

PD-1007-427

92

59076

9363031



# Intrah

## Trip Report

# 0-406

**Travelers:** Ms. Betty Farrell, IHP Consultant

**Country Visited:** Benue State, NIGERIA

**Date of Trip:** September 29 - October 30, 1987

**Purpose:** To provide technical assistance to the Benue State Training Team Section B during a CS/ORT Basic Clinical Service Delivery Skills workshop for nine midwives and nurse-midwives, October 5 - 30, 1987.

DPE 200 - C-50-9072-00

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

TABLE OF CONTENTS

PAGE

**LIST OF ABBREVIATIONS**

**EXECUTIVE SUMMARY.....i**

**SCHEDULE OF ACTIVITIES.....iii**

**I. PURPOSE OF TRIP.....1**

**II. ACCOMPLISHMENTS.....1**

**III. BACKGROUND.....3**

**IV. DESCRIPTION OF ACTIVITIES.....3**

**V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS.....4**

APPENDICES

- A. Persons Contacted/Met
- B. Participants
- C. Pre/Post-Test Scores
- D. Summary of Participant Reaction Responses
- \*\* \*E. Curriculum
- \*\* \*F. Pre/Post-Instrument
- \*\*G. INTRAH Participant Reaction Forms
- \*\*H. INTRAH Biodata Forms
- \* I. Revisions to Lesson Plans
- \* J. Handouts for Health Education Presentation
- K. Make-Up Post-Test Tool
- L. Closing Ceremony and Speech
- \* M. Child Spacing Clinical Protocols

---

\* On file with INTRAH Program Office  
\*\* On file with INTRAH Data Management Services.  
\*\*\* See INTRAH Trip Report #0-405

## LIST OF ABBREVIATIONS

<b>AVSC</b>	Association for Voluntary Surgical Contraception
<b>CHE</b>	Community Health Education
<b>CS</b>	Child Spacing
<b>CTT</b>	Core Training Team
<b>CWP</b>	Contract Work Plan
<b>HSMB</b>	Health Services Management Board
<b>IEC</b>	Information/Education/Communication
<b>MCH</b>	Maternal and Child Health
<b>MOH</b>	Ministry of Health (State)
<b>NGO</b>	National Government Organization
<b>ORT</b>	Oral Rehydration Therapy
<b>PPFN</b>	Planned Parenthood Federation of Nigeria
<b>STD</b>	Sexually Transmitted Disease
<b>STT</b>	State Training Team
<b>TOT</b>	Training of Trainers

**EXECUTIVE SUMMARY**

Ms. Betty Farrell, International Health Programs (IHP) Consultant, provided technical assistance to Section B of the Benue State Training Team during a Child Spacing (CS)/Oral Rehydration Therapy (ORT) Basic Clinical Service Delivery Skills workshop (excluding IUCD insertion), October 5-30, 1987, for nine midwives and nurse-midwives. (Activity #11 of the Benue State Ministry of Health (MOH) and Health Services Management Board (HSMB) Contract.)

Project Managers Dr. Rosemary Abdullahi, Director of Family Planning (FP) Services, MOH and Dr. Mary Ogebe, Executive Secretary, HSMB, provided administrative support. Mrs. Susannah Attah, State FP Coordinator, HSMB and Mr. Immanuel Okochi, Information/Education/Communication (IEC) Manager, HSMB, provided logistical support.

Nine midwives and nurse-midwives participated in and completed the workshop successfully. With technical assistance from Ms. Farrell, six members of the STT conducted the workshop; three were recommended to the Core Training Team (CTT).

Major findings/conclusions include:

1. Project administration is supportive of training activities.
2. The State FP Coordinator had difficulties in acquiring CS commodities from Lagos, which impacted on the services and clinical experiences of the participants.
3. The CTT members are skilled as classroom and clinical trainers.
4. CS clinics are in need of an antiseptic solution for cold sterilization of instruments.
5. Preparations for the upcoming IUCD insertion training, Activity #15, were lacking.

Recommendations include:

1. CTT should continue the scheduled CS/ORT clinical workshops.
2. Postpone the IUCD training, Activity #15, if necessary, and offer technical assistance for its implementation.
3. Follow-up participants within three months of course completion.

A debriefing with training team members was held October 29, 1987. Recommendations were discussed and passed on to the project administrators Dr. Abdullahi, Dr. Ogebe and Mrs. Attah. A briefing was held with Ms. Keys MacManus, AID Affairs Officer, on September 30, 1987. On November 11, 1987, the IHP Consultant debriefed with Ms. MacManus and INTRAH Program Officer Ms. Maureen Brown.

