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INTRAH

Trip Report

#0-395

Travelers: Ms. Teresa Marabito, INTRAH Program Office

Country Visited: Gongola State, NIGERIA

Date of Trip: October 29 - November 7, 1986

Purpose: To assess the Child-Spacing/Oral Rehydration Therapy (CS/CRT) service delivery system in Gongola State and to identify needs in preparation for development and expansion of the existing service system.

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LIST OF ABBREVIATIONS

CNO	Chief Nursing Officer
CS/ORT	Child-Spacing/Oral Rehydration Therapy
EPI	Expanded Program of Immunization
SONM	School of Nursing and Midwifery
UCH	University College Hospital

EXECUTIVE SUMMARY

Mr. James Crawford, Regional Director and Mrs. O. R. Olatokunbo, Country Representative for Nigeria of the Pathfinder Fund and Ms. Teresa Mirabito, INTRAH Program Officer, conducted a Family Planning and Oral Rehydration Therapy Needs Assessment in Gongola State October 29 to November 7, 1986 at the request of the Ministry of Health.

The team met with officials of the Ministry of Health, staff of General Hospitals where child-spacing and ORT services are provided, representatives from pre-service and post-basic educational institutions, and representatives of local government areas.

Major findings confirmed support and willingness on the part of Ministry of Health officials to develop and expand child-spacing and ORT services throughout the state; the need for an intensive campaign to increase awareness and acceptance of child-spacing at every level of government, with traditional, business and community leaders, and within the general population; the need to train personnel in community health education and motivation, clinical service delivery skills, and supervision and management of these personnel; and needs for expansion and/or renovation of physical facilities for child-spacing services.

Findings and recommendations were presented to officials of the Ministry of Health. Recommendations are for activities designed to provide information and education to government and non-government officials, personnel and the general public through a series of orientation seminars and through the development of a health education training team; to improve the service delivery system by refurbishing and or remodeling selected clinics; and to increase the

numbers of trained service providers in the immediate term through regional training.

The Pathfinder Fund and INTRAH will collaborate to develop a family planning project with the Ministry of Health. The Pathfinder Fund will refurbish selected clinics and sponsor regional clinical skills training and provide for in-state training costs. INTRAH will provide technical assistance for training activities in Gongola State. A joint project development visit has been proposed for January 1987.

SCHEDULE OF ACTIVITIES

**Wednesday
October 29**

Ms. Mirabito, Mr. Crawford and Mrs. O.R. Olatokunbo, Pathfinder Country Representative arrived in Yola, Gongola State.

Met with Mrs. Judith Ambe, Chief Health Sister and Family Planning Coordinator.

Met with Mr. Robin Yohanna, Permanent Secretary, Ministry of Health, and Dr. Musa Dahwa, Chief Health Officer, Ministry of Health.

**Thursday
October 30**

Courtesy visit to Dr. Haliu Gidado, the Honorable Commissioner for Health. Present were:

- Mr. Yohanna
- Dr. Dahwa
- Mrs. Ambe
- Mr. Alijah Mohammed Tukur-Pate, Executive Secretary, Health Services Management Board
- Mrs. Jummai Bello, Chief Nursing Officer, Health Services Management Board

Orientation meeting with Dr. Dahwa, Mrs. Ambe and Mrs. Mary Hassan, Family Planning Service Provider and Assistant Family Planning Coordinator to discuss Child-Spacing Program in Gongola State.

**Friday
October 31**

Visited clinical facilities:

- Specialist Hospital, Child-Spacing, Maternal/Child Health and Oral Rehydration Therapy Clinics.
- Yola Town Maternity and Child-Spacing Clinic

Met with Ms. Keys MacManus, AID Affairs Officer/Lagos.

**Saturday,
November 1 -
Sunday,
November 2**

Wrote trip report.

SCHEDULE (cont.)

