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Trip Report

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Travelers:

Miss Pauline W. Muhuhu, Director, INTRAH
E/SA Office, Nairobi, Kenya
Ms. Teresa Mirabito, INTRAH Program Office
Chapel Hill

Dr. Jean-Michel Ndiaye, INTRAH Consultant

Country Visited:

NIGERIA,

Date of Trip:

January 20 - 31, 1986

Purpose:

To Assess Family Planning Training Needs
in Lagos State

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

LIST OF ABBREVIATIONS

AAO	AID Affairs Officer
CMO	Chief Medical Officer
EPI	Expanded Program of Immunization
FMOH	Federal Ministry of Health
HMB	Health Management Board
IEC	Information, Education and Communication
INTRAH	Program for International Training in Health
LGA	Local Government Authority
LIMH	Lagos Island Maternity Hospital
LUTH	Lagos University Teaching Hospital
MOH	Ministry of Health
ORT	Oral Rehydration Therapy
PPFN	Planned Parenthood Federation of Nigeria

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EXECUTIVE SUMMARY

The INTRAH team of INTRAH Program Officer Ms. Teresa Mirabito, INTRAH E/SA Office Director Miss Pauline W. Muhuhu, and INTRAH consultant Dr. Jean-Michael Ndiaye visited Lagos State from January 20 -31 to conduct a family planning training needs assessment.

While in Lagos State the team worked closely with the AID Affairs Officer, American Embassy, Lagos, and representatives of the Lagos State Ministry of Health, the Lagos State Health Management Board and the Lagos State Local Government Authority. The team also visited, observed and interviewed staff of family planning clinics based at Health Management Board and Local Government Authority institutions. A final planning meeting chaired by the Chief Health Officer Dr. Akingbeine, and attended by representatives from all the agencies mentioned above was held on January 30, 1986.

Major Findings:

- Great interest in and commitment to provide family planning services were evidenced at all levels.
- Lagos State has a large number of nursing personnel who are expected to incorporate family planning and oral rehydration therapy in the services they provide.
- Some training in family planning exists but is not coordinated. Some nurses are trained but do not provide services. Types of training also vary in duration and content. This calls for coordination of training and re-training of those trained more than five years ago and who do not currently provide services.
- The Schools of Nursing complex requests establishment of a model family planning training clinic for a practicum site. Tutorial staff would also provide services in this clinic in order to maintain their skills. This was viewed very positively by the INTRAH team.

- The Ministry of Health was unable to provide information regarding the numbers or categories of nurses who have been trained in family planning and oral rehydration therapy.

The team concluded that there is a potential for a state family planning training project. The team therefore recommends:

- Development of a state training team. Such development would run concurrently with training of clinical service providers to reduce delay in initiation of service delivery.
- INTRAH should conduct a project development and contract negotiation visit within two to three months.

SCHEDULE OF ACTIVITIES

Monday,
January 20 Arrival in Lagos of Miss Pauline W. Muhuhu
and Ms. Teresa Mirabito from The Gambia and
Dr. Jean Michel Ndiaye from Senegal.

Tuesday
January 21 Briefing of Ms. Keys MacManus, AID Affairs
Officer and Mrs. Shitta-Bey, Population/Family
Planning Specialist at U.S. Embassy.

Meeting at Lagos State Ministry of Health.
Attendees:-Dr. Patricia Akingbein, Chief
Medical Officer;
-Mrs. M.G. Bodede, State Family
Planning Coordinator;
-Mrs. C.A. Fodipie, Tutor, School
of Nurse/Midwifery;
-Dr. O. Opaleye, Director of ORT
Program, Massey St. Children's
Hospital;
-Mrs. F.A. Taylor, Assistant to
Chief Medical Officer;
-Ms. Keys MacManus; and
-Mrs. Shitta-Bey.

Meeting with Dr. N.H. Mogoji, Medical Officer
of Health at Government Staff Clinic, Ikeja.

Visited Ikeja General Hospital Family
Planning Clinic.
Met with: -Dr. Joseph, Chief Consultant;
-Ms. Allen, Chief Matron; and
-Mrs. Oshodi, Matron of Family
Planning Clinic.

