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intraH

Trip Report

#0-144

Travelers: Mr. Tom Leonhardt, INTRAH Consultant

Country Visited: Sri Lanka

Date of Trip: December 1 - 20, 1985

Purpose: To conduct a national workshop on curriculum development at the Family Planning Association of Sri Lanka Training Center

Program for International Training in Health
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Chapel Hill, North Carolina 27514 USA

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*ON FILE WITH INTRAH DATA MANAGEMENT SERVICES

EXECUTIVE SUMMARY

INTRAH and the Family Planning Association of Sri Lanka (FPASL) conducted a national workshop on curriculum development from December 7 through 15, 1985 at the FPASL's Training Center near Negombo, Sri Lanka.

The participants in this workshop were: seven FPASL headquarters staff from the Operations Division; six field district project officers (DPOs) in charge of supervising and managing the village volunteers; two village volunteer leaders who attended during the needs assessment phase of the workshop; one physician from the Ministry of Health (MOH) who has worked closely with the FPASL in the past; and two FPASL staff from the Evaluation Division.

The workshop trainer, Mr. Tom Leonhardt, INTRAH consultant, arrived one week early in order to prepare for the workshop and interface with FPASL staff, especially the Operations Division director, Mr. A. Dissanayake.

During the workshop, the participants developed skills in curriculum development and were able to apply those skills to the development of a training curriculum for the initial training of the village volunteers and also to the drafting of a refresher training program curriculum for the village volunteers.

The initial training curriculum (ITC) was systematically developed and will be ready for implementation in February 1986. The participants were motivated, enthusiastic about learning and worked very hard during the long workshop. The workshop was judged a great success by the participants and the INTRAH trainer.

SCHEDULE DURING VISIT

Sunday,
December 1: Mr. Tom Leonhardt arrives Colombo.

Monday,
December 2: Meetings with: Mr. Daya Abeywickrema,
Executive Director;
Mr. A. Dissanayake,
Director/Operations
Division; and other
staff members of the
Family Planning Associa-
tion of Sri Lanka.

Tour of the Family Planning Association
of Sri Lanka facility in Colombo.

Briefing with Ms. Eilene Oldwine,
Health/Population/Human Resources
Officer, USAID/Colombo.

Tuesday,
December 3: Workshop planning and preparation.

Wednesday,
December 4: Workshop planning and preparation.

Thursday,
December 5: Visit to a village volunteer meeting.

Friday,
December 6: Final workshop preparation.

Saturday,
December 7: A.M.: Travel to training center.
P.M.: Workshop starts.
2:00 P.M.: Opening ceremony.

Saturday-Sunday,
December 7-15: Workshop.

Sunday,
December 15: Closing ceremony and award of
certificates.

Participants return to Colombo.

Monday,
December 16: Debriefing with Mr. Abeywickrema and
Ms. Oldwine.

Prepare report.

Tuesday,
December 17:

Prepare report.

Final meeting with Mr. Abeywickrema and
Mr. Dissanayake.

Wednesday,
December 18:

Mr. Leonhardt departs Colombo.

Thursday,
December 19:

Reststop in London.

Friday,
December 20:

Arrive home.

Saturday,
December 21:

Complete report.

I. PURPOSES OF THE TRIP

As stated in the assignment description, the purposes of the trip were to:

- prepare 13 Family Planning Association of Sri Lanka (FPASL) staff (six district project officers (DPOs) and seven field operations staff) and three village volunteer leaders to identify village volunteer training needs based on a task analysis of the volunteers; and
- provide skill training in curriculum development and skills application to design of initial and refresher village volunteer curricula.

The specific workshop objectives were to:

1. list the steps in the systematic development of a training curriculum;
2. define needs assessment;
3. list the steps in completing a needs assessment;
4. follow the above steps in developing a training needs assessment for the village volunteers;
5. formulate behavioral objectives for meeting each of the priority needs identified in the needs assessment;
6. design appropriate learning activities for meeting the above objectives;
7. develop pre- and post-tests for the two curricula; and
8. define long-term training strategies for the village volunteers.

II. ACCOMPLISHMENTS

The following was accomplished during the assignment:

- A. The ten-day workshop in curriculum development was successfully implemented. All the participants in this workshop are involved directly in family

planning (FP) activities at the national and field levels (see Appendix C).

- B. One complete, systematic curriculum for the training of the village volunteers was developed and the final version will be ready for implementation by the DPOs in February 1986 (see Appendix E.1.).
- C. One refresher training curriculum was developed. This will be implemented, again by the DPOs, with the village volunteers after approximately six months on the job (see Appendix E.2.).
- D. A core group of national and field level FPASL staff have had an intensive experience in the development of curricula based on a systematic needs assessment of the future target group (the village volunteers) and on a detailed task analysis of the job they are to perform.

III. BACKGROUND

The overall goal of INTRAH's collaboration with the FPASL is to strengthen the Village Volunteer Program. In order to do this, a number of interrelated activities have been and will be undertaken. INTRAH's contract with the FPASL was developed on the basis of INTRAH visits to Colombo in February of 1985 (Ms. Lynn Knauff and Dr. James Veney, INTRAH Trip Reports #0-31 and #0-32) and in May of 1985 (Ms. Lynn Knauff and Mr. Raymond Baker, INTRAH Trip Report #0-63). The project supports staff development, the training of the village volunteers, and village and district committee members and also includes a training evaluation component.

A third INTRAH visit was made to Sri Lanka by INTRAH Deputy Director Ms. Lynn Knauff, and INTRAH Research Assistant Dr. Marcia Angle, from November 9 - 16, 1985. The

purpose of their trip was to finalize preparations for the INTRAH-assisted workshops which would be held in December 1985 and January 1986. During this visit the INTRAH team prepared a task analysis for the village volunteer workers. During the December workshop it was planned that a group of national headquarters staff and a selected group of DPOs would spend two weeks, under the guidance of INTRAH trainer Mr. Tom Leonhardt, developing:

1. a training curriculum for the village volunteers; and
2. a shorter refresher training curriculum for the same target group.

The training curriculum for the village volunteers would be developed following a systematic approach to curriculum development, thus ensuring that the training is as relevant as possible to actual job performance expectations for the village volunteer workers.

This curriculum development workshop would be the first step in a series of events to strengthen the FPASL Village Volunteer Program. The village volunteers are at the very foundation of the FPASL's program and they are responsible for recruiting and motivating couples to adopt and continue to practice FP methods. Thus, it was felt that any effort toward improving the program must begin with the village volunteers.

IV. DESCRIPTION OF ACTIVITIES

The INTRAH Program, in cooperation with the FPASL, conducted a national workshop on curriculum development from December 7 - 15, 1985. The workshop was held at the FPASL's training center near the city of Negombo, about 40 kilometers north of Colombo.

A. Participants:

Attending the workshop were 20 Sri Lankans, all associated with the FPASL. All participants arrived in time to attend the workshop. All participants are in positions with responsibility for training other FP workers or designing and providing FP counselling/education to clients or the community with the exception of two participants who are involved directly in the evaluation of training for the FPASL. The breakdown of the participants is as follows: three volunteer leaders who attended the first two days of the workshop to help with the needs assessment/task analysis for the village volunteers; seven national headquarters staff from the Operations Division; six DPOs (the DPOs have the responsibility of supervising and managing the village volunteers in the field); one physician from the Ministry of Health (MOH) who has collaborated in the past with the FPASL, especially in assisting with the medical aspects of FP training; two members of the Evaluation Division; and one representative from USAID who attended as an observer (see Appendix B for a listing of the participants).

B. Trainer:

There was only one trainer for the workshop, Mr. Tom Leonhardt. Mr. Leonhardt is a freelance consultant who has worked with INTRAH in the past. His area of expertise is curriculum development, training of trainers, training in human resource development, and training in management. He was responsible for the organization, implementation and evaluation of the workshop which included:

planning the two weeks, guiding the participants through the curriculum development process, delivering content sessions when necessary and helping the participants to evaluate what they had done. All logistics were very ably handled by the FPASL.

C. Pre-training Activities:

The trainer arrived in Sri Lanka one week before the training was to start. During the previous three INTRAH visits to Sri Lanka the groundwork had been laid for this activity and the Operations Division of the FPASL had made all the necessary transportation and logistics arrangements. This was most appreciated by the consultant and allowed him to concentrate completely on the content and process of the workshop. During the week before the workshop, he was able to meet several times with the Executive Director of the FPASL, Mr. Abeywickrema, and was given a tour of the FPASL's facility in Colombo (clinical services are delivered there). The consultant was also able to meet several times with the FPASL Director of Operations, Mr. Dissanayake, to discuss last-minute preparations and expectations for the workshop. Mr. Dissanayake made himself completely available to the consultant and was most helpful during the first week. The consultant was also able to meet with Ms. Eilene Oldwine, Health/Population/Human Resources Officer, USAID/Colombo. During this meeting, he was introduced to Dr. Gnani Thenabadu, Program Officer, USAID/Colombo, who would be attending the workshop as an observer.

As an orientation to the FPASL's Village Volunteer Program, the consultant was able to travel to the village of Matugama where the DPOs were meeting with a group of village volunteers. After introductions, there was an animated question and answer session between the consultant and the volunteers, facilitated by several English/Sinhala translators.

