

93.

PJ 111-7312

10/11/86



intraH

Trip Report

0-239

Travelers: Dr. James Veney, INTRAH Evaluation Officer
Dr. Christopher Burr, INTRAH Consultant

Country Visited: NIGERIA

Date of Trip: July 9 - 26, 1986

Purpose: To conduct two workshops for state-level evaluation resource persons from fourteen states and the Federal Territory of Abuja in Nigeria.

DPE-3051-0 0017001

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

| | |
|--|-----|
| EXECUTIVE SUMMARY | i |
| SCHEDULE DURING VISIT | iii |
| I. PURPOSE OF TRIP | 1 |
| II. ACCOMPLISHMENTS | 1 |
| III. BACKGROUND | 3 |
| IV. DESCRIPTION OF ACTIVITIES | 3 |
| V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS | 5 |

APPENDICES

Appendix A

Persons Contacted

Appendix B

Workshop Participants

Appendix C

Workshop Curriculum

Appendix D

List of INTRAH Materials Distributed

Appendix E

Materials Developed During the Workshop

Appendix F

Evaluation Instruments and Results

LIST OF ABBREVIATIONS USED IN THIS REPORT

C & L Coopers and Lybrand
FMOH Federal Ministry of Health

EXECUTIVE SUMMARY

Dr. James E. Veney, INTRAH Evaluation Officer and UNC/CH Professor, Department of Health Policy and Administration, and INTRAH consultant Dr. Christopher Burr visited Nigeria from July 9 to 26 to conduct two evaluation training workshops for state level evaluation personnel from selected states in Nigeria. These workshops were the last two of a series of three evaluation training workshops to develop state level evaluation resource persons in Nigeria.

The first workshop was held in Jos, Plateau State from July 14 to July 18. Participants were invited from Bauchi, Borno, Gongola, Kaduna, Kano, Niger, Plateau and Sokoto states. Two participants attended from each of the following States: Bauchi, Gongola, Kaduna, and Niger; one from Kano, and three attended from Plateau. There were no representatives from Borno or Sokoto. The second workshop was held in Ibadan, Oyo State from July 21 to 25.

Participants were invited from the Federal Territory of Abuja and the states of Bendel, Kwara, Lagos, Ogun, Ondo and Oyo. Two participants attended from each of the following states: Kwara, Lagos, Ogun, Ondo and Oyo. There were no representatives from Bendel or the Federal Territory of Abuja.

The workshops were held under the joint auspices of the Health Planning Unit, Federal Ministry of Health, Lagos and INTRAH. Mr. Ayodele Akin-Dahunsi, Principal Health Planner and Mr. Anthony Ike Isama, Health Planning Officer in the Health Planning Unit directed the workshop activities with the assistance of Drs. Veney and Burr.

The activities of the two workshops concentrated on three areas of concern: an introduction for the participants to the overall INTRAH evaluation strategy and its tactics; a

more detailed presentation of each of the three components of the INTRAH evaluation approach, these being state program evaluation, trainee evaluation and training event evaluation; and the development of individual state plans to conduct an evaluation of INTRAH training in each state. Major purposes of the workshop were to inform state representatives of the need for evaluation, of the INTRAH strategy and tactics for evaluation, and of the existence of evaluation support from both INTRAH and the federal-level evaluation resource persons.

Verbal feedback from participants in both workshops indicated a high level of satisfaction with the results of the workshops and particularly with the potential for evaluation to improve all health related activities in the states of Nigeria. The participants also expressed the belief that while the evaluation workshops had been an important and useful introduction, considerably more evaluation training was needed.

SCHEDULE OF ACTIVITIES

| | |
|------------------|---|
| July 9, 1986 | Arrival of Dr. Burr in Lagos, Nigeria. |
| July 10, 1986 | Arrival of Dr. Veney in Lagos, Nigeria. |
| July 10-11, 1986 | Visits by Drs. Burr and Veney to Health Planning Unit; Federal Ministry of Health/Lagos; Coopers and Lybrand, Lagos and the Office of the AID Affairs Officer, American Embassy, Lagos to arrange various aspects of the workshops. |
| July 12, 1986 | Travel by Drs. Veney and Burr and Mr. Akin-Dahunsi and Mr. Isama to Jos. |
| July 14-18, 1986 | Conduct of the Jos Workshop. |
| July 19-20, 1986 | Travel to Ibadan via Lagos. |
| July 21-25, 1986 | Conduct of the Ibadan workshop. |
| July 26, 1986 | Departure by Drs. Veney and Burr from Lagos. |

I. PURPOSE OF THE VISIT

To conduct two workshops for state-level evaluation resource persons from fourteen states and the Federal Territory of Abuja in Nigeria.

II. ACCOMPLISHMENTS

- A. Twelve of the sixteen prospective participants attended the first workshop in Jos: two each from Bauchi, Gongola, Kaduna, and Niger states; one from Kano state; and three from Plateau state. Ten of the fourteen participants attended the second workshop in Ibadan: two each from Kwara, Lagos, Ogun, Ondo and Oyo states.
- B. The activities of the workshops provided the participants with information regarding the INTRAH plan for evaluation, and the manner in which it is to be applied within Nigeria. As a result of this information, the participants were able to develop state-level plans for each of their respective states for the conduct and completion of INTRAH evaluation activities in those states.
- C. Participants also examined a set of data collection instruments that had been used in the INTRAH evaluation activities within six states in which INTRAH has worked in the past two years (Bauchi, Kwara, Imo, Niger, Plateau, and Ondo states). This examination, along with information about the type of data produced by the instruments, allowed the participants to suggest useful revisions to the data collection instruments for further use in Nigeria.

- D. Verbal feedback by the participants expressed a high level of satisfaction with the workshop presentation as did responses on the INTRAH Participant Reaction Forms (see Appendix F). The only clear criticism from participants of both workshops was that a large amount of material was covered in too short a time period. This criticism was indicated in verbal feedback from participants and is apparent from responses to questions 5 and 6 on the Participant Reaction Forms in which seven participants from each workshop indicated that "somewhat too much" or "too much" material was covered in the workshops and five participants from each workshop indicated that "somewhat too little" or "too little" time was devoted to the workshop. This is again confirmed by question 9a in which nine participants from each workshop indicated that additional time would have improved the workshops.
5. The pre- and post-tests of knowledge gained during the two workshops established a group mean for the Jos workshop of 12.11 on the pre-test and 17.78 on the post-test. For the Ibadan workshop, the scores were 15.10 and 21.40 respectively. Both sets of scores were from a possible total of 28. On the basis of the test of significance of the difference between the pre- and the post-test, a T value of 6.67 was derived for participants attending the workshop in Jos and a T value of 9.21 was derived for participants attending the workshop in Ibadan (see Appendix F). This indicates that for both workshops, the null hypothesis of no change in correct responses between the pre- and post-tests would be rejected at the .05 level of significance.

Following the first of the three workshops which was held in Port Harcourt, and as a result of both a lack of significant change in the pre-post test scores from that workshop and a low overall score for the workshop on the post-test, changes were made in the pre-post test for these two workshops to better reflect the goals of the workshop and the curriculum covered. This did result in a statistically significant improvement in test scores in both workshops.

III. BACKGROUND

The INTRAH Evaluation for state-level personnel is part of the overall plan for the evaluation of INTRAH training activities in Nigeria. The workshop followed a ten-week series of courses conducted in Chapel Hill, North Carolina in May/July 1985 attended by two federal-level evaluation resource persons who were later co-trainers in the workshop in Port Harcourt, and the two reported herein. These workshops also served as a means for testing and improving data instruments used in an evaluation of the INTRAH program in six Nigerian states during the PAC I and PAC II periods. These workshops also represented the final two workshops in a series of three designed to introduce the INTRAH evaluation strategy in all states of Nigeria.

IV. DESCRIPTION OF ACTIVITIES

The two one-week evaluation workshops for Nigeria state-level evaluation resource persons were held at the Hill Station Hotel in Jos, Plateau State and the Premier Hotel in Ibadan, Oyo State. The Jos workshop took place

from July 14 to 18, and the Ibadan workshop from July 21 to 25. The workshops were conducted by Mr. Akin-Dahunsi and Mr. Isama with assistance from Drs. Veney and Burr. Twelve participants attended the Jos Workshop, and ten participants attended the Ibadan workshop. Names and titles of all facilitators and participants are given in Appendix B.