Monday
November 3 Visited:
- Numan General Hospital, Child-Spacing
 Clinic
- Numan Local Government Area
- Jalingo General Hospital

Tuesday
November 4 Visited Ganye General Hospital,
Child-Spacing, Maternal/Child Health and Oral
Rehydration Therapy Clinics.

Wednesday
November 5 Visted:
- Mubi General Hospital, Child-Spacing,
 Maternal/Child Health, and Oral
 Rehydration Therapy Clinics
- School of Health Technology

Thursday
November 6 Visited:
- General Medical Stores
- Yola Town Maternity, Child-Spacing
 Clinic
- Specialist Hospital, Maternal/Child
 Health and Child-Spacing Clinics
- School of Nursing and Midwifery

Met with Mrs. Judith Ambe.

Interviewed by Mr. Japheth Wubron, News
Editor, Nigerian Television Authority.

Friday
November 7 Presented findings and recommendations to:
- Dr. Gidado
- Dr. Dahwa
- Mrs. Ambe

Departed Yola for Lagos.

I. PURPOSE OF VISIT

The purpose of the visit was to assess the Child-Spacing/Oral Rehydration Therapy (CS/ORT) service delivery system in Gongola State and to identify needs in preparation for development and expansion of the existing service system.

The objectives were to:

1. Assess support for CS within the Ministry of Health.
2. Assess facilities currently offering CS/ORT services and proposed sites for CS service delivery.
3. Assess quality of CS/ORT services currently offered.
4. Identify multi-sectoral training needs required to promote dissemination of accurate information and education on child-spacing to government officials, community leaders, health personnel and the general public.
5. Identify training required to provide quality child-spacing clinical services in Gongola State.
6. Identify constraints to delivery and expansion of CS/ORT services.

II. ACCOMPLISHMENTS

- A. A joint family planning needs assessment was conducted by representatives of The Pathfinder Fund and INTRAH, the first collaborative effort between the two organizations.
- B. The family planning coordinator of Gongola State fully participated in the needs assessment and acquired knowledge of the process, content and data required for a complete family planning needs assessment.

- C. A review was completed of the Gongola State Plan for the development of integrated reproductive and primary health care services, developed at the JHPIEGO-sponsored workshop in Baltimore, Maryland, April/May 1986.
- D. Field visits were made to two urban and four rural facilities which offer maternal child health, child spacing and oral rehydration therapy services.
- E. Discussions were held with senior officials within the Ministry of Health, senior health personnel at the facilities visited, and trained child-spacing and ORT service providers.
- F. Discussions were held with representatives of pre-service and post-basic institutions: the vice principal of the School of Nursing and Midwifery and the principal of the School of Health Technology.
- G. Major needs were identified in the following areas:
 - Service delivery: refurbishing or rebuilding of selected clinics; supervision of trained service providers; update in the management of the record keeping system
 - Acceptance of family planning and increasing client demand for services: a need for intensive information, education and communication program regarding child-spacing.
 - Training: community health education and motivation; clinical skills for physicians and nurses; supervision of CS services and providers; and management training for senior level personnel.

III. BACKGROUND

At the invitation of the Ministry of Health, through Ms. Keys MacManus, AAO/Lagos, representatives of The Pathfinder Fund and INTRAH visited Gongola State to conduct a family planning needs assessment. This was the first INTRAH visit to Gongola State.

In September, 1986, Ms. MacManus arranged a meeting at the AID Affairs Office/Lagos between representatives of The Pathfinder Fund, Mrs. O.R. Olatokunbo, Mr. Mike A. Egboh and Ms. Delvine E.J. Okenke and INTRAH representatives Mr. Raymond Baker and Ms. Teresa Mirabito. The purpose of the meeting was to explore the possibility of collaboration between the two agencies for a needs assessment and subsequent development and implementation of a FP training project in Gongola State. It was agreed that a joint needs assessment visit would be conducted in late October 1986, and that the Pathfinder Fund would be responsible for in-country costs and INTRAH would provide training and technical assistance.

