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## Trip Report

#0-346

**Travelers:** Mrs. Grace Mtawali, INTRAH/ESA  
Regional Training Officer

**Country Visited:** KENYA

**Date of Trip:** September 1 - 30, 1987

**Purpose:** To conduct a 12-day MCH/FP Curriculum Revision Workshop for 18 DFH/AMREF trainers and provide technical assistance to 2 DFH/MOH and 1 AMREF trainers.

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\* On file with INTRAH Program Office

## LIST OF ABBREVIATIONS

<b>AMREF</b>	African Medical Research Foundation
<b>CNO</b>	Chief Nursing Officer
<b>DFH</b>	Division of Family Health
<b>DON</b>	Division of Nursing
<b>ECN</b>	Enrolled Community Nurse
<b>FPPS</b>	Family Planning in the Private Sector
<b>FLE</b>	Family Life Education
<b>KANU</b>	Kenya African National Union
<b>KRN/M</b>	Kenya Registered Nurse/Midwife
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Government Organization
<b>PHN</b>	Public Health Nurse
<b>RCO</b>	Registered Clinical Officer

### EXECUTIVE SUMMARY

A 12-day workshop to revise the Maternal Child Health and Family Planning Curriculum for KRN/Ms, RCOs and ECNs was conducted in Midwest Hotel, Kericho, Kenya, from September 8- 23, 1986. The workshop planning was facilitated by Mrs. Lydia Cege, Head, Training Division, Division of Family Health/Ministry of Health; Mrs. Martha Warratho, Trainer, Division of Family Health; Mrs. Margaret Mwiti, Trainer, African Medical Research Foundation and Coordinator of the AMREF's Family Planning in the Private Sector clinical family planning training sponsored by John Snow, Inc. Technical assistance was provided by Mrs. Grace Mtawali, Regional Training Officer, INTRAH/ESA Office, Nairobi, Kenya.

During the planning meetings, the Division of Family Health and the AMREF, the major FP training partners in Kenya, confirmed the decision to develop one national Maternal Child Health and Family Planning curriculum. Significant professional and policy-related guidance and direction were provided by Ms. Joyce Naisho, Senior Public Health Nurse and Deputy Director, Family Health Division, AMREF; and Miss Pauline Muhuhu, Regional Director, INTRAH/ESA.

The Division of Family Health identified one consultant, who with the INTRAH Regional Training Officer, would provide technical assistance to the Division of Family Health and the African Medical Research Foundation trainers; lead relevant workshop sessions; and ensure that expectations, goals and objectives of the Division of Family Health and the African Medical Research Foundation were met in terms of the workshop products. The consultant, Dr. A. Mutema, was unable to participate in crucial planning

meetings and curriculum and lesson plan development for the 12-day workshop.

Feedback from independent curriculum reviewers and the trainers who had tested a draft curriculum developed for AMREF with the help of the Division of Family Health in September 1985, was not available until the workshop was started. Workshop group development process, progress, and outputs were affected by two major factors: the inability of all trainers and consultants to plan the workshop as a team, and the lack of early awareness of feedback on the September curriculum draft.

The workshop is the fourth activity in the PAC II DFH/INTRAH revised training plan. The activity was planned as a skill building exercise with brief knowledge transfer update sessions and intensive practical experiences in developing a task oriented curriculum for MCH/FP graduates of the Kenya Health Services. Update sessions on contraceptive methods and AIDs were successfully conducted by Dr. S. Sinei, obstetrician/gynecologist, University of Nairobi, as were Family Life Education sessions, conducted by AMREF participant Mrs. Isabella Chege and Mrs. Grace Mtawali to demonstrate team teaching. Limited knowledge transfer updating sessions in curriculum development were done with major content well outlined. Teaching methods and resources required for the content and evaluation methods were listed independent of the content identified. The INTRAH trainer's efforts to have lesson plans prepared for the curriculum were met with open resistance from her co-consultant, who strongly recommended that they be developed in future out of the workshops by the Division of Family Health and the African Medical Research Foundation.

On the whole, participants appreciated the skills which they refined through development of a real curriculum. The exercise allowed them to identify areas in which they were not adequately prepared to teach, such as: communication skills including interviewing and counseling; family life education; program management; development of training materials including case studies and role plays; and stories and drama for MCH/FP training. In general, most objectives were achieved. Major recommendations of the workshop include the following:

1. As a prerequisite to quality training, the DFH should be encouraged to require all consultants to engage in workshop planning as a team effort prior to the actual workshop.
2. The DFH should address the identified participant learning needs as soon as possible and use the best approach to resolve them in order to effectively and efficiently implement the revised curriculum.
3. As a long term goal, consideration should be given to developing a future core training team comprised of DFH, AMREF and National Trainers of the DFH which could complement each other in special aspects of their training programs.
4. Collaboration between the Nursing Council of Kenya and the DFH should be strengthened in terms of MCH/FP training so as to include representatives of the Nursing Council whose responsibilities are MCH/FP training.

**SCHEDULE OF ACTIVITIES**

- September 1-5** Mrs. G. Mtawali, Mrs. L. Cege, Mrs. M. Warratho and Mrs. M. Mwiti developed curriculum for 12-day workshop.
- Organized, developed and packed training materials.
- Traveled to training site.
- September 8-23** Conducted the workshop.
- September 24** Returned to Nairobi.
- September 25-29** Mrs. Mtawali refined and revised MCH/FP curriculum.
- September 30** Mrs. Mtawali, Mrs. Cege, Mrs. Warratho and Mrs. Mwiti met to:
- Discuss feedback on refined curriculum.
  - Plan for typing first completed draft.

## **I. PURPOSES OF THE TRIP**

The purposes of the trip were to:

1. Plan and conduct a 12-day workshop for 18 DFH/MOH and AMREF trainers and revise the 9-week MCH/FP curriculum for KRN/Ms, RCOs and ECNs with the participants using a skill building approach.
2. Provide technical assistance to two DFH/MOH and one AMREF co-trainers in planning, conducting and monitoring a workshop for revising an MCH/FP curriculum.

The goal of the workshop was to improve the family health services of Kenya by strengthening the family planning training capabilities of the DFH/MOH.

The objectives of the workshop were to update the knowledge, skills and attitudes in contraceptive technology and topics identified by DFH/MOH and AMREF trainers as difficult to teach based on their experience in testing the Draft Curriculum developed in September 1985.

## **II. ACCOMPLISHMENTS**

Accomplishments included the following:

1. Two DFH and one AMREF trainers conscientiously participated in all planning activities for the workshop. The DFH trainers particularly appreciated the systematic and conscientious way in which INTRAH plans training curricula.
2. The 12-day workshop to revise MCH/FP curriculum was conducted and supported by DFH and AMREF.
3. A nine week MCH/FP curriculum was developed based on identified tasks of an MCH/FP graduate. The activity reinforced the curriculum development skills of the participants.
4. Development of the comprehensive MCH/FP curriculum stimulated the participants to identify what knowledge and skills they further required in order to implement the newly-developed curriculum and rely less on external resource persons.

5. An agreement was reached that the revised curriculum will be the MCH/FP clinical course content for all cadres of health staff (KRN/M, RCO and ECN). Modifications in training methodology will be made to suit each group's characteristics.

### **III. BACKGROUND**

This workshop activity is most closely related to the one described in INTRAH trip report #0-169. The uniqueness of this activity is that the DFH/MOH and AMREF, which conducts clinical FP training for the FPPS project funded by JSI, agreed to develop one curriculum for use by the two MCH/FP training institutions. This was in response to a recommendation contained in an evaluation report by Miss Mindy Johal.

As in the case of the previous PAC II INTRAH/DFH/MOH training activities, the workshop complements the DON/MOH/INTRAH clinical management and training skills workshops which are being conducted in six provinces of Kenya by four INTRAH-trained National Trainers.

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

#### **A. The Educational Goals of the workshop were to:**

1. Design a nine-week MCH/FP curriculum for KRN/Ms, RCOs, and ECNs which will incorporate content presented in the September 1985 Draft Curriculum prepared by the DFH/MOH and AMREF.
2. Prepare a package of handouts and other training materials for the revised curriculum.

#### **B. General Objectives of the workshops were that by the end of the 12-day workshop participants would be able to:**

1. Work as a team.
2. Identify the role of an MCH/FP practitioner in family life education.

3. Explain the relationship between population growth and socio-economic development.
4. Describe the use of research findings on selected family planning methods and AIDS.
5. Write a complete post-training task-list for an MCH/FP practitioner.
6. Formulate goals and objectives for the nine-week MCH/FP curriculum.
7. Organize content in logical units and assigned time.
8. Develop lesson plans for each unit of the MCH/FP curriculum.
- \*9. Modify selected training materials into core updated handouts for the curriculum.
10. Teach the use of clinic reports and records in evaluating MCH/FP services.
11. Evaluate the workshop both verbally and by using INTRAH participant reaction forms.

C. Pre-training Activities

As soon as the September 1985 draft curriculum was available, INTRAH/ESA convened planning meetings to develop a team of trainers and co-trainers for the workshop and to clearly define the purpose of the workshop. The planning team members included Ms. Joyce Naisho, Senior Public Health Nurse and Deputy Head of the Family Health Unit, AMREF; Mrs. Lydia Cege, Head, Training Department, Division of Family Health, Ministry of Health; Mrs. Martha Warratho, Trainer DFH/MOH; Mrs. Margaret Mwiti, Trainer AMREF and Coordinator of the AMREF/FPPS Clinical Training; and Mrs. Grace Mtawali, INTRAH/ESA Regional Training Officer. Significant support was provided by

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\* Not accomplished.

INTRAH/ESA Director Miss Muhuhu, and other INTRAH/ESA staff.

Dr. Alfred Mutema, Ph.D., Curriculum Development Specialist and DFH Consultant, was not available for planning. It was understood by other members of the training team that he would concur with workshop plans made by them. The workshop activities in which he was to function as lead trainer (with the INTRAH Training Officer as co-trainer), were scheduled for 40 of the 72 formal workshop hours. The second DFH trainer/resource person, Dr. S. Sinei, was also unable to attend the planning team meetings. However, he was able to plan his sessions quite well with guidance from the planning team.

A pre-workshop training needs assessment instrument was sent to all workshop participants. Generally, participant responses indicated a need for practical experience in the development of needs assessment, writing training goals and objectives, and the use of problem solving training methods (case studies, role plays, drama or other creative methods). It was intended that the curriculum revision and development activities would focus on these issues. However, a major problem encountered by the planning team in developing the curriculum revision activity was the inability or failure of workshop participants to state specific teaching difficulties encountered using the September 1985 draft curriculum. Ten participants listed only the subject with which they had difficulty, and five had not used the draft curriculum. This problem influenced workshop progress and was presented to participants during the orientation session as a learning experience for them.

The first two and one half workshop days were planned for orientation and contraceptive information update. As the workshop participants already knew each other, the orientation session was designed to facilitate sharing of insights gained in previous training sessions, current use of what had been learned, and expectations of this workshop experience. The orientation exercise appeared to be satisfying to participants and was successful in relating to previous DFH/INTRAH training of trainers.

D. Training Phase

1. General Information:

The workshop was conducted at the Midwest Hotel, Kericho, a very quiet and pleasant tea growing area in the Rift Valley Province of Kenya. The hotel management was very supportive. The workshop coincided with a visit to Kericho by His Excellency President Daniel Arap Moi, Republic of Kenya, who also stayed in the Midwest Hotel. He informally met with a group of workshop participants, stating that the government of Kenya was aware of the population problem, and supports activities such as training health workers in order to reduce population growth. Meeting with the President led to very special treatment of the workshop participants by the Provincial and District administration. The historical meeting was a stimulant to the hardworking participants and trainers.

The Opening Ceremony of the workshop was honoured by the presence of Mrs. T.M. Oduori, CNO, Ministry of Health. Mrs. Oduori, a nurse trainer by profession, defined "curriculum" comprehensively and stressed the need for the revised MCH/FP Curriculum to place more emphasis on "attitudinal" training (see Appendix I.1 for text of speech). Workshop participants rated her speech very highly. The Kericho Medical Officer of Health, in an impromptu speech, encouraged participants to utilize the skills which they learn from the workshop and to share their training materials with others, in order to maximize the value of government funds spent on training and materials.

