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INTRAH

Trip Report

0-76

Travelers: Ms. Teresa Mirabito, INTRAH Program Officer
Mr. James Williams, IHP Program Coordinator

Country Visited: Bauchi State, NIGERIA

Date of Trip: September 8 - 19, 1986

Purpose: To Conduct a Project Review and Follow-Up Activity of the CS/ORT Training Program in Bauchi State.

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LIST OF ABBREVIATIONS

CHE	Community Health Education
CMO	Chief Medical Officer
CS	Child-Spacing
EPI	Expanded Program of Immunization
FP	Family Planning
GOB	Government of Bauchi (State)
HMB	Health Management Board
IUCD	Intrauterine Contraceptive Device
LGA	Local Government Area
MCH	Maternal and Child Health
MOH	Ministry of Health
OCP	Oral Contraceptive Pills
ORT	Oral Rehydration Therapy
PMO	Principal Medical Officer
PPFN	Planned Parenthood Federation of Nigeria
SHT	School of Health Technology
SOMW	School of Midwifery
SON	School of Nursing
TOT	Training of Trainers
UCH	University College Hospital

EXECUTIVE SUMMARY

Ms. Teresa Mirabito, INTRAH Program Officer and Mr. James Williams, IHP Program Coordinator traveled to Bauchi City, Bauchi State, Nigeria to conduct a two-week review and follow-up of the Child-Spacing/Oral Rehydration Therapy (CS/ORT) training program in Bauchi State and to identify additional training needs in the Bauchi State program for which INTRAH might provide training or technical assistance. Also, information gathered during this activity will assist INTRAH in future program planning elsewhere in Nigeria.

The activity was conducted at the conference center at the School of Nursing in Bauchi City from September 8-19, 1986. Multiple site visits and interviews were conducted by teams throughout the two-week period. The 12 participants included nurse-midwives, public health nurses, tutors from the Schools of Nursing, Midwifery and Health Technology, administrative staff, a pharmacist and an accountant. The participants represented the Ministry of Health (MOH), Health Management Board (HMB), and Local Government Areas (LGA).

The review revealed that key elements of a CS/ORT program are in place. Policy makers and administrators are aware of the program and see it as a priority. The service delivery program has expanded from five to eleven clinics of which eight are currently offering CS services. The number of CS acceptors has increased from approximately 6,000 to 11,000 during the year the CS/ORT training program has been conducted. There has been an increase of service providers from six to eighteen during the training program with further increase imminent as practitioners return from training at University College Hospital in Ibadan. Training and education are ongoing: forty-six in-service health personnel have completed on-the-job training at several of

clinical CS services and 21 are health educators.

Faculty of the three pre-service Schools of Nursing, Midwifery and Health Technology are currently teaching CS theory based on the curriculum developed during the CS/ORT training program.

Community health education activities are conducted regularly and clinicians are experiencing an increase in attendance at CS/ORT clinics as a result of these efforts. A minimal management structure consisting of an acting CS/ORT program coordinator and a designated state-wide supervisor is in place and operating.

Recommendations made by participants of the Review and Follow-Up Activity include: that the MOH/HMB appoint a full-time CS/ORT program coordinator; that INTRAH provide technical assistance and support for clinical skills and CHE workshops to be conducted by personnel trained in the CS/ORT training program workshops; that Bauchi State trainers conduct clinical skills and CHE workshops for health personnel from ten of sixteen LGAs not offering CS services; that existing CS clinics be expanded to accommodate students from the pre-service institutions engaged in the practical portion of their training; and that a vehicle be requested from a donor agency to facilitate supervision of services and commodity distribution.

SCHEDULE OF ACTIVITIES

Monday
September 1 Ms. Teresa Mirabito arrived in Lagos for contract development with Lagos State Ministry of Health.

Tuesday
September 2 Visited Lagos State Ministry of Health.
Meeting with Ms. Keys MacManus, AID Affairs Officer/Lagos.

Wednesday
September 3 Mr. James Williams arrived in Lagos.

Thursday
September 4 Mr. Williams traveled to Bauchi State.

Friday
September 5 Mr. Williams met with Mrs. Ahmed, Maternal/Child Health Coordinator and Acting Child-Spacing/Oral Rehydration Therapy Program Coordinator, Health Management Board, and Mr. A. W. Katty, Principal, School of Midwifery.

Venue for the workshop was reviewed.

Activity schedule was reviewed.

Saturday
September 6 Ms. Mirabito arrived in Bauchi City.

Sunday
September 7 Workshop preparation.

Monday
September 8 Courtesy visit to Dr. Bulcata R. Adamu, Commissioner, Health Management Board.

Project Follow-up and Review workshop activity commenced.

Thursday
September 11 Mr. Williams and participants conducted interviews in Bauchi City.

Ms. Mirabito and participants visited child-spacing clinics in Ningie, Jama'are and Dass in the northern zone.

Friday
September 12 Ms. Mirabito and participants visited child-spacing clinics in Azare and Darazo in the northern zone.

Mr. Williams and participants conducted interviews in Bauchi City.

Saturday
September 13 Organized trip report.

SCHEDULE (cont.)

Sunday September 14	Reviewed activities of past week and planned activities for second week.
Monday September 15	Ms. Mirabito visited Specialist Hospital, Kafar Wase Maternal/Child Health Clinic and Schools of Nursing and Midwifery. Workshop activities continued at School of Nursing.
Tuesday September 16	Ms. Mirabito visited Toro General Hospital Child-Spacing Clinic. Workshop activities continued at School of Nursing.
Wednesday September 17	Ms. Mirabito met with: <ul style="list-style-type: none">- Mr. J.A. Tenebe, Permanent Secretary, Ministry of Health- Dr. M.A. Hussain, Principal Medical Officer, Ministry of Health- Mr. A. M. Tilde, Deputy Secretary, Health Management Board- Dr. Mahmood Umar, Chief Medical Officer, Health Management Board- Dr. Shehu Mahdi, Regional Coordinator, Primary Health Care Services, Federal Ministry of Health Workshop activities continued at School of Nursing.
Thursday September 18	Workshop activities continued at School of Nursing.
Friday September 19	Mr. Williams met with Dr. Hussain and Dr. Adamu. Workshop activities concluded.
Saturday September 20	Writing of trip report.
Sunday September 21	Writing of trip report.
Monday September 22	Closing Ceremony. Departure of Mr. Williams to U.S. via Lagos. Departure of Ms. Mirabito to Lagos.
Wednesday October 8	Debriefed with Ms. MacManus, AAO/Lagos upon return from Benue State.

I. PURPOSES OF TRIP

The purposes of the trip were:

- To conduct a Project Review and Follow-Up of the Child-Spacing/Oral Rehydration Therapy training program in Bauchi State.
- To identify additional training needs in the Bauchi State CS/ORT program for which INTRAH might provide technical assistance or training.

General objectives of the trip were:

- To determine the extent to which INTRAH/IHP goals and objectives of the training project were achieved.
- To identify additional training needs of CS/ORT personnel.
- To prepare CS/ORT program personnel to conduct reviews and follow-up activities during the next phase of CS/ORT training program implementation.

II. ACCOMPLISHMENTS

- A. The HMB/INTRAH CS/ORT training program, which consisted of six workshops, was reviewed by participants.
- B. A total of 46, or 84%, of 57 participants from the six HMB/INTRAH-sponsored workshops were interviewed.
- C. The current status of the CS/ORT program was determined and findings, conclusions and recommendations were detailed in a document developed by the participants.
- D. Additional training needs were identified. Bauchi State trainers developed a proposal requesting technical assistance from INTRAH.

- E. During the participants' evaluation of the Review and Follow-Up Activity, they stated that the processes followed during the activity equipped them with information and skills that they would use in planning, supervising, and monitoring not only future CS/ORT program activities, but also in other program areas for which they were responsible .

- E. The new Permanent Secretary for Health, who assumed his post during the first week of the project review was briefed by the INTRAH representative on the training projects and accomplishments of the participants.

- F. Visits were made to the Chief Medical Officer and Principal Medical Officer. The CMO assumed his position one day prior to the visit. Each was briefed on the training projects, accomplishments, and needs identified, including the need for updated protocols. A copy of updated protocols was briefly reviewed by the CMO and the PMO. Each endorsed a plan to leave a set of protocols for distribution to clinicians.

III. BACKGROUND

At the invitation of the Bauchi State Ministry of Health/Health Management Board, an INTRAH/IHP team visited Bauchi in November 1984 to conduct a family planning training needs assessment and develop a training project; a subcontract visit was made in January 1985. The resulting CS/ORT training project consisted of a series of six workshops designed to accomplish the following goals:

1. To extend family planning services throughout the state by integrating family planning into the existing health system within the context of maternal/child health.

2. To establish a state-level training team whose members are skilled in family planning service delivery, planning, conducting and evaluating family planning training, and developing curricula for family planning training.

The series of six workshops included:

<u>WORKSHOP TITLE</u>	<u>TRIP REPORT #</u>
1. Program Planning	0-131
2. TOT/CHE	0-116
3. CS/ORT Clinical Skills	0-118
4. Curriculum Development	0-130
5. CHE	0-115
6. Review and Follow-Up	0-76 (this report)

During the TOT/CHE workshop, Dr. Shehu Mahdi, then Director of Health Services/HMB, informed the trainers that the HMB could not support a training team due to lack of funds, transport and infrastructure. Instead of establishing a state-level training team, individuals on the training team were to train service providers on-the-job. The MOH/HMB planned to integrate a CS/ORT curriculum into the pre-service program of the Schools of Nursing, Midwifery and Health Technology in order that graduate nurses, midwives and other health cadres would receive family planning theory in the classroom and practice clinical skills in teaching clinics under supervision of members of the training team.

All of the workshops have been conducted. The activity reported herein is the last in the contract between the HMB and INTRAH.

IV. DESCRIPTION OF ACTIVITIES

- A. The activity followed a workshop format with the INTRAH/IHP representatives functioning as facilitators. The facilitators reviewed with the participants general principles of program progress evaluation so that this knowledge, plus the experience of conducting a review activity, would provide the participants with information and skills needed for monitoring future CS/ORT activities. The workshop participants prepared an information gathering strategy based on questions to be asked of all former participants of CS/ORT workshops. In teams of two, they located and interviewed 46, or 84% of participants. Six clients and one supervisor were also interviewed. Information collected during the interviews was summarized and analyzed to provide a picture of the current status of the CS/ORT program and the impact of the INTRAH/IHP interventions. Participants drew conclusions and made recommendations to assist MOH/HMB officials in making decisions about guiding plans for the expansion of the program.
- B. The INTRAH/IHP staff who conducted the activity were Ms. Teresa Mirabito, INTRAH Program Officer in charge of activities in Nigeria and Mr. James Williams, IHP Program Coordinator, who visited Bauchi as a member of the CS/ORT program contract development team and later as a co-trainer for the CS/ORT curriculum development workshop. INTRAH/IHP representatives reviewed and analyzed all information gathered by the participants. They also participated in 18 interviews led by participants, and discussed the CS/ORT training program with clinicians conducting ORT, and interviewed second-generation trainees, instructors from the Schools of Nursing, Midwifery and Health Technology, the Acting

CS/ORT Program Coordinator and other officials from MOH/HMB.

