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Trip Report

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Travelers: Ms.Linda Andrews,IHP Consultant
Mr.Clarence Hall,IHP Consultant

Country Visited: NIGERIA

Date of Trip: April 22 - May 17, 1985

Purpose: To conduct an FP/ORT Health
Education Workshop for the 16-member
Imo State Ministry of Health Training Team

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EXECUTIVE SUMMARY

Clarence S. Hall, MPH, and Linda Andrews, MPH, Consultant Trainers for International Health Programs, Institute for Health Policy Studies of the University of California, San Francisco, visited Owerri, Imo State, Nigeria, for the purpose of conducting a four-week Family Planning/ORT Training of Trainers/Community Health Education Workshop for sixteen senior nurse/midwives, public health nurses and tutors from the Ministry of Health, Ministry of Local Government and Health Management Board. The training took place at the School of Nursing, Owerri, and the Bishop Cockin Church Center, Atta, between April 22 and May 17, 1985.

The preceding policy seminars on Population, Health and Development (March 26 to April 3, 1985) have stimulated interest in family planning at all levels within the state. The pre-course needs assessment conducted by the trainers resulted in a family planning component being increased in content and added to the TOT/CHE curriculum. The Ministry of Health and some of the participants expected the workshop to include IUCD insertion training. This was not feasible in view of the time frame and logistical problems. Budget problems resulted in a change of venue after the first week of training. Inadequate transport and secretarial support

during the workshop caused some concern. The participants were highly motivated and hardworking throughout the workshop. They rated the workshop very high in terms of meeting its objectives and usefulness, and on the knowledge and skills of the facilitators. The CHE community analysis revealed a positive attitude among males and grandmothers toward family planning. Tradition and social pressure appear to make women not very receptive to contraceptive use. The group interview technique appears to be an appropriate method of community diagnosis for family planning.

The National ORT formula was modified for Imo State by the Ministry of Health in view of the utensils in common use in the state. The community analysis revealed that diarrhoea is rarely treated at home in the surveyed areas.

The facilitators recommend that (1) trainees receive family planning didactic prior to TOT/CHE; (2) a family planning service delivery skills workshop be held for the 16 TOT/CHE participants; (3) two additional TOT/CHE workshops be held in Imo State; (4) the attitudes of women, men and grandmothers be further investigated in the state and the country to confirm the unexpected findings in Umudim and Ifakala.

SCHEDULE DURING VISIT

Monday, April 15, 1985

Nigerian Airways flight #809 arrived in Port Harcourt via Kano and Lagos at 10:30 AM. A taxi was hired for a one-hour trip to Owerri, capital of Imo State. Stopped first at the Ministry of Health to contact Grace Ogbonna, Health Sister, Family Planning Project. Checked into the Imo Concord Hotel.

Tuesday-Friday, April 16-19, 1985

Meetings with the Permanent Secretary, Ministry of Health and division heads to be briefed on their expectations for the workshop and to discuss the preliminary plans of the workshop. Facilitators revised content and timetable to include the suggestions received from the Permanent Secretary and the Family Planning Project Health Sister.

Meetings also held with the Chief Executive of the Health Management Board and a UNICEF ORT Specialist. The latter provided the background to the development of the National ORT Formula.

Thursday, April 18, 1985

Visit to the Planned Parenthood Federation of Nigeria Family Planning Clinic, Owerri. Received orientation to the family planning services by the Sister in Charge, physician and PPFN Area Coordinator.

Monday, April 22, 1985

Formal opening of the TOT/CHE Workshop by the Permanent Secretary at the School of Nursing in Owerri. Due to difficulties the facilitators had in obtaining visas and subsequent late arrival in Nigeria, the workshops started one week later than originally scheduled.

April 22 - May 3, 1985

Conducted the TOT component of the workshop. Due to limited budget for the trainees' accommodations and food, the venue of the workshop was changed from the School of Nursing, Owerri, on April 29 to the Bishop Cockin Church Centre, Atta, approximately 20 km from Owerri.

Thursday, May 2, 1985

Meeting with the Mbaitoli/Ikeduru Local Government Area Secretary, Mr. Akuta, and his senior health staff to obtain clearance to conduct the community health education practicals near the training site. They selected two villages which met the training criteria--Umudim and Ifakala.

Wednesday, May 8, 1985

Visit to Umudim to meet and orient the Eze (Chief), village elders and other community leaders.

Friday, May 10, 1985

Community survey conducted at Umudim.

Visit to Ifakala to meet and orient the Eze, village elders and other community leaders.

Tuesday, May 14, 1985

Interviews with preselected groups in Ifakala for the community analysis.

Thursday, May 16, 1985

Community health education presentations by the trainees in Umudim and Ifakala.

Briefing with the permanent secretary.

Friday, May 17, 1985

Workshop ended and Clarence Hall departed by Nigeria Airways flight #804 to return to California. Linda Andrews remained to co-facilitate the Curriculum Development Workshop.

Tuesday, May 21, 1985

Debriefing at IHP Santa Cruz, California.

I. PURPOSE OF TRIP

The purpose of trip was to conduct a 4-week family planning/ORT TOT/CHE training course for 16 senior nurse/midwives and tutors from the Ministry of Health, Imo State, Nigeria.

Goals for the workshop

By the end of the training course, participants will be able to:

- Plan, conduct and evaluate training activities in family planning and ORT.
- Plan and implement FP/ORT health education activities at the community level.

Objectives for the workshop

By the end of the training course, participants will be able to:

- Perform a task analysis for various cadres of FP/ORT service providers.
- Plan and conduct FP/ORT training sessions.
- Conduct a survey of community attitudes, knowledge and practices regarding FP/ORT.
- Design a FP/ORT program appropriate to a specific community.
- Instruct other cadres regarding the mechanism of action, effectiveness, advantages and disadvantages,

contraindications, side effects, and complications and use of all family planning methods including natural family planning.

Train other cadres to provide basic infertility counselling and make appropriate referrals.

II. ACCOMPLISHMENTS

The 4-week family planning/oral rehydration therapy training course for 16 senior nurse/midwives and tutors from the Ministry of Health, Health Management Board and the Ministry of Local Government was successfully completed. The criteria for success are based on the reactions of the participants (Appendix F), the quality of outputs from the TOT and CHE components (Appendix E), and the participants' scores on their family planning unit quizzes and post-tests (Appendix F).

A national co-facilitator, Mrs. C. N. Nkanwoke, was selected by the Ministry of Health to assist the IHP facilitators. In addition to teaching the ORT component of the course, she (1) helped to bridge the language barrier between the facilitators and the participants; (2) liaised with the local government authorities and the village leaders to facilitate the community health education practicum; and (3) assisted individuals and groups of participants when they had questions regarding some of the assignments and learning activities. Her contributions toward the overall success of the training course were invaluable.

III. BACKGROUND

Imo State is the most densely populated area in West Africa.* It is located in the southeastern region of Nigeria. The estimated population of the area is between 6.3 and 8 million. The estimated population growth rate is 2.5% per annum.

The Ministry of Health has begun an aggressive and accelerated program of family planning service delivery in full recognition of the grave consequences to health and resources of unchecked population. Currently, the Planned Parenthood Federation of Nigeria (PPFN) is providing limited services in five family planning clinics in the state. It is the intention of the Ministry of Health to extend the whole range of family planning services (clinical and educational) throughout the state by integrating family planning into the existing health system within the context of maternal and child health. One hundred and fifty-seven new clinics are to be initiated in phases by the end of 1986. (See "Project Proposal, Imo State, Training of Family Planning Service Delivery Personnel," November 1984, for details.)