## 2. Participants

A total of 15 participants including representatives from the DFH (9), AMREF (4), Nursing Council of Kenya (1); and the Nairobi City Commission (1) attended the workshop. Twelve of the participants had attended Activity 1 and 2 of the PAC II DFH/INTRAH project. The Nursing Council of Kenya participant, a psychiatric nurse tutor, teaches human sexuality in the AMREF Clinical Family Planning course and has participated in a UNC/Chapel Hill training methodology program, but appeared unfamiliar with adult learning methodology. The Nairobi City Commission trainer is a public health nurse and an MCH/FP trained tutor in the School of Community Health Nurses. She hopes to start a clinical family planning training program as part of the community health training effort.

Two participants provided limited contributions to curriculum development. Although this problem had been anticipated (based on previous DFH workshop experience), protocol prevented their omission from the workshops. These participants have now been earmarked for a preceptorship workshop as they seem to be good practical clinicians.

In general, the participants and trainers who had attended the September 1985 workshop were resistant to revising the curriculum. Several reviewers have recommended curriculum revision (see Appendix L) in terms of matching tasks with content and logical sequencing, resulting in a more coherent teaching team for the non-physician AMREF and DFH trainers. It is, however, possible that the participants had not received this feedback prior to the workshop. Resistance prevailed throughout the workshop, and definitely influenced the outcome. For example, whereas post-training functions and content to match the functions were identified by participants and trainers, the same participants and one trainer resisted writing the curriculum document in terms of learning objectives, content, learning process method resources and methods of evaluation. This work may have to be done in future DFH, AMREF and INTRAH workshops. Otherwise, participants worked long hours to develop a curriculum content outline for a comprehensive clinical MCH/FP training plan. It is likely that a more complete curriculum and training design would have evolved had all trainers planned together for the workshop, or had

the lesson plans developed by the planning team been followed.

In order to pursue the issue of identifying specific participant training needs and to enable more appropriate TOTs during 1987, participants were asked to indicate individual training needs in relation to teaching the draft curriculum. This method of needs assessment provided a better indication of training needs than when questionnaires are sent and returned. A list of these training needs is documented in Appendix H.3, and the DFH has already begun planning to meet these identified training needs.

3. Workshop Content and Process

Workshop content consisted of:

1. Two and a half days of orientation and management of MCH/FP clients, including a review of research conducted in Kenya on the use of minipills, injectables, and Norplant.
2. Nine days of detailed review of feedback on the September 1985 draft curriculum, going through the draft page by page, and writing a revised curriculum content outline.
3. The last day was spent on workshop evaluation and the closing ceremony.

Participants, working in pairs, were requested to write a resume of daily activities which were then presented in plenary session during the Learning Issues Activity. On the whole, participants and two of the trainers, presumably with little experience in developing and maintaining a trainee/trainer group process, were uncomfortable with verbal sharing of feedback. Apparently this sort of discomfort led some of the participants to say that the orientation session was a waste of time, and the last evaluation session was disrupted by the same trainers requesting that the session be cut short. On the other hand, 12 of the same participant group had contributed well to verbal

feedback in the November 1985 and March 1986 DFH/INTRAH workshops.

In addition to daily reports, other written products included the following:

1. Handouts of acceptable quality for use in MCH/FP training were produced on minipills, Norplant, injectables, IUCDs, and AIDS and an interpretation of Dr. Sinei's review of research on the various family planning methods.

One item of note: during an impromptu final session by the DFH consultant who was introducing participants to factors requisite to writing handouts and other training materials, participants unanimously reported themselves incapable of writing such handouts. Therefore, they requested a five-day workshop on developing training materials which is to be organized by the DFH consultant and will possibly be scheduled for January 1987 by the DFH.

2. A list of participant training needs was presented for follow-up action by the DFH with INTRAH technical assistance.
3. The nine-week MCH/FP curriculum revision consisted of: MCH/FP communication, contraceptive technology and clinical experience, child survival, clinic management, and training community health workers.
4. A list of handouts to be developed by trainers at a later date.

During the curriculum revision workshop, at least 6 participants in the group were observed to have the potential skills necessary for forming a Core Training Team which could co-train with INTRAH consultants, and eventually join with DON/MOH National Trainers to form a team with varied experiences.

The newly developed curriculum content is comprehensive and covers crucial areas that actually match identified tasks of an MCH/FP graduate. The content is considered suitable for a basic clinical family planning training course for KRN/Ms, RCOs and ECNs, as long as teaching methods can be varied to suit particular target groups. An important consideration in implementation of the curriculum is the large numbers of MCH/FP trainees and the scarcity of clinical training areas in the same location. Therefore, the course has to be divided into two sections, theory (4 weeks) and practice (5 weeks). The revised curriculum will pose a challenge in offering quality training within the given time. It is hoped that the DFH will continuously encourage its trainers to give written feedback on curriculum implementation which may lead to relevant plans of action in conducting the 9 week course.

4. Training materials:

The planning committee selected and gave to participants numerous handouts to reinforce contraceptive and training knowledge updates. These handouts included information on MCH/FP management; how to write an MCH/FP service report, anatomy and physiology in male and female reproductive systems with application to family planning methods; and physical examination or FLE. Handouts and textbooks issued to the participant were used as references during curriculum development activities. Textbooks distributed were Burt and Meek's Education for Sexuality and Edmand's Concepts and Issues in Family Planning. These books were popular and have been recommended for inclusion in MCH/FP Training Center libraries.

Other books contributed by INTRAH/ESA and Mrs. Mtawali were available to participants in a workshop library. Some of these books were so useful and well-liked that they were given to participants for sharing in their home base settings. Their use is likely to have multiplier effects.

5. Evaluation Methods and Comments:

Workshop evaluation techniques included a pre-workshop needs assessment, daily resume, quality of the workshop products, and verbal and non-verbal feedback. Pre/post-testing and an INTRAH Reaction form were also used. The pre/post test was a questionnaire requesting participants to conceptualize, summarize, and interpret learning experiences from the workshop. All questions matched the objectives except questions #14 (Lesson Plans), #15 (handouts), #16 (problem solving training methods), and #17 (use of performance assessment check list). This inconsistency between questions and workshop objectives reflects modifications to the workshop plans resulting from problems arising in group process and newly-identified but extremely important training needs. For example, only two participants had previous training in FLE, so the FLE sessions took eight hours instead of the allotted four hours. However, this sort of change seemed appropriate and resulted in observable satisfaction among participants.

Despite limitations in the pre/post test, only two participants were identified as having adequate pre-entry knowledge. Nine of 15 participants scored an average of 38 points on the pre-test, with a range of 28-47 points. Twelve of 15 participants scored an average of 41 points on the post-test with a range of 31 - 51 points. The average score for the entire group was 29 on the pre-test and 39 on the post-test. It is significant, however, that the two participants identified as having inadequate pre-entry knowledge, gained 13 and 17 points respectively on their post-test scores. The participant with the lowest scores even said that she had learned a lot during the November 1985 and current DFH/INTRAH trainers workshop. Her work has improved!

Participant reaction evaluation results were also encouraging, and so were individual out-of-class remarks on the workshop approach and products. Areas rated highly were those of clarity in workshop objectives (10 participants); achievement of objectives (10 participants); usefulness of objectives and training materials (11 participants); clarity of workshop materials (10 participants); usefulness of workshop experience to work (13 participants), and recommending the workshop without hesitation (13 participants). Although other areas listed in the

Participation Reaction Form had lower ratings, results were acceptable.

Question 19 of the Participant Reaction Form addresses the type of additional training desired in future courses. Results complement the list of identified training needs and portray the seriousness with which participants view their role as trainers, wishing to be well qualified in subjects for which they have more responsibility as advances in technology and family planning practice impact on the newly revised curriculum. It is of special note that future courses should deal with Management of FP Service Systems (6 participants), Planning/Evaluation of FP services (6 participants), Pre-service Teaching and Tutoring in Family planning (9 participants), and Policy Making/Direction of Family Planning Services. These results provide positive and definite direction to future collaboration between DFH and INTRAH/ESA in planning workshops.

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

FINDINGS

1. Planning of the workshop was done by DFH, AMREF and INTRAH trainers, without the DFH consultant. As a result, he did not appreciate the planned skills-building training approach of the workshop and the learning activities to develop group process.
2. The workshop needs assessment form with many structured questions was inadequately filled out when participants were asked to list all learning problems they encountered regarding the revised curriculum. However, they produced a very detailed list of training needs.
3. Participants listed learning needs in the following areas:
  - a) Communication skills, including counseling as applied to FP;
  - b) Family life education/human sexuality;
  - c) Management process as applied to MCH/FP and implementation policy;

CONCLUSIONS

The DFH Consultant is accustomed to working independently rather than team-teaching or serving as a role model for training of trainers workshops, and his role in the workshop may not have been identified in specific written terms by the DFH, who may have assumed that the DFH consultant was aware of his role.

Allowing participants to identify their weaknesses based on certain real life responsibilities encourages them to think comprehensively.

The more training methodology workshops trainers have attended, the clearer they have become on what skills they need to teach all aspects of the MCH/FP curriculum.

RECOMMENDATIONS

1. INTRAH/ESA should make further efforts to encourage future DFH consultants to fully participate in workshop planning activities as a prerequisite to quality training and team building.
2. INTRAH/DFH should encourage use of needs assessment forms with open-ended questions and given objectives for use in the development of questionnaires for those target groups for whom refresher courses are being planned.
3. The learning needs of the participants as trainers should be addressed by DFH as soon as possible before implementing the revised curriculum.

Alternatively, DFH should consider selecting trainees from the DFH training team to attend special train-

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (cont.)

<u>FINDINGS</u>	<u>CONCLUSIONS</u>	<u>RECOMMENDATIONS</u>
d) Training materials development including development of case studies, role plays, use of stories and dramas as training methods.		ing in order to act as team resource persons.
4. The Nursing Council of Kenya has representatives who deal with MCH/FP training. The representative who attended the workshop had minimal experience in MCH/FP training and has had no family planning or public health training.	The Nursing Council requires orientation as to what characteristics their MCH/FP training representative should possess.	4. Collaboration between the DFH and Nursing Council of Kenya in terms of MCH/FP training workshops should be strengthened so as to include Nursing Council representatives whose responsibilities are more closely related to MCH/FP training.
Workshop participation of the Nursing Council of Kenya paved the way to future DFH/INTRAH linkages in pre- and in-service training.		
5.a) There was no evidence that the trainers who were pre-testing the draft curriculum of September 1985 had guidance about what critical feedback to provide for reviewing the curriculum. The curriculum review came as a "shock" to them.	There was an oversight related to the method of soliciting feedback about the September 1985 curriculum draft workshop which was the responsibility of AMREF.	5.a) When pre-testing of curriculum is being conducted each trainer should be given a guide to use. This is especially useful when trainers are inexperienced. This guide should be prepared by the organi-

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (cont.)

FINDINGS

b) Feedback from various independent curriculum reviewers was not shared formally with workshop participants. DFH and INTRAH trainers who developed the workshop for revising curriculum received this feedback from AMREF trainers after lengthy discussions to justify the September 8-23, 1986 curriculum revision workshop.

CONCLUSIONS

The necessity to share feedback with all was not clearly understood by those who received feedback from independent curriculum reviewers.

RECOMMENDATIONS

zation responsible for the curriculum with the assistance of the curriculum development specialist.

b) Feedback on curriculum review should be distributed to curriculum revision facilitators and participants before the beginning of the workshop.