- C. The participants were from the MOH, HMB and LGA. Fifteen were invited, but two of them were unable to attend. Ten of the twelve participants had attended one or more of the workshops comprising the CS/ORT training program. Two participants who had not attended any previous workshops were invited by Mrs. Ahmed, MCH Coordinator and Acting CS/ORT Coordinator. One was a pharmacist whom it was hoped would become more aware of the commodities and supplies that would be used by the expanding CS/ORT program. The other was an accountant who was invited so that he might become familiar with the CS/ORT program in order that the context of budget requests for future CS/ORT activities would be understood. Both contributed significantly to the workshop.
- D. Clinical trainers who participated in the project review developed a proposal for a CS/ORT service delivery workshop for 10 community health aides and 10 trained midwives. The proposed workshop will be planned, conducted and evaluated by the clinical trainers with INTRAH technical assistance.
- E. Clinical trainers agreed that a need exists to establish standards for on-the-job clinical training. Assistance was provided to develop basic preliminary standards for on-the-job training which include:
1. Documentation of objectives and expectations of the clinical preceptor and of the trainee.
 2. An agreed upon list of a minimum number of procedures which trainees need to accomplish during a clinical practicum.
 3. The use of a form (previously developed) which will enable trainees to record client encounters and procedures completed.

4. A revised set of FP clinical protocols. A copy was given to each trainer to keep in the clinic for use by staff. Trainees will review protocols prior to a given procedure and their performance will be assessed using the protocols as a standard.
 5. An assessment tool (previously developed in Chapel Hill) was reviewed by clinical trainers. Five trainers agreed to use the tool and in the process will modify it to fit their needs.
- F. There were few problems encountered during the implementation of this activity. Support from the HMB was excellent and participants and interviewees were cooperative and positive about the CS/ORT program overall. Problems encountered included:
1. The vehicle assigned to support the activity was in such poor repair it was judged to be unsafe to travel out of Bauchi City. Another vehicle was found for these trips.
 2. As with other workshops in Bauchi, interruptions of the workshop were frequent because junior staff were periodically needed to consult with senior staff who were workshop participants.
 3. Because of other responsibilities, several members of the workshop were absent for periods of time ranging from several hours to two days.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS

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A. Logistical and Administrative Arrangements

1. INTRAH/IHP

a. The Bauchi State Acting CS/ORT Program Coordinator was sent a letter containing the Review and Follow-Up Activity agenda with a request for her to review the agenda, reserve the training rooms and confirm hotel reservations for the INTRAH/IHP representatives. Before leaving the U.S., INTRAH/IHP representatives had received a return letter from the Acting CS/ORT Program Coordinator concurring with the agenda and that she had completed logistical arrangements as requested.

a. Whenever possible, information concerning the content and administrative demands of an activity should be sent to the in-country program coordinator in sufficient time to allow for reply.

DHL should be used service when communicating with the MOH/HMB. DHL is more reliable than cable or telex.

2. Host Country

a. Materials and supplies (i.e., stencils, paper, duplicating ink, newsprint, etc.) were available in Bauchi but not purchased by the Acting Program Coordinator until she was requested to do so by INTRAH/IHP representatives.

a. A specific list of materials and supplies needed for an activity should be sent with the letter confirming time and venue of the activity.

b. Full-time secretarial service was available throughout the activity. This support service was excellent.

b. INTRAH/IHP representatives working in Bauchi in future should request the services of Mr. Samuel Bulus to support their activities.

c. MOH/HMB vehicles are in short supply and in great demand. The vehicle assigned during the activity was not always available.

c. INTRAH/IHP representatives travelling to Bauchi in future should be informed of the scarcity of MOH/HMB vehicles and that they should not rely on availability of government vehicles.

The vehicle first assigned to transport INTRAH/IHP representatives and activity participants to work places outside of Bauchi City was unsafe and unreliable. A second vehicle was assigned to make these trips.

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2. Host Country (cont.)

The Acting CS/ORT Program Coordinator was able to reimburse participants for the use of their personal vehicles for trips to work sites outside of Bauchi.

d. In Bauchi, a taxi charge is usually N1 to a single destination.

e. The conference room at the School of Nursing was adequate for this activity and is a quieter location than the conference room at the School of Midwifery used in other workshops.

f. One of the participants invited to attend the workshop, the Vice Principal of the School of Midwifery, was able to sit in for only a few half-days because of ongoing responsibilities. Other participants were absent for short periods throughout the workshop and interruptions by personnel from participants' offices were frequent because most participants had not been released from the responsibilities of their regular jobs while attending the workshop.

g. The Zaranda Hotel offers a 12 1/2% discount on room charges for INTRAH/IHP representatives if hotel management is requested to make that arrangement at the time reservations are made.

e. INTRAH should request the use of the conference room at the School of Nursing for future activities in Bauchi City.

f.1.A training site too far away from centrally located health facilities for easy interruption should be identified for future activities so that participants can devote their full attention to workshop activities.

f.2.A request should be made by INTRAH that workshop participants be officially released from regular work responsibilities while attending a training activity.

g. The telex or cable reserving rooms for INTRAH/IHP representatives should inform the hotel management that the representatives are working in cooperation with the MOH/HMB and request the discount.

B. Participant Selection

This activity was planned for participants who had training and supervisory functions related to the CS/ORT program. Eight of the 12 who attended had training roles, four of them had supervisory roles at the clinic level, and two had management positions at the MOH/HMB.

1. INTRAH/IHP should send the Acting Program Coordinator a clear set of criteria for participant selection and suggest participants to be included in the activities whenever possible and appropriate.

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B. Participant Selection (cont.)

Participant selection was based on the Acting CS/ORT Coordinator's understanding of the purpose of the activity which was derived from discussions with INTRAH/IHP representatives conducting previous workshops in Bauchi and on her receiving the activity outline well ahead of time.

2. The potential effectiveness of this activity will be increased if participants are able to apply directly the experience gained in the workshop to improving CS/ORT program activities.

C. Value of the Review and Follow-Up Activity

1. Of the twelve participants who attended this workshop, four had attended one previous INTRAH-sponsored workshop in Bauchi State, three had attended two workshops, two participants had attended three workshops, one had attended four workshops and 2 had attended no workshops at all. The majority of the participants required an in-depth orientation to the purpose and objectives of the CS/ORT training program and to each of the activities. This orientation lengthened the introduction of the workshop and reduced the time spent on interviewing, compiling and analyzing information. Furthermore, the objectives of some of the workshops were not clearly measurable and the relationship of individual workshops to the CS/ORT training program as a whole was not always clearly stated in the workshop goal or purpose.

1. Preparation for a project review and follow-up activity should begin during the first activity of a program. Participants in each activity should be oriented to overall program goals and how individual workshop goals and objectives support the overall goals. At the end of each activity participants should state what they perceive as the desired outcomes of the training program as a whole and the desired outcomes specifically related to their workshop. In addition, participants should list questions they would ask and information they would gather that would tell them if the outcomes had been achieved. By the time the program review and follow-up activity was conducted, participants would have a complete list of expectations of program and activity outcomes. They would also have a comprehensive knowledge and understanding of the training program's purpose and goals. Participants of the review and follow-up activity (all of whom would have attended one or more program workshops) would use the expectations, questions and information gathering methods suggested in the preceding workshops to design questionnaires, interviews and data collection strategies to improve the quality and increase the quantity of information obtained during the review activity.

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C. Value of the Review and Follow-Up Activity (cont.)

2. This activity provided most of the participants with their first exposure to a structured approach to program review. A summary of the Participant Reaction Forms can be found in Appendix F.1. In general, the participants considered the activity to be quite useful. They stated that the process used to gather and analyze information could be used in their primary work assignments. They recommended an activity like this one for others in the CS/ORT program.

A review and follow-up activity should be scheduled in all future INTRAH-sponsored training programs.

The participants worked hard and diligently throughout the workshop. They took their tasks seriously and carried them out well. The quality of their work reflects their perception that the CS/ORT program is important and worthwhile (see Appendix E.2. for the participants' report on the status of the CS/ORT program and their conclusions and recommendations).

3. a. The Commissioner of Health officially "closed" the workshop on Monday, September 22. He responded directly to the findings and recommendations made by the participants as a result of their review. He stated support of the CS/ORT program and indicated that it would be expanded by integrating CS services into MCH clinics throughout Bauchi State.

3.a. INTRAH should provide technical assistance and support for a CS/ORT clinical skills workshop requested by the participants of the Review and Follow-Up Activity.

b. All participants expressed the belief that CS/ORT services should be expanded throughout Bauchi State.

b. Further investment by international donor agencies in the CS/ORT program in Bauchi State is warranted.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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RECOMMENDATIONS

A. Organization and Management

1. Senior officials contacted in the MOH/HMB expressed support for the CS/ORT program and training project. However, no senior official has been designated to take charge of the CS/ORT program on a full-time basis. Mrs. Ahmed, MCH Coordinator is Acting CS/ORT Program Coordinator and has been the consistent contact within the HMB throughout the HMB/INTRAH training project.
2. The MOH Permanent Secretary, the HMB Chief Medical Officer and the HMB Head of Preventive Health Services were newly-appointed the first week of this activity. Frequent changes of officials within the MOH/HMB are the norm rather than an exception. With such frequent changes, it is difficult to identify locus of support for the Bauchi State CS/ORT program at the most senior level.
3. Bauchi State lacks an officially approved plan for development and expansion of the CS/ORT program. Two plans have been developed, the first during the September 1985 Project Planning workshop sponsored by HMB/INTRAH; and a second plan was developed during the State Plans workshop at JHPIEGO, May 1986. Neither has been officially approved, nor is the existence of these plans widely known.
4. Regardless of the apparent lack of leadership at the senior level and of an official CS/ORT plan, there is an unwritten understanding that CS/ORT services will be integrated into all state government and local government area MCH clinics, general hospital clinics and cottage hospitals (small rural hospitals), for a total of 130 service points. This unwritten plan is agreed upon by the trainers and Acting CS/ORT Program Coordinator and guides the activities of the CS/ORT program.

1. INTRAH should encourage MOH/HMB acceptance of participants' recommendation that permanent, full-time CS/ORT Coordinator be appointed.
2. See #1 above.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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A. Organization and Management (cont.)

5. The development and progress to date and the planned expansion of CS/ORT services in Bauchi can be attributed to the work and motivation of the Acting CS/ORT Program Coordinator, in-service trainers, and clinicians, principals and tutors in pre-service education. A majority of these personnel participated in the HMB/INTRAH training project.

6. Mrs. Polina Dogo, Principal Nursing Sister has been designated as supervisor of CS/ORT personnel and clinical services throughout Bauchi State. Due to lack of transportation, Mrs. Dogo has been unable to visit service facilities outside of Bauchi City. Supervision of services is crucial. However it is unrealistic for one person to supervise CS/ORT services statewide.

