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## Trip Report

# 0-284

**Travelers:** Dr. Julia Tsuei, INTRAH Consultant  
Ms. Mary Ellen Stanton, INTRAH Consultant

**Country Visited:** NIGERIA

**Date of Trip:** April 15 to May 25, 1986

**Purpose:** To provide an assessment of INTRAH's strategies of building training systems, on a state-by-state basis, as a means to develop sustained training capabilities; and the INTRAH-conducted Five-Day FP/ORT Update refresher course as a means to improve service capabilities in Imo, Ondo, Plateau, Anambra, and Benue states.

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\* On file with INTRAH Program Office

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**N. Kwara State Ministry of Health Family Planning  
Services Quarterly Report: October - December 1985**

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**EXECUTIVE SUMMARY**

As part of the INTRAH-sponsored family planning training program in Nigeria and with the approval of AID Affairs Officer Ms. Keys McManus, two evaluation teams were assigned to assess and report on INTRAH activities in six focus states: Bauchi, Imo, Kwara, Niger, Ondo and Plateau, during the period April 15 to May 25, 1986. The overall goal of this evaluation was to provide an assessment of: (1) INTRAH's strategies of building training systems, on a state-by-state basis, as a means to develop sustained training capabilities; and (2) the INTRAH-conducted Five-Day FP/ORT Update "refresher" course as a means to improve service capabilities in Imo, Ondo, Plateau, Anambra and Benue States.

The objectives of determining and assessing the existence of state training teams and to what extent they are continuing to train for family planning activities were successfully accomplished. The clinical performance of INTRAH-sponsored service providers was also evaluated.

Questionnaire analyses, observations, and findings, conclusions and recommendations were compiled for each state as was a set of overall findings, conclusions and recommendations.

Five states had core state training teams which, in turn, had trained family planning service providers. Some of the clinicians trained within the states had been deployed to existing or newly opened family planning clinics and were functioning at various levels of competence.

**SCHEDULE DURING TRIP**

**Tuesday**  
**April 15** Dr. Tsuei traveled from Honolulu, Hawaii, and Ms. Stanton traveled from Lexington, VA to Chapel Hill, NC.

**Wednesday**  
**April 16** Mr. Isama and Mr. Akin-Dahunsi met with Coopers & Lybrand representative in Lagos (Mr. Kukoyi). Tsuei arrived in Chapel Hill, NC.

**Thursday**  
**April 17** Tsuei and Stanton were briefed by INTRAH. Stanton traveled to Lexington, VA.

**Friday**  
**April 18** Tsuei participated in the revision of evaluation and observation instruments. Isama met with Mr. Kukoyi.

**Saturday**  
**April 19** Tsuei departed Chapel Hill, NC for Lagos, Nigeria.

**Sunday**  
**April 20** Tsuei arrived in Lagos, Nigeria.

**Monday**  
**April 21** Tsuei briefed with AAO/Lagos Population Advisor Mrs. Shitta-Bey. Tsuei met with INTRAH in-country evaluation resource persons Isama and Akin-Dahunsi at the Federal Ministry of Health. The schedule for Team A was mapped out. Reminders were sent out to Plateau and Imo States.

**Tuesday**  
**April 22** Tsuei and Isama traveled by car to Ilorin, Kwara State. Met with the Chief Health Officer, Dr. D. Olubaniyi and his staff, including the state training team members and Program Coordinator. Agreed on a schedule of clinics and places to visit. Some questionnaires were administered.

**Wednesday**  
**April 23** Tsuei and Isama visited three clinics in and around Ilorin in the company of the Training Coordinator Mr. Adeseke and STT member Mrs. Ajiboye. A rain storm prevented the team from making visits to other identified sites in the area.

**Thursday**  
**April 24** Tsuei, in company of Mrs. Ajiboye and Mrs. Abodurin, visited two clinics in Ilorin. The three also visited clinics in Offa and Afon. Isama, accompanied by Mr. Adeseke, followed up INTRAH-trained trainers in Egbe, Eruku and Onu-Oran.

**Friday**  
**April 25** Tsuei visited Kpabata Clinic in Ilorin and Sorbie Specialist Hospital, a designated future training site. Tsuei and Isama debriefed Dr. Olubaniyi and his staff and returned to Lagos by air.

**Saturday**  
**April 26** Tsuei and Isama met and conferred with the INTRAH project development team of Ms. Carol Brancich and Ms. Maureen Brown in Lagos.

**Sunday**  
**April 27** Tsuei and Isama traveled from Lagos to Port Harcourt by air, then to Owerri, Imo State by car.

**Monday**  
**April 28** Tsuei and Isama had a briefing session with Imo State Assistant Family Planning Coordinator Mrs. Stella Dike. Isama traveled to Umuahia and Aba Zones and Tsuei, in the company of Mrs. Dike, visited Owerri Zone.

**Tuesday**  
**April 29** Tsuei met with Dr. K. N. Kanu, the Acting Chief Health Officer, Imo State MOH. In the company of Mrs. Dike, Tsuei visited Orlu Zone. Mr. Isama returned to Owerri.

**Wednesday**  
**April 30** Tsuei and Isama met with the Imo State MOH Permanent Secretary Rev. T.N. Odoemela, interviewed a trainee/service provider Ms. Grace Nwangri and proceeded to Aboh Mbaise and Ahiazu Mbaise Local Governments and then to Okigwe Zone.

**Thursday**  
**May 1** May Day Public Holiday. All Government clinics were closed. Tsuei and Isama returned to Lagos via Port Harcourt.

**Friday**  
**May 2** Tsuei and Isama worked on trip report and other travel logistics, Met briefly with Akin-Dahunsi of Team B and visited FMOH to arrange for typing services. Stanton arrived in Lagos.

**Saturday**  
**May 3** Tsuei, Isama, Stanton and Akin-Dahunsi met to review evaluation tools and plan strategy for evaluation activities in Plateau, Bauchi, Ondo and Niger States.

**Sunday**  
**May 4**

Tsuei, Isama, Stanton and Akin-Dahunsi traveled by air to Jos. All met in evening to discuss observations from Kwara and Imo States.

**Monday**  
**May 5**

Tsuei and Isama met with Plateau State Family Planning Coordinator Mrs. E.G. Mafuyai, Acting Chief Medical Officer Dr. Emmanuel Miri and Principal Health Sister Mrs. Nadomna, had an audience with the Permanent Secretary Mr. Isandu, went to the Health Services Management Board to get some pointers on how to trace the service providers on the sample list, and visited six clinics in Jos. Stanton and Akin-Dahunsi traveled by car to Bauchi and visited Health Management Board Kafer-Wase Family Planning Clinic.

**Tuesday**  
**May 6**

Tsuei and Isama visited Evangel Hospital in Jos, observed two service providers at Nasarawa Clinic and Bukuru Health Centre, and traveled to Kuru and Vom. Stanton and Akin-Dahunsi traveled to Gombe by car and visited the Bolari Clinic and the School of Health Technology.

**Wednesday**  
**May 7**

Tsuei and Isama traveled to Lafia and visited one private hospital and one urban clinic and then traveled to Assakeo to visit one rural clinic. Stanton and Akin-Dahunsi visited the Health Management Board, the Specialist Hospital Family Planning Clinic and the Kafer-Wase Family Planning Clinic in Bauchi. Akin-Dahunsi visited the Schools of Nursing and Midwifery. Both teams debriefed with the Director of Medical Services.

**Thursday**  
**May 8**

Tsuei and Isama visited Tundu Wada Clinic in Jos, debriefed with the Permanent Secretary Mr. Isandu, and met with the Commissioner of Health Dr. (Mrs.) Joyce Manvut and Chief Health Sister Mrs. Mary Shemu. Stanton and Akin-Dahunsi visited the Health Management Board, Bauchi, traveled to Toro by car to visit the Toro Hospital Family Planning Clinic, and traveled by car to the Jos Airport. Tsuei, Isama, Stanton and Akin-Dahunsi traveled to Lagos by air.

**Friday  
May 9** Stanton, Akin-Dahunsi, Tsuei and Isama met to discuss results of Bauchi, Kwara, Imo and Plateau State visits, to plan for a uniform format for the trip report, and to discuss conclusions and recommendations. Tsuei and Stanton debriefed with AAO/Lagos Health Development Officer Mr. Larry Eicher and met with two representatives from TIPPS - Maureen Clyde and Jonathan Meyer.

**Saturday  
May 10** Tsuei left Lagos for the U.S. Stanton worked on Bauchi State section of the trip report.

**Sunday  
May 11** Stanton and Akin-Dahunsi traveled by car to Akure and met to discuss Ondo State strategy.

**Monday  
May 12** Stanton and Akin-Dahunsi visited the MOH, the State Specialist Hospital, the School of Health Technology and St. Peter's College. Akin-Dahunsi visited the Ministry of Education and the Office of Community Development and Social Welfare.

**Tuesday  
May 13** Stanton and Akin-Dahunsi traveled by car to visit basic health centers in Epinmi and Irun.

**Wednesday  
May 14** Stanton and Akin-Dahunsi traveled by car to visit St. Louis Hospital Clinic and basic health center in Owo, and the basic health centers in Uso and Ladje-Ondo.

**Thursday  
May 15** Stanton and Akin-Dahunsi traveled by car to visit the basic health centers in Oye-Ekiti and Ado-Ekiti and the School of Nursing in Ado-Ekiti.

**Friday  
May 16** Stanton and Akin-Dahunsi visited the MOH to debrief with Chief Health Officer Dr. H.T. Aladesawe and Chief Health Sister Mrs. C.I. Ikuomolo; visited the State Specialist Hospital and the MCH Unit of the Health Office in Akure; and traveled by car to visit the Comprehensive Health Service at Ilara-Mokin and then on to Lagos.

**Saturday  
May 17** Stanton worked on the Ondo State section of the trip report.

**Sunday  
May 18** Stanton and Akin-Dahunsi traveled by air to Kaduna.

**Monday**  
**May 18** Stanton and Akin-Dahunsi traveled by car to Minna and visited the MOH, the Airport Road Clinic and the General Hospital.

**Tuesday**  
**May 20** Stanton and Akin-Dahunsi visited the Town Health Clinic, the General Hospital, the Airport Road Clinic and the Tudun Wada Clinic. Akin-Dahunsi visited the MOH and both traveled by car to visit the Health Center at Chanchaga.

**Wednesday**  
**May 21** Stanton and Akin-Dahunsi traveled by car to visit the Dokodza Clinic in Bida. Akin-Dahunsi visited the School of Nursing in Bida. Both visited the Minna General Hospital, the home of the Family Planning Coordinator and the MOH to debrief with the Permanent Secretary Dr. Susan Saba.

**Thursday**  
**May 22** Stanton and Akin-Dahunsi traveled by car to Kaduna and by air to Lagos. Stanton met with INTRAH and IHP Directors.

**Friday**  
**May 23** Stanton, Akin-Dahunsi and Isama met to prepare for debriefing session. Stanton visited U.S. Embassy.

**Saturday**  
**May 24** Stanton met with INTRAH and IHP Directors. Stanton, Akin-Dahunsi and Isama debriefed with Mr. Larry Eicher, AAO/Lagos; Dr. James Lea, INTRAH; and Mr. Robert Minnis, IHP. Stanton departed for U.S.

**Sunday**  
**June 15** Tsuei traveled from Hawaii and Stanton traveled from Virginia to INTRAH offices in Chapel Hill.

**Monday**  
**June 16** Tsuei and Stanton prepared for debriefing session and met with INTRAH staff.

**Tuesday**  
**June 17** Tsuei and Stanton debriefed INTRAH staff and Ms. Carol Brancich of IHP, met with Ms. Linda Dangerfield and worked on trip report.

**Wednesday**  
**June 18** Tsuei and Stanton met with INTRAH staff, worked on trip report and made suggestions for modification of evaluation tools to INTRAH Evaluation Service staff. Stanton departed for Virginia.