**APPENDIX A**

**PERSONS CONTACTED/MET**

**Ministry of Health**

Mrs. Tabitha ODUORI, Chief Nursing Officer

Mrs. M. NJUGUNA, Matron, Kericho District Hospital, Rift Valley Province

Mr. KIMETU, District Public Health Nurse, Kericho

Mrs. OGOT, Provincial Matron, Nakuru Government Hospital, Rift Valley Province

**Brooke Bond Tea Company**

Dr. ROTICH, Medical Officer, I/C, Brooke Bond Hospital, Kericho

Mrs. R. AWANI, Matron, Brooke Bond Hospital, Kericho

**Family Planning in the Private Sector**

Mr. Daudi NTIRUBI, Communication Specialist

Mrs. Nester THEURI, Clinic Management Specialist

Mr. Eric KRYSTALL

Mr. KAKANI, Consultant in communication

Mr. Murithi KINYWA, Artist and designer consultant to FPPS

Fieldworkers for the Companies under FPPS project

**Other**

Mr. MURUWATETU, Senior District Commissioner, Kericho

Mr. SALAT, Assistant Minister in President's Office; Chairman, Kenya African National Union, Kericho

Mr. KOSKEI, Member of Parliament for Kericho

**APPENDIX B**

**LIST OF PARTICIPANTS NAMES**

**DIVISION OF FAMILY HEALTH/DECENTRALISED TRAINING CENTRES**

Mr. Anthony OPHWETTE, RCO/Trainer  
Mrs. Michal A. ODIPO, Nursing Officer/Trainer  
Mrs. Maru W.NDIRANGU, Nursing Officer/Trainer  
Mr. Chege H. MUTHUNGU, Nurse/Trainer  
Mrs. Charity T. KNONGE, MCH/FP/Nurse Trainer  
Mrs. Ester C. KALYA, Nurse/Trainer  
Mrs. Freda C. SHIBONJE, KRM/Trainer  
Mrs. Anna NKAABU, Trainer

**AFRICAN MEDICAL RESEARCH FOUNDATION, NAIROBI**

Mrs. Isabella N. CHEGE, PHN, MCH/FP/Trainer  
Mr. Joseph M. KYALLO, RCO/Trainer  
Mrs. Naomi W. GOKO, PHN Trainer  
\*Mrs. Zeruah W. GITAU, PHN MCH/FP Trainer  
Mr. Eddy O. ONJORO, Principal Nurse Tutor, Nursing Council  
and Representative, Mathare Psychiatric Hospital  
Mrs. Helen L. WANJALA, Tutor I/C, School for Community  
Health Nurses; Nairobi City Commission Box 30108 NRB

\* Has also attended INTRAH Evaluations Workshop at the  
University of North Carolina (1985) and in Kenya (1986).

### TRAINERS AND CO-TRAINERS

- \*\*Mrs. Lydia CEGE, Head of Training, DFH
- \*\*Mrs. Martha WARRATHO, Trainer DFH
- \*\*Mrs. Margaret MWITI, Nurse Trainer/Coordinator FPPF/AMREF Training Program
- \*\*Mrs. Grace MTAWALI, Regional Training Officer, INTRAH/ESA
- Dr. Alfred MUTEWA, Ph.D., DFH Consultant
- Dr. S. SINEI, M.D., Obstetrician/Gynaecologist;  
University of Nairobi
- \*\*Ms. Joyce NAISHO, Senior PHN; Deputy Head, Family Health Unit, AMREF Nairobi
  
- \*\*Planning Team for the Curriculum Development workshop.

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**APPENDIX C.1**

**Curriculum for the Workshop in  
Revision of the MCH/FP Curriculum**

APPENDIX C 1

CURRICULUM FOR THE DFH/MCH/INTRAH AND AMREF  
TRAINING OF TRAINERS: REVISION OF THE MCH/  
FP CURRICULUM FOR KRN/MIDWIVES, REGISTERED  
CLINICAL OFFICERS, AND ENROLLED COMMUNITY  
NURSES

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SEPTEMBER 8 - 23, 1986 KERICHO KENYA.

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WORKSHOP TITLE:

DFH/MOH/INTRAH AND AMREF  
TRAINING OF TRAINERS:  
MCH/FP CURRICULUM REVISION

PARTICIPANTS:

15 Trainers with previous training in Curriculum  
Development/Adult Training Methodology

DATES:

SEPTEMBER 8 - 23, 1986

VENUE:

KERICHO, Kenya

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I. BACKGROUND INFORMATION:

The workshop is the third activity of the revised training plan of the DFH, Ministry of Health Kenya, under the DFH/MOH/INTRAH Memorandum of Understanding in PAC II. Of the 15 participants will be from the government including from or selected by an NGO, AMREF, Nairobi. One INTRAH staff, ESA Regional Training Officer and one DFH Consultant and Curriculum development specialist and one obst/Gynaecologist, will provide technical assistance to two DFH and one AMREF trainers and/or direct training in the workshop as shown in the workshop schedule.

The DFH and AMREF had jointly developed a nine week MCH/FP Curriculum for KRN/Ms, ROOs & ECNs in September 1985 which <sup>in</sup> draft form has been undergoing testing for the last ten months by the two organizations. DFH and AMREF as trainers of the MCH/FP service providers have agreed to finalize the above stated draft curriculum, incorporating feedback from reviewers of the draft and trainers who tested the curriculum. The revision will also respond to Judith Rooks/Grace Mule's and Mindy Johal's Evaluation reports on family planning training conducted by DFH and AMREF.

Major outputs of the curriculum revision workshop are:

1. A revised MCH/FP curriculum and lesson plans.
2. A package of selected core handouts for the curriculum whose selection will depend on availability of up-to-date references in the various MCH/FP training centres under DFH/MOH and AMREF.

The workshop methodology will be "skill building". Participants with their trainers will work as a "working party" and develop the curriculum by going through the major steps of the curriculum process. This approach will respond to the pre-workshop needs assessment questionnaire filled by the participants.

2. WORKSHOP/TRAINING GOALS:

To enable the participants to:

- a. Design a nine week MCH/FP curriculum for use by DFH and AMREF based on the draft curriculum developed in September 1985.
- b. Compile a training material package for the curriculum.

3. GENERAL OBJECTIVES:

By the end of the 12 day workshop participants will be able to:

- Work as a team
- Identify the role of an MCH/FP practitioner in family life education.
- Explain the relationship between population growth and socio-economic development.
- Describe the use of research findings on selected family planning methods and AIDS.
- Write a complete post-training task list for an MCH/FP practitioner.
- Formulate goals and objectives for the nine weeks MCH/FP curriculum.
- Organize content in logical units and assign time.
- Develop lesson plans for each unit of the MCH/FP curriculum.
- Modify selected training materials into core updated handouts for the curriculum.
- Teach the use of clinic reports and records in evaluating MCH/FP services.
- Evaluate the workshop verbally and using INTRAH reaction form.

4. SUMMARY OF UNITS:

Unit 1. Orientation	6½ Hours
Unit 2. MCH/FP client Management: An Update	13 Hours

Unit 3. Developing the MCH/FP Curriculum	40 Hours
Unit 4. Preparing Core handouts for MCH/FP Curriculum	12 Hours
Unit 5. Evaluating the workshop and MCH/FP Programs	6½ Hours
Total	78 classroom Hours (12 class days)

5. CONTENT OUTLINE:

5.1. UNIT I: ORIENTATION 6½ Hours

Description:

Since participants and trainers already know each other the climate setting of this Unit will mainly aim to solicit participants learning insights from previous training, get feedback about how the said learning, insights are being used by individuals, solicit participants expectations of the workshop, and in general strengthen teamwork. Other sessions in the Unit will reinforce the introductory session.

GENERAL OBJECTIVE:

Work as a team.

SPECIFIC OBJECTIVES:

By the end of the Unit participants will be able to:

1. Fill their personal particulars on a given format and INTRAH Biodata forms.
2. Present individual information related to previous training based on guide.

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3. List at least two expectations of the workshop.
4. Compare their own expectations and those of the trainers.
5. Agree on logistics, content and proposed workshop methods.
6. Identify at least two ideas learned from the Opening address.
7. Using the experience of a game, describe the concept of team work.
8. Discuss adult learning process in relation to curriculum development.

CONTENT:

- 1.1. Registration, receiving stationery and INTRAH Biodata forms.
- 1.2. Introductions and expectations.
- 1.3. Pre-test.
- 1.4. Overview of the workshop objectives.
- 1.5. Workshop methods and logistics.
- 1.6. Opening Ceremony.
- 1.7. Adult learning process discussion: A review
  - Experiential learning models (Two approaches)
  - Learning cone
  - Rules of feedback
- 1.8. Concept of teamwork: A review.
  - 1.7.1. Game or exercise and discussion to highlight:
    1. What influences good teamwork, crucial factors e.g. goals, roles, attitudes, communication flow.
    2. How to deal with weaknesses in teamwork or team members. What skills influence teamwork.
    3. Relation of phases of group development and growth of the team spirit.

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5.2. UNIT 2: MCH/FP CLIENT MANAGEMENT: AN UPDATE

13 HOURS:

Description:

Activities of this Unit are in response to the pre-course training needs assessment as well as clarifying subjects from the September 1985 draft curriculum, which were said to be difficult to teach as that curriculum was being tested. Participants will therefore incorporate the updated knowledge during developing of the revised MCH/FP curriculum.

General Objectives:

1. Identify the role of an MCH/FP practitioner in family life education/human sexuality.
2. Explain the relationship between population growth and socio-economic development.
3. Describe the use of research findings in MCH/FP client management.

Specific Objectives:

By the end of the Unit participants will be able to:

1. Give descriptive definitions of the terms:
  - : family life education (FLE)
  - : human sexuality.
2. Explain two approaches to the family life education concept.
3. Identify situations in which MCH/FP trained practitioners require FLE skills.
4. Discuss principles of dealing with at least 3 identified problems related to human sexuality.

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5. Summarize the role of family members, the community, and MCH/FP workers in family life education.
6. Identify their weaknesses and strengths in teaching the subject. "Population and Socio-economic development".
7. Outline at least 6 major effects of population growth and socio-economic development.
8. Write guidelines for teaching MCH/FP trainees about:
  - : IUCDs
  - : Norplant
  - : Triphasic pills
  - : Minipills
  - : AIDS (Acquired Immunity Deficiency Syndrome).

CONTENT:

2.1. Family Life Education:

2.1.1. Definitions of the terms:

- family life education
- human sexuality

2.1.2. Approaches to family life education concept.

- limited to sexual behaviour
- as education on responsible parenthood and growing up in society
- as practised by different cultures.

2.1.3. Situations in MCH/FP service delivery or private life which require family life education skills.

- teenage pregnancy
- marital relations
- children's questions in
- addressing school children or youth on health matters
- other situations identified by participants.

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2.1.4. Guide in dealing with human sexuality related problems/questions.

- based on knowledge of human growth and developmental milestones
- acknowledging that developmental milestones and certain life events are CRISES in a person or family e.g. childbirth, pregnancies, puerperium, puberty and adolescence, extreme happiness or sadness, menopause starting school, marriage, death in the family.
- use principles and technique of non-directive counselling
- using cultural practices which are familiar or common to client and nurse.
- need for openness and/or informal atmosphere but yet confidential.
- referral to a chosen-by-client counsel, organization, relevant, or books or other health service. Allow follow-up if client wishes.

2.1.5. Role of MCH/FP workers in FLE.

- in dealing with leaders, adults and parents
- in dealing with youth
- in dealing with colleagues

2.1.6. Role of family members, community leaders, in FLE.

2.2. POPULATION AND DEVELOPMENT:

2.2.1. Overview of population profile in Kenya.

2.2.2. Participants strengths and weaknesses in teaching "Population and socio-economic development.

2.2.3. Effects of population growth on socio-economic development

- |              |   |
|--------------|---|
| - Health     | - Water                                       |
| - Housing    | - Human relationships                         |
| - Employment | - Criminology                                 |
| - Education  | - Dependency Ratio                            |
| - Food       | - Other examples as per participants experier |
| - Land       |   |

2.3. Highlights of Research and Client management in the following:

- : IUCDs
- : Norplant
- : Triphasic pills
- : Minipills
- : AIDS

- Guide to session presentation on above research:

- : Overview/Abstract
- : Problem statement(s), rationale of research methodology
- : Findings/Recommendations to MCH/FP service providers.
- : Guidelines on what to teach MCH/FP trainees.

