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## Trip Report

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**Travelers:** Mr. James Williams, IHP Program Coordinator  
Dr. Kelly O'Hanley, IHP Consultant

**Country Visited:** Imo State, NIGERIA

**Date of Trip:** June 16 - 27, 1986

- Purpose:**
- 1) To conduct a Family Planning/Oral Rehydration Therapy Program Review and Follow-Up Activity with 15 Ministry of Health, Health Management Board and Local Government Area nurses and administrators.
  - 2) To collect information for use by INTRAH to plan future training and technical assistance activities in Nigeria.

DPE-303-C 00-11-01-00

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\* On file with INTRAH Program Office.

\*\* On file with INTRAH Data Management Service.

## LIST OF ABBREVIATIONS USED IN THIS REPORT

CHE	Community Health Education
DHL	DHL World Wide Express Network
EMD	Educational Materials Development
FP	Family Planning
HMB	Health Management Board
IUCD	Intrauterine Contraceptive Device
LGA	Local Government Area
MCH	Maternal and Child Health
MOH	Ministry of Health
MSE	Management Supervision and Evaluation
OCP	Oral Contraceptive Pills
ORT	Oral Rehydration Therapy
PPFN	Planned Parenthood Federation of Nigeria
STT	State Training Team
TOT	Training of Trainers

### EXECUTIVE SUMMARY

James Williams, M.P.H., Program Coordinator and Kelly O'Hanley, M.D., M.P.H., Consultant, International Health Programs (IHP), traveled to Owerri, Imo State, Nigeria to conduct a two-week review and follow-up activity with the Imo State Family Planning (FP)/Oral Rehydration Therapy (ORT) Program training team and to collect information for use by the Program for International Training in Health (INTRAH) to plan future training and technical assistance activities in Nigeria.

The activity was conducted at the Bishop Cockin Conference Center in Atta from June 16 - 27, 1986. The initial group of 19 participants included nurse midwives, public health nurses, senior midwife tutors, a nutritionist and nursing administrators. They represented the Imo State Ministry of Health (MOH), Health Management Board (HMB) and Local Government Areas (LGAs). Sixteen participants remained throughout the activity.

Key elements of an FP/ORT Program are in place in Imo State. Policy makers and opinion leaders are aware of the program and see it as a priority for the state. The state FP/ORT service delivery program has expanded from zero in December 1984 to 45 clinics in June 1986 serving approximately 2,500 clients per month. There have been 110 community health education (CHE) activities since April 1985 that have reached more than 20,000 people throughout the state. A rudimentary management system has been formed consisting of a full-time state program coordinator, a full-time assistant program coordinator and five zonal coordinators who supervise the FP/ORT clinical and CHE activities in their zones. A state FP/ORT training team is recognized, and has acquired training experience, assisted by INTRAH/IHP

representatives. It is prepared to conduct formal unassisted training, but has no concrete plans for this at present.

Recommendations include: reschedule a technical assistance visit for rewriting the five-year program plan and two-year training plan; provide further management training for top and mid-level managers to strengthen the program's management component; reproduce and bind the document summarizing policy recommendations for distribution to influential leaders in the state; fund FP/ORT clinical skills training for participants of the five-day FP workshop; provide the FP/ORT Program with an FP/ORT reference library; provide technical assistance to revise the FP/ORT curriculum; and provide technical assistance for a clinical update session in two years for FP/ORT program coordinators and clinicians.

**SCHEDULE DURING VISIT**

- June 14 Mr. Williams and Dr. O'Hanley arrived in Lagos 7:20 p.m. Hotel reservations were made at the Eko Kuramo Lodge by AID Affairs Office (AAO). Received a communication from Mr. Lawrence Eicher, AAO, stating that it was not necessary to contact him on arrival.
- June 15 Flew to Port Harcourt 9:00 a.m. Hired a car to drive to Owerri, Imo State. Checked into Imo State Concorde Hotel. No communication from program coordinator was received.
- June 16 Met with Rev. T.N. Odomela, Permanent Secretary, Ministry of Health; Ms. Grace Ogbonna, Program Coordinator, Family Planning/Oral Rehydration Therapy Program (FP/ORT); and Ms. Veronica Nwosu, the newly-appointed FP/ORT Assistant Program Coordinator.
- June 16 - 27 Review and follow-up activities conducted.
- June 28 Drove to Port Harcourt from Atta. Flew to Lagos 7:45 a.m. Met with Ms. Keys MacManus, AAO, for debriefing.
- Departed Lagos 10:00 p.m. for San Francisco via London.

**I. PURPOSE OF TRIP**

- A. To conduct a Family Planning (FP)/Oral Rehydration Therapy (ORT) Program Review and Follow-up activity with 15 Ministry of Health (MOH), Health Management Board (HMB) and Local Government Area (LGA) nurses and administrators.
- B. To collect information for use by INTRAH to plan future training and technical assistance activities in Nigeria.

The purposes of this trip were amended from the purpose stated in the original May 7, 1986 assignment description. The changes were made during a meeting of INTRAH/IHP program staff on May 28 and May 29, 1986.

**II. ACCOMPLISHMENTS**

Training activity participants formulated interview forms, which they used to interview participants of all preceding INTRAH/IHP workshops, over 80 percent of whom were contacted and interviewed. With information thus collected, a document was produced describing the status of the Imo State FP/ORT Program and the impact of INTRAH/IHP training activities on the program. Recommendations for further development of the Imo State program were made (Appendix E).

**III. BACKGROUND**

This review and follow-up activity was the last in a series of eight activities under the MOH/INTRAH contract, which had as its overall purpose the creation of an in-state capacity to train cadres of personnel responsible for providing FP/ORT services. The project included: a two-part policy seminar; a training of trainers (TOT) and community health education (CHE) workshop; a curriculum development workshop; two clinical skills workshops--one for the state training team (STT) and one for clinicians during

which STT members served as co-trainers and clinical preceptors--a management supervision and evaluation (MSE) workshop; and an educational materials development (EMD) workshop.

#### **IV. DESCRIPTION OF ACTIVITIES**

- A. Conducted review and follow-up activity. Information was also collected by the INTRAH/IHP representatives to guide future INTRAH interventions in Nigeria.
- B. The activity was held at the Bishop Cockin Conference Center in Atta.
- C. Activity participants conducted state-wide interviews of previous workshop participants.
- D. The participants of this activity included members of the STT, FP/ORT program zonal coordinators and FP clinicians. Nineteen participants attended initially; however, only 16 participated throughout the review and follow-up activity (Appendix B).
- E. INTRAH/IHP representatives served as facilitators. Facilitators reviewed with the participants general principles of program progress evaluation to facilitate this review and to provide the knowledge and skills necessary for monitoring future FP/ORT Program activities. They assisted the participants in developing an information gathering plan. Information was sought that would provide a picture of the current status of the FP/ORT Program and the impact of INTRAH/IHP interventions. Participants drew conclusions and made recommendations for the purpose of guiding plans for the FP/ORT state program.
- F. INTRAH/IHP representatives reviewed and analyzed all information gathered by participants, participated in 14 key interviews led by participants, and personally

interviewed 5 members of the STT, 17 participants of former workshops, 14 clinicians, the Program Coordinator and the Permanent Secretary of the MOH. Additional information had been gathered less formally by both representatives at the time of their respective trips for prior workshops.

G. Problems encountered during the trip and training activity include the following:

1. More participants attended the workshop than had been specified in the training plan. Therefore, the materials and supplies brought by the facilitators were insufficient.
2. The IHP cable and INTRAH telex, which specified changes in dates from the original schedule, were not received by the Program Coordinator or by the Permanent Secretary of the MOH. The DHL express mail letter sent by INTRAH to follow INTRAH's cable was received at the MOH the Friday before the training activity was to begin. Therefore, participants received very late notification to attend. This resulted in personal inconveniences and late arrival of several participants.
3. The Program Coordinator was not able to meet or communicate with the INTRAH/IHP representatives after their arrival because of an illness in her immediate family. The representatives met the Program Coordinator at the MOH the morning the training was to have begun. This caused a loss of half a day and also truncated the planning process and opportunities for input by the Program Coordinator.
4. Reported photo-copying capacity, which would have been used to make additional copies of materials brought by the facilitators and to copy the interview forms created by the participants, did not materialize. Stenciling and copying by the MOH staff were required on short notice.
5. The purpose of the trip was expanded during the May 28 and May 29 meeting between INTRAH and IHP program staff yet extra time was not added. It was necessary for the INTRAH/IHP representatives to spend most of their time facilitating the training activity. Therefore, they were limited in the amount of time they could devote to

collecting and verifying information independent of information collected by the participants.

**V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS**

The findings, conclusions and recommendations are divided into two sections based on their relationship to the two stated purposes of this trip: 1) To conduct an FP/ORT review and follow-up activity with 15 MOH, HMB and LGA nurses and administrators; and 2) To collect information for use by INTRAH to plan future training and technical assistance activities in Nigeria. Purpose 2 is divided into two sections: a) Current Status of FP/ORT Service Delivery Program in Imo State; and b) Review of INTRAH/IHP FP/ORT Training Program in Imo State.

