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INTRAH

Trip Report

0-375

Travelers: Ms. Teresa Mirabito, INTRAH Program Officer
Miss Pauline Muhuhu, INTRAH Anglophone
Africa Director

Country Visited: BENUE STATE, NIGERIA

Date of Trip: September 24 - October 7, 1986

Purpose: To develop a project proposal for training
in collaboration with the Benue State
Ministry of Health.

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

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at the JHPIEGO-Sponsored State Plans Workshop,
Baltimore, Md., April-May 1986

LIST OF ABBREVIATIONS

ACNM	American College of Nurse-Midwives
CEDPA	Center for Development and Population Activities
CHA	Community Health Aides
CNO	Chief Nursing Officer
CS	Child-Spacing
FMOH	Federal Ministry of Health
HSMB	Health Services Management Board
IEC	Information/Education/Communication
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LGA	Local Government Area
MOH	Ministry of Health
NGO	Non-Government Organization(s)
ORT	Oral Rehydration Therapy
PCS	Population Communication Services (The Johns Hopkins University)
PPFN	Planned Parenthood Federation of Nigeria
SOHT	School of Health Technology
SON/M	School of Nursing and Midwifery
STD	Sexually Transmitted Diseases
UNFPA	United Nations Fund for Population Activities

EXECUTIVE SUMMARY

Ms. Teresa Mirabito, INTRAH Program Officer and Miss Pauline Muhuhu, INTRAH/AA Director, visited Makurdi, Benue State, Nigeria September 24 to October 7, 1986. The purpose of the visit was to develop a project proposal for training in collaboration with the Benue State Ministry of Health. This visit was a follow-up of the needs assessment visit in June 1986.

The proposed MOH/INTRAH training project will respond to an identified and expressed need to create awareness among policy makers, traditional and business leaders, all health personnel and potential clients. Activities to increase awareness among health workers will be facilitated by MOH/HSMB senior staff who will have been prepared through a Training of Trainers (TOT) workshop. A one-day seminar for 80 persons at the policy and decision-making-level will be conducted by Population Communication Services (PCS).

The project will also develop a State training team composed of clinicians, trained in family planning, and pre-service tutors. It is anticipated that by the end of the project the team will have prepared 50 nurse/midwives and midwives to deliver child-spacing/oral rehydration therapy services and 32 community health aides to educate and motivate potential clients. It is expected that the pre-service tutors will strengthen the CS/ORT components of their schools' curriculum and the clinicians will continue to develop and strengthen in-service training.

Major findings included the following:

1. There is evidence of support for the project from the new Commissioner for Health and senior health personnel in the state.

2. A committed working committee for the CS/ORT training project, which includes Ministry of Health/Health Services Management Board personnel, will participate in planning, implementation and monitoring of the Benue State CS/ORT program and training project.
3. A plan for developing a child-spacing program in Benue State was drafted in May 1986 and has been approved by the State Executive Council. The proposed MOH/INTRAH training project will facilitate implementation of this plan.

It is recommended that all the proposed activities be conducted in order to ensure achievement of the stated goal and objectives. INTRAH should support these activities and seek assistance from other donors as necessary.

SCHEDULE DURING VISIT

Sunday
September 21 Miss Pauline Muhuhu arrived in Lagos from Nairobi.

Monday
September 22 Ms. Teresa Mirabito arrived in Lagos from Bauchi State at 6:30 pm.

Tuesday
September 23 Met briefly with Mrs. H.O. Shitta-Bey, Population/Family Planning Specialist, AID Affairs Office/U.S. Embassy.

Met with Mrs. O.R. Olatokunbo, Pathfinder Country Representative.

Met with Mrs. Stella Savage, Chief Nursing Officer, Federal Ministry of Health.

Met with Dr. A.D. Kolawola, Director of Primary Health Care, Federal Ministry of Health.

Met with Dr. Babs Sagoe, Senior Program Officer, UNFPA

Wednesday
September 24 Miss Muhuhu and Ms. Mirabito arrived in Makurdi, Benue State at 12:45 pm.

Met with Dr. (Mrs.) Rosemary Abdullahi, Chief Health Officer and Family Planning Director and Mrs. Susannah Attah, Family Planning State Coordinator.

Thursday
September 25 Met with Dr. Oko A. Amali, Chief Medical Officer, Ministry of Health.

Met with Dr. Steven Ikurior, Commissioner for Health, Ministry of Health.

Met with Ministry of Health/Health Services Management Board Planning Committee to write proposal. Present were:

- Dr. (Mrs.) Abdullahi
- Dr. (Mrs.) Mary D. Ogebe, Chief Medical Officer, Family Planning Deputy Director, Health Services Management Board
- Mrs. Attah
- Mr. Andrew Odah, Information/Education/Communication Manager

Friday
September 26 Proposal writing with the MOH/HSMB Planning Committee.

Saturday
September 27 Proposal writing with the MOH/HSMB Planning Committee.

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SCHEDULE (cont.)

Sunday
September 28 Worked on proposal draft.

Monday
September 29 Visits to:
- Maternal/Child Health and Family Planning Clinic, Makurdi;
- North Bank Maternal/Child Health and Family Planning Clinics;
- Planned Parenthood Federation of Nigeria Clinic; and
- School of Nursing and Midwifery (proposed venue for workshops)

Tuesday
September 30 -
Thursday
October 2 Met with MOH/HSMB Planning Committee to draft the proposal.

Friday
October 3 Visited hotels to obtain cost data.

Presentation of Draft proposal to Commissioner for Health, Dr. Ikuior. Present were Dr. N.I. Bur, Executive Secretary, Health Services Management Board and MOH/HSMB Planning Committee.

Saturday
October 4 - Wrote trip report.
Sunday
October 5

Monday
Gathered cost data for proposed budget.

Tuesday
October 7 Departed Benue for Lagos.

Debriefed Ms. Keys MacManus, AID Affairs Officer on Benue State Project Development and Bauchi State Project Review Visit.

Wednesday
Worked on trip report.

Thursday
October 9 Completed trip report.

Friday
October 10 Miss Muhuhu departed Lagos for Nairobi.
Ms. Mirabito departed Lagos for USA.

I. PURPOSE OF TRIP

To develop a proposal for a child-spacing/oral rehydration therapy training project with staff from the Ministry of Health and Health Services Management Board, Benue State.

II. ACCOMPLISHMENTS

The INTRAH team in conjunction with the Ministry of Health/Health Services Management Board Planning Committee accomplished the following:

1. Briefing and debriefing with the Commissioner for Health who expressed support for the Benue State child-spacing program and the proposed MOH/INTRAH project.
2. Visits to four service delivery facilities to identify possible clinical training sites. Four clinics were considered potential sites for clinical practice.
3. Discussions were held with the Principal of the School of Nursing and Midwifery regarding use of the School for classroom and the nurses' hostel for accommodations during various training activities. Potential for establishing an MCH/CS clinic on the School premises to serve as a training facility for both pre-service and in-service programs was also discussed.
4. A proposal to train approximately 220 persons over a period of 18 months was drafted, presented to the Commissioner for Health and discussed with AAO/Lagos during a debriefing.
5. During debriefing Ms. Keys MacManus, AID Affairs Officer/Lagos expressed her support for the proposal and the need for co-funding in order to implement the project.

III. BACKGROUND

INTRAH has supported the family planning program in Benue State through the sponsorship of in-country, regional and third-country training. Sixty nurse/midwives participated in two five-day FP/ORT workshops in Makurdi, October - November 1985 (see Trip Report 0-175). Five physician/nurse teams and six

nurse/midwives attended clinical skills courses in Manila, The Philippines and Harare, Zimbabwe respectively.

At the invitation of the Ministry of Health through Ms. MacManus, an INTRAH team visited Benue State in June 1986 to conduct an FP training needs assessment (see Trip Report 0-310). Based on identified and expressed needs, an outline of a proposed FP training project was designed.

During this visit, a CS/ORT training project proposal was developed with members of a working committee from the MOH/HSMB. Project implementation is anticipated to start in April or May 1987.

IV. DESCRIPTION OF ACTIVITIES

A. Lagos

1. Meeting with Mrs. O.R. Olatokunbo, Country Representative for Pathfinder Fund.

Mrs. Olatokunbo met the team at the U.S. Embassy to discuss plans for a needs assessment visit to Gongola State. The following points were raised:

- a. Pathfinder will support in-country costs of a joint INTRAH/Pathfinder Fund project up to \$75,000. INTRAH will provide training/technical assistance for project activities.
- b. The visit dates have been set by Pathfinder for October 29 - November 6. The assessment team will be:
 1. Mr. James Crawford, Regional Representative for Africa;
 2. Dr. Praema, Curriculum Development Specialist;
 3. Mrs. Olatokunbo, Country Representative;
 4. 1 INTRAH Program Officer and a second INTRAH representative to be identified.

- c. The visit will include a needs assessment, although preliminary plans for a project may be developed with MOH/HSMB. Final decisions about project responsibilities of INTRAH and Pathfinder will be made in the U.S.

2. National Family Planning Curriculum Development

The Pathfinder Fund and American College of Nurse Midwives have been working with the National Nursing Council of Nigeria since June 1985 to develop an FP curriculum for schools of midwifery. The FP theoretical content will be increased from 30 to 60 hours.

Two one-week workshops will be conducted in November 1986 in Ogun and Kaduna States where the final FP curriculum will be introduced to principals and FP tutors from schools of midwifery by the National Nursing Council in order to increase awareness of the curriculum and discuss the realities of implementing it.

It is anticipated that one school of midwifery in each of the four national zones will implement the curriculum within one year. The selection of schools will be made on the basis of availability of suitable sites for clinical practice and the presence of one tutor on the staff who has been trained in family planning. Further implementation plans are unknown at this time.

3. Meeting with Mrs. Stella Savage

The INTRAH team briefed Mrs. Stella Savage, Chief Nursing Officer, FMOH on the current status of all INTRAH-sponsored activities in Nigeria. Mrs. Savage expressed the following needs:

- a. increased coordination among donor agencies in order to avoid duplication;

- b. a more family-centered approach in training health personnel for service delivery (vs. training for FP only); and
 - c. National FP protocols with appropriate modifications made by each state.
4. UNFPA and Protocol Development

Discussions with Dr. Babs Sagoe, Senior Program Officer, UNFPA revealed that UNFPA provided funds in 1984 to the FMOH for the development and production of FP protocols or standards for practice. Although draft protocols were prepared by a consultant under a contract with the FMOH, the consultant has not produced a final draft, and will not until he/she is given a fee to do so. (The original agreement called for production of a final copy of the protocols.)

The initial draft, which reportedly resembled the Downstate Medical Center Procedures manual, was reviewed and revised by a committee of physicians and nurses from University College Hospital (UCH) in Ibadan and Dr. Sagoe.

At Dr. Sagoe's suggestion, the team visited Dr. Kolawole, Director, Primary Health Care, FMOH, to discuss the next steps in the process. Dr. Kolawole expressed an interest in having INTRAH work with the consultant to complete the final drafts of the protocols. Alternatives to this plan were discussed.

The INTRAH team expressed interest in reviewing the documents to Drs Sagoe and Kolawole. However, the consultant, who is in Jos, has the only edited version. Dr. Sagoe will attempt to obtain it for review by INTRAH in the event a mechanism for completion is possible.