Unit 3: Developing the MCH/FP Curriculum 40 hrs.

Description:

In this unit participants will review and discuss the curriculum development based on previous T.O.T. experience. Using the skill building approach a review of each curriculum development step will be followed by writing up appropriate contents of the nine weeks curriculum. Participants will work in small groups with the help of trainers. Each group will give a feedback of assignments and the trainers will finalise the curriculum document.

Specific Objectives:

1. Explain major steps in curriculum development.
2. List post-training tests for an MCH/FP team practitioner based on guide.
3. Write general objectives to match the task-list.
4. Formulate specific objectives for the listed general objectives.
5. Identify the content for the set specific objectives.
6. Arrange the content into units and assess time using the trainers format.
7. Select the participative methods which will be used in the lesson plans for the nine week MCH/FP curriculum.
8. Develop lesson plans for each unit of the MCH/FP curriculum.

Content:

- 3.1 Review session on curriculum Development process/steps with emphasis that the programme already exists.

- 3.1.1 Needs assessment - Community need
  - Target group need
  - Job description/task list
- 3.1.2 Training Goals and objectives - general & specific.
- 3.1.3 Content outline
  - Components of curriculum content outline.
- 3.1.4 Training methods selection
  - Overview of training methods eg Demonstration Role play, Case study, games, creative art field visit.
- 3.1.5 Lesson plans development.
- 3.1.6 Preparation of training materials including visual aids.
- 3.1.7 Implementation and testing the planned curriculum
- 3.1.8 Evaluation of the curriculum
  - Listing of steps of training evaluation process.
- 3.2 PRACTICUM:
  - Developing the nine week MCH/FP curriculum from step 1 to step 5 above.

Unit 4: Preparing Core Handouts For MCH/FP Curriculum:

12 Hrs.

Description:

The purpose of this unit is to review and update the existing MCH/FP handouts based on information gained during the workshop. New handouts will be prepared based on the discussed advances in family planning practice. The prepared handouts will be compiled in a package and distributed to all the training centres & trainers of MCH/FP together with the curriculum.

General Objectives:

Modify selected training materials into core updated handouts for the curriculum.

Specific Objectives:

1. Select from the existing MCH/FP handouts which require priority attention.
2. Revise the selected handouts.
3. Report the major changes to the whole group.
4. Modify handouts based on peer and facilitators feedback.

Content:

- 4.1 Handouts available from a DFH, AMREF and Resource persons.
- 4.2 Criteria for selecting handouts to be updated based on needs assessment questionnaire, update sessions, and newly developed lesson plans.

Unit 5: Evaluating The Workshop And  
MCH/FP Programmes:

6½ Hrs.

Description:

This unit consists of final activities conducted at the end of the workshop including a review exercise on programme evaluation.

General Objectives:

1. Teach the use of clinic reports and records in evaluating MCH/FP services
2. Evaluate the workshop verbally and using INTRAH reaction form.

Specific Objectives:

1. Describe steps in programme evaluation.
2. Identify the information which is used for programme evaluation.
3. Demonstrate evaluation of MCH/FP clinic based on a case study.
4. Complete the post-test.
5. Fill INTRAH reaction forms.
6. Give verbal feedback on the strengths and weaknesses of the workshop.

Content:

- 5.1 Review of Programme Evaluation.
- 5.2 Data necessary for Programme evaluation.
- 5.3 How to evaluate MCH/FP clinic.
- 5.4 Post-test of questionnaire.
- 5.5 INTRAH reaction form
- 5.6 Wrap-up session.
- 5.7 Closing ceremony.

6. EVALUATION METHODS:

- : Pre-workshop needs assessment questionnaire.
- : Participant feedback on the workshop during and at the end of the workshop.
- : Completion of a quality Revised MCH/FP Curriculum.
- : Completion of a package of training materials.
- : INTRAH Biodata forms.

7. BIBLIOGRAPHY:

Abbatt F.R. Teaching for Better Learning. WHO/AMREF

Burt & Meeks. Education for Sexuality.

Davis N.L. Planning, Conducting and Evaluating Workshops:

DFH/AMREF: Third Draft MCH/FP Curriculum, 1985, Nairobi.

**APPENDIX D**

**Workshop Schedule**

TIME SCHEDULE OF THE DFH/MOH/INTRAH AND AMREF TOI:  
WORKSHOP FOR REVISION OF THE MCH/FP CURRICULUM FOR  
THE KRN/M, RCO AND ECN, HELD AT MIDWEST HOTEL,  
KERICHO, KENYA FROM SEPTEMBER 8 - 23, 1986

WEEK 1					
Time	MONDAY 8th Sept.	Tuesday 9th Sept.	Wednesday 10th Sept.	Thursday 11th Sept.	Friday 12th Sept.
8.30- 10.30	:Registration :Introduction & expectations :Pretest (take home)  L CEGE	:Highlights of research findings (Kenya). -Minipills - Injectables  Dr. SINEI	Family life education  ISABELLA G. MTAWALI	Discussions on teaching the subject "Population & develop- ment."  L. CEGE G. MTAWALI	Review participants feedback on whole document.Sept. 1985 Draft Curriculum
11.00 - 1.00	Overview of the workshop: - Rationale of the workshop - Objectives - methods Logistics G. MTAWALI	AIDS  Dr. SINEI  Group work to summarise Dr. Sinei's sessions  G.MTAWALI		Family Life Education  ISABELLA C. G. MTAWALI	
2.00- 4.30 p.m	:Highlights of research findings in Contra- ceptive technology: (Kenya) - IUD - Norplant - Triphasic pills - Dr. SINEI	Opening Ceremony  L. Cege M. Mwiti (Conveners)		Curriculum Development Broad Task Analysis  ALL TRAINERS	Field visit to Brook Bond Tea Factory  GROUP ASSIGNMENT ON Writing curriculum Broad tasks/curri- culum goals.

WEEK II

TIME	MONDAY 15th	TUESDAY 16th	WEDNESDAY 17th	THURSDAY 18th	FRIDAY 19th
	LEARNING ISSUES		LEARNING ISSUES		
8.30 - 4.30	:Presenting curriculum goals, :Critical task lists for an MCH/FP graduate :Development of general objectives :Specific objectives	GROUP WORK :Outline content for specific objectives	Continue group work on content outline. List training methods and resources MUTEMA MIAWALI L.CEGE WARRATHO MWITI	:Present Group I work :Peer and trainer critique on group work MUTEMA MIAWALI L.CEGE WARRATHO MWITI	9.00 - 12.00MD :Present Group II work 2.00 - 4.30 :Organise content into units, assign time. MUTEMA MIAWALI L.CEGE WARRATHO MWITI and GROUP
					<u>INDIVIDUAL ASSIGNMENTS</u> 4.30 p.m - 7.00 p Attend closing ceremony of the FPPS, workshops on MCH/FP communication for field Educators. 10.00 - 12.30 Present and critique group II work on content outline, Training methods, resource evaluation. MUTEMA & TRAINERS

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WEEK III

TIME	MONDAY 22nd	TUESDAY 23rd	WEDNESDAY 24th
8.30	<p>LEARNING ISSUES</p> <p>: Presentation of status of individual and group work</p> <p>: <u>GROUP WORK</u></p> <p>Sharing, peer critique of individual group work as per Friday 19th assignment</p> <p>ALL TRAINERS</p> <p>: Individuals and Groups modify work for typing.</p> <p>PARTICIPANTS AND TRAINERS</p>	<p>LEARNING ISSUES</p> <p>8.30 - 11.30</p> <p>: Post Test</p> <p>: Participants Reaction</p> <p>11.30 Creative Art/songs - practice for closing ceremony.</p> <p>1.00</p> <p>3.00 - 5.00</p> <p>Closing ceremony.</p> <p>CONVENER: L. CEGE</p> <p>6.00p.m - 2.00 am</p> <p>Barbeccue and Party hosted by District Commissioner on behalf of H.E Daniel Arap Moi, President of the Republic of Kenya.</p>	<p style="text-align: center;">D E P A R T U R E S</p>

D E P A R T U R E S

**APPENDIX E.1**

**Pre/Post-Test Questionnaire**

DFH/MCH/INTRAH AND AMREAF TOT: REVISION OF MCH/FP CURRICULUM FOR  
KRN/M, RCO AND ECNS:

PRE/POST TEST:

1. This question requires the respondent to think carefully about requirements for the underlined words below:

For participants of a curriculum development workshop, team work is a crucial to productivity, successful or effective interaction among team members and quality products of the workshop. Write down factors through or by which such team work can be achieved in terms of: (One factor for each)

- a) Workshop facilitators
  - b) Participants
  - c) Generally, in the workshop.
2. Describe what you consider to be the relationship of family life education and human sexuality.
  3. The concept of Family Life Education (FLE) may imphasize at least two types of education about life and living. , Which 3 types of FLE do you know?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

4. What 3 types of situations in the home or family, community or work require an MCH/FP practitioner to use family life education skills?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

5. What 3 guidelines would you as a trainer give to an MCH/FP trainee about ways of dealing/managing clients with human sexuality problems that the clients can make decisions to solve the problems?

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

6. A role can be described as "the behaviour/actions that a particular capacity e.g. as a parent, leader, or MCH/FP trained person. List three roles of an MCH/FP trained worker in family life education.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

7. Population growth affects socio-economic development of a community in the following ways:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

8. The large size of a family affects its socio-economic status in the following ways:

1. \_\_\_\_\_  
\_\_\_\_\_

- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Three phenomena related to pregnancy, childbirth and post-partum and lactation period influence the health of mothers, children and eventual the father's health. These are:

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

10. How will research findings on hormonal, IUCDs, and AIDS help MCH/FP trainers in terms of:

- a) Clients
- b) Training
- c) Curriculum/lesson plans development

11. Complete the following sentences on post-training task list in terms of curriculum development steps and personnel management:

1. A post-training task list in the curriculum development process is:

- a) \_\_\_\_\_
- b) \_\_\_\_\_

2. A post-training task list in personnel management helps to:

- a) \_\_\_\_\_
- b) \_\_\_\_\_

12. For a training of a workshop goal to help in writing general objectives it should have at least the following characteristics under the given heading.

1. Written \_\_\_\_\_

2. Interpretation \_\_\_\_\_

13. Content for a curriculum may be outlined in a task analysis format or in logical units based on the task list. State one of the main ways that trainers will ensure that the use of that content in training will provide a safe and quality client management.

14. This question <sup>aims</sup> at providing a common background to the workshop team in developing lesson plans. Write 5 statements about lesson plans and or lesson plans based on your previous training and MCH training experience.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

15. When writing handouts for use in an MCH/FP training program as that in Kenya three considerations should be made by the developers. What are 2 of these considerations in terms of existing facilities and material resources, and personnel/trainers in the MCH/FP training schools:

1. \_\_\_\_\_

2. \_\_\_\_\_

16. Suggest 2 participative problem solving methods of teaching MCH/FP trainees about using clinic reports and records to evaluate community response to the service which they are providing:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

17. Write one method of evaluation under the following periods of the training process:

1. Before training, to have baseline information.
2. During training, to monitor learning:
3. At the end of a training activity:
4. At regular intervals post-training:

**APPENDIX E.2**

**Model Answers for Pre/Post-Test**

APPENDIX E.2.