**Thursday**  
**June 19** Tsuei departed for Hawaii.

I. PURPOSE OF THE TRIP

The overall purpose of this evaluation was to provide an assessment of INTRAH's strategy of building training systems, on a state-by-state basis, as a means to develop sustained training capabilities, and of the Five-Day FP/ORT Update workshops as a means to improve service capabilities in specific states.

The evaluation objectives were:

- A. To assess the extent to which the designated INTRAH-trained team in each state continues to operate as a coherent training team, the extent of attrition from the training team, and the extent of recruitment of new members to the team.
- B. To assess the extent to which an integrated training plan exists within each state, the extent to which each state training team is expected to contribute to the state training plan, and the extent to which training has been institutionalized within each state.
- C. To assess the extent to which second-generation training has occurred in the six states (training initiated/conducted by the state training teams without INTRAH funds).
- D. To assess the extent to which a cadre of service providers has been developed within each state, as a result of direct INTRAH training as well as training by INTRAH-trained trainers, who provide family planning services at a level of quality consistent with modern contraceptive practices.
- E. To provide an overall assessment of the appropriateness of the INTRAH training of trainers strategy as well as the Five-Day FP/ORT Update workshops and the Clinical

FP Service Delivery Skills workshops for the development of family planning training capabilities and training systems, and family planning service provision.

- F. To assess the factors in each state other than training, which may influence the effectiveness of INTRAH training and the INTRAH-trained teams.

II. ACCOMPLISHMENTS

- A. The evaluation team conducted evaluations in Kwara, Imo, Plateau, Bauchi, Ondo and Niger States using protocols prepared by INTRAH and the consultants, Dr. Tsuei and Ms. Stanton.
- B. Fifty-nine (59) follow-up questionnaires for TOT trainees were administered. Eighty-four (84) service providers' self-assessment questionnaires were administered. Twenty-five observations of service providers were conducted. Six state training team assessments were made.
- C. An assessment was made of the efficacy of the Five-Day FP/ORT Updates, Clinical FP Service Delivery Skills workshops and TOT strategies.
- D. Assessment was made of the activities of INTRAH-trained trainers and service providers, evidence of second-generation training and other factors affecting training.

### **III. BACKGROUND**

INTRAH provided family planning training in six focus states of Nigeria during the last year of PAC I (FY 84) and the first two years of PAC II (FY 85 and FY 86). State training teams were developed in Niger, Plateau and Ondo States during FY 84 and in Bauchi, Imo and Kwara States during FY 85 and FY 86. During FY 86, INTRAH also provided 10 five-day intensive "refresher" workshops in family planning/oral rehydration therapy to practicing nurses and midwives in three of the six states (Imo, Ondo and Plateau) as well as two other states (Anambra and Benue). These five-day workshops were planned as refreshers but became basic courses for nursing personnel who were entirely unfamiliar with family planning content and methods.

In view of the high level of INTRAH resource commitment in Nigeria, it was considered essential that the yields of INTRAH's strategies be assessed before additional dollars and person power were directed toward future state projects.

It was planned that the results of an evaluation of INTRAH activities in the six states would provide a basis for decisions about future strategic direction in establishing and/or building FP training capabilities in Nigeria.

### **IV. DESCRIPTION OF ACTIVITIES**

#### **A. Personnel**

Two teams carried out the evaluation. Each team consisted of an evaluation resource person, trained in evaluation techniques by INTRAH and posted in the National Health Planning and Research Directorate, FMOH, Lagos, and a clinical consultant selected by, but not otherwise associated with, INTRAH. In each state,

personnel from the state MOH/HMB assisted with the evaluation. Team A (Dr. Tsuei and Mr. Isama) conducted the evaluation in Kwara, Imo and Plateau states. Team B (Ms. Stanton and Mr. Akin-Dahunsi) conducted the evaluation in Bauchi, Ondo and Niger states. The teams did not conduct the evaluations simultaneously but did overlap their activities for one week.

**B. Methodology**

Utilizing a random sample list provided by INTRAH, questionnaires were administered to INTRAH-trained trainers and INTRAH-trained service providers . In addition, INTRAH-trained service providers were observed giving direct service to clients wherever possible. In each state, a state training team assessment form was filled out by the INTRAH evaluators after questioning the Chief Medical Officer, the Family Planning Coordinator and/or the head of the state training team (See Appendix F for evaluation tool). In addition, interviews were conducted with administrators, trainers and service providers concerning issues of policy, funding of training activities and clinical practice. At clinic sites, clinic registers and client charts were reviewed.

The following is a summary of the questionnaires administered and observations conducted by state:

	<u>Kwara</u>	<u>Imo</u>	<u>Plateau</u>	<u>Bauchi</u>	<u>Ondo</u>	<u>Niger</u>	<u>TOTAL</u>
Follow-Up Questionnaire for TOT Trainers	13	14	11	9	6	6	59
Self Assessment Questionnaire for Clinicians	14	19	17	8	11	15	84
Instrument for Recording Observation of INTRAH Trainees Performing Clinical Tasks	5	8	8	2	..	2	25
State Training Team Assessment Questionnaire	1	1	1	1	1	1	6

C. Process

The strategy for carrying out the evaluation varied according to the conditions in each state. In general, however, the evaluation team first met with the state MOH/HMB administrators and policy makers to brief them on the purpose of the visit, and to obtain their assistance in filling out the State Training Team Assessment Questionnaire, in mapping out a practical plan for following up trainers identified by INTRAH in the random sample in order to interview and observe them, and in providing logistical support to carry out the evaluation. A state representative, usually the Family Planning Coordinator or head of the state training team, was also identified to assist with the evaluation.

The evaluator from the FMOH and the clinical consultant then worked separately or together (but almost always in the company of state representatives)

to administer questionnaires. For example, at a busy city clinic the FMOH consultant would administer questionnaires while the clinical consultant observed service provision and reviewed clinic registers and client charts. In other cases the team would separate in order to administer questionnaires to the greatest number of INTRAH trainees possible. All decisions were influenced by location of the trainees and the availability of transport. In some cases, when INTRAH trainees could not be contacted directly, questionnaires were left on-site to be filled out by them and returned to the evaluation team later. If clinical observations were not able to be carried out due to a lack of clients, there was an effort to carry out an interview, do a role play and/or review clinic registers and client charts to determine the level of knowledge of the INTRAH-trained service providers.

On the final day of the evaluation in each state, a debriefing was carried out with MOH/HMB administrators.

A preliminary report and debriefing were presented to Mr. Larry Eicher, AAO/Lagos, Dr. James Lea, INTRAH Director, and Mr. Robert Minnis, IHP Director, by Ms. Stanton, Mr. Isama and Mr. Akin-Dahunsi in Lagos.

V. OVERALL FINDINGS AND CONCLUSIONS

A. Strategy of TOT and Five-Day FP/ORT Update Workshops

1. The TOT strategy has shown itself to be successful to the extent that INTRAH-trained trainers in Ondo, Plateau, Imo, Kwara and Niger States have functioned as trainers in formal workshops sponsored with external funding. INTRAH-trained trainers have not functioned as trainers in Bauchi State due to lack of funds on part of HMB and HMB's plan to move toward on-the-job training.\*
2. The Five-Day FP/ORT Update workshops had varying results:
  - a) In Ondo State, the five-day courses were unsuccessful due to lack of knowledge, skills, supplies, clients, and experienced personnel for supervision of the participants following the workshop.
  - b) In Imo State, the five-day courses were unsuccessful due to lack of supplies and equipment, as well as a large number of experienced personnel who did not permit the less experienced service providers (the 5-Day trainees) to practice.
  - c) In Plateau State, the five-day courses were successful due to the continuous training and support of more experienced personnel.

B. INTRAH-Trained State Training Teams

In all states visited, most of those persons trained by INTRAH are still considered members of the state training teams. They meet at various intervals and some provide training when there is outside funding. There has been some attrition due to promotions to administrative positions, retirement, and posting to other areas.

In all states except Ondo, only INTRAH-trained trainers function as members of the state training team. In Ondo State, INTRAH-trained trainers function as members of the state training team along with others who have received training elsewhere.

1. **Leadership**

There is a need to include state government leaders in the state training teams. These should be people with personal influence to encourage and support other trainers and political influence to shape MOH/HMB priorities.

2. **Trainer Profile**

The profile of the most active trainer is:

- a) a female;
- b) trained as a nurse-midwife;
- c) occupying the position of a tutor, training (or assistant training) coordinator or family planning coordinator (or assistant); and
- d) has access to adequate training space and support.

3. **Core Trainers and Clinical Preceptors**

Actual training "teams" were found to be smaller groups of 2-3 "core" trainers rather than the 12-18 who were trained as state trainers. Those who become core trainers are capable and are posted in positions where they can carry out continuous training. Those who are clinical preceptors/tutors are "model service providers" who work in clinical settings with adequate caseload, supplies, and adequate laboratory and medical backup.

4. **Outside Funding**

UNFPA, JHPIEGO, PPFN, CEDPA and The Pathfinder Fund, in addition to INTRAH, have provided support for training activities. This support is not coordinated, and in Ondo and Niger States, funding is running out without any further outside funding in sight.

C. **State Training Plan**

In no state did there appear to be an approved written family planning plan which institutionalized training.

However all states had or were in the process of writing, or had just completed a state family planning

plan which included training. Not all plans have been approved. All plans lack funding for implementation at the present time.

D. Service Provision

1. Cadre of Service Providers

- a) In Bauchi, Niger, Plateau, Kwara and Imo States, INTRAH-trained service providers, all of whom were trained in a Clinical FP Service Delivery Skills workshop for three weeks or more, are functioning effectively at a level of quality generally consistent with modern contraceptive practice.
- b) In Ondo and Imo States, the INTRAH-trained service providers who were trained in the Five-Day FP/ORT Update workshops are not functioning effectively.
  - In Ondo State, service providers are not posted to delivery sites with clientele or supplies and feel unprepared to function as service providers.
  - In Imo State, service providers trained in the 5-day workshops are not functioning because there are a sufficient number of service providers trained in the 4-week Clinical FP Service Delivery Skills workshops and those who have had five-day training are not considered adequately trained (in comparison to those who participated in a four-week clinical skills delivery course).
- c) In Plateau State, the INTRAH-trained service providers who have been trained in the Five-Day FP/ORT Update workshops are functioning effectively, apparently due to being posted in clinics where they continue to receive training on-the-job and are supported by more experienced personnel.

2. Service Provider Profile

The profile of the most effective service provider (in terms of quantity and quality) is:

1. a female;
2. trained as a nurse-midwife;

3. occupying the position of nursing sister, health sister, or community health officer;
4. stationed in a clinic with an active caseload and adequate equipment;
5. trained in a training program which requires an adequate number of supervised management of cases using all methods, and providing a full range of methods; and
6. has use of her own private vehicle in order to collect commodities when needed.

3. **Clinical FP Training**

There is a need for high quality training of both trainers and service providers so that trainees become knowledgeable, skilled, and confident in their abilities. High quality training involves not only classroom sessions but, for any service provider, a substantial amount of clinical experience.

4. **Selection of Trainees and Assignment of Trained Personnel**

- Trainees should be selected from a geographic area that needs service and has or will have the equipment, supplies and clientele to provide the service.
- Trainees should have the assurance that they will be strategically posted to a place where they can use their family planning skills.
- Frequent transfers and assignment of trained personnel to posts which do not involve family planning dilutes the impact of training. Not only does it decrease the potential for direct client services, but does not allow for reinforcement of service provider skills and knowledge.

E. **Second-Generation Training**

In Kwara, Plateau, Ondo and Niger States there has been second-generation training carried out by INTRAH-trained trainers without INTRAH funds.

In Imo State, there was training carried out by INTRAH-trained trainers with INTRAH funds and technical

assistance. There has been no second-generation training.

In Bauchi State, there were no training activities for service providers following the INTRAH TOT workshop.

F. Other Factors Which Have an Impact on Training

1. National Policy

A national FP policy and supportive funding at the national level are extremely helpful in giving state governments the direction and support needed.

2. Local Government

The state FP policy should include fair allocation of general supplies and equipment to the local governments areas.