REVIEW & FOLLOW-UP ACTIVITY

FINDINGS

CONCLUSIONS

RECOMMENDATIONS

A: LEGISLATIVE/ADMINISTRATIVE ARRANGEMENTS

1. Materials

- a. Materials and supplies (i.e. pencils, pencil sharpeners, pens, newsprint, file folders, paper, stencils) were provided by the Program Coordinator in sufficient numbers and in a timely fashion.
- b. Reported photo-copying capacity for duplication of the interview forms did not materialize. MOH was able to organize on short notice, stenciling and copying services.

- a. MOH is capable of supporting materials for training activities if external funding is provided.
- b. Duplication facilities and services are limited to stenciling. Availability of photo-copying services cannot be assumed.

- a. INTRAH should continue to provide funds to the State programs with the expectation that materials and services required to adequately support training activities will be forthcoming.
- b. Time should be allowed for typing stencils and duplicating during future activities.

2. Staff

- a. Full-time secretarial service was available throughout the workshop.
- b. The Program Coordinator and Assistant Program Coordinator were available everyday of the workshop.

3. Vehicles

- a. The MOH could provide only two vehicles for use by the participants as they traveled throughout the state to conduct interviews of former participants. It was necessary to reimburse participants for use of their private vehicles. The MOH was able to provide one vehicle, as needed, for non-interviewing days.

- a. Vehicle provision fell short of the requirements yet the MOH participated to the full extent of their current resources.

- a. Same as 1a.

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

4. Venue

- a. Board was provided at the training site. Rooms were also available for participants living too far away to commute. The retreat center has the capacity to house and feed as many as 60 participants. Costs were relatively low. Accessibility of the site is reasonably good.

Power and water were available regularly enough not to interfere with training.

The Anglican diocese which owns Bishop Cockin Conference Center, is considering closing it down because of financial constraints.

- a. The retreat center was a good site for this type of training and is the only facility of its kind in Imo State. It would be unfortunate if it closes because of lack of financial support.

- a. This site should be considered for use by the STT and by international agencies that provide training and technical assistance, for two reasons: 1) It has many desirable features; and 2) frequent use might provide the financial support necessary to keep the facility open as a continuing resource in Imo State.

## B. IMPLEMENTATION OF ACTIVITIES

1. Before Activities

- a. Because this was the first review and follow-up activity conducted under the PAC II contract, an INTRAH/IHP program officers' meeting was held on May 27 and 28, 1986. Those present agreed upon a revised set of general objectives to reflect the fact that the trip had two purposes: 1) a training activity; and 2) a data collection activity.

- a. This meeting clarified the ideas held by INTRAH/IHP staff regarding the purposes of this trip and allowed for an agreement to be reached.

- a. Before launching a new activity, INTRAH/IHP program officers should meet or correspond to agree on the purpose, goals and general objectives of the trip.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>b. The number and composition of the participants was decided upon solely by the Program Coordinator.</p> <p>A greater number of participants was invited to the activity by the Program Coordinator than was specified by the contract. (Twenty-two were invited; 19 appeared; 16 attended full-time; and 15 were specified in the contract and requested by telex and cable.)</p> <p>This activity was planned for STI members and others who hold training and supervisory roles in the FP/ORT Program. About half of the participants met these criteria. The others were clinicians or held adjunct roles in the FP/ORT Program.</p>	<p>b. Training events are often planned for a specific number of participants with reference to materials, supplies and training processes. Variations in planned and actual number of participants can significantly affect training.</p> <p>Training events are also often planned for a particular composition of participants by virtue of their skills, experience and role in the program.</p>	<p>b. Changes in the number and composition of participants should be made only when mutually agreed upon by the INTRAH/IHP program officers and the in-country Program Coordinator.</p>
<p>2. <u>During Activities</u></p>		
<p>a. This activity provided the participants with their first exposure to a structured approach to program monitoring.</p>	<p>a. Review and follow-up are crucial to any program. Exposure to the fundamentals of program monitoring is valuable for program personnel, who usually have had no such training.</p>	<p>a. Review and follow-up should remain part of future INTRAH training programs.</p>
<p>b. The participants worked well on facilitator-guided activities. They followed directions and carried out tasks with a minimum of supervision. Questions on interview forms became more clear, concise and specific during group interaction processes. Participants were diligent about contacting participants of former workshops for interviews. They took the interviewing seriously. Interview skills improved as the participants gained actual interviewing experience.</p>	<p>b. The participants' hard work and diligence reflect their perception of the FP/ORT Program as being important and worthwhile.</p>	<p>b. Further investment by international donor agencies in the FP/ORT Program in this state is warranted.</p>

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

- c. This activity was planned to last two weeks. Accomplishing activity objectives in this time frame required long hours of training, extraordinary demands on participants and increased workload for local administrative personnel.

A final edited version of the document produced by the participants was not completed within the two-week training activity; therefore, it could not be formally presented to the MOH at that time.

- d. A summary of the participant reaction forms can be found in Appendix F<sub>3</sub>. In general, the participants considered the training activity to be quite useful. They stated that the processes used to gather and analyze the information could be used in their primary work assignments. They unanimously recommended an activity like this one for others in the FP/ORT Program. During the evaluation discussion at the end of the workshop participants articulated problems they are experiencing while instituting a new service delivery program.

- c. The time allotted for this training activity was too short to conclude all activities.

- d. The facilitators interpreted these participant reactions as reflecting the participants' realization that the FP/ORT Program does not have a well formatted management plan and that current management practices need refinement. Furthermore, the participants realize that they themselves, must assume the responsibility for improving management, supervision and monitoring of the FP/ORT Program.

- c. Consideration should be given to extending this activity by two to four days.

- d. Technical assistance should be provided for additional management training for top and mid-level managers.

## PURPOSE II

## PLANNING FOR FUTURE INTRAHA TRAINING &amp; TECHNICAL ASSISTANCE

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## A. CURRENT STATUS OF FP/ORT SERVICE DELIVERY PROGRAM IN IMO STATE

1. Policy

- |  |  |  |
|--|--|--|
| <p>a. No formal policy exists for Imo State. However, there is strong state support for the FP/ORT Program as evidenced by the commitment to send personnel for training and the provision of space and personnel for clinical and CHE services. Furthermore, the FP/ORT Program has been newly provided for in next year's MOH budget.</p>  | <p>a. MOH is committed to providing FP/ORT services on an ongoing basis.</p>   | <p>a. Further program investment by donor agencies charged with improving or expanding FP/ORT services is warranted.</p> |
| <p>b. There seems to be good support for the FP/ORT Program from government personnel outside the MOH and also from community leaders. Participants of the policy seminars interviewed during this training activity were supportive of FP/ORT activities. They expressed a recognition of the problems of rapid population growth as outlined in the policy workshop. There have been several requests for FP/ORT services in their local areas by people who attended the policy seminars. Some revealed that they themselves have been giving, or arranging talks on FP/ORT issues for women's groups and other community groups. Many expressed a recognition of the importance of aggressive CHE efforts. One woman involved in natural FP training in the Catholic Church, stated that she has added information from the policy workshop to her training. Interviewees recommended that the state press for formulation of a federal policy regarding population growth and MCH/CS.</p> | <p>b. The influence of the two policy seminars was widespread and it is assumed that the seminars are largely responsible for lack of opposition to the provision of FP/ORT services in Imo State.</p> | <p>b. Same as 1a.</p>  |

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## b. (Continued)

Projected opposition to the FP/ORT Program does not seem to have materialized; none was directly stated or reported by participants of former workshops interviewed during the review and follow-up activity.

- c. An informal position statement summarizing the proceedings and recommendations of the policy seminars, has been written by Mr. A.E. Izuwa, former MOH Permanent Secretary, with the intent of distributing it throughout the state.

- c. Documentation and distribution of the proceedings of the policy seminar would increase current support for FP/ORT program.

- c. INTRAH should duplicate the position statement and send at least 500 copies to Imo State.

2. State Training Team (STT)

- a. The STT consists of 16 members, only four of whom have been participants in all the workshops in the FP/ORT training program.

Members of the STT have been co-trainers for the second clinical workshop and for the five-day FP/ORT information workshop. As part of the clinical workshop, they also acted as clinical preceptors.

STT members have conducted no workshops independently, but they have done a significant amount of on-the-job training of their personnel to perform the following duties:

- a. Members of the STT are prepared to conduct FP/ORT service delivery training, but lack experience.

- a. If requested, INTRAH should provide technical assistance for the Imo STT when it first conducts FP/ORT clinical training.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS (CONTINUED)

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<ul style="list-style-type: none"><li>- registering new clients</li><li>- counselling clients</li><li>- presenting information to clinicians about clients</li><li>- giving FP/ORT health talks</li><li>- dispensing FP/ORT commodities, including OCPs and injectables. (On-the-job-trained personnel do not initiate OCPs or injectables, or insert IUCDs.)</li></ul>		
b. While there are no written and approved plans for the STT, the Project Coordinator and the STT intend to conduct the following training activities:	b. Same as 1a.	b. Same as 1a.
1. Clinical training for nurse midwives in private practice. (An initial meeting has been held with the association representing private nurse midwives. Tuition-based training has been discussed.)		
2. Clinical training for graduates of the five-day workshops.		
3. Clinical training for 50 additional clinicians for the state. These 50 clinicians would meet projected needs for clinicians for the next two years.		

