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Trip Report

#0-118

Travelers: Ms. Helen Sirica, IHP Program Coordinator
Ms. Mary Kroeger, IHP Consultant

Country Visited: NIGERIA

Date of Trip: January 8 - February 3, 1986

Purpose: To conduct a Clinical Service Delivery Skills Workshop in FP/ORT for 10 Service Providers from the Bauchi State Health Management Board.

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** On file with INTRAH Data Management Service.

EXECUTIVE SUMMARY

A three-week INTRAH-sponsored Clinical Service Delivery Skills workshop in family planning/oral rehydration therapy (FP/ORT) was conducted January 13-31, 1986 in Bauchi State, Nigeria by Ms. Helen Sirica, Program Coordinator, International Health Programs (IHP) and Ms. Mary Kroeger, IHP consultant. Two participants also served as co-trainers.

The workshop emphasized hands-on experience, and much of the training was carried out in clinical settings. Most of the participants were found to have little or no previous experience with FP/ORT service delivery. The relatively small number of current users of modern family planning methods in Bauchi State (especially intrauterine device acceptors) necessitated extension of the clinical training period by an additional two weeks per participant to ensure adequate clinical experience.

The Bauchi State Health Management Board (HMB) was extremely supportive throughout this training activity, and although Dr. Shehu Mahdi, Chief Medical Officer, was scheduled to leave his post at the HMB on January 31, 1986 to join the Federal Ministry of Health (FMOH), he indicated that he expected his successor to show continued support and enthusiasm for the project.

Clinical service delivery in Bauchi State is still in its beginning stages, but the general population seems ready and eager for FP/ORT services. The relatively small numbers of trained personnel, as well as the small number of fully equipped clinics, are limiting factors. In addition, local and statewide community health education activities must be accelerated to publicize family planning services as they become available.

While Bauchi State is still in the early stages of implementing FP/ORT service delivery, the clear support of the HMB and the obvious interest of Bauchi State residents point to the probability of a rapid increase in FP/ORT service utilization in the coming months.

Three clear recommendations emerged from this activity:

- 1) Clinical service delivery skills training is ideally conducted in small groups in a clinical setting. As trainers, certified nurse-midwives provide a valuable professional bond with midwife participants because of their shared understanding of maternal and child health issues.
- 2) The two Nigerian co-trainers from this workshop are recommended as primary trainers for future service delivery skills workshops in Bauchi State, while the other newly-trained participants should be given ample time to strengthen their skills before they are expected to train others.
- 3) Thorough training in diagnosis and treatment of sexually transmitted diseases (STD) is essential in family planning service delivery skills training because of the potential danger of infertility as a result of undetected pelvic infection. Also, in the absence of established STD clinics in Nigeria, family planning clinics are a logical place for such diagnosis and treatment.

SCHEDULE OF ACTIVITIES

January 8 Sirica and Kroeger departed San Francisco, 11:00 a.m.
Arrived New York City, 7:00 p.m.

January 9 Departed New York City, 10:00 p.m.

January 10 Arrived Lagos, 8:00 p.m.
Met at airport by U.S. Embassy facilitator.

January 11 Briefing with AID Affairs Officer Ms. Keys MacManus. Joined by Dr. Gilberte Vansintejan, INTRAH consultant.
Training materials obtained.

January 12 Departed Lagos, 9:00 a.m.
Arrived Jos, 10:00 a.m.
Arrived Zaranda Hotel, Bauchi, 5:00 p.m.

January 13 Briefing at Health Management Board, Bauchi State with Dr. Mahdi, Chief Medical Officer; Mrs. Ahmed, Chief Health Sister; and Dr. Daudu, Principal Medical Officer.
Workshop logistics, goals and objectives were discussed.

January 14-30 Workshop sessions.

January 31 Kroeger and Sirica traveled from Bauchi to Jos.
Sirica remained in Jos for next workshop.
Kroeger traveled from Jos to Lagos.

February 1 Debriefing at U.S. Embassy, Ms. Keys MacManus and Ms. Kroeger, morning.
Informal meeting at Kuramo Lodge, Management Sciences for Health team and Ms. Kroeger, afternoon.
Kroeger departed Lagos, 11:00 p.m.

February 2 Arrived New York, 9:00 a.m.

February 3 Departed New York, 10:00 a.m.
Arrived San Francisco, 1:00 p.m.

