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IntraHealth

Trip Report

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Travelers: Mr. Maurice Apted, IHP Consultant
Mr. Brice Atkinson, IHP Consultant

Country Visited: NIGERIA

Date of Trip: August 5-23, 1985

Purpose: To conduct a Management/Supervision/
Evaluation workshop for 15 members of the Kwara
State Training Team

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EXECUTIVE SUMMARY

Mr. Maurice James Apted and Mr. Brice Atkinson were contracted by IHP under the INTRAH contract to provide a Management, Supervision and Evaluation workshop in family planning and oral rehydration therapy as part of a program for the Accelerated Delivery of Family Planning and Oral Rehydration Services in Nigeria.

The workshop took place from August 5 - 23, 1985, for the purpose of developing a management, supervision and evaluation (M/S/E) plan for the Kwara State project and for the purpose of providing the 15-member Kwara State Training Team, and Project Coordinator, with a capacity to support project management for Kwara State's family planning and oral rehydration services program.

After two weeks of conceptual training, participants developed a series of plans including an M/S/E plan for the project as a whole, individual work plans describing member activities in the next six months, and work plans for training program development for pre-service training. In addition, a revised service delivery skills curriculum was produced and circulated to training team members. This will be the basis upon which pre-service training programs will be organized.

A major concern of the consultants, AAO/Lagos and several members of the State Training Team, is the capacity of the project management staff to implement the project and make effective use of those service providers being trained by INTRAH and the State Training Team. There appears to be a lack of direction and coordination of the project as a whole.

A recommendation is made that INTRAH provide management training and assistance to members of the Kwara State FP/ORT Management Team as identified in the organization chart of the M/S/E plan produced by the workshop participants.

Briefing and debriefing meetings were held with AAO/Lagos upon arrival and departure from Nigeria.

SCHEDULE DURING VISIT

July 29 Departed San Francisco for London.

July 31 Departed London for Lagos.

August 1 Briefing with AAO/Lagos, Keys MacManus
Travel to Ilorin, Kwara State.

August 2 Planning meeting with Project Director and
Training Coordinator.

August 3, 4 Preparation for workshop.

August 5 Workshop begins.

August 23 Workshop ends.
Travel to Lagos.
Debriefing with AAO/Lagos Keys MacManus.

August 24 Departed Lagos for London.

August 25 Departed London for Chapel Hill.

August 26 Debriefing with INTRAH, Chapel Hill.
Departed Chapel Hill for San Francisco.

August 27 Debriefing with IHP/Santa Cruz.

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a three-week Management, Supervision and Evaluation workshop for fifteen members of the Kwara State Training Team under the terms of the subcontract, Article II Work Plan, Activity 5, between MOH, Kwara State and UNC/CH for the Accelerated Delivery of Family Planning and Oral Rehydration Services, Nigeria.

The objectives of the workshop were:

- A. To develop the capabilities of the State Training Team to assist the FP/ORT program management staff to manage, supervise, and evaluate the implementation, operation, and progress of the Kwara State Accelerated Family Planning/Oral Rehydration Therapy Program;
- B. To equip the State Training Team with the skills and methodologies necessary to train FP/ORT clinical, IEC and management staff in management, supervision, and evaluation;
- C. To expedite and enhance the implementation and progress of the Kwara State FP/ORT program by identifying problem areas and possible solutions to those problems; and,
- D. To identify and/or develop formal and informal information systems and other mechanisms to support state MOH senior decision-makers in functional areas

critical to FP/ORT program success, and other ministries and public and private development organizations involved in current or planned activities which relate to FP/ORT program goals.

Outcomes of the workshop were expected to be:

- A. A documented management, supervision and evaluation (M/S/E) plan for the Kwara State Accelerated FP/ORT Program;
- B. A shared understanding of program management, supervision, and evaluation requirements by all members of the training team and selected members of the coordinating committee;
- C. Confidence on the part of the FP/ORT training team to implement necessary management, supervision and evaluation activities and to initiate management, supervision, and evaluation training for FP/ORT clinical, IEC and management staff. The M/S/E plan will list the specific responsibilities of each of the training team members and will include a projected implementation schedule in each of their areas of responsibility; and,
- D. Improved coordination between MOH FP/ORT Program staff, and the staff of other ministries and organizations working in development, through the

establishment of appropriate information systems and channels.

II. ACCOMPLISHMENTS

A. A Management, Supervision and Evaluation workshop for FP/ORT services was conducted for 15 members of the Kwara State Ministry of Health FP/ORT Training Team, and the Ministry of Health FP/ORT Project Coordinator, at the State Development Center, Ilorin, Kwara State from August 5 - 23, 1985.

B. The State Training Team and the Project Coordinator, with the assistance of the INTRAH/IHP trainers, prepared a 12-month management, supervision, and evaluation plan for the Kwara State project (Appendix C). The plan includes the following:

1. An updated list of all projected FP/ORT service delivery points in Kwara State. The Ministry of Health had previously identified a total of 54 delivery points in its project goal statement. However, the team identified an additional 12 sites that had been inadvertently left off the state list. The updated list now identifies 66 service delivery points in each local government area (LGA). There are 12 LGAs in the state. The number of health units varies in each LGA.

