U. Comfort U.
Outline Physical assessment for FP methods 2 - 3	History Taken Physical Assessment	Demonstration Role play, practice Physical assessment etc.	Hand out, check list	Return demonstration	Mercy O.
Identify obstacles & find solutions to delivery of FP/ORT services. 3 - 5	Social & Cultural obstacles to FP/ORT	Group work, presentation. Discussions.	Newsprints : List of Benefits of FP	Participants Output.	Comfort U.

Best Available Document

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION	FACILITATORS
THURSDAY Reflect on previous day. 8 - 8.30 a.m	Where are we	Grab bag. Each group pick out a question & give the answer.	Questions in bag	Answers by groups.	Comfort U. Mercy O.
Visit F.P/CRT Clinics 8.30 - 12.30	Visit to Cw. G.H	Transport participant in two groups	Vehicle	Feed back by participants	Lydia A. Mercy C. Comfort U. Gilberte
Outline the management on F.P methods & recognise need for referrals. 12.30 -	Case studies on F.P. Clients	Group work. Each group will prepare 4 case studies & present them.	Hand out on case studies	Feed back on management of case studies.	Comfort U. Mercy C. Lydia A. Gilberte Y.
Demonstrate counselling Skills on FP/CRT 2 - 4	Counselling	Discussion Role play	Hand out, Role play	Observation of role play	Stella D. Comfort U.
Identify strategies for improving FP/CRT services. 4 - 5	Community Health education & motivation	Brain storming & Discussion on CHE, Group work.	News prints.	Standard of presentation.	Comfort U. Mercy O.

OBJECTIVES	CONTENT	METHODS	MATERIALS	EVALUATION	FACILITATORS
FRIDAY Assess the cognitive knowledge & skills in FP/CMC 8 - 9	Post-Test	Individual test	Test Forms & Answer sheets	Results of Post-Test	G. V. L. A. C. J. M. C.
Explain the management of FP/CMC clinic 9 - 12	Record-keeping Statistics, Followup Ordering supplies	Brief presentation and Exercise	State Protocol Record statistical Forms	Record responses.	G. S. Gilberte Comfort ~~Mercy~~
Examine & state in writing reaction to workshop. 12 - 1	General Feedback	Individual completion of reaction forms	Reaction forms	Responses by participants	Everybody
Provide Feed back on Test & reaction form 2 - 3	Verbal feed back by Trainers & participants.	Exchange of ideas			Everybody
Closing 3.00					

APPENDIX C_2

SAMPLE INSTRUMENT FOR NEEDS ASSESSMENTS IN CLINICS

Visit of ...
Type of health service
Family planning: number of days/week
Hours
I.Facilities
Describe rooms
Light
Water- sink
II.Equipment
In examining room : describe

Type of sterilization

other..
III. Equipment/commodities
Instruments available
BP/stethoscope
Scale
Commodities in FP
IV. Personnel
how many(list)
Grades
Trained in FP - where,when
How many weeks
Training at centre possible?
if yes,who?in what?how long?
preceptorship , by who?
V. Services
Types offered/days
antenatal
postnatal
child welfare/EPI
deliveries
Family planning (since when)
clients seen in FP in January 1986
new acceptors and [illegible]
Methods chosen:IUD,OC,condom,injectables
Referral mecanism
Follow-up
V.Records
Clients'chart
daily/monthly statistics

Comments/problems/suggestion for
future training
Training in what topics:
felt needs
where should training occur.

APPENDIX D
LIST OF MATERIALS DISTRIBUTED

A. Books, publications

	Participants	Trainers
1. Family planning methods and practice: Africa	57	have
2. Periodic abstinence: safe-unsafe (IppF)	57	7
3. Female sterilization (IPPF)	57	7
4. Fertility Awareness (Human Life & NFP Foundation)	57	7
5. Helping Health workers learn	18*	7
6. Concepts and issues in family planning	-	7
7. Education for Sexuality (Burt & Meek)	-	7
8. Contraceptive Technology 84-85	6 *	7
9. Vasectomy (IPPF)	16	7
10. Natural Family planning	-	7
11. Planning, conducting & evaluating workshops	-	7
12. Handbook on infertility (IPPF)	6	7
13. Diarrhea Dialogue	57	7

B. Handouts

1. Objectives and schedule
2. Mini drama - menstruation
3. Oral rehydration therapy: Dr. Yaji
4. Benefits of family planning: Mrs. Lydia Anomnachi
5. Communication: Ms Stella Dike
6. Case studies for contraception
7. check-list for oral contraception
8. Counseling clients for family planning
9. The story of Emeka and Ngozi
10. Family planning and ORT songs in Ibo language

* Only for those participants who have above 33 (for Contraceptive Technology) and above 30 (for Helping Health Workers Learn). Copies were not enough for everyone and a selection had to be made.

APPENDIX F

Pre- and Post-Test Scores

Group I - Imo State
5-Day Family Planning/Oral Rehydration Workshop

Course ID_____

January 20-24, 1986

INTRAH PRE-POST TEST RESULTS FORM

Trainee	Pre-Test Score	Post-Test Score	Difference	Trainee	Pre-Test Score	Post-Test Score
1	32	40	+8	26		
2	25	32	+7	27		
3	22	32	+10	28		
4	20	30	+10	29		
5	19	34	+15	30		
6	19	30	+11	31		
7	19	25	+6	32		
8	19	29	+10	33		
9	18	32	+14	34		
10	15	34	+19	35		
11	14	22	+8	36		
12	13	33	+20	37		
13	13	23	+10	38		
14	13	37	+24	39		
15	12	18	+6	40		
16	8	24	+16	41		
17	6	15	+9	42		
18	6	18	+12	43		
19				44		
20			= +188	45		
21				46		
22				47		
23				48		
24				49		
25				50		

Total over 900
293

Mean = 32.6%

Range: 6 - 32

POSTTEST TOTAL
508

Mean = 56.5%

Range 15 - 40

Difference: mean: +10.4 points

Percent increase
+23.9 %

IMO STATE

Course ID_____

INTRAH PRE-POST TEST RESULTS FORM

GROUP II JANUARY 1986

Trainee	Pre-Test Score	Post-Test Score	DIFF.	Trainee	Pre-Test Score	Post-Test Score	DIFF.
1	34	45	+11	26	11	32	+20
2	30	39	+09	27	11	18	+7
3	28	36	+8	28	10	22	+12
4	27	37	+10	29	10	19	+9
5	24	29	+5	30	10	15	+5
6	24	38	+14	31	10	25	+15
7	23	41	+18	32	8	13	+5
8	23	33	+10	33	8	27	+19
9	23	40	+17	34	8	25	+17
10	23	34	+11	35	8	18	+10
11	22	41	+19	36	8	34	+26
12	22	36	+14	37	6	27	+21
13	21	32	+11	38	6	28	+22
14	20	33	+13	39	11	31	+20
15	19	24	+5	40			
16	18	28	+10	41			
17	18	28	+10	42			
18	18	38	+20	43			
19	17	31	+14	44			
20	17	27	+10	45			
21	16	24	+8	46			
22	14	28	+14	47			
23	13	29	+16	48			
24	12	26	+14	49			
25	12	24	+12	50			

Total 632 over 1950 points

Mean : 32.4 %

Range 6 - 34

Posttest

Total 1155 over 1950 points

Mean : 59.2 %

Range : 13 - 45

% increase : 26.8 %

Difference in points : + 13

FIG 1.

