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Trip Report

#0-405

Travelers: Ms. Betty Farrell, IHP Consultant

Country Visited: Benue State, NIGERIA
Date of Trip: August 7 - September 15, 1987
Purpose: To provide technical assistance to the Benue State Training Team during a CS/ORT Clinical Service Delivery Skills workshop for ten midwives and nurse/midwives, August 17 - September 11, 1987.

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

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

LIST OF ABBREVIATIONS

CD	Curriculum Development
CHE	Community Health Education
CS	Child Spacing
HSMB	Health Services Management Board
IEC	Information/Education/Communication
MOH	Ministry of Health (State)
ORT	Oral Rehydration Therapy
PPFN	Planned Parenthood Federation of Nigeria
STD	Sexually Transmitted Disease
STT	State Training Team
TOT	Training of Trainers

EXECUTIVE SUMMARY

Ms. Betty Farrell, International Health Programs (IHP) Consultant, provided technical assistance to Section A of the Benue State Training Team (STT) during their Child Spacing (CS)/Oral Rehydration Therapy (ORT) Clinical Service Delivery Skills course, August 17 - September 11, 1987, for ten midwives and nurse-midwives (Activity #9 of the Benue State MOH/INTRAH Contract). This workshop followed a Training of Trainers (TOT) and Curriculum Development (CD) workshop (INTRAH Trip Report #0-402), for which Ms. Farrell was one of three trainers.

The workshop goal was to prepare ten midwives/nurse-midwives in basic FP clinical skills (without IUD insertion). Training activities were coordinated through Dr. Rosemary Abdullahi, Chief Health Officer, CS/ORT Program Director, MOH; Dr. Mary Ogebe, Chief Medical Officer, Deputy Project Director, Health Services Management Board (HSMB); and Mrs. Susannah Attah, Family Planning (FP) CS/ORT Program Coordinator, HSMB. Logistics were organized by Mrs. Justina Abeda, Assistant FP CS/ORT Program Coordinator, HSMB.

Major findings/conclusions/recommendations include:

1. Benue State administrators were supportive of project activities and eager to expand activities and problem-solve during project implementation;

2. Section A of the STT successfully conducted the workshop. Two clinical skills' trainers and three clinical preceptors are recommended for assignment to the core training team;

3. An additional three days of training time are needed for adequate coverage of contraceptive technology, health education, sexually transmitted disease (STDs) and use of clinc records; and

4. FP protocols have been submitted to the MOH/HSMB administration for approval. Once approved, protocols will be produced and distributed to FP service sites.

Ms. Farrell briefed with AAO/Lagos and prepared a written debriefing for Ms. MacManus who was unavailable for debriefing.

SCHEDULE OF ACTIVITIES

August 7	Briefed in Lagos with Ms. Keys MacManus, AAO/Lagos, for Activities #8 and #9.
August 10	Arrived in Makurdi.
August 11	Met with Dr. Rosemary Abdullahi, Chief Health Officer, CS/ORT Program Director, MOH.
	Delivered books to Mrs. Susannah Attah, FP CS/ORT Program Coordinator, HSMB.
	Met with Mrs. Justina Abeda, Assistant FP CS/ORT Program Coordinator, HSMB and clerical staff; assessed progress on the final compilation of the clinical curriculum.
August 12	Met with training team to prepare for Activity #9 at the School of Nursing.
	Met with Mr. Daniel Agogo, Permanent Secretary for Health, MOH; Dr. Abdullahi; Dr. Mary Ogebe, Chief Health Officer Deputy Project Director, HSMB; Mrs. Attah; Mr. Emmanual Okochi, IEC Manager; and Ms. Terry Mirabito, INTRAH Program Officer, for progress report on project activities.
	Met with Dr. Abdullahi, Dr. Ogebe, Mrs. Attah, Mr. Okochi and Ms. Mirabito; reviewed project progress to date and assessed possible need for changes.
August 13 - 14	Worked with training team to prepare for Activity #9.
August 17 - September 11	Provided technical assistance during Clinical Service Delivery Skills workshop.
August 25	Visited Gboko MCH/CS clinic and arranged for clinical practice site.
August 28	Met with Dr. Abdullahi, Dr. Ogebe and Mrs. Attah to evaluate training in-progress, identify problems and develop plans for problem-solving.

	Met with training team and three participants who were having difficulties with the course work.
	Met with trainer who was having difficulties with training presentations.
September 5	Attended Community Health Education workshop closing ceremony at the School of Nursing.
September 7	Met with Mrs. Attah regarding clinical practices at PPFN and other FP clinics.
September 8	Debriefed with Dr. C. H. Bello, Commissioner for Health; Mr. Agogo; Dr. Abdullahi; Dr. Ogebe; Mrs. Attah; and Mr. Okochi.
	Debriefed with Dr. Abdullahi, Dr. Ogebe, Mrs. Attah and Mr. Okochi regarding core team member recommendations and plans for Activity #11.
September 11	Closing ceremony.
	Arrived in Lagos at 4:00 p.m.
September 12	Prepared written debriefing report for Ms. MacManus who was unavailable for debriefing.
September 13	Departed from Lagos 11:55 p.m.
September 15	Arrived in San Francisco 1:50 p.m. via London.

I. PURPOSE OF TRIP

The purpose of the trip was to provide technical assistance to Section A 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 ten midwives and nurse-midwives.

II. ACCOMPLISHMENTS

The purpose and objectives of this trip were successfully achieved. The accomplishments were as follows:

A. Five of the six members of STT Section A displayed beginning and intermediate level training skills. Two are recommended for the core team.