D. Workshop Content and Process:

The workshop began on December 7, at 2:00 p.m., with a very informal opening ceremony conducted by the FPASL Director of Operations. During the following two weeks, the participants were exposed to the steps in the systematic development of a training curriculum and were able to apply that knowledge and develop, with the help of the INTRAH trainer, an initial training curriculum (ITC) for village volunteers (see Appendix C for the complete workshop schedule). The same steps were also applied to the development of a refresher training curriculum for village volunteers. This training program is offered to the volunteers after approximately six months of service and is designed to sharpen their skills in FP content areas.

After the usual workshop activities dealing with objectives, expectations, schedule and administrative details, the participants and the trainer discussed the steps involved in developing a training curriculum and a needs assessment. This was in preparation for small group work during which the participants were to list all possible training needs for the village volunteers based on available information. Identified needs

were divided into content and skills areas and were ranked, since the program has to fit into three days (less than 21 hours of training time). After paring down the list, the participants and trainer discussed how to turn needs into objectives (behavioral), what kinds of training techniques are appropriate for what kinds of objectives, and how to collect resources for the training program. One module was developed by the entire group, after which participants broke up into work groups, each with a set of objectives to turn into full-fledged training modules.

Participant work groups and the trainer met together from time to time in plenary sessions to check work and offer help and suggestions to one another. When necessary, the trainer would deliver small training sessions on various content areas related to training and curriculum development. An example was a chart developed (see Appendix D) for evaluating whether or not training techniques are appropriate (using active/passive, time requirements, and best for skills, knowledge or attitudes as the criteria).

The workshop ended December 15, with the FPASL Executive Director handing out the INTRAH certificates. During the evaluation session, the participants stated that they had learned a great deal during the two weeks and were proud to have produced such a high quality product (see Appendix G.1.).

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

FINDINGS/CONCLUSIONS

RECOMMENDATIONS

A. ADMINISTRATIVE AND LOGISTICAL ARRANGEMENTS:

In general, the administrative and logistical arrangements were very well handled by the FPASL. The training center has dormitory facilities and the food service was quite good. It is somewhat isolated and residential participants recommended more indoor recreation facilities and games be made available. The consultant was lodged at a nearby resort (approximately 3 kilometers from the center) and transportation to and from was provided by the FPASL.

The training center of the FPASL is a suitable locale for conducting training activities. If residential training is to be undertaken in the future, the FPASL might invest in some board games, cards, darts, etc., to complement the outdoor games already available for the participants (cricket and badminton). Consultants and outside resource people can be lodged at the nearby resort, which is inexpensive.

B. TRAINING:

1. As indicated by participants' reactions, both formal and informal, the workshop responded to their needs (see Appendix G.1.).

1. Developing a product such as a curriculum while learning about it is an excellent way to conduct a workshop. The participants responded enthusiastically to the workshop, even though the work was difficult and the hours long. It is recommended that future workshops be carried out along these same lines.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

FINDINGS/CONCLUSIONS

RECOMMENDATIONS

- | FINDINGS/CONCLUSIONS | RECOMMENDATIONS |
|--|--|
| 2. At the end of the first week of the workshop, the participants were visibly fatigued. The work week lasted seven days. | 2. The workshop should have lasted no longer than five days at a stretch and this is a recommendation for the January 1986 workshop as well. |
| 3. Some sessions went over the designated session times due to the amount of work that needed to be accomplished. | 3. Session hours should be respected insofar as possible. |
| 4. Due to limitations of time, the participants were unable to field test the product on the target group in order to gain an idea of relevancy of material, session times, etc. | 4. A recommendation was made by the FPASL for the January 1986 Management/Training of Trainers workshop that a group of trainees be brought to the center so that the participants will be able to practice their skills in a real setting. |
| 5. There was little or no reference material available to the participants on curriculum design, training, etc. | 5. Time should be made available to the consultant while he is still in the U.S. for compiling materials for the workshops. Very little exists in Sri Lanka. |
| 6. Due to limitations of time, the participants themselves had little chance to work on training skills, especially platform skills, during the workshop. | 6. Every effort should be made to get the participants onto the platform, no matter what their preferred language. It is recommended that time is allowed for the participants to practice their platform skills during the January 1986 workshop. |

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

FINDINGS/CONCLUSIONS

RECOMMENDATIONS

- | | |
|---|---|
| <p>7. The time elapsed between submission of the first handwritten drafts of the modules and availability of the final typed version was too long, and in some cases, participants did not see the final version until after the workshop.</p> <p>8. The participants were thrilled to receive the certificates from INTRAH and were also very proud of the fact that they had produced two curricula in a period of two weeks.</p> | <p>7. Curricula drafts should be typed and run off as soon as they are ready so that the participants will have a copy from which to work.</p> <p>8. Certificates should definitely be continued.</p> |
|---|---|

C. PERSONAL:

The consultant worked three weeks with no break at all and often felt the lack of a training partner with whom he could discuss training content and process issues.

Any workshop of this duration and intensity should have co-trainers. INTRAH should make sure that funds are available for sending two people. The workshop would be richer and the consultant far less exhausted. It also gives the participants another person with whom they can interact and would expand the amount of knowledge and experience upon which they could draw.

APPENDIX A

PERSONS CONTACTED

USAID:

Ms. Eilene Oldwine, Health/Population/Human Resources
Officer

Dr. Gnani Thenabadu, Program Officer

FAMILY PLANNING ASSOCIATION OF SRI LANKA:

Mr. Daya Abeywickrema, Executive Director

Dr. Sriani Basnayake, Medical Director

Mr. A. Dissanayake, Director/Operations Division

APPENDIX B

LIST OF WORKSHOP PARTICIPANTS

| <u>NAME</u> | <u>DESIGNATION</u> | <u>DISTRICT</u> |
|------------------------|--------------------------|-----------------|
| P. Herath | Chairperson - GRLAC | Kandy |
| D.A. Goonawardana | Chairperson - GRLAC | Hambantota |
| U. Basnayake | Secretary - DAC | Matara |
| C.D. Ranawake | Operational Manager | Head Office |
| P.D.M.I. Gamini | Operational Manager | Head Office |
| Joe Livera | Operational Manager | Head Office |
| A.J. Benedict | Assistant Director | Head Office |
| Y. Balachandran | Assistant Director | Head Office |
| S. Samarasinghe | Assistant Director | Head Office |
| A. Dissanayake | Director - Operations | Head Office |
| A.S. Poovendran | District Project Officer | Jaffna |
| U.A. Hemachandran | District Project Officer | Kalutara |
| S.P. Gamage | District Project Officer | Matara |
| J.H. Bambarendege | District Project Officer | Matale |
| L.R. Thilakawardana | District Project Officer | Gampaha |
| C. Kandegama | District Project Officer | Kandy |
| Dr. Gnani Thenabadu | Program Officer | USAID/Colombo |
| Dr. W.S. Pathinayake | Physician | Matara |
| Mala Wijesekara | Evaluation | Head Office |
| K. Jayasinghe | Evaluation Director | Head Office |
| <u>INTRAH Trainer:</u> | Mr. Tom Leonhardt | |

APPENDIX C

WORKSHOP SCHEDULE AND OBJECTIVES

APPENDIX C

CRITERIA USED FOR GUIDELINES IN DEVELOPING THE TRAINING CURRICULUM FOR THE INITIAL TRAINING OF VILLAGE VOLUNTEERS

The three-day curriculum developed will include:

1. A pre- and post-test;
2. Trainer guidelines for role plays, group work and contingency plan for interruptions;
3. Flexibility (skills and knowledge remain, but methods and sequence might change);
4. Directions for training follow-up of volunteers;
5. Integration of past experiences of the FPASL;
6. References for further study (bibliography);
7. Ways to reinforce knowledge and skills;
8. Pre-workshop notice to be sent out in advance of workshop;
9. Several mid-term objectives and one goal;
10. Behavioral objectives for the sessions;
11. Provision allowing trainer to evaluate the pre-test before continuing on with other areas;
12. An ice breaker exercise to get participants involved and to introduce themselves;
13. English version to eventually be translated into Tamil and Sinhala;
14. Priority subject areas for volunteers;
15. Sequencing simple to hard, known to unknown;
16. Each module will have Time, Resources, Materials, Objective(s) (measurable and achievable) and Learning Activities;
17. Specification of type and number of participants;
18. Potential for adaptability for use by other FP donor agencies;

19. Clarity of objectives and methodology to ensure that our trainers and resource people are able to use it and know what we want to have happen;
20. Copyright;
21. Handbook will be modified to suit the curriculum;
22. Suitability for use in the FPASL three-cycle schedule already set up; and
23. Ways to assess attitude change(s).