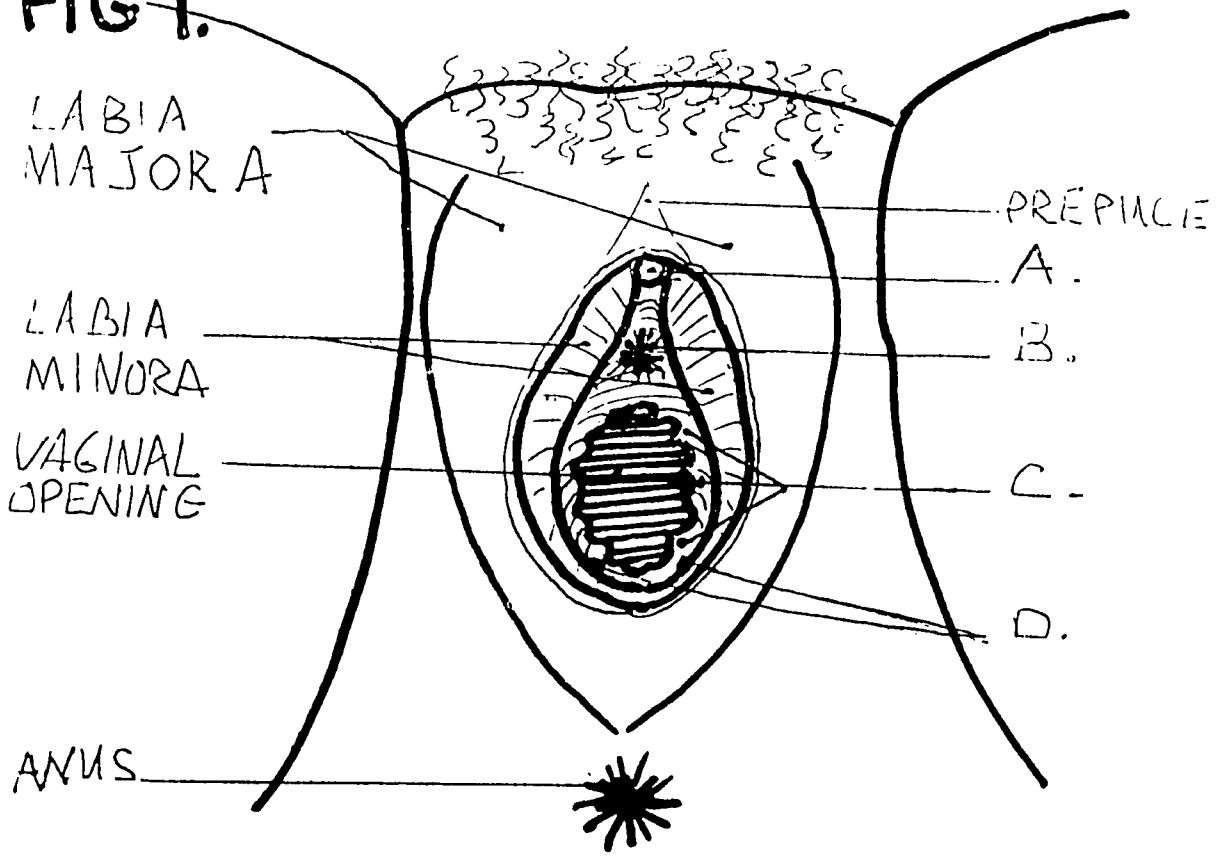

LABIA MAJORA
PREPUCE
A.
LABIA MINORA
B.
VAGINAL OPENING
C.
D.
ANUS

FIG 2

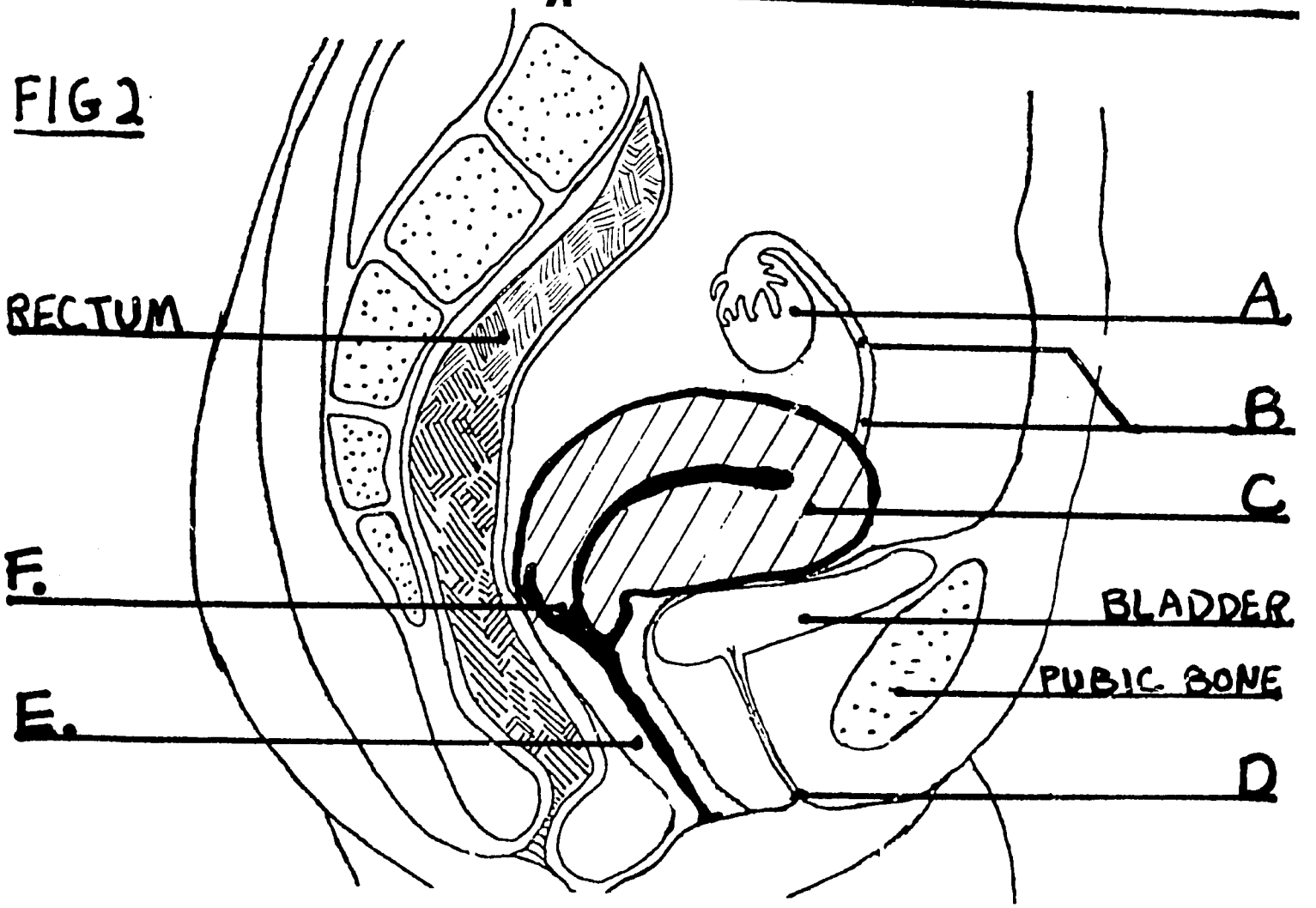