The workshop was conducted as a participatory training event in which a combination of presentations and directed exercises were employed. The workshop curriculum and materials are detailed in Appendix C.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A. Course Content

1. The workshops provided the opportunity to review the INTRAH state-level evaluation plans for Nigeria. The participants who attended the workshops attained knowledge and understanding of the strategies INTRAH proposes to employ in order to implement evaluation in Nigeria, and for which they will have major in-country responsibilities.
2. The workshops provided the opportunity for participants to work in small groups and in other working formats to develop data categories that may be used to assess the effectiveness of INTRAH training within the various Nigerian states where INTRAH has worked during the PAC I and PAC II contracts, and to improve through discussion and analysis the data collection instruments used in the Six-State evaluation conducted in April 1986.
3. In general, the workshop was a positive experience and an excellent opportunity for state-level evaluation personnel to provide input into the INTRAH evaluation strategy. The responses on the Participant Reaction Forms point to this positive aspect, and the significant improvements in both workshops on the pre-post-tests suggest that the goals of the workshops were attained in large measure. In both workshops, however, it was repeatedly stated by participants that there was a great need for more evaluation training and that the training should allow them to apply their knowledge in all aspects of the health services systems. There was a general plea for additional evaluation training to which INTRAH should be responsive.

B. Administration

1. Despite continued concern on the part of the in-country co-trainers that the participants would be dissatisfied with the hotel and eating arrangements (INTRAH payed the hotel directly for room and three meals each day), this was again not, in general, apparent during the workshops. However, there were a few comments, (especially in the Jos workshop), that it would have been preferable for INTRAH to pay rooms and provide the participants with the rest of the per diem for food and incidentals. INTRAH should consider this as an alternative in future workshops.
2. The Nigerian co-trainers received the USAID per diem during the Six-State evaluation, but during the workshop activities they received the same room and board arrangements as the participants--handled in the same way by Coopers and Lybrand--along with a 25 Naira per day honorarium. While the co-trainers were not displeased with the honorarium, it is clear that they were displeased at being treated in the same manner as the participants in regard to the per diem. The co-trainers would have preferred to have been advanced the per diem by C&L in order to pay their own expenses. These two co-trainers have assumed much of the responsibility for INTRAH evaluation activities in Nigeria, and everything possible should be done, within the limits of sound management practices, to assure that their professional status is acknowledged while collaborating with INTRAH.
3. During the Jos workshop, problems concerning the travel reimbursement became apparent. Ten kobo per mile were budgeted originally following Nigeria Government guidelines, but these guidelines have since changed to

20 kobo per kilometer reflecting the increases in travel costs. Despite being substantially under budget for both workshops, the C&L representative in Jos was unable to make the necessary adjustments and it required a personal call by Dr. Veney to C&L in Lagos to resolve the problem. The C&L representative in Ibadan, however, was both helpful and able to make all decisions necessary to assure that the financial aspects of the Ibadan workshop presented no problems.

4. Not all participants invited to the workshops were able to attend. Two participants were invited to the Jos workshop from each of the following states: Bauchi, Borno, Gongola, Kaduna, Kano, Plateau, Niger and Sokoto, but there were no representatives from Borno or Sokoto. Participants were invited to the Ibadan workshop from the Federal Territory of Abuja and the states of Bendel, Kwara, Lagos, Ogun, Ondo and Oyo. No representatives arrived from the Federal Territory of Abuja or Bendel state, despite the fact that participant names had been submitted from both the Federal Territory of Abuja and Bendel State.

APPENDIX A
Persons Contacted

AID Affairs Office/American Embassy/Lagos

Mr. Larry Eicher, Health Development Officer

Planning Unit/Federal Ministry of Health (FMOH)/Lagos

Dr. A. B. Sulaiman, Director, National Planning and Research
Directorate

APPENDIX B
WORKSHOP PARTICIPANTS

JOS

1. Ms. Rouel Judith Ambe Ministry of Health
Yola, Gongola State
2. Mrs. Zainab Aminu P. O. Box 1705
Minna, Niger State
3. Mallam Mohammed Chadi
Baba P. O. Box 165
School of Nursing
Bauchi, Bauchi State
4. Mr. Joseph O. Dandaura P. O. Box 1297, Zaria
Kaduna, Kaduna State
5. Mrs. Eglia Modi Danmatata Ministry of Health Kano
Kano, Kano State
6. Mrs. Mary J. Hassan Family Planning Clinic
Yola Specialist Hospital
Yola, Gongola State
7. Mrs. Hausatu E. Jiya P. O. Box 140,
Minna, Niger State
8. Mrs. Zipporah Gambo
Mafuyai P. O. Box 6474, Jos
or Ministry of Health
Jos, Plateau State
9. Mrs. Hadiza Musa Family Planning Clinic
Specialist Hospital
P. M. B. 005, Bauchi
Bauchi, Bauchi State
10. Mrs. Rebecca E. Nadoma P. O. Box 6538, Jos
Jos, Plateau State
11. Mrs. Mary L. Shemu Health Service Management
Board, P.M.B. 2148, Jos
Jos, Plateau State
12. Alhaji Halimatu
Kande Zubairu Ministry of Health
Kaduna, Kaduna State

APPENDIX B
WORKSHOP PARTICIPANTS
IBADAN

1. Mrs. V. B. Abodunrin Principal Midwife
Tutor
School of Midwifery
Ilorin, Kwara State
2. Mrs. V. O. Adeleye Health Sister
Ministry of Health
Akure, Ondo State
3. Mrs. O. Adeyemi Assistant Chief Midwife
Tutor
Ministry of Health
Ibadan, Oyo State
4. Mrs. J. A. Babalola Health Superintendent/
Health Statistician
Ministry of Health
Akure, Ondo State
5. Mrs. H. B. Laoye Principal Health Planning
Officer
Ministry of Health
Ibadan, Oyo State
6. Mr. Akin Obimakinde Senior Health Superintendent
(Medical Statistician)
Ministry of Health
Abeokuta, Ogun State
7. Mr. Kunle Olanle Principal Nurse Tutor
School of Nursing
Abeokuta, Ogun State
8. Dr. C. O. Oluwole Chief Consultant
Ministry of Health
Lagos State
11. Mrs. H. F. Omotosho Assistant C. H. Sister
(Deputy Coordinator
Family Planning Services
Ministry of Health
Ilorin, Kwara State
12. Mrs. F. A. Taylor Assistant Chief Health
Sister
Ministry of Health
Lagos State

CO-TRAINERS

1. Mr. Ayodele Akin-Dahunsi
Principal Health Planner
National Health Planning
and Research Directorate
Federal Ministry of Health
Ikoyi, Lagos
2. Mr. Anthony Isama
Health Planning Officer
National Health Planning
and Research Directorate
Federal Ministry of Health
Ikoyi, Lagos

APPENDIX C

WORKSHOP CURRICULUM

NIGERIA EVALUATION WORKSHOP

JOS, NIGERIA

JULY 14 - 18, 1986

IBADAN, NIGERIA

JULY 21 - 25, 1986

WORKSHOP GOALS AND OBJECTIVES

A. Goal:

To improve family planning programs and training activities in Nigeria through the involvement of state level staff in program evaluation and ultimate assumption of the INTRAH evaluation system and responsibilities, with INTRAH staff support, by state and federally based evaluation resource persons in Nigeria.

B. Objectives:

- To prepare 19 states and Federal Capitol Territory state level personnel (two from each state) to assist Federal level evaluation resource persons in the evaluation of INTRAH sponsored training activities within INTRAH training states.

- To provide selected state level evaluation personnel with the theoretical and practical capabilities in program evaluation, program management and data collection and analysis to assist, in an effective manner, the Federal level INTRAH evaluation resource persons in the assumption of responsibility for INTRAH evaluation within training states and to serve as evaluation resource person within those states.

- To provide the state level evaluation personnel with a working knowledge of the INTRAH evaluation strategy to enable them to begin to participate actively in and to support evaluation of INTRAH sponsored family planning training taking place in their states.

- To provide and encourage opportunities for skill transfer from the Federal level evaluation resource persons through in-country workshops and other technical assistance to state level evaluation persons.

INSTRUCTIONAL OBJECTIVES

(Terminal Objectives)

By the end of the training the participants will:

- define what role the State Evaluators will have.
- discuss the evaluation activities they will undertake.
- define the relationship and coordinating mechanisms with the National Level Evaluators.
- develop a plan for their evaluation activities.

