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## Trip Report

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Dr. Kelly O'Hanley, INTRAH Consultant

**Country Visited:** KWARA STATE, NIGERIA

**Date of Trip:** September 11 - October 6, 1986

**Purpose:** To conduct a review and follow-up of the  
FP/ORT training program in Kwara State.

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LIST OF ABBREVIATIONS USED IN THIS REPORT

CBD	Community Based Distribution
CEDPA	Center for Development and Population Activities
CHE	Community Health Education
CSP	Clinical Service Provider
LGA	Local Government Area
MOH	Ministry of Health
MSE	Management, Supervision and Evaluation
OCP	Oral Contraceptive Pills
ORT	Oral Rehydration Therapy
SD	Service Delivery
STT	State Training Team
UIITH	University of Ilorin Teaching Hospital

EXECUTIVE SUMMARY

Maurice J. Apted, M.P.H. and Kelly O'Hanley, M.D., M.P.H., International Health Programs (IHP) consultants visited Kwara State, Nigeria, from September 15 - October 3, 1986, to conduct a review and follow-up of the Family Planning (FP)/Oral Rehydration Therapy Project (ORT) training program undertaken by the Kwara State Ministry of Health (MOH) with the Program for International Training in Health (INTRAH) support.

The review and follow-up was led by INTRAH/IHP consultants, and involved interviews and discussions with the Permanent Secretary for Health and FP/ORT project officials including the project director, project coordinator, deputy project coordinator, records supervisor, training coordinator and members of the State Training Team (STT). Discussions were also held with the MOH medical consultant to the STT. A comprehensive survey of approximately half of the existing FP/ORT clinics was conducted. An observation and assessment of trainee clinicians during practicum assignment were completed and a review of the service provider training curriculum was also completed.

Major findings are that a total of 85 clinicians have been trained to date, 63 of them by the STT without INTRAH/IHP technical assistance. Additionally, the STT has trained 21 community health workers posted to FP/ORT clinics to provide outreach and information, education and communication (IEC) support. Since the first service delivery (SD) training was completed in July 1985, more than 40 additional FP/ORT service points have been established. Clinicians are providing high quality service. Furthermore, from June 1985 to June 1986, total quarterly attendance at FP clinics has increased from approximately 500 visits to more than 6,000 per quarter.

The main conclusion is that the Kwara State MOH FP/ORT project has made outstandingly effective use of INTRAH support. The main recommendation is that INTRAH support should continue to enable consolidation of training activities to extend FP/ORT services to the Local Government Area (LGA) health delivery system. Furthermore, INTRAH should facilitate the dissemination of appropriate Kwara State FP/ORT project information and experience to officials involved in FP/ORT in other Nigerian states. In the immediate future, the Kwara State MOH seeks assistance to implement their plans to train an additional 22 clinical service providers and to ensure that each FP/ORT service point has a trained CHE support person.

SCHEDULE DURING VISIT

September 8 - 10 Mr. Maurice Apted and Dr. Kelly O'Hanley met at International Health Programs (IHP), Santa Cruz, California, to begin three days of preparation and planning.

September 13 Mr. Apted and Dr. O'Hanley met in London.

September 14 Departed London 1:00 p.m. Arrived Lagos 7:30 p.m.

September 15 Team briefed by AID Affairs Office (AAO) Lagos staff, Mrs. Shitta-Bey, Family Planning Program Specialist.

1. Departed Lagos mid-morning by road for Ilorin, Kwara State. 2. Contacted Mr. Gabriel Adeseke, Ministry of Health (MOH) Family Planning/Oral Rehydration Therapy Project (FP/ORT) Training Coordinator, late afternoon.

September 16 1. Meeting with FP/ORT Project Coordinator, Mrs. Florence Tolushe and Mr. Adeseke to begin preparations and planning. 2. Met with Mr. D.A. Abegunde, Ministry of Health (MOH) Permanent Secretary.

September 17 Planning and preparation.

September 18 Preliminary review and follow-up planning continued with State Training Team (STT) members.

September 19 Planning and preparation with STT members.

September 20 Team finalized activity plans.

September 22 Review and follow-up activities begun.

September 23 - 25 Survey and observation visits conducted in Ilorin and Okene areas with STT members.

September 26 Analysis of survey data begun.

September 27 Team continued data analysis.

- September 29 -  
October 1            1. Analysis and discussion of survey data continued. Statistical reports analyzed for 1985 and 1986. 2. Trainee clinicians observed. 3. Future training plans ascertained. 4. Met with Dr. David Olubaniyi, FP/ORT Project Director.
- October 2            Complete interview and discussions with core-trainers, Training Coordinator, Project Coordinator and Deputy Project Coordinator, Mrs. Omotosho.
- October 3            1. Final interview with Dr. Olubaniyi. 2. Presentation of major findings to Mr. Abegunde. 3. Mid-day travel to Lagos by road. 4. No debriefing with AAO Lagos due to her illness.
- October 4            Departed Lagos 3:30 a.m.

## I. PURPOSE OF TRIP

The purpose of the trip was to conduct a project review and follow-up of the Family Planning (FP)/Oral Rehydration Therapy (ORT) training program in Kwara State. The objectives of the activity were as follows:

- To ascertain, subjectively, benefits that have resulted from the PAC II training activities conducted to date.
- To determine perceived and felt needs of Ministry of Health (MOH) officials for further FP training by the State Training Team (STT).
- To determine MOH plans for a continuation of FP training by the STT.
- To determine the level of support that the MOH is willing and able to provide to the STT including logistical, financial and material resources and specifically transportation.
- To determine specific areas of perceived need for further training to reinforce STT knowledge and skills.
- To identify successes of and constraints faced by the STT.
- To identify those constraints that may be resolved via further INTRAH/IHP technical assistance and training.
- To identify the potential demand for FP services and training required to meet that demand.
- To identify the number of FP service delivery points in operation and the status of equipment and supplies necessary to continue delivering quality FP services.
- To determine the quantity and quality of FP activities provided by INTRAH/IHP trained personnel.

## II. ACCOMPLISHMENTS

Review and follow-up of the Kwara State FP/ORT training and service program were successfully completed. The following objectives were accomplished:

1. A subjective assessment of PAC II training activities in Kwara State was made.

2. A determination of perceived and felt needs of MOH officials for further FP/ORT training by the MOH STT was made.
3. MOH plans for continuing STT FP/ORT training were identified.
4. MOH capacity to provide continuing logistical, financial and material support for STT training activities was ascertained.
5. A determination of possible further training for STT members was made.
6. Successes and constraints faced by the STT were identified.
7. Possible support for future MOH FP/ORT activities by INTRAH/IHP was identified.
8. The demand for FP services and training required to meet the demand was assessed.
9. The number and status of FP/ORT service points in operation were ascertained.
10. An assessment of the quality and quantity of FP activities provided by INTRAH/IHP trained personnel was completed.

The Kwara State MOH FP/ORT Project has shown remarkable progress since the launching of the FP/ORT Program in June 1985 and the graduation of the first group of MOH trained clinical service providers (CSPs).

### III. BACKGROUND

The review and follow-up activity is the ninth and last in the workplan as described in the contract between INTRAH and the Kwara State MOH as part of a U.S. Agency for International Development (USAID)-sponsored Nigeria initiative for the Accelerated Delivery of Family Planning and Oral Rehydration Therapy Services. Completed workplan activities under that contract are as follows:

1. Training of Trainers (TOT)/Community Health Education (CHE) Workshop
2. FP/ORT Curriculum Development Workshop

3. Service Delivery Workshop
4. Management, Supervision and Evaluation (MSE) Workshop
5. Service Delivery Workshop #2
6. Service Delivery Workshop #3

Non-workshop activities completed are:

1. Appointment of Training Coordinator
2. Selection of Training Team
3. Project Review and Follow-Up

Three additional workshops have been initiated and undertaken by the MOH FP/ORT STT using project funds: two service delivery workshops for clinicians and one CHE workshop for community health assistants.

The review and follow-up activity was originally scheduled for April 1986. However, at that time the MOH requested a rescheduling because STT members were busy conducting workshops, and the Project Director and Coordinator would be away from Kwara State. The rescheduling was agreed to by AID Affairs Office (AAO), Lagos and INTRAH/IHP.

#### IV. DESCRIPTION OF ACTIVITIES

From September 15 - October 3, review and follow-up were conducted in Kwara State of activities supported by INTRAH through its FP/ORT training program contract with the Kwara State MOH.

##### A. Participants and Process

Interviews and discussions were held by the INTRAH/IHP team with the following FP/ORT project officials:

- Mr. D. A. O. Abegunde, MOH Permanent Secretary
- Dr. David Olubaniyi, Director of Medical Services, FP/ORT Project Director

- Mrs. Florence Tolushe, FP/ORT Project Coordinator
- Mrs. Omotosho, FP/ORT Deputy Coordinator
- Mrs. Elizabeth Owolabi, FP/ORT CHE Supervisor
- Mr. Gabriel Adeseko, FP/ORT Training Coordinator

The following issues were raised with the above officials:

1. What overall benefits have been obtained as a result of INTRAH/IHP activities?
2. What benefits and constraints have arisen as a result of having a multi-cadre STT?
3. What benefits and constraints have arisen as a result of having a 15 member team?
4. How useful/appropriate has INTRAH/IHP training been for STT members and the FP/ORT Program?
5. How effective has the STT been in providing training to meet FP/ORT service delivery needs?
6. What future support in training or technical assistance might INTRAH/IHP usefully provide?
7. What recommendations can the MOH make concerning similar INTRAH activities in other Nigerian states?

Interviews were conducted with STT members addressing the following issues:

1. What impact has INTRAH/IHP training in FP/ORT had in the performance of their regular work duties?
2. What informal/formal FP/ORT activities have STT members been involved in since becoming STT members?
3. What changes would STT members recommend in the overall training program management and implementation?
4. What advantages did the multi-cadre composition of the STT have for its members?
5. What advantages did a 15 member team have?

6. What additional future training assistance might STT members require?

A survey of clinics was completed in the Okene and Ilorin areas. Seven members of the STT together with the INTRAH/IHP consultants devised the questionnaire/survey form (Appendix C). Four survey teams then visited 21 clinics and interviewed and observed 25 CSPs and 10 CHE support workers. Ten clinical trainees were also visited and observed during their practicum in four clinics in Ilorin City to assess the quality of STT training. Interviews were also conducted with the two core trainers to assess training program management procedures; the quality of training materials and to provide technical assistance where required. Technical assistance was provided to update the curriculum section dealing with management of sexually transmitted diseases (STD).

MOH FP/ORT statistical and narrative reports were analyzed to ascertain increases in the number of service points and the deployment of trained CSPs. An assessment of the record keeping system was undertaken. Discussions were held with Dr. Rotimi Fakeye, OB/GYN University of Ilorin Teaching Hospital (UIITH), and medical consultant to the MOH FP/ORT project, concerning the standard of clinical training conducted by the STT. Dr. Fakeye also raised the issue of possible future collaboration in FP/ORT training between UIITH and the MOH.

Seven STT members were available for most of the review and follow-up activity (Appendix A); other project officials were available regularly for consultation (Appendix B). Two interviews were held with the Project Director, Dr. David Olubaniyi. The consultants met with the Permanent Secretary upon arrival and at

the end of their stay in Ilorin. A summary of activity findings was presented to Dr. Olubaniyi and Mr. Abegunde by the consultants.

The following STT members were not available for the review and follow-up activity:

- Mr. A. A. Mohammed - away on a one-year CHE training program.
- Alj. A. O. Babatunde - unable to leave work station due to student unrest.
- Mrs. Sarah I. Omotoye - away for training.
- Dr. C. Oyeyipo - promoted to Coordinator Model PHC Program, Isanlu.
- Mrs. Janet Ibitoye - on leave in the United States.
- Mrs. Florence Afolabi - training in the United States.
- Mrs. Comfort Adegoye - training in CHE.

A summary of survey findings are included in Appendix D. MOH reports on three STT FP/ORT workshops are included in Appendix E. Project reports as prepared by the Project Coordinator, are included in Appendix F.

B. Problems Encountered

No major problems were encountered. Although there had been some miscommunication between the Project Director and Training Coordinator regarding activity commencement dates this did not disrupt review and follow-up activities. It was unfortunate that the consultants were not able to brief and debrief with AAO Lagos due to her absence from the country in the first instance, and due to her illness in the second instance. All logistical and administrative arrangements worked remarkably well.

## V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

### FINDINGS/CONCLUSIONS

### RECOMMENDATIONS

#### A. ADMINISTRATIVE/LOGISTICAL ARRANGEMENTS

##### 1. INTRAH/IHP

- a. Logistical and administrative arrangements made by INTRAH/IHP worked well. However, a cable sent at least six days before the consultants arrival in Kwara State confirming arrival times did not reach the State Training Coordinator until two days after the consultants had arrived. Fortunately, this delay did not seriously hamper activities. It appears that the delay of the cable occurred with the Nigerian telecommunications authorities.
- b. The consultants were not able to meet with AAO Lagos for briefing upon arrival, and for debriefing upon departure. AAO Lagos was out of the country when the consultants arrived, and was ill for the scheduled debriefing.

##### 2. Host Country/State

- a. Arrangements made by the MOH State Training Coordinator worked well. However, he had not been informed by his superior officers about the change in activity dates which had been recommended by AAO Lagos upon the advice of the MOH Project Director and Project Coordinator. As a result, the Training Coordinator had made arrangements for the review and follow-up activity to begin in the week during which in-country activity planning was to take place. Fortunately, this change in arrangements did not seriously affect review and follow-up activities. The miscommunication within the MOH occurred because both the Project Director and Coordinator had been out of State attending other workshops.
- b. The MOH is not in a position to provide transportation for INTRAH/IHP staff and consultants. Transportation in Ilorin is expensive to hire.

#### B. IMPLEMENTATION OF ACTIVITY

##### 1. Before Activity

- a. The information provided by INTRAH/IHP in the form of Kwara State activity reports, the review and follow-up protocol and other related data provided to the consultants enabled them to prepare appropriately for the review and follow-up activity.

- a. INTRAH/IHP staff and consultants should be aware that even the best laid plans and arrangements may be disrupted by forces outside their control. A certain measure of flexibility is required for successful work in Nigeria.

- b. INTRAH/IHP/AAO Lagos should provide consultants and staff with guidelines about what is expected of them if the briefing/debriefing meetings are unavoidably cancelled.

- a. In Nigeria where the MOH person in charge of logistical and administrative arrangements is different from the person with whom INTRAH/IHP normally communicates e.g. Project Director, then copies of confirming telegrams/cables/telexes/ letters should be sent directly to the logistics person. In Kwara State MOH, the relevant person is the Training Coordinator, Mr. Gabriel Adeseko.

- b. INTRAH/IHP should continue the practice of advancing transportation funds to consultants and staff.

- a. INTRAH/IHP should continue its present program of activity preparation for consultants and staff.

## V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

### FINDINGS/CONCLUSIONS

### RECOMMENDATIONS

- b. Arrival in Nigeria several days in advance of formal activity commencement dates provides a good opportunity for consultants and staff to work with State MOH officials in activity planning.

#### 2. During Activity

- a. The Kwara State MOH FP/ORT training team has successfully conducted four FP/ORT workshops, including three clinical workshops and one CHE workshop, using INTRAH funds but without INTRAH/IHP co-trainers. Consequently, more than 85 clinicians and 21 CHE support staff have been trained in FP/ORT. Approximately 44 new FP/ORT service points have been established, and 14 pre-existing FP/ORT clinics have been revitalized as a result of the trainings. Furthermore, the results of an extensive survey of 21 FP/ORT service points, and intensive observation of trainee clinicians in Ilorin conducted during the review and follow-up activity indicate a satisfactorily high standard of clinical service being provided by graduates.
- b. It is the intention of the MOH to seek the approval of INTRAH to use the remaining project funds to conduct an additional CSP workshop so that the Ministry can achieve its goal of having at least one trained FP/ORT CSP at each MOH health service facility.
- c. MOH FP/ORT project officials have attributed the success of their FP/ORT Program to-date to the following factors:
- the timeliness of INTRAH's assistance;
  - the adequate level of INTRAH funding;
  - the appropriate quality of the training assistance received by training team members from INTRAH/IHP; and
  - the increasing social support and the dedication and motivation displayed by training team members, project officials and FP/ORT graduates.

The consultants agree with these perceptions and add that the prior existence of an FP/ORT management structure and several established clinics offering FP/ORT services provided an advantage to Kwara State's FP/ORT training and service program.

- b. INTRAH/IHP should continue the practice of providing time for in-country preparation and planning.

- a. When considering future Kwara State MOH requests for funds or technical assistance, INTRAH/IHP should take into account the significant achievements made by the Kwara State MOH training program as evidenced by the progress in the State's FP/ORT Project.
- b. INTRAH/IHP should approve the use of remaining Kwara State project funds for the additional CSP workshop.
- c. When applying the STT idea as a way to create FP/ORT service capability, INTRAH/IHP should not only give due consideration to the factors identified by Kwara State MOH officials but must also give serious attention to the creation and development of an FP/ORT management structure/team to utilize training team capability to establish reliable, quality FP/ORT services. Appropriate attention must also be given to the establishment of a sufficient number of initial service points at which trainee CSPs may undertake practicum training if services do not exist.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

RECOMMENDATIONS

- d. MOH FP/ORT officials wish to expand their training program in several directions. These include the need to conduct training for the following:
- additional CSPs so that each MOH facility has two trained clinicians;
  - at least one CSP for each of the 227 LGA controlled health facilities;
  - at least one CHE support staff for each MOH and LGA facility;
  - 12 zonal supervisors - one per LGA; and
  - community-based distributors such as TBAs, patent medicine sellers, chemists volunteers, etc.

MOH officials have indicated a need for technical and funding assistance especially to meet CSP/CHE supervision training requirements. Community Based Distribution (CBD) training support is being proposed to the Kwara State MOH by Columbia University.

- e. MOH FP/ORT officials believe that the intensity of funding assistance required to support the state's training program future activities is less than that which has currently been provided by INTRAH. They believe that they can make significant per diem reductions given the intense competition for FP/ORT training places in the State. MOH already has an FP/ORT training waiting list of more than 100 nurses.
- f. MOH officials would welcome the opportunity to share their project experiences with other Nigerian States that are endeavoring to establish FP/ORT services.
- g. MOH officials and UITH officials believe that they are in a good position to serve as a Regional FP/ORT training center. The MOH has a strong training program. The university already provides FP medical consultancy services to the project and has a vigorous FP research program under Dr. Rotimi Fakeye. Also, Kwara State is considered to have a politically acceptable regional focus.

- d. INTRAH/IHP should provide technical assistance for training program management and development. Funding assistance should be provided to support training that will enable the MOH to consolidate FP/ORT services at the MOH level, and extend services to the LGA level.

- e. INTRAH/IHP should accept that the MOH will be able to make significant cost reductions in per diem when considering the intensity of funding required to continue support for Kwara State's FP/ORT Program.

- f. When providing FP/ORT Program assistance to other Nigerian States, INTRAH/IHP should consider the involvement of Kwara State MOH expertise, given the State's remarkable success.
- g. INTRAH/IHP should explore ways in which it could facilitate and/or support a regional FP/ORT training center in Kwara State under the auspices of the State MOH and UITH.

## FINDINGS/CONCLUSIONS

## RECOMMENDATIONS

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| <p>h. MOH project officials indicate that their original intention to establish two seven-member training teams to conduct FP/ORT training in both the Ilorin and Okene areas proved too difficult and expensive for the MOH. This original intention determined the 15 member composition of the group trained by INTRAH/IHP as the STT. Of the 15 members, only seven members of the original group have conducted FP/ORT trainings. In retrospect, MOH officials believe that eight to ten members are sufficient as a training team.</p> <p>i. The two members of the STT who have led all MOH training to date believe that the 15-member group provided some definite advantages. Primarily, they believe that it would not have been possible to accomplish many of the tasks assigned during the INTRAH/IHP training of the STT, e.g., curriculum development and preparation; MSE plan preparation and the review and follow-up.</p> <p>j. The multi-cadre composition of the Kwara STT has contributed significantly to the success of the training activities. For example:</p> <ul style="list-style-type: none"> <li>- FP/ORT officials believe that they have established a wide base of support for FP/ORT services among health personnel at all levels because of the multi-cadre team.</li> <li>- FP/ORT officials believe that the multi-cadre team places the MOH in a stronger position to provide training where the need might exist.</li> <li>- Training team members believe that the multi-cadre team enriched their own training and understanding of the issues to be faced in establishing an FP/ORT training and service program.</li> <li>- The inclusion of males in the training team has provided Kwara State with a strong capacity to devise programs to serve the FP needs of Kwara men.</li> </ul> | <p>h. INTRAH/IHP should recommend to other Nigerian states considering the creation of a STT that a ten member core training group should be considered as an ideal team size for the initial stages of an FP/ORT training program.</p> <p>i. Given that a ten member core training group is considered an ideal team size, INTRAH/IHP may also recommend to other Nigerian states the inclusion of additional "associate members" to assist core members in their actual training, and to undertake such activities as monitoring and surveying FP/ORT graduates.</p> <p>j. INTRAH/IHP should make known to other Nigerian states the special advantages that a multi-cadre team can provide to a growing FP/ORT training and service delivery program.</p> |
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## FINDINGS/CONCLUSIONS

## RECOMMENDATIONS

- =====
- k. The MOH FP/ORT training program has evolved to a stage where it best creates high quality clinical CSPs. For instance, the CSP training program has evolved from a 2/2 format to a 3/4 format (three week didactic/four week practicum). The seven week training suits the Kwara State situation well. The three week didactic segment enables a thorough grounding in contraceptive technology, ORT and clinic management. Two days are also devoted to basic CHE training. The four week practicum allows trainees to complete the appropriate number of intrauterine contraceptive device (IUCD) insertions, oral contraceptive pills (OCP) counsellings, ORT presentations, community visits and other activities required to successfully complete CSP training.
1. The training program for the CHE staff follows a 1/2 format (one week didactic/two week practicum). To fulfill practicum requirements, CHE trainees are posted to a clinic and are required to complete a variety of tasks satisfactorily before graduation. The biggest shortcoming in CHE training has been the lack of appropriate CHE FP/ORT texts/manuals. The MOH requests support in the writing and production of an appropriate manual for Kwara State. MOH FP/ORT officials believe that the provision of adequately trained CHE FP/ORT support staff is crucial to the successful operation of FP/ORT service points.
- m. In terms of a training program for 1987, the STT has the capacity to conduct the following workshops using the established formats:
- Three CSP workshops producing 66 graduates
  - Four CHE workshops producing 100 graduates
- This 1987 training projection takes into account the availability of training sites and client volume; the capacity of the MOH to manage trainings and ample time for participant notification, leave and logistics.
- n. Longer range training plans are outlined in the Kwara State MOH FP/ORT Plan developed at a JHPIEGO workshop in April - May 1986 by the MOH Project Director, Dr. David Olubaniyi and MOH Permanent Secretary Mr. D. A. O. Abegunde (Appendix G).
- k. The seven-week CSP training program can be recommended by INTRAH/IHP to other Nigerian States as a way to establish high quality second-generation CSPs. The creation of high quality service providers offers advantages to a new FP/ORT Program. It can foster confidence in the public and provide for future training flexibility.
1. INTRAH/IHP should support the development and production of Nigerian FP/ORT CHE manual for use in training and in the field.
- m. INTRAH/IHP should establish, as a priority, commitment to provide funding support for the 1987 trainings. Projected costs have been estimated as follows:
- Materials: N 500 - 700 per CSP workshop  
N 300 - 400 per CHE workshop
  - Per Diem: N 5 - 15 per participant
  - Transportation: 10 kobo per kilometer
  - Trainers Allowance: N 250 per trainer/workshop (two trainers/workshop)
  - Texts: FP Methods and Practice: Africa;  
CHE text: To be developed
- n. The long range training plan outline should form the basis for INTRAH/IHP explorations with Kwara State MOH for continuing assistance to the State.

## FINDINGS/CONCLUSIONS

## RECOMMENDATIONS

o. STT members who have not had the opportunity to conduct formal CSP/CHE FP/ORT trainings have, however, made other contributions to Kwara State's FP/ORT Project. For instance, three members have successfully lobbied to establish FP/ORT service points in their communities and one member has re-organized pre-service curriculum in the School of Health Technology to provide training concerning STD. All members regularly make presentations to community groups concerning FP/ORT. In terms of pre-service FP/ORT curriculum development the team members are awaiting approval at the federal level and one training team member will attend a federal workshop in November 1986, to establish curriculum guidelines. It appears that Kwara State's FP/ORT Project is well ahead of federal decision making.

p. MOH FP/ORT project officials and STT members reiterated the specific advantages obtained from the series of INTRAH/IHP-led trainings. For team members, the following aspects of training have been especially useful:

- Adult education techniques
- CHE techniques
- Curriculum development skills
- Goal/objective setting
- MSE procedures

For project officials, the following workshop products have been especially valuable:

- MSE Plan produced in August 1985
- Revised monthly and quarterly report procedures and criteria
- Job specification sheets established during August 1985 MSE workshop
- Program implementation schedule (See Kwara State Report #121)

q. The survey of selected FP/ORT service points in Kwara State identified the following:

- Facilities and equipment continue to be inadequate in many situations. The MOH believes that the state government is most likely to establish an FP/ORT budget line item in 1987 to address these inadequacies. The state government has been impressed by the rapid growth in service points as a result of the MOH/INTRAH training program.

o. INTRAH/IHP should inform their staff and consultants to encourage the potential that STT members have to affect FP/ORT programs in areas other than conducting training.

p. INTRAH/IHP should inform staffs and consultants that while top priority should be given to the creation of a successful FP/ORT training program, staff and consultants should also focus trainee attention on the activities trainees might undertake to support FP/ORT programs in an informal way. Also, with regard to MSE products, in addition to training in clinic MSE skills, some attention should be focused on developing MSE products that have immediate application to the overall management and implementation of new FP/ORT services.

q. INTRAH/IHP should inform its staff and consultants that a high level of skill and motivation is essential in new FP/ORT programs, especially given the difficult conditions under which CSPs are expected to initially perform.

