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Trip Report # 0-188

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Dr.Kelly O'Hanley,IHP Consultant

Country Visited: NIGERIA

Date of Trip: January 13 - February 9, 1986

Purpose: To conduct an FP/ORT Service Delivery Skills workshop for 19 MOH Senior Nurse Midwives and Public Health Nurses in Imo State

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EXECUTIVE SUMMARY

Emily Lewis, F.P.N.P., M.P.H., International Health Programs (IHP) Program Coordinator, and Kelly O'Hanley, M.D., OB-Gyn, IHP Consultant, traveled to Owerri, Imo State, Nigeria to conduct a four-week Service Delivery Skills workshop in family planning/oral rehydration therapy (FP/ORT). This was the sixth activity under the contract between INTRAH and the Imo State Ministry of Health (MOH). The workshop was conducted at the Bishop Cockin Christian Center in Atta from January 13 through February 7, 1986 to prepare 19 senior nurse midwives and public health nurses to deliver family planning services in various health facilities throughout Imo State. Members of the FP/ORT training team, including the project coordinator, served as co-trainers and/or clinic preceptors.

The Service Delivery Skills workshop emphasized acquisition of both knowledge and skills in the provision of community health education and client education in FP/ORT. It provided training in all aspects of contraception and in prevention and treatment of infant diarrhea. It provided opportunities for acquiring skill in performing clinical assessment of clients for contraception, in insertion of intrauterine devices, and in management of clients reporting side effects or complications with any method. Participants also were able to observe different styles of clinic management.

Plans were made for continued supervision of participants in clinics managed by training team members until such time as their own assigned clinic sites are fully equipped. Once these clinics have begun service, the project goal of having at least one trained clinician per clinic in each Imo State Local Government Area (LGA) to provide FP/ORT services will be realized, with the exception of one remote area.

SCHEDULE OF ACTIVITIES

Monday, January 13	Lewis and O'Hanley arrived in Lagos. Met with AID Affairs Officer Ms. Keys MacManus to discuss objectives for the workshop and evaluate the current status of the Imo State FP/ORT Project. Traveled to Port Harcourt by air and to Atta by taxi, arriving at 5:00 p.m.
January 14 to February 7	Conducted workshop at Bishop Cockin Christian Center, Atta. (Workshop begun on January 13 by Imo State co-trainers.)
Saturday, February 8	Departed for Lagos.
Sunday, February 9	Debriefed with Ms. Keys MacManus in Lagos. Departed for London.
Monday, February 10	Arrived in San Francisco at 12:30 p.m.

I. PURPOSE OF TRIP

Emily Lewis, F.P.N.P., M.P.H., International Health Programs (IHP) Program Coordinator and Kelly O'Hanley, M.D., IHP consultant, traveled to Owerri, Imo State, Nigeria, January 13 through February 7, 1986, in order to:

A. Conduct, in collaboration with the Imo State Ministry of Health (MOH) training team, a Service Delivery Skills workshop in family planning/oral rehydration therapy (FP/ORT) for a group of 20 clinicians.

B. Evaluate the capacity of certain members of the training team (STT) to plan and coordinate various aspects of the Service Delivery Skills workshop, as well as to act as co-trainers in the classroom and as preceptors during the clinical practicum.

C. Evaluate the skills and performance of those members of the STT whose chief function is to act as clinicians, clinic managers, and in-service trainers for their clinic staff.

D. Evaluate the clinics as future clinical practicum sites.

II. ACCOMPLISHMENTS

A. Participant Training

Nineteen public health nurses and midwives received thorough didactic training in methods of contraception, client counseling, community health education, and oral rehydration therapy. All participants received precepted clinical experience in family planning clinics.

B. Collaboration of Training Team

The IHP team was able to observe the STT during the planning and coordinating of all workshop training experiences. The state trainers demonstrated their knowledge of the subject and training skills, both in the classroom and in the clinical settings.

C. Other Graduates

The clinic facilities used for service delivery practice were established and are being directed by graduates of the July/August workshop. These service managers also assisted with precepting in their respective clinics.

III. BACKGROUND

The Imo State MOH was interested in beginning an accelerated program of family planning service delivery, which was to include the whole range of family planning services and development of in-state capacity for training family planning clinicians. To this end, INTRAH contracted with Imo State to provide a series of workshops to prepare an STT which would train clinicians in family planning service delivery skills.

In the original agreement, the STT was to help conduct a Service Delivery Skills workshop for 20 senior nursing sisters and public health nurses in July 1985. However, the training team members requested that this first Service Delivery Skills workshop be devoted to acquiring and perfecting their own service delivery skills before functioning as clinical trainers. Therefore, the July 1985 workshop was refocused to clinical training for members of the STT. The current workshop represents the postponed Service Delivery Skills workshop for senior nursing sisters and public health nurses and constitutes an addition to the original agreement.

V. FINDINGS

A. Follow-up of Former Trainees

With the exception of Mrs. Grace Ezumah from Bende, all of the trainees from the July/August 1985 Service Delivery Skills workshop were contacted during this visit. The 18 members of the STT are carrying out one or more of the following activities:

- Thirteen members serve as family planning clinicians full- or part-time.
- Eleven members have established clinic services and conduct in-service training for other clinic service personnel.
- Five members serve as zonal coordinators, clinic managers, and clinicians.
- Four members serve as tutors in schools of nursing, midwifery, or public health.
- One member is in charge of Aba School Health Services.
- One member, Mrs. Grace Ogbonna, is Project Coordinator of the Imo State FP/ORT Project.
- One of the two physician members, Dr. Dennis Ibeonu, is a family planning clinician, who acts as the referral physician for the Okigwe Maternal and Child Health Clinic.

During this training period, six members of the STT served as co-trainers for the Service Delivery Skills workshop and the two concurrent INTRAH-sponsored Five-Day FP/ORT Update workshops. Because of specialized expertise in areas such as natural family planning, some co-trainers were asked to conduct specific training sessions for both the Service Delivery Skills workshop and the Five-Day FP/ORT Update workshops. Mrs. Ogbonna gave a mini RAPID presentation for all three workshops and she led the sessions on maintenance and reporting of service statistics.

IV. DESCRIPTION OF ACTIVITIES

The FP/ORT Service Delivery Skills workshop was held at the Bishop Cockin Christian Center (BCCC) at Atta near Owerri, Imo State, Nigeria. Ms. Lewis and Dr. O'Hanley served as trainers and four members of the STT served as co-trainers: Mrs. Grace Ogbonna, State Project Coordinator; Mrs. Stella Dike, Senior Public Health Sister/Tutor; Mrs. Constance O. Onuoha, Principal Health Sister; and Mrs. Edna O. Onyegere, Senior Nursing Sister. Mrs. Onyegere had attended the INTRAH-sponsored natural family planning inter-regional workshop in Manila, Philippines in November 1985 and several of the co-trainers had attended previous in-country INTRAH-conducted workshops for the members of the STT. The participants were 19 senior nursing sisters and public health nurses from all parts of Imo State (see Appendix B). Eleven family planning clinicians who had been trained at Ibadan University joined the workshop for one day, to ensure uniformity of service delivery among those trained at Ibadan and those trained at Atta.

Process and Content

The objectives were two-fold:

- The participants should demonstrate an ability to provide family planning services; and,
- The co-trainers should demonstrate an ability to conduct classroom training and to function as clinical preceptors.

These objectives were to be achieved through classroom activities and supervised provision of family planning services in previously established clinics (see Appendix C for curriculum).

The scheduling of concurrent workshops could have created logistic problems, but these were kept to a minimum by the excellent administrative and service personnel at the Atta Center and the cooperation of trainers and participants alike.

B. Current Participants

Some participants were selected to fulfill the requirement of providing family planning services in each Local Government Area (LGA). Others were selected to strengthen the staff of existing clinics. As a group, the participants demonstrated a good background in basic nursing knowledge. They also demonstrated strong ability to communicate with the public. Results of pre-tests and post-tests administered during the workshop demonstrated significant gains by the participants in family planning knowledge (see Appendix G for summarized data).

The trainers observed significant development of clinical skills on the part of the participants as they directly delivered clinical services. Fifteen participants were unable to complete ten required IUCD insertions because of insufficient client volume. Specific plans were made to provide for completion of the ten supervised insertions for all these participants (Appendix I).

C. Participant Reactions

In addition to Participant Reaction Forms, all participants were asked to write informal evaluations which were generally favorable (see Appendix T for summarized data).

D. Co-trainers

The co-trainers demonstrated an understanding of contraceptive methods and an ability to manage clinical problems. Their training methodology reflected a comprehension of adult learning theory, and they used a participatory approach in the classroom. In the clinics they clearly identified and executed their responsibilities as preceptors. They demonstrated beginning ability in performing the planning and coordination tasks necessary for conducting a training workshop.

E. Training Sites

As indicated in previous trip reports, the classroom training site at Atta is excellent. The present managers of this facility are leaving, and it is not known if this will affect its quality as a training site.

The clinical training sites used varied in their suitability. Criteria for suitability were: accessibility, client volume, adequacy of space, degree to which they were well-managed, medical standards, and access to referral (see Appendix K for rating of clinical sites as suitable for training).

An additional clinic was visited by Dr. Gilberte Vansintejan, an INTRAH consultant. This clinic, located in Owerri, is managed by Mrs. Malinda Okoro and is reported to be suitable as a clinical training site.

F. Impressions of Ibadan Trainees

Information was obtained about the 17 nurses in Imo State who were trained recently at the University of Ibadan. The trainers reviewed those nurses' clinical reports and met with 11 members of the group, who

joined the workshop for one day. Most of the Ibadan trainees are using their clinical skills in newly-established or on-going clinics.

An attempt was made to identify any differences in clinical approach which existed between the Atta and Ibadan trainees and resolve any important differences. In fact, there generally seemed to be a uniformity of practice. The Ibadan group gave evidence of having a thorough knowledge base and demonstrated confidence in their ability to perform as clinicians. They were sophisticated in their analysis of problems.

G. Client Profile

In Imo State, the average completed family size is very high: 8+ compared to an average of 6+ for all of Nigeria and a low of 4 in some northern states.

Although the monthly report forms were incomplete, it is the trainers' impression that condoms accounted for about 50% or the methods chosen by new acceptors and IUCDs for about 40%.

An interesting finding is that many males come to the family planning clinics to acquire condoms. A few accompany their spouses to the clinics.