DAY 1 OBJECTIVES

The participants will:

1. become acquainted with each other.
2. explain INTRAM overall program strategy.
3. compare different definitions of evaluation.
4. list different types of decisions that can be based on evaluation information.
5. identify the five different types or levels of evaluation and the purpose of each one.
6. define formative and summative evaluation and explain the difference.

DAY 1 AGENDA

| | |
|---------------|--------------------------------------|
| 8:30 - 9:30 | Registration Introduction/Opening |
| 9:30 - 10:30 | Bio-Data Form Pre-Test |
| 10:30 - 11:00 | Coffee Break |
| 11:00 - 12:00 | Get Acquainted Exercise |
| 12:00 - 12:30 | Overview of INTRAM Program |
| 12:30 - 1:30 | Lunch |
| 1:30 - 2:00 | Workshop Overview |
| 2:00 - 3:00 | Basic Concepts on Program Evaluation |
| 3:00 - 3:15 | Tea Break |
| 3:15 - 4:30 | Exercise 1 - Type of Evaluation |
| 4:30 | Reflections |

DAY 2 OBJECTIVES

The participants will:

1. Describe INTRAH's evaluation design.
2. List national level evaluator's role.
3. Discuss how program objectives will provide a framework for program evaluation.
4. Review WHO Technical Report approach to program goals and objectives.
5. Review a list of Family Planning Program Goals and Objectives to determine:
 - a. how they compare with the WHO approach;
 - b. how complete and measurable they are; and
 - c. identify evaluation criteria having program objectives as a framework.
6. Describe why baseline data is needed in program evaluation.
7. Determine what information is going to be collected at the state level for baseline data.
8. Explain the methods INTRAH will employ to evaluate program impact.
9. Specify State Evaluator roles in relation to baseline/impact evaluation information.

DAY 2 AGENDA

- 8:30 - 9:30 Continuation of Exercise 1 in groups
- 9:30 - 10:00 Group Report and Discussion
- 10:00 - 10:30 Coffee Break
- 10:30 - 11:30 INTRAH's Evaluation Design
- 11:30 - 12:30 Federal-Level Evaluator's Roles
- 12:30 - 1:30 Lunch
- 1:30 - 3:00 Impact Evaluation/Baseline Data
Program Objectives
Exercise 2 (1-A) Goals and Objectives

DAY 2 (continued)

3:00 - 3:30 Tea Break
3:30 - 4:30 Exercise 2 (1-B) Statement of Program
 Objectives
4:30 - 5:15 Group Report

Evening

7:30 - 8:00 Introduction to Baseline Data
8:00 - 8:30 Exercises 2-2 State Baseline Data
8:30 - 9:30 Group Report

DAY 3 OBJECTIVES

The participants will:

1. Discuss the advantages and limitations of the various forms used to collect and report family planning service statistics in Nigeria.
2. Explain how family planning service statistics can be used in impact evaluation.
3. Explain the purpose of using the Pre-/Post-Test for INTRAH training evaluation.
4. Describe how the (knowledge-activity) follow-up is to be organized and what their participation will be.
5. Discuss the importance of performance appraisal for training evaluation.
6. Explain the Nigerian approach to the performance appraisal of the trainees.
7. Review the set of instruments for the follow-up of trainers developed in Nairobi.
8. Organize the scale of performance for the evaluation of trainers in descendent order.

DAY 3 AGENDA

- 8:30 - 9:15 Service Statistics Information System
Forms Used in Nigeria Family Planning Program
- 9:15 - 9:45 Exercise 3-1 Family Planning Service
Statistics
- 9:45 - 10:30 Group Report
- 10:30 - 11:00 Tea Break
- 11:00 - 12:00 INTRAH Follow-Up Requirements Evaluation
of Program Effect on Trainees (Knowledge)
Pre-/Post-Test During Training and
Follow-Up
- 1:00 - 2:00 Trainers Activity and Performance Appraisal

DAY 3 (continued)

- 2:00 - 3:00 Instruments for the Evaluation of Trainers
Activity and Performance
- 3:00 - 3:30 Tea Break
- 3:30 - 5:00 Study Time and Individual Exercise (3-2)

DAY 4 OBJECTIVES

The participants will:

1. Review the questionnaire used in Nigeria for the follow-up of trainers.
2. Discuss the role of the State Evaluator regarding the follow-up of trainers.
3. Review the two instruments used in Nigeria for the follow-up of family planning service providers trained by INTRAH.
4. Specify what the participation of the State Evaluators will be in relation to service provider follow-up in each state.
5. Define the trainer's responsibility and the state evaluator's role in the evaluation of training activities.

DAY 4 AGENDA

| | |
|---------------|--|
| 8:30 - 9:15 | Principles of Questionnaire Design |
| 9:15 - 9:45 | Instruments for the Evaluation of Trainers Performance (General Discussion) |
| 9:45 - 10:15 | Break |
| 10:15 - 11:00 | Exercise 4-1 (Review of the Questionnaire for Trainers Follow-Up) |
| 11:00 - 12:00 | Group Report |
| 12:00 - 12:30 | Activity and Performance Appraisal Follow-Up of Family Planning Service Providers |
| 12:30 - 1:30 | Lunch |
| 1:30 - 2:00 | Study Time |
| 2:00 - 3:30 | Exercise 4-2 Review of the Instruments for Family Planning Service Providers Follow-up |
| 3:30 - 4:30 | Group Report |

22

DAY 4 (continued)

- 4:30 - 5:00 Evaluation of Training Activity
(Presentation of Participant Reaction
Form)
- 5:00 - 5:30 Trainers and State Evaluator Roles in
the Evaluation of Training Activity

DAY 5 OBJECTIVES

1. Develop a plan for state evaluators' participation in INTRAH evaluation.
2. Discuss what coordinating mechanisms will be useful between state trainers and state evaluators.
3. Discuss the coordinating mechanisms required between state evaluators and federal evaluators to implement the INTRAH evaluation.
4. Suggest how the coordinating mechanisms can be implemented in Nigeria.
5. Present participant reactions to the workshop.

DAY 5 AGENDA

| | |
|---------------|--|
| 8:30 - 11:30 | Exercise 5 Plan for State Evaluator Participation in INTRAH Evaluation |
| 11:30 - 12:30 | Group Report |
| 12:30 - 1:30 | Lunch |
| 1:30 - 2:00 | General Discussion on Evaluation Activities at the State-Level and Assistance Needed |
| 2:00 - 4:00 | Workshop Evaluation |
| 4:00 - 4:15 | Tea Break |
| 4:15 - 5:00 | Closing Ceremony |

APPENDIX D

LIST OF MATERIALS PROVIDED

Katz, F. M., Guidelines for Evaluating a Training Programme for Health Personnel, WHO Publications #38, 1978.

Veney, J., and Kaluzny, A., Evaluation and Decision Making for Health Services Programs, Prentice-Hall Inc., 1984.

WHO Public Health Papers, Assessing Health Workers' Performance, 1980.

Windsor, R., Barnowski, T., Clark, N., and Gutler, G., Evaluation of Health Promotion Programs, Mayfield Publishing Co., 1984.

15

APPENDIX E

LIST OF MATERIALS DEVELOPED

BAUCHI
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---------------------------------|---|---|--|--|---|
| I. BASELINE DATA OUTLINE | | | | | |
| I. Baseline | Determine appropriate baseline | State Evaluators, MOH, HMB, Provider Trainers | August to September as analyzed and decided by the State MOH and | Following the trainers to their various working places to obtain survey | Transmit the baseline data, interim and terminal assessment and community survey results to National Evaluators |
| II. Sample Follow-up | Collect or direct collection of Baseline Data Prepare Baseline Documentation Assess adequacy of Baseline | | | | |
| A. Knowledge | | | | | |
| B. Performance | | | | | |
| III. Training Activity | Collect interim and terminal data Prepare interim and terminal data | State Evaluators, MOH, HMB, with assistance of National Evaluators | August to September as analyzed and decided by the State MOH and HMB | Following the trainers to their various working places to obtain data and to assist in carrying out survey | Transmit the baseline data, interim and terminal assessment and community survey results to National Evaluators |
| I. BASELINE | | | | | |
| A. Demographic Indicators | Design community survey and service | State Evaluators, MOH, HMB with assistance from National Evaluators | | | National Evaluators to assist in drafting the community survey on services provision and use provision, and provision on materials. |
| B. Family Planning Services | | | | | |
| C. Training Capabilities | | | | | |
| ii. Sample Follow-up (10%) | Select follow-up sample | State Evaluators | One year after training activity | Following the trainers to administer the test Collection of follow-up data. | Transmission of the analyzed data to National Evaluators. Send results to INTRAH. |
| A. Knowledge | Collect data using post test Biodata Forms analysis data | | | | |
| B. Performance (10%) | Organize performance assessment activity Carry out performance assessment by interviewing of sample; trainers administering self assessment forms for providers, observations and rating questionnaire and BARS to I.O.T Analyze results of performance assessments | State Evaluators | At one-year intervals | Discussion with trainers on their performance and improve as necessary. | |
| III. TRAINING ACTIVITY | | | | | |
| A. Training of more Evaluators | Planning and conducting of the training workshops Selection of the trainees | National Evaluators, HMS, MOH, State Evaluators | To be determined | Keeping in touch with the trainees and discussion with the trainers. | Inviting them to assist in evaluation of the workshops and in supplying the materials required to carry out the workshop. |
| B. State I.O.T Workshops | Assist in design of pre- and post-tests Collection of necessary documents Evaluate the trainees by observation, rating | | | | |