SCHEDULE OF ACTIVITIES

**September 29** Ms. Farrell arrived in Lagos 6:00 p.m.

**September 30** Briefed with Ms. Keys MacManus, AID Affairs Officer/Lagos. Delivered INTRAH documents.

Departed from Lagos 3:30 p.m. for Makurdi.

Met with Dr. Mary Ogebe, Chief Medical Officer, HSMB.

**October 1** Independence Day (Public Holiday). Attended Official State Celebration with Mr. Andrew Odah, Principal, School of Nursing, Makurdi.

**October 2** Met with State Training Team (STT), Section B. Completed final preparations for Activity #8. Rehearsed first week's lessons.

**October 5 - 30** Conducted workshop.

**October 7** Dr. N. I. Bur promoted to Permanent Secretary for Health, MOH.

Dr. M. Ogebe promoted to Executive Secretary, HSMB.

**October 14** Met with Dr. Ogebe to clarify clinical practices.

**October 20** Met with Mrs. Susannah Attah, State FP Coordinator, HSMB. Prepared for clinical training, Activity #13, to begin November 2.

**October 21** Met with Dr. Ogebe to identify trainers from STT Section B to make up the Core Training Team.

**October 23** Attended closing ceremony for Community Health Educators training in Gboko.

**October 24** Met with Dr. Rosemary Abdullahi, Director of FP Services, MOH; Dr. Ogebe; Mr. Samuel Oni, Africare Representative; and AVSC representatives: Mr. Joseph Dwyer, Director African Regional Office, Nairobi; Ms. Betty Gonzalez Sansoucie,

- October 24  
(Continued) Deputy Medical Director, New York Office; Dr. A. Adetunji, Medical Coordinator, Lagos; and Dr. John Githiari, Medical Coordinator, Nairobi.
- October 26 Met with Mrs. Attah. Prepared for IUCD Training Activity #15, scheduled for November 30, 1987.
- October 27 Met with CTT members, Mr. Loho and Mrs. Tebu, to facilitate final preparations for the third Clinical training, November 2, 1987 (to be conducted without technical assistance).
- October 29 Debriefed with trainers. Discussed activity recommendations with project administrators Dr. Ogebe, Mrs. Attah and Dr. Abdullahi.
- October 30 Closing Ceremony.
- November 11 Debriefed with Ms. MacManus and Ms. Maureen Brown, INTRAH Program Officer, on Activities #11 and #12.
- Ms. Farrell remained in Makurdi to conduct Project Review, Activity #12, November 2 - 6, 1987.

## **I. PURPOSE OF TRIP**

The purpose of the trip was to provide technical assistance to Section B of the Benue State Training Team (STT) during the Child Spacing (CS)/Oral Rehydration Therapy (ORT) Basic Clinical Service Delivery Skills workshop (excluding IUCD insertion) for nine nurse-midwives and trained midwives. This activity was to produce participants who demonstrated:

- knowledge and skills in contraceptive technology theory and practice;
- the ability to maintain accurate clinic records;
- motivation of community awareness and utilization of CS services through health education; and
- the ability to clinically manage specific conditions of the genital/urinary tract.

STT Section B members were to demonstrate their training skills in conducting this activity and identify individual trainers who would make up the Core Training Team (CTT).

## **II. ACCOMPLISHMENTS**

- A. STT Section B successfully conducted the CS/ORT Clinical training for nine midwives and nurse-midwives (Appendix B). Four of the six team members displayed beginning to intermediate level training skills; three were recommended to the CTT.
- B. Eight of the nine midwives successfully completed the CS/ORT Clinical workshop within the four-week period. One remained another week to gain additional clinical practice and content reinforcement.
- C. STT Section B revised the following lesson plans for the CS/ORT curriculum:
  1. Pap smear theory and technique added to the Laboratory Studies lesson for Day #9.

2. Development of management charts for combined oral contraceptives side effects and complications and Depo-Provera side effects and complications.
  3. Sexually transmitted diseases (STDs) to be managed by CS providers.
  4. STDs to be referred by CS providers.
  5. Clinic management: Setting up a CS/ORT clinic.
- D. STT Section B collaborated with technical assistance in the development of a Study Guide for Health Education.
- E. Core trainers of the STT were identified as:
- Sarah Tebu
  - Bridget Tilley-Gyado
  - Tabitha Zawua (resource)
  - Justina Loho
  - Rebecca Ichaver
- F. Two members of the CTT were assisted in organizing the next two CS/ORT clinical trainings.
- G. Theoretical knowledge was further reinforced in the area of STDs and their clinical management for STT Section B members.
- H. The Ministry of Health (MOH)/Health Services Management Board (HSMB) announced on radio and TV the offering of free CS services and commodities during the three clinical practicum weeks of clinical training. This increased the volume of clients, and all participants exceeded the minimum required number of clinical procedures for demonstrating basic clinical skills.
- I. A "make-up" post-training testing tool was developed for trainees achieving less than 50% of the "must know" content on the standard post-test tool.