2. Target population estimates for each LGA including male/female estimates.
3. A list of all current international funding and cooperating agencies working with the Kwara State Ministry of Health identifying their respective domains and areas of support.
4. Definition of the term "effective" as it occurs in Goal Statements 1 and 3 of the project contract. (See page 3, Appendix C, A Management Plan for the Kwara State Ministry of Health Accelerated Delivery Programme for Family Planning and Oral Rehydration Therapy for the period September 1, 1985 through August 31, 1986.)
5. A statement of policy, emphasizing FP/ORT integration with MCH programs, the importance of a strong CHE effort, and the need for priority consideration of individual client welfare when providing FP/ORT services.
6. An implementation strategy which focuses on the establishment of services in two locations--Ilorin in central Kwara State, and Okene in eastern Kwara State--from which other service points will be activated. The strategy also includes an implementation schedule that coordinates service delivery training with acquisition of commodities and equipment for each newly activated service point.

7. An organizational description of the project identifying managerial responsibilities within the project, and job descriptions for project staff.

8. A redesigned statistical report form for monthly and quarterly reports on clinic and project activity as a whole.

9. A proposal to establish an additional Assistant Project Supervisor responsible for CHE activities.

C. As part of follow-up on two previous training activities--the Curriculum Development workshop and the first Service Delivery workshop--a revised FP/ORT curriculum was completed and is to serve as the basis for both in-service and pre-service training for clinicians and CHE workers in the future.

D. Four training program development (TPD) work groups were developed within the state team, to develop and provide a variety of appropriate training courses in Kwara State at both the in-service and pre-service levels.

E. Each state team member and the Project Coordinator completed a personal work plan describing individual training activities each will undertake in his or her local community in the next six months.

F. The Project Coordinator, Mrs. Florence Tolushe, will facilitate future workshop and team activities in

cooperation with the current training coordinator, Mr. Gabriel Adeseko.

III. BACKGROUND

The Management, Supervision and Evaluation workshop is the fifth of nine activities forming the work plan of the Kwara State component of the project for the Accelerated Delivery of Family Planning and Oral Rehydration Services in Nigeria. The stated goals of the project include the provision of effective FP/ORT services at all existing medical facilities, and new ones as they are completed, along with the continued development of well trained staff to provide high quality FP/ORT services. The Kwara State Project was developed during a three state (Kwara, Imo Bauchi) training project development and updated needs assessment visit conducted by INTRAH and IHP (Holman, de Malvinsky, Veney) in November/December 1984. In January 1985, a Kwara State work plan and contract were developed in-country, accepted for implementation, and, in February 1985, the MOH Kwara State Training Team was selected. Since that time, the 15 members of the training team have taken part in a training of trainers and community health education workshop (March 1985) and a three-week curriculum development workshop (May 1985). Four members of the team served as co-trainers with INTRAH trainers in the first scheduled service delivery skills workshop (June 1985).

The next activity, scheduled for October 1985, is a second service delivery skills training workshop to be followed by a third such workshop in February 1986. The team is then scheduled to reconvene as a group for an evaluation and review meeting, the ninth and final activity in the work plan.

IV. DESCRIPTION OF ACTIVITIES

A. Participants

The participants were:

two physicians

two assistant chief nurse tutors

two midwife tutors

two health education instructors

two principal health sisters

one senior nurse/midwife (FP/ORT Project Coordinator)

Fifteen of the sixteen participants had taken part in work plan activities #2 and #3. One participant, Mrs. Florence Tolushe (FP/ORT Project Coordinator), had not been previously trained as a member of the team. At the end of the training, she reported that the training had been especially useful for her and that she now felt better able to coordinate the project and work with members of the State Training Team.

B. Process and Content

The workshop was organized into two parts. The first part dealt with management, supervision and evaluation concepts. In the second part, participants applied those concepts to the creation of a project plan, training program development work plans and individual FP/ORT work plans.

The first part, which took two weeks used participatory training techniques:

- Case studies
- Small group activities:
 - Reading / discussion / presentation
 - Problem-solving
 - Designing work plans
- Large group activities:
 - Discussions
 - Seminars with invited speakers
 - Work reviews

Participants shared leadership of both small and large group activities. Each participant also was required to make at least two individual presentations to the large group. Seminar topics included the following:

- What management tasks are required in your job?
- What is the most important problem facing the FP/ORT project in Kwara State?
- Project priorities (led by Dr. David Olubaniyi).
- Some effective strategies for FP/ORT in Kwara State (led by Dr. Rotimi Fakeye).

The content of Part one included:

- What is Management?
 - Definition
 - Types
 - Functions
 - Resources and tasks
- Planning
 - Developing policy
 - Selecting goals and objectives
 - Developing strategy
 - Organizing
- Implementation
 - Scheduling
 - Coordination
 - Setting priorities / target setting
- Supervision
 - Styles
 - Choosing a style
 - Delegation
 - Authority and responsibility
 - Discipline
 - Job descriptions
- Evaluation
 - Types
 - Purposes and value
 - How to conduct
 - Target setting and performance feedback

On Being in Charge was an especially appropriate resource book. Selected excerpts from Case Book for Family Planning Management by Korten and Korten were also very valuable for topics such as supervision and target-setting.

Part two, which took one week involved the production and presentation of various plans including the project M/S/E plan, training program development group work plans and individual work plans. There were three work groups. Some participants were members of two groups. The "project" group developed lists of management responsibilities for the positions of project director, project coordinator, project supervisor, training coordinator and the advisory committee. The "clinical" group developed job descriptions for the positions of assistant project supervisor (service delivery) and service provider. The clinical group also developed a work plan for the development of pre-service courses in FP/ORT for student nurses. The third group developed job descriptions for the positions of assistant project supervisor (Community Health Education) and CHE support staff at the clinic level. Each participant was also required to develop an individual work plan for an FP/ORT activity he/she would conduct in his/her respective community.