*Source: Imo State Project Proposal, Nov. 24, 1984

This Training of Trainers/Community Health Education Workshop was the second in a series of seven activities which comprise the Imo State Project. It was preceded by two 3-day policy seminars on Population, Health and Development held at the Imo Concorde Hotel, Owerri, March 26 to April 3, 1985. The participants in the seminars were decision-makers and senior administrative officers from relevant development-related sectors and nongovernment organizations. These seminars were well attended and helped to promote an increased awareness of the benefits of family planning. They also established a conducive atmosphere within the state for the remaining six activities to be implemented which follow:

- Activity 2 - Training of Trainers and Community Health Education Workshop
- Activity 3 - Curriculum Development Workshop
- Activity 4 - Family Planning Service Delivery Skills Workshop
- Activity 5 - Educational Materials Development Workshop
- Activity 6 - Management/Supervision/Evaluation Workshop
- Activity 7 - Project Review

The INTRAH/IHP facilitators were invited by the Ministry of Health to conduct the TOT/CHE workshop. The original dates proposed for the workshop were April 15 through May 10, 1985. However, the facilitators had difficulties securing visas from the Nigerian Consul in San Francisco, California.

Their arrival in Nigeria was five days later than anticipated; they arrived on April 15, 1985. The Ministry of Health made the decision not to assemble the participants until after the facilitators arrived in the country. It was not possible to communicate directly by telephone or telex from IHP/Santa Cruz to the Ministry of Health, Owerri, to inform the latter of the facilitators' new arrival time.

IV. DESCRIPTION OF ACTIVITIES

A. Participants - (nurse/midwives, tutors and public health nurses--see Appendix B) - The 16 participants (all females) were drawn from 3 government agencies which administer or provide health services in Imo State--Ministry of Health, Health Management Board, and the Ministry of Local Government. The Ministry of Health is responsible for health policy and training institutions in the state. The Health Management Board manages hospitals throughout the state, and the Ministry of Local Government is responsible for health services delivery at health facilities other than hospitals in the 21 local government areas. The criteria for selection were communicated to the participating agencies by the Permanent Secretary, Ministry of Health, through direct written correspondence. Since Imo State is divided into five zones, the Permanent Secretary requested that the participating agencies aim for geographical representation when selecting their participants. For reasons not yet determined, this goal was not achieved. Some zones were either under-represented or not represented at all. There were five participants selected from each of the three agencies. An additional participant from the Ministry of Health was allowed to attend the workshop with the understanding that reference books provided by INTRAH would not be available.

B. Pretraining

The facilitators took advantage of the five days before the workshop began to meet with senior Ministry of Health and Health Management Board staff for orientation and to conduct a partial needs assessment for the workshop. The curriculum for the workshop was revised, based on a pre-test and an expressed need by participants for FP content to include a comprehensive didactic coverage of all family planning methods with the exception of sterilization. It appeared that the Ministry of Health had expected the workshop to include training on IUCD insertion. After the facilitators explained the amount of time required and the number of acceptors needed to provide the trainees with practical training in IUCD insertion, the Ministry agreed that it would not be feasible to include it in the TOT/CHE workshop. Reinforcing the family planning didactic was a compromise that was satisfactory to all concerned. The Family Planning Project Coordinator, Grace Ogbonna, will investigate the possibility of a Nigerian agency providing IUCD insertion training.

C. Training of Trainers (TOT)

The workshop was formally opened by the Permanent Secretary, Ministry of Health. All senior staff from the Ministry and the members of the press were present. (See Appendix G for keynote address by the Permanent Secretary and response by Clarence Hall.)

After the first week, the venue for the workshop was changed from the School of Nursing, Owerri, to the Bishop Cockin Church Center, Atta. The latter is located 20 km from Owerri. The move was necessary because the trainees' per diem in the budget was inadequate to cover their room and board at any hotel in Owerri. The advantage of the change was that the trainees and the facilitators were living together and could interact informally. The Church Center is in a rural setting with adequate facilities for training. Thus a good atmosphere for learning prevailed throughout the workshop. The practicum for the first two weeks of the workshop consisted of the production of five training designs by the participants. Teamwork was stressed throughout the workshop by having the participants work in groups ranging in number from pairs to eight. Five training designs (see Appendix E) were produced by five groups of participants. Each group chose a cadre of worker/volunteer for which the training design was intended. Each training design included two components: (1) family planning and (2) a community level activity, e.g., survey, home visiting, referrals, etc. It is interesting to note that four out of five groups chose grass-roots level cadres. This is a clear indication that the majority feel that there is a need for increased awareness and health education at the community level about the benefits of family planning. This may also be a recognition by the participants that there is a need to

address social and cultural constraints to the broad acceptance of family planning methods.

D. Community Health Education (CHE)

Emphasis was placed on developing and strengthening skills in family planning, counselling, producing and using visual aids effectively, developing instruments for implementation of a community diagnosis, and planning and presenting a community health education program. Team building continued throughout this component of the workshop. Role playing in groups was used extensively to develop counselling skills. Residents of the community surrounding the training site and workers at the venue were invited to attend one training session for counselling and health education practicals.

The pyramiding technique was used to design the instruments for the community diagnosis/analysis. All trainees participated in the development of a household survey questionnaire (Appendix E). The participants were then divided into two groups. One group conducted the survey and the second group used the survey questionnaire to develop questions that were used for group interviews (Appendix E). Both types of instruments were pre-tested in Atta--the community surrounding the training site.

A team of co-facilitators and participants consulted with the local government authorities including public health staff to select two villages for the community diagnosis--

Ifakala and Umudim. The household survey was conducted in Umudim and the group interview technique was used in Ifakala for the community needs assessment. The participants in the latter pre-selected community leaders, mothers, men and grandmothers for group interviews. The two approaches to community diagnosis were used to determine if (1) there would be a difference in the quality of information gathered, and (2) if interviewees would freely discuss an intimate subject such as family planning in a group setting.

Each group made three visits to their respective villages. The first visit was used to meet and orient the Eze (Chief), the elders, and other community leaders. The community diagnosis was conducted during the second visit. Community health education presentations were designed by the participants based on the analysis of the community diagnoses. These presentations were made during the third visit. The participants developed two comprehensive community health education plans--one for each of the villages which participated in this exercise (see Appendix E).

E. Family Planning Didactic

A pre-test was given to the participants to determine their level of family planning knowledge including specific questions about most of the contraceptive methods. (See Appendix F). One and a half hours per day during the course

of the workshop were devoted to family planning lectures/discussions/role play. The participants were given a quiz after each contraceptive method was covered. All participants passed with at least 75% of their answers correct. A post-test (same as the pre-test) was given at the end of the four weeks.

F. Oral Rehydration Therapy (ORT)

The Kwara State IHP facilitators provided the Imo State facilitators with a copy of the national ORT formula prior to the latter's departure for Nigeria from Santa Cruz. The national formula was recently developed in a collaborative effort of the Federal Ministry of Health, University of Nigeria, Lagos, private physicians and UNICEF. The formula consisted of 10 teaspoons of sugar, 1 teaspoon of salt to 1 beer bottle or 2 soft drink bottles of water. Upon their arrival in the country, the facilitators shared this information with senior officers in the Imo State Ministry of Health. The initial reaction was a feeling that the ratio of salt to sugar was too high. The facilitators and the Health Sister of the Family Planning Project, discussed the issue with the UNICEF health educator and ORT consultant in Owerri to verify the accuracy of the national ORT formula and obtain the details of its development.

The Chief Health Officer for the Ministry of Health further consulted with a physician involved in the development of

the formula and made the decision to modify the national ORT formula for Imo State. The official Imo State ORT formula now is: 6 teaspoons or 3 cubes of sugar, 1/2 teaspoon of salt (all leveled) added to one beer bottle or 2 soft drink bottles of water. The national co-facilitator taught the ORT unit during the CHE half of the workshop. ORT was included in the CHE plans for both Umudim and Ifakala.

G. Debriefing with the Permanent Secretary, Ministry of Health

The facilitators debriefed with the Permanent Secretary the day before the workshop ended. He was thanked for the personal interest he showed in the workshop from its inception, being keynote speaker at the opening and making three visits with the participants while the workshop was in session. Two of his senior officers (Chief Health Officer and Acting Chief Nursing Officer) also found the time to give a word of encouragement to the participants.