### **III. BACKGROUND**

This activity is contract workplan (CWP) #11 in a series of 16 activities under the Benue State MOH/INTRAH contract. It follows the first CS/ORT clinical training conducted by STT Section A, August 17 - September 11, 1987 for ten midwives (INTRAH Trip Report #0-405). (For further details, see INTRAH Trip Reports: #0-310, #0-375, and #0-402).

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

- A. The CS/ORT Basic Clinical Services Delivery Skills workshop was conducted in a classroom at the Benue State School of Nursing in Makurdi from October 5 - 30, 1987. There were nine participants: four Community Health Sisters, one nurse-midwife and four trained midwives (Appendix B). One participant was from Makurdi, North Bank Clinic, one was from the Gboko Maternal and Child Health (MCH)/CS Clinic and seven were from outside Makurdi.
- B. The first week of training included a review of reproductive anatomy and physiology; traditional CS methods; CS methods currently available in Benue State; history-taking and client counselling; physical examinations; and charting and guidelines for client follow-up.

The second week included two and one-half days of clinical practice and two and one-half days of classroom activities covering areas needing review and reinforcement: menstrual cycle and fertility awareness methods, CS methods' side effects and complication management, health education and ORT.

The third week included two and one-half days of clinical practice with two and one-half days of

classroom activities that covered subfertility, STDs and clinic management.

The fourth week included three and one-half days of clinical practice; one-half day for post-testing and completion of Participant Reaction Forms; and one-half day for the closing ceremony.

- C. Training methods included small and large group discussions, role playing of training situations and development of study guide answer keys.
- D. A trainers' roundtable was held to evaluate the participants' levels of knowledge and skills and to develop recommendations for project managers regarding future training.
- E. The INTRAH/IHP Consultant rotated visits to four Makurdi clinics to observe the progress of trainers as preceptors and participants in skills' acquisition and knowledge application. One trainer with CS training from Ibadan was provided with technical assistance as she adjusted to the preceptor role.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Administration

1. Finding(s)/Conclusion(s)

Announcements by the MOH/HSMB for free CS services and commodities to clients during this training activity resulted in client/acceptor numbers such that participants exceeded minimum requirements in all areas of clinical skill experiences.

Recommendation(s)

The MOH/HSMB should continue to be supportive of such project activities and offer free CS service/commodities during subsequent clinical training activities.

2. Finding(s)/Conclusion(s)

CS clinics had insufficient supplies for services during October and November. The State Family Planning office experienced difficulties obtaining these supplies from Lagos. This resulted in unavailability of vaginal spermicides, Depo-Provera and Feminol tablets.

Recommendation(s)

A three-month stock of FP commodities should be maintained and orders placed should be monitored to ensure timely delivery.

3. Finding(s)/Conclusion(s)

Logistical and administrative difficulties were experienced during this activity due to confusion over delegated role responsibilities of the acting course coordinator and logistics coordinator.

Recommendation(s)

Now that a CTT is established, the course coordinator and logistics coordinator should be chosen from among the team members and a defined workplan created in order to organize their efforts.

4. Finding(s)/Conclusion(s)

Financial difficulties between project administrators and trainers were not experienced during this activity (see INTRAH Trip Report #0-402) since STT Section B received the same "honorarium"/per diem as STT Section A. However, there is a general feeling among the trainers that the issue of per diem has not been dealt with fairly.

Recommendation(s)

A careful financial review should be made with project managers, the accountant and an INTRAH financial officer. It should be stressed that per diem should not be altered to create savings for additional activities. Efforts should be made to efficiently manage the surplus Naira from the current exchange rate to support additional activities, e.g., extra Community Health Education (CHE) training activities.

## B. Implementation

### 5. Finding(s)/Conclusion(s)

The classroom walls at the training site were painted, burglar bars installed, lights fixed and locks installed on both doors. However, daily maintenance was unreliable and training materials were stored on a table in cartons. The blackboard needs resurfacing.

#### Recommendation(s)

A second coat of paint should be applied to the classroom walls and doors. A cabinet should be installed for storage and protection of training materials. Arrangements should be made to have the room swept and garbage removed daily. Resurfacing of the blackboard is necessary.