B. Benue State Project Development

1. Ms. Mirabito and Miss Muhuhu worked with an MOH/HSMB planning committee constituted of Dr. (Mrs.) Rosemary Abdullahi, Dr. (Mrs.) Mary Ogebe, Mrs. Andrew Odah and Mrs. Susannah Attah to develop the MOH/INTRAH proposed training project.
2. The Benue State Plan for Action (see Appendix), the workplan designed by the MOH/HSMB Committee, the June 1986 Needs Assessment conducted by INTRAH (see Trip Report # 0-310), and preliminary plans for PCS-sponsored activities were reviewed in detail and considered during project development.
3. A master plan which includes all proposed activities by other donor agencies (PCS and ACNM) and INTRAH was developed and is included as an appendix to the proposal. Timing of PCS-sponsored activities is expected to enhance support for the proposed INTRAH-sponsored training activities.
4. The MOH/HSMB wants to orient 2,000 health personnel from all government and non-government organizations to CS/ORT. Senior staff from MOH/HSMB will be prepared to facilitate CS/ORT orientation seminars during an INTRAH-sponsored workshop. Due to the cost of the proposed orientation and lack of co-funding, it has been proposed that INTRAH sponsor 2 seminars for a total of 100 personnel. The MOH/HSMB has agreed to alter the target number of personnel to be oriented to 1,000.
5. In addition to the orientation of 100 personnel, the proposed MOH/INTRAH project activities will involve 140 participants. Approximately 15 will participate in up to three workshops. Twenty members of the training team will facilitate six workshops (two community CS/ORT education and motivation and four service delivery skills workshops).

The MOH/HSMB emphatically requested that a separate team be prepared to monitor and evaluate the training project and the Benue State CS/ORT program.

C. Visits to Child-Spacing Service Delivery Points in Benue State:

Four family planning clinics were visited to reassess their potential for clinical training.

1. North Bank Clinic is newly-established (June 1986). The staff consists of one ZNFPC-trained nurse and one trained during the five-day CS/ORT workshop in October 1985. Services provided include daily talks at the clinic, home visits for educational purposes, contraceptive methods including IUD insertion, and referrals. The clinic has an average daily attendance of 5 clients. There is ample space at this clinic, which could serve as a training site but it would have to triple the number of clients to provide adequate learning experiences for one to two trainees.
2. Makurdi MCH Centre Child-Spacing Clinic was opened August 1986 and has a daily average attendance of five to eight clients served by 1 community health officer trained in family planning in Manila and 1 nurse midwife trained in the 5-day FP/ORT workshop. All family planning services are provided, including daily talks at very busy child welfare and antenatal clinics. Child-spacing services are provided on a daily basis; child welfare (except immunization) and antenatal services are provided two to three days per week. Though this clinic has a potential for increased use, the space is very limited. At the moment it may not be possible to have more than one student at one time.
3. Makurdi General Hospital Clinic is a busy clinic with an average of 15 clients per day. There are 2 FP trained personnel (ZNFPC & Ibadan). Clinic is conducted in one small room. Two other small rooms will be made available to the clinic when the present occupants vacate. In its present state, though there is a good client load, it may not be possible to place a student because of overcrowding. With added room and equipment, it would serve as a good training site.
4. PPFN Clinic: Accommodation for this clinic is provided by HSMB. The INTRAH team did not meet the clinic personnel but had access to the records. The two-room clinic serves an average of 20 clients per day. One midwife, who is currently attending the clinical skills course at ZNFPC, Harare is seconded to this clinic by the HSMB. Though space and number of clients so far attended may be adequate to place one trainee at this clinic, the INTRAH team was not able to establish the preparation of the PPFN nurse providing the services. Furthermore the team learned that the midwife, who is presently

seconded to the clinic will be reassigned to another clinic on completion of her training at ZNFPC in November 1986.

5. School of Nursing and Midwifery: The INTRAH team met with the Principal to discuss the possible use of the nurses' hostel to accommodate workshop participants, to view the classrooms to be utilized for teaching activities, and to establish the status of the proposed FP clinic at the school clinic. The issue of establishing an FP clinic at the school had not been discussed with the Principal prior to the INTRAH visit but he was very supportive of the idea. He envisions the clinic not only as a service centre for the nearby community, but also as a training facility for students at the school and a means for tutors to continue utilizing their skills in order to maintain competence. He sees the clinic providing a full range of MCH/FP services. He proposed use of one entire wing of the building which would separate the classrooms and school clinic allowing maximum privacy for both the students and clients. The school has many under-utilized classrooms which may be used for training; however, the team learned that participants would not be able to be accommodated at the school due to a lack of essential services. The school does not provide meals for its students but rather contracts for private catering and students pay for individual meals.

- D. Four hotels and book stores were visited in order to establish existing costs for budgeting purposes. Rahama Hotel appears suitable. The full board rate at the time of the visit was N58 per person, single occupancy or N47 per person double occupancy. The hotel director assured the INTRAH team that a discount would be offered; however, he was noncommittal regarding the amount of discount to be offered.

E. Briefing and Debriefings

The Benue State Commissioner for Health was briefed on September 25, 1986 and debriefed on October 3, 1986. A copy of the proposal was presented to the Commissioner who expressed support for the project and highlighted the need for acceleration of service delivery and its

maintenance. The HSMB Executive Secretary, Mr. Bur was also present during the debriefing.

2. The team debriefed Ms. Keys MacManus, AAO/Lagos on October 7, 1986. During the debriefing the MOH/HSMB interest and commitment were noted. The INTRAH team expressed the importance of each activity in the proposed MOH/INTRAH project in order that the implementation of the Benue State plan of action would be successful. Regarding the cost of the project, Ms. MacManus supported the INTRAH team's request for co-funding in order to implement the proposed training plan. A copy of the project proposal was presented to Ms. MacManus.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

<u>FINDINGS/CONCLUSIONS</u>	<u>RECOMMENDATIONS</u>
1. Support for CS/ORT in Benue State is evident within the MCH/HSMB, which facilitated development of the project proposal and is expected to facilitate further planning and project implementation.	
2. Benue State has an approved 5-year plan for child-spacing activities (see Appendix D) which was addressed during project development.	INTRAH trainers who will work in Benue State should have a copy of the plan in order to be prepared to discuss it with participants.
3. Benue State does not have funds budgeted for FP this year, however, FP funds have been requested for the 1987 budget.	Benue State should begin planning for support of in-service training by the Benue State Training Team after completion of the proposed MOH/INTRAH project.
4. The INTRAH team was fortunate to have worked with an extremely committed working committee during project development.	The MOH/HSMB working committee should be included in all activities concerning the proposed training project: planning, implementation, monitoring, and evaluation.
5. The process of project development proved to be a positive learning experience particularly for the FP State Coordinator and the newly-appointed IEC Manager.	

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (cont.)

<u>FINDINGS/CONCLUSIONS</u>	<u>RECOMMENDATIONS</u>
6. Inclusion of the IEC Manager on the working committee created a link between the newly-established IEC Unit and the proposed training project.	The link between IEC program and the proposed training project should be maintained as both programs accelerate.
7. The MOH/HSMB expressed a need to integrate CS services in every service delivery point throughout the state but at the same time recognizes the need to strengthen CS service delivery in 38 of the 49 existing service points which now offer CS services.	
8. Demand for FP services is low. The average daily number of clients in FP clinics is insufficient to enable trainees to develop competency in clinical skills within the allocated training period. Demand may be created increasing the awareness of policy makers, influential leaders in all communities, health personnel and potential clients regarding benefits of child-spacing.	The proposed PCS-sponsored policy-makers' symposium and IEC activities should precede CS clinical skills service delivery training.
9. Community health aides (CHA) will be expected to assume a more active role in community-based child-spacing activities rather than in clinics. This supports the inclusion of tutors from the School of Health Technology, which trains CHAs in the TOT workshop.	The CHA pre-service program should prepare CHAs to educate and motivate potential CS/ORT clients.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (cont.)

<u>FINDINGS/CONCLUSIONS</u>	<u>RECOMMENDATIONS</u>
10. It has been proposed that 32 CHAs be trained during the MOH/INTRAH training project to provide community health education and motivation.	The CHA and clinical service delivery skills trainees should be selected from the same areas in order that clinic services are available to meet the demand.
11. In the four FP clinics located in Makurdi, only three clinical skills trainees can be accommodated given the physical space available in 3 of the clinics and the low number of clients in two of the facilities.	Prior to the initiation of clinical skills training, the capacity to accommodate trainees in Makurdi must be increased (refer to Appendix B for specific recommendations).
12. The CNO recommended and the Principal of the SONM supports the idea of opening an FP clinic at the SONM. A clinic at the School will provide an excellent opportunity for tutors to maintain competency of clinical skills and provide a practice area for child-spacing, community health education, motivation and clinical skills.	The MOH should follow up this suggestion.
13. The proposed Benue State training team consists of clinicians (nurse/midwives) trained in FP, and nursing tutors.	The clinicians and tutors should provide CS services in addition to conducting in-service and pre-service training following the TOT in order to maintain their competency in clinical FP services.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (cont.)

<u>FINDINGS/CONCLUSIONS</u>	<u>RECOMMENDATIONS</u>
14. The training activities identified in the proposal are crucial to the successful implementation of the CS/ORT program and for institutionalization of in-service training. However, funding requirements are beyond the budget allocations of INTRAH.	Co-funding for the proposed project should be sought from external donors.

APPENDIX A

PERSONS CONTACTED/MET

LAGOS

AID Affairs Office

Ms. Keys MACMANUS, AID Affairs Officer

Federal Ministry of Health

Mrs. Stella SAVAGE, Chief Nursing Officer

Dr. A.D. KOLAWOLE, Director, Primary Health Care

The Pathfinder Fund

Mrs. Olabisi OLATOKUNBO, Country Representative

United Nations Fund for Population Activities

Dr. Babs SAGOE, Senior Program Officer

BENUE STATE

Ministry of Health

Dr. Steven IKUIOR, Commissioner for Health

Dr. (Mrs.) Rosemary ABDULLAHI, Chief Health Officer and
Family Planning Director

Mrs. Martha DALHATU, Chief Nursing Officer

Mr. Andrew ODAH, Information/Education/Communication Manager

Health Services Management Board

Dr. N.I. Bur, Executive Secretary

Dr. (Mrs.) Mary OGEBE, Chief Medical Officer

Mrs. Susannah ATTAH, Family Planning Coordinator

School of Nursing and Midwifery

Mr. Felix B. GBILLAH, Chief Nurse Tutor/Principal

Makurdi General Hospital

Mrs. Awa ARUMA, Nursing Officer, Family Planning Clinic
(Zimbabwe trainee)

Mrs. Veronica UKWENYA, Nurse/Midwife (Ibadan trainee)

Mrs. Margaret DUTSE (5-Day workshop trainee)

Planned Parenthood Federation of Nigeria Clinic, Makurdi

Two Community Health Aides (unidentified)

Maternal and Child Health Center, Makurdi

Mrs. Justina S. ABEDA, Community Health Officer in-charge of
Maternal/Child Health and Family Planning Services
(Manila trainee)

Mrs. Hannah AKEGH (5-Day workshop trainee)

IDENTIFIED CLINICAL TRAINING SITES

NAME:

North Bank Family Planning Clinic

PHYSICAL FACILITIES:

2 rooms with desk and exam table

EQUIPMENT AND SUPPLIES:

Africare Equipment
Sufficient supplies

STAFF:

1 Trained FP clinical service
provider and preceptor
1 Senior health sister trained
in 5-Day FP/ORT workshop

SERVICES OFFERED:

All FP methods daily
MCH services

CLIENTS:

3-5 Clients/day (FP clinic opened
May 1986)

POTENTIAL FOR TRAINING:

Excellent potential for a model clinic.
Client demand needs to be increased to a
minimum of 15-20 clients per day in which
case 2 trainees could be accommodated.

If client demand increases, extra rooms are
available for service provision but will
need equipment.

NAME:

MCH Clinic, Makurdi

PHYSICAL FACILITIES:

1 waiting room
1 examination room

EQUIPMENT AND SUPPLIES

1 Africare Set
Sufficient supplies

STAFF:

1 CHO - trained in Manila
1 Nurse/Midwife - trained in 5-Day
FP/ORT workshop
1 Nurse/Midwife - now in Ibadan
(Kange)

SERVICES OFFERED:

All FP methods daily
MCH services

CLIENTS:

5-8 Clients/day (Clinic opened
August 1986)

POTENTIAL FOR TRAINING:

One trainee could be accommodated
if client demand was greater.

