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REPORT OF A CONSULTATION TO NIGERIA  
FOR PRITECH

A Report Prepared by PRITECH Consultant:  
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TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT  
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## I. Purpose of Consultation

At the request of USAID, Lagos, and in collaboration with the Ministry of Health, Nigeria, and UNICEF, a consultation was arranged to conduct an analysis of ORT training for health personnel. The objectives of the visit as revised and clarified upon discussion with AID and UNICEF are as follows:

1. To review the ORT component of current training for non physician health workers and tutors including: nurses, midwives, community health workers and village health workers.
2. To identify areas where technical and program assistance could strengthen and expand ORT services provided by non physician health workers.
3. To prepare recommendations and plans to revise and standardize the ORT content of training programs.

## I. Background

### A. Description of this Assessment

During this consultation, both government and internationally assisted training programs were reviewed and analyzed to gain an understanding of the current level of training and service delivery in ORT. Information was gathered through interviews, observations and document reviews. The types of training programs reviewed for this analysis include: preservice training for nurses and midwives, inservice training of nursing tutors, preservice training of community and village health workers. Whenever possible, data collection included observations of training sessions, interviews with administrators, tutors and students, and review of training materials. Non physician providers were observed as they provided services in rural health clinics, dispensaries and hospital out patient clinics.

Federal and state MOH representatives provided information and documents that contributed to the understanding of policies, plans and resources for ORT training. Representatives of international agencies especially Ms. MacManus, and Mrs. Shita-bey from USAID and Drs. Gleason and Brody of UNICEF provided invaluable information and analysis, regarding the background and current environment of both government sponsored and internationally assisted training efforts.

## B. Organizational Structure of the FMOH Training System

The Government of Nigeria, Federal Ministry of Health, (FMOH), divides responsibility for the training and support of non physician MCH service providers between the Primary Health Care Division and the Department of Nursing services . The Primary health care division is responsible for training three levels of Community Health Workers including; Community Health Aids, Community Health Assistants and Community Health Officers. The nursing division of the FMOH shares responsibility for nurse and midwifery training and support with the Nursing Council and State nursing authorities . Together, these two divisions direct the vast majority of health personnel who provide care for children with diarrhea and dehydration. Village health workers are providing services in some communities but these are limited to a few pilot training projects that are exploring various approaches to village based care.

## C. General Indication of Need for ORT Training

Practicing community health workers, nurses and midwives lack knowledge of oral rehydration therapy. In a recent survey of fifty health facilities personnel were questioned about their management of diarrhea and dehydration. The interviewees, including doctors, nurses, midwives and community health workers, were reported to have inadequate knowledge about oral rehydration. The findings of the Africare survey team are consistent with the more limited observations of this consultant.

A wide range of information and misinformation about the management of diarrhea and dehydration exists among health care providers and their tutors. Of particular importance is the frequency of misinformation

regarding the formula for home preparation of ORS, guidelines for administration of ORS, directions for home use of ORS and advice about child nutrition during treatment of diarrhea.

A great deal of the misinformation concerning diagnosis and management of diarrhea and dehydration is easily attributed to lack of training or inadequate training. Many of the personnel who are providing primary health care services throughout the country simply have not received any inservice training since they began to work. In their survey, Singerman and Hynes reported that only a few of the interviewees participated in refresher training during the last 5 years\*.

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\*This USAID/AFRICARE survey was designed to assess the readiness of facilities to utilize family planning supplies and equipment. The survey instrument, which was ammended in Nigeria to gather additional data, included specific questions about the treatment of diarrhea and dehydration including the formula for home preparation of oral rehydration solution . The survey results, were summarized during an interview with this consultant, by Drs. Singerman and Hynes since the documentation was still in draft form. The survey data was compiled over 3 months during visits to 6 states, and over 50 health service facilities including hospitals, urban and rural health centers, maternal and child health centers . Over 100 providers were interviewed.

Tutors of nurses and midwives are providing inadequate and incorrect guidance to students about ORT. Nursing and midwifery schools have not standardized the information they teach about ORT which results in inconsistencies in training content and methodology. Equally, if not more important, the information given to students about diarrhea management frequently does not conform with accepted treatment procedures. During interviews tutors explained that they spend little time training their students to rehydrate children for the following reasons; availability and preference for commercially prepared solutions, belief that management of diarrhea is not a nursing responsibility, resistance to ORS among mothers, lack of confidence in oral rehydration therapy and lack of time to prepare oral rehydration solution. Further, the training method is predominately didactic and includes some demonstration but no guided clinical practice. During these interviews tutors were unable to accurately recite the formula for home preparation of oral rehydration solution, nor were they able to explain the management regime for rehydrating a child.

### III. Current MOH Training Capacity

#### A. ORT Training for Nurses and Midwives.

The nurses and midwives who serve in PHC facilities throughout Nigeria are not routinely providing care for diarrhea and dehydration, but they could be an important resource for treatment of diarrhea and parent education. Before taking on the responsibility for diarrhea management, the entire pool of nurses and midwives are likely to require inservice training. In addition, the tutors who conduct initial training are also in need of retraining.

