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## Trip Report

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**Travelers:** Lynn Knauff, INTRAH Deputy Director  
Maureen Brown, INTRAH Program Officer

**Country Visited:** Benue State, Nigeria

**Date of Trip:** June 16 - 25, 1986

**Purpose:** To conduct training needs assessment  
in Benue State, Nigeria.

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

## LIST OF ABBREVIATIONS

ACNM	American College of Nurse-Midwives
CEDPA	Center for Development and Population Activities
FCT	Federal Capital Territory
HSMB	Health Services Management Board
IEC	Information/Education/Communication
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LGA	Local Government Authority
MOH	Ministry of Health
MSC	Margaret Sanger Center
NGO	Non-Government Organization(s)
PCS	Population Communication Services (The Johns Hopkins University)
PPFN	Planned Parenthood Federation of Nigeria
SON/SOM	School of Nursing/School of Midwifery
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY.....	i
SCHEDULE DURING TRIP.....	iii
I. PURPOSE OF VISIT.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	2
IV. DESCRIPTION OF ACTIVITIES.....	2
V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	14

APPENDICES:

- A. PERSONS CONTACTED
- \*B. TELEX: TEXT OF SPEECH IN SUPPORT OF FP GIVEN BY  
MRS. MARYAM BABANGIDA, WIFE OF THE PRESIDENT OF  
NIGERIA
- \*C. ARTICLE: "EMBRACE BIRTH CONTROL", NIGERIA VOICE,  
JUNE 21, 1986
- D. FP ORGANIZATION WITHIN BENUE STATE
- E. FP CLINICS IN BENUE STATE
- F. FP SERVICE POINTS WITH IUD INSERTION CAPABILITY
- G. FP CLINICAL FACILITY NEEDS ASSESSMENT  
CHECKLIST -- OBSERVATIONS OF SIX FP CLINICS, MAKURDI
- H. PRELIMINARY EDITION: TRAINING PROGRAM FOR  
BENUE STATE/INTRAH
- I. LIST OF CLINICS SUPPLIED BY AFRICARE
- \*J. LIST OF INTRAH-SUPPORTED PARTICIPANTS MET IN  
BENUE STATE

- CONTINUED -

TABLE OF CONTENTS (Continued)

Page 2.

- \*K. EXCERPT FROM THE NIGERIA YEAR BOOK 1985: BENUE STATE
- \*L. STATE DEPARTMENT TELEX FROM AAO/LAGOS REGARDING JHPIEGO  
POPULATION PLANNING AND POLICY WORKSHOP

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On file with INTRAH Program Office

EXECUTIVE SUMMARY

Ms. Lynn Knauff, INTRAH Deputy Director, and Ms. Maureen Brown, INTRAH Program Officer, visited Makurdi, Benue State, Nigeria, from June 15 - 25, 1986.

The major purpose of the visit was to conduct a training needs assessment in collaboration with officials of the State Ministry of Health (MOH) and Health Services Management Board (HSMB).

Major findings of the visit include:

1. There is strong support for FP on the part of senior officials met in Benue State and recognition that an FP training project is both timely and welcome.
2. Mechanisms exist for the coordination, planning and implementation of an FP training project through an FP Advisory Board and an FP Implementation Committee.
3. There is a network of HSMB and LGA FP service points spread throughout Benue State. Only nine of these are equipped to provide IUD insertion services (three are located in Makurdi City). Those clinics observed without IUD insertion capability lacked basic equipment and some supplies.
4. There is a small core group of clinically trained management and/or service providers functioning well and placed in appropriate positions.
5. There is a lack of FP protocols, procedures, standards, standing orders and clinical training manuals.
6. There appears to be a low public awareness of the need for or benefits of FP.
7. There are low numbers of FP acceptors in general and IUD acceptors in particular.

Major accomplishments include:

1. Assessment of the FP organizational and management capability;
2. Assessment of selected FP service points; and
3. Identification of a detailed, tentative FP training plan developed in close collaboration with MOH/HSMB officials.

Major recommendations include a project development visit to Benue State by late September/early October 1986, for the preparation of a training project based on the tentative training plan developed during the needs assessment visit. It is highly recommended that other donor agencies' representatives accompany an INTRAH team in order to encourage diversified financial assistance in support of various activities contained in the plan.

SCHEDULE DURING TRIP

Monday,  
June 16: Arrived Lagos at 6:50 p.m. from Amsterdam.

Tuesday,  
June 17: Briefing with Mr. Larry Eicher, Health Development Officer, AID Affairs Office (AAO), Lagos.

Departed for Makurdi, Benue State, at 11:15 a.m., and arrived in Makurdi at 12:15 p.m.

Meeting with Mr. David Shenani, Permanent Secretary, Ministry of Health (MOH).

Meeting with Mrs. Lucy Alour, Commissioner for Education and former Health Commissioner.

Meeting with:

- Dr. Oko A. Amali, Chief Medical Officer, MOH;
- Ms. Martha Dalhatu, Chief Nursing Officer, MOH; and
- Dr. Mary D. Ogebe, Chief Medical Officer Health Services Management Board (HSMB).

Wednesday,  
June 18: Meeting with:

- Dr. Rosemary A. Abdullahi, Chief Health Officer, MOH;
- Mrs. Susannah Attah, FP Coordinator of HSMB;
- Ms. Dalhatu; and
- Dr. Ogebe.

Meeting with Dr. N.I. Bur, Executive Secretary, HSMB.

Visits to PPFN Clinic and School of Nursing and Midwifery.

Thursday,  
June 19: Visits to Agasha Health Center and Makurdi Local Government Clinic.

Meeting with Mr. Chris Hua, Permanent Secretary, Ministry of Local Government.

Friday,  
June 20: Visits to MCH clinic in Makurdi, the Makurdi General Hospital, and the North Bank Clinic.

Meeting with Group Captain Jonah D. Jang,  
Military Governor of Benue State.

Saturday,  
June 21: Planning meeting with:

--Dr. Abdullahi;  
--Ms. Attah;  
--Ms. Dalhatu; and  
--Dr. Ogebe.

Meeting with Ms. Esther Onwaguluchi (PPFN volunteer and former Chief Nursing Officer, MOH) and Ms. Comfort Adolye, Training Officer, PPFN, Lagos.

Sunday,  
June 22: Writing of draft preliminary training plan and trip report.

Monday,  
June 23: Review meeting with:

--Dr. Abdullahi;  
--Dr. Amali;  
--Mrs. Attah;  
--Mrs. Dalhatu;  
--Dr. Ogebe; and  
--Dr. A.G. Suliman, Consultant, Community Health Officer.

Visit to St. Theresa's Maternity Clinic.

Visits to three Makurdi pharmacies.

Visits to Local Government Authority Secretariat and Local Government Authority Ministry -- Mr. Chris Hua.

Final review and debriefing meeting at MOH with:

--Dr. Abdullahi;  
--Mrs. Attah;  
--Dr. Bur;  
--Mrs. Dalhatu;  
--Dr. Ogebe;  
--Mr. Shenani;  
--Dr. Suliman; and  
--Mr. J.A. Tandyer.

- v -

Tuesday,  
June 24:

Departed Makurdi at 2:00 p.m.

Arrived Lagos at 3:00 p.m.

Wednesday,  
June 25:

Debriefed with Mr. Eicher.

Meeting with Dr. K. Babs Seigo, Senior  
Program Officer, UNFPA.

Meeting with Dr. Fanny Russell, CEDPA.

Departed Lagos 5:00 p.m. for Nairobi.

I. PURPOSE OF VISIT:

To conduct a training needs assessment in Benue State, develop a preliminary training plan and meet with and observe participants of the Philippines and Zimbabwe clinical FP courses and participants of the five-day FP/ORT update workshops.

II. ACCOMPLISHMENTS:

In collaboration with senior staff of the Ministry of Health (MOH) and Health Services Management Board (HSMB), the following was accomplished:

1. Confirmed a high degree of official, organizational and individual policy support for FP among senior officials;
2. Assessed the FP services organization and management capability of the MOH/HSMB, confirmed the absence of FP service protocols, standards and procedures, and the existence of mechanisms for planning and coordination with other state ministries and non-government organizations (NGO);
3. Identified in detail the in-service training needs for Benue State MOH/HSMB including numbers and types of personnel to be trained and training activities required;
4. Identified the training locus for FP training, potential resource persons, institutions and sites;
5. Visited and assessed six FP service points in Makurdi district where FP services (including those with IUD insertion capability) are currently being offered;
6. Met with and observed on-the-job, seven INTRAH-sponsored participants of the Philippines and Zimbabwe clinical FP courses and seven participants of the five-day FP/ORT update workshops; and
7. Briefed and debriefed Mr. Larry Eicher, Health Development Officer, AID Affairs Office (AAO), Lagos.

### III. BACKGROUND:

This visit was the third INTRAH visit to Benue State. During previous visits, five-day FP/ORT update workshops were planned (see trip report 0-59) and conducted (see trip report 0-175).

INTRAH support to Benue State has included two five-day FP/ORT update workshops for 59 health personnel and sponsorship of five physician/nurse teams (total of ten persons) to the Philippines and four nurses to Zimbabwe, all for clinical FP skills training.

This visit was made to identify training needs in anticipation of a comprehensive training project to be undertaken by the MOH, the HSMB and INTRAH, which will include staff (as participants) from MOH, HSMB, LGAs and voluntary organizations.

Mechanisms exist for coordinated planning and implementation through the FP Advisory Board and the FP Implementation Committee, respectively.

### IV. DESCRIPTION OF ACTIVITIES:

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

Ms. Knauff and Ms. Brown met with Mr. Larry Eicher to brief him in regard to the assignment in Benue State. Mr. Eicher informed the team of the presence and scope of work of Ms. Bonnie Pederson, American College of Nurse-Midwives (ACNM), in Benue State. The team was given a copy of the text of a speech given by Mrs. Maryam Babangida, wife of the President, in support of FP (Appendix B).

Debriefing with Mr. Eicher took place on the INTRAH representatives' last day in-country.

Points covered included a brief review of the team's findings concerning the FP program in Benue State, the MOH/HSMB identified training needs, the tentative training plan and the potential for collaborative inputs from UNFPA, PCS and other donors. A copy of the tentative training plan was left with Mr. Eicher for review and subsequent comment.

B. Benue State FP Program:

1. Policy Status:

A national population policy is presently being reviewed by the Federal Government Ruling Council and approval is expected within the next three months. In Benue State, strong support for FP was evident in discussions held with all state government officials met, including the Military Governor, Group Captain Jonah D. Jang. In a meeting with the INTRAH team and senior MOH officials (covered by the local press and television, see Appendix C), Governor Jang indicated in clear terms the Government's support of a health-related FP program and desire to provide expanded FP services to the people. He also indicated, as did senior MOH officials, the need to educate and build support for FP among the public, religious/traditional leaders and other influential individuals in the community.

2. FP Services Organization and Management:

- a. The MOH and HSMB are the principal loci for FP policy, training and services in Benue State. The MOH holds responsibility for FP policy and planning decisions; the HSMB is responsible for FP service implementation and supervision. Strong working relations and coordinating linkages were observed between these two organizations.

Organizationally, the FP program, under the direction of the Permanent Secretary, MOH, is headed by an FP Director (Dr. Rosemary A. Abdullahi,

MOH), Assistant FP Director (Dr. Mary Ogebe, HSMB), State FP Coordinator (Mrs. Susannah Attah, HSMB), and several FP physicians (HSMB) (see Appendix D, page 6).

- b. An FP Advisory Board was recently established. It is chaired by the MOH and composed of representatives from the MOH, HSMB, LGA, PPFN, three religious groups, women's organizations and health professionals. This group reportedly will meet four times a year to discuss FP issues to pass on to the state government for action and will decide on FP policy matters concerning Benue State.
- c. An FP Implementation Committee also chaired by the MOH, and reporting at the FP Director's level, has been formed. This committee is composed of eight members from the MOH/HSMB service delivery system and includes the chiefs of public health, nursing, medicine, pharmacy and the FP Coordinator. Its purpose is to discuss ways and means of implementing FP program policy decisions and to resolve problems related to FP service implementation.  
  