DFH/MOH/INTRAH AND AMREF TOT: REVISION  
OF MCH/FP CURRICULUM FOR KRN/M, RCO AND ECN

PRE/POST TEST

MODEL ANSWERS

Question	<u>Answers</u>	score
1	<p><u>Other correct responses should be acknowledged by the trainer</u></p> <p>(a) : Explain goals, objectives and workshop logistics . : Maintain positive interpersonal relations. : Give credit when due : Give constructive criticisms.</p> <p>(b) : State what specific problems they have. : Cooperate with each other and with facilitators. : Give feedback on group progress.</p> <p>(c) : Group process maintained. : Commitment by all participants and trainers</p>	Any 3 are correct
2.	FLE and human sexuality are part of the same concept of dealing with the various milestones and behaviour of humans.	2
3	<ol style="list-style-type: none"><li>1. Education about reproduction or sexual behaviour and its consequences.</li><li>2. Broad concept of educating children, youth and adults formally and informally on normal process of growing and living.</li><li>3. Traditional teaching and rites at various development stages of a man or woman according to norms of a particular society.</li></ol>	3
4	<ul style="list-style-type: none"><li>: Client with unwanted pregnancy</li><li>: Client whose side effects of a method affect marital relations.</li><li>: Clients own marital relations un related to FP methods.</li><li>: Parents who bring their daughter for family planning methods.</li></ul>	3
5	<ul style="list-style-type: none"><li>: Use principles of non-directive interviewing and counselling.</li><li>: Use familiar (to both client and practitioner) customs that lead to solving the problem..</li><li>: Use knowledge and skills gained from medico-surgical nursing and physiology of human reproduction.</li></ul>	4  44.

Question	Answers	Score
6	<ul style="list-style-type: none"> <li>: Identify the problems that the client is trying to present .</li> <li>: Counsel according to ability</li> <li>: Refer to colleagues, books or appropriate organisation.</li> <li>: Cooperate with these organisations so that you get accurate information.</li> </ul>	3
7	<ul style="list-style-type: none"> <li>: High morbidity and mortality rates.</li> <li>: Psycho-social problems e.g stress, drug abuse, delinquency. inability to support each other in times of need .</li> <li>: Land disputes and shortage.</li> <li>: Unemployment.</li> </ul>	3
8	<ul style="list-style-type: none"> <li>: Health problems especially of vulnerable groups (childbearing mothers and under 5 year old children)</li> <li>: Available money does not meet all the needs of the family.</li> <li>: Problems of inheritance especially land.</li> </ul>	3
9	<ul style="list-style-type: none"> <li>: Age of the mother</li> <li>: Interval between births</li> <li>: Parity</li> </ul>	3
10	<ul style="list-style-type: none"> <li>(a) : Clients will receive better and updated information during talks/ counselling.</li> <li>: Their care is likely to be of a standardised nature.</li> <li>(b) : Trainers will teach confidently and using updated information.</li> <li>(c) : Curriculum will have updated information in contraceptive technology and practice.</li> </ul>	3
11	<p>1. A post training task list in the curriculum development process :-</p> <ul style="list-style-type: none"> <li>(a) is a crucial tool for writing training goals, objectives and content.</li> <li>(b) a guide during curriculum development of checking whether the trainer is planning an appropriate course.</li> </ul>	2
	<p>2. A post-training task list on personnel management helps to:-</p> <ul style="list-style-type: none"> <li>(a) assess a workers by himself or supervisor</li> <li>(b) direct the worker about his responsibilities. supervisors delegate tasks to appropriate staff.</li> </ul>	2

Question	Answers	Score
12	1. Written clearly and concisely 2. Interpretation should be the same by all readers of the goal.	2
13	Content should be written so that it matches post-training functions and therefore objectives. All trainers should have a copy of this content.	1
14	Lesson plans : 1. Are derived from objectives of the course 2. Should be written logically and the content presented from simple to specific or familiar to unfamiliar. 3. Content should be interrelated, one part building on to the next part. 4. Should have varied (at least 3 ) adult learning teaching methods. 5. Should cover learning experiences in all 3 domains of learning, as much as possible. 6. Should be written so that any trainer can use them 7. Should have evaluation methods which match specific objectives. 8. Should be written taking into consideration the method selected, time and space available, and skill of available trainers and pre-entry level knowledge, skills and attitudes for the trainees.	5 Any 5 of these responses are correct
15	1. The skills of the trainers in terms of producing handouts relevant to the curriculum/lesson plans. 2. Availability of books for reference. 3. Supporting services to the trainers e.g typing, stationery and number of trainers in the training Centre.	2 Any of these two are correct
16	: Role play : Case study : Use of exercises or stories to introduce a concept or stimulate a discussion.	3
17	1. : Pre-course needs assessment : Pre-test Trainee/Trainer : Introduction format which includes (a) expectations of trainees and trainers of the workshop and (b) their previous learning insights.	4 marks for any or of these responses or other correct ones. (1)

Question	Answers	Score
	<p>2. : Quick sessional feedback, written or oral</p> <p>    : Trainer observing trainee participation and other non-verbal cues.</p> <p>    : Quality of individual or group projects/assignments.</p> <p>3. : Reaction form</p> <p>    : Wrap up session that includes trainees and trainers sharing what they have learned problems and how to handle the problems in future workshop.</p> <p>4. : Follow-up visits using performance assessment check list.</p>	
	<p style="text-align: right;">TOTAL MARKS:</p>	<p>53</p>

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**APPENDIX E.3**

**Summary of Results of Pre/Post-Test**

APPENDIX E.3

COURSE ID: DFH/MOH/INTRAH

ACTIVITY 3

INTRAH PRE/POST TEST RESULTS.

TOTAL SCORE: 53

<u>TRAINEE</u>	<u>PRE-TEST SCORE</u>	<u>POST-TEST SCORE</u>	<u>DIFFERENCE</u>
1.	38	41	3
2.*	-	36	-
3.	32	44	12
4.	20	38	18
5.	28	45	17
6.	25	43	18
7.	38	43	5
8.	47	51	4
9.***	13	35	22
10.	36	47	11
11.	39	45	6
12.	1	14	13
13.	14	31	17
14.**	40	-	-
15.**	30	-	-

\* not handed in his pretest. Has not attended any in-country INTRAH workshop before.

\*\* Not handed in post-test.

\*\*\* Had not attended any previous DFH/INTRAH workshops.

**APPENDIX F**

**Summary of Results:**

**INTRAH Participant Reaction Form**

Course ID# DFH/MCH/INTRAH  
MCH/FP CURR CULUM REVISION WORKSHOP - ACTIVITY 3

SUMMARY OF INTRAH PARTICIPANT REACTION FORM  
N.B 13 (87%) out of 15 participants responded.

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
6	4	3		

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
	10	3		

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

6 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
5	5			

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 |    | 2 |    | 9 |    |    |    |    |

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 |    | 8 |    | 3 |    |    |

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

| 12 |    | 1 |    |    |    |    |    |

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

| 5 |    | 5 |    | 3 |    |    |    |

9. In this workshop I learned:

- 6 a. many important and useful concepts,
- 3 b. several important and useful concepts,
- 3 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,
- 6 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.

SV

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
8	2	3		

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
3	8	2		

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
7	3	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
2	6	4		

15. 13 \_\_\_ 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
- 1 c. Use of more realistic examples and applications
- 5 d. More time to practice skills and techniques
- 4 e. More time to become familiar with theory and concepts
- 4 f. More effective trainers
- 2 g. More effective group interaction
- 3 h. Different training site or location
- 3 i. More preparation time outside the training sessions
- 3 j. More time spent in actual training activities
- 3 k. Concentration on a more limited and specific topic
- 1 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>Orientation Session</u>	5		4		
b. <u>Managing MOH/FP Clients: an update</u>	6	4	2	1	
c. <u>Discussion of teaching "Population &amp; Development"</u>	1	1	5	1	3
d. <u>Introduction to Family Life Education.</u>	7	3	1	1	
e. <u>Developing the MCH/ FP Curriculum</u>	11	1			1
f. <u>Discussing/feedback from group</u>					
g. <u>on curriculum being developed</u>	7	4		1	
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 6
	1	2	3	4	5	
a. lectures	4	4	4			<input type="checkbox"/>
b. group discussions	7	5				<input type="checkbox"/>
c. individual exercises	7	3	1			<input type="checkbox"/>
d. group exercises	6	5	1			<input type="checkbox"/>
e. clinical sessions						<input checked="" type="checkbox"/>
f. field trips	4	2	1	1		<input type="checkbox"/>
g. handouts/readings	5	5	1			<input type="checkbox"/>
h. books	4	7				<input type="checkbox"/>
i. audio-visuals						<input type="checkbox"/>

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.

- 4 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)
- 3 e. Supervision of Family Planning Services
- 6 f. Management of Family Planning Service System
- 6 g. Planning/Evaluation of Family Planning Services
- 5 h. Policy Making/Direction of Family Planning Services
- 6 i. Community Based Distribution of Contraceptives
- 4 j. Community Based Outreach, Education or Information
- 7 k. In-Service Training in Family Planning
- 9 l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) \_\_\_\_\_

20. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to sign your name. (Optional)  
\_\_\_\_\_

May, 1985

**APPENDIX G**

**Copies of Materials Issued**

APPENDIX G \*

LIST OF HANDOUTS ISSUES

1. Opening address by Mrs T M Oduori  
CNO Ministry of Health, Kenya.
2. Problem solving framework.
3. Health Education Talk (steps of the procedure)
4. Counselling — steps of the procedure.
5. Format for listing post-training tasks of an MCH/FP trained practitioners  
(Kenya)
6. Handout on Anatomy and physiology of male and female reproduction  
applied to family planning practice; by G. Mtawali.
7. Basic communication techniques; by K Bale .
8. Philosophy, purpose, and goals: option or necessity.
9. Population growth and socio-economic development.
10. Kenya Demographic profile.
11. Kenya Population Policy Statement: Sessional Paper No. 4 of 1984.
12. Simulation game: Dimensions of Cooperation.
13. Resolution of ones sexual self; and important first step for sexuality  
educations.
14. Fatherhood in pregnancy and birth.

15. Modules G: Puberty and Adolescence. (AHTIP)
16. Guidelines for sterilisation Ref. IPPF Medical bulletin Vol.19 No. 6 December 1985.
17. Looking for the ultimate birth control Article on Vaccine for immunising women to pregnancy ; from the daily news April 3, 1986.
18. Status of IUD Devices - State Cable 043756, May 1986.
19. 20 ways to energise your training by Dean Spitzer.
20. A Study in Nipple care - An article by Cynthia Rickett. June 1986.
21. Managing the FP clinic part of MCH services. G. Mtawali.
22. Progestasert - adapted from A/za cooperation U.S.A. instructions on the IUD.
23. New contraceptive methods.
24. Developing a performance oriented curriculum for short courses. G. Mtawali.
25. Training Program evaluation process. - emphasis MCH/FP trainer and Supervisors use.
26. Problem solving exercises.
  - Greek Cross
  - Nine dot
  - Reducing squares to 3
  - who caught the fish

\* Actual materials distributed are on file with INIRAH Program Officer.

APPENDIX H.3

**Training Needs of DFH/AMREF Trainers**

TRAINING NEEDS LISTED BY WORKSHOP PARTICIPANTS OF  
DFH AND AMREF.

In order to effectively teach the content in the newly revised curriculum the following were what participants stated they required to be accomplished through training:-

1. Communicating FP information or promoting FP acceptance
  - (i) Communication skills course - (6 participants)  
Interviewing and counselling
2. Providing contraceptive services
  - (ii) Contraceptive update worldwide research findings.
  - (iii) Voluntary surgical contraception.
  - (iv) Natural FP methods course.
3. Providing services related to Family Health.
  - (v) : Family life education/human sexuality including adolescent fertility (9 participants)  
: 8 week FLE course.
4. Training FP service providers
  - (vi) update in almost all subjects in the curriculum.
  - (vii) Teaching methods (type not specified) 2 participants.
  - (viii) Preparing handouts, or teaching materials (4 participants)
  - (ix) One year medical education course. (4 participants)
  - (x) Master in Public Health. (one of the DFH trainers with a Diploma in Advanced Nursing.
  - (xi) Two month medical education courses.
  - (xii) Guidance on clinical training.
  - (xiii) Adult teaching.

5. Managing the MCH/FP service

(xiv) Management course (2 participants)

(xv) FP management.

(xvi) A course in Program evaluation (3 participants)

(xvii) Development (performance) assessment tools.