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 1Date 7 December

| Participant or Trainer Objective | Content | Activity | Time |
|--|---|---|---------------|
| -- | -- | Opening and Welcome | 8-8:10 |
| Have participants introduce themselves as a way to break the ice. | "" | Participants were given 30 minutes to interview each other and then introduce each other to the group. | 8:10 - 9:10 |
| Participants will be aware of goals and objectives and will arrive at a consensus. | Workshop Objectives | The trainer presented overall and specific objectives. Discussion and consensus. | 9:10 - 9:30 |
| Participants will make public their own workshop objectives. | Personal expectations for the workshop | Individual work: Participants wrote out expectations. The trainer charted them as read and they were posted for the duration of the workshop. | 9:30 - 10:30 |
| Participants will list out the criteria for assessing the final product. | How do we want the final product to look? | Group Discussion: The trainer and the participants drew up a list of criteria to remain posted for the workshop. These were the guidelines for constructing the curriculum. | 10:45 - 11:30 |
| -- | -- | Participants filled in biodata forms and the trainer completed administrative details. | 11:30-12:30 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 1

Date 7 December

| Participant or Trainer Objective | Content | Activity | Time |
|---|---------|--|-------------|
| Participants will be able to list the steps in developing a curriculum. | Same | Lecturette/Discussion with listing of steps on flipchart. | 2:00 - 2:45 |
| Participants will be able to list the steps in doing a systematic needs assessment. | Same | Lecturette/Discussion with listing of steps. | 2:45 - 3:45 |
| Participants will list all possible training needs based on available information for the volunteers. | Same | Small group work: "What are the training needs of the village volunteers?" | 4:00 - 5:00 |

Day 2

8 December

| | | | |
|---|--------------------------------------|---|--------------|
| List training needs. | Same | Small group work. | 8:00 - 9:00 |
| Groups will present their work. | Same | Group presentations followed by discussion. | 9:00- 10:15 |
| Groups will divide training needs into content and skill areas. | Same | Large group discussion. | 10:45- 12:30 |
| Groups will prioritize training needs. | Training needs of Village Volunteers | Large group discussion. Items were ranked as "nice to know" or "must know" in order to carry out the work of the volunteer. | 2:00- 5:00 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 3

Date 9 December

| Participant or Trainer Objective | Content | Activity | Time |
|---|--|--|----------------|
| The participants will be able to write a correct behavioral objective. | Definition, criteria, and useful verbs for constructing behavioral objectives. | Group Discussion. | 2:00- 2:45 |
| The participants will be able to define training technique. | Definition of a training technique. | Brainstorm: list of training techniques. | 2:45 - 3:30 |
| The participants will be able to classify whether a technique is active or passive and if it is best for developing skills, knowledge or attitudes. | Techniques available to trainers. | Discussion: definition of a technique, and classifying techniques. | |
| Participants will formulate a goal and field objectives for the curriculum. | Same | Group discussion. | 4:00- 4:30 |
| The participants will be able to develop one module for the curriculum based on one of the identified training needs | What is involved in developing a module? | Take one need. Develop an objective, content, activity, resources and time. Large group work. | 4:30 - 5:30 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 4

Date 10 December

| Participant or Trainer Objective | Content | Activity | Time |
|--|---------|--|-----------|
| | | Discussed and reviewed the model module in order to prepare ourselves for doing the other modules in small groups. | 8:00-9:30 |
| Participants will develop modules based on all the other priority training needs identified during the needs assessment. | Same | Small group work. Each group selected 2 modules to work on. Check-in times at 10:45 and 3:00 to review progress. | 9:30-6:00 |

Day 5

11 December

| | |
|---|------------|
| Check-in time again to review progress. | 8:00-8:30 |
| Group worked on modules. | 8:30-10:45 |
| Groups presented their work. | 11:00-6:00 |
| Discussion of tasks left to do. | 6:00-6:15 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 6

Date 13 December

| Participant or Trainer Objective | Content | Activity | Time |
|--|---------|--|------------|
| Participants will complete each module; write up case studies, games, model interviews, etc. | Same | Small group. | 8:00-10:45 |
| -- | -- | Presentation of work done in small groups. | 11:00-1:00 |
| | | Consensus on the products. | |
| Participants will develop new formats for the baseline survey and for the field notebooks. | Same | Large group work. | 2:00-4:00 |
| Participants will fit the newly-developed modules into the three-day course. | ame | Large group discussion. | 4:00-5:00 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 7

Date 14 December

| Participant or Trainer Objective | Content | Activity | Time |
|--|---------|--|------------|
| Participants will develop guidelines to help the district project officers to evaluate their work. | Same | Large group discussion | 8:00-9:00 |
| | -- | Large group work: Reviewed the justification and introduction from the old volunteer training curriculum and revised. | 9:00-10:45 |
| Participants will develop a two-day refresher training course for the volunteers. | Same | Small and large group work following the same steps as in developing the large curriculum. | 11:00-5:00 |

APPENDIX C

DAILY SCHEDULE AND WORKSHOP OBJECTIVES

Day 8

Date 15 December

| Participant or Trainer Objective | Content | Activity | Time |
|--|-----------------------------------|---|-------------|
| Participants will develop a pre- and post-test based on the new content of the curriculum. | Same | Group discussion. | 8:00-10:30 |
| Participants will develop guidelines for helping the village volunteers sharpen their skills while on the job. | Same | Large group discussion of possibilities for on-the-job training for the volunteers. | 11:00-11:30 |
| Participants will evaluate the workshop. | What can we do better in January? | Large group discussion. | 11:30-12:00 |

INTRAH forms completed.

INTRAH Certificates awarded.

Closing Ceremonies.

APPENDIX D

HANDOUTS

Job description
Task analysis
Experience
Interview old volunteers
Observation
Literature
Interview DPOs
Interview Volunteer Leaders

Training Needs Assessment for Village Volunteers:

1. Collect all relevant information about the job to be done
2. Analyse information
3. Brainstorm needs
4. Prioritize needs
5. Expand the content area of the training needs in order to get an idea of training time necessary
6. Assign estimated time values to the training needs
7. Develop a "final" list of training needs (expanded content ideas should be kept)
8. Develop behavioral objectives for each of the training needs
9. Select training activities, materials necessary and decide on a definitive time for the activity
10. Develop a way to evaluate your curriculum (pre- and posttests)

| KNOWLEDGE (What the volunteer must know) | SKILLS (What the volunteer must know how to do) |
|--|---|
| 1. FP Methods Human reproductive system Family Planning Service facilities in his locality Conception and Contraception Disadvantages and Benefits of FP | 1. Communicate the FP Message Dispell myths Use Visual Aids |
| 2. Communication techniques/Visual Aids Procedure for making home visits FP Myths and Barriers Procedure for identifying target families | 2. Enlist population participation |
| 3. Procedure for proper recording and reporting Procedure for conducting baseline survey | 3. Do baseline survey Report and Record |
| 4. His duties and responsibilities/identifying target groups Procedure and content for the GRLAC meeting | 4. Effective home visits Identify target families |
| 5. Definition of the FP concept Aims, objectives, structure of the FPASL and the CMRFH Programme History of the FPASL | 5. Provide FP services |
| 6. Family Health | 6. Organize FP Programmes |
| 7. Procedure for organizing and conducting FP-oriented programmes | 7. Find leaders |
| 8. Government policy for FP | 8. Get support from other organizations |
| 9. Demographic and socio-economic data | 9. Get support from head quarters |
| 10. Procedure for finding informal and formal leaders | |

VERBS FOR BEHAVIOURAL OBJECTIVESVERBS TO USE

* describe
 list
 draw
 point out
 name
 * explain
 select
 prepare
 * organize
 * conduct
 * report + record
 submit
 write
 demonstrate
 fill out
 make
 define
 * refer
 categorize
 identify

VERBS TO AVOID

know
 understand
 think
 remember
 believe
 realize
 appreciate

OBJECTIVES

- Definition :
- * Statement of what you are trying to achieve.
 - * Statement of what you want to have happen : change in Knowledge, Skills, Attitudes.
 - * An improvement in Skills, an increase in Knowledge.
 - * Positive + Favourable Attitudes.

Behavioural Objectives

- : The participant must show or demonstrate the change.
- : Measurable.
- : Written in terms of the participants.
- * A behavioural objective may contain a condition which further defines what the participant must be able to do.

For example:

The participant will be able to write down the 5 most popular F.P. Methods in one minute (condition).

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Criteria for constructing the
Refresher Training Curriculum

1. 2 days long (12 hours of teaching time)
2. Spring board to move into 3rd stage (motivation)
3. Mostly practical exercises
4. Provide an opportunity to help solve volunteer problems
5. Share experiences
6. Pre- and posttest
7. Same format as the Initial Training Curriculum
8. Flexible
9. Revitalize sense of commitment
10. Done mostly by DPO and HQ staff
11. Content will be based on participants' needs

On the Job Strategy

Objective: To help the Volunteers sharpen their skills

What can be done apart from the Initial and Refresher Courses?

1. Supervisory visits:
 1. What will you look at?
 2. How will you do that during the visit?
 3. Decide on visit criteria.
 4. Give feedback to Volunteers.

2. GRLAC Meeting (work on oral presentation skills)

3. Give assignments (help Volunteers organize FP programmes)

4. Experience other programmes in the field

5. Field trips

6. Work in another service facility (like a clinic)

7. Contents

8. Arrange FPASL organized programmes at the village level on various topics

These strategies were judged feasible by the DPOs.

APPENDIX E

CURRICULA DEVELOPED

1. TRAINING CURRICULUM FOR THE INITIAL TRAINING OF
VILLAGE VOLUNTEERS
2. TRAINING CURRICULUM FOR THE REFRESHER TRAINING OF
VILLAGE VOLUNTEERS

(In process of finalization. Will be
forwarded to INTRAH when available.)

TRAINING CURRICULUM FOR THE INITIAL TRAINING OF VILLAGE VOLUNTEERS

I N T R O D U C T I O N

" The best external change agents are often volunteers who live simply, like the people around them". - J.P.Ranken.