B. STT Section A revised portions of lesson plans and developed additional training materials.

C. STT Section A designated a Course Coordinator and a Logistics Coordinator to facilitate the organization of the workshop activities.

D. Additional CS/ORT Orientation seminars were tentatively approved pending feedback from previous Orientation seminar participants.

E. STT Section A exhibited strong team spirit throughout the workshop period.

F. The theoretical knowledge of STT Section A was further reinforced in the areas of reproductive physiology, physical assessment, contraceptive technology, sexually transmitted diseases (STDs) and clinic management.

G. The Benue State Ministry of Health (MOH)/Health Services Management Board (HSMB) administration developed strategies to increase the numbers of acceptors of CS/ORT services.

H. Debriefing sessions were held on September 8 with Dr. C. H. Bello, Commissioner for Health, MOH; Mr. Daniel Agogo, Permanent Secretary for Health, MOH; Dr. Rosemary Abdullahi, Chief Health Officer, CS/ORT Program Director, MOH; Dr. Mary Ogebe, Chief Health Officer Deputy Project Director, HSMB; Mrs. Susannah Attah, FP CS/ORT Program Coordinator, HSMB; and Mr. Emannual Okochi, Information/Education/Communication (IEC) Manager, MOH.

Ms. Keys MacManus, AID Affairs Officer, was unavailable for debriefing. A written debriefing report was prepared for her.

III. BACKGROUND

This activity is Contract Work Plan #9 in a series of 16 activities under the Benue State MOH/INTRAH contract. It followed the CS/ORT Training of Trainers (TOT)/Curriculum Development (CD) workshop, Activity #5 (INTRAH Trip Report #0-402), which was conducted June 29 - August 6, 1987. During that activity, two curricula (CS Clinical, and Community Health Education) and the CS Clinical and Community Health Education (CHE) protocols were developed (for further details, see INTRAH Trip Reports #0-310, #0-375, #0-410 and #0-402).

IV. DESCRIPTION OF ACTIVITIES

A. The CS/ORT Clinical Service Delivery Skills workshop was conducted in a classroom of the Benue State School of Nursing in Makurdi from August 17 - September 11, 1987. There were ten participants: seven midwives, two nurse-midwives and one nurse community midwife.

Eight of the participants were from outside the Makurdi area and two were HSMB staff nurse-midwives posted to the army clinic site (Appendix B).

B. The first week was a review of reproductive physiology, traditional CS methods, CS methods available in Benue State, counselling, history-taking, physical examinations, charting and guidelines for follow-up for each CS method.

The second week included three days of clinical practice and two days of classroom activities covering STDs and CS methods, side effects, and client management.

The third week included two and one-half days of clinical practice and two and one-half days of classroom activities which covered subfertility, health education and clinic management.

The fourth week included two and one-half days of clinical practice with participant evaluations and one and one-half days of classroom activities covering course review, post-training assessment and participant reactions to the workshop. One-half day was devoted to final feedback from the participants and the closing ceremony.

C. Training methods included small and large group discussions and projects, case studies, role play, lectures, learning games/exercises and study guides for home study. Clinical practice sessions offered immediate application and reinforcement of theoretical content.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Administrative/Logistical

1. Finding(s)/Conclusion(s)

The MOH/HSMB administrative staff were very supportive of administrative and logistical needs. Dr. Mary Ogebe, Chief Medical Officer, Deputy Project Director, HSMB was consistently effective in problem-solving, and managing and anticipating situations which needed administrative intervention or attention. The MOH and HSMB were willing to meet regularly with the course coordinator and INTRAH/IHP trainer to keep abreast of problems and to problem-solve in a timely manner.

Recommendation(s)

The supportiveness of the administration should continue to be acknowledged whenever possible by INTRAH/IHP. Official communications to the MOH by INTRAH/IHP should continue to be sent directly to Dr. Ogebe, Dr. Rosemary Abdullahi, Chief Health Officer, CS/ORT Program Director, MOH and Mr. Daniel Agogo, Permanent Secretary of Health, MOH.

2. Finding(s)/Conclusion(s)

Issues regarding per diem policies for STT Section A resident members persisted for three of the four weeks of Activity #9. Resident trainers found it difficult to believe that no per diem was budgeted for them, but trainers continued to work effectively hoping to resolve the issue. Dr. Ogebe was instrumental in developing a solution to the problem which was accepted by Dr. Abdullahi, Mr. Agogo, and Dr. C. H. Bello, Commissioner for Health. The situation was resolved favorably during the third week of training with STT Sections A and C receiving a lump sum for residents of ₦ 25 and non-residents of ₦ 60 per day. STT Section B will receive the same amount.

Recommendation(s)

INTRAH should continue to assist the MOH and HSMB administrators to manage unclear areas of the budget.

3. Finding(s)/Conclusion(s)

The main training room is in need of painting and repairs. This matter has already been raised with the administration.

Recommendation(s)

The MOH/HSMB administration should liase with the Principal of the School of Nursing to jointly carry out the necessary repairs.

B. Training Team

4. Finding(s)/Conclusion(s)

An assessment was made of the training competence of STT Section A.

Recommendation(s)

Based on training performance, assignment of STT Section A members is recommended, as follows:

- Justin Loho as course coordinator;
- Tabitha Zawua (NGO employee) as resource trainer;
- Christiana Gbaakan as an alternate trainer when a core member is not available;
- Susan Ibrahim and Lydia Orpin remain as Clinical Preceptors (co-trainers); and
- Titi Omale to return to her clinical practice without training responsibilities.