It is envisaged that these two committees will form the nucleus around which the state FP program and INTRAH's training project can be planned, coordinated, approved and implemented.
- d. A five-year FP plan for Benue State was developed by Mr. David Shenani, Permanent Secretary, and Dr. Rosemary Abdullahi, Chief Health Officer, MOH, during their participation in the JHPIEGO Population Planning and Policy Workshop held in Baltimore April 28 - May 9, 1986. Although the plan document was not seen by the INTRAH team (as the incoming Health Commissioner had yet to read it), a report from AAO/Lagos indicates it is sound (refer to Appendix L).
- e. There are five parallel health services operating in Benue State that provide FP services, in addition to general health

services. These are the HSMB, LGA, the religious organizations, the PPFN and the private sector. Coordination and supervision of the LGA health staff are considered to be within the mandate of the MOH/HSMB.

It was not clear how or by whom this supervision or coordination is accomplished. It was learned that there is no senior health person within the LGA central office with whom the MOH/HSMB or INTRAH could discuss or coordinate proposed FP training activities.

Linkages between the MOH/HSMB and religious organization and private sector are weak or non-existent.

3. Extent of FP Services:

- a. There are reported to be 49 HSMB and LGA FP service points located in all 13 districts of Benue State (list attached as Appendix E). Nine of these (including one PPFN clinic) have been equipped with complete Africare kits and have IUD insertion capability. Each is staffed with one nurse-midwife trained in an FP clinical skills course in Zimbabwe, the Philippines or Ibadan (locations and personnel listed in Appendix F). The remaining 40 FP clinics offering limited FP service are staffed by a nurse-midwife who completed the five-day FP/ORT update workshop; the Army and Air Force each have one FP clinic (services offered are unknown). Natural FP methods are taught at St. Theresa's Catholic Maternity Center in Makurdi.
- b. Contraceptives were readily available for purchase in four pharmacies surveyed in Makurdi City. All stocked a wide variety of oral contraceptives (Norinyl-1, Noricyclin 22, Diane, Ovulen 50, etc., many imported from West Germany), vaginal foams/jellies, condoms and Depo-Provera. Two had Copper T IUDs in stock. One pharmacy stocked the USAID-supplied product, Feminol.

Prices, substantially higher than those charged in the MOH/HSMB facilities, were as follows:

	<u>PRIVATE SECTOR PHARMACIES</u>	<u>MOH FACILITIES</u>
OCs	N 6.00 - 10.00	N 1.00
Foams/ Jellies	N 5.00 - 6.00	N 1.00
Condoms	K .50 each	K .10 each
Depo- Provera	N 8.50 - 10.00	N 3.00
IUDs:		
Lippes Loopes	-----	N 1.00
Copper T	N 26.00	N 3.00

One pharmacist interviewed stated he required a prescription for OCs and Depo-Provera for the first visit only. The pill and condom appeared to be the most popular methods. Private sector pharmacists are not actively involved in the Benue State FP program; an HSMB staff pharmacist is a member of the FP Implementation Committee.

- c. It is estimated that traditional birth attendants (TBAs) conduct up to 80% of all deliveries in Benue State. Few have received formal training in FP (probably fewer than 25). TBA involvement in FP services has been limited to the supply and sale of foams and condoms to clients. The ACNM is currently working in collaboration with the MOH/HSMB and PPFN in the training of trainers for TBAs. A review and update of modern FP methods and their side effects and update on traditional methods will be the FP focus in the TBA training. Trainers of the trainers are the FP coordinators in the states; trainers of the TBAs are all MOH/HSMB nurse-midwife staff.

4. Clinical FP Service Points:

Six FP clinics were observed. The scope and apparent quality of FP services varied according to the extent of training received by FP staff, the equipment/supplies in place and the degree of supervision provided.

The three clinics visited which had Africare kits and an FP clinically prepared nurse-midwife offered all FP methods including IUD insertion, but excluding NFP (Makurdi General Hospital, MCH Clinic - North Bank, PPFN Clinic).

Quality of services provided in each of these, as assessed by client counselling, completeness of screening and how certain procedures are performed (bi-manual examination, IUD insertion technique, sterilization of equipment, maintenance of sterile technique) was not possible to assess as actual services being provided to a client were not observed. However, FP clinic staff reported that they do indeed perform these procedures as taught in clinical skills courses. No screening for STDs is done in these clinics, although the prevalence rates are thought to be high. No reliable figures were available.

Assessment based on observation of the clinic (setup, cleanliness, maintenance of equipment/instruments/commodities, completeness of client records) and interview of staff were made and generally found to reflect an acceptable standard of service. Individual findings for each clinic are described in Appendix G.

The two FP clinics which did not have an Africare kit and were staffed by personnel trained only in the five-day FP/ORT update workshop, offered somewhat limited FP services. Interviews with staff indicated that they have many concerns about their lack of in-depth FP knowledge and skills. All voiced the opinion that the five-day FP/ORT update workshop was insufficient training and expressed their need for more comprehensive FP knowledge and clinical skills. Regular supervision of the FP program and staff

appeared to be weak in these two clinics. One reason cited was a lack of transport in getting out to the sites.

The general setup, records, review of activities carried out by the staff and observation of these clinics as a whole indicated a strong need for much greater supervision, staff development and upgrading of facilities/equipment.

The FP clinic located at the MCH Center, Makurdi, is not yet operational. The facility consists of two reasonably-sized rooms which require cosmetic refurbishing (painting/shelving/floor coverings, etc.). It is expected to be operational by October 1986, at which time it will take back the Africare kit presently on loan to the PPFN clinic.

Demand for FP services is low in Benue State. With the possible exception of the Makurdi General Hospital FP Clinic which averaged between 14 - 30 clients per day, all other clinics averaged, at best, under 12 per day. The most popular methods appeared to be the condom, the pill and Depo-Provera, in that order. Numbers of IUD acceptors are very low in those clinics having IUD insertion capability. While reporting of FP statistics is uneven, figures provided by the MOH indicate that a total of 349 IUDs were inserted between the period October/November 1985 - mid-May 1986. This averages out to less than 50 per month in the state. This has important implications for providing clinical FP service providers with sufficient IUD skill development during the workshops and necessitates reducing the number to be trained for this function to a maximum of five.

There are no written clinical FP procedures, standards, guidelines, standing orders or manuals for any level of FP service providers in Benue State. Development of these was considered by the MOH/HSMB as essential before the commencement of any training of FP service providers. Additionally, the development of a state FP policy was also perceived as a priority need. Both of these

issues have been addressed in the tentative training plan (Appendix H, Training Activities No. 1, 2, 3 and 6).

C. Pre-Service and In-Service Training:

1. Pre-Service Training:

In a visit to the Makurdi School of Nursing/School of Midwifery (SON/SOM) it was learned that a minimum of FP theory and observational practica are included in the basic nursing or midwifery programs. The principal indicated the SON/SOM would welcome some assistance in integrating more extensive FP/ORT material into the curricula of this institution.

The SON/SOM have a total of 376 students enrolled in 1986. In previous years, up to 1,000 students were accepted. Students receive free education and are paid a stipend of N 100 per month. The budget is provided by the MOH and has been decreased in 1986.

There is an excellent student health clinic on the grounds of the SON/SOM complex. Discussions held with the staff nurse in-charge and Mrs. Martha Dalhatu, former principal of the SON, revolved around the possibilities that the clinic might be used for FP activities. No firm decisions were reached. This could be explored by the INTRAH project development team during their planned visit in September/October 1986.

The school principal was agreeable to permitting the MOH/INTRAH to use one of the SON/SOM classroom blocks to hold the theoretical portions of FP clinical skills (and other training if appropriate) training for service providers. Furthermore, he agreed that the MOH/INTRAH could use the largely vacant student hostels to house the participants. Both these facilities are in excellent condition and can accommodate up to 35 participants at a time.

2. In-Service Training:

In-service FP training is primarily the responsibility of the MOH. There is at present no formalized FP in-service training program within the MOH or HSMB. Informal on-

11

the-job FP training of staff nurse-midwives by nurse-midwives who have FP clinical skills training does take place. Post-basic training opportunities are offered at the SON/SOM and School of Health Technology for those nurses who wish to obtain additional qualifications in midwifery or community health nursing.

D. MOH/HSMB Identification of FP In-Service Training Needs:

In close collaboration with senior officials of the MOH and HSMB, a tentative training plan was developed. It identifies training activities needed, and purposes, participants, duration and possible donors who may fund. This plan is attached as Appendix H.

The rationale for the training plan as designed was based on several considerations, which included:

- Senior government officials' recognition of the need to raise public awareness about the benefits of FP and to encourage official acceptance of FP by policy makers and influential community and religious leaders.
- Benue State has a small critical mass of well-trained, clinically-prepared FP staff in place who have been trained in the Philippines, Zimbabwe or Ibadan, and who can be trained as orientation trainers and state training team members in a minimum of time. It is expected that this group will develop curricula for policy makers and supervisors, and FP protocols, procedures and standards for clinical service providers during the two TOT workshops (Activities No. 2 and 6).
- The timing is right to introduce a strong and comprehensive FP training program in Benue State. Commitment to and support for an expanded FP program are evident on the part of senior state government officials. The will of the federal government to implement a successful FP national program is strong as indicated by the imminent release of a

national FP policy and the multiplicity of media coverage concerning FP statements one reads daily.

E. Potential Resource Persons and Institutions:

1. Clinical trainers have been identified as those nurse-midwives who have received clinical FP training in the Philippines, Zimbabwe or Ibadan. Trainers for the seminar for policy makers and influential community leaders, and for the orientation for MOH/HSMB staff and supervisors have been identified as senior MOH/HSMB physicians and nurse managers among whom are those who have had FP clinical skills training in third countries (refer to Appendix H, Training Plan).
2. External trainers should be consultants or staff with appropriate clinical FP background and TOT expertise who have previously worked in Nigeria. This will help to ensure continuity and familiarity with possible constraints and training needs particular to the Nigerian context.
3. As discussed in Section IV, C.1., of this report, the venue for most of the training could be the Makurdi SON/SOM compound. Participants can be housed and fed there, which should prove to be both comfortable and cost effective.
4. FP clinics located outside of Makurdi district, which are equipped with Africare kits and staffed by FP clinically prepared staff from the Philippines and Zimbabwe courses, need to be assessed as potential clinical FP training sites (list of locations and Africare kits attached as Appendix I).
5. Potential resource persons for training in NFP may be available through St. Theresa's Maternity Hospital, Makurdi.
6. United Nations Fund for Population Activities (UNFPA):

The INTRAH team visited the UNFPA office and met with the national coordinator, Dr. K. Babs Seigo, Senior Program Officer. (The UNFPA office is located within the UNDP compound, which is within walking distance of the American Embassy guest house.)

Dr. Seigo provided the following information:

- UNFPA has submitted a proposal to the Planning Department of the MOH. Training activities are proposed in three states: Kaduna, Bendel and the Federal Capital Territory (FCT). (However, some FCT personnel will be trained with the Kaduna groups.)
- The strategy for each state is to give a TOT for the state core training team and then support upgrading of two LGA clinics per district and the training of personnel from those clinics.
- INTRAH or Margaret Sanger Center (MSC) has been proposed as the training source: UNFPA/New York is to decide.

The INTRAH team summarized the INTRAH program in Nigeria, explained that a change in INTRAH strategy would undoubtedly be made as a result of the recent six-state evaluation findings, and described INTRAH's work in Benue State as an example of changed strategy. A copy of the proposed training program for Benue State was given to Dr. Seigo, and the team inquired about UNFPA support for local costs of several of the activities.