Wednesday
January 22 Traveled to Epe Local Government Area to
visit the family planning clinic at Epe
General Hospital.
Met with: -Dr. Luguda, Hospital Administra-
tor;
-Sister Ade G.A. Kunde, in charge
of family planning clinic; and
-Dr. Orolu, Medical Officer of
Health.

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SCHEDULE OF ACTIVITIES (continued)

Monday January 27	Toured clinic facilities and met with Mrs. E. Umoren, Programme Officer for Service Delivery.
Tuesday January 28	Met with Mrs. Shitta-Bey at U.S. Embassy to arrange additional meetings. Preparation of report for meeting with Lagos State Ministry of Health and Health Management Board on January 30. Meeting with Dr. Isala Salami, Assistant Project Director for JHPIEGO, Lagos State.
Wednesday January 29	Meeting with Mrs. Asolu, Executive Secretary, Health Management Board. Report writing and preparation for meeting on January 30. Departure of Dr. Jean Michel Ndiaye for Senegal.
Thursday January 30	Meeting at Lagos State Ministry of Health with representatives from Ministry of Health, Health Management Board, USAID, and Management Sciences for Health (see Appendix B for complete list). Debriefed with Ms. Keys MacManus at U.S. Embassy.
Friday January 31	Departure of Miss Muhuhu to Nairobi and Ms. Mirabito to Chapel Hill.

I. PURPOSE OF TRIP

The purpose of this trip was to assess family planning and oral rehydration training needs in Lagos State, Nigeria through examination of state family planning policies, extent of family planning services, State Ministry of Health-sponsored pre-service and in-service training, other donor agencies' activities, and local technical and training resources.

II. ACCOMPLISHMENTS

- A. Objectives of the visit were accomplished through meetings with various levels of personnel who are responsible for family planning policy decisions, program planning and coordination, family planning training and teaching in pre- and post-basic nursing programs, in-service training, and provision of family planning services.
- B. The INTRAH team visited several service delivery points for family planning and oral rehydration therapy. These included rural and urban family planning clinics under sponsorship of the Lagos State Health Management Board, Lagos State Local Government Authority and Planned Parenthood Federation of Nigeria (PPFN); and government sponsored clinics that provide ORT services. The team also visited schools of nursing, midwifery and public health.
- C. Based on the findings of the visits and discussions with various individuals and groups, the INTRAH team was able to draft a preliminary workplan which was very well received by officials of the Lagos State Ministry

of Health, Health Management Board and Local Government Authority.

- D. The INTRAH team briefed and debriefed with AID Affairs Officer, Ms. Keys MacManus.

III. BACKGROUND

INTRAH has provided assistance to six states (Kwara, Imo, Plateau, Niger, Bauchi and Ondo) during PAC I and II, and has also sponsored participants to third-country and U.S.-based training, conducted a series of contraception and ORT updates for nurses, and conducted training in evaluation.

This needs assessment visit was made at the request of the AID Affairs Office/American Embassy, Lagos, in response to the Lagos State Ministry of Health's expressed need to increase training capability that would result in family planning services throughout the state.

IV. DESCRIPTION OF ACTIVITIES

A. Briefing at the U.S. Embassy

Ms. Keys MacManus, AID Affairs Officer, and Mrs. Shitta-Bey, Population/Family Planning Specialist provided INTRAH with background information on: family planning policy in Lagos State, responsibilities of the organizations involved in service delivery, the status of family planning in Lagos State, and the commodities' situation. These data proved very useful in preparation for the team's work.

The team was told that the Federal Ministry of Health had drafted a population policy, which is currently being reviewed. Selected states are also in the process of drafting population policies. Policies which are being developed by Ogun State and Lagos State will be used as models for other Nigerian states.

Responsibilities for family planning in Lagos State lie with several organizations. The Lagos State Ministry of Health (MOH) is responsible for family planning policy, budget matters and training of service providers. The Health Management Board (HMB) within the MOH has responsibility for family planning service delivery. Each local government authority (LGA) in Lagos State, of which there are eight, is responsible for health services in its area. Each LGA has its own budget for health, separate from the Lagos State budget.

