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Trip Report

#0-277

Travelers:

Ms. Maureen Brown, INTRAH Program Officer
Ms. Carol Brancich, IHP Program Coordinator
Mr. Ayodele Akin-Dahunsi, INTRAH
Consultant

Country Visited:

Lagos State, Nigeria

Date of Trip:

April 22 - May 8, 1986

Purpose:

To develop a project proposal with the
Lagos State Ministry of Health to train
FP/ORT personnel.

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 Office
CDC	Centers for Disease Control
CHE	Community Health Education
EPI	Expanded Program on Immunization
FMOH	Federal Ministry of Health
FP	Family Planning
HMB	Health Management Board
IEC	Information, Education and Communication
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LGA	Local Government Authority
LIMH	Lagos Island Maternity Hospital
LMLG	Lagos Mainland Local Government
MCH	Maternal and Child Health
MOH	Ministry of Health
ORT	Oral Rehydration Therapy
PPFN	Planned Parenthood Federation of Nigeria
SON	School of Nursing
STT	State Training Team
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities

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*On file with INTRAH Program Office

EXECUTIVE SUMMARY

Ms. Maureen Brown, INTRAH Program Officer, Ms. Carol Brancich, IHP Program Coordinator, and Mr. Ayodele Akin-Dahunsi, INTRAH consultant, visited Lagos State, Nigeria from April 22 - May 7, 1986, to develop a project proposal in collaboration with the Lagos State Ministry of Health (MOH).

Working closely with senior MOH officials through the mechanism of a subcommittee, a proposal to train several cadres of MOH personnel in family planning (FP), oral rehydration therapy (ORT), community health education (CHE), management and supervision of FP clinics, and development of FP records/evaluation systems, was developed.

Total outcomes of this project will be:

1. A 14-member state level core training team skilled in FP/ORT service delivery and training process;
2. Twenty (20) CHE workers trained in FP/ORT/CHE services;
3. Forty-five (45) clinical service providers trained in FP/ORT/CHE services;
4. Eighteen (18) tutors and heads of clinics/sections trained in FP/ORT clinic management; and
5. Twelve (12) medical records and statistical officers trained in FP/ORT records, monitoring and program evaluation.

Major findings of the visit included a high degree of interest and commitment on the part of senior MOH officials to integrate FP/ORT services into the health delivery system of Lagos State. Major constraints to training included an insufficient number of adequately equipped and functioning clinical training sites, an inadequate number of FP

acceptors (particularly IUD acceptors) and low public awareness of the need for and benefits of FP.

Major recommendations include that INTRAH should approve and fund this project and that close coordination among INTRAH, UNFPA, and the MOH be established to ensure complementary activities and avoidance of training duplication.

SCHEDULE OF ACTIVITIES

Monday,
April 21: Ms. Brown and Ms. Brancich met in London.

Tuesday,
April 22: Departed London at 12:00 noon.
Arrived Lagos at 6:30 p.m.

Wednesday,
April 23: INTRAH team meeting with Mr. Richard
Callisto, Commodities Field Officer,
AAO/Lagos.

Meeting at Lagos State Ministry of Health
(MOH) with Lagos State MOH Committee on
INTRAH Family Planning (FP) Program:

- Dr. J.O. Adebisi, Lagos Island LGA;
- Mrs. A.O. Ajayi, Lagos Mainland Local
Government;
- Dr. (Mrs.) Patricia A. Akingbehin,
Chief Health Officer, Committee
Chairperson;
- Dr. (Mrs.) A.O. Bankole-Adekinle,
Somolu LGA;
- Mrs. M.J. Bodede, Health Management
Board;
- Mr. Richard Callisto, Commodities
Field Officer, AAO/Lagos;
- Mrs. C.A. Fodipe, Assistant Chief
Nurse Tutor, School of Midwifery,
Ikoyi;
- Dr. Sikuade Jagun, Area Office,
Ikorodu LGA;
- Dr. M.O. Munis, Health Education Unit,
Ikeja;
- Dr. O.G. Olomolehin, Ikeja LGA;
- Dr. C.O. Oluwole, Chief Consultant,
MOH;
- Mrs. N. Ouoloin, Secretary, MOH;
- Dr. M.Y.I. Salami, Chief Consultant,
Lagos Mainland LGA;
- Mrs. A.O. Sotire, School of Nursing
Complex;
- Dr. (Mrs.) O.O. Taiwo, Area Office,
Mushin LGA;
- Mrs. F.A. Taylor, Assistant Chief
Health Sister, MOH; and
- Dr. A. Tilley-Gyado, Somolu LGA.

Meeting at Lagos State MOH with MOH/INTRAH working subcommittee:

- Mrs. A.O. Ajayi, Zonal Coordinator, LGA;
- Mrs. M.J. Bodede, Zonal Coordinator, HMB;
- Mrs. C.A. Fodipe, Assistant Chief Nurse Tutor, School of Midwifery, Ikoyi;
- Dr. C.O. Oluwole, Chief Consultant, MOH, Chairperson;
- Dr. M.Y.I. Salami, Chief Consultant, Lagos Mainland Local Government; and
- Mrs. F.A. Taylor, Assistant Chief Health Sister, MOH.

Thursday,
April 24:

INTRAH team meeting at Federal Ministry of Health to review completed biodata forms and FP knowledge assessment questionnaire.

INTRAH team meeting at Lagos State MOH with Dr. Patricia A. Akingbehin.

INTRAH team meeting at AAO/Lagos with Mrs. Shitta-Bey, FP Program Specialist.

INTRAH team meeting to discuss workplan.

Friday,
April 25:

Field visit to three HMB potential FP clinical training sites: Ikorodu General Hospital, Ikeja General Hospital and Apapa Comprehensive Health Center, by Mrs. Bodede, Mrs. Taylor, Mr. Callisto, Mr. Akin-Dahunsi, Ms. Brancich and Ms. Brown.

INTRAH team meeting with Mrs. Shitta-Bey.

Saturday,
April 26:

Ms. Brancich and Ms. Brown develop workplan.

Ms. Brancich and Ms. Brown meet with Dr. Julia Tsuei and Mr. Anthony Isama, INTRAH Six State Evaluation Team A.

Sunday,
April 27:

Ms. Brancich and Mr. Brown develop first draft of Phase I project proposal, workplan and tentative budget.

Monday,
April 28: INTRAH team meeting.

INTRAH team meeting with MOH/INTRAH working subcommittee.

INTRAH team visited AAO/Lagos to obtain copies of other state INTRAH-MOH/HMB project proposals and contracts.

Tuesday,
April 29: INTRAH team meeting.

INTRAH team briefing meeting with Mr. Lawrence Eicher, Health Development Officer, AAO/Lagos.

INTRAH team works on project proposal outline.

Wednesday,
April 30: Field visits to three potential LGA FP clinical training sites: Odi-Olowo Family Health Center, 42 Broad Street Health Center and Akerele Family Health Clinic (Surulere), by Mrs. Ajayi, Mrs. Taylor, Mrs. Adebayo, Ms. Brancich and Ms. Brown.

Thursday,
May 1: INTRAH team develops first draft of project proposal (national holiday).

Friday,
May 2: INTRAH team meeting with MOH/INTRAH working subcommittee. Presentation and discussion of draft project proposal.

INTRAH team meeting at Planned Parenthood Federation of Nigeria with Mr. Olu Alebiosu, Senior Program Officer, IEC, and Mrs. E. Umoren, Program Officer, Service Delivery.

Saturday,
May 3: Ms. Brown and Ms. Brancich meet with Dr. Julia Tsuei, INTRAH consultant and Mr. David Radel, World Bank representative.

Project proposal redrafted.

Sunday,
May 4: Mr. Akin-Dahunsi departs Lagos for Bauchi State. Ms. Brown and Ms. Brancich completed redrafting of project proposal and budget for submission to typist.

Monday,
May 5:

Ms. Brown and Ms. Brancich meet with Dr. Alan Brody, Medical Officer, and Ms. Adjaa Amana, Training Officer, both of UNICEF, and collected potential ORT training materials.

Ms. Brown and Ms. Brancich meet with Mrs. Stella Savage, Chief Nursing Officer, Federal Ministry of Health (FMOH).

Ms. Brown and Ms. Brancich visit local stationary shop to obtain price list of stationary and training supplies.

Ms. Brown and Ms. Brancich meet with UNFPA team members (Mr. Edouard, UNFPA consultant, and Mr. Nziah, UNFPA Program Officer) at Eko Kuramo Lodge to discuss training plan for upcoming UNFPA project.

Tuesday,
May 6:

Ms. Brown and Ms. Brancich work at AAO/Lagos assembling/xeroxing working draft proposal.

Meeting at Lagos State MOH with MOH Permanent Secretary and members of MOH/INTRAH Committee on FP Program.

Meeting with MOH/INTRAH working subcommittee to present and discuss working draft proposal in preparation for its submission to Lagos State Committee on INTRAH FP Program for its review and action.

Wednesday,
May 7:

Debriefing meeting with Mr. Lawrence Eicher, AAO/Lagos.

Ms. Brown and Ms. Brancich departed for airport at 6:00 p.m. Flight delayed until 11:30 a.m., May 8, 1986.

Thursday,
May 8:

Ms. Brown and Ms. Brancich departed Lagos for London at 1:00 p.m.

I. PURPOSE OF TRIP

The purpose of the trip was to develop a collaborative project proposal with Lagos State Ministry of Health (MOH) officials for the training of MOH personnel in family planning (FP) and oral rehydration therapy (ORT). This visit follows a training needs assessment conducted in January 1986.

Major objectives included:

1. Development of a project proposal which would clearly identify key state MOH personnel to work with INTRAH throughout the life of the project, categories/numbers/priority of people to be trained, and where, when, how and who would conduct the training;
2. Identification of a sequence of training activities consistent with the expressed needs of the MOH and the realities of the existing health services delivery system; and
3. Identification of training materials, technical assistance (both in-country and out-of-country) required, development of a project evaluation component according to the INTRAH framework, and a drafting of a detailed budget for implementation of the workplan's training activities.

II. ACCOMPLISHMENTS

In collaboration with officials from the Lagos State MOH/INTRAH working subcommittee, the following was accomplished:

1. A detailed project proposal for training MOH, Health Management Board (HMB), Local Government Authority (LGA) and School of Nursing (SON) personnel in FP, ORT and community health education (CHE) was developed (Appendix B).
2. A project coordinator was identified.
3. Candidates for the state training team (STT) were identified (Appendix C).

4. A sequence of training activities based on identified needs, consistent with the existing clinical facilities and FP client caseload, was developed (Appendix B).
5. Technical assistance required, training materials, potential human and institutional resources, numbers and categories to be trained, priority list of trainees and cost factors were established.
6. The AAO/Lagos was briefed and debriefed.

III. BACKGROUND

This visit to Lagos State follows a training needs assessment visit made by an INTRAH team in January 1986 (Trip Report 0-246). During the visit, the team confirmed the interest and commitment of the MOH to integrate FP/ORT services into the health delivery system as soon as was feasible.

Major training needs identified by the team included training of trainers (TOT); training of health service providers in FP/ORT knowledge and skills; and instruction of senior clinic staff in clinic management and record keeping. Major constraints to training included a lack of sufficient numbers of clinical training sites in which to train in IUD insertion techniques and a small caseload of FP acceptors in the existing FP clinics.

INTRAH has provided training/technical assistance to six Nigerian states in the past and continues to work with those states in the areas of FP/MCH training and evaluation.

IV. DESCRIPTION OF ACTIVITIES

A. AID Affairs Office/Lagos (AAO/Lagos):

A briefing at the AAO did not take place until the INTRAH team had been in-country six days due to the absence from Lagos of Ms. Keys MacManus, AID

Affairs Officer, and Mr. Lawrence Eicher, Health Development Officer. Mrs. Shitta-Bey, FP Program Specialist, was briefed on the team's second day in-country. Mrs. Shitta-Bey arranged courtesy call appointments, transport and some background materials on the Lagos State MOH situation before departing Nigeria for a JHPIEGO workshop in the U.S.A. Mr. Richard Callisto, AID Commodities Field Officer, accompanied the INTRAH team to all meetings and field trips during the first week in-country. His assistance was of considerable help and greatly aided the team in carrying out its tasks.

The Team met with Mr. Lawrence Eicher on April 29. He was informed of the team's activities, findings to date and proposed plans. Mr. Eicher provided the team with very useful information regarding the supply of Africare kits, other agencies providing training to MOH personnel, guidelines for per diem payments according to previous contracts, and a general briefing on the health/FP situation in Nigeria. The support provided by the AAO to the INTRAH team was excellent and most appreciated.

Mr. Eicher informed the team of his telephone conversation with Ms. MacManus in which she provided the following information/suggestions:

--Per diem benchmarks:

- N 5-6 if lunch provided and not housed;
- N 10 if no lunch and not housed; and
- N 24 if from out of town and housed.