5. INTRAH should support training activities necessary to achieve phased implementation of a modified plan to expand CS/ORT services.

6. Zonal supervisors should be appointed (one for each of 3 zones). The potential benefit would be increased support for service providers, assuming a zonal supervisor would be more accessible than a statewide supervisor. The feasibility of zonal supervisors using their own transportation and being reimbursed for expenses should be explored.

B. Nursing Education and Training

1. Pre-Service Education

a. The School of Nursing offers a three-year general nursing course for secondary school graduates and an 18-month course for trained midwives. The entire curriculum is undergoing revision. However, the CS/ORT curriculum produced in the February 1986 INTRAH-sponsored Curriculum Development workshop has been incorporated. Students now receive 48 hours of CS/ORT theory and a four-week community health practicum including a rotation through child-spacing clinics.

b. Of the 140 SON graduates per year, a majority are male. The principal has stated that male student nurses will be expected to provide CS/ORT services excluding IUD insertion. Until now male nurses have not been allowed to provide CS services.

2. In future INTRAH-sponsored projects, principals and tutors of schools of nursing should be included as participants in a CS training program in order to prepare tutors for education and training in pre-service and post-basic institutions.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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- c. Tutors responsible for teaching child-spacing theory in the SON participated in the TOT/CHE workshop and have attended a four-week CS tutors' workshop at UCH, Ibadan. One tutor also participated in the Curriculum Development workshop in February 1986. The tutors are well-prepared and committed to teaching CS/ORT.
- d. School of Midwifery
The School of Midwifery accepts secondary school graduates for two years of midwifery training. In September 1986, the first class of graduate nurses was accepted for a 12-month course, thereby eliminating the need for nurses to study midwifery in Kaduna State. Total enrollment is 284, 32 of whom are graduate nurses.
- e. The CS/ORT curriculum produced during the February 1986 Curriculum Development workshop has been incorporated into the general course of midwifery study, providing 48 hours of theory. Clinical practicum is six weeks: two weeks of observation and four weeks of practice. The practicum is irregular because it depends on the availability of transportation. Up to 15 students attend one clinic for practical experience at any given time.
- f. The three CS clinics in Bauchi City lack the space and equipment to accommodate the large numbers of students for clinical practica from the SON and SOMW. Unless more space is made available, students will have an inadequate practical experience.
- g. Tutors at the SOMW have been trained through INTRAH-sponsored workshops and at Ibadan and, therefore, are well-prepared to teach CS/ORT.
- f. INTRAH should endorse the recommendation made by participants of this activity, that the GOB expand present clinic space where possible and open two new urban facilities for CS services.

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B. Nursing Education and Training (cont.)

- h. Tutors at the SON and SOMW expressed a need for more clinical practice in order that they might become more effective educators. Their solution is to open a clinic at the SOMW. A CS clinic at the school would provide more space for students to practice and provide an opportunity for tutors to practice and thereby maintain clinical competency.
- i. Six cadres of health personnel are trained at the School of Health Technology: community health supervisors, assistants and aides, pharmacy assistants, laboratory assistants and public health inspectors. During their two-year course, community health supervisors receive 24 hours of CS/ORT theory, adapted from the CS/ORT curriculum developed in February 1986, and six weeks of practical experience in MCH clinics. Community health assistants and aides are trained to conduct CS/ORT community health education. The pharmacy and laboratory and the public health inspectors have no exposure to CS/ORT education during their one-year course.
- j. Two of the four tutors responsible for teaching the CS/ORT curriculum have been participants in INTRAH-sponsored workshops. Mrs. Jalo attended the Curriculum Development workshop and a course at Ibadan in November 1985. She is responsible for teaching community health supervisors. Mr. Umar participated in the TOT/CHE, Curriculum Development and CHE workshops and now conducts classes in CHE. The two remaining tutors were trained as community health officers in 1982 and reportedly received CS/ORT training at that time.

- h. Tutors at the SON and SOMW should be encouraged to discuss the feasibility of opening a CS clinic with their principals.
- i. INTRAH should support the recommendation made during the project review by participants that the pharmacy and laboratory assistants, and public health inspectors be provided with CS/ORT education during their training in order that they may disseminate information and promote acceptance of CS/ORT services:
- j. If INTRAH sponsors a TOT workshop in another Nigerian state, Mrs. Jalo should be invited to attend it.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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2. In-Service Training

- a. State Training Team
Fourteen participants attended the HMB/INTRAH TOT/CHE workshop in November/December 1985. Currently, six are providing CS/ORT services and each has trained from 1-25 persons on-the-job.
- b. Of the State Training team, one clinician, Mrs. P. Bello, is recently deceased. Five members are tutors and are teaching CS/ORT. One is now in charge of CHE activities in the state. The final participant reportedly conducts workshops for rural workers in ORT/EPI. The choice of participants for the TOT/CHE workshop was appropriate.
- c. Although the TOT participants have not planned and conducted in-service CS/ORT workshops, all of the clinicians have conducted on-the-job training. Twenty-five of the 46 second-generation trainees are nurse-midwives or community health aides, 18 of whom are delivering CS/ORT clinical services. Trainers also precept students from the Schools of Nursing and Midwifery. The trainers are to be commended for their motivation and self-direction in training their staff.
- d. On-the-job training is not organized. Objectives are not written nor have assessment criteria been established for trainees. A need exists for standardizing clinical precepting for in-service and pre-service trainees in order to attain a high quality of service provision.

- 2. When considering candidates for future training teams, INTRAH should recommend to host governments that clinicians and pre-service educators be included on the team.
- d. Trainers should meet with tutors of the Schools of Nursing and Midwifery to develop guidelines and criteria which will enhance skills development of trainees and establish standards of practice expected of all trainees. Criteria for assessing trainees should also be established and standardized.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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FINDINGS AND CONCLUSIONS

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RECOMMENDATIONS

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2. In-Service Training (cont.)

- e. The clinician/trainers have expressed a need to provide their trainees with two weeks of theoretical knowledge prior to on-the-job training. The trainers believe they can plan, conduct, monitor and evaluate a CS/ORT workshop. All personnel who are expected to deliver quality CS/ORT clinical services should have a firm theoretical foundation prior to clinical skills development.
- f. The Acting CS/ORT Program Coordinator supports the trainers' plan to conduct future CS/ORT workshops to train community health aides and midwives. The need for a training team exists and has been acknowledged. During annual budget meetings on September 16, 1986, the Acting CS/ORT Program Coordinator requested N10,000 to support CS/ORT training during FY 1987. The budget will now go to Council for approval. Results will be announced in December.
- g. Technical assistance for the trainers is essential because of the change in objectives and content of the TOT/CHE workshop in which they participated. INTRAH/IHP consultants who conducted the TOT workshop in November 1985 learned that: 1) the HMB could not support a training team but trainees would train others on-the-job; and 2) participants stated they would return to their same duty stations after training and would not be released to conduct training. Therefore the TOT training was geared to meet the participants' needs for their work. Content focused on contraceptive technology and CHE techniques. Adult teaching/learning methodologies and practice training experiences could not be covered adequately in the TOT/CHE workshop.

- e. INTRAH should support a CS/ORT Clinical Service Delivery Skills workshop and provide technical assistance to members of the State Training team who will conduct the workshop.
- f. INTRAH should provide technical assistance for trainers. This will provide support for the training team and will provide an opportunity for INTRAH to evaluate training and clinical skills of members of the State Training team.
- g.1. Prior to building training capabilities, all participants must have a solid CS/ORT theoretical background and clinicians must have developed competency in clinical skills delivery.
- g.2. Discussions regarding the objectives of a training program of each workshop should be discussed with MOH/HMB officials prior to project implementation and following a training activity in order to clarify goals of host government.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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FINDINGS AND CONCLUSIONS

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RECOMMENDATIONS

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C. Community Health Education

1. CHE Workshop - May 1986
Of the 20 CHE workshop participants, four are members of the state training team (two are tutors and two are clinicians) and 16 are trained midwives. At least 14 of the 20 conduct CHE in CS/ORT, mostly in rural areas.

2. At least 20 second-generation trainees are providing CHE in CS/ORT in two rural areas after having been trained on-the-job by two midwives who were workshop participants. Mr. M. Umar, tutor, is responsible for all CHE taught in the School of Health technology and has therefore continued to utilize knowledge and skills acquired in the CHE workshop.

3. An increased demand for CS services is reported by all who conduct CHE activities. However, at least six midwives conduct CHE where clinical services are unavailable to motivated clients. Logistical and financial constraints frequently restrict these same clients from obtaining services.

4. A need was identified for a strategy to link CHE activities with service delivery points.

2. Specific skills and techniques for training of second-generation trainees in CHE should be included by INTRAH trainers in future workshops.

3.a.State trainers should train these midwives, in particular, to deliver CS services. Additional clinics should be equipped and commodities supplied.

3.b.CS and CHE activities should be provided in all areas where provision of CS services is available for men and women who are motivated to use CS methods.

4. In planning future INTRAH-sponsored activities in Bauchi State attention should focus on the need to provide clinical services where CHE motivation are conducted.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS

RECOMMENDATIONS

D. Clinical Services Delivery

1. Facilities

a. Prior to the HMB/INTRAH training program, five facilities offered CS services. Eight of 11 facilities, which have opened since the project began 12 months ago, are functioning. It is expected that the remaining three plus three additional facilities will be opened on/about November 1 when five trained personnel return from an FP clinical skills course at UCH, Ibadan.

b. Three facilities offer CS services in Bauchi City but only two are available for training students and in-service participants. The facilities can accommodate two - four students at a single time. The Acting CS/ORT Program Coordinator expressed a willingness to open an urban maternity FP clinic in Bauchi City in order to accommodate additional clients and students. As the demand for clinical teaching sites is high and increasing, additional clinical training sites are needed.

c. The clinicians/trainers expressed a desire to add CS services to a total of 130 MCH facilities statewide as soon as personnel can be trained. However an organized implementation plan is lacking.

d. Most of the clinical facilities have one examining room with a table for insertions and one counselling room. This space is inadequate given the present demand, particularly in urban clinics, and the steadily growing demand for CS services. Lack of adequate space alters quality of care for clients.

b. As a minimum of six new facilities will open in the next 12 months, assistance from donor agencies for additional equipment should be sought by the MOH/HMB as necessary.

c. INTRAH should assist in the development of a phased implementation plan for CS services which would include establishing services (CHE and clinical) in one zone at a time.

d. Assistance should be provided to the Bauchi State MOH/HSMB for planning for and expanding/refurbishing selected facilities for child-spacing clinics.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS	RECOMMENDATIONS
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2. Equipment, Supplies and Commodities

- a. Clinics visited had adequate supplies and equipment necessary for providing acceptable CS/ORT services, given the present client demand (see Appendix H for details concerning clinics visited during this activity).