Dr. Seigo requested that INTRAH consider the following:

- Calling Mr. Misoke or Mr. Taylor at UNFPA in New York to discuss UNFPA local support costs for Benue State as well as INTRAH technical training support for Kaduna, Bendel and FCT.
- If INTRAH could technically help UNFPA in those three states (as well as carrying out work in Gongola, Benue and Lagos States), perhaps UNFPA could fund all local support costs. This, however, was a UNFPA/New York decision, he said.
- Alternatively, perhaps UNFPA could subcontract with INTRAH as the executing agency for training in Kaduna, Bendel and FCT. This, too, was dependent on UNFPA/New York's decision.

Dr. Seigo noted the impending arrival of a UNFPA representative for Nigeria, Ms. Judy Harrington, a Canadian, with whom he suggested INTRAH discuss its program before she leaves New York for her Nigeria assignment.

7. Other Donors:

- a. ACNM training trainers of TBAs in collaboration with MOH/HSMB and PPFN.
- b. PCS has, the team was told, agreed to help with IEC and seminars.
- c. JHPIEGO may be agreeable to support of physician training at Jos.
- d. Columbia may be (was) agreeable to nurse-midwife training in Ibadan.
- e. CEDPA will work with PPFN, MOH/HSMB on training of school teachers.
- f. Africare supplied nine kits and other equipment.
- g. AID and UNFPA provide commodities.
- h. UNICEF was scheduled to provide water supply, and has given vehicle(s) and refrigerated chests for vaccines.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>A. Support for and commitment to FP is strong on the part of senior government officials met in Benue State.</p>	<p>A. This support provides a good base and sanction for FP training of health staff and successful project implementation.</p>	<p>A. That a project development visit be conducted in Benue State within three months of the needs assessment visit.</p>
<p>B. The Benue State MOH/HSMB officials were prepared for the INTRAH needs assessment team and were able to clearly identify FP training needs.</p>	<p>B. Project implementation is likely to be successful given the degree of preparation, support and cooperation demonstrated by all levels of Benue State officials met.</p>	<p>B. That the tentative training plan be used as the basis for a project, and that sources of funding other than INTRAH be vigorously pursued to help fund selected training activities.</p>
<p>C. Responsibility for the planning and management of FP programs is vested in a small core of senior MOH/HSMB officials.</p>	<p>C.1. Although the management infrastructure is thin, the staff are knowledgeable and committed. Most have had FP training or exposure to FP seminars outside of Nigeria.</p> <p>C.2. If any of this management group is transferred or leaves service, it may result in a significant personnel gap.</p>	<p>C. That efforts be made to involve as many appropriate MOH/HSMB staff in the project planning and implementation process as is possible.</p>
<p>D. An FP Advisory Committee and an FP Implementation Committee exist within the MOH. Members on both committees include representatives from the HSMB, LGA, the various religious groups, PPFN and the private sector.</p>	<p>D.1. It is envisaged that these committees will provide the most effective mechanism through which the INTRAH-sponsored FP training program will coordinate, plan and implement its activities.</p>	<p>D.1. That INTRAH work through the chairpersons of these two committees (Dr. Rosemary Abdullahi and Dr. Oko A. Amali) throughout the planning and implementation of the project.</p>

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>E. There are five parallel health services operating in Benue State:</p> <ul style="list-style-type: none"> <li>--the HSMB;</li> <li>--the LGA;</li> <li>--the religious groups;</li> <li>--the PPFN; and</li> <li>--the private sector.</li> </ul>	<p>D.2. While the mechanism exists, it most probably functions minimally as a group with most of the decisive power in the hands of the MOH chairs and certain HSMB members.</p> <p>E.1. FP services of varying degrees and quality exist in these five service streams.</p> <p>E.2. The essential organizations for INTRAH coordination and consultation are the HSMB and LGA. Involvement of the remainder in program planning and workshop activities is highly desirable.</p>	<p>D.2. That key members of both committees be identified and involved in project planning and implementation.</p> <p>E.1. That INTRAH make every attempt to encourage the participation in project activities of all these groups.</p> <p>E.2. That particular attention be made to ensure that LGA policy makers, supervisors and service providers are included as participants in in the appropriate workshops.</p>
<p>F The Ministry of Local Government Authority does not have a coordinating staff or a senior health person in its central office in Benue State. The LGA relies on the MOH/HSMB to provide its LGA clinics with supervision.</p>	<p>F. Coordination and selection of LGA participants in INTRAH training activities will most probably have to be done through the LGA Permanent Secretary (with whom the MOH/HSMB senior staff have good working relations).</p>	<p>F. That in the absence of a senior health official, INTRAH ensure, through the offices of the MOH, that the LGA Permanent Secretary is actively involved in project planning activities.</p>

23

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>G. There are over 100 LGA health facilities in Benue State which are out of the MOH/HSMB service stream, apparently without any standardized service protocols or standards.</p>	<p>G. This diversity is most probably going to continue as it is neither realistic nor politic for the MOH or HSMB to attempt standardization of health or FP procedures, protocols or standards for the LGA, unless invited to do so.</p>	<p>G. That INTRAH might wish to explore this question with the LGA Permanent Secretary insofar as FP services are concerned.</p>
<p>H. The Catholic Diocese is providing NFP counselling and services in at least one maternity clinic in Benue State -- St. Theresa's Maternity Hospital, Makurdi.</p>	<p>H. The NFP counsellors from St. Theresa's may be viewed as potential resource persons for NFP training in the FP service provider workshops.</p>	<p>H. That the INTRAH project development team explore this possibility with the MOH/HSMB officials and initiate contact through the MOH, if the MOH agrees.</p>
<p>I.1. There are, at best, only moderate to very low numbers of FP clients seeking services in Makurdi district, and no apparent recruitment effort.</p>	<p>I.1. It is essential to create public awareness of the need for and benefits of FP and create greater demand for FP services.</p>	<p>I.1. That contact with PCS be made as soon as possible to ascertain its interest in funding two policy seminars (Activity -1) and with UNFPA/NY in coordinating other training activities.</p>
<p>I.2. Condoms, pills and Depo-Provera, in that order, appear to be the most popular form of contraception; few IUD insertions are done.</p>	<p>I.2. The low demand for IUDs, the lack of IUD equipment (and little prospect of more), and suspected high prevalence of STDs necessitate training no more than a maximum of five nurse-midwives for IUD insertion skills.</p>	<p>I.2. That no more than five nurse-midwives be trained for IUD insertion function.</p>

24

FINDINGS

CONCLUSIONS

RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>J. There are only two FP clinics located in Makurdi City at present which are sufficiently equipped to provide adequate FP IUD clinical skills training. A third is expected to be ready by October 1986.</p>	<p>J.1. If IUD acceptors increase, the North Bank Clinic can accept two trainees at a time for IUD insertion practicum.</p> <p>J.2. Because of space constraints, Makurdi General Hospital can only accommodate one trainee at a time. If space is expanded, two can be accepted.</p> <p>J.3. The Makurdi MCH Clinic, when operational and if sufficient numbers of IUD acceptors are present, may assist two trainees in obtaining practical IUD experience.</p>	<p>J. That MOH/HSMB and INTRAH trainers ensure sufficient space and adequate equipment, and confirm sufficient numbers of clients before placing trainees.</p>
<p>K.1. Africare kits have been distributed to nine HSMB facilities in Benue State. Additionally, there is a supply of assorted pieces of equipment and a few IUD backup kits in stock in the FP Coordinator's stockroom in Makurdi.</p>	<p>K.1. These stores represent a potential and readily available source of some equipment for those FP clinics lacking equipment.</p>	<p>K. That the FP Coordinator be requested to prepare a list of what equipment is available, what equipment is lacking in clinics and provide whatever is possible, especially to those clinics which are to be used as clinical training sites.</p>
<p>K.2. There is a sufficient stock of contraceptive supplies in the FP stockroom to meet the current client demand.</p>		
<p>K.3. There are over 300 copies of <u>Family Planning Methods and Practice - Africa</u> in stock in the FP coordinator's stockroom.</p>	<p>K.3. There will be no need to ship copies of the text <u>Family Planning Methods and Practice - Africa</u> to Benue State for FP training workshops.</p>	

2

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>L. In the two FP clinics observed that are staffed by participants of the Philippines and Zimbabwe courses, client records were complete and being maintained; client screening (including bi-manual exams and sterile technique) was reported to be carried out.</p>	<p>L. Feedback from nurse-midwives and two physicians indicated satisfaction with the clinical FP skills training received. All trainees were utilizing their skills and training.</p>	<p>L. That INTRAH continue to fund and sponsor Nigerian candidates for clinical FP skills training in the Philippines and Zimbabwe.</p>
<p>M. There are no FP protocols, standards, guidelines, or standing orders.</p>	<p>M. In the absence of these, training standardization and evaluation of FP services will not be easily accomplished.</p>	<p>M. That these be prepared by the group of clinical trainers during their TOT workshop.</p>
<p>N. The Makurdi SON/SOM is the most appropriate and cost effective venue to hold INTRAH-funded training workshops.</p>		<p>N. That these arrangements be confirmed with the MOH and SON/SOM by the INTRAH project development team.</p>

APPENDIX A

PERSONS CONTACTED

AID AFFAIRS OFFICE, LAGOS (AAO/LAGOS):

Mr. Larry Eicher, Health Development Officer

BENUE STATE MINISTRY OF HEALTH (MOH):

Mr. David Shenani, Permanent Secretary

Mrs. Lucy Alour, Commissioner of Education and Former  
Health Commissioner

Dr. (Mrs.) Rosemary A. Abdullahi, Chief Health  
Officer/Public Health Consultant

Dr. Oko Adum Amali, Chief Medical Officer

Mrs. Martha K. Dalhatu, Chief Nursing Officer

HEALTH SERVICES MANAGEMENT BOARD (HSMB):

Dr. N.I. Bur, Executive Secretary

Dr. Mary Ogebe, Chief Medical Officer (curative)

Mrs. Susannah Attah, FP Coordinator

Mr. Andrew A. Odah, Idah Hospital

Dr. A.G. Suliman, Consultant, Community Health Officer

Mr. J.A. Tandyer, Assistant Consultant, Community Health  
Officer

Alhaji Ali Abu, Chief Nursing Officer (not met)

LOCAL GOVERNMENT AUTHORITY (LGA):

Mr. Chris Hua, Permanent Secretary

SCHOOL OF NURSING/SCHOOL OF MIDWIFERY (SON/SOM):

Mr. Felix B. Gbillah, Chief Nurse Tutor/Principal  
Mrs. E. Achigiti, Nursing Sister

MAKURDI GENERAL HOSPITAL (HSMB):

Dr. S.I. Abdullahi, Medical Superintendent  
Mrs. J.Y. Hammation, Chief Matron  
Mrs. V. Nyoku, Principal Nursing Officer  
Mrs. Awa Aruma, Nursing Officer, FP Clinic  
Mrs. Veronica Ukwenya, Nurse-Midwife  
Mrs. Charity D. Ushe Uba, Nurse-Midwife

PPFN CLINIC, MAKURDI:

Mrs. L.N. Orpin, Public Health Nurse-Midwife/Head Nurse  
(HSMB Staff)  
Mrs. E.S. Yoshim, Staff Nurse-Midwife  
Mrs. Comfort Adolye, Training Officer, Lagos Branch  
Mrs. Esther A. Onwaguluchi, Volunteer, Makurdi Branch

AGASHA HEALTH CENTER (HSMB):

Mr. S.D. Najime, Chief Nurse, Community Health Officer  
Mrs. Rhoda Ade, Registered Community Midwife, FP Nurse  
Mrs. Victoria, Registered Community Midwife,  
Community Health Supervisor

MATERNAL AND CHILD HEALTH CENTER, MAKURDI (HSMB):

Mrs. Justina S. Jaid, Assistant Chief FP Nurse  
Mrs. Benedict Bula, Nutritionist  
Mrs. Florence Moses, Nurse-Midwife  
Mrs. Margaret M. Dutse, Midwife

28

BASIC HEALTH CLINIC, NORTH BANK (HSMB):

Mrs. M.N. Ula, Nurse-in-Charge

Mrs. S.T. Ibrahim, Nursing Sister/FP Nurse

LGA HEALTH CENTER, LOCAL 60:

Mrs. Cecilia Anoh, Registered Community Midwife/Staff  
Midwife

Mrs. Anastasia Aganyi, Registered Community Midwife/Staff  
Midwife

ST. THERESA'S MATERNITY CLINIC (VOLUNTARY ASSOCIATION):

Mrs. Angela Inga, Senior Nursing Officer/Nurse-in-Charge

OTHERS:

Ms. Bonnie Pederson, American College of Nurse-Midwives

Ms. Elaine W. Patterson, The World Bank

Dr. Fanny Russell, Project Coordinator, CEDPA

Dr. K. Babs Seigo, Senior Program Officer, UNFPA

Mr. David Pyle, John Snow, Inc.