The Lagos State MOH is operating with a budget of N52.4 million or 10% of the total budget (including LGAs). The health budget is second in amount to education. At the federal level the MOH budget for health is 4.8% of the total budget, which is double that of last year.

Regarding commodities, USAID provides the HMB with contraceptive supplies. In turn the HMB is responsible for distribution of supplies to service delivery points. Ms. MacManus informed the team that AID will be replacing the Lippes Loop with the Copper T (CUT) IUD and will add low dose oral contraceptives to the method-mix.

Africare family planning kits have been distributed by AID to four family planning clinics attached to

hospitals and five health centers; several other service points are slated to receive the kits.

Ms. MacManus presented an overview of activities of other donors involved in family planning. JHPIEGO is providing two-week clinical family planning skills (including IUD insertion) workshops for physicians and nurses. The clinical site utilized for this training is University Teaching Hospital (UTH) at Ibadan. It is expected that at the end of the two-week course participants will be able to train others.

Family Planning International Assistance (FPIA) is providing IUD insertion kits through AID.

B. Meeting at Lagos State Ministry of Health

A meeting was held at the MOH and chaired by Dr. (Mrs.) Patricia Akingbein, Chief Medical Officer, Lagos State. In attendance were the following:

- Mrs. M.G. Bodede, State Family Planning Coordinator
- Mrs. C.A. Fodipie, Principal, School of Midwifery
- D. O. Opaleye, ORT Manager, Children's Hospital
- Ms. F.A. Taylor, Assistant Chief Health Sister (and assistant to CMO)
- Ms. Keys MacManus, AAO
- Mrs. Shitta-Bey, Population/Family Planning Specialist
- INTRAH team

The CMO briefed the INTRAH team on the status of federal population policy and added that Lagos State has made recommendations which were passed to the Federal Ministry of Health (FMOH) and are now under consideration by the Cabinet. The population goal is to control population growth through child-spacing. In

order to accomplish this the MOH plans to provide family planning services during day and evening hours in established family planning clinics at all health institutions. To do this, training of service providers is essential. The CMO reiterated the commitment to family planning on the part of the FMOH and the willingness of the state and Local Government Authorities (Lagos) to work together in achieving the goal.

The CMO expressed a desire to integrate family planning with MCH-related activities; in particular, expanded program for immunization (EPI) and oral rehydration therapy (ORT) programs. An ORT program was launched in Lagos (city) in February 1984. Statistics from Children's Hospital presented at this meeting demonstrated a 50% decline in all reported deaths due to diarrhea since the program's inception in 1984.

The group identified training needs in the following areas: training of trainers, monitoring and evaluation, clinic management including record keeping, clinical skills update including IUD insertion, and training in oral rehydration therapy.

C. Pre-Service and In-Service Training

A meeting was held at the School of Nursing which houses the Schools of General Nursing, Nurse Midwifery, and Public Health Nursing. In attendance were Mrs. A.O. Sotire, Chief Nurse Tutor and Principal of the School of Nursing; Mrs. C.A. Fodipie, Assistant Chief Nurse Tutor; and Mrs. I. Awotesu, Principal, School of Public Health.

Family planning is included but variable in duration and content in the curricula of each school. The following illustrates the number of hours given to family planning theory and clinical practica in each school:

School of General Nursing:	10 hours of theory; no practicum.
School of Nurse Midwifery:	Includes introduction to family planning and observation practicum. Number of hours is unknown.
School of PH Nursing:	10 hours of theory; 32 hours of practicum (8 for observation; 24 for service delivery)

Officials from the Schools of Nursing stated that graduates are not prepared to provide family planning services due to inadequate clinical practice which owes to an absence of practicum sites.

In order to rectify this situation they suggested that a model clinic be established in or near the Schools of Nursing which could be utilized as a teaching site for pre-service students and in-service trainees. It would also provide an opportunity for nurse tutors to practice in order to maintain and update their family planning skills. The perception of the Schools of Nursing officials is that tutors will be responsible for clinic management.

It was further suggested that graduates from the School of Nurse Midwifery be trained in clinical family planning service delivery in the six-week interval between the time of graduation and posting.