The facilitators' preliminary findings, conclusions and recommendations were discussed with the Permanent Secretary during the debriefing, a summary of which follows:

The accomplishments of the workshop and the participants' reaction to it were highlighted. The facilitators were very impressed by the seriousness with which the participants discussed the topics and various related issues, did their assignments and participated in a wide range of workshop activities. It is the facilitators' opinion that each of

the participants will perform her role as trainer with the same seriousness and dedication she has demonstrated during the course of the workshop. Participants' previous experience and maturity greatly enhanced the learning and team building process.

The material support for the community health education component of the workshop provided by the Secretary and Coordinator of the Mbaitoli/Ikeduru Local Government Area was outlined. The selection and initial contact with the Ezes of the two involved villages was made by the Secretary's Public Health Nurses and Public Health Superintendent, and transport was made available for each of three visits made to the villages. The Permanent Secretary indicated that he would write to officially thank the Secretary and his staff.

Three logistical problems of the workshop were candidly discussed:

- 1.) Most of the participants were not fully aware of the objectives of the workshop or that they were expected to be away from their families for an extended period of time.

- 2.) Transport was not always available when required. On a number of occasions, the participants had to use

their personal cars for the CHE practicum. (The transport provided by the local government area was insufficient because of the number of participants and because the two villages involved were far apart.

3. Secretarial support at the training site was sporadic. Duplicating facilities were not available at the training site. Stencils had to be returned to Ministry of Health headquarters 10 km away for duplicating.

Item number one was eventually resolved. The objectives of the workshop and the participants' role after training were fully explained on the first day. Most of the participants commuted from and to their homes the first week of the workshop while they organized their personal affairs for an extended absence. The Permanent Secretary gave his assurance that transport was only a temporary problem. The Ministry was in the process of acquiring five new vehicles and tires for two vehicles which were not then being used. He would assign a secretary to stay at the training site with the participants during the curriculum design and subsequent workshops. Duplicating services would still have to be provided at Ministry headquarters for the foreseeable future. With reliable transport, delays in receiving the work on time should not be a problem.

The Permanent Secretary thanked the facilitators personally and officially for their contribution to the successful completion of the Training of Trainers and Community Health Education Workshop.

V. FINDINGS

A variety of sources was used to gather information for this section. The subsections conform to those of Item IV of this report.

A. Pretraining

Preliminary discussions with the Permanent Secretary and the Health Sister of the Family Planning Project revealed that the Ministry of Health had the expectation that the content of the TOT/CHE workshop would include family planning didactic and practicals including the insertion of IUCD. A resolution of expectations and what was realistic according to the four-week time frame and available resources was reached by mutual agreement between the facilitators and the Ministry of Health.

The per diem budgeted for the participants was inadequate to cover their room and board at an appropriate venue in Owerri. This necessitated a change of venue after the first week of training. The

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Health Sister of the Planning Project took the initiative to find an alternative training site which was rural-based, a reasonable distance from Owerri and one which would contribute to a conducive learning atmosphere.

The Family Planning Policy Seminars (Activity 1 of the Imo State Project) which preceded the TOT/CHE was considered a tremendous success by the Ministry of Health. It was felt that since the seminar, family planning issues have received much more coverage in the mass media, particularly on television and in the local press.

The Ministry of Health has designated a different group of trainees for Activity 6 of the Imo State Project (Family Planning Service Delivery Skills Workshop). The facilitators got the impression from their initial orientation and briefings that the TOT/CHE trainees would be the participants in all subsequent workshops-- Activities 3 through 7. The service delivery workshop is viewed as an essential component of their overall training. However, the Ministry plans to open ten family planning clinics by the end of June, and has designated the scheduled Family Planning Service Delivery Skills Workshop for providers of family planning services.

The number of reference books supplied for the trainees by INTRAH was insufficient. Only 12 copies of Teaching for Better Learning by Abbott were sent. Sixteen, rather than eighteen, copies of the remaining books were available. The co-facilitators (3) had to share one copy between them.

B. Training of Trainers Component

Most of the participants arrived at the training site without adequate notification of what to expect or the time commitment that was required. Some of them also expected to receive practical training in how to insert IUCDs.

1. Needs Assessment

The needs assessment of the participants was done using the following methods: (1) Competency Model, (2) family planning pre-test, and (3) a modified version of the flower game in which the leaves of the flower were the participants' expectations of the workshop.

Competency Model

The Competency Model for Staff Trainers was used by the participants to rate themselves (1 to 5-- weak to strong) on 13 items of knowledge, skills and attitudes essential for trainers. This

exercise revealed that the participants, as a group, considered themselves weak in the following areas: knowledge of adult learning theory, skill in performing needs assessment, skill in writing behavioral or specific learning objectives, skill in directing learning activities, skill in designing an effective sequence of learning activities and skill in coordinating the logistics of training. The participants used the same instrument to rate themselves at the end of the four-week workshop. All except two persons rated themselves 4 or 5 on each of the 13 items; the two rated themselves average on 4 different items.

Family Planning Pre-test

The pre-test revealed that none of the participants had an adequate knowledge of family planning methods. This confirmed the need for a comprehensive family planning didactic component for the workshop.

Flower Game

The flower game was originally designed to help the participants in a training course to get to know each other better and show how we are influenced by the social or professional groups to which we belong. The person's name forms the

center of the flower and the groups to which a person belongs form the petals. The game was modified by asking the participants to add leaves to their flowers. Each leaf was to represent an expectation they had of the workshop. Following is their list of expectations: (frequency)

- a) IUCD insertion skills (3)
- b) learning from the experience of others (3)
- c) family planning knowledge (3)
- d) evaluation skills (2)
- e) participation in the practical application of family planning
- f) skills teaching students and the community
- g) motivating women to accept family planning
- h) learning work of family planning
- i) "meeting new faces" and exchanging views
- j) "learning how to help the community to control population explosion in the state and Nigeria in general"

2. Evaluation

A number of techniques were used for continuous evaluation of the workshop. "Where are we?" was used to begin each day for the first two weeks. The participants were given the opportunity to ask clarification questions about the previous day's

discussion or activities. The grab bag was used to assess the participants' comprehension of topics covered. As indicated earlier, quizzes were given at the end of each family planning unit.

INTRAH's Participant Reaction Form was administered at the end of the TOT component and again after the CHE component. (See Appendix F for summaries.) The percentage of participants who felt that the workshop met their expectations and that the content of the workshop would be useful in their work was the same in both--94% and 100%, respectively. Family planning was listed most frequently as the topic which would be most useful in their work, followed by the Steps of Training and Training Design in the TOT evaluation, and Community Health Education on the CHE evaluation. The facilitators were rated excellent on knowledge and skills by 86% of the participants at the end of the first two weeks. They were rated excellent by 100% of the participants in both areas at the end of the fourth week.

86% of TOT and 94% of CHE respondents felt that the training methods and materials used in the

workshop were appropriate. In both instances 100% of the participants indicated that they will be able to use the methods and materials used in the workshop. At the end of the fourth week, 38% of the participants felt that more time was needed for the amount of materials covered during the training. At the end of both intervals, all (100%) of the participants indicated that they would recommend the workshop to their colleagues.

The participants were highly motivated and took the training very seriously. They were in session on the average of 7 hours each day, had to do a considerable amount of reading, particularly for the family planning and TOT components, and were given a number of assignments which required evening preparation. However, they did the work without complaining. They were very concerned that our sources may not be available to them to make use of the knowledge and skills they had acquired during the training. Some felt that continued material support from INTRAH is necessary. (See Participant Reaction Forms for details.)