RECTUM
A
B
C
F.
BLADDER
PUBIC BONE
E.
D

FIG 3.

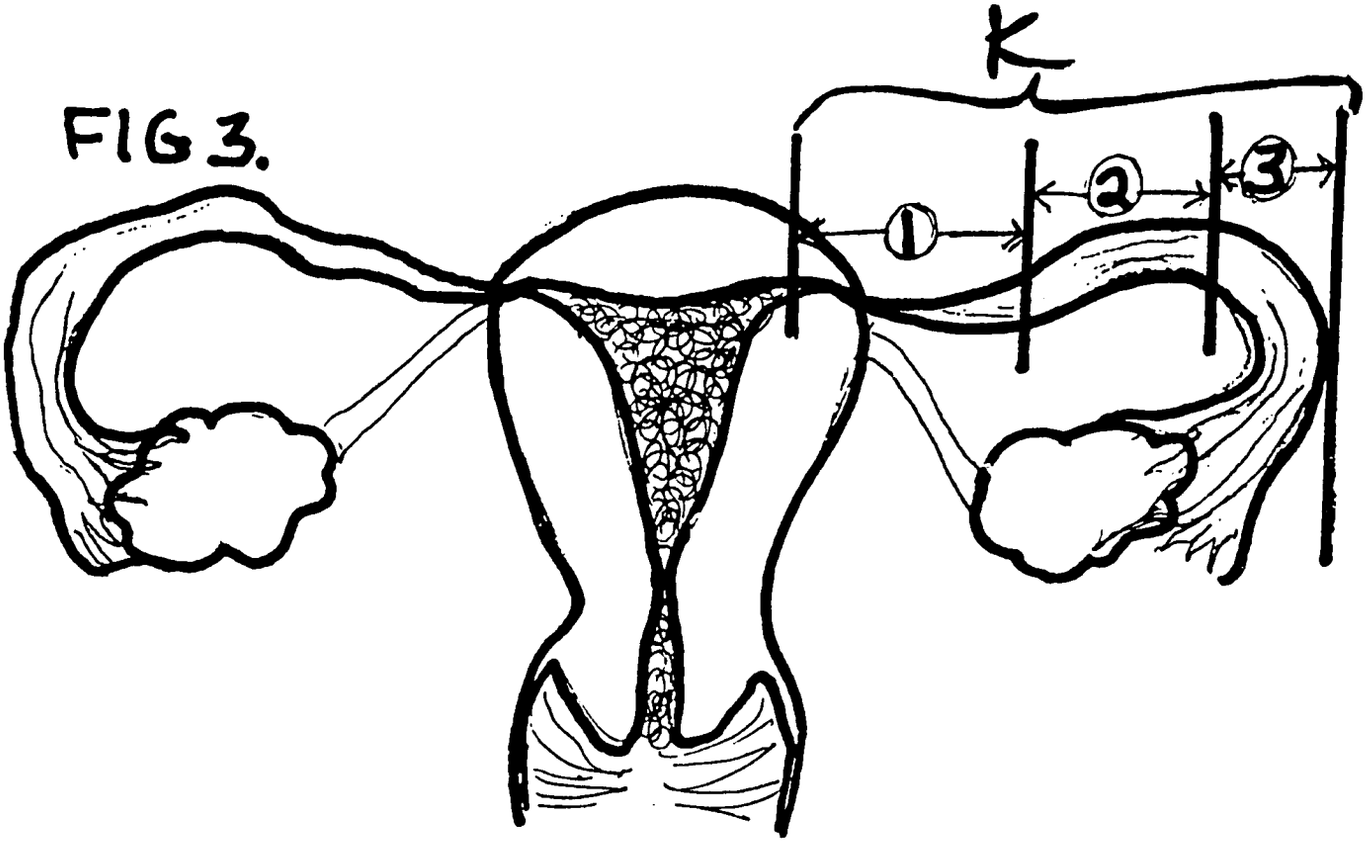
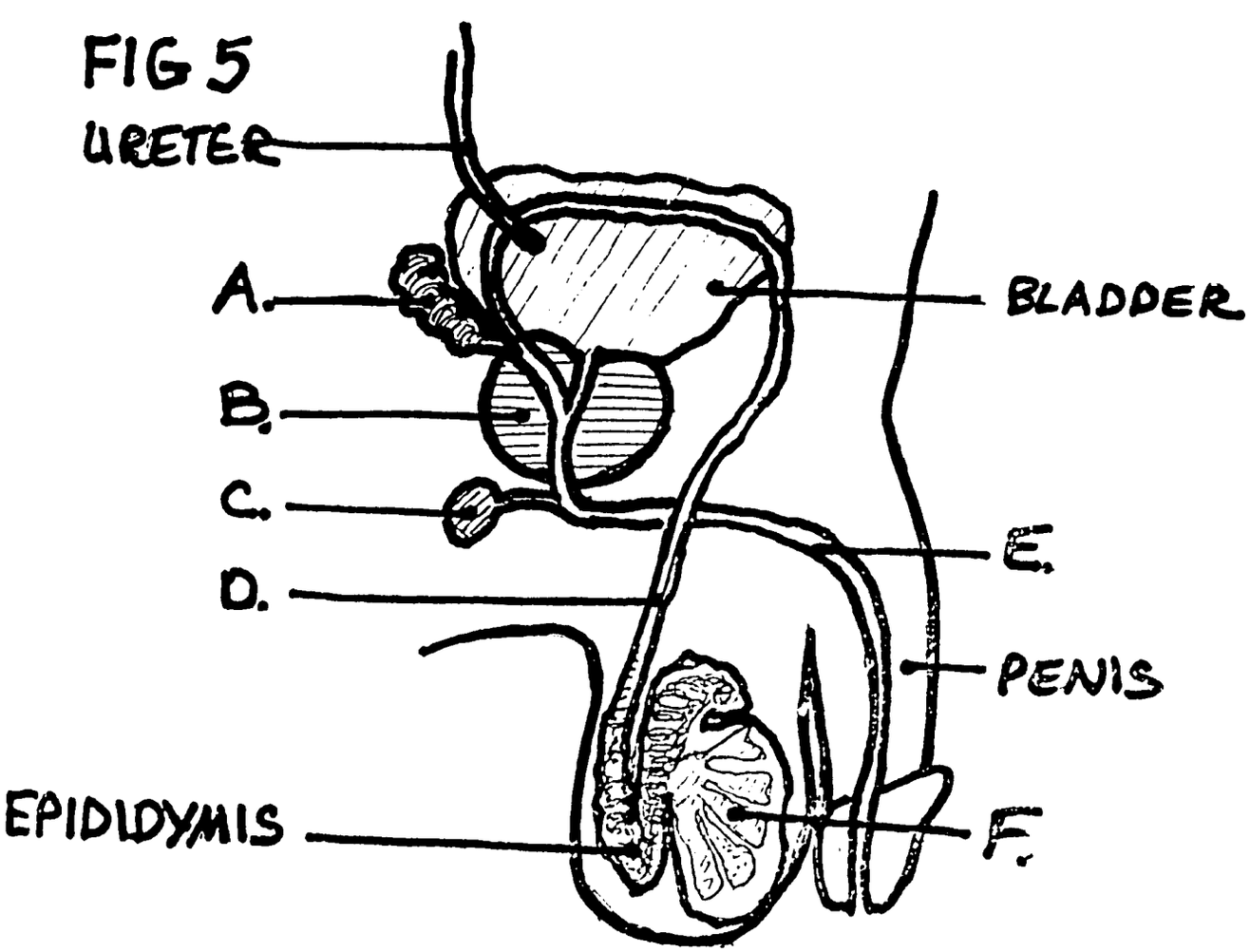