INTRAH learned that the Schools of Nursing provide family planning in-service training, which is taught by

a nurse from PPFN. Two family planning courses, four weeks each, were completed last year and two are planned for 1986, one for nurse tutors and the second for nursing sisters and staff nurses. A tutor at the Schools of Nursing is the coordinator of the Contemporary Nursing Program which offers in-service education to nurses including management.

The Nursing Council of Nigeria, having accepted a proposal to include a family planning curriculum in all schools of nursing, is currently reviewing a family planning curriculum with a view toward standardization for use in all Nigerian schools of nursing. However, the proposal to extend the length of midwifery programs by six months is being debated by the Council.

D. Service Delivery Points

In order to meet the stated objectives the INTRAH team visited several service delivery points where family planning and oral rehydration therapy services are currently provided or are being planned.

Historically family planning services have been provided by the Planned Parenthood Federation of Nigeria (PPFN) using Ministry of Health, Health Management Board (MOH/HMB) facilities. PPFN is in the process of phasing out these facilities as the commitment and will of the MOH/HMB to provide services have steadily increased and the HMR is now staffing the facilities with qualified family planning service providers.

1. Lagos Island Maternity Hospital (LIMH)

Numbers of deliveries at the so-called "baby factory" have declined steadily since 1978 when there were 16,334 deliveries compared to 7,699 deliveries in 1984. One factor cited for this decline is the establishment of health centers which include maternities.

The family planning clinic at LIMH has experienced a dramatic increase in numbers of client visits between 1969 (569) when it opened and 1985 (18,000).

The space available in this clinic is limited to one waiting room where motivation, education, and client interviews and screening take place and one examination room with two tables divided by a screen. The INTRAH team observed motivators working enthusiastically but did not observe service delivery by nurses.

Between one and four nursing students are assigned to the clinic at one time for a maximum of two weeks. Length and depth of the clinical experience varies according to the type of nursing program in which the student is registered.

Three nurse midwives who provide services at the LIMH family planning clinics have had in-service family planning training. They identified a need for an update in contraceptive technology and training in management of family planning services.

There is discussion regarding the possibility of expanding this family planning facility. If this were to happen the LIMH family planning clinic would be appropriate as a clinical practice site for in-service training.

2. Randel Avenue Health Center

This is a multi-service health center in which the HMB plans to initiate family planning services two days per week, four hours per day, as soon as the Africare kit is installed. Based on empirical evidence, it is anticipated that the demand for FP services will be high. The FP clinic will be staffed by two physicians, one being Dr. Oluwole, Senior Consultant in charge of the health center; two nurse midwives, one who completed FP training in October 1985 at PPFN and a second who was trained in FP in 1972 and has not provided FP services since 1975.

The entire center is staffed with 100 nurses. An average of 30 nurses provide services in all clinics daily while others are in the market providing EPI services and motivation for family planning. All nurses rotate through all clinics and will be expected to provide family planning services. This practice would necessitate training the entire staff in FP skills including IUD insertion. The HMB is considering altering this system of rotation in order to ease the in-service training demand.

INTRAH explored the possibility of providing on-the-job training for IUD insertion. As the space

is limited to one room with one table, Dr. Oluwole did not think it would be feasible.

3. Johns Street (Eke-Arin) Health Center

The Johns Street Health Center is situated in the midst of a very large and busy market area. Family planning services are scheduled to commence when the Africare equipment is delivered and installed. In one room family planning services will be provided one-half day per week by one nurse who was trained in family planning at Lagos University Teaching Hospital in October 1985. She was trained in delivery of all methods except IUD insertion (due to an imbalance in the ratio of students to clients). This nurse suggested that she might arrange to correct this deficit by going to Island Maternity Hospital for two weeks of on-the-job training.

4. Massey Street Children's Hospital

The oral rehydration therapy clinic at Children's Hospital was opened in February 1985. Statistics indicate a dramatic decline in reported mortality from diarrheal disease in just one year.

The coordinator of the ORT clinic is Dr. O. Opaleye. The clinic is utilized as a teaching site for student nurses. All students from the Schools of Nursing rotate through the ORT clinic for one week. Graduate nurses are also trained at Massey Street. As a result several have implemented ORT services in Lagos State and train their colleagues on-the-job.