- Eight Africare kits had been distributed to the MOH. There probably would not be any further distribution and there were none left in stock.
- INTRAH should contact Mr. Tim Johnson, Centers for Disease Control (CDC), Atlanta, regarding use of FP records in Nigeria.
- The focus of INTRAH training for clinical provider staff should be on TOT, CHE and filling out CDC FP records.
- There should be no materials development workshop.
- The team's assignment was to include identifying the number of service points there should be in the state and the number of nurses required to staff those FP service points.

Mr. Eicher was debriefed by the INTRAH team on May 7 and a copy of the draft project proposal was left with him.

B. Lagos State Ministry of Health:

The INTRAH team attended a meeting at the MOH chaired by Dr. (Mrs.) Patricia A. Akingbehin, Chief Health Officer, and attended by 15 representatives of the state MOH, LGA, HMB and schools of nursing and midwifery (see Schedule of Activities for names of representatives).

The purposes of this meeting were to brief the INTRAH team on "The Report of the Committee on the INTRAH Family Planning Program" (Appendix D), to present the results of the FP knowledge assessment questionnaire administered to potential STT candidates and service providers, to appoint a working subcommittee to work with the INTRAH team

during this assignment and to have the INTRAH team brief the representatives on its purpose and plans.

Dr. Akingbehin reiterated the intent of the MOH to integrate and expand FP/ORT services in the state health system and to initiate FP/ORT in-service staff training as quickly as possible.

As Dr. Akingbehin was leaving Lagos to attend a JHPIEGO workshop in Baltimore, she appointed a working subcommittee to liaise with the INTRAH team on a daily basis (Appendix E for names and titles of members). Dr. C.O. Oluwole was appointed chairman of this subcommittee and empowered to act on Dr. Akingbehin's behalf during her absence.

The subcommittee met after the large committee meeting to review/set a scope of work, provide guidelines and plans to help the team achieve its objectives and to discuss issues involved in setting up a Phase I training program. Major issues identified and guidelines agreed upon included:

- The number and quality of the clinical facilities available to provide clinical practica would define the number of state trainers and clinical providers to be trained.
- The members of the STT should be individuals who will be available to conduct FP/ORT training at regular intervals according to a training plan, even though they have other job responsibilities.

STT members would probably require FP/ORT refresher training in addition to a TOT workshop; thus, would be involved in the training process for approximately six to nine weeks.

The MOH/INTRAH working subcommittee met frequently throughout the two-week assignment. The process used involved the INTRAH team developing a workplan (Appendix F) which outlined the major tasks to be accomplished by the team and subcommittee. This was discussed and accepted by the subcommittee and plans were developed around it. Several members of the subcommittee always accompanied the team on field visits to potential training sites and made in advance all the necessary arrangements. As an overview of the project proposal began to emerge, the INTRAH team would prepare a write-up for presentation and discussion with the subcommittee, and desired revisions would be made and discussions would take place again. In this way, a final draft project proposal was developed of which all aspects were discussed and agreed upon by both the subcommittee and the INTRAH team.

A final debriefing meeting was set for May 6 with the large committee with whom the INTRAH team had met on its first day in-country. It was understood by the team that a courtesy call would be paid to the Permanent Secretary, Lagos State MOH, prior to this meeting. The INTRAH team and large committee met in the Permanent Secretary's office, and through a series of misunderstandings and lack of communication, the Permanent Secretary appeared to misunderstand the purpose of the meeting and abruptly terminated it, stating that he required time to review the document and was

not prepared to sign at that time. There was no opportunity to explain that the document was a draft proposal and the subcommittee/INTRAH team was submitting it to the MOH for its review and, if approved by senior MOH officials, for later submission to INTRAH for consideration. This was a most unfortunate ending to what had been an excellent collaborative effort between the MOH and INTRAH team.

The subcommittee was debriefed on the entire proposal and it was left with Dr. Oluwole to present to Dr. Akingbehin and other MOH officials for their review and subsequent submission to INTRAH by May 30, 1986.

C. Potential Training Sites:

The number, suitability and locations of clinical FP/ORT training sites were crucial to the development of a realistic training plan, if trainees were to be given opportunity to develop strong and competent clinical skills in IUD insertion/management of FP and ORT clients.

Six potential MOH FP/ORT clinical training sites were visited, three belonging to the HMB and three to the LGA. None of these completely fulfilled criteria desired for effective clinical practice, which had been identified in discussions as:

- Being completely equipped to provide all FP methods including IUD insertion;
- Having sufficient space/rooms to accommodate at least two clinical skills trainees at a time; and

Having a sufficient number of FP clients, including IUD acceptors, to enable trainees to obtain the required practical skills in a two-week practicum.

Findings in regard to these facilities are reported in Appendix G. Apart from the low numbers of FP clients, the addition of an extra room and/or equipment is possible and assurances were given by the HMB and LGA representatives, Mrs. Bodede and Mrs. Ajayi, that this would be done before the first INTRAH/MOH training activity scheduled for early September 1986. The low number of acceptors, however, does pose a more intractable problem and greater efforts will have to be made to create public awareness of the need for and benefits of FP. All of these facilities had acceptable ORT facilities, although some clinics appeared to have a greater case load than others. Given that there are approximately 11 FP units functioning in Lagos State, the number of FP clinical service providers who can be trained at any time will be restricted to about 15, unless the facilities are upgraded and expanded. There are between 500 - 600 MOH nurses to be trained (see Appendix H).

Classroom facilities for the didactic portion of the workshops can be located at the SON Complex, Ikeja General Hospital Compound. There are four large classrooms equipped with blackboards and adequate seating. Mrs. C.A. Fodipe assured the INTRAH team that these facilities would be made available for the INTRAH/MOH training program. Unfortunately, time constraints made it impossible for the team to make a courtesy call on the directors of the schools of nursing and midwifery to discuss this in greater detail. This issue

should be followed up by Ms. Maureen Brown, INTRAH Program Officer, and Ms. Lynn Knauff, INTRAH Deputy Director, during their June visit to Nigeria.

The INTRAH team also visited a clinic facility operated by the Planned Parenthood Federation of Nigeria (PPFN) at the central headquarters. This clinic offers full FP services and had, on average, about 25 clients a day, of whom approximately five were IUD acceptors. It would make a good clinical training site for IUD practica; unfortunately, senior PPFN officials were unavailable to discuss this possibility. Contact with PPFN officials by INTRAH and/or the MOH should be initiated to see what arrangements can be made. Training materials were obtained from PPFN that might be used as handouts during the INTRAH/MOH training workshops.

The selection of community training sites in which CHE trainers and service providers will conduct their practica will be identified at a later date by Mrs. Bodede and Mrs. Ajayi. It is understood that communities selected will be those which are located in or near those areas where FP/ORT services are being offered in order to stimulate community awareness of FP/ORT and to generate greater demand for those services.

D. Selection of Participants for Training:

1. State Training Team:

The INTRAH team analyzed the FP knowledge questionnaires and biodata forms that had

been designed by INTRAH and administered to 37 potential candidates for TOT and clinical skills training (service providers).

Each candidate's questionnaire was graded and a percentage assigned; each biodata was reviewed and a value assigned for FP experience, FP or ORT courses/training and current FP practice (see Appendix I). From these results a list of 17 candidates with the highest ratings was compiled and submitted to the working subcommittee for its selection of candidates for trainers/preceptors. The subcommittee selected seven from the list and added three others (two from SON and one from HMB). Mrs. Bodede (HMB), Mrs. Ajayi (LGA) and Mrs. Fodipe (SON/MOH) selected who would be trainers and who would be preceptors for their respective organizations, with the SON/MOH deciding it required two trainers and no preceptors. The list of trainers/preceptors is attached as Appendix C.

The candidates for the CHE trainers were selected by Mrs. Bodede (HMB - one candidate) and Mrs. Ajayi (LGA - three candidates). These are listed in Appendix C.

The functions of the state trainers have been clearly stated in the project proposal and it is assumed that they will, as a team, continue to train MOH staff after the INTRAH-funded training activities are completed. However, it was pointed out by the subcommittee that all of these candidates are senior people with major job responsibilities

and are not likely to be available to train on a continuous basis. It should be possible, however, for the team to divide itself into four training teams of three, thus facilitating the implementation of training programs on a pre-planned and regular basis every two or three months.

A proportionate balance of candidates for the STT from the HMB, LGA and SON/MOH was maintained during the selection process.

2. Clinical Service Providers/Community Health Education Providers:

Selection of participants to be trained in the initial INTRAH-funded FP clinical skills workshops (workplan Activity 2c) will be made at a later date by Mrs. Bodede, Mrs. Ajayi and Mrs. Taylor (MOH) and the list will be submitted to INTRAH by mail. Selection will be made on the basis of a priority list of those to be trained established by the subcommittee (refer to Appendix J).

Selection of participants for the CHE workshop (workplan Activity 2b) will also be made by the above at a later date. This group will be composed of nurses who work at the community level in a variety of positions (community health supervisors, community health officers, community assistants and aids) who have CHE (including FP motivation) responsibilities.

3. Participants for Management/Supervision and Medical Records Workshops:

It was not decided who would select this group of participants or what the criteria for selection would be, but it can be reasonably assumed that it will be done by the Project Coordinator, Dr. Akingbehin, in consultation with officials from the HMB and LGA.

E. Potential Human and Institutional In-Country Resources:

1. United Nations Children's Fund (UNICEF):

A visit was made to UNICEF to find out what training UNICEF is conducting in Lagos State and to obtain any pertinent training materials that could be used in the INTRAH FP/ORT training workshops.

UNICEF's main thrust in training is directed toward Expanded Program on Immunization (EPI) and ORT workshops for physicians and nurses on a national basis. Workshops were recently held for the National Association of Nurses and Midwives and workshops are planned for all physicians in the country.

We spoke with Dr. Alan Brody, UNICEF Medical Officer, and Ms. Adjaa Amana, UNICEF Training Officer, who described the UNICEF program. They expressed the opinion that it would be desirable for INTRAH to reflect/link ORT content taught in its workshops to that which UNICEF has developed and is promulgating in Nigeria, a suggestion which makes much sense

for reasons of standardization. Because of uncertainty about other commitments, Ms. Amana was unable to confirm inputs into the MOH/INTRAH workshops dealing with ORT content. These discussions should be followed up by INTRAH trainers prior to implementation of the first INTRAH/MOH training activity. Training materials and the curriculum for EPI/ORT workshops were obtained and are attached as Appendix K.

2. Planned Parenthood Federation of Nigeria (PPFN):

As discussed in Section C above, PPFN FP clinics are potential clinical training sites for providing service provider trainees experience in IUD insertion techniques. As this was not discussed with the PPFN Executive Director, Mr. Abayomi Fajobi, who was not available during the INTRAH team's visit, it should be followed up by mail and during a scheduled visit by Ms. Brown and Ms. Knauff in June 1986.

PPFN FP booklets and information sheets were obtained which may be useful as handouts in future INTRAH/MOH training activities (see Appendix K).

3. Lagos Island Maternity Hospital (LIMH):

It was not possible, because of time constraints, to visit the LIMH to ascertain that facility's potential as a clinical training site or the interest of the director in permitting use of the facilities for this purpose. However, LIMH was visited by the INTRAH needs assessment team in January 1986.

The team's findings indicated that if the facilities were expanded to include a second FP room (as is planned), it would be appropriate as a clinical practice site for in-service training. This should be followed up by Ms. Brown and Ms. Knauff during their June visit to Lagos.

4. Massey Street Children's Hospital:

It was not possible to visit the Massey Street Children's Hospital to ascertain its potential as a clinical training site for ORT experience or the hospital's interest in permitting in-service training. It was identified by the INTRAH training needs assessment team as having good potential for this purpose and they recommended that personnel from there would be a valuable resource to include in ORT training activities. This resource should be further explored by Ms. Brown and Ms. Knauff during their June visit to Lagos.

5. INTRAH/IHP Trainers and Nigerian Co-Trainers:

For reasons of continuity, it is recommended that INTRAH/IHP trainers who conducted training in Imo, Kwara and Plateau States be recruited again to conduct the first four training activities in Lagos State (STT refresher, TOT and service providers workshops). However, under the proposed activity workplan, this will require those trainers to be in Lagos for approximately ten

weeks, commencing on or about September 1 to about mid-November 1986 (see Appendix B, training plan alternative number 1).

The INTRAH/IHP trainers recruited to conduct these initial activities should be:

- One trainer with strong skills in CHE, motivation and counselling techniques (and possibly materials development), for the STT refresher and TOT workshops;
- Two trainers with the strong skills required for TOT process and content, and possessing clinical skills background, FP/ORT knowledge and knowledge of how to develop/supervise a clinical practicum (a nurse-midwife) for the STT refresher and TOT workshops;
- One trainer with strong skills and knowledge in management, supervision, program development and evaluation for the clinical management and supervision workshop; and
- One trainer with strong skills and experience in development of FP/ORT records systems, monitoring and evaluation systems for the records, monitoring and evaluation workshop.