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a three-week Clinical Service Delivery Skills workshop in family planning/oral rehydration therapy (FP/ORT) for ten participants from the Bauchi State, Nigeria Health Management Board (HMB). International Health Programs (IHP) Program Coordinator Ms. Helen Sirica, C.N.M., M.S.N., and IHP consultant Ms. Mary Kroeger conducted the workshop. Bauchi State prefers the term "child spacing" rather than "family planning," so hereafter content will be referred to as CS/ORT.

During the first week of the workshop, it was unexpectedly learned after evaluation of participants that two participants, with assistance from IHP trainers, could become co-trainers for this workshop and for future clinical skills delivery workshops. With this change, the actual number of participants in the workshop then became eight.

Workshop Goals

- To increase the capacity for CS/ORT service delivery in Bauchi State.
- To open at least one new clinic for CS/ORT services during the three-week course of the workshop.

Workshop Objectives

At the end of the workshop participants were able to:

- Explain and demonstrate the proper preparation, administration, and storage of oral rehydration solution.
- Discuss effective measures to prevent diarrhea.
- List at least four specific tasks involved in presenting CS/ORT services to a community for the first time.
- Describe the mode of action, advantages, disadvantages (including side effects), and effectiveness of all major contraceptive methods including natural family planning.

- Dispense to clients all major contraceptives and follow their progress on these contraceptives.
- Insert an intrauterine contraceptive device correctly (based on ten insertions under supervision).
- Discuss principles and child spacing benefits of breastfeeding.
- Demonstrate an understanding and sensitivity to the social and cultural issues surrounding child spacing in Bauchi State.
- Counsel a client effectively to help him/her decide his/her reproductive and family planning needs.
- Describe at least five major sexually transmitted diseases, including their mode of entry, symptoms, diagnosis, treatment, prevention, and impact on family planning and infertility.
- Name the incidence, major causes, and initial treatment of infertility problems in Bauchi State.
- Set up a CS/ORT clinical service in an area of need.
- Supervise a number of other clinical personnel involved in CS/ORT services.

II. ACCOMPLISHMENTS

- A. Two participants, who had been trained in Ibadan and had participated in the INTRAH-sponsored Training of Trainers (TOT) workshop in November 1985, received an up-date of their clinical skills. They assumed the role of co-trainers during this workshop thereby being trained to assume training responsibilities for future service delivery workshops.
- B. Seven of the eight participants successfully completed the three week clinical skills delivery workshop and would go on to finish their training in an extended two-week clinical practicum. These participants received a sound foundation in CS/ORT and were scheduled to complete the clinical practice portion of the workshop in February under supervision of the

Nigerian co-trainer with consultation from Ms. Sirica, who remained in Bauchi until February 28 on another training assignment.

- C. During the workshop, one new clinic in Dass was opened under supervision of the IHP trainers and was used as a clinical training site.

III. BACKGROUND

This Clinical Service Delivery Skills workshop was the third of five training activities in Bauchi State under a sub-contract between INTRAH and the Bauchi State Health Management Board. It followed a Program Planning workshop held in September 1985 and a Training of Trainers/Community Health Education workshop held in November/December 1985. The original sequence of workshops provided for a Curriculum Development workshop to precede the Clinical Service Delivery workshop; but, at the request of the Bauchi Health Management Board and with the concurrence of INTRAH/IHP, the order of the workshops was reversed. The Curriculum Development workshop was rescheduled for February 10 - 28, 1986 and will be concerned with pre-service family planning curricula development. The major reason for this change in sequence was the urgent need to begin delivery of CS/ORT clinical services in several areas of Bauchi where service need was demonstrated.

IV. DESCRIPTION OF ACTIVITIES

A. Introduction

A three week Clinical Service Delivery workshop in CS/ORT was held in the Conference Room, School of Midwifery, Bauchi, from January 13 through January 30, 1986. Eight nurse-midwives and two registered midwives

participated in this activity. As previously stated, two of the ten participants had CS/ORT experience and thus served as clinical co-trainers. Two clinical training sites were identified for the practicum portion of the training: Kafor-Wase Clinic, Bauchi, and the Child Spacing Clinic at Specialist Hospital, Bauchi.

B. Participants

The eight participants and two co-trainers (see Appendix B) represented ten separate health stations within four geographic sections of Bauchi State. Nine were under administrative jurisdiction of the HMB, with one participant currently serving under the Ministry of Local Government. One participant arrived a week late and did not attend the two-week extended clinical practicum (see Findings).