V. FINDINGS

A. Kwara State and Nigeria

Austerity measures continue. There is a noticeable decline in the number of consumer items sold by petty traders and in "supermarkets." Cooking oil is in short supply. It is reported that no school textbooks are being imported. Import licences are being severely limited. The latest federal government "War against Indiscipline (WAI)" campaign involves environmental sanitation. Saturdays are compulsory cleaning days throughout the country. Regarding family planning, public pronouncements of support are being made at the highest levels of both federal and state governments. In Ilorin, the Emir has spoken in favor of limiting family size during times of austerity.

B. Management of training

In a planning meeting (prior to the workshop) with the Project Director, Dr. David Olubaniyi, it was decided to include the Project Coordinator, Mrs. Florence Tolushe, as a participant. Mrs. Tolushe has been involved in the Ministry of Health's family planning efforts since the late 1970's. She is presently responsible for managing all day-to-day activities of the project, including liaison with AFRICARE for equipment, and PSC (Johns Hopkins) for the development of IEC materials.

The Training Coordinator, Mr. Gabriel Adeseko, was heavily involved in the Ministry's annual "estimates" exercise and was therefore unable to attend as many workshop sessions as he would have liked. Relationships between him and the training team continue to be strained. Unfortunately, due to the "estimates" exercise, the Ministry could only occasionally provide a typewriter. This seems to be a perennial problem and the Project Director indicates that it may be necessary to consider using project funds to purchase an appropriate long-carriage typewriter.

It is pleasing to report that there were no problems this time concerning per diem payments to participants. However, salaries had not been paid for two months.

C. Project Management

The first bi-monthly report to INTRAH was completed just prior to the commencement of the workshop. The report gives little information about the Ministry's view of project activities. The lack of information coming out of the Ministry to all participating and cooperating agencies appears to be causing some serious problems. For example, it was reported to the trainers, and confirmed by the Project Coordinator, that the Ministry had not distributed commodities or equipment kits supplied by AFRICARE because

project staff had not been informed by the Ministry Pharmacist that these materials were available. There is a noticable lack of communication between the Ministry and the bureau of the AID Affairs Officer in Lagos. The AAO is very concerned about the relatively low numbers of new acceptors since the project's inception. The Kwara State Ministry of Health, in turn, has failed to keep the AAO apprised of any activities that it may be carrying out. As a result, equipment destined for Kwara State may already have been reassigned to other states with more active FP/ORT programs. This is unfortunate since the Kwara State Ministry of Health intends to activate an additional 23 sites by the end of November 1985.

D. Coordination between training and services

There appears to be an overall lack of direction and coordination in the Kwara State project on the part of the Ministry of Health. The training capacity of the state team appears to be far outstripping the Ministry's capacity to activate clinic services. The State Training Team is also increasingly concerned that it has not been able to take part in a service delivery skills workshop. They feel this is especially important given that they are poised to begin the development of pre-service courses.

The practicum component of the service delivery skills workshop (Activity #4) was completed successfully a day before the M/S/E workshop began. It is anticipated that

even larger numbers of service providers will be trained in the next two sessions (Activities #7 and #8) than anticipated. This increase in numbers will require different arrangements for the practicum such as more clinic sites. The arrangements are being made locally.

VI. CONCLUSIONS

A. The participation of the Project Coordinator, Mrs. Florence Tolushe, was very useful. She was able to provide participants with much useful information. Also, she benefitted from working with the other training team members. She learned many new group processing skills that will expedite future project meetings. More importantly, her participation helped to identify a real problem for the project. There is a lack of direction and coordination at the project management level which is a result of a lack of clarity by project management staff about what it is they want the project to accomplish. Also, there is a serious lack of fundamental management skills. For example, project management staff do not have the skills to establish on-going project activities, develop strategies to achieve objectives, establish and maintain a distribution system for supplies, motivate staff, and work as a management team. The Project Coordinator herself expressed this view and felt that all the supervisory staff below her should have been participants in the M/S/E workshop. There is also a lack of team cohesion among management staff.

- B. The project suffers from a lack of communication between the Ministry and external cooperating and funding agencies. As a result, it appears that equipment problems will hamper the delivery of adequate FP/ORT services even though trained service providers will be available.
- C. There continues to be a severe shortage of space within the health facilities for the provision of FP/ORT services which is likely to hamper delivery of services.
- D. In preparing the plan for the project, the team was guided to produce a plan that would form the basis of discussion within the management of the FP/ORT project. The team hopes that the plan can provide the management with some ideas about how the project should progress. It is not designed to cover every aspect of the project but to encourage discussion and development.
- E. With regard to in-country training, the team has revised its curriculum after the experience of the service delivery skills workshop (Activity #4). It appears to be a solid base from which to develop other FP/ORT training activities.

VII. RECOMMENDATIONS

- A. Management assistance should be provided to the management staff of the Kwara State FP/ORT Project. This assistance may take the form of specific management training

in objective setting, strategy development, monitoring, evaluation and team building. Management staff will also benefit from information about how to work effectively with a variety of different external agencies.

B. Cooperating agencies (see Appendix C, pages 1 and 2) working with the Kwara State Ministry of Health FP/ORT Project should meet to review the particular implementation and management problems being faced by the Ministry and should develop coordinated and supportive strategies to help overcome these difficulties.

C. There needs to be closer monitoring of Kwara State FP/ORT Project activities by cooperating agencies.

D. Communication between the Kwara State Ministry of Health and the office of the AAO/Lagos and other supporting agencies should be improved. For example, Kwara State MOH could report more specifically to the Office of the AAO/Lagos and cooperating agencies on the establishment of new delivery sites, new IEC activities, completed training events and related developments. AAO/Lagos and representatives of the external cooperating agencies could:

- 1) visit more frequently on a coordinated schedule; and,
- 2) meet to coordinate the supply of equipment, training commodities and activities necessary to development of the Project.