The role of the nurse as an active promoter of ORT is perceived by some as a change in her current responsibilities. Nursing and midwifery training in Nigeria prepares workers to provide hospital based services. As a result, the nursing role in diarrhea management has been tied to the current and common hospital treatment for dehydration and diarrhea, i.e., drug management and intravenous therapy. Further, their training does not emphasize practical experience in diagnosis and management since they are assumed to be directly supervised by physicians and are therefore not permitted to diagnose or initiate treatment without orders. In keeping with this perspective of the nursing role, training activities place little emphasis on parent education or home preparation of oral rehydration solution, even though the nurse is often the only contact point for mothers and children in out-patient clinics.

The scope of the retraining task for nurses and midwives is substantial. Although figures are not available, nursing administrators estimate that there are at least 20,000 practicing nurses in Nigeria. Given the general level of knowledge about ORT, it is probably safe to say that most nursing personnel would benefit from inservice training. The other major avenue for introducing the concepts of ORS to nurses is to change the curriculum and training procedures used during initial training in nursing schools. The annual volume of nurse and midwife graduates is substantial. If it can be established that the training effort is related to the need to replace large numbers of personnel then, an important strategy for rapid change in service provision could very well be found in the nurse training system.

(1982 estimates of training output follow; there are 61 Schools of Nursing and 63 Schools of Midwifery in Nigeria. In 1982 these schools graduated 5,278 nurses and 3,242 midwives.)

Recently, as the medical profession in Nigeria begins to recognize the effectiveness and cost savings associated with oral rehydration, nursing administrators and educators are becoming aware of the inadequacies of current training content and methodology. Even so, change comes slowly to the nursing profession and the situation in Nigeria is not different than most countries. At the present time little formal change can be expected in nurse training. Factors that are limiting the opportunity for change include: tradition, physician dependence, and the division of authority for nursing education among the MOH, Nursing Council and the states. This is an especially unfortunate situation since the nurses are a substantial cadre of service providers in this country and their promotion of ORT could have a great impact on home treatment of diarrhea (at the very least, they would administer the correct solution to their own children, a sizable population).

#### B. Community Health Worker Training

The Community Health Worker program was developed by the government of Nigeria in response to a need for clinic and community based PHC services in peri-urban and rural areas. The Division of Primary Health Care of the Federal Ministry of Health trains three levels of Community Health workers. (A supervisory cadre also receives training in some states.) The three types of CHW's include: the Community Health Officer; a nurse with

one additional year of Public Health training, the Community Health Assistant; a secondary school finisher who receives two years of training in public health, and the Community Health Aide; a primary school finisher who is given one year of training. CHWs are trained in 26 Schools of Health Technology throughout the country and there is at least one in every state.

The ideal staffing pattern of a clinic includes a community health officer, a community health assistant, and two or three community health aids. The officer and assistant are clinic bound and the aids are expected to provide community based care. The staffing patterns vary according to available resources, location and type of health facility, and in the rural areas it is not uncommon for the senior officer to be a community health assistant.

Although there are no available aggregated figures describing the current number of community health workers employed at this time, some figures from the Ondo State School of Health Technology in Akure were provided by the principal. Current classes at the School include 100 Ministry of Health Aids, 80 Community Health Assistants, and 35 Community Health Officers. The school's total output per annum, of all categories, is approximately 200-300. The program is relatively new in Ondo, and the principal estimated that approximately 300 workers were currently employed throughout the state. The Division of Primary Health Care was unable to provide current figures but the CHW programs have expanded in the last 4-5 years, therefore the inservice pool presents a substantially smaller retraining task than retraining inservice nurses.

## C. ORT Training Documents and Methods

### 1. Training Curricula and Materials:

The Federal Ministry of Health (FMOH) has been supporting the development of training facilities, faculty and curriculum for CHWs. A substantial body of training documents has been prepared for the schools of health technology under the guidance of the PHC Division. These documents provide a framework for the training of all level of CHWs and include: curricula, standing orders, syllabi and session plans. Although these documents are an essential step in the development of an effective training program, they would be more helpful if they were expanded to include: explicit emphasis on practical experience when conducting ORT training, additional time for ORT training, detailed information about management of diarrhea and dehydration for trainers and students, and explicit performance criteria for student evaluation.

It is fair to say that awareness of the need for additional training materials is growing. The Director of Primary Health Care/FMOH, Dr. Kolawole recognizes the need for more comprehensive training materials for students and tutors. He highlighted manpower development and training in his 1985 PHC Plan (annex 1) and is particularly interested in the preparation of additional training materials for CHWs.

Unfortunately, the situation is not as promising for nurse and midwife training. The current nurse training curriculum states that diarrhea is to be part of the instructional content for nurses but the curriculum

documentation does not provide specific guidelines for management or teaching methodology. No other materials are routinely provided to guide the tutor. It is the responsibility of the nurse tutor to define the specific content required by the student. Typically, this information is transferred during lectures while students copy the facts into notebooks.