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>4. Other plans for FP/ORT training in Imo State were reported during the FP/ORT review and follow-up activity. The role of the STT in these plans has not been clarified. These plans include: 1) training of teachers in post-primary institutions; and 2) training of community health aids and assistants as community-based distributors who work in out-of-state clinics and are supervised by STT members.</p>	<p>c. Lack of training and resource materials hinders implementation of training activities.</p>	<p>c. INTRAH should help Imo State establish a central reference library.</p>
<p>c. The project coordinator has emphasized to INTRAH/IHP representatives the lack of FP/ORT training and reference materials for the STT.</p>		
<p>3. <u>Community Health Education</u></p>		
<p>a. STT members are conducting CHE training in schools of nursing, midwifery and public health nursing. Over 850 students have participated in these classes.</p>	<p>a. The CHE efforts have played a major part in the increase of FP/ORT acceptors.</p>	<p>a. CHE training or technical assistance should be an integral part of any FP/ORT training program plan in Nigeria.</p>
<p>STT members and those they have trained have conducted CHE activities in every LGA in the state (Appendix E<sub>2</sub>). Total number of CHE activities is over 110 reaching approximately 21,000 people throughout the state.</p>		
<p>Since the TOT/CHE workshop, the Imo State Broadcasting Corporation, Nigerian Television Authority and Imo State newspapers have helped promote FP/ORT activities through regular public service announcements, special programs, editorials and television and radio dramas.</p>		

FINDINGS

CONCLUSIONS

RECOMMENDATIONS

CHE materials created by the STT and those they have trained include: posters, flannel graphs, short plays, songs and dramas.

- b. Project coordinator and STT members have observed a need for greater coordination and supervision of CHE activities in the state.

4. Curriculum Development

- a. Forty-four copies of the FP/ORT curriculum developed during the workshop were reproduced in Imo State. Four copies were sent to INTRAH/IHP. The remaining copies are being used unofficially as reference documents in clinics and in schools of nursing, midwifery and public health nursing.

- b. Coordinated and well supervised CHE activities are a necessary part of the expanding FP/ORT service delivery program.

- a. This curriculum expansion, combined with a precepted clinical experience, will give current public health nurses in training enough knowledge and skills to provide clinical services. The curriculum is a valuable document especially in a context where few FP/ORT reference books exist.

- b. CHE supervisors should be invited to any future management or supervision workshops conducted in Nigeria.

- a. INTRAH/IHP should provide technical assistance for revising the FP/ORT curriculum.

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## a. (Continued)

A STT member, who is a tutor in the school of public health nursing, has used the curriculum to expand FP/ORT content in that school.

The Program Coordinator and members of the STT perceive that the curriculum needs to be revised and then officially approved by the Permanent Secretary of the MOH.

The revised curriculum would be used in these contexts:

- In clinics as a reference document and guide for on-the-job training.
- As an in-service training guide used by STT members.
- As a part of the curriculum of Schools of Nursing, Midwifery and Public Health Nursing.

5. Clinical Services

- a. Imo State FP/ORT Program has 45 clinics currently in operation. These clinics are staffed by 36 INTRAH/IHP trained clinicians and 35 Ibadan trained clinicians.

Average number of clients seen per month has risen from 500 in August 1985, to 2,500 in January 1986.

High quality of services is indicated by:

1. All FP/ORT clinics are staffed by one or more INTRAH/IHP or Ibadan trained clinicians.
2. All clinics are supervised by a zonal coordinator who is a member of the STT.
3. Client counselling and motivation activities are offered daily in the clinics.
4. Fifty percent of the clinics are able to conduct client counselling in private rooms.

- a. Clinical services are established and expanding.

- a. Further involvement by international donor agencies in the FP/ORT Program in Imo State is warranted.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
a. (Continued)		
5. No serious clinical FP/ORT complications have been reported.		
6. Reported average client visit time is one hour.		
7. Zonal coordinators estimate that 70 percent of the clients return for follow-up visits.		
8. Referrals to general hospitals for management by obstetrician/gynecologists are being utilized.		
b. STT members recommended a program of refresher courses for all clinicians in the state, at least every two years.	b. Refresher courses are essential to maintaining high quality clinical skills among service providers.	b. INTRAH/IHP should provide consultants for the first refresher course.
c. Problems existing in clinics:	c. Equipment, supplies and commodity problems are due in large part, to lack of reporting by the Program Coordinator to USAID and the MOH.	c. INTRAH or another donor agency should fund Imo State MOH personnel to attend management training. A topic in the training program should be management information systems.
1. Clinics have been opened that lack essential equipment and supplies. Most clinics have no IUCD insertion kits. Clinics do not have supplies of diaphragms.		
2. Clinics are running out of commodities and supplies that they originally had. For the past three months, there has been a shortage of IUCDs. Spermicides are out-of-date.		
3. Reporting has been sporadic and inaccurate. Record system for continuing users does not exist. Clinic reports to Program Coordinator are incomplete. No financial reports from the MOH to INTRAH have been received since the initial report.		

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## c. (Continued)

4. Clinic reports are not being analyzed properly or used for management, supervising or planning by the Program Coordinator or zonal coordinators.

6. Management, Supervision and Evaluation

- a. The Permanent Secretary of the MOH and the Program Coordinator have requested technical assistance in revising and completing the five-year program plans and two-year training plans. A technical assistance visit was approved by INTRAH but postponed.
- b. The management system consists of a full-time state program coordinator, a full-time assistant program coordinator and five zonal coordinators who supervise FP/ORT activities and services in the five zones of Imo State.

The clinicians serve as managers by doing the following:

- writing monthly reports
- keeping daily and monthly records and statistics
- supervising other clinic staff
- ordering, collecting and storing commodities
- organizing CHE outreach
- directing all other non-FP/ORT clinic activities

Zonal coordinators serve as managers by doing the following:

- organizing and directing logistics of INTRAH/IHP training activities
- dispensing funds from INTRAH contract

- a. Approved five-year and two-year plans would greatly aid scheduling of FP/ORT Program training and expansion activities.

- b. A basic management system is in place but most of the managers and supervisors are inexperienced in those roles.

- a. Technical assistance activity should be rescheduled.

- b. See 6c., page 16.

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## b. (Continued)

- selecting participants for training
- holding monthly meetings for all clinicians in the state for discussion of clinical management problems; updating program activities information and commodities dispersion
- collecting, summarizing and forwarding information about all FP/ORT program activities to USAID
- ordering and distributing commodities and supplies

## c. Participants in the follow-up and review activity identified the following additional management problems:

- Reluctance of untrained co-workers to support FP/ORT activities.
- Zonal coordinators and clinicians have not had non-FP/ORT responsibilities reduced as FP/ORT responsibilities have increased.
- There is a lack of MOH furnished, or MOH reimbursed, transportation for CHE activities and for zonal coordinators to supervise clinics in their zones.
- FP/ORT commodities have been irregularly supplied.
- There is an inadequate budget for CHE materials and FP/ORT supplies.
- Salaries have not increased as responsibilities have increased.
- Inadequate training of clinicians as managers.

## c. Many management problems can be resolved by additional training in FP/ORT program management.

## c. INTRAH/IHP should support planning, management, supervision and evaluation training for top and mid-level FP/ORT program managers and supervisors.

## Suggested topics include:

- FP/ORT program management
- Planning and problem solving
- FP/ORT clinic management
- Personnel supervision
- Management information systems
- Monitoring and evaluation

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

7. Regional Training Capability in Imo State

- a. Residential training is relatively expensive-- approximately 30 - 35 Naira per person per day for room and board.

The Bishop Cockin Conference Center is the only residential training site in Imo State other than commercial hotels.

There are no FP/ORT clinics within less than a 20 - 30 minute drive from the Bishop Cockin Conference Center.

There is currently insufficient client flow to conduct clinical training in a short time frame.

STT members are not currently experienced enough to conduct independent regional training.

- a. INTRAH should not expect that Imo State will be capable of conducting regional training activities in the near future.

- a. INTRAH should not consider Imo State as a regional training site at this time.