### 6. Finding(s)/Conclusion(s)

The clinical sites offered varying experiences:

General Hospital offered adequate client numbers in a small space.

MCH offered adequate client numbers but fewer than General Hospital; the preceptor is not strong.

North Bank has low client numbers but offers varying clinical experiences for participants.

Gboko offers adequate client numbers and has a strong clinical preceptor.

Planned Parenthood Federation of Nigeria (PPFN) continues to be a problem site as described in INTRAH Trip Report #0-405. Only one participant was trained at this site with Ms. Lydia Orphin acting as preceptor. Ms. Orphin may soon be posted to another clinic.

#### Recommendation(s)

The increase in participant numbers for the subsequent two CS/ORT service provider training workshops may make it necessary to use the Katsina-Ala clinic in addition to the four existing sites.

One core trainer should work at MCH to strengthen the preceptorship at that site.

Until the PPFN site is prepared to give service and thereby take participants, it should not be used.

7. Finding(s)/Conclusion(s)

Mr. Emmanuel Okochi, IEC Manager, conducted portions of the Health Education Unit with good results.

Recommendation(s)

A CHE trainer should continue to participate in the health education to cover the following:

- components of communication;
- factors influencing acceptance/rejection and indifference to CS/ORT;
- strategies for approaching the community; and
- handling misinformation.

8. Finding(s)/Conclusion(s)

Two of the four trainers scheduled to conduct the next clinical training will not be available to do so. Ms. Kuwua Nor was asked to join STT members, Ms. Tebu and Mr. Loho, with Mrs. Dalhatu, Principal of School of Midwifery, acting as a resource trainer.

Recommendation(s)

A collaboratively developed workplan should be made to facilitate implementation of future training activities.

Project Managers should communicate with administrators of the National Government Organization (NGO) from which CTT members were selected in order to encourage cooperation and trainer participation in future training activities.

For future Training of Trainers (TOT), participants should be selected on the basis of availability, capability and interest in the role and responsibility of training.

9. Finding(s)/Conclusion(s)

CS clinics have been using a detergent (TOMAC) as a cold sterilization solution for instruments. This has been brought to the attention of Mrs. Attah. A locally available antiseptic (e.g., iodine) with a specific formula/concentration is needed. The formula used at the University of Ibadan (1 part iodine to 2,500 parts water) is an extremely weak solution and not effective.

Recommendation(s)

Use of a locally available antiseptic solution as a cold sterilization and a pharmacist to prescribe the concentration formulation and soaking time should be explored.

10. Finding(s)/Conclusion(s)

During discussions with Mrs. Attah, it was found that preparations for the IUCD on-the-job training (Activity #15) had not been made.

Recommendation(s)

A planning meeting with CTT members and Mrs. Attah should be held in order to accomplish the following:

- identify clinics;
- identify assigned trainers;
- identify course and logistical coordinators;
- develop a daily training schedule;
- establish minimum requirements for IUCD insertion for successful completion of course;
- agree on the standard of IUCD insertion technique to be taught;
- develop a pre/post training knowledge testing tool;
- develop a clinical skills performance evaluation tool;
- develop objectives and lesson plan to cover maintenance of asepsis during IUCD insertion procedures (e.g., sterile gloving); and

- equip clinics with effective antiseptic solution for cold sterilization.

Technical assistance may be required in order to achieve these preparatory activities.

**C. Follow-Up**

11. Finding(s)/Conclusion(s)

Post-test scores were higher for this training activity than the scores from the first training activity (INTRAH Trip Report #0-405) except for one participant whose score was below 60.

Recommendation(s)

Administration of an alternate post-test is needed for individuals who have not mastered more than 50% of the "must know" content. (Such a tool was developed. See Appendix K.)

12. Finding(s)/Conclusion(s)

One participant needed additional clinical practice and content reinforcement.

Recommendation(s)

One to two weeks of additional time with clinical preceptorship for participants needing more time to master content and skills should continue to be offered. The MOH/HSMB should be commended for supporting such an effort for the one participant in need.

13. Finding(s)/Conclusion(s)

Training team members strongly felt that the graduates of the clinical training should have a follow-up evaluation three months after course completion. This recommendation has been passed on to the project administrators; this also supports the recommendation of STT Section A.