NB: 1. A statement without the number of participants indicates that it was one response (one participant)

2. There were 15 respondents.

**APPENDIX H.4**

**Questionnaire and Responses to  
Review the 1985 Draft Curriculum**

APPENDIX H.4.(1)

WORKSHOP ON CURRICULUM REVIEW ON

8 - 23RD SEPT. 1986 AT

MID-WEST HOTEL KERICHO.

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1. Is the title page appropriate for the curriculum document Yes/No  
If no suggest the appropriate title
  
2. Do you think the preface of the curriculum requires any changes Yes/No  
Indicate briefly the changes required
  
3. Comment on the table of content of the curriculum
  
4. Comment on the appropriateness and relevance of the introduction and  
background information of the curriculum
  
5. Comment on the clarity of the philosophy of the curriculum
  
6. Do you think the program goals are based on the job descriptions  
of Family Planning workers. Yes/No. If no indicate those that don't  
reflect the job descriptions of Family Planning workers.
  
7. State whether the programme goals are appropriate and relevant to  
the curriculum for training KRN, RCO and ECNs.
  
8. Is the criteria for admission in the nine week course relevant ? Yes/No
  
9. Comment on the organization of the course and especially on the theory  
and practical aspects:
  - a) Theory

## b) Practical

10. Comment on the teaching methods and audio visual aids for the curriculum
- (i) Teaching methods
  - (ii) Audio-visuals
11. Comment on the assessment procedures that are proposed for the course.
- (i) Written paper I after three weeks.
  - (ii) Written Paper II after 5 weeks of practical training
  - (iii) Practical Assessment
12. Do you agree with the classification of the curriculum into seven units/modules ? Yes/No. If No state reasons
13. Are the objectives for units (2 - 7) clear and relevant ?
14. Are the objectives for units (2 - 7) measurable .
15. Is the content for units (2 - 7) related to the specified objectives in their respective units ? Yes/No

16. Comment on the scope and depth of the content presented for each unit of the curriculum.
17. Comment on the main objectives of the Division of Family Health.
18. Which Unit of the curriculum do you think is difficult to teach ?  
Unit 2, 3, 4, 5, 6 or 7  
  
State reasons why you think it is difficult to teach
19. How did you come to be involved in teaching Family Planning workers.
20. Which unit of the curriculum do you think is very important compared to the other units
21. State whether the units of the curriculum are presented in a logical, sequential order that is meaningful to the learner
22. Are there changes that you would like to make on the organization, objectives, content and evaluation of the curriculum. Yes/No  
If yes state briefly
  - (i) Organization
  - (ii) Objectives
  - (iii) Content
  - (iv) Evaluation (assessment)

23. What are the major strength and weakness of the curriculum

Strength:

Weakness:

24. Do you think the trainers are competent to teach KRN, RCO and ECN using this curriculum ?

Give reasons

25. Other comments, suggestions and criticisms on the curriculum.

INFORMATION REVIEW OF CURRICULUM

NB. Responses are from the 14 participants,  
2 DFH and 1 AMREF trainer.

Q.1. Eight participants stated the title was appropriate and ten stated the title needed to be changed. From the various titles that were suggested the title below was found appropriate.

1. MINISTRY OF HEALTH DIVISION OF FAMILY HEALTH  
AND  
AMREF

MCH/FP CURRICULUM FOR NURSES AND CLINICAL OFFICERS  
1986

Q.2. Ten participants indicated that the preface of the curriculum did not need any changes and eight participants indicated that the preface needed changes.

The changes were indicated in the following areas:

- a) Editing
- b) Statistical data need to be corrected as new information is available
- c) Name of person who wrote the preface.
- d) Check for repetition of information e.g. paragraph 4 page 6.

Q.3. The following comments were made on the table of contents:

- a) All units and appendices should be reflected on the table of contents.
- b) Roman numbering should start with preface, acknowledgement.
- c) Introduction and Background Information should start with numerical numbering.
- d) All unit titles need to be included.
- e) Indicate the word page in the right hand side.

Q.4. The following comments were made in the appropriateness and relevance of the introduction and background information.

- a) Four participants did not comment and eight participants felt it was appropriate and relevant - six participants had the following comments:  
: Page six should be omitted since the information is presented on the preface.

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- ??
- c) Background information too long.
  - d) Information on population in reduction is contradictory 3.3. or 3.8 by 1988.
  - e) Paragraph one is repeated in page 4.
  - f) The information should emphasize the need for training workers and relevant topics and will increase their KAS.

Q.5. Five participants made no comments on philosophy and nine participants stated the philosophy was clear. Six participants made the following comments.

- a) Needs editing
- b) Some information introduction can be put in the philosophy.
- c) A bit of repetition on population growth.
- d) OK but the last five paragraphs could be put under preface.

Q.6. Fifteen participants indicated the program goals were based on job descriptions of FP workers. However, the following comments were made.

- a) Goal No. 1 was perceived to be too broad.
- B) Community nurses are not required to train health workers on FP evaluate MCH/FP, and may not be involved in training TBAs.

Q.7. Seventeen participants stated that the program goals were relevant and appropriate. However, the following comments were made.

- a) The roles of RCO, KRN, KENS should be identified?
- b) Goals are relevant to KRN and COS but ECNs are not involved in Training programmes?
- c) The goals should be few and broader. A goal on evaluation of MCH/FP should be included??
- d) Goal No. 1 is too broad and Goal No. 2 needs rewording.

Q.8. Thirteen participants stated that the criteria for admission is relevant. However, two participants stated that the criteria is not relevant. Three participants did not answer the question correctly. The following comments were made:

- a) The word employer need to be substituted with "supervisor"?
- b) Midwives certificates should not be admitted. They are too old to understand the course in English.

Q.9. The following comments were made on the organization of the course:

I Theory:

- a) Time allocated is inadequate
- b) The term problem solving is vague and is allocated a lot of time (10.5 Hrs)
- c) The organization is logical. 5 weeks needed for theory.
- d) Time for orientation need to be included.
- e) Fourteen participants stated they required more time for theory and specifically 4 weeks.
- f) Four participants felt the time is adequate.

II. Practical:

Ten participants stated the practical is appropriate and OK. Three participants had no comments and the following comments were made:

- a) Period should be shortened depending on the type of the group.
- b) Reduced to 5 weeks.
- c) Period should be increased to twelve weeks (theory and practice)
- d) Some practice experience need to be reduced e.g. Breast and Pelvic examination reduced to 30 cases.

Q.10. Comments on Teaching Methods. Sixteen participants stated the teaching methods were OK/appropriate and two did not respond. The following comments were made:

- a) Demonstration to be included
- b) Some visual aids not available and expensive
- c) Audio-visuals are relevant.

Q.11. Three participants did not respond to the assessment procedure. Fifteen stated that the assessment procedures were appropriate.

However, the following comments were made:

.../

- a) There is a need for a test paper after 1½ weeks.
- b) Training in decentralized areas need to be given feedback on examination
- c) Supplementary exam for those who fail paper I and final need to be set. Time should also be stated.
- d) As assessment form for clinical practice need to be developed.
- e) Requirement for diaphragm insertion is not met.
- f) IUCD insertions should remain - 20 -/

Q.12. Fourteen participants stated that they agree with the classification of the curriculum into seven units. Two stated that they did not agree and two did not respond. The following comments were made:

- a) Management of SDP need to be changed to Clinic Management.
- b) Family Life Education and Sexuality should be a different unit.
- c) The units are confusing.

Q.13. Seventeen participants stated that the objectives for Unit 2 - 7 were clear and relevant. One had no response. The following comments were made:

- a) Objective No. II Unit 2 is not clear what aspect of FP is the trainee expected to educate?
- b) Objectives 1 - 6 Unit 4 on Human Sexuality and FLE are too broad to measure.
- c) Unit 4, another objective on "discontinuation of method need to be included".

Q.14. Fourteen participants stated the objectives were measurable. Two participants did not respond. One stated they were not measurable.

Q.15. Seventeen participants stated that the content for specific Units were related to the objectives. One did not respond. The following comments were made:

- a) Note advantages of breastfeeding and not disadvantages of breastfeeding??? Typing error.
- b) Introduction and background information should be one Unit.
- c) Management of follow up visits for IUCD is missing in the content.

- d) no specific objectives for Unit one Introduction.
- e) Add content on removal of IUCD in Unit 4 and "Community Health in control of diseases" in Unit 6.
- f) Objective on educating community of family life education has never been completely achieved. The objective is broad and no teaching material for it.
- g) Unit 7 Program Evaluation has never been taught. It is considered to be too complex to be covered within the available time.

Q.16. Nine participants stated that the content for the curriculum is adequate/dear/simple/good enough. Two participants did not respond to the question and two pointed information that was irrelevant to the question. Five participants made the following comments.

- a) Curriculum should be more detailed. (I PA).
- b) Communication Unit is confusing (I PA).
- c) The curriculum is detailed and can't be covered effectively (IPA)
- d) Content on communication, counselling are detailed and rather technical. Major concepts, principles for these topics are enough for the FP/MCH student.
- e) Look for the material which is used in real situation ???

Q.17. Four participants did not respond to the main objectives of the DFH. One PA stated they were unnecessary, and thirteen stated they were OK. The following comments were made:

- a) Very relevant and should follow the introduction in the curriculum.
- b) They are broad and should be used as the major goals of the curriculum.
- c) The objectives should follow philosophy of the curriculum.

Q.18. The following Units of the curriculum were found to be difficult to teach.

	No. of P.A.
a) Unit Two	3
b) Unit 7 Program Evaluation	4
c) Unit 3 Communication	3
d) Unit 4 FLE	7
e) Unit 4 contraceptive Technology	1
Unit 5 Gynaecological Conditions	1

Only three participants had no difficulty in teaching all the units.

Q. 18. (B) Reasons why it is difficult to teach:

- a) Trainers are not competent in these areas. I
- b) Unit 4 not well understood by trainer and no teaching material.  
Little knowledge and skills on these materials.

Q. 19. Methods/Procedures of recruiting Trainers.

- a) Posted by supervisors 3,4,5,6,7,8,9,10,11
- b) Applied to teach  
The test did not specify.

- Q.20 Importance of the Curriculum Units:
- |                         |        |
|-------------------------|--------|
| a) All the Units        | 9 P.A. |
| b) Difficult to comment | 2 P.A. |
| c) No response          | 2 P.A. |
| d) Unit 4               | 5 P.A. |

Q.21 Sixteen participants stated the curriculum units are presented in a logical sequential order. One PA stated the units are not in logical order and one PA did not respond. The following comments were made:

- a) Family Life Education & Sexuality should be removed from Unit 4 to make a separate Unit.
- b) Some of the appendices e.g. B & C should appear in format of the curriculum.

Q.22 Ten participants stated that there was no need for change on the organization of the curriculum. However, the following comments were made on the organization.

Changes on the organization of the curriculum:

- (i) Organization
  - Length of training need to be examined.
  - Develop another Unit on FLE & Sexuality.
  - Develop Unit on gynaecological conditions e.g. infertility, neoplasms, PID.
- (ii) Content
  - We should decide what content to be taught.
- (iii) Evaluation/Assessment
  - We should decide what type of evaluation to adopt ?

Q.23 Strength and Weakness of the Curriculum:

- (i) Strength
  - Objectives are clear specific and measurable.
  - Good guide to trainers.
  - Important topics as well covered.
  - Topics are well organized.

Q.23

- A wide range of topics in FP/MCH are covered.
- It is a detailed curriculum.
- Content relevant to Kenyan needs.
- New information added to the curriculum compared to the old curriculum.

Q.24 Curriculum Weaknesses:

- Minor typing errors.
- Three cadres put together dilute training programme.
- Theoretical training is too short.
- Many topics covered.
- Units not written in task form
- Time not enough - 12 weeks required to cover the program adequately.
- Teaching methods not elaborated to the trainers.
- Specific learning experiences for each Unit not included.
- Curriculum is detailed and therefore trainers fear to be involved in alot of work - they will reject the curriculum since it is too detailed.
- Lack of standardization in teaching and especially in practicals.
- Contents of Units are too few compared to objectives.