Low prevalence of sexually transmitted diseases (STDs) among the client population was reported by all clinicians. This includes women who are followed up after IUCD insertion. No evidence of STDs was observed directly by the trainers. Such findings are apparently in contradiction to prevalence findings in other areas of Nigeria and West Africa.

Clients seek primary and secondary infertility counseling at the family planning clinics. Basic

counseling with particular attention to fertility awareness is provided and referrals are made when indicated by client history.

H. Clinic Performance

Evaluation of clinic performance was hindered by numerous problems resulting from inadequate reporting. Some reports were incomplete. Discrepancies were noted within reports and between tabulations done at the clinic level and those done at the state level. At the state level, for example, there is no master tabulation of data for number of new acceptors per method per clinic or number of return visits. Furthermore, no system of data collection exists to assess the number of continuing users.

Because of these obstacles to evaluation of clinical performance, a decision was made to select IUCD insertions as one measure of clinic performance. IUCD insertions were selected because the most complete data were available for them. Based on the number of IUCD insertions, there was a wide range of clinical performance. For example, the number of IUCD insertions over the first six months ranged from 36 to 196 for the two clinics for which there were complete records (see Appendix L for number of IUCD insertions per clinic).

An important determinant of the number of new IUCD acceptors is the amount of community health education that service personnel are able to carry out. In some cases, advantage is not taken of opportunities to talk to potential clients antepartum and postpartum and in child welfare clinics. Clinicians claim lack of transportation is a significant impediment to additional outreach to the community through women's groups, vil-

lage leaders, and others. Many clinics are not open every day, and often, IUCD insertions are scheduled on only one day each week.

Client flow has a potential impact on client recruitment. On a busy day, if clients are not processed efficiently, they may have long waits. Sometimes all clients, even returnees, are asked to wait for a group educational talk which does not begin until most clients have arrived. Sometimes returning clients have to wait while all new acceptors are served. Client flow is also affected by the lack of a filing system for patient charts and difficulties in completing the patient record form (see Appendix M for critique of patient chart). Clients do not receive a permanent card to remind them of follow-up appointments. Such cards are used for infant welfare clinics.

I. Standards of Care

The trainers found that standards of care were generally good. Clinicians were careful to rule out contraindications for all methods. Technically, they performed well. They were zealous about sterile technique, sensitive to client needs, and provided support during procedures. They were conscious of their limitations, and although they had identified physicians for referral, they found that clients were not always ideally managed by referral physicians. It was obvious that the clinicians were accomplishing the objective of familiarizing their clients with indications for use of oral rehydration therapy (ORT). Everyone knew and sang the ORT song.

Natural family planning and fertility awareness techniques are being explained to clients.

Clinics do not have copies of protocols. Pamphlets that have been developed for client education have not yet been distributed to the clinics.

A microscope was set up in only one clinic, and it was not being used because the clinicians had no opportunity for supervised practice of the introductory training in the use of the microscope given them during the previous training.

J. Management Issues

Imo State is divided into five zones, each of which has an FP/ORT Project zonal coordinator. Clinicians send their monthly reports to their zonal coordinator, who in turn hands them over to the project coordinator. Reports are not analyzed by the zonal coordinators, and they do not use the data for supervision or management. Some zonal coordinators have planned or initiated development of new clinics in their zones. Some have identified training needs and taken steps to meet them. Other zonal coordinators have not yet accomplished these objectives.

As reported by the Project Coordinator, Mrs. Grace Ogbonna, her chief responsibilities are to:

- Advise policymakers;
- Manage some of the financial aspects of INTRAH-funded training activities;
- Submit quarterly reports to INTRAH;
- Act as liaison with other ministries, the Agency for International Development (AID), and other donors;
- Draft proposals for new projects; such as a three-day workshop for 300 women from women's organizations; and,
- Act as project officer for all state family planning projects.

Mrs. Ogbonna also holds monthly meetings with all clinicians in the state and delivers all commodities and supplies at that time. She receives the monthly reports but has not made formal analyses of the reports since September 1985.

The project coordinator acknowledged that there is a lack of supervision of both zonal coordinators and clinicians, and a monthly meeting is not an adequate substitute for this supervision.

Neither the project coordinator nor the zonal coordinators have regular access to transport. Transport provides virtually the sole means of communication in Imo State because there is no other means of communication.

K. Plans for Future Training

No finalized plans for in-state clinical training for nurses, midwives, and public health nurses have been made by the project coordinator. However, development plans for the next five-year FP/ORT program in Imo State were initiated during the recent INTRAH/IHP management workshop. A request for technical assistance to elaborate these plans has been submitted to INTRAH/IHP by Mrs. Ogbonna. A formal mode of assessment of the need for further in-service clinician training, based on an estimated rate of increase in client demand does not yet exist.

L. Policymaking Bodies in Imo State

The Imo State commissioner for health showed interest in the program, met with the facilitators twice, and requested a preliminary report to include recommendations.

Mr. Izuwah, the former Imo State Permanent Secretary, has been appointed as Permanent Secretary to the LGAs. What support the new Permanent Secretary will lend to the family planning program remains to be seen. One of the problems noted by the consultants is a lack of coordination between the LGAs and the Health Management Board (HMB) which operates the hospitals. The FP service established by the LGA in Okigwe, for example, is 100 yards from the one operating in the hospital under the auspices of the HMB. Thus, there are two services vying for the same potential clientele.

M. Content of IUCD Kits

Some of the IUCD equipment provided is not being used at all, whereas other items have to be cleaned and re-sterilized a number of times during the clinic session (see Appendix M for content of current IUCD kits).

N. Copper Ts (CuTs)

The CuTs in use, which were provided by the Population Council, are packaged without the small plastic sack that is included in the packaging in the United States. This sack covers the arms of the CuT inside the sterile package and allows for sterile loading of the CuT. In its absence, sterile gloves must be used. In Imo State, disposable sterile gloves are expensive and virtually unavailable. Autoclave sterilization of gloves is not possible in the clinics themselves. Therefore, the clinicians must make special trips to hospitals where autoclaved gloves are available.

O. Fees

Some consideration is being given by the MOH to charging client fees. The Planned Parenthood Federation of Nigeria (PPFN) clinic and private providers charge fees.

VI. CONCLUSIONS

A. Training

1. Members of the training team acting as co-trainers still need assistance from outside facilitators to plan and coordinate training involving large numbers of participants.

2. Orlu Maternal Health Center and the Aba School of Health Technology seemed to be the most promising sites for the kind of small group training now needed. Sufficient numbers of clinicians are trained to meet the present demand and that of any proposed immediate expansion. However, trained clinicians risk losing their skills unless they have opportunities to use them regularly. Expected training demand for the foreseeable future could be met by the training of two to three clinicians at each of the two sites (Orlu and Aba) in four- to six-week sessions. This probably would bridge the gap until preservice-trained clinicians are available.

B. Client Profile

In Imo State, high acceptance rates for condoms and IUCDs, relative to other methods, diverge from findings in other areas of Nigeria. IUCD acceptors are generally of high parity, and their choice may reflect a desire to limit rather than space pregnancies. The IUCD may also be a better choice medically for these older women. Other factors may affect this phenomenon, such as an unconscious bias for certain methods on the part of health care providers.

C. Clinic Performance

1. For the program to have an impact on maternal and child health and on escalating population levels, it is essential both to attract new acceptors and to ensure continuing use of contraception. It is also important for the program to have a means of evaluating its success.

2. The limiting of IUCD insertions to only one day per week has several implications for client recruitment and retention.

   a. The client may not be menstruating and thus may have to return.

   b. Competing demands (e.g., market days) that fall on that day may preclude attendance.

   c. A large volume of clients on the IUCD insertion day may mean a long wait for the individual client.

3. The present organization of service delivery does not generally address itself to the problem of how long clients have to wait for service. As the clientele increases and becomes more demanding in this regard, long waits for service may affect client recruitment.

4. As demand for family planning services increases, the lack of efficient organization of the necessary paperwork may have an adverse impact on clinic personnel's ability to serve clients.

D. Management Issues

1. The role and job description of the zonal coordinators have not been fully conceptualized. Their roles in supervision, management, and planning is crucial for successful expansion of the Imo State family planning program. They have no clear lines of responsibility and authority, and they lack the means to visit clinics in their zones on a regular basis.

2. The role of project coordinator has not been clearly defined. Rather, it evolved as various needs and problems arose, and the responsibilities are diverse and time-consuming. No single person can be expected to be responsible for public relations, policy implementation, and management and supervision of both service delivery and all training programs.

E. Policy Making Bodies in Imo State

Without cooperation among the MOH, the HMB, and the LGA, there is a risk of competition for scarce re-

sources and even for clients. This may manifest itself in poor siting of clinic facilities and in poor assignment of service personnel.

F. Content of IUCD Kits and Packaging of IUCDs

Because they represent a considerable investment both in price and in shipping costs, equipment and supplies provided by international support organizations should be selected for maximal utility and economy.

VII. RECOMMENDATIONS

A. Training

1. Co-trainers should plan training sessions for small groups of participants (six or fewer) to reduce logistic problems and to allow more effective individual precepting.

2. The clinics at Orlu Maternal Health Center and Aba School of Health Technology should be selected for future clinical training. Efforts should be made to upgrade these sites further in terms of client flow and general efficiency. With such improvements, they would represent "model clinics" to be emulated by trainees. Training team members could be assigned to these training sites for short, intensive training periods.

3. All post-institutional, in-service training should be linked directly to demonstrated demand. For example, a formula could be developed in which a certain volume of continuing family planning clients in a given clinic would signal the need for a new clinic in that LGA. This, in turn, would be a signal to train a clinician to staff it.

4. Expansion should generally be in the form of new clinics, rather than by adding staff to an existing clinic. This minimizes client travel time.

5. Approval to add family planning training to the standard nursing school curriculum should be sought as soon as possible. This training should contain a clinical component. The model clinics could, at this point, serve as training sites for such pre-service training.

B. Client Profile

Clinicians should be made aware of any unconscious biases for certain contraceptive methods, since these often affect client selection. This could be done via discussion among zonal coordinators, who in turn, would discuss it with all clinicians in their zones.