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

## B. REVIEW OF INTRAH/IHP FP/ORT TRAINING PROGRAM IN IMO STATE

NOTE: The sequence of FP/ORT workshops in Imo State was the following: 1) Policy Seminars on Population, Health and Development, March 26 - April 3, 1985; 2) Training of Trainers and Community Health Education, April 22 - May 17, 1985; 3) Curriculum Development, May 20 - June 13, 1985; 4) Clinical Skills for STT, July 8 - August 2, 1985; 5) Management Supervision and Evaluation, November 18 - 29, 1985; 6) Clinical Training by STT with INTRAH/IHP Co-Trainers, January 13 - February 9, 1986; 7) Educational Materials Development, February 17 - 28, 1986; and 8) Review and Follow-up, June 16 - 27, 1986

1. Results of the Workshops

- |  |  |  |
|--|--|--|
| <p>a. A broad base of active support for the FP/ORT Program exists in Imo State. Policy makers and opinion leaders are aware of the FP/ORT Program and use it as a priority. The Imo State FP/ORT training team is recognized. Members have already conducted training as co-trainers. STT is capable of doing further training.</p> | <p>a. This support is due in large part to the early policy workshops with the immediate MOH formation of an STT and appointment of an FP/ORT program coordinator.</p>   | <p>a. A Preliminary policy workshop is necessary when the potential exists for opposition by policy makers and opinion leaders. As soon as new FP/ORT training programs are begun, MOH should be encouraged to name a program coordinator.</p> |
| <p>b. During the TOT/CHE workshop, a significant amount of time was spent on FP/ORT didactic material. The TOT/CHE training design devoted approximately two of the ten training days to TOT processes.</p>  | <p>b. The participants were unprepared for TOT due to insufficient FP/ORT content knowledge.</p> <p>FP/ORT training program would have been more effective and the same problems avoided if the sequence of workshops had been different, i.e. if clinical training had preceded the TOT training.</p> | <p>b. See i., page 20.</p>   |
| <p>c. The STT has done no independent training to-date. STT members seem to lack confidence in their ability to conduct independent training. Furthermore, a firm training schedule for independent training conducted by the STT was set during contract negotiations between MOH and INTRAH.</p>                                   | <p>c. Lack of sufficient early exposure to TOT principles and practices may be a contributing factor in the STT not having conducted independent training.</p>   | <p>c. If independent training is desired before conclusion of the entire sequence of workshops, time must be allocated for such training (See B.1.i., Page 21).</p>  |

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
d. The state service delivery program has expanded from zero to 45 clinics serving approximately 2,000 clients per month.	d. Clinical training successfully prepared clinicians to deliver services.	d. The sequence of clinical training for STI members followed by clinical training in which STI members are co-trainers should be followed in future FP/ORT training programs (see i., page 20).
e. Extensive CHE activities have been conducted and have created demand for services. Over 110 CHE activities have reached approximately 21,000 people throughout the state.	e. CHE is needed before an attempt is made to open clinics for clinical training.	e. See B.1.i, Page 21
f. Aspects of curriculum produced during the workshop are not applicable to the clinical setting of Imo State: eg. laboratory tests, which are not available, and infectious diseases, which are extremely rare in Imo State.	f. If the curriculum development workshop had been preceded by clinical training, some problems of applicability may have been averted.	f. See B.1.i., Page 21
g. The five-year program plans and the two-year training plans produced during the MSE workshop were completed only to a first-draft stage. No further work has been done with these plans.	g. Placing planning earlier in the sequence would help form the framework for coordinating all program activities.	g. See B.1.i., Page 21
h. The content and processes in the MSE workshops rely on use of examples from actual situations so that participants can build connections and make direct applications to their real work situations. At the time this workshop was held, their experience in supervising workers and directing activities in this program was quite limited.	h. If the management part of the workshop had been scheduled later, this would have created more opportunities for practical experience, thus providing greater benefit to the participants.	h. See B.1.i., Page 21

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

1. Several problems resulting from the sequence of workshops were encountered as noted above.

1. Sequence of workshops can significantly affect effectiveness of each workshop and overall training and program outcomes.

1. In the creation of in-state training capacity, the following sequence of workshops is recommended:
1. Policy - Particularly important in states where potential exists for opposition by policy makers and opinion leaders.
  2. Planning - forms framework for coordinating all program activities.
  3. Community Health Education - needed before opening enough clinics for clinical training.
  4. Clinical - trainers need to be well grounded in intent and processes of FP/ORT service delivery before they can deliver services or train others.
  5. Training of Trainers - to develop necessary training skills.
  6. Curriculum Development - to make training appropriate to context of state.
  7. Clinical Training with Co-Trainers - to provide technical assistance for first training effort. By this time, more clinicians may be needed to fill demand created by CHE efforts.
  8. Educational Materials Development - raises level of sophistication and allows for expansion of CHE efforts to less receptive segments of the population.

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
		1. (Continued)
		9. <u>Management</u> - at this point FP/ORT Program personnel are conducting services at a significant level and experiencing managerial and supervisory problems.
		10. <u>Independent Clinical Training</u> - at this point trainers have been exposed to all aspects of the FP/ORT Program.
		11. <u>Review and Follow-Up</u> - should follow independent clinical training so that a true picture of training capacity can be evaluated.
2. <u>Content and Process of Workshops</u>		
a. <u>Policy</u>		
1. Many participants of the policy seminars were interviewed during the current review and follow-up training activity. The RAPID presentation impressed them with the urgency of developing population and FP policies. The seminars were conducted in an experiential, participatory style. Recommendations for inclusion in State policy came from the participants themselves.	1. Methods used in the seminars resulted in great involvement and commitment to the FP/ORT Program on the part of participants.	1. INTRAH should include an FP awareness activity in training programs elsewhere in Nigeria.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
<p>b. <u>Training of Trainers and Community Health Education</u></p>		
<p>1. TOT content was sacrificed to provide didactic FP/ORT content material.</p>	<p>1. Participants were insufficiently equipped with FP/ORT knowledge and skills to participate in a workshop designed to train them to pass on the knowledge and skills to others.</p>	<p>1. When FP/ORT content knowledge is lacking, it should be taught in a workshop separate from TOT.</p>
<p>2. The TOT workshop relied upon participatory and experiential training processes. This was the first time that most participants had been exposed to this style of adult education.</p>	<p>2. The participatory and experiential training processes introduced during the TOT workshop helped lay a foundation for similar processes used in subsequent workshops. Furthermore, it led directly to interventions and interactions in the community.</p>	<p>2. Participatory and experiential educational processes should be used whenever possible.</p>
<p>3. Application of the knowledge and skills acquired during the CHE workshop helped build the participants' ability and motivation to do effective CHE. These efforts generated clients almost immediately. Clinics opened in response to this demand for services served as resources for the remainder of clinical training. There have been spectacular sustained CHE efforts.</p>	<p>3. The content and processes used during the CHE workshop were appropriate and effective for Ibo State.</p>	<p>3. CHE should be a part of all FP/ORT training program.</p>

## FINDINGS

## CONCLUSIONS

## RECOMMENDATIONS

c. Clinical

- |   |  |  |
|---|--|--|
| 1. Clinicians explain and counsel patients about contraceptive options well. They are conscientious in identifying patients for whom certain contraceptive options are contraindicated. Adequate physical exams are performed. IUCD insertion techniques are excellent. There are no reports of significant complications resulting from contraceptive use. | 1. Clinical training was effective and appropriate for participants from Imo State.                      | 1. The clinical training design used in Imo State should be used as a model to follow when designing clinical training activities for other states in Nigeria. |
| 2. Appropriateness of process is further reflected by the good clinical precepting done by clinicians trained in the first clinical workshop. These preceptors then assisted in the training during the second clinical workshop.   | 2. One of the most effective training methods is to have participants practice skills under supervision. | 2. Co-trainers should be used whenever possible.   |

d. Curriculum

- |  |   |   |
|--|---|---|
| 1. The quality of the state-developed curriculum was weakened by the fact that when it was written, the participants had not been exposed to clinical training.                | 1. This problem was recognized by the INTRAH/IHP co-trainers and influenced their decision not to use the state-developed curriculum. | 1. FP clinical skills curriculum should be developed only by those participants familiar with the skills intended to be taught through use of the curriculum. |
| 2. The curriculum developed during the curriculum development workshop was not used; the STI did not get an opportunity to use and evaluate the curriculum they had developed. | 2. The curriculum remains unused and untested.  | 2. The state-developed curriculum should be revised and used when conducting training.  |

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
3. No provision was made for the INTRAH/IHP trainers to meet with the STT members before the clinical training began. The amount of time they had for contribution and preparation was limited.	3. These restrictions on STT participation resulted in the STT functioning less independently and in less of a central role.	3. Several days should be allotted before the training to allow planning coordination and assistance between INTRAH/IHP trainers and STT members.
e. <u>Management Supervision and Evaluation Workshop</u>		
1. The MSE workshop had two focii 1) to provide participants with management and supervision skills and techniques; and 2) to write long-range FP/ORT plans for both the program and the training.	1. The amount of time spent on management and supervision was limited by the extended time required to write major FP/ORT Program plans.	1. The time of the the workshop should be extended to accommodate the writing of plans or writing of plans should be conducted as a separate activity.
f. <u>Educational Materials Development Workshop</u>		
1. This workshop was enthusiastically received.	1. It was too early to make an evaluation of workshop impact because this follow-up and review activity was conducted soon after the EMD workshop had concluded.	1. The follow-up and review activity should be scheduled no earlier than six months after the final workshop of a training program.
g. <u>Review and Follow-up Workshop</u>		
1. The INTRAH/IHP representatives were responsible, in addition to facilitating a training activity, for collecting information for INTRAH. The training activity required the majority of the representatives' time.	1. The representatives were limited in their ability to collect and verify information beyond that collected by the participants.	1. More time should be allocated for in-country data collection.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
g. (Continued)		
2. Participants in this review and follow-up activity interviewed more than 80 percent of the participants of previous workshops.	2. This contact served to provide prior participants with follow-up information about the FP/ORT Program to stimulate them to reflect on their roles in the current FP/ORT program and help them see the completed workshops as a continuing education process not merely as a disjointed series of activities.	2. Review and Follow-up workshops should be part of any future training program.
3. <u>Implementation</u>		
a. <u>External Constraining Factors</u>		
1. The INTRAH-sponsored five-day clinical trainings occurred concurrently with the second clinical training workshop of this series.	1. This concurrent training created competition for support services and administrative support.	1. Concurrent workshops should be avoided whenever possible.
2. Dissatisfaction over differential handling of per diems caused disruption of the clinical workshop and EMD workshops.	2. The training process of at least two workshops was significantly interrupted by discussions covering this issue.	2. Policy for payment of per diems should be consistent and should be specified in the contracts.
3. Representatives from other international donor agencies were frequently present during the workshops.	3. These visits created competition for administrative support and for the limited MOH vehicles.	3. Agencies working in the same state should inform each other of their visits.
b. <u>Selection of Participants</u>		
1. The original 17 members of the STT did not attend all the workshops as had planned. Only four members attended all workshops.  Unanticipated increases in the number of workshop participants occurred several times. This affected adequacy of supplies, transportation considerations and appropriateness of planned training processes.	1. The changing composition of participants had the advantage of exposing more people to the FP/ORT Program and building a broader base of support. It had the disadvantage that a much smaller number of people had the depth of training that had been planned.	1. Changes in participant number and composition should be agreed upon mutually by the Program Coordinator and INTRAH.