IDENTIFIED CLINICAL TRAINING SITES (cont.)

RECOMMENDATIONS:

1. Community health education and motivation, particularly in the adjacent market.
2. Increase in number of clients.
3. Equipment and supplies for 1 or 2 additional rooms.

RECOMMENDATIONS:

1. Community health education and motivation to increase client demand.
2. Improved ventilation in waiting room and exam room.
3. If client demand increases to 15-20 clients/day, one additional room will be required.

IDENTIFIED CLINICAL TRAINING SITES (cont.)

NAME:

General Hospital Family Planning Clinic,
Makurdi

PHYSICAL FACILITIES:

1 small FP room for counselling and
insertion of IUD

EQUIPMENT AND SUPPLIES:

Africare set
Sufficient supplies

STAFF:

1 Nurse/Midwife (trained in Zimbabwe)
1 Nurse/Midwife (trained in Ibadan)
1 Nurse/Midwife (trained 5-Day FP/ORT
workshop)

SERVICES OFFERED:

All FP methods

CLIENTS:

300/month or 15/day

POTENTIAL FOR TRAINING:

In terms of client demand this site
would be appropriate for two trainees.
However, given the size of the present
room, it would be too crowded for even
one trainee.

NAME:

PPFN Clinic

PHYSICAL FACILITIES

1 waiting/counselling room
1 exam room

EQUIPMENT AND SUPPLIES:

Sufficient supplies

STAFF:

1 Staff Nurse/Midwife
2 Community Health Aides

SERVICES OFFERED:

All FP methods daily

CLIENTS:

338/month

POTENTIAL FOR TRAINING:

If a qualified clinical preceptor were
to be available, one trainee can be
accommodated at the present time.
If the large waiting/counselling room
were to be partitioned, and equipment
added, 3 trainees could be accommodated,
assuming a qualified preceptor is
available.

IDENTIFIED CLINICAL TRAINING SITES (cont.)

RECOMMENDATIONS:

It is anticipated that 2 adjacent rooms will be used for FP once they are vacated by carpenters. These rooms are small and will need to be equipped with one more Africare set. The second room could be used for counselling. All rooms are very small and require improved ventilation.

RECOMMENDATIONS:

Assign a qualified FP service provider who is capable of clinical precepting. Divide the large waiting/counseling area to create 2-3 rooms for service provision. Assign 3 trainees for clinical practice.

POTENTIAL CLINICAL TRAINING SITE

NAME:

School of Nursing and Midwifery

It has been proposed that an FP clinic be opened at the School of Nursing and Midwifery. If this is possible it would provide an excellent opportunity for the tutors in the School of Nursing and Midwifery to practice, thereby monitoring their clinical skills.

Furthermore, students would have a clinic in which to develop clinical and management skills.

It was further suggested by an HSMB representative that the PPFN clinic be moved to the School site as PPFN has a large clientele and insufficient space.

APPENDIX C

Benue State
Ministry of Health/INTRAH
Child-Spacing/Oral Rehydration
Therapy Project Proposal

GOVERNMENT OF BENUE STATE OF NIGERIA

Telephone: 33651

Telegrams: SECHEALTH

Ref. No. S/HEB/512/T/115.....

Ministry of Health and

Social Welfare, ex

Benue State,

Private Mail Bag No. 2093:102095,
Makurdi, Nigeria



In replying please quote the number
and date of this letter

3rd October, 1966

Dr. James Lea,
Director,
INTRAH PROGRAMME,
208 N Columbia St.,
CHAPEL HILL NC 27514.

BENUE STATE MCH/INTRAH CHILD SPACING/
CPT TRAINING PLAN

I am pleased to send the attached training proposal for Benue State. The proposal which is based on our current need has been approved by the Commissioner of health.

We appreciate the technical assistance of the two hard-working and committed INTRAH staff, Teresa Mirabito and Pauline Mubuhu who worked with us to perfect the proposals in September/October.

We strongly believe that at the end of this training programme, Benue State would have trained many health workers who will man our existing and planned family planning clinics which will be well spread all over the state. INTRAH sponsorship of this 10 month training programme is therefore being reported.

This state wishes to seize this opportunity to convey its appreciation of your assistance so far.

[Signature]
(P. J. SHERMAN)
PERMANENT SECRETARY.

COUNTRY Benue State, Nigeria

TITLE Benue State Ministry of Health/
INTRAH Child-Spacing/Oral Rehydra-
tion Therapy Project

SUBMITTING ORGANIZATION Ministry of Health

RESPONSIBLE OFFICIAL Dr. (Mrs.) Rosemary A. Abdullahi
Chief Health Officer
Ministry of Health Headquarters
Makurdi, Benue State, Nigeria

DURATION Eighteen Months

NUMBER OF PARTICIPANTS 228 Unduplicated

NUMBER OF ACTIVITIES 15

DATE OF SUBMISSION OF PROJECT PROPOSAL TO INTRAH October 15, 1986

I. SUMMARY

Benue State views child-spacing and oral rehydration therapy (CS/ORT) as preventive measures and part of the primary health care effort that complement other maternal and child health services. Presently, the scope of CS/ORT services is limited and the Ministry of Health (MOH) and Health Services Management Board (HSMB) plan on integrating this service into the existing health services in order to achieve larger population coverage. This goal will be accomplished through the Benue State CS/ORT program.

One of the strategies for implementation of the Benue State CS/ORT program is to increase knowledge and develop skills among health personnel responsible for the integration of CS/ORT services into the existing health services.

The MOH/INTRAH training project, therefore, proposes to establish an in-service training system and strengthen pre-service education by developing the capabilities of a 20-member Benue State Training Team comprised of nurse-clinicians and pre-service educators trained in family planning. Pre-service educators will prepare and integrate a CS/ORT curriculum into the present School of Nursing and Midwifery curriculum. The nurse-clinicians will prepare 50 nurse-midwives and 32 community health aides to provide clinic-based contraceptive services and community health education respectively throughout the proposed project period. Upon completion of the MOH/INTRAH project, it is expected that all members of the training team will provide clinical services in order to maintain currency of clinical service delivery skills. Furthermore, it is expected that the nurse-clinicians will continue to provide in-service training.

A team of ten MOH/HSMB personnel will be trained to monitor and evaluate the MOH/INTRAH project - 5 members of the training team and 5 MOH/HSMB personnel not associated with the training project. This team will be responsible for data collection and will work with INTRAH staff during project reviews.

The life of the proposed training project is eighteen months but it has a potential for expansion as service demand increases. Furthermore, it is expected that members of the Benue State Training Team will continue to provide in-service training following the end of INTRAH-sponsored activities.

II. BACKGROUND

Benue State, created in 1976 from the former Benue-Plateau and Kwara States now has an estimated total population of 4.5 million (projected from 1963 figures).

Benue State has an estimated growth rate of 3 percent, 66 persons per square kilometer and a land area of about 63,740 sq. km. About 75% of the population live in rural areas. There are presently 13 local government areas (LGA).

From the 1963 census and 1981 sample Vital Registration Survey, about 48% of the state's inhabitants were below 15 years, and 17% of the population are women of child-bearing age. The high level of fertility in the state can be decreased. The infant mortality rate (IMR) is very high.

Benue State has witnessed a tremendous improvement in its child-spacing program since February 1985 when the USAID/INTRAH team first visited the state. Prior

to this period the Planned Parenthood Federation of Nigeria (PPFN) was the only body that was involved in family planning education and family planning service was available only at the PPFN Clinic in Makurdi. A few private clinics also provided services at exorbitant prices.

With the active support of USAID and some of its agencies, particularly INTRAH, the state has, between February 1984 and the present, been able to train many health workers who now deliver limited forms of family planning services at the 49 public family planning clinics scattered throughout the state. Only eight of these clinics offer services in IUCD insertion. Community motivation and mobilization for child-spacing is very low. Equipment at these clinics is scanty. The state has yet to integrate CS/ORT fully into the maternal/ child health services of local governments, voluntary agencies and private clinics. This is a large area full of opportunities.

Trainers of CS service providers are not available within the state and this retards the state's expansion of family health services.

It is in the light of the above deficiency that a Benue State Planning Committee, with technical assistance from INTRAH staff, has developed an 18-month training proposal. It is expected that at the conclusion of the training program, the state will have trained a reasonable number of service providers, trainers and community educators to enable the state to strengthen, expand and integrate child-spacing activities into the existing maternal/child health services. This will in turn reduce the present high

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infant and maternal mortality/morbidity rates in the state.

III. PROGRAM GOAL

To integrate quality child-spacing and oral rehydration therapy services into the health care system in order to improve the health status of families in Benue State.

IV. PROGRAM OBJECTIVES

1. To develop the capability of a State Training Team to plan, conduct and evaluate CS/ORT workshops for all cadres of health workers throughout Benue State.
2. To strengthen the capability of in-service tutors to implement the FP curriculum proposed by the National Nursing Council of Nigeria.
3. To increase awareness and acceptance and support for CS/ORT among policy and decision makers, health service providers and members of the community.
4. To expand the knowledge and promote skills development for service providers of community health education, motivation and clinic-based services.
5. To prepare a team capable of monitoring and evaluating the Benue State CS/ORT program.

V. OPERATIONAL OBJECTIVES

1. To train 10 senior staff of MOH/HSMB to plan and conduct CS/ORT orientation seminars for field staff of government and non-government organizations.
2. To educate 100 government and non-government personnel on the National Population Policy and the Benue State Action Plan for CS/ORT and to encourage their participation and support in the dissemination of CS/ORT information to colleagues, clients and members of their communities.
3. To prepare 7 MOH/HSMB personnel to plan and conduct the evaluation of training and the CS/ORT program.

4. To increase knowledge and promote skills development for 20 clinicians and tutors in order to incorporate CS/ORT into pre-service education and post-basic in-service training.
5. To develop four curricula to be utilized for orientation of health personnel and in-service training of CS/ORT service providers:
 - a. Orientation of field staff from MOH/HSMB and NGO
 - b. Orientation of supervisors
 - c. Community health education and motivation
 - d. Clinical CS/ORT service delivery including standards and assessment criteria for clinical practice
6. To orient the training team to the use of and need for protocols for standardization of CS clinical services.
7. To develop selected protocols for use by clinicians, including trainers, in delivery of CS services.
8. To prepare 13 clinical service providers to assume new roles and responsibilities in supervision of the CS/ORT program.
9. To prepare 32 community health assistants to conduct CS/ORT community health education in order to increase demand for CS/ORT services.
10. To prepare 50 nurse/midwives and midwives to provide clinic-based services according to acceptable standards of practice.
11. To enable 5 nurse/midwives or midwives to develop skills in IUCD insertion through on-the-job training with clinical preceptors.
12. To review the MOH/INTRAH training project and the Benue State CS/ORT program to identify successes, constraints and further training needs.

VI. PROJECT ACTIVITIES

A. Activity No. 1

1. Title Training of Trainers (TOT) for MOH/HSMB Senior Staff
2. Purpose To prepare 10 senior staff of MOH/HSMB to facilitate CS/ORT orientation seminars for field staff of government and non-government organizations. Senior staff were selected to conduct

the seminars because of their position and influence in the state health system.

3. Objectives

- a. To familiarize participants with the National Population Policy, the Benue State Action Plan for CS/ORT and the MOH/INTRAH training project.
- b. To strengthen participants knowledge of contraceptive technology.
- c. To enable participants to develop and implement a curriculum for the 3-day orientation seminars.

4. Content

- a. RAPID presentation
- b. Text of National Population Policy
- c. Benue State Action Plan for CS/ORT
- d. Overview of MOH/INTRAH training project
- e. Adult training methodologies
- f. Overview of curriculum development process and content

5. Expected Outcomes

- a. 10 MOH/HSMB senior staff will be knowledgeable and conversant with the National Population Policy and Benue State Action Plan for CS/ORT, and methods of modern contraception.
- b. 10 MOH/HSMB senior staff will be prepared to disseminate the same information to all health personnel.
- c. One curriculum which will be used for the two INTRAH-sponsored 3-day CS/ORT orientation seminars and for the remaining 20 seminars, pending the availability of funds from other sources. (Refer to the Benue State CS/ORT Master Training Plan, Activity No. 7.)