Seven sets of Africare equipment have been provided. One set has not been unpacked and is in a spare room at Azare Urban Maternity Clinic.

- b. Microscopes have been provided with the Africare kits; however, none are in use as personnel have not been trained to use the microscopes.

- c. A need was expressed by clinicians for an improvement in the flow of CS commodities to service delivery points. Lack of available transportation was cited as the primary reason for shortages of commodities in clinical facilities.

- d. There is a need for supplies of oral contraceptives which contain low dosages of estrogen. Many women who are lactating prefer oral contraceptives to the IUD or Depo Provera.

- b. CS clinicians should be instructed on the use and care of a microscope and taught how to prepare slides for detection of specific sexually transmitted diseases using the microscope. The feasibility of sending an appropriate instructor from UCH, Ibadan should be explored.

- c. The feasibility of linking up with the EPI delivery system should be explored.

- d. Clinicians/trainers should explore the availability of low dose OCs with PPFN. INTRAH should do the same with USAID.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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FINDINGS AND CONCLUSIONS

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RECOMMENDATIONS

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3. Client Demand for CS/ORT
 - a. Client demand for ORT is very high and the technology has been accepted and is being implemented by mothers according to empirical evidence.
 - b. Client demand for CS is growing slowly and steadily. Statistics reveal an increase of 5,000 clients (6,000 - 11,000) in the past 12 months in the eight functioning clinics. Although the demand is growing, there exists a need for a more intensive awareness campaign to overcome identified religious and cultural barriers and common misconceptions about CS (see Appendix I for list of clinics and numbers of client visits for three consecutive months).
 - c. The most common method of artificial contraception used in Bauchi is the oral contraceptive followed by IUD, injection and barrier methods.
4. Clinical Service Providers' Skills
 - a. Prior to the HMB/INTRAH training project there were six clinicians trained to deliver CS services. Ten clinicians participated in the Clinical Service Delivery workshop raising the total to 16. Eleven have been trained at UCH, Ibadan raising the official total to 27. Twenty-five second-generation trainees, 17 of whom are delivering CS services, are not included in this total.
 - b. Assessment of clinical skills by observation was not possible during this activity. Prior trip reports have commented positively on the acceptable level of clinicians. Questions regarding client management posed to four second-generation trainees were appropriately answered.

3. In addition to supporting a Clinical Skills Delivery workshop, INTRAH should provide TA for a CHE workshop which would be primarily facilitated by Bauchi State trainers.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS	RECOMMENDATIONS
<p>4. Clinical Service Providers' Skills (cont.)</p> <p>c. All CS service providers interviewed report they have had clients whose chief complaint was infertility.</p> <ol style="list-style-type: none">1. At least 10 service providers reported they have never had a client who had a vaginal or pelvic infection. It is widely believed by clinicians that all STDs can be detected by visualization during a speculum exam.2. During the course of conversations with various people not connected with the CS/ORT training project, it was learned that "many men in Bauchi claim that they have STD infections." A government pharmacist stated that men are often treated by chemists for STD infections.3. Clinicians trained in CS would be capable of conducting a survey to determine the incidence of infertility among clients in at least eight clinics in Bauchi.	<ol style="list-style-type: none">1. CS service providers should have an update on detection and management of clients with STD.2. The feasibility of an appropriate organization conducting a survey to determine prevalence of STDs should be explored.3. Based on findings, recommendations would then be made for symptomatic treatment, in the event laboratory examinations are not possible. Recommendations would also be made on who should treat clients - only physicians or physicians and nurses.4. Clinicians trained in CS should be instructed on how to conduct a survey to determine the incidence of infertility of clients in their clinics, depending on their interest in doing so.
<p>5. Protocols for Child Spacing</p> <p>a. During this trip it was learned that the FMOH, with UNFPA support, is in the process of developing clinical CS and STD protocols to be used nationwide. However, they are not expected to be ready in the near future.</p>	<p>a. INTRAH should determine the state of readiness of the FMOH guidelines in order to avoid duplication of effort. In the interim Bauchi State trainers and providers were urged to utilize an updated set of protocols which were reviewed during this visit.</p>

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS

RECOMMENDATIONS

- 5. Protocols for Child Spacing (cont.)
 - b. Members of the training team and clinicians who attended the Clinical Skills workshop in February 1986 were familiar with the clinical protocols which were given to them during that workshop. Their protocols are kept in their homes and none were found in the clinics. (Africare books are in some clinics and are used as a reference.)

The CMO, PMO and the training team members, particularly the clinician/preceptors, agree that protocols should be used by all CS clinicians and trainees in order to improve and standardize quality of CS services.

E. Sequencing of CS/ORT Training Program

- 1. While some of the program's lack of direction can be attributed to the administrative structure of the CS/ORT program within the MOH and HMB, some of the nebulousness of the program's problems have to do with the sequence of training activities. For example, training trainers before they had a firm grasp of family planning content and skills resulted in the participants not having a clear idea of what steps to follow to conduct an in-service workshop. Conducting a CHE workshop without a parallel training in CS service delivery has resulted in an increase in demand for services where no services exist.

- 1. Given a situation similar to that of Bauchi, the following sequence of activities might prove to be more effective than the sequence followed during the current program in institutionalizing CS training capability within Bauchi State:
 - a. An FP awareness workshop for decision-makers, opinion leaders, interministerial representatives, community leaders and potential CS program supervisors should be conducted to discuss policies, plans and procedures for CS program implementation in the state.
 - b. FP content, clinical skills and CHE course should be conducted before a TOT. After CHE personnel and clinicians attend together, the clinicians go on to clinical practice and CHE personnel go on to community experiences. Pre-service educational needs could be met by including tutors as members of training team.
 - c. Co-trainers should be used in the planning, conducting and evaluating of all subsequent workshops.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS AND CONCLUSIONS	RECOMMENDATIONS
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E. Sequencing of CS/ORT Training Program (cont.)

- d. At least six weeks of actual experience on-the-job should precede the TOT workshop.
- e. TOT should be provided for participants from both the clinical and CHE tracks. These participants would form working and training teams (ORT skills would be provided in the TOT).
- f. Immediately following the TOT, one or more FP clinical and CHE workshops should be conducted by indigenous trainers with technical assistance from INTRAH.
- g. Depending on the context and circumstances in the state, a planning workshop should then be conducted to develop a plan for implementing an FP program; or
- h. If the CS program is already expanding under the guidance of a plan, perhaps a management workshop would be the most useful to train program managers and supervisors.
- i. A Review and Follow-Up Activity should conclude the program.

APPENDIX A

PERSONS CONTACTED

APPENDIX A

PERSONS CONTACTED

AID Affairs Office/American Embassy/Lagos

Ms. Keys MACMANUS, AID Affairs Officer

Federal Ministry of Health

Dr. Shehu MAHDI, Regional Coordinator, Primary Health Care Services

Ministry of Health (Bauchi State)

Mr. J.A. TENEBE, Permanent Secretary

Dr. M.A. HUSSAIN, Principal Medical Officer

Health Management Board

Dr. Bulcata R. ADAMU, Commissioner

Mr. A.M. Maikano TILDE, Deputy Secretary

Dr. Mahmood UMAR, Chief Medical Officer

Dr. Joshua MAINA, Head of Preventive Health Services

Mrs. Nita Baba AHMED, Maternal/Child Health Coordinator and Acting Child-Spacing/Oral Rehydration Therapy Program Coordinator

School of Nursing

Mr. A.W. KATTY, Principal

Mrs. Naiomi Grace EMANUEL, Tutor

School of Midwifery

Mr. A.A. OTHMAN, Vice Principal

Mrs. Rabi Sani MUHAMMAD, Tutor

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APPENDIX B

- B.1. List of Review and Follow-Up Activity Participants
- B.2. Letter of Invitation to Workshop Participants
- B.3. Participants of CS/ORT Training Program
Interviewed During Review and Follow-Up Activity

APPENDIX B.1.

LIST OF REVIEW AND FOLLOW-UP ACTIVITY PARTICIPANTS

APPENDIX B.1.

PROJECT REVIEW - PARTICIPANTS

<u>SURNAME</u>	<u>OTHER NAMES</u>	<u>BUSINESS ADDRESS</u>
AMLAI	Doris I.	Specialist Hospital, Bauchi
BABA	Mohammed Chadi	School of Nursing, Bauchi
DANGABAR	Yarida Mohammed	Health Management Board, Bauchi
DOGO	Polina Ku	Kafar Wase Family Planning Clinic, Bauchi
HAMMARI	Aishatu Yahaya	Town Maternity, Gombe
JALO	Delilah	School of Health Technology, Gombe
JARAWA	Yunusa Galadima	Ministry of Health, Bauchi
MU'AZU	Muhammad Bello	Health Management Board, Bauchi
MUSA	Hadiza Ahmed	Family Planning Clinic, Specialist Hospital, Bauchi
OTHMAN*	A. Abubakar	School of Midwifery, Bauchi
PAM	Na'omi Ali Dung	Urban Maternity, Azare
SADE	Umar Abubakar	Health Management Board, Bauchi
WAZIRI	Christiana	Government Health Office, Kaltungo

* was not able to complete the workshop because he was recalled to the School of Midwifery

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APPENDIX B.2.

LETTER OF INVITATION TO WORKSHOP PARTICIPANTS

Ref:No:HMB/ADM/S/624/Vol.1/716.

Health Management Board,
Directorate Division,
Private Mail Bag 0033,
BAUCHI.

2nd September, 1986

The Sole Administrator,
Specialist Hospital,
Bauchi.

The Medical Superintendent i/c,
General Hospital,
Gombe,
Azare,
Kaltungo,
Darazo,
Misau,
Gamawa,
Bajoga,
Ningi,
Toro,
Bayara,
Jama'are.

The Chairman,
Gombe Local Government Area,
Gombe.

The Principal,
School of Nursing,
Bauchi.

The Principal,
School of Midwifery,
Bauchi.

The Principal,
School of Health Technology,
Bauchi.

The Principal Health Sister,i/c
Urban Maternity Centre,
Azare.

WORKSHOP ON PROJECT REVIEW AND FOLLOW UP OF FAMILY
PLANNING IN BAUCHI STATE IS SUBJECT FOR 8TH - 19TH
SEPTEMBER, 1986 AT THE SCHOOL OF NURSING CONFERENCE
ROOM BAUCHI:

I have been directed to write and to inform you that below listed officers have been nominated to attend the above mentioned workshop at the School of Nursing Conference Room at 8:00 am on the 8th to 19th September, 1986.

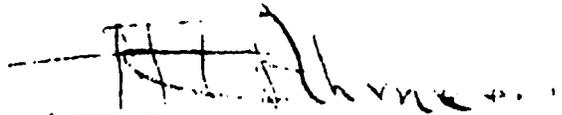
Your transport fare and per diem will be paid. All are expected to attend unfaillingly please.