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
c. <u>Site Selection</u>		
<p>1. The Bishop Cockin Conference Center is the only residential center available for training in the state. FP/ORT clinics are not close to the center. Service delivery training requires considerable transport, and this constitutes a significant logistical and financial problem.</p>	<p>1. No site in the state has access to both service delivery training and residential facilities.</p>	<p>1. A possible solution to this problem is for future core-didactic training to be done at the Bishop Cockin Conference Center. Participants could subsequently be assigned to various clinics for precepted service delivery training.</p>
d. <u>Provision of Materials and Supplies</u>		
<p>1. Reference books of any kind are scarce or nonexistent. Paper and newsprint are available. Pens, pencils and notebooks are available but expensive. Teaching models are not locally available and were brought in by INTRAH/IHP trainers. Typewriters are generally in poor condition.</p>	<p>1. Materials and supplies may be a significant part of the budget for future training by the STT.</p>	<p>1. Realistic budgeting and adequate procurement should be made for future training. Also, FP/ORT reference books and up-date publications should be provided to the Program Coordinator and each zonal coordinator.</p>
<p>2. Clinical protocols were written and revised, but none of the clinics have a copy.</p>	<p>2. Ready access to a written protocol is an important asset for maintaining good quality clinical records.</p>	<p>2. Protocols should be approved, duplicated and distributed to all clinics.</p>
<p>3. Mr. Izuwa, the former MOH Permanent Secretary, wrote and revised a summary document of the policy seminars. He would like to distribute a copy to policy makers and opinion leaders throughout Imo State. Local duplication and binding is expensive and of poor quality.</p>	<p>3. Distribution of this document would reinforce support for the FP/ORT Program.</p>	<p>3. INTRAH should duplicate this document for the MOH.</p>
<p>4. It is difficult to load IUCDs provided to the clinics and retain sterility because of poor packaging. (This problem is addressed in former reports.)</p>	<p>4. Poor packaging adds a considerable burden to service delivery.</p>	<p>4. INTRAH should advocate changes in IUCD packaging.</p>

FINDINGS	CONCLUSIONS	RECOMMENDATIONS
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e. <u>Communications</u>		
1. The communication problems of this review and follow-up activity described in this report, are an example of communication problems often experienced in Nigeria.	1. The communication systems in Nigeria are fragile. Methods that work one time may not work the next.	1. Important messages should be sent by several different channels, i.e. telex, cable and DHL.
f. <u>Support Services</u>		
1. Support services are generally reliable.	1. MOH is capable of supporting future training activities.	1. For future activities, INTRAH should specify support required for activities.
2. Stenciling is the most reliable and affordable method for copying.	2. Stenciling should be method of choice for material reproduction in Imo State.	2. For future activities, time for stenciling should be allowed for in the activity plan.
g. <u>Reporting</u>		
1. Imo State has been lax in its reporting to USAID and contract agencies about its service delivery activities.	1. Reporting failures have contributed to the problems of commodity supplies.	1. Increase time spent on reporting in management, and clinical skills workshops.
2. Client record forms and clinic report forms are difficult to use. Critiques of these forms are in former reports.	2. Present forms exaggerate reporting problems.	2. Client record forms and clinic report forms need to be revised.

APPENDIX A

PERSONS CONTACTED



**APPENDIX B**

**LIST OF PARTICIPANTS**

APPENDIX B1

REVIEW AND FOLLOW-UP ACTIVITY  
LIST OF PARTICIPANTS

APPENDIX B1

FOLLOW-UP REVIEW ACTIVITY PARTICIPANTS

<b>NAME</b>	<b>TITLE</b>	<b>ORGANIZATION</b>
ANOMNACHI, Lydia Njike	Senior Tutor	School of Public Health Nursing, MOH
DIKE, Stella Adaku Chika	Principal Public Health	Family Planning Unit, Public Health Division, MOH
EZUMAH, Grace P.	Principal Health Sister	Health Office, Bende Local Government Area
IWUDIBIA, Chinweeunice	Staff Nurse/ Midwife	Family Planning Clinic, General Hospital, Owerri Health Management Board
NWANERI, Grace Ada	Assistant Chief Health Sister	Medical & Health Department Orlu Local Government Area
OBI, Eunice Uzoma	Senior Nurse Administrator	Family Planning Clinic, General Hospital, Owerri Health Management Board
OBONNA, Enyimbeodinma N.	Chief Health Sister	Health Office, Umuahiaibeku Local Government Area
OKORO, Malinda Ngozi	Senior Nursing Sister	Health Management Board, FP/ORT Clinic, Okigwe Road Secretariat
ONUEKWUSI, Abigail Adaure	Assistant Chief Health Sister	Health Office, Okigwe Local Government Area
ONUOHA, Constance Ogoamaka	Principal Health Sister	Obinze Health Base, Owerri
ORLUWA, Chibuzo Laety	Nutritionist	Nutrition Unit, Medical Division, MOH

<b>NAME</b>	<b>TITLE</b>	<b>ORGANIZATION</b>
ONYEGERE, Edma Ogochukwu	Principal Nursing Sister	General Hospital, ABA
ONYEKWERE, Mercy Chinyere	Health Sister	School of Nursing, Owerri
UCHEWUBA, Teresa Egoyibo	Senior Health Sister	Nursing Services Division, MOH, Owerri
UGOCHUKWU, Kate Chizoma	Senior Midwife Tutor	School of Midwifery, Aboh-Mbase
UKONU, Ogonnaya Isreal	Principal Health Sister	Isiala Ngwa, Local Government Area

APPENDIX B2

PARTICIPANTS OF FP/ORT PROGRAM WORKSHOPS  
INTERVIEWED DURING REVIEW  
AND FOLLOW-UP ACTIVITY

APPENDIX B2

PARTICIPANTS OF FP/ORT PROGRAM WORKSHOPS  
INTERVIEWED DURING REVIEW  
AND FOLLOW-UP ACTIVITY

<u>NAME</u>	<u>TITLE</u>
ADIZUA, Justina Uzoamaka	Assistant Chief Health Sister
AGBAUAGBA, D.	
AGOGBU, D.	Cultural Officer
AGUTA, M. O.	Vice Principal, Irete Technical College
ALOZIE, P. E. U.	Nursing Sister
ANOMNACHI, L. N.	Principal Public Health Nurse Tutor
ANYANWU, Celestina	Family Planning Clinician
ANYANWU, S. C.	Senior Nursing Sister
ANYASO, T. E. A.	Senior Nurse Administrator
CHIBUNDU, Salome	Assistant Chief Nursing Officer
CHIDIEBERE, S. N.	Principal Nursing Officer
CHUKWU, S. A.	Supt. of Schools
DIKE, S. A. C.	Public Health Sister
DURUEKE, J. U.	Principal, Girls School, Aba
EKE, R. A. (DR.)	Director of Family Planning, Chief Health Officer
EKERE, Theresa	Health Sister
EKPE, R. U.	Sole Administrator
ELUWA, J. E.	Senior Nursing Sister
ENWEREM, C. N.	Public Health Sister
ERONINI, Ijeoma Adaoha	Deputy Chief Planning Officer
EZEALLA, Jerome U.	Agricultural Sole Administrator Orlu Local Government

<u>NAME</u>	<u>TITLE</u>
EZIGBO, Romana O.	Assistant Chief Nursing Officer
EZIRIM, R. A. N. E.	Public Health Sister
EZUMAH, Grace P.	Public Health Sister
IBEKWE, E. N. M.	Midwife Tutor
IFEGWU, N. N.	Principial Public Health Nurse Tutor
IHEME, I. O.	Nursing Sister
IHEONU, Denis (DR.)	Medical Officer
IHEZUE, C. A. C.	
IWUDIBIA, C. E.	Senior Nurse Midwife
IYEH, FIDELIS C. U.	Sole Administrator
IZUWAH, A. E. N.	Permanent Secretary
IZUWAH, Lucy U. N.	Senior Lecturer
JIBUEZE, Atim O.	Principal Nurse Tutor/Family Planning Clinician
MADUMIHE, J. U.	Community Health Sister
MBAGWU, Sylvia C. (DR.)	Medical Officer
MTAKWE, Clara C. O.	Family Planning Clinician
NWACHUKWU. R. W.	Nursing Sister
NWAEJIKE, A. E. (DR.)	Senior Medical Officer
NWAGBARA, C. U.	Public Health Sister
NWAGBARA, Comfort C.	Acting Head of Department (Home Ecs.)
NWANKITI, Dora	Bishop's Wife (P.W.W.D.O.)
NWANERI, Grace Ada	Assistant Chief Health Sister
NWAOBIALA, H. O.	Public Health Sister
NWAUBA, D.	Senior Health Sister