6. Training Methodologies

- a. Audio-visual presentations
- b. Participatory training methods

7. Participants

- a. 10 senior staff MOH/HSMB
 - A selected number of personnel will also be invited to the RAPID presentation.

- b. Criteria for selection
 - Senior position
 - Availability to tour health zones and conduct seminars
 - Interest in CS/ORT

8. Trainers

- a. 1 FMOH - RAPID presentation
- b. 2 INTRAH

9. Venue

School of Nursing and Midwifery

10. Evaluation

- a. Biodata forms
- b. Feedback
- c. Short presentations by individuals to the group
- d. Participant Reaction Forms

B. Activities No. 2 and 3

1. Title Orientation Seminars in 2 Zones
2. Purpose These 3-day seminars are designed to create CS/ORT awareness among the field health staff and to positively influence their attitudes towards information dissemination and towards support for service delivery.
3. Objectives
 - a. To educate 100 health personnel from local government areas and voluntary organizations on the National Population Policy and Benue State Action Plan for CS/ORT and the MOH/INTRAH training project.
 - b. To inform 100 health personnel of modern contraceptive methods including benefits, risks and accessibility of services.
 - c. To discuss and define their roles and responsibilities in disseminating information and providing support for the CS/ORT program and integrating CS/ORT into their existing services.
4. Content:
 - a. National Population Policy
 - b. Benue State Action Plan for CS/ORT

- c. Overview of contraceptive technology
- d. ORT update
- e. Expected role in state CS/ORT program
- f. Methods of integrating CS/ORT into existing health services

5. Expected Outcomes

- a. Increased awareness of 100 health personnel of National Population Policy and Benue State Action Plan for CS/ORT program and the MOH/INTRAH training project.
- b. At least 80% of participants will be able to advise mothers on preparation and administration of oral rehydration solution (ORS).
- c. At least 80% of participants will be able to dispel misconceptions and fears surrounding the use of modern contraceptives.
- d. Participants, organized in teams, will disseminate acquired knowledge to their colleagues, staff and at least 2 community groups.

6. Training Methodologies

- a. Discussion
- b. Participatory methods

7. Participants

- a. Total 100 nurses, midwives, physicians, community health supervisors, laboratory technicians, pharmacists, other para-medical and support staff.
- b. Criteria for selection

Health personnel from voluntary organizations and local government areas.

8. Trainers

Five senior staff of MOH/HSMB for each seminar.

9. Venue

2 Zonal Headquarters

10. Evaluation Methods

- a. Biodata Forms
- b. Daily verbal feedback
- c. Participant Reaction Forms

C. Activity No. 4

1. Title Skills Development for Training and Program Evaluation
2. Purpose This workshop is designed to develop a cadre of personnel capable of designing and conducting training and CS/ORT program activity evaluation.
3. Objectives
 - a. To enable participants to collect, analyze and interpret baseline data.
 - b. To enable participants to develop skills in evaluation techniques.
 - c. To develop a plan and appropriate tools for monitoring and evaluating the CS/ORT training and service activities in Benue State.
4. Content
 - a. Evaluation types and methods
 - b. Design of evaluation tools
 - c. Methods of data collection, analysis, interpretation and presentation
5. Expected Outcomes
 - a. A plan for monitoring and evaluating CS/ORT training activities and service delivery.
 - b. Tools designed to facilitate monitoring and evaluation of CS/ORT training activities and service delivery.
 - c. Preliminary baseline data will have been collected.
 - d. Participants will be capable of monitoring and evaluating CS/ORT training activities and service delivery.
6. Training Methodologies
 - a. Group discussions
 - b. Exercises
 - c. Case studies
7. Participants
 - a. Total 10 - 5 MOH/HSMB Nurse/midwives
5 Benue State Trainers
 - b. Criteria for selection
 - Benue State Trainers who have CS clinical experience
 - Interest in CS/ORT

- Nurse/Midwives with extended work experience in OB/GYN
- Availability in government service for three years
- Availabiltiy and willingness to travel to rural areas in order to conduct evaluation

8. Trainers

- a. 2 INTRAH
- b. 1 FMOH

9. Venue

School of Nursing and Midwifery

10. Evaluation

- a. Biodata Forms
- b. Pre/post-assessment
- c. Workshop output (tools)
- d. Participant Reaction Forms

D. Activity No. 5

1. Title Training of Trainers for the Benue State Training Team
2. Purpose This workshop is designed to prepare 20 family planning clinicians and tutors to plan, conduct, monitor and evaluate CS/ORT workshops for health personnel responsible for providing community health education, motivation, clinical CS/ORT services and supervision of CS/ORT services. It is expected that, in particular the clinicians, who are members of the Benue State Training Team will continue to actively conduct in-service training after the MOH/INTRAH project is completed and the pre-service tutors will implement the National FP Curriculum developed by the National Nursing Council of Nigeria.
3. Objectives
 - a. To orient participants to the National Population Policy and the Benue State Action Plan for CS/ORT program.

- b. To orient participants to the purpose and objectives of the MOH/INTFAH training project and the role of the trainees during and after the project.
- c. To upgrade knowledge and skills of participants in CS/ORT education and motivation of clients, groups and communities to enable them to provide these services and transfer the knowledge and promote skills development among their trainees.
- d. To enable members of the Benue State Training Team to acquire knowledge and develop skills in adult training and learning methodologies, curriculum development and evaluation of training activities.
- e. To enable participants to transfer knowledge and skills on maintenance of a record system.

4. Content

Curriculum for the Training of Trainers (TOT) workshop will be developed by the workshop trainers and will include, but not be limited to the following:

- a. Review of the National Population Policy and Benue State Action Plan for CS/ORT program
- b. Orientation to the MOH/INTRAH training project and the expected role of the participants during and after the training project
- c. CS/ORT education and motivation techniques including a practicum
- d. Contraceptive technology up-date
- e. Adult teaching/learning theory and practice
- f. Content and process of curriculum development
- g. Methods for evaluating training activities
- h. Process for writing performance standards for clinical practice

5. Expected Outcomes

- a. Twenty persons will comprise a State Training Team
- b. Three curricula will be developed
 - 1. CS/ORT Clinical Service Delivery Skills
 - 2. CS/ORT Education and Motivation

3. Orientation for Supervisors
 - c. Selected protocols for CS clinical practice
 - d. Standards for clinical practica
 - e. Improved linkages between pre-service education and in-service training
 - f. An in-service training program will be established
6. Training Methodologies
 - a. Participatory techniques
 - b. Practice in community and group education and motivation
 - c. Practice teaching with students in the Schools of Nursing and Midwifery and Health Technology
7. Participants
 - a. 20 clinicians trained in family planning
 - Educators from basic and post-basic Schools of Nursing and Midwifery and Health Technology.
 - b. Criteria for Selection
 - Clinicians who have been trained in family planning at University College Hospital (UCH), Ibadan; Institute of Maternal/Child Health (IMCH), The Philippines; or Zimbabwe National Family Planning Council (ZNFPC), Zimbabwe.
 - Ability to continue providing CS/ORT service and assume the role of clinical preceptor.
 - Availability to continue as an active member of the Benue State Training Team. The clinicians will primarily be responsible for in-service training in CS/ORT. The tutors will primarily be responsible for implementing CS/ORT into the curriculum of pre-service and post-basic education.
 - Interest in providing in-service training.
8. Trainers
2 INTRAH
9. Venue
School of Nursing and Midwifery, Makurdi

10. Evaluation Methods

- a. Biodata Forms
- b. Pre/post-assessment
- c. Feedback
- d. Observation
- e. Participant Reaction Forms

E. Activity No. 6

- 1. Title Supervisors Orientation
- 2. Purpose This activity is designed to establish a local leadership point at the zonal level.
- 3. Objectives
 - a. To enable 13 trained FP service providers to be conversant with the National Population Policy, the Benue State Action Plan for CS/ORT program and the MOH/INTRAH training project.
 - b. To familiarize the participants with the CS/ORT record keeping system and commodity distribution system.
 - c. To discuss and define participants' roles and responsibilities as supervisors in distributing commodities and collecting statistics.
 - d. To enable participants to analyze and interpret data and utilize the findings to develop and strengthen CS/ORT services.
 - e. To enable participants to develop a plan to follow up and offer support to CS/ORT service providers including MOH/INTRAH project trainees.
- 4. Content
 - a. National Population Policy
 - b. Benue State Action Plan for CS/ORT program
 - c. Overview of MOH/INTRAH training project
 - d. Maintenance of record system
 - e. Commodity analysis and forecast
 - f. Problem solving methods
- 5. Expected Outcomes
 - a. 13 service providers will be prepared to assume zonal supervisory roles.

- b. 13 zonal supervisors will provide support and follow-up for all service providers.
- c. Monthly meetings at zonal headquarters for CS/ORT service providers and supervisors for the purpose of presentation and discussion of client case studies and discussion and resolution of service delivery management issues.

6. Training Methodologies

- a. Discussion
- b. Participatory techniques
- c. Case study

7. Participants

- a. Total 13 nurse/midwives
- b. Criteria for selection
 - Previous training in FP
 - Currently providing clinical FP services
 - 2 years experience in FP service delivery

8. Trainers

4 Benue State Trainers

9. Venue

School of Nursing and Midwifery

10. Evaluation Methods

- a. Biodata Forms
- b. Case studies
- c. Feedback
- d. Participant Reaction Forms

F. Activities 7 and 9

- 1. Title CS/ORT Community Health Education and Motivation
- 2. Purpose To increase awareness of modern methods of contraception and the availability of CS/ORT service in the community and to generate demand for CS/ORT clinical service.
- 3. Objectives
 - a. To familiarize participants with the National Population Policy and Benue State Action Plan for CS/ORT program relative to their expected role.

- b. To provide knowledge in modern contraceptive methods and health benefits of child-spacing.
- c. To enable participants to conduct a simple community needs assessment.
- d. To enable participants to provide accurate CS/ORT information to individuals and groups and to motivate potential clients.
- e. To enable participants to dispense condoms and foaming tablets in the community.

4. Content

- a. Contraceptive technology
- b. Health benefits for mothers and children through CS/ORT
- c. Communication and motivation techniques
- d. Techniques for conducting a simple needs assessment
- e. Preparation and administration of ORS

5. Expected Outcomes

32 community health aides will inform individuals and groups of the health benefits of using CS/ORT.

- a. 32 community health aides will increase community awareness of CS methods and benefits and where to obtain services.
- b. 32 community health aides will be able to teach mothers to prepare and administer ORS.

6. Training Methodologies

- a. Lecture
- b. Demonstration
- c. Practice in a community
- d. Visual aids
- e. Role play

7. Participants

- a. 32 community health aides
- b. Criteria for selection
 - Trained community health aides selected from areas where CS clinical services are available

8. Trainers

- a. 4 Benue State Trainers - Team A
- b. 1 INTRAH - technical assistance

9. Venue

1. School of Nursing and Midwifery,
Makurdi (Activity 7)
2. Gboko (Activity 9)

10. Evaluation

- a. Biodata Forms
- b. Pre/post-assessment
- c. Observation and feedback
- d. Return demonstration
- e. Role play
- f. Participant Reaction Forms

G. Activities 8, 10, 12 and 13

1. Title CS/ORT Clinical Service Delivery Skills
2. Purpose To prepare 50 nurse-midwives and trained midwives to deliver all CS/ORT services with the exception of IUCD insertion.

3. Objectives

- a. To update participants' knowledge and enable skills development in contraceptive technology theory and application.
- b. To enable participants to maintain an accurate clinic record system for CS/ORT services.
- c. To enable participants to recruit new clients through dissemination of information and education in the community.
- d. To enable participants to identify signs and symptoms of common health problems associated with the genito-urinary reproductive systems and to make appropriate referrals.
- e. To orient participants to the use of CS protocols.

