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Trip Report

0-279

Travelers

Dr. George Walter, IHP Program Coordinator
Dr. Kelly O'Hanley, IHP Program Coordinator
Mr. Maurice Apter, IHP Program Coordinator
Mrs. Victoria Abodunrin, INTRAH Consultant

Country Visited: LAGOS STATE, NIGERIA

Date of Trip: January 11 - February 10, 1987

Purpose:

1. To conduct a two-day Orientation workshop for 25 FP/ORT/CHE supervisors, Jan. 15 - 16, 1987; and
2. To conduct a three-week FP/ORT/CHE Refresher workshop for 14 members of the State Training Team, Jan. 16 - Feb. 6, 1987.

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TABLE OF CONTENTS

	<u>PAGE</u>
LIST OF ABBREVIATIONS	
EXECUTIVE SUMMARY.....	i
SCHEDULE OF ACTIVITIES.....	iii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	2
IV. DESCRIPTION OF ACTIVITIES.....	2
V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS.....	4
 <u>APPENDICES</u>	
A. Persons Contacted/Met	
B. Participants	
B ₁ . Family Planning/Oral Rehydration Therapy/Community Health Education Supervisors' Orientation, January 15 - 16, 1987	
B ₂ . Family Planning/Oral Rehydration Therapy/Community Health Education Refresher Workshop, January 19 - February 6, 1987	
C. Pre/Post-Test Scores	
D. Summary of Participant Reaction Responses	
*E. Curriculum	
F. Pre/Post-Instrument	
G. Participants' Evaluations and Recommendations	
H. Report of Supervisors' Orientation, January 15 - 16, 1987	
H ₁ . Agenda and Discussion Items for January 15, 1987	
H ₂ . Agenda and Discussion Items for January 16, 1987	
**H ₃ . Summary of Participants' Evaluation	
**H ₄ . INTRAH Biodata Forms	

**I. Family Planning/Oral Rehydration Therapy/Community
Health Education Refresher Workshop,
January 19 - February 6, 1987**

- *I₁. Participants' Clinical and Community Health
Education Activities Reporting Sheets**
- **I₂. INTRAH Biodata Forms**
- **I₃. INTRAH Participant Reaction Forms**

***J. Supplemental Findings/Conclusions and Recommendations**

- *On file with INTRAH Program Office**
- **On file with INTRAH Data Management Services**

LIST OF ABBREVIATIONS USED IN THIS REPORT

AIDS	Acquired Immune Deficiency Syndrome
CD	Curriculum Development
CDC	Center for Disease Control
CHE	Community Health Education
EPI	Expanded Program for Immunization
FMOH	Federal Ministry of Health
HMB	Health Management Board
IEC	Information, Education and Communication
IGH	Ikeja General Hospital
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LGA	Local Government Area
LIMH	Lagos Island Maternity Hospital
LMLG	Lagos Mainland Local Government
MOH	Ministry of Health (State)
OCP	Oral Contraceptive Pills
PPFN	Planned Parenthood Federation of Nigeria
SON	School of Nursing
STT	State Training Team
TOT	Training of Trainers
UNFPA	United Nations Fund for Population Activities

EXECUTIVE SUMMARY

George Walter, M.D., M.P.H., Kelly O'Hanley, M.D., M.P.H., Maurice Apted, M.P.H., International Health Programs (IHP) Program Coordinators, and Victoria Abodunrin, Program for International Training in Health (INTRAH) Consultant from the Kwara State/INTRAH Program, visited Lagos State, Nigeria from January 11 - February 10, 1987 to conduct Activities #1 and #2 of the Lagos State/INTRAH Family Planning/Oral Rehydration Therapy/Community Health Education (FP/ORT/CHE) Project.

Activity #1 consisted of an orientation in FP/ORT/CHE for supervisors of clinics where FP services have been, or will be, inaugurated. Twenty-two participants completed this two-day session on January 15 and 16, 1987. A number of other Federal Ministry and State personnel attended portions of the activity.

Activity #2 consisted of a three-week refresher workshop in FP/ORT/CHE for ten clinicians and four community health educators who will comprise the Lagos State Training Team (STT). The workshop consisted of classroom, clinic and field experience. The majority of the participants had previous FP clinical experience. Client loads did not provide the numbers of cases required to meet INTRAH standards; however, the experience was adequate for individual competency. Although client loads are increasing rapidly, the current low client load strikes a note of caution for future trainings, in which groups will be larger, the participants will have less previous FP practice upon which to build, and the trainers will be less experienced. Therefore, plans for training will need to allow for sufficient time to complete requirements considering low client load.

Notable aspects of this visit which have program implications for the project are as follows:

1. A National population policy calling for a stated reduction in the population growth rate is reported to be imminent.
2. The Governor of Lagos State called for "birth control" and FP services in his 1987 "State of the State" address.
3. Lagos State, the most concentrated and populous urban area in Nigeria, is the hub of all the social, political and economic forces in the country and may well be a pace setter for FP activities in other states.
4. Compared to others, Lagos State is relatively wealthy and has a well-established infrastructure.
5. Since the majority of Federal offices are located in Lagos State, there is rapid access to the seats of power and decision-making, thus reducing the lag time for project advancement.
6. Hierarchical support for the program and the establishment of the Lagos STT seems enthusiastic and was physically evident in the regular attendance of ministry personnel in the training sessions.
7. Participants for this training were unusually well selected and highly motivated.
8. Public response to FP motivational messages has been enthusiastic, with immediate reflection in increasing attendance at clinics.

SCHEDULE DURING VISIT

- January 11 Mr. Maurice Apted and Dr. Kelly O'Hanley arrived in Lagos from San Francisco via London 8:00 p.m.
- Mrs. Victoria Abodunrin arrived in Lagos from Kwara State.
- January 12 Met with Mrs. M. G. Bodede, State Family Planning Coordinator and Mrs. F. A. Taylor, Deputy State Family Planning Coordinator.
- January 13 Met with Dr. Patricia Akingbehin, Chief Medical Officer.
- Visited family planning (FP) clinics for consideration for clinical training at the following sites:
- Gbagada General Hospital
 - Akerete Health Clinic
 - Planned Parenthood Federation of Nigeria Clinic
 - Ikeja General Hospital
- Dr. George Walter arrived in Lagos from San Francisco 5:15 p.m.
- January 14 Briefed with Ms. Keys MacManus, AID Affairs Officer, American Embassy/Lagos.
- Visited FP clinics for consideration for clinical training at the following sites:
- Lagos Island Maternity Hospital
 - Sura Primary Health Clinic
 - 42 Broad Street Health Clinic
 - Ajeromi Comprehensive Health Center
- January 15 - 16 Conducted two-day Orientation of Family Planning/Oral Rehydration Therapy/Community Health Education (FP/ORT/CHE) Supervisors' workshop.
- January 19 Met with Mr. J. T. Somoye, Permanent Secretary for Health, Lagos State.
- January 19 - Conducted three-week FP/ORT/CHE
February 6 Refresher workshop.

February 9

Debriefed at Health Management Board,
Lagos State Ministry of Health and
AAO, American Embassy/Lagos.

Evaluation plan reviewed.

Team worked on trip report.

Mrs. Victoria Abodunrin departed from
Lagos for Kwara State.

February 10

Dr. O'Hanley and Dr. Walter departed
from Lagos 11:59 p.m.

I. PURPOSE OF TRIP

The purpose of this trip was to conduct two training activities: 1) a two-day Orientation workshop for 25 Family Planning/Oral Rehydration Therapy/Community Health Education (FP/ORT/CHE) supervisors; and 2) a three-week FP/ORT/CHE Refresher workshop and practicum for 14 members of the State Training Team (STT). The objectives of the activities were as follows:

- Twenty-five supervisors will have demonstrated an understanding of the Ministry of Health (MOH)/INTRAH project and the expanded roles and responsibilities of supervisors and providers.
- Fourteen STT members will have upgraded their knowledge in FP/ORT/CHE.
- Ten STT members will have demonstrated their skills in FP/ORT clinical services.
- Four STT members will have demonstrated their skill in FP/ORT/CHE services.

II. ACCOMPLISHMENTS

1. Lagos State/INTRAH Project Activity #1 - a two-day FP/ORT/CHE Orientation for 22 clinic supervisors was conducted.
2. Activity #2 - a three-week FP/ORT/CHE Refresher workshop for ten clinicians and four community health educators of the Lagos STT was conducted.
3. Training teams for Activities #4, #5 and #6 were selected and planning begun.
4. Requirements for Activity #5 were established.
5. Each participant spent at least 56 hours in practical experiences in clinic or community.
6. Community health educators and clinicians provided motivational sessions on FP to approximately 4,000 people in clinics, hospitals, markets and motor parks.
7. Trainers provided technical consultation at all sites used for clinical training to bring facilities, equipment and services up to standards.

8. All clinicians demonstrated competency in provision of FP/ORT services.
9. All community health educators obtained clinical experience in the provision of all FP methods.
10. Trained INTRAH evaluators were involved in the analysis of pre- and post-test results, participant reaction forms and the individuals' biodata.
11. Dates for Activity #4 were changed to March 11 - 24, 1987 to allow at least a two-day break between activities.
12. Accelerating project momentum suggested the advancement of Activity #5 to March 11 - 31, 1987 and the addition of a supplemental CHE training April 6 - 16, 1987.

