

REPORT OF TRAINING OF ENUMERATORS IN RIVERS STATE

PATENT MEDICINE VENDORS (PMVs)-LISTING IN RIVERS STATE

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DUNNICE HOTEL, PORT HARCOURT



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1. INTRODUCTION

Activities began with registration from 8.30- 10a.m. A total of 87 participants were registered. The participants consisted of high-ranking SMOH officials. Before the technical session began Mr. Bright Orji (WB Consultant) introduced other facilitators-Dr. Mizan (CEO/PI, PHSS, Stalin Ewoigbokhan, Team Leader and Mr Segun Adebamiji (GIS Consultant). Government functionaries- Dr(Mrs) Justina Jumbo (Program Manager Malaria Control Booster Project (MCBP) and State RBM Coordinator and Mr. Ekeh spoke to participants and emphasized the importance of quality data and Community Directed Intervention (CD) activities in the state.



2. OBJECTIVES OF THE LISTING EXERCISE

- To develop a data base of PHCF, PMV, Kindred and Community Labs in Rivers State at the LGA level.
- Collect Global Positioning System (GPS) data of all PHCF, PMVs and Community Labs in the state and produce maps showing distribution PHCF, PMVs, Community Labs by LGA.

The listing exercise will cover all 23 LGAs in Rivers state. Bright also introduced the participants to good interviewing techniques and factors, the qualities of a good interview and factors that can influence the quality of data.



3. TECHNICAL SESSIONS

Mr. Orji kicked off the technical session with an over-view and rationale for the listing activity which is taking place in 7 states: Bauchi, Gombe, Jigawa, , Kano, Akwa –Ibom, Ananbra and rivers state. The listing activity will provide the basis for planning, implementation,, management, monitoring and evaluation. The listing is implementation of malaria involving community-(CDDs) through community-(CDIs) and public-private patent medicine vendors supported Nigeria Malaria (MCBP), with support from Impact Evaluation Program listing of Primary Health Kindred's, Patent Medicine Community Laboratories in seven states of Nigeria. He touched briefly on the epidemiology of malaria, causing avoidable deaths and morbidity in all ages especially women and children.



part of the control interventions directed distributors directed interventions partnerships (PPPs) with (PMVs), the World Bank-Control Booster Project the World Bank Malaria (MIEP), is carrying out a Care Facilities (PHCFs), Vendors (PMVs), and

Dr. Mizan introduced the four data collection/listing instruments (after administering the pre-test).



The listing instrument consists of the following five questionnaires/forms:

1. Health Facility Listing Form (**HF FORM**)
2. Kindred Listing Form (**KFORM**)
3. Patent Medicine Vendor Listing Form (**PMV FORM**)
4. Community Laboratory Listing Form (**LAB FORM**)
5. Community Map Form (**MFORM**)

Dr. Mizan guided the participants through each of the forms one by one, noting that the identification page in the instruments are the same and common to all the instruments. He explained the coding system and the various skip patterns depending on the response to particular question. The day's session ended at about 7pm.



Day II was devoted to the Global Positioning System (GPS). The GIS consultant Segun took the sessions on GPS. For the GPS session, the participants were organised into 8 groups of 2-4 LGAs. Each group had 2-3 GPS devices to practice with. He explained that The Global Positioning System (GPS) is a worldwide navigational system based on constellation of 24 satellites hovering high above the earth surface. He also explained how the GPS device works. For example, it cannot detect satellites under obstructions such as building roofs. The GPS is used to take the positioning on the earth surface.

The facilitator took the participants through the process of identification of parts of the GPS device and its operation. Before the end of the session participants could identify parts of the GPS device and could navigate between menus and pages of the device. Thereafter, the participants in small groups went to the neighbouring streets of the **Dannic Hotel** venue of the training to practice the taking and recording of coordinates. Every member of each team took coordinates from at least two positions.



Day III was field workday to test the instruments and practice GPS in a real time location. Participants were split in two groups based on the groups of the previous day. Groups 1-4 in one group and groups 5-8 in the second group. The community chosen for the field work was Rumeme in Obia/AKpor LGA. One group took off from the model health centre Rumeme while second group took off from the health centre at the health centre at the college of health sciences. The teams were conveyed to and from Rumeme in two 45-seater buses. In the afternoon, the participants discussed field experience and a question and answer session was held to clarify issues raised by the participants.



Mr. Ekeh supplied the official government definitions of urban, rural/peri-urban areas and sample of PMV certificate.

The session also included monitoring and supervision and reliability assessment as part of the quality assurance. The participants were then given the monitoring checklist and informed consent form. They were also briefed about the sms and web based monitoring of the entire survey. A dedicated web site is launched to support the entire survey (www.thephss.org). The participants are encouraged to join the forum and access all materials. A LGA specific information booklet containing all relevant information



such as list of health facilities, wards and communities and PMV were given to each team. In addition, an instruction booklet containing instructions for each instrument was given. A session on logistics and work plan was held at the end of the training to discuss administrative issues.



Pre and Post test results

The pre and post test results are given in table below. The results showed significant improvement in knowledge about the instruments and survey procedure.

Statistics	Pre	Post
Mean	15	20
Minimum	2	21
Maximum	21	24

96% percent participants scored more than 16 out of 24 in posttest compared to 4% in pretest. The analysis of GPS data collected by the participants also showed that they have acquired the skill to collect GPS coordinates accurately.

4. Challenges and Lessons learned

The major challenge was to cope with the logistics of large number of participants particularly the venue given the hot and humid condition in Port Court. However, the facilitators and participants cooperated with the issue beyond control of organizers and made the training a success. Lessons learned are:

- a. It is possible to train a large number of participants with good facilitators.
- b. The training venue must be conducive to have the maximum participation.

Annexes

1. Training Manual
2. LGA information booklet
3. Instruction booklet
4. Instruments
5. Agenda