NEEDS TO BEGIN WORK

- 1) Revised Evaluation Instrument
- 2) Baseline Data Forms
- 3) Transportation or funds to assist in the activities
- 4) Formal introduction to the Evaluators by the National Evaluators to the MOH, HMB, and the coordinators of the Family Planning Service of Bauchi State

GONGOLA
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|--|--|---|--|---|
| I. BASELINE DATA | | | | | |
| A. # of women in childbear- age 15-50 years | Collect current statistics with aid of service providers, community health workers and Epidemiological Unit | Service providers, supervisors and State Evaluators | As soon as the State has a working collaborative relationship with INTRAH | By communication between State Evaluators and service providers | Through effective communication of data between State Evaluators and Federal Evaluators |
| B. Infant & Maternal Mortality & Morbidity rates | | | | Liaise with each other | |
| C. Birth and Death rates | | | | | |
| D. Crude Birth rate | | | | | |
| II. Family Planning Service Indicator | | | | | |
| A. Service Points | Motivation of community | Service providers, supervisors and State Evaluators | After discussion and arrangement with MOH | Liaise with the Trainers | Keep them informed about the progress of the program |
| B. Methods Available | More staff | | | | Seek their help to get interested international agencies to help |
| C. Number of trained personnel and their cadre | Government to provide more clinics | | | | |
| D. Training Capability | | | | | |
| 1. Training Institute | All local government to have training institutions | Government | As soon as government is ready | Organizing workshop for health personnel in both government and private institutions | Keep them informed about the progress of the program |
| 2. T.O.T | INTRAH to be invited to assist | INTRAH Other interested agencies volunteer | | | |
| 3. Clinical and theoretical | Other agencies to be involved in T.O.T | | | | |
| 4. Curriculum development for state | Develop curriculum for state | | | | |
| 5. Manpower | Refresher courses for evaluators in developed countries | | | | |
| III. SAMPLE FOLLOW-UP | | | | | |
| A. Knowledge | Assessment through questionnaires, interviews, pre- post-test, biadata | State Evaluators and Trainers | 6 months after working/collaborating with INTRAH | Periodical meeting with Trainers to identify problem areas and improve | Constant communication and feedback |
| B. Performance | Observation, comparison of data for progress purposes | State Evaluators and Trainers | One year after commencement | Assess the effectiveness of the performance | Liaise with national evaluators |
| III. TRAINING ACTIVITY | | | | | |
| | Clear objectives and curriculum to follow See to proper coordination of the program | Trainer and Evaluator | As soon as the Trainers are available | Meet with trainers and draw objective for program. Communicate with the government. | To give a progress report as how the program is going. Ask for assistance if necessary. |

28

KADUNA
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|---|--|---|--|--|
| I. BASELINE DATA | | | | | |
| A. To Improve Well-being | Collect current statistics with aid of service providers, e.g., MOH, HMB, LGHS | State Government, State Evaluators, Service Providers, Service Supervisors | When state establishes working collaboration with INTRAH and FMOH evaluator | By visits and postage | Liaison with the data collected to National evaluators through postage and visits |
| B. Population of the State | | | | | |
| C. % of women in childbearing age | | | | | |
| D. Infant & Maternal Mortality & Morbidity rate | | | | | |
| E. Birth and Death rate | | | | | |
| II. Family Planning Service Indicator | State Government to increase number of clinics, train more staff, improve flow of commodities, involve LG Health Service and voluntary agencies | Permanent Secretary/CNB | When government and state evaluators are ready | Organized workshop for all health workers including local government health service and voluntary agencies | Accurate data transferred to national, periodic visits from national to state Assistance funds needed here also |
| A. Service Points | | | | | |
| B. Methods Available | | | | | |
| C. Number of trained personnel and their cadre (and private organizations) | | | | | |
| D. Training Capability | | | | | |
| 1. # of Training Institutes | INTRAH to be invited to assist in T.O.T course | Technical Assistance, e.g. INTRAH, FMOH, other interested organizations | | | |
| 2. # of T.O.T available | Develop curriculum for state | | | | |
| 3. Curriculum development for state | Refresher courses for trained personnel | | | | |
| 4. Manpower | | | | | |
| II. SAMPLE FOLLOW-UP | | | | | |
| A. Knowledge | Assessment through questionnaires, interviews, pre- post- test, biodata Observation, comparison of data for progress purposes Clear objectives and curriculum to follow | State Evaluator, national evaluator and AID | When contract has been signed | Evaluating materials and training personnel, organized workshop for service providers | Accurate data transferred to national, periodic visits from national to state Assistance funds needed here also |
| B. Performance | | | | | |
| | Sample performance selection | | | | |

KWARA
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|--|--|---|--|---|---|
| I. BASELINE DATA | | | | | |
| A. Population of Kwara State | Information can be collected at: -Federal Office of Statistics-KWS branch -Family Planning Office-MOH -KWS Population Bureau Office | State evaluator can personally request and collect data Compare results from the three offices | As soon as possible (Within a month) | Interaction between the Evaluator/ Trainers to know and collect the baseline figures of population used | |
| B. Population of women in child-bearing age 15-45 | Information can be collected at: -Federal Office of Statistics-KWS branch -Family Planning Office-MOH -KWS Population Bureau Office | Evaluator can do this at the same time as 1(a) above | Within a month | Same as above | |
| C. Age at Marriage (Girls only on Sampling Basis) | Check and Compile Information at: -2 Marriage Registers -2 Churches -A town where mass weddings are performed | Statistical officers in MOH delegated to collect information. (Evaluator ensures and confirms that activity is carried out by collecting and compiling results) | 2 weeks | Same as above | |
| D. Infant & Maternal Mortality | Collection of data from Medical Statistics Office in MOH | Officer i/c asked to produce information | 2 days | | |
| E. Training Capabilities -# institutions providing Family Planning services -# TOT -# Clinic Training Sites -Curriculum developed -Training needs | Data can be gotten from State Family Planning Coordinator's Office Information to be gathered from FP/ORT Workshop Coordinator's Office | State evaluator to request up-to-date relevant data from officers concerned & compile results | 1 week | Interaction/discussion with some members of TOT to confirm info already received | |
| F. Family Planning Service Indicators Total number of Family Planning services Providers -State -Each LGA -Records kept 1)New Acceptors 2)Continuing Users 3)Commodities Used | Data to be collected and compiled and information to be obtained from Project Coordinator's Office-- Ministry of Health | A written request to Project Coordinator's Office would produce Data--Evaluator to write | 1 week | Discussion with a few active TOT members on total number of Providers already trained under INTRAH Program | |
| II. Sample Follow-Up | | | | | |
| -Pre Follow-up Activities | Project Director, Coordinator/ Trainers/Evaluators meet Evaluators inform National Evaluators of impending follow-up due date | Meeting to be called by Director | 2 weeks 1 yr. after training activity | Meeting: evaluators introduced, roles outlined, cooperation encouraged Notify trainers of impending follow-up due date | State/National Evaluators meet Sampling of needed follow-ups done and compiled State Eval. take Nat. Eval. to |
| Follow-up 1 | | | | | |