C. Community Health Education

The community analysis revealed a high level of interest in family planning among males and grandmothers. This fact was discovered during the pre-test of the survey questionnaire and confirmed through the group interview technique. It appears that males are motivated by economic issues related to large families. The grandmothers are concerned about the lack of child spacing by the younger generation. Traditional methods--breast feeding and abstinence--are no longer being widely practiced.

The experimental approach to the community analysis--household survey in Umudim and group interviews in Ifakala--revealed that an intimate subject like family planning can be discussed in a group setting. The major advantage of the group interview approach was that it was an educational as well as an information gathering exercise. The interviewees learned from each other and the interviewer had the freedom to correct misconceptions about the focus of the interview or subject matter. The group interview was cost effective in that it was less time-consuming and required few inputs and was also a collective rather than an individual experience as is the case with household surveys. This had important implications for solving

the problems identified by the community analysis or diagnosis.

The cooperation of both communities, particularly the Ezes and the Mbaitoli/Ikeduru Local Government authorities, was essential for the successful completion of the CHE practicum. The feedback given to both communities on the results of the community analysis which preceded the CHE presentation on day three in the villages was well received and appreciated. (See Appendix E for details.)

D. Family Planning Didactic

The lead trainer did not have sufficient time to review the family planning post test and write a summary before the co-facilitator's departure for California (the morning after the exam). A supplement on this section will be provided.

E. Oral Rehydration Therapy

Diarrhoea was listed as a major problem in Umudim and Ifakala. It doesn't appear that mothers are presently taking any measures at home to prevent dehydration when their children have diarrhoea. The general practice is either to take the child to the nearest health facility or purchase medication from the chemist to stop the diarrhoea. It is interesting to note that all of the

respondents interviewed during the community analysis in Umudim and Ifakala have pit latrines as a result of an ordinance by local government authority and support from the community leaders.

F. Other Important Information

The Ministry of Health, through the Permanent Secretary, Chief Health Officer, Acting Chief Nursing Officer, Health Sister of the Family Planning Project, and the National co-trainer provided maximum support within available resources for the TOT/CHE workshop. The total family planning program is very obviously among the Ministry's top priorities.

The Health Sister of the Family Planning Project did an excellent job in coordinating all aspects of the workshop enabling the facilitators to concentrate fully on the technical part of the training.

VI. CONCLUSION

The addition made to the family planning component in the workshop content made the training schedule extremely full for the entire four weeks. The facilitators doubt that such an intense training could have been successfully completed had the trainees not been as mature, well-experienced and dedicated as those in the TOT/CHE workshop.

Had the training been conducted in a hotel setting in Owerri as originally planned, it is likely that the creation of a conducive learning atmosphere would have been extremely difficult. The Bishop Cockin Church Center was an ideal training site.

The original sixteen TOT/CHE trainees will require service delivery training if they are to be effective as trainers. Resources will have to be found for a second family planning service delivery skills workshop for them. The three techniques used to assess the needs of the participants gave a comprehensive view of their beginning knowledge, skills, attitudes and expectations. The objectives of the training were met from the points of view of all involved; however, confirmation of this will have to be made after the participants have been in the field and their performance assessed after an appropriate interval.

The participatory and experiential techniques used in the training were widely accepted by the participants even though the techniques were new to most of them. They felt fully involved and their previous experiences were validated. It was very gratifying to see some of the presenters actually use some of the participatory techniques during the CHE presentations in the villages.

An analysis of the five training designs produced by the participants indicates that the majority felt that the key to a successful family planning program in Imo State is increased awareness about family planning at the grass roots level. The target groups for four of the five training designs were village level workers or volunteers. The importance of the family planning and CHE components of the training is therefore obvious.

The general view that men are the greatest obstacle to family planning did not apply in Umudim and Ifakala communities. The fact that 87% of the respondents in Ifakala were Catholic and 96% of those in Umudim were Christian may indicate that religion may not be a hindrance to family planning. This information will have to be correlated with acceptance rates after family planning services are made available in both communities.

The prestige related to the number of children a woman has and the social pressures women experience to procreate may be responsible for the reluctance of women to accept family planning. Therefore, health education messages should stress child spacing rather than birth control as the purpose of family planning. The group interview technique for community diagnosis can be successfully used in family planning needs assessment. It merits application in other communities. The technique may be more cost-effective than

the survey method, and it has the added advantage of being an educational as well as an information gathering process.

The Imo State experience raises the question as to whether or not a standardized national ORT formula is feasible in view of available measuring devices. The Imo State formula is based on the use of a five-ounce spoon and the national formula is based on a smaller three-ounce spoon.

VII. RECOMMENDATIONS

- A. Trainees should receive family planning didactic training prior to the TOT/CHE workshop.
- B. Two additional TOT/CHE workshops should be organized for Imo State to ensure that all geographical zones (5 to 6 local governments) develop training capacity in FP/ORT and make full use of potential trainers. If this is not possible under the present INTRAH agreement and the training will have to be done locally (hopefully, with material support from INTRAH), it is recommended that the following TOT/CHE participants be considered to conduct the training: Comfort N. Ukanwoke, Mercy Onyekwere and Constance Onuoha.

- C. A Family Planning Service Delivery Skills (FPSDS) Workshop should be held for the TOT/CHE participants. It appears that this was included in the original project proposal. The priority of the Ministry of Health to train service delivery personnel to staff the 10 family planning clinics scheduled to open by the end of June 1985 apparently has resulted in a shift of the target group for the scheduled FPSDS Workshop.
- D. A study should be made to determine if the attitudes of women, men and grandmothers towards family planning in the rest of Imo State and other parts of the country are similar to those in Umudim and Ifakala. If so, it will have important implications for health education. This can be done through the CHE component of future TOT/CHE workshops.
- E. Consideration should be given to the continued use of the household survey and the group interview methods of community diagnosis for CHE in an effort to determine their respective cost-effectiveness, and whether or not there is a significant difference in the quality and reliability of information received from the respondents.
- F. INTRAH should provide sufficient numbers of reference books for the TOT/CHE workshops for the participants,

training team, the Ministry of Health (2) and selected training institutions (4) , and the Health Management Board (2).

- G. Steps should be taken now by the sponsoring government and donor agencies to ensure that the TOT/CHE participants have the resources to perform their post-training functions. This was a major concern expressed by the participants.

APPENDIX A

PERSONS CONTACTED

Persons Contacted

I. Ministry of Health

Permanent Secretary Mr. A. E. N. Izuwah
Director of Health Services Dr. S. N. Ugoji
Chief Health Officer Dr. R. A. Eke
Acting Chief Nursing Officer, Health
Sister, Family Planning Project Ms. Grace Oqbonna
Principal Health Educator Mr. R. U. Ude
Project Manager, EPI Program Dr. J. Obiribe
Senior Health Educator Miss Agnes Ngumezi
Principal Health Sister, Inspectorate Unit
(Cotrainer) Mrs. Comfort N. Ukanwoke

II. Health Management Board

Chief Executive Dr. E. I. Emanalom

III. Ministry of Local Government

Secretary, Mbaitoli/Ikeduru Mr. S. Akuta
Public Health Nurse Mrs. C. C. Ukeje

IV. Planned Parenthood Federation of Nigeria

Area Coordinator, Imo & Rivers State Miss D. A. Manley-Rollings
State Secretary Miss Rose Nzeakor
Program Officer Mr. C. D. Idaomi

V. International Organizations

A. World Bank

1. Population Division Mr. Dave Radel
2. Family Planning Program Officer Dr. Stan Shier
3. Consultant Mrs. Kadi Jat Mojidi

B. Johns Hopkins University

1. Regional Program Coordinator,
Population Information Program. Mr. Jose G. Rimon II
2. Communication and Marketing
Specialist, Academy for Educational
Development, Inc. Mr. Neill R. Heath

C. UNICEF/Owerri

1. Health Educator
2. Epidemiologist/ORT Consultant

VI. Chiefs

Ifakalo Ezeriokanma I
C. E. Ahaneku
Umudim Eze Erich Osuji, The
Duru Ojinnaka of
Umudim