The Pathfinder Fund has provided assistance to Gongola State in the past by sponsorship of 10 nurse/midwives to the University College Hospital, Ibadan for a six-week family planning clinical skills course.

IV. DESCRIPTION OF ACTIVITIES

During the visit an assessment of the entire child-spacing program of Gongola State was completed. Attention was focused on the following areas:

- Status of a family planning policy for Gongola State.
- State plans for preventive health services including MCH, and CS/ORT.
- Service delivery facilities, particularly use of the existing space and need for refurbishing and/or expansion; supplies and equipment and commodities.

- Providers of family planning and oral rehydration services: training, quality of services provided, record system.
- Supervision of services and of personnel.
- Statistics referring to client demand for CS/ORT services.
- Management, organization, monitoring and evaluation of CS/ORT services within the MOH and at the service delivery point.
- Health education currently provided by the staff of the Health Education Unit for preventive health services and preparation of staff.
- Pre-service, post-basic and in-service education and training of CS/ORT service providers, including midwives, nurse/midwives and physicians.
- Commodities supply, storage, distribution to service delivery points and maintenance of records.
- Assistance from other donors for preventive services.

From discussions with Ministry of Health senior officials, supervisors and service providers; review of official reports and documents; and observation of clinical service facilities, it was learned that:

- 1) Although there is no official population policy, the State Executive Council recently approved a memorandum which calls for the launching of a child-spacing program in Gongola State. The memorandum was drafted by the MOH following development of the Gongola State Plan at the JHPEIGO-sponsored workshop in Baltimore, Maryland in April/May 1986.
- 2) The MOH is committed to developing child-spacing services for health benefits to families throughout the state. Child-spacing services will be integrated with MCH services and will be available for all men and for women of child-bearing age.
- 3) The MOH is responsible for all preventive health services, including CS, ORT and EPI and for the training of all health personnel. The Health Services Management Board is in charge of family planning service personnel, curative services and personnel.

- 4) Child-spacing services are offered daily in two urban and four rural clinics. All CS clinics are located in general hospital out-patient departments, adjacent to child welfare clinics, with the exception of Yola Town Maternity CS Clinic.
- 5) ORT services are provided in every local government area by personnel trained through UNICEF sponsorship. A team of nurse/midwives in Yola coordinate services and conduct training throughout the state.
- 6) Thirteen CS service providers have been trained to date. Eleven nurse-midwives and midwives have participated in a six-week clinical skills course at UCH, Ibadan. Two nurse/midwives have been trained at the Margaret Sanger Center and the FP Coordinator at Emory University (1976).
- 7) The FP coordinator and her assistant have overall responsibility for the supervision of CS service providers. Logistical constraints prevent these personnel from conducting supervisory visits on a regular basis. Direct supervision of CS service providers is the responsibility of the Chief Nursing Officers (CNOs) of the hospitals where CS facilities are located.
- 8) Written protocols or guidelines for practice are non-existent in the clinics, and service providers are unaware of the use and need for protocols. A copy of Family Planning Methods and Practice: Africa was available in most clinics visited.
- 9) Commodities are in sufficient quantities in central stores and clinics visited. Included were low dose and regular dose oral contraceptives; Lippes Loop, CuT and CuT380A; spermicidals, condoms and injectables. The CS clinics observed were well-supplied and equipped with Africare equipment. Lack of supplies and equipment, therefore, is not a constraint to delivery of quality CS services.
- 10) The School of Nursing and Midwifery and the School of Health Technology graduate a combined total of 380 students per year. All lack a family planning curriculum. Of a total of 19 tutors in the SONM, 6 have attended a four-week family planning course at UCH, Ibadan sponsored by JHPIEGO. Eleven additional slots are available for tutors in the SONM in anticipation of the implementation of a national family planning curriculum into the SONM.

- 11) Private and voluntary organizations offer family planning services at costs which are reportedly high.
- 12) The MOH has received support from other donors: Africare has supplied clinic equipment; The Pathfinder Fund and JHPIEGO have supported regional training in clinical skills for tutors, nurses and midwives; USAID supplies FP commodities.