## FINDINGS/CONCLUSIONS

## RECOMMENDATIONS

- =====
- Uniform weaknesses in CSP knowledge were detected and corrected for STD-diagnosis and treatment. The protocol for follow-up of routine OCP and IUCD clients was not found to be uniform. Only 30mg OCPs are available in most clinics and so the topic of various doses and types of pills is not addressed in training. There is a need to establish clinical protocols.
  - CSPs are also hampered by the lack of transport. They are required to seek their own transport to submit monthly reports to project headquarters and to collect additional FP/ORT commodities. The MOH intends to create zonal supervisors to ease some of the problem.
  - CSPs trained by the Kwara State Training team display a high level of skill and motivation.
- r. The MOH statistical reporting and monitoring procedures have worked very well. Clinicians provide a monthly statistical report which is collated at headquarters quarterly and redistributed in the field. The reports are such that a variety of data can be provided. For example, new and continuing users can be classified according to clinic, FP method, sex, religion, referral source, and out-of-schedule visits. This reporting form has been adopted by UIH for its FP programs. The reporting procedure is being revised to give an accurate picture of all contraceptors being served by each facility. At present, the statistics are based solely on monthly clinic visits.
- s. MOH FP/ORT officials and training team members requested more feedback from INTRAH/IHP after each consultant/staff visit. They believed that more follow-up reporting after each activity would be beneficial to the management of their budding FP/ORT program.
- t. The Training Coordinator expressed frustration over his role. He suggests that a coordinator's guide book be provided to assist coordinators in training program management, reporting, etc.
- INTRAH/IHP should provide the Kwara State FP/ORT Program with technical assistance to establish uniform clinical protocols.
  - INTRAH/IHP should be aware that serious supervision problems may arise in the future if the transportation problem remains unresolved. Therefore, INTRAH/IHP should lobby on behalf of Kwara State with agencies which have the potential to provide assistance for transportation.
- r. INTRAH/IHP should recommend Kwara State statistical reporting and monitoring procedures to other Nigerian States with FP/ORT programs.
- s. INTRAH/IHP should establish a mechanism whereby appropriate feedback to its Nigerian project counterparts can be provided at the end of each consultant/staff activity.
- t. INTRAH/IHP should provide a training program management guide to project officials once a contract has been signed.

FINDINGS/CONCLUSIONS

RECOMMENDATIONS

- u. One member of the training team and two members of the project management team have undergone evaluation training through INTRAH and Center for Development and Populations Activities (CEDPA). It is the intention of the Kwara State FP/ORT Project officials to use the information and training obtained to refine the present monitoring and evaluation plan. Also, the project intends to incorporate the survey form (Appendix C) created for this review and follow-up into its monitoring and evaluation program.
- v. Since the formal launching of the Kwara State FP/ORT Program in June 1986, coinciding with the completion of the first CSP workshop, attendance at FP/ORT clinics has increased from approximately 1,400 (14 service points) visits per quarter to approximately 6,100 (44 service points) visits in the quarter ending June 1986.
- w. Client safety is a paramount MOH consideration, and to this end new CSP graduates cannot insert IUCDs if a referral M.D. is more than 30 kilometers away. In general, CSPs display a carefulness and conservatism in their clinical practice.

- u. INTRAH/IHP should be assured that Kwara State FP/ORT project officials will continue to refine their monitoring and evaluation program.
- v. INTRAH/IHP should take into account the increases in user rates when considering the potential return on their continued support of the Kwara State training program.
- w. INTRAH/IHP should be reassured that clinical practice even under difficult physical conditions is of a safe standard.

C. EVALUATION/FOLLOW-UP OF ACTIVITY

The review and follow-up activity went extremely well. The Kwara State MOH FP/ORT Program is well organized, information is readily available and project staff are committed and enthusiastic. They feel justifiably proud of their achievements and show gratitude for INTRAH/IHP assistance. Training plans are well in hand for 1987. The MOH is aware of the potential management problems that will arise as clinics attract more clients. It is important to MOH officials that INTRAH maintain some support for the FP/ORT training program and that INTRAH replies speedily to MOH requests to maintain program momentum.

INTRAH/IHP should be justifiably proud of its achievements in a state whose FP program was considered moribund. INTRAH/IHP should respond speedily to MOH requests by either a letter or site visit by INTRAH/IHP Nigeria program coordinators.

APPENDIX A

PERSONS CONTACTED

APPENDIX A

PERSONS CONTACTED

KWARA STATE MINISTRY OF HEALTH

Mr. D. A. Abegunde - Permanent Secretary, Ministry of Health

Mrs. Babatunde - Project Supervisor-Records, Family Planning/Oral  
Rehydration Therapy Program

Dr. David Olubaniyi - Project Director/Director of Medical Services

Mrs. Omotosho - Deputy Coordinator, Family Planning/Oral Rehydration  
Therapy Program

Mrs. Florence Tolushe - Project Coordinator, Family Planning/Oral  
Rehydration Therapy Program

AID AFFAIRS OFFICE - LAGOS

Mrs. Shitta-Bey - Family Planning Program Specialist

OTHER

Mrs. Delano - University College Hospital, Family Planning Programs,  
Ibadan

Dr. Regina Mc Namara - Columbia University, Community Based  
Distribution Program, New York

APPENDIX B

LIST OF PARTICIPANTS

APPENDIX B

LIST OF PARTICIPANTS

1. Mrs. Victoria Abodunrin - Principal Midwife Tutor  
(Core Trainer)  
School of Midwifery, Ilorin
2. Mrs. Rachael Ajiboye - Principal Community Health Officer  
(Core Trainer)  
District Health Unit, Ilorin
3. Mr. Elelu Alabi - Community Health Officer  
Offa School of Health Technology, Offa
4. Dr. Zakari Isyaku - Medical Officer  
General Hospital, Okene
5. Mr. Hezekiah Omodamori - Community Health Officer  
Basic Health Clinic, Obbo-Ayegunle
6. Mrs. Grace Osunaiye - Midwife Tutor  
School of Midwifery, Ilorin

The following participants were available for some activities only.

1. Mr. Gabriel Adeseke - Family Planning/Oral Rehydration  
Therapy Program Training Coordinator
2. Mrs. Omotosho - Family Planning/Oral Rehydration  
Therapy Deputy Coordinator
3. Mrs. Florence Tolushe - Family Planning/Oral Rehydration  
Therapy Project Coordinator

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APPENDIX C

PROPOSED ACTIVITY SCHEDULE AND  
FAMILY PLANNING/ORAL REHYDRATION THERAPY PROGRAM  
SURVEY QUESTIONNAIRE



**KWARA STATE FP/ORT PROJECT REVIEW**

**MON DAY 6**

**TUES DAY 7**

**WED DAY 8**

**THURS DAY 9**

**FRI DAY 10**

**DATA COLLECTION**

**- Field Visits  
(contd)**

**DATA ANALYSIS**

**DATA ANALYSIS**

**FINAL REPORTS**

- \* Conclusions
- \* Recommendations

**Activity  
Review.**

**Where do we  
go from here?**

**DISCUSSION  
OF  
FINDINGS**

**LONG RANGE  
Evaluation Plan**

**CLOSURE**

**REFLECTION**

**A D J O U R N**

**REFLECTION**

**A D J O U R N**

**REFLECTION**

**A D J O U R N**

KWARA STATE  
MINISTRY OF HEALTH  
FP/ORT PROJECT REVIEW AND  
FOLLOW UP  
CLINICAL AND CHE SURVEY

1. Name Of Clinic \_\_\_\_\_  
 2. Name of Observers \_\_\_\_\_

RECORDS

**A. Monthly Report: (Look at all reports.)**

1. Are monthly reports kept? YES  NO  SOMETIMES   
 2. Are reports correct? YES  NO  INCOMPLETE

**B. Commodity Report: (Look at one per Quarter.)**

3. Is clinic commodity report kept? YES  NO

If answer is NO, ask for reason. \_\_\_\_\_

4. Is report kept correctly? YES  NO  INCOMPLETE

If answer is NO/INCOMPLETE ask for reason. \_\_\_\_\_

**C. Individual Attendance Cards: (Look at four cards from four quarters)**

5. Are Cards used correctly? YES  NO  INCOMPLETE

If answer is NO/INCOMPLETE ask for reason. \_\_\_\_\_

**D. Daily Attendance Record: (Look at 3 per week for 3 months)**

6. Is Record kept correctly? YES  NO  INCOMPLETE

If answer is no/INCOMPLETE ask for reason. \_\_\_\_\_

**E. CLINIC SETUP AND MANAGEMENT**

7. Is clinic clean? YES  NO  WHY NO? \_\_\_\_\_

8. How are supplies stored? TIDY  SECURE  SHADED

If NOT, ask reason why. \_\_\_\_\_

**9. Evaluate clinic layout/setup?**

- Space adequate? YES  NO

- Layout adequate? YES  NO  WHY? \_\_\_\_\_

- Lighting adequate? YES  NO  WHY? \_\_\_\_\_

- Privacy adequate? YES  NO  WHY? \_\_\_\_\_

- Visual AIDS? ORT  BENEFITS  METHODS  BREASTFEEDING

OTHER

IF NO Visual Aids ask why?

10. Waiting Time? Immediate  within 15mins  more than 15mins   
Other

If waiting is more than 15 mins, ask why, and how long. \_\_\_\_\_

11. How often are commodities collected?

Before 4 weeks  Every 4 weeks  After 4 weeks

12. Has clinic run out of commodities YES  NO

If YES, ask why?

13. Number of clients/month since clinic opened? (Specify dates)

Less than 20  20-40  40-60  60-80  Over 80

14. Number of CHE referrals/month since clinic opened? (Specify dates)

Total Number: \_\_\_\_\_ Percentage of Total Clients: \_\_\_\_\_

F. SUGGESTIONS FOR IMPROVED SERVICES

<input type="checkbox"/> More equipment?	What:	present equipment
<input type="checkbox"/> More space		
<input type="checkbox"/> Transport		
<input type="checkbox"/> Supervisor near by		
<input type="checkbox"/> More support staff		
<input type="checkbox"/> Refresher Training		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

G. OBSTACLES FACED?

H. HOURS OF OPERATION

15. DAYS and HOURS of Operation

16. IS overtime required? YES  WHEN  
NO

I. USE OF CHE SUPPORT STAFF

17. How often does talk/discussion with CHE take place?

More than once daily  Once daily  Weekly  Other  \_\_\_\_\_

18. What is content of talks/discussions

Client problems  Client Followup  Duties

Other  What?

**I. USE OF CHEL (contd)**

19. How does clinician use CHE worker in the Clinic?

-Gives <u>talks</u> to GROUPS	<input type="checkbox"/>	TO INDIVIDUALS	<input type="checkbox"/>
-Assists in Counselling	<input type="checkbox"/>	How	_____
-Assists in referral	<input type="checkbox"/>	How	_____
-Gives ORT demonstration	<input type="checkbox"/>	How	_____
-Assists in record-keeping	<input type="checkbox"/>	What	_____
-Other duties	<input type="checkbox"/>		

20. Does the CHE worker, in the clinician's opinion, display the following qualities?

	USUALLY	SOMETIMES	SELDOM
CARING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOLERANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSEVERANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. What is the general opinion of the effectiveness and usefulness of the CHE worker?

Effective	<input type="checkbox"/>	WHY	_____
Not effective	<input type="checkbox"/>	WHY	_____
Other	<input type="checkbox"/>	What	_____
Useful	<input type="checkbox"/>	WHY	_____
Not Useful	<input type="checkbox"/>	WHY	_____
Other	<input type="checkbox"/>	What	_____

**J. FP/ORT KNOWLEDGE OF CLINICIAN**

22. Can clinician explain mechanism of action of OCPs?

YES  NO

WHAT WRONG \_\_\_\_\_

23. Ask clinician to describe how she will manage this case. OCP

"A woman who has been on OCPs for 9 months comes to you worried because she says her menses has stopped"

Clinician gives correct answer	<input type="checkbox"/>
gives correct answer <u>with assistance</u>	<input type="checkbox"/>
gives WRONG answer	<input type="checkbox"/>

What wrong?

## 24. IUCD.

Ask clinician to describe how she will manage this case.

- A woman has had an IUCD for 3 months. She says she can't feel the string."

Clinician gives : correct answer   
 correct answer with assistance   
 WRONG answer

What WRONG?

## 25. IUCD. How would clinician manage the following.

- A client has had an IUCD for 9 months. She says that her menses are lasting 12 days and are fairly heavy."

Clinician gives: correct answer   
 correct answer with assistance   
 WRONG answer

What WRONG?

CONTRAINDICATIONS

26. Can clinician identify 5 CONTRAINDICATIONS for use of OCPs ?

YES  NO  HOW MANY

27. 3.contraindications for use of IUCDs?

YES  NO  HOW MANY

28. INJECTIBLE. Can clinician correctly identify the part of the cycle at which an injectible contraceptive can be initiated?

YES  NO

WHAT WRONG?

29. IUCD. Can clinician answer correctly the following question?

"In what situations would you insert an IUCD for a client who is not on her menses?"

Clinician gives: Correct answer  Correct answer with assistance   
 WRONG ANSWER

What Wrong?

FP/ORT KNOWLEDGE (contd)

30. How would clinician handle the following case? IUCD

" A client is 4 months postpartum. Her menses have not started and she wants to have an IUCD inserted."

Clinician gives: Correct answer   
 Correct answer with assistance   
 WRONG answer

What wrong?

31. Can clinician name 3 most common STDs? YES  NO   
 GC  Monilia  Trichomoniasis

32. Can clinician describe criteria for diagnosis of each STD above

Monilia   
 Trichomoniasis   
 G.C.

33. Can clinician describe correctly management of each STD?

	YES	NO	WHAT
MONILIA			
TRICOMONIASIS			
G.C.			

INFERTILITY

34. Can clinician name two common causes of infertility?

YES  WHAT -  NO

35. How does clinician counsel or refer infertile client?

Discuss Ovulation  Other  
 Explain Workup

36. Identify referrals of infertile clients

	Referred to	Type of problem
a. client 1		
b.		
c.		
d.		
e.		

37. LAB TESTS. What Lab test have been ordered/used? How many of each?

27

**FP/ORT CLINICIAN KNOWLEDGE (Contd)**

38. Can clinician give correct measurements for ORS?

- Water-One Bottle or  Salt-  
 Two Bottles  
 Sugar- level teaspoons

39. Can clinician give correct protocol for the following?

- What water can be used for first treatment? CLEANEST   
 OTHER  What \_\_\_\_\_  
 Should feeding continue during diarrhoea? YES  NO   
 Should ORS be boiled after mixing? YES  NO

**K.FP/ORT CLINICIAN SKILL**

Observe clinician with patient, or conduct role play.

40. Does clinician-GREET client?  (Tick if YES)

- Explain all methods? Accurate?   
 -Asks client if she understands?   
 -Asks clients if she has questions?

41. WITH CLIENT who chooses OCPs.

(Tick if YES)

- Does clinician-explain side-effects   
 -give warning signs   
 -instruct how to use   
 Is information accurate? YES  NO   
 What WRONG?

42. With CLIENT who chooses IUCD.

(Tick if YES)

- Does clinician-explain side-effects   
 -give warning signs   
 -instruct how to use   
 Is information accurate? YES  NO   
 What WRONG?

43. FOLLOWUP

When are OCP clients followed-up?

When are IUCD clients followed-up?

44. PHYSICAL EXAM

Which new clients have physical exam?

- All,  OCP,  IUCD,  INJECTIBLE,  OTHER.

Which new clients have a PELVIC EXAM?

- ALL,  OCP,  IUCD,  PROBLEM CASE,  OTHER

Which RETURN client has a pelvic exam?

PHYSICAL EXAM

45. Observe clinician doing physical exam. If not possible ask to name all steps. (Tick if YES/CORRECT)

- |         |                          |               |                          |
|---------|--------------------------|---------------|--------------------------|
| B.P.    | <input type="checkbox"/> | Stress Breast | <input type="checkbox"/> |
| Weight  | <input type="checkbox"/> | Self-exam     | <input type="checkbox"/> |
| HEENT   | <input type="checkbox"/> | Extremities   | <input type="checkbox"/> |
| Thyroid | <input type="checkbox"/> | Bimanual      | <input type="checkbox"/> |
| Breast  | <input type="checkbox"/> | Speculum      | <input type="checkbox"/> |

46. Observe clinician doing IUCD insertion. If not possible ask to name all steps and keys to technique. (Tick if YES/CORRECT)

- |                         |                          |                        |                          |
|-------------------------|--------------------------|------------------------|--------------------------|
| Offers reassurance      | <input type="checkbox"/> | Uses Sterile technique | <input type="checkbox"/> |
| Client empties bladder  | <input type="checkbox"/> |                        |                          |
| Cleans perineum         | <input type="checkbox"/> |                        |                          |
| Does bimanual           | <input type="checkbox"/> |                        |                          |
| Cleans, inspects cervix | <input type="checkbox"/> |                        |                          |
| Sounds Uterus           | <input type="checkbox"/> |                        |                          |
- Uses correct Insertion Technique

KNOWLEDGE-CHE WORKER

47.

Can CHE describe all contraceptive methods available at clinic. (Tick if yes)

Condoms  FOAM/JELLY  IUCD  OCP  INJECTIBLE

OTHER

48. Can CHE worker describe the following benefits for FP/CRT?

Health benefits  Social benefits  Economic benefits

49. Can CHE worker list 5 key figures in the community? (Tick if yes)

Religious Leaders  \_\_\_\_\_

Womens Leaders  \_\_\_\_\_

Traditional Leaders

50. List 3 key INSTITUTIONS in the community. (Tick if yes)

Health Committee   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. How many discussions/talks with the community takes place per week?

Less than 5  5-10  More than 10

52. What CHE strategies are used most often by CHE worker?

	Regularly	Sometimes	Never
-Gives talks-to mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-to men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-to adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Gives ORT demos-to mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Conducts home visits- for case finding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- for health ed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Attends community meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Joins EPB activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Conducts health surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. In CHE worker's opinion, does clinician display the following qualities with clients.

	USUALLY	SOME TIMES	SELDOM
NON-JUDGEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCTUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSCIENTIOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. What can improve CHE efforts?

Training  Transport  Closer supervision  More staff

MODEL ANSWERS

22. Suppression of ovulation

23. Find out-if taking pill, then reassure

- (OCP) -when menses stop
- consider pregnancy test, reassure

24.(IUCD management) - do speculum exam

- if string not seen refer to D0c
- If IUCD hook available, gently search upon menses.

25.

"

- find out "how heavy" menses is
- if very heavy consider removal or referral

26.(OCP contraindications)

- Pregnancy
- Varicose veins
- CA uterus, cervix, breast
- hypertension
- History of Thromboembolism
- Liver disease
- severe migraine
- Over 35 years
- sickle cell disease

27.(IUCD CONTRA)

- Pregnancy, PID
- History ectopic preg
- Active STD
- Abnormal uterus
- Heavy menses
- Vascular heart disease
- Sickle cell disease
- nulliparity

28.INJECTIBLE

- during menses

29.IUCD

- postpartum mother with negative PREG Test.

30.IUCD

- conduct pregnancy test

32.STD Diagnosis

- Monilia: Cheesy Dischge, Itching
- TRIC : Watery dischg, Itching
- GC : Purulent Dischg, Disuria

33.MONOLIA

T.V.

- Cystalin, Boric acid, Canestin, Trotyd, Trvogen G.V.

-Fasigyn, Flagyl. 2gm or 500gm BID x 7

Treat partner, No alcohol, Abstain or use barrier meth

GC

- Inj: Penicillin 4.8million Units with probenecid

or 3.5gm ampicillin plus probenecid 1gm

or 500mg tetracycline QID x 7 days

or Vibramyciac 100gm BID x 7 days

For Treatment Failures or high prevalent areas

Spectinomycin 2gm or kanamycin 2gm

34. Female

PID, Blocked tubes, Hormonal imbalance,  
Unawareness of fertile days, low sperm  
count, Blocked van defrens, STD

APPENDIX D

SURVEY TABULATIONS IN SUMMARY FORM

KWARA STATE FP/ORT SURVEY SUMMARY - SEPTEMBER 1986

	DISTRICT HEALTH UNIT (DHU) ILORE	STAFF DEVELOPMENT CENTRE ILORE	CIVIL SERVICE CLINIC ILORE
<b>RECORDS</b>			
A. Monthly Report	Kept and Correct	Kept and Correct	Kept and Correct
B. Commodity Report	Kept and Complete	Kept and Complete	Kept but incomplete; time taken to explain again how to keep accurate record.
C. Individual Attendance	Cards are used correctly	Cards are used correctly	Cards incompletely filled.
D. Daily Attendance Record	Records kept up to date	Records kept correctly	Records kept well.
<b>CLINIC SET UP &amp; EQUIPMENT</b>	Space inadequate Needs privacy for booking clients who don't like to be seen waiting on verandah. Clinic clean, lighting adequate; various visual aids on FP/ORT on walls supplies	Space adequate Privacy Lighting Visual aids & Captions on FP/ORT on walls	No separate accommodation yet for Family Planning - Dr's office is used in place so other points cannot be assessed. Where health talks are given, walls are of the textured paint which cannot hold posters.
- waiting time	within 15 minutes	within 15 minutes	within 15 minutes
- Collection of commodities	Every 4 weeks	Before 4 weeks	Before 4 weeks
- No clients/month since clinic opened	August 1983 - 20 September '83 - 71 July '84 - 298 August '86 - 273	Clinic opened June June '86 - 41 July '86 - 63 August '86 - 65	Clinic opened June '86 June '86 - 11 July '86 - 9 August '86 - 11
<b>REQUIREMENTS FOR IMPROVED SERVICES</b>	1. Extension to present accommodation for privacy/ waiting room 2. Refrigerator + facilities for for pregnancy test 3. A Doctor with FP training for referrals	<b>Needs</b> - insertion kit - angle - poised lamp - Steriliser - Examination Couch - CHS support staff - Cabinet for cards	- Separate accommodation for FP @ all basic clinic equipment since this clinic has nothing

Best Available Document

	DMS ILLORIN	SDU CLINIC	CIVIL SERVICE CLINIC ILLORIN
<b>Obstacles Faced</b>	Lack of privacy for clients as they wait on verandah-run away if seen by knew people		1. No separate accommodation for FP clinic. 2. Time allocated for Health Talk on Ff/URT not enough.
<b>Hours of Operation</b>	Monday - Friday 7.30 - 2.30 p.m.	Monday - Friday 7.30 - 2.30 p.m.	Monday, Wed. & Friday 7.30 - 3.30p.m. Tuesday & Thursday Split Duty 7.30 - 1.00 p.m. 4.00 - 6.00 p.m.
<b>Use of CHS support staff</b>	No overtime is required in the 3 clinics visited The one presently in this clinic is not ILLORIN trained	No CHS staff	No CHS staff
<b>FP/URT Knowledge OF CLINICIAN - GGRS - mode of action/management of stopped menses IUDs</b>	Has knowledge/experience Managed cases well	Has knowledge Gave correct answers	1st Service Provider - Yes 2nd " " - Gave the correct answer with assistance Both gave correct answers
<b>CONDOMS - IUDs \$ for GGR use \$ for IUD use</b>	Yes Yes	YES YES	YES YES
<b>INJECTIBLE INITIATION SIA/Management</b>	During menses Managed Menilia with Japtrin tablets.	Menstrual phase Can identify and manage them well	During menses can identify and manage them well.
<b>Counselling Infertile couple</b>	No infertile couple reported since clinic opened in 1983	cannot discuss ovulation	one provider could not discuss ovulation. One provider felt feeding should be discontd.
<b>GRS</b>	Knowledge still very good	knowledge good	

42

III

	DEU ILORIN	SBC ILORIN	O/SO ILORIN
<b>EP/OSI Clinician Skill</b>	Good; but could only give 3 warning signs to a clients who chooses OCPs	Good, but not very clear on warning signs of MUCD	Skill just fair as providers need to attend to more clients to develop necessary skills.
<b>Physical exam. (Role - played) in 3 clinics</b>	Good	Good	Good (needs to stress self-exam. of breast
<b>MUCD INSERTION</b>	Very Good	Fair - client didn't empty bladder and perineum not cleaned	No reassurance, one provider didn't empty bladder of client while another did not clean perineum nor inspect the cervix. (Both providers have not done insertion since completion of JDS

df

Contents	Sobi Specialist Hospital	Okanale Maternity Centre	Fakata v Maternity Centre	Oridi P. H. Clinic
Records	Records of commodities not kept attendance record not kept	Good Records	Good Records	Good Records
Clinic set up and Management	No visual Aids	Small space, no electricity /visual aids	set up is ok	No space allocated
Suggestions for Improved Services	Requires CHS Aids Requires Visual Aids Include Sobi Specialist hospital in TV/Radio sport announcement FF/ORT program.	Requires equipments Provision of better space require CHS Transport required	Requires adequated equipment  requires Transport- tion for CHS Aids	Requires space and equipment.  Transport required
Obstacles Faced	Distance from Ilerin Non awareness of community about FF/ORT services	Religious believe	Religious believe	No space for FF/ORT programme
Use of CHS support staff	No CHS Aids	No CHS Staff	Transportation is a problem to CHS Aids	Transport problem for CHS aids
FF/ORT knowledge of N/P	Good	Good	Good Poor management of STD	Fair Poor management of STD
FF/ORT Skill of N/P	Questionnaires answered correctly but no clients for observation	As Sobi	As Sobi	As Sobi
knowledge CHS worker	No CHS worker	No CHS worker	Good Don't attend community meetings Nothing to do with SPI activities no health surveys	As Fakata