3. Agency Coordination

The need for coordination between the various agencies supporting family planning is critical. There needs to be appropriate coordination (location, sequencing and timing) of all activities so that community health education, equipment of clinics, supply of commodities and training of skilled service personnel are ensured. This may mean focusing assistance activities in fewer locations rather than spreading out to distant locations too quickly.

4. Religion and Traditional Beliefs

Religion and traditional beliefs continue to play a crucial role in influencing people's decisions regarding family planning. Work with traditional and religious leaders will greatly enhance IEC efforts.

5. Privacy and Confidentiality

Assurance of client (male and female) privacy and confidentiality could greatly increase the number of family planning acceptors.

6. Local Language

While there are many posters throughout the six states promoting family planning, almost every one is in English. To be effective, posters must be translated into the local languages. Additionally, service providers who speak a variety of local languages must be trained.

7. **Ethnic Factionalism**

Ethnic factionalism may be inadvertently enhanced by acceptance of workshop participants who do not represent geographic and ethnic diversity within a state.

8. **Under-utilization of Clinics**

Serious under-utilization of established clinics may be related to a vicious cycle of futility among service providers ("I tried to motivate them, but clients were not interested, and I have no supplies anyway, and even if I did have supplies, I never got enough supervised practice.")

9. **Clinical Protocols**

The establishment of clinical protocols by the states for the initiation and continuation of each family planning method would increase uniformity and quality of service provision. Curricula reviewed from INTRAH workshops (especially INTRAH curriculum development workshops) are not specific enough.

10. **STD and PID**

Appropriate diagnosis, treatment and referral of sexually transmitted diseases and pelvic inflammatory diseases are essential in family planning service provision which includes insertion of IUDs. Inadequate or complete lack of laboratory facilities in the six states poses an enormous problem. The problem is increased by the common misconception that service providers can diagnose STDs on sight and by service providers' lack of skill in conducting bimanual exams to detect PID. Treatment regimens need to be standardized according to generally accepted medical practice.

G. **Evaluation**

1. The INTRAH evaluation strategy was ambitious, but appropriate, in order to elicit information which could not have been gained without on-site interviews and observations.
2. Inclusion of Federal Ministry of Health personnel was essential.
3. Inclusion of State Ministry of Health personnel had varying results. In some cases, State Ministry of Health personnel tried to influence service providers' responses on questionnaires, while in other cases they provided exceptional

help to the INTRAH evaluation team and used the evaluation as a learning opportunity for themselves.

4. Evaluation of trainers would be enhanced by modification of the "Follow-up Questionnaire for TOT" and evaluation of service providers would be enhanced by modification of the "Self-Assessment for Clinicians" questionnaire and the addition of a format for chart audit.
5. Evaluation should attempt to assess the quality, as well as the quantity, of training activities carried out by INTRAH-trained trainers. This might be done by assessing the service provider skills demonstrated by those who have been trained by INTRAH-trained trainers without the direct help of INTRAH trainers (the "second-generation" trainers) or by direct observation of the INTRAH-trained trainers carrying out training.

**VI. OVERALL RECOMMENDATIONS**

- A. Five Day FP/ORT Update workshops should not be continued as a strategy to train comprehensive service providers.**

Rationale:

1. Service providers trained only in five-day workshops were neither knowledgeable nor skilled enough to gain credibility from the point of view of their supervisors and clients.
2. The state governments have not been able to post large numbers of newly-trained service providers to sites where they can utilize their new knowledge and skills, but even if they did the credibility issue remains.

- B. Training of service providers should be done in small groups allowing enough time for supervised care of clients using all family planning methods. The Clinical FP Service Delivery Skills workshop should be repeated as a strategy for the training of service providers.**

Rationale:

1. There is not sufficient client demand to justify the training of large numbers of service providers at one time.
2. Clinical skills training can only be provided in clinic sites with access to supplies and clients.
3. Service providers can best learn clinical skills where there is the opportunity for individual supervised practice in all family planning methods. Those who did not have this type of practicum lacked the ability to make use of their data base (history and physical exam) in order to initiate or continue any method and were unable to recognize contra-indications, side effects and complications.
4. Service providers trained in this way may soon become "model providers," some of whom can function as clinical preceptors.
5. Training can show immediate results if trainees are promptly posted to family planning service delivery sites with supplies and clients.

**C. Persons chosen to be trained as service providers should be:**

1. female;
2. trained as nurse/midwives;
3. occupy the position of nursing sister, health sister, or community health official;
4. currently posted or to be posted to a geographic area that needs the service and has a clinic with adequate equipment, supplies and clientele so they can utilize their family planning skills.
5. practicing in an area which has just had or will simultaneously have a community health education promotion program for family planning; and
6. committed to serving in an active family planning post for two years with the agreement of the state government.

**Rationale:**

1. Female nurse/midwives occupying clinical posts, rather than those occupying posts as tutors or administrators, were usually the most productive in provision of family planning services.
2. Service providers who will be transferred, retired, sent overseas, or posted to clinics with no supplies and no expectation of clients will not be able to utilize their training.

**D. The group of trainees should represent proportionate geographic and ethnic distribution insofar as possible.**

**Rationale:**

Service providers will be most effective when they can communicate with clients in the client's own language.

**E. Sufficient community health education to inform and motivate acceptors should occur simultaneously or just prior to the training of service providers.**

**Rationale:**

1. In no place visited were clinics overburdened with family planning clients. Almost all sites needed more clients in order to give service providers the opportunity to practice their skills and to create a demand for supplies.

2. Without clients, service providers cannot practice their new skills. Confidence and competence are quickly lost.
3. Many nurses and midwives do not speak the local language of the clients they serve.

**F. Persons chosen to be trained in community health education should be respected in the traditional culture and speak the local language, (i.e., chiefs, healers, TBAs, religious, and political leaders).**

**Rationale:**

1. The changing of old beliefs is most likely to be done by accepted community leaders who are known to be influential.
2. Nurses and midwives tend to be attached to clinics. Their impact is limited to relating to those members of the community who already attend the clinics.

**G. TOT should be started only after:**

1. A state government is committed to provide family planning services.
2. The following types of personnel are available:
  - a. those trained as nurses, midwives or nurse tutors;
  - b. those with basic knowledge of family planning;
  - c. those who have a good working relationship with clinic administrators and service providers; and
  - d. those who have access to training facilities and materials.
3. There is agreement that those trained will use their training.
4. There is assurance of funding to carry out subsequent training activities; and
5. The state government agrees to post trainers in positions where they can put their training skills into practice.

Rationale:

1. Despite the investment of substantial human and financial resources, TOT has been shown to be of limited success, since only a small number of trainees were integrally involved in second-generation training.
2. The quality of training done by INTRAH in TOT was not assessed directly, but there is reason to question the quality of training in Ondo State where evaluators could not find any second-generation service providers who trained effectively.
3. Even if TOT produces skilled clinical trainers, they will be unable to function effectively if they are in an environment without adequate clients since a well-functioning clinical site is essential to good training.
4. Unless there is funding of training, trainers, no matter how well trained, will be idle.
5. Persons who are preoccupied with administrative activities, retired, attending courses overseas, etc., will be completely unable to use their training as trainers.

- H. INTRAH should consistently raise the issue of client privacy and confidentiality with administrators, trainers and service providers to urge health officials to explore appropriate solutions to this problem.

Rationale:

Lack of privacy was repeatedly noted to be a deterrent to acceptance of family planning services.

- I. INTRAH should work with health officials in each state to develop simple protocols for the initiation and continuation of each family planning method. Such protocols should be based upon the reality of maternal mortality and morbidity related to pregnancy and birth in Nigeria. Such protocols should be compatible with the international standard; i.e., including bimanual examination in the routine physical for family planning.

Rationale:

1. Some serious deviations from accepted modern contraceptive practice could be avoided by use of accepted protocols.
2. Use of protocols would increase uniformity and excellence in service provision.
3. New service providers would be afforded a way in which to easily put their knowledge into practice.
4. Use of accepted protocols would assist trainers to impose uniformity of sequence and content.
5. Adherence to accepted protocols could be used as a standard of evaluation of service provider and trainer performance.

J. **INTRAH should include content and when appropriate, practice in appropriate diagnosis, treatment and referral of sexually transmitted and pelvic inflammatory diseases in any family planning training which includes insertion of IUDs. This may include:**

1. **Working with WHO, CDC or others to determine the most practical and acceptable methods for diagnosis, treatment and prophylaxis of STDs and incorporation of accepted standards of care into protocols and curricula.**
2. **Correcting common service provider deficiencies in bimanual exam skills and the common mistaken belief that STDs can be diagnosed visually.**

Rationale:

1. Especially at a time when many IUDs are being withdrawn from the market in the U.S., programs supported by U.S. funds must be extremely sensitive to IUD-associated problems.
2. While the vast array of diagnostic facilities available in the U.S. cannot be imported to Nigeria, the best ways of diagnosing and treating STDs in the developing world, agreed to by accepted authorities, should be promoted.

K. **INTRAH should increase its efforts to coordinate its activities with other agencies providing assistance to family planning activities in Nigeria.**

Rationale:

1. The impact of INTRAH training is greatly affected by the availability of supplies, equipment and other support from U.S. and international agencies. Good coordination will increase the impact of training.
2. Lack of coordination can result in duplication of efforts or stretching of health personnels energies beyond reasonable limits in response to diverse demands.

L. Bauchi State

1. **INTRAH should conduct another Clinical FP Service Delivery Skills workshop.**

Rationale:

1. The last Clinical FP Service Delivery Skills workshop was extremely successful because it produced knowledgeable, skilled, confident service providers who were strategically posted by the state government to sites where they could use their skills.
  2. There has been no training in the state by other agencies and so the need exists to train additional service providers.
  3. There is no funding by or expertise in Bauchi State health personnel to carry out additional training on their own.
2. **INTRAH should help Bauchi State implement its pre-service curriculum in family planning.**

Rationale:

A pre-service curriculum development workshop has already been conducted by INTRAH and implementing that curriculum may provide for institutionalization of family planning training at the pre-service level.

M. Ondo State

**No further INTRAH activities should be carried out at the present time.**

Rationale:

1. Ondo State personnel have not asked for any more help.
2. While there is a great need for skilled service providers, there do not currently appear to be clinic sites where adequate supervised clinical experience could be provided for the trainees.
3. The extremely low level of client acceptance makes community health education the first priority in Ondo State. However, CHE should not be carried out if there will be no skilled service providers and supplies in response to increased client demand.

**N. Niger State**

**INTRAH should sponsor a one-week refresher course for service providers who were trained by INTRAH two years ago.**

Rationale:

1. Despite overall effectiveness of family planning services provided by INTRAH-trained service providers, there were a number of instances of service provider errors noted by INTRAH evaluators which could be corrected by an "update".
2. Service providers in Niger State demonstrated a desire to increase their knowledge and skills (although the possibility of a refresher was not proposed to them).
3. Clinic volume is quite high in some of the Niger State clinics. The impact of improved care would be transmitted to many clients and these sites might then be used as training sites by health personnel from other states if there were no adequate sites in their own states.

**O. Kwara State**

**INTRAH should fund two 6-7 week service delivery workshops as Kwara State trainees and MOH officials have requested. The state should be encouraged to equip more family planning clinics and identify additional clinical preceptors to assist in the clinical training.**

Rationale:

1. Evaluation showed that because of the INTRAH training activities which have taken place in Kwara State since 1984, the number of active family planning clinics has increased from 14 to 32. The quality of FP services is high.
2. Kwara State has a functional state family planning training team with excellent coordination.
3. The three clinics designated for training may not have enough clients to satisfy the service providers' training needs during a six week workshop. The completion of the clinical training portion of the workshop may be better determined by the number of cases processed under supervision than the number of weeks spent in the clinics. It will be helpful to equip more clinics for training.

P. Imo State

Five-Day M2/ORT Update workshops are not needed in Imo State. No effort should be made to identify more clinical preceptors and to equip more clinics to provide further training to the five-day workshop trainees who are functioning as clinical providers. The length of training should be determined by the number of cases processed under supervision rather than by the number of weeks spent in the clinic.