C. Process and Content

Pretest results (see Appendix E) indicated varying levels of knowledge of CS/ORT, and trainers planned didactic content accordingly. Emphasis was placed on teaching in the clinical environment with hands-on skills taught and supervised by the INTRAH/IHP trainers with the assistance of the Nigerian co-trainers. Content included history taking, physical and pelvic examinations, IUCDs, hormonal contraceptives, barrier methods, breastfeeding, natural family planning methods, male and female reproductive anatomy and physiology, menstrual cycle, sexually transmitted diseases, infertility, social and cultural issues in child spacing, counseling on CS methods, physiology of dehydration and diarrhea, and ORT. In addition, various aspects of community health education were covered, including health talks, visual aids, and how to enter a community. Finally, problems encountered in

establishing new clinical services were discussed including, care of equipment, sterile technique, record-keeping, training of auxiliary staff, and managing client flow in a busy clinic. (See Training Design, Appendix C.)

Teaching methodology was tailored to the clinical setting with emphasis on individual and small group learning. Use of actual client case studies encountered in the clinical setting provided an excellent means of reinforcing individual clinical judgement and practical problem solving. Participants recorded their daily activities in the clinic on a "Daily Check List" (Appendix G) so that they, as well as the trainers, could monitor their individual clinical experiences such as counseling and IUCD insertions.

V. FINDINGS

- A. The Bauchi State HMB, and more specifically Dr. S. Mahdi, Chief Medical Officer, and Mrs. N. Ahmed, Chief Health Sister, were supportive and competent in the administration of the workshop. On January 31, 1986, Dr. Mahdi was scheduled to leave the HMB to join the Federal Ministry of Health as a regional supervisor. To date, his replacement has not been named. He has strongly recommended to the HMB that Mrs. Ahmed remain in her capacity as supervisor and contact person for the PAC-II project. She has demonstrated her competency to ensure smooth running of INTRAB-sponsored events.
- B. Despite the fact that a majority of the participants had no previous CS/ORT training, all but one of those selected for training proved to be motivated and experienced in the clinical area and thus were able to master the new information and skills. One

participant, who arrived a full week after the workshop began, had difficulty catching up on information she had missed. Based upon her inadequate clinical performance and on her unsatisfactory post-test performance (Appendix E), she was not included in the clinical extension portion of the workshop and therefore did not complete the course.

- C. It was not possible for all participants to meet the goal of ten IUCD insertions during the three-week training period due to insufficient numbers of IUCD acceptors. A plan was devised to extend the clinical training until each participant had met the criteria successfully (see Appendices D and F).
- D. At the start of the workshop, the trainers were informed by the HMR that the eight participants would open new CS clinics throughout the state after completion of their training. Of these eight designated sites, a shortage of equipment could be expected in four sites, which called into question the decision to open the sites by the newly trained clinicians. Also, the Urban Maternity Center, which was named by previous INTRAH/IHP trainers as a clinical site for this workshop, was not functioning because of a shortage of equipment and personnel. Despite the hard work of the trainers and fine planning of the HMR, lack of equipment underlines a fundamental problem in implementing service delivery in the state.
- E. Rauchi State seems receptive to CS/ORT services; however, many people remain uninformed about where to go for services and what to do to space their children. Thus, the need for community health education/information, education and communication activities is great and the region is ripe for TEC activities.
- F. All workshop participants were midwives. The IHP trainers found that, unlike midwifery training in the United States, midwifery training in Nigeria does not

include complete pelvic examination. Thus, all participants had to be taught the basics of the pelvic examination. In future clinical service delivery trainings, it should not be assumed that midwives know how to do pelvic examinations.

- G. In Bauchi State, breastfeeding for one year after delivery is a matter of course, unlike in Kwara State, where that is not the case. Thus, community health education on this topic was not imperative.
- H. After discussion with practicing clinicians in Bauchi, with co-trainers, and with Ms. MacManus at the U.S. Embassy, teaching about diaphragms as a child spacing method was limited to didactic information and knowledge of referral services. Bauchi midwives reported that user rates of diaphragms are almost zero since they are neither available in the local pharmacies nor are they now available through the U.S. Embassy. Supplies of spermicidal creams and jellies are also minimal and undependable. Lack of availability, as well as the necessity to have a steady supply of spermicidal jelly or cream dictated that clinical teaching of diaphragm use is theoretical only.
- I. A great lack of knowledge was demonstrated by participants about sexually transmitted diseases, most specifically chlamydia, herpes, and AIDS. Since sound knowledge and diagnostic skill about STDs (especially chlamydia and gonorrhea) are imperative for client screening, safe use of IUCDs and minimizing the risk of infertility in the population, this subject was given extensive coverage.
- J. Clinic directors at the two functioning child spacing clinics reported dissatisfaction with the new "Family Planning Client Record." In contrast to the previous client record, the new form was reported to be large and bulky with history and physical sections that are too brief, omitting space for important information.