1.	Mr Abubakar Mh.Sade	PCHO	Health Man.Board.
2.	Mr Mohammed Dangahar	PHS	" " "
3.	MrYY.Galadima Jarawa	CNT	Ministry of Health

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4.	Mallam Ch adi Baba	N.T	School of Nursing
5.	Mr A.A.Othman	PNT	School of Midwifery
6.	Mrs Polina Dogo	PNS	Family Planning Clin. Bauchi.
7.	Hajiya Hadiza Musa	PNS	" " " Spec.Hosp.Bauchi
8.	Hajiya Aishatu Yahaya	SNS	Gombe Local Govert.
9.	Mrs Doris Amlai P	P.P	Spec.Hosp.Bauchi
10.	Mrs Christiana A.Waziri	SHS	Family Planning Clin. Govert.Health Office Kaltungo
11.	Mrs Dalilah Jalo	PMT	School of Health Tech. Gombe.
12.	Miss Na'omi Pam	SNS	Family Planning Clin Azare.
13.	Mallam Bello Muazu	VEO(ACCT)	Health Manag.Board
14.	Admin Officer	-	Ministry of Health Bauchi
15.	Mr Augustine Solomon Yila	Medical R. Officer	Health Management Board Bauchi.


(NITA BABA AHMED MRS)
FOR: CHAIRMAN,
HEALTH MANAGEMENT BOARD,
BAUCHI.

APPENDIX B.3.

PARTICIPANTS OF CS/ORT TRAINING PROGRAM
INTERVIEWED DURING REVIEW AND FOLLOW-UP ACTIVITY

APPENDIX B.3.

List of Persons Scheduled for Interview
During Review and Follow-Up Activity¹

<u>SURNAME</u>	<u>OTHER NAME</u>	BUSINESS ADDRESS
ABUBAKAR	Hajara	Cottage Hospital, T/Balewa
AHMED	Nita Baba	Health Management Board
AL-KASSIM	Rakiyatu	Town Maternity, Bauchi LGA
*ALI	Habiba	Health Management Board (in Ibaden)
*AMLAI	D.I.	Specialist Hospital, Bauchi (did not attend any of the workshops preceeding Review and Follow-Up Activity)
AYUBA	Aminu	Clinician, Gamara
*AUYBA	Kaleb	Health Management Board (did not complete workshop)
APOLO	Talatu B.	General Hospital, Toro
BABA	Moh'd Chadi	School of Nursing
BABA	Umar Farouk	SMGs Office
BALEWA	James	Health Management Board, T/Balewa
*BELLO	Hajjah Halima	Deceased 13/8/86
BELLO	Nita Priscilla	Ministry of Health
BILAYABU	Sani Gwargama	Ministry of Health
BOYA	Andrew Dantaro	HMB Preventive D.
DANGABAR	Yarida Mohammed	Health Management Board

<u>SURNAME</u>	<u>OTHER NAME</u>	BUSINESS ADDRESS
DANIEL	Hannatu	Town Maternity, T/Balewa
DANJEBOU	Haladu	Ministry of Health
*DAUDU	Ibrahim	Ministry of Health (educational leave in UK)
*DINA	Adamu	Infant/Welfare Clinic (could not contact)
DOGO	Ku Polina	FP Clinic, K/Wase
DOGO	Titi Yohanna	General Hospital, Toro
EMMANUEL	Na'omi G.	School of Nursing
FABORO	Florence Olufun- milayo	23 Field, Ambulance Army Clinic
GIDADO	Mohammed	Tutor, School of Health Technology, Gombe
HAMMARI	Aishatu Yahaya	Maternal/Child Welfare Clinic, Gombe
*HASSAN	Hadiza	Maternal/Child Welfare (in Ibadan) Clinic, Dukku
HERMAN	Grace H.	Intergr. Rural Development Authority
ISA	Salamatu Moh'd	Town Maternity Unit, Darazo
JAFUN	Ladi	Maternal/Child Welfare Clinic, Kumo
JALO	Delilah H.	School of Health Technology, Gombe
JARAWA	Yunusa Galadima	Ministry of Health
*JATAU	Dinga	Health/Maternity Clinic (could not locate)
JIBRIN	Elizabeth T.	Maternal/Child Welfare Clinic, Ningi LGA
KWAGLAK	Ngale Leui	Health Management Board
KWANASHIE	Dr. A.	Specialist Hospital, Bauchi

<u>SURNAME</u>	<u>OTHER NAME</u>	BUSINESS ADDRESS
MAHDI	Dr. Shehu	Federal Ministry of Health Zonal Office, Bauchi
MAHMOOD	Nana	Health Management Board
MAINA	Dr. Joshua	Head, Preventive Health Services, HMB
MANU	Grace	Town Maternity, Jama'are
*MATINJA	Idris	School of Nursing (on annual leave)
MOHAMMED	Hajiya	Town Maternity, Azare
*MU'AZU	Moh'd Bello	Health Management Board (did not attend any of workshops preceding Review and Follow-Up Activity)
MU'AZU	Moh'd Gidado	School of Health Technology, Gombe
MUHAMMAD	Rabi Sani	School of Midwifery
MUSA	Hadiza Ahmed	FP Clinic, Specialist Hospital
MUSA	Halima	Disina Maternity Clinic
NDE	Margret M.	Specialist Hospital, Bauchi
OKSAKEI	Elpha	Cottage Hospital, T/Balewa
OTHMAN	Abubakar A.	School of Midwifery
PAM	Na'omi A.D.	Urban Maternity, Azare
SADE	Umar Abubakar	Health Management Board
TULA	Peter Ali	School of Nursing
UMAR	Aishatu	Town Maternity Clinic, Gombe
UMARU	Mohammed	School of Health Technology, Gombe

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<u>SURNAME</u>	<u>OTHER NAME</u>	BUSINESS ADDRESS
USMAN	Rabecca Safiya	General Hospital, Gombe
WAZIRI	Christiana	Govt. Health Office, Kaltungo
YAHAYA	Aishatu Hajiha	Maternity Clinic, Gombe
*YAKUBU	Victoria D.	School of Midwifery (in Jos)
*YAKUBU	Yila Abba	School of Midwifery (in Lagos)

¹ Six clients at child-spacing clinics were also interviewed regarding their perceptions of the quality of service. They wished to remain anonymous.

* Not interviewed

APPENDIX C

COURSE CURRICULUM

ACTIVITY DESIGN

ACTIVITY TITLE: Training Program Review and Follow-up

ACTIVITY PURPOSE: To conduct a training program review and follow-up activity which will determine the status of the Bauchi State CS/ORT training program and outline training needs to support that program.

GENERAL OBJECTIVES: By the end of this activity:

1. A statement summarizing CS/ORT training activities will be written;
2. The extent to which INTRAH/IHP training activities, goals and objectives have been achieved will be-described;
3. Further training needs of CS/ORT personnel will be outlined;
4. CS/ORT program personnel will be prepared to conduct review and follow up activities during the next phase of CS/ORT training program implementation.

SPECIFIC OBJECTIVES: During the activity participants will:

1. Determine to what extent objectives for each of the workshops of the CS/ORT training program have been met;
2. Ascertain benefits, disadvantages and unforeseen results from these workshops;
3. Describe how CS/ORT personnel functions as a team, what success they have had, and what problems they face;
4. Outline areas in which personnel of the CS/ORT program need further training to increase or reinforce their skills and knowledge;
5. Identify constraints which might be resolved by further INTRAH/IHP assistance;
6. Determine level of support MOH/HMB is willing and able to provide the CS/ORT program;
7. Outline MOH/HMB plans for using the CS/ORT program personnel;
8. Identify manpower requirements to meet CS/ORT service demands;
9. Determine the potential of selected service points in becoming model clinics to be used for training CS/ORT service providers.

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Welcome and Introduction	<ul style="list-style-type: none"> - INTRAH/IHP trainers and Bauchi State participants introduce themselves, giving background information relevant to the workshop tasks - trainers will explain roles and expectations for participants: <ul style="list-style-type: none"> a. participants will be involved at all stages b. participants collect data, design "protocol", suggest decisions c. develop information, skills and tools they will use as trainers and program implementors - allow time for discussion 	<p>bio-data forms (to be filled out later in the week)</p> <p>list expectations on newsprint</p>
8:30 AM	Goals and Objectives	<ul style="list-style-type: none"> - trainers will review goals and objectives of this workshop, allowing time for questions and discussion - be clear about difference between 6-state evaluation and this workshop 	<p>goals and objectives on newsprint and handouts</p>
9:00 AM	Workshop Method	<ul style="list-style-type: none"> - trainers will explain that participants will be divided into teams to collect information and make judgements about the various activities conducted during the program. The idea of the workshop is that they will continue to conduct training and provide CS/ORT services after the INTRAH contract is complete, and that follow-up and review is a critical task if training efforts are to be efficient and useful. - may be more narrow in focus: What similar activities will they do in the future? 	

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
9:30 AM	Workshop Model	<ul style="list-style-type: none"> - trainers will explain basic workshop model: <ol style="list-style-type: none"> 1. examining workshop objectives, CS/ORT training program activities, official level of support for CS/ORT, plans for program, manpower requirements of CS/ORT Program, potential service points as training sites 2. determining how to see to what extent objectives of training activities were met and describe activities, plans, support, requirements and service points 3. collecting information or interviewing 4. organizing the information and drawing conclusions 5. making decisions, recommendations or plans based on information collected and conclusions drawn 	chart on newsprint
10:30 AM	Schedules, Tasks and Teams	<ul style="list-style-type: none"> - each workshop (five in all) will be listed with general objectives - participants will divide into teams according to expertise, and will select appropriate workshops to examine (same process for other objectives) 	chart on newsprint and handout objectives handout chart developed for their records
11:00 AM	Begin Activity Review	<ul style="list-style-type: none"> - with help from trainers, each team will begin listing questions whose answers would tell them how and to what extent objectives of workshops were met 	newsprint, pens, tape

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE															
1:00 AM	(Continued)	<p>- chart developed for each objective:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Objective</th> <th style="width: 25%;">What information do you need</th> <th style="width: 25%;">Observations to make</th> <th style="width: 25%;">Records to examine</th> <th style="width: 20%;">Follow-up & review plan</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="border-top: 1px dashed black; border-bottom: 1px dashed black;"> </td> </tr> <tr> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Objective	What information do you need	Observations to make	Records to examine	Follow-up & review plan											
Objective	What information do you need	Observations to make	Records to examine	Follow-up & review plan														
1:00 PM	Continue Review																	
2:30 PM	Review Day's Work	<ul style="list-style-type: none"> - each team will present briefly the work they have done today - critique will focus on problems the group foresees in collecting information - at the end of each day, participants put "units" of information in one of each of 10 categories (piles): - 1. objective of each activity (5 sub-categories) 2. CS/ORT program training activities 3. level of support for CS/ORT Program 4. plans for CS/ORT Program 5. manpower status for CS/ORT Program 6. service points as training centers 																
4:00 PM	Adjourn																	

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
:00 AM	Organization Meeting	- group session to get the teams together and clear any confusion from yesterday	
:00 AM	Continue to design Methods and Schedules	- teams will continue to design methods for collecting information, following planning steps learned in previous workshops	
:30 PM	Review Day's Work	- as on Monday	
:00 PM	Adjourn		