<u>NAME</u>	<u>TITLE</u>
NWOLISA, O. Victor	Admin. Officer Grd. I
NJEMANZE, Lesley P.	Director of Medical Services (A.I.C.E.)
NJOKU, C. O.	Chief Nursing Officer
NJOKU, Emmanuel B.	Health Educator
NNOROM, B. O.	Chief Statistician
OBELE, V. N.	Higher Health Supt.
OBI, E. U.	Senior Nurse Administrator
OBIALO, R. O.	Principal Inspector of Education
OBIKA, A. N.	Insurance Representative
OBONNA, E. N.	Community Health Sister
OBONNA, Roseline	A.C.H.O.
OBUA, E. C. N.	Senior Health Sister
OGBA, K. Chiwe	Senior Producer of Programmes
OGBONNA, G.	Project Coordinator
OJIKE, Pauline	D.C.S.W.O.
OKAFOR, Vincent A.	Principal Nursing Supt.
OKERE, Geoffrey	Principal Health Supt.
OKEREKE, Phillip	Gen. Manager N.T.A.
OKEZIE, Cecilia A.	Assistant Chief Insp. of Education
OKORO, Malinda N.A .	Senior Nursing Sister
OKOLIE, W.	Assistant Secretary
OKOGBUE, C. U.	Head of Publication Unit, IBC
OKORONKWO, M. O. (DR.)	Medical Officer
ONONUJU, J. N.	Prin. Lecturer Home Ec. Dept.
ONUEGBU, Charity A.	Nurse Tutor

<u>NAME</u>	<u>TITLE</u>
ONUEKWUSI, A. A.	Assistant Chief Health Sister
ONUJIOGU, Ann. A. (DR.)	Lecturer
ONUOHA, C. O.	Principal Health Sister
ONUZO, Fidelia N. O.	Nursing Sister
ONYEGERE, E. O. A.	Principal Nursing Sister
ONYEKWERE, M. C.	Health Sister
ONYIKE, R. O.	Assistant Chief Health Sister
OPARAGWU, F. A.	Senior Nursing Sister
OPUSUNJU, O. C.	Senior Nursing Sister
ORIUWA, C. L. O.	Nutritionist
UCHEWUBA, T. E. O.	Senior Health Sister
UDUGBOR, Barth O.	Principal Health Supt.
UGOCHUKWU, K. C.	Senior Midwife Tutor
UGOJI, S. N. (DR.)	Director of Health Services, MOH
UGWOEZUONU, B. S. C.	
UKANWOKE, C. N.	Assistant Chief Health Sister
UKEJE, C. C.	Senior Health Sister
UMUNNAH, HELEN A.	Principal Health Sister/Family Planning Clinician
UKONU, O. I. T.	Principal Health Sister

APPENDIX C

ACTIVITY DESIGN

ACTIVITY DESIGN

ACTIVITY TITLE: Training Program Review and Follow-up

ACTIVITY PURPOSE: To conduct a training program review and follow-up activity which will determine the status of the Imo State FP/ORT training program and outline training needs to support that program.

GENERAL OBJECTIVES: By the end of this activity:

1. A statement summarizing FP/ORT training team activities will be written;
2. The extent to which INTRAH/IHP training activities, goals and objectives have been achieved will be described;
3. Further training needs of FP/ORT personnel will be outlined;
4. STT members will be prepared to conduct review and follow-up activities during the next phase of FP/ORT training program implementation.

SPECIFIC OBJECTIVES: During the activity participants will:

1. Determine to what extent objectives for each of the seven workshops of the FP/ORT training program have been met;
2. Ascertain benefits, disadvantages and unforeseen results from the seven interventions;
3. Describe how the SST functions as a team, what success it has had, and what problems it faces;
4. Outline areas in which members of the STT need further training to increase or reinforce their skills and knowledge;
5. Identify constraints which might be resolved by further INTRAH/IHP assistance;
6. Determine level of support MOH/HMB is willing and able to provide the STT;
7. Outline MOH/HMB plans for using the STT;
8. Identify manpower requirements to meet FP/ORT service demands;
9. Determine the potential of selected service points in becoming model clinics to be used for training FP/ORT service providers.

APPENDIX C

-1-

ACTIVITY DESIGN

Monday, June 16, 1986

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Welcome and Introduction	<ul style="list-style-type: none"> <li>- trainers and participants introduce themselves, giving background information relevant to the workshop tasks</li> <li>- trainers will explain roles and expectations for participants during this two-week activity.                             <ul style="list-style-type: none"> <li>a. participants involved</li> <li>b. participants collect data, design "protocol", suggest decisions</li> <li>c. develop information, skills and tools they will use as trainers</li> </ul> </li> <li>- allow time for discussion</li> </ul>	<p>bio-data forms</p> <p>list expectations on newsprint</p>
8:30 AM	Goals and Objectives	<ul style="list-style-type: none"> <li>- trainers will review goals and objectives of this workshop, allowing time for questions and discussion</li> <li>- be clear about difference between 6-state evaluation and this workshop</li> </ul>	<p>goals and objectives on newsprint and handouts</p>
9:00 AM	Workshop Method	<ul style="list-style-type: none"> <li>- trainers will explain that this is a true workshop and that participants will be divided into teams to collect information and make judgments about the various activities conducted during the program. The idea of the workshop is that they will continue to conduct training and provide FP/ORT services after the INTRAH contract is complete, and that follow-up and review is a critical task if training programs are to be efficient and useful.</li> <li>- may be more narrow in focus: What will be similar in the future? i.e. What similar activity will they do in the future?</li> </ul>	

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
9:30 AM	Workshop Model	<ul style="list-style-type: none"> <li>- trainers will explain basic workshop model:                             <ol style="list-style-type: none"> <li>1. examining workshop objectives, STT activities, official level of support for STT, plans for STT, manpower requirements of FP/ORT Program, potential service points as training sites</li> <li>2. determining how to see to what extent objectives were met and describe activities, plans, support, requirements and service points</li> <li>3. collecting information or interviewing</li> <li>4. organizing the information and drawing conclusions</li> <li>5. making decisions, recommendations or plans based on information collected and conclusions drawn</li> </ol> </li> </ul>	<p>chart on newsprint</p> <p>excerpts from evaluation hand-book for trainees' reference</p>
10:30 AM	Schedules, Tasks and Teams	<ul style="list-style-type: none"> <li>- each workshop (seven in all) will be listed with general objectives</li> <li>- participants will divide into teams according to expertise, and will select appropriate workshops to examine (same process for other objectives)</li> </ul>	<p>chart on newsprint and handout</p> <p>objectives handout</p> <p>chart developed for their records</p>
11:00 AM	Begin Activity Review	<ul style="list-style-type: none"> <li>- with help from trainers, each team will begin listing questions whose answers would tell them how and to what extent objectives of workshops were met</li> </ul>	<p>newsprint, pens, tape</p>

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE															
11:00 AM	(Continued)	<p>- chart developed for each objective:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Objective</th> <th style="width: 25%;">What information do you need</th> <th style="width: 25%;">Observations to make</th> <th style="width: 25%;">Records to examine</th> <th style="width: 25%;">Follow-up &amp; review plan</th> </tr> </thead> <tbody> <tr> <td>=====</td> <td>=====</td> <td>=====</td> <td>=====</td> <td>=====</td> </tr> <tr> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Objective	What information do you need	Observations to make	Records to examine	Follow-up & review plan	=====	=====	=====	=====	=====						
Objective	What information do you need	Observations to make	Records to examine	Follow-up & review plan														
=====	=====	=====	=====	=====														
1:00 PM	Continue Review																	
2:30 PM	Review Day's Work	<ul style="list-style-type: none"> <li>- each team will present briefly the work they have done today</li> <li>- critique will focus on problems the group foresees in collecting information</li> <li>- at the end of each day, participants put "units" of information in one of each of 12 categories (piles):               <ol style="list-style-type: none"> <li>1. objective of each activity (7 sub-categories)</li> <li>2. STT activities</li> <li>3. level of support for STT</li> <li>4. plans for STT</li> <li>5. manpower status for FP/ORT Program</li> <li>6. service points as training centers</li> </ol> </li> </ul>																
4:00 PM	Adjourn																	

SC

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting	- group session to get the teams together and clear any confusion from yesterday	
9:00 AM	Continue to design Methods and Schedules	- teams will continue to design methods for collecting information, following planning steps learned in previous workshops	
2:30 PM	Review Day's Work	- as on Monday	
4:00 PM	Adjourn		