## 2. Training Methods:

Health worker training is usually divided between "instruction" and "clinical experience". The instructional phase is largely didactic, consisting of lectures and some demonstrations. The clinical or practical phase of training occurs at the work setting and is intended to allow supervised practice. This training approach can be successful when the information and skill transfer is carefully monitored and when good coordination exists between the classroom instructors and the clinical supervisors. In Nigeria, as in most countries that use this method, there is little coordination between training institutions and practicum sites. The result is that students are simply added to the work force after their classroom experience is completed.

Effective ORT training depends upon students having an opportunity to experience the results of successful oral rehydration. The lack of attention to guided practice for ORT is particularly disappointing since the experience of rehydrating a child is a critical learning event. The experience creates confidence in the treatment and gives the worker an experience base from which he can credibly train mothers. Many effective field workers report that this experience is an essential requirement for accurate treatment and for teaching mothers to rehydrate their children.

#### D. MOH Commitment to ORT Training

The MOH recognizes the importance of oral rehydration therapy and has welcomed the interest and involvement of international agencies in promoting ORT activities. The ministry has also fostered coordination among external agencies and supported efforts to integrate ORT training with other interventions such as family planning, EPI, and water and sanitation programs. The ministry commitment to ORT and training is further demonstrated in recent documents listing important program areas for 1985-86. The primary health care division has given major emphasis to evaluation and strengthening of community healthworker training in its budget for 1985 (annex 1). The National Health Planning Division lists oral rehydration therapy and training as major items to be addressed in collaboration with USAID over the next two years (annex 2).

Senior government representatives advocate ORT training, and the FMOH appears to be on the verge of commitment to a national ORT training program. Presently, most ORT training activities are occurring in programs initiated by international agencies. While providing a much needed service, the assisted programs fall short of comprehensive national efforts. The programs are neither sufficiently widespread nor do they reach an adequate number of personnel in a given region or state to have measurable impact on mortality caused by diarrhea and dehydration. Further, there is a definite need for the national government to generate acceptance of ORT among clients, provider groups and institutions that train providers; a role that cannot be fulfilled by the assisted programs.

The FMOH clearly recognizes the importance of ORT and support ORT training, but officials are also interested in maintaining a balance among the major PHC interventions, including nutrition, water and sanitation, family planning and immunization. Although the concern for integrated primary health care services has the positive effect of encouraging international assistance groups to collaborate, it can also have the negative effect of retarding the implementation of fairly simple and straight forward training interventions such as ORT.

#### IV. Internationally-Assisted Training Programs

##### A. UNICEF:

UNICEF is integrating ORT training into country programs, and has established a positive working arrangement with both the FMOH and USAID. UNICEF is actively promoting ORT as an important content focus of the water and sanitation projects and EPI efforts. Most recently, UNICEF and the MOH have agreed to open two model rehydration units at out patient clinics in Lagos (Massey Hospital and Teaching Hospital). In addition to providing oral rehydration therapy for children the rehydration facilities are expected to generate support for ORS among physicians and health workers. To enhance support, the opening of the rehydration unit is being coordinated with a seminar on Oral Rehydration Therapy targeted for physicians (UNICEF Plan for ORT Activities January - June 1985: Annex 3).

UNICEF makes a meaningful contribution to the expansion of ORT services by integrating ORT into rural health and EPI programs but the planning horizon for ORT training associated with integrated programs is lengthened

by the need to complete other more complex activities such as; drilling bore holes, establishing an EPI cold chain and distribution system and establishing a supply system for ORS packets. Given UNICEF's current level of effort and activity timeframe it is unrealistic to assume that UNICEF'S programs will, in the near term, expand ORT coverage to levels that respond to national needs.

#### B. USAID

Currently, USAID training activities in Nigeria are funded through central contracts with primary emphasis on family planning. Representatives of INTRAH, FPIA, Columbia University, Pathfinders and JHEPIGO have conducted training for family planning providers and trainers including nurse/midwifery tutors, nurses, physicians, midwives, community health workers, and village health workers. See annex 4 for a fuller description of training activities.

The AAO, Ms. MacManus has encouraged each of these programs to enlarge the scope of their training activities to include ORT training and to increase the numbers of personnel trained. In some cases this has been possible. INTRAH and FPIA and Columbia are either currently teaching ORT or considering the addition of ORT to their future program activities. Naturally, the addition of ORT training to current family planning training programs will substantially increase the number of currently trained providers, but the total number trained relative to the retraining needs of the workforce is still small. Although there is a sincere effort to integrate and expand ORT training, the current efforts are limited and will

not achieve adequate coverage in the near future.

## V. Analysis of Constraints and their Implications for Training Strategies

### A. Constraints

This section concentrates on the training system constraints affecting the ability of primary health care personnel to provide Oral Rehydration Therapy and parent education. The purpose of describing these constraints is to help understand how to overcome them and enhance current training efforts.

#### 1. Capacity for Training

There is no operational system for inservice education for primary health care workers.