A two-day ORT workshop sponsored by the National Association of Nigerian Nurses and Midwives was held in January 1986 for two hundred nurses from all sectors throughout Lagos State. It is anticipated that the participants will implement ORT services in their work sites. A follow-up of the participants is planned.

If INTRAH is to consider integration of ORT into a family planning training program, personnel from Massey Street ORT clinic would be a valuable resource to include in planning and implementation.

5. Planned Parenthood Federation of Nigeria (PPFN)

PPFN was established in 1969 and has been providing clinical services and in-service training for service providers and tutors from the School of Midwifery. In 1985 a total of 50 nurse midwives were trained in two-week clinical family planning workshops.

Service delivery under the auspices of PPFN has been provided in the MOH/HMB clinics. As the HMB assumes responsibility for provision of the family planning services, PPFN envisions its role as expanding IEC services. IEC services would include motivation of males, local government officials and traditional chiefs.

6. Other Sites

Visits were also made to family planning clinics at the Government Staff Clinic, Ikeja General Hospital, Akerele Health Clinic (which is an LGA

clinic), and Epe General Hospital located approximately forty kilometers from Lagos. All of them were about to implement or have only recently begun to implement services and therefore INTRAH was unable to observe actual service provision.

E. Final Meeting: Ministry of Health

Dr. (Mrs.) Akingbein arranged a multi-disciplinary meeting which included officials from the MOH, HMB, LGA, and nursing schools (see Appendix B for complete list of attendees). The purpose was to inform officials of the MOH's plan to work with INTRAH and to learn of INTRAH's findings and recommendations. The meeting was considered unique in that rarely do officials from the represented disciplines meet together.

Each person was requested to summarize briefly the role of his/her organization relative to family planning, citing successes, constraints and identified needs, particularly in the area of training. Themes that emerged were a lack of trained family planning service providers, particularly those skilled in IUD insertion, lack of equipment for the family planning clinics, and a lack of motivators to work in the communities.

The information gleaned from this meeting reinforced INTRAH's findings and enabled the CNO and other attendees to understand the needs which exist, particularly in the rural areas of Lagos State.

INTRAH's preliminary proposal for training was well accepted by all attendees. The need for expediency of training was expressed as officials are very interested

in implementing family planning services as quickly as possible.

V. FINDINGS

- A. Political will, great interest and commitment to provide family planning services were evidenced at all levels.
- B. The MOH and HMB have expressed a goal to provide family planning services statewide and to integrate those services into the MCH system.
- C. Records show an increasing demand for family planning services, particularly IUD and oral contraceptives.
- D. At the Schools of Nursing the INTRAH team found that the graduates from the schools of public health nursing and midwifery have not had the opportunity to develop clinical skills due to an imbalance of practicum sites compared to numbers of students to be trained.
- E. Approximately twenty nurses interviewed have had family planning in-service training in one of the following institutions/programs:
 - a. Ibadan University Teaching Hospital: 6 weeks
 - b. In-Service Family Planning/Oral Rehydration Therapy: 2 weeks
 - c. Contemporary Nursing: 4 weeks
- F. The INTRAH team categorized those already trained as follows:
 - a. Nurses trained in family planning who are providing all FP services. Some of these need training in insertion of the Copper T IUD.

- b. Nurses trained in family planning who are providing all services except IUD insertion.
 - c. Nurses trained within the last five years in FP service delivery who have not provided services since training.
 - d. Nurses trained 6 - 14 years ago who are not providing FP services.
 - e. Nurses never trained in family planning.
- G. Nurses are required to rotate among pediatric, adult and family planning services. HMB officials are considering altering this practice in order to maintain continuity in family planning clinics.
- H. Nurses who are working in areas other than family planning clinics and who serve potential family planning users would benefit from training in motivation and education.
- I. INTRAH found that many nurses had been trained in provision of oral rehydration therapy services, and some are training colleagues on the job. There is a need to accelerate ORT training and to integrate it with FP training.
- J. There is a need for training in management, supervision and evaluation of family planning services.
- K. The INTRAH team observed a need to train, re-train and provide refresher training for a large number of nurses in family planning service delivery. However, potential clinical sites for practice are limited either in space or in number of clients or, in some cases, both. This will certainly limit the quantity of nurses who can be adequately prepared for service delivery at any one time.