The training needs assessment team's suggestion to utilize the services of INTRAH-trained trainers from Imo, Kwara and Plateau States appeared to be acceptable to Dr. Akingbehin and most members of the working subcommittee. Dr. Akingbehin indicated that it would be up to INTRAH to initiate the contact with those individuals and their superiors and make all the necessary arrangements.

The INTRAH team was not able to identify specific individuals from each state because of its unfamiliarity with the trainers and their capabilities. Therefore, it is suggested that names be obtained from INTRAH/IHP trainers who worked in those states and from members of the two six state evaluation teams. INTRAH should then write the appropriate officials and potential co-trainers to ascertain their availability.

Because it may not be possible for any one state trainer to be away from his/her post for more than two to three weeks at a time, it is proposed that different state trainers be invited to work with the INTRAH trainers in each activity as co-trainers.

6. Meetings With Others:

a. UNFPA:

The INTRAH team met with Mr. George Nziah, UNFPA Program Officer (Lagos), and Mr. Lindsay Edouard, UNFPA consultant (Geneva), who briefed the team on the proposed UNFPA FP training project for Nigeria scheduled to commence in January 1986. This project proposes to provide training, TOT, equipment and contraceptive supplies.

Mr. Nziah and Mr. Edouard suggested that INTRAH contact and liaise with UNFPA in New York to learn more and coordinate efforts:

CONTACTS:

Mr. Allan Keller: (212) 850-5795

Mr. Bill Musoke: (212) 850-5723

b. Federal Ministry of Health (FMOH):

The INTRAH team met with Mrs. Stella Savage, Chief Nursing Officer, FMOH, and briefed her regarding the purpose of the team's visit, findings and project proposal plans. She requested that INTRAH send her a copy of the proposal once it is finalized.

F. Training Strategy:

Several major issues and findings identified during the training needs assessment visit in January 1986 and confirmed by the current INTRAH team during discussions and field visits, largely defined the training strategy developed in the project proposal. These issues were:

- There are an insufficient number of clinical training sites in which to train a large number of trainees.
- There are an insufficient number of FP acceptors, particularly IUD acceptors, with whom trainees could develop clinical skills.
- Of those clinical training sites that do exist, only one has sufficient space and/or adequate equipment to accommodate more than one clinical skills trainee at a time.
- The MOH and AAO desire to train trainers and produce a critical mass of FP service providers in a "dual track" mode in order to have FP/ORT services made available to the population as quickly as possible.

- There is a low public awareness of the benefits and availability of FP services assumed to be partly related to inadequate CHE measures by community health educators who themselves are not cognizant of FP/contraceptive technology or services.
- There is a need to assist the MOH FP Program clinics to strengthen their management, supervision, records, monitoring and evaluation systems.
- There exists no national population policy and thus, there is no FP training budget within the MOH.

Given these constraints and findings, it was decided that the maximum number of clinical skills trainers for the STT would have to be ten even though the MOH/HMB/LGA would have liked 16 trained. On the other hand, it was felt that it would be more cost effective to train a larger number of state trainers, and given the need to improve the level of FP motivation/information in the community, it was decided to include four community health educators who are nurses on the STT. This group will not require a clinical skills practicum, but rather will do a practicum in the community involving teaching and motivating villagers in regard to FP/ORT services. It was also thought that all members of the STT and all clinical services providers would require basic skills and knowledge in CHE methods, in addition to a basic knowledge of FP methods, regardless where they ultimately work. It is envisaged that the CHE trainers could team up with clinical skills trainers in future training situations to provide the CHE component of a curriculum, and the clinical skills group would assist the CHE trainers in the knowledge portions of contraceptive technology.

The training sequence and process envisaged for the Lagos STT is as follows:

TRAINING ACTIVITY/ WORKSHOP NUMBER	FOR WHICH STT MEMBERS	TRAINING AND FOCUS OF TASKS
1. Refresher Workshop in FP/ORT/CHE	All 14 members	1 week of classroom-based refresher content on FP/ORT/CHE basics.
	10 clinical skills members	2 weeks of clinic-based clinical skills development, including IUD insertion.
	4 CHE members	2 weeks of community-based CHE skills development, including motivation and health education activities.
2a. TOT Workshop	All 14 members	1st week: training process/methodology 2nd week: curriculum development 3rd week: curriculum development and preparation of training materials.
		Clinical skills group to develop a three-week FP/ORT/CHE curriculum for clinical service providers, including a two-week clinical practicum
		CHE group to develop a two-week FP/ORT/CHE curriculum for community health workers, including a one-week community practicum.
2b. Workshop for CHE Service Providers (public health nurses and community health officers)	4 CHE members	Will train 20 community health staff in basics of FP/ORT and CHE with emphasis of training focused on creating public awareness/motivation for FP/ORT services. One week classroom and one week supervised community practicum.
2c. Workshop for Clinical Service Providers (in-service nurses/midwives working in FP clinics/units)	10 clinical skills members (6 trainers and 4 preceptors)	Will train 45 clinical service providers (in groups of 15 with 2 trainers and 1 preceptor per group) in contraceptive technology/ORT and basics of CHE with emphasis of training on FP methods, FP skills, ORT principles and practice, and CHE as related to motivation and counselling. One week classroom and two weeks supervised clinical practicum, including IUD insertion.

It is assumed that at the completion of the above activities, the STT will continue ongoing FP/ORT/CHE training under MOH funding.

Activity 2b will take place immediately following the completion of the TOT workshop as no problem is anticipated in placing participants in the community for their practicum.

Implementation of Activity 2c, which involves placing 45 clinical service providers in a clinical setting that can provide both adequate physical facilities and equipment, and a sufficient supply of FP/ORT clients, most probably will have to take place in a series of three workshops spaced over a period of three months (training plan alternative number 1), unless the MOH/HMB/LGA is able to upgrade and equip a minimum of 18 FP clinics/units by end of September 1986.

The remaining training activities directed at the STT (numbers 1 and 2a) are designed to strengthen and update the state trainers' knowledge and skills in the principles and practices of FP/ORT/CHE techniques to ensure their proficiency in these content areas when training others. The TOT workshop is designed to prepare the state trainers in the process and content of adult training methodologies, curriculum development including a clinical practicum experience, and trainee evaluation methods.

The workshops planned for heads of clinics/sections and for medical records/statisticians are intended to strengthen the management, supervision, monitoring and evaluation aspects of the anticipated expanded and integrated FP/ORT activities into the basic health delivery system.

G. Suggested Workshop Training Materials List:

TOT Workshop:

1. Copies of curricula developed by participants and trainers of Five-Day FP/ORT Update Workshops (14)
2. INTRAH: Teaching and Learning with Visual Aids (for CHE Group) (4)
3. PPFN leaflets/booklets (14 sets)
4. Family Planning Methods and Practice: Africa, Centers for Disease Control (14)
5. INTRAH: Concepts and Issues in Family Planning (guidelines for nurses, midwives and other health personnel) (10)
6. UNICEF ORT materials (14 sets)
7. Teaching for Better Learning, Abbatt (14)
8. Clinic Procedures Manual: Zimbabwe National Family Planning Council (clinical service providers) (10)
9. Planning Your Family - IPPF flip chart (African version, French/English) (14)
10. Family Planning: Its Impact on the Health of Women and Children, Columbia University (14)
11. The Effects of Population Factors on Social and Economic Development: Nigeria, The Futures Group (14)
12. Casebook for Family Planning Management, Korten, Pathfinder (management course) (18)
13. On Being in Charge, WHO (management course) (18)

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS

CONCLUSIONS

RECOMMENDATIONS

- | FINDINGS | CONCLUSIONS | RECOMMENDATIONS |
|--|--|--|
| <p>A. MOH officials were fully prepared for the INTRAH team visit and had all the necessary baseline data they had been requested to obtain prepared for presentation. This included the collection and preliminary analysis of the biodata forms, FP knowledge questionnaire, list of potential STT candidates, and formation of working subcommittee to liaise with the INTRAH team.</p> | <p>A.1. The MOH's interest and commitment to integrating FP/ORT activities into the health delivery system is high.</p> <p>2. The MOH/INTRAH working subcommittee is an excellent mechanism to coordinate the various inputs that will be required to implement this training project.</p> | <p>A.1. INTRAH should approve and fund this training project proposal.</p> <p>2. INTRAH should continue to work and liaise with the members of this committee and involve them as much as possible in all future Lagos State planning and implementation activities.</p> |
| <p>B. Logistical and administrative support provided by AAO/Lagos were excellent. The American Embassy now has a TDY guest house which can be used in place of the Eko Lodge.</p> | <p>B.1. Although these services are necessary, they are very expensive.</p> <p>2. Requests for AMEMB guest house should be made well in advance.</p> | <p>B.1. Thank you letters from Dr. James W. Lea, INTRAH Director, and Ms. Brown should be sent to Mr. Eicher.</p> <p>2. Reservations at the AMEMB guest house should be made about one month in advance by the INTRAH travel coordinator.</p> |
| <p>C. There are apparently only a total of 11 current functioning FP facilities in Lagos State. Of these, only one could currently accept more than one trainee at a time.</p> | <p>C.1. Given the limited number of suitable FP facilities, the maximum number of clinical skills trainees that can be trained at present is 12 (15 if Lagos Island Maternity Hospital is available).</p> | <p>C.1. Training plan alternative number 1 should be implemented. This involves the training of 45 clinical service providers trained in a series of workshops, over four to six months.</p> |

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>D. Many of the existing FP clinics visited lacked some essential piece of equipment/instrument/supplies; all were limited in space to one IUD room.</p> <p>AAO/Lagos distributed eight Africare kits to the MOH. There will not be any more available for Lagos State. However, AAO does have some odds and ends of FP equipment, instruments and supplies in its inventory.</p> <p>The UNFPA in Lagos plans to implement an FP training program in Nigeria that will include an equipment/supplies component.</p>	<p>2. It will be difficult and ineffective to try to supervise one trainee per site at a time.</p> <p>D.1. The FP clinics/units selected for clinical training sites will have to be supplied with missing equipment/instruments/supplies before the training program commences. A list of these was made and given to Mrs. Bodede for follow-up.</p> <p>2. If the MOH and AAO can coordinate their efforts, it will be possible to obtain some of this equipment from the AAO inventory.</p> <p>3. Although this program is not due to commence until January 1987, UNFPA is a possible source for upgrading the existing equipment/facilities in Lagos State.</p>	<p>2. The MOH/HMB/LGA should continue to explore ways by which they can increase the number of clinical sites to 18.</p> <p>3. Progress to achieve #2 above should be reviewed with the MOH/HMB/LGA in June or August 1986 by INTRAH/IHP staff.</p> <p>D.1. The MOH should contact AAO FP Specialist, Mrs. Shitta-Bey, and see what can be obtained from the remaining inventory.</p> <p>2. The MOH should ensure that any undistributed Africare set-ups/kits are placed in potential FP clinical training sites, preferably before September 1986.</p> <p>3. The MOH should contact UNFPA to see what equipment/instruments/supplies may be obtained from that organization.</p> <p>4. INTRAH should coordinate its training plans with UNFPA to avoid duplication.</p>

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>E. There were low numbers of FP clients in many of the FP clinics/units visited; e.g., less than ten per day.</p>	<p>E.1. There is a strong need to increase public awareness of the need for and benefits of FP and where FP services may be obtained.</p> <p>2. Unless numbers of FP acceptors are increased to at least 20 per day, it will be difficult to provide clinical service provider trainees with the necessary clinical skills and experience.</p>	<p>E.1. A CHE component should be added to the training project proposal.</p> <p>2. That HMB/LGA community health educators should be added to the STT in order to increase the numbers of community-based health workers knowledgeable about FP and skilled in motivating clients to accept these services.</p>
<p>F. There were low numbers of ORT clients in some of the potential clinical training sites visited.</p>	<p>F. This may reflect a seasonal phenomenon and/or a very effective home treatment ORT program. However, this lack in numbers is not perceived to be a major problem for training as several appropriate training sites are available.</p>	<p>F. Future INTRAH/IHP trainers should check on this when placing students for clinical practica to ensure they are receiving sufficient ORT diagnostic and management experience.</p>
<p>G. There are limited numbers of state-owned classroom training facilities that could be made available for FP/ORT training. Likely facilities include the SON classrooms at the Ikeja hospital complex and at the Ikoyi SON.</p>	<p>G. The Ikeja facilities are the most suitable and most available.</p>	<p>G. The MOH project coordinator and/or the training coordinator(s) should confirm well in advance of the first training activity, the availability of the Ikeja facility.</p>