Current government and donor-assisted programs emphasizing ORT are not reaching sufficient numbers of providers.

Tutors do not have the essential knowledge about Oral Rehydration therapy.

There is little awareness of the need to change the preservice

training for nurses to include ORT, and subsequently, little hope for curriculum change in the immediate future.

## 2. Curriculum and training materials:

There are no standardized learning materials on the subject of ORT management to guide tutors and students.

There is insufficient emphasis on ORT in the training curriculum for community health workers and nurses .

There are inconsistencies in the curricula and health education guidelines for personnel at all levels.

## 3. Teaching Methods

Training techniques rely upon didactic and demonstration methods.

There are no facilities for the practical experience component of the training .

There is inadequate coordination between classroom and clinical instructors during training

#### 4. Teaching staff

Teaching staff lacks specific knowledge regarding management of diarrhea and dehydration and methods for teaching mothers to rehydrate children.

Teachers rely largely upon lecture methods to convey the knowledge and skills required for management of diarrhea and dehydration.

#### 5. Providers of ORT Services

Measurable performance standards are not used to monitor the work of primary health care personnel

Supervisors are not adequately prepared to conduct performance assessment or inservice education.

Primary care providers are not convinced that ORT is an effective treatment for diarrhea and dehydration.

Inadequate time is allocated during clinic visits for educating mothers about using home preparations of oral rehydration fluids.

#### B. Implications for Training Strategies

The current ORT program efforts in Nigeria are firmly rooted in a

traditional government controlled public health system, that is characterized as public sector dominant, packet oriented, provider centered and demand-dependent. There is an impressive but under-utilized preservice training system for government health personnel. Inservice training for health personnel does not routinely occur. International agencies are working closely with the government to develop a coordinated and unified training strategy for ORT, but current efforts are too limited in scope to have national impact. While many mothers are aware of ORS, few know how to prepare home solution and most are more familiar with the packet or bottled solutions (250 ml/Redolyte N3.00).

Ideally, long term plans for improving the care of children with diarrhea and dehydration should include attention to the training of nurses. The need to improve ORT training for nurses is recognized and accepted by MOH officials but, they are not optimistic about the potential for change of the current training in the near future. Instead, they recommend providing inservice training in ORT for nurses believing that the nursing establishment will be more amenable to supporting new training content and methodology after awareness and acceptance of ORT is increased among nurses and clients.

In the present environment, the following strategies are appropriate.

1. Conduct rapid and wide spread training of primary health care personnel . Emphasis should be placed on tutor training and establishing a mechanism for routine training of inservice personnel. Retraining should be coupled with improved follow-up supervision that emphasizes performance assessment and staff development.

2. Prepare standardized curriculum and minimum performance standards for each level of personnel and training materials for ORT.

3. Improve the training methodology for health personnel by increasing the opportunity to rehydrate children and teach mothers to care for their children.

4. Decrease program dependency on the availability of packets or bottled ORS.

5. Generate support and reduce resistance to ORT among health personnel and parents through professional and public education campaigns.

Activities such as orientation seminars, media campaigns should target religious leaders, educators and community opinion leaders, as well as health personnel and parents.

## VII. Specific Recommendations

A. Support the design and development of primary health care training materials for Community Health Workers.

The FMOH is interested in developing Primary Health Care learning materials for Community Health Workers. The director of PHC, UNICEF

representatives and this consultant discussed strategies for a national program to develop learning materials and drafted a proposal outlining the content of a national conference to initiate the development activities. The Proposed conference is planned for one week in March or April of 1985. The participants will include: principals of Schools of Health Technology, representatives of selected teaching hospitals and FMOH/PHC division staff. During the conference, the national standard for ORT management will be established and prototype teaching materials will be developed along with a plan to develop additional PHC training materials.

Dr. Kolawole, the director of PHC hopes to receive technical assistance for this effort from PRITECH and UNICEF. He has requested that PRITECH provide resource experts to assist in the development of national standards for treatment and the design of training materials.

(annex 5 - "Discussion Paper: Plan for the Development of Primary Health Care Learning Materials" developed by Lyons/Brody during this consultation).

B. Contribute to the development of clinic based out-patient oral rehydration units.

Federal MOH and State MOH officials have expressed interest in establishing oral rehydration units to supplement out-patient facilities at general hospitals. The first of these is to be opened in Lagos at the Massey Street Pediatric Clinic on February 5, 1985 (a joint FMOH/UNICEF project). The FMOH is interested in establishing rehydration units in each of the four geographic regions (in addition to Lagos, suggested states

include Anambra, Gongola and Sokoto) Further expansion will depend on the success of these initial units. Rehydration units will provide a training opportunity that is missing in all of the current training programs: an opportunity for students to rehydrate a child and to monitor a mother while she rehydrates her child.