E. The enclosed plan (Appendix C) proposes a CHE workshop in Ilorin, Kwara State for January 1986. It is recommended that this activity occur using available funds in the present Kwara State MOH/INTRAH contract.

F. Consideration should be given now as to ways to support training activities that the Kwara State Training Team will conduct. For example, support could be considered for the production of the following:

- sufficient quantities of FP/ORT curriculum materials already produced by the State Team for use in new pre-service training in the schools of nursing and health technology; and
- additional community health education materials such as posters and booklets for use by community health workers and clinical staff in the field.

APPENDIX A

Persons Contacted

APPENDIX A

Persons Contacted

Ministry of Health

Dr. David Olubaniyi	Project Director
Mrs. Florence Tolushe	Project Coordinator
Mrs. Adebayo	Project Supervisor

Agency for International Development

Ms. Keys MacManus	AAO
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Agriculture Rural and Management Training Institute

Dr. Olu Makinde	Assistant Director
Mr. John Dubar	Consultancy Development Officer

Others

Dr. Rotimi Fakeye	University of Ilorin Teaching Hospital, Pathfinder Project Coordinator
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APPENDIX B

List of Participants

APPENDIX B

List of Participants

KWARA STATE FP/ORT TRAINING TEAM

Dr. Abiodun C. Oyeyipo	Medical Officer
Mr. A. A. Elelu	Senior Rural Health Superintendent/Community Health Officer
Mrs. Elizabeth I. Owolabi	Principal Health Sister/ Health Educator
Mr. A. A. Mohammed	Senior Health Educator
Mrs. Grace I. Osunaiye	Senior Midwife Tutor
Mrs. Victoria B. Abodunrin	Principal Midwife Tutor
Dr. Zakari Isiyaku	Medical Officer
Mrs. Janet O. Ibitoye	Assistant Chief Nursing Tutor
Mr. Alj. Oba Babatunde	Assistant Chief Nursing Tutor
Mrs. Comfort E. Adeoye	Principal Health Sister
Mrs. Sarah I. Omotoye	Principal Health Sister/ Community Health Officer
Mrs. Florence Afolabi	Principal Health Sister
Mr. H.O. Omodamuri	Senior Nursing Officer/ Community Health Officer
Mr. G. D. Adeseke	Senior Nursing Officer Community Health Officer and Training Coordinator
Mrs. Rachael Ajiboye	Principal Health Sister/ Community Health Officer

KWARA STATE FP/ORT PROJECT

Mrs. Florence Tolushe	Project Coordinator
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APPENDIX C

Proposed Management Plan for Kwara State FP/ORT from
September 1, 1985 through August 31, 1986

APPENDIX C

P R O P O S A L

A MANAGEMENT PLAN FOR THE KWARA STATE
MINISTRY OF HEALTH ACCELERATED DELIVERY
PROGRAMME FOR FAMILY PLANNING AND ORAL
REHYDRATION THERAPY FOR THE PERIOD
SEPTEMBER 1ST, 1985 THROUGH AUGUST 31ST
1986.

Prepared by
the FP/ORT State Training
Team during a Management,
Supervision and Evaluation
Workshop for FP/ORT service
delivery in Kwara State on
August 21st, 1985.

A MANAGEMENT PLAN FOR THE KWARA STATE MINISTRY OF HEALTH
ACCELERATED DELIVERY PROGRAMME FOR FAMILY PLANNING AND ORAL
REHYDRATION THERAPY FOR THE PERIOD SEPTEMBER 1st, 1985
THROUGH AUGUST 31st, 1986.

I. BACKGROUND

The Kwara State Ministry of Health Accelerated Delivery Programme for Family Planning and Oral Rehydration Therapy is one in a series of programmes being mounted by the Ministry of Health, with the support of the Federal Government to achieve the goals of the national strategy for health for all by the year 2,000.

The Federal Government and the Kwara State Government have assigned a high priority to the successful implementation of this programme and regard it as an important component in the effort to improve the health and well-being of all in Kwara State and in Nigeria as a whole.

For the Accelerated Delivery Programme a number of cooperating and funding agencies are involved. These include:

- AID Affairs Office for supply of Commodities
- INTRAH/UNC for Training
- AFRICARE for Equipment

- Population Communication Services (Johns Hopkins) for IEC support
- UNICEF for ORT support

II. GOALS OF THE ACCELERATED PROGRAMME

GOAL 1

Provide effective Family Planning and Oral Rehydration services to all existing health facilities, i.e. 16 General Hospitals, 12 Divisional Health Units, 11 Rural Health Centres, 25 Basic Health Centres and 2 Maternity Units. (See Appendix D for a list of all existing state health facilities in each local government area including estimates of target population size for each area.)

GOAL 2

Expand types of contraceptive methods provided as supplies become available.

GOAL 3

Expand effective Family Planning and Oral Rehydration Therapy services as new clinics are completed. The term "effective" used in Goals 1 and 3 is defined as follows:

- The average total number of acceptors ("old" plus "new") at State health facilities should increase 7% monthly over the previous month's total served. This rate of increase will be the State-wide target rate for the twelve months of the Plan.

(See Appendix E for a description of the target-setting process)

The specific average monthly increase at individual health facilities will be determined by Project management and vary according to location, population density and composition and other variables.

- FP/ORT service points will provide an array of FP/ORT services to clients and will in the first stage be staffed with one trained Service Provider operating at a standard of practice established in the Ministry's Service Delivery Workshops currently being conducted by the State FP/ORT Training Team in conjunction with INTRAH. Also each service point will have at least one CHE support staff especially trained in community health education for FP/ORT.