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
H. No problems are envisaged in obtaining appropriate community sites for CHE training.	H. These sites should be linked to the clinical training site areas in order to increase public awareness of FP/ORT and numbers of acceptors at the clinics.	H. INTRAH trainers, in collaboration with the training coordinators, should ensure that linkages between the two training groups and areas are established prior to the start of the training activity.
I. A list of potential STT candidates had been prepared by the MOH before the arrival of the INTRAH team. Not all were thought to be appropriate for STT functions because of senior positions and unavailability for regular training purposes. The INTRAH team was asked to review the biodata forms and scores from the FP knowledge questionnaire and prepare a second list of potential STT candidates. This was done and final selection was made by the working subcommittee.	I.1. The final list of candidates selected by the subcommittee are appropriate and fulfill the basic requirements for membership in the STT. 2. Review of the questionnaire revealed that there were large gaps in the FP knowledge of almost all of the 37 participants; only 14 of those who completed the questionnaire were able to correctly answer one-half of the questions. Major knowledge gaps were in the areas of physiology, FP methods, purpose of ORT/proportions, OC dosages and STDs.	I.1. The candidates selected by the subcommittee should be trained as state trainers. 2. A refresher upgrading in FP/ORT content and skills is essential for all members of the STT.
J. The MOH indicated that importance be placed on ensuring that balance is maintained among each of the three levels of government (MOH-SON/HMB/LGA) when selecting/assigning STT members, trainees and facilities.	J. Working through and with the representatives of these three levels of the health administration is of prime importance in achieving project objectives.	J. In all future collaborative efforts between INTRAH and the MOH, the governmental political balance identified should be maintained and representatives from all three levels should be involved in discussions and planning.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>K. The priority listing of service providers to be trained numbers between 500 to 600.</p>	<p>K. Service providers to be trained from this priority list will be selected from the staff of the HMB, SON and LGA, by senior representatives of these organizations.</p>	<p>K.1. INTRAH should follow-up this list of nominees during the June/August visits of INTRAH staff.</p> <p>2. MOH/INTRAH should ensure that many of the trainee service providers selected are from the clinical service training sites.</p> <p>3. MOH/INTRAH should ensure that proportionate representation from the SON/HMB/LGA is maintained in the selection process.</p>
<p>L. There was considerable interest and priority attached to the implementation of the management/supervision workshop.</p> <p>The training target group and post-training functions were clearly identified.</p>	<p>L. A strongly expressed training need was voiced by the subcommittee members for management/supervision training.</p>	<p>L. Selected participants for this workshop should include individuals from the training/service delivery clinics and sites.</p>
<p>M. There was little knowledge or interest displayed by the subcommittee in regard to the target group or post-training function of the medical records/statistics workshop.</p>	<p>M. It is uncertain who or why this group was identified for training, although the subcommittee thought there might be a need for it.</p>	<p>M. INTRAH should follow-up with the project coordinator to clarify the trainee target group and post-training functions during June/August visits of INTRAH staff.</p>

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Continued)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>N. There is to date no official national population policy, although a draft policy has been submitted to senior government officials and is being processed.</p>	<p>N.1. It will most probably be late November/December 1986 before this policy is formally adopted.</p> <p>2. As a result of there being no official national population policy at the present time, only staff who wish to be trained and express an interest in FP can be selected for FP training and services.</p>	<p>N. INTRAH should continue to enquire about the government's position on this.</p>
<p>O. Because there is no official national population policy, there is no official FP training budget.</p>	<p>O. It may not be possible for the MOH to continue with ongoing FP training after completion of the INTRAH-funded FP activities.</p>	<p>O.1. The MOH should seek to coordinate FP training and funding with the proposed UNFPA project slated to begin in January 1987.</p> <p>2. INTRAH should coordinate its training activities with UNFPA through Alan Keller and/or Bill Musoke of UNFPA, New York.</p>
<p>P. The working subcommittee was unable to identify the project coordinator and training coordinators in the absence of Dr. Akingbehin.</p>	<p>P.1. The coordinators will be identified by Dr. Akingbehin on her return to Lagos following review and revision of the project proposal.</p> <p>2. Given the scope and number of participants to be drawn from the three MOH organizations, three training coordinators will be required.</p>	<p>P.1. The MOH should recommend three training coordinators, one each from the MOH central office, the HMB and the LGA.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>Q. Project inputs from the MOH identified by the working subcommittee were:</p> <ul style="list-style-type: none"> --a driver, and vehicles for transport of trainers; --state-owned classroom facilities at Ikeja SON complex; and --equipped and functioning clinical training sites. 	<p>Q. Given the generally depressed state of the economy in Nigeria, these are reasonable and acceptable MOH inputs.</p>	<p>Q. INTRAH should accept these inputs as sufficient contribution to the project.</p>
<p>R.1. No inputs were identified from other agencies such as JHPIEGO, PCS, FPIA and Africare.</p> <p>2. Potential inputs may be forthcoming from UNFPA in the form of FP equipment and ongoing training funds.</p>	<p>R. The UNFPA Project is a definite source of potential funding for FP equipment and training funds. It is essential that Dr. Akingbehin establish contact and brief the Lagos UNFPA coordinator on the MOH/INTRAH FP training plans and potential need for equipment and funds.</p>	<p>R. INTRAH and the MOH should contact and coordinate their project activities with UNFPA in the near future.</p>
<p>S. The MOH was receptive to having co-trainers from other Nigerian states work with INTRAH trainers during implementation of selected workplan activities.</p>	<p>S. While receptive to the idea, the MOH working subcommittee declined responsibility for making any arrangements in regard to co-trainers. It will be up to INTRAH to initiate all contact in regard to this matter.</p>	<p>S. INTRAH should initiate contact with co-trainers/states as soon as possible to ascertain availability and willingness to participate.</p>

APPENDIX A
PERSONS CONTACTED

AID AFFAIRS OFFICE/LAGOS (AAO/LAGOS):

Mr. Lawrence Eicher, Health Development Officer
Mr. Richard Callisto, Commodities Field Officer
Mrs. Shitta-Bey, FP Program Specialist

LAGOS STATE MINISTRY OF HEALTH:

Mr. Badmos, Permanent Secretary
Dr. (Mrs.) P.A. Akingbehin, Chief Health Officer
Dr. C.O. Oluwole, Chief Consultant
Mrs. F.A. Taylor, Assistant Chief Health Sister
Dr. N. Mogaji, Chief Consultant, Occupational Health

HEALTH MANAGEMENT BOARD:

Mrs. Asalu, Executive Secretary
Mrs. M.J. Bodede, Chief Health Sister
Mrs. F.A. Diyaolu, Matron, Ikorodu General Hospital
Mrs. M.A. Oshodi, Matron, FP Clinic, Ikeja General Hospital
Mrs. Olorunimbe, FP Nurse, Ikeja General Hospital
Dr. Joseph, Medical Officer, Ikeja General Hospital
Mrs. Thomas, Matron, Ikeja General Hospital
Dr. W.O. Olabisi, Medical Officer, Apapa Health Center
Mrs. M. Afolabi, FP Nurse, Apapa Health Center
Mrs. Koyiki, Matron, Apapa Health Center
Dr. E.O. Adenga, Consultant, Apapa Health Center
Mrs. G.A. Omo-Olofin, Matron, Ikorodu General Hospital
Mrs. A.O. Dada, Senior Health Sister, Ikorodu Health Center

LOCAL GOVERNMENT AUTHORITY:

- Dr. (Mrs.) Adebisi, Principal Nursing Officer, Central Office
- Mrs. Oyekan, Senior Nursing Officer, Lagos Island Local Government
- Mrs. Olu, Principal Nursing Officer, Lagos Island Local Government
- Mrs. Ojuri, Health Sister, Akerele Family Health Center, Surulere
- Mrs. Faiga, Assistant Chief Nursing Officer, Akerele Family Health Center
- Mrs. Oydebola Health Sister, Akerele Family Health Center
- Mrs. Sanyaolu, Senior Nursing Officer, Odi-Olowo FH Clinic, Mushin Local Government
- Mrs. Ademos, Senior Nursing Officer, Odi-Olowo Family Health Clinic, Mushin Local Government

OTHER AGENCIES:

Planned Parenthood of Nigeria (PPFN):

- Mr. Olu Alebiosu, Senior Program Officer, IEC
- Mrs. E. Umoren, Program Officer, Service Delivery

The World Bank:

- Mr. David Radel, Health, Population and Nutrition Department

United Nations Children's Fund (UNICEF):

- Dr. Alan Brody, Medical Officer
- Mrs. Adjaa Amana, Training Officer

United Nations Fund for Population Activities (UNFPA):

- Mr. George Nziah, Program Officer, Lagos
- Mr. Lindsay Edouard, Consultant, Geneva

APPENDIX B

PROJECT PROPOSAL (ORIGINAL DRAFT)

APPENDIX B

PROJECT PROPOSAL (ORIGINAL DRAFT)

LAGOS STATE GOVERNMENT

P.M.B. 21007

Telephone:

Telegram: Healing LAGOS

All letters to be addressed to
Permanent Secretary



Ministry of Health
Obafemi Awolowo Way
Ikeja, Lagos State

Ref. No. LSH. 1052/S.2/Vol. I/93

4th June, 1986

Director USAID,
AID Affairs Office,
2, Eleke Crescent,
Victoria Island,
Lagos.

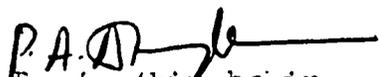
INTRAH TRAINING PROGRAMME (FAMILY PLANNING)
AND CARE RENOVATION THERAPY) DOCUMENT OF

I am directed to forward herewith the attached document (photocopy) and to inform you that the Lagos State Ministry of Health has approved the training document prepared by the officials of the State Ministry, Health Management Board and local government in conjunction with the IntraH Team from the University of North Carolina.

2. I am to inform you that the Ministry is expecting the IntraH finance officer who will discuss the financial aspect of the training programme.

3. I am further directed to express the Ministry's appreciation for the preparation of the document for the training programme, the state officials enjoyed working with the IntraH team.

4. Thank you for your co-operation.


Dr. (Mrs.) P. A. Akingbemi,
Director Preventive Health Services,
for Permanent Secretary.

APPENDIX B (Continued)

COUNTRY: Federal Republic of Nigeria

TITLE OF PROJECT: Training FP/ORT/CHE PERSONNEL

NAME OF ORGANIZATION: Ministry of Health
Lagos State

NAME, TITLE, ADDRESS
OF CHIEF CONTACT:

NAME(S), TITLE(S), ADDRESS(ES)
OF PROJECT TRAINING COORDINATOR(S):

TOTAL COST OF PROJECT: ₦ 89,460.00 \$ 94,168.00

AVERAGE
COST PER TRAINEE: ₦ 803.00 \$ 845.00

AVERAGE
COST PER TRAINEE PER DAY: ₦ 64.24 \$ 67.60

DATE OF SUBMISSION
OF PROJECT PROPOSAL:

DATE OF FIRST ACTIVITY 8 September, 1986

DATE OF COMPLETION OF
PROJECT: 30 September, 1987

LIST OF ABBREVIATIONS USED

CHE	COMMUNITY HEALTH EDUCATION
FP	FAMILY PLANNING
HMB	HEALTH MANAGEMENT BOARD
LGA	LOCAL GOVERNMENT AUTHORITY
MOH	MINISTRY OF HEALTH -- LAGOS STATE
ORT	ORAL REHYDRATION THERAPY
SON	SCHOOL OF NURSING
STT	STATE TRAINING TEAM

PROJECT PROPOSAL SUMMARY:
-----GOAL AND OBJECTIVES

A year long cooperative training project between the Ministry of Health, Lagos State and INTRAH of the University of North Carolina/Chapel Hill is proposed. The project dates are September 8, 1986 to September 30, 1987. During this one year period (Phase I), the MOH proposes to integrate both educational and clinical FP/ORT services throughout its existing health delivery system. The following broad project objectives will serve to partially achieve this goal:

- (i) develop and/or upgrade FP/ORT facilities in selected health service delivery points in order to provide both services and appropriate clinical training facilities;
- (ii) establish a State level core training team skilled in FP and ORT service delivery (educational and clinical);
- (iii) increase public awareness and acceptance of FP/ORT practice through an increase in community-based health education and FP/ORT motivation activities;
- (iv) train MOH clinical service providers in FP/ORT/CHE; and
- (v) strengthen the management records and evaluation structure of the health delivery system.

OUTCOMES:

The total outcome of this training project will be 109 trainees who will have been trained through a series of six workshops. The specific outcomes of the activities are:

- 1. At least 18 FP/ORT clinical service delivery points equipped and functioning.
- 2. 14 member State Training Team
- 3. 20 Community Health education (CHE) service providers trained in FP/ORT/CHE.
- 4. 45 clinical service providers trained in FP/ORT/CHE service.
- 5. 18 tutors and heads of clinics/sections trained in FP/ORT clinic management.
- 6. 12 medical reports statistical officers trained in FP/ORT records, monitoring and program evaluation.
- 7. completion of a project follow-up review.

TRAINING APPROACH

The training approach used throughout this project will emphasize the development of skills and competencies in service delivery. The first training activity is scheduled to begin September 8, 1986. Thereafter, ongoing training activities will be scheduled throughout the year with a project Phase I completion date of September 30, 1986.