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting		
8:30 AM	Collecting Information	<ul style="list-style-type: none"> <li>- participants will begin to collect information according to the plans the teams made for each activity</li> <li>- participants will begin to organize information they have collected or already have at hand</li> <li>- information will be collected by examining records, interviews and from participant's own experience and observation</li> <li>- IHP consultants "supervise" teams and as much as possible, leave data collection to them</li> </ul>	logistics for traveling
3:00 PM	Reflections		

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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
		- SAME AS WEDNESDAY -	

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Friday, June 20, 1986

-7-

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
		- SAME AS THURSDAY -	

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COMPLETE ORGANIZING AND CLARIFYING INFORMATION

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting	<ul style="list-style-type: none"> <li>- group members will discuss any major problems experienced while interviewing</li> <li>- week's schedule and agenda reviewed</li> <li>- participants place forms on proper piles</li> <li>- remove name sheets of those persons interviewed from the tables</li> </ul>	<p>schedule and agenda on newsprint</p>
8:30 AM	"In-House" Interview	<ul style="list-style-type: none"> <li>- collect forms for each other from tables</li> <li>- in pairs, interview each other</li> <li>- when interviews are complete, place forms in their proper piles</li> </ul>	
9:30 AM	Organizing Information	<ul style="list-style-type: none"> <li>- return to pairs and small groups from last week according to workshop number</li> <li>- compile information from interview sheets by listing and combining answers from forms, number by number</li> <li>- use newsprint and small pens</li> <li>- code groups of answers by code number and question number</li> <li>- draw boxes around answer groups</li> <li>- don't edit or throw-out</li> <li>- do expand and clarify</li> <li>- use tics for duplicate statements</li> </ul>	<p>instructions on newsprint</p>

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## COMPLETE ORGANIZING AND CLARIFYING INFORMATION

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
10:30 AM	Break		
11:00 AM	Continue Organization Implementation		
1:30 PM	Lunch		
2:30 PM	Clarifying Information	<ul style="list-style-type: none"> <li>- each pair or small group present their preliminary findings to the whole group (15 minutes each)</li> <li>- do not read the list</li> <li>- mention items that were interesting, unexpected, surprising...</li> <li>- give your own comments, recommendations, pluses and minuses you got from the information</li> <li>- interviewers (from whole group) add and clarify when necessary</li> </ul>	instructions on newsprint
4:30 PM	Adjourn	<ul style="list-style-type: none"> <li>- bio-data sheets</li> </ul>	

CATEGORIZING INFORMATION AND FINDINGS

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE																																								
8:00 AM	Organization Meeting	<ul style="list-style-type: none"> <li>- problems discussed</li> <li>- process clarified as necessary</li> </ul>																																									
8:30 AM	Analyzing Information	<ul style="list-style-type: none"> <li>- form groups as follows:                             <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">(A)</td> <td style="padding-right: 20px;">(B)</td> <td style="padding-right: 20px;">(C)</td> <td>(D)</td> </tr> <tr> <td>Chibuzo</td> <td>Stella</td> <td>Constance</td> <td>Kate</td> </tr> <tr> <td>Grace</td> <td>Simon</td> <td>Theresa</td> <td>Vincent</td> </tr> <tr> <td>Chinwe</td> <td>Mercy</td> <td>Lydia</td> <td>Eunice</td> </tr> <tr> <td>Melinda</td> <td>Enyi</td> <td>Abigale</td> <td>Ogo</td> </tr> <tr> <td></td> <td>Edna</td> <td></td> <td></td> </tr> </table> </li> <li>- each group write current status statements</li> <li>- each group write impact of training program statements for each unit in each category</li> <li>- i.e. 1) fill in the blank under each item using information from interviews and your own information and judgment; and 2) describe the influence of FP/ORT training program on each finding (if any)</li> <li>- groups take following categories:                             <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 40px;">(A)</td> <td style="padding-right: 40px;">(B)</td> <td style="padding-right: 40px;">(C)</td> <td>(D)</td> </tr> <tr> <td>1. FP clinical</td> <td>3. STT</td> <td>5. CHE</td> <td>8. Policy</td> </tr> <tr> <td>2. Service sites as training sites</td> <td>4. FP/ORT program manpower requirements</td> <td>6. Curriculum development</td> <td>9. Management</td> </tr> <tr> <td>3. Other training sites (non-clinical)</td> <td></td> <td>7. Educational Materials Development</td> <td></td> </tr> </table> </li> </ul>	(A)	(B)	(C)	(D)	Chibuzo	Stella	Constance	Kate	Grace	Simon	Theresa	Vincent	Chinwe	Mercy	Lydia	Eunice	Melinda	Enyi	Abigale	Ogo		Edna			(A)	(B)	(C)	(D)	1. FP clinical	3. STT	5. CHE	8. Policy	2. Service sites as training sites	4. FP/ORT program manpower requirements	6. Curriculum development	9. Management	3. Other training sites (non-clinical)		7. Educational Materials Development		<p>groups on newsprint</p> <p>instructions on newsprint</p> <p>categories and units on newsprint</p>
(A)	(B)	(C)	(D)																																								
Chibuzo	Stella	Constance	Kate																																								
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TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
10:30 AM	Break		
11:00 AM	Continue		
1:30 PM	Lunch		
2:30 PM	Presentation	<ul style="list-style-type: none"> <li>- each group present current status statements and impact of training program statements to the large group for clarification and discussion. (15 minutes each group)</li> <li>- group members select presenter and recorders (to keep track of reactions and feedback from large group members)</li> </ul>	
4:30 PM	Adjourn		

6

DRAWING CONCLUSIONS AND MAKING RECOMMENDATIONS

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting		
8:30 AM	Continue Presentation from Yesterday; Re-write Findings	<ul style="list-style-type: none"> <li>-- groups continue presentations of current status statements and impact of training program statements</li> <li>- each group re-write their statements based on feedback received during presentation and discussion</li> </ul>	
10:30 AM	Break		
11:30 AM	Conclusions and Recommendations	<ul style="list-style-type: none"> <li>- each group write out conclusion(s) based on statements</li> <li>- for each conclusion, group writes out one or more recommendation</li> <li>- recommendations fall into 2 categories:                             <ul style="list-style-type: none"> <li>a. recommendations for use in Imo State to help improve FP/ORT program and for use by STT and others responsible for training</li> <li>b. recommendations for INTRAH in developing future training and technical interventions in Imo State</li> </ul> </li> </ul>	chart on newsprint
1:30 PM	Lunch		
2:30 PM	Continue		
4:30 PM	Adjourn		

5

EDITING CONCLUSIONS AND RECOMMENDATIONS

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting		
8:30 AM	Editing	<ul style="list-style-type: none"> <li>- each small group present their conclusions and recommendations to the large group</li> <li>- small groups select presenter and recorders</li> <li>- after discussion, small groups return to edit and re-write conclusions and recommendations based on feedback received from large group</li> </ul>	
10:30 AM	Break		
11:30 AM	Continue		
1:30 PM	Lunch		
2:30 PM	Continue		
4:30 PM	Adjourn		