III. BASIC STRATEGY FOR IMPLEMENTATION OF THE
FP/ORT PROGRAMME

As of August 1985 FP/ORT services are being provided at 14 locations in and around Ilorin. During the month of September these services will be expanded to an additional 7 locations including Okene in eastern Kwara. The expansion strategy is coordinated with the training of service providers to be conducted in October, 1985 and February, 1986. By the end of the February, 1986 Service Delivery Workshop the Ministry of Health will have at least one trained service provider for all 66 State health facilities.

A basic strategy for the expansion to all existing facilities is to begin in Ilorin and the Okene area and to expand outward from these two areas, giving priority to heavily populated areas.

(See Appendix F for Implementation Schedule.)

IV. BASIC FP/ORT PROGRAMME POLICIES

POLICY 1

Quality of service will be maintained while services are being expanded to new locations. While every effort will be made to rapidly expand FP/ORT services to all existing health facilities, and to reach all those desiring and requiring these services, the health and well-being of the individual client should in every instance be given first consideration.

POLICY 2

Community Health Education will be given strong emphasis in each location to which FP/ORT services are expanded.

POLICY 3

FP/ORT services will be integrated with the provision of other health services especially those relating to maternal and child welfare, and will be provided during regular facility working hours in the first instance. Consideration will be given to alternative, or additional working hours should clients require them and should staffing resources be available.

MANAGEMENT AND SUPERVISION

The Chief Health Officer of the Ministry of Health is the Project Director for the FP/ORT Programme. The Project Director is supported by the Project Coordinator. The management and supervision responsibilities of the Project Director and Project Coordinator are listed in Appendix G. The Project Director and Project Coordinator are advised by an advisory committee. (Appendix H lists advisory committee members, and committee responsibilities. Appendix I is a schematic representation of the FP/ORT Project organisation, and includes job descriptions of Project Staff.)

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VI. EVALUATION

Programme performance is monitored and evaluated through the receipt and analysis of monthly clinic reports from facilities operating FP/ORT services. This plan includes revised monthly and quarterly report forms which comprise additional data elements to enable more refined measurement of monthly, quarterly and annual progress towards attainment of Project goals, and the rapid identification of problem areas which may be impeding progress.

The additional data elements include the following:

- identification of "old" and "new" acceptors by religion and sex. Previous reports listed totals by "old" and "new", and totals of religious groups served, but did not provide a break-out of sex or religion within each "old" and "new" category.
- identification of the reasons for out-of-schedule visits by acceptors using IUCDs or OCPs.
- identification of sources of referral.

The revised monthly forms also list the percentage increase of total clients served over the previous month's total.

The quarterly report form has been reorganised so that the following is included:

- each health facility has a permanent reference number and is listed each quarter in the same sequence.
- health facilities within each Local Government Area are grouped by category.
- the total number of acceptors at all health facilities within each Local Government Area can be calculated as a percentage of the total target group.

VI. EVALUATION (contd)

Quarterly assessments will be made of user perception of service quality. The elements of service to be assessed include clinic climate, service efficiency and staff reliability.

(Appendix J is an example of the revised quarterly report form. The clinic monthly report form includes the same data elements. The report forms are sent to the Ministry of Health at the end of each quarter. The Ministry combines the clinic reports and issues a consolidated FP/ORT clinic quarterly report for the entire State.

APPENDIX D

Existing State Facilities

APPENDIX D

KWARA
8/85

MINISTRY OF HEALTH
FP/ORT PROJECT

TARGET POP. ESTIMATES

L.G.A.	SERIAL NUMBER	LOCATION	TYPE OF FACILITY	TOTAL ESTIMATED TARGET POPULATIONS *
ASA (1)	1.	AFON	D.H.U.	FEMALE: 52,803 MALE: 58,203 <hr/> Total M & F: 111,006
BORGU (8)	2.	NEW BUSSA	D.H.U.	FEMALE: 47,441 MALE: 52,293 <hr/> TOTAL M & F: 99,734
	3.	NEW BUSSA	G.H.	
	4.	KONKOSO	L.H.C.	
	5.	AGWARA	B.H.C.	
	6.	ROFIA	B.H.C.	
	7.	BABANNA	B.H.C.	
	8.	TIESHA	R.H.C.	
	9.	KIAMA	R.H.C.	
	EDU (8)	10.	LAFIAGI	
11.		LAFIAGI	G.H.	
12.		PATEGI	G.H.	
13.		TSARAGI	B.H.C.	
14.		GBALE	B.H.C.	
15.		KPADA	B.H.C.	
16.		OGUDU	B.H.C.	
17.		GANAGAJI	B.H.C.	
IFELODUN (3)		18.	SHARE	D.H.U.
	19.	IGBANA	R.H.C.	
	20.	SHARE	R.H.C.	
ILORIN (7)	21.	ILORIN	D.H.U.	FEMALE: 118,414 MALE: 130,524 <hr/> TOTAL M & F: 248,938
	22.	ILORIN	G.H.	
	23.	OKE-OYE	B.H.C.	
	24.	OGIDI	B.H.C.	
	25.	IPONRIN	B.H.C.	
	26.	OKELE	M.C.	
	27.	PAKATA	M.C.	

* POPULATION ESTIMATES ARE FOR 1984 based on 1963 Census.
ESTIMATED FEMALE POPULATION IS FOR THE AGE GROUP 15 - 44 YRS.
ESTIMATED MALE POPULATION IS FOR THE AGE GROUP 15 - 44 YRS.