The MOH priority of critical mass production of FP/ORT clinical service providers requires sequential scheduling of training activities. Two alternative training constructs are being proposed to initiate the critical mass production of clinical service providers. The alternative constructs are found in the section, Training Approach.

Regardless of which alternative is chosen to train the initial number of FP/ORT clinical service providers, it is expected that the STT will continue to conduct ongoing clinical service provider and CHE provider training activities throughout Phase I.

EVALUATION

Evaluation will be conducted during each training activity utilizing standard INTRAH evaluation procedures (i.e. Pre-and Post-Test, Bio-Data and Participant Reaction forms and Trainee Performance Assessment), Post-training follow-up evaluation will also be conducted.

BUDGET

The total budget for this one year Phase I proposal is Naira 89,460 or US \$ 94,168.

Conversion Rate: .95 Naira = \$1 U.S.

LAGOS STATE

MINISTRY OF HEALTH

TRAINING PROPOSAL

STATEMENT OF GOAL:

The Lagos State Ministry of Health proposes to provide a full range of FP/ORT services, both educational and clinical, throughout the State by integrating FP/ORT into the existing health delivery system.

The MOH intends to partially achieve this goal through:

- (i.) developing and/or upgrading FP/ORT facilities in selected health service delivery points in order to provide both services and appropriate clinical training facilities;
- (ii.) establishing a State level core training team skilled in FP and ORT service delivery (educational and clinical);
- (iii.) increasing public awareness and acceptance of FP/ORT practice through an increase in community-based health education and FP/ORT motivation activities;
- (iv.) training of MOH clinical service providers in FP/ORT/CHE; and
- (v.) strengthening the management structure of the health delivery system.

OBJECTIVES OF TRAINING:

1. To upgrade the knowledge and skills of 14 State Training Team members in FP, ORT and CHE techniques which will enable them to
 - a) competently perform the tasks and procedures required to teach and supervise trainees in the clinical/community setting and
 - b) provide these services to clients as required;
2. To prepare 14 State Training Team members skilled in the content and process of adult training methodologies, development of curriculum, conducting of clinical or community practicum and trainee evaluation;
3. To prepare 45 MOH clinical service providers with the skills and knowledge required to provide full ORT services and competent clinical FP services, including IUD insertion, counselling and motivation techniques;
4. To prepare 20 CHE service providers with the skills and knowledge required to conduct effective FP/ORT community health education and motivation activities at the community level and/or clinic levels;
5. To train 18 tutors and heads of clinics/sections of health clinics in the management, staff supervision, and evaluation aspects of integrated clinic-based FP/ORT services; and
6. To train 12 medical records/statistical officers in FP/ORT records systems development and monitoring and evaluation methods for FP/ORT programs.

EXPECTED OUTCOMES

1. A minimum of 18 FP/ORT clinical service delivery points will have been established, equipped and functioning (August, 1986);
2. A 14 State Training Team consisting of 6 core clinical skills trainers, 4 clinical preceptors, and 4 community health educators with the capability and skills of developing, conducting and evaluating FP/ORT/CHE training will have been trained (November, 1986);
3. 20 CHE service providers skilled in providing community health education and motivation services at the community level will have been trained (November, 1986);
4. 45 clinical service providers skilled in providing FP/ORT/CHE services will have been trained and functioning in appropriate FP/ORT service delivery units (Alternative 1: February, 1987; Alternative 2 November, 1986);
5. 18 tutors and heads of clinics/sections (service and education) capable of planning, organizing, monitoring and evaluating FP/ORT/CHE clinic-based service systems will have been trained (January, 1987);
6. 12 State MOH/HMB/LGA medical records/statistical officers capable of developing FP/ORT programs, monitoring and evaluation systems will have been trained (March, 1987);
7. a project follow-up and review will have been conducted and outcomes of the training activities will have been assessed and reported in order to determine the next phase training needs (August, 1987).

TRAINING APPROACH

It is proposed that the following training approach be used.

1. A core State Training Team (STT) will be formed and composed of 6 clinical skills trainers, 4 clinical skills preceptors and 4 community health educators.

The primary function of the STT will be to plan, design, implement and evaluate FP/ORT/CHE training programs for MOH/SON clinical or community service providers.

The STT will be given a three week Refresher Workshop (one week content; two weeks practicum either in the community or clinical areas) to upgrade their skills and knowledge base in FP/ORT/CHE.

Following this, the STT will be trained in a TOT workshop.

Emphasis of all training will be placed on development of skills and competencies in service delivery.

2. In order to strengthen the MOH health delivery management system and to support the process of integrating FP/ORT programs into the basic health structure, a workshop designed for heads of clinics/sections will be given. Emphasis of this training will be placed on management of FP/ORT clinic programs, supervision of FP/ORT staff and evaluation of clinic services.
3. To strengthen and improve the documentation and statistical/monitoring aspects of the integrated FP/ORT programs and to assist in program evaluation, a workshop will be given for selected medical record and statistical staff of the MOH, HMB, and LGA. Emphasis of this training will focus on development of records, monitoring and evaluation systems for FP/ORT service programs.

Trainees

The trainees identified for the proposed training activities are:

1. State Training Team for Training of Trainers

- (i) Clinical Skills Trainers

This group of ten has already been selected. (See ~~encl~~ ~~nd list.~~)

FINAL LISTING OF STATE CLINICAL SKILLS TRAINING TEAM MEMBERS

Mrs. E.O. Akinfe	Principal Health Sister/CHO	School of Health Technology
Mrs. C.M. Oluwole	Asst. Chief Nurse Tutor	Contemporary Nursing Education
xMrs. A.O. Adewumi	Senior Nursing Sister	Badagry Local Government
xMrs. M.S. Daniel	Staff Nurse Midwife	Ikorodu General Hospital
Mrs. F.A.O. Diyaolu	Matron	Ikorodu General Hospital
xMrs. C.M. Ogunyoye	Senior Nursing Sister	Lagos Mainland Local Government
Mrs. M. Afolabi	Senior Health Sister	Apapa Health Center
xMrs. M.A. Oshodi	Matron	Ikeja General Hospital
Mrs. R.I. Sanyaolu	Senior Nursing Officer	Mushin Local Government
Mrs. P.A. Oyekan	Senior Nursing Officer	Lagos Island Local Government

FINAL LISTING OF STATE CHE TRAINING TEAM MEMBERS

Mrs. C.O. Abiodun	Asst. Chief, Health Sister Health Educator	Health Management Board Lagos
Mrs. Aluko	Health Sister	Mainland Local Govt
Mrs. B. Akinbola	Health Sister	Ikeja Local Govt
Mrs. A.A. Oke	<u>Staff Nurse/Health</u>	Lagos Island Local Govt

(ii) Community Health (CHE) Trainers

This group of four has already been selected. (See enclosed list.)

2. FP/ORT Service Providers

(i) Clinical Service Providers

This group of 45 will be selected from inservice nursing personnel representative of the HMB, LGA and the nursing tutors of the MOH.

3. CHE Service Providers

This group of 20 will be selected from inservice personnel from the community health worker cadre (community health supervisors, assistants, and aides.) They will be representative of the HMB and LGA.

4. Heads of Clinic/Sections

This group of 18 will be selected from nursing personnel who are supervisors and managers of clinics and/or service delivery sections and staff. They will be representative of the HMB and LGA.

5. Medical Records and Statistical Officers

This group of 12 will be selected from personnel responsible for maintaining medical records and statistical systems, monitoring and evaluating integrated service delivery programs. They will be representative of the HMB, LGA, and MOH.

Venues

The proposed venues for the training activities contained in this training project are as follows:

1. Classrooms

Ikeja General Hospital complex, School of Nursing and Contemporary Nursing Education has several large classrooms which are provisionally available throughout the project year. The classrooms are spacious, equipped with blackboards and are accessible to public transportation and food services.

2. Clinical Training Sites

(i) Family Planning Training

The following clinical facilities are provisionally available as sites for FP clinical skills training. Each of the following facilities will require upgrading in space allocation and FP equipment and supplies to accomodate the proposed FP clinical skills training by August, 1986:

Ikeja General Hospital, Ikeja
Family Planning Clinic

Ikorodu General Hospital
Ikorodu

Apapa Comprehensive Health Center

Odi-Olowo Family Health Center
Mushin Local Government

42, Broad Street Health Center
Lagos Island Local Government

Akerele Family Health Clinic, Surulere

Lagos Island Maternity Hospital

(ii) Oral Rehydration Therapy Training

The clinical training sites listed above in addition to the Massey Street Clinic would accomodate the training needs found in alternative #1 (see section, Alternative Constructs: Clinical skills). Additional ORT training sites would be required for the compacted critical mass training needs found in Alternative #2. however, such facilities are indeed available and functioning in many existing facilities.

3. Community Training Sites

CHE skills training sites will be matched to those of the clinical skills training sites. This will ensure that FP/ORT CHE will be operating in the communitites served by the selected FP health facilities and that increased public awareness will motivate clients to seek out FP/ORT clinical services.

Due to the physical facilities and client population conditions which are essential to clinical skills training (noted in Venue section, clinical training Sites) the following alternative training constructs are being proposed.

Alternative #1:

To train the initial 45 clinical service providers in a series of three workshops (15 trainers per workshop) extending over a period of several months following the completion of the TOT for clinical skills trainers. The operating assumption is that there will be only a minimum of 8 and a

maximum of 10 functioning and client-populated clinical training sites available, and therefore capable of, handling only 15 clinical service provider trainees at one time.

Alternative #2:

To train the initial 45 clinical service providers in three simultaneously conducted workshops occurring within the same three week period immediately following the completion of the TOT. The operating assumption in this alternative is that there will be a minimum of 18 functioning and client-populated clinical training sites operating and capable of accomodating 45 clinical service provider trainees at one time.

MOH CONTINUANCE OF TRAINING:

The MOH will continue to conduct FP/ORT service providers training, both clinical skills andCHE, after the initial critical mass has been trained through this project.

4/1

WORK PLAN

Activity/Workshop	Participants	Dates	Trainers/ Representati
1. Trainers FP/ORT/CHE Refresher Workshop: Theory & Practicum (15 days)	14 members State Training Team: (6 Clinical Skills Trainers; 4 Clinical Skills Perceptors 4 Community Health Education Trainers)	Sept. 8-26, 1986	3 INTRAH/IH 1 Nigerian Co-traine. (A)
2a. Training of Trainers Workshop (TOT) (15 days)	14 members State Training Team	Oct. 6-24, 1986	2 INTRAH/IHF 2 Nigerian Co-trainer (B & C)
2b. FP/ORT CHE Workshop for Public Health Nurses & Community Health Officers (10 days)	20 PHNS & CHOS	Oct. 27 - Nov. 7, 1986	4 State CHE Training Team 1 Nigerian Co-traine: (D)
2c. FP/ORT/CHE Clinical Skills Development Workshop & Practicum for service providers (15 days)	45 Nurses, Nurse-Midwives, Health Sisters (3 groups of 15 each)	Oct. 27 - Nov. 14, 1986	2 INTRAH/IHF 10 State Clinical Skills Training Team
3. FP/ORT Clinical Management & Supervision Workshop (10 days)	16 Heads of FP Clinics/ Sections 2 School of Nsg. Tutors	Jan. 19-30, 1987	1 INTRAH 1 Nigerian Co-trainer (E)

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Activity/Workshop	Participants	Dates	Trainers/ Representatives
4. Records, Monitoring & Evaluation of FP/ORT Programs (10 days)	12 Medical Records & Statistical Officers from State MOH, HMB, & LGAs.	March 16-27 1987	1 INTRAH
5. Project Follow-Up & Review (10 days)	10 representatives from SMOH/HMB/LGA/AAO/INTRAH	August 3-14 1987	

Notes:

1. Total Nigerian trainees 109
 - State Training Team 14
 - Service Providers 65
 - Management/Records 30
2. Project Follow-Up & Review activity will contain 6-7 representatives from the SMOH, HMB and LGA. Other participants for this activity will be representatives of the AAO-Lagos and INTRAH.
3. Number of participants to be trained in Activities 1, 2a, 2b and 2c is contingent upon the number of clinical training sites available which are fully functioning and equipped and a sufficient number of FP/ORT clients before the first scheduled activity.
4. If available, Nigerian co-trainers will be recruited from other states where INTRAH training teams have been developed, e.g. Kwara, Imo. Co-trainer A will be a clinical skills trainer. Co-trainers B & C will be TOT trainers. Co-trainer D will be a CHE trainer. Cotrainer E will be a management trainer.