VI. RECOMMENDATIONS/SUGGESTIONS

The INTRAH team proposed a two-pronged training strategy to enable the Lagos State Ministry of Health and the Health Management Board to have family planning services made available in all MCH service delivery centres during day and evening hours. The strategy proposed will be directed toward establishment of a family planning in-service training system through 1) development of a state training team; and 2) early implementation of clinical skills training for service providers.

A chart of the proposed training activities, types of trainees, numbers of trainees and comments follows.

INTRAH TEAM SUGGESTIONS TO MEET FP TRAINING NEEDS IN LAGOS STATE

TRAINING ACTIVITIES	TYPE OF TRAINEES	NUMBER OF TRAINEES	COMMENTS
<p>1. Clinical service delivery skills including IUD insertion.</p> <p>Curriculum to include:</p> <ul style="list-style-type: none"> • Need for family planning • Client motivation • Counselling • Contraceptive technology theory and practice • Management of clients • Records, and record keeping • ORT 	<p>1) Nurse/Midwives - With no previous FP clinical training or trained over 5 years ago but have not provided services.</p> <p>2) Midwives on completion of training before posting</p> <p>3) Community health nurses</p>	<p>To be determined</p> <p>To be determined</p> <p>To be determined</p>	<ul style="list-style-type: none"> • First such training activity will run concurrently with training of trainers (TOT). • Number per class will be determined by clinical space and number of acceptors by method in identified training sites. • Training for midwives should be in April and October each year because of large numbers to be trained from each class. • Community health nurses may need a course of their own as some have already considered theory in their PH Nursing course.
<p>2. Training of trainers curriculum to include:</p> <ul style="list-style-type: none"> • Adult training methodologies • Planning, conducting and evaluating training • Training practice 	<p>1) State training team</p>	<p>4-8</p>	<ul style="list-style-type: none"> • This Workshop will run concurrently with the first clinical course to: <ul style="list-style-type: none"> - ensure TOT trainees have real teaching practice under supervision of INTRAH trainers; - ensure that training of service providers is not delayed in an attempt to develop a training team first. • Criteria for selection of a State Training Team: <ul style="list-style-type: none"> - Must have been trained and are providing FP clinical services. - Must have demonstrated interest in training. - Must be available to remain on the team indefinitely (as long as FP training is required).

INTRAH TEAM SUGGESTIONS TO MEET FP TRAINING NEEDS IN LAGOS STATE

TRAINING ACTIVITIES	TYPE OF TRAINEES	NUMBER OF TRAINEES	COMMENTS
	2) Nurse/midwives, FP service providers who will be clinical preceptors at clinics identified as training sites.	To be determined	<ul style="list-style-type: none"> • Will act as clinical instructors in their own clinics to support the State training team. • Must be service providers and remain as service providers with added student (FP trainee) supervision. • Will work closely with State training team in planning and implementation of training.
3. IUD insertion	Nurse/Midwives	To be determined	<ul style="list-style-type: none"> • Those already trained in and are providing all methods but IUD. • Those lacking experience in insertion of copper IUDs.
4. Clinical service delivery skills refresher course.	Nurse/Midwives trained in FP service delivery and are providing services	To be determined	<ul style="list-style-type: none"> • Will include those trained 3 years ago and over, and are currently providing FP services.
5. Management skills curriculum to include: <ul style="list-style-type: none"> • Theory and application of Management Principles • Integration of FP/ORT into existing NCH services 	1) Heads of family planning clinics	To be determined	Responsibilities of this group are expected to include: Planning and implementation of community education, and client recruitment and maintenance in their catchment area. This is in addition to management of clinic-based services and supervision of personnel.

INTRAH TEAM SUGGESTIONS TO MEET FP TRAINING NEEDS IN LAGOS STATE

TRAINING ACTIVITIES	TYPE OF TRAINEES	NUMBER OF TRAINEES	COMMENTS
	2. Tutors responsible for FP training component at The School of Nursing Complex	To be determined	<ul style="list-style-type: none"> • To enable them to include clinic management in the pre-service FP component of their respective programs. • In anticipation of the school being responsible for management of a model FP training/teaching clinic.
6. Record keeping, monitoring and evaluation.	Medical Records officer in SMOH, Health Management Board and Local Government Area.	To be determined	
7. Skills in development of teaching/ training materials.	Health Education Officers	To be determined	

NB - ORT will be incorporated in all training activities.