The trainers agreed with this assessment because they found it necessary to add items to the form for accurate history taking.

- K. The Bauchi State plan for the child spacing service provision relies almost entirely on the training of registered Nigerian midwives in the area of family planning. The INTRAH/IHP trainers, both midwives, were often told by participants and Nigerian clinicians in the training areas how pleased they were to be working with midwives. The professional understanding shared by midwives strongly contributed to the trust and understanding that helped to make this workshop so successful.

VI. CONCLUSIONS

- A. The Bauchi State HMB has been outstandingly supportive of CS/ORT activities in the state and relies upon the success of the CS/ORT project as part of its long-range primary health care plan.
- B. One participant did not complete the entire training program.
- C. Upon completion of this Clinical Service Delivery workshop, seven midwives will begin service delivery in CS/ORT (assuming their clinics can be stocked). Also, two midwives who served as co-trainers for this workshop will serve as trainers and supervisors in Bauchi State for future CS/ORT services.
- D. As CHE and publicity for CS/ORT increase in Bauchi State, the number of acceptors will increase. Despite the largely rural and predominantly Moslem populations in Bauchi State, this northern region is quite ready for family planning services and has eagerly responded to CS/ORT activities.
- E. One great challenge for trainers conducting a service delivery workshop in a developing country is to

establish a standard of practice that is medically safe and acceptable and at the same time realistic, given the equipment and technology of an area or country. Clinical service delivery training is most effective with small groups in a clinical setting. Support and encouragement for such an approach will be necessary in order to continue to ensure high quality among trained clinicians. In areas where family planning services are in their first stages of development, as in Bauchi State, it is sensible to assume that the number of clients requesting services will be small. Thus it is wise to train small groups to allow adequate numbers of clinical encounters for each participant. While training small groups in a clinical setting, the trainer is able to devote special attention to participants who show promise as trainers. This kind of teaching and learning expands the dimensions of the workshop and, ultimately, serves to enhance training potential for in-country personnel.

- F. The Clinical Service Delivery workshop marks an important point in the CS/ORT training program in Bauchi State. There is an identified need for both in-service and pre-service clinical training. This workshop provided the first step in the in-service clinical training phase of the project. The timing was appropriate. It also points out that clinicians are a great resource to the Bauchi State long-range health care plan. They must provide service because so few clinicians are available at this time. These clinicians can best be utilized as in-service trainers.
- G. The CS/ORT clinic in Dass, which was opened during this workshop, served as a valuable clinical training site, orienting participants on how to open a new clinic, how to enter and know a community, how to train auxiliary staff, and how to successfully conduct community health education about CS/ORT.

- H. The professional bond between the American and Nigerian nurse-midwives strongly contributed to the success of this workshop because of their shared understanding of midwifery and of maternal child health issues in general.
- I. IEC activities will increase the demand for clinical services, thus pushing into full operation the clinics to be opened by IHP-trained midwives.
- J. A longer period of time may be needed in future clinical service delivery trainings to teach basic physical assessment skills, especially pelvic examination.

VII. RECOMMENDATIONS

It is recommended that:

- A. Newly trained participants should be given adequate practice time at their work stations providing CS/ORT services before they are asked to train other personnel. Given the small number of acceptors in Bauchi at this time, it will certainly be several months before new CS/ORT clinicians can be considered experienced practitioners, a prerequisite for qualified clinical trainers.
- B. INTRAH/IHP technical assistance should be provided during the first Bauchi State conducted clinical skills workshop. The Bauchi HMB directly requested this technical assistance.
- C. Mrs. N. Pam and Mrs. H. Musa should be considered as trainers in the first Bauchi State conducted workshop, with Mrs. E. Okasakai, Mrs. T. Doqo, Mrs. H. Abubakar, and Mrs. H. Bello as junior trainers in CS/ORT.
- D. A clinical training evaluation should be conducted by INTRAH/IHP in June, 1986 to assess the level of

- competence of all clinical skills training participants.
- E. Due to the imminent transfer of Dr. Mahdi from the HMB to a federal post, Mrs. Ahmed should coordinate future INTRAH/IHP training activities in Bauchi.
 - F. Certified nurse-midwives should continue to be used as principal trainers and technical assistants in clinical skills workshops.
 - G. Identification, diagnosis and treatment of sexually transmitted diseases should become a major topic in future clinical training.
 - H. INTRAH should coordinate with Population Communication Services so that local radio and television stations can contribute to the CHE and public awareness efforts directed toward CS/ORT.
 - I. Clinical service delivery skills training should be conducted in small groups in a clinical setting to insure satisfactory transfer of knowledge and, most importantly, clinical skills.