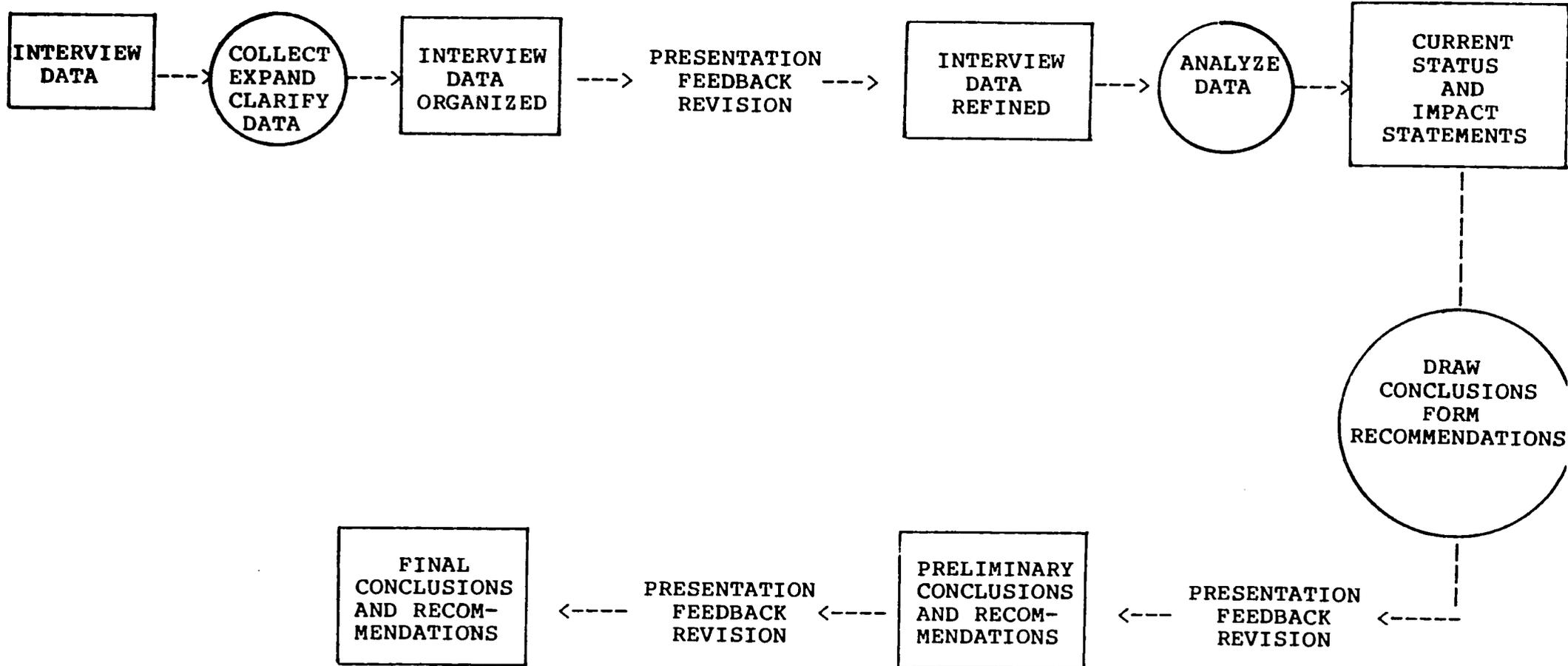
12

REVIEW AND EVALUATION OF WORKSHOP

TIME	CONTENT	METHOD/PROCESS	MATERIAL/RESOURCE
8:00 AM	Organization Meeting	<ul style="list-style-type: none"> <li>- any missing pieces?</li> <li>- what have we learned by doing this follow-up and review?</li> </ul>	
8:30 AM	Review	<ul style="list-style-type: none"> <li>- facilitators will review FP/ORT training program interventions</li> <li>- facilitators will lead review of process for this workshop by asking:                             <ul style="list-style-type: none"> <li>a. identify what happened during these two weeks</li> <li>b. how did it happen (process used)</li> <li>c. what was learned</li> </ul> </li> <li>- one facilitator guide discussion, the other record participant comments</li> </ul>	
10:30 AM	Break		
11:30 AM	Closing	<ul style="list-style-type: none"> <li>- participant reaction forms: pass out, fill out and turn in before leaving</li> <li>- facilitators thank participants for their work, present program with reference documents, typewriters, remaining materials and supplies</li> </ul>	
12:00 PM	Adjourn		

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WORK FLOWCHART - JUNE 23 - 27, 1986



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APPENDIX F3

SUMMARY OF PARTICIPANT REACTION DATA

APPENDIX F3

SUMMARY OF PARTICIPANT REACTION FORMS

Course ID# \_\_\_\_\_

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

a. Very clear    b. Mostly clear    c. Somewhat clear    d. Not very clear    e. Not clear at all

| 12 |    | 3 |    | 1 |    |    |    |    |

2. Workshop objectives seemed to be achieved:

a. Entirely    b. Mostly    c. Somewhat    d. Hardly at all    e. Not at all

| 13 |    | 3 |    |    |    |    |    |

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

- 11 a. All material was useful
- 5 b. Most materials were useful
- \_\_\_\_\_ c. Some material was useful
- \_\_\_\_\_ d. Little material was useful
- \_\_\_\_\_ e. No material was useful

4. Workshop material presented was clear and easy to follow:

a. All the time    b. More than half the time    c. About half the time    d. Less than half the time    e. None of the time

| 10 |    | 5 |    | 1 |    |    |    |

5. The amount of material covered during the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

6. The amount of time devoted to the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

7. For the work I do or am going to do, this workshop was:

- a. Very useful    b. Mostly useful    c. Somewhat useful    d. Not very useful    e. Not useful at all

8. Possible solutions to real work problems were dealt with:

- a. All the time    b. More than half the time    c. About half the time    d. Less than half the time    e. None of the time

9. In this workshop I learned:

8 a. many important and useful concepts,

8 b. several important and useful concepts,

       c. some important and useful concepts,

       d. a few important and useful concepts,

       e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

7 a. many important and useful skills,

7 b. several important and useful skills,

2 c. some important and useful skills,

       d. a few important and useful skills,

       e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
5	7	4		

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
11	5			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
12	3	1		

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
12	4			

15. 16 a. I would recommend this workshop without hesitation,

\_\_\_\_\_ b. I would probably recommend this workshop

\_\_\_\_\_ c. I might recommend this workshop to some people

\_\_\_\_\_ d. I might not recommend this workshop

\_\_\_\_\_ e. I would not recommend this workshop.

16. Please check any of the following that you feel could have improved the workshop.

- 4 a. Additional time for the workshop
- b. More limited time for the workshop
- 3 c. Use of more realistic examples and applications
- 6 d. More time to practice skills and techniques
- 1 e. More time to become familiar with theory and concepts
- f. More effective trainers
- 2 g. More effective group interaction
- 4 h. Different training site or location
- 5 i. More preparation time outside the training sessions
- 2 j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- l. Consideration of a broader and more comprehensive topic
- m. Other (specify) \_\_\_\_\_

- FINANCIAL ARRANGEMENTS
- COPY OF PRODUCT FOR PARTICIPANTS
- REVIEW & FOLLOW-UP TEXTBOOKS TO USE AS REFERENCE
- MORE TIME TO INTERVIEW RESPONDENTS

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful	1	2	3	4	5	hardly useful
a. (SEE ATTACHMENT "A")							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful	1	2	3	4	5	hardly useful	6	does not apply
a. lectures					2				
b. group discussions	15								
c. individual exercises	4	4				2			
d. group exercises	14	2							
e. clinical sessions			2						
f. field trips	9	4							
g. handouts/readings	4				1				
h. books	1			1					
i. audio-visuals					1				

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- 1 a. Counselling and/or client education
- 2 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- 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
- 8 f. Management of Family Planning Service System
- 5 g. Planning/Evaluation of Family Planning Services
- 3 h. Policy Making/Direction of Family Planning Services
- 6 i. Community Based Distribution of Contraceptives
- 7 j. Community Based Outreach, Education or Information
- 1 k. In-Service Training in Family Planning
- 2 l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) \_\_\_\_\_

20. Additional Comments: (SEE ATTACHMENT "B")  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to sign your name. (Optional)

\_\_\_\_\_

May, 1985

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**ATTACHMENT A**

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful		hardly useful		
	1	2	3	4	5
a. <u>Data Collection</u>	14	1	1		
b. <u>Analyzing Data</u>	13	2			
c. <u>Conducting Interviews</u>	10	1			
d. <u>Current Status Description</u>	5				
e. <u>Writing Conclusions</u>	12	1			
f. <u>Making Recommendations</u>	17				
g. <u>Evaluation</u>	8				
h. <u>Clarifying Information</u>	7	1			
i. <u>Editing and Rewriting</u>	7				
j. <u>Importance of Follow-up &amp; Review</u>	1				
k. <u>Designing Questions from Objectives</u>	1				
l. <u>Interpreting the Result of Data</u>	3				
m. <u>Interview "In-House"</u>	1				
n. <u>Formulating Questions</u>	9	2			
o. <u>Analyzing Questions</u>	1	1			
p. <u>Presentation</u>	6	1			
q. <u>Writing of Final Report</u>	6				
r. <u>Revision Presentation</u>	1		1		
s. <u>Preliminary Recommendations</u>		1			
t. <u>Final Conclusions &amp; Recommendations</u>	1				
u. <u>Interviews (Survey)</u>	2				
v. <u>Field Trip</u>	1				
w. <u>Organizing Information</u>	3				
x. <u>Communication Exercise</u>	1				
y. <u>Making Interactions</u>	1				
z. <u>Impact Statement</u>	1				

## ATTACHMENT B

### ADDITIONAL COMMENTS:

"This workshop is really worth its salt and should be repeated to find out if people are responding more to FP/ORT programs."

"This has been an interesting and useful exercise. I do wish more time was spent on developing the questions for interview."

"This has been an interesting and useful exercise. I do wish more time was spent on developing the questions for interview."

"An additional training on FP management should be given to clinicians, especially those who help in practical training (Preceptors)."

"More training for managers and supervisors and international workshop for unification of services."

"The workshop was very useful and I hope to apply the experience to other health programs in Imo State."

"I am very grateful to INTRAH for all the additional knowledge and skill acquired by me since April 1985 to date."

"I have acquired a lot of knowledge and skills in FP/ORT during these workshops. I am very proud for this and grateful to INTRAH."

"I found the workshop very useful and I derived new experiences and ideas."

"I request for my utilization by INTRAH as their trainer both in Nigeria as other countries for FP/ORT services."

"It has been interesting and useful."

"It is my great desire to be used as a trainer during in-country and outside the country FP/ORT trainings."

"I'm particularly grateful to INTRAH for bringing FP/ORT Program to Imo State. I would like INTRAH to make good use of our recommendations to such as making available a vehicle for each of the 5 zones in order to enhance the progress of the FP/ORT Program. Also, to plan a coordinators' workshop for the 5 coordinators overseas or outside the state before the end of 1985."

"In the future, INTRAH should make proper arrangements of how to compensate the participants."

"The workshop is highly commended and the facilitators very useful. INTRAH should arrange for an agency management of subsequent workshops in the state to enhance problems of mismanagement."

"I wish to be enlisted as a trainer by INTRAH during in-country training."

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