C. Clinic Performance

1. Evaluation of clinic performance would be enhanced by the introduction of a tickler file system. This method should be initiated for intrauterine devices and oral contraceptives. Each client who becomes an acceptor for either of these methods should be recorded on a file card that includes the client's name, client number, dose or type, and date initiated. This card can then be placed in the appropriate tickler file (IUCD or OCP), in the time slot indicating when the client should return for follow-up. When the client returns, the card will be refiled according to the appropriate subsequent follow-up. A record of the number of cards cleaned out should be kept, and these cards should be placed in each client's chart. With this system, the number of current users per method can be determined; the number of dropouts per method can be tabulated and the reasons for dropouts can be investigated. Patients late for follow-up can be identified, and steps can be taken to encourage their return to the clinic. Tickler files for other contraceptive methods could be initiated, but are less critical.

2. Clinicians need to obtain shelves to use as open files for patient charts. Charts could be stacked in three- to four-month groups on the clearly labeled shelves for easy access and identification. For further ease in locating the patient charts, a permanent card with the patient's name and client number should be created for use in all clinics. Each new patient would receive one on her first visit. This card should also have spaces to remind her of follow-up appointments.

An improvement in the patient charts, which could be instituted immediately and would not require entire revision of the charts, is that of adding the year to the client number. This would greatly lessen filing problems.

3. Clinicians should develop a plan to visit routinely all accessible antepartum, postpartum, and infant welfare immunization clinics. This is a good way to reach significant numbers of women and inform them about family planning.

4. Clinicians should be encouraged to offer IUCD insertions at least two days a week, and as client volume increases, this should be extended to daily service.

5. Uniformity among clinics should be sought in regulating client flow and processing. Clients should be seen in the order they arrive at the clinic. However, a separate staff member should be available to see returnees who arrive before or during the group education talk to decrease their waiting time.

6. Protocols should be revised, published, and a copy distributed to each clinic. The purpose of the protocol is to delineate standards of care, increase uniformity of care among clinics, and serve as a reference for clinicians in management of problems and in-service education.

7. Patient education pamphlets should be distributed to all clinics. Their use should be reviewed and encouraged.

8. Because problems have arisen with client referrals, clinic medical directors should meet periodically with designated referral physicians to clarify their expectations amd standards of care, and perhaps to review cases that have been referred.

9. When the model clinics have sufficient volume, a laboratory technician should be assigned to train clinicians in each clinic in the use of the microscope for diagnosis of vaginal infections. Other laboratory services such as hematocrit determination and urine microscopy (centrifuge required) could be introduced as finances allow. The clinicians could then instruct trainees who rotate through their clinic in these laboratory techniques.

D. Management Issues

1. In order to ensure adequate supervision, the zonal coordinators should be relieved of clinic responsibilities about three days per week. A clinician should be added to each clinic's staff to assist in provision of direct client service. The zonal coordinators should be involved directly in service delivery during the other days of the week in order to maintain clinical skills and stay close to daily activities and changes in client make-up.

2. The zonal coordinators should personally visit each family planning clinic site in there zones at least once a month. The purpose of these visits would be to:

   a. Provide support and encouragement to clinic managers.

   b. Observe all aspects of clinic operation.

   c. Review service delivery problems.

   d. Review family planning client records.

   e. Review quality of medical service and adequacy of referrals.

   f. Collect and review monthly report forms.

   g. Assist service personnel in their out-reach efforts.

   h. Evaluate growth of demands for service.

   i. Bring needed supplies from central stores.

   j. Check equipment and storage areas.

   k. Review job descriptions and evaluate performance of personnel.

   The zonal coordinator should also:

   a. Identify need for new sites and for additional personnel to be trained.

   b. Assist in obtaining other needed resources, such as transport.

c. Act as liaison with the MOH and other officials.

d. Hold quarterly meetings of clinic managers.

e. Plan strategies for community health education activities in the zone.

3. Project coordinator duties should be divided between two people. One person should be assigned full-time to be the state coordinator of the service delivery program and the in-service training required for that program. Zonal coordinators should report to this person.

The State Coordinator should:

a. Have a schedule for spot checking service delivery areas.

b. Collect, collate, analyze, and make graphs of all contraceptive service statistics to identify areas of unmet need and weak or faulty service delivery.

c. Call monthly meetings of zonal coordinators for sharing ideas, trouble-shooting, and ensuring uniformity of practice.

d. Plan and arrange on-going in-service training for clinicians, to include:

- new methods or changes in contraceptive provision and technique;
- changes in record-keeping or forms; and,
- medical update with speakers from other areas of medicine.

This state coordinator might also identify specific training needs for herself and/or for the zonal coordinators.

The remaining roles now being fulfilled by the project coordinator could be assigned to the state coordinator.

4. A commitment must be made at the state level to provide regular and frequent transport for the zonal coordinators and the state coordinator to ensure that supervision is regular, timely, and useful to clinic managers.

E. Policymaking Bodies in Imo State

The agencies responsible for location and staffing of family planning service delivery sites should meet periodically to facilitate a logical and orderly extension of services based on population needs and demands, in response to recommendations made by the zonal and state coordinators. They should collaborate in providing space and equipment and resolve problems that arise.

F. Content of IUCD Kits

The number of items in the IUCD kits can be reduced to:

1. Two trays: one can be used for sterile instruments to be used; the other can be used as a lid or for placement of other sterile instruments.

2. One packing forcep: to be used to explore the cervical canal in the case of a missing string.

3. Two cups: one for dry cotton balls and one for savlon-coated cotton balls.

4. Two tenacula and two ring forceps: to be left in a standing sterile solution between clients.

5. One IUCD retrieval instrument: The Novac curette is much safer than the hook.

Savings accrued by reducing these the total number of items in each IUCD kit could justify increasing the number of specula and sounds, since these instruments need to be thoroughly sterilized between clients and thus represent the limiting items when a large volume of clients is being seen.

AID/Washington should consider reviewing this recommendation with IUCD kit suppliers.

G. CuTs

The CuTs should be modified to include a small clear plastic bag over the T-end of the IUCD. Should this contribute significantly to production costs, a trade-

off could be made by not including a disposable plunger in the package, since a dozen or so could be a part of the permanent equipment and could easily be re-sterilized for an infinite number of repeated uses. Sterilization of the plunger is infinitely easier than is sterilization of the gloves, which is otherwise necessary. Finishing Enterprises, Inc., the manufacturer of the CuT for the Population Council, should be contacted regarding this recommendation.

H. Fees

A fee system should be initiated. The fee should be low enough so as not to deter client use of services, and a fee waiver could be used in instances of particular need. Almost the entire income from fees should be retained by the clinic from which the income is generated. This income should be used for upgrading the equipment and facility.

I. Needs for Further Technical Assistance

Semi-annual visits from outside clinical and management experts would be helpful in assisting the state and zonal coordinators with problems they encounter. Another way in which technical assistance might be useful is in implementing the model clinics and using them as training sites. This also would entail development of a plan for assigning training team members to these training sites.

APPENDIX A

Persons Contacted

Ministry of Health

Mrs. Bridget Nwankwo, Commissioner of Health

Dr. S. N. Ugorji, Director of Health Services

Dr. C. Eke, Medical Director

Ms. Comfort Ukanwoke, Principal Health Sister

Planned Parenthood Federation of Nigeria (PPFN)

Ms. Rose Nwankor, Owerri

School of Health Technology

Mrs. Beatrice Nwoka, Principal Nursing Sister

AID Affairs Office

Ms. Keys MacManus, AID Affairs Officer, Lagos

Association for Voluntary Surgical Sterilization

Dr. Douglas Huber, Association for Voluntary Surgical Sterilization, New York, New York

Dr. Joseph Dwyer, Association for Voluntary Surgical Sterilization, Nairobi, Kenya

Mr. A. Atitungji, Association for Voluntary Surgical Sterilization, Lagos, Nigeria

Management Sciences for Health

Mr. Ken Heise, Management Sciences for Health, Boston, Massachusettes

Mr. Hanimouda Bellamine, Management Sciences for Health, Boston, Massachusettes

Mr. John Holley, Management Sciences for Health, Tegucigalpa, Honduras

Others

Ms. Bisi Olatokunbo, Pathfinder Fund, Lagos, Nigeria

Dr. Gilberte Vansintejan, INTRAH Consultant

APPENDIX B

List of Participants

Ms. Theresa Agwu, Senior Nursing Sister, Obioma Ngwa

Mrs. Veronica Aliri, Senior Nursing Sister, Ihitte Clinic

Ms. Peninnah Alozie, Senior Nursing Sister, Isiala Ngwa

Mrs. Josephine Anosike, Senior Nursing Sister, Mbano

Mrs. Celestina Anyanwu, Senior Nursing Sister, Mbaise

Mrs. Nkiru Egbochuku, Senior Nursing Sister, Owerri

Mrs. Theresa Ekere, Senior Nursing Sister, Etiti LGA

Ms. Clementina Enwerem, Senior Nursing Sister, Egbema

Mrs. Rose S. Ezirim, Senior Nursing Sister, Mbano

Mrs. Ihuoma Iheme, Nkwerra, Senior Nursing Sister, Isu

Mrs. Chinwe Iwudibia, Senior Nursing Sister, Owerri General Hospital

Mrs. Clara Mbakwe, Senior Nursing Sister, General Hospital, Owerri

Mrs. Luck Meregini, Senior Nursing Sister, Bende

Mrs. Rose Nwachukwu, Senior Nursing Sister, Aboh-Mbaise

Ms. Angela Nwoko, Senior Nursing Sister, Afikpo

Mrs. Dorothy Nwuba, Senior Nursing Sister, Obinze

Mrs. Kate Ugochukwu, Aboh-Mbaise, Midwife Tutor, Member of Central Training Team

Mrs. Helen Umunnah, Principal Nursing Sister, Mbaise

Co-trainers

Mrs. Lydia Anomnachi, Senior Health Tutor

Ms. Stella Dike, Senior Public Health Nurse and Tutor

Mrs. Grace Ogbonna, Project Coordinator

Mrs. Constance Onuoha, Principal Health Sister

Mrs. Edna Onyegere, Senior Nursing Sister

Co-preceptors

Mrs. Atim Jibueze, Senior Midwife Tutor, Aba General Hospital

Mrs. Grace Nwangor, Chief Health Sister, Orlu

Mrs. Eunice Obi, Senior Nurse Administrator, Owerri General Hospital

Mrs. Ogo Okonu, Principal Health Sister, Isiala Ngwa

Mrs. Abigail Onuckwasi, Chief Health Sister, Okigwe

Mrs. Mercy Onyekwere, Senior Health Tutor, Emii Health Center

Mrs. Ola Opusunji, Senior Nursing Sister, Ubakala

Mrs. Comfort Ukanwoke, Principal Health Sister, Aba School of Health Technology

APPENDIX C

Course Curriculum

AGENDA - Service Delivery Skills Workshop
Owerri, Imo State, Nigeria
January 13 - February 7, 1986

MONDAY January 27 DAY 11	TUESDAY January 28 DAY 12	WEDNESDAY January 29 DAY 13	THURSDAY January 30 DAY 14	FRIDAY January 31 DAY 15
Infertility. Sexually transmitted diseases. Vaginitis. Use of reference books. CHE demonstration.	Clinic Practicum Ubakala Target groups for CHE. Test on gynecologic problems and review of test.	Clinic Practicum Isiala Ngwa IUCD protocol review. Sterile technique. Population trends.	Clinic Practicum Aba School of Health Technology General Hospital PPFN Owerri General Hospital Review OCP and injectable.	Clinic Practicum Okigwe Orlu Preparation of visual aids.
February 3 Day 16	**February 4 Day 17**	**February 5 Day 18**	**February 6 Day 19**	**February 7 Day 20**
Ibadan trained group joins workshop. Introductions. Needs Assessment. Use of patient education pamphlets. Problem solving. Sterilization.	Clinic Practicum Ubakala Clinical management. Setting up new clinics and opening new services. Visual aids.	Clinic Practicum Isiala Ngwa Aba General Hospital School of Health Technology Health Services Clinic Human Sexuality. Potential problems. Post-test feedback.	Clinic Practicum Orlu PPFN Owerri General Hospital Review of entire workshop. Participant reaction forms.	Clinic Practicum Emii Orlu Closing ceremony.