Mr. Bill Chester, J. Short, Inc.

APPENDIX D

FP ORGANIZATION WITHIN BENUE STATE

**DEMOGRAPHY**

**MAP:** "PINK ELEPHANT" (BENUE STATE)

**Population:** 4.2m (projected)

**Local Governments:** 13

**MAJOR Traditional Groups:** 4

Busa, Igala, Idema and Tiv.

**LANDS:** Mostly flat, forested and agriculturally good.

**Family Planning Target Populations:**

a 210,000 (10.5% of population as per HPI)  
being No of pregnant ♀

b 714,000 (17% of population) being all women of  
child bearing age.

**ROADS:** A story by itself.

**HISTORY OF FAMILY PLANNING**

**PPFH since 1971 or earlier (awareness + services-skeletal)**

**JAN 1985** Richard Callisto of USAID - Letter

**FEB 1985** Workshops: USAID, CDC etc

**12th IN NIGERIA** **RENEE**

**ACTIVITY !**      **ACTIVITY !**      **ACTIVITY !**

**VISITS**

**TRAINING**

**EQUIPMENT**

**OUT-COUNTRY COURSES**

**COMMODITIES**

**-----AUGUST 1985**

**OCT 1985 ---- 5-DAY TRAINING COURSE  
OF 60 NURSE/MIDWIVES (MID)**

22

**II STAFF**

**II STAFF TRAINED IN FP**

Nurse/Midwives -----	12 (inserting IUD)
Nurse/Midwives -----	58 (not inserting)
TUTORS - - - - -	6
Physicians - - - - -	8
Physicians: in MINILAP ---	4
Physicians: in FP MANAGEMENT--	1
Laparoscopic Centres -----	3 (5 physicians)
PPFN has 1 Midwife + 2 field workers + 20 TBAs	

**\* IN-THE-PIPELINE TRAINING: \***

**BY NOV 1986 ----- 8 Nurses/Midwives (UCH-INTRAM)**  
**-----2, Physicians (JUTH-JNPIEGO)**

**LOCATIONS OF TRAINED STAFF**

**General Hospitals**

**M.C.N<sup>2</sup>.**

**Health Centers**

**Basic Health Clinics**

**In towns and villages throughout  
the 13 Local government areas.**

**PRESENT SITUATION**

We are where we are now because the following HELPED

- (1) FUNDING AGENCIES:      U S A I D  
                                 INTHAN  
                                 AFRICARE              JHPIEGO  
   JHU/PCJ  
                                 PATHFINDER  
                                 FUND

(2) PPFN Officials & Volunteers

(3) Various sets of cooperative  
    Permanent secretaries  
    Commissioners and  
    Board Members.

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**I SERVICE DELIVERY POINTS:**

49 in the Public Sector (9 insert IUD)

4 others (PPFN, Army, Airforce, Mission)

Few Private Sector Exist

**III CLIENT LOADS** Just begun-6mm only.  
 : Incomplete-poor roads  
 -no vehicles  
 - NEW ACCEPTORS -

TYPE OF CONTRACEPTIVE	MIX %	OCT-DEC 1985 (11)	JAN '86 (16)	FEB (20)	MARCH (15)	APRIL (21)	MAY 17 (so far)
CONDOM	60.7	443	557	520	367	565	253
ORALS	21.8	216	135	220	100	284	117
PARENTERAL	5.3	30	53	66	61	75	41
IUD	7.0	93	35	70	44	70	37
S. STERILISAT <sup>N</sup> (TUBAL LIG.)	5.6	103	10	37	23	14	36
JELLY	0.6	1	7	9	2	11	11
<b>TOTAL</b>	<b>100</b>	<b>886</b>	<b>797</b>	<b>922</b>	<b>707</b>	<b>1,019</b>	<b>495</b>

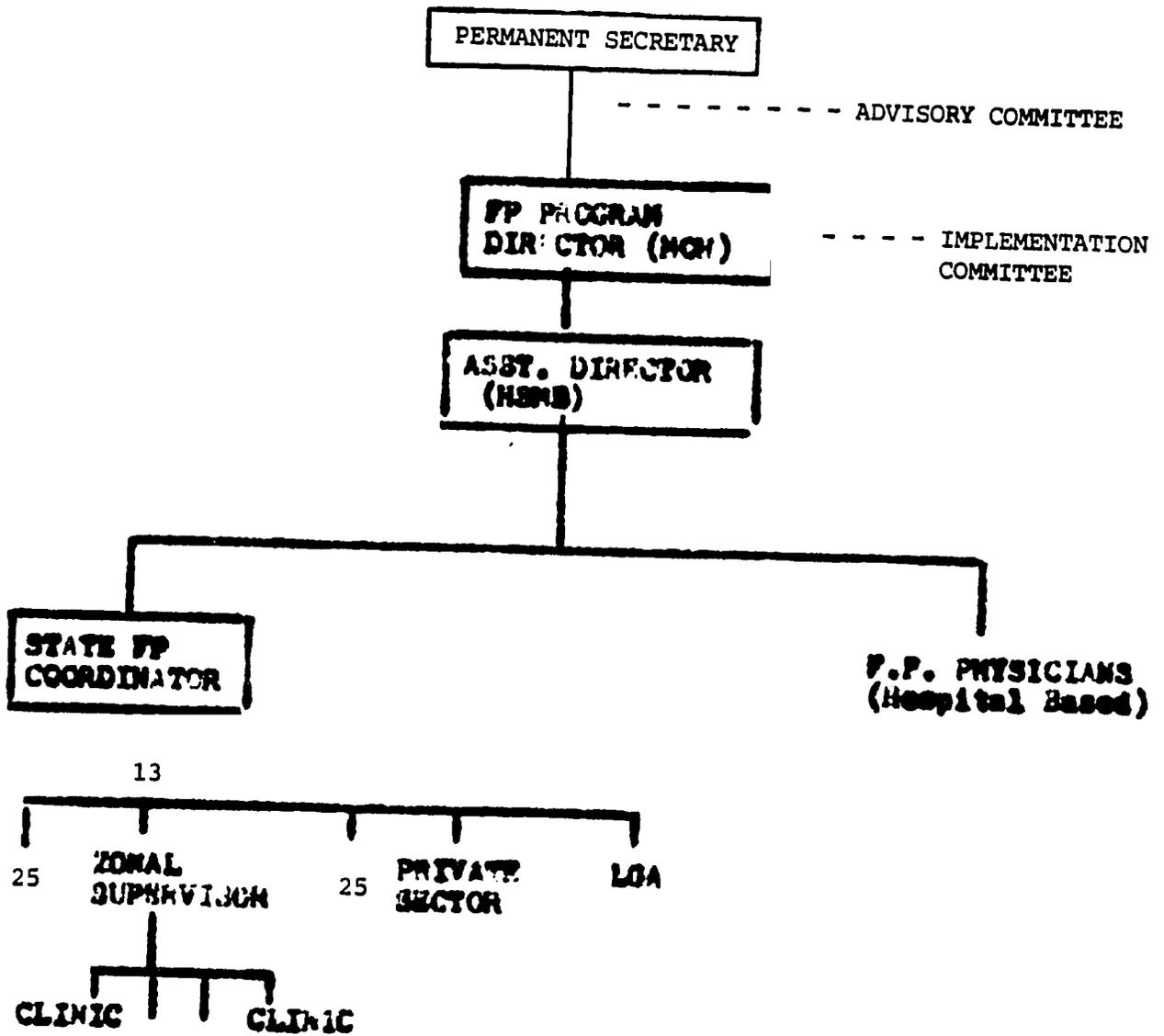
(Total: 349)

- CONTINUED USERS -

TYPE	MIX %	OCT-DEC '85 (11)	JAN '86 (16)	FEB (20)	MARCH (15)	APRIL (21)	MAY 17 (so far)
CONDOM	48.2	591	41	608	451	896	359
ORALS	27.8	154	165	326	160	479	304
PARENTERAL	14.7	20	110	128	114	126	42
IUD	9.0	66	62	80	40	51	25
SURGICAL S.	-	-	-	-	-	---	---
JELLY	0.3	-	-	2	3	4	0
<b>TOTAL</b>	<b>100</b>	<b>831</b>	<b>386</b>	<b>1,144</b>	<b>776</b>	<b>1,556</b>	<b>730</b>
<b>GRAND TOTAL</b>		<b>1,717</b>	<b>1,183</b>	<b>2,066</b>	<b>1,483</b>	<b>2,575</b>	<b>1,225</b>

35

IV ORGANIZATIONAL STRUCTURE (FROM JHPIEGO)



Blessing of a well-motivated, active and cool coordinator.

**ACHIEVEMENTS:**

1. Delivering FP counseling and commodities to the grass roots all over the state.
2. Registered an average of 47.7 new acceptors per clinic per month (Target was 50/mn/clinic by March 31st 1986). However, more returns are needed from 29 smaller clinics.
3. Have opened a FP account.
4. Have initiated action on including FP on State Health Budget.
5. Currently using the 3 Mass Media for Publicity at little or no cost. Discussions, role-plays and cartoons as well as published articles inclusive.
6. Appointment of a FULL TIME COORDINATOR
7. Establishment of a FP store with an efficient ledger system which received commendation from the assessing officer of USAID.

## FUTURE PLANS

- I Conduct a POLICY MAKERS (INFLUENTIALS) SEMINAR IN MAKURDI AS A MATTER OF URGENCY. (PCS has requested proposal; INTRAH maybe.)
- II Secure a vehicle for the FP Coordinator now.
- III Conduct an Orientation seminar for the first 7 Zonal Supervisors in June 1986.
- IV Set up an AVS. Training Centre in MAKURDI (AVSC)
- V Start Full Training of Nurse/Midwives in the State.
- VI Find Funding for further training in:
  - a FP MANAGEMENT
  - b CYTOLOGY (Physician + Technician)
  - c FP HEALTH EDUCATION (IEC Unit)
  - d STATISTICS (Biostats)
  - e Local Government Health Personnel.
- VII Embark on
  - a CBD Training
  - b Market Traders Training
  - c Women In Development: Utilization
  - d Private Sector cooperationetc according to 5-year Action PLAN.

50

APPENDIX E

FP CLINICS IN BENUE STATE

FAMILY PLANNING CLINICS IN BENDU STATE

Idah - General hospital  
 - Local government health clinic  
 Oyeodega health clinic  
 Odoru health clinic  
 Ugvelawa G. H. C.