Rational:

1. Imo State did not show sufficient client demand to justify the training of additional service providers.
2. Due to the present limitations on services which five-day workshop trainees are permitted to provide, all the trainees are highly stimulated to obtain more training. This will strengthen the previous training and put the trainers into the position of actually providing family planning services.
3. There are enough clinic preceptors identified by the INTRAH evaluation team who are qualified and willing to provide continuous training and supervision to the five-day workshop trainees.

Q. Plateau State

A refresher course in family planning which would employ the five-day workshop format is recommended.

Rationale:

1. Plateau State has a functioning state training team which is capable of doing continuous training.
2. The Health Service Management Board has selected excellent trainees and placed them in the proper working sites after training. Almost all the five-day workshop trainees are able to provide FP services under the supervision of the clinical preceptors and continue to be trained at the same time.
3. Plateau State has enough well-equipped family planning clinics where qualified clinical preceptors are available for training.
4. Plateau State has sufficient clients to justify a FP clinical practicum.

**APPENDIX A**

**PERSONS CONTACTED/MET**

## APPENDIX A

### PERSONS CONTACTED/MET

#### INTRAH/Chapel Hill

Dr. James LEA, Director  
Mr. Michael DENNIS, Assistant to the Director  
Dr. James VENEY, Evaluation Officer  
Ms. Constance NEWMAN, Evaluation Specialist  
Ms. Teresa MIRABITO, Program Officer, East/Southern Africa  
Dr. Marcia ANGLE, Research Associate  
Ms. Linda DANGERFIELD, Administrative Assistant

#### Lagos, Nigeria

Mr. Lawrence EICHER, Health Development Officer, AAO/Lagos  
Mrs. SHITTA-BEY, Population Advisor, AAO/Lagos  
Mr. O. KUKOYI, Senior Manager, Coopers and Lybrand  
Mrs. Maureen BROWN, Program Officer, INTRAH/Chapel Hill  
Ms. Carol S. BRANCICH, Program Coordinator, IHP/Santa Cruz  
Ms. Maureen CLYDE, Tipps, John Short and Associates  
Mr. Jonathan MEYER, Tipps, John Short and Associates  
Ms. Mindy JOHAL, The Enterprise Program  
Mr. William CHESTER, The Enterprise Program  
Dr. Timothy JOHNSON, Center for Disease Control  
Mr. Robert MINNIS, Director, IHP/Santa Cruz  
Dr. James LEA, Director, INTRAH/Chapel Hill

#### Bauchi State Health Management Board

Mr. Y. ILIVA, Chief Nursing Officer  
Mrs. Habiba AHMED ALI, Assistant Health Sister, Health Management Board  
Dr. Ilyasu MUHAMMED, Chairman  
Mrs. Hawa Mohammed DANTAYI, Senior Nursing Sister, Kafer-Wase  
Mrs. Polina DOGO, Principal Nursing Sister, Family Planning Clinic, Kafer-Wase

**Imo State Ministry of Health**

Rev. T.N. ODOEMELA, Permanent Secretary  
Ms. Stella DIKE, Assistant Family Planning Coordinator  
Dr. K.N. KANU, Acting Chief Health Officer  
Mrs. Ola OPUNSUNJI, Family Planning Zonal Coordinator  
Mrs. C. UKANWOKE, Family Planning Zonal Coordinator,  
Aba Zone  
Mr. IYEH, Administrator, Ahiazu-Mbaise Local Government  
Mrs. J.E. OTEH, Matron, General Hospital, Okigwe  
Dr. K.U. UKOHA, Superintendent, General Hospital, Okigwe  
Mr. David RADEL, World Bank, Washington, DC

**Kwara State Ministry of Health**

Dr. D. OLUBANIYI, Director, Health Services  
Mrs. A.O. AJE, Chief Health Officer  
Mrs. F.A. TOLUSHE, Assistant Chief Health Sister, Family  
Health Program Coordinator  
Mrs. R.M. AJIBOYE, Principal Health Sister, Core Trainer  
Mrs. V.B. ABODUNRIN, Principal Midwife Tutor, Core Trainer  
Mr. G.D. ADESEKO, Senior Nursing Officer, Training  
Coordinator  
Mrs. A.O. LAWAL, Kwara State Specialist Hospital, Sorbie

**Niger State Ministry of Health**

Dr. Susan SABA, Permanent Secretary  
Mrs. Amina Jumai MOHAMMED, Chief Nursing Officer  
Dr. J.K. SABA, Principal Medical Officer, Minna General  
Hospital and Director, Family Health Project  
Mrs. Zainab T. TAKO, Assistant Training Coordinator,  
Family Planning and Public Health Nurse, Airport Road  
Clinic, Minna  
Mrs. Mary BAWA, Community Health Officer, Taday Wada Family  
Planning Clinic, Minna  
Mrs. Mary BABA, Family Planning Coordinator

**Ondo State Ministry of Health**

Mrs. J. OLUWUSAMNI, Permanent Secretary  
Mrs. G.O. BABALOLA, Assistant Chief Health Sister  
Mrs. C.I. IKUOMOLO, Chief Health Sister  
Mrs. C.B. FALAKI, Family Planning Coordinator  
Dr. Femi FAJEWONYOMI, Commissioner  
Mrs. C.B. AJAYI, Principal Nursing Sister  
Mrs. C.M. OMODUNSI, Principal Health Sister, Comprehensive  
Health Sister, Ilara-Mokin

**Plateau State Ministry of Health**

Mr. ISANDU, Permanent Secretary  
Dr. (Mrs.) Joyce MANVUT, Commissioner for Health  
Mrs. JATAU, Chief Nursing Officer  
Mrs. Mary SHEMU, Chief Health Sister  
Dr. Emmanuel MIRI, Acting Chief Medical Officer  
Mrs. Z.G. MAFUYAI, Family Planning Coordinator  
Mrs. MADOMMA, Principal Health Sister  
Mrs. Margaret PONSON, MCW Clinic, Jos  
Mrs. J.E. PENSHIOR, Senior Health Sister, Bukuru  
Mr. John SAMMON, Matron, Evangel Hospital, Jos  
Dr. B. AHGU, Maimuna Hospital, Lafia  
Mrs. P. YOHANNA, MCW Clinic, Lafia  
Mrs. C. ADANU, MCW Clinic, Lafia

**APPENDIX B**

- B.1 Persons to Whom Questionnaires were Administered**
- B.2 Trainees Observed**
- B.3 Clinicians Who Filled Out the Self-Assessment Questionnaire**

**APPENDIX B**

**B.1 PERSONS TO WHOM QUESTIONNAIRES WERE ADMINISTERED**

<b><u>STATE</u></b>	<b><u>NAME</u></b>	<b><u>JOB TITLE</u></b>
Bauchi	Mrs. Hajjah Haleema BELLO	Senior Nursing Sister/Family Planner
Bauchi	Mrs. Polina DOGO	Principal Nursing Sister/Supervisor
Bauchi	Mrs. Naomi Grace EMMANUEL	Nurse Tutor
Bauchi	Mrs. Hadiza MUSA	Matron/FP Clinician
Bauchi	Mrs. Elpha OKSAKEI	Principal Community Health Officer
Bauchi	Mrs. Naomi Ali Dung PAM	Nurse/Midwife FP Clinician
Bauchi	Mrs. Mohammed UMARU	Senior Health Tutor
Bauchi	Mrs. Hajiya Aishatu YAHAYA	Senior Nursing Sister
Bauchi	Mrs. Victoria D. YAKUBU	Midwife Tutor
Imo	Mrs. Nwaneri Grace ADA	Assistant Chief Health Sister
Imo	Mrs. Lydia N. ANOMNACHI	Principal PH Nurse Tutor
Imo	Mrs. Stella A.C. DIKE	Principal Public Health Sister/Assistant Family Planning Coordinator
Imo	Mrs. Grace P. EZUMAH	Principal Health Sister
Imo	Mrs. Mawnda NGOZIOKORO	Senior Nursing Sister
Imo	Mr. Vincent N. OBELE	Environmental Health Plan Officer
Imo	S.O. OKONONKWO	Principal Statistician
Imo	Mrs. Constance O. ONUDHA	Public Health Nurse
Imo	Mrs. Abigail A. ONUEKWUSI	Assistant Chief Health Sister
Imo	Mrs. Florence Adaugo OPARAGINU	Senior Nursing Sister
Imo	Mrs. Ola Chibugo OPUSUNJU	Senior Nursing Sister
Imo	Mrs. Chibuzo Laety ORIUWA	Senior Nutrition Officer/Dietician
Imo	Mrs. T.E. UCHEWUBA	Senior Health Sister
Imo	Mrs. Comfort N. UKANWOKE	Assistant Chief Health Sister

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<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Kwara	Mrs. V.B. ABODUNRIN	Principal Midwife Tutor
Kwara	Mrs. Comfort Egun ADEOYE	Principal Health Sister/CH
Kwara	Mr. Gabriel J. ADESEKO	Senior Nursing Officer
Kwara	Mrs. Florence Dola AFOLARI	Principal Health Sister
Kwara	Mrs. Rachel M. AJIBOYE	Principal Health Sister
Kwara	Mr. Abdulganiyu A. ELELU	Tutor in Primary Health Care
Kwara	Mrs. Janet Olu IBITOYE	Principal
Kwara	H.O. OMODAMORI	SNO/ONC/CHO
Kwara	Dr. Abiodun C. OVEYIPO	Medical Officer of Health
Kwara	Mrs. Elizabeth I. OWALABI	Principal Health Sister/ Health Ed.
Kwara	Mrs. Florence A. TOLUSHE	Assistant Chief Health Sister, Family Health Program Coordinator
Niger	Mrs. Mary BABA	Principal Health Sister Family Planning Coordinator
Niger	J.G. KOCE	Principal Health Educator
Niger	Mrs. Margaret T. NDATSU	Senior Health Sister
Niger	Dr. J.K. SABA	Principal Medical Officer, Minna, General Hospital and Director, Family Health Project
Niger	Mrs. Zainab T. TAKO	Senior Health Sister, Assistant Training Coordinator
Niger	Abigail A. TSADO	Principal Community Health Officer
Ondo	Dr. Isaac Oluropa ADEGBENRO	Medical Officer
Ondo	Mrs. V.O. ALCUIBIYI	Assistant Chief Health Sister
Ondo	Mrs. C.I. IKUOMOLA	Chief Health Sister
Ondo	Mrs. Edward O. OGUNTONADE	Chief Education Officer
Ondo	Mrs. Mercy Modupe OLOWO	Assistant Chief Health Tutor
Ondo	Mrs. Melody St. Claire PARIOLA	Assistant Coordinator
Plateau	Dr. Barnabas AHAU	Medical Officer
Plateau	Mrs. Sarah K. CHUNDUSU	Tutor
Plateau	Mrs. Deborah DUSU	Chief Matron

<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Plateau	Mrs. Gyaria I. GOFWEN	Principal CH Officer
Plateau	Mrs. Rebecca Mairama N. GOTOM	Principal Health Sister
Plateau	Mrs. Hannah Z. JATAU	Chief Nursing Officer
Plateau	Mrs. Z.G. MAFUYEI	Family Planning Coordinator
Plateau	Dr. Joseph Turi MITIHIR	Medical Officer
Plateau	Mrs. Kubra NAMEIL	Matron
Plateau	Mrs. Johanna SHITNAAN	Principal CH Officer