In Gongola State, Dr. Jerrell Mathison\*, the director of epidemiology, is enthusiastic about the potential impact of such facilities both in the treatment of diarrhea and dehydration and as a center for initial and inservice training of service providers throughout the state. Dr. Mathison would like to establish a unit at the Yola hospital and to explore the feasibility of units in the out-patient clinics of the other 13 general hospitals in the state. (Dr. Malagwi, the CMO, acknowledges the need for rehydration units, but explains that the hospitals have no budget for supplies.) Technical assistance for this activity would be required in March or April of 1985. The technical expert should be a physician with experience in the development and management of out-patient rehydration units.

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\*Dr. Joyce B. Mathison has been mentioned as a potential consultant for this assignment. She is a physician with MPH who is on unpaid leave from the epi unit in Gongola State. She can be contacted at 3233 Calhoun St., New Orleans, LA (504) 861-1127.

### C. Conduct ORT Refresher Training

There is a great need and considerable demand for ORT training among all cadre of government health workers. Neither the FMOH nor the State ministries are currently providing continuing education for these workers (The Africare consultants, Dr. Singerman and Dr. Hynes surveyed more than 50 service facilities in 5 states and reported that most workers had received no inservice training in five years). The international agencies and non-government organizations have supported both incountry and overseas training for health workers but this effort is currently insufficient to have a national impact.

Currently, the INTRAH group is conducting Family Planning and ORT training for CHWs and nurses as well as preparing nurses and physicians to organize and conduct similar training. While these courses appear to be effective, they are reaching relatively few workers (approximately 150 in 1984). In response to a request for more training, the INTRAH plan for 1985 has been ammended to include a new five-day course; four days of Family Planning (excluding IUCD) and one day of ORT. This short inservice course will be conducted in up to 14 states and reach over 800 nurses and midwives during 1985. A modification of this course is proposed by the training officer in Oyo State, Mrs. Grace Delano who suggests three days of Family Planning and two days of ORT.

As the INTRAH group is primarily responsible for Family Planning, the AAO has suggested PRITECH involvement in the development and teaching of the ORT component of this course. It would be useful for PRITECH to continue discussions with Ms. MacManus and the FMOH regarding the design and development of appropriate inservice ORT training. The two training designs mentioned earlier provide an opportunity to conduct a comparative study which could establish clear direction for inservice training throughout the country. In particular the impact of the following variables on ORT learning could be analyzed: duration of training, entry level knowledge and skill, training methods and materials. It is important to note that the national standards for ORT should be developed before any comparative study of ORT training can be initiated. These standards should be determined during the learning materials conference proposed for March or April 1985.

#### D. Train the Tutors of Nurses and Midwives

There are approximately 726 tutors of nurses and midwives in the 121 nursing and midwifery schools throughout the country. Of these, two or three in each school have the responsibility for MCH content. This pool of tutors is a logical target group for ORT trainer training. There is no existing planned Federal or State program to upgrade skills of nurses and midwives or tutors in ORT skills. Further, discussions with school principals and tutors indicate a need to educate them about the importance of ORT.

**E. Assist in the Development of an ORT Information, Education and Communication Strategy.**

Along with the preparation of health workers, the public also needs to understand the value and use of oral rehydration for diarrhea and dehydration. At this time, there is no strategy for public education. The director of Health Planning has emphasized the importance of public education and has requested AID and UNICEF to direct their attention to preparing an IEC strategy for ORT. A PRITECH team member with experience in public education and oral rehydration could assist in preparing such a plan.

A N N E X I

FEDERAL MINISTRY OF HEALTH  
PRIMARY HEALTH CARE PROGRAMME BUDGET 1985

I. Manpower Development and Training

- (i) Development and review of training Materials for Community Health Workers
  - Standing Orders
  - Curriculum
- (ii) Training of Tutors for Schools of Health Technology at  
Ibadan, Kaduna, Lagos, Jos
- (iii) Examinations for Community
  - Health workers - setting, printing of examination papers and Certificates.
  - Board meetings twice a year
  - External examiners per diem and honorarium
- (iv) Meetings
  - Sub-committee meeting twice a year
  - Principals meetings twice a year
  - C.H.O.s Coordinators, twice a year
- (v) Middle level Management Course at Benin University  
20 participants from the States  
Trainers honorarium
- (vi) Inspection of training institutions  
Inspection visits to 27 institutions and practice areas for CHWs
- (vii) Evaluation of CHWs Training  
Short term Consultancy six months for CHWs training and utilization
- (viii) Subventions to Universities  
Training CHOs at Teaching Hospitals

II. PHC Monitoring and Evaluation:

- (i) Review of PHC activities in three states (Benue, Bauchi, Kano)
- (ii) Establishing PHC monitoring system in six states
- (iii) Printing of monitoring system forms and

teaching materials

(iii) Equipment for the PNC evaluation section of the Unit.

III. PNC Health System Research:

- (i) Collaboration with PRICUR
  - (a) Ife Operation Research in PNC
  - (b) Gongola State.
- (ii) Collaboration with Universities
  - (a) Development of research in Health Sciences related to PNC
  - (b) workshop on guinea worm.
  - (c) Survey of renal and blood vessel disorders
  - (d) Evaluation of community health workers.