C. Curriculum

5. Finding(s)/Conclusion(s)

The clinical curriculum proved to be quite comprehensive; however, specific areas required revision as follows:

- An alternate lesson plan was developed for male/female reproductive anatomy, physiology and menstrual cycle.
- The pelvic examination section was revised to include more detail.

- Content on establishing a CS/ORT clinic was expanded.

- Health education sessions, including community health educator trainer input, were rescheduled to occur earlier in the workshop.

Recommendation(s)

Curriculum areas needing revision were completed as noted above. In the upcoming workshops, health education sessions should be moved from the third week to the second week of the training schedule. A CHE trainer should participate with the clinical skills trainers to strengthen application of CHE concepts during the practicum.

6. Finding(s)/Conclusion(s)

It was noted that in the future additional time will be needed to cover the following content areas more thoroughly:

- Breast Examination

- Pelvic Examination

- Combined Oral Contraceptives

- Health Education

- STDs

- Records for CS/ORT Clinics (new forms are being pre-tested in Benue and Ogun States)

Recommendation(s)

An additional three days should be added to the training schedule. (N.B., MOH/HSMB administration accept this.)

7. Finding(s)/Conclusion(s)

Individual work outside the classroom setting is crucial to facilitate learning of a large amount of new content. Study guides for several topic areas were developed to support and reinforce classroom activities. When completed by participants, study guides were marked and returned; participants were required to make corrections and discuss problem areas with trainers.

Recommendation(s)

Individual study guides should continue to be used during training with trainer feedback. Additional study guides should be developed for health education and clinic management.

D. Clinic Practice Sites

8. Finding(s)/Conclusion(s)

The clinical sites offered varying experiences:

North Bank previously identified as having very low volume, offered adequate client numbers and varying gynecological and CS/ORT experiences.

MCH offered adequate space for training; however, it had very erratic client attendance and minimal CS health education was conducted.

Makurdi General Hospital offered adequate client numbers, but in a very cramped environment.

Planned Parenthood Federation of Nigeria (PPFN) offered the least positive experiences for three reasons:

- The clinic was moved, unannounced, to a new site during the first clinical practice week. The new site was unfurnished and unorganized for the remainder of the workshop.

- The PPFN nurse requires refresher training in IUCD insertion, client interaction and counselling, and management of side effects of injectables.

- One of the STT Section A trainers is a government employee posted to PPFN. Conflicts between PPFN personnel and HSMB administration caused a strain in the trainer's ability to function effectively during the first week of clinical practicum. The situation was resolved through discussions. Plans were being made to post this trainer to a new CS clinic. Ms. Attah will discuss problems of clinical practices with PPFN administration in an attempt to develop a corrective plan.

Gboko MCH/CS became available during the third and fourth weeks of clinical practicum. It offered adequate experience, client volume and trainer support.

Although clinical experiences were adequate, client volume was unpredictable. In order to encourage clinic attendance, Dr. Ogebe plans to run radio spots to advertise free CS services and commodities on days when participants will be in the clinics.

Recommendation(s)

The MOH/HSMB administration should continue their strategies to encourage increased CS/ORT service utilization. After corrective measures are taken, the PPFN clinic should be re-evaluated as an appropriate future site for training.

9. Finding(s)/Conclusion(s)

The INTRAH/IHP trainer observed three IUCD insertion procedures in three different clinics. Procedures varied in all three sites, and were deficient in safeguards and maintenance of aseptic techniques.

Recommendation(s)

Before the IUCD insertion training (Activity #15), a refresher workshop for currently practicing providers should be conducted to reinforce insertion skills, standardization of practice and aseptic technique.

10. Finding(s)/Conclusion(s)

In the clinical sites visited, it was noted that no policy exists regarding consent for voluntary sterilization at government facilities. Requirements vary from the woman only needing to sign her own consent to a family male signing with her, which may in some cases, include her son. CS providers feel vulnerable because of the absence of a set policy. After raising the issue with the MOH administration, it was recommended that a policy statement be developed. Dr. Abdullahi stated that it would be brought up at the advisory committee meeting.

Recommendation(s)

Input from a representative from the Association for Voluntary Surgical Contraception would help the MOH administration to draw up a voluntary sterilization policy statement for their facilities.

E. Evaluation

11. Finding(s)/Conclusion(s)

Participants showed gains in knowledge according to pre- and post-test scores (Appendix C). The exam totaled 98 points.

Pre-Test:	Mean	42.9	Post-Test:	Mean	74.9
	Median	33		Median	74

All participant scores increased from at least 14 points to a maximum of 46 points.

One weak area evident in both pre- and post-test results was STDs.

Recommendation(s)

Strategies for strengthening the area of STDs within the curriculum needs to be developed. Additional time with case studies will help.

12. Finding(s)/Conclusion(s)

Participant reactions to the workshop included the following:

- Course was exactly what was needed to give services.
- Too much content was covered in too little time.
- Trainers were very effective.
- All requested IUCD insertion training.

Recommendation(s)

Participant feedback should be taken into consideration by the administration to increase the effectiveness of the training program. An additional three days should be added to the training schedule to allow for adequate coverage of content areas, e.g., STDs.

A survey by the Benue State evaluation team is recommended to assess the ability of clinics after March 1988, to support IUCD insertion training within the present clinical skills curriculum.

13. Finding(s)/Conclusion(s)

The training team expressed a need to follow-up workshop participants.