APPENDIX A

PERSONS CONTACTED

Ms. Keys MacManus	AID Affairs Officer, Lagos
Ms. Gilberte Vansintejan	INTRAH Consultant
Dr. Shehu Mahdi	Chief Medical Officer Health Management Board Bauchi State
Dr. I. J. Dandu	Principal Medical Officer Ministry of Health Bauchi State
Ms. N. Ahmed	Chief Health Sister Health Management Board Bauchi
Mr. Inuwa Dawttigo	Chief Nursing Officer Ministry of Health Bauchi
Dr. A. Kwanashie	Chief, Dept. of Pediatrics Specialist Hospital Bauchi
Mrs. P. Dogo	Principal Nursing Sister Kafor-Wase Family Planning Clinic Bauchi
Mrs. Florence Faboro	Principal Nursing Sister Specialist Hospital Family Planning Clinic Bauchi
Dr. Jauhare	Chief, Department of OB/GYN Specialist Hospital Bauchi
Mr. Umaru Alkaleri	Permanent Secretary Ministry of Health Bauchi
Dr. Ahmed Magan	UNICEF, Field Support Officer Expanded Program for Immunization Lagos

Mr. Kevin Kingfield

Project Director, TIPPS
John Short and Associates

Mr. Ken Heise

Project Coordinator
Management Sciences for Health
FP Management Training Project

Mr. H. B. Lamine

Management Sciences for Health

Mr. John Holly

Management Sciences for Health

APPENDIX B

LIST OF PARTICIPANTS

Mrs. H. H. Bello	Senior Nursing Sister Bolari Clinic, Gombe
Mrs. H. S. Abubaker	Senior Nursing Sister General Hospital, Azare
Mrs. C. A. Wazire	Health Sister General Hospital, Kaltungo
Mrs. Elpha Okasakai	Health Sister Primary Health Centre, Dass
Mrs. T. Y. Dogo	Senior Nursing Sister Toro General Hospital
Hajiya Yarbaba Mohammed	Principal Nursing Sister Katagum Town Maternity Azare
Mrs. Talatu B. Apolo	Senior Midwife General Hospital, Jama'are
Mrs. Na'omi A. D. Pam	Nursing Sister Urban Maternity and Child Welfare Centre, Azare
Mrs. Hadiza Musa	Principal Nursing Sister Army Clinic, Bauchi
Mrs. Amimu Ayuba	Registered Midwife Gamawa General Hospital

APPENDIX C
TRAINING SCHEDULE
BAUCHI STATE CS/ORT SERVICE DELIVERY WORKSHOP - January 13-31, 1986

<u>MONDAY</u> <u>January 13</u>	<u>TUESDAY</u> <u>January 14</u>	<u>WEDNESDAY</u> <u>January 15</u>	<u>THURSDAY</u> <u>January 16</u>	<u>FRIDAY</u> <u>January 17</u>
<p>Meeting with HMB</p> <p>Participants still arriving.</p>	<p>-FORMAL OPENING OF WORKSHOP BY HMB & MOH.</p> <p>-Pretest given.</p> <p>-Clinical groups formed.</p> <p>-Pelvic Exam.</p> <p>-I.U.C.D.'s.</p>	<p>-CLINICAL in a.m.: Emphasis on Physical assessment, PE, Pelvic exam, History-taking, IUCD insertion observed.</p> <p>-CLASSROOM in p.m.: History-taking. IUCD's <u>con'd.</u></p>	<p>-CLASSROOM ALL DAY: Menstrual cycle. Fertility Awareness. O.C.P.'s. Injectables. Pretest Review. "Grab Bag" Review of topics to date. "Values" in CS. CHE in CS/ORT.</p>	<p>-CLINICAL ALL DAY Counselling in all CS Methods. Participants begin IUCD insertions and dispensing of other methods.</p>
<p><u>January 20</u></p> <p>CLINICAL in a.m.: Special attention to careful history-taking and counseling.</p> <p>CLASSROOM in p.m.: "Values" discussion continued Sexually Transmitted Diseases: Diagnosis and treatment.</p>	<p><u>January 21</u></p> <p>-CLINICAL ALL DAY: First clinical group to Dass. CHE in CS emphasized. Second clinical group continues at Specialist Hospital</p>	<p><u>January 22</u></p> <p>-CLINICAL in a.m.: Clinical training continues. Accelerated CHE activities in antenatal and postnatal clinics.</p> <p>-CLASSROOM in p.m.: Dehydration. Diarrhea. ORT.</p>	<p><u>January 23</u></p> <p>-CLASSROOM ALL DAY: Quiz/Oral exam. Case studies discussed. Infertility. Adolescent issues in child-spacing. Use of "withdrawal" pills. Evaluation of PID. STD's reviewed.</p>	<p><u>January 24</u></p> <p>-CLINICAL ALL DAY Clinical training and CHE activities continue</p>
<p><u>January 27</u></p> <p>CLINICAL ALL DAY: Emphasis on refining assessment skills and on perfecting clinical techniques. CHE activities continue.</p>	<p><u>January 28</u></p> <p>-CLINICAL ALL DAY: Second clinical group to Dass. First clinical group at Specialist Hospital. Clinical training And CHE continues in CS and ORT.</p>	<p><u>January 29</u></p> <p>-CLASSROOM ALL DAY: Posttest & Review. Breast feeding. Sterilization. Establishing clinical services and priority setting. Training auxiliary staff.</p>	<p><u>January 30</u></p> <p>-CLASSROOM in a.m.: Making and using Visual aids. Each participant develops visual aids for her own clinic. -FINAL CEREMONY-2 p.m.: Luncheon at Zaranda Hotel. Awarding of certificates.</p>	<p><u>January 31</u></p> <p>-FAREWELLS. - Trainers depart to Jos / Lagos.</p>