	M/Hosp. Gus-ARA	Gus-ARA DHU	Offa DHU	Gro G/Hosp	Koko RHO	Afon DHU
Records	Correctly kept	Properly kept	Properly kept	Well kept	Well kept	Correctly kept
Clinic Setup and Management	Space rather inadequate No electricity supply Aft x Aft	Inadequate No electricity supply Aft x Aft	Adequate No electricity supply	Adequated and well set-up	Adequated and well set up.	Adequated and well set-up. But no electricity supply
Management of Commodities	Collected monthly commodity records properly kept.	well managed commodity record not kept properly	Collected monthly and proper records kept	Collects commodity only when commodity is about getting finished	Has not collected besides the one allocated after training - March '86 Does not do IUCM insertion.	well Managed.
Suggestion for improved services	More equipment required kit-set	More equipment kit-set	More equipment needed	few equipment still needed	was not supplied with kitset	Transport
Obstacle Faced	shortage of staff	Nil	Nil	Nil	religious Believe	religious Believe
Hours of	Mon.-Fri. 7a.m. - 3p.m.	Mon.-Fri 7.30-3.30p.m.	Mon.-Fri 7.30-3.30p.m.	Mon.-Thur Fri 7a.m. - 3.30p.m.	Mon.- Fri 7.30-3.30p.m.	Mon.-Thur- 8-3 p.m. Fri. 8-1.30
Use of Support Staff	None	Effectively used 66.6% referral	Effectively used 10%	None	Not effectively used 66.6% referral	Effectively used 14.3%

	G/Leop. GWA-ALBA	Chm-ran DMU	Offa DMU	Gro G/Hosp.	Koko MBE	Afon DMU
<b>EP/222</b> Knowledge of Clinicum	Very Good	Good	Very Good	Very Good	Very Good	Not Available
<b>EP/222</b> Clinicum Skill	Client was present good  Clinicum was nervous	Good very nervous	Very Good	Very good	Very good	Not available
<b>Knowledge of</b> CHE worker	None	Good	Good advised to attend - community meetings - join EPI activities	None	Not available	Good educate advised to educate talks - Police - Bank Officials etc.
<b>No of</b> Clients/ Month	60	40	About 300	About 60	Averagely 6	About 70

CLINIC SITE	RECORDS	CLINIC SET UP AND MANAGEMENT	SUGGESTIONS FOR IMPROVED SERVICES	HOURS OF OPERATION	USE OF CHE SUPPORT STAFF
EWA DISP. EJIBA	Monthly and commodity records kept up to date. Clients card - P.E. not recorded on some cards.	Neat environment, well ventilated and privacy adequate. Visual aids on display. No visual aids on breast feeding.	Needs B/P apparatus, weighing scale, CHE worker, Obstacles - NIL	Mon - Thurs 8:00 am - 2:30 pm  Fri 8:00 am - 1 pm	No CHE support staff
GEN. HOSP. ISANLU	All records kept up-to-date. Commodities in stock.	Inadequate accomodation. No storage facility. Privacy adequate. Visual aids present.	Better accomodation, variety of pill, CHE workers, B/P apparatus and scale	Mon - Thurs 7:30 am - 2:30 pm  Fri 7:30 am - 1:30 pm	No CHE support staff
GEN. HOSP. MOPA	Records kept. Has never run out of commodities.	Space adequate and well lit. Visual Aids on display. Privacy Adequate.	B/P apparatus and scales. Need extra IUCD kit, provision of cotton wool, etc.	Mon - Thurs 7:30 am - 2:30 pm  Fri 7:30 am - 1:30 pm	No CHE support staff
GEN. HOSP. KABBA	Clients' cards and other records well kept. Occasionally run out of commodities.	Space inadequate. No storage facility. Educative environment. Privacy is fair.	Inadequate space. Needs angle-poised lamp screen, B/P apparatus, clients cards and IUD hook.	Mon - Thurs 7:30 am - 2:30 pm  Fri 7:30 am - 1:30 pm	No CHE support staff

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CLINIC SITE	RECORDS	CLINIC SET UP AND MANAGEMENT	SUGGESTIONS FOR IMPROVED SERVICES	HOURS OF OPERATION	USE OF CHE SUPPORT STAFF
DHU KABBA	Client's record of P.E. not complete because of no B/P apparatus and no scale.	Located within a school premise, space adequate and well ventilated.	Clinic location seems odd (school premises). Needs B/P apparatus, scale angle-poised lamp and client record cards.	Mon - Thurs 7:30 am - 2:30 pm Fri 7:30 am - 1:30 pm	CHE staff fully utilized. Works hand in hand and clinician does not attend village meetings. Gives talk to groups and individuals.
GEN. HOSP. LOKOJA	Records up-to-date. Commodities in stock.	Adequate space. No storage facilities and privacy not adequate.	Free hand to function as a full-time service provider by SMO/CHE worker.	Mon - Thurs 7:30 am - 2:30 pm Fri 7:30 am - 1:30 pm	No CHE staff.
DHU LOKOJA	Records O.K.	Inadequate space. Well ventilated. Storage facility is poor.	Better accomodation, cupboard, B/P apparatus, weighing scale, angle-poised lamp.	Mon - Thurs 7:30 am - 2:30 pm Fri 7:30 am - 1:30 pm	CHE staff responsible for 75 percent of total client turn out. Assists in CWC, cleans the clinic and takes care of instruments.
RHC OKENGWEN	Clients record not complete because no couch for P.E. No B/P apparatus, no scale.	Space adequate, neat and well ventilated. No storage facility.	Gynae couch to be installed by expert. Needs CHE support staff.	Mon - Thurs 7:30 am - 2:30 pm Fri 7:30 am - 1:30 pm	No CHE staff.

III. KWARA STATE FP/ORT SURVEY SUMMARY

OKENE AREA

CLINIC SITE	RECORDS	CLINIC SET UP AND MANAGEMENT	SUGGESTIONS FOR IMPROVED SERVICES	HOURS OF OPERATION	USE OF CHE SUPPORT STAFF
GEN. HOSP. OKENE	Last attendance record was in November 1985. Clients record incomplete. No follow-up record on clients card.	Space adequate but not utilized. No storage facility. Privacy nil. FP benefit (V.A.) on display.	Service providers should be fully utilized in FP clinic. Security at the clinic e.g. lock for door, cupboard. Free hand to operate without interference.	Mon - Thurs 7:30 am - 2:30 pm  Fri 7:30 am - 1:30 pm	No CHE staff.

CLINIC SITE	FP/ORT KNOWLEDGE OF CLINICIAN	COMMON STDs DIAGNOSIS AND MANAGEMENT	INFERTILITY CAUSES AND MANAGEMENT	FP/ORT CLINICIAN SKILL	GENERAL COMMENT
EWA DISP. EJIBA	Brilliant performance.	Needs to update knowledge of STDs and management.	Discussed fertility awareness and then refer.	Performed very well.	We recommend that the service providers be supplied with all necessary tools to enhance their job and make them more productive and effective.
GEN. HOSP. ISANLU	Able to give answers to almost all questions.	Same as above.	Same as above.	Did well. Managed all the problems well.	Same as above.
GEN. HOSP. MOPA	Answer all questions brilliantly.	Same as above.	Same as above.	Displayed very good attitude of service provider.	Same as above.
GEN. HOSP. KABBA	A good service provider. Eighty percent of questions answered.	Same as above.	Same as above.	Had problems with diagnosis and management of STDs.	Same as above.
DHU KABBA	Performance fair. To look up management of IUD complications.	Same as above.	Same as above.	Did well.	Same as above.

III. KWARA STATE FP/ORT SURVEY SUMMARY

OKENE AREA

CLINIC SITE	FP/ORT KNOWLEDGE OF CLINICIAN	COMMON STDs DIAGNOSIS AND MANAGEMENT	INFERTILITY CAUSES AND MANAGEMENT	FP/ORT CLINICIAN SKILL	GENERAL COMMENT
GEN. HOSP. LOKOJA	Brilliant performance.	Same as above.	Same as above.	Role played most client management very well.	Same as above.
DHU LOKOJA	Fair performance. Answered over 85 percent of questions put to her correctly.	Same as above.	Same as above.	Did well. Had lots of experience.	Same as above.
RHC OKENGWEN	Brilliant performance.	Same as above.	Same as above.	Did a good management job.	Same as above.
GEN. HOSP. OKENE	Unable to answer most of the questions without assistance.	Same as above.	Same as above.	Had a lot of problem managing the problems because she has not been working full-time as a service provider.	Same as above.

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APPENDIX E

STATE TRAINING TEAM SERVICE DELIVERY AND  
COMMUNITY HEALTH EDUCATION  
WORKSHOP REPORTS

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**APPENDIX E**

**SECOND F.P/ORT SERVICE DELIVERY WORKSHOP,**  
**KWARA STATE**

**14th OCTOBER TO 13th DECEMBER, 1985**

**PRE-WORKSHOP ACTIVITIES:**

**26/9/85.** A meeting was held in the Project Director's Office comprising the following:-

Dr. D. Olubaniyi	-	Project Director
Mrs. F. Tolushe	-	Project Co-ordinator
Mrs. Aje -	-	Chief Health Sister
Mr. Esuga	-	
Mr. G. Adeseko	-	Workshop Co-ordinator
Mrs. R.M. Ajiboye	-	Trainer
Mrs. V.E. Abodunrin	-	-do-

Topics discussed include the following:-

(a) **Date of forthcoming 2nd F.P./O.R.T. S.D.W.**

This was the first issue to be discussed and the Project Director informed us that it was necessary to give the nominated participants sufficient time to prepare and arrive at the workshop in time and so a new date 14/10/85 was proposed instead of the already projected 7th October 1985.

(b) **Trainers:** The question of the mode of participation of 2 trainers arose i.e. Mrs. Owolabi/Omotoye. Racheal and Victoria were asked to write up the time-table so that these 2 trainers would only turn up when they are due for lectures. Victoria said the group arranged that these 2 should be present throughout the workshop classroom session. An observation was made that 4 trainers may be too many at a time. After some discussion, it was finally agreed that Mrs. Omotoye be allowed to be present for the first 2 weeks during which the Clinical aspect of the curriculum would be dealt with and Mrs. Owolabi for the third week for the C.H.E. Section.

(c) **Clinic Sites:** In view of the number of participants being expected, it was suggested that we include Basic Health Centre Ogidi on the list of the 4 Clinics in use for Clinical experience. The meeting eventually came to an end at 11.00 a.m.

.../2...

10th OCTOBER, 1985: Rachel and Victoria worked on the following items:-

- (i) Biodata Forms: Using the INTRAH format an M.O.H., KWS Biodata form was designed in preparation for the 2nd S.D.W. on F.P./O.R.T.
- (ii) Pretest prepared
- (iii) All necessary equipments to be used were collected from the workshop co-ordinator's Office.

11TH OCTOBER, 1985

- Time-table: A tentative time-table was made for the period of 9 weeks (See Appendix IIA & B)
- Guest - Lecturers were notified and given a copy of the time-table each and they promised to turn up.
- Ogidi H.H.C. Family Planning Clinic was confirmed as one of our Clinic sites for the participants to practise.

REPORT ON CLASSROOM SESSIONS

Twenty-two (22) Nursing Officers (See Appendix I) of various cadres drawn from Kwara State Health Institutions assembled at the Staff Development Centre, Ilorin for the 2nd S.D.W. on F.P./O.R.T. on 14th October 1985.

Present at the opening session of the workshop were:-

- |                  |   |                       |
|------------------|---|-----------------------|
| Dr. D. Olubaniyi | - | Project Director      |
| Mrs. F. Tolushe  | - | Project Co-ordinator  |
| Mrs. Aje         | - | Chief Health Sister   |
| Mr. G. Adeseko   | - | Workshop Co-ordinator |

and the

Kwara State Training Team (Trainers)

- Mrs. R.M. Ajiboye
- Mrs. E. Owolabi
- Mrs. S. Omotoye
- Mrs. V.B. Abocunrin

The Project Director, Dr. D. Olubaniyi welcomed all participants to the Workshop and declared it open. He hoped they would participate actively in the programme to make FP/ORT Services a success in the State. Other officials from the Ministry of Health also urged participants to put in their best.

INTRODUCTION

Objects/animals, drawn and cut in two halves were picked by participants and trainers and we went around to find whose half matched with each other. These two paired up and interviewed each other in order to know more about one another. Each participant then introduced her partner to the group.

..../3...

Best Available Document

- Didactic forms were filled
- Workshop ground rules were formulated and adopted.
- Course format was discussed in detail and Break times fixed up i.e. 15 minutes short break and 30 minutes lunch break.
- Introduction of subjects like:-
  - (a) Adult Learning Theory
  - (b) The use of where are we
  - (c) Reflections
  - (d) The Rules of Feedback

was done and the participants showed much enthusiasm as they all actively participated in the first day session. Even the reflections showed they were all ready to learn.

- Participants were also notified that in the already laid standard by the pioneer group of S.D.W., 70% was considered a pass mark in any test/exam.

#### CLINICAL COMPONENT DIDACTIC SESSIONS

The first two (2) weeks of the Workshop was devoted to covering all the topics under this section (See the curriculum developed for KWS FP/ORT May, '85.)

Various group activities were included, role plays, games etc. Most participants appreciated the advantages of group work and active participation was observed. Variety was introduced as guest - lecturers like Dr. Fakeye of University of Ilorin Teaching Hospital F.P. Clinic spoke on I.U.C.D., showed slides on it and even demonstrated the insertion of the various types. The participants also practised with the insertion kits/models. Dr. Abiodun Oyeyipo ( a member of the KWS FP/ORT Training Team) also spoke on the O.C.P.S. and S.T.Ds.

Counselling of each method followed every topic e.g. I.U.C.D. topic was followed with counselling clients for I.U.C.D. - pre and post insertion.

During physical Examination, an awareness for regular breast examination was created for the participants, clients and friends alike. It was touching to hear participants share personal experiences of very close relations who have died of carcinoma of the Breast (s), as a result of their ignorance on the need for regular breast examination.

All the participants finally agreed to make it a point of duty to inform women around them in clubs, churches, Moslem Women Associations etc. on the need for regular breast examinations as Cancer of the breast is becoming fairly rampant among the Nigerian women.

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The Roster for Clinical Practice (Appendix III) was made and each participant would have three (3) weeks Clinical experience. They were divided into 2 groups i.e.

Group I - 4th - 22nd November, 1985

Group II - 25/11 - 13th December, 1985

Each participant would visit 3 different clinics i.e. work in a Clinic per week. The Rosters were distributed to the F.P. Clinics concerned and the officers-in-charge promised to take on the trainers as soon as they come.

#### COMMUNITY HEALTH EDUCATION SESSIONS

The 3rd and last week of the classroom session was used to cover the C.H.E. topics (See Curr. for F.P./O.R.T. KWS May '85). Also included were the following:-

(a) RUMOURS AND HOW THEY CAN AFFECT THE WORK OF FAMILY PLANNERS:-

This topic generated a lot of discussions as participants related various rumours already heard in their various areas of work concerning family planning - ways of dispelling such rumours were discussed.

(b) RECORD KEEPING: This topic was taken up by the project Co-ordinator Mrs. Tolushe who enlightened the participants on how to keep records in the F.P./O.R.T. Clinics, daily/monthly/quarterly records to be kept were discussed, returns of which should regularly be sent to the Ministry of Health. The new Record sheets developed during the M.S.E. workshop were used.

As usual, all other topics stimulated active participation of trainees as they happily took part in group-tasks and role-plays.

#### TESTS/EXAMINATIONS

1. PRETEST 14/10/85: This was given on the first day of the workshop in order to find out how much the participants already knew about family planning. The scores ranged from

56% - Highest

to

13% - Lowest

The participants felt very bad about this result but they were reassured that the test only shows the need for both the participants and trainers to work harder.  
(See Appendix IV.)

.../5...

2. ANATOMY & PHYSIOLOGY QUIZ 24/10/85

A 15 - minute written quiz was given on all the topics of A & P.

Scores ranged from 10 - 24, Total marks 25 (See Appendix V)

3. FINAL EXAMINATION 31/10/85

A 1½ - hours paper comprising questions from all the topics of the Curriculum for F.P./O.R.T. was given scores ranged from:-

96% - Highest

to

55% - Lowest (Appendix VI.)

Three (3) participants scored below 70%. During the clinical session, a review session was held for them and a retest final examination given.

4. RETEST - FINAL

Results:-

Mrs. R.O. Oludipe	-	90%
Mrs. A. Dada	-	35%
Mrs. C.A. Alege	-	72%

CLINIC INVENTORY SHEETS

The participants were made to fill the Clinic Inventory Sheets so as to ascertain what they have and what they will need to carry out their work effectively. Out of the twenty-one participants, 13 of them will need all the necessary equipments and materials to set up a new Family Planning Clinic. Only one of the existing family planning clinics (from where a participant came) can be said to be fully equipped i.e. D.H.U., Ilorin. Most of the basic equipments like:-

- Weighing scale
- Sphygmomanometer/Stethoscope
- Screens
- Couch
- Steriliser
- angle-poised lamp e.t.c.

are not available in the other clinics. As much as possible, these items should be made available for the smooth running of the Clinics.

The new F.P. Clinics to be established are:-

- (1) Specialist Hospital, Sobi - Ilorin
- (2) General Hospital - Oro
- (3) " " - Ogori
- (4) " " - Kabba
- (5) " " - Koton-Karfe
- (6) " " - Mopa
- (7) " " - Pategi
- (8) Basic Health Centre - Obbo-Aiyegunle
- (9) Rural Health Centre - Igbaja

Other Clinics are:-

- (10) Civil Service Clinic - Ilorin
- (11) St. Barnaba's School Clinic, Ilorin
- (12) 1st Aid Room M.O.H., - Ilorin
- (13) Egbe School Health Services

The existing Family Planning Clinics are the following:-

- (1) D.H.U. - Ilorin
- (2) D.H.U. - Offa
- (3) D.H.U. - Lafiagi
- (4) General Hospital, Omu-Aran
- (5) " " Lokoja
- (6) Rural Health Centre - Erin-Ile
- (7) D.H.U. - Omu-Aran

The 21st participant, F.P. Project Assistant in the Ministry of Health, Ilorin will not need any of the basic equipments necessary to set up a F.P. Clinic,

Appendix I

FAMILY PLANNING/ORT SERVICE WORKSHOP

LIST OF PARTICIPANTS

No.	NAMES	RANK	STATIONS
✓1.	Mrs. F.A. Omodara	S.N.O.	R.H.C. Igbaja
2.	Mrs. R.O. Oludipe	S.N.	B.H.C. Obbo-Aiyegunle
* 3.	Mrs. S.O. Fajenyo	N.S.	Ejiba Comm. Maternity Clinic
✓4.	Mrs. E. Bolade	N/S	Egbe Sch. Health Service
✓5.	Mrs. A.O. Dada	S.N.S.	General Hospital Mopa
* 6.	Mrs. J.A. Leke	M/S	General Hospital Kabba
* 7.	Mrs. A. Olagunju	S.N.S.	R.H.C. Iyamoye
* 8.	Mrs. H.M.B. Sayi	S.N.S.	RHC Okengwen
✓9.	Mrs. F.E. Alibalogun	S.N.S.	General Hospital Ogori
✓10.	Mrs. E. Ayodele	S.N/M	General Hospital Kotckarfe
✓11.	Mrs. R.O. Adekeye	C/M	General Hospital Pateyi
✓12.	Mrs. Comfort Abiola Alege	N/S	Civil Service Clinic, Ilorin
✓13.	Mrs. D.B. Ogbonmie	N/S	1st Aid Room M.O.H. Ilorin
✓14.	Mrs. A.O. Lawal	N/S	Specialist Hospital S/Ilorin
✓15.	Mrs. M.O. Ebatunde	N/S	F.F. Project Asst.MQH. Ilorin
✓16.	Mrs. Olalere B.	N/S	D.H.U. Ilorin
✓17.	Mrs. E.R. Oshagbemi	N/S	D.H.U. Ilorin
✓18.	Mrs. R.O. Balogun	P.H.S.	D.H.U. Omu-Aran
✓19.	Mrs. A.I. Baba	N/S	General Hospital Lokoja
✓20.	Mrs. J.A. Garuba	N/S	R.H.C. Erinle
✓21.	Miss. Bridget Joseph	S.M.	M.C.H. Kotonkarfi
✓22.	Mrs. E.F. Ajayi	N.S.	D.H.U. Lafiagi
✓23.	Mrs. C. Larayeitan	N.S.	General Hospital Oro
✓24.	Mrs. O. Belle	R.M.	General Hospital, Omu-Aran
✓25.	Mrs. M. Ayeniyi	N.S.	D.H.U. Offa

- ✓ - All reported/participated in the workshop.
- \* - They did not turn up for the Workshop
- - Reported on the first day only.

Appendix IIA

2<sup>ND</sup> SDW CN FP/ART, KWS OCT. '85

CLINICAL COMPONENT FORMAT

<u>WEEK ONE</u>	<u>14/10/85 M O N D A Y</u>	<u>15/10/85 TUESDAY</u>	<u>16/10/85 WEDNESDAY</u>	<u>17/10/85 THURSDAY</u>	<u>18/10/85 FRIDAY</u>
8.00	Opening Address DR. D. OLUBANIYI	Where are we	Where are we	Where are we	Where are we (IMPROMPTU SPEAKING)
8.30	-Introduction -Biodata Form	O.R.T.	Anatomy & Physiology Male & Female Reproductive Organs	History-taking	Injectables and Counselling.
10.00	B R E A K	B R E A K	B R E A K	B R E A K	B R E A K
10.15	Goals of S.D.W. Course Format	O.R.T. Contd.	Menstrual Cycle	O. C.P.S.	10.30 Physical Examination
11.30	LUNCH	LUNCH	LUNCH	LUNCH	11.20 Menstrual F.P. Methods
12.00	Values & Cultural Issues	Logistics	Traditional Methods of F.P.	O.C.P.S. Contd.+ Counselling for O.C.P.S.	12.30 Reflections: 1.00 HAPPY WEEK-END
1.30	Reflections	Reflections	Reflections	Reflections	
2.30	Close	Close	Close		

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APPENDIX IIA Contd.

WEEK TWO	21/10/85 MONDAY	22/10/85 TUESDAY	23/10/85 WEDNESDAY.	24/10/85 THURSDAY	25/10/85 FRIDAY
8.00	Where are We	Where are We	Where are we	QUIZ - A	Where are we
8.45	STDs	9.00 Breast-feeding	8.30 Barrier Methods of F.P.	8.15 Impromptu Speaking	9.00 New Methods
10.45	BREAK	10.30 BREAK	10.00 BREAK	8.40 Record-Keeping	9.30 Counselling for IUCD.
11.45	STDs Contd. (GAMES)	11.00 I.U.C.D.	10.15 N.P.F.	10.40 BREAK	10.45 BREAK
12.30	Infertility Group Tasks. (1) History-taking for Infertile couples. (2) Investigations & Examinations of Infertile Couples	1.30 Practicals with models	12.00 Permanent Methods of F.P. + Counselling 1.30 Record-keeping	1.30 Reflections 2.00 Adjourn	11.15 Issues in Women's Health Care 12.00 Group Task identifying 10 pressing problems of the Nigerian women.
2.00	Reflections	-	-		
2.30	Adjourn	Adjourn	Adjourn		1.00 Adjourn

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C APPENDIX IIB

C. H. E. COURSE FORMAT

WEEK THREE	28/10/85 MONDAY	29/10/85 TUESDAY	30/10/85 WEDNESDAY	31/10/85 THURSDAY	1/11/85 FRIDAY.
8.00	Impromptu Speaking	Where are we	Where are we	9.00 FINAL EXAMINATION	8.00 Where are we
8.30	Clinic Record of ORT Activities	9.00 Case-finding FP/ORT Services	Entering and knowing a community Contd.	10.30 BREAK	8.30 Review of C.H.E. Topics
9.00	Group Role-play on solving problems of Nig. women	11.30 BREAK	10.00 BREAK	12.00 Training other Health workers for CHE in FP/ORT	9.10 Address by Project Director 9.45 Whole Group photographs.
10.00	BREAK	12.00 Course-lling.	10.15 obstacles and Resources for effective CHE activities		
10.30	Role play Contd.	12.50 Entering and knowing a community	11.30 LUNCH	1.30 preparation and presentation of Health Talks	10.15 Group Task Group 1 - Health Benefits of F.P. 2 Family & Economic benefits of F.P. 3 Using ORT in the Home 4 The Rationale for F.P.
2.00	Reflections	<u>Group Task</u> How to obtain information about a community.	12.00 Review for Final Exam.	2.00 Reflections	
2.30	Close	2.00 Reflections 2.30 Close	2.30 Close	2.30 Close	11.45 BREAK 12.00 New Models of Record-keeping 1.00 CLOSE

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**2ND FP/ORT SERVICE DELIVERY WORKSHOP**  
**ROSTER FOR CLINICAL PRACTICE**

**GROUP ONE**

	1st Week 4/11/-8/11/85	2nd Week 11/11-15/11	3rd Week 18/11-22/11
DISTRICT HEALTH UNIT, ILORIN	C.M. Olalere R. Bello E.E. Bolade	F.E. Alli-Balogun B.O. Joseph	E.S. Ayodele R.O. Balogun A.O. Lawal
OKELELE HEALTH CLINIC.	E.F. Ajayi R.O. Adekeye	E.S. Ayodele I.A. Baba	A.O. Dada Mrs. Bello
U.I.T.H. FAMILY PLANNING CLINIC, MAT. SECTION.	A.O. Dada R.O. Balogun F.A. Omodara	E.F. Ajayi R.O. Adekeye A.O. Lawal	F.E. Alli Balogun B.O. Joseph I.A. Baba
PLANNED PARENTHOOD FEDERATION OF NIG. (P.P.F.N.)	E.S. Ayodele Baba I.A. A.O. Lawal	F.A. Omodara E.E. Bolade E	E.F. Ajayi R.O. Adekeye
BASIC HEALTH CLINIC, OGIDI	F.E. Alli-Balogun B.O. Joseph	A.O. Dada R.O. Balogun R. Bello	F.A. Omodara E.E. Bolade

V.B. (1) Mrs. Olalere to remain at D.H.U. throughout the practical period.