III. BACKGROUND

In January 1986, a training needs assessment for FP/ORT services was completed for Lagos State by INTRAH (Trip Report #0-246). Another INTRAH team re-visited in April and May 1986 for program development of a state-wide training project to meet identified FP/ORT service needs (Trip Report #0-277).

This report covers Activities #1 and #2 as stipulated in the training project workplan. The original workplan includes seven more training activities between now and November 1987 at which time a Project Review and Follow-up activity will take place. The next activity, #3, will be a Training of Trainers and Curriculum Development (TOT/CD) workshop for the appointed FP/ORT STT.

IV. DESCRIPTION OF ACTIVITIES

A. Orientation of Supervisors - Activity #1

Activity #1 was an Orientation of Supervisors held at the School of Contemporary Nursing Education, Ikeja General Hospital (IGH), Ikeja, Lagos, January 15 and 16, 1987.

Twenty-five participants from the MOH, Health Management Board (HMB) and Local Government Area (LGA) health services took part: 14 clinic supervisors, 8 FP/ORT service providers and 3 Lagos FP/ORT project officials. Twenty-two participants completed the full orientation.

Important participant briefings concerned the following topics:

- Lagos State FP/ORT Training Project
- Nigerian Population Situation
- The State of Contraceptive Technology Available to Nigeria

Discussions focused on the following important issues:

1. Roles and responsibilities of supervisors and service providers for FP/ORT in Lagos;
2. Desirable FP/ORT clinic setup;
3. Community mobilization and role involvement in FP/ORT; and
4. Problems of implementation.

At the close of the orientation, conclusions and recommendations were forwarded to the State FP/ORT Project Coordinator for consideration.

B. Family Planning/Oral Rehydration Therapy/Community Health Education Refresher Workshop - Activity #2

Activity #2 was a trainers' FP/ORT/CHE Refresher workshop for 14 members of the Lagos STT from January 19 - February 6, 1987 (Appendix B₂). The workshop had two major parts:

1. A didactic component dealing with contraceptive technology, ORT and CHE for FP/ORT at the School of Contemporary Nursing Education, Ikeja; and

2. A practicum covering FP clinical skills, ORT promotion and CHE at three Lagos MOH clinics and in various community settings.

Participative and experiential learning activities were used as frequently as possible to maximize participant learning. The three clinical trainers acted as preceptors to provide participants with supervised, practical clinical experience. The IHP CHE trainer supervised the field work of the four health educators. In addition, the INTRAH/IHP trainers incorporated into the workshop preparatory experiences for the forthcoming TOT activity.

There were no major problems concerning the logistical and administrative arrangements for either the classroom or practicum components. However, in the clinic certain technical, management, equipment and space problems became apparent.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Administrative Support

1. Finding(s)

Level of administrative support was reflected at many levels of government and in multiple ways:

- A national population policy calling for a reduction in population growth rate is believed to be forth coming.
- The Governor of Lagos State called for "birth control" and FP services in his 1987 "State of the State" address.
- Improvements in the clinics to be used during the practicum, called for by the INTRAH program development team, were made.
- The State FP Coordinator and Deputy Coordinator responded quickly to all trainer requests. They took under careful advisement all recommendations.

- The health institutions' staff from which the STT members came were extremely accommodating about freeing them from their other job responsibilities to participate in this workshop and were receptive to extended future time commitments of these personnel.
- The State FP Coordinator and Deputy Coordinator took remarkable initiative in planning future training strategy by the STT, proposed additional workshops and accelerated time tables.
- The State FP Coordinator and Deputy Coordinator participated in the workshop frequently, as did the head statistician of the Lagos State MOH. The State Permanent Secretary personally visited the classroom training.
- The Chief Consultant at IGH took steps to improve FP clinic facilities.
- Secretarial support, mimeographing and some transportation were provided by the MOH (photocopying was available commercially at a reasonable cost).

Conclusion(s)

Lagos State is very committed to the development of FP/ORT/CHE training and services and the potential for a successful program is high. Administrative capacity and commitment are very good.

Recommendation(s)

Full encouragement and support should be offered to the Lagos State FP Program.

B. Participant Selection

2. Finding(s)

The participants screened during the project development phase, were selected with the intention of meeting several criteria:

- representation from all state health institutions (nursing schools, HMB, LGAs, MOH, health education schools);

- prior FP clinical experience; and
- high score on a standard pre-test.

Conclusion(s)

The participants met the selection criteria.

Recommendation(s)

The processes used for selection of STT members should be repeated for similar projects in other states.

C. In-Country Co-Trainer

3. Finding(s)

The co-trainer from Kwara State was able to participate fully in both the classroom and practicum components of the clinical/CHE training. Her presence extended the precepting capacity of the IHP trainers for the practicum. She was particularly effective in providing leadership and support for CHE activities.

She stated that serving as a co-trainer with experienced trainers was extremely valuable for upgrading her FP/ORT knowledge and training skills.

Conclusion(s)

Use of in-country co-trainers from a more evolved program serves three purposes:

- broadens capacity and quality of the training team;
- upgrades knowledge and skills of the co-trainer which is an asset for the STT from which she/he comes; and
- gives credibility to the concept of development of STTs.

Recommendation(s)

Use of in-country co-trainers should be continued.

D. Supervisors' Orientation

4. Finding(s)

The Supervisors' Orientation was well received by the participants. They developed a list of the roles and responsibilities of both the supervisors and the clinicians. It was evident from this list that they perceived their role less in terms of a policing function and more in terms of facilitating.

Conclusion(s)

Because of this Orientation, the supervisors should be more willing and able to support the new FP clinical services.

Recommendation(s)

Additional Supervisors' orientations should be held in Lagos State using the list of suggested participants generated by this group (Appendix H). Workshops like this should be used in similar projects in other states.

5. Finding(s)

Supervisors were eager to receive more clinical updating than could be accommodated in a two-day workshop. Also, two-days did not allow sufficient time for in-depth discussion of ideal clinical services.

Conclusion(s)

A two-day orientation was insufficient time to cover material perceived by the participants as important to learn.

Recommendation(s)

Orientation of supervisors should be extended to three days.

E. RAPIDS Presentation

6. Findings(s)

The Federal MOH has a well developed demographic presentation which projects population growth at various rates to the year 2025, with all its attendant demands on the Nigerian infrastructure.

The information in their presentation was well received by participants in both activities #1 and #2 and the participants asked pertinent questions.

The style of presentation was not smooth. It had many technical glitches, too small a screen for the size of the viewing area, and much repetition. The discussion was not well orchestrated.

Conclusion(s)

RAPIDS-type demographic information which exists in Nigeria impacts greatly upon a receptive audience. However, those responsible for the presentation had not quite mastered their equipment and presentation process.

Recommendations(s)

The RAPIDS presentation should be streamlined and the technical details worked out so that they do not interfere with audience participation and appreciation.

A large-screen movie of moderate length (30 - 45 minutes) with discussion afterward would be a more effective teaching tool and require less technical equipment and personnel.

F. Community Health Education Activities

7. Finding(s)

CHE activities during the seven days of out-of-classroom experience permitted both clinicians and community health educators to present FP motivational messages to approximately 4,000 people in clinics, hospitals, markets and motor parks. In addition, they taught ORT to approximately 150 mothers, as well as motivating them for FP. During these CHE activities the following were noted:

- ORT clinics were very well organized in Lagos Island Maternity Hospital (LIMH) and IGH, but were embryonic at Ajeromi. This made it difficult to apply techniques of motivation and teaching.
- staff of ORT clinics stated that since the ORT public education campaign in Lagos State was implemented fewer severely dehydrated children are seen.

- transport was difficult, particularly in the early mornings.
- immediate increases in client volume in clinics were noted as a direct result of CHE efforts. Therefore, the value of CHE was increased in the view of the participants as they were able to observe its effectiveness.
- no plans for targeting of CHE efforts have been articulated.
- no FP clinic appointment slips are currently being utilized by CHE.

Conclusion(s)

The current "economic crunch" in Nigeria creates a favorable atmosphere for the dissemination of the FP message.

ORT efforts seem to have been effective in reducing severe dehydration.

CHE activities were a very important component of the training for both clinicians and health educators and were effective in increasing client volume.

Recommendation(s)

CHE activities should be continued in both clinical and health education courses.

As health education is done, interested persons should be given "appointment slips" for the nearest FP clinic. This would help to: a) commit them to visiting the clinic; and b) evaluate the extent and the impact of CHE activities.

CHE efforts should be targeted in areas intended for practical training; where FP services exist, but client volume is low; and in the catchment areas of centers in which new FP clinics will be opened.

G. Male Involvement

8. Finding(s)

Lagos State FP clinics cater almost exclusively to women. The clinics themselves are not set up to be convenient for, attractive to, nor comfortable

for men. Men are not actively encouraged to participate.

Nigerian women report that the attitudes of Nigerian men are a significant obstacle to the widespread use of contraception.

Conclusion(s)

FP clinical services in Lagos State continue to be a situation of women offering services to women.

Recommendation(s)

Lagos State government clinics should consider engaging male personnel to help reach and serve the critical group of men.

Clinics should be organized and arranged in such a way that men are well served and comfortable in attending.

Clinic times should cater to the working man.

FP clinics should be opened in the work place, e.g., factories, barracks and commercial enterprises.

H. Training for Professional Competency in Family Planning

9. Finding(s)

The group of clinicians barely achieved professional competency in FP due to:

- short time of the training (eight days in the classroom and seven clinic sessions);
- limited numbers of clients;
- limited number of clinical sites; too many participants were competing for too few clients in too small a working space with too little equipment; and
- organizational and logistical problems in the clinics which impeded client flow and decreased the amount of clinical experience for each participant.