## B.2 TRAINEES OBSERVED

<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Bauchi	Mrs. Hajjah Haleema BELLO	Senior Nursing Sister Family Planner
Bauchi	Mrs. Hadiza MUSA	Matron/FP Clinician
Imo	Mrs. C.G. AMATSHI	Senior Nursing Officer
Imo	Mrs. Francisca DIKE	Senior Health Sister
Imo	Mrs. G.A. EKEWABA	Assistant Chief Health Sister
Imo	Dr. Dennis G. IHEONU	Medical Officer
Imo	Dr. Sylvester C. MBAGNA	Consultant to Hospital Medical Officer
Imo	Mrs. Clara MBAKWE	
Imo	Mrs. Cecilia OBEAJUNWA	Nursing Sister
Imo	Mrs. Josephine C. OLUA	Nursing Sister/Family Planner
Kwara	Mrs. Jelicia B. ADEDAPO	Senior Nurse/Midwife
Kwara	Mrs. E.M. ADEJUMO	Health Sister
Kwara	Mrs. Mary O. OYELOKE	Nursing Sister
Kwara	Mrs. Aminda A. OLUMO	Senior Health Sister
Kwara	Mrs. Esther E. SOLADOYL	Public Health Sister/Principal
Niger	Mrs. Hausatu E. JIYA	Public Health Sister
Niger	Mrs. J.B. KAWALL	Principal Health Sister
Plateau	Mrs. R.A. AHINCHL	Senior Nursing Sister
Plateau	Mrs. Mary ALIDI	Senior Nursing Sister
Plateau	Mrs. Esther D. DANDAURA	Community Sister
Plateau	Mrs. Stella Tani DIYOK	Nursing Sister
Plateau	Mrs. Comfort FAKOREDED	Nursing Sister
Plateau	Mrs. Dinatu JACOB	Staff Midwife
Plateau	Mrs. Kezia J. NYAM	Staff Midwife
Plateau	Mrs. Chritiama TSENYEN	Nursing Sister

**B.3 CLINICIANS WHO FILLED OUT THE SELF-ASSESSMENT QUESTIONNAIRES**

<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Bauchi	Mrs. Talatu B. APOLO	Staff Midwife
Bauchi	Mrs. Hajjah Haleema BELLO	Senior Nursing Sister Family Planner
Bauchi	Mr. A.D. BOYA	Health Educator
Bauchi	Mrs. Polina DOGO	Principal Nursing Sister
Bauchi	Mrs. Hadiza MUSA	Matron/FP Clinician
Bauchi	Mrs. Elpha OKSAKEI	Principal CH Officer
Bauchi	Mrs. Naomi Ali Dung PAM	Nurse/Midwife/FP Clinician
Bauchi	Mrs. Christiana A. WASIM	Senior Health Sister
Imo	Mrs. Theresa Nwanyinna AGWU	Nursing Sister/FP Clinician
Imo	Mrs. C.G. AMATSHI	Senior Nursing Officer
Imo	Mrs. Mbakwe Clara CHIDI	Nursing Sister
Imo	Mrs. Francisca DIKE	Senior Health Sister
Imo	Mrs. Stella A.C. DIKE	Principal Public Health Sister Assistant Family Planning Coordinator
Imo	Mrs. Virginia A. DURU	Senior Health Sister
Imo	Mrs. Grace P. EZUMAH	Principal Health Sister
Imo	Mrs. Eunice C. IGWE	Nursing Sister
Imo	Mrs. C.E. IHEDINMAH	Nursing Sister
Imo	Dr. Dennis G. IHEONU	Medical Officer
Imo	Mrs. Georgina H. LKEWUBA	Assistant Chief Health Sister
Imo	Mrs. Florence C. MANUBA	Principal Health Sister
Imo	Dr. Sylvester C. MBAGNA	Consultant to Hospital Medical Officer
Imo	Mrs. Roseline Ugonma NWACHUKU	Assistant Chief Health Sister
Imo	Mrs. Grace Ada NWANERI	Assistant Chief Health Sister
Imo	Mrs. Patricia Obiamaka NWOSU	Nursing Sister
Imo	Mrs. Cecilia OBIAJUNURA	Nursing Sister
Imo	Mrs. Josephine C. OLUA	Nursing Sister/Family Planner ORT Clinician
Imo	Mrs. Constance O. ONUOHA	Public Health Nurse
Kwara	Mrs. Florence Ronke ABOLARIN	Zonal Secretary

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<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Kwara	Mrs. Felicia B. ADEDAPO	Senior Nurse/Midwife
Kwara	Mrs. E.M. ADEJUMO	Health Sister
Kwara	Mrs. Florence Dola AFOLABI	Principal Health Sister
Kwara	Mrs. Elizabeth Shola AYODEK	Nurse and Family Planner
Kwara	Mrs. R.O. BALOGUM	Principal Health Sister
Kwara	Mrs. G.M. OLUBANIYI	Family Planner
Kwara	Mrs. Ruth OLUDIPE	Registered Nurse/Registered Midwife
Kwara	Mrs. Alhaja Aminat Ayokami OLUMOU	Family Planner
Kwara	H.O. OMODAMORI	SNO/OMC/CHO
Kwara	Mrs. Mary O. OYELOKE	Nursing Sister
Kwara	Mrs. Esther E. SOLADOYE	Public Health Sister/Principal
Kwara	Mrs. Florence A. TOLUSHE	Assistant Chief Health Sister, Family Health Program Coordinator
Niger	Mrs. Fatima Ahmed ABUBAKAR	Senior Nursing Sister/CHO
Niger	Mrs. Deborah A. ADAMS	Public Health Nursing Sister
Niger	Mrs. Ibrahim AISHATU	Student Nurse
Niger	Mrs. Zainal AMINU	Public Health Sister/Service Provider
Niger	Mrs. Mary BABA	Principal Health Sister, Family Planning Coordinator
Niger	Mrs. Hausatu E. JIYA	Public Health Sister
Niger	Mrs. Howsalu E. JUJA	Antenatal Clinic/Infant Welfare Nurse
Niger	Mrs. S.B. KOLAWOLE	Principal Health Sister
Niger	Mrs. Safiga MOHAMMED	Health Sister
Niger	Mrs. Margaret T. NDATSU	Senior Health Sister
Niger	Mrs. S. Olamrewatu OSILEYE	Senior Nursing Officer
Niger	Dr. J.K. SABA	Principal Medical Officer and Director, Family Health Program
Niger	Mrs. Zainab T. TAKO	Senior Nursing Sister, Assistant Training Coordinator
Niger	Mrs. Abigail A. TSAAH	Principal CH Officer
Niger	Mrs. Phoebe N. TUMAKA	Staff Midwife

<u>STATE</u>	<u>NAME</u>	<u>JOB TITLE</u>
Ondo	Mrs. Janet Modupe ABOYEWA	Health Sister
Ondo	Mrs. F.O. AKANDE	Principal Health Sister
Ondo	Mrs. M.A. ALIKE	Health Sister
Ondo	Miss Margaret Asabi ATISHAFE	Health Sister
Ondo	Mrs. J.O. BABATOLA	CH Officer
Ondo	Mrs. J.O. FAGBAMILA	Principal Health Sister
Ondo	Mrs. C.I. IKUOMOLA	Chief Health Sister
Ondo	Mrs. G.O. KOMOLAFE	Nursing Sister
Ondo	Mrs. Janet Oluwayemisi KUDOYO	Nursing Sister
Ondo	Mrs. C.O. OGUNMOLA	Senior Nursing Sister
Ondo	Mrs. Agboola Margaret OLABIMPE	School Health Service
Plateau	Mrs. Mary AGIDI	Senior Nursing Sister
Plateau	Mrs. R.A. AHINCHE	Senior Nursing Officer
Plateau	Mrs. Fibi I.B. AZI	Staff Nurse/Midwife
Plateau	Ms. Esther B. DANDAURA	Community Health Sister
Plateau	Mrs. Becky DAVOU	Nursing Sister
Plateau	Mrs. Tabitha DISHEK	Nursing Sister
Plateau	Mrs. Stella Tani DIYOK	Nursing Sister
Plateau	Mrs. Deborah DUSU	Chief Matron
Plateau	Mrs. Esther EGELE	Nursing Sister
Plateau	Mrs. Comfort Dele FAKOREDE	Nursing Sister
Plateau	Mrs. Gyaria I. GOFWEN	Principal CH Officer
Plateau	Mrs. Dinatu JACOB	Staff Nurse
Plateau	Mrs. Rebecca E. NADOMA	Principal Health Sister
Plateau	Mrs. Kezia T. NYAN	Staff Midwife
Plateau	Mrs. Johanna SHITNAAN	Principal CH Officer
Plateau	Mrs. Christiana TSEMYEM	Staff Nurse
Plateau	Mrs. Jummai D. YALCZUM	Nursing Sister

**APPENDIX D**

**Follow-Up Questionnaire for TOT Trainers**

**FOLLOW-UP QUESTIONNAIRE FOR TOT**

State: \_\_\_\_\_

Date: \_\_\_\_\_

Admin. By: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Work Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Present Job Title: \_\_\_\_\_

4. Age: \_\_\_\_\_

5. Sex: \_\_\_\_\_

6. Marital Status:

Married [ ] Single [ ] Divorced [ ]

Separated [ ] Widow/er [ ]

7. Professional Training Other than Family Planning Specific (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

8. Areas of Training in Family Planning (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

9. If you have participated in a Training of Trainers, have you changed your position or agency since then?

Yes [ ] No [ ]

a. If yes, in what position and agency do you work now?

\_\_\_\_\_

b. In what position and agency did you work before training (whether you changed or not)?

\_\_\_\_\_

10. Which of the following represent areas in which you presently work (check all that apply)?

- Tutor (non clinical) [ ]
- Clinical teaching [ ]
- Clinical Service [ ]
- Motivation [ ]
- Management/Supervision [ ]
- Other (specify) [ ]

\_\_\_\_\_

11. Are you an (active) member of an (ongoing) team of trainers?

Yes [ ] No [ ]

If YES to question 11, please answer questions 12 through 14  
If NO, please skip to question 15.

12. Apart from any one training event, does the team of trainers meet together:

- a. As often as twice a month [ ]
- b. As often as once a month [ ]
- c. As often as once a quarter [ ]
- d. As often as once a year [ ]
- e. Less than once a year [ ]

13. Are any of the following activities carried out at meetings of the team of trainers: (check all that apply)

- a. Planning for training activities [ ]
- b. Design of training curricula [ ]
- c. Assessment of training needs [ ]
- d. Selection of trainees [ ]
- e. Follow-up of previous trainees [ ]
- f. Other (Please specify) [ ]

\_\_\_\_\_

14. What preparation did you have to become a member of the training team?

- a. INTRAH or IHP sponsored TOT [    ]
- b. TOT conducted by Training Team [    ]
- c. Never had TOT [    ]
- d. Other (Please specify) [    ]

15. Have you conducted any training during the past twelve (12) months?

Yes [    ] No [    ]

If YES, to Question 15, please complete the remainder of the questionnaire. If NO, this completes the questionnaire. Thank you for your cooperation.