APPENDIX D

CRITERIA FOR COMPLETION OF THE
SERVICE DELIVERY WORKSHOP
IN CHILD SPACING/ORT
BAUCHI STATE

<u>Skill</u>	<u>Counseling</u>	<u>Dispensing/ Inserting</u>	<u>Follow-up</u>
1. IUCD - Copper T	10	10	10
Lippes Loop	2	2	2
2. OCPs	10	10	10
3. Barrier Methods	10	10	10
4. Injectables	5	5	5
<hr/>			
5. History Taking	20		
6. Physical Exams	20		
7. Pelvic Exams	20		
8. Sexually Transmitted Diseases:			
-Screening	10		
-Diagnosis/ Treatment	as available		
9. Infertility	Demonstrated ability		
10. Fertility Awareness	Demonstrated ability		
11. Community Health Education:			
-Health Talk on Child Spacing Methods	3		
-Health Talk on ORT	3		
12. Training of one auxiliary clinic staff person			

APPENDIX E

PRE/POST-TEST SCORES

	Pre-test	Post-test
1. Talatu Apolo	13/50	40½/50
2. Amina Ayuba	18/50	31/50
3. Hajiya Mohammad	23/50	40½/50
4. Christiane Wajiri	28/50	47/50
5. Hajara Abubakar	30/50	49½/50
6. Hajiya Bello	31/50	48½/50
7. Titi Dogo	34/50	43½/50
8. Hazira Musa	35/50	(trainer)
9. Elpha Oksakei	41/50	50/50
10. Na'omi Pam	41/50	(trainer)

APPENDIX F

PROPOSAL FOR EXTENSION OF SERVICE DELIVERY
WORKSHOP IN CHILD-SPACING / ORT

As criteria for successful completion of the Service Delivery Workshop will not have been fulfilled by all participants in the proposed three-week period, the following plan is recommended to ensure that qualified clinicians be trained to carry out child-spacing/ORT services in Bauchi State:

- 1) Each participant shall receive an additional two weeks of clinical training. Participants will be divided into two groups as follows:

Group A (February 3-14, 1986)

Mrs. H.S. Abubakar
Mrs. C.A. Waziri
Mrs. Elpha Oksakei
Mrs. H.H. Bello
Mrs. Talatu B. Apolo

Group B (February 17-28, 1986)

Mrs. T.Y. Dogo
Mrs. H.Y. Mohammad
Mrs. Amina Ayuba

- 2) The proposed clinical sites will be:
Kafor-Wase Clinic - Mon., Weds., Fri.
Dass Clinic - Tues. and Thurs.
- 3) Clinical supervision will be carried out by Mrs. H. Musa. INTRAH consultant, Helen Sirica will be available throughout this extended training period.
- 4) After the criteria for completion of the CS/ORT Workshop have been met, certificates will be given to participants.

It is requested that letters be sent to each participant's Station to ensure her attendance during this additional training period.