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
:00 AM	Organization Meeting		
:30 AM	Collecting Information	<ul style="list-style-type: none"> - participants will begin to collect information according to the plans the teams made for each activity - participants will begin to organize information they have collected or already have at hand - information will be collected by examining records, interviews and from participant's own experience and observation - INTRAH/IHP consultants "supervise" teams and as much as possible, leave data collection to them 	logistics for traveling
:00 PM	Reflections		

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
		- SAME AS WEDNESDAY -	

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Friday, September 12, 1986

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
		- SAME AS THURSDAY -	

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting	<ul style="list-style-type: none"> - complete organizing and clarifying information - group members will discuss any major problems experienced while interviewing - week's schedule and agenda reviewed - participants place forms on proper piles - remove name sheets of those persons interviewed from the tables 	<p>schedule and agenda on newsprint</p>
8:30 AM	"In-House" Interview	<ul style="list-style-type: none"> - collect forms for each other from tables - in pairs, interview each other - when interviews are complete, place forms in their proper piles 	
9:30 AM	Organizing Information	<ul style="list-style-type: none"> - return to pairs and small groups from last week according to workshop number - compile information from interview sheets by listing and combining answers from forms, number by number - use newsprint and small pens - code groups of answers by code number and question number - draw boxes around answer groups - don't edit or throw-out - do expand and clarify - use tics for duplicate statements 	<p>instructions on newsprint</p>

5/8

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
10:30 AM	Break		
11:00 AM	Continue Organization Implementation		
1:30 PM	Lunch		
2:30 PM	Clarifying Information	<ul style="list-style-type: none"> - each pair or small group present their preliminary findings to the whole group (15 minutes each) - do not read the list - mention items that were interesting, unexpected, surprising... - give your own comments, recommendations, pluses and minuses you got from the information - interviewers (from whole group) add and clarify when necessary 	instructions on newsprint
4:30 PM	Adjourn		

LF

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE												
:00 AM	Organization Meeting	<ul style="list-style-type: none"> - problems discussed - process clarified as necessary 													
:30 AM	Analyzing Information	<ul style="list-style-type: none"> - trainers form groups according to participant experiences and skills. - each group write current status statements - each group write impact of training program statements for each unit in each category - i.e. 1) fill in the blank under each item using information from interviews and your own information and judgment; and 2) describe the influence of CS/ORT training program on each finding (if any) - groups take following categories: <table style="width: 100%; border: none; margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">(A)</th> <th style="text-align: center;">(B)</th> <th style="text-align: center;">(C)</th> <th style="text-align: center;">(D)</th> </tr> </thead> <tbody> <tr> <td>1. CS clinical</td> <td>3. TOT</td> <td>5. CHE</td> <td>7. Program development</td> </tr> <tr> <td>2. Service sites as training sites</td> <td>4. CS/ORT program manpower requirements</td> <td>6. Curriculum development</td> <td></td> </tr> </tbody> </table> 	(A)	(B)	(C)	(D)	1. CS clinical	3. TOT	5. CHE	7. Program development	2. Service sites as training sites	4. CS/ORT program manpower requirements	6. Curriculum development		<p>groups on newsprint</p> <p>instructions on newsprint</p> <p>categories and units on newsprint</p>
(A)	(B)	(C)	(D)												
1. CS clinical	3. TOT	5. CHE	7. Program development												
2. Service sites as training sites	4. CS/ORT program manpower requirements	6. Curriculum development													
0:30 AM	Break														
1:00 AM	Continue														
1:30 PM	Lunch														

5

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
2:30 PM	Presentation	<ul style="list-style-type: none">- each group present current status statements and impact of training program statements to the large group for clarification and discussion. (15 minutes each group)- group members select presentor and recorders (to keep track of reactions and feedback from large group members)	
4:30 PM	Adjourn		

b7c

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting		
8:30 AM	Continue Presentation from Yesterday; Re-write Findings	<ul style="list-style-type: none"> - groups continue presentations of current status statements and impact of training program statements - each group re-write their statements based on feedback received during presentation and discussion 	
10:30 AM	Break		
11:30 AM	Conclusions and Recommendations	<ul style="list-style-type: none"> - each group write out conclusion(s) based on statements - for each conclusion, group writes out one or more recommendations - recommendations fall into 2 categories: <ul style="list-style-type: none"> a. recommendations for use in Bauchi State to help improve CS/ORT program and for use by program trainers and others responsible for training b. recommendations for INTRAH in developing future training and technical interventions in Bauchi State 	chart on newsprint
1:30 PM	Lunch		
2:30 PM	Continue		
4:30 PM	Adjourn		

Thursday, September 18, 1986

EDITING CONCLUSIONS AND RECOMMENDATIONS

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting		
8:30 AM	Editing	<ul style="list-style-type: none">- each small group present their conclusions and recommendations to the large group- small groups select presenter and recorders- after discussion, small groups return to edit and re-write conclusions and recommendations based on feedback received from large group	
10:30 AM	Break		
1:30 AM	Continue		
1:30 PM	Lunch		
2:30 PM	Continue		
4:30 PM	Adjourn		

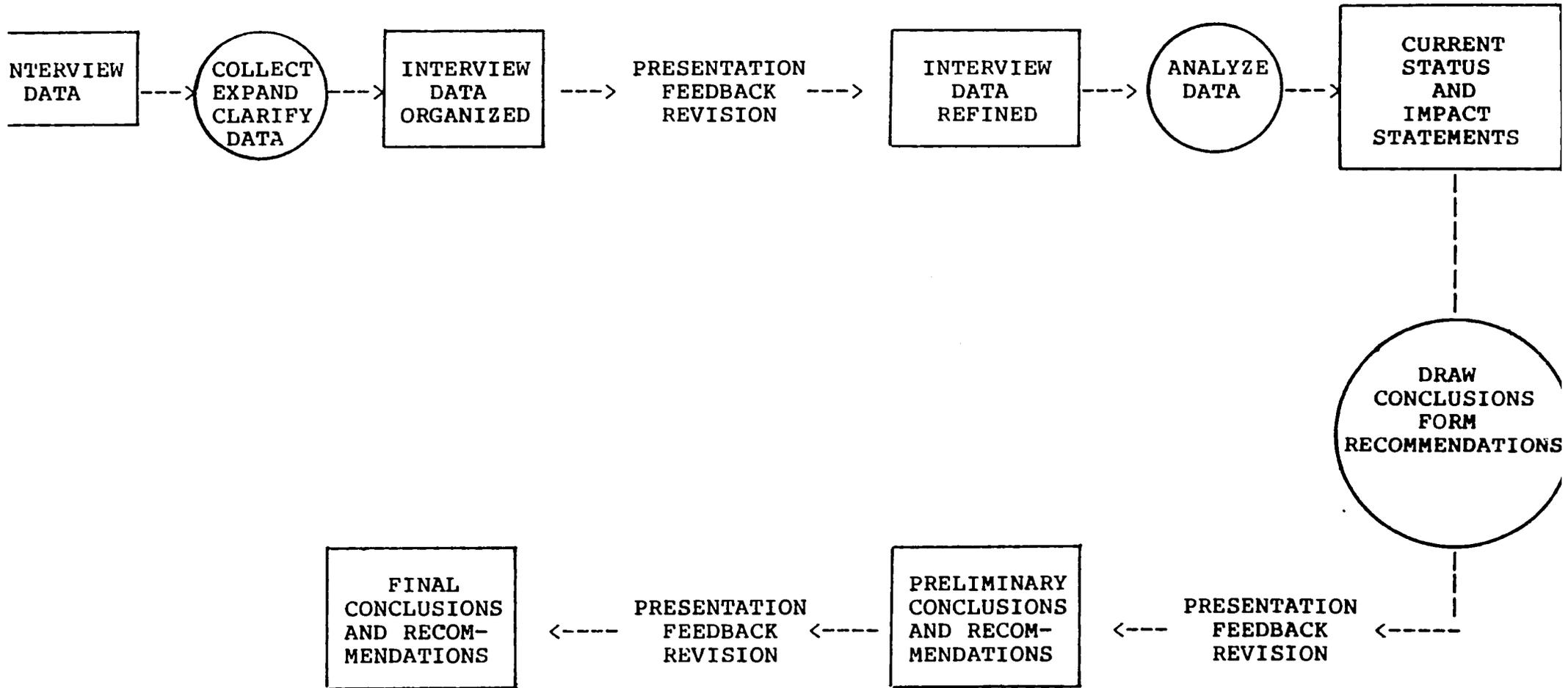
51

REVIEW AND EVALUATION OF WORKSHOP

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting	<ul style="list-style-type: none"> - any missing pieces? - what have we learned by doing this follow-up and review? 	
8:30 AM	Review	<ul style="list-style-type: none"> - facilitators will review CS/ORT training program interventions - facilitators will lead review of process for this workshop by asking: <ul style="list-style-type: none"> a. identify what happened during these two weeks b. how did it happen (process used) c. what was learned - one facilitator guide discussion, the other record participant comments 	
10:30 AM	Break		
1:30 AM	Closing	<ul style="list-style-type: none"> - participant reaction forms: pass out, fill out and turn in before leaving - facilitators thank participants for their work, present program with reference documents, typewriters, remaining materials and supplies 	
2:00 PM	Adjourn		

NS

WORK FLOW CHART - SEPTEMBER 8 - 19, 1986



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APPENDIX F.1.

SUMMARY OF DATA FROM INTRAH
PARTICIPANT REACTION FORMS

Course ID# _____

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

- | | | | | |
|---------------|-----------------|-------------------|-------------------|---------------------|
| a. Very clear | b. Mostly clear | c. Somewhat clear | d. Not very clear | e. Not clear at all |
| <u>6</u>
 | <u>6</u>
 | | | |

2. Workshop objectives seemed to be achieved:

- | | | | | |
|--------------|--------------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| <u>4</u>
 | <u>7</u>
 | | | |

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

- 6
| |||| | a. All material was useful
- 5
| |||| | b. Most materials were useful
- _____ c. Some material was useful
- _____ d. Little material was useful
- _____ e. No material was useful

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

- | | | | | |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| <u>7</u>
 | <u>2</u>
 | <u>2</u>
 | | |

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

- | | | | | |
|-----------------|----------------------|---------------------|------------------------|-----------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| <u> </u> | <u> 3 </u> | <u> 7 </u> | <u> </u> | <u> </u> |

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

- | | | | | |
|-----------------|----------------------|---------------------|------------------------|---------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| <u> </u> | <u> 1 </u> | <u> 7 </u> | <u> 1 </u> | <u> 1 </u> |

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

- | | | | | |
|----------------|------------------|--------------------|--------------------|----------------------|
| a. Very useful | b. Mostly useful | c. Somewhat useful | d. Not very useful | e. Not useful at all |
| <u> 6 </u> | <u> 4 </u> | <u> </u> | <u> </u> | <u> </u> |

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

- | | | | | |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| <u> 6 </u> | <u> 4 </u> | <u> </u> | <u> </u> | <u> </u> |

9. In this workshop I learned:

- 3 a. many important and useful concepts,
- 4 b. several important and useful concepts,
- 3 c. some important and useful concepts,
- d. a few important and useful concepts,
- e. almost no important or useful concepts.