4. Content

- a. Review of male and female reproductive anatomy and physiology
- b. Contraceptive technology
- c. Maintenance of record systems
- d. Community outreach
- e. Utilization of a referral system

- f. Orientation to use of CS protocols
- g. Clinical practicum
- 5. Expected Outcomes
 - a. 50 nurse/midwives and midwives who are well prepared to deliver competent CS/ORT services
 - b. Maintenance of accurate record systems
 - c. Standardization of CS services through the use of protocols.
- 6. Training Methodologies
 - a. Participatory techniques
 - b. Case studies
 - c. Drama
 - d. Grab bag (lucky dip)
 - e. Demonstration
 - f. Clinical practice
- 7. Participants
 - a. Total 50 nurse/midwives and midwives
 - b. Criteria for selection
 - Must be deployed to a CS clinic after training
 - Interested in delivering CS services
 - Staff nurse/midwife or staff midwife
- 8. Trainers
 - a. 4-5 Benue State Trainers for each clinical skills workshop
 - b. 1 INTRAH - technical assistance
- 9. Venue
 - 1. School of Nursing and Midwifery
 - 2. Clinical Sites (potential)
 - a. General Hospital, Makurdi
 - b. MCH Center, FP Clinic, Makurdi
 - c. North Bank FP Clinic
- 10. Evaluation
 - a. Biodata Forms
 - b. Pre/post-assessment
 - c. Feedback
 - d. Return demonstration

- e. Role play
- f. Clinical assessment according to standards developed by Benue State Training Team
- g. Participant Reaction Forms

H. Activity No. 14

1. Title IUCD Insertion On-The-Job Training
2. Purpose To enable 5 of the 50 clinical service providers trained in previous workshops to provide a full range of CS services.
3. Objectives
 - a. To enable 5 clinical service providers to gain competency in the technique of IUCD insertion.
 - b. To provide an opportunity for clinical preceptors to strengthen their skills in precepting.
 - c. To increase access to women who choose to use the IUCD method of contraception.
4. Content
 - a. Review of client assessment for IUCD use
 - b. Method and techniques of preparation and insertion of IUCD
 - c. Client management
5. Expected Outcomes
 - a. 5 clinicians will offer a full range of services in 5 additional facilities
 - b. Acceptance of IUCD use will be increased
6. Training Methodology
 - a. On-the-job clinical precepting
 - b. Demonstration
 - c. Observation
7. Participants
 - a. 5 nurse/midwives or midwives
 - b. Criteria for selection
 - 5 participants who have attended a clinical service delivery skills workshop
 - Availability for posting to clinics where IUCD services are to be initiated

8. Trainers

Clinical preceptors who are also members of the Benue State Training Team.

9. Venue

Clinics where preceptor is available and client demand is sufficient.

10. Evaluation

- a. Biodata Forms
- b. Use of criteria established for standardization of clinical practice

I. Activities No. 11 and 151. Title Project Review

2. Purpose Two project reviews will be completed. The first review will be conducted at mid-point of the training activities and will assess the output to date of the training project and the status of the Benue State Action Plan for CS/ORT program. The second project review will be conducted three months after the final training activity and will serve the same purpose as the first review. An outcome of the second review will include identification of further training needs and a new training plan.

3. Objectives

- a. To determine to what extent project goals and objectives were acquired.
- b. To determine the locus of support for the CS program and service providers.
- c. To identify successes and constraints among the trainees and in the CS/ORT program.
- d. To identify unmet training needs and make appropriate recommendations.
- e. To provide technical assistance to the MOH/HSMB evaluation team in order to strengthen their skills.

4. Content

- a. Review data contained in the needs assessment
- b. Review the project proposal
- c. Review data collected during workshops

5. Expected Outcomes
 - a. Data acquired during project reviews will be compared with baseline data.
 - b. During initial project review further training activities will be modified according to findings and recommendations.
 - c. During the final project review further training needs will be identified and a plan will be developed accordingly.
6. Methodologies
 - a. Use of questionnaires
 - b. Interview
 - c. Observation
7. Project Review Team
 - a. 5 MOH/HSMB
5 Benue State Trainers
1 INTRAH
 - b. Criteria for selection
Participants from the Skills Development for Training and Program Evaluation workshop.
8. Venue
School of Nursing and Midwifery

VII. EVALUATION

A. Description

Evaluation of the MOH/INTRAH training project will take place throughout the project life and one year following its completion.

1. Each training activity includes evaluation criteria designed to determine if participants achieved workshop objectives. Specific instruments to be utilized will include but not be limited to the following:
 - a. Biodata forms
 - b. Pre/post-assessments
 - c. Tools to assess skills development
 - d. Participant Reaction Forms
2. A project review will occur at mid-point of the training activities and three months following the final training workshop. The purpose of the

reviews is to determine the outcomes of the MOH/INTRAH training and the status of the Benue State Action Plan for CS/ORT program. As a result of the mid-point review, necessary modifications will be made to meet needs identified. Additionally, the final review will include identification of further training needs.

3. A project evaluation will occur one year following the termination of the MOH/INTRAH contract. At least 20% of the trainees will be contacted.

B. Methodology

1. During the training activities INTRAH will ensure the availability of biodata forms, Participant Reaction Forms, pre/post-assessments and score sheets, and tools for assessing clinical CS skills.
2. Participants, particularly in Activity No. 4 - Skills Development for Training and Program Evaluation, will be requested to collect baseline data relative to program goals and objectives, prior to implementation of the workshop. By the end of the workshop, participants will be capable of collating, analyzing, and interpreting the data.
3. It is anticipated that INTRAH staff will work with these same participants during the Project Reviews and during the final evaluation.

APPENDIX D

Benue State Plan for the Development of
Integrated Reproductive and Primary
Health Care Services Developed at
the JHPIEGO-Sponsored State Plans
Workshop, Baltimore, Md.
April-May 1986

WORK SESSION I DEVELOPING STATE GOALS AND OBJECTIVES

PREMISES

BENUE

PROGRAM PREMISES

1. Family planning is an accepted, medically safe, low-cost, and effective means of lowering fertility and improving health and the quality of life.
2. Family planning services, as a preventive health measure and part of the primary health effort, will complement and articulate with other maternal and child health services such as immunization, oral rehydration therapy, breast-feeding support and nutrition, and improvements in ante-natal, delivery and postpartum care.
3. Current family planning activities of training, information and commodity supply will continue while new organizational structures, program focus, and emphasis are being developed.
4. The organization structure will include a central office in the Ministry of Health for planning, facilitating and coordinating the State Family Planning Program. The relevant ministries and agencies in the state will participate in and contribute to the program as appropriate to its specialized functions. The State Health Services Management Board and the Local Government Health Department will be the principal implementing agencies for providing family planning information and services. There should be a biannual meeting between the Federal Coordinate Office on Family Planning and the State Family Planning Program Director.
5. In the selection of local government areas (LGAs) for intensified program participation, priority will be given to those LGAs which have already demonstrated effective organisation of EPI activities. This strategy will:
 - provide additional child survival interventions to complement family planning services;
 - assure that clients have developed confidence in the health facility; and
 - assure that appropriate approaches to clinic management, supervision, and supplies are in place.

6. Intensified activities of family planning commodity supply, clinic equipment, informational materials, training and vehicles will be provided only in those LGAs which meet the following criteria:
 - have publicly expressed leadership support and commitment for family planning;
 - have developed and staffed an appropriate organisational structure for coordination, planning, supervision, and collection of statistical information, and submission to the State Ministry of Health.
 - have made provision for the training of necessary personnel;
 - have made line-item budget allocations for family planning activities; and
 - have made plans for the phased extension of family planning services throughout their areas;

It is recognised that extensive technical assistance will be required to help LGAs meet these criteria.

7. New family planning program thrusts will give priority to urban areas, since experience elsewhere has shown urban populations are more ready for family planning; urban areas are more easily reached with existing health personnel and facilities; they are presently underserved with family planning and have a higher fertility rate; and changes in urban areas generally tend to radiate out to rural areas.
8. Family planning services will be made available to all eligible persons voluntarily wishing to use them. Priority attention will be given to reaching high-risk clients, e.g., reproductive-age women under 18 or over 35, those with parity four and above, those with a pregnancy within the last two years, those with previous complicated pregnancies or childbirth, or those with chronic illnesses which increase the health risk of the pregnancy.
9. Family planning services will include services to sterile or subfertile couples or individuals who want to have children and achieve self-fulfillment.
10. Consistent with World Health Organization recommendations, emphasis will be given to seeking new ways of providing effective information and audience to adolescents, a group facing a critical and growing problem of undesired pregnancies, with all their attendant health and social problems.
11. Special emphasis in informational programmes will be given

to reaching the male population with messages of the economic implications of excessive childbearing and the moral responsibilities of procreation.

12. Adequate personnel are available within the public health system to meet the needs for the public health sector, assuming relocation and training can be accomplished. The allocation of sufficient qualified personnel and provision of adequate support so that management and supervisory functions can be carried out is one of the most essential elements to achieve programme objectives.
13. Adequate facilities are available to meet the program needs if the proper organizational, management and logistical systems can be developed to utilize these facilities effectively for family planning services delivery. This presumes that a substantial proportion of the population will receive service through private sector community-based distribution and commercial programmes.
14. Budgetary allocations of federal, state, and local resources will be required to cover the cost of personnel, maintaining facilities, supervision, transportation, training, radio and television time, and personnel time for interpersonal communication for the IE&C campaign. International assistance will be required for contraceptive commodities, training, and technical assistance.
15. All government levels will provide support to and coordinate with the family planning activities of the private sector, which will make a substantial contribution to achieving program objectives.
16. The private sector will need to develop local support, user fees and external assistance to extend its activities. (Where commodities are supplied by Government only agreed user fees should be charged.)

WORK SESSION I DEVELOPING STATE GOALS AND OBJECTIVES

BENUE

PROGRAM GOALS

A. General Goals

- (i) To promote a high quality of life, health, and welfare to all persons in the State, especially through preventing premature death and illness among high-risk groups of mothers and children;
- (ii) To achieve lower population growth rates through reduction of fertility that is compatible with the attainment of economic and social goals of the nation; and
- (iii) To encourage an increase in the age of marriage to 18 years for women and 25 years for men.

B. Specific Goal

To reduce the total fertility rate (TFR) (the number of children a woman is likely to have in her lifetime) to an average of 4 by 1995 as compared to 6 at present....

It is also a goal to reduce the rate of natural population growth from about 3.2 percent at present to about 2.5 percent in 1995. This will require a reduction in the birth rate (presently 46-48/1000) and the death rate (presently 15-18/1000) to 33-35/1000 and 8-10/1000 respectively.

WORK SESSION I DEVELOPING STATE GOALS AND OBJECTIVES

GENERAL STATE STRATEGY

BENUE

Levels of Application

The program expansion strategy calls for activities in at least two levels of concentration. The first will be to continue the ongoing activities throughout the state and permit them to increase as they can with minimum attention, largely confined to the impact of national information and education programs and the provision of commodities.

The second will be to intensify support in other selected areas, generally based on the EPI strategy of moving from LGA to LGA as management structures and program performance matures.

STATE PROGRAM OBJECTIVES

BENUE

SPECIFIC NATIONAL OBJECTIVES FOR THE INTENSIFIED AREAS

4.1 Reducing highest health risk of childbirth

- (a) Reduce "highest risk" births by at least 25% by 1995

This high risk group is defined for practical purposes to include:

*****NOT POSSIBLE*****

- births to mothers under 18 years old
- births less than 2 years after last birth
- births of over fourth order
- births to mothers over 35 years old
- births to mothers with complications of pregnancy

*****POSSIBLE*****

- (b) Decrease of crude birth rate (in association with above) by 20 percent by the year 1991.