Recommendation(s)

Site visits to clinics where participants are posted should be made approximately two months after completion of the course for assessment of their progress and to obtain feedback on workshop content that requires revision. Based on these findings, a second visit may be required three to six months after the first visit.

A follow-up evaluation tool should be developed for use by the STT.

F. Other

14. Finding(s)/Conclusion(s)

A plan for the identification of core trainers to make up the STT is in progress as a result of Activities #9 and #11; however, there is no plan for training activities after March 1988.

Recommendation(s)

The MOH/HSMB would benefit from technical assistance in planning for CS/ORT training activities and service delivery expansion beyond March 1988, the conclusion of the INTRAH/MOH contract.

15. Finding(s)/Conclusion(s)

Clinical CS protocols were adapted by the STT from the ZNFPC protocols. These have been presented to the MOH/HSMB administration and are being reviewed for approval.

Recommendation(s)

Approval and reproduction of these protocols should be completed as soon as possible. Participants should be given copies to take to their new service sites and existing service providers should receive copies. Protocols should be used in future clinical training activities.

16. Finding(s)/Conclusion(s)

To assess the impact of CHE activities on CS service utilization at this time was premature.

Recommendation(s)

Mrs. Attah, FP CS/ORT Program Coordinator, HSMB and her assistant Mrs. Abeda should assess the volume of client CS clinic referrals through the use of CHE referral slips.

17. Finding(s)/Conclusion(s)

The MOH and HSMB administrators are highly committed to project activities and are eager to conduct additional CS/ORT Orientation seminars. Three are presently scheduled: September 14 at Idah, September 14 at Gboko and September 24 at Otukpo.

Recommendation(s)

As was discussed by MOH/HSMB administrators with Ms. Terry Mirabito, INTRAH Program Officer, a survey of the impact of these orientations should be conducted before further seminars are scheduled. INTRAH is addressing this with a country visit by Dr. Jim Veney, INTRAH Evaluation Officer, during October 1987 (see INTRAH Trip Report #0-273).

18. Finding(s)/Conclusion(s)

STT Section A identified individual participants who would benefit from IUCD insertion skills.

Recommendation(s)

A list of the recommended participants for the IUCD insertion training (Activity #15) should be provided to the MOH/HSMB administration.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/Lagos

Ms. Keys MACMANUS, AID Affairs Officer

Federal Ministry of Health

Mr. Tom UBWANE, Statistician

Pathfinder Fund

Mr. Mike EGBOH, Program Officer

Benue State Ministry of Health

Dr. Rosemary ABDULLAHI, Chief Health Officer and CS/ORT Program Director

Mr. Daniel AGOGO, Permanent Secretary for Health

Dr. C. H. BELLO, Commissioner for Health

Mr. Emmanual OKOCHI, Information/Education/Communication Manager

Health Services Management Board

Mrs. Justina ABEDA, Assistant Family Planning Coordinator, CS/ORT Program

Mrs. Susannah ATTAH, Family Planning Program Coordinator, CS/ORT Program

Dr. Mary OGEBE, Chief Medical Officer, Deputy Project Director

Other

Ms. Terry MIRABITO, INTRAH Program Officer

APPENDIX B

Participants

APPENDIX B

PARTICIPANTS

1. Mrs. Emily Kwaghwanger ABI
   Staff Nurse-Midwife
   Basic Health Clinic, Jato-Aka

2. Miss Bridget ABU
   Staff Midwife
   General Hospital, Iyale

3. Miss Mary Enoche ADOCHE
   Staff Midwife
   Rural Health Center, Otukpa

4. Mrs. Ann Doo Vemrera ADZAM
   Senior Nursing Officer
   Makurdi Army Barracks

5. Miss Franca AGBER
   Staff Midwife
   Basic Health Center, Akpagher

6. Miss Felicia Aladi AMEH
   Registered Staff Midwife
   Rural Health Center, Ugbokpo Ochekwu

7. Mrs. Benedette Aku KUNGUR
   Staff Midwife
   Basic Health Clinic, Taraku

8. Miss Martha OKPE
   Staff Midwife
   Basic Health Clinic, Ogugu

9. Mrs. Margaret Clare Onche MAKONDO
   Senior Community Sister
   Nigeria Army School of Military Engineering, Makurdi

10. Miss Rhoda YAASA
    Staff Midwife
    Basic Health Clinic, Zaki-Biam

APPENDIX C

Pre/Post-Test Scores

APPENDIX C

PRE/POST-TEST SCORES

INTRAH PRE/POST TEST RESULTS FORM

	Trainee Name	Pre-Test Score	Post-Test Score
1.	Mrs. Emily Kwaghwanger ABI	59%	78%
2.	Miss Bridget ABU	47%	75%
3.	Miss Mary Enoche ADOCHE	47%	88%
4.	Mrs. Ann Doo Verera ADZAM	57%	77%
5.	Miss Franca AGBER	36%	80%
6.	Miss Felicia Aladi AMEH	43%	77%
7.	Mrs. Benedette Aku KUNGUR	22%	68%
8.	Miss Martha OKPE	59%	73%
9.	Mrs. Margaret Clare Onche MAKONDO	42%	73%
10.	Miss Rhoda YAASA	17%	60%

Total Number of Points = 98

Pre-Test

Mean: 42.9

Median: 38

Post-Test

Mean: 74.9

Median: 74

APPENDIX D

Summary of INTRAH Participant Reaction Responses

Course ID# 0-405

INTRAH PARTICIPANT REACTION FORM

Summary

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

I. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
7	1	2		

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
5	5			

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

8 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
9		1		

5. The amout 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
3	3	4		

6. The amout 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
	2	1	4	2

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	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
9	2			

9. In this workshop I learned:

9 a. many important and useful concepts,

1 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:

6 a. Many important and useful skills,

2 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
3	7			

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
4	6			

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
10				

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

a. Very effective	b. Effective b.	c. Somewhat effective	d. Not very effective	e. Not effective at all
4	5			

I5. 9 a. I would recommend this workshop without hesitation,

_____ b. I would probably recommend this workshop

1 c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

I6. Please check any of the following that you feel could have improved the workshop.