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

- 4 a. many important and useful skills,
- 4 b. several important and useful skills,
- 1 c. some important and useful skills,
- d. a few important and useful skills,
- e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
2	7	2		

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
7	4			

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

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
6	4			

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
5	6			

15. 9 a. I would recommend this workshop without hesitation,
2 b. I would probably recommend this workshop
_____ c. I might recommend this workshop to some people
_____ d. I might not recommend this workshop
_____ e. I would not recommend this workshop.

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

- 8 a. Additional time for the workshop
- 1 b. More limited time for the workshop
- 2 c. Use of more realistic examples and applications
- 6 d. More time to practice skills and techniques
- 1 e. More time to become familiar with theory and concepts
- f. More effective trainers
- g. More effective group interaction
- 3 h. Different training site or location
- i. More preparation time outside the training sessions
- j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- l. Consideration of a broader and more comprehensive topic
- m. Other (specify) _____

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

	very useful	2	3	4	5	hardly useful
a. <u>Examining Objectives</u>	5	3	2			
b. <u>Making Questionnaires</u>	5	5				
c. <u>Testing Questionnaires</u>	2	5	3			
d. <u>Interviewing</u>	7	2	1			
e. <u>Compiling information</u>	7	2				
f. <u>Analyzing information</u>	6	3	1			
g. <u>Drawing conclusions</u>	4	6				
h. <u>Making Recommendations</u>	7	2	1			
i. <u>Presenting in Group</u>	3	4	3			
j. _____						

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

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

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

 a. Counselling and/or client education

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

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

 1 1 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

 111 4 e. Supervision of Family Planning Services

 1111 6 f. Management of Family Planning Service System

 11111 8 g. Planning/Evaluation of Family Planning Services

 11 3 h. Policy Making/Direction of Family Planning Services

 11 3 i. Community Based Distribution of Contraceptives

 11 2 j. Community Based Outreach, Education or Information

 11 2 k. In-Service Training in Family Planning

 11 3 l. Pre-Service Teaching/Tutoring in Family Planning

 m. Other (specify) _____

20. Additional Comments: _____

Feel free to sign your name. (Optional)

May, 1985

APPENDIX G

SECOND-GENERATION TRAINEES

APPENDIX G
SECOND-GENERATION TRAINEES

TRAINED BY CLINICIANS*

TRAINER	TRAINEE	CADRE	C.H.E	F.P.KNOWLED.	SKILLS	WHERE TRAINED	LENGTH OF TRAINING	IS TRAINEE NOW PRACTICING
1. Mrs P. Dogo	1. M. Kwarrams	Mid/Sister	"	"	"	K/Wase Clinic	2/12 on Tr.	Yes
	2. M. Nde	Nurse/Sister	"	"	"	"	2/12	No
	3. V. Philip	C.H. Aid	"	"	"	"	2/12	In School
	4. M. Audu	C.H. Aide	"	"	"	"	2/12	Yes
	5. R. Adamu	M/Wife	"	"	"	"	2/12	Yes
	6. F. Muazu	M/Wife	"	"	"	"	2/12	Yes
2. Mrs H. MUSA	7. A. Mohammed	S/Midwife	"	"	"	Spec. Hosp	3/12	Yes
	8. Mary Magdaline	"	"	"	"	"	3/12	Yes
3. Mrs. H. Bello	9. J. D. Kwasba	C.M/Sister	"	"	"	Bolari Cl. Gomb	2Yrs	Yes
	10. Miss. R. Bala	S/Midwife	"	"	"	"	1Yr	Yes
	11. M. C. Amoyo	"	"	"	"	"	2Yrs	Yes
	12. B. Merus	C.H. Aid	"	"	"	"	6/12	Yes
4. Mrs. A. Yah	13. Mrs. A. Umar	S/Midwife	"	"	No	Town Mat. Gomb	1Yr	Yes
	14. Mrs. D. Ahmed	"	"	"	No	"	1Yr	Yes
	15. Mrs. J. Yuguda	"	"	"	No	"	1Yr	Yes
	16. Mrs. A. Alkali	"	"	"	No	"	1Yr	Yes
5. Mrs. C. Waziri	17. Shehu Abethago	Attendant	"	"	No	Kal. Clinic	7/12	Yes
6. Mrs. T. Dogo	18. F. Akila	Attendant	No	"	No	Toro Clinic	3 1/2 Mth	No
	19. S. S. Mamman	Hosp. Att.	No	"	No	"	3 1/2 Mth	No
	20. Halima Moh'd	Attendant	No	"	No	"	1/12	Yes
7. Mrs. E. Okaki	21. Aisha Ahmed	C.H. Aid	No	Yes		Dass Clinic	1/12	Yes
	22. F. Bitkon	S/Midwife	No	Yes		"	1/12	No
	23. Mary John	S/Midwife	No	Yes		"	1/12	No
	24. Hajara Isa	C.H. Aid	No	Yes		"	1/12	No
8. Mrs. N. Pam	25. Maimuna Masoyi	C.H. Aid	Yes	es	No	Urban Mat F/P. Clinic	4 Wks	Trans. to Liman Katagu i/c Commodity Available

ALL OF THE ABOVE ATTENDED THE TOT CHE WORKSHOP WITH THE EXCEPTION OF MRS. WAZIRI WHO ATTENDED ONLY THE CHILD-SPACING CLINICAL SKILLS WORKSHOP.

<u>TRAINER</u>	<u>TRAINEE</u>	<u>CADRE</u>	<u>CHE</u>	<u>FP/ORT KNOWLEDGE</u>	<u>SKILLS</u>	<u>WHERE TRAINED</u>	<u>LENGTH OF TRAINING</u>	<u>IS TRAINEE NOW PRACTICING?</u>	
Isa Salamatu Midwife Darazo, LGA	Vasty Sami Lachi	Trained	"	yes	ORT	Clinic	3-Days Theory and ORT Practicum	yes	
	Salamatu Mohammed	midwives	"	"	"			"	
	Azumi Azi	Clinic	"	yes	ORT			"	"
	Hamnatu Bulus	Attendants	"	"	"			"	"
	Adama Haruna		"	"	"			"	"
	Dija Waziri		"	"	"			"	"
	Aisha Yakubu		"	"	"			"	"
	Yakubu Darazo Yahai Mohammed Bello		"	"	"			"	"
Elizabeth Jibrin Midwife Ningie, LGA	Hajiya Salamatu	Trained	"	yes	ORT			"	
	Deborah Mamman	Midwives	"	"	"			"	
	Julia Salihu		"	"	"			"	
	Leah Lawan		"	"	"			"	
	Binta Mohammed		"	"	"			"	
	Abigail Daude		"	"	"			"	
	Hajiya Rakiya Isyaku		"	"	"			"	
	Isyaku S.	Health Educators/ Vaccinators	"	"	"			"	
	Isa Bala		"	"	"			"	
	Hajiya Ladi A.		"	"	"			"	
	Marka Ibrahim		"	"	"			"	
	Maryamu Mohammed		"	"	"			"	
Uba Ibrahim Sule Mamuda		"	"	"			"		

APPENDIX H

DESCRIPTION OF CLINIC FACILITIES VISITED

BY INTRAH/IHP REPRESENTATIVES

URBAN CLINIC FACILITIES VISITED

CLINIC:

Kafer Wase MCH Clinic

STAFF:

Mrs. Polina Dogo
Principal Nursing
Sister

FP Training:

TOT, Margaret Sanger
Center, INTRAH

- 1 Staff Nurse/Midwife
- 3 Midwives
- 4 Community Assistants
- 2 Field Workers

FACILITIES:

1 Exam Room
1 Counselling Room
Inadequate for number of clients'
visits.

EQUIPMENT, SUPPLIES, COMMODITIES:

Adequate
Africare Equipment
Need low dose estrogen

FREQUENCY OF SERVICE:

Daily

CLIENTS:

250-300/mo.

POTENTIAL FOR TRAINING:

Mrs. Dogo does train on-the-job. Can accommodate 2-3 students comfortably.

RECOMMENDATIONS:

Not to assign more than four students at one time unless more room becomes available.

CLINIC:

Specialist Hospital, Bauchi City

STAFF:

Mrs. H. Musa
Principal Nursing
Sister

FP Training:

INTRAH, TOT

- 2 Midwives
(trained on-the-job)

FACILITIES:

1 Exam Room with three tables, no curtains, one office with desk and equipment. Lack of privacy (clients interviewed in waiting room).
Inadequate for provision of quality CS services.

EQUIPMENT, SUPPLIES, COMMODITIES:

Adequate
Africare Equipment
Need low dose estrogen

FREQUENCY OF SERVICE:

Daily

POTENTIAL FOR TRAINING:

Mrs. Musa trains on-the-job. Due to limited space, a maximum of 3 students can be accommodated.

RECOMMENDATIONS:

Add curtains or screen to one exam room to provide privacy. Additional exam rooms are required in order to provide quality service.

RURAL CLINIC FACILITIES VISITED

CLINIC:

Azare Urban Maternity (MCH Clinic)

STAFF:

*Mrs. Naiomi D. Pam
Senior Nursing Sister

FP Training:

INTRAH, Ibadan

- 2 Senior Nursing Sisters
- 2 Trained Midwives
- 1 Community Health Assistant

FACILITIES:

1 Exam Room with one
table (utilized for all MCH services
1 counseling room

EQUIPMENT, SUPPLIES AND COMMODITIES:

Adequate
Africare Equipment is notb being utilized
as it has not been unpacked.
Need low dose OC.

FREQUENCY OF SERVICES:

Daily

CLIENTS:

Adequate
175/mo.

POTENTIAL FOR TRAINING:

Mrs. Pam is a qualified FP provider
and has trained others on-the-job.
Clinic can accommodate one student
at most.

CLINIC:

Toro General Hospital CS Clinic

STAFF:

Mrs. Titi Dogo
Senior Nursing Sister

FP Training:

TOT, Ibadan

Mrs. T. Appolo
Staff Midwife

FP Training:

CS Service Delivery Skills

FACILITIES:

1 Room designated for FP but 3 adjacent
rooms available if necessary. This
facility is newly-built and opened in
May 1986.

FREQUENCY OF SERVICES:

3 days/wk

CLIENTS:

40/mo.

POTENTIAL FOR TRAINING:

Toro would be a very good area for community health
educator/trainees. The clinic, although 1 hour from
Bauchi has potential of accommodating at least 4
students if client demand increases and if student
accommodations were available.

56

RECOMMENDATIONS:

Africare equipment should be set up in the room where it is currently stored and this room should be utilized as an additional FP room. If feasible, assign one student nurse or midwife to Mrs. Pam for clinical practicum.