V. FINDINGS AND CONCLUSIONS

1. Finding

Support for a child-spacing program is evident within the MOH. Strong opposition to child-spacing, however, is reported from traditional, religious and community leaders and the general population and poses a major obstacle to the growth of the CS program. Client demand for CS services is relatively low (refer to service statistics, Appendix C). MOH officials expressed an urgent need for public awareness and enlightenment. The Health Education office is currently working on EPI and ORT campaigns. Attempts to link CS with EPI and ORT have resulted in false beliefs by the general public that EPI and ORT are vehicles for family planning in disguise.

Conclusion

A major education/information campaign to defuse opposition and rumors will need to be carefully planned and launched in the immediate future. Needs exist to identify knowledge, attitudes and beliefs of men and women regarding child-spacing and to plan an information and education campaign accordingly.

2. Finding

Chief nursing officers (CNOs) responsible for supervising trained family planning service providers have expressed interest in child-spacing, but have not received information or training in family planning or supervision.

Conclusion

The CNOs are inadequately prepared to supervise CS services in Gongola State which seriously jeopardizes the quality of care. Supervisory training and FP information and education for the CNOs will enhance quality of care for clients and provide much needed support for CS service providers.

3. **Finding**

Regionally trained child-spacing service providers who were interviewed require an update in clinical skills and in management of child-spacing clients.

Conclusion

Participants who complete regional family planning clinical skills courses are expected to return to Gongola State and initiate child-spacing services, usually in rural areas, without the benefit or support of working with an experienced clinical provider for skills reinforcement.

4. **Finding**

Record keeping systems are in accordance with the system recently instituted by the Centers for Disease Control and The Pathfinder Fund. A review of client records raised questions regarding quality of care. A review of daily and monthly statistics revealed mathematical errors, thereby inflating the total number of clients who reportedly received services.

Conclusion

There is an apparent need for in-service training on the use of client records in order to standardize the record keeping system and improve accuracy; the review of records also reinforces the urgent need for supervision of child-spacing services and for on-the-job precepting of the trained CS providers.

5. **Finding**

The physical facilities visited are inadequate to provide quality CS services, particularly as client demand increases. Either the facilities lack sufficient physical space or the space allocated requires rearrangement, including minor physical alterations.

Conclusion

The present physical facilities pose a constraint to the delivery of quality CS services.

6. **Finding**

The School of Nursing and Midwifery curricula lack family planning modules. Six tutors have participated in a 4-week TOT course at UCH, Ibadan in preparation for the implementation of a national FP curriculum for all Schools of Nursing and Midwifery in Nigeria.

Conclusion

The tutors are unable to utilize knowledge or skills acquired during their regional training in Ibadan as a national curriculum has not been prepared to date. Graduates from the SONM are unprepared to deliver child-spacing education and information or clinical child-spacing services.

7. Finding

There is no in-service child-spacing training for health educators or clinical service providers in Gongola State. All in-service training to date has been at UCH, Ibadan for clinical service providers. The MOH is willing to establish an in-service training system within the state.

Conclusion

There is an immediate need to provide clinical precepting for those trained in child-spacing at UCH, Ibadan and to establish an in-service health education training team prior to development of in-service training for clinical service providers.

VI. RECOMMENDATIONS

A. In-Service Training

1. Health Education seminars to inform, educate and orient government and non-government , traditional, religious and business leaders and personnel should be conducted in order to gain participants' support for the child-spacing program. Resources to conduct these seminars should be sought from within Nigeria.
2. INTRAH should facilitate the development of a health education training team in order to sustain training of health personnel in child-spacing education and motivation. The locus of the team should be the Health Education Unit within the Ministry of Health.
3. Training of community health assistants and aides in child-spacing education and motivation should be initiated immediately following the development of the health education training team and should include theory and a practicum. INTRAH technical assistance should be provided for two workshops.
4. Plans for additional health education workshops should be developed with the MOH in order to coordinate these activities with the Gongola State plan for the child-spacing program.