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APPENDIX B (Continued)

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LAGOS STATE MON/INTRAM
TRAINING PLAN
FY '86 - '87

ALTERNATIVE CONSTRUCT:
 CLINICAL SKILLS
 NO. 2

ACTIVITY/WORKSHOP	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1. FP/ORT/CHE Refresher Workshop: Theory & Practicum (15 days)	<u>8-26</u>											
2a. Training of Trainers Workshop (TOT) (15 days)		<u>6-24</u>										
2b. FP/ORT CHE Workshop for PHN's & CHO's (10 days)		<u>27-----7</u>						<u>ONGOING</u>	<u>M.O.H.</u>		<u>TRAINING</u>	
2c. FP/ORT/CHE Clinical Skills Development Workshop & Practicum (15 days)		<u>27-----14</u>						<u>ONGOING</u>	<u>M.O.H.</u>		<u>TRAINING</u>	
3. FP/ORT Clinic Management & Supervision Workshop (10 days)					<u>19-30</u>							
4. Records, Monitoring & Evaluation of FP/ORT Programs (10 Days)								<u>16-27</u>				
5. Project Follow-Up & Review (10 days)												<u>3-13</u>

* three groups of 15 each ;
 trained simultaneously in three
 separate workshops by three STT
 teams.

4/1

APPENDIX B (Continued)

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ACTIVITY/WORKSHOP	LAGOS STATE _____ MOH/INTRAH											
	TRAINING _____					PLAN _____						ALTERNATIVE CONSTRUCT:
	FY '86 _____					'87 _____						CLINICAL SKILLS No. 1
	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1. FP/ORT/CHE Refresher Workshop: Theory & Practicum (15 days)	8-25											
2a. Training of Trainers Workshop (TOT) (15 days)		6-24										
2b. FP/ORT CHE Workshop for PHN's & CHO's (10 days)			27-----7					ONGOING	M.O.H.		TRAINING	
2c. FP/ORT/CHE Clinical Skills Development Workshop & Practicum (15 days)			27-----14 *			12-30 *		ONGOING	M.O.H.		TRAINING	
				17-----5*								
3. FP/ORT Clinic Management & Supervision Workshop (10 days)						19-30						
4. Records, Monitoring & Evaluation of FP/ORT Programs (10 days)								16-27				
5. Project Follow-Up & Review (10 days)												3-14

* one group of 15 trainees each; different STT for each group; INTRAH funded.

WORKSHOP PRODUCTS

ACTIVITY NUMBER & TITLE	PRODUCTS
<p>2a. TOT WORKSHOP:</p> <p>CLINICAL SKILLS FOR TRAINERS & PRECEPTORS</p> <p>COMMUNITY HEALTH EDUCATORS</p>	<p>A 15 day training curriculum in FP/ORT/CHE for clinical service providers (nurse midwives, nurses):</p> <p>THEORY SECTION to contain objectives, knowledge and skills required, training methodology, training materials required, and evaluation methods.</p> <p>PRACTICUM SECTION to contain objectives, clinical competencies required and clinical assessment methods.</p> <p>A 10 day training curriculum in FP/ORT content and CHE content and skills.</p> <p>THEORY SECTION to contain objectives, knowledge and skills required, training methodology, training materials required and evaluation methods.</p> <p>PRACTICUM SECTION to contain objectives, CHE skills demonstration and evaluation methods.</p>
<p>3. FP/ORT CLINIC MANAGEMENT & SUPERVISION WORKSHOP</p>	<p>Each participant will develop individualized:</p> <ul style="list-style-type: none"> -clinic management plans -staff supervision checklists -clinical services evaluation plans
<p>4. MEDICAL RECORDS/ MONITORING/ EVALUATION WORKSHOP</p>	<p>Participants will develop:</p> <ul style="list-style-type: none"> -FP/ORT clinic record system -FP/ORT program monitoring/evaluation plan

EVALUATION PLAN:
-----A. General Description:

Evaluation in Lagos State, will take place at three distinct, but related levels; evaluation of individual training activities, evaluation of intermediate team training impact; and longer term follow-up evaluation.

Broad Evaluation Objective:

To determine whether training conducted has produced the potential for more effective provision of family planning services, ORT, and community health education in individual trainees.

B. Evaluation will be conducted in the following manner:
-----1. Baseline data indicators in the case of FP services include:

- a) Numbers and distribution of service points and providers; and
- b) Numbers of trainers and training facilities.

2 At the beginning of each training activity:

- (i) Bio-data forms are filled out by the participants. These forms give baseline information about the trainees and a source of comparative information for analytical work. It also serves the purpose of a continuing record of INTRAH trainees.
- (ii) Pre- and Post Tests are administered before and after training to measure the acquisition of learning outcomes, which are changes in knowledge, and attitudes. The design of pre and post tests should be developed by the trainers in collaboration with the State evaluators.

3. Upon completion of each training activity: Participant Reaction

Forms will be filled out by each participant to provide feedback and evaluation to the trainers in regard to the appropriateness, effectiveness and usefulness of the training to the trainee. It also assists the trainers to identify necessary revision in the curriculum.

4. Participant Clinical performance will be evaluated by clinical

trainers and/or preceptors This will be recorded on individual
trainees clinical skills' performance assessment records during
the clinical/field practicum.

Follow-up Assessments:

Approximately one year after completion of the training:-

- (i) A post test will be administered to a 10% sample of
the trainees. Follow-up post test will also be
administered two years and three years after post test 1.
- (ii) A formal assessment of performance capabilities will be
carried out. This assessment will be based on field
observation of a 3% probability sample of persons trained within
each type of the first generation training program. This 3%
sample is to represent a sub-sample of the 10% follow-up sample
noted in (i) above.

C. MECHANISM FOR COLLECTION/ANALYSIS/REPORTING OF EVALUATION

MATERIALS:

It is planned that a two-person Lagos State Evaluation team will be
trained to assume major responsibility for evaluating the INTRAH training
programme in Lagos State. The following mechanism is proposed to track
the evaluation process for this project:

- (i) INTRAH will assume responsibility for ensuring the required
evaluation forms are in-country prior to or at the beginning of
each training activity. (Bio-data and participant reaction
forms; pre-post test score sheets) These are to be given to the
trainers for administering to trainees at the appropriate
times.
- (ii) Upon completion of each training activity the trainees will
submit to the project training coordinator (a) A bio-data
form, (b) a pre/post test result score, (c) a participant
reaction form and a clinical assessment performance sheet for
each trainee. Two copies of the pre/post test instrument
should also be included.
- (iii) The training coordinator will be responsible for passing these
forms on to the state evaluators.
- iv) The state evaluators are to maintain, analyse and transmit
~~these forms/results to INTRAH through the Federal evaluation~~
resource persons.

Budget Line Item Summary:

(Tentative Subject to Revision)

	<u>N</u>	<u>US\$</u>
TRAVEL	2,000	2,105
PER DIEM	74,730	78,663
HONORARIA	1,050	1,105
SUPPORT STAFF	1,250	1,316
TRAINING MATERIALS	6,930	7,295
PETROL	1,600	1,684
COMMUNICATIONS	1,900	2,000
	<u>89,460</u>	<u>94,168</u>

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PROPOSED BUDGET

DETAIL

(Tentative Subject to Revision)

ACTIVITY #1. TRAINERS REFRESHER WORKSHOP (14 PARTICIPANTS; 15 DAYS):

ITEM	NAIRA	US\$
1. TRAVEL:		
a) 1 CO-TRAINER (AIR & ROAD TRANSPORT) (N 400)	400	421
2. PER DIEM:		
a) 1 CO-TRAINER (N 69/day x 23 days)	1587	1670
b) 14 PARTICIPANTS -(N 15/ day x 7 x 15 days)* (average)	1575	1658
-(N 55 /day x 7 x 18 days)**	6930	7295
3. HONORARIA:		
a) 1 CO-TRAINER (N 75/week x 3 weeks)	225	237
b) 1 ORT CONSULTANT N 25/day x 2 days)	50	53
4. SUPPORT STAFF:		
a) 1 TYPIST (N 15/day x 5 days)	75	79
b) 1 MESSENGER (N 7/day x 5 days).	35	37
5. TRAINING MATERIALS/SUPPLIES (N 50 per 14 participants)		
	700	737
6. PETROL: (1 Vehicle) (N 20/day x 15 days)		
	300	316
7. COMMUNICATIONS:		
Telex's/Evaluation forms, etc. (N 300)	300	316
TOTAL: N 12,172		\$12,819

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Cost per Trainee: N 915.64
Cost per Trainee day: N 61.04

* Living at home;
Providing own transport;
Lunch provided at Trg. site

**Out of town participants;
Living in Hotel;
Providing own transport;
Lunch provided at Trg. site

Exchange rate: N .95 - US \$ 1.00

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ACTIVITY #2a. TRAINERS OF TRAINERS (14 PARTICIPANTS; 15 DAYS):

 (Tentative Subject to Revision)

ITEM -----	NAIRA -----	US\$ ---
1. TRAVEL: -----		
a) 2 CO-TRAINERS (N 400 x 2)	800	842
2. PER DIEM: -----		
a) 2 CO-TRAINERS (N 69/day x 2 x 23 days)	3174	3341
b) 14 PARTICIPANTS -(N 10/day x 7 x 15 days)* (average)	1575	1658
-(N 55/day x 7 x 18 Days)**	6930	7295
3. HONORARIA: 1 CO-TRAINERS (N 75/week x 3 weeks)	225	237
4. SUPPORT STAFF: -----		
a) 1 TYPIST (N 15/day x 20 days)	300	316
b) 1 MESSENGER (N 7/day x 15 days)	105	111
5. TRAINING MATERIALS/SUPPLIES ----- (N 70 per 14 participant)	980	1032
6. PETROL: (1 Vehicle) ----- (N 20/day x 15 days)	300	316
7. COMMUNICATIONS: ----- (N 300)	300	316
	-----	-----
TOTAL: N 14,164		\$14,911

Cost per Trainee: N 1012.00
 Cost per Trainee day: N 67.45

* Living at home;
 Providing own transport;
 Lunch provided at Trg. site

**Out of town participants;
~~Living in Hotel;~~
 Providing own transport;
 Lunch provided at Trg. site

Exchange rate: N.95-US\$ 1.00

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ACTIVITY #2b FP/CRT/CHE WORKSHOP (20 Participants; 10 days):

(Tentative Subject to Revision)

ITEM	NAIRA	US\$
1. TRAVEL:		
a) 1 CO-TRAINER (N 400)	400	421
2. PER DIEM:		
a) 1 CO-TRAINER (N 69/day x 14 days)	966	1017
b) 4 State Trg. Team: -(N 15 day x 2 x 10 days)* (average)	300	316
-(N 55 /day x 2 x 12 days)**	6600	6947
3. HONORARIA:		
a) 1 CO-TRAINER (N 75/week x 2 weeks)	150	158
4. SUPPORT STAFF:		
a) 1 TYPIST (N 15/day x 5 days)	75	79
b) 1 MESSENGER (N 7/day x 5 days)	35	37
5. TRAINING MATERIALS/SUPPLIES		
(N 50 per 20 participants)	1000	1053
6. PETROL: (1 Vehicle)		
(N 20/day x 15 days)	300	316
7. COMMUNICATIONS:		
(N 300)	300	316
	TOTAL: N 12,946	\$13,628

Cost per trainee: N 647.00

Cost per Trainee day: N 64.7004

* Living at home
 Providing own transport;
 Lunch provided at Trg site

**Out of town participants
 Living in Hotel;
 providing own transport;
 Lunch provided at Trg. site

gb

ACTIVITY #2c. FP/ORT/CHE WORKSHOP FOR SERVICE PROVIDERS

 (45 Participants; 15 days)

 (Tentative Subject to Revision)

ITEM	NAIRA	US\$
-----	-----	-----
1. PER DIEM:		

a) 10 STATE TRG TEAM (N 15/day x 5 x 15 days)*	1125	1184
b) 45 PARTICIPANTS -(N 15 day x 23 x 15 days)* (average)	5175	5447
-(N 55 /day x 22 x 18 days)**	21780	22926
2. SUPPORT STAFF:		

a) 1 TYPIST (N 15/day x 5 days)	75	79
b) 1 MESSENGER (N 7/day x 5 days)	35	37
5. TRAINING MATERIALS/SUPPLIES		

(N50 x 45 participants)	2250	2368
6. PETROL: (1 Vehicle)		

(N 20/day x 15 days)	300	316
7. COMMUNICATIONS:		

(N 300)	300	316
	-----	-----
TOTAL: N 33,020		\$34,757

Cost per trainee: N 734.00
 Cost per Trainee day: N 48.92

* Living at home;
 Providing own transport;
 Lunch provided at Trg. site

**Out of town participants;
 Living in Hotel;
 Providing own transport;
 Lunch provided at Trg. site

Exchange rate: N .95 - US \$ 1.00

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ACTIVITY #3. FP/ORT Clinic Management/Supervision WORKSHOP:
(8 participants; 10 days)
(Tentative Subject to Revision)