Conclusion(s)

Future training groups will require more classroom time because:

- theoretical aspects of FP/ORT will have to be developed more completely; and
- STT members, in their initial training ventures, will require more time to present and process didactic and technical material due to inexperience as trainers.

Recommendation(s)

- a. Lagos State needs to develop new clinical sites to supplement those used in this training (e.g., Gbagada Hospital Family Planning Clinic, Apapa Comprehensive Health Clinic, Randle Health Center).

No more than two participants should be assigned to any clinical site in any one session.

Each pair of participants should work under an STT preceptor who will determine the progress made and assure the achievement of competency. Non-STT member clinicians should not be used as preceptors since quality control would be less assured.

- b. Size of groups to be trained should not exceed 15 due to:
 - dynamics of classroom training;
 - ratio of preceptors to trainees; and
 - clinics too crowded to accept more than two trainees at a time.
- c. Clinical training should be a minimum of four weeks with a contingency plan to extend the practicum for any participant at the discretion of the STT.
- d. The FP Program Coordinator should continue working with clinical training sites to achieve maximum efficiency in management, client flow, service provision and training.

- e. The CHE activities of the Lagos STT should be focused upon increasing the client load of those centers providing clinical training.

I. Sexually Transmitted Diseases (STDs)/Acquired Immune Deficiency Syndrome (AIDS)

10. Finding(s)

At present, no diagnostic tests are possible in FP clinics. Clients suspected of having an STD are either treated empirically, or referred to a gynecologic clinic. Only two facilities have gynecologic clinics.

FP clinic personnel are vulnerable to exposure to the AIDS virus through vaginal secretions and menstrual blood. Clients may also be exposed to cross contamination if adequate aseptic technique is not practiced.

Conclusion(s)

There is inadequate gynecologic coverage of FP clinics for proper diagnosis and treatment of STDs.

The danger of AIDS contamination in FP clinics, client to staff and client to client exists.

Recommendation(s)

Curricula developed for clinical training should include the maximum possible information on STDs so that FP staff may properly diagnose, treat, refer and teach prevention of STDs.

All training would include a module on AIDS and how to prevent its transmission on medical facilities.

Efforts to motivate both males and females regarding condom use should be increased.

J. Standing Orders

11. Finding(s)

STT and FP coordinators are very interested in developing standing orders for FP clinical services for Lagos State.

Conclusion(s)

Well-developed standing orders would be valuable to serve as a resource for future clinical training; and to improve quality and uniformity of clinical service.

Recommendation(s)

Further technical assistance should be offered by INTRAH to refine and expand existing standing orders.

K. Management of Family Planning Commodities12. Finding(s)

Delivery of clinical services is occasionally hampered by disruption in continuity of supplies.

Conclusion(s)

Levels of the supply system, i.e., AAO, State Ministry, HMB, LGAs and local service provision facilities are not clear.

Misunderstanding of the procurement process interferes with efficient delivery of services as well as causes stress for supervisors and personnel.

Recommendation(s)

As an adjunct to training already planned, the supply system should be clarified by:

- preparing a module in the curriculum for clinical providers on commodity supply and management; and
- offering orientation sessions for pharmacy and store personnel serving FP clinics.

L. Evening Clinics13. Finding(s)

Currently, government FP clinics are not open during the evenings. Planned Parenthood Federation of Nigeria (PPFN) has extended its service to include evenings, using its own and government clinics.

Conclusion(s)

Opening evening or weekend clinics would:

- increase accessibility for working men and women; and
- allow more hours of clinical practicum for training per week.

Recommendation(s)

State health administration should consider extending services during the evening or weekend.

M. Relationship with Planned Parenthood Federation of Nigeria

14. Finding(s)

PPFN is conducting clinical, in-service delivery and CHE training. In order to have sufficient volume of clients for clinical experience, PPFN uses MOH clinics for some of its clinical practicum.

Conclusion(s)

Now that the State MOH is conducting its own training, there will be heavy demand for access to clinics for training.

Recommendation(s)

Clinical training will need to be carefully scheduled (and with as few changes of dates as possible) in order to accommodate both the MOH and PPFN.

15. Finding(s)

PPFN is unique in its training of male motivators. However, because PPFN was conducting training concurrently with the INTRAH workshops, PPFN facilities were not used during this session.

Conclusion(s)

PPFN is a valuable resource for CHE training of male motivators.

Recommendation(s)

Feasibility of using PPFN for CHE training by the STT should be explored.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/Lagos

Mr. Larry EICHER, Population Officer
Ms. Keys MAC MANUS, AID Affairs Officer
Mrs. SHITTA-BEY, Family Planning Program Specialist

Lagos State Ministry of Health

Dr. P. AKINGBEHIN, Family Planning Director, Director of Preventive Health Services
Dr. C. O. OLUWOLE, Chief Statistician (Health), Old Secretariat, Ikeja
Mrs. Cecelia OLUWOLE, Principal, School of Contemporary Nursing Education, Ikeja
Mr. J. T. SOMOYE, Permanent Secretary, Lagos State
Mrs. F. TAYLOR, Family Planning/Oral Rehydration Therapy Deputy State Coordinator, Assistant Chief Health Sister

Lagos State Health Management Board

Mrs. M. BODEDE, FP/ORT State Coordinator, Chief Health Sister
Dr. Kunle JOSEPH, Medical Director, Chief Consultant, Ikeja General Hospital
Sister ODUTAYO, Director of Family Planning Clinic, Lagos Island Maternity Hospital
Senior Sister Joan OGUNMOLA, Ikeja General Hospital Family Planning Clinic
Sister OJOMU, Ikeja General Hospital Family Planning Clinic
Senior Sister Kike OLORUNNIMBE, Ikeja General Hospital Family Planning Clinic
Mrs. OMAGE, Chief Matron, Gbagada General Hospital
Mrs. ONASANYA, Gbagada General Hospital Family Planning Clinic
Dr. Yemi PLUMPTRE, Consultant Pathologist, Ikeja General Hospital

Mrs. THOMAS, Chief Matron, Ikeja General Hospital

Other

- Mrs. Rachel AJIBOYE, Kwara State Trainer (Co-Trainer for Activity #3)
- Ms. Ann ARNESS, Chief, Information and Training Division, ST/POP, AID/Washington
- Mr. Brice ATKINSON, Path-Piact Consultant
- Mr. BABA, National Population Bureau
- Mr. Bill BAER, Consultant, AID/Washington
- Mrs. Nadine BURTON, Family Health International
- Mr. Steven ESREY, Johns Hopkins School of Public Health, Nutrition and Diarrhea Study, Kwara State
- Mr. Abayomi FAJOBI, Executive Director, Planned Parenthood Federation of Nigeria Headquarters
- Dr. Moye FREYMAN, Chairman, International Health Program, University of North Carolina, Chapel Hill
- Mr. Jay FRIEDMAN, Center for Disease Control, Atlanta, Georgia
- Mr. Muhiuddin HAIDER, Pathfinder Fund, Boston
- Mr. Tony ISAMA, Planning Officer, Federal Ministry of Health
- Dr. Tim JOHNSON, Center for Disease Control, Atlanta, Georgia
- Ms. Terry MIRABITO, INTRAH Program Officer
- Dr. Benson MORAH, National Population Bureau
- Mr. OLOMAJE, Program Director, Planned Parenthood Federation of Nigeria Headquarters
- Mr. Jason SMITH, Program Coordinator for Center for Development and Populations Activities
- Mrs. UMOREN, Training Program, Planned Parenthood Federation of Nigeria Headquarters

APPENDIX B

PARTICIPANTS

APPENDIX B₁

Family Planning/Oral Rehydration Therapy/
Community Health Education
Supervisors' Orientation

January 15 - 16, 1986

APPENDIX B1

family Planning/Oral Rehydration Therapy/
Community Health Education
Supervisors' Orientation

January 15 - 16, 1986

PARTICIPANTS

1. Mrs. E. O. ADEBAYO
Principal Health Sister
Lagos Mainland Local Government
2. Mrs. Adeyinka O. ADEWUMI
Nursing Sister
Alaba Basic Health Clinic
Badagry Local Government
3. Mrs. O. A. ADEWUYI
Health Sister
Ijede Primary Health Centre
4. Mrs. A. AJANI
Nursing Sister
Badagry General Hospital
5. Mrs. Iyabode Adebola AKINRINOLA
Senior Health Sister
Ajeromi Comprehensive Health Centre
6. Mrs. D. A. ALUKO
Midwife Sister
Epe Local Government
7. Mrs. R. O. ANIBABA
Staff Nurse-Midwife
Ikorodu Local Government
8. Mrs. J. F. AYODELE
Principal Health Sister
Ebute-Metta Health Centre
9. Mrs. M. A. BABANIJI
Principal Health Sister
Aghowa Primary Health Centre
10. Mrs. Florence Modupe BEYIOKU
Senior Nursing Officer
Somoloy Local Government
Ketu Primary Health Clinic
11. Mrs. Clarissa Yeside COKER
Principal Nursing Officer
Oregon Road Family Health Service