(2) All participants in Group One to assemble at S.D.C. on Friday 22nd November for close-up.

APPENDIX III

2ND FP/ORT SERVICE DELIVERY WORKSHOP  
ROSTER FOR FP/ORT CLINICAL ATTACHMENT

GROUP II

	1st Week 25/11-29/11/85	2nd Week 2/12-6/12/85	3rd Week 9/12/85-13/12/85
DISTRICT HEALTH UNIT, ILORIN	C.A. Alege J. Garuba	D.B. Ogbonmide E. Owolabi	M.A. Babatunde R. Oludipe
OKELELE HEALTH CLINIC	E.R. Oshagbemi M.O. Oyeniya	C.A. Laraiyetan N.A. Babatunde	E. Owolabi
U.I.T.H. F.P. CLINIC	D.B. Ogbonmide E. Owolabi R. Oludipe	E.R. Oshagbemi M.O. Oyeniya	C.A. Alege J. Garuba C.A. Laraiyetan
P.P.F.N.	C.A. Laraiyetan M.A. Babatunde	C.A. Alege J. Garuba R. Oludipe	M.O. Oyeniya E.R. Oshagbemi D.B. Ogbonmide

N.B. All participants in Group Two to report at S.D.C.  
on Friday 13/12/85 for close up.

SM

SECOND SERVICE DELIVERY WORKSHOP  
ON F.P./C.M. IN KENYA STATE  
TOTAL NUMBER OF PARTICIPANTS - 22  
PRACTICES IN SERVICE DELIVERY

The practical experience for the second group of participants in the S.D.W. for FF/CM began on Monday 4th of November 1985. As usual they were in 2 groups (see Appendix III) each group had 3 weeks clinical experience i.e. spending a week each in the existing family planning clinics in Ilorin.

CLINICAL LOAD USED - 5

1. PLANNED PARENTHOOD FED. OF NIG (PPFN) CLINIC

The pioneer F.P. Clinic in Kwara State- most participants had an insight of what goes on in the oldest F.P. Clinic in town.

The first week 4th - 8th November, 1985 was a special week marking the 21st anniversary of PPFN was an action - packed week featuring exhibition, symposium, film shows etc.

Tuesday/Friday evening clinics 1-3.00 were also held and the clinic is always pulling a crowd both new and old.

The clinic load is shown in the Tables of New Acceptors & Follow-up

P.P. F.N. New Acceptors

4th November - 13th December 1985.

CONTRACEPTIVE METHODS	WEEK I 4- 8/11/85	Week II 11-15/11/85	WK III 18- 22/11/85	WK.IV 25- 29/11/85	WK.V 2- 6/12/85	WK.VI 9-13/ 12/85
I.U.C.D.	4	3	0	5	4	6
PILLS	5	6	8	3	13	4
INJECTABLES	2	1	2	4	2	1
CONDOMS		2 FILLS	3 PER CLIENT	1	2	2
FOLMS	5	-	10	1	2	2
<b>TOTAL</b>	<b>16</b>	<b>14</b>	<b>31</b>	<b>14</b>	<b>23</b>	<b>15</b>

Total Overall =

P.P.F.N. FOLLOW - UP

	WEEK - 1 4- 8/11/85	2 11/15/ 11/85	3 10-22/11/85	4 25-29/11/85	5 2-6/12/ 85	6 9-13/12/85
<b>I.U.C.D.</b>	13 3-Already in situ 3-removed 2-Inserted	26 21-Insitu 3-Remove 2 -Inser- ted	10 15-Insitu 2-Removed 1-Inserted	22 13-In situ 1-Removed 8-Inserted	23 14-In situ 5- Removed 4- Inserted	10 17-In situ 1- Removed NIL - Inserted
<b>PILLS</b>	60	30	51	54	59	37
<b>INJECTABLES</b>	14	10	0	11	10	6
<b>CONDOMS</b>	2	-	-	-	1	-
<b>TOTAL</b>	90	75	77	91	93	63

OVERALL TOTAL : 490.

11.3. Throughout these 6 weeks 3 Clients were pregnant from various P.P. Methods.

▲ Total of 15 IUCDs were removed for various reasons  
 ▲ lot of 2-counselling of clients on Depo-Provera injection was done as many of them complained of Delayed menses. various complaints were also treated.

Participants posted to this clinic appreciated the results of 3-days field-work on the clinic load, the efforts should continue.

There is also a great need for improved insertion techniques as well as more trained F.P. personnels to handle effective counselling/adequate physical examination of clients.

Token fees are still being charged in the clinic while condoms/spermicidal dispensers continue to be free services.

2. UNIVERSITY OF ILORIN TEACHING HOSPITAL (UITH) FAMILY PLANNING CLINIC MATERNITY WING

This clinic continues to maintain the standard of an ideal family planning clinic. In fact, an extension for Permanent methods of F.P. has been completed. All the participants enjoyed the period spent in this clinic and at close up i.e. last day on the clinical area, most of them recommended that all participants should be given the opportunity to visit this clinic during their practical experience.

UITH F.P. CLINIC - WL / ACCEPTORS

	WEEK 1 4-0/11/05	WEEK 2 11-13/12/05	WEEK 3 10-22/11/05	WEEK 4 25-20/11/05	WEEK 5 2-6/12/05	WEEK 6 9-13/12/05	Total
I.U.C.D.	14	11	26	24	29	25	132
PILLS	10	10	10	9	0	6	53
INJECTABLE	3	2	7	3	3	6	26
DILPHGRAGN	-	1	-	-	-	-	1

CONDOMS/EMKO	Quite a clients	large number of both turn up for	of both condoms	Male and female	and female daily.	-	-
Total	27	27	43	36	40	39	212

U.I.T.H. F.F. CLINIC FOLLOW UP CLIENTS

	WEEK 1 4-8/11/85	WEEK 2 11-15/11/85	WEEK 3 18-22/11/85	WEEK 4 25-29/11/85	WEEK 5 2-6/12/85	WEEK 6 9-13/12/85	TOTAL
I.U.C.D.	42	46	39	26	47	54	244
PILLS	26	23	25	17	15	34	144
INJECTABLE	7	9	10	11	14	8	59
DISAPPEAR	-	-	-	-	-	-	-
COMMODS/ MIO	Quite a large No of male/female clients turned up for these 2 commodities daily.			turned			
	75	72	64	52	76	96	437
	Total no of complaints for Nov '85			- 03			
	Total no of IUCD Re-insertion "			- 08			
	Total no of IUCD Expulsion "			- 1			
	Total no of IUCD Removal "			- 4			

DISTRICT HEALTH UNIT (D.H.U.) F.F. CLINIC ILORIN

The equipment and services of this clinic has greatly improved since the end of the first service Delivery Workshop. The participants enjoyed their stay there. An experienced field-worker has also joined this F.F. Clinic. Areas needing improvement include proper lighting and adequate water supply.

Clinic load of both new and old clients continues to improve, see Tables A and B. attached. Also facility for Pregnancy test is now available for clients who need F.F. Services and are not menstruating at the time of their visit to the clinic.

**DISTRICT HEALTH UNIT, FLORIN - NEW CLIENTS**

**TABLE A.**

	WEEK 1 4-8/11/05	WEEK 2 11-15/11/05	WEEK 3 18-22	WEEK 4 25-29	WEEK 5 2-6/12/05	WEEK 6 9-13/12/05	TOTAL
I.U.C.D	4	7	6	8	11	6	42
Oral Cont receptive Pills	2	1	3	3	5	11	25
Infectable	2	1	3	2	1	1	10
Condoms	-	6	2	3	6	12	34
Diaphragm	-	-	-	-	-	-	-
Spermiocidal Jelly	-	-	-	-	-	-	-
Vaginal T/ Foam	-	-	-	-	-	-	-
<b>Total</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>16</b>	<b>23</b>	<b>30</b>	<b>111</b>

DISTRICT HEALTH UNIT, ILORIN OLD CLIENTS

TABLE B.

FP METHODS	WEEK 1 4-8/4/85	WEEK 2 11-15/85	WEEK 3 18-22	WEEK 4 25-29	WEEK 5 2-6/12/85	WEEK 6 9-13/12/85	TOTAL
IUCD	12	5	9	8	7	14	55
C.C.P.s	17	13	15	9	23	22	100
INJECTABLES	1	3	3	2	2	-	11
CONDOMS	5	-	-	3	2	-	10
JIL RINGS	-	-	-	-	-	-	-
SPECIALIZED JELLY	-	-	-	-	-	-	-
VAGINAL TAB/POLP	-	-	-	-	-	-	-
Total	35	21	20	22	34	36	176

They were 5 cases of loop removal for various reasons.

3- wanted to get pregnant.

1- due to dirtiness- she was placed on Deno-Frovera

1- due to irregular heavy bleeding. She was placed on Femenal.

5 clients on Kopper T complained of vaginal discharges and itching. They were treated with Ampicilin, canesten vag. Tab/Flagy tablet.

### COMPLETE FAMILY PLANNING CLINIC

The accommodation for this F.P. Clinic is now poor as the room being used as office/counselling room can only take a table and 2 chairs - this according to the service provider attached to this clinic is due to an NYSC Doctor who has taken over the former office. The clinic itself is poorly equipped, no weighing scale, E/P apparatus or angle- noise lamp- borrowing of these essential equipments continues from the sister F.P. Clinic in the same environment which is being run by the University of Ilorin Teaching Hospital (COBES) Community Based Education and services Programme. Duplication of record is still maintained and both clinics work in harmony i.e. a client reporting at the F.P. clinic is registered by both the state and the Teaching Hospital F.P. clinic. A great advantage of this method to the clients is that if the Teaching Hospital staff are out into the Community when the clients turn up, they can easily be treated by the state health care providers.

It is very necessary to provide another accommodation for the state F.P. Clinic for efficient and better services. The Clinic load continues to improve (see New/Old Clients tables).

ORLEANS FAMILY PLANNING CLINIC - NEW CLIENTS

FP METHODS	WEEK 1 4-8/11/85	WEEK 2 11-15/11/85	WEEK 3 18-22	WEEK 4 25-29	WEEK 5 2-9/12/12/85	WEEK 6 9-13/12/85	TOTAL	
I.U.C.D.	7	6	9	3	5	7	37	
ORAL C. PILLS	-	-	2	-	2	1	5	
INJECTABLES	2	2	1	1	-	-	6	
CONDOMS	-	1	-	2	-	1	4	each c'd given 2 pieces
SPERMICIDAL JELLY	-	-	-	-	-	-	-	
DIAPHRAGM	-	-	-	-	-	-	-	
<b>TOTAL</b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>52</b>	

4

**ONELELE F/P CLINIC - OLD CLIENTS**

F/P METHODS	WEEK 1 4-0/11/85	WEEK 2 11-15/11/85	WEEK 3 18-22/11/	WEEK 4 25-29/11	WEEK 5 2-6/12/85	WEEK 6 9-13/12/85	TOTAL
I.U.C.D.	25	15	23	21	21	19	124
ORAL CONTRACEPTIVE PILLS	8	5	7	5	6	7	33
INJECTABLES	-	-	-	-	1	-	1
CINCHIS	-	-	-	4	-	1	5
SPERMICIDAL JELLY	-	-	-	-	-	-	-
DIAPHRAGM	-	-	-	-	-	-	-
VAGINAL TABS/ FOAMS	-	-	-	-	-	-	-
TOTAL	33	20	30	30	28	27	168

3 clients changed from pills to IUCD because of poor compliance (to regular taking of the pills)  
 There were seven removal of IUCD - 5 wanted to get pregnant.

1 due to irregular heavy bleeding since insertion  
 1 husband discovered and insisted on removal.

10/2

OGIDI BASIC HEALTH CLINIC (BHC)

A family planning clinic operates within this BHC . The BHC itself is situated off the town- there is transport problem and so not many clients attend the clinic. The BHC includes an Infant Welfare clinic, Emergency, outpatient Department, Maternity section i.e. L.W. & lying-in ward plus children's Ward. It is believed that mothers who bring their children to the Health centre can also obtain F.P. services for themselves.

The attendance is low. The F.P. clinic operates within the Maternity section using part of the lying-in ward for office and counselling of clients and the labour ward as insertion room. Many a times a woman is in labour and at the sametime insertion of IUCD is been done for a client - no privacy whatsoever. So, a separate accomodation need to be provided for this clinic as well as improving its equipment for better services. Participants enjoyed sessions of GAI with mothers in this clinic very much as many mothers reported back that the diarrhoea ceased with O.R.S. ( see table of old and new clients).

NEW CLIENTS      BASIC HEALTH CLINIC, OGIDI

FP METHODS	WEEK 1 4-8/11/	WEEK 2 4-15/11	WEEK 3 18-22/11	TOTAL	REMARK
I.U.C.D.	1	2	2	5	
OCPs	4	-	6	10	
INJECTABLE	-	-	1	1	
CONDOMS	11	1	-	3	
DIAPHRAGM	-	-	-	-	
SPERMICID-AL JELLY	-	-	-	-	
VAGINAL TAB FOAMS	-	-	-	-	
<b>TOTAL</b>	<b>19</b>	<b>3</b>	<b>9</b>	<b>16</b>	

OLD CLIENTS

WEEK 1 4-8/11/85	WEEK 2 11-15/11 85	WEEK 3 19-22/11	TOTAL	REMARK
1	1	2	4	No. disc. of IUCD
7	6	9	22	2 changed from pills
-	-	-	-	
9	1	7	17	each client was given 4 pieces of condom.
17	8	18	43	

**TRANSPORTATION:** It is constituting constraint and hindering effective performance. In the circumstance therefore, we are recommending that a vehicle be allocated to the trainers (whenever there is need for one) to facilitate their visits to the various clinics.

**DISCUSSIONS:** A lot of interaction took place between the trainers and officers-in-charge of the various F.F. Clinics where the participants had their practical experience during the period of 6 weeks clinicals. Most participants were said to have worked very well with confidence, they were well composed and steady while a few were observed to be nervous and not too good as health care providers.

The trainers welcomed this observation we were worried and deliberated a lot on the issue. It was finally agreed that the final component sheets be revised so as to include ratines of performance of the participants. The issue was discussed with the Project Director who approved that a new final component sheet be designed.

ORT SESSIONS

Except in the very busy U.I.T.H F.P. Clinic and on the 2 clinic days of PPFN, the participants held ORT sessions with mothers in the clinics, homes and market places.

Demonstrations on preparing ORS as done by them, while mothers attempted preparing the solution under their supervision. Mothers tasted it and appreciated the worth of preparing the life-saving and treatment at home solution by the mothers themselves. It made them feel great. Participants were urged to keep a regular supply of its components in their various clinics as well as keep the necessary ORT record.

APPRECIATION

The trainers, on behalf of the entire members of the second group of participants to the service Delivery Workshop on Family planning and Oral Rehydration Therapy are grateful to the State MOH for

CLINICAL COMPONENT

6/85

FP/ORT S.D.M

KYARA STATE

Participant \_\_\_\_\_

Clinic Location(s) \_\_\_\_\_

<u>FP/ORT SKILL</u>	<u>Number Required</u>	<u>Number Performed</u>	<u>Supervised By</u>	<u>Comments</u>
1. Counseling on FP (group or individual)	20			
2. History taken	20			
3. Physical Exam	20			
4. Pelvic Exam. Manual	20			
Speculum	10			
5. Contraception Dispensed				
6. O.C.P.'s Dispensed with counseling	20			
7. Injections with counseling	20			
8. I.U.C.D. Insertion Observed	10			
"        "	10			
9. Gonorrhea culture (where possible)	10			
10. Pap Smear (where possible)	10			
11. Taught O.R.T. (group or individual)	10			
<u>OPTIONAL</u>				
1. Spermicides dispensed				
2. Natural FP taught				
3. S.T.D.'s diagnosed and treated				
4. Diaphragms fit				
5. Infertility counseling done				

KWARA STATE

3<sup>RD</sup> MARCH - 16TH MAY '86

THIRD SERVICE DELIVERY WORKSHOP FOR F.P./O.R.T.

PRE-WORKSHOP ACTIVITIES

February 24th - 28th was a week devoted to preparing for the 3rd S.D.W. on F.P./O.R.T. Meetings of trainers, Workshop Co-ordinator, Project Director cum Project Co-ordinator were held. Stationeries, books, handouts e.t.c. were collected and put together in readiness for the workshop. The time-table was drafted, (See Appendix I), Guest-lecturers were notified and trainers shared the topics of the first day amongst themselves.

REPORT ON CLASSROOM SESSION

OPENING ADDRESS 3/3/86

A total of 22 Nursing Officers, of various cadres (See Appendix II), drawn from Kwara State Health institutions gathered at the School of Nursing, Adewole, Ilorin for the opening address of this workshop.

Mrs. F. Tolushe, the Project-Co-ordinator gave the opening address as the Project Director was away from the State on Official duty. She welcomed the participants to the workshop and urged them to put in their best during the training; warning them that the success of F.P./O.R.T. program in Kwara State depends largely on their efficiency. This 3rd group is worth commending because all the participants turned up on the first day of the workshop.

INTRODUCTION

Figures cut into two halves were picked by both participants and trainers - the halves were paired up so that each pair worked together to know each other better following a format of some questions written on the chalkboard. At the end of the exercise, each participant then introduced her partner to the group; this afforded us to know each other better. Biodata forms were distributed and completed by participants.

A mid-morning break of 15 minutes was allowed at the end of which the participants in 3 groups formulated the Workshop Ground Rules and fixed up their break-times.

...../2:..

Topics like:-

- The use of Where are we
- " " " Reflections
- Adult Learning Theory
- Rules of Feedback were discussed

and participants were made to understand that the Workshop would make use of these topics from day to day so as to ensure good behaviour, mutual understanding and to avoid conflicts during the workshop

The history of F.P. particularly aroused their interest and the sufferings of late pioneer - Margaret Sanger gave them an insight into the problems encountered before the program came to stay. The history of F.P. in Nigeria in general as well as in Kwara State was also discussed. The goals/objectives of the S.D.W. were discussed together with the course format. Towards the end of the day's session an hour pre-test was given.

CLINICAL COMPONENT SESSIONS

All the topics in the Revised Curriculum for F.P./O.R.T. (KWS) were covered.

O.R.T.: The topic stimulated the participants but most of them could not understand why an F.P. Workshop should start with O.R.T., so the trainers explained that where F.P. is advocated, the service provider should be able to teach mothers how to keep their babies alive from the great killer 'Dehydration' so that the tendency to have too many babies to replace the dead ones would not arise.

They were also made to understand that the group of women who need F.P. services are also the same group that need O.R.T. services (both in their child-bearing age). Prevention of diarrhoea was discussed with much enthusiasm.

Graphic representations of:

- (1) The Leaking Pot
  - (2) Flowers in 2 vases
- One with H<sub>2</sub>O
- One without Water

were used to clarify the effects of dehydration on a child. Participants were encouraged to have posters like these as it clarifies their teachings.

The preparation of O.R.S. was quite involving as all the participants in 3 groups had the opportunity of preparing the solution. They were encouraged to practise on their own as this would improve the preparation so that the solution would taste exactly like tears or sweat.

A & P. Sessions: Since all the trainees were qualified Nurses/ Midwife or both and a few with additional specialist training, it is assumed they have a knowledge of the A & P. of Male/ Female Reproductive Organs and so they were divided into 3 groups:-

- Group I - Female External Reproductive Organs
- " II - Female Internal Reproductive Organs
- " III - Male Reproductive Organs

Each group developed the description of topics given to them and a leader came up to describe these structures (already drawn onto cardboards and fixed on the Chalkboard) to the whole group.

Areas needing clarifications or additions were done by the trainers.

The Menstrual cycle, female hormones, and their effects together with conception was discussed by the whole class and all the members actively participated.

F.P. Methods: Topics under this were discussed by:-

- (1) Dr. Abiodun Oyeyipo (a member of KWS T.O.T.) who took care of
  - (a) Oral Contraceptive Pills (O.C.Ps.)
  - and
  - (b) Sexually Transmitted Diseases (STDs.)
- (2) Dr. O. Fakeye of University of Ilorin Teaching Hospital Family Planning Clinic who covered the session on
  - (a) I.U.C.D. - a film was shown on the topic: He demonstrated the insertion and models were distributed to participants who practised the loading and insertion of Lippes Loop & C.U.T.
  - (b) Norplant - This guest-lecturer is personally in charge of this New method and the in-plants were passed round for the participants to see.
- (3) The Trainers:- took care of the other F.P. methods, Physical examination, history-taking, games and counselling for various F.P. methods followed immediately the Method was discussed. The importance of adequate counselling was emphasised as necessary information even of the side-effects should not be with-held from clients.

4. Mrs. F. Tolushe - The Project Co-ordinator took charge of Record-keeping. She highlighted the effects of erroneous reports on F.P./O.R.T. programmes and encouraged the trainers to be attentive and to ask questions when in doubt in order to be able to give accurate reports when they are back to their respective duty stations.

- Daily Record
- Clients/Commodity
- Monthly/Quarterly Returns
- Graph-plotting for Clinic activities

were discussed and practised by the participants.

#### GROUP - ACTIVITIES

These formed an important aspect of the Workshop. Small and large group activities were encouraged as these fostered co-operation and active participation of the trainees.

A group leader and a recorder were chosen for each activity and these roles were rotated among the participants until each of them had the opportunity of being a leader and a recorder for the group. Among the activities were:-

1. Formulation of Workshop Ground Rules
2. Why F.P./O.R.T. together?
3. Games on S.T.D.S.
4. Importance of Record-keeping in F.P./O.R.T.
5. Identifying 10 most pressing problems of the Nigerian Women.
- 6(a) Formulation of stories of a pressing problem and how to solve them (4 groups.)
- (b) Role - play on solving Nigerian Women's problems (4 groups)
7. History taking for the Infertile couples plus Investigations and Examinations.
8. Preparation and presentation of Health Talks on:-
  - Health Benefits of F.P.
  - Family & Social Benefits of F.P.
  - Benefits of O.R.T.

Participants were very happy about the outcome of these activities and they were made to understand that role-plays could be arranged between Clinic/Hospital staff and staged to mothers in the Infant Welfare Clinics or Out-Patient Departments to solve current problems of the Nigerian women. Attached are some of the outcome of the group activities.

10/3/86

S.T.D. GAMES

These were What am I?  
games.

The participants were in 3 groups and each group was to form games for 2 S.T.Ds. Other members were to guess what type of S.T.D. they have formed a game for and when a participant gets it right, the last person in the group shows the name of the particular S.T.D. being described.

GROUP I

GAME I		GAME II	
1.	I am a deadly disease	1.	I live in a wet medium
2.	I cause a lot of discomfort.	2.	I cause severe itching
3.	I cause dyspaenuria	3.	I may re-occur
4.	I cause offensive vaginal discharge	4.	I cause cheeselike discharges
5.	I cause Pyrexia	5.	I can be cured by ?
6.	What am I? Answer - <u>P.I.D.</u>	6.	What am I ? MONILIASIS.

GROUP I

GAME I		GAME II	
1.	I am a gallbladder	1.	I am a trader
2.	Living in a bottle containing honey	2.	I exhibit my commodities in 3 places.
3.	People come for sweet but hate the bitter part	3.	Either buying or not I will go only to come back
4.	I am two in one	4.	And re-appear with more commodities.
5.	Bitterness makes you hate the taste of the sweet	5.	This time it is compulsory you buy.
6.	I produce MILK, PEPPER, HOT TEA.	6.	Or I angrily destroy vital areas in your house e.g. Roof, Sitting room, door-step and Windows.
7.	I am easily destroyed by Antibiotics.	7.	For me to disappear, I destroy your house. I fear being destroyed by Penicillin G.
8.	What am I? CONORRHEA.		What am I ? SYPHILIS

..../6...

GROUP III

GAME	GAME II
1. I can make you uncomfortable.	1. I am always accompanying other friends.
2. I can disgrace you in Public	2. I am a very dangerous person.
3. I cannot kill you but I will continue to disgrace you	3. I infect your store, passage and equipments.
4. I can make you dirty	4. I am very difficult to arrest.
5. I have many masters	5. I can destroy your properties
6. I am sensitive to Canestin	6. I am sensitive to 2 masters
7. What am I?	7. What am I ?
8. I am TRICHOMONIASIS	8. I am CHLAMYDIA.

25

IDENTIFYING 10 MOST PRESSING PROBLEMS FACING THE  
NIGERIAN WOMEN

Participants were in four groups for this task. Each member contributed to the task with eagerness and concern and at the end of the exercise, some trainees voluntarily shared personal experiences.

GROUP I

1. Illiteracy/Ignorance
2. Too many social engagements
3. Poverty and lack of necessary equipment
4. Un-employment (low socio-economic status)
5. Polygamy (lack of love and care)
6. Marital problem e.g. lack of freedom
7. Dependency
8. Non-Co-operative attitude of Husbands towards F.P.
9. Infertility - due to lack of male infidelity
10. Attaching much importance to male offsprings

GROUP II

1. No equality with our men in practically all aspects - socially, job-wise at Federal and State levels.
2. We don't know our rights e.g. Monogamy and not polygamy should be enforced.
3. Irresponsible men e.g. not caring for the family i.e. feeding, education etc. especially in some elites.
4. Problems arising from extended families
5. Dishonesty from the husbands to the wives e.g. having numerous girl friends
6. Claiming children from outside the matrimonial homes
7. Love of luxurious things e.g. jewelries and expensive clothes.
8. Bad customs and taboos
9. Improper budgeting and planning of homes.
10. Gossiping.