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AGENDA - Service Delivery Skills Workshop
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February 3 Day 16	**February 4 Day 17**	**February 5 Day 18**	**February 6 Day 19**	**February 7 Day 20**
Ibadan trained group joins workshop. Introductions. Needs Assessment. Use of patient education pamphlets. Problem solving. Sterilization.	Clinic Practicum Ubakala Clinical management. Setting up new clinics and opening new services. Visual aids.	Clinic Practicum Isiala Ngwa Aba General Hospital School of Health Technology Health Services Clinic Human Sexuality. Potential problems. Post-test feedback.	Clinic Practicum Orlu PPFN Owerri General Hospital Review of entire workshop. Participant reaction forms.	Clinic Practicum Emii Orlu Closing ceremony.

Training Design

Monday, 13 January, Day 1

Objectives: Trainers, co-trainers, and participants get acquainted personally and professionally. Consensus for schedules and classroom rules, etc., is achieved.

Co-trainers will show ability to develop learning objectives, develop curriculum incorporating special identified needs, develop training designs, including choosing appropriate training methods, and evaluate whether learning objectives have been met.

Trainer: Co-trainers

Method/Instructions: Participants, trainers, and co-trainers pair off and interview each other. A daisy is drawn on a large piece of newsprint with person's first name in center and important attributes compose petals. One leaf tells what person expects to get from workshop, a second leaf tells what she expects to contribute. Each participant's information is presented to the group by her partner. The daisies are displayed on the walls for subsequent reference. Name cards are made to be placed in front of each participant trainer and co-trainer.

Materials/Resources: Newsprint, felt-tipped markers, pens, pencils, masking tape.

Content/Topic: Orientation

Method/Instructions: Co-trainers request opinions from participants as to classroom meeting hours and meal times and a consensus is obtained. Policy for absences is established.

Materials/Methods: Ring binders, paper, pens, and pencils were distributed.

Content/Topic: Bio-Data Forms

Method/Instructions: Participants are assisted by the co-trainers in completion of INTRAH Bio-data forms.

Content/Topic: Class Roster

Method/Instructions: Co-trainers start a class roster that is later hung on wall with the name, place of birth, duty station, job title, best qualities and hobbies.

Tuesday, 14 January, Day 2

Objectives: Participants and trainers review the curriculum to identify areas which may need to be changed or to identify areas of need curriculum has failed to address. A final list of objectives is elaborated. Participants take a pre-test for evaluation of their pre-workshop knowledge.

Content/Topic: Needs assessment

Method/Instructions: Participants complete Needs Assessment Forms (see Appendix N).

Materials/Resources: Needs Assessment Forms

Content/Topic: Review of four-week agenda

Method/Instructions: Participants are each given a copy of the four-week agenda--it is explained that changes and adjustments will be made according to needs assessment and as circumstances require.

Materials/Resources: Four-week agenda

Content/Topic: Objectives

Method/Instructions: A list of objectives is developed through the pyramid process--this is compared to the objectives developed by the co-trainers.

Content/Topic: Pre-test

Method/Instructions: Participants complete a 25-question pre-test (see Appendix O).

Materials/Resources: Pre-test

Wednesday, 15 January, Day Three

Objectives: Pre-test review gives participants feedback on their level of knowledge and introduces some new concepts. Participants have beginning familiarity with how to do a pelvic exam on a non-pregnant woman. Traditional methods are discussed. ORT issues and protocol are clarified. Pregnancy diagnosis and bleeding problems in early pregnancy are reviewed.

Content/Topic: Review of Pre-test

Method/Instructions: Trainers discussed and amplified responses to questions on pre-test.

Content/Topic: Male and female reproductive anatomy and physiology.

Method/Instructions: Co-trainers review anatomy with diagrams. Trainer reviews menstrual cycle and its regulation, including fertility awareness.

Content/Topic: Pelvic exam

Method/Instructions: The procedure for doing a pelvic examination is reviewed and demonstrated on the Gyuny model by the trainers. The participants also view the Ortho filmstrip on pelvic examination.

Materials/Resources: Ginny Model, Ortho filmstrip

Content/Topic: Traditional methods

Method/Instructions: The group discusses the advantages, disadvantages, and effectiveness of some traditional contraceptive methods used in Nigeria.

Content/Topic: ORT

Method/Instructions: The ORT song is sung by the co-trainers. A role play to demonstrate how to prepare ORT is presented and critiqued. Purpose of role plays is discussed. Definition of diarrhea is developed by guided discussion. Causes of diarrhea and its consequences are discussed. Signs and symptoms and degrees of dehydration and the protocols for ORT treatment are reviewed.

Content/Topic: Pregnancy diagnosis

Method/Instructions: Trainer discusses questions asked, physical exam done, and lab tests performed for diagnosis of pregnancy.

Content/Topic: Bleeding in early pregnancy

Method/Instructions: Bleeding as indication of trouble in early pregnancy, its differential diagnosis and management are clarified by the trainer.

Content/Topic: Reflection

Method/Instructions: A review of the day's activities is done by one or two of the participants.

Content/Topic: Feedback

Method/Instructions: Each participant identifies some fact she has learned that day.

Thursday, 16 January

Objectives: Participants will gain experience in pelvic examination. Participants will demonstrate acquisition of knowledge of material covered on Jan. 15. Benefits of family planning are explored.

Content/Topic: Visit to Owerri GH Post-partum Clinic

Method/Instructions: Co-trainers and facilitators will accompany group to Owerri General Hospital to assist participants in doing their initial speculum and bimanual examinations on clients returning for 6-weeks post-partum exams. Each client receives an exam by preceptor to give feedback on position of uterus. Ideas of making client comfortable, explaining procedure to her, are reinforced.

Content/Topic: Test on material covered Ja. 15, 1986.

Method/Instructions: Participants complete test. Participants trade papers and correct them. Answers are discussed. Important concepts are stressed.

Content/Topic: Benefits of Family Planning

Method/Instructions: Co-trainer divides participants into four groups to discuss consequences of having pregnancies (1) too early, (2) too often, (3) too late, (4) too many. Potential health and social problems for women, children and community are discussed.

Friday, 17 January

Objectives: Participants will be familiar with intake history and physical exam required for contraception. Participants will familiarize themselves with daily and monthly report forms. Participants will identify elements of effective communication for counseling.

Content/Topic: Gynecologic History and Physical Exam

Method/Instructions: Co-trainers will assist participants in listing and discussing pertinent history and physical data; implications of positive items; questions to elicit history; review of physical diagnosis techniques.

Content/Topic: Client Record and Reporting

Method/Instructions: Program Coordinator will review charts and reporting forms (see Appendix P) with a series of hypothetical patients; complete forms and tabulate numbers of new or continuing clients and supplies issued.

Materials/Resources: Patient/Client report forms, daily and monthly.

Content/Topic: Communication Skills

Method/instructions: Group will define communication skills as a concept. Groups will be asked to perform role play on orientation, conversation, counseling and an example of poor quality communication. Co-trainer presents concept of "empty vessel" teaching versus teacher/learner training exchange. List of desirable attitudes of communicator trainer (such as friendly, non-judgmental) is generated. Listening skills are identified as well as counseling skills.

Content/Topic: Reflection

Method/Instructions: Review of the week by the participants.

Monday, 20 January

Objectives: Participants will have been introduced to concept of effectiveness, risk, safety and non-contraceptive benefits of methods of contraception. Participants will have reviewed all aspects of skills and knowledge required for IUD insertion.

Content/Topic: Effectiveness, Risk, Safety, Non-Contraceptive Benefits

Method/Instructions: Terms are defined, including theoretical and use effectiveness and their implications for each method; idea of cohorts of users is introduced; ability of clinician to influence and increase use effectiveness is discussed. Risk is examined in the context of other risks, e.g., pregnancy and daily living.

Content/Topic: IUCD Methodology

Method/Instructions: The following concepts about IUCD's are introduced and discussed: definition, types, effectiveness, life-span, mode of action, advantages, side effects, contra-indications, danger signs, complications, ways of achieving safety, management of problems, timing of insertion, insertion technique and use of protocol.

Tuesday, 21 January

Objectives: Participants will attend clinics to demonstrate skills in service delivery which include (1) obtain history or review chart for significant history; identify contra-indications; (2) perform physical exam to identify significant pathology; (3) identify position and size of uterus and recognize adnexal mass; (4) evaluate vulva and vagina and cervix for pathology; (5) demonstrate proper insertion of IUCD, including sterile technique; (6) participate in group education and client counseling; (7) observe practices to identify problems with patient flow and use of personnel; (8) demonstrate communication skills with clients; (9) perform a minimum of 10 supervised IUCD insertions. Co-trainers will demonstrate ability to act as preceptors to assist participants in reaching above objectives. Remaining participants will review barrier methods and NFP and evaluate lactation as a contraceptive method.

Content/Topic: Clinic practicum at Okigwe and Ubakala

Method/Instructions: Three participants each accompany one trainer and one co-trainer to each of the two sites.