-2-

L.G.A	SERIAL NUMBER	LOCATION	TYPE OF FACILITY	TOTAL ESTIMATED TARGET POPULATIONS*
IREPODUN (14)	28.	OGUN-ARAN	D.H.U.	
	29.	OMU-ARAN	G.H.	
	30.	ORO	G.H.	
	31.	ISANLU- ISIN	G.H.	
	32.	ILUDUN- ORO	G.H.	
	33.	IDOFIN- IGBANA	B.H.C.	1.E: 58,262
	34.	ISHAPA	B.H.C.	75,243
	35.	ERUKU	B.H.C.	
	36.	OBBO- AIYEGUNLE	B.H.C.	
	37.	ARAN-ORIN	B.H.C.	
	38.	ILUDUN- ORO	R.H.C.	
39.	OMUPO	R.H.C.		
40.	KOKO	R.H.C.		
41.	IJOMU- ORO	R.H.C.		
				TOTAL M & F 143,505
KOGI (5)	42.	LEKOJA	D.H.U.	
	43.	LEKOJA	G.H.	FEMALE: 39,886
	44.	KOTON- KARIFI	G.H.	MALE: 43,967
	45.	ABUGI	B.H.C.	TOTAL
	46.	EGGAN	B.H.C.	M & F 83,851
MORO (2)	47.	BODE- SAADU	D.H.U.	FEMALE: 52,317
	48.	SHAO	B.H.C.	MALE: 57,668
				TOTAL M & F: 109,985
OKEHI (5)	49.	OBANGEDE	D.H.U.	
	50.	OHUEPE	B.H.C.	FEMALE: 80,650
	51.	EGGE	B.H.C.	MALE: 88,898
	52.	EIKA	B.H.C.	
	53.	NAEAZI	B.H.C.	
				TOTAL M & F: 169,148

* POPULATION ESTIMATES ARE FOR 1984 based on 1963 Census.
ESTIMATED FEMALE POPULATION IS FOR THE AGE GROUP 15 - 44 YEARS.
ESTIMATED MALE POPULATION IS FOR THE AGE GROUP 15 AND ABOVE.

-3-

L.G.A.	SERIAL NUMBER	LOCATION	TYPE OF FACILITY	TOTAL ESTIMATED TARGET POPULATIONS*
OKENE (4)	54. 55. 56. 57.	OKENE OKENE OGORI OKENGWEN	D.H.U. G.H. G.H. R.H.C.	FEMALE: 63,580 MALE: 70,082 TOTAL M & F 133,662
OYI	58. 59. 60. 61. 62. 63.	KABBA KABBA ISANLU MOPA ILUKE IYAMOYE	D.H.U. G.H. G.H. G.H. B.H.C. R.H.C.	FEMALE: 79,830 MALE: 89,995 TOTAL M & F 167,825
OYUN	64. 65. 66.	OFFA OFFA ERIN- ILE	D.H.U. G.H. R.H.C.	FEMALE: 50,589 MALE: 55,736 TOTAL M & F 106,325

* POPULATION ESTIMATES ARE FOR 1984 based on 1963 Census.
ESTIMATED FEMALE POPULATION IS FOR THE AGE GROUP 15 - 44 YEARS.
ESTIMATED MALE POPULATION IS FOR THE AGE GROUP 15 AND ABOVE.

APPENDIX E

Description of Target Setting Process

APPENDIX E

The target figure of seven percent (7%) monthly increase over the previous month's total clients served ("old" plus "new" acceptors) was arrived at following discussion within the Training Team. The Team noted that such a target, if accomplished by each facility, would result in each facility more than doubling the total clients served within a twelve month period. This seemed not to be an unreasonable expectation at this early stage in the Project, especially given the commodities supply situation and the rapid progress in the training of FP/ORT service providers. The target percentage increase should be reviewed quarterly and adjusted annually in light of actual performance.

In terms of target populations , males above the age of 15 years and females between the ages of 15 to 44 years have been chosen to identify TOTAL target populations. In targetting the female population some consideration should be given in the programme to targetting females of low parity, and females who are in the early stage of their fertility span, as a group benefitting from special attention.

APPENDIX F

Implementation Schedule

APPENDIX G

Program Management and Supervision
Responsibilities

APPENDIX G

FP/ORT PROJECT MANAGEMENT RESPONSIBILITIES

I. PROJECT DIRECTOR

- a. Identifies goals, selects strategies, and determines policies in the context of State priorities and resources.
- b. Allocates MOH resources of funds, staff, vehicles, equipment and commodities.
- c. Identifies current and future Project needs and, in cooperation with appropriate senior MOH staff, seeks means of meeting those needs.
- d. Coordinates with, and periodically reports to, supporting agencies including US AID, INTRAH, AFRICARE, POPULATION COMMUNICATIONS SERVICES (JHU) on Project requirements.
- e. Selects and directs senior Project management staff.
- f. Reviews the recommendations of the Project Advisory Committee.
- g. Oversees the general management of the FP/ORT Project.
- h. Periodically evaluates progress towards achievement of the Project goals.

APPENDIX G (contd)

I. PROJECT SUPERVISOR

- a. Performs day-to-day supervision of service delivery activities at all service delivery locations.
- b. Make periodic on-site review, inspection and evaluation of service delivery clinics.
- c. Undertakes collection, collation and preliminary analysis of clinic monthly reports.
- d. Issues State quarterly report on service delivery.
- e. Advises Project Coordinator on clinic staffing requirements, training needs and equipment and funding needs.
- f. Assesses effectiveness of community health education activities and reports findings to Project Coordinator.
- g. Performs other duties as may be assigned by the Project Coordinator or Project Director.