GROUP III

1. Austerity
2. Polygamy
3. Economic imbalance

.../...  
70

4. Women are not fully represented in the society
5. Psychological, social and physical problems.
6. Unemployment of women
7. Infertility
8. Illiteracy/Ignorance
9. Lack of modern Family Planning.
10. Mismanagement of family Resources

GROUP IV

1. Poverty
2. Ignorance
3. Love of money and material wealth
4. Superiority complex of male counterparts
5. Low educational level (for majority)
6. Polygamy
7. Taboos
8. Alcoholism of husband leading to mal-nourished children in the home.
9. Extended family problems.
10. Social problems leading to broken homes.

COMMUNITY HEALTH EDUCATION (C.H.E.) SESSIONS

All the C.H.E. topics in the KWS Curr. for F.P./O.R.T. were covered during the last week of the workshop. The topics include:-

(1) Issues in Women's Health Care:

Various issues affecting the health and well being of women were widely discussed. Many women go through the strains and stress of pregnancy, labour and child rearing single handedly, many die as a result of septic abortions from unwanted pregnancies, haemorrhages during incomplete abortions and child birth and many are rendered infertile as a result of Pelvic Inflammatory Diseases resulting principally from sexually Transmitted Diseases. The need for every family planner to identify herself with these issues was emphasized since above 90% of clients to Family Planning Clinics are women. On this note the participants were advised to work closely with the women in their communities for the successful implementation of Family Planning Programme. . . . .

- (2) Identifying 10 most pressing problems of the Nigerian Women - this has already been discussed under group - activities and the topic gave rise to a very interesting discussion.
- (3) Formulation of Role-play on solving some of Nigerian Women's problems (See section of report on group activities.
- (4) Entering and knowing a community
- (5) Case-finding for F.P./O.R.T.
- (6) Obstacles/Resources to F.P./O.R.T.
- (7) Rumours - how they can hinder the success of F.P./O.R.T. programmes.

(8) Teaching other Health Workers C.H.E. on F.P./O.R.T.

Participants actively took part in all the discussions and a lot of them expressed their eagerness to go back and put what they have learnt into practice.

VISITORS TO THE WORKSHOP

This group was privileged to be visited by eminent personalities during the classroom session. They include:-

- (1) DR. RONALD M.G. RICK of John Hopkins University (Population Communication Service) who visited the participants on 10/3/86 while games on STDs were in progress

- (2) Dr. Keys Mac Manus and Mrs Shitta of the U.S. Embassy - Lagos also paid a visit on the last day of classroom session 21/3/86. A quick arrangement was made to role-play how the group solved some of the Nigerian women's problems.

#### TESTS/EXAMINATIONS

These were given at various stages of the workshop

- (1) PRETEST 3/3/86 - Given on the first day of the workshop to assess what the participants already know about F.P./O.R.T. and to enable trainers realise areas where emphasis has to be laid. See result in Appendix III. Scores ranged from:-

57.5% - Highest

13% - Lowest.

Actually, the result worried both trainers/participants. In the "Where are we session" of the following day, all the participants expressed concern about their poor performance and the trainers encouraged them that this type of result should stimulate hard work of both participants and trainers.

#### ANATOMY AND PHYSIOLOGY QUIZ - 10/3/86

Exactly a week after the pre-test, a 15 minute written Quiz on A & P. was given. Total mark obtainable was 25 scores ranged from:-

22 - Highest

to

8 - Lowest (See Appendix IV)

#### FINAL EXAMINATION 20/3/86

Time allowed for this examination was 1½ hours.

Results were encouraging. Mark obtainable was 100.

Scores ranged from:-

92.5% - Highest

to

52% - Lowest

Five (5) participants scored below 70% (See Appendix V).

#### PRE-TEST FINAL

During the Clinical experience period, participants who scored below 70% were visited as often as possible. They were watched attending to clients and questions were asked the participants generally.

They were withdrawn from the clinical areas, and given extra coaching at the end of which their results were as below:-

- |                             |   |       |
|-----------------------------|---|-------|
| (1) Mrs. Modupe Babatunde   | - | 91.5% |
| (2) Mrs. M.A. Oni           | - | 85%   |
| (3) Mrs Helen Ojiah         | - | 78%   |
| (4) Mrs. Abigail T. Fashanu | - | 73.5% |
| (5) Mrs. A.F. Olagunju      | - | 65.5% |

Mrs. A.F. Olagunju

Trainers were concerned that this participant could fail a retest and on the last day of the clinical experience, after the close-up session, she was asked to stay back and write another examination in which she finally scored 76%.

CLINIC INVENTORY SHEETS

The participants were made to fill clinic inventory sheets to know how well equipped their clinics were.

Only Sobi Specialist Hospital F.P. Clinic can be said to be fully equipped. It has all the essential materials for an ideal F.P. Clinic. A service provider was trained for this Clinic in October, 1985.

The following Clinics are functioning F.P. Clinics but have limited equipments to use. They all have insertion kits but other essential equipments like B/P apparatus, weighing scale, sterilizer, Angle Poised lamp etc. are lacking.

The Clinics are:-

- (i) Okelele F.P. Clinic
- (ii) B.H.C Ogidi F.P. Clinic
- (iii) Gen. Hospital Isanlu F.P. Clinic
- (iv) Okene General Hospital F.P. Clinic
- (v) M.O.H. F.P. Clinic

The newly established F.P. Clinics have no equipments and so they need basic equipments to start them off.

The new Clinics are:-

- (i) Rural Health Centre, Ijomu-Oro
- (ii) " " " Iyamoye
- (iii) " " " Okengwen
- (iv) " " " Koko
- (v) " " " Share
- (vi) Basic Health Clinic Egge
- (vii) " " " Eruku
- (viii) " " " Iponrin
- (ix) District Health Unit, New-Bussa
- (x) " " " Obangede
- (xi) Maternity and Dispensary - Ejiba
- (xii) Civil Service Clinic, Ilorin
- (xiii) Staff Development Centre, Ilorin
- (xiv) I. G. S. Clinic
- (xv) United School Zonal Clinic

## CLASSROOM SESSION TIME - TABLE 3PD - 21ST MARCH, '86

WEEK O/E	3 - 3 - 86 MONDAY	4 - 3 - 86 TUESDAY	5 - 3 - 86 WEDNESDAY	6 - 3 - 86 THURSDAY	7 - 3 - 86 FRIDAY
.00 a.m.	Opening Address (Mrs Tolushe - Project Co-ordinator)	Where are we 8.30 O.R.T.	Where are we Anatomy & Physiology	Where are we History-taking + Practicals	Where are we 8.30 Film show on IUCD
.45	Introduction		Group Task I - Female Reprod. Organs II - Vulva III - Male Reprod. Organs		
0.00 0.15	BREAK History of F.P. Goals & Objectives of S.L.A.	BREAK Preparation of O.R.S. (Group Practicals)	BREAK A.& P. contd. (Group discussion + clarification by Trainers)	BREAK O.C.Ps	BREAK 10.30 Demonstration & practice of IUCD Insertion $\bar{c}$ MOEEL -Norplant
1.00	Ground Rules				
1.30 2.00	LUNCH The use of where are we The Use of Reflections Adult Learning Theory Rules of Feedback Values & Cultural Issues	LUNCH Why FP/ORT together? (Group Task)	LUNCH Menstrual Cycle 1.10 Traditional F.P. Methods	LUNCH Counselling - Individual - Group - Skills Counselling for OCPS	1.00 Adjourn
.30 .30	Pre-Test Adjourn	2.00 Reflections Adjourn	Reflections Adjourn	Adjourn	

WEEK TWO	10 - 3 - 86 MONDAY	11 - 3 - 86 TUESDAY	12 - 3 - 86 WEDNESDAY	13 - 3 - 86 THURSDAY	14 - 3 - 86 FRIDAY
8.00 a.m.	Anatomy & Physiology Quiz	Where are we 8.30a.m. History taking <u>Group Task</u> taking	We are we	Where are we	Impromptu speaking
8.45	S.T.Ds.	Infertility Inv. & Exam.	Barrier of Family Planning	New Methods of family planning	9.00 Issues or Women's Health.
11.00	B R E A K	10.00 BREAK	B R E A K	8.40 Record-keeping for F.P.	10.00 B R E A K
11.30	Group Task Games on STDs	10.15 Breast-feeding as an F.P. Method	Natural F.P. and Fertility Awareness	11.30 LUNCH	10.30 Group Task "Identifying 10 most pressing problems of the Nigerian women."
1.00	Introduction to fertility	11.30 LUNCH	LUNCH	12.00 Record-keeping contd.	12.30 Reflection
2.30	Adjourn	12.00 Physical Examination 2.00 Reflections	-Permanent Methods of F.P. -Counselling 1.30 School declared closed shocking news of a senior Nursing Officer who collapsed and died on duty	-Daily Activity Report -Summary of F.P. users -Monthly/Quarterly Returns -Graph Plotting for clinic Activities 2.15 Reflections	1.00 Adjourn
		2.30 Adjourn		2.30 Adjourn	

WEEK THREE	17 - 3 - 86 MONDAY	18 - 3 - 86 TUESDAY	19 - 3 - 86 WEDNESDAY	20 - 3 - 86 THURSDAY	21 - 3 - 86 FRIDAY
8.00	Where are we Group	Impromptu Speaking	Where are we	9.00 FINAL EXAMINATION	8.00 Where are we
8.30	Formulation of Role play on solving some of Nigerian women's problems.	9.00 Role - play	8.30 Obstacles and Resources to F.P./O.R.T.	10.40 B R E A K	8.30 Filling of Clinic Inventory Sheets. - Distribution of (a) Daily Check-list (b) Clinical Component
10.15	BREAK	10.30 LUNCH	10.15 BREAK	11.30 Teaching other Health Workers CHE on F.P./O.R.T.	10.30 B R E A K
10.30	Formulation of Role - play contd.	11.00 Entering and Knowing a Community	10.30 How rumours can hinder the success of F.P./ O.R.T. programmes and methods of dis- pelling them.	12.30 Health Talks(Group- Task) (1) Health Benefits of F.P.	Samples of Registers to keep in Clinic. - New Client Register - Daily Attendance Register.
10.50	Record-keeping F.P./O.R.T.Clinic activities.	1.00 Case-finding or Client-motivation for F.P./O.R.T.	11.30 LUNCH	(2) Family and Social benefits of F.P.	12.00 Reflections
12.40	L U N C H	2.00 Reflections	12.00 Review for final Exam.	(3) Benefits of O.R.T.	1.00 Adjourn
1.10	Role - play		"	2.00 Reflections	
2.30	Adjourn	Adjourn	Adjourn	Adjourn	

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## APPENDIX II

3RD SERVICE DELIVERY WORKSHOP 3RD MARCH - 16TH MAY  
1986 PARTICIPANTS

NO.	NAMES	RANK	PRESENT STATION
1.	Mrs. Marion O. Ogunjoeni	N.O.	BHU Eruku
2.	Mrs. Felicia O. Meseko	"	General Hospital Isanlu
3.	Mrs. Ayishatu Ibrahim	S/N	RHC Share
4.	Miss Ebunoluwa Sogbani	S/N/M	ECMA Mat./Dispt Ejiba
5.	Mrs. Florence Sanni	N/Sister	DHU Obangede
6.	Mrs. Comfort Omeiza	P.H.S	BHC Egge
7.	Mrs. A.E. Olagunju	N.O.	RHC Iyanoye
8.	Mrs. Helen O' Ojiah	"	" Okungwen
9.	Mrs. D.R. Iwedu	"	BHC Aran-Orin
10.	Mrs. F. M. Olarewaju	N/S	RHC Ijemu-Oro
11.	Mrs. S. A. Akure	S.H.S	DHU N/Bussa
12.	Mrs. M. A. Oni	N/O	Gen. Hosp. Okene
13.	Miss Ann Bose Ojagun	"	MOH Ilorin
14.	Mrs. M.M. Abatunde	S.N.O.	C.S.C, Ilorin
15.	Mrs. G.E. Salami	"	School C. Ilorin
16.	Mrs. F.F. Ogi-Olu	P.H.S	Specialist Hosp. Ilorin
17.	Mrs. Margaret B. Oniyide	S.N.O.	Mat.H.C.Okelele
18.	Mrs. Ruth Oniyanda	N.O.	S.D.C. Clinic, Ilorin
19.	Mrs. Alice A. Oyinloye	"	BHC. Ogidi
20.	Mrs. Abigael Fashanu	"	Sch. Clinic, Ilorin
21.	Mrs. V.E. Kudabo	S.H.S.	RHC. Koko
22.	Mrs. T.M. Adegboye	S.N.	BHC. Iponrin

All turned up and participated in the workshop.

PRETEST

APPENDIX III

3RD F.P./O.R.T. S.D.W. KWS 3 - 3 - 86

	NAMES	MARK OBTAINABLE	MARK OBTAINED
1.	Ann. B. OJAGUN	100%	57.5%
2.	Felicia MESEKO	"	49.5%
3.	Sifawu A. AKURE	"	48%
4.	Margaret B. ONIYIDE	"	47%
5.	Florence M. OLAREWAJU	"	47%
6.	Alice A. OYINLOYE	"	46%
7.	Ebunoluwa E. SOGBALU	"	45%
8.	Florence SANMI	"	42%
9.	Dorcas R. IDOWU	"	41%
10.	Ruth O. ONIYANDA	"	41%
11.	Victoria KUDABO	"	40%
12.	Comfort I. OMIZA	"	39%
13.	Grace E. SALAMI	"	35.5%
14.	Toyin M. Adegboye	"	35%
15.	Marion O. Ogungbemi	"	34%
16.	Ayisetu G. IBRAHIM	"	32%
17.	Florence F. OGI-OLU	"	31.5%
18.	Modupe M. BABATUNDE	"	30%
19.	Marian A. ONI	"	29%
20.	Helen OJIAH	"	29%
21.	A. F. OLAGUNJU	"	25%
22.	Abigail T. FASHANU	"	13%

PRACTICAL EXPERIENCE REPORT

The practical experience for the participants of the 3rd Service Delivery Workshop for Family Planning and Oral Rehydration Therapy began on Monday, 24th March, 1986.

Participants were in 2 groups (see "Schedule of Clinical posting"). The need to increase the period of clinical experience arose at the end of the 2nd F.P./O.R.T. S.D.W., when 2 members of the group had to spend 2 - 3 extra days to get the specified number of clients for I.U.C.D. insertion.

So, each group had 4 weeks of clinical experience i.e. for the first time, each participant had the opportunity of working in all the clinical areas being used.

CLINICAL AREAS USED

Four clinical areas were used viz:-

1. UNIVERSITY OF ILORIN TEACHING HOSPITAL (U.I.T.H)  
FAMILY PLANNING CLINIC.

This clinic continues to maintain its high standard of operation. During the clinical experience session, the formal opening of the Surgical Sterilisation Unit was performed by Prof. T. Daramola on 23rd April, 1986. Some of the participants were lucky to observe NORPLANT implantations, mini-lap, for bi-lateral tubal-ligation as well as observe/attend to clients on Norplant follow-up visits.

The clinic appears to be the busiest F.P. clinic in town. We, trainers/participants of the S.D.W. continue to enjoy the co-operation of all the Unit Staff and the conducive atmosphere to learn as well as work effectively since the clinic has all the equipments for an ideal F.P. clinic.

Below is a table of clinic load for new acceptors and follow-up visits:-

UNIVERSITY OF ILORIN TEACHING HOSPITAL F.P. CLINIC

FOLLOW - UP VISITS

FAMILY PLANNING METHOD	WEEK 1 24-28/3/86	WEEK 2 31/3-4/4/86	WEEK 3 7-11/4/86	WEEK 4 14-18/4/86	WEEK 5 21-25/4/86	WEEK 6 28/4-2/5/86	WEEK 7 5-9/5/86	WEEK 8 12-16/5/86	T O T
COPs	Routine - 35	29	36	40	38	40	45	29	292
	Complain- 4	0	6	5	2	3	2	3	25
	Disc. - 3	0	1	0	2	-	3	0	9
IUCDs	Routine - 38	45	36	50	49	40	42	49	349
	Complain- 10	25	15	20	23	8	11	15	127
	Removal - 7	6	4	6	10	6	2	1	42
	Exp. - 0	2	1	3	2	2	2	1	13
	Re-ins. - 2	1	4	4	0	0	1	0	12
INJECTABLE	6	7	8	10	6	12	10	7	66
CONDOMS/ SPERMICIDES	A LARGE NO. OF BOTH MALE AND FEMALE CLIENTS TURNED UP FOR THESE								
VAPHRAGM	-	-	-	-	-	-	-	-	-
DIAPHRAGM	-	3	-	8	1	-	-	-	12
T. L.	-	-	-	-	-	-	-	-	-
<b>O T A L</b>	<b>105</b>	<b>118</b>	<b>111</b>	<b>146</b>	<b>133</b>	<b>111</b>	<b>118</b>	<b>105</b>	<b>947</b>

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UNIVERSITY OF ILORIN TEACHING HOSPITAL F.P. CLINIC  
NEW ACCEPTORS

<u>F. METHOD</u>	<u>Wk. 1</u> 24-28/3/86	<u>Wk. 2</u> 31-4/4/86	<u>Wk. 3</u> 7-11/4/86	<u>Wk. 4</u> 14-18/4/86	<u>Wk. 5</u> 21-25/4/86	<u>Wk. 6</u> 28/4/-2/5/86	<u>Wk. 7</u> 5-9/5/86	<u>Wk. 8</u> 12-16/5/86	<u>TOTAL</u>
C.P.s	8	8	6	15	4	4	22	20	87
JECTABLES	4	6	7	5	5	4	7	2	40
UCD	12	13	21	22	20	13	32	17	150
INDONS/ SPERMICIDES	A LARGE NO. OF BOTH MALE AND FEMALE CLIENTS TURNED UP FOR THESE								
APHRAGM	-	-	-	-	-	-	-	-	-
ERPLANT	4	-	-	-	-	-	2	-	6
ILATERAL EAL LIGATION	-	-	-	-	-	1	-	-	1
<b>TOTAL</b>	<b>28</b>	<b>27</b>	<b>34</b>	<b>42</b>	<b>29</b>	<b>22</b>	<b>63</b>	<b>39</b>	<b>289</b>

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DISTRICT HEALTH UNIT (D.H.U.) FAMILY  
PLANNING CLINIC

This is another busy clinic in town. Improved services continue to be maintained. In view of the fact that the problems of water supply and adequate light in the insertion room were highlighted in the 2 previous reports on S.D.W. on F.P./O.R.T., we implore the authority concerned to please, as a matter of urgency, help to solve these problems as their solution would further improve the quality of services being rendered.

Overleaf is a table of old/new clients:-

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DISTRICT HEALTH UNIT FAMILY PLANNING CLINIC  
NEW ACCEPTORS

METHODS	Wk. 1 24/3-28/3/86	Wk. 2 31/3-4/4/86	Wk. 3 7-11/4/86	Wk. 4 14/4-18/4/86	Wk. 5 21-25/4/86	Wk. 6 28/4-2/5/86	Wk. 7 5/5-9/5/86	Wk. 8 12-16/5	TOTAL C ON EACH METHOD PERIOD REPORT
CONTRA- CE PILLS (i)	4	7	5	7	7	4	6	9	11
*TABLETS (- PROVERA)	1	3	-	3	4	4	3	-	13
S.D. LIPPES	12	7	3	8	5	4	5	5	12
COFFERT	2	-	4	2	3	2	4	3	11
MS	1	5	5	-	3	1	6	8	21
WAX AND INJECTABLES	-	-	-	-	-	-	-	-	-
NEW FORMS PER WEEK	20	22	17	20	22	15	24	24	168

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DISTRICT HEALTH UNIT FAMILY PLANNING CLINIC  
FOLLOW-UP VISITS

	<u>Wk.1</u> 24/3-28/3/86	<u>Wk.2</u> 31/3-4/4/86	<u>Wk.3</u> 7/4-11/4/86	<u>Wk.4</u> 14/4-18/4/86	<u>Wk.5</u> 21/4-25/4	<u>Wk.6</u> 28/4-2/5/86	<u>Wk.7</u> 5/5-9/5/86	<u>Wk.8</u> 12/5-16/5	TOTAL NO. FOLLOW-UP CLIENTS EACH F. METHOD PERIOD REPORT
L. CONTRA- SITIVE PILLS	19	34	24	14	19	22	25	16	173
ECTABLES (O-PROVERA)	4	5	7	7	3	3	6	5	40
LUTERINE	5	15	15	6	17	9	7	8	82
LIPPE'S LOOP COPPERT	7	1	2	2	3	1	1	-	17
CMS	-	4	-	-	2	-	-	1	7
ERUGEN AND P.MICIDES	-	-	-	-	-	-	-	-	-
L. ATTEND- OF FOLLOW CLIENTS/ K	35	59	48	29	44	35	39	30	319

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DISTRICT HEALTH UNIT

Follow Up Clients (Complaint)

1. Changed from Pill to I.U.C.D. due to inability to comply with the daily routine of swallowing pills.
2. Two clients changed from injectable to Pills.
3. Two complained of heavy menses with the loop in situ-treated with Coeps.
4. 9 clients came for removal of I.U.C.D. All of them wanted to get pregnant.

OKELALE FAMILY PLANNING CLINIC

This clinic continues to rely on its sister-clinic (UITM) within the same location for its needs to carry out its services effectively i.e. couch, weighing scale, sphygmomanometer, angle-poised lamp etc.

Nothing has been done to improve the accommodation/equipment problem. The steriliser being used for sterilising equipment is burnt and so it needs to be repaired.

See clinic load overleaf:-

OKELELE FAMILY PLANNING CLINIC  
NEW - ACCEPTORS

F/P METHOD	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL NO. OF CLIENTS USING THE METHOD OF 8 WEEKS
ORAL CONTRACEPTIVE PILLS (OCPS)	4	4	1	-	1	8	3	-	21
INJECTABLES (DEPO-PROVERA)	1	-	4	4	2	-	1	-	12
I.U.C.D.S.	LIPES LCOP	3	8	3	5	4	2	4	36
	COPPERT	-	-	1	1	1	-	1	4
CONDOMS	-	-	1	1	4	2	-	-	8
DIAPHRAGM AND SPERMICIDES	-	1	3	-	-	-	-	-	4
TOTAL NO. OF NEW ACCEPTORS PER WEEK FOR 8 WEEKS	8	13	13	11	12	17	6	5	85

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OKELELE FAMILY PLANNING CLINIC  
FOLLOW UP VISITS

	<u>WEEK 1</u> 24/3-28/3/86	<u>WEEK 2</u> 31/3-4/4	<u>WEEK 3</u> 7/4-11/4	<u>WEEK 4</u> 14/4-18/4/86	<u>WEEK 5</u> 21/4-25/4	<u>WEEK 6</u> 28/4-2/5/86	<u>WEEK 7</u> 5/5-9/5/86	<u>WEEK 8</u> 12/5-16/5	TOT. L. OF FOLLOW UP VISITS PER WEEK FOR 8 WEEKS
FP METHODS									
ORAL CONTRACEPTIVE PILLS (OCPS)	5	6	3	4	9	11	8	4	50
INJECTABLES (DEPO-PROVERA)	1	1	1	-	-	1	1	3	8
LIPES									
I.U.C.D. LOOP	19	23	19	19	16	24	25	23	168
COPPERT	1	5	5	4	2	2	4	4	27
CONDOMS	2		-	1	1	-	-	-	4
DIAPHRAGM AND SPERMICIDES									
TOT. L. NO. OF FOLLOW UP VISITS PER WEEK FOR 8 WEEKS	28	35	28	28	28	38	38	34	257

AP

Complaints of F/U visit from Okelele FP.

Total I.U.C.D. removal was 6.4 wanted to get pregnant, one was removed due to heavy menses, and one client insisted on removal for no obvious reason. 3 Clients expelled size 3<sup>C</sup> LL and same replaced with size 3<sup>D</sup> with no complaint. One changed from injectable to pills. 2 changed from pill to I.U.C.D. 6 Clients were referred to S.T.D. Clinic for investigations and treatment.

4.

PLANNED PARENTHOOD FEDERATION  
NIGERIA (P.P.F.N.) CLINIC

Participants continue to enjoy the unique experience gained from this pioneer F.P. clinic in town. 3 days - Mondays, Wednesdays and Thursdays were used for clients - motivation during which participants/field-workers go out to various parts of the town - markets; motor-parks, compounds etc to teach mothers/fathers on O.R.T. as well as motivate for F.P. The field-trips were quite exciting for participants and the results are reflected on the 2 evenings that clinics were held - Tuesdays and Fridays 1.00 p.m. - 8.00 p.m. Most of those seen turn up either as new clients or old (for follow-up). Facility for pregnancy test is now available and it rules out the delay in waiting for a menses before Family Planning services can be rendered. Token fees continue to be charged for services in this clinic.