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Dekine - General hospital  
 " - Local Govt. health clinic  
 Aboobe - Rural health clinic  
 Egune - " " "  
 Okura - Lafia health clinic  
 Iyale - Government hospital

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Ankpa - General hospital  
 " - Rural health clinic  
 " - Basic health clinic  
 Abefakole " " "  
 Ogugu - " " "

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Otukpo - General hospital  
 " - I. W. clinic  
 Ugbokpo - health clinic  
 C-rakan - " "  
 Otukpa - Rural health clinic  
 Gshigwada - " "  
 Gweto - " "  
 Ito - " "  
 Oju - " "  
 Utonken- " "

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K/Aia - General hospital  
 Jato-aka - health clinic  
 Adikpo - " "  
 Yandeikya - Basic health clinic  
 Gungul - health clinic

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Oboko - General hospital  
 " - M. C. H.  
 Mkar - M. K. S. T. Hospital  
 Buruku health clinic  
 Lessel G. H. C.

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Makurdi - Air force base  
 " - M. C. H.  
 " - General hospital  
 " - Uni jos clinic  
 Taraku - Basic health clinic  
 Tsakanyi health clinic  
 Udei - " "  
 Agasha - Rural health clinic  
 Uka - Basic health clinic  
 North bank clinic

Makurdi Local Government

APPENDIX F

FP SERVICE POINTS WITH IUD INSERTION CAPABILITY

APPENDIX F

FP SERVICE POINTS WITH IUD INSERTION CAPABILITY

(EQUIPPED WITH AFRICARE KITS AND CLINICALLY TRAINED STAFF)

- |   |   |
|---|---|
| 1. Makurdi General Hospital, FP Clinic                | Awa Aruma   |
| 2. North Bank MCH Center, Makurdi                     | S.T. Ibrahim  |
| 3. MCH Clinic, Makurdi, FP Clinic<br>(not set up yet) | Justina S. Jaid   |
| 4. Gboko General Hospital, FP Clinic                  | Bridget M. Gyado  |
| 5. Otukpo General Hospital, FP Clinic                 | Cecilia A. Abba   |
| 6. Dekina General Hospital, FP Clinic                 | Alan Emanuel Ajonye   |
| 7. Divisional Health Clinic, Ankpa<br>FP Clinic       |   |
| 8. Idah General Hospital, FP Clinic                   | Hajiya A. Abu   |
| 9. Katsina-Ala General Hospital                       | Christina D. Gbakaan  |
| 10. PPFN Clinic, Makurdi                              | Ibaden trained nurse-<br>midwife and using<br>Africare kit on loan from<br>MCH clinic, Makurdi  |
| 11. Iyale General Hospital                            | Doctor-in-Charge,<br>performing sterilizations<br>and IUD insertion using<br>Africare mini-kit. |

APPENDIX G

FP CLINICAL FACILITY NEEDS ASSESSMENT  
CHECKLIST -- OBSERVATIONS OF SIX FP CLINICS, MAKURDI

**CLINICAL FACILITY NEEDS ASSESSMENT CHECKLIST**

**A. Clinical Facilities**

1.	<u>Client Waiting Area</u>	YES	NO	COMMENTS
	Sheltered from elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate seating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visuals/posters in view	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Are visuals/posters appropriate to clientele?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Is group health education provided in the waiting area? By whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Comments:** Clean, new, bright FP clinic attached to the HSMB Basic Health Clinic; located in separate building. Two large rooms/waiting area. Most adequate facility observed.

**What is required to correct deficiencies?**

Appeared to be little effort made to provide health education/FP counselling with women attending the prenatal clinic next door.

2.	<u>Counselling Area</u>	YES	NO	COMMENTS
	Privacy (space available out of earshot)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Seating for client(s) and counsellor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visual materials available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Samples of contraceptive devices available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	NFP info available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. Counselling Area (cont.) YES NO COMMENTS

Are FP reference books available to clinic personnel?  
clients?

What is required to correct deficiencies?

IEC/FP visuals and activities need to be improved: new posters for FP need to be designed and distributed. More/better pamphlets need to be in places at all clinics where clients could read.

3. Examination Area YES NO COMMENTS

Is privacy maintained?

Covers available for table and client

Examining tables available (if yes, indicate number of tables)  (one)

Are stirrups needed

Clean

Adjacent toilet available  (next door)

Water supply

What is required to correct deficiencies?

Lacked water and electricity. Water presently supplied by truck. Well in place, but dry. Electricity hookup likely in near future. UNICEF could be approached for assistance re: water.

B. Equipment and Supplies

1. Equipment YES NO COMMENTS

Various sizes of specula available

Tenacula

Uterine sound

Forceps

Gloves

has complete Africare kit. Not using sterilizer as it was considered "too large" for the usual amount of equipment requiring sterilizing. Used pot/boiling method.

1. <u>Equipment (cont.)</u>	YES	NO	COMMENTS
Soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sterilization equipment Methods used to sterilize:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pot/boiling
Adequate equipment for boiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate sized equipment for soaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What is sterilizing solution used			Instruments are soaked in soap. No Povidone-iodine solution was observed in clinic.
Is sterility of equipment maintained?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is equipment sterilized between client use?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
2. <u>Commodities</u>	YES	NO	COMMENTS
Sufficient supply of all family planning commodities available at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, identify which commodities are in short supply			<u>Mini-pills; possibly gloves.</u>
Problems encountered in procurement			<u>None mentioned except lack of</u> <u>mini-pills, which are not available. Gloves rewashed.</u>

3. <u>Storage</u>	YES	NO	COMMENTS
Supplies labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supplies inventoried	<input type="checkbox"/>	?	<input type="checkbox"/>
Shelved according to expiration date	<input type="checkbox"/>	?	<input type="checkbox"/>
Storage area cool or well ventilated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stored and appeared to be in good order.

**C. Record Keeping**

<b>1. <u>Client Data</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Is there a record keeping system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a record for each client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method of filing?	<input type="checkbox"/>	<input type="checkbox"/>	Client Register recorded according to date; individual client charts (USAID).
Alphabetical	<input type="checkbox"/>	<input type="checkbox"/>	
By date	<input type="checkbox"/>	<input type="checkbox"/>	
Geographical area.	<input type="checkbox"/>	<input type="checkbox"/>	
Record review: complete client history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does history include:			
Checklist appropriate for selected contraceptive method	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Method selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount of supplies given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of pill, injectable or IUD given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Follow-up Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Return date indicated.
 <b>2. <u>Service Data</u></b>	 <b>YES</b>	 <b>NO</b>	 <b>COMMENTS</b>
Do they include:			
Number of new acceptors by method adopted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	By month.
By date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Number of continuing acceptors by method?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not observed
By date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Number of drop-outs by method?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not observed.
By date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Who collects service data?	<u>FP Nurse-in-charge (Mrs. S.T. Ibrahim.)</u>		

**2. Service Data (cont.)**

For what purpose? Submission to FP coordinator for program planning purposes.

How often submitted? Monthly.

To where? FP coordinator

Any feedback? UNKNOWN

**3. Client Follow-Up**

	YES	NO	COMMENTS
Is there a standard procedure:	<input type="checkbox"/>	<input type="checkbox"/>	
for clients who do not return?	<input type="checkbox"/>	<input type="checkbox"/>	
for a follow-up visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

This clinic conducts home visits for follow-up purposes in nearby neighborhoods. No vehicle is available. Follow-up is sensitive issue because of possibility of problems for women who do not wish husband/family to learn of FP practice. Follow-up is therefore selective.

**D. Personnel for FP**

1. <u>TITLE</u>	<u>RESPONSIBILITIES</u> (include methods provided)	<u>FP/ORT TRAINING</u>	<u>DATE</u>
Mrs. S.T. Ibrahim Nurse/Midwife FP Nurse	All methods including IUD insertion; in-charge of FP clinic.	Zimbabwe Clinical FP Skills	1985

45

**2. Personnel Guidance and Supervision**

Does each person have a position description? YES [ ] ? NO [ ]

Who supervises personnel? Basic Clinic Nurse-in-Charge (Mrs. M.N. Ula)

Who supervises services? FP Coordinator (Mrs. S. Attah)

Do personnel have written family planning guidelines/protocols? YES [ ] NO [x]

Are guidelines complete? Yes [ ] NO [x]  
Up to date? YES [ ] NO [x]

Do nurses/midwives have standing orders? YES [ ] NO [x]

Are these signed? YES [ ] N/A NO [ ]  
(indicate by whom) \_\_\_\_\_

Constraints to providing quality family planning \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Client Recruitment**

1. Who recruits for FP? Done at Basic Health Clinic during prenatal visits.
2. Any post-partum FP education? No. Supposedly done at hospital postpartum.

**F. Summary**

1. Minor physical changes that, if made, would correct identified deficiencies.

Water and electricity. Improved linkages between Basic Health Center and FP Clinic (which are located in the same compound); improved/expanded FP IEC activities with clients during prenatal visits by the FP staff; better linkages with postpartum ward of Makurdi Hospital for follow-up at Basic Health Clinic.

\_\_\_\_\_

BASIC HEALTH CLINIC

2. Additional equipment and supplies necessary for provision of family planning services.

Smaller sterilizer (?); povidone iodine solution.

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3. Training needs identified for personnel in this clinic.

More in-depth training for FP staff who only had 5-Day FP/ORT Update.

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4. Other needs, including client recruitment: Greatly increased IEC  
and motivation of clients attending the Basic Health Clinic and in the  
community. Stronger linkages with Makurdi Hospital postpartum ward. Clinic  
is grossly underutilized.

**G. Additional Comments**

FP client charts well filled out except for clear indication that bi-manual  
vaginal examination done. When questioned, all FP nurses who had been  
trained in Philippines or Zimbabwe stated they did so. This is item for  
confirmation by direct observation for project development team.

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5/27/86

**CLINICAL FACILITY NEEDS ASSESSMENT CHECKLIST**

**A. Clinical Facilities**

1.	<u>Client Waiting Area</u>	YES	NO	COMMENTS
	Sheltered from elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate seating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate, but crowded.
	Visuals/posters in view	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Immunization and FP posters.
	Are visuals/posters appropriate to clientele?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Is group health education provided in the waiting area? By whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reportedly done at prenatal clinics.

**Comments:** Very active postpartum clinic in which FP clinic is located.  
FP clinic contained in one small room off the waiting area.

Interview/counselling/screening/IUD insertion, recording and sterilization of instruments done there.

**What is required to correct deficiencies?**

Additional room, preferably larger and retain present for records/supplies interviewing of clients. FP education/motivation, ORT, immunization education while women are waiting for PP' checkup highly desirable. This could be done by student nurses and FP trainee service providers.

2.	<u>Counselling Area</u>	YES	NO	COMMENTS
	Privacy (space available out of earshot)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Seating for client(s) and counsellor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visual materials available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Samples of contraceptive devices available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	NFP info available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



<b>1. <u>Equipment</u> (cont.)</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wash basin/water.
Sterilization equipment Methods used to sterilize:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Africare kit sterilizer.
Adequate equipment for boiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate sized equipment for soaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What is sterilizing solution used			
Is sterility of equipment maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appeared to be.
Is equipment sterilized between client use?	<input type="checkbox"/>	<input type="checkbox"/>	Unknown if sterilized, but washed/soaked.
<b>2. <u>Commodities</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Sufficient supply of all family planning commodities available at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, identify which commodities are in short supply	Sufficient supplies, properly stored in somewhat cramped space.		
Problems encountered in procurement	None mentioned.		