4.2 Improving Knowledge, Attitudes, and Practices

- (a) Increase the proportion of persons of reproductive age having knowledge about modern contraceptive methods to 80 percent.
- (b) Increase the proportion of persons of reproductive age having positive attitudes regarding the social welfare aspects and social acceptability of spacing and limiting births to 60 percent.
- (c) Increase the proportion of couples of reproductive age using modern methods of contraception to at least 20 percent.

4.3 Expanding Services

*****If employment increases to cope with the expansion.*****

- (a) Provide arrangements for detection of new births and for assured provisions of a specific "package" of contraceptive information and service availability to each new mother, to reach at least 80 percent of all new mothers.
- (b) Increase the accessibility of contraceptive information and supplies through other sources including "community-based distribution" agents, private clinics, and especially trained traditional birth attendants and indigenous practitioners, to a ratio of at least 1/5,000 persons.
- (d) Increase the convenient access to referral services for special contraceptive needs or complications, for at least 30 percent of the clients.

4.4. Extending Communications Support

- (a) Increase leadership commitment by key influential persons representing government, religious, and other locally influential groups, being expressed clearly and periodically through public channels on occasions throughout the year.
- (b) Transmit regular messages regarding family planning methods, their access, their usefulness, and the existence of social acceptance and support for family planning, through media channels to reach 80 percent of the population.
- (c) Arrange sessions for groups of local leaders to provide special information and to discuss questions and consider how to strengthen related efforts in their own community areas, to reach representatives of 80 percent of local communities.

4.5 Meeting Institutional Requirements

- (a) Provide explicit budgetary allocations for program activities at the federal, state and local levels.
- (b) Provide staffing of basic positions needed to assure effective program performance, by persons having appropriate training and continuing supervision, at the level of at least 90 percent of requirements.

(c) Establish the organizational capacity required to effectively perform the following functions:

- * general leadership and management (including organizational structure, supervision and information systems)
- * coordination, for mutual efficiency and reinforcement, with other activities related to primary health care including EPI, ORT, nutrition, and antenatal, delivery and postnatal service
- * coordination with workers and activities in other concerned sectors
- * training of various categories of workers for service delivery
- * maintaining supplies and equipment
- * meeting transportation requirements
- * carrying out evaluation and problem-oriented studies, as needed.

4.6 Health Outcomes

Achievement of the above objectives should be associated with certain measurable indicators of general program goals as follows:

- Lower infant and maternal mortality rates by at least 10 percent and 20 percent respectively, in addition to the reductions in mortality that can be attributed to EPI, ORT, and other MCH health measures. (Such specific additional impacts will result from avoidance of the "high risk" types of births causing greatest mortality of mothers and infants.)

**** not measurable *****

- Reduce morbidity related to high-risk births by at least 10 percent among new mothers.

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WORK SESSION II DEVELOPING STATE DELIVERY STRATEGIES

PARTICIPANT WORKSHEET 5 (page 2)

STATE Benue

A. Programme Elements - Service Delivery

I. Clinic Base S.D. (State Forces, Local Gov.) 20 + 60 = 80

1st year 10 new clinics fully equipped: CBD training centers.
30 new clinics - not equipped for IUD. Supervise CBDs.

2nd-3rd yr 5 more equipped
15 more unequipped clinics

4th-5th yr 5 equipped
15 unequipped clinics

II. Community-Based Distributors

A. Traditional Birth Attendants: Train 20 yearly from all local government areas (100).

B. Women in Development: Train 20 yearly from Dehina LGA, Idah LGA and Gboko LGA (300).

C. Market Women Group/Market Traders' Association
- Makurdi Markets: 20 yearly (100)
- Otukpo Markets: 10 yearly (50)
??Ankpa

D. Volunteers in Various Communities (Men & Women)

1) Pilot K/Ala LGA - experiment and, depending on success, move into 2 other LGAs.

2) Idah LGA 2nd year.

3) Bassa LGA 3rd year.

4) Review progress and replan for other LGAs.

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(Page 2 cont'd).

III. Private Sector

(PPFN Hospitals, Clinics, Mission, Chemists, Dispensaries, Maternity Homes, Patent Med. Stores)

1st year

1. Inaugural Meeting.

When there is an association, the Ministry will call the executive officials of these bodies for discussions on the logistics of dispensing FP commodities through their facilities.

2. Where there is no association, the MOH register will be used to identify proprietors and call them for a meeting at the MOH to work out the following:

- a. Mode of service delivery
- b. Training needs
- c. Supply and returns, logistics
- d. Referral system.

3. Train, supply and supervise 10/LGA (130). 2nd-5th year - Train 20/LGA/year (1,330).

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WORK SESSION II DEVELOPING STATE DELIVERY STRATEGIES

PARTICIPANT WORKSHEET 5 (page 3)

STATE Benue

B. Programme Elements - Training

Year	Service Deliverers 1/5 to include insertions	Management Staff International	Trainers (for 4 centers)	Supervisors	Evaluation Personnel	Cytology Infertility Referral (out-country)	Minilap (VSS)	IEC Personnel
I	100 Nurse/MW 5 doctors	FP Management course for (1) Chief Health Officer (2) State FP Coordinator	A w/shop for 6 currently providing service	In-state workshop for 7 supervisors	2-day Seminar for the 6 trainers, State coord. & her assistant	Train 2 physicians 2 technicians	Train 4 Physicians 4 nurses for Makurdi training centre	After Ogun State Observa- tion visit, 2 N/MW Tutors to be trained in FP education
II	50 N/MW 5 doctors	(3) IEC Unit Head	2 for out- country training	Workshop for 7 more supervisors			2 Physicians 2 N/MW	
III	50 N/MW 5 doctors		2 for in- country training	Refresher course for 14 supervisors			2 Physician 2 N/MW	Train 2 more officers
IV	50N/MW 5 doctors	F.P. Programme Director to have a refresher course	2 for out- country training		Repeat above for refresher or replacement	Train 2 Physicians 2 technicians	2 Physicians 2 N/MW	
V	50 N/MW 5 doctors			Refresher seminar for the 14 supervisors			2 Physicians 2 N/MW	Refresher course or Replacement

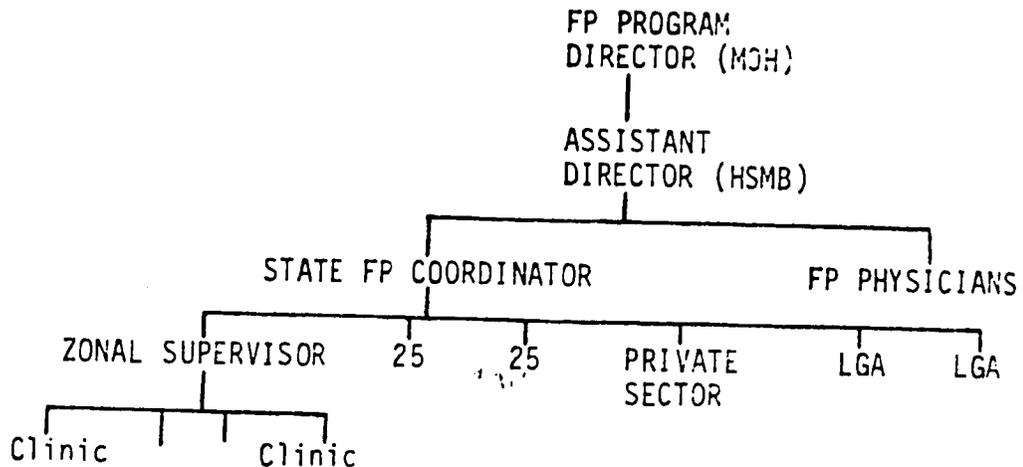
WORK SESSION II DEVELOPING STATE DELIVERY STRATEGIES

PARTICIPANT WORKSHEET 5 (page 4)

STATE Benue

C. Program Elements - Improvement of Organizational and Management Structure

1. The P.S. MOH will establish the central coordinating office which will handle matters of policy, training and IEC (information, education and communication).
2. The advisory committee on FP will continue as it is but may require a review in the near future in order to update its constitution and powers commensurate with recent developments.
3. The Chief Consultant, Health (MOH), will be the FP Programme Director through whom all FMOH correspondence will be channelled to the implementation office. The corresponding officer at the HSMB (i.e., CCH) will be the Assistant Programme Director.
4. The State FP Coordinator Staff of the HSMB will report directly to the FP Program Director on all state government, local government, and private sector activities.
5. The FP implementation committee will be chaired by the FP Program Director and the MOH central office will have one or two representatives.
6. The minilap unit and all physicians rendering FP services will report directly to the Assistant FP Program Director.
7. Organizational Structure:



WORK SESSION II DEVELOPING STATE DELIVERY STRATEGIES

PARTICIPANT WORKSHEET 5 (page 5)

STATE Benue

D. Programme Elements - Contraceptive Supply

<u>Type of Contraceptive</u>		<u>Mix</u>	<u>No. of Couples Protected</u>	<u>% of Couples Fertile Age</u>
	Units/CYP			
IUD	1 for 2 yrs	7.0%		
CONDOMS	100 units	60.7%		
PILLS	13 cycles	21.8%		
BTL	--	5.6%		
INJ	4 vials	5.3%		
JELLY	100 applications	<u>0.6</u>		
	TOTAL	<u>100.0</u>		

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	CONDOM Units	PILL/ Orals Cycles	INJ. Vials	IUD Pieces	BTL	JELLY/FOAM Tubes
Monthly Requirements 20 clinics	314.5	112	35	40.3	29	3.1
Annual 1987 Requirement	3,774 pics of ten	1,344	420	483.6	348	37.2
2nd year 1988 60 clinics	11,322	4,032	1,260	1,450.8	1,044	111.6
3rd year 1989 70 clinics	12,209	4,703	1,400	1,693	1,217	131
4th year 1990 90 clinics	15,096	5,376	1,680	1,934	1,392	149
5th year 1991 100 clinics	16,983	6,047	1,890	2,176	1,565	168
Estimated CBD/TBA Requirements	To be determined later.					
Private Sector						

WORK SESSION II DEVELOPING STATE DELIVERY STRATEGIES

PARTICIPANT WORKSHEET 5 (page 6)

STATE Benue

Equipment Requirements

A. Clinic Equipment

<u>Public</u>	<u>1987</u>	<u>1988-91</u>
1. Points to receive Package A	5	15
2. Points to receive Package B	30	30
3. Points for minilap kits (2 kits each)	5	8
4. Laparoscopes	2	1
<u>Private</u>		
1. IUD kits only	50	50
2. Minilap kits (2 each)	10	--

B. Office Equipment

	<u>Quantity</u>
1. File cabinets	2
2. Manual typewriters	2
3. Xerox	2
4. Table calculators for Zonal Supervisors	13

C. Transportation

1. Land cruiser/Range Rover (Coordinator)	2
2. Motorcycles (Supervisors)	13
3. Bicycle (CBDs), (Leaders)	20

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IEC PLANNING WORKSHEET

STATE: BENUE

PREPARED BY: Mr. D. D. Sheneni
and Dr. Mrs. M. D. Ogebe

AUDIENCE	SPECIFIC OBJECTIVES	KEY ACTIVITIES	RESPONSIBLE AGENCY/UNIT
<p>IV. STAFF</p> <p>Eg. Medical Officers Nurses Pharmacist H. Educators Tutors</p>	<p>To increase their knowledge in contraceptives and communication skills.</p>	<p>2 - Curriculum development in Schools of IIT, N MW & Teacher training colleges.</p> <p>2-day seminar in update commodities and in person-to-person communication.</p>	<p>MO Education</p> <p>OBS/GYN consultant FP Coordinator FP Program Director</p>

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WORK SESSION IV DEVELOPING STATE PLANS

(BUDGETING, RECORDKEEPING & EVALUATION)

PARTICIPANT WORKSHEET 6 (page 2)

STATE BENUE

A. Program Elements - Recordkeeping

Management Information Systems

Keep it short and simple

1. The existing clinic/client records are being reviewed for the purpose of simplicity so that all nurses and midwives on the field can complete them well.
2. An orientation course for all supervisors will be held and aimed at acquainting each person with the methods of collection and making returns to headquarters. They will also make summaries available to their clinics for individual comparisons in order to encourage competition.
3. The importance of accuracy and promptness in making returns for the purpose of informing the Federal Government, the State Government and the donor agencies cannot be over-emphasized. The community, if motivated and active, should also be given feedback.