7 a. Additional time for the workshop

1 b. More limited time for the workshop

_____ c. Use of more realistic examples and applications

3 d. More time to practice skills and techniques

_____ e. More time to become familiar with theory and concepts

1 f. More effective trainers

2 g. More effective group interaction

_____ h. Different training site or location

_____ i. More preparation time outside the training sessions

2 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) _____

I7. 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 1	2	3	4	hardly useful 5
a. Reproductive Physiology	8	2			
b. OS methods	9	1			
c. HX - Counseling	9	1			
d. Physical Examination	9				
e. Management of Complications in OS	9		1		
f. STD	7	3			
g. Subfertility	7	3			
h. Health Ed.	8	1			

i. ORT | 9 | | 1 | | |

j. Clinic Management | 8 | 2 | | | |

k. Population Dynamics | 7 | 2 | 1 | | |

I8. 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 I	2	3	4	hardly useful 5	does not apply 6
a. lectures	8	2				
b. group discussions	6	4				
c. individual exercises	4	4				
d. group exercises	9		1			
e. clinical sessions	7	3				
f. field trips	2					1
g. handouts/readings	10					
h. books	9		1			
i. audio-visuals	4	4				

I9. 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.

4 a. counselling and/or client education

7 b. provision of clinical Methods (IUDs, pills, diaphragms, injections)

1 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)

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

1 e. Supervision of Family Planning Services

2 f. Management of Family Planning Services System

_____ g. Planning/Evaluation of Family Planning Services

_____ h. Policy Making/Direction of Family Planning Services

4 i. Community Based Distribution of Contraceptives

1 j. Community Based Outreach, Education or Information

2 k. In-Service Training in Family Planning

1 l. Pre-Service Teaching/Tutoring in Family Planning

2 m. Other (specify) IUCD insertions

1 Supplies & Drugs to aid Service provision

20. Additional comments: 3 - Continue trng to increase Service Providers

4 - Thanks to organizers, BSMOH & Trners.

1 - Understood & Done for Farm Program

2 - IUCD insertion

1 - More CS Trng

1 - More time for workshop.

Feel free to sign your name. (Optional)

_____

May, 1985

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APPENDIX F

Pre/Post-Instrument

[illegible] STATE OF SERVICE DELIVERY SKILLS TRAINING

PRE/TRAINING NEEDS ASSESSMENT POST

NAME:
DATE:

Part 1: C.S.

1. List two (2) benefits of childspacing for each category.
   a. Father
      1. Able to Provide financial support to His Family
      2. Able to spend more Time with Family
   b. Mother
      1. Able to Recuperate from Pregnancy before [illegible]
      2. Able to Have time to Herself for personal development
   c. Child (ren)
      1. Able to get maximum breast feeding time
      2. mortality decreases [illegible] spacing [illegible] 2-4 years between [illegible]
   d. Nation
      1. Govt. able to [illegible] needs [illegible] the country (employment, [illegible], Health Care, [illegible]
      2. Govt can attempt to control population growth.

2. Fill in the correct name of the organ in the blank on the Diagram for (a) Male Reproductive system
   (b) Female Reproductive system.

3. Fill in the Blanks:
   Falling levels of those two hormones cause the onset of menstruation
   estrogen and progesterone

4. SHORT ANSWER:
   Where in the woman's body does fertilization usually occur? Fallopian Tubes

5. Fill in the Blanks:
   After release from the ovary, the ovum can live up to 24 hours.

6. Fill in the Blank:
   Sperm can survive at least 72 hours.

7. Match the letter representing the mode of action in Column B to the correct method in Column A.

	Column A	Column B
D 1.	Foam	a. Delays ovulation, effectiveness is increased when abstinence is practiced at the same time.
G 2.	Fertility Awareness	b. Blockage of vas deferens preventing sperm from leaving the body.
I 3.	Oral Contraceptives	c. Local foreign body inflamatory response causes lysis of the fertilized ovary and/or prevents implantation.
J 4.	Condom	d. Chemical kills sperm.
B 5.	Vasectomy	e. Blockage of fallopian tubes preventing ovum and sperm from

F 6.	Hormonal Injection	F. Long-acting progestin disturbs the hypothalamic pituitary-ovarian function thereby inhibiting ovulation.
H 7.	Diaphragm	g. Identifies the fertile period of the menstrual cycle by observing signs of ovulation.
E 8.	Tubal ligation	h. A dome-shaped rubber cup contains a spermicide, covers the cervix to present a mechanical and chemical barrier to sperm entering the upper female reproductive tract.
C 9.	IUCD	i. Prevents conception by:-inhibiting ovulation - preventing implantation -producing thick cervical mucus.
L 10.	Lactation	j. Keep the sperm from entering the vagina and upper reproductive tract.
		k. A polyurethane, small pillow-shaped sponge with Igram Nonoxynol - 9 Spermicide; traps and kills sperm.