<b>3. <u>Storage</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Supplies labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stored in small cupboard in FP
Supplies inventoried	<input type="checkbox"/>	<input type="checkbox"/>	room. All in good order.
Shelved according to expiration date	<input type="checkbox"/>	<input type="checkbox"/>	
Storage area cool or well ventilated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**C. Record Keeping**

<b>1. <u>Client Data</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Is there a record keeping system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a record for each client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method of filing?	<input type="checkbox"/>	?	Client Register recorded according to date; individual client charts (USAID forms).
Alphabetical	<input type="checkbox"/>	?	
By date	<input type="checkbox"/>	?	
Geographical area	<input type="checkbox"/>	?	
Record review: complete client history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does history include:			
Checklist appropriate for selected contraceptive method	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Method selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount of supplies given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of pill, injectable or IUD given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Follow-up Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Return date indicated
 <b>2. <u>Service Data</u></b>	 <b>YES</b>	 <b>NO</b>	 <b>COMMENT</b>
Do they include:			
Number of new acceptors by method adopted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	By month.
Number of continuing acceptors by method?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Number of drop-outs by method?	<input type="checkbox"/>	<input type="checkbox"/>	Uncertain.
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Who collects service data?	<u>FP Nurse-in-Charge.</u>		

**2. Service Data (cont.)**

**For what purpose?** Submission to FP coordinator presumably for program planning purposes.

**How often submitted?** Monthly.

**To where?** FP coordinator

**Any feedback?** UNKNOWN.

<b>3. <u>Client Follow-Up</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Is there a standard procedure:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
for clients who do not return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
for a follow-up visit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Follow-up is sensitive issue. Possible problems for women who do not wish family/neighbors to learn of FP practice/acceptance. FP staff lack vehicle/means to follow-up.

**D. Personnel for FP**

<b>1. <u>TITLE</u></b>	<b><u>RESPONSIBILITIES</u> (include methods provided)</b>	<b><u>FP/ORT TRAINING</u></b>	<b><u>DATE</u></b>
Mrs. Awa Aruna, Nursing Officer/ FP-Clinic-in-Charge	In-charge of FP clinic and responsible for all clinical methods including IUD insertion.	Clinical FP Skills Zimbabwe Course	Sep-Oct 1985
Dr. Cletus Musa	Sterilization (minilaparotomy).	Clinical Skills Philippines Course	Apr-Jun 1985
Ms. Charity Uba	All methods except IUD insertion.	FP/ORT 5-Day Update	Oct-Nov 1985
Mrs. Veronica Ukwenya	All methods except IUD insertion.	FP/ORT 5-Day Update	Oct 1985

**2. Personnel Guidance and Supervision**

- Does each person have a position description? YES  ? NO
- Who supervises personnel? FP Coordinator (Mrs. S. Attah)
- Who supervises services? Principal Nsg. Officer (Mrs.V.Nyoku)  
Matron (Mrs.J.Y.Hanmation)
- Do personnel have written family planning guidelines/protocols? YES  NO
- Are guidelines complete? Yes  N/A NO   
Up to date? YES  NO
- Do nurses/midwives have standing orders? YES  NO
- Are these signed? YES  N/A NO   
(indicate by whom) \_\_\_\_\_
- Constraints to providing quality family planning Quality appears  
fine; major constraint is lack of working space.  
\_\_\_\_\_  
\_\_\_\_\_

**E. Client Recruitment**

1. Who recruits for FP? Done at prenatal period at MCH clinics.
2. Any post-partum FP education? No, none formally. Again, clients referred to MCH clinic for FP advice during postpartum/well-baby follow-up. PHC/IEC done in postpartum ward, but no emphasis on FP.

**F. Summary**

1. Minor physical changes that, if made, would correct identified deficiencies.

Additional room; more client literature on benefits of FP/child spacing.  
\_\_\_\_\_  
\_\_\_\_\_

2. **Additional equipment and supplies necessary for provision of family planning services.**

UNKNOWN.

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3. **Training needs identified for personnel in this clinic.**

More in-depth FP training including IUD skill. Five-day FP/ORT update not considered sufficient for two nurse-midwives who have this course.

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4. **Other needs, including client recruitment:** Better linkages with postpartum ward in hospital by visiting women soon after delivery for FP motivation purposes. MORE PUBLIC AWARENESS OF BENEFITS OF CHILD SPACING.

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**G. Additional Comments**

Nurses working in FP clinic are expected to do shift work on other wards (including nights) and expected to work on other wards when FP clinic not busy. FP staff unhappy with this administrative requirement.

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Client records very complete and clear. This clinic, in spite of small size and cramped space, good clinical training site for service providers.

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Dr. Musa (Philippines-trained physician) often visits this clinic and appears to have good working relations with the nursing FP staff.

5/27/86

CLINICAL FACILITY NEEDS ASSESSMENT CHECKLIST**A. Clinical Facilities**

1.	<u>Client Waiting Area</u>	YES	NO	COMMENTS
	Sheltered from elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
	Adequate seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Adequate space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Visuals/posters in view	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Are visuals/posters appropriate to clientele?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Is group health education provided in the waiting area? By whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments: FP poster depicting samples of FP supplies - old, dirty and singularly unattractive. Model of male reproductive organs sitting on floor in interview room.

What is required to correct deficiencies?

General cleaning of the facility; new and attractive FP/MCH posters; more bench seating for clients.

2.	<u>Counselling Area</u>	YES	NO	COMMENTS
	Privacy (space available out of earshot)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Seating for client(s) and counsellor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visual materials available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Samples of contraceptive devices available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEE ABOVE
	NFP info available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



1. <u>Equipment (cont.)</u>	YES	NO	COMMENTS
Soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sterilization equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Methods used to sterilize:	<u>Africare sterilizer; pot for boiling.</u>		
Adequate equipment for boiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate sized equipment for soaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What is sterilizing solution used	<u>Povidone-iodine solution</u>		
Is sterility of equipment maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPEARED TO BE
Is equipment sterilized between client use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Commodities</u>	YES	NO	COMMENTS
Sufficient supply of all family planning commodities available at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, identify which commodities are in short supply			
Problems encountered in procurement			
<hr/>			
3. <u>Storage</u>	YES	NO	COMMENTS
Supplies labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supplies inventoried	<input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Shelved according to expiration date	<input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
Storage area cool or well ventilated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**C. Record Keeping**

<b>1. <u>Client Data</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Is there a record keeping system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a record for each client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method of filing?	<input type="checkbox"/>	<input type="checkbox"/>	FP CLIENT REGISTER BY DATE. INDIVIDUAL FP CLIENT CHARTS (USAID)
Alphabetical	<input type="checkbox"/>	<input type="checkbox"/>	
By date	<input type="checkbox"/>	<input type="checkbox"/>	
Geographical area	<input type="checkbox"/>	<input type="checkbox"/>	
Record review: complete client history	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does history include:			
Checklist appropriate for selected contraceptive method	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Method selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount of supplies given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of pill, injectable or IUD given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Follow-up Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
 <b>2. <u>Service Data</u></b>	 <b>YES</b>	 <b>NO</b>	 <b>COMMENTS</b>
Do they include:			
Number of new acceptors by method adopted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Number of continuing acceptors by method?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Number of drop-outs by method?	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Who collects service data?	<u>FP Coordinator</u>		

**2. Service Data (cont.)**For what purpose? Program planning, monitoringHow often submitted? Once monthlyTo where? FP Coordinator/HSMB/MOH / PPFNAny feedback? UNKNOWN**3. Client Follow-Up**

	YES	NO	COMMENTS
Is there a standard procedure:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
for clients who do not return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
for a follow-up visit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**D. Personnel for FP**

<u>1. TITLE</u>	<u>RESPONSIBILITIES</u> (include methods provided)	<u>FP/ORT TRAINING</u>	<u>DATE</u>
Mrs. Lydia Orpin (HSMB staff)	FP: In charge administrative and all methods except IUD.	5-Day FP/ORT Update	1985
Mrs. E.S. Yashim	Nurse-Midwife: All methods including IUD insertion.	FP Clinical Skills at Ibadon	1985 (?)

**2. Personnel Guidance and Supervision**

Does each person have a position description? YES  UNKNOWN NO

Who supervises personnel? FP Coordinator and PPFN

Who supervises services? staff from Lagos / HSMB midwife

Do personnel have written family planning guidelines/protocols? YES  NO

Are guidelines complete? Yes  NO   
Up to date? YES  NO

Do nurses/midwives have standing orders? YES  NO

Are these signed? YES  NO   
(indicate by whom)

Constraints to providing quality family planning Lack of FP  
clinical skills competency of nurse-in-charge; possibly a general lack of  
supervision.

**E. Client Recruitment**

1. Who recruits for FP? Clients self-referred.

2. Any post-partum FP education? Unknown, but likely none.

**F. Summary**

1. Minor physical changes that, if made, would correct identified deficiencies.

General cleaning of entire clinic; extra room, cupboards, screen on windows,  
new posters.

- 2. Additional equipment and supplies necessary for provision of family planning services.

Extra table on which to place sterilizer, which was on floor.

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- 3. Training needs identified for personnel in this clinic.

Zimbabwe FP clinical skills training for head-nurse; especially in view that she has been identified as potential clinical TOT team member.

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- 4. Other needs, including client recruitment: More and better use of PPFN IEC materials.
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**G. Additional Comments**

This clinic has on loan an Africare kit which will be removed and transferred to the HSMB MCH Center, Makurdi, when that facility is renovated (expected to be completed by late 1986).

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5/27/86

64

CLINICAL FACILITY NEEDS ASSESSMENT CHECKLIST**A. Clinical Facilities**

1.	<u>Client Waiting Area</u>	YES	NO	COMMENTS
	Sheltered from elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate seating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Adequate space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visuals/posters in view	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MOSTLY ON IMMUNIZATION
	Are visuals/posters appropriate to clientele?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is group health education provided in the waiting area? By whom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comments: FP Nurse. Emphasis reported to be on child care. This center, located in a rural area, is part of a larger PHC center. FP room located adjacent to the prenatal/child clinic.

What is required to correct deficiencies?

Obtain and display FP posters, FP reading material. Train nurses in basic IEC skills.

2.	<u>Counselling Area</u>	YES	NO	COMMENTS
	Privacy (space available out of earshot)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Seating for client(s) and counsellor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visual materials available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Samples of contraceptive devices available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	NFP info available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. <u>Counselling Area (cont.)</u>	YES	NO	COMMENTS
Are FP reference books available to clinic personnel? clients?	[ ]	[X]	
	[ ]	[X]	
What is required to correct deficiencies?			

3. <u>Examination Area</u>	YES	NO	COMMENTS
Is privacy maintained?	[X]	[ ]	
Covers available for table and client	[X]	[ ]	VERY SOILED.
Examining tables available (if yes, indicate number of tables)	[X]	[ ]	
	<u>One - se</u>	elow	
Are stirrups needed	[X]	[ ]	
Clean	[ ]	[X]	
Adjacent toilet available	[X]	[ ]	
Water supply	[ ]	[X]	
What is required to correct deficiencies?			
One exam room used for FP, prenatal services. Very small and inadequate.			
Stirrups broken; needs lamp/sheets/cleaning and painting. NO KIT.			

## B. Equipment and Supplies

1. <u>Equipment</u>	YES	NO	COMMENTS
Various sizes of specula available	[ ]	[X]	
Tenacula	[ ]	[X]	
Uterine sound	[ ]	[X]	
Forceps	[ ]	[X]	
Gloves	[ ]	[X]	

No midwifery kits; inadequate supply of all equipment and instruments including syringes, needles, etc.