IV. PNC Programme Development

- (i) Technical support groups for PNC workshops for the development of:-
  - a) water and basic sanitation programme
  - b) Food and nutrition programme.

V. Development of PNC in the states in collaboration with UNICEF/WFP/UNFPA

- Borno State - Gujba, Fika LGA, - NCH/FF
- Kwara State - Ibadan LGA, NCH/FF
- Ondo State - Akoko - NCH/FF
- Rivers State - Bonny LGA NCH/FF Family Health
- Rigra State - Family Health
- Sokoto State - Family Health
- Qom State - Ifo-Ota LGA - water and sanitation
- Oyo State south-west zone (Ajgbe)
- Bauchi State north-east zone (Yafese Balasa)
- Anambra State south-east zone (Akampa)
- Kaduna State north-west zone ( )

**(III) Women in Health Development**

Anambra Project

Gongola Project

~~Borno~~ <sup>Borno</sup> Project

Cross-River Project

Bendel project

Plateau project

Sokoto project.

**IV) Water supply and sanitation Pro:  
In collaboration with UNICEF and Swedish governments**

Lagos State

Ogun State

Oyo State

Bendel State

Kwara State

Gongola State

Imo State

Anambra State

Cross River State

Niger State

Abuja.

**VI Provision of Essential drugs and equipment**

for Community PHC projects in the states

i) Essential drugs

ii) Equipment and supplies.

**VII Grants to Comprehensive Health Centres**

(i) 9 Comprehensive Health Centres in Urban Areas

(ii) 9 Comprehensive Health Centres in Rural Areas.

**VIII. Workshops:**

- (1) Reorientation of existing staff to PHC approach Zonal workshops.
- (ii) Training workshop for construction of V.I.P latrines in Lagos.
- (iii) National Workshop on Review of status of PHC.

**IX. Primary Health Care Co-ordination Meetings:**

- (1) NCH Sub-Committee on PHC - all CHOs Bi
- (ii) PHC co-ordinators meeting annual.

**X. Printing of documents and Manuals**

- Printing of Technical Support groups docu
- Printing of PHC monitoring manuals
- Printing of Middle Management Curriculum
- 
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**A N N E X 2**

# Best Available Document

## FEDERAL MINISTRY OF HEALTH

On Submission

NATIONAL HEALTH PLANNING DIVISION

FEDERAL SECRETARIAT PHASE II, BONTI, LAGOS

P.M.E. No. 12597Telegrams PERMHEALTHTelephone 684491Ref No. MS.1910/Vol.II/401Date 7th March, 1984

The Agency for International  
Development  
2 Elike Crescent  
P. M. B. 554  
Victoria Island  
Lagos.

Dear Sir,

### Request for USAID Assistance 1984 through 1986

In line with the Technical Cooperation Agreement between the Federal Government of Nigeria and the United States Agency for International Development, I am directed to present to you the prospective areas of joint collaboration for the ensuing two year period 1984 through 1986.

#### i. Health Care Services

- a. Primary Health Care assistance
- b. Expanded Programme for Immunization assistance
- c. Expanded Programme on Oral Rehydration Therapy

#### ii. Training

- a. Training of health personnel in all categories including traditional birth attendants, health educators, and community health workers
- b. Seminars and workshops
- c. Training manuals

- a. Hospital and clinic equipment
- b. Family planning commodities
- c. Primary health care supplies, including drugs and other medications

#### iv. Health Education

- a. Informational materials: primarily print
- b. Promotional materials, including films, radio and TV programmes.

2. This donated equipment and other materials to be provided by USAID at no cost to the government of Nigeria for the joint collaborative effort.

will be imported in accordance with USAID exemption from taxes, investment deposit requirements and custom duties as set forth in customs and excise notices of the Federal Government of Nigeria.

3. These lines of programmes, projects and activities have been the subjects of continuing discussions between the concerned Federal Ministers and USAID, leading to the development of specific plans of action.

4. I am therefore requesting that USAID provide assistance to the program areas enumerated above.

With grateful appreciation.