PLANNED PARENTHOOD FEDERATION OF NIGERIA (PPFN) CLINIC  
FOLLOW - UP VISITS

P.P. METHOD		WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL
R.L CONTR. - EPTIVE FILLS (O.C.P.S.)		19	56	51	44	49	33	47	21	320
I.M. I.M.B.	DEPO PROVERA	5	10	11	11	10	4	4	7	62
	NORISTER-T	-	6	1	4	1	2	4	2	20
CHECK-UP		8	5	16	18	4	6	6	7	70
I.U.C.D.	INSERTION	2	5	3	4	3	-	2	2	21
	REMOVAL	3	5	2	2	4	3	5	-	24
	COMPLAINT	8	7	3	4	3	4	0	5	40
INJECTONS		-	-	1	1	-	2	-	-	4
GYNAL TABLETS AND FOAM		1	5	2	4	4	-	1	1	18
VAPHRAGM		-	-	-	-	-	-	-	-	-
TOTAL		46	99	90	92	78	54	75	45	579

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PLANNED PARENTHOOD FEDERATION OF NIGERIA  
NEW - ACCEPTORS

/P METHOD	WEEK 1 24/3-28/3/86	WEEK 2 31/3-4/4/86	WEEK 3 7-11/4/86	WEEK 4 14/4-18/4/86	WEEK 5 21/4-25/4	WEEK 6 28/4-2/5/86	WEEK 7 5/5-9/5/86	WEEK 8 12/5-16/5/86	GRAND TOT...
L.L. CONTRA- CEPTIVE PILLS (OCPS)		8	5	6	6	4	7	4	46
INJECTABLES (DEPO-PROVERA)	1	4	3	-	1	-	-	2	11
MORISTERAT		3	-	-	-	1	-		4
I.U.C.D.	LIPPE'S LOOP	3	2	2	1			3	14
	COOPER		3	-	-	-	-		3
CONDOMS	12	-	2	3	4	7	3		32
VAGINAL TABLETS									-
DIAPHRAGM									-
PERMIDES (GLO) FOAM CREAM JELLY	13	6	3	2	6	4	9	5	48
GRAND TOTAL	29	27	15	13	18	16	19	15	152

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SCHEDULE OF CLINICAL POSTING

3rd FP/ORT SDW,  
KWARA STATE

GROUP ONE

CLINIC SITES	24/3 - 28/3/86	31/3 - 4/4/86	7/4 - 11/4/86	14/4 - 18/4/86
District Health Unit, Ilorin,	Florence Sanni S. A. Akure F. O. Meseko	M. O. Ogungbami C. I. Omeiza H. O. Ojiah	D. R. Idowu E. E. Sogbamu A. G. Ibrahim	A. F. Olagunju M. A. Oni F. M. Olarewaju
Okelele Family Planning Clinic.	M. O. Ogungbami E. E. Sogbamu A. G. Ibrahim	F. Sanni A. F. Olagunju M. A. Oni	S. A. Akure F. M. Olarewaju F. O. Meseko	D. R. Idowu C. I. Omeiza H. O. Ojiah
Planned Parenthood Federation of Nigeria	D. R. Idowu C. I. Omeiza H. O. Ojiah	F. M. Olarewaju S. A. Akure F. O. Meseko	F. Sanni A. F. Olagunju M. A. Oni	M. O. Ogungbami E. E. Sogbami A. G. Ibrahim
U.J.T.H. Family Planning Clinic.	A. F. Olagunju M. A. Oni F. M. Olarewaju	E. E. Sogbamu A. G. Ibrahim D. R. Idowu	M. O. Ogungbami C. I. Omeiza H. O. Ojiah	F. Sanni S. A. Akure F. O. Meseko

N.B.

all participants to report at School of Midwifery Library by 8 a.m. on 18/4/86 for close-up.

GROUP TWO

CLINIC SITES	21/4/86 - 25/4/86	28/4 - 2/5/86	5/5 - 9/5/86	12/5 - 16/5/86
D. H. U. F/P Clinic	V. E. Kudabo M. B. Oniyide T. M. Adegboye	A. B. Ojagun M.M. Babatunde	R. O. Oniyanda G. E. Salami A. T. Fashanu	F. F. Ogiolu A. A. Oyinloye
Okelele F/P Clinic	A. T. Fashanu R. O. Oniyanda	F.F. Ogi-Olu G. E. Salami T. M. Adegboye	M.M. Babatunde A. A. Oyinloye	M.B. Oniyide A. B. Ojagun V. E. Kudabo
Planned Parenthood Federation of Nigeria	A. B. Ojagun A. A. Oyinloye G. E. Salami	A. T. Fashanu M. B. Oniyide	F. F. Ogi-Olu V. E. Kudabo T. M. Adegboye	M. M. Babatunde R. O. Oniyanda
U.I.T.H Family Planning Clinic	F. F. Ogi-Olu M.M. Babatunde	R. O. Oniyanda V. E. Kudabo A. A. Oyinloye	A. B. Ojagun M.B. Oniyide	T. M. Adegboye G. E. Salami A. T. Fashanu

H.B.

All participants to report at School of Midwifery Library by 8 a.m. on 16/5/86 for close-up.

KWS FP/ORT SDW.

EVALUATION OF PARTICIPANTS

1. Name of Participant:.....
2. Clinic Location:.....
3. Aspects of Performance

Rating "Very Good" or "Very Poor" should be given if you believe it is a generally true statement that could be supported if necessary, by specific occurrences.

If you feel an aspect of performance not in the list calls for special comment, mention it at the end.

	Very Good	Good	Fair	Poor	Very Poor	Remark
(a) Relations with the clients						
(b) Relations with colleagues						
(c) Counselling ability						
(d) Punctuality						
(e) Quality of works						
(f) Output of work						
(g) I.U.C.D. insertion						
(h) Acceptance of responsibility						
(i) Record Keeping						

Other comments on participants

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.....  
Clinic Supervisor's Signature:

EVALUATION OF PARTICIPANTS ON THE FIELD

A form for evaluation of participants was designed so as to know their general behaviour and performances on the field.

(See Appendix I) Overall rating of the participants in this group ranged from Very good to Fair with the majority falling under 'Good' column. Areas needing improvement include I.U.C.D. insertion and record keeping and it is hoped that with more practice the participants will be more proficient in these areas.

Visitors to the Workshop

During the Practical Session of the workshop, Professor Julia T. Tsuei from INTRAH and Tony Ike Isama from Federal Ministry of Health, Lagos came to evaluate the training Programme. There was a lot of cross fertilization of ideas. The need for periodical refresher course was highlighted by the visitors and the involvement of other members of T.C.T. in the training programme.

TRANSPORTATION - This continues to be a hinderance as no vehicle was made available to the trainers throughout the Workshop. We, therefore, make a strong appeal that a vehicle be provided for the trainers to ease their running around to make arrangements for lectures/Clinical experience; to collect necessary items, as well as for clinic site visits during the Practical experience session.

#### APPRECIATION

The participants as well as trainers are grateful for the opportunity given them to take part in the 3rd F.P/O.R.T. Service Delivery Workshop K.W.S. It is indeed a workshop worth attending. Knowledge of F.P./O.R.T. has greatly been increased/improved and our interest in those areas have been stimulated. As we go back to our various duty-stations we promise to work hard for the success of the programme. We thank the State Ministry of Health for nominating us and we are grateful to our sponsors.

#### INTRAM

Report prepared by:-

- (1) Racheal M. Ajiboye - Principal Health Sister
  - (2) Victoria B. Abodunrin - Principal Midwife Tutor
- (Members of K.W.S. T.O.T. Team).

## APPENDIX IV

3RD F.P./O.R.T. S.D.W. KWS 10/3/86

ANATOMY and PHYSIOLOGY QUIZ RESULT

	NAMES	MARK OBTAINABLE	MARKS OBTAINED
1.	D.R. IDOWU	25	22
2.	Alice A. OYINLOYE	"	22
3.	Felicia MESEKO	"	22
4.	Ebun E. SOGBAMU	"	22
5.	Ayisetu G. IBRAHIM	"	20½
6.	Aduke AKURE	"	20½
7.	Margaret B. ONIYIDE	"	20½
8.	Ann. B. OJAGUN	"	19
9.	M. Modupe BABATUNDE	"	18½
10.	Comfort I. OMEIZA	"	18
11.	Florence SANNI	"	18
12.	Toyin M. ADEGBOYE	"	18
13.	Florence M. Olarewaju	"	17½
14.	Florence F. OGI-OLU	"	17½
15.	Helen OJIAH	"	16
16.	Marion A. ONI	"	16
17.	Ruth O. ONIYANDA	"	15½
18.	Grace E. SALAMI	"	11
19.	Victoria KUDABO	"	10½
20.	Marian O. OGUNGBEMI	"	10
21.	Abigail T. FASHANU	"	9
22.	A. T. OLAGUNJU	"	8

REPORT OF KWANA STATE FP/ORT COMMUNITY HEALTH  
EDUCATION WORKSHOP  
January 20 - February 7, 1986

BACKGROUND OF FP/ORT CHE WORKSHOP

The possibility of training personnel as FP/ORT Community Health Educators (client motivators or Field workers) was first discussed during the first FP/ORT Service Delivery Workshop when we realised that many women who might have benefitted from FP/ORT services may for one reason or the other not have the opportunity of hearing about the programme. Since many of our FP/ORT Clinics are located in the rural areas where the populace have little or no access to electronic media, the need to train people to disseminate information about the programme at the grass root became imperative.

This was suggested to the Project Director and Project Co-ordinator who both gave us every support to go ahead and plan for such workshop. The need for the work shop was discussed at the Management Supervision and Evaluation workshop last August, members of the State FP/ORT Training Team also supported the move and so the CHE workshop was included in the plan period of FP/ORT Project.

The workshop was designed for 3 weeks for each group of participants i.e. one week for classroom teaching and two weeks for practical. After training, they will be attached to functioning FP/ORT clinics. (See Appendix I for their schedule of Duty).

PREPARATION FOR THE WORKSHOP

On December 13, 1985, the Project Director and Project Co-ordinator were reminded of the CHE Workshop coming up on January 6, 1986. The project co-ordinator said the arrangement for selection of participants was in progress but the date may need to be changed so as to enable the participants coming to make adequate preparation for the workshop, so the date was changed to January 20, 1986.

The curriculum was got ready for use.

The Biodata form was designed. The Co-trainers were informed. The Clinical areas for CHE attachment were informed and their readiness to assist us confirmed.

The CHE Training Team consisted of:-

Mr. H.O. Omosomori

Mrs. E.I. Owolabi

Mrs. R.N. Ajiboye

On 16/1/86, the trainers met in Mr. Adeseko's office for a brief meeting in preparation for the workshop. Topics discussed included.

1. THE SITE FOR CLASSROOM SESSION- The training co-ordinator informed us that the site for the workshop had not been secured because there was no vacancy at staff Development Centre (our usual training site) The Ministry of Health Laboratory and Conference room of the defunct Health Management Board were suggested. These areas were inspected but they were found to be unsuitable because of poor ventilation. However the newly built school of Midwifery Hall was later secured.

2. THE COMPONENT SHEETS FOR PRACTICAL

The daily Component Sheet which would include all the daily activities of each participant and the Final Component Sheet which would summarize the activities of each participant at the end of the workshop were designed and approved for use. ( See appendix II).

3. GUEST LECTURERS/TRAINERS- The Project Co-ordinator informed us that she had requested the Secretary to the Planned Parenthood Federation of Nigeria (PPFN) to come and give lecture on client motivation and counselling (but unfortunately she did not turn up because she was said to be sick). Report writing was to be done by Mrs. Tolusha. This new development was noted on the time-table a copy of which was given to each of them.

17/1/86 - The trainers met to finalise arrangements for the workshop. The hand-outs were arranged ready for use. Training Designs for each topic reviewed to meet the standard of the participants. Other materials such as stationery, chalk and Newsprint were collected ready for the smooth take off of the workshop. The trainers formulated and adopted ground Rules binding them.

The Classroom Session-

The Kwara State 1st FP/ORT Community Health Education Workshop was born at 8 am on January 20, 1986. In attendance to declare the workshop open were:-

- (1) Mrs. F.A. Tolusha - The Project Co-ordinator (she stood in for the Project Director who was on leave)
- (2) Mrs. Ehindero - Asst. Chief Health Tutor
- (3) Mr. G.D. Adesokun - The FP/ORT Training Co-ordinator
- (4) Mrs. V.B. Abodunrin - Member of the State FP training team
- (5) Mr. H.O. Omodamori - Trainer
- (6) Mrs. E.I. Owolabi - "
- (7) Mrs. R.M. Ajiboye - "

The Project Co-ordinator charged the participants to be loyal to their call and to count themselves lucky for being the first set of Community Health Educators to be trained for Family Planning/ORT in Kwara State and probably in the whole country. She said their importance in dissemination of information about FP/ORT to people at the grassroot could not be over-emphasized. She then wished them best of luck in their undertakings. Other officials also urged the participants to put in their best both in the classroom and on the field.

There were 20 participants and 2 fieldworkers from I.U.T.H. as observers. Another participant reported on 21/1/86. (See Appendix III for the participants).

INTRODUCTION- Each participant was asked to introduce herself using the following criteria - Name, Address, Age, Marital Status, No. of children and their sexes, Primary Assignment, Hobby, favourite food etc.

Many of the participants were classmates at school of Health Technology Oifa so it was a happy reunion after separation for one or three years.

The Biodata forms were filled. The work shop Ground Rules were made and adopted. The time-table for classroom session was discussed and time for break fixed.

Introductory topics such as 'Adult Learning Theory' was fully discussed using the 'Empty Vessel Theory' as an example. It was emphasized to them that the use of Empty Vessel Theory in any form of Education does not allow for proper participation of learners and cross fertilization of ideas thereby leading to frustration on the part of the learners and failure on the part of the teacher. They were strongly advised not to use such theory to educate their clients. Other introductory topics such as the use of 'Where are we' and reflections in the workshop and the Rules of Feedback were discussed.

The first week of the workshop was scheduled for covering all the topics under the CHE curriculum (see Appendix II for the topics and Time-Table). Most of the topics were taught using role-plays, role-models, games, group work etc. These methods of teaching stimulated the participants interests and everybody was actively involved. Unfortunately we were unable to cover the topic outlined for the week so Thursday January 30th, 1986 was set aside to cover Report Writing and Tracing of defaulters. Mrs. Tolushe lectured on Report Writing and statistical records.

APPOINTMENT CARD - New Appointment Card was designed for the field Workers' use (see Appendix V).

This card was so designed so that the would be clients would not be harassed by their husbands who may not want them to come for Family Planning. It was emphasized to the participants that they were to intimate other health workers in their clinics with the use of the New Appointment cards so that they do not ignorantly send the clients back when they (clients) report at the clinic for Family Planning service.

FINAL EXAMINATION - On 24/1/86, a one hour test covering the 'must know' and 'useful to know' aspects of the topics taught were given. The scores ranged between 98% highest and 55% lowest.

Six participants scored below 70% which was the standard score set for the workshops.

A one hour review session was held for them on 30/1/86.

RE-SIT EXAM. These six participants were re-examined on 6th February 1986. The score ranged between 84% highest and 70% lowest.

CLINICAL ATTACHMENT: The participants were divided into 3 groups for the two weeks clinical practice. The three existing Family Planning Clinics with experienced field workers were used for this exercise. The clinics are the Planned Parenthood Federation of Nigeria, University of Ilorin Teaching Hospital FP Clinic, and the District Health Unit F.P. Clinic Ilorin, (See Appendix VI for their Clinical Posting).

1. PLANNED PARENTHOOD FEDERATION OF NIGERIA (P.P.F.N.)

There is a field supervisor and two field officers working for this organization. The participants attached to this clinic went out thrice a week with the field workers. These field workers do not go out on Tuesdays and Fridays which are their clinic days. So the participants were taken out by the trainers on these days. Family Health Education took place in clinics, offices and market places. We enjoyed the friendliness and co-operation of PPFN fieldworkers.

2. HOSTS UNIVERSITY TEACHING HOSPITAL FP CLINIC

The two field workers working for this FP Clinic were observers during the classroom session of the workshop. They were very delighted to have had the opportunity of attending the didactic session of the workshop. Their contributions during the classroom session were appreciated by the trainees and the trainers because we all gained from their wealth of experience as F.P Client motivators.

The participants attached to this clinic were opportunistic to do client motivation at the army and Police barracks as well as visiting mothers at home and in market places. Although they complained of some objections to family Planning by some army and Police officers, however, a great majority of them officers welcomed the idea and were ready to take the responsibility of family planning on themselves rather than have their wives take to any form of F.P. method (for undisclosed reasons).

3. DISTRICT HEALTH UNIT, ILORIN- This is a Kwara State owned FP Clinic with a trained client motivator. Participants who worked in this clinic had the opportunity of client motivation in offices and in the most interior part of Ilorin e.g. Abe-emi, Pakata, Abayawo etc areas of the town. Participants derived a lot of inspirations from this field officer's attitude to the job. She was highly commended by the participants for her untiring and friendly approach to the public and the joy that radiates on her face when doing the job. Many of them promised to follow her foot step when they get back to their duty stations.

ORAL REHYDRATION THERAPY- Except for District Health Unit Ilorin other F.P Clinics do not teach ORT as part of their programme. The participants highly appreciated the teaching of ORT along with family planning because the mothers became more receptive to FP talks after the ORT demonstration. Return demonstration by mothers took place. Many women argued about not boiling the water before preparing the solution. The lessons of day in

starting the therapy was emphasized to them. They were advised to use the cleanest water available for the first preparation while they can boil and cool water for subsequent preparations. It was strongly emphasized to them NEVER to boil the solution after preparation. They were advised to use the standard measurement at all times.

**Best Available Document**

APPENDIX I

SCHEDULE OF DUTY FOR FP/ORT COMMUNITY HEALTH  
EDUCATION SPECIALIST

- (a) Performs CHE activities necessary in the Community to obtain, and maintain support of FP/ORT Services.
- (b) Disseminates information concerning FP/ORT and other related health services provided by the facility by making presentations to community groups such as; Women, Schools, Industry Workers, Community groups, men, Community leaders and government Organisations.
- (c) Organises women into working groups to promote participation in FP/ORT activities and other beneficial health programmes.
- (d) Provides Individual and group counselling.
- (e) Traces FP defaulters, determines causes and takes appropriate corrective action.
- (f) Writes daily, monthly and quarterly reports.
- (g) Carries out appropriate Community Surveys on a periodic basis to determine Community FP/ORT awareness levels.
- (h) Meets with the assistant Project supervisor ( CHE) as required.
- (i) Performs other CHE duties as required by the officer-in-charge to support FP/ORT service delivery.

TIME - TABLE FOR CHE WORKSHOP

APPENDIX II

TIME	MONDAY 20/1/86	TUESDAY 21/1/86	WEDNESDAY 22/1/86	THURSDAY 23/1/86	FRIDAY 24/1/86
8am	Open address by Project Director/ co-ordinator	WHERE ARE WE	WHERE ARE WE	WHERE ARE WE	
8.30am	Introduction filling of Biodata forms	Oral Rehydration Therapy	Entering and knowing a Community.	Obstacles and resources for effective CHE activities	9.am Final Exam.
10.am	B R E A K	B R E A K	B R E A K	B R E A K	B R E A K
10.15am	Ground Rules Adult learning Theory. The use of where are we and reflec- tions Rules of feedback	Oral Rehydration Therapy(cont)	Entering and knowing a Community(cont)	Case finding and counseling(client motivation)	10 <sup>30</sup> am. Prepara- tion and Pr- tation of Health Talks
11.30	L U N C H	L U N C H	L U N C H	L U N C H	11 <sup>45</sup> Report Writing Post Poned
12noon	What is Community health Education etc.	History of and the need for family planning (in Kwara State)	Problems facing the Nig. Women ORGANISING women in the Comm. into working groups	Client motivation (cont)	
1.40	CHE(CONTS)				ADJOURN
2.p.m	RE-ELECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	
2.30pm	Adjourn	Adjourn	Adjourn	Adjourn	

1/3

DAILY ACTIVITY SHEET  
FP/ORT C.H.E.WORKSHOP

APPENDIX IIIa

PARTICIPANT \_\_\_\_\_

CLINICAL ATTACHMENT AREA (S) \_\_\_\_\_

DATE	NAME OF (a) Individual clients (b) Group of clients	TASK PERFORMED	WHERE PERFORMED	FIELD SUPERVISORS SIGNATURE	REMARKS

MINISTRY OF HEALTH KWARA STATE  
FINAL CLINICAL COMPONENT SHEET FP/ORT  
WORKSHOP

PARTICIPANT \_\_\_\_\_

ATTACHMENT AREA(●) \_\_\_\_\_

FP/ORT CHE SKILL	NUMBER REQUIRED	NUMBER PERFORMED	FIELD SUPERVISORS SIGNATURE	COMMENTS
CLIENT MOTIVATION TALK				
(a) Individual	40			
(b) Group	4 Sessions			
ORT DEMONSTRATION INDIVIDUAL GROUP.	10			
DEVELOPMENT OF visual Aids				
(a) Poster for FP.	2			
(b) Poster for ORT.	2			

A P P E N D I X IV

KWARA STATE FIRST COMMUNITY HEALTH EDUCATION  
WORKSHOP

NAME OF PARTICIPANTS

S/NO.	NAME	RANK	DATE OF ARRIVAL	DUTY STATION
1.	Abiola Ogundele	C.H.Aide	20/1/86	R.H.C.Omupo
2.	Dorcas Idowu	"	"	D.H.U.Omu-Aran
3.	Olajumoke R.Aiao	"	"	B.H.C.Oke-Oyi
4.	Janet Adeleke	"	"	D.H.U.New-Bussa
5.	Senabu Aliyu	"	"	B.H.C.Egge
6.	Senabu Mohammed	"	"	D.H.U. Okene
7.	Iyabo Aina	"	"	D.H.U.Offa
8.	Cecilia Ajiboye	"	"	B.H.C.Aran-Orin
9.	Christianah	"	"	D.H.U.Obangede
10.	Helen O. Bello	"	"	D.H.U. Kabba
11.	Comfort F.Ayanniyi	"	"	B.H.C.Obbo-Aiyegun- le.
12.	Comfort F.Ogundokun	"	"	R.H.C.Ijomu-Oro
13.	Grace Popoola	"	"	R.H.C.Erin-Ile
14.	Rafatu Adisa	"	"	D.H.U.Afon
15.	Memunat Alii	"	"	R.H.C.Sha-re
16.	Adijat Elebo	"	"	B.H.C. Ogidi
17.	Ibrahim Wosilat	"	"	R.H.C.Iagbaja
18.	Aliyu Ayisetu	"	"	C.W.C.Patigi
19.	Margared Akanye	"	"	C.W.C. Lokoja
20.	Florence Oluwanishola	"	"	D.H.U.Ilorin
21.	Beatrice O.Ojo	"	21/1/86	R.H.C.Koko

A P P E N D I X V

SAMPLE OF NEW APPOINTMENT CARD

DISTRICT HEALTH UNIT  
ILORIN  
APPOINTMENT CARD

SIGNATURE.....

BACK VIEW

A P P E N D I X VI

KWARA STATE FIRST COMMUNITY HEALTH EDUCATION WORKSHOP  
ROSTER FOR CLINICAL ATTACHMENT

1ST WEEK 27TH - 31ST JANUARY 1986

S/NO	UNIVERSITY OF ILORIN T. HOSPITAL	DISTRICT HEALTH UNIT ILORIN	PLANNED PARENTHOOD FEDERATION OF NIGERIA.
1.	Abiola Ogundele	Dorcas Idowu	Grace Popoola
2.	Jumoke Alao	Janet Adeleke	Beatrice Ojo
3.	S.O. Aliyu	A.S.Mohammed	Rafatu Adisa
4.	Iyabo Aina	Cecilia Ajiboye	Memunat Alli*
5.	Christie Isah	Comfort Ogundokun	Ayisatu Aliyu
6.	Comfort Ayanniyi	Ibrahim Wosilat	Florence Oluwanisola
7.	Margaret Akanye	Helen O. Bello	Adijat Elebo

2ND WEEK, 3RD - 7TH FEBRUARY 1986

	U.I.T.H	D.H.U. ILORIN	P . F . F . N
1.	Dorcas Idowu	Grace Popoola	Abiola Ogundele
2.	Janet Adeleke	Beatrice Ojo	Jumoke Alao
3.	A.S.Mohammed	Rafatu Adisa	S.O. Aliyu
4.	Cecilia Ajiboye	Memunat Alli	Iyabo Aina
5.	Comfort Ogundokun	Aliyu Ayisetu	Christie Isah
6.	Ibrahim Wosilat	Florence Oluwanisola	Comfort Ayanniyi
7.	Helen O. Bello	Adijatu Elebo	Margaret Akanye

- N.B. (a) All participants to assemble at School of Midwifery Assembly Hall on Thursday 30/1/86 for lecture.
- (b) All participants to report at the above address on 7/2/86 for close-up.

A P P E N D I X

KWARA STATE FP/ORT CHE WORKSHOP QUESTIONNAIRE FOR FAMILY  
PLANNING CLIENT MOTIVATORS

(Optional)

- (1) Name
- (2) Address/Clinic Location
- (3) For how long have you been working as a client motivator?  
(Please tick-one)
- (a) 6 months - 2years
  - (b) 3years - 5years
  - (c) 6years - 8years
  - (d) 9years -11years
  - (e) 11 years and above
- (4) From your experience as a client motivator what will you consider as obstacles to the acceptance of family planning in Kwara State?
- (a)
  - (b)
  - (c)
  - (d)
  - (e)
- (5) How do you solve the problems?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (6) Were you involved in the training of FP/ORT participants in the recently concluded workshop?  Yes  No
- (7.) If yes, how well did the participants do on the field?
- (a) Excellently well
  - (b) Very good
  - (c) Good
  - (d) Fair
  - (e) Poor
- (8) Please explain further about the rating
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (9) Do you have any suggestion(s) for making future workshops more successful?  Yes  No
- (10) If ~~7-8~~ what are they?
- \_\_\_\_\_

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(11) Are there any specific suggestions to help the CHE  
trainers in future workshops?  Yes  No

(12) If yes, what are the suggestions

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(13) What cadre of health workers would you recommend for  
FP/ORT Community Health Education?