230

KWARA
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|--|---|--|---|---|
| a) Assessment of Knowledge | Draft questionnaire for interviewing a sample of Service Providers | Evaluators cum Program Coord. | 1 year after training | | Service Provider duty stations for follow-up |
| -Performance of skills | Post-test INTRAH Biodata Forms to be ready direct observation of technique and patient interaction | State/National Evaluators | Same as above | Highlights of problems to efficient performance, e.g. inadequate equipment, commodities, etc. | Same as above. National Eval. notes performance results, compiles and informs IntraH State problems also reported |
| -Availability of records | Service Provider to keep all records since training (client cards & clinic registers available for inspection) | | At performance follow-up | A trainer or evaluator or both may act as observers | State Evaluators supportive role to National Evaluators administering follow-up |
| -Follow-up 2 sub-sample | Same as Follow-up 1 | Same as Follow-up 1 | | | Same as follow-up 1 |
| III. Training Activities | | | | | |
| -Preparation for Training | Select and compile trainees List trainers Select training sites | Project Director, Project Coord. Workshop Coordinator Selection of Trainees/Trainers will be done collectively when Workshop Coord. confirms site | 1-2 months prior to start of training | Workshop Coordinator notifies Evaluator of proposed training program | State Evaluator to notify National Evaluator of the commencement of INTRAH Trainin Program |
| -Training Programme | Collect INTRAH biodata forms Set Pre-test (administered by 2 at end of training) Post-test Participant reaction forms | Trainers | 1 week before training for setting pretest, two other draftings of post-test during ongoing activity | Copy of all test results goes to State Evaluator | State Evaluator forwards copy of results to National Evaluator List of Service Providers updated |
| Training Needs | | | | | |
| a) Training of Family Planning Motivators (Field Workers) | State proposal or draft to INTRAH on need for this cadre of Family Planning personnel | Administrative head of MOH/ Project Director | Within 1 month of service delivery/workshop | | |
| -Service Providers | Proposal writing to INTRAH on need for annual-to-twice-yearly refreshers for all cadres of INTRAH trainees | Head of MOH/Dir. of FP Project Director, Coordinator, Trainers & Evaluators | Within next 6 months At end of each year | Both involved with report writing | |
| -Field Workers | | | | | 2 copies of Comprehensive Report to Evaluators at National Headquarters--a copy to be forwarded to IntraH |
| Reporting on Accomplishment | Summary of achievements | As above | At beginning of each year | To be involved with distribution of letters | |
| -Feedback to all concerned INTRAH program | Problems encountered & possible actions for improvements A concise & accurate report of INTRAH trainees in Kwara | | | | |

12

LAGOS
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE (SPECIFY) | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|---|---|---|---|---|
| I. BASELINE DATA | | | | | |
| A. Demography - Population | Collect information from Ministry of Finance & Economic Planning, Ministry of Health | State Evaluator, Medical Statistic Unit, Ministry of Health | September 1986 | ---- | State Evaluator to inform and acquaint National Evaluator who in turn will inform INTRAH |
| 1. Service points | State Ministry of Health in liaison with HMB to identify service points and determine family planning methods | Coordinator | August/September 1986 | ---- | State Evaluator to inform and acquaint National Evaluator who in turn will inform INTRAH |
| 2. Available methods in Planning | | | | | |
| 3. Supplies and equipment | Collection, storage and distribution by medical stores and services points to collect from stores | State Coordinator/ State Evaluator | September 1986 | ---- | State and National evaluator to liase together and see to regular supply of commodities and equipment |
| 4. Trained staff and categories | SMOH and HMB to identify staff to be trained | State Coordinator | August/September 1986 | ---- | State Evaluator to inform and acquaint National Evaluator who in turn will inform INTRAH |
| II. SAMPLE FOLLOW-UP | | | | | |
| 1. Knowledge | Biodata, Pre- and Post- test to be conducted and questionnaire may be used | Coordinator/Evaluator | Before start of program and 1 year after program inception | State Evaluator and trainer to meet at regular intervals for evaluation | Report of evaluation test and questionnaire to be forwarded to National Evaluator for onward transmission to INTRAH/sponsor |
| 2. Performance | Direct observation and questionnaire | State Coordinator/Evaluator | 1 year after program inception | State Evaluator and trainer to meet at regular intervals for evaluation | Report of evaluation test and questionnaire to be forwarded to National Evaluator for onward transmission to INTRAH/sponsor |
| III. TRAINING ACTIVITY | | | | | |
| 1. Training of Trainer (TOT) | State Ministry of Health and Health Management Board to jointly draw and arrange for training | INTRAH | As soon as arrangement is concluded between INTRAH and State Ministry of Health | NONE | State evaluator in conjunction with National evaluator will evaluate the training program activity |
| 2. Training of Service Providers | | | | | |
| 3. Training of Motivators (Health Educator) | | | | | |
| 4. Training in Curriculum development | | | | | |

32

NIGER
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE (SPECIFY) | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|--|---|---|---------------------------|---|---|
| I. BASELINE DATA | | | | | |
| A. Service Delivery Points B. Personnel: skilled and trained C. Service Points D. Commodity a. method b. quantity E. Equipment available F. Trainers G. Transportation | Determine appropriate Baseline -collect baseline data -prepare baseline data documentation Interim & Terminal Assessment -adequate assessment of baseline -documentation of interim and -terminal data Community Surveys -design community surveys on service available -provision and use -carry out community surveys -analyze results of surveys | State Evaluators in conjunction with the Director and Coordinator for Family Planning | October 1986. | To be reviewed yearly. Visitation, collection of data, discussion meetings. | Collection of necessary documents and transmission to National Evaluators |
| II. SAMPLE FOLLOW-UP | | | | | |
| 1. Knowledge a. questionnaires b. interviews 2. Performance Observation | -collect and maintain bio-data pre- and post- test -analysis of bio-data and pre- and post- test -follow-up assessment a. select follow-up samples using using random sampling b. organize follow-up data collection | State Evaluators | October 1986 | To be reviewed yearly. Visitation, collection of data, discussion meetings. | Collection of necessary documents and transmission to National Evaluators |
| III. TRAINING ACTIVITY | | | | | |
| 1. Refresher courses for TBAs 2. Nurses and midwives for F/P delivery 3. Health aid-motivation 4. Training of more T.O.T 5. Training of more Evaluators | Observation questionnaire and interviews Invite other agencies to participate in the training program INTRAH to assist in training INTRAH to assist in training | State Evaluators | October 1986 | To be reviewed yearly. Visitation, collection of data, discussion meetings. | Collection of necessary documents and transmission to National Evaluators |

23

OGUN STATE EVALUATOR'S PLAN

| WHAT NEEDS TO BE DONE (SPECIFY) | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|--|---|--|--|--|
| I. BASELINE DATA | | | | | |
| A. Population B. I.M.R. C. M.M.R. D. Average age at marriage E. _____ and child spacing | Work with and collect data from State Ministry of Finance and Economic Planning, Federal Office of Statistics | State Evaluator in conjunction with the Medical Statistics Unit of the State Ministry of Health | One week or later | Making contact with the trainers through the National Evaluator and Trainers. | Liaison between State Evaluators and National Evaluators and follow-up assessment between the two groups |
| Carry out surveys at yearly intervals | | | | | |
| II. SAMPLE FOLLOW-UP | | | | | |
| 1. Knowledge | State Evaluators work together and share views from time to time, they should be near each other as much as possible. State Evaluator should be in a cordial state with State Coordinator of programs. They should be able to convince the policy-makers of the need to evaluate state programs. | State Evaluator and Coordinator | At least 1 month from end of Evaluator's Course/Workshop | Making contact with the trainers through the National Evaluator and Trainers. | Contact for exchange of ideas needed in policy formulation |
| Follow-up and assessments | | | | | |
| 2. Performance | Assess programs on their need to continue, discontinue, or improve on present performance and determine whether needs are met | State Evaluator/Coordinators (possibly Policymakers) | On a regular basis | State Evaluators and Trainer meet at regular intervals for the purpose of evaluation | Regular contact for collection of updates from trainers |
| III. TRAINING ACTIVITY | | | | | |
| 1. I. O. I 2. Providers 3. Evaluator at local or zonal levels | Organize training and re-training of all categories of trainees | Trainers, I.O.I Evaluators and Medical Statistics Unit of the Ministry of Health | At least twice annually or as necessary | Evaluators and Trainers should design training program and carry out together | National Evaluators should be involved in all traing programs in the state |