Benue State of Nigeria Family Health Project Family Planning Record

No. _____ Clinic _____

Date: _____

Surname _____ Other Name(s) _____

Address _____

Ethnic Group: _____ Age at 1st visit: _____ Occupations: _____

Education _____ Religion _____ Wife's: _____

Illiterate: _____ Moslem: _____

Primary School: _____ Roman Catholic: _____

Post-Primary School: _____ Protestant: _____ Husband's: _____

Others: _____

Service Required: _____ Contraception: _____ Sub-Fertility: _____

Others: (Specify) _____

(continued)

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Work Session IV - Developing State Plans
(Budgeting, Recordkeeping & Evaluation)
Participant Worksheet 6 (page 2a)

Past Contraceptive History: Withdrawal, Abstinence, Diaphragm, Pill,
Condom, Intra-Uterine Device, Rhythm, others

(Specify): _____

Reasons for Change: _____

Date of Marriage: _____ Type of Marriage: _____ Monogamy: _____

No. of Marriages: _____ Divorced: _____ Widowed: _____ Polygamy: _____

Source of Referral

1. Friends ___ 2. Relatives ___ 3. Midwife ___ 4. Social Worker ___

5. Physician ___ 6. Nurse ___ 7. Mass Media (Specify):
TV ___ Radio ___ Newspaper ___

8. Others (Specify) _____

Card Filled by: _____

Additional Notes: _____ Rank: _____

WORK SESSION IV DEVELOPING STATE PLANS

(BUDGETING, RECORDKEEPING & EVALUATION)

PARTICIPANT WORKSHEET 6 (Page 3)

STATE BENUE

B. Program Elements - Evaluation

Information effects on year's population.

Formative - on-going process during the program.

Summative - done at the end of a program.

Used by Management Supervisory Staff - Yr. Govt.; Community; Donors.

1. Without reliable records, evaluation is almost impossible. Population surveys may have to be embarked upon. However, this is useful only if there are baseline values with which to compare.
2. Both formative (on-going evaluation during the program) and summative (at very end of program) evaluation can be carried out. The Central Office and project director will decide this right from the beginning, although the formative type is recommended, as this is a continuous process and enables replanning and adaptation.
3. Evaluation results should be made available to the (a) Community, (b) Federal Government, (c) Donor Agencies.
4. Evaluation officers shall include the state coordinators, project director and chief health officer, and any other senior resource person as may be co-opted.

BENUE STATE
BUDGET FOR 5-YEAR BUDGET PROGRAM

Item:	Details:	Estimate:	U.S. \$
<u>I. Commodities at \$3.50/client/year</u>			
A. <u>Public Sector</u>	1987: 6,407 clients		22,424.5
	1988: 19,221 clients		67,273.5
	1989: 21,423 clients		74,980.5
	1990: 25,627 clients		89,694.5
	1991: 28,829 clients		100,901.5
B. <u>Private Sector</u>			
	Approximately 25,627 clients in system		<u>89,694.5</u>
	Sub-total		\$444,969.00
<u>II. Training (Personnel, Materials)</u>			
A. Service Delivery Personnel (2,285) 3 weeks at \$600 @			1,371,000.00
B. Management Personnel (20) 3 weeks at \$900.00			1,800.00
C. International Trainees (11) at \$6,000			66,000.00
D. V.S.S. (Minilap) in-state training (to be estimated when theatre is completed)			?
E. Leadership - 2 days (42) at \$100.00			4,200.00
F. Technical Assistance /Foreign Consultants 5 persons/year at \$20,000.00			<u>100,000.00</u>
	Sub-total		\$1,543,000.00
<u>III. Clinic Equipment</u>			
A. <u>Public Sector</u>			
1. Package A (20 x \$1,500)			30,000.00
2. Package B (60 x ₦800)		₦48,000	
3. Minilap Kits (26 x \$500)			13,000.00
4. Laparoscopes (3 x \$7,000)			21,000.00
B. <u>Private Sector</u>			
1. IUD Kits (100 x \$167)			16,700.00
2. Minilap Kits (20 x \$500)			10,000.00
C. CBD, TBA, WOMEN IN DEV., etc., Boxes at ₦50 @ x 2,000		₦100,000.00	

/continued:

Benue State Budget for 5-year budget program:

Item:	Details	Estimate:	
		₦	U.S. \$
III. contd.			
D.	Megaphones for IEC JHPIEGO to determine soon		
	Sub-total	₦148,000.00	\$90,700.00
IV. Office Supplies & Equipment			
	Cabinets, Typewriter, Duplicating Machine, and Stationery Table + Calculators	₦ 50,000.00	
V. Transportation			
A.	Land Cruiser (2) \$20,000		\$30,000
B.	Motocycles for Supervisors (13)		?
C.	Bicycles for CBD Leaders (20)		?
VI. Information, Education & Communication (IEC)			
1.	Operational Costs & Meetings ₦ 25,000/annum	₦125,000.00	
2.	Training ₦15,000/annum	₦ 75,000.00	
3.	Material Development & Production ₦26,000/annum	₦130,000.00	
4.	Equipment & Supplies ₦9,700/annum	₦ 48,500.00	
5.	Research & Evaluation ₦5,000/annum	₦ 25,000.00	
6.	Technical Assistance and Honoraria ₦1,500/annum	₦ 7,500.00	
	Sub-total	₦411,000.00	

IMMEDIATE FUTURE TRAINING NEEDS FOR
NURSE/MIDWIVES IN BENUE STATE

I. Orientation course for Zonal Supervisors. (7)

Target: June 1986

II. Full Training of Nurse/Midwives (50)

Target: June 1986 (begin) June 1986 (end)

STATIONS

SUGGESTED NAME OF NURSE/MIDWIFE

1.	Agasha H. Clinic	-----	Mrs. Rhoda Ade
2.	Utonkon H. Center	-----	Mrs. E. Okpe
3.	Adoru H. Center	-----	
4.	Abocho H. Center	-----	
5.	Ugbokpo H. Center	-----	Miss Felicia Idoga
6.	Oju H. Clinic	-----	Miss M. Okwe
7.	Abejukolo H. Center	-----	Ms. Elizabeth Idoko
8.	Ugwolawo H. Clinic	-----	Mrs. Maimuna Atabo
9.	Ankpa H. Center	-----	Mrs. E. Mamudu
10.	Local Government Health Units		
11.	"	"	"
12.	"	"	"
13.	"	"	"
14.	"	"	"
15.	"	"	"
16.	"	"	"
17.	"	"	"
18.	"	"	"
19.	"	"	"
20.	"	"	"
21.	"	"	"
22.	"	"	"
23.	Yale General Hospital		
24.	New Govt. Hospital Otukpo		
25.			
26.	10 places for interested Mission Health Institutions		
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.	15 extra spaces for (1) state govt. to be distributed to clinics recording high client loads.		

-37.
38.
39.
40.

41. (con't from #36)

42.

43.

44.

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50.

(b). Certain clinics that may mature to start giving FP Services (at Akpagher, Igumale, Egume, Ugbokolo, Oganeinugu, Ogugu, Okpo, Tor-Donga, Zaki-Biam, Taraku, etc.)

*Along with this training will come a need for complete clinic equipment.

II. Another 5-day course for Nurse/Midwives in 2 batches (60) in Makurdi. Target: October 1986

FP PERSONNEL IN BENUE STATE:
BY: April 1986

I. PHYSICIANS

FUNCTION

- | | |
|---|--------------------------------|
| 1. Dr. Mrs. Ogebe, M.D. | Program Management |
| 2. Dr. Mrs. Abdullahi, R.A. | Planning & Training |
| 3. Dr. C.S. Musa | Service Delivery & Laparoscopy |
| 4. Dr. Alan Ajonye | Service Delivery & Minilap |
| 5. Dr. C.T. Ityonzughul | S.D. |
| 6. Dr. S. Yaji | S.D. & Minilap |
| 7. Dr. E.N Samuel | S.D. & Laparoscopy |
| 8. Dr. C.U. Ejeh | S.D. & Laparoscopy |
| 9. Dr. O. Igbede | S.D. & Laparoscopy |
| 10. 24 others are soon to be trained at JOS University by JHPIEGO | |

II. NURSE/MIDWIVES/COMMUNITY HEALTH WORKERS

A. Number Trained in Insertions: = 12, out of which 10 are delivering service and two are in:

Policy	Mrs. M.K. Dalhatri
Dialysis	Mrs. G.S. Ogbaje

B. 5-day training = 60

C. Tutors = 60

III. ZONAL SUPERVISIONS

NAME

RANK

- | | | |
|----------------------------|---------------------------|--------------------------------------|
| 1. Makurdi Zone | Mrs. Justina Abeda | Asst. Chief
Community Health Off. |
| 2. <u>Gboko Zone</u> | Mrs. Bridget Tilley Gyado | Nursing Off. II |
| 3. <u>Katsina Ala Zone</u> | Miss Christiana Gbakran | Nursing Off. I |
| 4. <u>Otukpo Zone</u> | Mrs. Cecilia Abah | Health Sister
(CHO in training) |
| 5. <u>Ankpa Zone</u> | Mrs. Pauline Aliyu | Staff Midwife |
| 6. Dekina Zone | Mrs. Titi Omale | Nursing Off. II |
| 7. Idah Zone | Hajiya Abu | Senior Nursing Sister |

MASTER TRAINING PLAN
BENUE STATE CHILD-SPACING/ORAL REHYDRATION THERAPY PROGRAM

NO.	ACTIVITY	PARTICIPANTS	TRAINING DAYS/WEEKS DATE	TRAINERS	SPONSOR
1.	TOT for TBA Training	75 HSMB/PPFN -Nurse/Midwives -Midwives -Community Health Workers	3 Sessions 10 Days each :June 1986 :November 1986 :February 1987	American College of Nurse: Midwives (ACNM)	ACNM
2.	Seminar for Policy Makers	80 MOH/HSMB Policy Makers -Traditional -Religious Leaders -Business Leaders -LGA Chairmen -Women's Groups	1 Day :February 1987	Population Communication :Services (PCS)	PCS
3.	IEC Campaign -Preparation -Implementation -Evaluation	IEC Manager :Others TBD	:March 1987 to :December 1988	:PCS	:PCS
*4.	TOT form MOH/HSMB :Senior Staff	:10 HSMB Senior Staff	:10 Days :April 1987	:INTRAH	:INTRAH
*5.	Government and NGO Staff :Orientation in 1 Zone	:50 Personnel -Voluntary Organizations -LGA	:3 Days :April 1987	:MOH/HSMB Senior Staff :Team	:INTRAH
*6.	HSMB Staff :Orientation in 1 Zone	:50 Personnel -Voluntary Organizations -LGA	:3 Days :May 1987	:MOH/HSMB Senior Staff	:INTRAH
*7.	HSMB Staff Orientation :in 5 Zones	:1,000 Personnel -HSMB -Voluntary Organizations -LGA	:20 Sessions - 3 Days each :May - June 1987	:MOH/HSMB Senior Staff	:PCS :INTRAH :(Proposed)
8.	US Based Management :Training	:2 MOH	:TBD		
9.	CBD Study Tour to Oyo :State	:10 MOH/HSMB -Voluntary Organizations -LGA	:TBD		:Columbia U: :(Proposed)
*10.	Skills Development for :Training and Program :Evaluation	:5 MOH/HSMB :5 Benue State Trainers	:10 Days :May 1987	:INTRAH	:INTRAH
*11.	TOT for Benue State :Training Team	:20 FP Trained Clinicians :and Tutors	:6 Weeks (30 Days) :Mid-May - June 1987	:INTRAH	:INTRAH
*12.	Supervisors Orientation	:13 Zonal Supervisors	:6 Days :Mid-July 1987	:4 Benue State Trainers :(Team D)	:INTRAH
*13.	CS/ORT Community Health :Education and Motivation	:16 Community Health :Aides (Makurdi)	:2 Weeks (10 Days) :Mid-July 1987	:4 Benue State Trainers :(Team A) :1 INTRAH - TA	:INTRAH