Materials/Resources: Transport, gloves and CuT's.

Content/Topic: Barrier methods

Method/Instructions: Group reviews mode of action and effectiveness of condom, diaphragm, and spermicides with assistance of co-trainers. Co-trainers take group through charting and other exercises, including role plays to master essential concepts of NFP.

Materials/Resources: Condoms, diaphragms, Ortho filmstrip on diaphragm fitting, Lindi pelvic model.

Content/Topic: Lactation

Method/Instructions: Pros and cons of considering lactation as a contraceptive method are discussed.

Wednesday, 22 January

Objectives: See objective for 21/1/86 for objectives of clinic practicum. Participants will list and discuss mode of action and other essential information on all types of hormonal contraception.

Content/Topic: Clinic practicum at Isiala Ngwa

Method/Instructions: Trainer and co-trainer accompany three participants to Isiala Ngwa Clinic.

Materials/Resources: Transport, gloves, CuT's.

Content/Topic: Hormonal Contraception

Method/Instructions: Trainer and co-trainers develop and discuss an outline of the mode of action, effectiveness, advantages, side effects, contraindications, screening history and physical, danger signs, complications and their management, client counseling and instructions to users, and follow-up of oral, injectable, and subcutaneous implant types of hormonal contraception.

Materials/Resources: Newsprint, markers, tape.

Thursday, 23 January

Objectives: Participants will review previous three days' material through a written test. Participants will review the content of talks they will give for client counseling.

Content/Topic: Clinic practicum at Owerri General Hospital and PPFN, Owerri

Method/Instructions: Three participants each attended each of the clinics with trainer and co-trainer preceptors.

Materials/Resources: Transport, gloves, CuT's, IUCD insertion kit to PPFN.

Content/Topic: Test of previous three days' material

Method/Instructions: Trainer and co-trainers put test questions on newsprint.

Materials/Resources: Newsprint, markers, tape

Content/Topic: Preparation for client counseling talks

Method/Instructions: Individuals review content material for talks they will give while educating and counseling clients for each method of contraception: appearance, how used, major advantages and disadvantages, common misbeliefs. Counseling to include ORT demonstration.

Friday, 24 January

Objectives: Participants will review management of clinical problems for each method and will review test from previous day.

Content/Topic: Clinic practicum at Okigwe.

Method/Instructions: Three participants go to Okigwe LGA Health Center with trainer and co-trainer.

Materials/Resources: Transport, gloves, CuT's.

Content/Topic: Hormonal and IUCD management of medical problems

Method/Instructions: Using "grab-bag" training method hypothetical problems are selected by groups, discussed and solution(s) presented. Each group takes a turn "grabbing" a problem.

Materials/Resources: Grab-bag, problems prepared in advance by trainers

Content/Topic: Client counseling

Method/Instructions: Using material prepared on previous day, individuals prepare and present talks that could be used for

counseling groups in clinic. Several role plays are also developed.

Content/Topic: Review of previous day's test

Method/Instructions: Participants grade their own results as they take turns giving answers.

Content/Topic: Reflection

Method/Instructions: Review by participants of the week's activities, including their clinic experiences.

Monday, 27 January

Objectives: Participants will discuss a series of gynecologic problems commonly found in family planning clinics.

Content/Topic: Gynecologic Problems, Infertility, Sexual Transmitted Diseases, Vaginitis

Method/Instructions: A combination of didactic and discussion methods are used to cover material. Topics included in infertility: definition, incidence, necessary events for conception, causes of both male and female infertility, counseling, medical evaluation and the issue of sex selection. Topics included in STD's: infections which primarily involve vulvar, vaginal, uterus and tubes, systemic areas; cystitis; non-sexually transmitted vaginitis, i.e., monilia. Symptoms, diagnosis, treatment, potential complications, treatment of partner, special instructions and prevention are discussed for each of these conditions.

Content/Topic: Use of Reference Materials

Method/Instructions: Groups of participants were assigned questions and asked to find the answers in their chief reference book, Family Planning in Africa. Process is discussed in large group.

Content/Topic: CHE Demonstration

Method/Instructions: Participants divide into three groups. One group develops talk for mothers, one for community and one for students at higher institutions (e.g., nursing schools). Content to include greeting, self-introduction, benefits of family planning and of ORT, cost, methods of contraception (mode of action and use), common misbeliefs, what to expect at clinic (i.e., individual counseling and exam), days and time of clinic service. Talks are critiqued for content, accuracy, delivery and appropriateness for audience.

Tuesday, 28 January

Objectives: Participants will review and consolidate facts and concepts covered in previous day's work.

Content/Topic: Clinic practicum at Ubakala

Method/Instructions: Three participants go to Ubakala clinic with one trainer and one co-trainer.

Materials/Resources: Transport, gloves, CuT's.

Content/Topic: Target Groups for CHE

Method/Instructions: Participants make lists for each of their communities of groups they will contact for presentation of talks like those practiced on 27/1.

Content/Topic: Test on gynecologic problems

Method/Instructions: A test on infertility, STD's, vaginitis and cystitis is given. After completion, participants take turns sharing answers. Answers are discussed by the entire group. Participants grade and score their own tests. The range for scores is shown so that participants can evaluate their performance relative to their colleagues.

Wednesday, 29 January

Objectives: Participants will review theoretical issues concerning sterile technique and apply them to IUCD insertion per se and the particulars of their clinic facilities and equipment. Participants will become aware of population trends for Nigeria and Imo State.

Content/Topic: Clinic practicum at Isiala Ngwa

Method/Instructions: Three participants, one trainer and one co-trainer attend the Isiala Ngwa clinic.

Materials/Resources: Transport, gloves.

Content/Topic: IUCD Protocol Review

Method/Instructions: Now that participants have had a fair amount of hands-on experience, questions and clarifications about problems and techniques are brought out for discussion by the participants. Trainer points out problems that have been common to many of the participants and solutions are discussed. The entire IUCD protocol is reviewed.

Content/Topic: Sterile Technique

Method/Instructions: The group reviews sterile technique using the equipment used in the clinic settings. All techniques of

sterilizing, including autoclave for those clinics in hospitals, boiling, and cold solution sterilizing are discussed. The participants practice putting on sterile gloves and loading CuT's.

Content/Topic: Population Trends

Method/Instructions: A mini-rapid presentation conveys the future population projections for Nigeria and relates these projections to family planning objectives.

Thursday, 30 January

Objectives: Participants will identify gaps and misunderstandings in their knowledge about hormonal contraceptives. They will reinforce knowledge that was recently been acquired.

Content/Topic: Clinic practicum at Aba School of Health Technology, Aba General Hospital, PPFN, Owerri General Hospital

Method/Instructions: Seven participants, two trainers and two co-trainers attend the clinics at the Aba School of Health Technology, Aba General Hospital, PPFN, and Owerri General Hospital.

Materials/Resources: Transport, CuT's, gloves, IUCD insertion kit.

Content/Topic: Review of oral contraceptives and injectables

Method/Instructions: Questions and medical problems are discussed and clarified for oral contraceptive pills and injectable contraceptives.

Friday, 31 January

Objectives: The participants will prepare visual aids to be used in their clinics.

Content/Topic: Clinic practicum at Okigwe and Orlu

Method/Instructions: Six participants, two co-trainers and two trainers attend Okigwe and Orlu clinics.

Content/Topic: Preparation of Visual Aids

Method/Instructions: Co-trainers show participants posters that they themselves have made. The purpose of the posters is to be used in group and individual client education and during CHE talks. The participants use these ideas and some of their own to prepare visual aids. Among other topics, the visual aids will show types and anatomical site for IUCD's, client instructions for OCP's and what to do if a pill is missed, site and insertion technique for diaphragms, use of foam and condoms.

Monday, 3 February

Objectives: Participants who trained at Ibadan and Atta will meet each other. Participants will identify common problems and needs and will explore possible solutions. Participants will identify possible differences in clinical approach between the two training programs. Rationale for differences will be explored and, where applicable, a uniformity in approach will be sought. Participants will become familiar with trends, patient selection, methods, counseling, problems, and role of nurses in surgical sterilization.

Content/Topic: Introductions

Method/Instructions: Ibadan-trained clinicians join the workshop for the day. These participants are welcomed. Participants form pairs (each Ibadan participant is paired with an Atta participant). They briefly interview each other for name, personal information, local government area, job title, family planning experience, expectations for this workshop. The pairs then introduce each other to the entire group following this format.

Content/Topic: Needs Assessment

Method/Instructions: A list is generated by all the participants of both needs and clinical topics requiring clarification. These are recorded on newsprint.

Content/Topic: Patient Education Pamphlets

Method/Instructions: A representative of Planned Parenthood Federation of Nigeria is introduced. She presents PPFN pamphlets on OCP's, condom, and IUCD. The representative gives the background of their being produced: developed and tested in Nigeria; separate pamphlets developed for the four major population groups. The representative suggests how they should be used. Each participant receives several copies of each pamphlet and is told how to get more for her clinic.

Materials/Resources: PPFN Pamphlets and instructions for their use.

Content/Topic: Problem Solving

Method/Instructions: List of needs generated in earlier session is regrouped by co-trainers and trainers into groups of similar items. Redundancies in the list are omitted. Example of headings: transportation, supplies, lack of community or supervisorial support, etc. The entire group of participants is divided into groups (placing participants who share most similar work settings together). The list of problems is divided among the groups. A co-trainer or trainer joins each group to direct discussion. A recorder is chosen. Each group develops strategies for solving these problems. The groups then present their solutions to the entire group. These are

discussed. When the problem is a divergence in clinical approach, the rationale for each approach is illuminated. Where applicable, a uniform approach is sought.

Content/Topic: Surgical contraception

Method/Instructions: A guest speaker from Association for Voluntary Surgical Sterilization is introduced. He presents patient selection, patient counseling, methods, problems, and role of nurses in surgical contraception. Some time is allowed for questions and discussion.

Tuesday, 4 February

Objectives: Participants will consider clinic management issues: number of personnel and their job descriptions, client flow, record keeping. Participants will draw up work plans for opening a new clinic and offering new services.

Content/Topic: Clinic practicum at Ubakala

Method/Instructions: Three participants and one trainer attend Ubakala clinic.