12. Mrs. T. A. EDALERE
Community Midwife Sister
Lagos Island Local Government
13. Mrs. Kofoworola Ayodele ESO
Senior Health Sister
Randle Health Centre
14. Mrs. A. C. FALOHUN
Chief Health Sister
Orile Agege Health Centre
15. Mrs. Agatha GIWA-OSAGIE
Midwifery Sister
Lagos Island Maternity Hospital
16. Mrs. Madupe Ojuolape KOIKI
Assistant Chief Health Sister
Apapa Health Centre
17. Ms. M. E. OFFIONG
Assistant Chief Matron
Ikeja General Hospital
18. Mrs. DMO-OLOFIN
Matron
Ikorodu General Hospital
19. Mrs. Adeline Itiolapo ONASANYA
Senior Nursing Officer
Isolo Road Maternity Centre
20. Mrs. Victoria Oyindamola ONASANYA
Matron
Gbagada General Hospital
21. Mrs. Risqat Idowu SANYAOLU
Senior Nursing Officer
Kajola Maternity Centre
22. Mrs. Caroline A. SHOGBAMU
Principal Health Sister
Epe General Hospital

APPENDIX B₂

Family Planning/Oral Rehydration Therapy/
Community Health Education Workshop

January 19 - February 6, 1987

APPENDIX B2

Family Planning/Oral Rehydration Therapy/ Community Health Education Workshop

January 19 - February 6, 1987

PARTICIPANTS

1. Mrs. Christiana Olufeyisola ABIODUN
Assistant Chief Health Sister (Health Education)
Health Education Unit, Ikeja
2. Mrs. Mary Adebimpe AFOLABI
Principal Health Sister
Lagos State Health Management Board
26 Catholic Mission Street
3. Mrs. Eunice Olu AKINFE
Assistant Chief Health Sister
School of Health Technology
8 Harvey Road, Yaba, Lagos
4. Mrs. Abiodun Olufunke ALUKO
Health Sister
Nursing Division
Health and Environmental Services Department
Lagos Mainland Local Government
5. Mrs. Frances Adekunbi DIYAOLU
Matron
General Hospital, Ikorodu
6. Mrs. Kofoworola Ayodele ESO
Senior Health Sister
Randle Health Centre, Surulere, Lagos
7. Mrs. Charlotte Mopelola OBASA
Senior Community Nursing-Midwifery Sister
Family Health Service
24 Glover Road, Ikoy Area Office, L-1-1-G
8. Mrs. Comfort Modupe OGUNYOVE
Senior Nursing Officer
Lagos Mainland Local Government
198 H-1 Macualay Street, Ebutemeta
9. Mrs. Abiodun Adesumbo OKE
Nursing Officer (Health)
Primary Health Clinic
Lagos Island Local Government, City-Hall
10. Mrs. Remilekun Feyisara ONI
Staff Nurse-Midwife
Ikeja Local Government, Agege Area Office

11. Mrs. Mabel Adetola OSHODI
Matron
Ikeja General Hospital
Lagos State Health Management Board
12. Mrs. Risiqat SANYAOLU
Senior Nursing Officer
O² Area Office
Mushin Local Government, Lagos
13. Mrs. Alice Lucy da SILVA
Assistant Chief Nurse Tutor
School of Midwifery
Ikeja General Hospital, Lagos
14. Mrs. Mosunmola SOLANKE
Community Midwifery Sister
Badagry Local Government Area
Layeni Maternity Centre-Ajeromi Area Office

25

APPENDIX C

PRE/POST-TEST SCORES

APPENDIX C
PRE- AND POST-TEST SCORES

No pre- or post-test was given during Activity #1. The same instrument, combining both didactic material regarding family planning and oral rehydration therapy, as well as principles of community health education, was used as a pre- and a post-test for Activity #2. There was improvement generally among the fourteen participants, with the following noted:

Increase in lowest score	up 16% from 51-77%
Increase in highest score	up 19%, from 80-99%
Least increase in percentage points by individual participant	+10%, up from 80-90%
Greatest increase in percentage points by individual participant	+32%, up from 67-99%
Average percentage points increase among 14 participants	19.8%, range 10-32%

The results confirmed the observations made by the facilitators: in general the participants expending the greatest effort evidenced the greatest improvement. Some, who had done well on the pre-test were eclipsed by their colleagues on the post-test, and even though they had good scores, their class ranking fell.

The analysis was also used to weed out certain questions which were ambiguous or not useful. Revisions will be made before future use of the instrument.

Much of the improvement noted in the participants was not reflected by this didactic instrument, for it involved the participants performance on technical aspects of family planning, oral rehydration therapy or community health education services. These results are included in the "findings" portion of this report.

The instrument and its scoring key, as well as certain analyses of the results, follow.

21

TABLE 1

	PARTICIPANT	RANK ORDER			
		PRETEST		POST TEST	
		RANK	SCORE	RANK	SCORE
1	Biodun'	1	80%	2	93%
2	Alice	1	80	4	90
3	MARY	2	78	1	99
4	COMFORT	3	72	6	88
5	Remi	4	68	8	77
6	Kofo	5	67	1	99
7	Mabel	5	67	7	83
8	Biodun"	6	65	6	88
9	Christiana	7	64	3	91
10	Francesca	8	63	7	83
11	Mosun	9	62	5	89
12	Charlotte	10	57	10	68
13	Risi	11	56	9	70
14	Eunice	12	51	8	77

RANK ORDER BY PARTICIPANT,
PRE and POST TESTS

TABLE 2:
DISTRIBUTION OF SCORES, PRE
AND POST TEST

ITEM	PRE - TEST	POST - TEST
RANGE OF SCORES	51 - 80%	68 - 99%
MEDIAN SCORE	65%	88%
AVERAGE SCORE	71%	85%

21

TABLE 3:
 GRAPHIC DISTRIBUTION OF PRE AND
 POST TEST SCORES

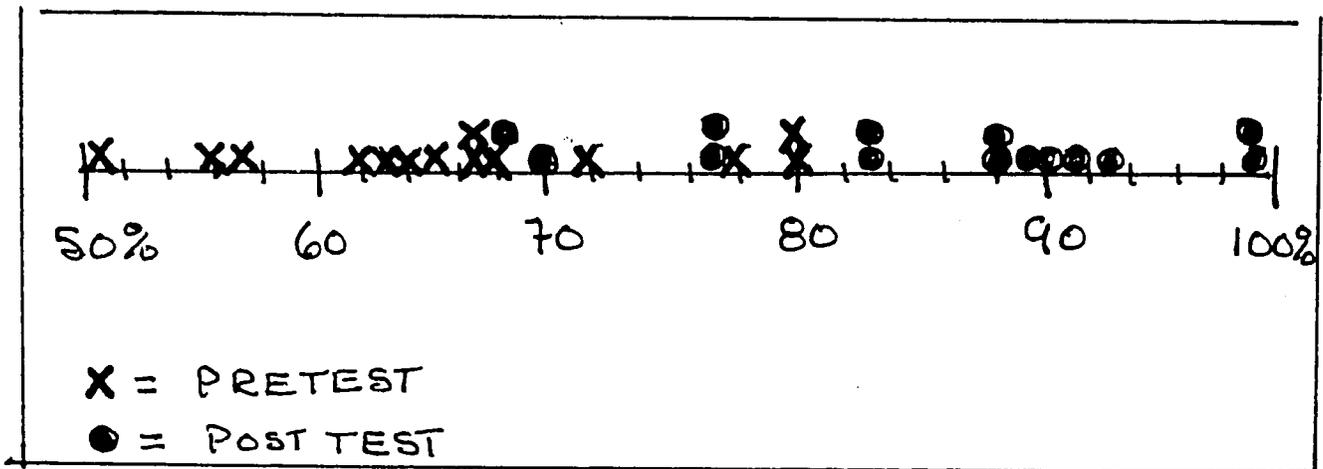


TABLE 4

RANK		ORDER	
RANK	PRE-TEST	POST-TEST	
1	BIODUN' 80	KOFO	99
2	ALICE 80	MARY	79
3	MARY 78	BIODUN	93
4	COMFORT 72	CHRISTIANA	91
5	REMI 68	ALICE	90
6	KOFO 67	MOSUN	89
7	MABEL 67	BIODUN"	88
8	BIODUN" 65	COMFORT	88
9	CHRISTIANA 64	MABEL	83
10	FRANCESS 63	FRANCESS	83
11	MOSUN 62	REMI	77
12	CHARLOTTE 57	EUNICE	77
13	RISI 56	RISI	70
14	EUNICE 51	LCHARLOTTE	68

PARTICIPANT ORDER BY RANK,
PRE AND POST TESTS

TABLE 5

PERCENTAGE POINTS IMPROVEMENT,
POST-TEST OVER PRE-TEST SCORES

PARTICIPANT	PERCENTAGE POINTS IMPROVEMENT
KOFO	32%
CHRISTIANA	27
MOSUN	27
EUNICE	26
MABEL	26
BIODUN ²	23
MARY	21
FRANCESS	20
COMFORT	16
RISI	14
BIODUN ¹	13
CHARLOTTE	11
REMI	11
ALICE	10

TABLE 6

CHANGE IN RANK BETWEEN PRE AND POST TESTS

PARTICIPANT	CHANGE IN RANK
EUNICE	+4
MOSUN	+4
CHRISTIANA	+4
KOFO	+4
RISI	+2
FRANCESS	+1
MARY	+1
CHARLOTTE	0
BIODUN ²	0
BIODUN ¹	-1
MABEL	-2
COMFORT	-3
ALICE	-3
REMI	-4

23
27
27
1/1/20
5

APPENDIX D

SUMMARY OF PARTICIPANT REACTION RESPONSES

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
12	2			

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
3	11			

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

12 a. All material was useful
2 b. Most materials were useful
 _____ c. Some material was useful
 _____ d. Little material was useful
 _____ e. No material was useful

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
10	4			

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

- | | | | | |
|-------------|----------------------|---------------------|------------------------|---------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| 2 | | 11 | 1 | |

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

- | | | | | |
|-------------|----------------------|---------------------|------------------------|---------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| | | 13 | 1 | |

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

- | | | | | |
|----------------|------------------|--------------------|--------------------|----------------------|
| a. Very useful | b. Mostly useful | c. Somewhat useful | d. Not very useful | e. Not useful at all |
| 13 | 1 | | | |

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

- | | | | | |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| 8 | 5 | 1 | | |

9. In this workshop I learned:

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

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

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

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
<input type="text" value="8"/>	<input type="text" value="4"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
<input type="text" value="13"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
<input type="text" value="12"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
<input type="text" value="9"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. 14 a. I would recommend this workshop without hesitation,
_____ b. I would probably recommend this workshop
_____ c. I might recommend this workshop to some people
_____ d. I might not recommend this workshop
_____ e. I would not recommend this workshop.