Recommendation(s)

This request for a follow-up evaluation should be presented to the State Evaluation Team for implementation by the project administrative officers.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/Lagos

Ms. Keys MacManus, AID Affairs Officer

Benue State Ministry of Health

Dr. Rosemary ABDULLAHI, Director of Family Planning Services

Mr. Daniel AGOGO, Permanent Secretary for Health

Dr. ACHEGBULU, Epidemiology Unit

Dr. C. H. BELLO, Commissioner for Health

Dr. N. I. BUR, Permanent Secretary for Health (Replaced Mr. Agogo)

Benue State Health Services Management Board

Mrs. Justina ABEDA, Deputy Family Planning Coordinator

Mrs. Suzannah ATTAH, State Family Planning Coordinator

Dr. Mary OGEBE, Executive Secretary

Mr. Immanuel OKOCHI, Information/Education/Communication Manager

School of Nursing, Makurdi

Mr. Andrew A. ODAH, Principal

School of Midwifery, Makurdi

Mrs. Martha DALHATU, Principal

Association for Voluntary Surgical Contraception

Dr. A. ADETUNJI, Medical Coordinator, Lagos

Mr. Joseph DWYER, Director, African Regional Office, Nairobi

Dr. John GUTHIARI, Medical Coordinator, Nairobi

Ms. Betty Gonzalez SANSOUCIE, Deputy Medical Director, New York Office

Other

Ms. Maureen BROWN, Program Officer, INTRAH

Mr. Samuel ONI, Consultant, Africare

APPENDIX B

Participants

APPENDIX B

PARTICIPANTS

1. Mrs. Agatha Edeh ADEJOH  
Staff Nurse Midwife  
Primary Health Center  
Family Health Clinic, Ajaka-Idah
2. Mrs. Christiana Enekole ADOFIKWU  
Staff Midwife  
Basic Health Clinic, Taraku
3. Mrs. Grace Vende AKEGH  
Community Health Sister  
General Hospital, Gboko
4. Mrs. Agatha Alami AYEGBA  
Community Health Officer, Staff Nurse Midwife  
Medical Center  
Federal Polytechnic, Idah
5. Mrs. Lydia Hembam DAM  
Community Health Sister  
Basic Health Clinic, Tor-Donga
6. Mrs. Juliana ITOLO  
Senior Community Health Sister  
Family Planning Unit  
Basic Health Clinic, North Bank, Makurdi
7. Mrs. Virginia K. OCHE  
Staff Midwife  
Basic Health Clinic, Ofuguo
8. Mrs. Victoria ODE  
Midwifery Sister  
ANC General Hospital, Otukpo
9. Mrs. Patience Ene OGENYI  
Staff Midwife  
Basic Health Clinic, Igumale

APPENDIX C

Pre/Post-Test Scores



APPENDIX D

Summary of INTRAH 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

5     4           

2. Workshop objectives seemed to be achieved:

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

2     7           

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

7 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. About half the time    c. About half the time    d. Less than half the time    e. None of the time

4     3     1         1

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

4     2     3       

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

3     1     3     1     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

9               

**Best Available Document**

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

a     b     c     d     e

9. In this workshop I learned:

- 6 a. many important and useful concepts,  
1 b. Several important and useful concepts,  
1 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:

- 6 a. Many important and useful skills,  
    b. Several important and useful skills,  
2 c. Some important and useful skills,  
1 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

a     b     c     d     e

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

a     b     c     d     e

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

a     b     c     d     e

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

a     b     c     d     e

15. 9 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.

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

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

	very useful			hardly useful	
	1	2	3	4	5
a. <u>Intro to CS/CR - Benefits</u>	9				
b. <u>Reproductive Anato &amp; Physio.</u>	9				
c. <u>Modern CS methods</u>	9				
d. <u>St-taking / Counselling</u>	9				
e. <u>Physical Exam: Breast/ Pelvis</u>	9				
f. <u>Bp. dynamics / NPP / BSAP</u>	9				
g. <u>Sub fertility</u>	3	4			
h. <u>Health Education</u>	9				

i. STD Management

9

j. Clinic Management

9

k. ORT

9

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

Techniques/ Resources	very useful		hardly useful		does not apply	
	1	2	3	4		5
a. lectures	9					<input type="checkbox"/>
b. group discussions	9					<input type="checkbox"/>
c. individual exercises	9					<input type="checkbox"/>
d. group exercises	7	2				<input type="checkbox"/>
e. clinical rotations	9					<input type="checkbox"/>
f. field trips	8					<input type="checkbox"/>
g. handouts/readings	9					<input type="checkbox"/>
h. books	9					<input type="checkbox"/>
i. audio-visuals	9					<input type="checkbox"/>

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

3 a. counselling and/or client education

5 b. provision of clinical methods (IUDs, pills, diaphragms, injections)

2 c. Provision of non-clinical methods (condoms, spacing tablets, foam)

3 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

1 e. Supervision of Family Planning Services

4 f. Management of Family Planning Service System

- 1 g. Planning/Evaluation of Family Planning Services
- 1 h. Policy Making/Direction of Family Planning Services
- 2 i. Community Based Distribution of Contraceptives
- 1 j. Community Based Outreach, Education or Information
- 3 k. In-Service Training in Family Planning
- 1 l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) \_\_\_\_\_

20. Additional comments: \_\_\_\_\_

- ① Hard work by TRNAS & TRNEEL for workshops
- ② Better if we come back for TUCD mention
- ③ Enjoyed workshop, way trainers received us; Methods of teaching.