- (a) Health Attendants
- (b) Community Health Aides
- (c) Community Health Assistants
- (d) Registered Nurses/Midwives
- (e) Cleaners
- (f) Male Community Health Aides

(14) What are the reasons for your choice?

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(15) What was the client turn-out like during the two weeks  
practical?

- a - Heavy
- b - Slightly increased
- c - Normal
- d - Light

## Q U E S T I O N N A I R E

At the end of the workshop, a questionnaire was designed for the field supervisors to evaluate the performances of the participants and the trainers as well as to ask for suggestions for improvement of future workshops ( See Appendix for the specimen of the questionnaire)

The 5 field supervisors used during the workshop were interviewed using the structured questionnaire. Only two of them have less than 2 years experience as client motivators while the rest 3 have above 8 years of experience. Three of them rated the performances of the workshop participants as excellent because of the way they approached people and how they present their topics, while the rest two said they did very good job. They all suggested that we should include the teaching of F.P methods in the CHE curriculum for supportive staff so that they will have the idea of all available F.P. methods in their clinics and be able to pass the information to their clients.

All of them recommended the training of capable Health Attendants as F.P. client motivators. So as to guarantee continuity of effective motivation of clients for FP/ORT Services. The Community Health Aides, they said, will go for further courses on their return, their job description may be such that they will not be able to go out as field workers. The obstacles they come across in their daily duties are similar to the ones in the curriculum and most of them are solved through Health Education, Patience, tolerance and referral to the F.P service providers.

For future workshops, they suggested that the participants should be made to use 3 weeks for their practicals so that they can gain from the experiences of field workers from the 3 clinics.

There was no significant improvement in the client turn-out during the two weeks practical. The fieldworkers said the turn-out is not usually automatic after motivation. Only very few will come immediately while some may like to discuss it with their husbands or friends before they finally decide to come at a later date.

Finally, the field supervisors appreciated the training of personnel as field-workers for Family Planning. They were Optimistic that this will help to boost Family Planning Services in the State.

## C O N C L U S I O N

In conclusion, all participants had more than the required number of clients to practise with. They were exposed to various techniques of motivation. Each participant was made to draw the following posters on a cardboard for use during motivation.

- (a) Child spacing is like crop spacing
- (b) Balancing the scale
- (c) Planned and unplanned family
- (d) The Leaking Pot (ORT)

### RECOMMENDATION

In order to achieve the goals and objectives of FP/ORT Community Health Education in Kwara State, we the trainers suggested that

1. Health Attendants be trained as client motivators so as to guarantee continuity of effective motivation of clients for SP/ORT Services.
2. A Vehicle be allocated to the FP/ORT Programme so as to make supervision of participants hitch free during the practical period.
3. Mrs. E.I. Quolabi be the convenor for the next workshop.
4. The participants be visited periodically by the Ministry of Health team to assess their performances.
5. Male motivators be trained to complement the efforts of male motivators.

### APPRECIATION

We hereby express our gratitude and appreciation to the Kwara State Ministry of Health for organising this workshop and for nominating us as trainers.

We are grateful to all the field supervisors in the clinical attachment areas for the admiring inspirations all the participants derived from your embracing and stimulating attitude during the course of their field experiences. It is no doubt that, what they have learnt from you are useful assets that will help them meet up to required expectations in their new assignment.

Lastly but not the least, our sponsor, the INTRAH, for sponsoring various workshops in FP/ORT in Kwara State so as to promote FP/ORT awareness in the state and thereby reduce infant and maternal mortality rates, we are very grateful.

It is our strong belief that this 'CME' workshop will go a long way in awakening people's interest in FP/ORT Services thereby making the whole programme a huge success in Kwara State.

Report prepared by Hamekiah, Elizabeth and Rachel.

APPENDIX F

PROJECT REPORTS - PROJECT COORDINATOR

KWARA STATE FAMILY PLANNING PROJECT REPORT  
JANUARY TO DECEMBER, 1985: BY P. A. TOLUHG (MRS)  
CHIEF HEALTH NURSE AND PROJECT COORDINATOR

INTRODUCTION:-

In July 1983, Kwara State Family Planning started as a pilot project, Seven (7) Clinics were established within 50 Kilometre radius of Ilorin the state capital.

2. In making health for all by the year 2000 a reality, Family Planning was fully integrated into maternal and child health service in most of Kwara State health institutions in 1985.

3. Although, this project started in July 1983 but 1985 was with a difference.

A lot of activities with a tremendous increase in the number of Clinics, Clients, together with training of large number of Nurses as service providers were witnessed.

A large publicity campaign was mounted up through out the state.

ACTIVITIES

3. WORKSHOP:-

Two (2) days workshop for existing Family Planning Service provider was organised on the 23rd - 24th March 1985. This was aimed at improving their knowledge on what they were expected to do as a Family Planning Service providers.

Most of these Nurses were later given a standard training by INTRAH Training Team from North Carolina and Ministry of Health trainers.

ADVERTISEMENT ACTIVITIES:-

From January to Launching date, development of posters, and development of slots for adverts were in full preparation, against launching and after the launching.

Unfortunately, we could not finished all the adverts as early as expected, but most of the adverts were ready before the Launching.

LAUNCHING:-

On the 27th June 1985, Kwara State Family Planning was giantly and successfully launched. It was the 1st to be launched in the whole Kwara State & Nigeria. It was well attended by important personalities. There after, other local Government started their launching chapter.

LAUNCHING OF FAMILY PLANNING IN OTHER LOCAL GOVERNMENT:-

On September 19th, 1985 Lafiagi Divisional Health Unit successfully launched her Family Planning chapter followed by Omu-Aran on December 19th, 1985.

TRAINING:-

In view of our intention to expand to 66 Health Institutions within Kwara State. It was deemed necessary to train manpower to carry out the services efficiently and effectively. The INTRAF team North Carolina was consulted by USAID on the need to train manpower to carry out efficiently Family Planning Services in Kwara State. After the consultations the team came to work out the modality of the training between late 1984 and January 1985.

CURRICULUM DEVELOPMENT WORKSHOP:-

The training of the trainers commenced in March 1985 to develop a curriculum for the service providers.

Sixteen (16) Officers drawn up from various health and training institution were trained and after the successfully completion of the course, then, workshop for service provider commenced.

SERVICE PROVIDER WORKSHOP:-

On the 8th August 22 Nurses/midwives were drawn up from various institutions for training from June - July 1985 as the 1st batch, Second batch of 22 Nurses were also withdrawn from various institutions in October - November and part of December, 1985 for service provider workshop.

EQUIPMENTS AND COMMODITIES:-

Some equipments and commodities were given to us from USAID and Africare. On the 16th August 1985 IUCD Kits and other equipments were supplied. Six (6) stations benefited from the supply. These were Divisional Health Unit, Ilorin, Divisional Health Unit, Afon, Rural Health Centre, Erinle, Rural Health Centre, Okengwen, General Hospital, Okene, and General Hospital, Lokoja.

June 5th, 1985 Backup Kits and single IUCD Kits together with Lipex Loop, Coper T, and Condon were supplied.

July 26th 1985 Depo Provera and Syringes were supplied, November 4th 1985. Surgical gloves, autoclaving drum, Xercere stove were all supplied.

These equipments and commodities have gone along way to improving the generality of Family Planning activities, and a lot of clients have been recorded since the launching from June 27 to December 1985.

FAMILY PLANNING SERVICES IMPROVEMENT AND CLINIC INCREASE:-

More Clinics were opened withing this reporting period from July - December 1985. Nine additional Clinics were opened in addition to the previous 14, making the total of 23. These clinics are Specialist Hospital Sobi, Rural Health Centre, Omupo, Divisional Health Unit, Kabba, General Hospital, Lokoja, Divisional Health Unit, Lokoja, General Hospital, Isanlu-Oyi, 1st Aid Clinic, Ministry of Health, Ilorin, Divisional Health Unit, Lafiagi.

125

CLIENT INCREASE:-

A Tremendous increase in the number of clients were noticed especially from the month of July 1985 to December 1985.

The following reasons were the contributory factors for the increase:-

1. Launching
2. Publicity Campaign through all the Mass Media
3. Increase in the number of Clinics
4. Training of Service providers.
5. Supply of commodities and equipments

However, in the month of August and November, there was a little decrease or fall. This was due to large number of staff withdrawn for training and leave without a replacement; although the little fall was not noticed in quarterly statistics after the grand total.

There was 229.7% increase this year on new acceptors over last year new acceptors.

See table I below:-

1984 AND 1985 NEW AND OLD ACCEPTORS:-

TABLE I FOR 1984:-

Months	New	Old
1984 January-March	258	364
April to June	254	431
July-September	232	437
October-December	305	475
TOTAL	1049	1707

TABLE II FOR 1985:-

Months	New	Old
1985 January-March	424	713
April-June	514	959
July-September	1144	1437
October-December	1377	2324
TOTAL	3,459	5,433

Percentage Increase New 229.7%

Percentage Increase Old 218.2%

TABLE III RELIGION DISTRIBUTION FOR 1984

1984			
	XTLAN-	MUSLIM	TOTAL
1984 New	341	708	1049
Old	700	1007	1,707
TOTAL	1041	1715	2756

TABLE IV 1985 RELIGION DISTRIBUTION:-

	XTIAN	MUSLIN	TOTAL
1985 New	1834	1625	3,459
Old	2705	2728	5,433
TOTAL	4539	4353	8,892

On the whole, Muslim took the higher number compared with Xtian, so, 1984 & 1985 grand total followed the same pattern except with little difference in 1985 new christian acceptors. There is no religion obstacle in Kwara State.

1985 CHOICE OF CONTRACEPTION FOR NEW ACCEPTOR

TABLE V:-

Total Clients	Pill	IUCD	INJ.	Condom	Others
3459	1170	724	256	1082	227
100%	33.8	20.9	7.4%	31.3%	6.6%

Of the total usage of contraception; 33.8% took to the pill while condom took 31.3% followed by IUCD which was 20.9% while 7.4% and 6.4% were for Inj. and others respectively.

CHOICE OF CONTRACEPTION:- FOR THE OLD CLIENT 1985:-

TABLE VI:

Total Clients	Pill	IUCD	INJ.	Condom	Others
5433	2950	1131	243	753	356
100%	54.3%	20.8%	4.5%	13.8%	6.6%

Pill took the lead with 33.8% with new clients and 54.3% with Old. There was a variation of percentage with the number of condom for new and old. With new, the number of condom followed the pill closely whereas with old client, condom took the third place. The simple reason for this was that men don't usually come back for check up as women do, that was why we had more number with new than old acceptors for male.

Inj. and others are 4.5% and 6.6% respectively.

**TABLE VII**

**1984 NEW ACCEPTORS AND CHOICE OF CONTRACEPTION**

Total Clients	Pill	IUCD	INJ	Condom
1049	647	264	80	58
100%	61.7%	25.2%	7.6%	5.5%

**TABLE VIII**

**1984 OLD ACCEPTORS AND CHOICE OF CONTRACEPTION**

Total Clients	Pill	IUCD	INJ	Condom
1707	1261	221	118	107
100%	73.9%	12.9%	6.9%	6.3%

The number of acceptors were much more higher in 1985 than 1984 together with their choice of contraception (see tables 1 and 6).

With 1984 Old and New there was no much difference in the pattern of choice of contraception.

Note: No report of last quarter on source of referrals

1. No data was available for this because forms for the return of source of referrals was not designed in time. Effort has been made to get the return for the whole year for comparison purpose.

2. No Data for ORT yet.

**SUMMARY:-**

In this report, much increase in both the number of clinics as well as clients increase has been recorded.

1985 Kvara State Family Planning Launching has a great impact on client turn out as well as campaign through all the media.

The importance of regular supply of commodities and equipments cannot be over emphasised on the positive role this had on the progress and success achieved in 1985.

In view of this therefore, much gratitude is hereby given to our sponsors for their financial, moral, educational and material support which attributed to our great success.

*FTT/...*

KWARA STATE  
REPORT OF FAMILY PLANNING ACTIVITIES  
FROM 1983 TO 1985

In making health for all by the year 2,000 a reality Family Planning which is one of the component of Primary Health Care Services has been fully integrated into Maternal and Child Health Services in most of the Kwara State Health Institutions.

This is aimed at providing many Health Services to mothers at one visit to the clinic e.g. when a mother brings her child for immunization she could as well have other services like Family Planning for herself.

In July 1983 Kwara State Family Planning started as a pilot Project. Seven (7) Clinics within 50 kilometre radius of Ilorin the State capital were chosen. This Project was formerly sponsored by the University of Chicago Community and Family Study Centre (CFSC).

Two staff from each of the seven clinics were withdrawn for training and orientation before the commencement of the service. Following the orientation a base line survey was conducted to determine the attitude and acceptability of the services by the people within Ilorin metropolis.

at the end of 1983 an appreciable number of new acceptors were recorded as shown in Table I.

TABLE 1: FAMILY PLANNING ACCEPTORS  
(DECEMBER 1983)

Total	New	Old	Xtian	Muslim	Pills	Inj.	IUCD	Others
823	340	483	355	468	784	39	-	-

Towards December 1983, fund was not enough to carry on with the project by the University of Chicago under the leadership of professor Donald Borge.

There after, Professor Donald Borge liaised with John Hopkins University, for sponsorship. John Hopkins University took over the funding in April 1984. By September 1984, the family clinics increased to 14.

Many new acceptors were recorded in 1984 as a result of public health education and increased number of clinics.

Table 2 shows the number of new and old acceptors.

New	Old	Xtian New	Xtian Old	Mus. New	Mus. Old	Pill	IUCD	Inj.	Condom	Others
1049	1707	341	700	708	1007	647	264	80	50	0

TABLE 2 FAMILY PLANNING SERVICE USERS (JANUARY - DECEMBER 1984)

Late 1984, and early 1985 plan was on the way to start training of trainers and service providers. In March 1985 training of trainers started. 16 Officers from various training institutions and the field were withdrawn and trained as trainers by INTRAH training team.

Soon after, the training of service providers commenced. About 66 Nurses/Midwives were trained as service providers to man the 66 health institutions.

During this training activities, development of adverts on Radio, TV and Newspaper were undertaken in readiness for the launching of Family Planning advertisement.

On the 27th June 1985 Family Planning was officially launched. This was attended by eminent personalities. Thereafter other local Governments started their launching chapters.

The fourteen Clinics increased to 23 at the end of 1985.

A tremendous increase in the number of attendance both New and Old was recorded. See statistics below from January 1985 to December 1985 in Table 3.

TABLE 3 FAMILY PLANNING SERVICE USERS (JANUARY - DECEMBER 1985)

Total	Total New	Total Old	Xtian	Muslim	Fill	IUCD	Inj.	Con.	Others
8892	3459	5433	4539	4353	4120	1855	499	1835	583

A lot of equipments and commodities were supplied from various organizations. This has also helped in the delivery of quality family planning service.

SUMMARY.

The Family Planning service started as a small Project with only 7 clinics in 1983; it increased to 23 at the end of 1985. Table 4 is the summary of attendances from 1983 to 1985.

TABLE 4 TOTAL FAMILY PLANNING ATTENDANCES (1983 - 1985)

Year	Attendances	% Increase	Total New	% Increase
1983	823	-	340	-
1984	2756	235%	1049	208%
1985	8892	222.6%	3459	229%
Total 1983 - 1985	12471	-	4848	-

(F. A. KLUKWA)MRS),  
CHIEF HEALTH SISTER,  
PROJECT CO-ORDINATOR,  
MINISTRY OF HEALTH,  
ILORIN.

BASIC INFORMATION FROM KWARA STATE: PRESENTED AT THE  
WORKSHOP ON MANAGEMENT INFORMATION SYSTEM FOR FAMILY  
PLANNING: BY MRS. F. A. TOLUPE: CHIEF HEALTH SUPERVISOR  
PROJECT CO-ORDINATOR

DEMOGRAPHIC INFORMATION:

Kwara State is one of the Nineteen (19) States of Nigeria which occupies part of the middle belt of the Country.

Kwara State is divided into 12 Local Governments viz Asa, Borgu, Edu, Ifelodun, Ilorin, Irepodun, Kogi, Moro, Okehi, Okene, Oyi and Oyun.

There are different ethnic groups with various dialects but a sizeable majority speak Yoruba, Ebira, Barba and Nupe. Majority of the people live in rural area with agriculture as the main occupation.

There is easy accessibility to most towns, villages and hamlets by road with exception of few places during raining season. Few towns enjoy accessibility by railline and water but no air transportation within the state except by inter State Service to the State Capital.

A. SIZE:

Kwara State has a total population of One Million, Seven hundred and Fourteen Thousand Four Hundred and Eightyfive (1,714,486) 1963 census. This is two million, Nine Hundred and Fifty-One thousand, Six hundred and Eight (2,951,608) by 1985 projection.

B. Population by age and sex see appendix 1, 2 and 3.

C. DISTRIBUTION OF POPULATION URBAN VS RURAL

It has been estimated that a population of Twenty Thousand (20,000) is regarded as urban as a cut off point and anything under (20,000) is regarded as rural. Hence majority of our dwelling places are Rural.

Almost all our Local Government headquarters are urban except Asa, Borgu, Okehi and Moro but few towns have urban population although they are not Local Government Headquarters.

The names of urban see below:-

		1985 projection
Lafiagi	27,831	" "
Share	28,754	" "
Ilorin	359,627	" "
Omu-Aran	23,925	" "
Lokoja	43,041	" "
Kabba	35,838	" "
Offa	126,709	" "
Okene	102,425	" "
Egbe	31,113	" "
Okaito	24,698	" "
Bariki	26,099	" "
Idagi	29,516	" "

Orieksu	20,740	1985 projection
Farm Centre	51,666	" "
Okengwen	27,886	" "
Anuhami	21,337	" "
Ezihotumi	22,378	" "
Iriku	25,476	" "

Other are regarded as rural areas.

D. ACCESS TO TRANSPORTATION WITHIN THE STATE  
(MINISTRY OF HEALTH)

This is only by road transportation.

E. POPULATION DENSITY WITH THE STATE

All the 8 Local Government headquarters and the towns listed above are of high population density.

2. NUMBERS AND TYPES OF SERVICE DELIVERY POINTS WHICH ARE EITHER DELIVERING FAMILY PLANNING SERVICE OR POTENTIALLY COULD DELIVER FAMILY PLANNING SERVICE.

These could be classified as follows:-

- a. Government Family Planning Delivery Service points is at present 44
- b. Additional Government Institutions that could deliver Family Planning Service is 22.
- c. Private Hospitals and Institutions that we assume are delivering Family Planning Service are Thirty (30). Their statistics are not collected.
- d. Private Institutions that can deliver Family Planning Service are (97) Ninety-seven. They are Maternity Homes and Clinics.

3. NUMBERS AND TYPES OF HEALTH PERSONNEL WITH THESE SITES IDEALLY HAVE IT BROKEN DOWN BY TYPES AND NUMBERS OF PERSONNEL, BY SITE

Number of personnel in our service delivery points are as follows:-

TYPE OF HEALTH PERSONNEL AND THEIR DELIVERY POINTS  
ILORIN LG.A.

No.	Names	Rank	Duty Station	LGA Origin	Duty Post
1.	Mrs. S.I. Adebayo	ACHS	DHU Ilorin	Oyi	Supervision
2.	Mrs. M. Olubaniyi	SHS	DHU Ilorin	Oyi	Serv. Provider
3.	Alhaja A.A. Olumo	SHS	BHC Ogidi	Ilorin	" "
4.	Mrs. V.B. Abodunrin	PNT	SOM Ilorin	Ifelodun	Trainer
5.	Mrs. R.K. Ajiboye	FHS	DHU Ilorin	Oyun	Trainer
6.	Mrs. M.O. Oyogoke	N/S	Lakata M/C	Oyun	Serv. Provider
7.	Dr. C. Oyeyipo	N/O	DHU Ilorin	Oyi	C.T. Ref.
8.	Mrs. F.B. Adedapo	J/M/M	Okelele Mat.	Oyun	Serv. Provider
9.	Mrs. L.B. Alao	NS	BHC Oke-Oyi	Irepodun	" "

IN CONT.

Names	Rank	Duty Station	LGA Origin	Duty Post
Mrs. M.O. Babatunde	SNS	MOH/FP/Unit	Ifelodun	<del>Supervisor</del>
Mrs. A.O. Lawal	N/S	Sobi S/Hosp.	Oyun	Serv. Provider
Mrs. Comfort A. Alege	PNO	CSC Ilorin	Oyi	" "
Mrs. D.B. Ogbonmide	N/S	1st AG/MOH	Oyi	" "
Mrs. J. Olalere	N/S	DHU Ilorin	Oyi	" "
Mrs. E.R. Oshagbemi	N/S	DHU Ilorin	Oyi	Sex Education
Mrs. S.T. Omotoye	H/S	Okelele Mat.	Oyun	Serv. Provider
Mrs. Grace F. Ogiolu	PHS	Sobi S/Hosp.	Oyi	" "
Mrs. Ruth Oniyanda	N/S	SDC Ilorin	Ifelodun	" "
Mrs. Grace E. Salami	PNO	S/C (I.G.S)	Oyi	Sex Education
Mrs. Alice Oyinloye	N/S	BHC Ogidi	Irepodun	Serv. Provider
Mrs. M.B. Oniyide	SNS	Okelele Mat.	Ifelodun	" "
Mrs. Abigail F. Pashanu	N/S	School Clinic Ilorin	Irepodun	" "
Mrs. M.M. Babatunde	SNS	CSC Ilorin	Ilorin	" "
Miss. A.B. Ojagun	N/S	1st A/Room	Oyi	" "
Mrs. T.M. Adegoye	S/M	BHC Iperin	Oyi	" "
Mrs. M.B. Ajikobi	F/Worker	DHU Ilorin	Ilorin	Field worker
Mrs. F. Oluwanishola	CHAide	Okata Mat.	Oyi	Health Educ. Family & Mother
Mrs. A.O. Alao	"	BHC Oke-Oyi	Oyi	H. Educator
Mrs. Adejumo Alabo	"	BHC Ogidi	Ilorin	H. Educator
<u>B. ASA LGA</u>				
Mrs. A.A. Adejumo	H/S	DHU Afon	Oyun	Serv. Provider
Mrs. Afolabi	PHS	DHU Afon	Oyi	" "
Mrs. Rafatu Adisa	CHAide	DHU Afon	Asa	H. Educator
<u>C. IORO LGA</u>				
Mrs. G.B. Opaleke	N/O	BHC Shao	Oyi	Serv. Provider
<u>D. OYUN LGA</u>				
Mrs. E.E. Soladeye	PHS	DHU Offa	Oyi	Serv. Provider
Mrs. Mary Oyeniyi	N/S	DHU Offa	Irepodun	" "
Mrs. J.T. Ologun	N/S	RHC Erinle	Oyi	" "
Mrs. Janet Adelohe	SNM	RHC Erinle	Oyun	" "
Mrs. Iyabo Aina	CHAide	DHU Offa	Oyun	H. Educator
Mrs. Grace Popoola	"	RHC Erinle	Oyun	H. Educator
<u>E. ADU LGA</u>				
Mrs. J.F. Ajayi	N/S	DHU Lafagi	Irepodun	Serv. Provider
Mrs. R.C. Adekeye	C/M	DHU Patogi	Irepodun	" "
Aliyu Ayisatu	CHAide	DHU Patogi	Adu	H. Educator
<u>F. IFELODUN LGA</u>				
Mrs. F.B. Omidiji	N/S	RHC Omupo	Ifelodun	Serv. Provider
Mrs. F.A. Omodara	PHS	RHC Igbaja	Irepodun	" "
Mrs. A. Adepoju left the Service				
Mrs. Victoria Kudabo	SNS	BHC koko	Oyi	" "

Name	Rank	Duty Station	LGA Origin	Duty Post
<b><u>IFELODUN LGA CONT.</u></b>				
Mrs. Gey Ibrahim	S/M	RHC Share	Sdu	Serv. Provider
Mrs. R.F. Arokoye	N/S	Iludun-Oro	Oyi	" "
Mrs. Laraysitan	N/S	GH Oro	Oyi	" "
Miss. B. Joseph	S/M	GH Oro	Okahi	" "
Mrs. A. Ogundele	CHAide	RHC Omupo	Ifelodun	H. Educator
Mrs. Josilta Ibrahim	"	RHC Igbaja	Oyun	H "
Mrs. Beatrice Ojo	"	RHC Koko	Irepodun	H "
<b><u>G. IREPODUN LGA</u></b>				
Mrs. F.R.O. Abolarin	N/O	GH O/Aran	Irepodun	Administration
Mrs. G.D. Afolabi	S/M	DHU O/Aran	Irepodun	Serv. Provider
Mrs. R.O. Balogun	PHS	DHU C/Aran	Ifelodun	" "
Mrs. C. Bello	S/M	GH O/Aran	Oyi	" "
Mrs. R. Idowa	N/S	BHC A/Orin	Irepodun	" "
Mrs. A.O. Oludipe	SN/M	BHC O/Aiye-gunle	Irepodun	" "
Mrs. E.S. Ayodele	SNM	GH O/Aran	Irepodun	" "
Mrs. F. Clarewaju	H/S	BHC I/Oro	Irepodun	" "
Mrs. M.O. Ogingbemi	N/S	BHC Eruku	Irepodun	" "
Mrs. Dora Idowa	CHAide	DHU O/Aran	Irepodun	H. Educator
Mrs. Cecilia Ajiboya	"	BHC A/Orin	Irepodun	" "
Mrs. C. Ayanniyi	"	BHC O/Aiye-gunle	Irepodun	" "
Mrs. F. Ogundokun	"	RHC I/Oro	Irepodun	" "
<b><u>H. KOGI LGA</u></b>				
Mrs. D.T. Agbogun	N/S	DHU Lokoja	Okene	Serv. Provider
Mrs. F.I. Bello	N/S	GH Lokoja	Oyi	" "
Mrs. M. Akanye	CHAide	DHU Lokoja	Kogi	H. Educator
<b><u>I. OYI LGA</u></b>				
Mrs. C.O. Elesheku	SNO	GH Kopa	Oyi	Serv. Provider
Mrs. E. Bolade	SHS	Igbe H.S. Del.	Oyi	" "
Mrs. A.O. Dada	H/S	GH Isanlu	Oyi	" "
Mrs. A.I. Baba	SNO	DHU Kabba	Oyi	" "
Mrs. J.A. Garuba	N/S	GH Kabba	Oyi	" "
Mrs. Olagunju	PHNO	BHC Iyamoye	Oyi	" "
Mrs. A.C. Meseko	N/S	GH Isanlu	Oyi	" "
Miss. O. Logbamu	S/M	CM/ Ejiba	Ogun	" "
Mrs. H.O. Bello	CHAide	DHU Kabba	Oyi	H. Educator
<b><u>J. BORGU LGA</u></b>				
Mrs. J.A. Akure	SHS	DHU New-Bussa	Oyi	Serv. Provider
Mrs. J. Adeloke	CHAide	" "	Oyun	H. Educator

Name	Rank	Duty Station	LGA Origin	Duty Post
Mrs. E. OLUKS LGA				
Mrs. F.S. Alibalogun	ANO	OH Ogori	Okene	Serv. Provider
Mrs. Jennifer Omeiza	PHS	JHC Egge	Okene	" "
Mrs. Marion Oni	N/S	OH Olori	Okene	" "
Mrs. S. O. Aliu	CHLido	BHC Egge	Okene	H. Educator
Mrs. A.S. Mohammed	"	DHU Okene	Okchi	" "
L. OLUKI LGA				
Mrs. S. Elekula	ENO	BHC Ohuepe	Oyi	Not Fact.
Mr. O. Babatunde	R.N. Tutor	Obangede N/S	Ilorin	Trainer
Mrs. F. Janni	N/S	DHU Obangede	Okene	S. Provider
Mrs. Helen Ojiyah	N/S	BHC Iyamoye	Okene	" "
Mrs. C. Isah	CHLido	DHU Obangede	Okchi	H. Educator

4. IMPLEMENTATION ON HOW STATE IS ORGANISED - I.S. ZONES, LOCAL GOVERNMENTS, ETC

The easiest way by which Kwara State could organise her Family Planning Services is Local Government by Local Government. Therefore we are going to have 12 Local Government supervisory area and Co-ordinators.