5. At least ten additional clinical service providers should be trained in the near future through a regional clinical skills course such as that offered by UCH, Ibadan, to staff 8 service delivery points which are scheduled to open in 1987 and to develop a resource of clinical skills preceptors for future in-state training. The Pathfinder Fund has agreed to sponsor such training.
6. In the immediate term, the already trained service providers who require close practical supervision should spend a specified amount of time working with the assistant FP coordinator at Yola Specialist Hospital CS Clinic, in order to improve their skills in CS service delivery. During this time the preceptor and the practitioner under supervision should establish clear objectives for the practicum and determine criteria for evaluation of the practitioners' skills.
7. Physicians in the public sector should be trained in family planning beginning with the principal medical officers who are currently a referral source to the CS service providers. (Gongola State has a total of 48 physicians.)
8. Personnel responsible for supervision of CS service providers should attend a supervision and management workshop. The training should include basic FP information including, but not limited to, knowledge of all methods, associated benefits and risks, and client screening for appropriate methods.
9. Service providers and supervisors should have an update in the maintenance of the record keeping system in order that quality of care can be monitored, client statistics be accurately recorded and commodities be supplied in a timely manner.
10. The family planning coordinator and the chief health officer should attend a FP clinical skills course and a management training workshop.
11. In the immediate term a workshop should be conducted to introduce developed and approved CS protocols for all CS clinical service providers. The purpose of this workshop would be to familiarize providers, supervisors and physicians with the need for and use of protocols in order to standardize CS services and improve quality of care.

B. Pre-Service and Post-Basic Education and Training

1. Pre-service nursing students and all students in the School of Health Technology should have, at the least, basic education and information on child-spacing, including but not limited to, the benefits of child-spacing, methods available and benefits and risks of each method, and communication and motivation skills. Community health practical experience should include child-spacing education and motivation of potential clients.
2. INTRAH should explore the possibility of providing technical assistance for the development and integration of a child-spacing curriculum into the Schools of Nursing and Midwifery and Health Technology. Potential collaborators are the MOH, school officials, American College of Nurse Midwives, The Pathfinder Fund and the Federal Ministry of Health.
3. Additional tutors from all schools should be trained in the FP tutors course at UCH, Ibadan.
4. INTRAH should discuss with the MOH the need for tutors to provide child-spacing clinical services in order that they maintain competence levels and become more effective tutors.
5. CS clinics should be refurbished to maximize the space available and to add rooms where necessary. Potential sites for CS services should be reviewed with MOH officials in order that necessary alterations can be completed in an efficient and timely manner prior to commencement of service delivery at these sites.
6. When planning for refurbishment and/or expansion of clinics, consideration must be given to the need for space to accommodate pre-service and post-basic students and in-service trainees for clinical skills practica.
7. Three to six months after completion of the training of clinical and non-clinical service providers (including community health aides and assistants), a review of the CS/ORT program in Gongola State should be conducted to assess trainees' performance, additional training and non-training needs of the program.

APPENDIX A

PERSONS CONTACTED/MET

Gongola State Ministry of Health

- Dr. Haliu GIDADO, Commissioner for Health
- Mr. Robin YOHANNA, Permanent Secretary
- Dr. Musa DAHWA, Chief Health Officer
- Mrs. Judith AMBE, Chief Health Sister and Family Planning Coordinator
- Mrs. Mary HAASAN, Assistant Family Planning Coordinator and Family Planning Service Provider
- Mrs. E.L. GIDEON, Senior Health Sister, Oral Rehydration Therapy Clinic, Specialist Hospital
- Mrs. P. YILANI, Senior Nurse Midwife, Numan Child-Spacing Clinic
- Mrs. Hauwa W. TARFA, Senior Nurse Midwife, Jalingo Child-Spacing Clinic
- Mr. Kwatri FUTULES, In-Charge of Health Education Department
- Mr. Joshua GARAMVWA, Chief Nursing Officer