FIG 5



Question 6 refers to Figure 3.

6. Identify the area in structure "K" where fertilization occurs:

   A. 1
   B. 2
   C. 3
   D. All of the above.

Questions 7 - 10 refer to Figure 4.

7. Select the pituitary hormone labelled "2".

   A. Estrogen level
   B. Testosterone level
   C. Progesterone level
   D. Luteinizing hormone level (LH)

8. Name the ovarian hormone labelled "6".

   A. Progesterone level
   B. Estrogen level
   C. Follicle stimulating hormone level (FSH)
   D. Luteinizing hormone level (LH)

9. Name the type of endometrium found in the first half of the menstrual cycle labelled "7".

   A. Hypertrophic
   B. Decidua
   C. Proliferative
   D. Secretory

10. Before ovulation, under increasing levels of estrogen, the cervical glands:

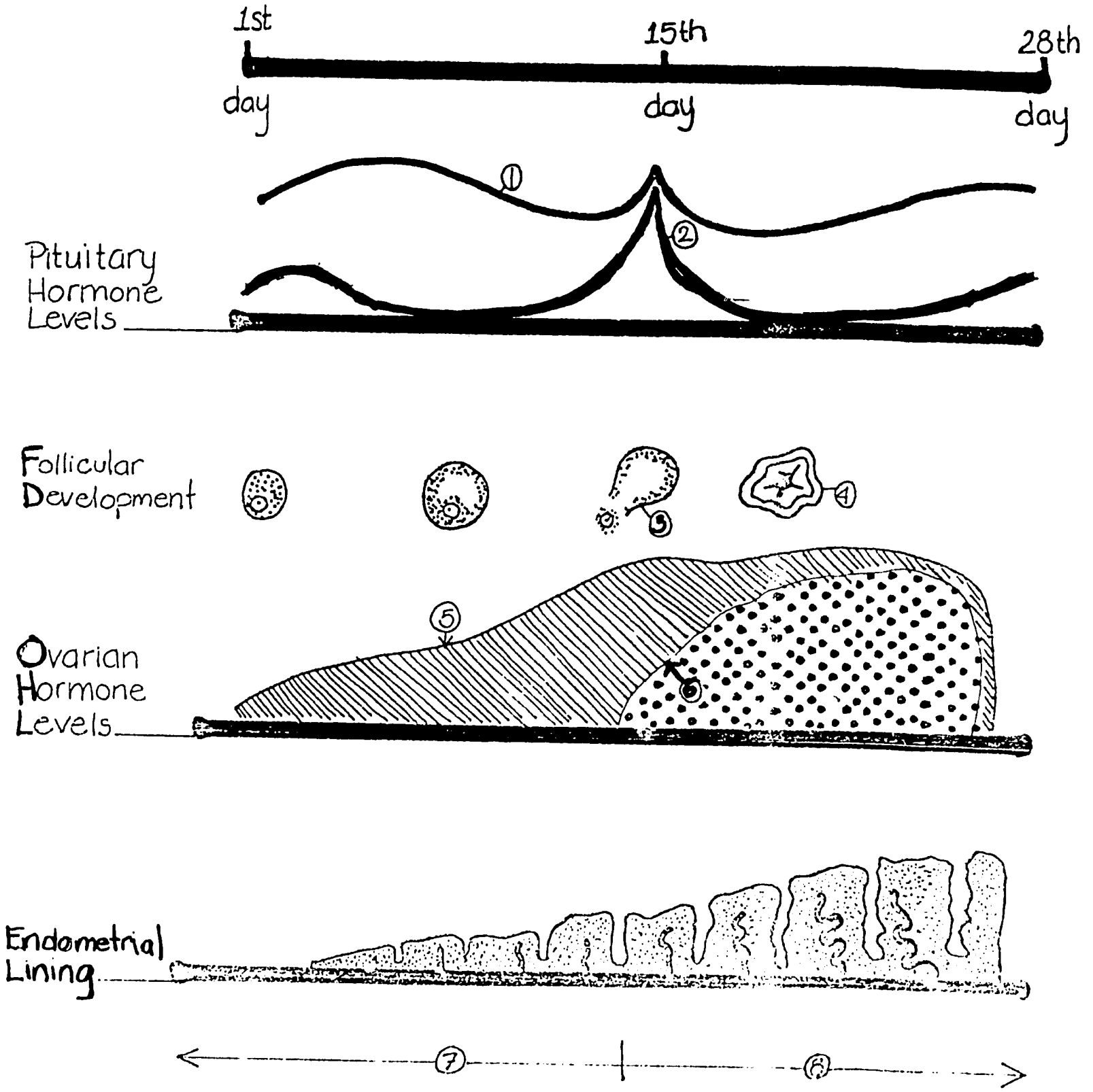
    A. Secrete decreasing amounts of mucus.
    B. Secrete increasing amounts of mucus.
    C. Block secretion of mucus.
    D. Secrete the usual amount of mucus.

Questions 11 - 13 refer to Figure 5.