Q.24 Ten participants stated they were competent to teach using the curriculum and seven stated they were not competent to teach using the curriculum. One did not respond to the question.

Participants who felt were competent to teach gave the following reasons.

a) Curriculum includes all the information that is required.

Participants who felt they could not teach gave the following reasons.

a) They are not prepared to teach all the Units.

b) Trainers need to be trained in all the Units instead of relying on experts.

c) Teaching is a skill that required special preparation.

d) Trainers are not competent on some topics they need further training.

e) All trainers are not oriented to the curriculum - Some make short cuts in teaching.

Q.25 Other Comments/Suggestions/Criticisms:

- Curriculum is easy to follow, appropriate, used for three groups with minimal problems.
- Modules used to be developed for units
- A few changes are needed in the curriculum
- This is a very good curriculum.
- People who participate in this curriculum should be prepared to teach all aspects of the curriculum.
- The curriculum should have been reviewed after trainers in DFH had used it for some time.

Q.25 Continued - Positive:

- The people who developed the curriculum tried hard.
- Develop the curriculum more explicitly.
- Combining the three cadres will lower the standard of RCSs and KRNs ??
- Curriculum is overcrowded.
- What is to be taught should be identified ?
- Curriculum is not detailed.
- Continuous assessment not done in govt. clinics.
- Trainers should attend a course on FLE.
- Acknowledgement part of the curriculum should be omitted from the document.

**APPENDIX I**

**Opening Speeches:**

- 1) Mrs. T. Oduori, Chief Nursing Officer,  
Ministry of Health
- 2) Mrs. Grace Mtawali, Regional Training  
Officer, INTRAH/ESA

APPENDIX I.1

OFFICIAL OPENING OF DFH/INTRAH/MOH AND AMREF

TRAINING OF TRAINERS: WORKSHOP FOR

REVISION OF MCH/FP CURRICULUM FOR KRNs, RCOS

AND ECNs AT MID-WEST HOTEL KERICHO

ON 9TH SEPTEMBER, 1986

BY

T.M. ODUORI (MRS.)

CHIEF NURSING OFFICER MOH.

Ladies and Gentlemen,

It is my pleasure and privilege to be with you to-day and officiate the starting of this workshop on MCH/FP curriculum Review.

The task you are about to embark on is a very important one for any training programme which cares for the quality and relevance of the experiences offered.

At this juncture I would like us to re-orient ourselves with what this word curriculum means and what are some of its characteristics.

Curriculum, as defined by Florence Nightingale International Foundation- "Basic Nursing Education", means a systematic arrangement of the sum total of selected experiences planned by the training institution for a defined group of students to attain the aims of a particular educational programme.

The responsibility of developing a curriculum lies with the training institution and just as the philosophy, resources and conditions will vary from one institution to another, so will the curriculum. What will be common to all the curricular

in one country will be the requirements which are prescribed by the statutory body (in our case the Nursing Council of Kenya) in the form of a syllabus.

The curriculum, therefore, includes all the subject matter and experiences which the training institution plans for its students.

Curriculum development is an on going activity. The society is not static, therefore, its needs are not static. Improvement in general education, changes in traditional customs, advances in medical sciences, research in health related issues and increasing availability of resources all have an effect on nursing education, so that constant evaluation and modification of the curriculum are essential if the programme offered by the training institution is to keep pace with other developments.

The development of the curriculum should follow a distinct logical pattern namely:-

1. Establishment of the educational purposes and the philosophy of the training institution.
2. The selection of learning experiences which will achieve the purpose.
3. The effective organization of the selected learning experiences and
4. Planned, continuing evaluation.

The objectives of this workshop are adequate evidence that you as trainers are acutely aware of the importance of constant curriculum review.

As you embark on the Review of the current MCH/FP curriculum, I would urge you to pay special attention to certain areas which are of concern to-day as one examines the quality of care given by the graduates of the various programmes.

This is the area of attitudes; which concerns feelings and sensitivity to people and awareness of their needs.

This area seems to be lacking in one way or another and many of the complaints received from our health institutions touch on this area in the way of unsatisfactory Nurse/Patient relationships.

The area of knowledge and skill appear to be well internalised and applied satisfactorily on the whole.

The question of attitude becomes more vital when dealing with sensitive issues like family planning, as ones attitude is likely to become more apparent when one is counselling the clients on the various methods of family planning. This influence may be either positive or negative. If negative it may have an adverse effect on the programme. It is for this reason that I would emphasise that you re-examine this domaine critically and satisfy your-selves that you set measurable objectives to ensure that you turn out graduates who are proficient in this area.

As trainers you are also charged with the responsibility of implementing the same. In doing so always remember that learning is an active, continuous sequential process, because concepts, skills and values are being constantly re-valuationed and re-organized for use, even when learning is not constantly undertaken.

As needs and other conditioning factors that affect learning change, there has to be constant unlearning and re-learning as well as acquisition of new skills or values.

Learning takes place more readily when the learner has the opportunity to practice and experience what is being learned in a variety of situations. In otherwords, learning is facilitated when it takes place in or near the real situation in which the learner expects to work.

As regards teaching process, students must be actively involved in their learning. They must have opportunity to seek out information and to ask questions, respond, apply information and practice thinking and practical skills. The teacher should provide varied activities that force students to seek out information and apply the information gathered.

Having done so, students want to know how well they are doing and must be able to understand the errors they are making in order to guide their efforts towards further progress. Teachers should, therefore, provide as much information as possible about the standard of student's work, praising what is well done and showing how errors may be eliminated.

I am pleased to note that most of you have been teaching for many years and are doing a commendable job. I wish to take this opportunity to thank you for this contribution towards our man-power development through the various training programmes conducted in your institutions.

Health workers trained through these programmes are to be found in many health facilities throughout the country and have played a key role in the effort of increasing MCH/FP coverage.

They are charged with a heavy responsibility of counselling, prescribing and provision of the various methods of family planning as well as other family health services. This calls for a sound training back-ground.

However, there is still need to diversify our training programmes if we are to increase coverage with MCH/FP trained personnel and ultimately achieve health for all by the year 2000 bearing in mind that MCH/FP are some of the components of Primary Health Care.

This calls for mobilization of available resources, money, manpower and materials. It would be totally un-realistic to imagine that health workers alone can make the country achieve the global strategy of health for all by the year 2000. In this connection it is very necessary to involve the community in matters affecting their own health and social well being.

The Ministry of Health is committed to the training of Community Based Health Workers. This group of people have a keyrole to play in the area of motivation of family planning clients as well as distribution of selected contraceptives.

This approach is still new and foreign in some parts of our Republic. You will need to sell the idea to your trainees and more so those from the areas where this approach has not been introduced in order to foster co-operation between Health Workers and the Community Based Health Workers to promote health care for the community.

As Trainers you are the mirror of your trainees. In order to have a positive multiplier effect you must aim at reflecting positive images in whatever you do, e.g. you should take interest in updating your knowledge and inspire your trainees to do the same. Have self discipline and integrity and expect your trainees to do the same. This way you will be sure to turn out self disciplined graduates. For it is written:-

"You shall know them by their fruits"

In conclusion, I would like to take this opportunity to thank AMREF for sponsoring this workshop, INTRAH for providing Technical Assistance and AMREF MCH/FP Trainers for their continued collaboration with the Division of Family Health of the Ministry of Health, all of whom have made this very important workshop a reality.

It is my hope that the objectives of this workshop will be successfully realized.

It is now my pleasure and privilege to declare this workshop officially opened.

Thank you.

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APPENDIX I.2

BRIEF ADDRESS BY MRS. GRACE MTAALI, INTRAH  
REGIONAL TRAINING OFFICER AT THE OPENING CEREMONY  
OF THE DFH/MOH & AMREF TOT MCH/AP CURRICULUM REVISION WORKSHOP  
SEPT. 8 - 23, 1986 MIDWEST-HOTEL KERICHO KENYA.

---

Mrs. T. Oduori

Chief Nursing Officer  
Provincial Nursing Officer  
Provincial Medical Officer  
Colleagues  
Ladies & Gentlemen.

It gives me pleasure to bring you greetings from the Director, Dr. Lea and Staff of the Headquarters of INTRAH program in the School of Medicine, University of North Carolina at Chaysal Hill, North Carolina USA, and greetings from the Director of the East & Southern Africa Region, Miss Pauline Muhoho.

INTRAH stands for the program for International Training in Health. INTRAH provides technical assistance or funding in MCH/FP training to paramedicals, auxiliaries, and Community Health workers of governments and NGOs of some Asia and Africa Sub-Sahara countries. There are now two regional offices in Africa, one in Nairobi for Anglophone Africa, ultimately, and one in Abidjan, Ivory Coast for Francophone Africa. The aim of INTRAH is to train some physicians and non-physicians as I have mentioned above in clinical and non-clinical family planning; training methodology including curriculum development; program management; visual communication and evaluation. INTRAH's main philosophy is to build institutional capacity. That means in each training activity/project we expect to have a core team of experts in whichever field we have been providing technical expertise. We plan that our training programs can be applicable with relevant modification to suit local situations.

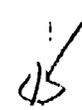
As much as possible we also provide training materials for libraries and individual trainers use.

It is in the way that I have outlined that we have a memorandum of understanding to provide technical expertise to the DFH for a 2 year period. This activity is the 3rd in what we call PAC II. Evaluations of these

activities in which we assist will lead to how we shall conduct future planned workshops with DFH. We are glad that this workshop is done with AMREF's full participation and that there will be a jointly prepared revised curriculum, with lesson plans for each unit of the curriculum, and a core handout package. As we develop this curriculum, another project with the Division of Nursing, Ministry of Health & INTRAH, is oriented towards improving clinical management skills of ECNs in charge. It is probably pertinent that the curriculum we prepare should have a linkage with that of the DON especially in terms of 'SDP/Clinic management. From the content shown in the 3rd draft curriculum prepared by DFH/AMREF, that linkage merely requires to be strengthened.

Honourable guest of honour, ladies and gentlemen, this was not meant to be a long speech. With these few words I wish to reiterate INTRAH support to us in this workshop and then appreciation of the cordial working relations which exist between GOK MOH, DFH and AMREF.

Thank you.



**APPENDIX J**

**Closing Speeches:**

- 1) **Mr. Muruwatetu, Senior District Commissioner,  
Kericho**
- 2) **Mrs. Grace Mtawali, Brief Address**

APPENDIX J.1

CLOSING OF MINISTRY OF HEALTH/INTRAH/AMREF WORKSHOP ON CURRICULUM  
REVIEW FOR MATERNAL CHILD HEALTH AND FAMILY PLANNING FOR NURSES  
AND CLINICAL OFFICERS, AT MID-WEST HOTEL KERICHO  
8TH TO 23RD SEPTEMBER 1986.

---

THE CO-ORDINATORS OF THE WORKSHOP, LADIES AND GENTLEMEN.

IT IS MY PLEASURE AND PRIVILLAGE TO BE WITH YOU THIS AFTERNOON  
TO CLOSE THIS IMPORTANT WORKSHOP ON THE REVIEW OF THE CURRICULUM ON  
MCH/FP.

TO PLAN AND IMPLEMENT THIS KIND OF WORKSHOP TAKES TIME AND EFFORTS  
AND IT REQUIRES COMMITTED INDIVIDUALS. WITH THIS IN MIND, I WOULD LIKE TO  
THANK THE ORGANIZERS OF THE WORKSHOP AND ORGANIZATIONS THAT MADE IT A SUCCESS.

I AM AWARE THAT YOU HAVE BEEN HERE FOR TWO WEEKS AND I AM SURE YOU  
HAVE ACCOMPLISHED MOST OF THE OBJECTIVES OF THE WORKSHOP. THE PROCESS OF  
DEVELOPING AND REVIEWING A CURRICULUM INVOLVES SEVERAL STEPS AND INDIVIDUALS.  
IT IS BORING AND TIRESOME. HOWEVER, SINCE YOU ARE COMMITTED HEALTH TRAINERS  
AND HAVE CHOSEN TO BE TRAINERS, YOU HAVE BEEN ABLE TO OVERCOME MOST OF THE  
OBSTACLES IN YOUR DAILY ACTIVITIES.