Health Services Management Board

- Mr. Alijah Mohammed TUKUR-PATE, Executive Secretary
- Dr. Martin BIMBA, Chief Medical Officer
- Mrs. Jummai BELLO, Chief Nursing Officer
- Mrs. P. ANMADU, Nurse/Midwife, Specialist Hospital Child-Spacing Clinic, Yola
- Dr. H.B. MOHAMMED, Principal Medical Officer, Numan General Hospital
- Dr. Ismailam MAKSHA, Principal Medical Officer, Jalingo General Hospital
- Mr. J.S. GUMFE, Assistant Chief Nursing Officer, Ganye General Hospital
- Mrs. Damaris A. JODA, Nurse/Midwife, Oral Rehydration Therapy Clinic, Ganye General Hospital

APPENDIX A (cont.)

Health Services Management Board (cont.)

Dr. Isa H. OMAR, Principal Medical Officer, Mubi General Hospital

Mrs. Jummai H. BALAMI, Senior Midwifery Sister, Oral Rehydration Therapy Clinic

Mrs. L.S. MSHELIA, Staff Midwife, Yola Town Maternity

School of Nursing and Midwifery

Mrs. Charity TARFA, Vice Principal

School of Health Technology

Dr. H. BAGCHI, Principal

AID Affairs Office/Lagos

Ms. Keys MACMANUS, AID Affairs Officer

Mrs. H.O. SHITTA-BEY, Family Planning Program Specialist

Other

Dr. Abdul OMARAN, Consultant, Futures Group

Mr. Japheth WUBON, News Editor, Nigerian Television Authority (NTA)

APPENDIX B

GONGOLA STATE

PROPOSED TRAINING PLAN FOR MOH CS/ORI PROGRAM

NO.	ACTIVITY	PARTICIPANTS	LENGTH OF TRAINING	TRAINERS	SPONSOR
1.	FP Clinical Skills	10 Nurse/Midwives Midwives	6 weeks	UCH/Ibadan	Pathfinder
2.	Orientation Seminars to Increase Awareness of CS/ORI and Gain Support	1. Commissioners Permanent Secretaries Executive Secretary/HSMB Secretary of Finance and Administration 2. Heads of Parastatals LGA Chairmen and Secretaries 3. Principal Medical Officer Physicians Chief Nursing Officers 4. Chief Matrons Hospital Administrators 5. Senior Nurses Midwives	.5-1 day	FMOH/GSMOH FMOH (RAPID) SMOH SMOH SMOH	Pathfinder Pathfinder Pathfinder Pathfinder Pathfinder
3.	Workshop for Supervisors of CS Services and Providers	CNOs, CHOs who supervise CS Services	2 weeks	INTRAH	Pathfinder/ INTRAH
4.	Development of a CHE Training Team for CS Education and Motivation	Health Educators - 3 Clinical Providers - 2 School of Health Technology - 2 School of Nursing/Midwifery - 2 Media - 1 Ministry of Information - 1	3 weeks	INTRAH Kwara State Trainer	Pathfinder/ INTRAH
5.	CS Education and Motivation Workshop	15-20 Motivators Community Health Assistants and Aides Others TBD	2 weeks	CHE Training Team INTRAH-TA	Pathfinder/ INTRAH
6.	CS Education and Motivation Workshop	As above	2 weeks	CHE Training Team INTRAH-TA	Pathfinder/ INTRAH
7.	Workshop for Supervisors of CS Motivators	Supervisors	TBD	CHE Trainers	Pathfinder/ INTRAH
8.	Reassessment of Needs			SMOH/Pathfinder/ INTRAH	

APPENDIX C.1

CHILD-SPACING CLINIC STATISTICS

Numan General Hospital*

<u>Month</u>	<u>New</u>	<u>Continuous</u>	<u>TOTAL</u>
April	89	-	89
May	117	89	206
June	112	72	184
July	113	81	194
August	119	96	215
September	116	124	240
October	<u>111</u>	<u>119</u>	<u>230</u>
	777	581	1,358

* Clinic opened April 1986.