11. Name the function of site "F".

    A. Ejaculation
    B. Capacitation
    C. Lubrication
    D. Spermotogenesis

FIGURE 4


1st
day
15th
day
28th
day
1
2
Pituitary
Hormone
Levels
Follicular
Development
3
4
5
6
Ovarian
Hormone
Levels
Endometrial
Lining
7
8

12. The site of vasectomy is:

A. "E" B. "B". C. "C" D. "D"

13. Seminal fluid is produced frcm:

A. Epididymis - and - "B"
B. "A" and "B" and "C"
C. "C" and "F"
D. "A" and "E"

14. Male hormones are produced by:

A. Spermatogonia
B. Interstitial cells of Leydig
C. Sertoli's cell
D. Polar bodies

15. Implantation of a pregnancy usually occurs ..... days after fertilization.

A. 2 to 4
B. 3 to 5
C. 6 to 8
D. 9 to 12

16. If one is pregnant, the slide pregnancy test performed in the hospital will be positive after -------- from the last menstrual period.

A. 14 days
B. 30 days
C. 42 days
D. 52 days

17. The optimal child-bearing age range is

A. Menarche to 15 years
B. Menarche to menopause
C. 35 years to menopause
D. 18 years to 34 years

18. Natural family planning method can be used by:

A. All men and women.
B. A specific religious group only.
C. Young nulliparous only.
D. Women only.

19. To use the Natural family planning method, one has to:

A. Carry one's chart always.
B. Have strong self-awareness of one's own body changes.
C. Keep the vulva clean by constant washing.
D. Use a Basal body temperature (BBT) to check every cycle.

20. Which is the <u>correct</u> combination of the following statements regarding the use of a condom?

1. Condom always reduces the pleasure of sex.
2. Condoms prevent some sexually transmitted diseases.
3. Condoms can prolong the time to ejaculation.
4. Condom has as high a failure rate as withdrawal method.
5. Condom comes only in one size.

A. 1 and 4
B. 2 and 5
C. 2 and 3
D. 3 and 4

21. After a diaphragm and jelly are in place, contraception becomes effective after:

A. 6 hours
B. 4 hours
C. 30 minutes
D. Immediately

22. Which combination of the following factors make a person a better IUCD candidate?

1. Never been pregnant.
2. Post-caesarean section.
3. Client specifically requests IUCD.
4. Has at least one living child.
5. History of pelvic inflammatory disease.
6. Has no history of dysmenorrhea.

A. 3, 4 and 6
B. 2, 3 and 5
C. 1, 2 and 6
D. 5, 6 and 1

23. In which of the following situations would you <u>not</u> advise an IUCD user to come immmediately for an emergency visit?

A. Missed menses with severe abdominal pain.
B. Experiencing heavy menstrual flow.
C. She can feel part of the device coming from the cervix.
D. Vaginal spotting with chills and fever.

24. The reason there are 21 and 28 pills per package of pills is because:

A. The 21 pill package contains a lower dose of hormone.
B. Pill users need supplementary treatment such as iron.
C. The 28 pill package suppresses ovulation more effectively.
D. The user does not need to count the cycle day each month to start pill each month.

25. Which of the following situations would make you consider changing a contraceptive pill user to another type of pill?

A. She started the pill two weeks ago, she has begun spotting for the last five days.
B. She feels nausea everyday since she started the pill five days ago.
C. She gained 6.8 kilogrammes (about 15 pounds) since she started to take the pill three months ago and continues to gain weight.
D. Her hemoglobin is low on her second visit to the clinic.

26. In case of weight gain due to the increased appetite, one would:

A. Lower the total dose of the pill.
B. Lower the progestational component of the pill.
C. Lower the estrogenic component of the pill.
D. Discontinue the pill.

27. The hormone which is responsible for most of the major pill - associated complications is:

A. Estrogen
B. Progestin
C. Norgestrel
D. Norethindrone acetate.

28. The advantages or disadvantages of having so many types of oral contraceptive pills is:

A. The body of different users may react differently to different combinations and dosages of estrogen and progestin.
B. Different age groups may need different combi--nations and dosages of estrogen and progestin.
C. When one brand of pill is not available, one can substitute with another brand of similar type.
D. All of the above.

29. Which combination of the following factors make a person a better oral contraceptive candidate?

1. Never been pregnant.
2. Obese.
3. Has history of dysmenorrhea.
4. Newly married.
5. Smokes.
6. Has never established regular menstrual periods.

A. 3, 4 and 6
B. 1, 2 and 5
C. 1, 3 and 4
D. 2, 4 and 6

30. Which of the following methods would you <u>not</u> recommend to a woman who delivered her baby three weeks ago and is breast-feeding?

A. Regular oral contraceptive pills
B. Injectable hormonal contraceptive (Depoprovera)
C. Diaphragm
D. Condom

31. Which of the following factors inhibit ovulation?

1. Use of diaphragm
2. Oophrectomy (removal of ovary)
3. Tubal ligation
4. Hysterectomy (removal of uterus)
5. Oral contraceptives

A. 3 and 5
B. 2 and 5
C. 1 and 4
D. 2 and 4

32. The most common consequence of vasectomy is:

A. Reduction of men's sexual strength
B. Reduction of sexual desire
C. Impotence
D. Absence of sperm in semen

33. Female tubal sterilization may cause:

A. Weight gain
B. Frigidity
C. Irregular menstrual bleeding
D. Promiscuity

34. For the women near menopause (after 45 - 52 years old), the best contraceptive advice to give is:

A. No contraceptive method needed as soon as the menstrual periods become irregular.
B. Use of barrier method or keep IUCD in or use the mucus methods until one year after last menses.
C. Put on oral contraceptive pills to resume the regularity of the menstrual periods and therefore remain "forever" female.
D. Stop using anything as soon as menstrual period stops.

35. Which of the following would be the most common cause of diarrhea in the first year of life?

A. Rotavirus and bacteria
B. Malaria and respiratory infections
C. Measles and parasite infections
D. Malnutrition

36. For the home management of ORT, which of the following is the correct instruction?

A. Prevent dehydration
B. Continue breast feeding
C. Administer measured sugar salt solution
D. Give plain water or fruit juices
E. All of the above.

37. Which of the following is the mechanism of action of ORS?

A. The solution is liquid and replaces body fluid quickly.
B. Salt enhances the body's capacity to absorb sugar and water immediately.
C. Sugar helps the body to absorb water and salt quickly.
D. All the ingredients have the same mechanism of action.

38. Which of the following identify the clinical condition found in an infant suffering from moderate dehydration?

A. Drowsiness, rapid pulse, very sunken fontanelle and eyes, skin retracts very slowly.
B. Thirsty, irritable when touched, absence of tears, dry mucous membranes, dark urine.
C. General limp appearance, deep respiration, skin retracts rapidly.
D. Alert, thirsty, restless.

39. Which of the following combinations is necessary to calculate the quantity of fluid to be given to an infant with diarrhea?