Feel free to sign your name. (Optional)

- ✓ ④ Good training and trainers; wish them to continue in next group
- ⑤ Wish to be <sup>now, more</sup> nominated further trng. in FP & TUCD to enable me to have experience in helping people in my community
- ⑥ Other health workers should have the knowledge on CS so as to reach Rural Areas.
- ⑦ Success to the trainers & Thanks
- ⑧ I am not Happy because I did not do well in the last Pre test.
- ⑨ Training was tedious & hectic, trainers did a very good job.

APPENDIX K

Make-Up Post-Test Tool

NAME: .....

DATE: .....

Answer Key  
MAKE - UP EXAM

(A) For each situation below state 1 CS methods you would not prescribe.

1. 19 Y.O. para 2 with a box of allergy to spermicides  
*Diaphragm forming Tablets*
2. 25 Y.O. para of with a irregular menstrual periods  
*Iud, Injectable Hormones*
3. 29 Y.O. para 3 with a history of recurrent urinary tract infections. *Diaphragm*
4. 33 Y.O. para 5 with a history of recurrent PID.  
*Iud*
5. 27 Y.O. para 2 who is unable to identify the different changes in her cervical mucous. *Billings/Cervical mucous method*
6. 29 Y.O. para 3 who is undecided about whether she will want more children later.  
*Sterilization, Injectable hormone*

(B) CIRCLE THE LETTER IN FRONT OF THE CORRECT ANSWER.  
CHOOSE FROM THE LIST BELOW ALL THE ABSOLUTE  
CONTRAINDICATIONS TO COC

- (a) Migraine Headache
- (b) Thromboembolic disease
- (c) Pregnancy, known or suspected
- (d) Hypertension
- (e) Sickle cell
- (f) Coronary Heart disease
- (g) Cerebrovascular Accident
- (h) Liver tumor
- (i) Impaired Liver function
- (j) Carcinoma of breast and/or reproduce treat, known, suspected or hx of.

.... /2

C. CHOOSE FROM THE LIST BELOW ALL THE ABSOLUTE CONTRAINDICATIONS FOR IUCD

- a. dysmenorrhea (painful menses)
- b. Active, recurrent or recent PID
- c. Pregnancy, known or suspected
- d. Nulliparity

1. Write in the name of the CS method on the line next to the description of the mode of action.

A. This CS method prevents pregnancy by preventing sperm from entering the woman's Vagina and upper reproductive Tract.....Condom.....

b. This CS method prevents pregnancy by identifying the period in a woman's cycle when she would most likely be able to conceive and abstaining during that time .....Fertility Awareness Methods.....

c. This CS method prevents pregnancy by temporarily delaying ovulation post partum due to high levels of prolactin which is caused by suckling .....Lactation.....

e. This CS method prevents pregnancy by chemically blocking the cervix, immobilizing and killing sperm---Vaginal Spermicide-----

f. This CS method prevents pregnancy by blocking the tube through which the sperm pass to get to the penis ---Vasectomy-----

g. This CS method prevents pregnancy by hormones causing suppression of ovulation, production of thick cervical mucus and production a thin endometrium -----Combined oral Contraceptives-----

h. This CS method prevents pregnancy by a long-acting hormone suppressing ovulation, and altering the endometrium.....Injectable hormone (Progestins)-----

25

- i. This CS method prevents pregnancy by covering the cervix and hold a spermitid on to the cervix, preventing sperm getting to the <sup>cervix</sup> and killing the sperm that may get through Diaphragm
  - j. This CS method prevents pregnancy by causing an inflammatory response when it is in the uterus, preventing implantation. IUCD
8. Circle the correct answer to complete the statement
- a. The child <sup>with</sup> moderate dehydration looks:
    - (a) normal
    - (b) restless, thirsty; lethargic irritable when touched.
    - (c) drowsy, limp, comatose
    - (d) Unconscious with cold extremities
  - b. The Child with moderate dehydration has
    - (a) very sunken fontanelles
    - (b) normal fontanelles
    - (c) bulging fontanelles
    - (d) sunken fontanelles
  - c. The child with moderate dehydration has
    - (a) no urine passed for several hours
    - (b) empty bladder
    - (c) scanty dark urine
    - (d) Normal out put
  - d. The child with severe dehydration has:
    - (a) sunken eyes
    - (b) Very sunken eyes
    - (c) Bulging eyes
    - (d) Puffy eyes