6/6

1. <u>Equipment (cont.)</u>	YES	NO	COMMENTS
Soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sterilization equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Methods used to sterilize:	<u>Soaking in dettol</u>		
Adequate equipment for boiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adequate sized equipment for soaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
What is sterilizing solution used	<u>Dettol solution</u>		
Is sterility of equipment maintained?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is equipment sterilized between client use?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
<b>2. <u>Commodities</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Sufficient supply of all family planning commodities available at all times.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If no, identify which commodities are in short supply	<u>Only high-dose O.C.s / Condoms / Foams.</u>		
Problems encountered in procurement	_____		
<b>3. <u>Storage</u></b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Supplies labeled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Supplies inventoried	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Shelved according to expiration date	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Storage area cool or well ventilated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO STORAGE SPACE

**C. Record Keeping****1. Client Data**

	YES	NO	COMMENTS
Is there a record keeping system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLIENT REGISTER
Is there a record for each client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method of filing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alphabetical	<input type="checkbox"/>	<input type="checkbox"/>	
By date	<input type="checkbox"/>	<input type="checkbox"/>	
Geographical area	<input type="checkbox"/>	<input type="checkbox"/>	
Record review: complete client history	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does history include:			
Checklist appropriate for selected contraceptive method	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Method selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount of supplies given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of pill, injectable or IUD given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Follow-up Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**2. Service Data**

	YES	NO	COMMENTS
Do they include:			
Number of new acceptors by method adopted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAN BE OBTAINED FROM CLIENT REGISTER
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Number of continuing acceptors by method?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Number of drop-outs by method?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
By date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Who collects service data? Clinic-in-charge (Ms. S.D. Najime);

prepared by FP Nurse-in-charge (Mrs. Rhoda Ade)

**2. Service Data (cont.)**For what purpose? \_\_\_\_\_  
\_\_\_\_\_

How often submitted? \_\_\_\_\_

To where? FP Coordinator/MOH, MakurdiAny feedback? UNKNOWN**3. Client Follow-Up YES NO COMMENTS**Is there a standard procedure:  UNKNOWN for clients who do not return?  for a follow-up visit?  Some follow-up done for clients residing in nearby and accessible areas.No vehicle available.**D. Personnel for FP**

<u>1. TITLE</u>	<u>RESPONSIBILITIES</u> (include methods provided)	<u>FP/ORT TRAINING</u>	<u>DATE</u>
Ms. Rhoda Ade, Registered Community Midwife/ FP Nurse	FP clinic charge. All methods reg. IUD insertion	5-Day FP/ORT Update	1985
Ms. Victoria, Registered Community Midwife/ FP Nurse	FP Staff Nurse	None (?)	

2. Personnel Guidance and Supervision

Does each person have a position description? YES  UNKNOWN NO

Who supervises personnel? Clinic in-charge

Who supervises services? Clinic in-charge

Do personnel have written family planning guidelines/protocols? YES  NO

Are guidelines complete? Yes  NO   
Up to date? YES  NO

Do nurses/midwives have standing orders? YES  NO

Are these signed? YES  NO   
(indicate by whom)

Constraints to providing quality family planning Inadequately  
trained staff; lack of FP kit and equipment.

E. Client Recruitment

1. Who recruits for FP? Nil

2. Any post-partum FP education? UNKNOWN

F. Summary

1. Minor physical changes that, if made, would correct identified deficiencies.

Painting, cleaning, shelves, extra desk and chairs in interview room; record  
file cabinet.

- 2. Additional equipment and supplies necessary for provision of family planning services.

Africare kit if staff are trained in FP clinical skills course.

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- 3. Training needs identified for personnel in this clinic.

Both require FP clinical skills course.

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- 4. Other needs, including client recruitment: Better FP IEC skills training; develop opportunities to motivate clients during MCH clinic days.
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**G. Additional Comments**

There appeared to be little FP activity in this clinic. Few clients, lack of trained staff and equipment, little or no FP supervision or staff motivation.

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5/27/86

CLINICAL FACILITY NEEDS ASSESSMENT CHECKLIST**A. Clinical Facilities**

1.	<u>Client Waiting Area</u>	YES	NO	COMMENTS
	Sheltered from elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Toilet	<input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
	Adequate seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Adequate space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Visuals/posters in view	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Are visuals/posters appropriate to clientele?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Is group health education provided in the waiting area? By whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments: This clinic is attached to and located in the rear of a police station. Clients are reportedly hesitant to use it, primarily because of the lack of privacy entering and leaving the premises.

What is required to correct deficiencies?

Locate in another facility.

2.	<u>Counselling Area</u>	YES	NO	COMMENTS
	Privacy (space available out of earshot)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Seating for client(s) and counsellor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Visual materials available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Samples of contraceptive devices available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	NFP info available	<input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	

2. <u>Counselling Area</u> (cont.)	YES	NO	COMMENTS
Are FP reference books available to clinic personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
What is required to correct deficiencies?			
<u>An extra room for examination.</u>			

3. <u>Examination Area</u>	YES	NO	COMMENTS
Is privacy maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Covers available for table and client	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Examining tables available (if yes, indicate number of tables)	<input checked="" type="checkbox"/> <u>1</u>	<input type="checkbox"/>	
Are stirrups needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adjacent toilet available	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What is required to correct deficiencies?			
<u>Complete Africare kit; more space.</u>			

## B. Equipment and Supplies

1. <u>Equipment</u>	YES	NO	COMMENTS
Various sizes of specula available	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Tenacula	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Uterine sound	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Forceps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

1. <u>Equipment (cont.)</u>	YES	NO	COMMENTS
Soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sterilization equipment Methods used to sterilize:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<u>Boiling</u>		
Adequate equipment for boiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate sized equipment for soaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What is sterilizing solution used	<u>UNKNOWN</u>		
Is sterility of equipment maintained?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is equipment sterilized between client use?	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
2. <u>Commodities</u>	YES	NO	COMMENTS
Sufficient supply of all family planning commodities available at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, identify which commodities are in short supply	_____		
Problems encountered in procurement	_____		
3. <u>Storage</u>	YES	NO	COMMENTS
Supplies labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supplies inventoried	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Shelved according to expiration date	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Storage area cool or well ventilated	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>

**C. Record Keeping****1. Client Data**

	YES	NO	COMMENTS
Is there a record keeping system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLIENT/PATIENT REGISTER
Is there a record for each client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method of filing?	<input type="checkbox"/>	<input type="checkbox"/>	
Alphabetical	<input type="checkbox"/>	<input type="checkbox"/>	
By date	<input type="checkbox"/>	<input type="checkbox"/>	
Geographical area	<input type="checkbox"/>	<input type="checkbox"/>	
Record review: complete client history	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does history include:			
Checklist appropriate for selected contraceptive method	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Method selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount of supplies given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of pill, injectable or IUD given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Follow-up Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**2. Service Data**

	YES	NO	COMMENTS
Do they include:			
Number of new acceptors by method adopted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Number of continuing acceptors by method?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By date?	<input type="checkbox"/>	<input type="checkbox"/>	
Number of drop-outs by method?	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
By date?	<input type="checkbox"/>	<input type="checkbox"/>	

Who collects service data? Nurse-in-charge

---

**2. Service Data (cont.)**

For what purpose? For submission to MOH/FP Coordinator and presumably  
LGA.

How often submitted? Monthly

To where? LGA and MOH/HSMB.

Any feedback? \_\_\_\_\_

**3. Client Follow-Up YES NO COMMENTS**

Is there a standard procedure:

for clients who do not return?

for a follow-up visit?

FP guidelines, protocols, policy.

**D. Personnel for FP**

<u>1. TITLE</u>	<u>RESPONSIBILITIES</u> (include methods provided)	<u>FP/ORT TRAINING</u>	<u>DATE</u>
Ms. Cecilia Anoh, Registered Community Midwife	In-charge administrative and general nursing.	Nil	-----
Mrs. Anastasia Agami, Registered Community Midwife	FP Staff Nurse: all methods except IUD insertion.	5-Day FP/ORT Update	1985

Personnel Guidance and Supervision

Does each person have a position description? YES  UNKNOWN NO

Who supervises personnel? HSMB has responsibility

Who supervises services? FP Coordinator for FP (?)

Do personnel have written family planning guidelines/protocols? YES  NO

Are guidelines complete? Up to date? Yes  NO   
YES  NO

Do nurses/midwives have standing orders? YES  NO

Are these signed? (indicate by whom) YES  NO

Constraints to providing quality family planning Lack of adequately trained staff, equipment, space and location.

E. Client Recruitment

1. Who recruits for FP? Nil.

2. Any post-partum FP education? To clients who attend.

F. Summary

1. Minor physical changes that, if made, would correct identified deficiencies.

Major relocation required for FP purposes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

- 2. Additional equipment and supplies necessary for provision of family planning services.

Africare kit.

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- 3. Training needs identified for personnel in this clinic.

Both nurses require FP clinical skills training.

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- 4. Other needs, including client recruitment: \_\_\_\_\_
- 
- 
- 

**G. Additional Comments**

The two nurses in this center appeared to be motivated and interested in  
providing FP services. Their location is unfortunate. The clinic is  
bright and clean. It is also underutilized. FP clients average 3-5/day.

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5/27/86

18

APPENDIX H

PRELIMINARY EDITION:

TRAINING PROGRAM FOR BENUE STATE/INTRAH

APPENDIX H

PRELIMINARY EDITION

TRAINING PROGRAM FOR BENUE STATE/INTRAH

ACTIVITY	PURPOSE(S)	PARTICIPANTS	DURATION	FUNDING
1. SEMINARS FOR POLICY-MAKERS (2)	<ol style="list-style-type: none"> <li>1. Encourage Official Acceptance of FP.</li> <li>2. Develop FP policy guidelines for Benue State.</li> <li>3. Give visibility to FP through Publicity and pronouncements</li> </ol>	40:20 each Seminar Permanent Secretaries, Commissioners, religious leaders, traditional leaders, Bank Managers, Women leaders, Local Govt. Chairmen.	2 days (3 nights) each seminar	PCS?
2. TOT for HSMB ORIENTATION SEMINARS LEADERS AND FACILITATORS	<ol style="list-style-type: none"> <li>1. Prepare Leaders and facilitators</li> <li>2. Prepare curriculum and Hand-outs.</li> </ol>	20 (6 teams of 3 each) (with two floaters)  Ogebe, Lalhatu, Abdulahi(2) Amali, Hamation, Odah, Attah, Abeda, Alhaji, Abu, Tandyer, ACNO Lekina Hosp., Gyado, Ajonye, Yaji, Musa, Gbadamosi, Agoon, Okpe+1	2 weeks	INTRAH
3. HSMB STAFF ORIENTATIONS IN 7 ZONES (40 sessions)	<ol style="list-style-type: none"> <li>1. Disseminate FP policy</li> <li>2. Promote client/patient continuity and Follow-up in MCH Services</li> <li>3. Promote FP, ORT, immunizations and breastfeeding</li> <li>4. Increase client acceptance of FP, ORT, immunizations and breast feeding.</li> <li>5. Develop Action Plan For implementation and community education</li> </ol>	Up to 2000:50 per session x 40 sessions  Personnel from: HSMB Voluntary Organizations LGAs Community health Aides	3 days each session.  Sessions to be conducted within three months period.	INTRAH + UNICEF? UNFPA?