Voluntarism is the very life wire of the FPASL and the field volunteer is the heart of the CMIRFH Programme. He gives his time and commitment to the needs of his community. His contribution is unique and is generally not found in a society in which there is a fee for every service and a price tag on every item.

The Volunteer Training Course, is the process that equips the volunteer to become a major participant in a programme geared to achieving specific objectives.

The Association counts 6 years of valuable experience in the systematic selection and training of more than 5000 grassroots level volunteers in approximately 240 villages annually.

Family Planning is a sensitive area and the details of which are little known and less discussed in the society. The Volunteers therefore needs to possess appropriate attitude, correct knowledge and proper communication skills to carry the message. Hence, a systematic training is indispensable ensure that the message effectively reaches the fertile couples in the project villages at no cost for service. The performance of the grassroots level volunteers as family planning communicators has been reviewed periodically in order to ascertain the effectiveness of using them as FP communicators and the initial three day training curriculum had been amended to meet the training needs of the volunteers.

This document is the final product of the 10 days workshop conducted by INTRAH (U.S.A.) on Curriculum Development where representatives of all concerned viz. volunteer leaders, Resource Persons, District Project Officers, Senior Project Managers and evaluators participated.

GOAL + OBJECTIVES
=====

The goal of this curriculum is to help the trainer develop the appropriate knowledge, skills, and attitudes in the participants (village level volunteers), so they may effectively motivate eligible couples to adopt a suitable method of family planning.

This motivation of eligible couples to adopt a suitable method of family planning is the overall objective of the Family Planning component of the CMIRFH*programme. *

The two field objectives, what the volunteers are expected to do after the training, once they are in the field, are:

1. Motivate 80% of the couples to accept a suitable FP method.
2. Record and report their progress and the contraceptive prevalence rates in their area.

To help the volunteers to achieve the programme goal and the field objectives, the curriculum is composed of seven modules, each with its own behavioural objectives.

* Community Managed Integrated Rural Family Health Programme

* * * * *

(2)

PROGRAMME
2ND DAY

| | 1ST DAY | PROGRAMME 2ND DAY | 3RD DAY |
|-------|--|---|--|
| 8.30 | Registration (8.00) Pre test Inauguration (objective) - Study the pre test | | |
| 9.30 | Orientation | Group Work on FP Methods | Communication - Module: # 6 |
| 10.30 | FPA - Module # 1 | DITTO | DITTO |
| 10.45 | TEA | TEA | TEA |
| 11.45 | FPA - Module # 1 | DITTO | DITTO |
| 12.45 | Family Health - Module # 2 | Planning FP Programmes - Module #4 | DITTO |
| 1.30 | LUNCH | LUNCH | LUNCH |
| 2.30 | Human Reproductive System Module: # 3 and Family Planning Methods | Baseline Survey/Recording + Reporting Module: # 5 DITTO | DITTO DITTO |
| 3.45 | TEA | TEA | TEA |
| 4.45 | DITTO | DITTO | Duties + Responsibilities Module: # 7 |

Post test. Closing Ceremony

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(3)
F.P.A./ C.M.I.R.F.H.P.

MODULE : 1

| OBJECTIVES | CONTENT | ACTIVITIES | RESOURCES MATERIALS | TIME |
|--|---|---|--|--|
| <p>Participants will be able to:</p> <p>a) List Aims, objectives of the F.P.A.</p> <p>b) Chart its structure.</p> <p>c) Name HQ service facilities.</p> <p>d) List the objectives of CMIRFHP.</p> <p>e) List 5 operational steps (CMIRFHP).</p> <p>f) List several ways the community benefits from the CMIRFHP.</p> | <p>F.P.A.</p> <ul style="list-style-type: none"> - History - Aims and objectives - Structure - HQ services - Facilities <p>C.M.I.R.F.H.P.</p> <ul style="list-style-type: none"> - Objectives - How implemented - How community benefits. | <p>Lecture/Discussion</p> <p>a) Lecture on aims, objectives (on flip)</p> <p>b) Show + explain structure from flip charts.</p> <p>Discuss with Ps.</p> <p>c) Explain + write on board HQ services.</p> <p>d) Lecture from flip charts on CMIRFHP objectives.</p> <p>e) Flip charts (prepared) lecturette.</p> <p>f) Discussion: How do you think the CMIRFHP can benefit the community? (Q + A).</p> <p>Trainees will take notes.</p> | <p>Revised Hand Book</p> <p>Flip Charts</p> <p>Black BD/MP</p> <p>Chalk/Markers</p> <p>D.P.O.</p> <p>Assistant</p> | <p>a) 10 mts.</p> <p>b) 10 mts.</p> <p>c) 10 mts.</p> <p>d) 10 mts.</p> <p>e) 10 mts.</p> <p>f) 10 mts.</p> <p>TOTAL : 1 hour.</p> |

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FAMILY HEALTH

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|--|---|--|---|---------------------|
| 1) At the end of the session the Ps. will be able to name the facilities available in a clinic centre. | <p style="text-align: center;"><u>Objective 1</u></p> <ol style="list-style-type: none"> 1. Importance of attending ante-Natal Clinic.) 2. Importance of receiving Tetanus toxoid during pregnancy.) 3. Importance of bringing children to clinic.) 4. Time, Venue of clinics.) 5. Immunization given.) 6. Immunization schedule.) 7. Growth weight monitoring.) 8. Distribution of Thripsha.) 9. School based oral health services.) | <p>Lecture and discussions for objective one & two.</p> <p>Display immunization schedule, Growth weight chart etc.</p> | <p>Doctor PHN/PHI/HE/PHM Posters.</p> | <p>15 mts. (L)</p> |
| 2) List five ways by which the volunteer can help the families to improve their health. | <p style="text-align: center;"><u>Objective 2</u></p> <ol style="list-style-type: none"> 1. Importance of consumption of boiled cool water. 2. Importance of the use of sanitary latrines. 3. Importance of home - garden. 4. Importance of personal hygiene. 5. Use of oral Rehydration solution in diarrhoea. | <p style="text-align: center;">- do -</p> | | <p>15 mts. (D).</p> |

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HUMAN REPRODUCTIVE SYSTEM AND F.P. METHODS

| OBJECTIVES | CONTENT | ACTIVITY | RECOURCES MATERIALS | TIME |
|---|--|---|--|--------------------|
| <p>1. At the end of the session, the Ps. will be able to explain correctly the concept of Family Planning.</p> <p>2. At the end of the session, the Ps. will be able to draw, name, label and explain the basic functions of the Human Reproductive System.</p> | <p>1) History of the F.P., Concept.</p> <p>2) Definition.</p> <p>3) Four concepts:</p> <p>a. Delay the 1st.</p> <p>b. Space the 2nd.</p> <p>c. Limitations.</p> <p>d. Sub-fertility.</p> <p>4) To improve the quality of life.</p> <p>5) Advantages.</p> <p>6) Medical Indications for F.P.</p> <p>1) Male Reproductive System.</p> <p>2) Female R/P System</p> <p>3) Hormonal activity and appearance of secondary sexual characteristics in a nut shell.</p> <p>4) Puberty</p> <p>a. Menarchae.</p> <p>b. Menopause.</p> <p>5) Ovulation</p> <p>6) Menstruation</p> <p>Fertilisation</p> <p>7) Implantation</p> <p>P.T.O.</p> | <p>1) Lecture.</p> <p>2) Discussions.</p> <p>Lecture (Refer contents)</p> <p>Drawing H.R. System (Male + Female.</p> <p>Group Participation</p> <p>Film shows on H.R. System.</p> | <p>Doctor</p> <p>Hand Book</p> <p>Black Board</p> <p>Chalk</p> <p>Flip Charts</p> <p>Felt pens</p> <p>News Prints.</p> <p>Doctor</p> <p>Magnet Board</p> <p>Flip Charts</p> <p>Overhead Projector</p> <p>Films</p> <p>Transperancies</p> <p>Vehicle</p> <p>Newsprints</p> <p>Platignums</p> <p>Chalk (colour)</p> <p>Black Board</p> <p>Hand Books</p> <p>Demonstration Kit.</p> | <p>30 mts. (L)</p> |

Defining the following terminology

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| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|--|---|--------------------|------------------------|-----------------------|
| 3. At the end of the session the participants will be able to explain correctly mechanism of conception. | 8) Life span of the sperm and ovum.) 9) Ejaculation.) 10) Amount of sperms in an ejaculate.) 11) Abnormal sperm count.) 12) Factors contributing to sub-fertility.) 13) Multiple pregnancy and ectopic pregnancy.) | Very Brief Account | | 30 mts. |
| | Preparation of uterus. Model of the Ovum. Model of the Sperm. Liberation of the Ovum. Entry of the sperm. Active mobility of sperm. Relative mobility of ovum. Act of fertilization. Mobility of the fertilized Ovum. Implantation. Formation of the Morula. Foetal growth up to delivery. Period of gestation Calculation of the expected date of delivery. | | | Lecture Discussion |