ITEM -----	NAIRA -----	US\$ ---
TRAVEL:		
1 CO-TRAINER (N400)	400	421
2. PER DIEM: -----		
a) 1 CO-TRAINER (N 69/day x 12 days)	828	872
b) 18 PARTICIPANTS -(N 10 day x 9 x 10 days)* (average)	900	947
-(N 55 day/day 9 10 days)**	4950	5210
3. HONORARIA: -----		
a) 1 CO-TRAINER (N 75/week x 2 weeks)	150	158
4. SUPPORT STAFF: -----		
a) 1 TYPIST (N 15/day x 10 days)	150	158
b) 1 MESSENGER (N 7/day x 10 days)	70	73
5. TRAINING MATERIALS/SUPPLIES: -----		
(N50 /day per participant)	900	947
6. PETROL; (1 Vehicle) -----		
(N 15/day x 10 days)	150	158
7. COMMUNICATIONS: -----		
(N 300)	300	316
TOTAL: N	8,798	\$ 9,260

Cost per Trainee: N 488.00

Cost per Trainee day: N 48.80

* Living at home;
Providing own transport;
Lunch provided at Trg. site

**Out of town participants;
~~Living in Hotel~~
Providing own transport;
Lunch provided at Trg. site

ACTIVITY #4. Records/Monitoring/Evaluation WORKSHOP:

 (Tentative Subject to Revision)

ITEM -----	NAIRA -----	US\$ ---
1. PER DIEM: -----		
Participants: (N 10 x 6 x 10 days)* (average)	600	631
(N 55 x 6 x 12 days)**	3960	4168
2. HONORARIA: -----		
a) 2 Consultants (N 25/day x 2 x 5 days)	220	263
3. SUPPORT STAFF: -----		
a) 1 TYPIST (N 15/day x 10 days)	150	158
b) 1 MESSENGER (N 7/day x 10 days)	70	74
4. TRAINING MATERIALS/SUPPLIES -----		
(N 75 per 12 participants)	900	947
5. PETROL; (1 Vehicle) -----		
(N 15/day x 10 days)	150	158
6. COMMUNICATIONS: -----		
(N 300)	300	316
	-----	-----
TOTAL: N 6,380		\$ 6,715

Cost per Trainee: N 531.00
 Cost per Trainee day: N 53.10

* Living at home;
 Providing own transport;
 Lunch provided at Trg. site

**Out of town participants;
 Living in Hotel;
 Providing own transport;
 Lunch provided at Trg. site

Exchange rate: N .95 - US \$ 1.00

APPENDIX C

LAGOS STATE MINISTRY OF HEALTH TRAINING TEAM

APPENDIX C

LAGOS STATE MINISTRY OF HEALTH TRAINING TEAM

<u>NAME AND TITLE</u>	<u>QUALIFICATIONS</u>	<u>PRESENT POST</u>
Mrs. C.O. Abiodun Assistant Chief, Health Sister, Health Educator	RN, Home Visiting Certificate, Health Education Diploma	Health Management Board
Mrs. A.O. Adewumi Senior Nursing Sister	RN, Home Visiting Certificate	Badacry Local Government
Mrs. M. Afolabi Senior Health Sister	RN, Home Visiting Certificate	Apapa Health Center
Mrs. E.O. Akinfe Principal Health Sister	RN, PH & CHO Certificates	School of Health Technology
Mrs. B. Akinbola Health Sister	RN, Nurse-Midwife, Home Visiting Certificate	Lagos Island Local Government
Mrs. Aluko Health Sister	RN, Nurse-Midwife, Home Visiting Certificate	Lagos Mainland Local Government
Mrs. M.S. Daniel Staff Nurse-Midwife	RN, Midwife	Ikorodu General Hospital
Mrs. F.A.O. Diyaolu Matron	RN, Midwife	Ikorodu General Hospital
Mrs. C.M. Ogunyoye Senior Nursing Sister	RN, Home Visiting Certificate	Lagos Mainland Local Government
Mrs. A.A. Oke Staff Nurse/Health	RN, Nurse-Midwife, Home Visiting Certificate	Lagos Island Local Government
Mrs. C.M. Oluwole Assistant Chief Nursing Officer	RN, Tutor, Midwifery Tutor	Contemporary Nursing Education
Mrs. M.A. Oshodi Matron	RN, Midwife	Ikeja General Hospital
Mrs. P.A. Oyekan Senior Nursing Officer	RN, Midwife	Lagos Island Local Government
Mrs. R.I. Sanyaolu Senior Nursing Officer	RN, Midwife	Mushin Local Government

APPENDIX D

**REPORT OF THE COMMITTEE ON INTRAH
FAMILY PLANNING PROGRAM**

APPENDIX D

REPORT OF THE COMMITTEE ON INTRAH FAMILY PLANNING PROGRAMME

A meeting between the representatives of the USAID including INTRAH of the University of North Carolina and very Senior Medical Personnel from the State Government and the Local Governments was held to acquaint them with assistance being offered by the American Agency in the area of Family Planning.

The Director of Preventive Health Services appointed a Committee to work out training programme for its implementation.

The Committee consists of the following members :-

- (1) Dr. C. O. Oluwole - Chief Consultant, Ministry of Health - Chairman
- (2) Dr. M. Y. I. Salami - M.O.H., Mainland Local Govt. - Member
- (3) Dr. (Mrs.) A.T. Olumodeji - M.O.H., Mushin Local Govt. - "
- (4) Dr. O. Opaleye - Chief Consultant, Massey St. Children's Hosp. - "
- (5) Dr. M.O. Munis - Consultant - Ministry of Health - "
- (6) Mrs. A.O. Ajayi - Chief Health Sister, Mainland Local Govt. - "
- (7) Mrs. J. Bodede - " " " , Health Management Board "
- (8) Mrs. F.A. Taylor - Asst. Chief Health Sister, Min. of Health - "
- (9) Mrs C.O. Fad'pe, - Asst. Chief Nurse Tutor, School of M/wifery "

The Committee met, deliberated on the subject matter over several meetings after which it arrived at the following conclusions. Minute of the meetings held attached. The Summary of the Findings are listed below.

Project Coordinator. The Director of Preventive Health Services was identified as Projector Coordinator.

State Core Training Team, will consist of resource persons and trainers who will be experienced, Senior Medical/Health personnel consisting of doctors and nurses, midwives, health sisters. The core trainers should be from the Matron grade and above

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These people will be responsible for the planning, implementing and evaluating the training in the State. The Committee recommended the following:-

- (1) Dr. (Mrs.) P.A. Akingbehin - Director of Preventive Health Services - Ministry of Health.
- (2) Dr. M.Y.I. Salami - - Medical Officer of Health Mainland Local Govt.
- (3) Dr. O. Opaolayo - Chief Consultant i/o. Massey Street Children's Hosp.
- (4) Dr. Laguda - Chief Consultant Health Management Board.
- (5) Mrs. C. A. Fadipe - Assistant Chief Nurse Tutor School of Midwifery, Ikoyi
- (6) Mrs. E.O. Akinfe - Principal Health Sister School of Health Technology
- (7) Mr. Odutayo - Matron Family Planning Unit - L.I.M.H.
- (8) Mrs. Diyaolu - Matron Ikorodu General Hospital
- (9) Mrs. Agiri Johnson - Principal Health Sister Apapa Health Centre
- (10) Mrs. P. A. Adenubi - Assistant Chief Health Officer Lagos Island Local Government.
- (11) Mrs. C. Y. Coker - Principal Nursing Officer Ikeja Local Government.
- (12) Mrs. O. George - Principal Nursing Officer Lagos Mainland Local Government.

LIST OF PARTICIPANTS OF PRE-TEST EXERCISE OF
INTRAH FAMILY PLANNING PROGRAMME

NOGINEES FROM LOCAL GOVERNMENT COUNCILS

LAGOS MAINLAND LOCAL GOVERNMENT

1. Mrs. O. George - Principal Nursing Officer
2. Mrs. G. Y. Onashile - Senior Community Mid. Sister

LAGOS ISLAND LOCAL GOVERNMENT.

1. Mrs. P. A. Oyekan - Health Sister
2. Mrs. Obasa - Senior Community Mid. Sister
3. Mrs. P.A. Adenubi - Asst. Chief Health Officer

MUSHIN LOCAL GOVERNMENT.

1. Mrs. R. I. Sanyaolu - Senior Nursing Officer
2. Mrs. A. K. Ogunpolu - Community Mid. Sister.

IKEJA LOCAL GOVERNMENT.

1. Mrs. C. Y. Coker - Principal Nursing Officer
2. Mrs. E.A. Elugbadebo - Health Sister

BADAGRY LOCAL GOVERNMENT.

1. Mrs. Adewumi
2. Mrs. M. Solanke

IKORODU LOCAL GOVERNMENT.

1. Mrs. C. A. Egunjobi
2. Mrs. C. O. Rotilu

SOMOLU LOCAL GOVERNMENT.

1. Mrs. F.O. Adeduro - M/Sister.
2. Mrs. T. O. Sobowale

HEALTH MANAGEMENT BOARD.

1. Mrs. I. Diyaolu Matron Ikorodu G.H.
2. Mrs. F.O. Odutayo Matron L.I.M.H.
3. Mrs. M. A. Oshodi " Ikeja G.H.

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4.	Mrs. E.M. Eniafe	"	Badagry G.H.
5.	Mrs. K. Ebo	S.H.S.	Handle H.C.
6.	Mrs. M. Afolabi	S.H.S.	Apapa H.C.
7.	Mrs. G.A. Adekunle	S.N.S.	Epe General Hosp.
8.	Mrs. A.O. Giwa-Osagie	Mid. Sister	L.I.M.H.
9.	Mrs. M.S. Daniel	S.N.M.	Ikorodu G.H.
10.	Mrs. M.O. Oluwadare	S.H.S.	Handle H.C.
11.	Mrs. O. A. Otudero	S.H.S.	E.B. H.C.
12.	Mrs. E. S. Momoh	S.H.S.	M.S.C.H.
13.	Mrs. V.O. Shusi	S.H.S.	Onikan H.C.
14.	Mrs. R.M. Orjinta	S.C.M.S.	Apapa H.C.
15.	Mrs. A. O. Omoebi	S.N.S.	Onikan H.C.
16.	Mrs. A. K. Dosumu	S.N.S.	M.S.C.H.
17.	Mrs. J.A. Orimolade	N.S.	Onikan H.C.
18.	Mrs. J. T. Benedict	N.S.	L.I.M.H.
19.	Mrs. S.O. Oyebowale	N.S.	Gbagada G.H.
20.	Mrs. A. Salami		School of Nursing Complex - Nursing.
21.	Mrs. A.A. Akinkunmi		" " " " - N/W
22.	Mrs. B.A. Odusami		Staff Clinic - M.O.N.

(a) LIST OF NURSES TRAINED IN F.P.

(b) NO. OF NURSES IN H.M.B. & LOCAL GOVT.

(c) NO. OF NURSES TO BE TRAINED.

Pretest Questionnaire was conducted as Scheduled
on 37 participated as shown
on the List.

List of Centres needing personnel to be trained.

Map of Lagos State Showing Health Institutions.

APPENDIX E

**MINISTRY OF HEALTH/INTRAH TRAINING
PROJECT DEVELOPMENT COMMITTEE**

APPENDIX E

MINISTRY OF HEALTH/INTRAH

TRAINING PROJECT DEVELOPMENT COMMITTEE

- Dr. J.O. Adebisi, Lagos Island LGA
- Mrs. A.O. Ajayi, Lagos Mainland Local Government
- Dr. (Mrs.) Patricia A. Akingbehin, Chief Health Officer,
Committee Chairperson
- Dr. (Mrs.) A.O. Bankole-Adekinle, Somolu LGA
- Mrs. M.J. Bodede, Health Management Board
- Mrs. C.A. Fodipe, Assistant Chief Nurse Tutor, School of
Midwifery, Ikoyi
- Dr. Sikuade Jagun, Area Office, Ikorodu LGA
- Dr. M.O. Munis, Health Education Unit, Ikeja
- Dr. O.G. Olomolehin, Ikeja LGA
- Dr. C.O. Oluwole, Chief Consultant, MOH
- Mrs. N. Ouoloin, Secretary, MOH
- Dr. M.Y.I. Salami, Chief Consultant, Lagos Mainland Local
Government
- Mrs. A.O. Sotire, School of Nursing Complex
- Dr. (Mrs.) O.O. Taiwo, Area Office, Mushin LGA
- Mrs. F.A. Taylor, Assistant Chief Health Sister, MOH
- Dr. A. Tilley-Gyado, Somolu LGA

- CONTINUED -

WORKING SUBCOMMITTEE

Mrs. A.O. Ajayi, Zonal Coordinator, LGA;

Mrs. M.J. Bodede, Zonal Coordinator, HMB;

Mrs. C.A. Fodipe, Assistant Chief Nurse Tutor, School of
Midwifery, Ikoyi;

Dr. C.O. Oluwole, Chief Consultant, MOH, Chairperson;