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

- ⁵ a. Additional time for the workshop
- b. More limited time for the workshop
- c. Use of more realistic examples and applications
- ⁸ d. More time to practice skills and techniques
- ⁴ e. More time to become familiar with theory and concepts
- f. More effective trainers
- ¹ g. More effective group interaction
- h. Different training site or location
- ¹ i. More preparation time outside the training sessions
- ¹ j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- ¹ l. Consideration of a broader and more comprehensive topic
- m. Other (specify) _____

Questions

- 1.-2. Participants found workshop objectives very clean and mostly achieved.
- 3.-4. All training materials were useful.
- 5.-6. There was agreement that the material covered and the time allotted were appropriate for the needs of this particular group.
- 7.-8. The workshop was deemed very useful and immediately applicable to the participants work situations.
- 9.-10. Participants felt they were able to both learn and practice many new and useful things.
11. Most found the facilities and arrangements very good, and they were at least acceptable for all.
- 12.-14. The facilitators of the workshop were adjudged to be very effective in presenting material in such a way as to make learning painless in encouraging participants, and in keeping them informed of their progress.
15. The group was unanimous in recommending the workshop without hesitation.
16. Major suggestions for improvement were concerned with:
 - More time for clinical and field practice (8 responses)
 - More time for the workshop as a whole (5 responses)
 - More time on the theoretical aspects of FP/ORT/CHE (4 responses)

17. As participants considered the different aspects of the workshop that seemed most useful to them, they devised the following list. (Numbers preceding items indicate the number of times that item was mentioned.) Almost all ticks were in the "very useful" column.

16 - Review of Anatomy and the Menstrual Cycle (2 participants double-ticked this item)

11 - Oral Rehydration Therapy and preparation of Solution

9 - Contraceptive method review

8 - Sexually transmitted diseases

7 - Physical examination

7 - Demographic overview of Nigeria

7 - Problems of Nigerian women and children

6 - Counseling in family planning

6 - Health benefits of family planning

6 - Family planning casefinding

6 - Contraceptive effectiveness, safety, and risk

5 - Infertility

5 - Family planning history taking and record keeping

4 - Historical perspectives of family planning

4 - Reflection

4 - Pregnancy testing

3 - Lactation and family planning

3 - Where are we?

3 - Pre-test and course registration

3 - Family planning clinic management

2 - Standing orders

2 - Assignments

AIDS

Clinical experience

Visual aids

Introduction

Clinical review

Case presentations

Training men for family planning service

Condoms

Considering those items ticked a significant number of times, it is apparent that the participants singled out as most important, those portions of the training which were immediately applicable to their working situations. The remainder of the scattering of items comes partly from personal interest, and partly from the ambiguity of this question number 17. In our experience with this evaluation form, the appearance of this completely free-form question in the middle of a flow of didactic, computerized questions requiring only a tick, is always confusing to participants. They seem unable to grasp how it is to be handled. Even with careful explanations, repeated frequently, there were still respondents who simply took the workshop agenda and went down it listing calendar items. When they came to the end of the number of blank spaces, they stopped, feeling they had satisfied the demands of the question: hence the three votes for "Pre-test and course registration" and the 2 votes for "Assignments."

18. Workshop techniques or resources were found very useful as follows: (numbers preceding the items indicate the number of times the item was ticked) as "very useful 1 or 2.)

14 - Group discussions

14 - Clinical sessions

13 - Individual exercises

13 - Group exercises

13 - Handouts/readings

12 - Lectures

11 - Books

9 - Field Trips

7 - Audio-visuals

Continued use of this form confirms the ambiguity of at least three of the items. First, the term "lectures" is mis-interpreted by the participants. In the strictest sense of the word, no lectures were given, yet only one participant, a tutor in the school of nursing, recognized that fact and ticked "does not apply." The term "field trips" is apparently also confusing, for though none were taken, 9 participants indicated that they were very useful. In the anglophone African context, the term "audio-visuals" means only "film shows." Although visual aids were used constantly and with very excellent effect, since no films were shown, only 7 participants indicated that there had been merit in their use. One participant even ticked "does not apply," since there had been no movies.

19. Almost all participants indicated interest in additional training, with the distribution being as follows: (figures indicate the number of times the item was ticked).

10 - Planning/Evaluation of Family Planning Services

7 - Policy Making/Direction of Family Planning Services

6 - Management of Family Planning Service Systems

6 - In-Service Training in Family Planning

3 - Provision of Natural Family Planning Methods

3 - Community Based Outreach, Education or Information

2 - Counseling and/or client education

2 - Supervision of Family Planning Services

2 - Community Based Distribution of Contraceptives

Provision of Clinical Methods

Information and statistics on long-term effects of various methods of contraception

20. ADDITIONAL COMMENTS:

1. To make this useful training work well, the management of family planning services should make sure there are needed equipment, instruments and enough staff at all clinics to keep the work going well so that all the trainers' efforts may not be in vain - especially at the local government clinics. Thank you. (Comfort)
2. All the providers must have the opportunity of in-service training and workshops at regular intervals. Audio-visuals are also necessary for teaching purposes. (Mabel)
3. Word for word repeat of #2 (Risi)
4. Advanced training overseas will be of tremendous advantage.
5. More advice required on counseling clients on infertility. (Alice)
6. It has been an interesting workshop. I've gained so much within the shortest period. In fact, I'm now really interested in family planning. My sincere appreciation goes to the organizers of this programme, the trainers and my local government for giving me the opportunity to participate. God Bless. (Abiodun II)
7.
 - a. The clinics in the field need to be more equipped.
 - b. Advanced training overseas will be highly appreciated.
 - c. Improved transportation for participants.

APPENDIX F

PRE/POST-INSTRUMENT

LAGOS STATE
FAMILY PLANNING/ORT PROGRAM 1987

PRE/POST TEST

Name: _____

- Q1. Adults need to be taught differently from children because:
(choose the best three answers)
- a. adults have more experience about life.
 - b. adults need to solve real-life problems.
 - c. adults are flexible about learning.
 - d. adults do not like to be treated like children.
 - e. adults do not care about learning.
- Q2. Possible obstacles to the FP/ORT program in Lagos State are:
(choose the three best answers)
- a. people's religious beliefs.
 - b. people do not care about health.
 - c. people fear family planning methods.
 - d. people distrust health workers.
 - e. people do not know about FP/ORT.
- Q3. Where in the woman's body does fertilization usually occur?
- Q4. How many eggs are usually released each month during a woman's menstrual cycle?
- Q5. What is the average age for a woman to have first onset of menses?
- Q6. What is the average age for a woman to have a final cessation of menses?

- Q7. Effective health education programs have three of the following characteristics:
- H.E. helps people become less dependent.
 - H.E. involves community members in deciding about health activities.
 - H.E. tells people how they should act.
 - H.E. deals with problems identified by the people themselves.
 - H.E. forces people to change unhealthy behavior.
- Q8. Hormones from what gland regulate the ovary?
- Q9. Day 1 of the menstrual cycle refers to what event?
- Q10. How long can a man's sperm survive inside a woman's body after intercourse?
- Q11. For how long after ovulation is it possible for the egg to be fertilized?
- Q12. About what percentage of all pregnancies result in miscarriage (spontaneous abortion)?
- Q13. Is a vaginal yeast infection usually passed from partner to partner during intercourse?
- Q14. The onset of the menstrual flow is triggered by a drop in the blood level of which two hormones?
- Q15. Qualities of an effective FP/ORT service provider when participating in health education activities are: (choose the best three answers)
- He/she encourages people to help themselves.
 - He/she forces people to adopt healthy practices.
 - He/she acts like a boss over the community.
 - He/she works with community leaders.
 - He/she respects community members.

15

- Q16. Reasons why community health education is necessary are: (choose the best three answers)
- It can help a community become strong.
 - People do not know anything about health.
 - It can encourage self-help.
 - Medical services cannot provide everything.
 - People are not interested in their health.
- Q17. When participating in health education, which of the following will an effective FP/ORT service provider use to find out about his/her community: (choose the best three answers)
- Listening to mothers.
 - Talking with leaders.
 - Using one main source of facts.
 - Reading reports and records.
 - Talking with outside experts.
- Q18. Ways in which an FP/ORT service provider can create good community relationships are by: (choose the best three answers)
- Being friendly with people.
 - Visiting only if you have time.
 - Respecting community beliefs.
 - Spending most time in the health center.
 - Visiting leaders regularly.
- Q19. Is urinary tract infection usually more common in men or in women? Why?
- Q20. Adnexal masses found in a pelvic examination larger than, how many centimeters should be referred to a physician for evaluation?
- Q21. Define the term "contraceptive effectiveness".
- Q22. Define the term "contraceptive risk".
- Q23. Define the term "contraceptive contraindication". Give an example of contraindication for use of oral contraceptives. Give an example of a contraindication for use of intrauterine contraceptive devices.