APPENDIX G (contd)

II. ASSISTANT PROJECT SUPERVISOR (SERVICE DELIVERY)

- a. Assist the Project Supervisor in the day-to-day supervision of service delivery at all service delivery locations.
- b. Collects and collates clinic monthly service delivery reports.
- c. Receives, and responds to requests from clinic for supplies and commodities.
- d. Maintains commodities and supplies ledgers and keeps Project Supervisor advised of commodity and supply stock levels.
- e. Advises Project Supervisor when necessary to reorder supplies and commodities, in advance, in order not to be out of stock at any time.
- f. Coordinates with the Assistant Project Supervisor for Community Health Education whenever necessary to ensure effective FP/ORT service delivery.

APPENDIX G (contd)

III. ASSISTANT PROJECT SUPERVISOR (CHE)

- a. Performs day-to-day supervision of community health education (CHE) at all service delivery locations and surrounding communities.
- b. Designs, utilises, distributes and evaluates the effectiveness of FP/ORT community health education materials.
- c. Participates in the activities of the Project Advisory Committee.
- d. In cooperation with the Project Supervisor, Project Coordinator and Training Coordinator, arrange for and oversee the training of CHE clinic staff.
- e. Undertakes periodic on-site review, inspection and evaluation of CHE staff activities and the use of CHE materials.
- f. Conducts evaluation of local community response to FP/ORT CHE activities and materials.
- g. In cooperation with, and in support of the Project Coordinator, meet with support agency representatives to obtain CHE materials, and to discuss ways of improving CHE for FP/ORT.
- h. Liaise with the Ministry of Information, mass media organisations for the promotion of IEC activities and to arrange State-wide coverage to meet programme needs.

APPENDIX G (contd)

IV. FP/ORT FACILITY SUPERVISOR

- a. Plans, organises, implements and evaluates the daily activities of the facility.
- b. Ensures high standard of professional performance.
- c. Assists in the supervision and evaluation of service delivery and CHE activities.
- d. Assists in the maintenance and submission of monthly statistics, and reports, to the Project Supervisor.

APPENDIX G (contd)

V. FP/ORT SERVICE PROVIDER

- a. undertakes day-to-day activities required to provide effective FP/ORT service to all clients.
- b. Performs the following clinical tasks required for the effective service of FP/ORT clients:
 - prepares instruments for FP/ORT services.
 - prepares daily register and client cards.
 - orders and maintains adequate supplies, commodities and equipment at all times.
 - takes histories, performs appropriate physical exams and performs individual counselling at the standard established during training.
 - provides contraceptive services including the provision of IUCDs, OCPs, Injectables, condoms, diaphragms and other such methods as become available.
 - Works with the CHE support staff in FP/ORT CHE activities including health talks, individual and group counselling and community visits when necessary.
 - Compiles daily and monthly statistics and reports.

APPENDIX G (contd)

VI. FP/ORT COMMUNITY HEALTH EDUCATION SPECIALIST

- a. Performs CHE activities necessary in the community to obtain, and maintain support of FP/ORT services.
- b. Disseminates information concerning FP/ORT and other related health services provided by the facility by making presentations to community groups such as: women, schools, industry workers, community groups, men, community leaders and government organisations.
- c. Organises women into working groups to promote participation in FP/ORT activities and other beneficial health programmes.
- d. Provides individual and group counselling
- e. Traces FP defaulters, determines causes and takes appropriate corrective action.
- f. Writes daily, monthly and quarterly reports.
- g. carries out appropriate community surveys on a periodic basis to determine community FP/ORT awareness levels.
- h. Meets with the assistant Project Supervisor (CHE) as required
- i. Performs other CHE duties as required by the officer-in-charge to support FP/ORT service delivery

APPENDIX G (contd)

VII. TRAINING COORDINATOR

- a. Under the guidance of the Project Director, and in consultation with the Project Coordinator and State Training Team, arranges training sessions in support of FP/ORT Project training needs.
- b. Arranges for appropriate training facilities and necessary secretarial and general logistic support.
- c. Arranges for the accomodation of local and foreign training participants.
- d. In consultation with the Project Coordinator initiates and arranges meetings of the State Training Team.
- e. Performs other functions as may be required by the Project Director or Project Coordinator.

APPENDIX H

Advisory Committee Members
and Their Responsibilities

APPENDIX H

MEMBERSHIP AND RESPONSIBILITIES

PROJECT ADVISORY COMMITTEE

I. MEMBERSHIP

- A. Project Director
- B. Project Coordinator
- C. MOH Planning Officer
- D. Representative-University of Ilorin Teaching Hospital, OB/GYN Department.
- E. Representative-Ministry of Education
- F. Community Health Educator
- G. Training Coordinator