16. Please list all training you have done beginning with the most recent:

Training	Number of Trainees	Dates of Training	Sponsor/Funder
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

17. For each training in 16 above, indicate the following:

Categories of Trainees	Was Clinical Practice Included (yes/no)
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

For the most recent training you have conducted (that indicated in a. above) please answer the following:

18. a. Did you work with members of a training team in preparation of the training activity?
- Yes [    ]    No [    ]
- b. If yes, how many members did you work with?
- a. All team members [    ]
- b. Most team members [    ]
- c. A few team members [    ]
- d. One or two team members [    ]
19. Approximately how many days were involved in preparation for the training activity?
- a. Less than two days [    ]
- b. Two to five days [    ]
- c. Six to ten days [    ]
- d. Eleven to twenty days [    ]
- e. More than twenty days [    ]
20. Was preparation for the training activity carried out as part of a TOT in which you were a trainee?
- Yes [    ]    No [    ]
21. Was a curriculum and/or a set of daily lesson/training plans developed for the training activity?
- a. Yes, topics only [    ]
- b. Yes, topics plus exercises [    ]
- c. No, none developed [    ]
22. Was an interview or questionnaire used to assess trainee needs prior to the training?
- Yes [    ]    No [    ]
23. Approximately what percentage of the training was carried out by any of the following training/learning methods?
- a. Lecture or verbal presentation [    ]
- b. Individual exercises [    ]
- c. Small Group work [    ]
- d. Role play [    ]
- e. Other (Please Specify) [    ]
-

24. Were any of the following evaluation methods used?  
(check all that apply)

- |                                  |     |
|----------------------------------|-----|
| a. Verbal participant reactions  | [ ] |
| b. Written participant reactions | [ ] |
| c. Pre tests                     | [ ] |
| d. Post tests                    | [ ] |
| e. Other (Please specify)        | [ ] |
- 

25. Have you followed up the trainees from this training activity since it took place?

- |   |     |
|---|-----|
| a. Yes, casual contact only                 | [ ] |
| b. Yes, activity review                     | [ ] |
| c. Yes, activity review with written report | [ ] |
| d. Yes, planned refresher                   | [ ] |

e. Have not followed up trainees because of: (check all that apply)

- |                         |     |
|-------------------------|-----|
| Lack of time            | [ ] |
| Lack of transport       | [ ] |
| Lack of other resources | [ ] |
| Not required            | [ ] |
| Other (please specify)  | [ ] |
- 

26. Did other persons participate as trainers with you in this training activity?

- |  |     |
|--|-----|
| a. Yes, other members of training team | [ ] |
| b. Yes, others not members of the team | [ ] |
| c. No, conducted training alone        | [ ] |

**This completes the questionnaire, Thank you for your cooperation.**

**APPENDIX E**

**Self-Assessment Questionnaire for Clinicians**

**SELF-ASSESSMENT FOR CLINICIANS**

City: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Work Address: \_\_\_\_\_  
\_\_\_\_\_

3. Present Job Title: \_\_\_\_\_

4. Age: \_\_\_\_\_

5. Sex: \_\_\_\_\_

6. Marital Status:

Married       Single       Divorced

Separated       Widow/er

7. Professional Training other than Family Planning Specific  
(three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	____/____	_____
_____	_____	____/____	_____
_____	_____	____/____	_____

8. List all post-basic training which you have had in Family Planning. If the training included time spent in an actual clinical setting please indicate if you observed or actually provided family planning service. Be certain to include all INTRAH/IHP sponsored training.

Training	Program Length	Month/Year	Sponsor/Funder	Observed	Practiced
_____	_____	____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>

9. At your place of work, how many sessions per week offer family planning services? (one session being one-half day)

\_\_\_\_\_

10. Prior to INTRAH/IHP training, how many family planning client visits on the average, did you manage in one week?

- none       5-10       20-40   
 1-5       10-20       over 40

11. Following INTRAH/IHP training, how many FP client visits, on the average, do you manage in one week?

- none       5-10       20-40   
 1-5       10-20       over 40

12. Following is a list of family planning services/activities. Please check those which you provided prior to INTRAH/IHP training and those which you are currently providing. Secondly, please indicate your level of comfort in performing these activities since you received your training:

<u>Service/Activity</u>	<u>Before Training</u>	<u>Currently Providing</u>	<u>Now Feel Comfortable</u>	<u>Now Feel Un-comfortable</u>
<b>History taking to rule out contraindications for:</b>				
Oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client education including how to use; effectiveness rates; mechanism of action; side effects of:</b>				
Oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making decision as to which type and dosage of oral contraceptive a client should receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Examination relative to contraceptive use:</b>				
weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pelvic: external genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uterus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tubes, ovaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Service/Activity</u>	<u>Before Training</u>	<u>Currently Providing</u>	<u>Feel Comfortable</u>	<u>Feel Un-comfortable</u>
Treating clients for the following STDs:				
syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pelvic inflammatory disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trichomonias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lymphogranuloma venereum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
herpes genitalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gardnerella vaginalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
condylomata accuminata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring clients for treatment of the following STDs:				
syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pelvic inflammatory disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trichomonias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lymphogranuloma venereum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
herpes genitalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gardnerella vaginalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
condylomata accuminata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling unmarried adolescents on fertility control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and conducting community motivation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping on family planning clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing level of dehydration in a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructing mother in mixing and administering oral rehydration solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In your opinion: has your knowledge of family planning improved as a result of your INTRAH/IHP training?

YES  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have your clinical family planning skills improved as a result of INTRAH/IHP training?

YES  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. In your place of work do you have written guidelines or standards for practice or protocols regarding family planning practice?

YES  NO

16. If you are not providing family planning services for which you were trained, please explain the reasons for this.

**APPENDIX F**

**Instrument for Recording Observations of  
INTRAH Trainees Performing Clinical Tasks**

INSTRUMENT FOR RECORDING OBSERVATIONS OF  
INTRAH TRAINEES PERFORMING CLINICAL TASKS

OBSERVER: \_\_\_\_\_ DATE OF OBSERVATION: \_\_\_\_\_

PLACE OF OBSERVATION: \_\_\_\_\_

- TYPES OF CLINIC: [ ] health post, very limited (no specula)  
[ ] health post, limited (specula available)  
[ ] health post equipped for IUD insertion  
[ ] health center also with laboratory for simple STD diagnosis  
[ ] health facility with above plus sterilization services  
[ ] other: \_\_\_\_\_

INFORMATION ON TRAINEE BEING OBSERVED:

FULL NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please mark which functions are included in the trainee's job responsibilities:

1. [ ] general contraceptive counseling and referral
2. [ ] general MCH counseling (breastfeeding, referral for immunizations)
3. [ ] counseling and referral for surgical sterilization
4. [ ] ORT (including education of mothers)
5. [ ] dispensing and counseling for foam and condoms
6. [ ] dispensing oral contraceptives (OC's)
7. [ ] decision of who should receive injectable hormonal contraceptives

- 8. [ ] a. physical assessment
- [ ] b. pelvic examination
- 9. [ ] a. IUD insertion, removal and counseling
- [ ] b. IUD counseling and referral only
- 10. [ ] STD screening and referral
- 11. [ ] STD diagnosis and treatment
- 12. [ ] Infertility counseling and referral
- 13. [ ] Prenatal care
- 14. [ ] Intrapartum care
- 15. [ ] Postnatal care
- 16. [ ] Home visiting
- 17. [ ] diaphragm fitting and counseling

	Overall Clinical Skills	Efficiency	Accuracy of Info.	Attitude & Comm.	Comments
Family Planning Skills:					
Presenting Overview of Contraceptive Options Available					
Appropriate Referral					
Providing Information Re Method: Efficacy, Mechanism of Action, How to Use, Side Effects, Complications					
Taking Adequate History to Rule Out Contraindications					
Performing Physical Exam Appropriate to Encounter					
Weight					
Blood Pressure					
Thyroid Exam					
Breast Exam					
Teaching Client BSE					
Abdominal Exam					

5

Overall Clinical Skills	Efficiency	Accuracy of Info.	Attitude & Comm.	Comments
Extremities for Varicosities or Edema				
External Genitalia Speculum Vagina Cervix Lab Specimen Collection				
Prescribes Appropriate Method				
Understands local plan protocol for OC initial selection and change of OC type per client needs				
OC: Distinguishes between high and low dose OC				
IUD: Performs physical assessment including sounding uterus				
IUD: Performs psychological preparation of patient for insertion				
IUD: Preps site, instruments and self				

Overall Clinical Skills	Efficiency	Accuracy of Info.	Attitude & Comm.	Comments
IUD: Performs insertion				
IUD: Observes for evidence of complications				
INJECTABLES: Performs injection with correct and hygenic technique				
DIAPHRAGM: Determines correct size and instructs client in insertion and removal requiring return of demonstration				
Correct recordkeeping of individual client forms				
Correct tallying of client encounters				
Correct tallying of commodities used				
Providing Information Re Appropriate Follow-up				
Appropriate Follow-up Visit Executed				
Management/Appropriate Disposition for Side Effects, Contraceptives				

SN

H

Overall Clinical Skills	Effi ciency	Accuracy of Info.	Attitude & Comm.	Comments
Infertility: Counsels patient regarding normal ovulatory pattern and fertile period determination; appropriate disposition				
STD: Informs clients regarding symptoms deserving evaluation, and potential consequences of STD; appropriate disposition referral				
ORT:				
Performing Physical Assessment Adequate to Determining Level of Dehydration				
Preparing ORS and Administering				
Teaching Mothers (Includes Requesting Return Demonstration)				
Appropriate Referral				

5

**Overall  
Clinical  
Skills**      **Effi-  
ciency**      **Accuracy  
of  
Info.**      **Attitude  
&  
Comm.**      **Comments**

EPI:

Counsels Mothers Regarding  
Rationale for Vaccines,  
Schedule, Side Effects,  
Contraindications

Understands Local Plan/  
Protocol for OC Initial  
Selection and Change of  
OC Type Per Client Needs

**APPENDIX G**

**State Training Team Assessment Questionnaire**

STATE TRAINING TEAM ASSESSMENT

State: \_\_\_\_\_

Date: \_\_\_\_\_

Admin. By: \_\_\_\_\_

These are open ended questions to be asked of the Chief Medical Officer, the Family Planning Coordinator or the head of the state family planning team.

1. Is there a functioning family planning training team?

Yes [ ] No [ ]

2. If so, who are the members of the team (get list or have names written out)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_
- k. \_\_\_\_\_
- l. \_\_\_\_\_
- m. \_\_\_\_\_
- n. \_\_\_\_\_
- o. \_\_\_\_\_
- p. \_\_\_\_\_

3. On the average, how often do the members of the team meet together to conduct any team business?

\_\_\_\_\_

4. What types of activities are carried out at these meetings, (list all that are mentioned)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_

5. Has the training team conducted any training activities apart from those sponsored or supported by INTRAH or IHP?

Yes [ ] No [ ]

6. If so, what was the nature of the training (List nature of any training mentioned)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_

7. How many persons, approximately, has the training team trained in activities not sponsored or supported by INTRAH or IHP, and by type of training?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_

8. Is the training team functioning in as good a manner as can be expected? Is it as effective as possible?

Yes [ ] No [ ]

9. If not, what things must be done to make the training team more effective (List all that are mentioned)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_

**For State family planning coordinators:**

10. Which of the following physical examinations are required in this State before providing each of the following family planning methods?

	Foam/ Condoms	Pills	Injectables	IUD
Weight	[ ]	[ ]	[ ]	[ ]
Blood Pressure	[ ]	[ ]	[ ]	[ ]
Thyroid	[ ]	[ ]	[ ]	[ ]
Breast	[ ]	[ ]	[ ]	[ ]
Abdomen	[ ]	[ ]	[ ]	[ ]
Extremities	[ ]	[ ]	[ ]	[ ]
External Genitalia	[ ]	[ ]	[ ]	[ ]
Vagina/Cervix	[ ]	[ ]	[ ]	[ ]
Uterus	[ ]	[ ]	[ ]	[ ]
Tubes/Ovaries	[ ]	[ ]	[ ]	[ ]
Rectal	[ ]	[ ]	[ ]	[ ]

APPENDIX H

Summary of Selected Responses -  
"Follow-Up Questionnaire for TOT"

## FOLLOW-UP QUESTIONNAIRE FOR TOT

State: Six-States

Date: \_\_\_\_\_

Admin. By: \_\_\_\_\_

1. Name: Summary of Selected Responses \*

2. Work Address: \_\_\_\_\_

3. Present Job Title: \_\_\_\_\_

4. Age: \_\_\_\_\_

5. Sex: \_\_\_\_\_

6. Marital Status:

Married [ ] Single [ ] Divorced [ ]

Separated [ ] Widow/er [ ]

7. Professional Training Other than Family Planning Specific (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

8. Areas of Training in Family Planning (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

K = Kwara  
I = Imo  
P = Plateau  
B = Bauchi  
O = Ondo  
N = Niger

	M	F
K	4	7
I	2	12
P	2	10
B	1	2
O	2	4
N	2	1

\* Prepared by the INTRAM evaluators/TNCH personnel

9. If you have participated in a Training of Trainers, have you changed your position or agency since then?

Yes [ ] No [ ]

a. If yes, in what position and agency do you work now?

b. In what position and agency did you work before training (whether you changed or not)?