ACTIVITY	PURPOSE(S)	PARTICIPANTS	DURATION	FUNDING
4. 3rd COUNTRY AND U.S. based trainings	<ol style="list-style-type: none"> <li>1. Prepare Clinically competent FP service providers</li> <li>2. Increase management capability</li> </ol>	<p>18 clinical:            2 MD/nurse teams in Philipp            4 N/M in Zimbabwe (2 in 1986 and 2 in 1987)            10 N/M at Ibadan</p> <p>2 Management:            1 (Abdullahi) at Chapel Hill            1 (Attah) at Santa Cruz</p>	<p>Clinical:            6 weeks            Management:            Variable</p>	<p>INTRAH            PATHFINDER            (for IBADAN)            WW training funds</p>
5. CBD STUDY TOUR	<ol style="list-style-type: none"> <li>1. Study Oyo State (Ibadan) CBD Program for possible replication</li> </ol>	<p>10: From MOH, HSMB, LGA, Voluntary Organizations</p>	<p>1 Week</p>	<p>INTRAH OR SOMARC OR PATHFINDER OR COLUMBIA</p>
6. CLINICAL TOT	<ol style="list-style-type: none"> <li>1. Prepare Clinical training teams</li> <li>2. Prepare protocols, procedures.</li> <li>3. Prepare clinical curricula: 1 for clinical without insertion; 1 for clinical with insertion.</li> </ol>	<p>15: Attah, Abeda, Dalhatu, Ibrahim, Aruwa, Gyado, Abu, Orpin, Odeh, Mamudu, Ati, Audu, + 3 LGA STAFF</p>	<p>4 Weeks</p>	<p>INTRAH</p>
7. TOT FOR SUPERVISORS' ORIENTATION	<ol style="list-style-type: none"> <li>1. Upgrade training skills</li> <li>2. Prepare curriculum for supervisors' orientation</li> </ol>	<p>8: drawn from HSMB TOT and Clinical TOT groups.</p>	<p>1½ weeks</p>	<p>INTRAH</p>
8. SUPERVISORS' ORIENTATION	<ol style="list-style-type: none"> <li>1. Introduce Supervisors to FP supervisory responsibilities</li> <li>2. Introduce checklist</li> <li>3. Introduce record-keeping system</li> <li>4. Introduce commodities system</li> <li>5. Introduce follow-up system for clinical participants.</li> </ol>	<p>26 Zonal Supervisors</p>	<p>6 days</p>	<p>INTRAH</p>

ACTIVITY	PURPOSE(S)	PARTICIPANTS	DURATION	FUNDING
9. TRAINING AND PROGRAM EVALUATION TECHNICAL ASSISTANCE	<ol style="list-style-type: none"> <li>1. Develop baseline Data</li> <li>2. Develop evaluation plan</li> <li>3. Develop evaluation instruments</li> </ol>	5 from MOH and HSMB	1 Week	INTRAH
10. CLINICAL WITHOUT INSERTION 4 WORKSHOPS	<ol style="list-style-type: none"> <li>1. Prepare clinical service Providers for all methods except IUD</li> </ol>	50: 10 each for two workshops 15 each for two workshops	4 weeks each workshop trained by training teams of 4 or 5 each workshop	INTRAH + UNFPA?
11. CLINICAL REVIEW AND IUD INSERTION TRAINING	<ol style="list-style-type: none"> <li>1. Review and update clinical skills and knowledge</li> <li>2. Develop IUD insertion skills</li> </ol>	5: from trainees in Above workshops	2 weeks trained by 5 trainers: 1 each training site	INTRAH
12. PROJECT REVIEW: ANNUAL	<ol style="list-style-type: none"> <li>1. Review Accomplishments</li> <li>2. Identify and resolve problems</li> <li>3. Revise training program, if necessary</li> <li>4. Visit/observe participants</li> </ol>	MOH HSMB INTRAH AAO	1 week	INTRAH
13. FP Skills Training for Physicians	<ol style="list-style-type: none"> <li>1. Prepare physicians to provide all FP methods, except sterilizations.</li> </ol>	20 G's. per year (drawn from HSMB, Vol. agencies & private sector)	2 weeks each session	JHPIEGO ?

27

APPENDIX I

LIST OF CLINICS SUPPLIED BY AFRICARE



# Africare

"Improving the quality of life in rural Africa through the development of water resources, increased food production and the delivery of health services."

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## LIST OF CLINICS SUPPLIED

1. Anambra--11 sets, second distribution
  - Abakpa-Nike HC
  - Awka MCH\*
  - Agbani HC\*
  - Amechi/Awkunanaw Clinic\*
  - Abakaliki MCH
  - Awgu MCH
  - Nsukka MCH
  - Nnewi GH\*
  - Ogidi MCH
  - Onitsha GH\*
  - UNYH, Enugu\*

(23 LGA)
2. Bauchi--4 sets, first distribution
  - Kofar-Wasi FPC\*
  - Azare Urban MCH\*
  - Gombe Urban MCH\*
  - Bauchi Specialist Hospital\*

3 sets, second distribution

(16LGA)
3. Bendel--8 sets, second distribution
  - Amukpa HC
  - Warri Central Hospital\*
  - Benin City Central Hospital\*
  - Auchi Urban HC
  - Benin City School of Health
  - Asaba MCH
  - Agbor HC
  - Abudu

(19LGA)
4. Benue--4 sets, first distribution
  - Makurdi GH \*
  - Ankpa Health Unit\*
  - Makurdi MCH
  - Otukpo GH

#Otukpo CHC-microscope only

5 sets, second distribution

  - Idan GH\*
  - Gboko GH\*
  - Gboko LGA MCH
  - Otukpa LGA MCH
  - Otukpa RHC

(13 LGA)

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84

5. Borno--10 sets, second distribution
  - Potiskum MCH\*
  - Potiskum GH\*
  - Biu GH\*
  - Maiduguri GH\* (OG/GYN)
  - Gwange HC
  - Yerwa MCH
  - Nguru GH\*
  - Gasua GH\*
  - Zasiri MCH
  - Bulumuntu HC

(18 LGA)
  
6. Cross River--5 sets, second distribution
  - St. Luke's Hospital,
  - University of Calabar TH\*
  - Diamond Hill HC
  - Moore Rd. FHC, Calabar
  - Ogoja MCH

(17 LGA)
  
7. Gongola--2 sets first distribution
  - Numan GH
  - Yola GH
  - #Gaikida GH-microscope only
  - #Mubi -microscope only
  - 4 sets second distribution
  - Yola MCH\*
  - Mubi GH\*

(15 LGA)
  
8. Imo--8 sets first distribution
  - Owerri GH\*
  - Nwa Oribi
  - Aba GH\*
  - Okpualà Ngwà General Hospital\*
  - School of Health, Aba\*
  - Uba Kala Basic Health
  - Okigwe General Hospital
  - Orlu MCH Center
  - 5 sets second, distribution
  - Eziama MCH
  - Bende MCH
  - Ohazia MCH\*
  - Aboh-Mbaise GH\*
  - Emii HC

(21 LGA)
  
9. Kaduna--10 sets, first distribution
  - Duara Rd.Clinic
  - Kawo Family Health \*
  - Junction Rd. Clinic
  - Barnawa rd. Clinic\*.
  - Funtua FHC\*
  - Zaria Health Office\*
  - Sabongari FHC\*
  - Unguwar Rimi
  - Tudun-Wada
  - Kakuri FHC

(14 LGA)

82

10. Kano--10 sets, first distribution
  - Malam Aminu Kano\*
  - Mutala Muhammed GH\*
  - Gwagwarma FHC\*
  - Kofar Nassarawa \*
  - Geydi geydi clinic
  - Nassarawa GH
  - Marmara GH
  - Dala MCH
  - Sabon Gari MCH
  - Biki PHC

(20 LGA)
  
11. Kwara--6 sets, first distribution
  - Okene GH \*
  - Ilorin District HC\*
  - Lokoja GH
  - Efon Basie HC
  - Okengwe RHC
  - Ewin-Ile RHC

(12 LGA)
  
12. Lagos--7 sets second distribution
  - Gbagada GH\*
  - Ikeja GH\*
  - Apapa HC\*
  - Ikorodu GH\*
  - Epe GH\*
  - Randall St. Community HC\*
  - Badagary GH\*

(8 LGA)
  
13. Niger-- 5sets, first distribution
  - Kontagora GH\*
  - Sulega GH\*
  - Bida GH\*
  - Minna GH\* ..
  - Suleja MCH\*

3 sets, second distribution

  - Diko BCH
  - Chanchanga MCH
  - Agai MCH

(8 LGA)
  
14. Ogun--first distribution
  - # 5 OB/GYN Tables
  - # 10 Gramstain kits
  - 10 sets, second distribution
  - Oba Ademola II MH\*
  - Odeda PHC
  - Sagumu SH
  - Ilaro SH\*
  - Ohia GH\*
  - Ala/Idowa PHC
  - Ijebu-Egbu MCH
  - Ijebu-Ode SH
  - Ijebu-Imusin MCH
  - Sokenu SH

(10 LGA)

15. Ondo--first distribution  
#5 OB/GYN Tables  
#10 Gramstain Kits  
    10 sets, second distribution  
    Ilara Comp HC  
    Akure LGA HC  
    Akure SH  
    Ikere-Ekiti HO  
    Ado-Ekiti SH\*  
    Ondo City State Hospital\*  
    Ilawe-Ekiti SH\*  
    Okitipupa-Akoko SH\*  
    Ile-Olyji GH\*  
    Ikere-Ekiti HC

(18 LGA)

16. Oyo--10 sets second distribution  
    Adeoyo SH\*  
    New Jerico Clinic\*  
    MCH Unit Ibadan  
    Oni Memorial Childrens Hospital\*  
    Ilori PHC  
    Kisi PHC\*  
    Ogbomoso GH\*  
    Ogogbo GH\*  
    Ilesa PHC\*  
    Ijeda PHC

3 sets to UCH second distribution

(24LGA)

17. Plateau--14 sets first distribution  
    Bukuru Clinic  
    Jos MCH\*  
    Shendam HC  
    Dengi MCH\*  
    Amper RHC  
    Hoss RHC  
    Vom Ywang MCH  
    Foron Basic HC  
    Gudi Basic HC  
    Nassarawa-Eggon\*  
    Tudun-Wada\*  
    Nassarawa-Gwang\*  
    Pankshin MCH  
    Gyambwas  
    4 sets, second distribution  
    Toto Ruvae HC  
    Lang Tang HC  
    Awe MCH  
    Kef MCH

(14 LGA)

81

18. Rivers--6 sets second distribution  
Braithewaite GH\*  
Obio HC  
Okrika GH\*  
K-Dere HC  
Korokorosei CHC  
Ahoada GH\* (10 LGA)
19. Sokoto--8 sets, second distribution  
Women and Childrens Welfare Clinic\*  
Gwadabana RHC  
Argungu GH\*  
Birnin Kebbi GH\*  
Talata Mafara GH\*  
Gusau GH\*  
Gusau MCH  
Kaura-Namod RHC (20 LGA)

82

First Distribution  
Standard List of Items Provided

One Set

Angle Poise Lamp	1 ea.	
Flashlight	2 ea.	
Flashlight Batteries	1 dozen	(Some sites also
Sphygnomanometer	2 ea.	received micro-
Instrument Tray	2 ea.	scopes and gram
Solution Stand w/basin	1 ea.	stain kits.)
Dressing Jar	2 ea.	
Surgeon's Gloves	2 pair	
Gauze Bandage	5 dozen rolls	
Cotton Balls (4,000/box)	4 boxes	
Chemostix (100/vial)	5 vials	
Povidone-Iodine Soln	6 gallons	
Liquid Soap	8 gallons	
Thermometer, oral	1 dozen	
Privacy Screen	1 ea.	
Aluminum Pot w/lid	2 ea.	
Stethoscopes	2 ea.	
Pressure Sterilizer	1 ea.	
OB-GYN Table	1 ea.	
Lightbulbs	10 ea.	

Second Distribution  
Standard List of Items Provided  
One Set

Clinic Privacy Screen	1 ea.	
Flashlights	2 ea.	(Some sites also
Flashlight Bulbs	10-package	received micro-
Sphygnomanometer	2 ea.	scopes, gram stai-
Stethoscope	2 ea.	kits, gooseneck
Thermometers	1 ea.	lamps, lamp socke
Instrument Tray	1 ea.	adapters, and
Dressing Jar w/cover	1 ea.	extension cords)
Sterile Gauze Bandage	5 dozen	
Chemostix (100/vial)	5 vials	
Absorbent Cotton (25 lbs)	1 ea.	
OB-GYN Table	1 ea.	
Liquid Soap	8 gallons	
Povidone-Iodine Soln	12 gallons	
Pressure Sterilizer	1 ea.	
Salter Scale w/trousers	2 ea.	
Surgeons Gloves	200 pair	
Aluminum Pot w/lid	2 ea.	
Kerosene Pressure Stove	1 ea.	
Dressing Drum	1 ea.	
Stove Frame	1 ea.	
Batteries for Flashlight	1 doz.	
Solution Stand w/basin	1 ea.	