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|---|---|---|---|--|
| <p>4. At the end of the session the Ps. will be able to list the main F.P. Methods practised in Sri Lanka and describe how it prevents conception, how used and the advantages and disadvantages.</p> | <p>1) Condom* 2) Withdrawal 3) Oral pills* 4) Injectables* 5) I.U.C.D.* 6) Foam Tablets 7) Diaphragm 8) Jellies 9) Nor-Plant 10) Safe period* 11) Vasectomy* 12) Tubectomy*</p> <p>Description of Methods How it prevents, How it used, Suitable for whom, Where available, advantages and disadvantages of all the above* methods.</p> <p>More emphasis on F.P. Methods.</p> <p>* Popular Methods.</p> | <p><u>Lecture</u> Display contraceptives, Magnal boards, Flash Cards.</p> <p><u>Group Work</u> a) Draw diagrams of the methods b) Describe briefly each contraceptive device/method. c) How used/prevents. d) Suitable for whom. e) Advantages and disadvantages.</p> | <p>Doctor / D.P.O. Helper(s) Magnal Board Refer Page 3 - 1 Contraceptive Devices.</p> | <p>1½ hours (L) 1 hour (G.W.)</p> |
| <p>5. At the end of the session, the Ps. will be able to identify appropriate FP method for the families described in the case studies.</p> | <p>1. Identification of the target families in relation to F.P. concept.</p> <p>2. a) Age of Mother H/W b) Age of last child c) Married for how long. d) No. of living children.</p> | <p><u>Lecture</u> <u>Exercise</u> Case studies (4) See Trainer note.</p> | <p>Doctor/DPO Refer Page 3 - 1</p> | <p>45 mts. (L) 30 mts. (Ex)</p> |

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|--|--|-------------------------------|--|-------------|
| 6. The Ps. will be able to list the available F.P. service outlets for client referral in their regions. | <ol style="list-style-type: none"> 1. Date, time, venue of available clinical services in the area. 2. Sales points available in the area. 3. Name service providers in the area. | <p>Lecture Discussion</p> | Hand outs | 25 mts. (L) |
| 7. The Ps. will be able to list the steps for carrying out the follow up of acceptance. | <p>Systematic follow up visit depending F.P. method.</p> <ol style="list-style-type: none"> a. Side effects and complications. b. Regular use of the method. c. Method failure. d. Change of the method. e. Cessation of the method when needed. f. Patient failure. | <p>Lecture Discussion</p> | <p>Follow up cards. As designed by the Health Dept. (As Examples).</p> | 20 mts. (D) |

Case Study (Delaying the 1st child):

My name is Kimari and my husband is Piyaratna Banda. We are living in Bokotuwa. I am 21 years old and my husband is 23 years old. When we were schooling, we attended the same school and a love affair between us began at this stage. Though I was keen to continue my higher education, Banda had to give up schooling on account of domestic financial problems and found employment in a private organization. I proceeded with my studies, passed my advance level and then stayed back at home. My parents did not approve of the relationship I had with Banda. However, between me and Banda, our relationship grew closer and warmer. My parents independently began to make arrangements to give me in marriage. I informed Banda of this position and earnestly begged of him to some or other marry me. On every such occasion, Banda would say that his employment was temporary, his mother sick and that there were many shortcomings in his own house and on these grounds kept postponing our marriage. However, when we came to know that my parents had made a positive decision to give me in marriage to somebody else, he took me to his home and had our marriage solemnized.

Though, my services in the matter of attending to the domestic chores, in the absence of his sick mother was valuable to him, yet he shunned the very idea of begetting a child for reasons mentioned earlier. Though we had both heard of Family Planning, yet both of us had our own fears, neither did we have a good knowledge about it. So the way he solved the problem was by keeping away from having sex with me.

Consequently, our relationship gradually became strained and the closeness and warmth of the past began to dwindle. Very often he came home very late. By this behaviour, he made me feel that I was unwanted.

Case Study : (Spacing):

Somapala is a cultivator who obtained his lands from the government. He has received 2 acres of low land and $\frac{1}{2}$ acre of high land. He is married to a young village girl named Sumana and both of them live a happy life in the hut they had themselves put up. She enjoys helping her husband in his cultivation work. She is greatly determined to make a good future for themselves.

She had her first born, after about an year of her marriage. Though she was fond of having a baby, yet in her own mind she had wished that she had delayed first, as it was her intention to try and build a house with their income first. However, the birth of the child, made her very happy.

Hard life, continuous toil, lack of proper nutrition and having to breast feed the child, all made her lean and haggard. Though the husband understood the position well yet he was helpless, as this was their lot in life.

Among this condition, Sumana's next fear was that if she conceives the next, her position would further deteriorate. She often spent a lot of time in deep thoughts on this matter. As a devoted wife she would not offend him. She derived satisfaction in seeing her husband happy. At this stage, the visit of her friend Yasoma was god sent. Yasoma was an educated girl with a sense of commitment in social welfare. In addition she was also a volunteer of the FPASL.

If you are this volunteer, what advice will you give.

Case Study : Limitation (Permanent Method):

Ram and Leela got married 12 years ago. At present Leela is 34 years old and a mother of 4 undernourished children. Children fell ill frequently. Ram is an ordinary farmer, while Leela is a housewife. With his meagre income Ram found it difficult to make both ends meet. Once Leela happen to participate in a Nutrition Programme organised by the FPA in her village. There she listens to Latiffa who spoke on family size and food. Latiffa explained nutrition and its impact on maternal and child welfare. Latiffa happens to be Leela's school mate. But, Latiffa could not identify Leela. Leela meets Latiffa after the programme and declares her identity. Latiffa was schooked to see Leela's haggered and worn out frame. Latiffa was dismayed to see Leela being pregnant with such a poor state of health. Latiffa and Leela exchange news about each other. Leela learns that Latiffa was married and have three children. She is happy to find Latiffa has a small family with three children and still looking young, healthy and handsome. During the discussion, Latiffa expressed concern over Leela's poor state of health and exhorts her not to neglect her health. Further she tells Leela how she finds it easy to had a happy life with a small family, which enables her to provide good food, better education and other facilities to her children. Very succintly she tells Leela 'Less means more and more means less'. Both depart to meet at another time. Leela goes home carrying Latiffa's advise and feels how she too look after her children well and run a happy family life.

What advise would you given if you happen to meet Leela not to add any more burden and to make her life better in future.

.. - - - -

Case Study (Sub-fertility):

It is nearly three years since the marriage of Amarasena and Amara. Amara who gave up schooling half way stayed on at home till marriage. Though, Amarasena himself gave up schooling half way, yet by the time of his marriage he had established himself successfully in business. By the time Amarasena's parents arranged his marriage, Amarasena was 32 years old and Amara 28 years.

After marriage the couple settled in the village. Amara helped in the running of the business in addition to helping Amarasena's mother in her domestic chores. Welcoming Amarasena home daily on his return from work was a great pleasure to Amara. As days passed by, on Amara was able to see Amarasena absorbed in deep thoughts all by himself off and on. When Amarasena was not in the home, she had to answer many questions put by his mother. At the initial stages of Amara's married life his mother treated her as her own child, but now she could hear her mother-in-law passing hints at her. As days dragged on there was even a change in the behaviour of Amarasena's returns to the home after closing the shop. He came home much late. He is also in the habit of drinking. On some days, its not only quarrels with raised voice, but at times, Sandapala a close friend of Amarasenas has seen Amara being assaulted.

On a subsequent day, at the boutique when Sandapala had asked about this from Amarasena, he had very confidentially described the situation in detail. It appears, that for the reason that Amara is without a child even after 3 years of marriage has made Amarasena a broken hearted man. Amarasena also came to know through Sandapala that there were also rumours going round among the village women about this. According to what he had heard, Sandapala suggested that if they make a vow to the temple, this need could be fulfilled. Though this involved some expenditure, yet he went with his wife to this temple. Though six months passed, there was no result. To meet the demands of the mother-in-law they went to the Katharagama temple and made a vow there too, on return they also performed a religious cultural ceremony.

Now the position in the house is worse than before. Amara was very depressed and was growing lean and haggard. Even Amarasena's business was not as good as before. They talk facing each other very rarely. Amarasena's mother too left the home. Amara was now like one who had fallen from the frying pan to the fire. At this stage they heard of Family Planning.

What advice as an F.P. volunteer will you give this couple.

ORGANISING FAMILY PLANNING PROGRAMMES

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|---|---|--|---|--|
| At the end of the session, the Ps. will be able to list their role + functions in the organization of the different types of F.P. Programmes. | <ol style="list-style-type: none"> 1. What are the different types of programmes? 2. Why are these programmes conducted? 3. Basic preparations necessary for a programme. 4. Where do you get resources? 5. Selecting the target group. 6. How to get participation. 7. Evaluation of the volunteer's role in the programmes. <p>See trainer note.</p> | <ol style="list-style-type: none"> 1. Lecture : The objectives of the various types of programmes. 2. Brainstorm : Types of programmes a volunteer can conduct. 3. Group Discussion : The role of the volunteer in the programmes. <p>End result : List of how volunteer may participate.</p> | Volunteer Hand Book Black Board Chalk Newsprints. Paint Markers DPO or DECC (Refer to annexure for details content on subject area). | <ol style="list-style-type: none"> 1. Lecture: 15 mts. 2. Brainstorm + group discussion: 45 mts. <p>TOTAL TIME : 1 hour.</p> |

TRAINER NOTES

LECTURE

- Objectives of the various types of F.P. Programmes,
- Need for FP Programmes in the Community,
- How it helps the volunteer build up credibility,
- Role of the programmes in achieving FP programme objectives,
- Finding out about community needs.