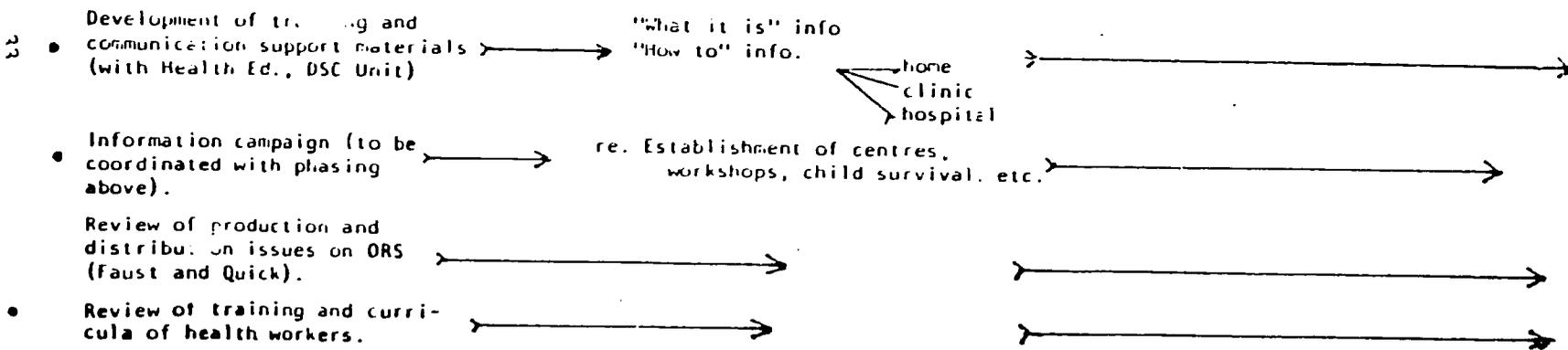
Yours faithfully,

  
(DR. A. B. SULAIMAN)  
Director, National Health Planning  
for Permanent Secretary

**A N N E X 3**

ORT: TENTATIVE OVERVIEW OF ACTIVITIES -- JANUARY TO JUNE, 1985

Dec.	Jan./Feb.	Feb./early March	March/April	May	June
Discussions with WHO, AID, FMOH, LSHMB, Children's Hosp. LUTH, Health Educ., etc.	Est. of ORT demo. facilities: Lagos Children's Hosp. LUTH., Gongola (??), other (???) Prep. for supervisor's training course. State-level prep work to identify institution and personnel for supervisor's course. (EPI people).	Supervisor's training course (personnel from hospital and clinic facilities, 6 states?), using established ORT facility as demo. centre. (WHO assisted).	Establishment of ORT demo. centres in one hospital and one clinic in selected "ready" states. (EPI people) State-level prep. work for key ORT managerial and programming workshop. (EPI people)	Preparation and implementation of ORT managerial and programming workshop for key state personnel (WHO assisted).	ORT component to piggyback on EPI organizational infrastructure, leading to: - distribution of packets to all facilities giving vaccinations. - training of static facility personnel on diarrhoea mgt. and programming. Leading to: - clinic level training for mothers stressing in-home care and recognition of dehydration signs. - clinic level use of ORS with mother's participation. - community outreach and mobilization for child survival, stressing EPI and ORT



A N N E X 4

### AID Supported Training Activities

USAID is currently supporting a variety of family planning training activities in Nigeria. The contractors include: INTRAH, FPIA, PATHFINDERS/Columbia University, JHPIEGO . A brief description of the activities of each of these organizations follows:

#### INTRAH:

**Propose:** Improve family planning skills of providers  
Improve instructional approaches including methods, and instructional materials .  
Improve skills of trainers and trainers of trainers.

**Audience :** Intrah courses were attended by participants from eleven states. The participants included: physicians 15, Nurse/Midwives 120, Tutor/Trainer 14, Community Health 15, and other 14.

#### Plans for ORT Training:

During 1984 the INTRAH teams included ORT training in their courses for trainers and for service providers. In 1985 they are planning to expand their activities and continue to offer ORT in each course. The revised training design currently being discussed includes 4 days of Family Planning training and one day of ORT. The training projections for 1985 include 850 nurses and midwives. This inservice training activity is being organized with the full cooperation of the Chief Nursing Officer.

#### Training Materials:

The INTRAH training methodology includes preparation of training materials during training of trainers courses. The materials prepared by the training team at the Akure School of Health Technology were reviewed during this consultation. These materials, prepared for Nigerian conditions and for student use were the only student materials of their kind available for review. They provided a useful and largely accurate account of diagnostic and management information concerning ORT. Further, course participants were satisfied with the materials. These materials will provide a useful model for the government of Nigeria to consider when national material development efforts begin.

#### JHPIEGO

A N N E X 5

## ANNEX 5

### Discussion Paper: Plan for Development of Primary Health Care Learning Material

#### Introduction:

The Ministry of Health, Nigeria, Division of Primary Health Care, is interested in developing a set of teaching/learning materials for Primary Health Care workers. Such materials are the logical completion of the overall Ministry plan to strengthen training for PHC workers. To date this effort has included the development of curriculum outlines, standing orders and session plans for all Community Health Worker cadres.

In keeping with the strategy employed to develop the earlier training documents, the proposed effort will incorporate the needs, interests and experiences of faculty from Schools of Health Technology throughout the country, as well as input from representatives of selected teaching hospitals. The National effort will be coordinated by Dr. Kolawole and his staff at the Federal Ministry of Health.

**Proposal:**

A Workshop to prepare selected health learning materials has been suggested as a useful forum for initiating a National effort to develop such materials for PHC workers. Preliminary discussions with Dr. Kolawole have resulted in the following proposed framework for organizing the Workshop.

Date: March or April, 1985

Duration: 1 week

Location: Lagos\*

Participants: Participants from Schools of Health Technology (8)  
Representatives from selected teaching hospitals (4)  
FMOH Primary Health Care staff (2)  
Selected resource persons from Nigerian institutions  
and international agencies ( )

To ensue appropriate national representation, principals will be selected from each of the four geographic zones defined by the Ministry of Health. In addition, one teaching hospital from each zone will be asked to send a representative. UNICEF, WHO, PRITECH (USAID), and the Development Support Communication Unit (Emmene) will be invited to provide participants/resource personnel.