II. RESPONSIBILITIES

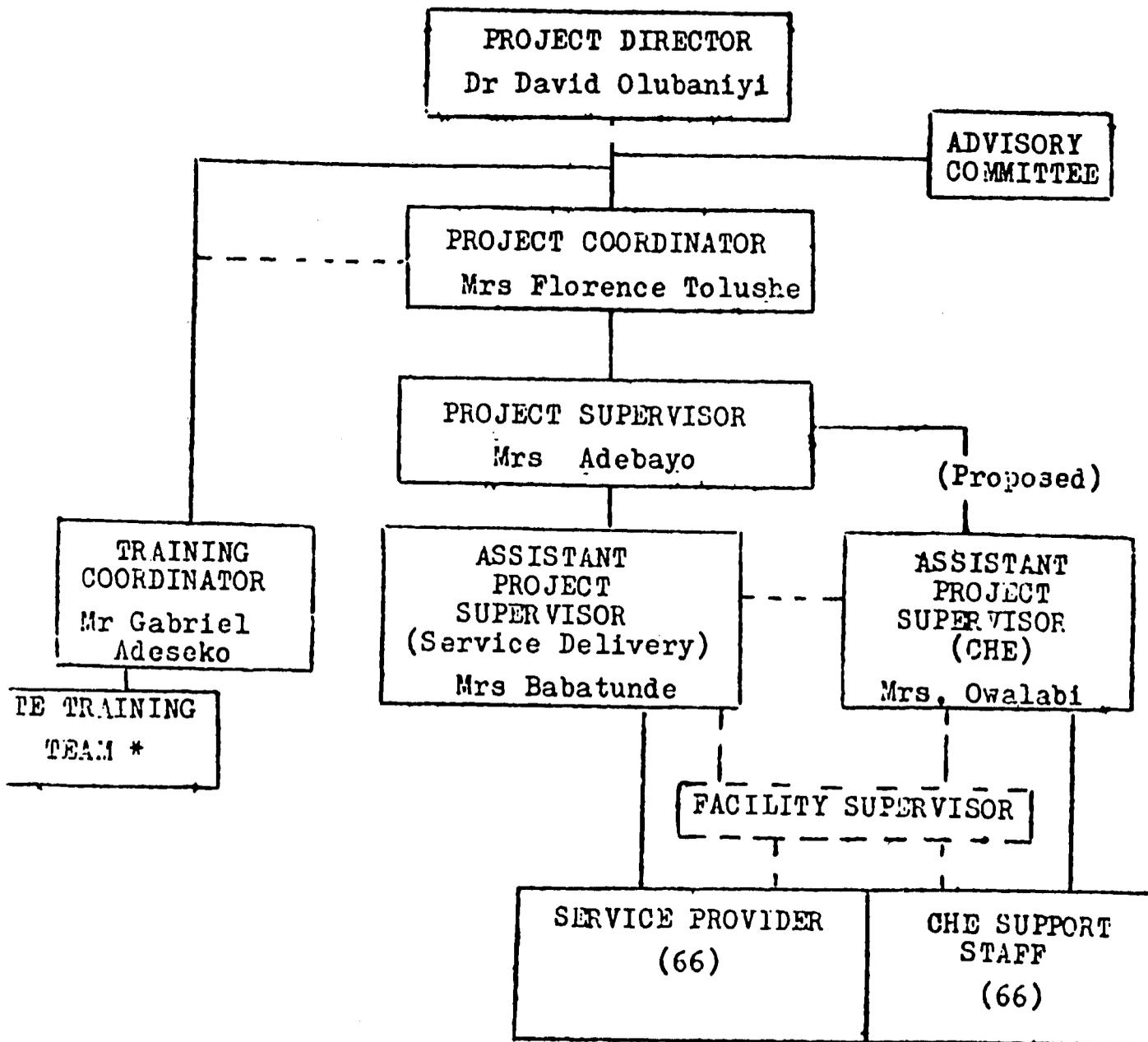
- A. Quarterly and annually reviews Project activities, policies and procedures and, where appropriate, recommends changes to enhance progress towards Project goals. Provides written quarterly and annual reports with recommendations to the Project Director.
- B. Advises on Project community health education activities and service delivery training activities.
- C. Assists in the establishment and maintenance of a high standard of technical and managerial excellence.
- D. Advises the Project Director of new commodities, equipment or methodologies which may be applied in the Project.

APPENDIX I

EP/ORT Project Organization Schematic

ACCELERATED DELIVERY PROGRAMME
FOR FAMILY PLANNING AND ORAL
REHYDRATION THERAPY OF THE
MINISTRY OF HEALTH, KWARA STATE,
NIGERIA.

ORGANISATION CHART



**KWARA STATE
MINISTRY OF HEALTH
FAMILY PLANNING AND ORT PROJECT**

STATE TRAINING TEAM - WORK GROUPS

I. IN-SERVICE SERVICE DELIVERY AND CHE WORKGROUP

Conducts in-service Service Delivery Workshops according to Workplan described in the MOH/ INTRAH contract for FP/ORT Accelerated Delivery Programme in Kwara State.

Covenors: Mrs Victoria Abodunrin (Clinical)
Mrs Rachael Ajiboye (CHE)
Others Team Members as required.

**II. PRE-SERVICE TRAINING PROGRAMME DEVELOPMENT WORKGROUP-
CHE**

Develops pre-service training curriculum and courses for the training of community health workers in FP/ORT at Schools of Health Technology and related institutions.

Covenor: A.A.Mohammed
Members: A.A.Mohammed
Mrs Rachael Ajiboye
Ganiyu Elelu
Mrs Comfort Adeoye
Mrs E. Owolabi
Hezekiah Omodamori
Mrs Florence Afolabi

**III. PRE-SERVICE TRAINING PROGRAMME DEVELOPMENT WORKGROUP -
CLINICAL**

Develops pre-service training curriculum and courses for the training of nurses in FP/ORT in Schools of Nursing, Schools of Midwifery and related institutions.

Covenor: Mrs Janet Ibitoye
Members: Mrs Janet Ibitoye
Dr Abiodun Oyeyipo
Mrs Victoria Abodunrin
Mrs Grace Osunaiye
Mrs Sarah Omotoye
(Mr Gabriel Adeseko)

KWARA STATE
MINISTRY OF HEALTH
FAMILY PLANNING AND ORT PROJECT

STATE TRAINING TEAM WORKGROUPS (contd)

IV. RURAL/REMOTE TRAINING WORKGROUP

Develops training curriculum and courses for in-service training programmes in remote/rural locations using trained service providers as co-trainers. Activities will be centred, in the first instance, in the Okene area, eastern Kwara.

Covenors: Alh. A.O. Babatunde
Dr Zakari Isiyaku

APPENDIX J

Revised Quarterly Report Form