- Q24. Define contraceptive side effect. Name one desirable side effect for the oral contraceptive.
- Q25. Must a woman be menstruating in order to have an IUCD inserted?
- Q26. Three things will help an FP/ORT service provider understand people's behavior? (choose the best three answers)
- knowing about their culture
 - knowing about their beliefs
 - having a high education
 - knowing people's values
 - keeping away from community activities and decisions
- Q27. Things to keep in mind when giving a health talk about FP/ORT are: (choose the best three answers)
- get people to ask questions
 - do not waste time repeating things
 - ask people to repeat things
 - assume people do not know anything
 - use stories or proverbs to help discussion
- Q28. Things to remember when organising community action are: (choose the best three answers)
- spend time planning
 - encourage people to take decisions
 - do not bother busy leaders
 - force people to do what you know is best
 - allow everyone to take part
- Q29. Stories and dramas are good for CS/ORT presentations for which reasons? (choose the best three answers)
- People enjoy stories.
 - Stories can be interesting.
 - Stories are for children only.
 - They are easy to make up.
 - Stories help understanding.

Q30. Give one reason why pictures, posters or drawings can improve a health education meeting.

Q31. What are the 5 most significant danger signals in a woman who is taking contraceptive pills?

Q32. What are the 5 most significant danger signals in a woman who is using an intrauterine contraceptive device?

Q33. Skills required for good communication by an FP/ORT service provider are: (choose the best three answers)

- a. Good talker
- b. Good listener
- c. Good singer
- d. Good explainer
- e. Good artist

Q34. Name 2 reasons why IUCD's are inserted during menses.

Q35. When is the best time during the monthly cycle for a woman to do a self breast exam?

Q36. Name at least 3 characteristics of a breast mass which would cause you to refer a client for consultation for possible biopsy.

Q37. What is the best screening test for cancer or of the cervix?

Q38. Name at least three contraceptive methods which are safe to recommend to breast-feeding mothers.

Q39. What modern method of contraception is the most commonly used world-wide?

Q40. A high contraceptive continuation rate in family planning programs is most likely to be achieved when: (select the one best answer)

- a. the health worker carefully considers the client's situation and recommends the best method for her.
- b. the client and her partner are informed by the health worker about all methods and select the one they wish to use.
- c. the client and the health worker together review all options and then make a choice.

LAGOS STATE
FAMILY PLANNING/ORT PROGRAM 1987

81

PRE/POST TEST

Name: KEY

POINTS
POSSIBLE
1 ↓

3

3

- Q1. Adults need to be taught differently from children because:
(choose the best three answers)
- a. adults have more experience about life.
 - b. adults need to solve real-life problems.
 - c. adults are flexible about learning.
 - d. adults do not like to be treated like children.
 - e. adults do not care about learning.

- Q2. Possible obstacles to the FP/ORT program in Lagos State are:
(choose the three best answers)
- a. people's religious beliefs.
 - b. people do not care about health.
 - c. people fear family planning methods.
 - d. people distrust health workers.
 - e. people do not know about FP/ORT.

Q3. Where in the woman's body does fertilization usually occur?
1 outer 1/3 of fallopian tube

Q4. How many eggs are usually released each month during a woman's menstrual cycle?
1 one

Q5. What is the average age for a woman to have first onset of menses?
1 11 - 15

Q6. What is the average age for a woman to have a final cessation of menses?
1 50±

Q7. Effective health education programs have three of the following characteristics:

- 3
- a. H.E. helps people become less dependent.
 - b. H.E. involves community members in deciding about health activities.
 - c. H.E. tells people how they should act.
 - d. H.E. deals with problems identified by the people themselves.
 - e. H.E. forces people to change unhealthy behavior.

Q8. Hormones from what gland regulate the ovary?

1 pituitary

Q9. Day 1 of the menstrual cycle refers to what event?

1 first day of flow

Q10. How long can a man's sperm survive inside a woman's body after intercourse?

1 2-3 days

Q11. For how long after ovulation is it possible for the egg to be fertilized?

1 24 hrs.

Q12. About what percentage of all pregnancies result in miscarriage (spontaneous abortion)?

1 10-20%

Q13. Is a vaginal yeast infection usually passed from partner to partner during intercourse?

1 not usually

Q14. The onset of the menstrual flow is triggered by a drop in the blood level of which two hormones?

1 oestrogen & progesterone.

Q15. Qualities of an effective FP/ORT service provider when participating in health education activities are: (choose the best three answers)

- 3
- a. He/she encourages people to help themselves.
 - b. He/she forces people to adopt healthy practices.
 - c. He/she acts like a boss over the community.
 - d. He/she works with community leaders.
 - e. He/she respects community members.

Q16. Reasons why community health education is necessary are: (choose the best three answers)

- 3
- a. It can help a community become strong.
 - b. People do not know anything about health.
 - c. It can encourage self-help.
 - d. Medical services cannot provide everything.
 - e. People are not interested in their health.

Q17. When participating in health education, which of the following will an effective FP/ORT service provider use to find out about his/her community. (choose the best three answers)

- 3
- a. Listening to mothers.
 - b. Talking with leaders.
 - c. Using one main source of facts.
 - d. Reading reports and records.
 - e. Talking with outside experts.

Q18. Ways in which an FP/ORT service provider can create good community relationships are by: (choose the best three answers)

- 3
- a. Being friendly with people.
 - b. Visiting only if you have time.
 - c. Respecting community beliefs.
 - d. Spending most time in the health center.
 - e. Visiting leaders regularly.

Q19. Is urinary tract infection usually more common in men or in women? Why?

2 ♀ Short urethra

Q20. Adnexal masses found in a pelvic examination larger than how many centimeters should be referred to a physician for evaluation?

1 5cm

Q21. Define the term "contraceptive effectiveness".

1 how well method prevents pregnancy

Q22. Define the term "contraceptive risk".

1 Chance of serious medical complication

Q23. Define the term "contraceptive contraindication". Give an example of contraindication for use of oral contraceptives. Give an example of a contraindication for use of intrauterine contraceptive devices.

3

1. Medical condition that makes method unacceptable
2. BP, CA
3. Po. inf.

SV

Q24. Define contraceptive side effect. Name one desirable side effect for the oral contraceptive. *protection from STD etc.*

2 *unintended effect - other than contraception*

Q25. Must a woman be menstruating in order to have an IUCD inserted?

1 *No - if pg ruled out*

Q26. Three things will help an FP/ORT service provider understand people's behavior? (choose the best three answers)

- 3
- a. knowing about their culture
 - b. knowing about their beliefs
 - c. having a high education
 - d. knowing people's values
 - e. keeping away from community activities and decisions

Q27. Things to keep in mind when giving a health talk about FP/ORT are: (choose the best three answers)

- 3
- a. get people to ask questions
 - b. do not waste time repeating things
 - c. ask people to repeat things
 - d. assume people do not know anything
 - e. use stories or proverbs to help discussion

Q28. Things to remember when organising community action are: (choose the best three answers)

- 3
- a. spend time planning
 - b. encourage people to take decisions
 - c. do not bother busy leaders
 - d. force people to do what you know is best
 - e. allow everyone to take part

Q29. Stories and dramas are good for CS/ORT presentations for which reasons? (choose the best three answers)

- 3
- a. People enjoy stories.
 - b. Stories can be interesting.
 - c. Stories are for children only.
 - d. They are easy to make up.
 - e. Stories help understanding.

Q30. Give one reason why pictures, posters or drawings can improve a health education meeting.

1

aiding or stimulating memory
attracting attention
reinforcing other messages

Q31. What are the 5 most significant danger signals in a woman who is taking contraceptive pills?

5

Q32. What are the 5 most significant danger signals in a woman who is using an intrauterine contraceptive device?

5

Q33. Skills required for good communication by an FP/ORT service provider are: (choose the best three answers)

3

- a. Good talker
- b. Good listener
- c. Good singer
- d. Good explainer
- e. Good artist

Q34. Name 2 reasons why IUCD's are inserted during menses.

2

Pq unlikely
Cx open
bleeding & cramps mask
insertion Ax

Q35. When is the best time during the monthly cycle for a woman to do a self breast exam?

1

P menses

Q36. Name at least 3 characteristics of a breast mass which would cause you to refer a client for consultation for possible biopsy.

3

Q37. What is the best screening test for cancer of the cervix?

1

Pap smear.

Q38. Name at least three contraceptive methods which are safe to recommend to breast-feeding mothers.

3

Injectables
IUCD's
BARRIERS

Q39. What modern method of contraception is the most commonly used world-wide?

1

sterilization

Q40. A high contraceptive continuation rate in family planning programs is most likely to be achieved when: (select the one best answer)

- a. the health worker carefully considers the client's situation and recommends the best method for her.
- b. the client and her partner are informed by the health worker about all methods and select the one they wish to use.
- c. the client and the health worker together review all options and then make a choice.