29

ONDO STATE EVALUATOR'S PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|---|---|---|--|---|
| 1. BASELINE DATA | | | | | |
| A. Collect Data on Population | Collection of data from Statistics unit | The two evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator |
| B. # of women in childbearing age 15-49 years | Collection of data from Statistics unit | The two evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator |
| C. Calculating Infant Mortality and Maternal Mortality rate | Collect this data from the Statistical Division of the Ministry of Finance/Economic Planning and Statistics | The two evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator They should, in turn, give feedback |
| D. Percentage of women 15-55 years | The Health Statistician among the 2 State Evaluators will calculate the percentage from the previous data on the number of women of childbearing age and the population of women in the state | The Health Statistician | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator They should, in turn, give feedback |
| E. Average # of children per woman of child-bearing age | Collect information from the Ministry of Finance, Economic Planning and Statistics | The 2 Evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator They should, in turn, give feedback |
| F. Family Planning | | | | | |
| 1. # of service points | Collect all information for family planning from the Family Planning Coordinating Unit of the State Ministry of Health | The 2 Evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known | The collected data shall be forwarded to the National Evaluator They should, in turn, give feedback |
| 2. types of methods available | | | | | |
| 3. # of trained staff and their categories | | | | | |
| 4. # of commodities and equipment supplied | | | | | |
| 5. # of acceptors | | | | | |
| G. Training | | | | | |
| 1. # of training institutions that provide training service | Information can be obtained from the training institutions in the state | The 2 Evaluators trained by INTRAH | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator They should, in turn, give feedback |
| 2. type of training provided | All these data on training capabilities can be obtained from the family planning coordinating unit | The F/P coordinator should collect data and make copies available to the evaluators | | | |
| 3. # of people capable of training F/P providers | | | | | |
| 4. # of appropriate training sites | | | | | |
| 5. # of equipment available for training | | | | | |

27

ONDO STATE EVALUATOR'S PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|---|---|--|--|---|
| II. SAMPLE FOLLOW-UP | | | | | |
| A. Knowledge of trainers should be evaluated | The final review follow-up questionnaire in Nigeria will be used to evaluate the knowledge of the trainers | The National Evaluators should come up with the final review questionnaire and send it to the state to be used by the State evaluator | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator |
| B. Performance evaluation of trainers | The performance of the trainers should be rated by using Behavioral Anchored Rating scale | The State Evaluators | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator |
| III. TRAINING ACTIVITY | | | | | |
| Evaluation of training activities during training programs, e.g., training of Trainers, Training of Service Providers | Using INTRAH participant reaction form, with distribution to trainees | The State Evaluators | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator |
| IV. TRAINEE ASSESSMENT | | | | | |
| A. Self Assessment for Clinicians | The final review self assessment questionnaire for clinicians in Nigeria will be used to assess the trainees. | The State Evaluators | As soon as approval is obtained from the State Government | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator |
| B. The use of the "Instrument for recording Observations" of INTRAH trainees performing clinical task work | The final review self assessment questionnaire for clinicians in Nigeria will be used to assess the trainees. | The State Evaluators | As soon as approval is obtained from the State Government and the forms/questionnaires are available | Organize meeting between the evaluators, coordinators and trainers to make our objectives known (the State Evaluator can be involved in this aspect) | The collected data shall be forwarded to the National Evaluator |

22

OYO STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|--|---|---|--|--|--|
| I. BASELINE DATA | | | | | |
| DEMOGRAPHY | | | | | |
| A. Population Estimate B. Infant Mortality Rate C. Maternal Mortality Rate D. Fertility Rate E. # of children of woman of childbearing age F. Average Age at Marriage | Information will be collected from available sources: Ministry of Health (Planning Div.) Ministry of Economic Planning Fertility Surveys Evaluation resource person collects baseline and post-project data through surveys, examination records, and source statistics: State Health Council | Evaluator Resource persons in the State at the Ministry of Health (Planning & Statistical Division), State Coordinator for F/P Services Ministry of Health and/or State Health Council | As soon as possible in anticipation of INTRAH program start. Time-frame: 2-3 months | Development of communication link between the Evaluators/trainees to build in feedback mechanism and reporting system | National Evaluators by constant communication link with State Evaluation Resource persons can advise and liaise on areas of technical assistance. Build up political support and selling of program at State level and inform INTRAH of other specific needs |
| G. Service Points Available H. Available Methods in Family Planning I. Supplies, Commodities and Equipment J. Available Trained Staff By Categories K. Measurement of Impact Both Before and After INTRAH Activities | Collect/Storage/Distribution Ministry of Health/State Health Council | Evaluator resource persons collect baseline/post-project data by survey/records, summary of service | As soon as possible in anticipation of INTRAH program start. Time-frame: 2-3 months | ---- | Supply logistics developed between State/National Educators. |
| II. SAMPLE FOLLOW-UP | | | | | |
| A. KNOWLEDGE | | | | | |
| Activity follow-up at place | Trainee Evaluation Pre-test and Post-test of knowledge and skills in the state as to reflect progress/effect/efficiency | Evaluator Resource Persons/ Coordinator of State F/P Services Evaluator Resource Persons/ Coordinator of State F/P Services | At start of INTRAH program After 1 year (or thereabout) of the commencement of the program | State Evaluators and trainers assessment and progress and evaluation with trainees | Forward results to National Evaluators who act as liaisons with INTRAH who in turn gives feedback to the State. |
| B. PERFORMANCE | | | | | |
| Measurements of competence in various activities, e.g., 1) clinical proficiency 2) patient management 3) history taking (data gathering) 4) communication 5) recording 6) ability to conduct physical examination 7) ability to employ diagnostic instruments correctly | Performance appraisal of a sub-sample of trainees actually performing the roles for which they were trained by INTRAH by direct observation and administration of questionnaires | Evaluator Coordinator State F/P Services and resource persons | After 1 year (or thereabout) of the commencement of the program | Results should be feedback to service points as above | Same as above. National Evaluators assist State Evaluators in liaison with INTRAH in developing performance standards by arrangement of evaluation short courses in evaluation concepts, methods and orientation to INTRAH evaluation plan. |
| C. TRAINING ACTIVITY | | | | | |
| Selection and compilation of trainees Selection of training sites Training of service providers | Administer and analyze reaction forms. Work with Coordinator/Project Director on some activities | Evaluator Resource Persons/ State Family Planning Coordinators/Clinical Supervisors By Ministry of Health and State | As soon as possible within 1-3 months before program starts | Network of communication of activities, planning of programs, workshops will be developed between State evaluator resource | State Evaluator resource person will inform National Evaluators on when to commence INTRAH training program in the State on developing a network of follow-up |

27

OYO STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE SPECIFY | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|--|---|--|---|--|---|
| <p>INTRAH begins training of trainers at point on need for training in the State</p> <p>Curriculum development for trainees</p> <p>Conduct follow-up on trainees</p> <p>Motivation activities</p> <p>Evaluator at local and zonal levels</p> | <p>Develop logistics as well as motivation activities</p> | <p>Health Educators working with Evaluator Resource person and</p> | <p>Incorporated into program at the beginning</p> | <p>Feedback mechanism will be developed by evaluator/trainers.</p> | <p>workshops in State evaluation activities with increased focus on baseline data, collection, trainee follow-up evaluation Planning of next steps in each state's evaluation strategy National Evaluators will solicit financial support and needed resources to carry out all of the above indicated training activities.</p> |