Content/Topic: Clinic Management

Method/Instructions: Trainer and participants discuss number of personnel required in a clinic, their job descriptions, and their training. Daily schedule is discussed and client flow. Days for offering which services is discussed. Capacity for doing CHE and follow-up is discussed. Demand for opening new clinics is discussed. Record keeping, with emphasis on a tickler file, is reviewed. Storage of records and any needed changes in present records is discussed.

Content/Topic: Setting up a new clinic and opening new services

Method/Instructions: The concept of a work plan is presented by a trainer. Steps are outlined: needs assessment, goals, objectives, obstacles, resources, plan, evaluation, and

implementation. Special emphasis is given to objectives needing to be measurable, achievable, and within a specified time frame. Participants divide into groups based on similarity of clinical settings. They compose a work plan. Plans are shared and critiqued in the large group. Participants continue to work on visual aids begun on Friday 31 January.

Wednesday, 5 February

Objectives: Participants, trainer and co-trainer will explore attitudes about human sexuality and how they affect family planning education and services. Participants will identify potential political problems and obstacles to initiating new services and increasing demand. They will attempt to find possible solutions.

Content/Topic: Clinic practicum at Aba General Hospital, Isiala Ngwa, Aba School of Health Technology, and Aba Health Services Clinics

Method/Instructions: Seven participants, one co-trainer and one trainer attend Aba General Hospital, Aba School of Health Technology, and Aba Health Services Clinics.

Content/Topic: Human Sexuality

Method/Instructions: A grab-bag technique is used. Each participant is given a question about her beliefs regarding such issues as preferred age for sex education, attitude toward premarital sex, what constitutes "normal sexual behavior," etc. She gives her response and then the group discusses the topic more fully.

Content/Topic: Political Problems

Method/Instructions: Group discusses assignment to family planning site, religious opposition, competition from private agencies, opposition from policy makers, media opposition or lack of support, etc. Possible solutions were discussed.

Content/Topic: Post-test and Feedback

Method/Instructions: A post-test is given. Participants fill out a feedback form that asks open-ended questions about the workshop: its strengths and areas for improvement.

Thursday, 6 February

Objectives: Participants will review material covered during the entire workshop.

Content/Topic: Clinic practicum at Orlu, PPFN, and Owerri General Hospital

Method/Instructions: Six participants, two trainers, and one co-trainer attend clinics at Orlu, PPFN, and Owerri General Hospital.

Content/Topic: Review

Method/Instructions: Participants review all previous test questions from each of the sections covered during the workshop. Any misunderstandings are clarified. Important topics are emphasized.

Content/Topic: Participant Reaction Forms

Method/Instructions: Participants fill out participant reaction forms.

Friday, 7 February

Objectives:

Content/Topic: Clinic practicum at EMII and Orlu

Method/Instructions: Four participants, one trainer, and one co-trainer attend EMII and Orlu Clinics.

Content/Topic: Closing Ceremonies

Method/Instructions: Participants plan and conduct a closing ceremony. See Appendix Q for copy of agenda, and presentation written by participants.

APPENDIX C.1

Materials Developed

WHAT THE PARTICIPANTS EXPECT

At the end of the workshop, The participants Expect To:-

1. Be proficient in F.P Methods.
2. Acquire skill of I.U.C.D insertion
3. Counsel Patients for I.U.C.D and other methods of F.P.
4. Provide service in both Clinical and Non Clinical settings.
5. Teach and demonstrate ORT.
6. Know more of the Anatomy and Physiology of the Reproductive Organs.
7. Know more of Infertility and its solutions.
8. Help in Population explosion Control.
9. Develop skill in Natural Family Planning
10. Have skill in choosing the sex of the baby in planned pregnancy.

14/1/86

G R O U N D R U L E S :

1.	Break fast	-	7 a.m
2.	Lectures start	-	8. 00 a.m
3.	Tea Break	-	10. 00 a.m.
4.	Back To Lectures	-	10.30 a.m
5.	Lunch Break	-	1- 2 p.m.
6.	Lectures Resume	-	2. 00 p.m
7.	Adjourn	-	5. 30 p.m

8. Speak only one at a Time
9. Keep strictly to the above Time - No Lateness
10. Permission For absence only From the Perm Sec. (M.O.H)

WORKSHOP GOAL

BY THE END OF THE WORKSHOP, ALL THE PARTICIPANTS WOULD BE PROFICIENT FAMILY PLANNING PROVIDERS IN BOTH CLINICAL AND NON - CLINICAL SETTINGS AND IN THE TEACHING AND DEMONSTRATION OF ORAL REHYDRATION THERAPY.

GENERAL OBJECTIVES

By the end of the Workshop, each participant would have been able to:-

1. Correctly identify the different parts of male and female reproductive organs and describe their functions.
2. State five benefits of F.P.
3. Render F.P. services using all forms of contraceptive methods in clinical situations.
4. Perform correctly fifteen pelvic examinations and identify abnormalities.
5. List ten contra-indications and complications of Hormonal and IUCD contraceptions.
6. Identify effective referral system.
7. Identify strategies for creating awareness and motivational intervention in both professionals and non-professionals.
8. Describe ways of assessing the various defrees of dehydration
9. Teach and demonstrate oral rehydration therapy.
10. Counsel infertility clients and manage common Gynaecological Pathology.

COMMUNICATION

1. Definition: Process of passing idea to one another in a way to receive a feedback.

2. Modes of communication:

   sender, message, channel, receiver, feedback

3. Methods of communication:

   verbal, non-verbal, written, audio visual

4. Types of communication:

   empty vessel theory, teacher-student theory, teacher-learner theory

5. Qualities of a good communicator:

   - Know your facts
   - Patience
   - Good listener
   - Send the message clearly
   - Knows the correct channel

6. Qualities of effective communication:

   A. Orientational Skill

      1) Friendliness (warmth and liking)
      2) Empathetic (feel for your client)
      3) Altruistic (desire to sincerely help)
      4) Egalitarian (client as equal)
      5) Willingness to serve and give time
      6) None - Judgemental (past/present conduct)

   B. Conversational Skills

      1) Good listening ability
      2) Encourage client to talk
      3) Pleasant atmosphere
      4) Logical in sequence

         a. Problem
         b. Diagnose
         c. Arrive at a solution
         d. Start plan of action
         e. Reach a decision

APPENDIX D

List of Materials Distributed

1. Family Planning in Africa

2. Pamphlets from PPFN on condoms, pills, and IUCD's

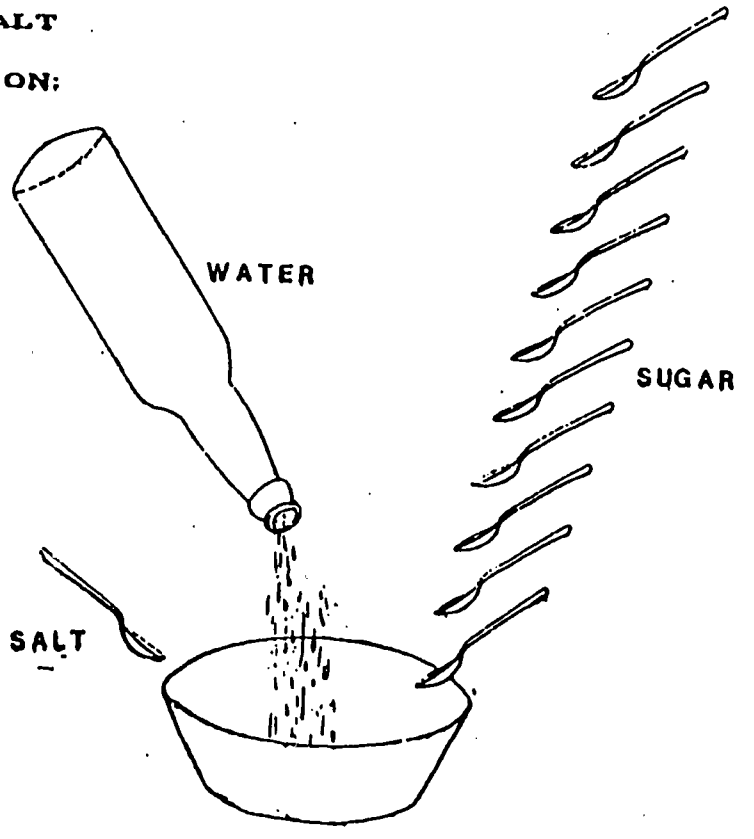
3. Contraceptive Technology 1984-85 to Co-trainers and Preceptors

4. Estimated date of confinement wheels

5. Copper T's for practice in loading (1 per participant)

AS SOON AS DIARRHOEA STARTS, CONTINUE FEEDING THE CHILD. LET THE CHILD DRINK MORE, INCLUDING A MIXTURE OF SUGAR, SALT AND WATER

TO MAKE THIS SUGAR SALT SOLUTION:

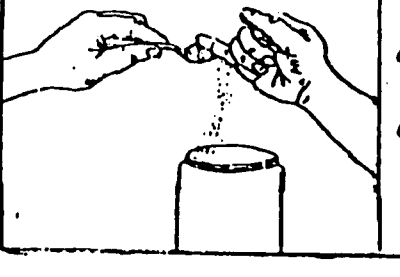


MIX 1 LEVEL TEASPOON OF SALT + 1 BEER BOTTLE OF WATER + 10 LEVEL TEASPOONS OF SUGAR

GIVE THE MIXTURE SLOWLY WITH A TEASPOON.

- MAKE A FRESH MIXTURE EVERY 24 HOURS.
- IF THE CHILD BECOMES "DRY" OR THE SICKNESS CONTINUES, VISIT A HEALTH CENTRE.
- WHEN DIARRHOEA STOPS GIVE EXTRA FOOD FOR THE CHILD TO REGAIN ITS WEIGHT.

TO LEVEL THE SALT OR SUGAR CORRECTLY YOU SHOULD SEE THE EDGES OF THE SPOON



- TWO SOFT DRINK BOTTLES OF WATER CAN BE USED INSTEAD OF ONE BEER BOTTLE.
- FIVE CUBES OF SUGAR CAN BE USED INSTEAD OF TEN TEASPOONS.
- THIS RECIPE USES THE METAL OR PLASTIC TEASPOON FOUND IN MOST HOMES (approx. 3ml.).