8. A contraindication is a medical condition that makes a course of treatment that might otherwise be recommended, inadvisable or unsafe. Absolute contraindications mean that the method must not be used. For each condition in Column A, write in Column B the methods that are contraindicated (must not be used); there may be more than one answer for some conditions.

Column A	Column B
1. Repeated Urinary Tract Infection	1. Diaphragm
2. Inability to recognize the changes in cervical mucus	2. Cervical mucus
3. Liver tumors	3. Coc ; injectables
4. Pregnancy, known or suspected	4. Coc ; IUCD ; Injectables
5. A desire for more children at a later point in the couple/individual's life.	5. Sterilization, Injectable, IUCD
6. Very irregular menstrual periods	6. Injectable, IUCD
7. Thromboembolic diseases	7. Coc
8. Active pelvic infection	8. IUCD
9. Poor vaginal muscle tone	9. Diaphragms
10. Heart disease	10. Coc Injectable
11. Known, suspected or history of carcinoma of breast and/or reproductive tract.	11. Coc, Injectable IUCD

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12. Uterine anomalies — 12. IUCD

13. Dislike of touching one's own genitals — 13. Diaphragm; Cervical mucous IUCD

14. Cerebrovascular accidents — 14. COC, injectable

15. Allergy to chemicals — 15. Diaphragm, V. Spermicides

9. Circle the letter of the BEST answer.
Fertile mucous is:
   A. Thick, cloudy and lubricative
   B. Thick, clear and stretchy
   C. Wet, slippery, stretchy, clear and lubricative
   D. Thin, copious and smells slightly
   E. All of the above.

10. Give four(4) Advantages of using ORT
Cheap
EASY
SAFE
EFFECTIVE
Prevents death from dehydration

11. List the components of ORS and their Exact amounts
Salt - 1 level tspoon (3ml)
Sugar - 10 level tspoon or 5 Cubes
Water - 1 beer bottle or 2 mineral bottles

12. Fill in the blanks with the description for each category

SIGNS OF DEAYDRATION

	MILD	MODERATE	SERVERE
General Appearance	alert thirsty	Restless, irritable,	limp drowsy, comatose cold extremeties
Fontanelles	normal	sunken	very Sunken
Eyes	normal	Sunken	very Sunken
Urine Output	normal	Scanty dark color	empty bladder no urine passed for several Hours
Skin Turgor (Elasticity)	Retracts immediately when Pinched	Retracts slowly when pinched	Retracts very slowly when pinched (2 seconds)

13. **Fill in the blanks**

Two common STD's usually associated with PID are:-

Gonorrhea and Chlamydia

14. **Short Answer**

What signs will you be able to find when doing

A Speculum, in the following conditions?

A Moniliasis-Vaginitis- white Curd-like discharge, adheres to cx & vag mucosa; Reddened mucosa EXT. Genitalia -

B Trichomonas Vaginitis- Frothy Greenish-white thin discharge; Petechia of cx and vag mucosa

C. Bacterial Vaginitis (GARDNERELIA)- Yellow-white foul smelling discharge thick copious

15. Give two causes of:

A. Male in Fertility - blocked vas deferens; abnormal sperm

B. Female in Feritility - blocked F. tubes, Anovulation

16. When teaching a client SELF BREAST EXAM, when is she told to do it? at the end of her mensis.

How often should she do self-BREAST EXAM? Once monthly

17. Circle the letter of the three BEST answers.

Things to keep in mind when giving a health talk about FP/ORT are:

(A.) Get people involved
B. Do not waste time repeating things
(C.) Use songs, dances or stories to help discussion
D. Assume people do not know anything
(E.) Use visual aids, eg. posters or drawings

18. Circle the letter of the BEST answer:

The purpose of history-taking at a client's first visit is to ask and record complete information about the client's:

A. Past and currant health
B. family health
C. social situation
D. sexual history
(E.) All of the above.

19. In 3 sentences explain how EPI, ORT and Childspacing contribute to Child Survival.

EPI prevents morbidity/mortality from [illegible] diseases.

ORT prevents death from dehydration

CS prevents morbidity/mortality from frequent closely occurring pregnancies.