Dr. M.Y.I. Salami, Chief Consultant, Lagos Mainland Local
Government

Mrs. F.A. Taylor, Assistant Chief Health Sister, MOH

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APPENDIX F

STATE PROJECT DEVELOPMENT WORKPLAN

STATE PROJECT DEVELOPMENT WORK PLAN

PAGE 1

OBJECTIVE	ACTIVITIES	TARGET DATE FINISHED BY	WHO
1.a) Identify by name a firm list of Core State Trainers.	1.1 Review tests/bio-data forms.	26 April	Brown Brancich
	1.2 Compile first list of potential candidates.		
	1.3 Meet with Project Planning Sub-Committee. to evolve a final list including the #s & institutional representation	28 April	INTRAH Team Sub-Committee
	1.4 Meet, if possible, with selected candidates.	2 May	Bodede INTRAH team
	1.5 Ensure each candidate has filled out bio-data form and Knowledge assessment test.	2 May	Bodede Akin- Danunsi
1.b) Identify in-country co-trainers to work with INTRAH trainers.	1.1 Establish consensus of acceptability of ideas.	28 April	Sub- Committee INTRAH team
	1.2 Establish list of potential co-trainers	28 April	Ditto
	1.3 Establish mechanism for how/who to contact for agreement, release for assignment,	2 May	Ditto
	1.4 Identify INTRAH inputs -Trainers/dates -Possible funding items -Training materials	2 May	Ditto
	1.5 Identify MDH inputs -Vehicles -Training sites* costs -Work to be carried out	2 May	Ditto

<u>OBJECTIVE</u>	<u>ACTIVITIES</u>	<u>TARGET DATE FINISHED BY</u>	<u>WHO</u>
2. Identify firm clinical training sites and number of sites required.	2. Visit each potential clinical training site and verify for: <ul style="list-style-type: none"> a) sufficient space to accomodate minimum of 2 trainees b) sufficient FP/MCH/ORT clients (at least 20 clients/day) c) Preceptor in place d) Required working equipment & supplies e) Institutional representation/distribution between HMB & LGA 	2 May	INTRAH Team Bodede Taylor Ajayi
	f) Follow-up to ensure all in place before actual training	1 August	Sub-Committee
1. Identify & confirm logistical support for State Trainers/Trainees	3.1 Identify & locate suitable accomodations for people for days.	2 May	Sub-Committee
	3.2 Identify mechanism for group transport from accomodations to training center, accomodations to clinical training sites and return.	2 May	Sub-Committee
	3.3 Clarify details for individual travel allowance reimbursement		

<u>OBJECTIVE</u>	<u>ACTIVITIES</u>	<u>TARGET DATE</u> <u>FINISHED BY</u>	<u>WHO</u>
4. Identify other training needs in priority order.	4.1 Make tentative priority list for Project Sub-Committee -Core trainers -Other trainees	28 April	INTRAH Team
	4.2 Reach consensus on: -What is possible within next year's contract (Phase I) -What is long-term training plan (Phase II)	28 April	INTRAH Team Sub-Committee
	4.3 Identify cadres; how many trainees; in what; when	28 April	Ditto
	4.4 Identify possible training facilities for future training	28 April	Ditto
	4.5 Place in training sequence plan for Phase I and possible Phase II	28 April	Ditto
5. Develop project evaluation component according to INTRAH evaluation framework		1 May	Akin-Dahunsi
6. Develop budget for training proposal, Phase I	6.1 Inquire & set Government travel allowance & daily allowance upper limits for all aspects of budget.	1 May	INTRAH Team MOH Project Coordinator
	6.2 Cost out in detail full budget for Phase I	5 May	Brown Brancich
7. Complete project Proposal write-up & submit to MOH for review & submission to INTRAH	7.1 INTRAH Project Proposal format completed with methodology, evaluation plan & budget	5 May	INTRAH Team

APPENDIX G

IDENTIFIED CLINICAL TRAINING SITES

APPENDIX G

IDENTIFIED CLINICAL TRAINING SITES

NAME: 42 Broad Street Health Center
Lagos Island Local Government

PHYSICAL FACILITIES: One FP room

EQUIPMENT AND SUPPLIES: One FP set-up

STAFF: One experienced FP nurse

SERVICES OFFERED: All temporary FP methods, one day/week.
ORT services, daily plus day-care.

REQUIREMENTS: One extra FP room complete with equipment and supplies.
One additional experienced FP nurse.
Vastly increased FP client population (current clients average two/day; minimum of 20 clients/day required).

POTENTIALS FOR TRAINING: If client population increases to minimum requirements, could accept one clinical skills trainee.
If extra room and equipment added, additional FP-trained personnel assigned, and client population meets criteria, could accept second clinical skills trainee.
Space and opportunities for CHE activities.
ORT training opportunities.

APPENDIX G, IDENTIFIED CLINICAL TRAINING SITES

Page 2.

NAME: Akerele Family Health Clinic
Surulere Local Government

PHYSICAL FACILITIES: One FP Room

EQUIPMENT AND SUPPLIES: One FP set-up (incomplete)

STAFF: One experienced FP nurse
One apprentice FP nurse

SERVICES OFFERED: -All temporary FP methods, one day/week.
-ORT services, daily.

REQUIREMENTS: Complete existing FP set-up.
One extra FP room complete with equipment and supplies.
One additional experienced FP nurse.
Triple the current FP client population (minimum of 20 client/day required).

POTENTIALS FOR TRAINING: If FP client population increases, could accept one clinical skills trainee.
If extra room and equipment added, additional FP-trained personnel assigned, and client population meets criteria, could accept second clinical skills trainee.
Space and opportunities for CHE activities.
ORT training opportunities.

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APPENDIX G, IDENTIFIED CLINICAL TRAINING SITES

Page 3.

NAME: Ikorodu General Hospital
Ikorodu

PHYSICAL FACILITIES: One FP room (unfinished)

EQUIPMENT AND SUPPLIES: One Africare kit (incomplete)
One IUD kit.

STAFF: One full-time experienced FP nurse
One part-time experienced FP nurse

SERVICES OFFERED: All temporary FP methods, daily.
ORT services, daily.

REQUIREMENTS: Complete existing FP set-up including constructing missing wall in FP room.
One additional full-time FP nurse.
One extra FP room complete with equipment and supplies.
Increase FP client population (minimum of 20 clients/day).

POTENTIALS FOR TRAINING: If client population doubles, could accept one clinical skills trainee.
If extra room and equipment added, additional full-time FP trained personnel assigned and client population meets criteria, could accept second clinical skills trainee.
Space and opportunities for CHE activities.

APPENDIX G, IDENTIFIED CLINICAL TRAINING SITES

Page 4.

NAME: Odi-Olowo Family Health Clinic
Mushin Local Government

PHYSICAL FACILITIES: One FP room

EQUIPMENT AND SUPPLIES: One FP set-up (incomplete)

STAFF: One experienced FP nurse
One apprentice FP nurse

SERVICES OFFERED: All temporary FP methods, one day/week.
ORT services, daily.

REQUIREMENTS: Complete existing FP set-up.
One extra FP room complete with equipment and supplies.
One additional experienced FP nurse.
Increase FP client population (minimum of 20 clients/day required).

POTENTIALS FOR TRAINING: If client population increases to minimum requirements, could accept one clinical trainee.
If extra room and equipment added, additional FP-trained personnel assigned, and client population meets criteria, could accept second clinical skills trainee.
Opportunities and limited space for CHE activities.

NAME: Apapa Comprehensive Health Center

PHYSICAL FACILITIES: One FP room

EQUIPMENT AND SUPPLIES: One Africare Kit
One IUD Kit

STAFF: One full-time experienced FP nurse
Two physicians experienced in FP services (one of which is trained in mini-lap but does not have equipment)

SERVICES OFFERED: All temporary FP methods, daily.
ORT services, daily and 24-hour in-patient services.

REQUIREMENTS: One extra FP room plus equipment and supplies.
Increase client population (minimum of 20 clients day).
One additional experienced FP nurse.

POTENTIALS FOR TRAINING: If client population doubles, could accept one clinical skills trainee.
If extra room and equipment added, additional FP-trained personnel assigned and client population meets criteria, could accept second clinical skills trainee.
Space and opportunities for CHE.
ORT training opportunities.

NAME: Ikeja General Hospital
Ikeja

PHYSICAL FACILITIES: One FP room containing two examination areas

EQUIPMENT AND SUPPLIES: Two FP set-ups

STAFF: Two full-time experienced FP nurses

SERVICES OFFERED: All temporary FP methods, daily.
ORT services, daily.

(NOTE: PPFN is considering providing FP services in this facility. If this were to materialize, this facility could well be used as a clinical skills training site in the late afternoon hours.)

REQUIREMENTS: Increase client population (minimum of 20 clients/day required).

POTENTIALS FOR TRAINING: If client population doubles, could accept two - three clinical skills trainees.

If PPFN institutes late afternoon hours, client population meets the criteria, and trained personnel are assigned, could accept two - three clinical skills trainees during these additional hours.

Space and opportunities for CHE activities.

(NOTE: Clinic facilities are located adjacent to the proposed classroom complex.)

APPENDIX H

LIST OF MINISTRY OF HEALTH STAFF TO BE TRAINED

APPENDIX H

ENTRAN FAMILY PLANNING PROGRAMME

STAFF TO BE TRAINED

LOCAL GOVERNMENTS	TOTAL	NURSES	M/WIFES	NURSES/ MIDWIFES	HEALTH SISTER
Badagry	37	3	23	10	1
Epe					
Ikeja	72	12	28	15	16
Ikoredu	15	1	1	11	2
Lagos Island	47	8	26	8	5
Lagos Mainland	30	8	12	3	7
Mushin	31	6	10	8	5
Somolu	10	1	2	-	7
H. N. S.	283	106	69	48	60
Schools: Nursing	16				
Midwifery	7				
Public Health	4				
Health Techn.	4				
Ministry of Health	11	2	4	3	2
Experience in Family planning without Cert.	9	7	1	1	

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STAFF WITH FAMILY PLANNING CERTIFICATES

Badagry	3				
Epe					
Ikeja	6				
Ikoredu	4				
Lagos Island	16				
Lagos Mainland	7				
Mushin	7				
Somolu	10				
H. N. S.	83				
Schools: Nursing	6				
Midwifery	7				
Public Health	4				
Health Techn.	3				

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NO. OF NURSES IN LOCAL GOVERNMENT AND HEALTH MANAGEMENT BOARD

LOCAL GOVERNMENTS	TOTAL	NURSES	M/WIFES	NURSES/ MIDWIFES	HEALTH SISTER
Badagry	57	6	47	1	3
Epe	44	-	43	-	1
Ikeja	121	21	39	34	27
Ikorodu	32	2	6	20	4
Lagos Island	151	-	62	43	45
Lagos Mainland	123	5	49	44	25
Mushin	107	4	61	21	21
Somolu	61	1	24	15	21
State Government - Health Management Board	1,635	259	346	848	182
Ministry					

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APPENDIX I

**LIST OF PERSONS WITH HIGHEST PRE-TEST
AND EXPERIENCE SCORES**

APPENDIX I

LIST OF PERSONS WITH HIGHEST PRE-TEST
AND EXPERIENCE SCORES

<u>NAME</u>		<u>PRE-TEST</u>	<u>EXPERIENCE</u>
Oyekan	LGA-Lagos Island	74%	14
Adewumi	LGA-Badacry	66%	12
Daniel	HMB-Ikorodu GH	58%	15
Odutayo	HMB-LIMH	56%	14
Benedict	HMB LIMH	50%	9
Ogunyoye	LGA	48%	11
Afolabi	HMB Apapa HC	42%	14
George	LGA Lagos Mainland	42%	9
Eso	HMB Randle HS	46%	12
Oyebowale	HMB Gbagada GH	40%	12
Oshodi	HMB Ikeja	36%	14
Sanyaolu	LGA Mushin	38%	13
Egunjobi	LGA Ikorodu	34%	8
Giwa-Osagie	HMB LIMH	26%	10
Adekinle	HMB Epe GH	32%	10
Obasa	LGA Lagos Island	30%	8
Ogunpolu	LGA Mushin	26%	10
Akinfe	SON		
Oluwole	SON		
Diyaolu	HMB		

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APPENDIX J

**LIST OF CLINICAL SERVICE PROVIDERS TO BE TRAINED
IN ORDER OF PRIORITY**

APPENDIX J

LIST OF CLINICAL SERVICE PROVIDERS TO BE
TRAINED IN ORDER OF PRIORITY

CRITERIA FOR SELECTION OF TRAINEES FOR CLINICAL
WORKSHOP: PHASE I

- 1) Nurse/Midwives recently trained and are providing all methods except IUD (including Copper-T)*
- 2) Nurse/Midwives trained in FP over 5 years ago but have not provided FP services;
- 3) Nurse/Midwives currently providing FP services who have not had previous formal FP training (no FP certificates);
- 4) Midwives on completion of basic training before posting.

* Denotes the need to develop a short-term course/practicum for IUD experience only.