APPENDIX E

List of Resources Used

1. Contraceptive Technology 1984-85
2. Contraceptive Technology Update, February 1985, Volume 6, Number 2
3. Instructions on Physical Assessment, Breast Examination, Abdominal Examination, and Pelvic Examination
4. The O'Hanley Resource Book for Teaching Family Planning
5. Protocols Developed during July/August 1985 Training

Answer Sheet

PRE-TEST

1. Where in the woman's body does fertilization usually occur?

   Fallopian Tube

2. How many eggs are usually released each month during a woman's menstrual cycle?

   One

3. What is the average age for a woman to have first onset of menses?

   12 - 13

4. What is the average age for a woman to have a final cessation of menses?

   50 - 55

5. What is the length of the average menstrual cycle?

   28 days

6. Hormones from what gland regulate the ovary?

   Pituitary

7. Day 1 of the menstrual cycle refers to what event?

   First day of menses

8. How long can a man's sperm survive inside a woman's body after intercourse?

   24 hours

9. About what percentage of all pregnancies result in miscarriage (spontaneous abortion)?

   10%

10. Is a vaginal yeast infection usually passed from partner to partner during intercourse?

    No

11. What is the major method of treatment of a Bartholin duct cyst?

    Incision and drainage

12. Is urinary tract infection usually more common in men or in women? Why?

Women - shorter urethra

13. What is the clinical significance of dilation of the internal cervix associated with bleeding in early pregnancy?

Inevitable abortion

14. Cysts or masses larger than how many centimeters should be referred?

About 5 - 7 cm

15. Define the term "contraceptive effectiveness".

How well it prevents pregnancy

16. Define the term "contraceptive risk".

Dangerous and unintended side effect of method

17. Define the term "contaceptive contraindication". Give an example of contraindication for use of oral contraceptives. Give an example of a contraindication for use of intrauterine contraceptive devices.

Medical condition that makes a method unsafe or undesirable.

1.) Hypertension, blood clot, breast or uterine cancer, etc.
2.) Pelvic infection, possible pregnancy, etc.

18. Define contraceptive side effect. Name one desirable side effect for the oral contaceptive.

Effect that is not contraceptive; e.g., less pain with menses, protection against pelvic infection

19. Name two symptoms of early pregnancy.

Nausea, loss of menses, fatigue, tender breasts, etc.

Name two ways of diagnosing a pregnancy.

Fetal heart tones, pelvic exam, urine or blood test.

21. Must a woman be menstruating in order to have an IUCD inserted?

No

22. What is the organ which is most important in the female sexual stimulation?

Clitoris

23. Below is a calendar of a woman with a 30 day cycle. Menstrual bleeding occurs from day 1 to day 5 (circled). On what four days is this woman most at risk of pregnancy?

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

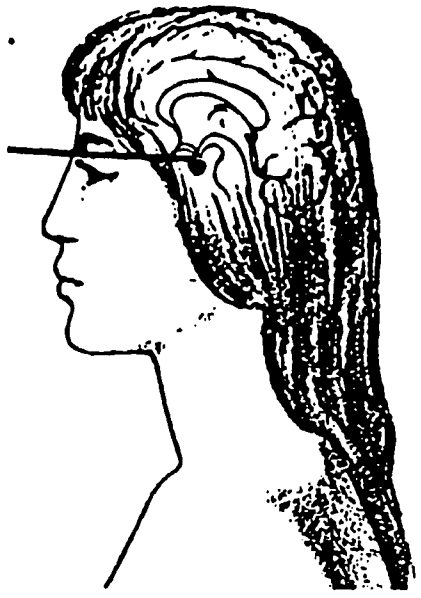
She is most at risk of pregnancy on days

16 17 18 19

24. If pregnancy occurs:

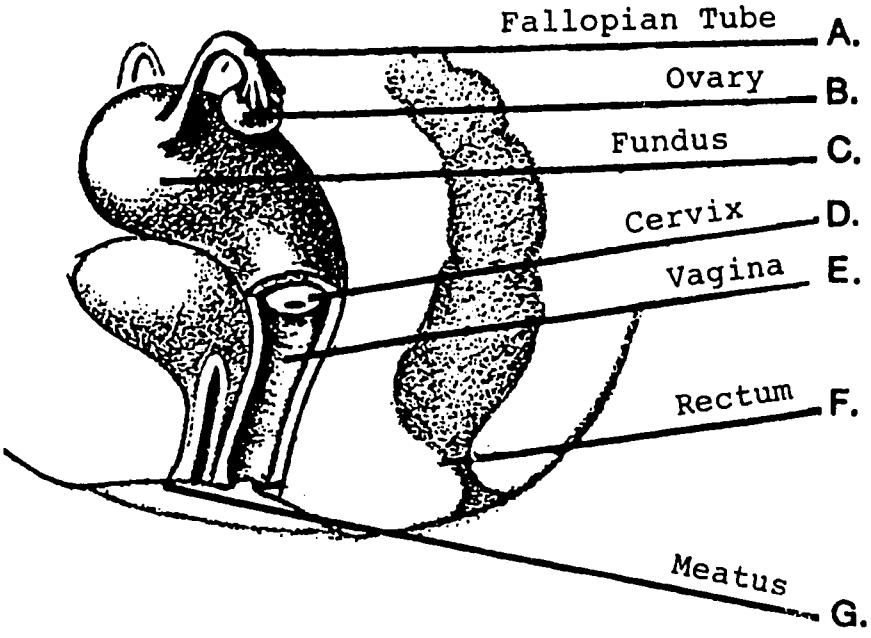
A. only estrogen levels rise
B. only estrogen levels fall
C. only progesterone levels rise
D. only progesterone levels fall
E. both progesterone and estrogen levels fall
F. both progesterone and estrogen levels rise

25.



Label as many parts as you can

Anterior Pituitary H.



APPENDIX G

Pre- and Post-test Scores

Trainee	Pre-Test Score	Post-Test Score	
1	76	97.5	+21.5
2	72	92.5	+20.5
3	70	77.5	+ 7.5
4	68	87.5	+19.5
5	62	92.5	+30.5
6	62	100	+38
7	60	100	+40
8	60	100	+40
9	60	92.5	+32.5
10	60	85	+25
11	56	72.5	+16.5
12	56	95	+39
13	56	70	+14
14	52	77.5	+25.5
15	50	77.5	+27.5
16	48	82.5	+34.5
17	44	82.5	+38.5
18			
19			
20			
21			
22			
23			
24			
25			

APPENDIX H

SUMMARY

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
12	7			

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
9	10			

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

12 a. All material was useful

5 b. Most materials were useful

2 c. Some material was useful

____ d. Little material was useful

____ e. No material was useful

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
11	8			

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
18	1			

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
11	4	4		

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

a. Very useful	b. Mostly useful	c. Somewhat useful	d. Not very useful	e. Not useful at all
14	2	3		

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
11	3	5		

9. In this workshop I learned:

7 a. many important and useful concepts,

5 b. several important and useful concepts,

7 c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

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

13 a. many important and useful skills,

4 b. several important and useful skills,

2 c. some important and useful skills,

____ d. a few important and useful skills,

____ e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
9	9	1		

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
16	3			

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

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
9	10			

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
11	6	1	1	

15. 19 a. I would recommend this workshop without hesitation,

_____ b. I would probably recommend this workshop

_____ c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

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

__11__ a. Additional time for the workshop

_____ b. More limited time for the workshop

__2__ c. Use of more realistic examples and applications

__12__ d. More time to practice skills and techniques

__5__ e. More time to become familiar with theory and concepts

_____ f. More effective trainers

__2__ g. More effective group interaction

__3__ h. Different training site or location

__1__ i. More preparation time outside the training sessions

__4__ j. More time spent in actual training activities

_____ k. Concentration on a more limited and specific topic

__2__ l. Consideration of a broader and more comprehensive topic

_____ m. Other (specify) _____

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

	very useful 1	2	3	4	hardly useful 5
a. Menstrual Cycle/Fertility Awareness	15	2	2		
b. Natural Family Planning	15	2	2		
c. Contraceptive Methods	17	1	1		
d. Pelvic Exam and Evaluation	17	2			
e. IUCD Insertion Practicum	18				
f. Record Keeping	15	2	2		
g. Health Benefits of FP	17	1	1		
h. Population Trends	12	5	2		
i. Sexually Transmitted Diseases	15	2	2		
j. Infertility	15	2	2		

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

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures	13	6				
b. group discussions	15	4				
c. individual exercises	11	2	2	2	2	
d. group exercises	11	8				
e. clinical sessions	13	6				
f. field trips	17	2				
g. handouts/readings	13	6				
h. books	13	6				
i. audio-visuals	7	4				6

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

__3__ a. Counselling and/or client education

__5__ b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)

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

__4__ d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

__3__ e. Supervision of Family Planning Services

__7__ f. Management of Family Planning Service System

__1__ g. Planning/Evaluation of Family Planning Services

__7__ h. Policy Making/Direction of Family Planning Services

__2__ i. Community Based Distribution of Contraceptives

__2__ j. Community Based Outreach, Education or Information

__7__ k. In-Service Training in Family Planning

__2__ l. Pre-Service Teaching/Tutoring in Family Planning

____ m. Other (specify) _____

20. Additional Comments: Desire for out-of-state and out-of-country experience and more training. Thought prepared them to serve community and country.

APPENDIX I

Plans for Completing Training

Number of Supervised IUCD Insertions Completed	
	Ubakala (precepted by Ola Opusunji)
6	Luck Meregini
	Orlu (precepted by G. Nwangor)
5	Ihuoma Iheme
6	Clementina Enwerem
6	Nkiru Egbochuku, Midwife Tutor
	Okigwe (precepted by A. Onuckwasi)
6	Josephine Anosike
	School of Health Technology (precepted by C. Ukanwoke)
5	Veronica Aliri
7	Theresa Agwu
	Aba General Hospital (precepted by E. Onyegere)
6	Rose Nwachukwu
6	Theresa Agwu
	Isiala Ngwa (precepted by Ugo Ukonu)
6	Esther Obua
9	Helen Umunnah
7	Peninnah Alozie
7	Celestina Anyanwu
	Owerri General Hospital (precepted by Eunice Obi)
7	Dorothy Nwuba
6	Chinwe Iwudibia
4	Clara Mbakwe

The above arrangements for participants to finish their supervised insertions were made in consultation with the Project Coordinator, the Zonal Coordinators and the preceptors who will certify that the participants have completed the required number of insertions and are competent to insert IUCD's.