BRAINSTORM

- Examples:
- Community Leaders discussions,
 - Small group discussions,
 - Introduction meetings to introduce the volunteers to community;
 - Religious Youth
 - Cultural Nutrition
 - Sports Population Education
 - Mothers seminars
 - poly clinics

BASELINE SURVEY AND RECORDING

| OBJECTIVE | CONTENT | ACTIVITY | MATERIALS RESOURCES | TIME |
|--|---|---|--|--|
| <p>1. At the end of the session the Ps will be able to <u>correctly</u> fill;</p> <p>a) BLS form, b) List criteria for selecting target families.</p> | <ul style="list-style-type: none"> - Purpose - Content of the questionnaire - Filling of the questionnaire - Define & identify target families - Communication skills (Mod:2) - Survey procedure & time frame | <ol style="list-style-type: none"> 1) Lecture/Discussion (see content) 2) Practical exercises: <ul style="list-style-type: none"> - Model interview + correction - discussion 3) Home Work : BLS form to be filled at home or neighbours. | Form (BLS) DPO + HQ Staff Blackboard Chalk Assistant | 1. 30 mts 2. 45 mts 3. 15 mts TOTAL : 1½ hours Home work : 1 - 2 hours |
| <p>2. At the end of the session the Ps will be able to draw up the format for the Field Note Book and identify + record the information goes into the format.</p> <p>Name the advantages of maintaining Field Note Book.</p> | <ul style="list-style-type: none"> - Purpose of F.N.B. - Explain the format and contents. - What needs to be recorded - Recording procedure - Advantages | <ol style="list-style-type: none"> 1) Lecture/Discussion 2) Demonstration 3) Practical exercises: <ul style="list-style-type: none"> - Draw Format <p>See trainer notes.</p> | Formats DPO + HQ Staff Field Note Books Black Board Chalk Assistant | TOTAL : 1½ hours |

BASELINE SURVEY

Guide lines for the interview:

(Model interview to be conducted after - lecture/discussion).

- Interviewer - Participant
Interviewee - A married DAC/CRLAC member.
(Preferably a Female)

B.L.S. forms distributed at the lecture.

- * Explain purpose of the Model Interview.
- * Explain what participants expected to do at this session.
Ex. * (A) Listen carefully,
* (B) Call for clarifications or more details if necessary.
(C) Pick out necessary informations from the dialogue to fill the questionnaire.
- * Participants will have to fill the questionnaire given to them.
- * Participants should check relevant informations recorded to ascertain whether the interviewee falls to target group or not.

- CRIT : - Age of the wife.
- Spouse living.
- Age of the last child.
- Whether sterilised.

The trainer will then ask a participant to read out the answers recorded.

Each answer discussed, corrections made recalling the dialogue when necessary. (Reference form filled by the trainer).

BASIC INFORMATIONS ON TARGET FAMILIES

| Serial No. | Name of Target Family | Age | | No. of Children | | Age of the last child | Method at B.L.B. | Motivation | | |
|------------|-----------------------|-----|---|-----------------|--------|-----------------------|------------------|------------|------|------|
| | | H | W | Male | Female | | | May | June | July |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| | | | | | | | | | | |

VOLUNTEER'S MONTHLY CONTRIBUTION

| Date | Place (Name of the target family etc.) | Activity Achievements | Duration Hours | Remarks |
|------|--|-----------------------|----------------|---------|
| | | | | |

BASELINE SURVEY : RURAL FAMILY HEALTH PROJECT

| | | | | | | | | | |
|------------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| For Office use only | Identification No. | Yr. | | Dis. | | Proj. | | S.No. | |
| | | <input type="text"/> |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |

NB : Please write the appropriate figure in the boxes provided.
There should be only one digit in a box .

District : Project :

N.B. : If there are more than one family in a house, a separate form should be filled in respect of each family. Please fill the form even if the spouse is dead, separated or working away from the village.

1. Name of Head of Family :
2. Address:
3. Marital status (use the given numbers)

1. married (legally or otherwise)
2. widowed
3. divorced/permanently separated

(If 2 or 3, please conclude the interview and fill question 15)

4. Age of the wife (in complete years, write one digit in a box) (If age of wife is 15 yrs. or more please conclude the interview and fill question 15)
5. Education of wife (use the given numbers)

1. No schooling
2. Grade 5 or less
3. Grade 6 to 9
4. Grade 10 and above

10

12

13

FOR CHILDREN

N.B. If there are 2 boxes when you write a single digit, please include 'o' in front of that digit.

e.g. When you write 5, write it as

| | |
|---|---|
| 0 | 5 |
|---|---|

6. No. of living children :

No. of boys :

No. of girls :

Total :

| | | |
|--|--|----|
| | | 15 |
| | | 17 |
| | | 19 |

7. Age of Youngest child :

N.B. If the child is one year or less, please write 01.
If not specify in complete years.

Years :

| | | |
|--|--|----|
| | | 21 |
|--|--|----|

FOR ALL FAMILIES WHERE WIFE IS LESS THAN 45 YEARS

6. There are methods a couple could use to delay or avoid pregnancy. What are the methods you have heard of? (use the given numbers).

1. Have Heard
2. Not Heard

- Pill - - - - -
- Condom - - - - -
- Loop - - - - -
- Injection - - - - -
- From Tablets + - - - -
- Safe Period - - - - -
- Mithraevl - - - - -
- Female Sterilization
- Male Sterilization
- Other - - - - -

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

9. Are you (your wife) pregnant now (use the given numbers)

 32

1. Yes
2. No
3. Do not know

(If pregnant, go to question 15)

FOR THOSE FAMILIES WHERE THE WIFE IS NOT PREGNANT

10. Do you wish to have any children in the future?

 33

1. Yes
2. No
3. Undecided

11. Are you currently using a family planning method?

 34

1. Yes
2. No

12. If 'yes' to above, what is the method ?

 36

(use the given numbers)

Pill - 01, Condem - 02, Loop - 03,
Injection - 04, Foam Tablets - 05,
Safe Period - 06, Withdrawal - 07,
Female sterilization - 08,
Male sterilization - 09, other - 10

13. For those who are not using a method

What is the main reason for currently not using a family planning method?

| | |
|--|--|
| | |
|--|--|

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- 01. Dont know any method
 - 02. Want a child
 - 03. Breast feeding
 - 04. Believe can't conceive
 - 05. Sin to prevent
 - 06. Fear of side effects
 - 07. Spouse against
 - 08. Don't know from where to get/supplies services
 - 09. Shy to consult anyone
 - 10. Child very young (abstaining)
 - 11. Husband/wife gone abroad
 - 12. Other
- (specify)

99 No response

14. For those who have 2 or more children

and who are practicing a temporary method.

Does the wife or the husband intend getting a sterilization done in the future?

| |
|--|
| |
|--|

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- 1. Yes
- 2. No
- 3. Not discussed

15. Identification of couples belonging to the Target Group

N.B. A couple belongs to the target group if, that couple is currently married (i.e. 1 to question 3) and the wife is less than 55 years (i.e. less than 15 to question 4) and neither the husband or wife are sterilized. (i.e. not 08 or 09 to question 10)

| |
|--|
| |
|--|

According to your opinion does this couple belong to the target group?

- 1. Yes, this couple belongs to the target group
- 2. No, this couple do not belong to the target group
- 3. Cannot decide.

COMMUNICATING F.P. MESSAGEModule : 6
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Overall Objective - To make the volunteers effective FP Communicators.

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|--|--|--|---|--------|
| 1. The Ps. will be able to demonstrate the ability to ask questions in a manner understood by the clients, in order to obtain the necessary information for BLS. | a. What is communication - mass group and - inter-personnel Why/How inter-personnel communication is important in FP. | 1. Lecture/ Discussion (see content) | D.P.O. Lecturer | 1 hour |
| | b. Communication cycle. c. The role of the vol. in the communication cycle. d. The message - sender e. The myths & Barriers - receiver. f. The qualities of the sender. eg. - must know the message well. - be fully convinced of what he says. - and must be a good listener - speak clearly. | 2. Games on message - Trainer notes. 3. Role Play - interview one couple. - discussion: interviewing skills - role play for 8 vols. on BLS. - practical exercises - each one will fill up a form by interviewing another volunteer. Trainer Note: See game on communication barriers. | BLS forms AV Charts Demand papers Felt pens Black Board Chalk Tape Recorder | 1 hour |