\*Selection of a Lagos workshop venue is related to the presence of an ORT demonstration facility nearby.

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**Objectives:**

The specific outcomes of the Workshop will include:

1. Preparation of prototype materials for training community health workers, focussing on a single PHC content area. Because of its contribution to child survival, ORT/CDD has been suggested as the topic for the prototype materials.

The materials developed should be suitable for use as models for the creation of additional PHC learning materials for both inschool and inservice training of health cadres. As such, the materials should provide a working example of content, process and format standards for such materials, and provide guidance on such issues as:

- a) What level of technical information should be given the CHW.
- b) What guidance tutors need and how to provide it.
- c) What teaching methods are recommended for effective learning.
- d) How trainee's knowledge and skill attainment will be assessed.

2. Preparation of a plan for the development of additional materials.

This plan should detail proposed contributions of institutions and personnel from each zone, establish time-frames, and specify the type and timing of external technical resources required.

**Content:**

1. Discussion of the roles and responsibilities of CHWs in provision of child health care and parent education, and consideration of the implications of these roles for the training of such health workers.
2. Presentation and discussion of the efficacy of oral rehydration therapy, and review and analysis of existing ORT training materials (e.g. WHO, MEDEX, Nigerian materials) to identify technical content and format characteristics that are appropriate for Nigeria's training needs.
3. Group work to prepare prototype materials on oral rehydration therapy.
4. Plenary work to assess and revise draft prototype materials and to identify standardized guidelines on format and style.
5. Plenary and group work to discuss and plan future development activities.

**Technical Support:**

Technical support will be provided by the Federal Ministry of Health and external agencies. Technical experts should have skills in:

Management of dehydration and diarrhea

Design and development of training materials and courses

Training and group process with the Nigerian context

Evaluation design

**Financial Support:**

Financial Support will be provided by the Federal Ministry of Health and external agencies.

A N N E X 6

ANNEX 6

Meetings and Schedule of Activities:

January 5                   Arrival

January 6                   Meeting with Dr. G. Gleason  
Departure for Ondo State with  
K. MacManus , Ms. Shitta Bey and CEDPA Team

January 7                   Meeting: School of Health Technology - Akure, Ondo  
State:     Dr. Alatungi, Principal  
              Dr. Hazan Alddesawe, CMO, Ondo State  
              Principal, School of Midwifery  
              UNICEF Team, Owo District, Ondo State

January 8                   Return to Lagos  
Meeting with Dr. Gleason

January 9                   Departure for Yola, Gongola State  
Meetings with UNICEF:  
                  Gleason  
                  Haenoputro  
Ministry of Health:  
                  Dr. Mathison  
                  Dr. Malgwi  
Hospital Ante Natal Clinic/Nurse  
                  Integration



The following individuals were met during the consultation:

- Ms. Keys MacManus - USAID/Lagos
- Dr. Sulaiman - Director of Public Health Services - FMOH/GON
- Dr. Gary Gleason - Communication Support Officer - UNICEF
- Dr. Alan Brody - Communication Support Officer - UNICEF
- Ms. S.O. Savage - Chief Nursing Officer - FMOH
- Dr. Kolawole - Director of Primary Health Care -FMOH
- Dr. Jerrel Mathison - Director of Epidemiology - Yola, Gongola State
- Dr. M.L. Malgwi - Chief Medical Officer - Yola, Gongola State
- Dr. Haznoputio - UNICEF Project Manager - Yola, Gongola State
- Mrs. Shitta-bey - Public Health Officer - USAID
- Dr. Atbatungi - Principal, School of Health Technology - Akure, Ondo State
- Mrs. Ester Magaji - Director of the School of Nursing/Midwifery - Yola,  
Gongola State
- Mr. Moses A. Olabode - Executive General Secretary - National Association  
of Nigeria Nurses and Midwives
- Mrs. Josephine A. Anyamene - President, Nurses Association of Nigeria
- Mrs. Aladelohun - Public Health Nurse -Owo District, Ondo State
- Mr. Yuki Shiroshi - UNICEF Program Officer - Owo District, Ondo State
- Mrs. Owobulia - Project Manager- Owo EPI Program
- Miriama Phillips - Nurse Midwife Trainer - UNICEF Project - Yola, Gongola  
State
- Dr. Lenard Singerman - Africare Consultant
- Dr. Dennis Hynes - Africare Consultant
- Mr. Chike Anyaegbunam - UNICEF Support Communications Unit - Enagu

January 17

Draft -Discussion Paper

Visit - Massey St. Hospital and OPO for inservice  
staff

Orientation meeting re: ORT Demonstration Unit

January 18

Meeting with Dr. Suliaman, K. MacManus - UNICEF

January 19

Prepare Draft Report

Evening departure from Kenya

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