APPENDIX B

LIST OF PARTICIPANTS

List of Participants

A. Ministry of Health

- | | |
|------------------------------|-----------------------------------|
| 1. Lydia N. Anomnachi (Mrs.) | Senior Health Tutor |
| 2. Stella A. C. Dike (Miss) | Senior Public Health Sister/Tutor |
| 3. Atim O. Jibueze (Mrs.) | Senior Midwife Tutor |
| 4. Anne Nkwoh (Mrs.) | Principal Health Sister |
| 5. Mercy C. Onyekwere (Mrs.) | Health Sister/Tutor |
| 6. Kate C. Ugochukwu (Mrs.) | Midwife Tutor |

B. Health Management Board

- | | |
|--------------------------------|----------------------------|
| 1. Eunice U. Obi (Mrs.) | Senior Nurse Administrator |
| 2. Malinda N. Okoro (Mrs.) | Senior Nursing Sister |
| 3. Edna O. Onyegere (Mrs) | Senior Nursing Sister |
| 4. Florence A. Oparagwu (Mrs.) | Senior Nursing Sister |
| 5. Ola C. Opusunju (Mrs.) | Senior Nursing Sister |

C. Ministry of Local Government

- | | |
|--------------------------------|---------------------------|
| 1. Grace P. Ezumah (Mrs.) | Principal Health Sister |
| 2. Grace A. Nwangri (Mrs.) | Asst. Chief Health Sister |
| 3. Abigail A. Onuekwusi (Miss) | Asst. Chief Health Sister |
| 4. Constance O. Onuoha (Mrs.) | Principal Health Sister |
| 5. Ogonnaza I. T. Ukonu | Principal Health Sister |

APPENDIX C

COURSE CURRICULUM

Training of Trainers/Community Health Education Workshop

Members of the State Training Team

16 nurse/midwives, public health nurses, and tutors

Trainers

2 INTRAH/IHP
1 Ministry of Health Educator

Goals

By the end of the workshop, participants will be able to:

- Plan, conduct and evaluate training activities in FP/ORT.
- Plan and implement FP/ORT Health Education activities at the community level.

Objectives

By the end of this four-week session, participants can:

- Perform a task analysis for various cadres of FP/ORT service providers.
- Plan and conduct FP/ORT training sessions.
- Conduct a survey of community attitudes and knowledge regarding FP/ORT.
- Design a FP/ORT program appropriate to a specific community.
- Instruct other cadres regarding the mechanism of action, effectiveness, advantages and disadvantages, contraindications, side effects and complications and use of all family planning methods including Natural Family Planning.
- Train other cadres to provide basic infertility counseling and make appropriate referrals.

Materials

Books - 1 per participants, plus 1 per trainer

- 15 Family Planning Methods and Practices: Africa
- 15 Helping Health Workers Learn
- 15 Natural Family Planning
- 15 Intrauterine Contraception
- 15 Concepts and Issues in Family Planning
- 15 List of Free Materials in MCH/FP
- 15 How to Develop Objectives (Mager)

Duration

TOT - 2 weeks
Health Education - 2 weeks

Dates

22 April to 17 May 1985

Place of
Workshop

School of Nursing, Owerri - April 22-26
Bishop Cockin Church Centre, Atta - April 29-May 17, 1985

DAILY OBJECTIVES

At the end of the TOT training, the participant will be able to:

Day 1

- define his/her own CHE training needs
- define community health education
- describe those methods which aid effective communication
- explain the communication process
- state three guide lines for preparing teaching aids

Day 2

- list 6 steps for effective health education
- describe appropriate approaches to a community for CHE needs assessment
- list 2 reasons why a community visit prior to CHE program development is necessary
- list 2 methods of data collection and advantages and disadvantages of each
- design a needs assessment instrument
- conduct an interview in the community
- describe 3 ways Depo-provera and Net work to prevent pregnancy
- recall what route Depo-provera is administered, the dosage, and how often it is given
- recall what route NET is administered, the dosage and how often it is given
- state the effectiveness of DMPA and Net
- list 3 advantages and disadvantages of DMPA and Net
- state two reasons why the FDA in America has not approved DMPA

Day 3:

- describe services provided by a clinic which provides FP services
- enumerate the characteristics of a local community
- analyse and present data obtained through interview
- list the good and weak points of the interview and of the data collected
- list the contradictions of DMPA and Net
- * state 3 situations where DMPA/Net would be useful
- * state 2 settings in which DMPA/Net would be least likely to be considered
- * recall 2 non-contraceptive benefits of PMPA
- * list the user instructions

Day 4:

- * pre-test a questionnaire
- * describe the strengths and weaknesses of a questionnaire
- * revise a questionnaire based on the information gained from the pre-test
- * describe the mechanism of action of the Billings method
- * state the characteristics of cervical mucus in various phases of the normal menstrual cycle.

- state the rules for intercourse during the various phases of the menstrual cycle
- test the 4 simplified rules of the Billings method

Day 5:

- administer a questionnaire
- explain how to keep a record of the menstrual cycle and cervical mucus discharge using the stamp system
- develop a record keeping system that will help women to keep track of their menstrual cycle and cervical mucus
- state the effectiveness of the Billings method

Day 6:

- identify the CHE needs in FP/ORT based on the questionnaire
- design a CHE work plan for the community
- list requirements for an effective CHE presentation
- describe the mechanism of action of the Basal Body temperature
- list the four rules to be followed to assure accurate BBT readings
- state the effectiveness of the BBT method
- describe the mechanism of action of the calendar method
- calculate the earliest day on which a woman is likely to be fertile
- calculate the first day on which a woman is no longer likely to be fertile
- state the effectiveness of the calendar method
- describe the mechanism of action of the sympto-thermal method (S-TM)
- state the effectiveness of the S-TM

Day 7:

- prepare a CHE FP/ORT program plan
- prepare a CHE FP/ORT presentation
- define infertility
- help a woman identify her fertile days
- counsel a couple on when it is the best time to have intercourse
- refer appropriately those couples who need further infertility tests

Day 8:

- present to class participants a CHE FP/ORT program

Day 9:

- present a CHE FP/ORT program in the community

Day 10:

- list 2 strengths and weaknesses of their CHE FP/ORT presentations

DAY 1

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, each participant will be able to:

- relate one new piece of information about every other participant
- identify his/her needs to be an effective trainer
- define the concept of training
- identify at least three principles of adult education
- list three essential qualities of effective training
- state four health benefits of family planning
- list 4 obstacles to family planning
- describe 4 solutions to overcome the obstacles.
- identify 3 effective and 3 ineffective traditional birth control methods.

DAY 2

TOT WORKSHOP

DAILY OBJECTIVES

After the days' session, each participant will be able to:

- . identify one FP/ORT problem that can be resolved by training
- . name one principle of problem-solving
- . identify target populations that will help solve a FP/ORT problem and name the task(s) that must be added to their job
- . analyse a task
- . identify the three categories of training objectives
- . explain how condoms work to prevent pregnancy
- . demonstrate how to properly use the condom
- . describe the precaution to take for the storage of condoms
- . explain how spermicidal foam /tablets work to prevent pregnancy
- . describe briefly the procedure for using spermicidal foams/tablets

DAY 3

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- write correctly at least one objective in each of the three categories
- write and evaluate learning objectives for his/her training session
- explain how diaphragms work to prevent pregnancy
- identify important points in the steps for women to follow for the proper use of the diaphragm

DAY 4

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- list at least three useful methods for training adults
- identify at least seven principles for the use of visual aids in training
- make and present at least one visual aid to the group
- explain how oral contraceptives work to prevent pregnancy
- list five non contraceptive benefits of oral contraceptives
- list five problems or side effects associated with oral contraceptives
- list five signs and symptoms which will indicate that a woman should stop taking oral contraceptives immediately

4/4

DAYS 8

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- draft a training design
- recognize the absolute contraindications of oral contraceptives and the signs and symptoms that indicate a need for special advice
- describe the three steps to follow in order to prescribe oral contraceptives safely and effectively

DAY 6

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- draft a training design
- describe the types of information to tell the client using oral contraceptives
- * name 2 kinds of commonly used oral contraceptives
- * name 2 oral contraceptives which contain .05 estrogen or less
- * describe possible solution to 6 complaints that a client might have using oral contraceptives

1/11

DAY 7

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- present a thirty-minute training session
- participate and give feedback on other participants' training sessions
- explain how intrauterine contraceptive devices (IUCDs) work to prevent pregnancy
- * state the effectiveness rate of IUCDs
- list several advantages of the IUCD as a contraceptive
- * name 2 common side effects of IUCDs
- describe four problems that may possibly occur by using the IUCD.