**MASTER TRAINING PLAN
BENUE STATE CHILD-SPACING/ORAL REHYDRATION THERAPY PROGRAM**

NO.	ACTIVITY	PARTICIPANTS	TRAINING DAYS/WEEKS DATE	TRAINERS	SPONSOR
*14	CS/ORT Clinical Service Delivery Skills	10 Nurse/Midwives Midwives	4 Weeks (20 Days) August 1987	4 Benue State Trainers (Team B) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
*15	CS/ORT Community Health Education and Motivation	16 Community Health Aides (out of Makurdi)	2 Weeks (10 Days) Mid-August 1987	4 Benue State Trainers (Team C)	INTRAH
*16	CS/ORT Clinical Service Delivery Skills	10 Nurse/Midwives Midwives	4 Weeks (20 Days) Mid-September 1987	4 Benue State Trainers (Team D) 1 INTRAH - TA	INTRAH
*17	Project Review		1 Week Mid-October 1987	5 Benue State Trainers 5 MOH/HSMB 1 INTRAH	INTRAH
*18	CS/ORT Clinical Service Delivery Skills	15 Nurse/Midwives Midwives	4 Weeks November 1987	4 Benue State Trainers (Team C) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
*19	CS/ORT Clinical Service Delivery Skills	15 Nurse/Midwives Midwives	4 Weeks January 1988	4 Benue State Trainers (Team B)	INTRAH UNFPA (Proposed)
*20	IUD Insertion On-The-Job Training	5 Trainees from previous CS Clinical Service Delivery Skills Workshop	2 Weeks March 1988	3 Clinical Preceptors	INTRAH
*21	Project Review and Planning Future Activities	Benue State Trainers 5 MOH 5 HSMB 1 INTRAH	1 Week June 1988		INTRAH
22	CS Clinical Service Delivery Skills	Physicians	TBD	TBD	TBD

BENUE STATE MOH/INTRAH CS/ORT TRAINING PLAN

PROJECT TIME/TASK CHART

NO. ACTIVITY/WORKSHOP	Month:															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	April:	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April:	May	June:	
1. TOT for MOH/HSMB Sr. Staff	<--->															
2. Government and NGO Staff Orientation	<->															
3. Government and NGO Staff Orientation		<->														
4. Skills Development for Training Program Evaluation		<--->														
5. TOT-Benue State Training Team		<--->														
6. Supervisors Orientation				<->												
7. CS/ORT CHE and Motivation				<->												
8. CS/ORT Clinical Skills				<--->												
9. CS/ORT CHE and Motivation				<->												
10. CS/ORT Clinical Skills						<--->										
11. Project Review							<->									
12. CS/ORT Clinical Skills								<--->								
13. CS/ORT Clinical Skills										<--->						
14. IUD Insertion												<->				
15. Project Review																<->

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**MOH/INTRAH TRAINING PLAN
BENUE STATE CHILD-SPACING/ORAL REHYDRATION THERAPY PROGRAM**

NO.	ACTIVITY	PARTICIPANTS	TRAINING DAYS/WEEKS DATE	TRAINERS	SPONSOR
1.	TOT for MOH/HSMB Senior Staff	10 Senior Staff of HSMB	10 Days April 1987	INTRAH	INTRAH
2.	Government/NGO Staff Orientation in 1 Zone	50 Personnel -Voluntary Organizations -LGA	3 Days April 1987	MOH/HSMB Senior Staff Team	INTRAH
3.	HSMB Staff Orientation in 1 Zone	50 Personnel -Voluntary Organizations -LGA	3 Days May 1987	MOH/HSMB Senior Staff Team	INTRAH
4.	Skills Development for Training and Program Evaluation	5 MOH/HSMB 5 Benue State Trainers	10 Days May 1987	INTRAH	INTRAH
5.	TOT for Benue State Training Team	20 FP Trained Clinicians and Tutors	6 Weeks (30 Days) Mid-May-June 1987	INTRAH	INTRAH
6.	Supervisors Orientation	13 Zonal Supervisors	6 Days Mid-July 1987	4 Benue State Trainers (Team D)	INTRAH
7.	CS/ORT Community Education and Motivation	16 Community Health Aides (Makurdi)	2 Weeks (10 Days) Mid-July 1987	4 Benue State Trainers (Team A) INTRAH - TA	INTRAH
* 8.	CS/ORT Clinical Service Delivery Skills	10 Nurse/Midwives and Midwives	4 Weeks (20 Days) August 1987	4 Benue State Trainers (Team B) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
9.	CS/ORT Community Health Education and Motivation	16 Community Health Aides (out of Makurdi)	2 Weeks (10 Days) Mid-August 1987	4 Benue State Trainers (Team C)	INTRAH
* 10.	CS/ORT Clinical Service Delivery Skills Evaluation	10 Nurse/Midwives and Midwives	4 Weeks (20 Days) Mid-September 1987	4 Benue State Trainers (Team D) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
11.	Project Review		1 Week Mid-October 1987	5 Benue State Trainers 5 MOH/HSMB 1 INTRAH	INTRAH
* 12.	CS/ORT Clinical Service Delivery Skills	15 Nurse/Midwives and Midwives	4 Weeks November 1987	4 Benue State Trainers (Team C) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
* 13.	CS/ORT Clinical Service Delivery Skills	15 Nurse/Midwives and Midwives	4 Weeks January 1988	4 Benue State Trainers (Team B) 1 INTRAH - TA	INTRAH UNFPA (Proposed)
* 14.	IUD Insertion On-The-Job Training	5 Trainers from previous CS Clinical Service Delivery Skills Workshop	2 Weeks March 1988	5 Clinical Preceptors	INTRAH
15.	Project Review and Planning Future Activities		1 Week June 1988	Benue State Trainers 5 MOH 5 HSMB 1 INTRAH	INTRAH

* Number of participants to be trained is contingent upon the number of clinical training sites which are fully functioning and equipped and have a sufficient number of FP/ORT clients before the scheduled activity.

BENUE STATE MOH/INTRAH CS/ORT TRAINING PLAN
PROJECT TIME/TASK CHART

NO. ACTIVITY/WORKSHOP	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	Month:	
	1 April	2 May	3 June	4 July	5 Aug	6 Sept	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	13 April	14 May	15 June	
1. TOT for MOH/HSNB Sr. Staff	<--->															
2. Government and NGO Staff Orientation	<->															
3. Government and NGO Staff Orientation		<->														
4. Skills Development for Training Program Evaluation		<-->														
5. TOT-Benue State Training Team		<----->														
6. Supervisors Orientation				<->												
7. CS/ORT CHE and Motivation				<->												
8. CS/ORT Clinical Skills					<--->											
9. CS/ORT CHE and Motivation					<->											
10. CS/ORT Clinical Skills						<--->										
11. Project Review							<->									
12. CS/ORT Clinical Skills								<--->								
13. CS/ORT Clinical Skills									<--->							
14. IUD Insertion											<->					
15. Project Review																<->

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PROPOSED TRAINERS FOR CLINICAL SKILLS TRAINING

<u>SURNAME</u>	
1.	ABEDA MCH Clinic, Makurdi
2.	IBRAHIM Public Health Sister, FP Clinic, North Bank
3.	ARUWA Senior Nursing Officer, FP Clinic, General Hospital, Makurdi
4.	GYADO FP Clinic, Gboko
5.	ABU Senior Nursing Officer, Idah FP Clinic
6.	ORPHIN, L. Health Sister, PPFN Clinic, Makurdi
7.	ODEH Senior Nursing Sister, Otukpo MCH Clinic
8.	MAMUDU, E. Community Midwife, FP Clinic, Ankpa
9.	AUDU Nurse Tutor, School of Health Technology (4 wks. Ibadan)
10.	GBADAMASI Assistant Tutor, School of Health Technology
11.	ODAH, A. IEC Manager
12.	NOV School of Nursing and Midwifery
13.	LOHO, J. School of Nursing
14.	MKEUME School of Nursing and Midwifery
15.	Voluntary Organization - NKST, School of Nursing
16.	TEBU School of Nursing and Midwifery
17.	VAUGHEN, L. School of Health Technology
18.	Voluntary Organization
19.	GBAKAA, C. Katsina LGA
20.	ISHENGE Health Education Unit, Makurdi

PROPOSED TRAINERS FOR HMB ORIENTATION

1. AMALI, Adum Chief Medical Officer, MOH
2. HAMATISU Chief Matron, General Hospital,
Makurdi
3. ABEDA, Justin Community Health Officer, MCH
Clinic, Makurdi
4. ALHAJI, Abu Chief Nursing Officer, HMB
5. TAUDYER Chief Community Officer, HMB
6. Acting Chief Nursing Officer
Dekina Hospital
7. TILLEY GYDADO, B. Zonal Coordinator, Gboko
8. AJANYE, A. Medical Superintendent, Otokpo
9. MUSA, Cletus Medical Superintendent, General
Hospital, Idah
10. GBADAMASI, Rose Asst. Chief PHN Tutor, School of
Health Technology, Idah
11. Head Nurse, Gboko General Hospital
12. OKPETE Head Nurse, Katsina-Ali General
Hospital
13. OGEBE, Mary Chief Medical Officer, Asst. FP
Director
14. ABDULLAHI, R. Community Health Officer, MOH

SUGGESTED TRAINING MATERIALS

LIST OF MATERIALS	TOT FOR SENIOR STAFF	FIELD STAFF ORIENTATION	SKILLS DEVELOPMENT FOR TRAINING AND PROGRAM EVALUATION	TOT FOR BENUE STATE TRAINING TEAM	SUPERVISORS ORIENTATION	CS/ORT COMMUNITY HEALTH EDUCATION	CS/ORT CLINICAL SKILLS	IUCD INSERTION	LIBRARY	COMMENTS
1. Teaching and Learning with Visuals	10			20					1	
2. Family Planning Methods and Practice (CDC)	10	100	10	20	13	32	50		5	Available at FP: Coordinator's Office
3. Concepts and Issues in Family Planning (INTRAH)	10			20	13		50		1	
4. UNICEF ORT Materials	10	100	10	20	13	32	50		5	
5. PPFN Booklets	10	100	10	20	13	32	50			CHA may receive: bulk for distribution to clients
6. Teaching for Better Learning (Abbatt)	10			20					1	
7. Effects of Population Factors on Health of Women and Children (Columbia University)	10	100	10	20	13	?	50		1	
8. On Being In-Charge				20	13				1	
9. Self-Assessment for Teachers of Health Workers (Abbatt)				20					1	
10. Bridging the Gap (Save Children)				20					1	
11. Helping Health Workers Learn (Werner)	10			20	13		50		1	
12. Intrauterine Devices	10			20				5	1	
13. Reproductive Health Manual (Connell and Tatou)									1	
14. Managing Contraceptive Pill Patients (Dickey)									1	
15. Child-Spacing Procedure Manual (ZNFCC)				20			50		1	

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OTHER MATERIALS

	<u>Quantity</u>
1. Omni Film Strips and Viewers	
a. Pelvic Examination	1
b. Breast Examination	1
c. Diaphragm Insertion	1
d. Application of Cream and Jelly	1
e. IUD Insertion	1
2. STD Slides	
3. FP Film Strip (available locally)	
4. ORT Slides	
5. Betsy Breast Teaching Model	1
6. Pathfinder Pelvic Models	2