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81

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APPENDIX G

PARTICIPANTS' EVALUATIONS AND RECOMMENDATIONS

APPENDIX G

PARTICIPANTS' EVALUATIONS & RECOMMENDATIONS

- I. The following are suggestions made by the STT members for changes that might have improved this FP/ORT/CHE workshop (exclusive of improvements needed at the clinic practicum sites):
 1. STT members needed more information before the W/S began about when and how long they would be absent from their other work assignment. This information was needed to allow for a smoother transfer of responsibilities.
 2. The classroom facilities could be improved by provision of more comfortable chairs and more adequate storage space and facilities.
- II. STT members divided into small groups to consider and record what they considered the 'positive aspects of the workshop.' These were their responses:

Logistics

- classroom site was easily accessible
- classroom was adequate in size and comfortable
- it was convenient to have lunch and tea provided on site
- the classroom hours chosen (8:00 AM - 3:30 PM) facilitated excellent attendance and allowed adequate time
- the three week length of W/S was long enough to upgrade skills but not too long to compromise other work commitments

Choice of participants

- success of the W/S could significantly be attributed to the selection for the STT of nurses who had considerable background in FP and were very responsible

Administrative support

- good support was critical to W/S success. Depth of support was demonstrated by evidence of considerable planning before W/S; preparation of clinic practicum sites; availability of administrative staff during W/S; participation by administrative staff in W/S itself.

Method of teaching

Many aspects of the teaching methods used were cited as very positive aspects of the W/S. Among those listed were:

- relaxed atmosphere and seating arrangement facilitated learning

- getting well acquainted early in the workshop was facilitated
- use of 'where are we' and 'reflections' helped focus learning and create continuity
- 'energizers' were fun
- there was good team-work among the trainers
- group discussions were helpful
- games were an effective learning method
- visual aids and demonstrations were helpful
- books and handouts supported training
- various points were repeated as necessary
- the division of time between theory and clinic practicum was well balanced

Practicum

- the rotation of trainees to all clinic sites enriched their experience
- the acquisition of new skills, particularly sterile technique and IUCD insertion technique was highly valued
- the ORT clinic at Ikeja General Hospital served as a model clinic
- the response to CHE by the public in the markets and motor parks was encouraging

I. STT members generated the following lists of recommendations for upgrading each of the clinic practicum sites:

Lagos Island Maternity Hospital

- Equipment for instrument sterilization in upstairs room where training was conducted
- Larger waiting room for clients
- Motivators (members of clinic staff) should spend more time out in the community and less time in the clinic
- Routine pap smear screening should be introduced

Ikeja General Hospital

- more space is needed in the examination room. Present exam room could be improved by moving the sterilizer out of it.
- clinic needs running water
- clinic needs more IUCD insertion equipment, more supplies (e.g. soap, pads, sterile gloves), larger sterilizer, garbage can, more storage cupboards

- clinic should have a larger sign-board outside
- routine pap smear screening should be instituted
- pregnancy testing should be available in the FP clinic itself

Ajeromi Comprehensive Health Clinic

- amount of space is severely inadequate
- amount of equipment is very inadequate
- clinic has only one staff member, a clinician. It needs another clinician and a clerk.
- clinic lacks running water
- clinic needs a sterilizer
- clinic is chronically short of disposable supplies
- clinic needs more storage
- electrical power frequently was off; no backup generator was utilized
- ORT clinic needs space other than in the corridor
- routine pap smear screening should be offered.

- IV. STT members made many suggestions about their future roles and anticipated needs.
1. STT should have regular meetings (e.g. monthly) for planning and monitoring.
 2. STT members need a release from other work assignments on an 'as needed' basis.
 3. STT should participate in the selection of future trainees.
 4. STT should be involved in the planning of all W/S's.
 5. All members of the STT should be fully utilized.
 6. Clinical training done by the STT should be expanded to 4 weeks.
 7. STT will need to be supplied with adequate materials for training.
 8. STT should receive up-date training on FP/ORT, STD's, and AIDS as necessary.
 9. STT should form a 'quality control team' to visit FP/ORT clinics and foster uniformity and high quality service.
 10. Transport allowance should be provided to STT members who will need to travel from clinic to clinic during practicum (both clinical and CHE).
 11. Transport allowance may be needed for CHE participants to allow them to visit 2-3 sites per day.
 12. Future CHE efforts should give priority to working in areas where clinical services exist but client load is low.

13. CHE trainings should be supplied with loudspeakers, demonstration materials, posters and hand-outs.
14. CHE trainings should liase with PPFN because of their wealth of experience.
15. Clinical curriculum should include a section on daily and monthly work plan and budget planning for clinicians.
16. LGA clinics should also be used for clinic practicum.
17. Clinics which are not very accessible (e.g. Ajeromi) should not be used for clinic practicum.
18. Participants should be supplied with detailed driving instructions to clinics that are not well known.
19. STT will need additional training in these areas:
 - a) how to evaluate effectiveness of FP/ORT training and service program in Lagos State
 - b) clinic management
 - c) how to conduct FP/ORT management training
 - d) how to manage a large CHE motivation campaign
 - e) how to train CBD's
 - f) how to train male motivators
20. Clinics should offer sessions in the evening or on weekends to serve working clients.

APPENDIX H

REPORT OF SUPERVISORS' ORIENTATION
JANUARY 15 - 16, 1907

APPENDIX H₁

Agenda and Discussion Items for January 15, 1987

FP/ORT ORIENTATION FOR SUPERVISORS
15 and 16 January 1987
Lagos State, Nigeria

THURSDAY, 15 JANUARY 1987

9:00 am PROJECT OVERVIEW

10:00 am RUMORS AND MISCONCEPTIONS ABOUT FP, contrasted

11:00 am BREAK

11:15 am CONTRACEPTIVE AND ORT TECHNOLOGY UPDATE

1:00 pm LUNCH

1:30 pm UPDATE, continued

2:30 pm ROLES AND RESPONSIBILITIES

- Of Supervisors
- Of Providers
- Daily activities and functions
- Rules
- Consents
- Policies
- Commitment of Supervisors' and Providers' time to FP after training
- Follow-up of Supervisors and Providers

3:00 pm FAMILY PLANNING AS A COMPONENT OF PRIMARY HEALTH CARE

4:00 pm ASSIGNMENT

- Completion of INTRAH BIODATA forms
- Homework: FAMILY PLANNING: ITS IMPACT ON THE HEALTH OF MOTHERS AND CHILDREN

Best Available Document

ORIENTATION: DAY 1

TOPICS COVERED

1. Overview of Contraceptive Technology
 - a. Factors affecting choice of method
 1. Personal preference
 2. Affordability
 3. Ease of Use
 4. Ease of availability
 5. Side effects
 6. Effectiveness
 - b. How each method works
 - c. How used
 - d. Advantages and disadvantages
2. ORT
 - a. Receptice for Nigeria
 - b. Focus of programme
 1. Home-based treatment
 2. Outreach effort to emphasize Teaching ORT to child care providers (e.g. parents, etc.) and other children.
3. Roles and Responsibilities of FP/ORT Supervisors and Service Providers

List produced from group discussion

ROLES AND RESPONSIBILITIES OF FAMILY PLANNING
PROVIDERS AND SUPERVISORS

PROVIDERS - Those who give the services.

1. Counselling
2. Education of various method
3. Record keeping
4. History taking
5. Care of equipment
6. Physical Examination
7. Ordering of supplies/storage
8. Application of method
9. Supervision of subordinate
10. Referral of complication
11. Follow-up e.g. defaulter or client with complication
12. Community motivation
13. Inventory
14. Budgetary

SUPERVISORS

1. Supervises clinic set up
2. Client/staff relationship (very important)
3. Provider/other personnel relationship
4. Adequate and timely supply of commodities and equipments
5. Check for expiry date.
6. Ensure prompt referral where necessary
7. Finding out assessing and solving problems with providers.
8. Ensuring confidentiality
9. Proper keeping of records (filling systems is good enough)
10. Data collection and proper rendering of statistic answer, adequate number of staff.
11. Refresher Courses for staff to update their knowledge.

13. Support family programme.
14. Budgeting with no bias.
15. Staff Deployment.

ORIENTATION: DAY 1

F.P. AS A PART OF PRIMARY HEALTH CARE

PHC system seeks to provide care that is accessible, safe, affordable and relevant to community health needs. Community involvement an essential element. F.P. fits into the Lagos State PHC system in that it:

- (i) is a preventative health measure
- (ii) is safe
- (iii) is affordable (or will be free)
- (iv) is offered based on informed choice of clients
- (v) requires community support and mobilization for long-term success
- (vi) is relevant to both individual, couple and community health needs in Nigeria today.