This will facilitate easy administrative transaction rather than zoning system. Zoning may not be favourable because of transport difficulty by the co-ordinators and also difficulty of transport from one local Government to the other.

5. KIND OF SUPERVISORY SYSTEM IN STATE

Central supervision down the ladder. See organization chart.

6. ANY FAMILY PLANNING RECORDS (FORMS BEING USED, SPECIAL CLIENT CARDS, COPIES OF VOUCHERS AND REQUISITION FORMS AND FORMS FOR SERVICE STATISTICS

No Voucher system, but copies of our forms are attached.

7. ANY INFORMATION OF FAMILY PLANNING SUPPLIES IN STATE MINISTRY OF HEALTH STORES

We have our separate store and we feel satisfied with our record system rather than the State Medical Store or Ministry Store. It is very very convenient for us to operate through our own system.

8. INFORMATION ON FAMILY PLANNING SUPPLIES AVAILABLE FROM OTHER SOURCES WITHIN THE STATE, I.E. PARENTHOOD COUNCIL OF NIGERIA, UNIVERSITY FAMILY PLANNING PROJECTS.

No Family Planning supplies from other sources, except leaflet booklet on Family Planning information from PPFN. But there is much co-operation between our Ministry with PPFN and the University project. Commodities are supplied from USAID and some equipments from Africare.

9. TOTAL NUMBER OF WOMEN USING FAMILY PLANNING SERVICES BY LOCAL GOVERNMENT AREAS WITH BREAK-DOWN OF THIS INTO

With a break-down of this into number of new acceptors and choice of contraception.

See the table below:-

SUMMARY OF NEW ACCEPTORS FROM 1983 - 1985

SUMMARY TABLE I

	<u>NEW ACCEPTORS</u>	<u>CUMUL. TOTAL</u>
1983	355	483
1984	748	1707
1985	3,453	5433
TOTAL	4,556	7,623

GROSS TOTAL = 12,486

TABLE II NEW ACCEPTORS FROM 1983 - 1985 WITH THEIR CHOICE OF CONTRACEPTION

New acceptors	1983	1984	1985	Total
Pills	244	647	1170	2061
IUCD	58	264	724	1046
Injectable	53	80	256	389
Condom	-	58	1082	1140

TABLE III THE NEW ACCEPTORS AND THE CHOICE OF THEIR CONTRACEPTION BROKEN TO 12 LOCAL GOVERNMENT.

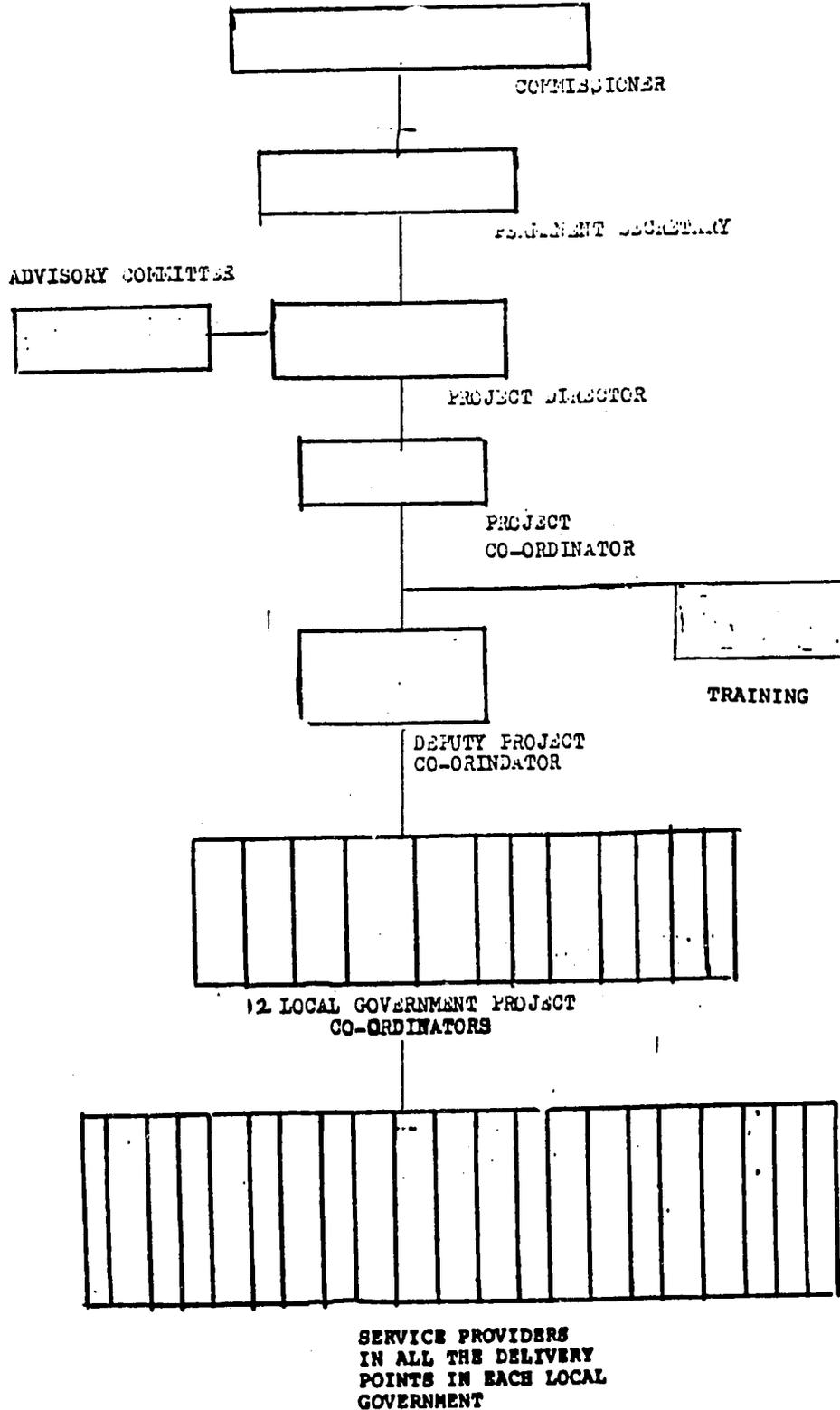
LGA	YEAR	Total No of New Acceptors	Pill	IUCD	Injectable	Condom	Others
ILORIN	1983	259	168	58	33	-	-
	1984	612	359	190	37	3	23
	1985	1580	679	399	71	397	34
ASA	1983	4	4	-	-	-	-
	1984	33	21	-	10	2	-
	1985	78	42	-	24	10	2
MOKO	1983	46	35	-	7	-	4
	1984	20	12	-	4	2	2
	1985	46	25	-	15	3	3
IFELOLUN	1983	46	37	-	9	-	-
	1984	83	64	-	19	-	-
	1985	201	136	-	8	57	-

LGs	YEAR	Total No of New Acceptors	Pill	IUCD	Injectable	Condom	Others
OYUE	1985	481	236	29	65	123	23
IREPODUM	1985	425	117	37	28	229	14
OYI	1985	267	108	54	17	88	-
EDU	1985	48	18	1	-	29	-
KOQI	1985	219	69	37	37	70	6
OKNE	1985	108	38	40	12	18	-
TOTAL		4,556	2,168	845	396	1,031	116

  
 F. A. TOLUSHE (MRS),  
 CHIEF HEALTH NISSTER.

APPENDIX 5

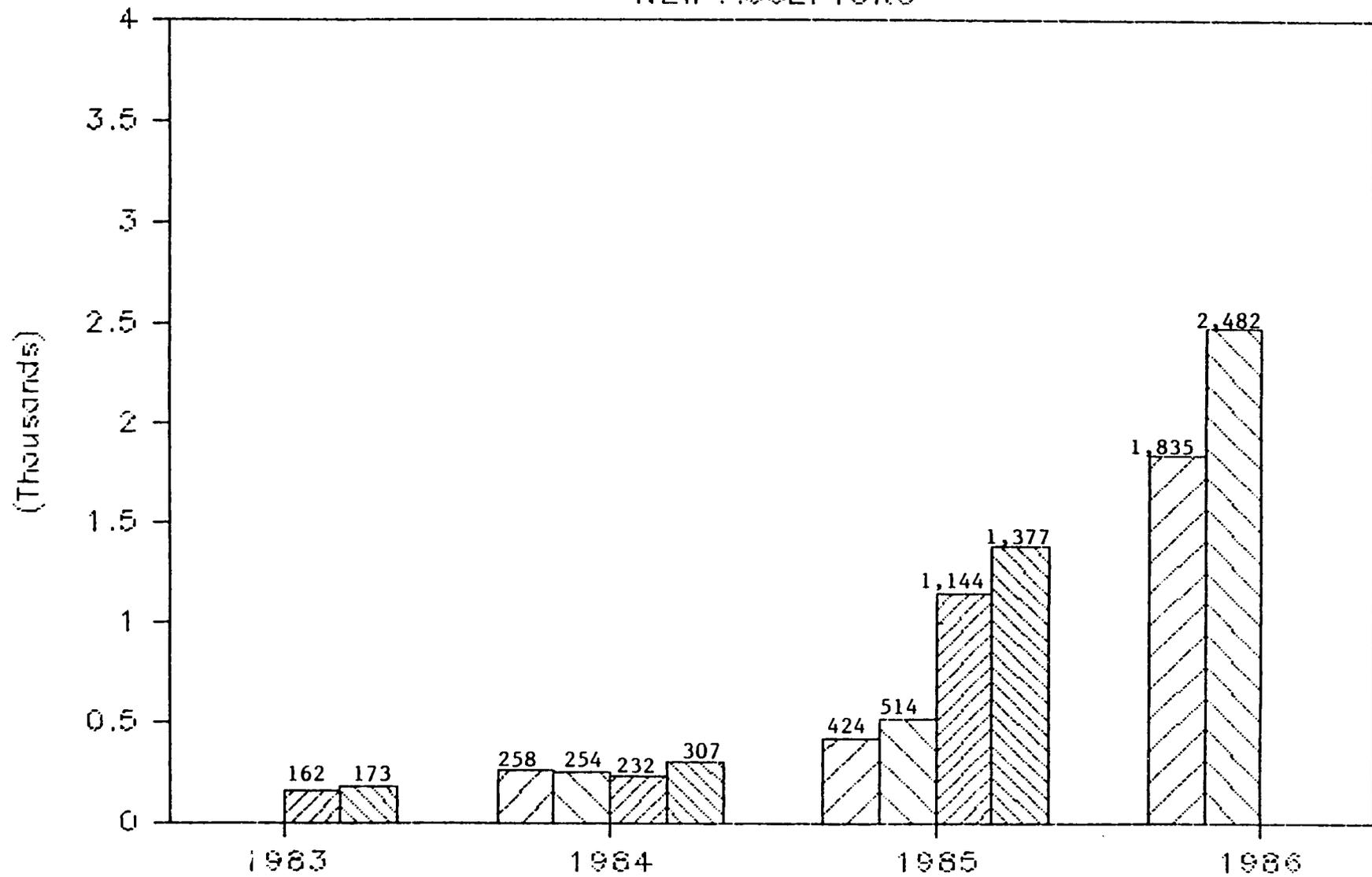
ORGANIZATION AND  
MANAGEMENT STRUCTURE







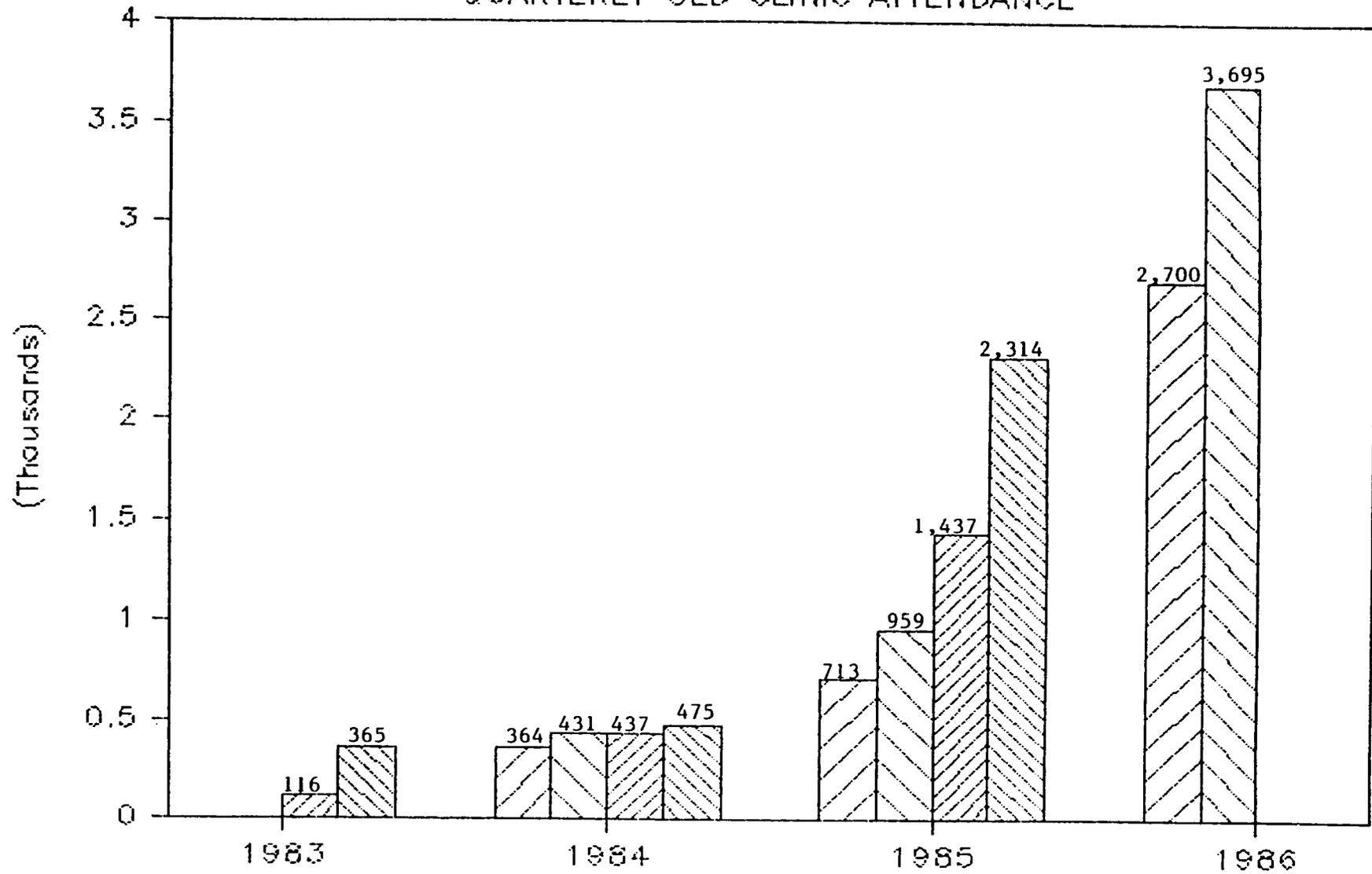
# KWARA STATE FAMILY PLANNING NEW ACCEPTORS



JAN-MAR      APR-JUN      JUL-SEP      OCT-DEC

# KWARA STATE FAMILY PLANNING

## QUARTERLY OLD CLINIC ATTENDANCE



JAN-MAR

APR-JUN

JUL-SEP

OCT-DEC

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APPENDIX G

KWARA STATE FAMILY PLANNING/ORAL REHYDRATION THERAPY PROGRAM

TRAINING NEEDS

(BY DR. D. OLUBANIYI AND ALHJ D.A.O. ABEGUNDE - APRIL 1986)

Table 6.IN-SERVICE TRAINING REQUIREMENTS

	1987		- 1988-1991 <sup>1/</sup>	
	No. of additional locations	No. of additional persons	No. of additional locations	No. of Persons
<u>For Public Sector</u>				
1) Doctors				
For FP in hospitals	2	3	8	8
2) SMOH FP management staff	1	12	1	24
3) Nurses and Nurse midwives for FP service delivery in hospitals, health centres & clinics	5	20	30	120
4) Clinic and dispensary staff for recordkeeping and management	24	24	123	125
5) Community health asst. & community health aide for dispensaries	24	48	123	246
6) Fieldworkers, volunteers TBA	24	24	96	96
7) IEC				
SMOH staff	1	4	1	6
LGC Health Superintendent	24	24	123	123
Private Sector	?	?	?	?
6) Zonal supervisor (FP mgt. skills and IEC)	12	12	12	12
<u>For Private Sector</u>				
1) Lectures for hospitals, maternities, clinics and dispensaries	?	?	?	?
2) Nurses/Nurse Midwives for hospitals, maternities, clinics & dispensaries	?	?	?	?
3) Pharmacies	?	?	?	?
4) Patent medicine and other	?	?	?	?
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Table 7

## TRAINING STRATEGY

Category of Personnel	Who Will Train	Where	Type and Duration of Course	Competence to be Developed	How Financed
<b>PUBLIC SECTOR</b>					
Doctors	Univ. of Benin SMOH Zaria	Benin Zaria	General update and family health and fertility management - 2 weeks	Provide FP Service (includes IUD); health complications; manage clinical service (to be added)	JHPIEGO SMOH
SMOH Management Personnel	CEDPA FMOH INTRAH	In-State and Abroad	Organization and management of FP programs - 2-3 weeks	Plan, supervise and evaluate FP program; project and manage budget; train in recordkeeping & supervision	CEDPA
Nurses and Nurse/Aides for hospitals and clinics with IUD	SMOH TOT team	MOH & MCH Clinics	In service in FP clinic skills and IEC - 2-3 weeks In service higher level for selected candidates additional 2-3 weeks	Take history; counsel patients; screen for problems and refer; initiate orals and barrier methods All above plus insert IUD and manage follow-up	SMOH FMOH and outside donor
Recordkeeping staff of hospitals & clinics	SMOH/FMOH Consultants	Ilorin	Basic logistics & service statistics for FP - 1 week	File and maintain client history; record and report client use and contraceptive distribution	SMOH FMOH
Community health asst. and aides	SMOH/LGC	Ilorin	Basic FP methodology & IEC for simple service delivery - 1 week	Counsel clients-screen by history; dispense barrier methods; resupply orals; record and report	SMOH FMOH
Fieldworkers, volunteers and IDAs	SMOH		Similar to #5 plus community involvement	Similar to #5 plus ability to visit house-to-house	SMOH FMOH outside donor

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Table 7 TRAINING STRATEGY

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Type of Personnel	Who Will Train	Where	Type and Duration of Course	Competence to be Developed	How Financed
7. IEC					
SMOH staff	FMOH	In-Country	FP communication skills, planning, production - 2 weeks	Plan IEC programs & evaluate; supervise implementation	FMOH Outside donor
IEC health superintendents & private sector personnel	SMOH FMOH	Ilorin	FP communication & community involvement/- 3-day seminar	Organize IEC activities locally and involve community	SMOH/FMOH
U. L. A. supervisors	SMOH	Ilorin	Basic FP & PHC update, full supervision policy & skills, recordkeeping & IEC - 1 week	Supervise total clinic delivery; instruct in requirements; assist in recordkeeping & reports; assist in community outreach; contact private sector	SMOH/FMOH
<b>PRIVATE SECTOR</b>					
1. Doctors	SMOH/Zaria Benin	ABM & ABU JUTH	Basic FP update - 1 week	Screen patients; initiate methods; insert IUD; manage complications; supervise reports	SMOH/tuition
2. Nurses/Nurse Midwives	SMOH	MOH & MCH clinics	Basic FP update - 1 week	Screen patients; initiate orals & barrier; referrals, IUD will require additional work	SMOH/tuition
3. Pharmacists		Sterling	Basic FP methods, IEC and commercial techniques - 1-2 days	Dispense and explain orals & barrier methods to clients; dispense IUDs to clinics	Sterling
4. Shopkeepers		Sterling	Commercial - IEC - publications or discussion at time of stocking	Know different methods; understand referral	Sterling

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APPENDIX H<sub>3</sub>

Summary of Participant Reaction Data

APPENDIX H<sub>3</sub>  
SUMMARY OF PARTICIPANT REACTION DATA  
Course ID# \_\_\_\_\_

**INTRAH PARTICIPANT REACTION FORM**

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

1. Workshop objectives were:

- |               |                 |                   |                   |                     |
|---------------|-----------------|-------------------|-------------------|---------------------|
| a. Very clear | b. Mostly clear | c. Somewhat clear | d. Not very clear | e. Not clear at all |
| 4             | 2               |                   |                   |                     |

2. Workshop objectives seemed to be achieved:

- |             |           |             |                  |               |
|-------------|-----------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| 3           | 3         |             |                  |               |

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

- 6 a. All material was useful  
\_\_\_\_\_ b. Most materials were useful  
\_\_\_\_\_ c. Some material was useful  
\_\_\_\_\_ d. Little material was useful  
\_\_\_\_\_ e. No material was useful

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

- |                 |                            |                        |                            |                     |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| 6               |                            |                        |                            |                     |

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

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

|      | |      | | 6 | |      | |      |

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

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

|      | |      | | 6 | |      | |      |

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

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

| 4 | |      | | 2 | |      | |      |

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

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

| 2 | | 3 | |      | |      | |      |

9. In this workshop I learned:

2 a. many important and useful concepts,

2 b. several important and useful concepts,

2 c. some important and useful concepts,

     d. a few important and useful concepts,

     e. almost no important or useful concepts.

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

1 a. many important and useful skills,

1 b. several important and useful skills,

2 c. some important and useful skills,

     d. a few important and useful skills,

     e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

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

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

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

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

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

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

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

15. 6 a. I would recommend this workshop without hesitation,

       b. I would probably recommend this workshop

       c. I might recommend this workshop to some people

       d. I might not recommend this workshop

       e. I would not recommend this workshop.

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

- <sup>2</sup> a. Additional time for the workshop
- b. More limited time for the workshop
- c. Use of more realistic examples and applications
- d. More time to practice skills and techniques
- e. More time to become familiar with theory and concepts
- f. More effective trainers
- <sup>1</sup> g. More effective group interaction
- h. Different training site or location
- i. More preparation time outside the training sessions
- j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- l. Consideration of a broader and more comprehensive topic
- m. Other (specify) NONE OF THE ABOVE.

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

	very useful			hardly useful	
	1	2	3	4	5
a. _____					
b. _____					
c. _____					
d. _____					
e. _____					
f. _____					
g. _____					
h. _____					
i. _____					
j. _____					

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

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

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

- a. Counselling and/or client education
- b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- 1 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 4 e. Supervision of Family Planning Services
- 3 f. Management of Family Planning Service System
- 3 g. Planning/Evaluation of Family Planning Services
- h. Policy Making/Direction of Family Planning Services
- 2 i. Community Based Distribution of Contraceptives
- 1 j. Community Based Outreach, Education or Information
- k. In-Service Training in Family Planning
- 2 l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) \_\_\_\_\_

20. Additional Comments: SEE ATTACHMENT "A".  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT "A"

20. Additional Comments:

1. The project-review is a worth-while activity as members of STT were able to see for themselves the results of their efforts, i.e. (SDW & CHEW).
2. It would be very important to make the workshop on service delivery, a broad based one, involving other cadres of health workers, e.g. Community Health Supervisors and C.H. Assistant.
3. For future workshops, financial support should be given for the workshop to be realistic. Also, provision of transport should be given a priority.

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