10. Which of the following represent areas in which you presently work (check all that apply)?

	K	I	P	B	O	U	
Tutor (non clinical)	5	2	1	3	1	1	[ ]
Clinical teaching	3	9	6	1	1	-	[ ]
Clinical Service	1	9	7	6	2	4	[ ]
Motivation	2	9	5	5	2	6	[ ]
Management/Supervision	10	10	2	5	4	-	[ ]
Other (specify)	-	7	1	3	-	2	[ ]

11. Are you an (active) member of an (ongoing) team of trainers?

Yes [ ] No [ ]

Yes	No
6	6
3	0
3	1
3	0
4	0

If YES to question 11, please answer questions 12 through 14  
If NO, please skip to question 15.

12. Apart from any one training event, does the team of trainers meet together:

	K	I	P	B	O	U
a. As often as twice a month	[ ]	1	0	0	0	0
b. As often as once a month	[ ]	2	0	0	0	2
c. As often as once a quarter	[ ]	1	0	0	0	0
d. As often as once a year	[ ]	0	0	0	0	0
e. Less than once a year	[ ]	4	0	0	0	0

13. Are any of the following activities carried out at meetings of the team of trainers: (check all that apply)

	K	I	P	B	O	U
a. Planning for training activities	[ ]	1	0	0	0	0
b. Design of training curricula	[ ]	1	0	0	0	0
c. Assessment of training needs	[ ]	3	0	0	0	0
d. Selection of trainees	[ ]	1	0	0	0	0
e. Follow-up of previous trainees	[ ]	0	0	0	0	0
f. Other (Please specify)	[ ]	1	0	0	0	0

14. What preparation did you have to become a member of the training team?

		K	I	P	B	O	N
a. INTRAH or IHP sponsored TOT	[ ]	9	9	8	4	5	1
b. TOT conducted by Training Team	[ ]	-	-	2	2	2	1
c. Never had TOT	[ ]	-	-	-	-	-	-
d. Other (Please specify)	[ ]	-	1	-	-	1	-

15. Have you conducted any training during the past twelve (12) months?

		Yes	No	K	I	P	B	O	N
Yes [ ]	No [ ]	7	4	7	7	8	6	5	3
				4	7	4	2	1	3

If YES, to Question 15, please complete the remainder of the questionnaire. If NO, this completes the questionnaire. Thank you for your cooperation.

16. Please list all training you have done beginning with the most recent:

Training	Number of Trainees	Dates of Training	Sponsor/Funder
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

17. For each training in 16 above, indicate the following:

Categories of Trainees	Was Clinical Practice Included (yes/no)
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

For the most recent training you have conducted (that indicated in a. above) please answer the following:

18. a. Did you work with members of a training team in preparation of the training activity?

Yes [ ]	No [ ]	Yes	K	I	P	B	O	N
			5	7	9	3	2	3
		No	2	2	3	9	-	-

b. If yes, how many members did you work with?

a. All team members	-	1	2	-	1	-	[ ]
b. Most team members	-	2	3	1	2	1	[ ]
c. A few team members	3	4	4	1	-	1	[ ]
d. One or two team members							[ ]
	1	7	-	2	2	1	

19. Approximately how many days were involved in preparation for the training activity?

a. Less than two days	-	2	-	5	-	-	[ ]
b. Two to five days	7	6	-	-	1	-	[ ]
c. Six to ten days	-	-	7	-	2	2	[ ]
d. Eleven to twenty days	-	-	1	-	-	1	[ ]
e. More than twenty days	1	1	-	1	-	-	[ ]

20. Was preparation for the training activity carried out as part of a TOT in which you were a trainee?

Yes [ ]	No [ ]	Yes	K	I	P	B	O	N
			7	7	8	4	3	-
		No	-	1	1	2	2	-

21. Was a curriculum and/or a set of daily lesson/training plans developed for the training activity?

a. Yes, topics only	[ ]	1	2	2	3	1	-
b. Yes, topics plus exercises	[ ]	6	7	6	1	3	-
c. No, none developed	[ ]	-	-	1	2	-	-

22. Was an interview or questionnaire used to assess trainee needs prior to the training?

Yes [ ]	No [ ]	Yes	K	I	P	B	O	N
			2	7	4	3	3	2
		No	4	1	4	3	2	1

23. Approximately what percentage of the training was carried out by any of the following training/learning methods?

a. Lecture or verbal presentation	[ ]
b. Individual exercises	[ ]
c. Small Group work	[ ]
d. Role play	[ ]
e. Other (Please Specify)	[ ]

24. Were any of the following evaluation methods used? (check all that apply)		K	I	F	B	C	H
a. Verbal participant reactions	[ ]	6	8	6	6	5	2
b. Written participant reactions	[ ]	6	8	3	2	3	1
c. Pre tests	[ ]	5	2	3	3	3	1
d. Post tests	[ ]	7	8	3	2	2	1
e. Other (Please specify	[ ]	3	4	-	-	-	-

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25. Have you followed up the trainees from this training activity since it took place?		K	I	F	B	C	H
a. Yes, casual contact only	[ ]	7	5	7	2	2	1
b. Yes, activity review	[ ]	1	4	1	2	1	-
c. Yes, activity review with written report	[ ]	-	2	-	-	1	1
d. Yes, planned refresher	[ ]	-	1	-	-	-	-
e. Have not followed up trainees because of: (check all that apply)		K	I	F	B	C	H
Lack of time	[ ]	-	-	1	-	1	-
Lack of transport	[ ]	2	4	3	1	3	1
Lack of other resources	[ ]	-	-	-	-	1	-
Not required	[ ]	1	1	1	-	1	-
Other (please specify)	[ ]	-	-	2	-	-	-

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26. Did other persons participate as trainers with you in this training activity?		K	I	F	B	C	H
a. Yes, other members of training team	[ ]	-	1	3	1	1	-
b. Yes, others not members of the team	[ ]	-	3	3	1	1	-
c. No, conducted training alone	[ ]	-	1	1	3	-	-

This completes the questionnaire, Thank you for your cooperation.

**APPENDIX I**

**INTRAH-Sponsored Training Activities in Niger,  
Ondo, Plateau, Bauchi, Kwara, and Imo States**

INTER-SPONSORED TRAINING ACTIVITIES IN BAUCHI STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Family Planning Program Planning and Management Workshop	Sep 23 - Oct 12, 1985	15 Senior Health Management Board and Ministry of Health Staff.
Training of Trainers/Community Health Education Workshop	Nov 18 - Dec 13, 1985	14 Nurse/midwives, tutors and community health officers from four regional areas
Family Planning Service Delivery Skills Workshop	Jan 13-31, 1986	10 Family planning service providers
Family Planning Curriculum Development Workshop	Feb 10-28, 1986	12 Family planning service providers
Health Education for Family Planners Workshop	May 12-22, 1986	19 Family planning health educators
Evaluation Training Workshop (Jos)	Jul 14-18, 1986	2 Participants from Bauchi State

INTRAH-SPONSORED TRAINING ACTIVITIES IN IMO STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Family Planning Policy Seminars (2)	Mar 25-26 and Apr 1-3, 1985	Total of 50 senior state officials from various ministries
Training of Trainers/Community Health Education Workshop	Apr 22-May 17, 1985 (TOT: 2 weeks CHE: 2 weeks)	16 Members of the State Training Team (in-service and pre-service staff)
Family Planning Curriculum Development Workshop	May 20- Jun 13, 1985	16 Members of the State Training Team
Service Delivery Skills Workshop I	Jui 8-Aug 2, 1985	15 Members of the State Training Team 2 Physicians
Natural Family Planning Training of Trainers (Manila, Philippines)	Nov 11-29, 1985	2 Nurse/midwife tutors: Mrs. Kate Ugochukwu, Senior Midwife Tutor Mrs. Edna Onyegere, Senior Nursing Sister
Management/Supervision/Evaluation Workshop	Nov 18-29, 1985	17: senior nurse/midwives, PHNs, a nutritionist, and 2 administrators from MCH, local gov't, areas HMB, MOE and PPFN
Service Delivery Skills Workshop II	Jan 13 - Feb 8, 1986	19 Senior public health nurses
Five-Day FP/ORT Update Workshops	Jan 20-24, and Jan 27-30, 1986	57 Nurse-midwives and PHNs
Evaluation Training Workshop (Port Harcourt)	Feb 10-15, 1986	2 Participants from Imo State
Educational Materials Development Workshop	Feb 17-28, 1986	22 Ministry of Health staff

INTRAH-SPONSORED TRAINING ACTIVITIES IN KWARA STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Training of Trainers and Health Education Workshop	Mar 4-29, 1985	15 Members of the State Training Team
Family Planning/Oral Rehydration Therapy Curriculum Development Workshop	May 6-24, 1985	15 Members of the State Training Team
Family Planning/Oral Rehydration Therapy Service Delivery Skills Workshop	Jun 10- Jul 30, 1985	19 Senior nursing sisters and senior health sister.
Management/Supervision/Evaluation Workshop	Aug 5-23, 1985	15 Members of the State Training Team and the Project Coordinator
Family Planning/Oral Rehydration Therapy Service Delivery Skills Workshop	Oct 14 - Dec 13, 1985	21 Nursing officers
Family Planning/Oral Rehydration Therapy Service Delivery Skills Workshop	Mar 3 - Apr 18, 1986	20 Senior nursing sisters and senior health sisters
Community Health Education Workshop	TBA (3 weeks)	
Evaluation Training Workshop (Ibadan)	Jul 21-25, 1986	2 Participants from Kwara State

INTRAM-SPONSORED TRAINING ACTIVITIES IN NIGER STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Training of Trainers and Curriculum Development Workshop	Jun 11-29, 1984	10 MOH senior staff representing key professional groups from the field and central levels and training institutions
Clinical FP/ORT Service Delivery Skills Workshop	Jul 16 - Aug 3, 1984	Total of 15: 14 nurse/midwives and 1 physician working in Minna and Bida local governments

INTRAM-SPONSORED TRAINING ACTIVITIES IN ONDO STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Training of Trainers Workshop	Mar 26 - Apr 12, 1984	13 Staff of Ondo State MOH and PPFN (State Training Team)
Health Education Workshop (and Implementation of a Health Education Project in One Target Community)	May 21 - Jun 1, 1984	9 Senior staff of MOH and other government and private institutions
Clinical FP/ORT Service Delivery Skills Workshop	Jul 30 - Aug 17, 1984	26 Nurse-midwives and community health assistants
Five-Day FP/ORT Update Workshops	Sep 16-20, and Sep 23-27, 1985	55 Nurse-midwives and PHNs

INTRAM-CONDUCTED FIVE-DAY FP/ORT UPDATE WORKSHOPS IN FIVE FOCUS STATES

ACTIVITY	DATES	PARTICIPANTS: # and Category
FP/ORT Update Workshops for Public Health Nurses and Nurse-Midwives (Series of 10 five-day workshops in 5 focus states: Imo, Ondo, Plateau, Anambra and Benue)		Total of 300 Nurse-midwives and public health nurses: (2 workshops per state with approximately 30 participants per workshop)
Ondo State Workshops (2)	Sep 16-20, 1985 Sep 23-27, 1985	55 Nurse-Midwives and PHN's
Imo State Workshops (2)	Jan 20-24, 1986 Jan 27-31, 1986	57 Nurse-Midwives and PHN's
Anambra State Workshops (2)	Oct 21-25, 1985 Oct 28 - Nov 1, 1985	59 Nurse-Midwives and PHN's
Plateau State Workshops (2)	Oct 7-11, 1985 Oct 14-18, 1985	59 Nurse-Midwives and PHN's
Benue State Workshops (2)	Oct 21-25, 1985 Oct 28 - Nov 1, 1985	60 Nurse-Midwives and PHN's

INTRAH-SPONSORED TRAINING ACTIVITIES IN PLATEAU STATE

ACTIVITY	DATES	PARTICIPANTS: # and Category
Program Planning Workshop	Mar 13-16, 1984	12 MOH staff (State Planning Team)
Training of Trainers Workshop	May 28 - Jun 15, 1984	15 Staff of Plateau State MOH and PPFM (State Training Team)
Clinical FP Service Delivery Skills Refresher Workshop	Aug 13-18, 1984	15 Nurse-midwives working in FP centers
Five-Day FP/GRT Update Workshops	Oct 7-11, and Oct 14-18, 1985	59 Nurse-midwives and PHNs