1. Age of the child
2. Height of the child
3. Weight of the child
4. Body surface of the child

A. 1 and 2
B. 1 and 3
C. 1 and 4
D. 3 and 4

40. Which of the following questions is important to ask regarding an infant with diarrhea?

A. How many stools the infant has had in 24 hours.
B. What color are the stools.
C. What is the consistency of the stools.
D. What is the odor of the stools.

41. Which of the following combinations would you choose to administer ORS?

1. Use a cup and small spoon
2. Give the ORS in great quantity
3. Give 3 to 5 teaspoonsful at the time
4. Prepare the solution for two days
5. Give the ORS slowly

A. 1, 2, 3
B. 2, 3, 4
C. 1, 3, 5
D. 3, 4, 5

42. Which of the following represent the mode of transmission of the germs causing diarrhea?

A. Eating contaminated foods
B. Drinking dirty water
C. Flies settling on foods
D. All of the above

43. Which of the following solutions is to be given intravenously in case of severe dehydration?

A. Ringer lactate 40 ml/kg in the first hour
B. Normal saline 80 ml/kg/hr
C. Ringer lactate 80 ml/kg in 4 hours
D. Normal saline 160 ml/kg in 6 hours

44. Which of the following statements is true regarding the use of sulphonamides and antibiotics in diarrheal disease?

A. Sulpha containing drugs and antibiotics should be given in every case of diarrhea.
B. Sulpha containing drugs and antibiotics are always effective in diarrhea.
C. Sulpha containing drugs and antibiotics should not be used routinely in the treatment of diarrhea.
D. Sulpha containing drugs and antibiotics should never be given along with ORT.

45. A client wants the IUCD to be removed because her husband claims that it hurts his penis. After you examine her and find that the IUCD is still in situ, you would:

A. Tell the client not to worry because her husband is merely imagining.
B. Explain to the couple the mechanism of sexual intercourse and that the penis seldom touches the cervix.
C. Remove the IUCD.
D. Show the husband how the IUCD looks.

46. Which of the following sexually transmitted diseases can be easily detected by a wet smear in the clinic?

1. Chlamydia
2. Gardnerella vaginalis
3. Gonorrhea
4. Herpes genitalis
5. Trichomoniasis
6. Monilia

A. 5 and 6
B. 2 and 5
C. 1 and 3
D. 4 and 6

47. Which of the following combination of sexually transmitted diseases are the commonest causes of infertility?

1. Chlamydia
2. Gardnerella vaginalis
3. Gonorrhea
4. Herpes genitalis
5. Trichomoniasis
6. Monilia

A. 3 and 2
B. 4 and 5
C. 5 and 6
D. 1 and 3

48. Which of the following sexually transmitted diseases increase perinatal mortality and morbidity?

1. Chlamydia
2. Gardnerella vaginalis
3. Gonorrhea
4. Herpes genitalis
5. Trichomoniasis
6. Monilia

A. 1, 3 and 5
B. 2, 3 and 6
C. 1, 3 and 4
D. 2, 4 and 6

49. The number of unwanted adolescent pregnancies is on the increase. Of the following factors, which is the major one associated with this increase?

A. Lack of parental guidance
B. Absence of knowledge about sexuality
C. Availability of contraceptives
D. Broken down traditional practices and norms due to modernization

50. A 15 year old single school girl presents herself to the family planning clinic. You will:

A. Ask her to bring her mother.
B. Tell her refrain from sexual acitivity until she is married.
C. Refuse her service.
D. Counsel her regarding sexuality.

STANDARD ANSWERS

NAME: _____

DATE: Revised Copy Sept. 23 '85

ANSWER SHEET

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

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

A+C are correct

* There are two 'correct' answers to question 2. National figure 2.5 (B) International conference 1954 3.8 (C)

APPENDIX F (cont.)

Data From Participant Reaction Forms/Feedback

Group I - Imo State Summary Course ID# _____

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
10	6	2		

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
3	14	1		

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

15 a. All material was useful

3 b. Most materials were useful

_____ c. Some material was useful

_____ d. Little material was useful

_____ e. No material was useful

4. Workshop material presented was clear and easy to follow:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
11	4	3		

5. The amount of material covered during the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
6	5	7		

6. The amount of time devoted to the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
	1	7	5	5

7. For the work I do or am going to do, this workshop was:

a. Very useful	b. Mostly useful	c. Somewhat useful	d. Not very useful	e. Not useful at all
18				

8. Possible solutions to real work problems were dealt with:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
9	6	3		

9. In this workshop I learned:

10 a. many important and useful concepts,

7 b. several important and useful concepts,

1 c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

4 a. many important and useful skills,

8 b. several important and useful skills,

4 c. some important and useful skills,

2 d. a few important and useful skills,

____ e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
10	8			

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
11	7			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
16	2			

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
10	8			

15. 16 a. I would recommend this workshop without hesitation,

1 b. I would probably recommend this workshop

1 c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

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

16 a. Additional time for the workshop

1 b. More limited time for the workshop

4 c. Use of more realistic examples and applications

12 d. More time to practice skills and techniques

8 e. More time to become familiar with theory and concepts

____ f. More effective trainers

1 g. More effective group interaction

____ h. Different training site or location

1 i. More preparation time outside the training sessions

5 j. More time spent in actual training activities

1 k. Concentration on a more limited and specific topic

1 l. Consideration of a broader and more comprehensive topic

____ m. Other (specify) _____

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

REFER TO "LIST OF TOPICS FOR PARTICIPANT REACTION FORM"

	very useful 1	2	3	4	hardly useful 5
a. 104	16	1	1		
b. 102					
c. 106					
d. 107					
e. 114					
f. 118					
g. 236					
h. 240					
i. ORAL REHYDRATION THERAPY					
j. ORS DEMONSTRATION					

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures						
b. group discussions						
c. individual exercises						
d. group exercises						
e. clinical sessions						
f. field trips						
g. handouts/readings						
h. books						
i. audio-visuals						

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

9 a. Counselling and/or client education

10 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)

2 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)

4 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

11 e. Supervision of Family Planning Services

4 f. Management of Family Planning Service System

3 g. Planning/Evaluation of Family Planning Services

____ h. Policy Making/Direction of Family Planning Services

____ i. Community Based Distribution of Contraceptives

2 j. Community Based Outreach, Education or Information

6 k. In-Service Training in Family Planning

____ l. Pre-Service Teaching/Tutoring in Family Planning

____ m. Other (specify) _____

20. Additional Comments: 17

See individual sheets

Feel free to sign your name. (Optional)

_____

May, 1985

Group II - Imo State Summary

Course ID# _____

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
22	16	1		

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
12	26	1		

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

39 a. All material was useful

_____ b. Most materials were useful

_____ c. Some material was useful

_____ d. Little material was useful

_____ e. No material was useful

4. Workshop material presented was clear and easy to follow:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
32	6	1		

5. The amount of material covered during the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
20	8	11		

6. The amount of time devoted to the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
1		6	24	8

7. For the work I do or am going to do, this workshop was:

a. Very useful	b. Mostly useful	c. Somewhat useful	d. Not very useful	e. Not useful at all
37	2			