APPENDIX J

List of Clinic Sites

Zone	Clinic	Clinician	Trained at
Aba	Umuhie	C. Ogbonna	Ibadan
Okigwe	Afikpo	Angela Nwoko	Atta
	Lokpanta	E. Emeribe	Ibadan
	Isiukwuato	(A Health Management Board facility--no FP/ ORT service as yet, but accommodation exists.)	
Orlu	Orlu General Hospital		
	Orguta	E. C. Otuibe	Ibadan
Owerri	Etiti	Theresa Ekera	Atta
	Mbaise	Helen Umunnah	Atta
	Mbano	Rose Ezirim	Atta
	Aboh-Mbaise	Kate Ugochukutu	Atta
	Aboh-Mbaise General Hospital	C. I. Ihoukwumere	Ibadan
Umuahia	Aro/Onafia	E. N. Kalu	Ibadan
	Ikwuano	H. Nwaoreubi	Ibadan
	Item Health Center (or Umimato General Hospital)	Igbere Alayi and Ezenkwa	

APPENDIX K

Suitability of Clinic Sites for Training

	Access-ability	Client Volume	Adequacy of Space	Degree Well-Managed	Medical Stand.	Access to Referral
Owerri GH	1	1	3	2	1	1
PPFN	1	1	2	2	3	2
Isiala Ngwa	1	1	1	2	1	1
Ubakala	3	2	1	2	1	2
Okigwe GH	1	3	3	3	1	1
Okigwe MCH	1	2	1	1	1	1
Orlu MCH	1	1	1	1	1	1
Aba GH	1	1	3	1	1	1
Aba Sch. of HT	1	1	1	1	1	1
Aba HSC	1	2	1	2	2	2
Emii	2	3	2	1	1	2

1 = Good

2 = Medium

3 = Poor

Service Statistics

These statistics were prepared by the Project Coordinator, Mrs. Ogbonna. Later statistics supplied to the facilitators from monthly reports submitted by the zonal coordinators were not complete enough to give a true picture of service delivery accomplishments. The report forms are in process of redesign. Completed statistics for numbers of IUCD insertions from Okigwe General Hospital and Okpuala Ngwa were gathered from the clinicians in charge on site, and are presumed to be accurate.

Family Planning Service Statistics
Imo State - September 1985

Total number of acceptors (excluding condom acceptors)	-	2237
Total number of new acceptors	-	2107
Total number of continuous acceptors	-	130
Total number of clients for IUCD	-	1714
Total number of clients for pill	-	182
Total number of clients for jelly	-	37
Total number of clients for NFP	-	144
Total number of clients for foam	-	2
Total number of clients for DepoProvera	-	23
Total number of clients for diaphragm	-	5
Number of condoms dispensed	-	5894
Number of clients referred	-	4
Total number of presentations to various target audiences	-	20
Male/Female ratio	-	1/4
Total number of existing clinics	-	18
Total number of trained clinicians	-	25 + 2 doctors
Projected number of clinicians to be trained	-	256

Figures Taken from Reports Submitted to Project Coordinator Grace Ogbonna by Zonal Coordinators

Documented IUCD Insertions - 1985

All 20 sites listed below are reported to be operating with a trained clinician as of January 1, 1986. Where known, the name of clinician and/or the place of clinician's training is indicated. Whether site is hospital-based (HMB) or Health Center (LGA) or school is also indicated.

(* indicates clinic sites used for training at least once during January/ February 1986)

Zone	Site - MOH, HMB or LGA		Clinician - Atta or Ibadan		July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
ABA	*FP/Gen Hospital	- HMB	A. Jibueze	- Atta	2	14	13	19			122
	*Sch. of Health Tech	- MOH	C. Ukanekwe	- Atta		22	35				57
	*Okuala Ngwa	- HMB	O. Ukonu	- Atta	22	37	43	32			136 [1]
	ABA Health Center	- LGA		- Ibadan							
	Ukwa	- LGA		- Ibadan							
	Ogwe	- LGA		- Ibadan							
OKIGWE	*Gen. Hospital	- HMB	F. Oparagwu	- Atta	9	5	9	5	4	4	36
	*MCH Centre	- LGA	A. Onuekwusi	- Atta	17	4					21
ORLU	*MCH Clinic	- LGA	G. Nwangri	- Atta	34	41	20	18	9		122
	Ideabo	- LGA	C. Onyewaenyi	- Ibadan							
	Nkwere Isu	- LGA		- Ibadan							
OWERRI	*Owerri Gen. Hosp.	- HMB	Eunice Obi	- Atta	31	38					69
	Obinze	- LGA	C. Onuoha	- Atta			1		2		3
	Umudim	- LGA		- Ibadan		3	5	1			9
	Nwaorienbi	- LGA		- Ibadan				3			3
	*Emii	- LGA	M. Onyekwere	- Atta		6	4	7			17
	Civil Servants' Clinic	- MOH	M. Okoro	- Atta							
UMUAHIA	Abiriba	- LGA		- Ibadan			1	9			10
	*Ubakala	- LGA	O. Opusunji	- Atta	9	8	4	10			31
	Bende	- LGA	G. Ezumah	- Atta	15	4	8	6			33
											595 (or 655

Note: [1] Statistics seen for all of 1985 (July to December) showed 196 total insertions.

APPENDIX M

Detailed Information from Two Clinics

Information from Atta-trained Clinician Ogo Ukonu

Okpuala Ngwa, Aba Zone

Service delivery statistics from July to December 1985 show the following:

IUCD acceptors -	for Lippes Loop	119
	for CuT	77
	Total:	196

2 patients on oral contraceptives - 1 changed to IUCD
37 patients on DepoProvera

Follow-up problems: 2 IUCD expulsions - reinserted
1 pregnancy with IUCD in situ - removed

Mrs. Ukonu also serves as the chief nursing officer for the local government area. She has responsibilities for administration, supervision and inspection. Her weekly schedule allows her to devote only two days to the family planning clinic service per se, though many of her other activities provide opportunities to talk about family planning and to encourage client recruitment.

Mrs. Christiana Ogbonna, an Ibadan trainee, is now working with Mrs. Ukonu. She has been proposed as the clinician to start a clinic at the Umuhie Health Center. However the IUCD insertion kit given to Ibadan trainees, Kit 6, contains only one each of the items contained in Kit 3 (see Appendix N). She will need more insertion equipment.

Information from Atta Trained Clinician Florence Oparagwu

Okigwe General Hospital

Service delivery statistics July - December 1985

IUCD's inserted	-	36
Condoms distributed	-	2362
Clients seen	-	201 (69 males, 139 females)

Although it is open every date, the low acceptance rate at Okigwe General Hospital may be attributed to the fact that the hospital in general is under-utilized. For example, there were only 332 deliveries during 1895. New antenatal cases are less than 500 per year and some of those

elect to deliver elsewhere. Ms. Oparagwu believes that this is because the hospital charges are relatively high compared to private maternity homes in the area.

Another factor in under-utilization of the hospital family planning service is that it is less than a block from the Maternity Center of the Local Government Area which is also providing family planning services in a more commodious space. The Atta-trained clinician in the Maternity Center also has access to the mobile van of the Local Government Area and is able to visit localities in the surrounding area for recruitment of clients. Her completed statistics for July to December 1985 were not available, but in July and August she had done 31 IUCD insertions.

APPENDIX N

Content of IUCD Kits

018

KIT THREE - IUD Backup Kit

JAN 1984

ITEM NO.	DESCRIPTION	QUANTITY
1	Pan	1 Each
2	Pan Cover	5 Each
3	Iodine Cup	5 Each
11	Forceps, Artery, Pean, curved, 8½"	1 Each
13	Forceps, Uterine, Tenaculum, Braun, straight, 9½"	5 Each
14	Forceps, Uterine Dressing, Bozeman, single curve serrated jaws, 10½"	5 Each
15	Forceps, Sponge, Foerster, straight, 9½"	5 Each
23	Forceps, IUD Removal, Alligator jaw type, 8"	1 Each
30	Curette, Novak, Endometrial, Biopsy, 9¾"	1 Each
33	Gloves, Surgeon's, sterile, disposable	
	Size 7	5 Pr.
	Size 7½	5 Pr.
39	Hook, IUD Removal, stainless steel, 10" malleable	1 Each
53	Scissors, Operating, Sims, curved, 8"	1 Each
54	Sound, Uterine, Sims, malleable, graduated in centimeters, 12½"	5 Each
55	Speculum, Vaginal, Graves, medium	5 Each
56	Speculum, Vaginal, Graves, large	1 Each
66	Jar, Forceps, S/S, 2 1/8" wide x 7 3/8" high	1 Each

APPENDIX N

MEDICAL SERVICE SALES

TRIMED, INC.

2400 CROFTON BLVD.
CROFTON, MD. 21114
(301) 261-0876
TELEX 469076 TRIMED CI
GSA CONTRACT #GS-00S-56659

APPENDIX O

Copy of Reporting Forms (Monthly)

APPENDIX O

SUMMARY OF FAMILY PLANNING USERS & CONTRACEPTIVES ISSUED/DISPENSED

CLINIC _____ ZONE _____ STATE _____

REPORTING PERIOD: FROM (Month) _____ TO (Month) _____ , 19 _____

	No. OF CLIENT VISITS	ORAL CONTRACEPTIVES					IUCD'S											
		FEMENAL	NORIDAY	NEOGYNON	EUGYNON	OTHER	LIPPES C	LIPPES D	Cu T	OTHER	CONDOMS	FOAMING TABLETS	INJECTION	CREAM, JELLY, FOAM	DIAPHRAGM(S) (Give Size)	NFP KITS	OTHER (Specify)	NONE (Specify Type of Visit)
CLIENTS: NEW ACCEPTORS																		
CONTINUING USERS																		
TOTAL VISITS																		
COMMODITIES: BEGINNING BALANCE																		
AMOUNT RECEIVED																		
AMOUNT DISPENSED/ISSUED																		
ENDING BALANCE																		

APPENDIX P

Closing Ceremony

Programme

1. Introduction of Chairman and Supporters
2. Opening Prayer by Rev. Gent
3. Chairman's Opening Remarks
4. Group Photographs
5. Presentation of Kola Nut
6. Welcome address by R.A.N. Ezirim
7. Welcome Song
8. Presentation of Gifts
8. Short Play by Mr. and Mrs. Ubammadu
10. Choruses
11. O.R.T.
12. Presentation of Certificates by Dr. Ugoiji
13. Short Speeches/Entertainment
14. Farewell Song
15. Vote of Thanks
16. Closing Prayer

NOTE: The unique feature of this programme is that it was entirely planned and conducted by the participants with no help from the facilitators and very little from the co-trainers. It was an excellent closing ceremony, very moving and almost without hitches.