21

- e. The child with mild dehydration has skin elasticity which:
- (a) retracts slowly when pinched
  - (b) Retracts very slowly when pinched (2 seconds)
  - (c) Retracts immediately when pinched.
  - (d) retracts very slowly when pinched (3-4 seconds)
- F. Circle all the correct answer to the following questions.
1. PID can be caused by:
- (a) candida Albicans
  - (b) Neisseria Gonorrhoea
  - (c) Trichomonas
  - (e) Mycoplasma Hominis
  - (f) E. Coli
2. Gardnerella or Bacterial Vaginosis is characterized by a:
- (a) thick curd-like white Vag. discharge
  - (b) Yellow to grey-green, thick or thin vaginal discharge with foul odor
  - (c) Frothy, thin greenish-white Vaginal discharge.
3. Trichomonas Vaginosis is characterized by a:
- (a) thick curd-like white Vaginal discharge
  - (b) yellow to grey-green, thick or thin vaginal discharge with foul odor
  - (c) Frothy, thin greenish-white vaginal discharge.
4. Monilia or candida vaginitis is characterized by a:
- (a) thick curd-like white vaginal discharge
  - (b) yellow to grey-greenish
  - (c) Frothy, thin, greenish-white

..../5

27

G. Infertility in a man can be caused by

- (a) hormonal imbalance      See Article STD
- (b) low sperm count      See Article STD

H. Infertility in a woman can be caused by

- (a) Blocked tube (STD)      See Article STD
- (b) ovulatory issues      See Article STD

I. A child's survival is increased by the use of OKT. State how.  
OKT prevents death from dehydration

J. A child's survival is increased by the use of EPI. State how.  
EPI prevents death from childhood pneumonia

K. A child's survival is increased by the use of CS. State how.  
CS prevents death from dehydration

APPENDIX L

Closing Ceremony and Speech

INVITATION TO CLOSING

CEREMONY FOR THE CHILD SPACING/ORT CLINICAL  
SERVICE DELIVERY SKILLS WORKSHOP

MR/MADAM/DR./MRS/MISS .....

The Permanent Secretary on behalf of Ministry of Health, Cordially invites you to the closing ceremony for the Child Spacing/ORT Clinical Service delivery Skills workshop.

DATE: 30th October, 1987

TIME: 9.00 a.m.

VENUE: School of Nursing Makurdi.

PROGRAMME OF ACTIVITIES 9.00 a.m, - 10.00 a.m.

- 9.00 a.m, - All participants/invited Guests Seated.
- 9.05 a.m, - Guest of Honour arrives
- 9.10 a.m, - Welcome address by representatives of trainers
- 9.15 a.m, - Address by the Guest of Honour and presentation of Certificates.
- 9.35 a.m, - Address by the I. IBAH Technical Assistant to the Benue State training team.
- 9.40 a.m, - An address by the representative of the trainees
- 9.45 a.m, - Votes of thanks by the Child Spacing Deputy F.P. Co-ordinator H.S.N.B.
- 9.50 a.m, - Group Photograph
- 10.00 a.m, - Refreshments
- 10.20 a.m, - Guest of Honour departs.

LKD.

( E. O OKOCHI )  
for: Permanent Secretary.

70

AN ADDRESS BY THE SENIOR CONSULTANT HEALTH, MINISTRY  
OF HEALTH DR. (MRS) R.A. ABDULLAHI ON THE OCCASION OF  
THE CLOSING CEREMONY OF THE WORKSHOP ON CHILD SPACING/  
ORAL REHYDRATION THERAPY CLINICAL SERVICE DELIVERY SKILLS

Excutive Secretary Health Service Management Board

Representative of INTRAH,

Distinguished Participants,

Invited Guests,

Ladies and Gentlemen,

I consider it a great honour to be invited as a special Guest and to formally close this workshop, on Child Spacing and Oral Rehydration Therapy Clinical Service Delivery Skills, which has been on for the past 20 days.

2. Since the beginning of this year 1987, many activities were designed for the state by the Ministry of Health Consultant in collaboration with INTRAH.

One of such activities was to raise a Benue State Training Team (BSTT) on Child Spacing/Oral Rehydration Therapy.