DAY 8

TGT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- identify obstacle and resources prior to implementing the training session
- identify the steps in training logistics that he/she would need to take in implementing his/her training plan
- list three specific types of IUCD's
- identify seven contraindications of IUCD's

DAY 9

ICT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- . describe at least one evaluation method specific to each of the three training/learning domains
- . identify at least three occasions when training evaluation should occur
- . add the evaluation method(s) suited to their training plan
- . explain to a client briefly and simply how an IUCD is inserted and removed
- . state when the best time an IUCD can be inserted and removed
- . list 4 reasons why an IUCD might be removed
- . recall when each type of an IUCD needs removal
- . list the seven things the client should be told about IUCDs
- . list the five IUCD danger signs a client should know

DAY 10

TOT WORKSHOP

DAILY OBJECTIVES

After the day's session, the participant will be able to:

- recall three principles learned in problem-solving
- describe at least one solution to each of the training case studies presented
- provide comments on the positive and negative aspects of the course
- describe possible causes and treatment for 4 complaints that a client may have using an IUCD.

DRAFT AGENDA
TRAINING OF TRAINERS WORKSHOP
IMO STATE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<ul style="list-style-type: none"> . Opening Ceremonies(1hr) . Introduction . Needs Assessment . Concept of Training . Training Process . Introduction to Family Planning 	<ul style="list-style-type: none"> . Needs Assessment/ Problem Identifica- tion . Problem Solving . Target Group Identification/ Job Specification . Task Analysis . Barrier Methods Condoms and Foams 	<ul style="list-style-type: none"> . Introduction to Learning Objectives . Learning Objectives Practicum . Feedback . Barrier Methods Diaphragm 	<ul style="list-style-type: none"> . Training Methods . Oral Contraceptives 	<ul style="list-style-type: none"> . Training Design . Oral Contraceptives
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<ul style="list-style-type: none"> . Training Design Problem Solving . Oral Contraceptives 	<ul style="list-style-type: none"> . Training Design Group Presentations . Interuterine Con- traceptive Device (IUCD) 	<ul style="list-style-type: none"> . Obstacles and Resources . Implementation . Introduction to Evaluation . IUCD 	<ul style="list-style-type: none"> . Evaluation . Evaluation Practicum . IUCD 	<ul style="list-style-type: none"> . Principles Learned in Problem Solving . Mini-Case Studies . Training Evaluation . Introduction of Community Health Education . IUCD

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TRAINING DESIGN
MONDAY - TOT DAY 1

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00AM	Introduction	<ol style="list-style-type: none"> 1. Each person will introduce him/herself 2. Review goals and objectives of TOT/CHE 3. Review agenda and approach of TOT. Answer questions. 4. Ground rules contract 5. Daily Journal 6. Flower Game. 	Matches/Flower Game Goals and objectives Agenda
10.00AM	Break		Journal Handout
10.30AM	Steps of Training	Introduction to the eight steps of training	Training Model
11.00AM	Needs Assessment	<ol style="list-style-type: none"> 1. Introduce concept of Needs Assessment and its importance to training. 2. We'll begin with a self-needs assessment and sharing of information about ourselves. 3. In pairs, interview partners using <u>at least</u> the following questions. <ol style="list-style-type: none"> A. Describe your experience as a trainer. B. What training responsibilities will you have when you return? C. Describe a training situation in which you feel confident. D. Describe a training situation in which you feel incompetent. E. What are your greatest assets as a trainer? F. What are your expectations for this section (TOT). 4. Partners introduce each other focusing on Questions A-F. 	Comptency Model F/P Pretest Needs Assessment Exercise pencils & paper newspoint
12.00P	Lunch		

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TRAINING DESIGN

MONDAY - TOT DAY 1

TIME	CONTENT	METHOD	MATERIA/REDOURCES
1.00 PM	Concept of Training	Pyramiding technique - what is training	
1.30 PM	Training Styles	Roleplay three training Styles - groups of five	
2.00 PM	The Training Process	The group will brainstorm around what makes training effective. The group will agree on essential qualities of effective training. The trainer will obtain an agreement within the group to use these as the criteria for evaluation of each participation's presentation.	H/O What is Training? What makes Training Effective? Scope of Training Exercise: Participants copy the criteria.
2.30 PM	Principles of Learning	Discussion of how people learn.	H/O How Adults Learn. Pyramiding Training Traditional Education
3.00 PM	Assignment	Identify three FP/ORT problems that can be resolved by training. Levels: Staff, Program and Community Fill out Biodata Form	Biodata Form
4.00 PM	Introduction to Family Planning	Discuss the concept of family planning/child-spacing. Brainstorm the health benefits of family planning, how it benefits the mom, child, dad, parents' relationship and country. Brainstorm the obstacles and solutions to family planning. Discuss effective and ineffective traditional birth control methods.	Family Planning Methods and Practice Africa chapter 1,2,15 and 16 Concepts and Issues in Family Planning pages 1-12 and 29-42
4.15 PM	Reflection		Teaching for Better learning
4.30 PM	Adjourn		Chapters 1-4

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TRAINING DESIGN
TUESDAY - TOT DAY 2

TIME	CONTENT	METHOD	MATERIALS/RESOURCES
8.00 AM	Where are we	Session led by Participants	H/O
	Problem Solving	9-Dot Game/List principles	Where are we? 9-Dots
8.30 AM	Needs Assessment/ Problem Identifi- cation	Brainstorm on how to assess the training needs of F/P service delivery point personnel.	
10.00AM	Break	Participants will be divided into groups of three to identify a FP/ORT problem that they would like to develop into a training design.	Assessing Needs Assessing Needs of the Training Popu- lation.
10.30AM			Summary of Method of Need Determination
12.00	Lunch		
1.00 PM	Target Group Identification/ Job Specifications	Each group will identify a target group to be trained for a certain task.	Trainer Development Program.
2.00 PM	Task Analysis	Introduce task-analysis concept.	Task Analysis Work- sheet
3.00 PM	Barrier Method - condoms/ foams	Using the target concept small groups will show what a couple needs to know to use a condom. Roleplay on counseling a client how to use spermicidal foam.	Determining the Content of Training newsprint condoms foam, tablets
4.00 PM	Reflections assignment		Family Planning M&P chapter 14
4.30.	Adjourn		Preparing Insts. Objs. Chapter 1-3

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Wednesday - TOT Day 3

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00 a.m.	Where Are We? Problem Solving Grab Bag		
8.30 a.m.	Learning Objectives	Introduce Learning Objectives	H/O Categories of Objectives Writing of Objectives Verb List (2)
10.00 a.m.	Break		
10.30 a.m.	Learning Objectives Practicum	Each group will write learning objectives for knowledge, attitudes and skills training.	Newsprint
12.00	Lunch		
1.00 p.m.			H/O Principles of Effective Communication Feedback Criteria for Feedback 3 Levels of Perception
3.00 p.m.	Barrier Methods Diaphragm	Demonstration using diaphragm and pelvic model	Diaphragm and pelvic model
4.00 p.m.	Reflections and Assignment		Family Planning M and P Chapter 10 and 11 Helping Health Workers Seminar-Chapter 11
4.30 p.m.	Adjourn		Teaching for Better Learning, Chapter 6