8. Possible solutions to real work problems were dealt with:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
29	9	1		

9. In this workshop I learned:

26 a. many important and useful concepts,

11 b. several important and useful concepts,

2 c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

12 a. many important and useful skills,

8 b. several important and useful skills,

16 c. some important and useful skills,

1 d. a few important and useful skills,

2 e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
21	13	3	2	

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
35	4			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
30	6	3		

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
28	11			

15. 39 a. I would recommend this workshop without hesitation,

_____ b. I would probably recommend this workshop

_____ c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

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

30 a. Additional time for the workshop

_____ b. More limited time for the workshop

1 c. Use of more realistic examples and applications

14 d. More time to practice skills and techniques

1 e. More time to become familiar with theory and concepts

_____ f. More effective trainers

_____ g. More effective group interaction

2 h. Different training site or location

_____ i. More preparation time outside the training sessions

4 j. More time spent in actual training activities

_____ k. Concentration on a more limited and specific topic

_____ l. Consideration of a broader and more comprehensive topic

_____ m. Other (specify) _____

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

REFER TO "LIST OF TOPICS FOR PARTICIPANT REACTION FORM"

	very useful 1	2	3	4	hardly useful 5
a. 104					
b. 102					
c. 106					
d. 107					
e. 114					
f. 118					
g. 236					
h. 240					
i. ORAL REHYDRATION THERAPY					
j. Demonstrating ORS					

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures						
b. group discussions						
c. individual exercises						
d. group exercises						
e. clinical sessions						
f. field trips						
g. handouts/readings						
h. books						
i. audio-visuals						

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

10 a. Counselling and/or client education

27 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)

6 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)

6 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

10 e. Supervision of Family Planning Services

12 f. Management of Family Planning Service System

2 g. Planning/Evaluation of Family Planning Services

1 h. Policy Making/Direction of Family Planning Services

4 i. Community Based Distribution of Contraceptives

5 j. Community Based Outreach, Education or Information

27 k. In-Service Training in Family Planning

4 l. Pre-Service Teaching/Tutoring in Family Planning

____ m. Other (specify) _____

20. Additional Comments: 36

see individual sheets

Feel free to sign your name. (Optional)

_____

May, 1985

APPENDIX G

POPULATION DATA: IMO STATE, & PARTICIPANTS PER LOCAL GOVERNMENT AREA

L.G.A.	Area Sq.Km	Est.pop.	Density po.Sq.km	Partic.*	Part.** Service Del
Aba	18	220,439	12,247	5	
Aboh-Mbaise	315	318,506	1,011	5	1
Afikpo	855	285,406	334	3	2
Ahiazu-Mbaise	107	198,327	1,854	2	2
Arochukwu/Ohafia	1161	348,509	300	3	
Bende	679	188,962	278	2	1
Etiti	207	399,589	1,930	2	2
Ideato	262	281,447	1,074	1	
Ikwnuano/Umuahia	681	261,421	384	4	
Isiala Ngwa	578	287,163	497	2	1
Isuikwuato/ Okigwe	1190	419,732	353	3	
Mbaitoli/Ikeduru	376	352,827	938	2	
Mbano	352	430,019	1,222	2	2
Nkwerre/Isu	212	342,622	1,616	2	1
Obioma Ngwa	790	241,236	305	2	2
Ohaji/Egbema/ Oguta	1379	280,868	204	2	2
Ohaozara	1099	306,356	279	1	
Orlu	202	245,096	1,213	2	
Oru				2	
Owerri	1114	399,474	359	4	2
Ukwa	925	154,634	167	2	
Total	12689	6,168,590	486		
Hospitals:					
Okigwe				1	
Umunnato				1	
Umuneke/Ngor/okpoala				1	

* Participants from 5-day FP/ORT workshops

** Participants from 4-week service delivery workshop

APPENDIX H

REPORT ON REASSESSMENT OF FP TRAINING NEEDS

The reassessment includes five parts:

1. A summary by the INTRAH consultant of the stated needs of each of the 57 participants at the end of the Five-Day FP/ORT Update workshops.
2. The consultant's visit to 17 integrated FP clinics. The objectives of the visit were to identify additional training required for participants of Five-Day FP/ORT Update workshops, to identify training needs for other categories of health personnel and to obtain data and information from each clinic.
3. An interview with the FP Coordinator Mrs. Ogbonna conducted by the INTRAH consultant.
4. Findings/Recommendations taken from the Imo State five-year plan.
5. An interview with the Aba Zonal Coordinator Mrs. Comfort Ukanwoke conducted by the INTRAH consultant.

1. To the question "Indicate three areas in which you feel additional training would be most useful to you," the 57 participants responded as follows:

	# of respondents	%
Counseling/Client Education	19	33
Provision of Clinical Methods (IUD, OC Diaphragm, Injections)	37	65
Provision of Non-Clinical Methods (Condom, Foaming Tablets, Foam)	8	14
Provision of Natural FP Methods	10	18
Supervision of FP Services	21	37
Management of FP Services	16	28
Community-Based Distribution of Contraceptives	4	7
Community Outreach	7	12
In-Service Training in FP	33	58
Pre-Service Teaching in FP	4	7

Most participants perceived the need for additional training in three areas: clinical family planning; counseling/education and supervision.

Some of the 57 participants would be appropriate candidates for an additional three-week training in clinical FP, including pelvic exams, IUD insertions and management and diagnosis and treatment of minor gynecological ailments. Criteria for selection might be: post-test results, place of work in the local government area, personal motivation and interest in FP, and demand for services by the population.

2. **Visit to 17 Integrated FP Clinics (see Appendix I)**
Two full days (February 3 and 4) were needed to visit the clinics. These visits were conducted with Mrs. Ukanwoke, Mrs. Onyekwere and Mrs. Nwaneri, zonal coordinators. We visited four of the five zones (Aba,

Owerri, Umuahia and Orlu). Okigwe was not visited due to lack of time. A standard list of questions was prepared prior to the visit (see Appendix $C._2$). This instrument helped in assessing the status of clinics, resources, personnel, client load, training needs and perceived problems/needs.

The FP coordinator received a full written and verbal report on each clinic. A summary of findings is given here.

a. All service delivery providers working in the FP clinics have been trained either in Ibadan (six weeks) or in Atta (four weeks). By March 1986, there will be a total of 63 clinicians trained.
b. Each zone has a trained senior health sister for supervision of clinics. Clinics are integrated in outpatient departments of hospitals, in antenatal clinics, and in health centers or MCH centers.
c. Facilities (rooms) were all adequate and well-kept everywhere. All except one had posters and models on exhibit for education and motivation of clients. Space was provided either by local governments or hospitals. Equipment is simple but could be considered adequate. The best equipped clinic seen was the one supplied by AFRICARE. Many centers have received temporary equipment from their local governments. For the most part, scales for weighing are shared with antenatal or child welfare clinics.
d. Each trained clinician received one IUCD kit upon graduation (the kits contains five specula, five tenacula, etc.). Sterilization is often done by boiling or by immersion into savlon. Some places use the autoclave of the hospital.