APPENDIX H₂

Agenda and Discussion Items for January 16, 1987

REPORT ORIENTATION FOR SUPERVISORS
15 and 16 January 1987
Lagos State, Nigeria

FRIDAY, 16 JANUARY 1987

9:00 am HEALTH BENEFITS OF FAMILY PLANNING TO MOTHERS AND CHILDREN

10:00 am RAPIDS PRESENTATION - THE POLITICAL, ECONOMIC AND SOCIAL IMPLICATIONS OF NIGERIA'S POPULATION GROWTH

11:00 am BREAK

11:15 am DISCUSSION OF RAPIDS PRESENTATION

12:30 pm MINIMUM REQUIREMENTS FOR A FAMILY PLANNING CLINIC

- Police
- Space
- Equipment, Supplies & Distribution
- Personnel
 - Numbers and categories
 - Training
 - Basic
 - Continuing medical education
- Reporting
 - Definitions of "new" and "continuing"
 - Forms, requirements, feedback,
 - Consents, Access

1:30 pm LUNCH

2:00 **IMPLEMENTATION OF FAMILY PLANNING PROGRAMS - A Problem-Solving Approach**

3:30 pm SUMMARY AND EVALUATION OF ORIENTATION

4:30 pm ADJOURN

ORIENTATION: DAY 2

1. The Social and Economic effects of Nigerian's population:
 - a. Rapid presentation emphasized the following:
 1. Estimated total population
 2. Estimated Growth Rate
 3. TFR
 4. Age Composition a Dependency Ratio
 5. Population momentum under different fertility assumptions
 6. Impact of population on staple food requirements
 7. Impact of population on primary school requirements
 8. Impact of population on health facilities requirements
 - b. Discussion Issues
 1. How policy-makers reacting?
 2. How Lagos State FP/ORT programme can help?
 3. Need to identify ways to gain long-lasting support of Nigerian men.
2. Setting up an FP Clinic Service
 - a. General Service Issues
 1. FP managers in each LGA to be appointed.
 2. Two trained providers per facility (midwifery background)
 3. Commodities actually distributed to local stores.
 4. Reports required regularly - 5th each month.
 5. Overall system still being refined.
 - b. Discussion Points
 1. Records and forms need further explanation and/or revision.

EXPORT ORIENTATION FOR SUPERVISORS
15 and 16 January 1987
Lagos State, Nigeria

EQUIPMENT REQUIREMENTS FOR FAMILY PLANNING CLINICS

The minimum requirements for adequate operation of a family planning clinic have already been determined for Lagos State. They include:

- 1 Private clinic screen
- 2 Torch lights
 - Ten-pack torchlight bulbs
 - 12 batteries
- 2 Sphygmomanometers
- 2 Stethoscopes
- 12 Thermometers
- 1. Instrument set - including IUCD insertion
- 1 Dressing jar for swabs with cover
- 5 dozen sterile gauze bandages
- 1 vial (100 tests) Chemostic
- 1 roll absorbant cotton wool
- 1 oblong exam table with stirrups
- 2 gallons liquid soap for instruments
- 12 gallons betadine (povidone-iodine solution)
- 1 Pressure sterilizer
- 200 pairs surgeons gloves
- 1 Scale
- 1 Goos neck lamp
- 1 lamp socket adaptor
- 2 aluminum pots with lids
- 1 microscope
- 3 Gram stains with slide
- 1 kerosene pressure stove
- 1 dressing drum
- 1 stove frame
- 1 solution stand with basin
- 1 extension cord for lamp

ORIENTATION: DAY 2

3. Major Implementation Problems

1. Lack of clinic space
2. Lack of simplest account (Petty Cash) for little supplies
(e.g. soap, etc.)
3. Lack of transportation for community mobilization
4. Lack of instruments and equipment
5. Staff - lack of
 - need for further training

APPENDIX H3

Summary of Participants' Evaluation

SUMMARY OF EVALUATION

1. PLEASE MAKE A FEW COMMENTS ON THE USEFULNESS OF THIS ORIENTATION.

There was a unanimous positive reaction to the orientation session, with the following specific components mentioned as having been useful: (Numbers preceding the items indicate the number of times the item was mentioned.)

- 12 Improved knowledge of Contraception and of ORT
- 5 Interaction with colleagues
- 3 Helped solve problems encountered in clinics
- 3 Broadened our knowledge of family planning
- 2 Gave us a sense of responsibility as family planners
- 2 Clarified health benefits of family planning to mothers and children
- 2 Increased our awareness for the need of family planning
- 2 Increased our knowledge of the necessity for, and of techniques for education of the community
- 2 Gave us new knowledge of family planning
- Clarified economic benefits of family planning
- Pointed out decreased risks of criminal abortion with FP
- Clarified what I already knew of ORT
- The RAPID presentation was useful
- The teaching style was useful
- Arrangements were good
- New knowledge of ORT
- Clarified roles and responsibilities of Supervisors
- Told us how to set up a clinic
- Presented a review of traditional FP beliefs to INTRAH staff
- Reviewed record-keeping
- Showed need for improved public health nursing
- Reviewed problems of women using pills
- Reviewed role of counseling in FP
- Gave a new career orientation
- Clarified role of provider of FP services

SUMMARY OF EVALUATION, Page 2

2. WHAT WERE THE TWO PARTS OF THE ORIENTATION THAT WERE THE MOST USEFUL TO YOU PERSONALLY?

In this more personal focus on the utility of the orientation, there was again unanimity in its profitability, with the following items being mentioned the number of times indicated:

- 12 Contraceptive technology
- 10 Review of ORT
- 7 Roles and responsibilities of supervisors and providers
- 7 The RAPIDS presentation
- 7 Minimum requirements for a family planning clinic
- 3 Health benefits of FP to mothers and children
- 3 Motivation of the community to use FP services
- 2 Group discussions
- 2 FP Record-keeping
- 2 FP as part of primary health care
- 2 Rumors and misconceptions about family planning

3. PLEASE OFFER SUGGESTIONS FOR THE IMPROVEMENT OF THIS ORIENTATION.

Although the participants were enthusiastic about having participated in the orientation, they made the following suggestions for its improvement: (Numbers preceding the items indicate the number of times they were mentioned.)

- 7 Allow more time - at least three days
- 7 Visit clinics and observe procedures
- 5 Show films of both contraceptive technology and ORT
- 2 Plan for future, on-going orientation sessions
- 2 Give a more detailed review of contraceptive technology
- Invite participants from other agencies, such as PVO's
- Include management as a subject for discussion
- Include both supervisors and providers in the orientation
- Make a field trip to observe community motivation sessions
- Show how to teach family planning to young people
- Show films on community motivation
- Follow each discussion with a summary handout
- Start earlier and finish by 3:30 (sessions were from 9:00 am to 4:30 pm)
- Have better ventilation in the training room
- Give supervisors authority to have more trained staff, drugs equipment and motivators
- Include policy-makers in the in the orientation

4. WHAT TYPE(S) OF ADDITIONAL ORIENTATION OR TRAINING DO YOU FEEL YOU NEED?

Participants expressed need for the following training, and in the frequency indicated:

- 7 Clinical practice, especially in IUCD insertion
 - 3 Continuing education courses in FP/ORT
 - 2 Motivation of government personnel - particularly those in the LGA's
- Contraceptive methods
Community mobilization
Client care
Record-keeping
Gynecology
Drug abuse
Menstrual regulation
Management

5. ARE THERE OTHER SUPERVISORS IN POSITIONS SIMILAR TO YOUR OWN WHO MIGHT BENEFIT FROM SUCH AN ORIENTATION? IF SO:

- WHO ARE THEY?
- WHERE DO THEY WORK?
- WHY SHOULD THEY BE TRAINED?

Participants responded to this question in various ways, indicating that there was a need for full training in family planning for the following categories of personnel:

- Assistant Chief Health Sisters
- Principal Health Sisters
- Matrons
- Senior matrons
- Retired nurses
- Community Health Educators
- Nurse midwives
- Unit heads or deputies under the HMS of Lagos State
- Motivators

In addition to these non-specific suggestions, the following table gives a list of nursing officers whom their supervisors are recommending for training in family planning:

LIST OF NURSING OFFICERS RECOMMENDED FOR SIMILAR FP/ORT ORIENTATION

NAME	ADDRESS	RANK
1. Matron ESSO	Gbagada Gen. Hospital	Assistant Chief Matron
2. Matron AWONUGA	Gbagada Gen. Hospital	Assistant Chief Matron
3. - - - OKIKIOLU	Badagry LGA	Senior NO & C. H. O.
4. Mrs. ONASILE	Lagos Mainland LGA	Community Midwife Sister
5. Mrs. A. AJANI	Badagry Gen. Hospital	
6. Mrs. OGUNTONA	Badagry Gen. Hospital	
7. Mrs. M. ADEMOSU	Kajola Maternity CWC Odi-Olowo Fadaya	Sr. Health Sister
8. - - - BORBITEY	Ajeromi Comp HC	Assist Chief Health Sister
9. - - - FADAHUNSI	Onikan Health Ctr	Chief Health Sister
10. - - - AJIBOLA	Randle Ave. HC	Chief Health Sister
11. - - - ADEGOROYE	E. B. Health Ctr	Chief Health Sister
12. B. I. WOGHIREN	Ikorodu LGA	Nursing Sister
13. Mrs. C. O. ALLEN	SURA PH Center	
14. Mrs. OLUGBENLE	SURA PH Center	P. N. S.
15. Mrs. OGUNAIKE	Isolo Rd. Mat Ctr Mushin LGA	
16. Mrs. ILESANMI	Isolo Rd. Mat Ctr Mushin LGA	
17. - - -	Epe Gen Hosp	Comm. Mid. Sister
18. One	Mat Health Soc Idimu, Ikeja LGA	
19. Supervisors from military and police health services.		

CONCLUSION AND SYNTHESIS

Without doubt, the orientation was profitable to all the participants. Its major benefits were the increased technical FP/ORT knowledge, the sharing of experiences, the review of roles and responsibilities of personnel and the requirements for an adequate family planning clinic.

Recommendations focused on shortening the time in order to permit more detailed technical and practical observations of both clinics and community education.

Participants felt the need for continuing education - particularly in clinical family planning and community motivational techniques. They also recognized the need for training within their staffs and nominated specific colleagues.