- As part of the activities of the Training of Trainers popularly called TOT workshop, the training team that emerged, developed curricula for the training of Child Spacing/Oral Rehydration Therapy clinical service providers and CS/ORT community Health Education providers.

To day, we are witnessing the closing ceremony of the second workshop conducted by the Benue State Training team for training of CS/ORT clinical service providers with technical assistance from INTRAH.

3. Graduates of this workshop have been equiped with the knowledge, attitude and skills necessary for the provision of CS/ORT services for the people of Benue state. For example they have been trained in CS/ORT Client Management, Management of non-Child Spacing Clients and in establishment and Management of CS/ORT Clinics. They are expected to work in close co-operation with Community Health Educators who are strong link between CS/ORT Clinics and the Community.

..../2.

It is necessary to mention that CS/ORT services are not against child-bearing Child Spacing, Oral Rehydration Therapy, expanded programme on Immunization (EPI) and Good Nutrition are aimed at improving a child's chance of surviving. The gap of 2 years or more between pregnancies allows the mother to regain strength for the care of her family and herself. The graduating trainees are reminded to have these health benefits in their minds as they render services to the people of the State. You are to carry the true message of CS/ORT to the people to dispel their fears. The Ministry is counting on you in its efforts toward achieving the goals of the National population Policy and the Benue State Action Plan.

5. Like your pioneering colleagues, you may meet initial obstacles but the Ministry will be by your side to help you to overcome them. You are therefore expected to work hard to achieve the objectives of CS/ORT in Benue State for today's and future generations.

6. In conclusion, I must stress that Benue State needs a healthy and virile populace to develop her resources such can be obtained through careful Planning of family. Finally, I wish to thank the organisers of this workshop.

Distinguished Guests, Ladies and Gentlemen, it is my pleasure and privilege to declare this workshop closed.

I wish you all safe journey and travel mercies to your various destinations. May the Almighty God bless our joint efforts.

Thank you.

Address by the INTRAH/IHP Consultant for the Closing of the  
CS/ORT Clinical Service Delivery Skills Workshop

Executive Secretary HSMB  
Representative from MOH  
State and Deputy Family Planning Coordinator  
Distinguished Guests  
Graduates  
Ladies and Gentlemen

It is my pleasure to be completing with the Trainers and Participants this, the second CS/ORT Clinical workshop. It has been hard, time and energy consuming work but I feel that you would agree with me that we have learned and gained much.

Graduates, as you go out to your sites, you are assuming the responsibility of a new health care service. Support its growth by developing positive relations with community, clients and other staff members. CS is aimed at promoting maternal health, protect women's health by carefully screening and managing women accepting the various methods.

You have been chosen for a very special task, to be leaders in your areas for CS/ORT services. Go now and do your best, as you have shown us you can do. Success in your new work and make Benue State proud of their choices in you.

Betty Farrell

24/1

# Program for International Training in Health

The University of North Carolina at Chapel Hill  
School of Medicine

February 5, 1988

208 North Columbia Street (344A)  
Chapel Hill, North Carolina 27514

Ms. Marilyn Schmidt  
Program Monitor  
ST/POP/IT  
SA 18 Room 811  
Agency for International Development  
Washington, D.C. 20523

Cable: INTRAH, Chapel Hill, N.C.  
Telephone: (919) 966-5636  
TLX 3772242  
ANSWERBACK: UNCCHINTRAH

Re: AID-DPE-3031-C-00-4077

Dear Marilyn:

Enclosed are two copies (one complete copy, one standardized copy) of INTRAH trip report #0-406.

Country: Nigeria (Benue State)  
Activity Title: Technical Assistance  
Dates: September 29 - October 30, 1987  
Traveller(s): Ms. Betty Farrell, IHP Consultant  
Purpose of Trip: To provide technical assistance to the Benue State Training Team Section B during a CS/ORT Basic Clinical Service Delivery Skills workshop for nine midwives and nurse-midwives, October 5 - 30, 1987.

Please let us know if you need additional copies of these reports or portions thereof.

Sincerely,

*Lynn*  
Lynn K. Knauff  
Deputy Director

Enclosures

cc: Ms. Keys MacManus, AAO/Lagos  
AID Acquisitions  
Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director  
Mr. Robert Minnis, IHP/IHPS  
Mr. Jack Thomas, AFR/HPN/TR  
Regional Population Office, REDSO/WCA  
Miss Pauline Muhuhu, INTRAH/ESA  
Mr. Pape Gaye, INTRAH/WCA Director  
Dr. Sara Seims, MSH