Average number of clients served daily = 11.5

Method of New Acceptors

IUD - 83
OC - 78
Injection - 74

<u>Month</u>	<u>IUD</u>	<u>Inj.</u>	<u>Condom</u>	<u>OC</u>	<u>Tabs</u>	<u>TOTAL</u>
April	7	1	50	5	13	76
May	10	5	62	10	15	102
June	11	10	42	15	12	90
July	19	18	38	11	13	99
August	22	12	40	16	16	106
September	13	18	42	18	18	109
October	<u>13</u>	<u>11</u>	<u>57</u>	<u>13</u>	<u>12</u>	<u>106</u>
TOTAL	95	75	331	88	99	688

Ganye General Hospital - CS Clinic Statistics

<u>Month</u>	<u>Barrier</u>	METHOD		<u>IUD</u>	<u>TOTAL</u>
		<u>OC</u>	<u>Depo</u>		
September 23-30	22	2	1	0	25
October	39	2	6	5	<u>52</u>
TOTAL					<u>77</u>

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APPENDIX C.2

ORT STATISTICS

Numan General Hospital, ORT Clinic

<u>Year</u>	<u>No. of Clients</u>	<u>No. of Deaths Reported</u>
1985 Aug.-Dec.	683	22
1986 Jan.-May	1,144	13
June	219	1
July	270	1
August	225	1

Numan LGA ORT Clinic

<u>Numan LGA</u>	<u>No. of Clients</u>	<u>No. of Deaths Reported</u>
Barrang	200	20
Demsat	90	15
Guuka	205	19
Kata	90	8
Gyawana	95	6
Lafia	105	5

Ganye General Hospital

Total number of clients since services initiated April 1, 1986 is 1,335. Deaths recorded - 8.

Specialist Hospital

<u>Year</u>	<u>No. of Clients</u>	<u>No. of Deaths Reported</u>
1985	5,000+	84
1986	5,271	4

APPENDIX D

Information About Gongola State

Projected Population of Gongola State 1983 - 1986

1983 - 2,630,907

1986 - 4,642,527

There are 17 Local Government Areas in Gongola State.
They are as follows:

S/NO.	LOCAL GOVERNMENT	POPULATION
		<u>1986 Projected</u>
1.	Bali	204,420
2.	Fufore	202,756
3.	Ganye	326,716
4.	Gombi	342,924
5.	Guyuk	223,008
6.	Jalingo	365,105
7.	Karim-Lamido	326,035
8.	Mayo-Belwa	245,258
9.	Michika	480,709
10.	Mubi	368,253
11.	Numan	275,768
12.	Sardaun	251,259
13.	Song	202,105
14.	Takum	235,720
15.	Wukari	268,334
16.	Yola	162,750
17.	Zing	161,407
TOTAL		4,642,527

Area: Gongola State is the second largest state in the Federation with a total area of 102,067 square kilometers.

Occupation: Majority of people in Gongola State are farmers. Cash crops include coffee, tea, groundnuts and cotton. Food crops include maize, yams, cassava, guineacorn, while village communities living on the banks of many rivers in the state engage in fishing.

Health Facilities

1.	General Hospital	-	12
2.	Health Clinic	-	52
3.	Health Centre	-	2
4.	Leprosarium	-	1
5.	School of Nursing	-	1
6.	School of Health Technology	-	1
7.	School of Midwifery	-	1

APPENDIX E

TRIP REPORT

BY: Olabisi Olatokunbo

TO: Gongola State

DATE: ~~September~~
October 29 - 30, 1986

PURPOSE: To discuss and assess the Gongola State preparedness for Pathfinder/INTRAH Training assessment visit scheduled for late October.