APPENDIX H

SUMMARY: PARTICIPANT REACTION FORMS

1. WORKSHOP OBJECTIVES WERE:	Very clear	- 5	Participants
	Mostly clear	- 4	"
2. WORKSHOP OBJECTIVES ACHIEVED:	Entirely	- 2	"
	Mostly	- 7	"
3. WORKSHOP MATERIALS (Presentations, Handouts, Exercises) WERE:	All was useful	- 8	"
	Mostly useful	- 1	"
4. WORKSHOP MATERIAL PRESENTED WAS CLEAR & EASY TO FOLLOW:	All the time	- 7	"
	More than half the time	- 2	"
5. AMOUNT OF MATERIAL COVERED WAS:	Somewhat too much	- 1	"
	Just about right	- 8	"
6. AMOUNT OF TIME DEVOTED TO WORKSHOP WAS:	Too much	- 2	"
	Somewhat too much	- 0	"
	Just right	- 5	"
	Somewhat too little	- 1	"
	Too little	- 1	"
7. FOR THE WORK I DO (OR WILL) THE WORKSHOP WAS:	Very useful	- 7	"
	Somewhat useful	2	"
8. POSSIBLE SOLUTIONS TO REAL WORK PROBLEMS WERE DEALT WITH:	All the time	- 6	"
	More than half the time	- 2	"
	Half the time	- 1	"
9. IN THIS WORKSHOP I LEARNED:	Many important & useful con- cepts	- 4	"
	Several	- 3	"
	Some	- 2	"
10. IN THIS WORKSHOP I PRACTICED:	Many important & useful skills	2	"
	Several	- 4	"
	Some	- 3	"
11. WORKSHOP FACILITIES AND ARRANGEMENTS WERE:	Very good	- 1	"
	Good	- 6	"
	Acceptable	- 2	"
12. THE TRAINERS WERE:	Very effective	- 5	"
	Effective	- 4	"

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13. TRAINERS ENCOURAGED ME TO GIVE MY OPINIONS OF COURSE:

Always - 7
Often - 1
Sometimes - 1

14. IN PROVIDING INFO ABOUT MY PROGRESS TRAINERS WERE:

Very effective - 5
Effective - 4

15. I WOULD RECOMMEND THIS WORKSHOP WITHOUT HESITATION
I WOULD RECOMMEND THIS WORKSHOP

- 8
- 1

16. THINGS THAT COULD HAVE IMPROVED THIS WORKSHOP:

Additional time - 7
More practice skills - 7
Different training site - 1
More prep time outside of training - 1

17. INDICATE USEFULNESS OF THE TOPICS PRESENTED IN WORKSHOP:

	Very useful			Hardly useful	
	1	2	3	4	5
Pelvic Exam	8				
Female Anatomy & Physio	6	4			
Menstrual Cycle	5	2	1		
Modern CS Methods	6	3			
ORT	6	2	1		
Infertility	6	2	1		
Fertility Awareness	7	2			
STD's	7	1	1		
History Taking	6	2			
Counselling	6	2			
Community Resources	8		1		
Setting up a Clinic	5	2			
Visual aids	5	2			

18. INDICATE USEFULNESS OF THE TECHNIQUES/RESOURCES USED IN THE WORKSHOP:

	Very useful			Hardly useful	
	1	2	3	4	5
Lectures	4	3	1		
Group discussions	4	4	1		
Individual exercises	5	1	2		1
Group exercises	6	1	2		
Clinical sessions	8	1			
Field trips	6	3			
Handouts/Readings	6	1	2		
Books	5		1		
Audio-visuals	6	1	2		

19. INDICATE THE AREAS IN WHICH YOU
FEEL TRAINING IN A FUTURE COURSE
WOULD BE HELPFUL TO YOU:

Counselling/Client Ed.	- 3
Provision of Clinical Methods	- 3
Provision of Non-clinical Methods	- 1
Natural Family Planning	- 3
Management of FP Services	- 1
Planning/Evaluation of FP Services	- 2
Policy Making/Direction of FP Services	- 3
Community Based Distribu- tion of FP Services	- 4
Community Based IEC	- 3
Inservice Training in FP	- 2

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APPENDIX L
Clinical Skills Delivery Workshop
Extension

January 1986

Executive Summary

A Clinical Skills Delivery workshop was conducted in Bauchi State in January 1986. Because participants did not get a sufficient amount of clinical experience during the workshop to complete the requirements for the training, the clinical practicum was extended by two weeks for each participant. This extended training period was supervised by a Nigerian co-trainer who had assisted in the January workshop. Technical assistance was also provided by one of the INTRAH/IHP trainers who had remained in Bauchi to conduct another workshop. All participants have satisfactorily completed their training and will begin providing clinical services in CS/ORT. This will expand the number of CS/ORT clinics from seven to thirteen in Bauchi State.