The INTRAH team recommends that INTRAH and the Lagos State MOH/HMB take the following steps in preparation for development and implementation of a collaborative project for the training of state level service providers in FP and ORT:

A. INTRAH should:

1. Conduct a project development/contract negotiation visit in two to three months.
2. Prior to that visit, send a pre-assessment questionnaire through Ms. Keys MacManus to Dr. Akingbein with instructions for administering it to prospective members of the state training team and to those nurse midwives whom the MOH chooses to participate in the initial clinical skills delivery workshop.
3. Use the results of the questionnaire during the project development visit in scheduling training activities and determining content areas.

B. Prior to INTRAH next visit, the Lagos State MOH/HMB should:

1. Identify a project coordinator who will be responsible for the project's logistics and interagency/institution coordination in relation to training activities. The coordinator will also work with the INTRAH team during the project development visit.
2. Identify a state core training team using criteria agreed upon by MOH/HMB as follows:
 - a. Must have been trained and are providing FP clinical services.
 - b. Must have demonstrated interest in training.
 - c. Must be available to remain on the team indefinitely (as long as FP training is required).

This team will also participate in project development activities.

3. Compile a list of nurses already trained in family planning. The list should reflect when training took place, type and duration of training.
4. Compile a list of centres needing personnel to be trained.

5. Ascertain the total number of nurses in both the HMR and the LGA and the total number of nurses to be trained during this project.
6. Administer the INTRAH pre-assessment questionnaire to prospective members of the state training team and to those nurse midwives whom the MOH chooses to participate in the initial clinical skills delivery workshop and return to Ms. Keys MacManus.

APPENDIX A

Persons Contacted/Met

U.S. Embassy/Lagos

Ms. Keys MacManus, AID Affairs Officer

Mrs. H.O. Shitta-Bey, Population/Family Planning Specialist

Lagos State Ministry of Health

Dr. (Mrs.) Patricia Akingbein, Chief Medical Officer

Mrs. M.G. Bodede, State Family Planning Coordinator

Mrs. F.A. Taylor, Assistant to Chief Medical Officer

Lagos State Health Management Board

Mrs. Asolu, Executive Secretary

Lagos State Government Staff Clinic

Dr. N.H. Mogaji, Chief Consultant

Dr. (Mrs.) Rokosu, Head of Staff Clinic

Epe General Hospital

Dr. Luguda, Chief Consultant

Sister Ade G.A. Kunle, Nurse/Midwife, Family Planning Clinic

Epe Local Government Area

Dr. Orolu, Medical Officer of Health

Ikeja General Hospital

Dr. Joseph, Chief Consultant

Mrs. Allen, Chief Matron

Lagos Island Maternity Hospital and Family Planning Clinic

Dr. (Mrs.) A.Y. Bankale, Chief Consultant

Dr. E.E. Emuveya, Obstetrician/Gynecologist

Mrs. Okaro, Chief Matron

Mrs. F.P. Odutayo, Nurse/Midwife, In Charge of Family Planning Clinic

Children's Hospital, Massey St.

Dr. O. Opalege, Chief Consultant

Mrs. Dawodu, Chief Matron

Akerele Family Health Clinic (LGA)