17

PLATEAU STATE
STATE EVALUATORS PLAN

| WHAT NEEDS TO BE DONE (SPECIFY) | WHAT CAN BE DONE AT STATE LEVEL | WHO WILL BE RESPONSIBLE | WHEN WILL THIS BE DONE | COORDINATING MECHANISM BETWEEN STATE EVALUATORS AND TRAINERS | COORDINATING MECHANISM BETWEEN STATE AND NATIONAL EVALUATORS |
|---|---|----------------------------|---------------------------|--|--|
| I. BASELINE DATA | | | | | |
| A. Service Delivery Points | | | | | |
| B. Personnel: Skilled and Trained (176) | Retrain trained personnel at established service points for at least 2 years | Health Services Management | November 1986 | State Family Planning Coordinator | N/A |
| C. Service Points (82) | Create more facilities for family planning | MOH/HMS | Between 1986 and 1987 | State Family Planning Coordinator | State Family Planning Coordinator/MOH |
| D. Commodity a. method b. quantity | Request for and ensure adequate supply of commodities from technical assistance unit. Ensure adequate storage and distribution. | State F/P Coordinator | In progress | State Family Planning Coordinator | State Family Planning Coordinator/MOH |
| E. Equipment Available (varying degree/type) | Ensure use of same/request for additional from technical assistance | State F/P Coordinator | In progress | State Family Planning Coordinator | State Family Planning Coordinator/MOH |
| F. Trainers (15) | MOH/HSMS | At training | State F/P Coordinator | N/A | |
| G. Trainers (15) | Request from Technical Assistance | Ministry of Health | August 1986 | State F/P Coordinator | Chairman, F/P Advisory Committee |
| II. SAMPLE FOLLOW-UP | | | | | |
| 1. Knowledge a. questionnaires b. interviews | | | | | |
| 2. Performance a. Observation through super-Develop Questionnaire/ b. visits and use of observa-Observation Forms tion forms | | Ministry of Health | State Evaluators | February 1987 | State F/P Coordinator |
| III. TRAINING ACTIVITY | | | | | |
| 1. Refresher Courses for I.O.T.s | | | | | |
| 2. Nurses and Midwives for F/P Insertion | Release trainers | State/Technical Assistance | Between 1986 and 1987 | State F/P Coordinator | Chairman, F/P Advisory Committee |
| 3. Nurses and Midwives for F/P Delivery | | | | | |
| 3. Health Aids-motivation | | | | | |
| 4. Medical Practitioners-F/P | | | | | |
| 5. Management/Supervisory Courses | Request for technical assistance | Technical Assistance | 1986-1987 | State F/P Coordinator | State F/P Coordinator/MOH |

62

APPENDIX F

EVALUATION INSTRUMENTS AND RESULTS

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 |
| <u>5</u> | <u>7</u> | | | |

2. Workshop objectives seemed to be achieved:

- | | | | | |
|-------------|-----------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| <u>3</u> | <u>7</u> | <u>2</u> | | |

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

- 9 a. All material was useful
- 3 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 |
| <u>2</u> | <u>8</u> | <u>2</u> | | |

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

| 2 | | 5 | | 5 | | | | | |

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

| 1 | | 1 | | 5 | | 4 | | 1 |

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

| 10 | | 2 | | | | | |

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

| 2 | | 6 | | 4 | | | |

9. In this workshop I learned:

- 11 a. many important and useful concepts,
1 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:

- 3 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

| 2 | | 9 | | 1 | | | | |

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

| 4 | | 8 | | | | | | |

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

| 10 | | 2 | | | | | | |

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

| 4 | | 7 | | 1 | | | | |

15. 12 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.

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

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 | | | N.A. |
|-----------------------------|-------------|---|---------------|---|---|------|
| | 1 | 2 | 3 | 4 | 5 | |
| a. <u>IMPACT EVALUATION</u> | 5 | 5 | | | | 2 |
| b. <u>TRINEE EVALUATION</u> | 9 | 1 | | | | 2 |
| c. <u>INTRAH PROGRAM</u> | 9 | 1 | | | | |
| 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 | | hardly useful | | | does not apply | N.A. |
|--------------------------|-------------|---|---------------|---|---|----------------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| a. lectures | 5 | 6 | 1 | | | | |
| b. group discussions | 8 | 4 | | | | | |
| c. individual exercises | 6 | 4 | 2 | | | | |
| d. group exercises | 6 | 6 | | | | | |
| e. clinical sessions | | | | | | | |
| f. field trips | | | | | | | |
| g. handouts/readings | 6 | 4 | | | | | 2 |
| h. books | 11 | | | | | | 1 |
| i. audio-visuals | | | | | | | |

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.

- 2 a. Counselling and/or client education
- b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- 1 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
- 10 g. Planning/Evaluation of Family Planning Services
- 8 h. Policy Making/Direction of Family Planning Services
- i. Community Based Distribution of Contraceptives
- 1 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: _____

Feel free to sign your name. (Optional)

May, 1985

4/6

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 |
| 7 | 3 | | | |

2. Workshop objectives seemed to be achieved:

- | | | | | |
|-------------|-----------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| 6 | 3 | 1 | | |

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

- 8 a. All material was useful
- 2 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 |
| 6 | 3 | 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
- | 3 | | 4 | | 3 | | | | | |

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
- | 1 | | 1 | | 3 | | 4 | | 1 |

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
- | 10 | | | | | | | | |

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
- | 6 | | 3 | | 1 | | | | |

9. In this workshop I learned:

- 7 a. many important and useful concepts,
2 b. several important and useful concepts,
1 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:

- 6 a. many important and useful skills,
1 b. several important and useful skills,
___ c. some important and useful skills,
___ d. a few important and useful skills,
___ e. almost no important or useful skills.

3 N.A.

11. Workshop facilities and arrangements were:

| | | | | |
|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|
| a. Very good | b. Good | c. Acceptable | d. Barely acceptable | e. Poor |
| <input type="text" value="6"/> | <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text"/> | <input type="text"/> |

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 |
| <input type="text" value="6"/> | <input type="text" value="4"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 |
| <input type="text" value="7"/> | <input type="text" value="3"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 | |
| <input type="text" value="5"/> | <input type="text" value="4"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | N.A. = 1 |

15. 10 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.

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

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>IMPACT EVALUATION</u> | 10 | | | | |
| b. <u>TRAINER EVALUATION</u> | 9 | 1 | | | |
| c. <u>INTRAH PROGRAM</u> | 10 | | | | |
| 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 | | hardly useful | | | does not apply | N.A. |
|--------------------------|-------------|---|---------------|---|---|----------------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| a. lectures | 7 | 1 | 1 | | | | 1 |
| b. group discussions | 8 | 2 | | | | | |
| c. individual exercises | 7 | 2 | 1 | | | | |
| d. group exercises | 10 | | | | | | |
| e. clinical sessions | | | | | | | |
| f. field trips | | | | | | | |
| g. handouts/readings | 9 | 1 | | | | | |
| h. books | 10 | | | | | | |
| i. audio-visuals | | | | | | | |

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
- 1 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 4 e. Supervision of Family Planning Services
- 6 f. Management of Family Planning Service System
- 3 g. Planning/Evaluation of Family Planning Services
- 8 h. Policy Making/Direction of Family Planning Services
- 2 i. Community Based Distribution of Contraceptives
- 2 j. Community Based Outreach, Education or Information
- 3 k. In-Service Training in Family Planning
- l. Pre-Service Teaching/Tutoring in Family Planning
- 1 m. Other (specify) _____

20. Additional Comments: _____

Feel free to sign your name. (Optional)

May, 1985

52

PRE-POST TEST QUESTIONS

This test will help us to obtain baseline information about your knowledge of program evaluation. Please write your name and the date in the space provided below. You will have about 30 minutes to finish the test.

Name: _____

Date: _____

Choose the correct answer(s):

1. The primary purpose of the INTRAH program is to:
 - a. provide family planning supplies and commodities.
 - b. provide support to in-service training of paramedical, auxiliary and community health workers in family planning.
 - c. provide pre-service family planning training facilities and resources in medical, nursing and midwifery schools.
 - d. provide physicians and senior nurses with pre-service and in-service family planning skills.
 - e. all of the above.
2. The major purpose of evaluation is to:
 - a. allow supervisors to know which of their subordinates require disciplinary action.
 - b. provide data and other information for use by university faculty in research about program effectiveness.
 - c. provide information for decision making by program management.
 - d. fulfill requirements of funding agencies for information.
4. Evaluation is (choose best 3 answers):
 - a. a continuous process.
 - b. a one-time only activity.
 - c. based on criteria.
 - d. based on intuition singularly developed.
 - e. cooperatively developed.

5. The major components of INTRAH training evaluation are:
 - a. in-depth discussions with supervisors and program directors to see how their subordinates are carrying out their work.
 - b. collection and analysis of country demographic data at the end of the program and written statements from national political leaders about program success.
 - c. intensive interviews with all people trained by INTRAH at the end of the contract period using diaries to assist recall.
 - d. collection and analysis of country baseline and program end data, biodata and pre and post tests for trainees and participant reactions for trainees.

6. The primary strategy for INTRAH overall country training program evaluation is to:
 - a. Enlist the aid of international evaluation experts to examine the training status in each country after the INTRAH training program has been completed.
 - b. Collect data from the World Bank and other international agencies to be analyzed in the United States.
 - c. Enlist country and State level evaluation resource persons to assist in collection and analysis of baseline and program end data.
 - d. Carry out a large number of population surveys in country to determine the extent of family planning acceptance.