| OBJECTIVES | CONTENT | ACTIVITY | MATERIALS RESOURCES | TIME |
|---|---|--|---|---|
| 2. The Ps. will be able to demonstrate the ability to present orally the data contained in the field note books. | <p>Group communication techniques:</p> <ul style="list-style-type: none"> - speak audibly and clearly. - speak to the point. - look at the audience in their eyes. - answer questions. - maintain their attention throughout etc. | <p>Practical exercise</p> <ul style="list-style-type: none"> - Baseline data oral presentation <p>Each vol. will present the details of the Family based on the BLS data.</p> | B.L.S.data | 1 1/2 hours. |
| 3. The Ps. will have participated in a role play designed to enhance motivational skills and will be able to list atleast 50% of the steps. | <p><u>Motivational Steps:</u></p> <ol style="list-style-type: none"> 1. Identify the target families. 2. Build rapport. 3. Helping to solve any problem that client has. 4. Introduce F.P. at suitable point using AV charts. 5. Assess needs and attitudes on FP from the feed back. 6. Identify obstacles to F.P. 7. Helping to overcome barriers. | <p>Games on motivational steps.</p> <p>Lecture.</p> <p>Role plays (1 - 4)</p> <p>Motivational steps</p> <ol style="list-style-type: none"> 1. newly married couple. 2. spacing. 3. regulating family size. 4. sub-fertility. <p>After role plays discussions.</p> <p>See trainer notes for game on motivational steps. Game # 2.</p> <p>See trainer notes for the role plays + annexure # 1.</p> | <p>D.P.O.</p> <p>Same as objective 1 & 2.</p> <p>Health Educator/Health officer/DPO/Head Office Staff or any other trainer available.</p> | <p>3/4 hours</p> <p>3/4 hours</p> <p>2 hours.</p> |

| OBJECTIVES | CONTENT | ACTIVITY | RESOURCES MATERIALS | TIME |
|------------|--|----------|------------------------|------|
| | <ol style="list-style-type: none"> 8. Discuss suitable FP method to the client and persuade him/her to accept a method. 9. Identify the resistance to the methods if any. 10. Suggest alternatives. 11. Strengthen motivation by use of satisfied acceptors or health personnel if necessary. 12. Once the client had made a decision on a suitable method provide informations and services. 13. Assist him/her to obtain services. 14. By follow-up visits reinforce and reassure clients continuity in the use of the methods. 15. Provide informations on sub-fertility. | | | |

COMMUNICATION - GAME I

- Message Trainer example follows.
- Step I : Writes a short message of about 15 sentences on any subject and make it slightly complicated.
- Step II : Then select 4 participants and send them out to stay in a place from where they will not hear what is said in the class.
- Step III : Now read the message to the audience, get one of the participants to volunteer to retell the message, to one of those 4 participants staying outside the class all this time. This must be done without any one else hearing, but could be taped on a recorder.
- Step IV : The volunteer who received the message will not in turn relate it to another person among the three participants staying out, in the similar way as before. This too would be recorded on a tape.
- Step V : The last participant who received the message will relate it to the audience. This will be followed with a discussion on how the message had undergone various distortions and the tapes would be played to elucidate the message.

COMMUNICATION BARRIERS: Trainer Example

The witness said as follows;

About two years ago, I fell from a coconut tree and broke my legs. Thereafter, to eek my living everyday in the morning I come to the vicinity of the Bo-free at Wijerana Nawatha. I come here on my Wheel Chair. While I am here, the passers by help me by giving me some alms. Teacher Mrs. Silva's house is also situated near this Bo-tree. This lady too normally gives me something. When Mrs. Silva is not there, her grandmother used to give me something. One day when I was having my meal under this tree, I heard a noise from the direction of Mrs. Silva's house. When I looked in the direction of the house, I saw this accused running away from the house. I came here today in my wheel chair.

COMMUNICATION - GAME 2:

Motivation

- Step I : Divide the group into two equal halves.
- Step II : Pre-suppose that group A are believers in the existence of God and Group B are not.
- Step III : Group A will try to motivate group B to accept the existence of God.
- Step IV : Take group B outside and tell them very clearly that they should not allow group A to speak to them on religion. Group B should instead, try to speak on a subject of their choice, other than religion.
- Step V : Seat group A and B in a way required to carry on a dialogue.
- Step VI : Start the dialogue.
- Step VII : Stop the dialogue after 10 mts.
- Step VIII : Ask from a few participants of group A if they were successful in motivating and if not what were the obstacles.
- Step IX : How relate the steps in motivation to overcome such communication barriers.

1ST ROLE PLAY

Delaying the 1st Child:

1. Volunteer visits a newly married couple.
2. Builds rapport.
3. Find out what the couple is thinking about (e.g. the need for a new house)
4. Help the couple with their problems.
5. Talk about FP in relation to their needs.
6. Identify barriers.
(Mother-in-law's objection in delaying the 1st child).

2nd ROLE PLAY

Spacing:

1. Volunteer visiting the house two weeks after the child-birth. (Assumption is that the volunteer had visited their home earlier for pre-natal care). Now give adequate information on the need for FP.
2. The volunteer discuss the various spacing methods and helps her to select the most suitable method.

3rd ROLE PLAY

Scene I :

1. The volunteer is visiting a house which has 6 children in the family. (Father is a casual labourer). The volunteer has already visited the house-hold previously and given sufficient information on permanent methods, specially on Vasectomy but failed. Subsequently, he comes with a Vasectomy satisfied acceptor and attempts to motivate the client.
2. He finally decided to undergo vasectomy operation.
3. The volunteer provide the service information and assist him in obtaining them.

Scene II:

1. At a later date, the volunteer visits the client for follow-up (reassurance).

1th ROLE PLAY

1. A group of young mothers at a village well. Sub-fertile woman enters and places a pot. A child nearby topples the pot and the angry woman knocks the child. The mother of the child comments. (if you had a child you will not do a thing like this etc.) and she feels hurt.
2. Other women leave the well one by one and finally the sub-fertile woman and the volunteer are left and information exchange begins.

DUTIES AND RESPONSIBILITIES

| OBJECTIVE | CONTENT | ACTIVITY | RESOURCE MATERIALS | TIME |
|---|--|---|---|---|
| At the end of the session the Ps. will be able to list and describe all the important duties and responsibilities of a FPA volunteer. | <ul style="list-style-type: none"> * Duties and Responsibilities. * How to perform. * Voluntarism; <ul style="list-style-type: none"> a) qualities b) expectations | <ul style="list-style-type: none"> * Lecture/discussions * By activity method <ul style="list-style-type: none"> a) Ask Ps. to list the qualities of a good volunteer. Discussion: What is voluntarism, its value etc. b) What do you think your duties are? Prepared flip chart (Duties) Lecture + Discussion (Q + A) c) Discussion: "How are you going to carry out your duties?" d) Exercise : List your important duties + Responsibilities. | <ul style="list-style-type: none"> Black Board News Prints Chalk Markers D.P.O. Assistant Hand Book Prepared Flip Chart | <ul style="list-style-type: none"> a) 10 mts. b) 30 mts. c+d) 20 mts. TOTAL : 1 hour. |

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Group Discussion:

ROLE OF THE VOLUNTEER

Identify + discuss suitable programmes at the CRLAC Meetings.

Assist in programme planning:

- Select target groups (# s)
- Venue, Time
- Resource persons
- Materials (Community contributions)
- Refreshments
- Preparation of meeting site
- Invite participants
- Clean up.

(24)

* APPENDICES *

ROLE PLAY

Role play is a spontaneous drama acted out under direction, the subject matter of which comes from real life situations. Role Play is unchoreographed, though it may be cued ahead of time. It may be defined as a spontaneous acting of real life social situation.

Role play was earlier known as socio drama the fore-runner of which was the Psycho-drama used by psychiatrists.

Its main support is the fact that people learn best by doing. The only ideas that people fully understand are those they themselves have helped to formulate. It shows you what to do rather than tells you what to do.

Its advantages are:

- a) Provides unique face to face communication skill
- b) Improves intergroup understanding
- c) Has been found to improve the mental health of participants in training programmes
- d) It helps to change attitudes
- e) Cures and solves problems
- f) Makes the individual self conscious and would show the mistakes he would make in his job. So that errors are become earlier known and can be corrected.
- g) He learns the effect of his action on others
- h) Every one in class is attentive and makes use of it to eliminate errors in their own role.
- i) Valuable as a fact finding device - understanding of the person
- j) Help to tap all resources at hand
- k) Through this, training in leadership could be provided.
- l) A dramatic way of presenting a problem and stimulating discussion
- m) It can provide clues to possible solutions and expose them without the dangers, inherent in a real life trial and error approach
- n) Gives the player a chance to assume the personality of another.

Role play has the following characteristics:

- a) A brief advance preparation
- b) No learning of lines, no rehearsal, no script.
- c) Build up the situation as one goes along.
- d) Should be short - 10 minutes the most.

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ANNEX

TRAINING ACTIVITIES
TECHNIQUES AND METHODS

DEFINITION : The procedure to reach (fulfill) the objectives.

| TECHNIQUES | Is the technique best for Knowledge Skill, Attitudes (KSA) | Time Required | Active/Passive (A/P) |
|---------------------|--|---------------|----------------------|
| Panel discussion | K | TTT | A |
| Lecture (Q + A) | K | TT | P |
| Group discussion | KA | TT | A |
| Audio visual | KAs | TT | P |
| Role Plays | SKA | TT | A |
| Demonstrations | SK | TT | A+P |
| Practical Exercises | KSa | TT+ | A |
| Games | SKa | TT | A |
| Field Visits | SKa | TTT | A |
| Brainstorming | K | T | A |
| Case Studies | Ksa | TTT | P/A |
| Reading | K | TT | P |
| Observation | KAS | TT | R |
| Drama | KAS | TTT | A |
| Debate | Ka | TTT | A |
| Quizzes | Ks | TT | P |

TTT = Lots of Time

TT = Some Time

T = Quick

TRAINER GUIDELINES FOR SELF-EVALUATION

1. Ask questions of the Participants.
2. Encourage the participants to ask questions.
3. Encourage feed back during lunch and tea.
4. Watch participants body language.
5. Listen to them talk.
6. Listen to others talk.
7. Observations during practical exercises.