**APPENDIX J**

**J.<sup>1</sup> Factors Which Affect Training**

**J.<sup>2</sup> Factors Which Affect Service Delivery**

APPENDIX J.1

FACTORS WHICH AFFECT TRAINING

	ONDO	NIGER	PLATEAU	BAUCHI	KWARA	IMO
MOH Support for Training	Supportive	Supportive	Supportive	Unable to determine	Supportive	Supportive
FP Policy		LACK OF FP POLICY NOT PERCEIVED AS A PROBLEM				
Relationship of State MOH to LGA	Problems not apparent	Problems not apparent	Problems not apparent	Problems not apparent	State has control of funds and thus has better equipped clinics	Obvious struggle between MOH and LGA
Funds for Continuation of Training	UNFPA funds discontinued as of 6/30/86	UNFPA funds discontinued as of 6/30/86	No source available	No funds available	No funds available	No funds available
Space Available for Training	Available	Available	Available at General Hospital	Available	Available	Bishop Attan Center
Release Time for Trainers	All Trainers Have Been Released as Necessary					
Commitment of Trainers	All Trainers Demonstrated Commitment to Training					
Availability of Clinical Sites	Unknown	3 sites available	4-5 sites equipped	3 sites available	4 clinics well-equipped	Hospital and 3 clinics well equipped
Availability of Clinical Preceptors	Unknown	4 available	3-4 available (NMIWs and MD)	3 preceptors available	Available	Available

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APPENDIX J.2

CLINICAL-RELATED FACTORS WHICH AFFECT SERVICE DELIVERY

	ONDO	NIGER	PLATEAU	BAUCHI	KWARA	IMO
COMMODITIES	Insufficient supply	Sufficient quantities	Sufficient quantities	Insufficient quantities	Insufficient quantities	Insufficient
SUPPLIES	Insufficient	Relatively well stocked. No gloves for bimanual exams	Adequate supplies in several clinics	Supplies are available	Lacking basic supplies including gloves for pelvic exams	Supplies limited. No gloves for pelvic exams
EQUIPMENT	Limited	Available	Africare kits are in most clinics	Limited at specific clinic sites	Lacking scales, BP cuffs and	Lacking scales, BP cuffs
AVAILABILITY OF CLIENTS	Insufficient for training and practice	Sufficient numbers for training and service providers	Sufficient	Small numbers but growing		Insufficient for training and practice
RECORDS	Incomplete	CDC RECORDS Incomplete	AVAILABLE IN Complete usable for data collection	ALL STATES Incomplete recording	Complete	Complete
SUPERVISION OF SERVICE PROVIDERS	None (need is visible)	Done by member of training team	Very supportive with ongoing training	Done by co-trainers	Co-trainers attempt to support service providers	Minimal
PRESENCE AND USE OF PROTOCOLS OR GUIDELINES FOR CARE	None	None	Protocols were developed Not being used	None	None	None
PRIVACY AND CONFIDENTIALITY FOR CLIENTS		IDENTIFIED AS	A PROBLEM IN EACH STATE			
PROVIDER COMPETENCY	Not observed due to lack of clients	Need for more training	Not observed	Good	Good except for weakness in bimanual exam	Not observed due to lack of clients

**APPENDIX N**

**Kwara State Ministry of Health Family Planning  
Services Quarterly Report: October - December 1985**

KWARA STATE MINISTRY OF HEALTH  
FAMILY PLANNING SERVICE  
QUARTERLY REPORT: OCTOBER TO DECEMBER, 1985  
TOTAL CLIENTS SEX/RELIGIOUS DISTRIBUTION

No	Clinic	Clients								Total		
		Male				Female				Old	New	Com- ined
		Xtian		Moslem		Xtian		Moslem				
		Old	New	Old	New	Old	New	Old	New			
1.	DHU Ilorin	54	59	11	52	122	76	208	34	395	221	616
2.	Okelele Mat.	120	12	13	1	40	16	211	73	384	102	486
3.	Pakata Mat.	18	6	14	15	13	3	86	34	131	58	189
4.	BHC Ogidi	42	18	16	20	20	12	50	16	128	66	194
5.	BHC Shao	4	4	3	4	28	10	28	1	63	19	82
6.	BHC Oke-Oyi	4	4	4	-	10	1	16	10	34	15	49
7.	BHC Koko	47	-	-	-	2	2	6	-	25	12	27
8.	DHU Afon	-	1	-	1	16	3	43	14	59	19	78
9.	DHU Offa	16	29	28	31	49	28	159	48	252	136	388
10.	RHC Erinle	-	-	-	-	62	13	64	21	120	34	154
11.	DHU Omu/aran	25	60	16	40	24	19	6	14	71	133	204
12.	Gen.Hosp. O/aran	8	8	12	7	20	17	2	8	42	40	82
13.	DHU Share	-	-	-	-	1	-	3	1	4	1	5
14.	Mobile Clinic Iludun-Oro	2	2	2	-	19	4	8	9	31	15	46
15.	RHC Omupo	6	15	4	5	30	11	10	2	50	33	83
16.	DHU Kabba	STAFF HAS GONE ON TRANSFER										
17.	Gen.Hosp. Okene	34	15	18	7	45	48	35	9	132	79	211
18.	Gen.Hosp.Lokoja	-	10	-	11	-	3	-	3	-	27	27
19.	DHU Lokoja	16	15	13	12	18	25	11	26	58	78	136
20.	Gen. hosp. Isanlu Ovi	61	26	5	3	174	98	9	7	249	134	383
21.	1st Aid Clinic MOH Ilorin	14	42	5	18	9	5	10	2	38	67	383
22.	Spec. Hosp. Sobi	14	20	5	10	15	10	3	10	40	50	90
23.	DHU Lafag	-	4	7	16	11	17	11	11	22	48	70
Total		455	350	166	253	728	421	979	353	2328	1377	3705
%		12.3%	9.5%	4.5%	6.8%	19.6%	11.4%	26.4%	9.5%	62.8%	37.2%	100%

CLIENTS	NUMBER	PERCENTAGE
Old	2328	62.8%
New	1377	37.2%
TOTAL	3705	100%

KWARA STATE MINISTRY OF HEALTH  
FAMILY PLANNING SERVICE  
QUARTERLY REPORT: OCTOBER TO DECEMBER, 1985  
TOTAL CLIENTS SEX/RELIGIOUS DISTRIBUTION

No	Clinic	Total Clients	FAMILY PLANNING METHODS													
			PILLS				I.U.C.D.				INJECT- ABLE			OTHER METHOD		
			No of Users	Bleeding	No Menses	Lippes	Copper T	Expulsion	Re-Insertion	Removal	No of Users	Bleeding	No Menses	Condom	Diaphragm	Other Method
1.	DHU Ilorin	616	259	-	-	119	28	-	-	12	51	1	-	146	-	-
2.	Okelele Mat.	486	190	7	-	229	33	1	4	3	12	1	-	6	-	-
3.	Pakata Mat.	186	89	-	-	12	3	-	-	1	1	-	-	80	-	-
4.	BHC Ogidi	196	142	-	-	18	-	1	-	-	2	-	-	32	-	-
5.	BHC Shao	83	58	1	-	-	-	-	-	-	19	-	-	5	-	-
6.	BHC Oke-Oyi	49	43	-	-	-	-	-	-	-	2	-	-	4	-	-
7.	BHC Koko	27	8	-	-	-	-	-	-	-	1	-	-	18	-	-
8.	DHU Afon	78	39	2	-	-	-	-	-	-	24	5	-	7	1	-
9.	BHU Offa	388	247	-	-	12	-	-	-	-	17	-	-	111	1	-
10.	RHC Erinle	154	122	-	-	1	-	-	-	-	16	-	-	15	-	-
11.	DHU/O/Aran	204	36	1	-	3	2	-	-	1	13	-	-	148	-	-
12.	GH O/Aran	82	21	-	-	8	-	-	-	-	7	-	-	46	-	-
13.	DHU Share	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-
14.	M/C I/Oro	46	18	-	-	11	-	-	-	-	-	-	-	17	-	-
15.	RHC Omupo	83	45	1	-	-	-	-	-	-	7	-	1	29	-	-
16.	DHU Kabba	STAFF HAS GONE ON TRANSFER														
17.	GH Okene	211	60	-	-	79	-	-	-	-	19	-	-	53	-	-
18.	GH Lokoja	27	6	-	-	11	-	-	-	-	1	-	-	9	-	-
19.	DHU Lokoja	136	50	-	-	6	-	-	-	-	21	2	-	57	-	-
20.	EH Isanlu Oyi	383	156	-	-	16	7	-	-	-	24	-	-	180	-	-
21.	1st Aid Clinic MOH Ilorin	105	14	-	-	-	-	-	-	-	-	-	-	91	-	-
22.	Spec. H. Sobi	90	24	-	-	-	-	-	-	-	-	-	-	66	-	-
23.	DHU Lafiagi	70	30	-	-	1	-	-	-	-	-	-	-	39	-	-
	TOTAL	3705	662	12	-	526	73	2	4	17	238	9	1	159	2	-
	%	100%	44.9%	.3%	-	14.2%	2%	.1%	.1%	.5%	6.4%	.2%	.0%	2.1%	.1%	-

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KWARA STATE MINISTRY OF HEALTH  
FAMILY PLANNING SERVICE  
QUARTERLY REPORT: OCTOBER TO DECEMBER, 1985  
TOTAL CLIENTS SEX/RELIGIOUS DISTRIBUTION

No	Clinic	Total New Client	Sources of Referral							
			Field Worker	Clinic Staff	Friend	Relative	Radio	Television	Newspaper	Others
1.	DHU Ilorin	221	87	25	5	8	45	39	2	10
2.	Okelele Mat.	102	15	40	12	13	5	16	-	1
3.	Pakata Mat.	58	14	7	4	4	15	10	-	4
4.	BHC Ogidi	65	27	12	-	5	3	9	1	9
5.	BHC Shao	19	-	-	4	-	10	-	-	5
6.	BHC Oke-Oyi	15	-	10	1	-	3	-	-	1
7.	RHC Koko	2	-	-	-	-	2	-	-	-
8.	DHU Afon	19	3	5	2	3	4	-	-	2
9.	DHU Offa	136	-	73	32	3	8	20	-	-
10.	RHC Erinle	34	-	9	2	-	12	3	7	1
11.	DHU Omu-Aran	133	-	100	2	-	16	10	-	5
12.	Gen. Hosp. O/Aran	40	-	20	1	3	5	10	-	1
13.	DHU Share	1	-	-	1	-	-	-	-	-
14.	M/C I/Oro	15	8	2	-	-	-	5	-	-
15.	RHC Omupo	33	4	14	1	1	10	-	-	3
16.	DHU Kabba	-	-	-	-	-	-	-	-	-
17.	Gen. Hosp. Okene	79	-	24	8	4	26	9	3	5
18.	Gen. Hosp. Lokoja	27	-	3	14	-	10	-	-	-
19.	DHU Lokoja	78	4	16	21	6	14	9	4	4
20.	GH Isanlu Oyi	134	-	50	11	16	25	9	3	10
21.	1st A/C MOH	50	40	22	-	-	7	14	-	7
22.	Spec. Hosp. Sobi	50	-	22	-	-	7	14	-	7
23.	DHU Lafiagi	48	-	22	-	2	20	-	-	4
Total		1377	202	469	122	68	248	169	21	78
Percentage		100%	14.7%	34%	8.9%	4.9%	18%	12.3%	1.5%	5.7%

Total New Last Quarter - 1144      Total New this Quarter - 1577  
Total Old Last Quarter - 1,433      Total Old this Quarters - 2328

Percentage Increase of the New Acceptors over last quarter - 16.9%

Percentage Increase of the Old Client over the last quarter - 38.4%

**APPENDIX O**

**Kwara State Family Planning Service  
Organization Chart for Six States**

**KWARA STATE FAMILY PLANNING  
SERVICE ORGANIZATION CHART**