* Preceptor

+ Prepared to deliver FP Services

RECOMMENDATIONS:

Community health education is needed in this area.

RURAL CLINIC FACILITIES VISITED (cont.)

CLINIC:
Jama'are Town Maternity

STAFF:
Midwife

FP Training:
INTRAH (CHE)

SERVICES OFFERED:
CHE, MCH
excluding FP

FACILITIES:
Potential for FP services.
4 rooms are available.
However, they must be fully
equipped and supplied.

FREQUENCY OF SERVICE:
Concerted effort in CHE may
be required to generate
demand for CS services.
Clients who do request
service are referred to
Azare, a 1-hour trip,
cost: N10.

CLINIC:
Ningie Maternity, LGA

STAFF:
Elizabeth Jibrin
Trained Midwife

FP Training:
INTRAH (CHE)

SERVICES OFFERED:
CHE
Refers clients to
Bauchi, a distance
of 100 miles, for FP
services.

FACILITIES:
2 Rooms are avail-
able but unequipped.

CLIENTS:
approx. 200/wk

CLINIC:
Darazo Town Maternity

STAFF:
Isa Salamatu
Trained Midwife

FP Training:
INTRAH (CHE)

SERVICES OFFERED:
CHE, MCH
excluding FP

FACILITIES:
At least 2 rooms
can be equipped
for CS use.

RURAL CLINIC FACILITIES VISITED (cont.)

CLINIC:

Jama'are Town Maternity

POTENTIAL FOR TRAINING:

If this facility were equipped and staffed with a trained service provider, as planned by November 1, 1986, it could serve as a training site for student nurses or midwives for community health practicum and FP clinical skills practicum.

RECOMMENDATIONS

Equip this facility with Africare equipment and staff with at least one full time trained FP provider and assistant.

CLINIC:

Ningie Maternity, LGA

POTENTIAL FOR TRAINING:

Could be equipped to provide a full range of FP services if a trained service provider is available. Appropriate site for CHE and clinical skills trainees.

RECOMMENDATIONS:

A midwife should be trained to deliver at least level 2 CS services to meet the existing demand for child-spacing.

CLINIC:

Darazo Town Maternity

POTENTIAL FOR TRAINING:

If this clinic were equipped and staffed, it would be an appropriate site for 1-3 CHE and clinical skills trainees.

RECOMMENDATIONS:

A midwife should be trained to deliver CS services to meet the present and growing demand for services.

APPENDIX I

CLINIC ASSESSMENT: TOTAL NUMBER OF

NEW AND OLD CLIENTS

JUNE, JULY, AUGUST 1986

CLINIC ASSESSMENT
TOTAL NUMBER OF NEW AND OLD CLIENTS

for June, July and August 1986

<u>NAME OF CLINIC</u>	<u>JUNE '86</u>	<u>JULY '86</u>	<u>AUGUST '86</u>	<u>TOTAL IN 3 MONTHS</u>
K/WASE CLINIC	339	261	460	1,060
SPEC.HOSP.F.F. CLINIC	160	200	125	485
ARMY CLINIC	56	67	49	172
DASS CLINIC Opened 2/86	11	18	14	43
TORO CLINIC Opened 5/86	40	38	37	115
GOMBE CLINIC	86	96	69	251
KALTUNGO CLINIC	65	85	97	247
AZARE CLINIC	75	204	170	449
<u>MONTHLY</u>	<u>832</u>	<u>969</u>	<u>1,021</u>	<u>2,822 CLIENTS IN 3 MONTHS</u>

APPENDIX J

GUIDELINES FOR ON-THE-JOB TRAINING AND PRECEPTING

DAILY CHECK LIST

Participant Name.....
 Clinic.....

Clinical Training
 Child Spacing/ORT
 Bauchi State

DATE	Card No of Clie.	Counseling of Client	History taken	Physical Exam	Pelvic Exam	Condom Dispensed	O.C.P's Dispensed	Injec- table	IUCD Insertion Observed	Perfor- med type/ Size	ORT Tau- ght	Super Remar- vised by
					bian- annual Spec- ulum							

HL

APPENDIX J

Guidelines for On-The-Job Training/Precepting

1. Trainer and trainee write and discuss objectives to be achieved during the experience.
2. Discuss expectations of trainer and trainee. Include required number of procedures a trainee must complete (see Attachment I).
3. Trainers and trainees develop a plan which will enable them to meet objectives.
4. During practicum trainees will:
 - a. review protocols prior to attending to a client;
 - b. provide service consistent with protocols;
 - c. record visit in client's record and on daily check list.
5. During practicum trainers will:
 - a. demonstrate all client interventions.
 - b. support and encourage trainees as they (trainees) provide services.
 - c. provide feedback to trainees.
 - d. assess trainee performance according to performance appraisal tool.

(I)

PROCEDURES WHICH MUST BE ACCOMPLISHED BY
CHILD SPACING TRAINEES

	<u>KNOWLEDGE/SKILL</u>	<u>NUMBER OF CLIENTS</u>		
1.	HISTORY TAKING		20	
2.	PHYSICAL EXAMINATION		20	
3.	PELVIC EXAMINATION: SPECULUM AND BIMANUAL		20	
4.	SEXUALLY TRANSMITTED DISEASE: DETECTION REFERRAL		-DEMONSTRATES ABILITY AS APPROPRIATE	
5.	FERTILITY AWARENESS		DEMONSTRATES ABILITY TO TEACH 5 CLIENTS	
6.	INFERTILITY		DEMONSTRATES ABILITY TO COUNSEL CLIENTS	
	<u>METHOD</u>	<u>COUNSELLING</u>	<u>DISPENSING/INSERTING</u>	<u>FOLLOW UP OF CLIENT</u>
7.	IUCD L.L	2	3	5
	COPPER T	10	10	10
8.	BARRIER METHODS	10	10	10
9.	CCPs	10	10	10
10.	INJECTABLES	5	5	5

17

(II)

COMMUNITY HEALTH EDUCATION:

11.	-Health Talk	3
	Child Spacing Benefits Methods	
	-Health Talk on CRT	3
	-Demonstration of CRT	3
	-Return demonstration	3
	b mother	
12.	Training of auxillaryclinic staff person	1
13.	Record Information:	
	Appropriately	20
	Accurately	20

APPENDIX K

PROJECT PROPOSAL TO INTRAH

Request for Technical Assistance for
a CS/ORT Workshop for Trained Midwives and
Community Health Aides

APPENDIX K

PROJECT PROPOSAL TO INTRAI:

Country: Nigeria, Bauchi State

Title: Request for technical assistance for a
Child Spacing/Oral Rehydration Therapy
Workshop for Trained Midwives and Community
Health Aides.

Submitted by: Bauchi State Trainers

Cost to: INTRAI

Duration: 4 Weeks: February to March, 1987

Number of Participants: 20

Summary:-

The demand for CS/ORT services in Bauchi State is growing slowly but steadily as a result of the work of personnel trained in the Ministry of Health/Health Management Board/INTRAH project. It is anticipated that at least 10 additional service delivery points will be opened within the next year. Each facility will require a community health educator and at least two trained CS clinicians, a need exists for further CS/ORT training for Midwives and Community Health Aides.

- II WORKSHOP: CS/ORT Workshop for Trained Midwives and Community Health Assistants.
- III GOALS OF WORKSHOP: Expand Community Health Education and Clinical CS/ORT Services in one zone of Bauchi State.
- IV GENERAL OBJECTIVE:

To increase CS/ORT knowledge and facilitate skills development for 10 trained Midwives and 10 Community Health Aides who will conduct Community Health Education.

To open 5 service delivery points within one month after completion of the workshop.

To strengthen the existing and develop new services for CS/ORT community awareness.

V SPECIFIC WORKSHOP OBJECTIVES:

By the end of the workshop, each participant will be able to:-

- describe the anatomy and physiology of the male and female reproductive system.
- discuss causes of, and preventive measures for diarrhea
- discuss signs, symptoms and degrees of dehydration in infants and children.
- prepare oral rehydration solution accurately
- instruct clients on the purpose preparation and administration of ORS.
- demonstrate to clients how to mix ORS
- evaluate their work by training a client return the demonstration.

Summary conts.

- provide at least 10 sessions on counselling for CS/ORT to men and women in the Community and Clinic settings.
- compile accurate and meaningful statistics and maintain accurate records.

By the end of the workshop, each Midwife will be able to:-

- take and record at least 20 past and present family, medical and reproductive client histories.
- counsel at least 20 clients on all artificial and natural methods of contraception (benefits, side effects, complications, effectiveness rates and mode of action).
- Perform at least 20 physical examinations including complete pelvic examination.
- initiate each method of contraception to the following number of clients: oral contraceptives 20; injectable 5; barriers 10; IUD insertion 15; IUD removal 3;.

VI. DESCRIPTION OF WORKSHOP:

Participants will be selected from one zone in Bauchi State in order that existing services in that zone be strengthened and new services developed.

Trained Midwives and Community Health Assistants who are or will be working in the same clinics will be selected. The first two weeks of the workshop will include CS/ORT theoretical information and motivation techniques for male and female clients.

The practicum will be two weeks duration. Ten Community Health Assistants will be supervised during their field practicum by the Community Health Education Tutor. Ten Midwives will be precepted by members of the training team in at least 3 clinics: Kofar Wase, Specialist Hospital and Urban Maternity. If participants are unable to achieve their objectives in 2 weeks, the length of the practicum will be extended.

PARTICIPANTS: 10 TRAINED MIDWIVES
10 COMMUNITY HEALTH ASSISTANTS.

TRAINERS: 4 Members of Bauchi State Training Team
2 INTRAH T.A.

LENGTH OF TRAINING: 4 Weeks

VENUE: School of Midwifery, Bauchi

EVALUATION :

WORKSHOP Pre-post assessment
Feedback: questions and answers
Group work
Return demonstrations
Practical assessment of participants in
community and clinic using accepted protocols.

6 Months After: Number of clinics opened as result of
training number of acceptors etc.

MATERIAL/BOOKS:

Family Planning Methods and Practice: Africa (30)
Helping Health Workers Learn (30)
Where there is no Doctor (30)

Model: Pelvic (have in Bauchi)
Betsy Breast.

WORKSHOP BUDGET:

Personnel 20 participant
4 Tutors =24 people.

Travel Allowance

18 participant who will come from various location will cover the distance of 966 Km X 10K per Km.
=N96.60K

1 Tutor who will come from Gombe a distance of 480Km X 20K per Km
=N96.00k

T O T A L N192.60K

II. Allowance:

10 Midwives who will be coming from other clinic outside Bauchi will be paid N15 per night X 32 days =N4,800.00

9 Community Health Workers will be paid N10.00 per night X 16 days =N1,440.00

T O T A L N6240.00K

III. Breakfast for participant

14 people X N3.50k X 22 days =N1,078

10 people X N3.50k X 12 days =N4,420

T O T A L N1,498.00

Stationaries. N260.00

GRANT TOTAL =N6,210.60k