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TRAINING DESIGN

Thursday - 101 Day 4

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00 a.m.	Where Are We? Problem Solving Grab Bag		
8.30 a.m.	Training Methods	Participants describe one training experience in which they had interesting and effective training activities and develop list of conditions that make training effective.	Newsprint Training Tree H/O How to Teach Knowledge Attitudes and Skills
10.00 a.m.	Break		
10.30 a.m.	Training Methods	Use lottery technique to pair participants. There are two tickets for each methods. Two participants with same tickets brainstorm advantages and disadvantages of each method.	Container H/O Summary of Training Methods Advantages & Limitations of Different Media Radio Formats Types of Audio Formats Methods Primer Role Playing Tips of Selecting Methods Nigerian Magazines Paate, Projector, Newsprint H/O
12.00	Lunch		
1.00 p.m.			
3.00 p.m.	Oral Contraceptive	Discussion on oral contraceptives	
4.00 p.m.	Reflections		
4.30 p.m.	Adjourn		

TRAINING DESIGN

Friday - TOT Day 5

TIME	CONTENT	METHOD	MATERIAL/REBOURCES
8.30 a.m.	Where Are We Problem Solving Grab Bag		
9.30 a.m.	Training Design	Introduce Format Give rationale for each component	Training Design Format
10.00 a.m.	Break		
10.30 a.m.	Training Design	Each group will draft a FP or ORT Training Design for a training session they will probably conduct at their place of work.	
12.00	Lunch		
1.00 p.m.	Training Design	Discuss problems related to Training Design	
2.30 p.m.	Assignments Oral Contraceptives	Each group will prepare a 30-minute presentation of their Training Design Discuss the list of contraindications for oral contraceptives Role play on counselling a client regarding possible side effects and serious complications Group discussion on procedures for prescribing oral contraceptives safely and effectively.	Evaluation of Training Presentation Newsprint
4.00 p.m.	Reflections		
4.30 p.m.	Adjourn		

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TRAINING DESIGN

Monday - TOT Days 6

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00 a.m.	Where Are We? Problem Solving Grab Bag		
8.30 a.m.	Training Design	Preparation for Group Presentations	
10.00 a.m.	Break		
10.30 a.m.	Training Design	Preparation for Group Presentations	
12.00	Lunch		
1.00 p.m.	Training Design	Preparation for Group Presentations	
2.00 p.m.	Training Design	Preparation for Presentations	
3.00 p.m.	Oral Contraceptives	Small groups discussion on types of information to tell a client who is using oral contraceptives Brainstorm commonly available oral contraceptives.	Oral contraceptives
4.00 p.m.	Reflection and assignment	Student to use table 11.1 in the Africa, FM+P and identify the type and amount of estrogen and progesterone in each of the commonly available oral contraceptives.	Africa, FM+P, Chapter 13
4.30 p.m.	Adjourn	Role play around specific complaints of clients using oral contraceptives.	

15/10

TRAINING DESIGN

Tuesday - TOT Day 7

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00 a.m.	Where Are We Problem Solving Grab Bag		
8.30 a.m.	Training Design	Each group will make a 30-minute presentation of their training design. Feedback will be given by all participants.	
10.00 a.m.	Break		
10.30 a.m.	Training Design	Group Presentations	
12.00	Lunch		
1.00 p.m.	Training Design	Group Presentations	
3.00 p.m.	Intrauterine Contraceptive Devices	Volunteer participant explain how the IUCD works Brainstorm the advantages of the IUCD Group discussion of the side effects and four major problems related to the use of IUCDs	
4.00 p.m.	Reflections		
4.30 p.m.	Adjourn		

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TRAINING DESIGN

Tuesday - TOT Day 8

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8:00 AM	Where Are We? Problem Solving Grab Bag		
8:30 AM	Obstacles and Resources	Each group will identify the obstacles and resources that will impact upon their program and describe ways of overcoming the obstacles.	
9:30 AM	Implementation	Brainstorm on how training will be implemented. (What, Who, when, where, quantity, cost)	H/O The Training Process
10:00 AM	Break		
10:30 AM	Implementation		
12:00	Lunch		
1:00 PM	Implementation plan	Each group will present an implementation plan for their training session.	Implementation Plan Form
2:30 PM	Evaluation	Introduction to Evaluation.	
3:00 PM	IUCD's	Participants will identify the samples of IUCD's Group discussion on the contraindications for IUCD's	IUCD samples
4:00 PM	Reflections assignment		pelvic model
4:30 PM	Adjourn.		<u>Teaching for Better Learning: Chapter 10</u>

TRAINING DESIGN

Thursday - TOT Day 9

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
3:30 AM	Where Are We Problem Solving Grab Bag		
9:00 AM	Evaluation Methods	Discussion on how to evaluate knowledge, attitudes and skills and how to utilize evaluations	H/O Evaluation Evaluation Model Developing a Scope of World for an Evaluation How do you Evaluate? Four Levels of Evaluation Samples of Types of Evaluation
10:30 AM	Break		
11:00 AM	Evaluation Practicum	Each group will decide how to evaluate each objective in their training session.	
12:00	Lunch		
1:00 PM	Evaluation Practicum	Each group will present their evaluation methodologies for group discussion.	Newsprint
3:00 PM	IUCD's		
4:00 PM	Reflections	IUCD Film -	
4:30 PM	Adjourn	Discussion and demonstration on insertion and removal of IUCDs. Role play counseling clients on using IUCDs.	IUCD Film Pelvic model IUCD insertion kit

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TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8:30 AM	Where Are We?		
9:00 AM	Problem Solving	Principles learned from problem solving exercises	H/O Principles of problem solving (2)
10:00 AM	Break		
10:30 AM	IUCD's	Case studies - managing IUCD problems	Case studies
12:00	Lunch		
1:00 PM	Participants' Evaluation	Each person will complete an evaluation form.	Evaluation Forms
1:30 PM	Presentation of Certificates		
2:30 PM	Closure		

AGENDA

COMMUNITY HEALTH EDUCATION WORKSHOP IMO - STATE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Introduction</p> <p>What is Community Health Education (CHE)</p> <p>Communication</p> <p>Visual Aids</p> <p>OCP Test</p> <p>IUCD</p>	<ul style="list-style-type: none"> . Steps for Effective CHE . CHE Needs Assessment . CHE Needs Assessment . Interviewing . Developing Needs Assessment Instruments . Review OCP Test . Depo-Provera /Net 	<ul style="list-style-type: none"> . Prepare for Community Visits . Community Visits . Depo-Provera /Net 	<ul style="list-style-type: none"> . Pre test CHE Needs Assessment Instruments . Revise Instruments . IUCD Test . Natural Family Planning 	<ul style="list-style-type: none"> . Conduct Needs Assessment . NFP
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<ul style="list-style-type: none"> . Data Review . Data Analysis . CHE Plan . DMPA/NFP/Test . Evaluation of visual aids through presentation of family planning methods to local villagers. 	<ul style="list-style-type: none"> . Complete CHE Plan . Prepare CHE FP/ORT Presentation . Review DMPA/NFP Test . Infertility 	<p>Rehearse CHE FP/ORT Presentations</p> <p>Final Exam includes Infertility</p>	<ul style="list-style-type: none"> . Present CHE FP/ORT Program in Community . Review Final Exam 	<ul style="list-style-type: none"> . Presentations Evaluation . Workshop Evaluation . Graduation Celebration