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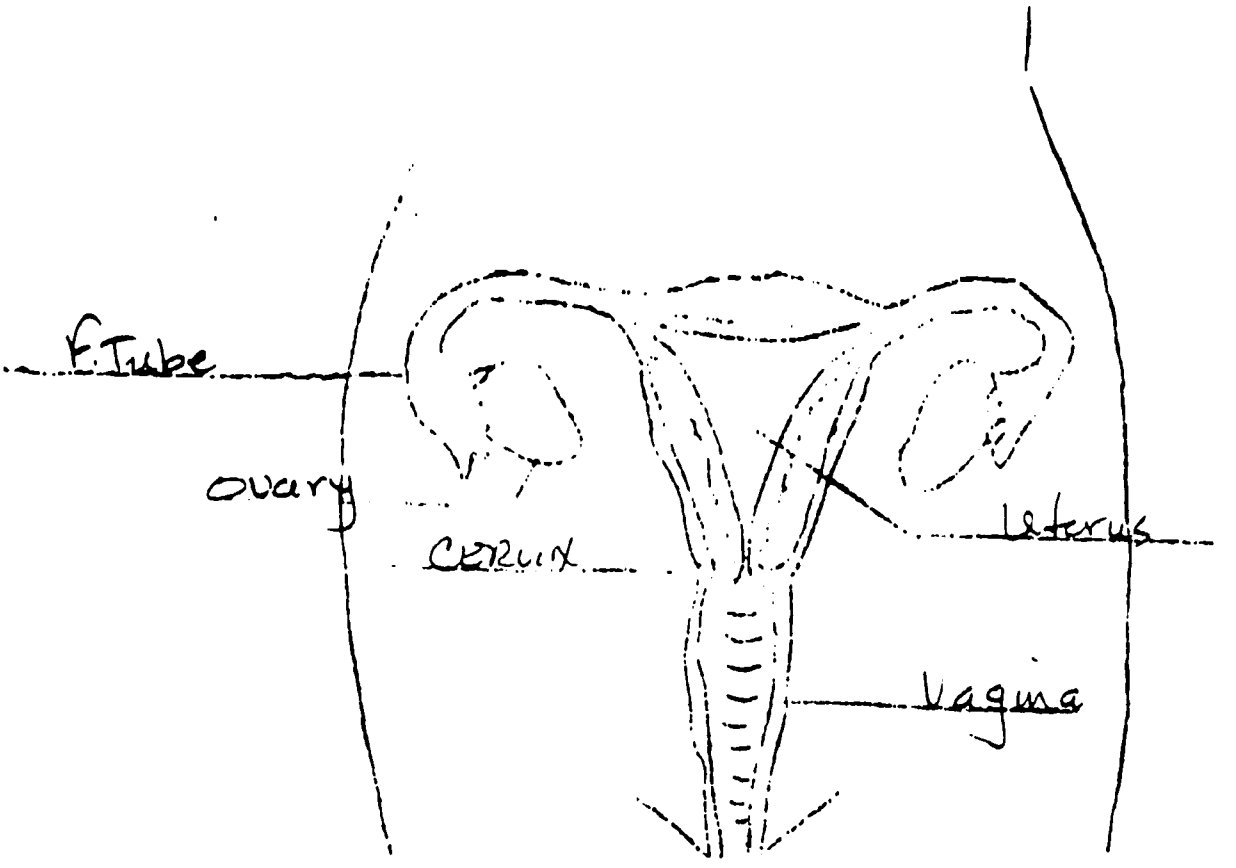
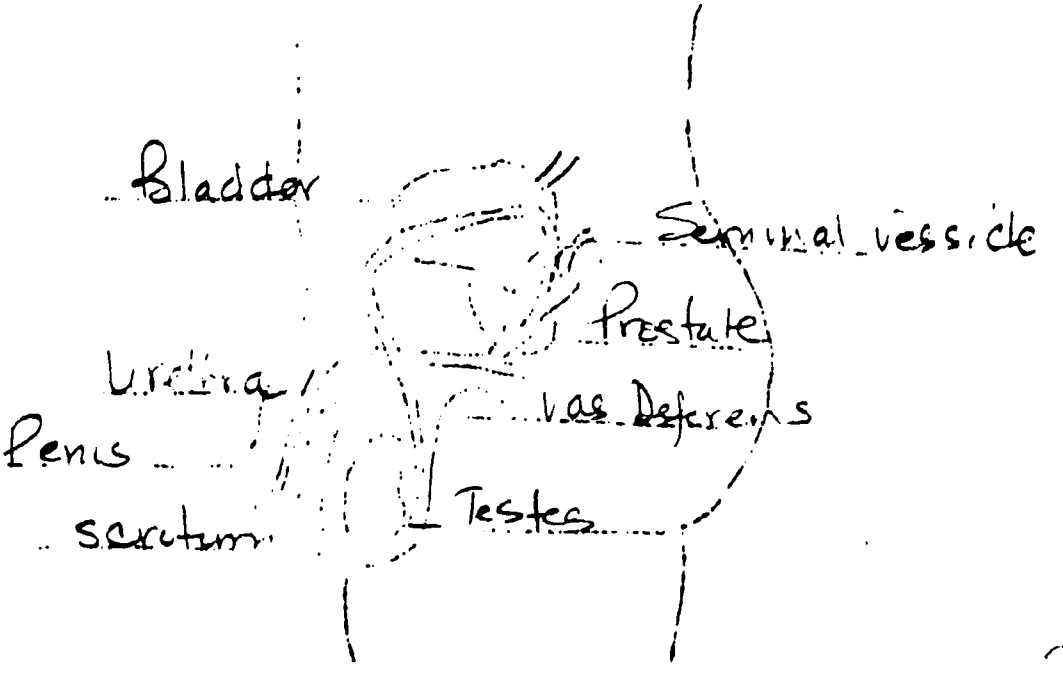
FEMALE REPRODUCTIVE SYSTEM



MALE REPRODUCTIVE SYSTEM



APPENDIX J

Closing Ceremony Program

CLOSING CEREMONY FOR THE CHILD SPACING/ORAL REHYDRATION THERAPY CLINICAL SERVICE DELIVERY SKILLS WORKSHOP

PROGRAME OF ACTIVITIES - 9.00 - 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 Representative of Trainers
9.15 a.m.	-	Address by the Guest of Honour and presentation of Certificates
9.35 a.m.	-	Address by the INTRAH Technical Assistant to the Benue State Training Team.
9.40 a.m.	-	An address by a Representative of the Trainees.
9.45 a.m.	-	Vote of thanks by the Child Spacing Co-ordinator
9.50 a.m.	-	Refreshments
10.00 a.m.	-	Guest of Honour departs.

End.