Mrs. B.Y. Oguntolu, Health Sister

Johns St. Health Center

Dr. A.R. Jinadu, Chief Consultant

Mrs. S.A. Ajibola, Senior Matron

Randel Avenue Health Center

Dr. O. Oluwole, Senior Consultant

Mrs. A.A. Taiwo, Chief Health Sister

School of Nursing

Mrs. A.O. Sotire, Chief Nurse Tutor, Principal of School of Nursing

Mrs. I. Awotesu, Principal, School of Public Health

Mrs. C.A. Fodipie, Assistant Chief Nurse Tutor

Planned Parenthood Federation of Nigeria

Mr. Abayomi Fajobi, Executive Director

Mr. Marc A. Okunnu, Sr., Programme Director

Mrs. E. Umarea, Service Delivery Programme Officer

JHPIEGO

Dr. Isala Salami, Assistant Project Director

APPENDIX B

Attendees at Final Meeting at Ministry of Health

Dr. (Mrs.) Patricia Akingbein, Chief Medical Officer
Mrs. C.A. Fodipie, Tutor, School of Nurse Midwifery
Mrs. M.G. Bodede, State Family Planning Coordinator
Ms. Keys MacManus, AID Affairs Officer
Mrs. H.O. Shitta-Bey, Population/Family Planning Specialist
Dr. M.Y.I. Salami, Medical Officer of Health
Dr. (Mrs.) T.A. Olumodeji, Mushin Local Government Area
Mrs. A.O. Ayayi, Chief Nursing Officer, Lagos Island Local Government Area
Dr. J.O. Adebisi, Lagos Island Local Government Area
Mr. P.A. Adenuki, Assistant Chief Nursing Officer, Lagos Island Local Government Area
Dr. A. Tilley-Gyado, Ministry of Health, Ikorodu Local Government Area
Mr. M.A. Sdturo, Somolu Local Government Area
Mr. A.Y. Adesalu, Ministry of Health, Somolu Local Government Area
Dr. O.O. Campbell, Acting Minister of Health, Ikeja Local Government Area
Mrs. S.A. Otti, Principal Nursing Officer, Ikeja Local Government Area
Mrs. B.E. Woghenien, Ikonodu Local Government Area
Dr. M.O. Munis, Consultant, Health Education Unit
E.A. Okiklolu, Badegery Local Government Area
Dr. O.G. Olomolehin, Ministry of Health, Ikeja Local Government Area
Mrs. R.I. Sanyaolu

Mrs. F.A. Taylor, Assistant to Chief Medical Officer, Lagos
State Ministry of Health

Mr. Ken Heise, Management Sciences for Health

APPENDIX C₁

LAGOS STATE MINISTRY OF HEALTH

MEDICAL STATISTICS UNIT

GOVERNMENT HEALTH ESTABLISHMENT BY TYPE

	Federal	State	Local Government	Total
Teaching Hospital	1	-	-	1
Specialist Hospital				
Maternity	-	1	-	1
Neuro Psychiatry	1	-	-	1
Orthopaedics	1	-	-	1
Paediatrics	-	1	-	1
General Hospital	-	7	-	7
Comprehensive Health Centre	-	1	-	1
Primary Health Centre	-	11	-	11
Health Clinics	-	-	28	28
Dispensaries	-	-	94	94
Maternity Centre	-	-	79	79
Armed Forces Health Establishment not included in the list				
Maternal Child Health (M.C.H.) Clinics	-	-	29	29
School Health Clinics	-	-	50	50
T O T A L	3	21	280	304

APPENDIX C₂

LAGOS STATE MINISTRY OF HEALTH

MEDICAL STATISTICS UNIT

GOVERNMENT HEALTH ESTABLISHMENT BY LOCATION IN LOCAL GOVERNMENT COUNCIL AREAS.

TOTAL	LOCAL GOVERNMENT COUNCIL	Teaching Hospital	Specialist Hospital	General Hospital	Comprehensive Health Centre	Primary Health Centre	Health Clinics	Dispensaries	Maternity Centre	Maternal Child Health Clinics	School Clinic
46	LAGOS ISLAND		2	1		3	10	7	6	4	13
26	LAGOS MAINLAND	1	2	1		2	1		2	8	9
37	MUSHIN					1	5	8	9	4	10
16	SOMOLU			1			1	1	6	1	6
38	IKEJA			1		1		13	7	8	6
23	IKOHOJU			1		2	4	11	4		11
58	EPE			1		2	3	27 ^(*6)	25 ^(*4)		
60	BADAGRY			1	1		4	27 ^(*2)	20 ^(*3)	4	3
304	TOTAL	1	14	7	1	11	28	94	79	29	50

(*) not functioning.

GRAPH OF FAMILY PLANNING CLIENTS
LONG ISLAND MATERNITY HOSPITAL
1960-1985