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

MONDAY, DAY 1

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
11.00	INTRODUCTION		
11.15	What is community health education? Break	- Participants define CHE using the pyramiding technique	Werner, pp. 23-26
12.00	Teaching aids	Each participant will present her FP or ORT teaching aid produced over the weekend review reading assignment	Werner, 11-1, 11-2
1.00	Lunch		
2.00	communication	Participants work in small groups studying examples of interactions deciding whether or not communication has taken place, between essential aspects of communication	
3.30	ORT		
4.00	GCP Test		
5.00	IVCD (continues from day 10 - INT)		

7.9

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

TUESDAY, DAY 2

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem solving Grab Bag		
8.30	Steps in effective Health Education	Identify steps for effective health education	Warner, page 6-6/6-9 Abbatt, page 10-12
9.30	CHE Needs Assessment		
10.30	Break		
11.00	Interviewing	Role play interviewing techniques	
12.00	Developing Needs Assessment Instruments	Brainstorm as a group ways to collect the information Draft a questionnaire	
1.00	Lunch		
	Developing Instruments (Cont.)		
4.00	Review IUCD Test Introduction to Dppo-Provera and Net Administration Effectiveness Advantages and Disadvantages	Divide into 4 small groups, each will research and report on one aspect of DMPA/Net	Africa F.P., P. pp. 159-169
	Why the FDA in the U.S. has not approved DMPA	Lecture and Discussion	

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TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

WEDNESDAY, DAY 3

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem solving Grab Bag		
8.30	Prepare for Community visit		
10.30	Break		
11.00	Community visit	<ul style="list-style-type: none"> - Meet the community leaders - visit health facilities - Define the population to be interviewed - Observe the available resources in the community 	
1.00	Lunch		
3.00	Review Community visit		
4.00	DMPA & Net: Contraindications	- Lecture and discussion	
4.15	Side effects and complications	- Discussion	
4.30	Non-contraceptive Benefits	- Brainstorm	
5.00	User Instructions	- Role play - Divide into 4 groups, each group will role play counseling a client on DMPA or Net.	
5.30	Adjourn		

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

THURSDAY, DAY 4

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem solving Grab Bag		
8.30	Pre-Test Needs Assessment Instruments	- Participants pretest the questionnaire in the community	
1.10	Lunch		
3.00	Revise the questionnaire	- Revise the questionnaire	
4.00	ORPA/IUCD Test		
5.00	Introduction to Natural Family Planning	- Participants define Natural Family planning	
	Mechanism of action	- Lecture and Discussion	
	Characteristics of cervical mucus in various phases of the menstrual cycle	- In 7 small groups, each group will research and present the characteristic of the cervical mucus for one phase of the menstrual cycle. Will use the Natural Family planning wheel.	
	Rules for when to abstain and when intercourse is safe	- Discussion	

Africa, FP, MP, p.225-23

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

FRIDAY, DAY 5

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Administer Questionnaire	- Participants administer the questionnaire in the community	
1.00	Lunch		
3.00	Review Test		
4.00	Natural family Planning;		
	Stamp system of recording the mucus method	Divide into small groups, each group will be assigned a coloured stamp which they must tell the group when, and how it is used to record mucus.	
	Evaluate use of stamps system in Nigeria	In small groups, evaluate the feasibility of using the stamp system in Imo State and develop, and necessary record keeping system	
	Develop a record keeping system for Imo State		

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TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

MONDAY, day 6

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem Solving Grab Bag		
8.30	Data Review	- Using community assessment and after information gathered during the CHE practicum, participants will devise a system to chart and interpret information.	Werner, HH pages 3-14, 3-17
9.30	Data Analysis	- In small groups, the participants will assess the FP/ORT training needs and prioritize needs utilizing the pyramiding technique.	
10.30	Break		
11.00	Data Analysis		
12.00	Practicum Prepare a CHE plan	- Participants will brainstorm a list of requirements for an effective FP/ORT presentation. This guide will be used in preparation of the CHE presentations.	
1.00	Lunch		
3.00	CHE Plan(cont')		
4.00	Introduction to the Resal--- Body temperature	Lecture and discussion	
4.30	Introduction to Calender Method	Lecture and discussion	
5.00	Introduction to the Sympt-thermal method	Lecture	

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TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

TUESDAY, DAY 7

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem Solving Grab Bag		
8.30	Complete CHE plan	- prepare CHE presentation	
1.00	Lunch		
3.00	Prepare Community Health Education FP/ORT presentations	- Participants prepare to present their CHE plan to the class (rehearsal)	
4.00	Introduction to Infertility	Participants define infertility	
8.15	Identifying fertile days and best times to have inter- course	Role play - woman comes to the clinic complaining she can't get pregnant.	
4.30	Assess and refer couples who will need further infertility tests.	Lecture and Discussion	Africa, FPMP, p.239

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WEDNESDAY, day 8

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem Solving Grab Bag		
8.30	Rehearsal of FP/ORT presentations	- Rehearsal CHE presentations	
1.00	Lunch		
3.00	Rehearsal Continued		
4.00	Final Exam (including NFP and Infertility)		

TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

THURSDAY, DAY 9

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem solving Grab Bag		
8.30	presentations of the CHE EP/ORT programs in the community Presentations continued	participants go to CHE locations and make presentations	
1.00	Lunch in villages		
4.00	Review final Exam.		

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TRAINING DESIGN
COMMUNITY HEALTH EDUCATION

FRIDAY, DAY 10

TIME	CONTENT	METHOD	MATERIAL/RESOURCES
8.00	Where are we? Problem solving Grab Bag		
8.30	Evaluation of CHE Presentation	<ul style="list-style-type: none">- participants present a report on their presentations including their evaluations of the training program- Identify recommended change	
10.30	Break		
11.00	Workshop Evaluation	Participants evaluate workshops	
12.00	Graduation Celebration		
1.00	Lunch		
2.00	Farewell		

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APPENDIX D

LIST OF MATERIALS DISTRIBUTED

LIST OF MATERIALS DISTRIBUTED

Active or Reflective Listening
Adult Learning Theory
Adult: Someone who is Self-Directing
Advantages and Limitations of Different Media
Agenda TO/TPD
Assessing Needs
Brainstorming
Client Evaluation
Clinical Management
Clinician Evaluation Form
Communication
Communication, Some Principles of Effective
Competency Model Changes
Comprehensive Guidelines on Planning (WHO)
Conducting the Survey
Criteria for Feedback
Developing a Scope of Work for an Evaluation
Demonstration
Eighteen Steps to a Better Meeting Evaluation
Evaluation Checklist
Evaluation Instructions
Evaluation Model: What is Evaluation?
Evaluating Training (How Do You Evaluate Training?)
Evaluation of Training Presentation
Evaluation of Trainer(s)
Goals and Objectives
Group A: Evaluation List
How Adults Learn
How Do People Learn?
How to Teach Attitudes
How to Teach Knowledge
How to Teach Skills
Journal
Lecture
Levels of Evaluation of Training
Needs Assessment Check List
Needs Assessment Exercise (T&R)
Objectives Categories
Objective Feedback
Objective, Writing an
Outline of a Method for Planning
Performance Evaluation
Planning Diagram
Principles of Problem Solving
Principles of Problem Solving #2
Principles of Problem Solving #3
Pyramiding
Questions to Ask When Evaluating a Training Design
Questions to Ask When Evaluating a Training Presentation
The Questionnaire
Radio Formats Offer Choices
Role Playing
Steps of Training
Task Analysis Worksheet
Task Analysis Worksheet #2
Traditional Education (The Empty Vessel Theory)
Training: (What is Training? An Overview of Process)
Training, the Scope of
Training Activity Check List
Training Design
Training Design Presentation
Training, Determining the Content of
Training Methods, A Summary of
Training, Tips on Selection of
Types of Audio Formats
The Use of "Where Are We" in Training
Training Population, Assessing the Needs of the
Training Process, The
Training Program Objectives
Training Styles
Verbs, List of Active for Stating Educational Objectives
Verbs, Some Possible for Use in Stating Cognitive Outcomes
More Verbs
Visual Aids Use in Training