APPENDIX G.1.

INTRAH PARTICIPANT REACTION SUMMARY REPORT

APPENDIX G.1.
 INTRAH PARTICIPANT REACTION
 SUMMARY REPORT

DATE 2/18/86

| QUESTIONS: | CATEGORIES: | FREQUENCIES HIGH-LOW | | | | |
|---|---|-------------------------|----|----|---|---|
| 1. WORKSHOP OBJECTIVES WERE: | VERY, MOSTLY, SOMEWHAT, NOT VERY, NOT AT ALL CLEAR | 15 | 2 | 0 | 0 | 0 |
| 2. WORKSHOP OBJECTIVES SEEMED TO BE ACHIEVED: | ENTIRELY, MOSTLY, SOMEWHAT, HARDLY AT ALL, NOT AT ALL | 7 | 10 | 0 | 0 | 0 |
| 3. WHAT AMOUNT OF THE WORKSHOP MATERIALS WERE USEFUL? | ALL, MOST, SOME, LITTLE, NONE | 8 | 9 | 0 | 0 | 0 |
| 4. WHAT PORTION OF THE TIME WAS THE WORKSHOP CLEAR AND EASY TO FOLLOW? | ALL, MORE THAN HALF, ABOUT HALF, LESS THAN HALF, NONE | 17 | 0 | 0 | 0 | 0 |
| 5. WHAT AMOUNT OF MATERIAL WAS COVERED DURING THE WORKSHOP? | TOO MUCH, SOMEWHAT TOO MUCH, JUST ABOUT RIGHT, SOMEWHAT TOO LITTLE, TOO LITTLE | 10 | 6 | 1 | 0 | 0 |
| 6. THE AMOUNT OF TIME DEVOTED TO THE WORKSHOP WAS: | TOO MUCH, SOMEWHAT TOO MUCH, JUST ABOUT RIGHT, SOMEWHAT TOO LITTLE, TOO LITTLE | 5 | 7 | 4 | 1 | 0 |
| 7. HOW USEFUL WAS THE WORKSHOP FOR PARTICIPANT'S WORK? | VERY, MOSTLY, SOMEWHAT, NOT VERY, NOT AT ALL | 0 | 5 | 12 | 0 | 0 |
| 8. WHAT PORTION OF THE TIME WERE POSSIBLE SOLUTIONS TO REAL WORK PROBLEMS DEALT WITH? | ALL, MORE THAN HALF, ABOUT HALF, LESS THAN HALF, NONE | 0 | 1 | 14 | 2 | 0 |
| 9. HOW MANY IMPORTANT AND USEFUL CONCEPTS WERE LEARNED IN THIS WORKSHOP? | MANY, SEVERAL, SOME, A FEW, ALMOST NONE | 13 | 3 | 1 | 0 | 0 |
| 10. HOW MANY IMPORTANT AND USEFUL SKILLS WERE PRACTICED? | MANY, SEVERAL, SOME, A FEW, ALMOST NONE | 11 | 6 | 0 | 0 | 0 |
| 11. WORKSHOP FACILITIES AND ARRANGEMENTS WERE: | VERY GOOD, GOOD, ACCEPTABLE, BARELY ACCEPTABLE, POOR | 3 | 14 | 0 | 0 | 0 |
| 12. THE TRAINER(S) FOR THIS WORKSHOP WERE: | VERY EFFECTIVE, EFFECTIVE, SOMEWHAT EFFECTIVE, NOT VERY EFFECTIVE, NOT EFFECTIVE AT ALL | 16 | 1 | 0 | 0 | 0 |

INTRAH PARTICIPANT REACTION
SUMMARY REPORT

DATE 2/18/86

| | | | | | | |
|--|---|----|---|---|---|---|
| 13. THE TRAINER(S) FOR THIS WORKSHOP ENCOURAGED ME TO GIVE MY OPINIONS OF THE COURSE: | ALWAYS, OFTEN, RARELY, SOMETIMES, NEVER | 12 | 5 | 0 | 0 | 0 |
| 14. IN PROVIDING INFORMATION ABOUT MY PROGRESS IN TRAINING, THE TRAINER(S) FOR THIS WORKSHOP WERE: | VERY EFFECTIVE, EFFECTIVE, SOMEWHAT EFFECTIVE, NOT VERY EFFECTIVE, NOT EFFECTIVE AT ALL | 10 | 6 | 1 | 0 | 0 |
| 15. WOULD YOU RECOMMEND THIS WORKSHOP? | YES, PROBABLY, MIGHT, MIGHT NOT, NO | 16 | 1 | 0 | 0 | 0 |

16. WORKSHOP IMPROVEMENTS:

- 0 A. ADDITIONAL TIME FOR THE WORKSHOP
- 3 B. MORE LIMITED TIME FOR THE WORKSHOP
- 4 C. USE OF MORE REALISTIC EXAMPLES AND APPLICATIONS
- 5 E. MORE TIME TO BECOME FAMILIAR WITH THEORY AND CONCEPTS
- 7 D. MORE TIME TO PRACTICE SKILLS AND TECHNIQUES
- 1 F. MORE EFFECTIVE TRAINERS
- 3 G. MORE EFFECTIVE GROUP INTERACTION
- 3 H. DIFFERENT TRAINING SITE OR LOCATION
- 2 I. MORE PREPARATION TIME OUTSIDE THE TRAINING SESSIONS
- 4 J. MORE TIME SPENT IN ACTUAL TRAINING ACTIVITIES
- 1 K. CONCENTRATION ON A MORE LIMITED AND SPECIFIC TOPIC
- 1 L. CONSIDERATION OF A BROADER AND MORE COMPREHENSIVE TOPIC
- 3 M. OTHER

17. USEFULNESS RATING OF WORKSHOP:

| TOPICS | VERY USEFUL | | | | HARDLY USEFUL |
|--------|-------------|---|---|---|---------------|
| | 1 | 2 | 3 | 4 | |
| A. | 15 | 1 | 0 | 0 | 0 |
| B. | 12 | 2 | 0 | 0 | 0 |
| C. | 1 | 0 | 1 | 0 | 0 |
| D. | 0 | 0 | 0 | 0 | 0 |
| E. | 0 | 0 | 0 | 0 | 0 |
| F. | 0 | 0 | 0 | 0 | 0 |
| G. | 0 | 0 | 0 | 0 | 0 |
| H. | 0 | 0 | 0 | 0 | 0 |
| I. | 0 | 0 | 0 | 0 | 0 |
| J. | 0 | 0 | 0 | 0 | 0 |

INTRAH PARTICIPANT REACTION
REPORT SUMMARY

DATE 2/18/86

18. RATE THE USEFULNESS OF THE TECHNIQUES AND RESOURCES USED IN THE WORKSHOP:

| TECHNIQUES/RESOURCES | VERY USEFUL | | | | HARDLY USEFUL | NOT USED |
|-------------------------|-------------|---|---|---|---------------|----------|
| | 1 | 2 | 3 | 4 | | |
| A. LECTURES | 5 | 5 | 0 | 1 | 0 | 0 |
| B. GROUP DISCUSSIONS | 16 | 0 | 0 | 0 | 0 | 0 |
| C. INDIVIDUAL EXERCISES | 2 | 4 | 1 | 0 | 0 | 0 |
| D. GROUP EXERCISES | 12 | 1 | 0 | 0 | 0 | 0 |
| E. CLINICAL SESSIONS | 1 | 0 | 0 | 0 | 0 | 0 |
| F. FIELD TRIPS | 0 | 0 | 0 | 0 | 0 | 0 |
| G. HANDOUTS/READINGS | 2 | 3 | 1 | 0 | 0 | 0 |
| H. BOOKS | 0 | 0 | 1 | 0 | 0 | 0 |
| I. AUDIO-VISUALS | 4 | 3 | 0 | 0 | 0 | 0 |

19. THREE ADDITIONAL TRAINING AREAS:

| | |
|---|--|
| 5 | A. COUNSELLING AND/OR CLIENT EDUCATION |
| 3 | B. PROVISION OF CLINICAL METHODS (IUDS, PILLS, DIAPHRAGMS, INJECTIONS) |
| 1 | C. PROVISION OF NON-CLINICAL METHODS (CONDOMS, FOAMING TABLETS, FOAM) |
| 2 | D. PROVISION OF NATURAL FAMILY PLANNING METHODS (RHYTHM, SYMPTO-THERMAL, MUCOUS) |
| 5 | E. SUPERVISION OF FAMILY PLANNING SERVICES |
| 7 | F. MANAGEMENT OF FAMILY PLANNING SERVICE SYSTEM |
| 4 | G. PLANNING/EVALUATION OF FAMILY PLANNING SERVICES |
| 0 | H. POLICY MAKING/DIRECTION OF FAMILY PLANNING |
| 0 | I. COMMUNITY BASED DISTRIBUTION OF CONTRACEPTIVES |
| 2 | J. COMMUNITY BASED OUTREACH, EDUCATION OR INFORMATION |
| 9 | K. IN-SERVICE TRAINING IN FAMILY PLANNING |
| 4 | L. PRE-SERVICE TEACHING/TUTORING IN FAMILY PLANNING |
| 3 | M. OTHER |

TV