54

7. One of the strategies for INTRAH evaluation of the effectiveness of training in increasing the capabilities of trainees is:
 - a. Biodata and pre- and post-test scores will be collected at the time of training. At intervals of about one year a sample of trainees will be followed up with additional post tests and biodata collected.
 - b. From each training one or two trainees will be tracked on a monthly basis to determine how well they are performing their work.
 - c. Intensive tests and reviews of skills developed during training will be carried out during and directly after training by the trainers. This will be repeated after six to eight months.
 - d. A team of international experts will sit in on selected INTRAH training and will make an assessment of training effectiveness.
8. Evaluation of individual INTRAH training events will take place:
 - a. by intensive interviews with trainers and selected trainees after the training.
 - b. through the use of expert international evaluators to sit in on selected training events as observers.
 - c. by subcontracting with a training evaluation team in each country.
 - d. through the collection and analysis of participant reaction forms for each training event.
9. Formative evaluation is evaluation done:
 - a. at the beginning of a programme
 - b. while a programme is underway
 - c. at the end of a program
 - d. all of the above



10. Formative evaluation refers to:
 - a. The need to form evaluation groups before proceeding.
 - b. Evaluation that will effect subsequent program activity.
 - c. Evaluation of the form of a process, rather than the content.
 - d. The process of recording evaluation activity.

11. Summative evaluation refers to:
 - a. Evaluation of the content of a process, rather than the form.
 - b. Evaluation that is carried out to determine if evaluation groups should be formed.
 - c. Retrospective evaluation.
 - d. Quantitative evaluation.

12. "Baseline," in evaluation term refers to:
 - a. The document prepared as a result of the initial assessment of a situation before program intervention begins.
 - b. The line at the bottom of a Gantt Chart that is used to keep track of the time that a program is in operation.
 - c. The basic evaluation problem that is being considered.
 - d. The original program document, describing what the program is designed to do.

13. Data on the prevalence of diarrhea is collected to decide if a preventive program is necessary. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact

14. The number of new family planning methods acceptors is compared with the proportion of acceptors stated in the objectives for the year. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact

15. A record of family planning client visits is kept and reviewed monthly to see if new and continuing acceptors reach expected levels. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact

5A

16. The number of family planning acceptors in two clinics is reviewed at year end and related to the cost of providing family planning services at the clinic during the year. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact

17. An expert group or committee reviews state level data to determine what types of family planning program support is required within the state. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact

18. The rate of family planning acceptors and the rate of infant deaths are compared between the time when a five year program begins and at the end of the program period. This is an example of which following type of evaluation:
 - a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact



19. Which of these statements best describe the function of health service records in a country:
- a. Health service records provide information on maternal and child health services.
 - b. Health service records provide information concerning activities of an organization or service.
 - c. Health service records provide information on Family Planning Services.
 - d. Health service records provide information on all activities carried out in every health institution, so that correct decisions could be made to improve the health services in a country.
20. In order for a service record to be useful it should satisfy all but which one of the following criteria:
- a. complete
 - b. accurate
 - c. timely
 - d. comparable
 - e. massive
 - f. legible

21. A major focus of INTRAH's evaluation activity will be:
 - a. Assessing the quality of training in host-country medical and nursing schools.
 - b. Assessing the quality of training being provided in INTRAH sponsored training courses.
 - c. Assessing the effectiveness of INTRAH sponsored training through trainee follow-up.
 - d. Assessing the extent to which country leaders accept INTRAH support.
 - e. Assessing the extent to which INTRAH assistance is associated with increased FP capabilities in host countries.
 - f. All of the above.
 - g. a, c, and d above.
 - h. b, c, and e above.

22. The WHO hierarchy of objectives approach to goals and objectives is helpful in program planning to:
 - a. allow staff to know what is expected from the program in concrete terms.
 - b. provide management with a program monitoring tool.
 - c. assist evaluators in developing performance criteria to measure accomplishments of the program.
 - d. provide understanding of the relationship between operational activities and results expected.
 - e. all of the above.
 - f. a & c above.

23. Which of the following is an example of a complete and measurable program objective:
- a. To reduce infant mortality by 20 percent in the country.
 - b. To train 45 TBAs among village volunteers in District X by December 1986, using the core training team.
 - c. To double antenatal consultations to pregnant women in 5 years in Region X.
 - d. To reduce mortality and morbidity of the rural population.
 - e. To develop a better style of life for people of the country through better health services and availability of family planning services.
24. The major advantage of a probability over a non-probability sample is that:
- a. A probability sample is less expensive to draw.
 - b. A probability sample can provide an estimate of its own accuracy.
 - c. A probability sample can be selected by a person with only a little training.
 - d. A probability sample is likely to be smaller.
25. The size of a good sample must be:
- a. At least 100 cases or persons.
 - b. At least 10% of the population.
 - c. At least 50% of the population.
 - d. Is not related to population size.

26. If one wished to take a good sample of families from a large, scattered population living in many small widely separated villages but where it is expected that all villages would be quite similar, one would be advised to use:
- a. Simple random sampling.
 - b. Stratified sampling.
 - c. Cluster sampling.
 - d. Haphazard sampling.
27. Problems of non-probability sampling include:
- a. The possibility that easy or attractive cases will be chosen.
 - b. No capability for assessing the relative accuracy of the sample.
 - c. Bias.
 - d. All of the above.
 - e. A and C above.
28. The first step in designing a questionnaire is:
- a. to construct a preliminary version.
 - b. to list the type of data needed.
 - c. to develop a (training) protocol.
 - d. to specify the objectives of collecting information.

62

PRETEST-POSTEST COMPARISON

JOS EVALUATION WORKSHOP

| PARTICIPANT | PRETEST | POSTEST | DIFF | DIFF ² |
|----------------|---------|---------|-------|-------------------|
| Rouel J. Ambe | 8.00 | 15.00 | 7.00 | 49.00 |
| H. E. Jiya | 7.00 | 15.00 | 8.00 | 64.00 |
| H. K. Zubairu | 9.00 | 14.00 | 5.00 | 25.00 |
| Mary J. Hassan | 11.00 | 21.00 | 10.00 | 100.00 |
| J. O. Dandaura | 13.00 | 17.00 | 4.00 | 16.00 |
| Mary Shemu | 13.00 | 18.00 | 5.00 | 25.00 |
| R. E. Nadoma | 18.00 | 19.00 | 1.00 | 1.00 |
| Z. G. Mafuyai | 14.00 | 20.00 | 6.00 | 36.00 |
| Zairab Aminu | 16.00 | 21.00 | 5.00 | 25.00 |

| | | | | |
|---------------------|-------|-------|-------|--------|
| VAL/N | 12.11 | 17.78 | 5.67 | |
| SUM VAL | | | 51.00 | 341.00 |
| S.E. DIFF | | | 0.85 | |
| T=(DIFF/N)/S.E.DIFF | | | 6.67 | |

POST-TEST ONLY

| | |
|---------------|-------|
| Mohid C. Baba | 17.00 |
| H. Musa | 15.00 |
| Egla Modi | 13.00 |

PRETEST-POSTEST COMPARISON

IBADAN EVALUATION WORKSHOP

| PARTICIPANT | PRETEST | POSTEST | DIFF | DIFF ² |
|-----------------------|---------|---------|-------|-------------------|
| Aboderin | 17.00 | 20.00 | 3.00 | 9.00 |
| Sabaiola | 18.00 | 24.00 | 6.00 | 36.00 |
| Olonade | 15.00 | 23.00 | 8.00 | 64.00 |
| Adeleye | 11.00 | 19.00 | 8.00 | 64.00 |
| Obimakinda | 15.00 | 23.00 | 8.00 | 64.00 |
| Omotosho | 10.00 | 16.00 | 6.00 | 36.00 |
| Laoye | 14.00 | 22.00 | 8.00 | 64.00 |
| Taylor | 17.00 | 24.00 | 7.00 | 49.00 |
| Adeyemi | 12.00 | 19.00 | 7.00 | 49.00 |
| Oluwole | 22.00 | 24.00 | 2.00 | 4.00 |
| VAL/N | 15.10 | 21.40 | 6.30 | |
| SUM VAL | | | 63.00 | 439.00 |
| S.E. DIFF | | | 0.69 | |
| $T=(DIFF/N)/S.E.DIFF$ | | | 9.21 | |