GRADUATION CEREMONY SPEECH BY A MEMBER OF THE SERVICE PROVIDERS (GROUP A) OF THE CHILD SPACING AND ORAL REHYDRATION THERAPY WORKSHOP FOR BENUE STATE HELD FROM 17TH TO SEPTEMBER 11, 1987

The Guest of Honour,

Representative of INTRAH

Workshop Trainners,

Invited Guests,

Fellow Participants,
Ladies and Gentlemen.

There is a popular saying that how well or how much a job is done does not depend on the time spent on it but on the levels of the skill and the manpower employed.

Trully, the achievements of the just concluding Child Spacing and Oral Rehydration Therapy Workshop, Benue State chapter cannot be compared to the short duration of one month spent on it. We, the benefactors of the Workshop unanimously approved of this and agree that it was a Workshop with a difference. It was different because it was timely and well organised. Also all those involved performed their duties exceptionally well. A special mention must be made of the tutors who were highly knowledgeable, thorough, always ready to answer questions and above all, examplarly dedicated to duty. These of course, gave us much incentive to learn.

About the course itself, it was challenging in content and useful to all. It is also very applicable to our very immediate general health needs and introduces one to many otherwise unknown though simple and easily practicable procedures for family health. Furthermore, it provides answers to many disturbing questions on the much publicised family planning scheme and the Oral Rehydration Therapy.

Unlike most other health education programmes whose target communities are the rural dwellers among which poverty and general poor health conditions prevail, information from this programme appears more desirable by the Urban communities. For example, family planning which has since recieved international recognition has for ages been in practice among our rural communities. Among our urban communities it is almost completely disregarded due to the advances

in health and medical sciences and the many and at times complex ideological and religious orientations.

In conclusion, ladies and gentlemen, it is needless to say the programme has been immensly enriching and rewarding to us participants in particular. In appreciation of these, we pledge to leave no stone unturned in our bid to deginimate the information acquired to all communities in Benue State.

On behalf of my co-participants, and myself, wishing you safe journey and God blessing to your various places.

Thanks.

/S.S.A/

AN ADDRESS BY THE CHIEF MEDICAL OFFICER, HEALTH SERVICES MANAGEMENT BOARD, DR. (MRS) M. D. OGEBE, ON THE OCCASION OF THE CLOSING CEREMONY OF THE WORKSHOP ON CHILD SPACING/ORAL REHYDRATION THERAPY CLINICAL SERVICE DELIVERY SKILLS

Representative of INTRAH,

Distinguished Participants,

Invited Guests,

Ladies and Gentlemen,

I am glad to address you on the occasion of the closing ceremony of the workshop on Child Spacing and Oral Rehydration Therapy Clinical Service Delivery Skills.

2. In the year, 1985, the Ministry of Health took a close look at the need to provide Child Spacing services to the people of Benue State. Such services were already in existence in some States of the Federation who were receiving foreign aid. The Ministry contacted U.S. Aid through the Federal Government and by May, 1985, INTRAH sent the first team to Benue State. Many activities were designed for the State, one of which was to raise a Benue State Training Team (BSTT) on Child Spacing/Oral Rehydration Therapy. A Training of Trainers Workshop was organized jointly by the Ministry of Health and INTRAH and a training team of nineteen trainers emerged. As part of the activities of that workshop, the team developed Curricula for the training of Child Spacing/Oral Rehydration Therapy Clinical Service Providers and CS/ORT Community Health Education Providers. Today, we are witnessing the closing ceremony of the first workshop conducted by the Benue State Training Team for the 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 the establishment and management of CS/ORT Clinics. They are expected to work in close cooperation with Community Health Educators who are a strong link between CS/ORT Clinics and the community.

.../2

4. It is necessary to mention that CS/ORT services are not against child-bearing. Child Spacing, Oral Rehydration Therapy, Expanded Programme on Immunisation (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. As pioneers, 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. Ladies and gentlemen, I wish to thank all of you for honouring the invitation to attend this ceremony.

May God be with all of you.

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210 HIGH ST
SANTA CRUZ, CALIFORNIA 95060
TEL 408-429-2678

SPEECH GIVEN BY BETTY FARRELL

Dr. M. Ogebe, CMC Health Services Management Board
Mrs. S. Attah, Childspacing Coordinator for Benue State
Mr. Loho, Course Coordinator
Trainers and Graduates

I have had the pleasure of working with the Benue State Ministry of Health/ INTRAH project from the first activity which took place in April of this year. I also worked with the Training of Trainers/Curriculum Development workshop where 19 trainers completed and produced the clinical curriculum which you have just completed. For the past 4 weeks, I have worked with Trainers and Participants of this the first CS/ORT clinical training. During this time I have seen Trainers blossom into a committed cooperative team, guiding the Participants through the new health care area of Childspacing. I have watched the Participants eagerly involve themselves in learning the new concepts and skills.

To you as graduates of the CS/ORT Clinical Service Delivery Training, today marks your beginning as a service provider in CS/ORT. It is your responsibility to provide safe management in order to guard the health of the mothers and infants; to families desiring spacing of their pregnancies and to families/couples trying to achieve pregnancies. It is your responsibility to reach out to your communities, establish a cooperative relationship, dispell misconceptions about CS and ORT and help the community to understand and support your services. It is your responsibility to orient your colleagues to CS/ORT information. Another responsibility may include setting up your own clinics as well as monitoring and evaluating the services you give.

Yours is, indeed, a challenge and you have been chosen to pioneer the CS/ORT service in your areas. From your efforts and progress shown in the last 4 weeks, I feel confident that Benue State has a committed group of service providers and success is expected of the graduates in their respective area.

Continue your good work, Thank you.