BACKGROUND AND CONTEXT

The Pathfinder Fund supported a National Workshop for family planning coordinators last year in Jos. Gongola delegation to the workshop was one nursing official with very little knowledge, skill awareness in family planning. A serious effort to assist this individual and Gongola state started at the workshop. A follow-up of this effort led to the training of 10 service providers in the state.

Following our strategy meeting in Mombasa, I had a meeting with Keys. It was during the meeting that Keys brought into focus the acute need for additional assistance (technical, financial and equipment) in Gongola. Because Pathfinder is the only organization providing the state any kind of assistance, she felt that we should team up with INTRAH and provide the much needed assistance in the state.

This led to a meeting with INTRAH officials (Terry Mirabito and Mr. Baker) who were in Lagos at the time. We had an extensive discussion on the need as presented by Keys and agreed that a joint Pathfinder/INTRAH assessment visit is necessary to determine Gongola training needs. Further, we agreed that I make a preliminary visit to brief the state MOH of our plan and assess the state preparedness for the assessment visit.

FINDINGS

Gongola has an estimated population of 4.6 million people, with 200 different ethnic groups. Hausa and Fulani languages are the two prominent languages commonly spoken. However, English is the official language. It is estimated that there are as many moslems as christians, illeteracy is quite high among moslem and reverse is the case for the christians.

The state has about 10 schools of nursing, one school of health technology, 15 general hospitals, 2 comprehensive health centers, 51 health clinics and about 100 dispensaries. Total number of health manpower was not readily available. However, there are 10 FP practitioners (PF trained) excluding FP coordinators. The chief health officer has no training at all in family planning.

There are three family planning services delivery points in the state where the UCH FP trained staff provide services. They are:

- Yola Town Specialist Hospital
- Numan General Hospital
- Yola General Hospital.

The state is planning to establish additional service delivery points in 4 General Hospitals in Mubi, Jalingo, Wukari and Ganye as soon as the last batch of nurses return from UCH in November, 1986.

I met with the Permanent Secretary, Mr. Robin Yohana and Ms Judith Ambe, the state family planning coordinator on the first day and explained the purpose of my visit. In response, the Permanent Secretary expressed the ministry's interest and enthusiasm to work with the assessment team in spite of the strong opposition to family planning in the state, this he said, is primarily from the moslem sector. However, the ministry is unable to counter the opposition due to lack of IE&C materials and necessary trained personnel to mount motivational activities. He said the ministry had drafted a pre-family planning memo to the state council for ratification. The Commissioner for Health and Chief Health Officer were out of Yola, so they could not participate in the discussion.

On the second day of my visit, another meeting was held with the Commissioner for Health, Dr. Gidado Halilu, Chief Health Officer, Dr. W. Musa, the FP Coordinator and the Permanent Secretary. The Commissioner was visibly pleased to see me and reiterate the state support for family planning.

He said that Gongola state is seriously handicapped by inadequate FP trained providers and motivational activities are non-existing due to lack of knowledge and skills among community health workers who are expected to motivate and increase family planning awareness at the community level.

I paid a visit to Yola Specialist Hospital FP clinic. It is staffed by one FP trained practitioner with two other personnel. The clinic is opened 7.30 - 3 p.m., 5-day a-week. Client load for month of July alone was 246, 120 of whom were new acceptors. The break-down of the new acceptor is as follows:

IUD 32, Pill 18, Condom 23, Foam Tablets 11
Injectable 22 and Cream or Jelly 4.

RECOMMENDATION

The Gongola State ministry officials including the Commissioner demonstrated interest in family planning and are already developing mechanism to institutionalize and integrate family planning services in the health system of the state. The state officials seemed committed, however, there are different communities in the state that needs to be enlightened on the family planning. I recommend strongly that Pathfinder and INTRAH's joint efforts should highlight the health benefit of child spacing. Aggressive information and education is required in Gongola state to gain the support of family planning opponents in the state. Training must emphasise knowledge and skills not only in family planning concept and technology, it must include communication and team building skills.

Pathfinder should make Gongola a priority project.