No one mentioned any problem with commodities. When in need, they see the FP coordinator in Owerri.

e. Clinicians are assisted by staff nurse/midwives and health or nursing sisters, some trained and some untrained. Few work alone. In one clinic, there were five community motivators. In others, aides assist the clinician. In most centers, there is one trained service provider; the goal is to have two in each FP clinic. In some of the clinics visited, the clinicians work as preceptors with the training team in Atta.

f. Clinical services are offered on a specific day of the week in most clinics (very few exceptions). Counseling is done on a daily basis, while IUD insertions are done on that one specified day og the week. In clinics where demand is high (e.g., 38 or 44 insertions in January 1986), this presents some problems with sterilization of instruments. The model followed for family planning is similar to the one used in MCH clinics: Monday - antenatal clinics; Tuesday - EPI; Wednesday - visits to the communities, etc.

g. The demand for services varies considerably from one clinic to another. The mean number of visits in January 1986 for 16 clinics was 58.
Clients by far prefer IUD and condoms. Oral contraceptives and injections are hardly used. It is possible that women cannot remember to take daily pills. It is also possible that there is a bias in favor of IUDs on the part of health personnel. The need for IUD training in Imo State clinics (each trainee needs at least 10) may also explain the emphasis on IUDs by motivators.

h. Records, registers and daily and monthly statistics are standardized in every clinic.

i. Problems mentioned are similar: 1) lack of transport to reach communities was the most common; 2) more equipment is needed; 3) an impress account is needed; 4) basic supplies of drugs (analgesics, iron pills, pessaries, antibiotics). are needed; and 5) clients' motivation is sometimes low.

j. Very few among the persons the INTRAH consultant interviewed could state additional training needs. From what was heard and observed, some would benefit from "IEC" (information/education/ communication) and community outreach techniques. Ten of the 57 FP/ORT Update workshop participants seemed satisfied. They would be interested in FP clinical training at a later date.

3. <u>Interview of the FP Coordinator, Mrs. G. Ogbonna</u>.

The FP coordinator stated the following needs (possibly derived from the five-year plan):

a. Management training for all levels of personnel, including:
   - Supervision/evaluation
   - Clinic management flow; problem solving
   - Statistics and analysis (interpretation)
   - Ordering supplies, distribution system
   - Operational research
   - Report writing

b. Information/education/communication (IEC) for various levels, including:
   - Community leaders
   - Women's organizations
   - Care providers
   - Members of the TOT team

c. Policy level seminar for policy makers and supervisors of health facilities where FP services are provided.

d. Seminar for implementing agencies and high officials of HMB, local government areas, MOH, Ministry of Education, Ministry of Information and religious leaders. Three to five-day sessions to discuss family planning programs and create a population body (council?).

e. Overseas study/observation trips for FP co-ordinator and zonal coordinators.

f. Mrs. Ogbonna stated that there is no immediate need to train more service providers until those who have been trained are properly supervised and have fully established clinics. Furthermore, any future clinical training should be carried out by a centralized training team (in Atta).

4. <u>Findings/Recommendations Taken from the Imo State Five-Year Plan</u>

Participants of the Management/Supervision/Evaluation workshop (IHP-Nov. 1985) drafted a five-year plan (1986-1990). It has not yet been seen by the Director Dr. Eke or by anybody else in the government. The overall goal would be to have 60% of childbearing women and their spouses informed and educated about family planning and to have a 30% acceptor rate.

<u>Training Component</u>:

Objective: To Train

20 Trainers
250 Clinicians (2/clinic)
500 Motivators
50 Health Educators
10 Statisticians.Data Collectors/Analysts

TYPE OF TRAINING	WHEN	PARTICIPANTS	LENGTH OF TRAINING
1 FP/ORT TOT workshop/year	Year 1 and 2	10 Trainers/year	8 weeks Feb-Mar.
2 or 3 FP/ORT Clinical workshops/year	Year 1-5	50 Clinicians/year	4 weeks
FP/ORT IEC workshops	Year 1-3	Community-Based Workers: Aba - 50 Owerri - 50 Umahia - 40 Orly - 30 Okigwe - 30	contact training: 2-3 days
FP/ORT IEC Workshops	Years 1 and 2	250 Motivators/year	1 week
2 FP/ORT workshops	Year 1	25 Participants (Health Educators) per workshop	1 week
FP/ORT Management/ Supervision/ Evaluation	Year 1	10 Statisticians/ Data Collectors/ Data Analysts	1 week

5. The Zonal Coordinator Mrs. Ukanwoke suggested other target groups for FP/ORT training:

- Male health educators, public health inspectors. Workshops on community health education in family planning.

- Private practicing midwives. Representatives of the Association mentioned interest in being involved in the provision of FP/ORT services. At this time, there are 79 private practicing midwives who are registered with the Imo State Government.

APPENDIX I

IMO STATE

January 1986

FAMILY PLANNING CLINICS

1. Maternal and Child Health Clinic, Orlu
* 2. Antenatal Clinic, General Hospital, Owerri
* 3. Health Centre, Umudim
* 4. Nwaorieubi Health Centre, Nwaorieubi - Mbaitoli/Ikeduru
* 5. Queen Elizabeth Hospital, Umuahia
6. General Hospital, Isiala Ngwa
* 7. General Hospital, Aba
* 8. Health Office, Aba
* 9. School of Health Technology, Aba
10. Maternal and Child Health Clinic, Health Office, Okigwe
11. Maternal and Child Health Clinic, Bende
*12. Maternal and Child Health Clinic, Ubakala
13. General Hospital, Okigwe
*14. Health Centre, Emii
*15. FP Civil Service - Okibwero Sectorate
16. Health Centre, Obinze
*17. Health Centre, Orlu - General Hospital - Umuna
18. General Hospital, Abiriba
19. Health Centre, Ogwe
*20. Health Centrek, Ukwa
*21. Health Office, MCH - Ideato
*22. MCH Clinic, Umuahia

*** Clinics visited by G. Vansintejan**

23. Health Centre, Nkwerre-Isu

24. Health Centre, Etiti

25. Health Centre, Aboh-Mbaise

*26. Health Centre, Isiala Ngwa

Local government areas which have received commodity kits and identified personnel for the opening of new clinics are:

Ejim Okonkwo	Aba Local Government
E. Emeribe	Okigwe Local Government
J.A. Nonyem	Nkwerre/Isu Local Government
B.A. Mbakwe	Orlu Local Government
A.N. Duru	Oru Local Government - Mgbidi HC
C. Otuibe	Oguta Local Government
N. Kalu	Aro/Ohafia Local Government
Emelogu	Ohaozara Local Government

*** Clinics visited by G. Vansintejan**