I. Background/Description of Activities

A three week in-service training in CS/ORT clinical skills, led by two INTRAH/IHP trainers, was conducted in Bauchi State from January 10 - 28, 1986. During that period, participants followed a program of classroom teaching and clinical practicum. By the end of the three week period, no participant had fulfilled the requirements for completion of the course. Therefore, the workshop was extended to give participants added clinical experience. Mrs. H. Musa, the Nigerian co-trainer from the January workshop, supervised this extended training. One of the INTRAH/IHP trainers who had remained in Bauchi to conduct another workshop was available for consultation and periodic supervision during this period..

Child spacing in Bauchi State has been progressing slowly, but efficiently. Community motivation has been increasing; however, there are insufficient numbers of clients, especially for IUCD insertion to meet the training needs of seven participants during nine clinic encounters. This necessitated the extension of training until each participant was satisfactorily trained.

Mrs. H. Musa served as clinical supervisor during this extended training period. She proved to be a good teacher and supervisor and was very conscientious in keeping the INTRAH/IHP trainer involved in other work in Bauchi informed of the progress of each group. Mrs. Musa continually demonstrated good judgement and insight in determining the needs and capabilities of her students. The INTRAH/IHP trainer made periodic site visits and always found the group diligently involved in their work with Mrs. Musa providing sound supervision.

By the end of the each two week period, each group of midwives had completed the requirements for training. Mrs. Musa reported to each student and the INTRAH/IHP trainer, giving the final approval for each participant to begin clinical practice on her own.

Ms. Ahmed informed the INTRAH/IHP trainer that each student will be set up in a clinic in one of three health regions in the state. With the opening of six new clinics by members of this group, the number of CS/ORT service clinics will increase from seven to thirteen in Bauchi State.

Bauchi State plans to continue clinical training of midwives in CS/ORT. This is expected to be done on a one-to-one basis with midwives to be trained assigned to an experienced CS/ORT practitioner. The newly trained midwives will be expected to begin training others in May. No plan for a formal evaluation of these midwives is planned. Each

midwife is to receive a copy of the CS/ORT curriculum developed in the February, 1986 curriculum development workshop to assist in training others.

Regional supervisors will be available to assist the new midwives if problems should arise. The co-trainers from the January workshop, Ms. Na'omi Pam and Mrs. H. Musa, will serve in this capacity. Ms. H. Bello, who has just completed her INTRAH-sponsored clinical service delivery skills training is being groomed for a clinical supervisory position. Ms. Polina Dogo will help to set up new services for the midwives.

Ms. Ahmed believes that Bauchi State would profit from one more clinical service delivery skills workshop. INTRAH assistance would strengthen the training skills of the Nigerians, especially in actually running a workshop and in helping train other midwives as trainers.

Bauchi State will send clinicians to Ibadan for CS/ORT training. However, because many women are unable to leave the state for training, there remains a need for another clinical service delivery skills workshop in Bauchi State. Additional community health education work is also planned. This will assure larger numbers of clients so that clinical service delivery skills training would be completed during a three-week period.

III. Conclusions

1. Due to insufficient numbers of clinical experiences, the clinical service delivery skills workshop was extended.
2. Seven midwives successfully completed total workshop, including the clinical extension portion.
3. Mrs. H. Musa was a very competent and responsible trainer and supervisor.
4. All seven midwives will begin providing CS/ORT services in their region. Six new clinics will be opened.

5. These midwives will be expected to train others in CS/ORT beginning in May.
6. No formal evaluation of their clinical status is planned prior to their training of others.
7. There is a need for more clinical training workshops in CS/ORT in Bauchi State.
8. The Health Management Board is very supportive of CS/ORT training.

IV. Recommendations

It is recommended that:

1. INTRAH conduct an evaluation of the clinical competency of midwives recently trained in June, 1986.
2. INTRAH offer a TOT for clinical in-service training for midwives who will teach CS/ORT clinical skills.
3. INTRAH continue to provide support and supervision in CS/ORT clinical training in Bauchi State with one more three-week workshop like the one held in January 1986. October or November 1986 would be a good time for such an activity.
4. INTRAH sponsor a clinical management and supervision workshop for regional supervisory of CS/ORT services.
5. Mrs. Ahmed and Mrs. H. Musa be considered for advanced training in CS/ORT management. It is strongly recommended that they be sent to Santa Cruz for training.

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