THE DEVELOPMENT OF A CURRICULUM IS AN IMPORTANT STEP IN PREPARING  
HEALTH WORKERS WHO CAN PROVIDE RELEVANT AND APPROPRIATE HEALTH SERVICES AT  
ALL LEVELS.

AT THIS JUNCTURE I WOULD LIKE TO TALK BRIEFLY ON THE GOVERNMENT POLICY ON POPULATION GROWTH WHICH IS RELATED TO WHAT YOU HAVE BEEN DOING.

IN KENYA, POPULATION GROWTH AND DEVELOPMENT HAS BECOME AN ISSUE OF IMPORTANCE. THE DECISION ON FAMILY SIZE RESTS ENTIRELY WITH THE PARENTS. THESE DECISIONS TAKEN TOGETHER DETERMINE THE RATE OF POPULATION GROWTH RATE IN THE NATION. THE GOVERNMENT IS CONCERNED ABOUT THE RAPID POPULATION GROWTH RATE AND IT IS CONVINCED THAT AS THESE CONCERNS COME TO BE UNDERSTOOD, IN TERMS OF EFFECTS ON FAMILY WELFARE AND QUALITY LIFE, PARENTS WILL ADJUST THEIR DECISIONS IN FAVOUR OF SMALLER FAMILIES, AS ALWAYS EMPHASISED BY HIS EXCELLENCY THE PRESIDENT.

IN ORDER TO CONTROL RAPID POPULATION GROWTH RATE, THE GOVERNMENT IN CO-OPERATION WITH THE NON-GOVERNMENTAL ORGANIZATIONS, WILL INTENSIFY ITS PROGRAMME OF INFORMING AND EDUCATING POTENTIAL AND ACTUAL PARENTS REGARDING THE BENEFITS OF SMALL FAMILIES.

THIS PROGRAMME WILL BE IMPLIMENTED BY VARIOUS MINISTRIES AND NON-GOVERNMENTAL ORGANIZATIONS. THE ROLES OF THE MINISTRY OF HEALTH ARE MANY, SOME OF THESE ARE: TO PRODUCE AND DISTRIBUTE MATERIALS AIMED AT MOTIVATING THE COMMUNITY TOWARDS THE CONCEPT OF SMALL FAMILIES SIZE; SECONDLY THE ROLE OF STRENGTHENING MATERNAL, CHILD HEALTH AND FAMILY PLANNING CLINICS AND PROVIDING INTENSIVE EDUCATION IS CLEAR. TRAINING OF MEDICAL AND PARA-MEDICAL PERSONNEL ON POPULATION MATTERS IS YET ANOTHER ROLE.

...../3.....

LOOKING AT THE OBJECTIVES OF THIS WORKSHOP, IT IS EVIDENT THAT IT TIES WITH THE MAJOR GOAL OF THE GOVERNMENT POLICY ON POPULATION MATTERS.

I AM PLEASED TO NOTE THAT YOU HAVE IDENTIFIED THE AREA OF TRAINING AS A MAJOR STEP TOWARDS PROVISION OF MATERNAL CHILD HEALTH AND FAMILY PLANNING. THE CURRICULUM YOU HAVE DEVELOPED WILL BE A USEFUL TOOL FOR THE TRAINING OF COMPETENT SERVICE PROVIDERS.

AT THIS STAGE, I WOULD LIKE TO POINT OUT THAT DEVELOPMENT OF A COMPETENT BASED CURRICULUM IS NOT THE FINAL STAGE.

IN ORDER TO IMPLIMENT SUCH A CURRICULUM, HEALTH TRAINING INSTITUTIONS HAVE A MAJOR ROLE TO PALLY. INSTITUTIONS HAVE TO SET GOALS THAT ARE DERIVED FROM GOVERNMENT POLICIES; THEY HAVE ALSO TO ACQUIRE AND UTILIZE RESOURCES WHICH ARE AVAILABLE. THESE ARE IMPORTANT ASPECTS IN THE MANAGEMENT OF EFFECTIVE HEALTH TRAINING PRGRAMMES.

I AM AWARE THAT YOU ARE TRAINERS FROM VARIOUS GOVERNMENT AND NON-GOVERNMENTAL ORGANIZATIONS, WHERE THE AVAILABILITY OF RESOURCES VARY. HOWEVER, THIS SHOULD NOT BE SEEN AS AN OBSTACLE IN TRAINING EFFECTIVE HEALTH WORKERS.

YOU SHOULD BE ABLE TO MANAGE AND UTILIZE THE AVAILABLE RESOURCES TO ACCOMPLISH YOUR GOALS.

AT THIS STAGE, I WOULD LIKE YOU TO THINK ABOUT THE MOST EFFECTIVE WAY OF IMPLIMENTING THE CURRICULUM YOU HAVE DEVELOPED.

IN THIS WORKSHOP, YOU HAVE BEEN EXPOSED TO KNOWLEDGE AND SKILLS AND IT IS MY SINCERE HOPE THAT YOU WILL UTILIZE SUCH SKILLS IN TRAINING HEALTH SERVICE PROVIDERS.

WITH THESE FEW WORDS, LADIES AND GENTLEMEN, I HAVE THE HONOUR TO DECLARE THIS WORKSHOP OFFICIALLY CLOSED.

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APPENDIX J.2

BRIEF ADDRESS BY MRS GRACE MTAWALI, INTRAH REGIONAL TRAINING OFFICER  
NAIROBI, AT THE CLOSING CEREMONY OF THE DFH/MOH/INTRAH AND AMREF WORKSHOP  
IN REVISION OF MCH/FP CURRICULUM FOR THE KRN/M, RCO AND ECN.

Kericho: Tuesday, 23rd September 1986.

- : Hon. Senior District Commissioner, Mr. Muruwatetu.
- : Hon. Assistant Minister in the Presidents Office, chairman of KANU Kericho, Mr. Salat;
- : Hon. MP of Kericho, Mr. Koskei.
- : Colleagues, participants, ladies and gentlemen.

I wish to bring you greetings from Dr. James Lea, Director of INTRAH at the University of North Carolina at Chapel Hill, N.C. U.S.A, the headquarters of INTRAH for projects in Africa and Asia; and from my supervisor Miss Pauline Muhuhu, Director of INTRAH East and Southern Africa based in Nairobi. Miss Muhuhu is away on an official trip and therefore could not be with us at this happy moment.

INTRAH stands for the program for International Training In Health. INTRAH provides technical assistance or funding in MCH/FP training to paramedicals; auxiliaries and Community Health workers of governments and NGOs of some Asia and Africa Sub-Sahara countries. There are now two Regional offices in Africa, one in Nairobi for Anglophone Africa, ultimately, and one in Abidjan, Ivory Coast for Francophone Africa. The aim of INTRAH is to train some physicians and non-physicians, as I have mentioned above, in clinical and non-clinical family planning; training methodology including curriculum development; program management; visual communication and evaluation. INTRAH's main philosophy is to build institutional capacity. That means in each training activity project we expect to have a core team of experts in whichever field we have been providing technical expertise. We plan that our training programs can be applicable with relevant modification to suit local situations. :

In Kenya we are currently ~~funding~~ a project with the division of Nursing Ministry of Health.

In this project 5 National trainers initially trained by INTRAH have in turn trained trainers in clinic management and Training skills. While the 22 in teams of four train ECN's in charge of MCH/FP clinics, the national trainers act as consultants in a similar way that INTRAH did during training of the said 22 trainers. The purpose of the clinic management training is to contribute to increasing the acceptance of MCH/FP services through providing a quality and community - oriented service . There are about 180 nursing personal trained in Nairobi and six Kenya districts under this project, to date.

In a special agreement with DFH, INTRAH provides technical assistance so as to systematically improve family health services in Kenya through strengthening the training capabilities of the DFH (trainers). This workshop is the third activity since the agreement was signed in 1985. A majority (12 out of 14) of this participant group are also participants of activity 1 and 2. As we conduct these workshops, local trainers are oriented towards acting as future consultants of their own training of trainers. We are happy with the results of this program and believe we shall achieve the goal of strengthening the DFH training capabilities.

As this workshop comes to an end achievements have been in designing the 9 week MCH/FP curriculum so that it matches the tasks of the graduate in an SDP and advances in MCH/FP technology and practice. The curriculum has been oriented in a practical way and so that trainers can easily implement it. It was necessary to modify our objectives based on mutual consultants' and participants' discussions, so that the development of training materials could be done in at a later workshop.

In addition to our major accomplishment we have also been able to:-

1. Meet and discuss informally with His Excellency Daniel Arap Moi, President of the Republic of Kenya in what I may call a down-to earth manner and model of the Nyayo philosophy of Love, Peace and Unity. Such a model which also has been adapted to our curriculum philosophy is a necessary factor to MCH/FP trainers, as us. The President is backing our efforts. We also historically slept in the same hotel as the President.

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2. Learn the flexibility of a curriculum especially in terms of fulfilling the needs of the participants for which it is being developed.
3. Reinforce the concept that a health service cannot be provided "halfway" because personnel belong to different cadres. All service providers must provide a full quality service; the difference being made according to specific roles. In this way, then, we have developed one curriculum for use in training of the KRN/M, RCO and ECN.
4. Establish closer professional links between representatives of Nairobi City Commission, Nursing Council of Kenya, AMREF, DFH; INTRAH and even FPPS who were conducting a two week FP communication workshop which ended on Friday 19, Sept. 1986.
5. Identified a sort of plan of action in terms of future training of trainers of the DFH and the NGOs with which they support each other in training MCH/FP personnel.

On the whole then I can say that all this has been achieved through patience and commitment of the participants as well as the painstaking planning meetings of representatives of DFH, and AMREF with INTRAH's technical assistance.

On behalf of INTRAH I wish to thank the Ministry of Health through its main training Institution the DFH, AMREF, our hosts in Rift Valley Province and Kericho district; and the management and staff of the Midwest Hotel in enabling us who worked even up to midnight , to achieve the set objectives.

. . . T H A N K   Y O U

**APPENDIX K**

**Comments on the September  
1985 Draft Curriculum**

APPENDIX K

COMMENTS ON THE AMREF FP

CURRICULUM (THIRD DRAFT)

1. GENERAL REMARKS

The comments on the said AMREF are presented bearing in mind that;

- (a) the majority of trainers who will implement it are non-physicians of varying capacities in training skills;
- (b) although a comprehensive list of books has been provided in the curriculum document, it may not be possible for all, trainers to have many of the identified reference books. Meanwhile, training using the curriculum must continue with or without the reference books or materials;
- (c) it is good practice that the curriculum is interpreted in a similar way by all its users.

The comments are presented in the form of STRENGTHS and WEAKNESSES that have been identified and recommendations are made, giving examples. The efforts to have the curriculum be reviewed in draft are commended. The author of these comments is grateful to be one of the reviewers of the Draft FP Curriculum.

2. STRENGTHS

2.1. Scope of Family Planning

The curriculum has covered a wide scope of family planning viz:

- (a) Philosophy has been written and it provides a guide to the approach of family planning service delivery that incorporates both the health and socio-economic factors related to family planning.
- (b) Information, educational and communication aspects of family planning.
- (c) Client management in contraceptive and on-contraceptive services including, gynaecological, child survival and family life education/human sexuality services.
- (d) Clinic management aspects of MCH/FP services.
- (e) Adult learning, albeit being briefly presented.

2.2. Training Materials

A comprehensive list of training materials/aids has been included specially showing which ones are best for trainers and which ones are best for trainees.

2.3. Family Life Education is addressed both to adults and youth, instead of youth only.

2.4. Adult Education has been included albeit briefly.

2.5. During the practicum theoretical sessions (1 day per week) has been planned for. This time totalling approximately 35 hours should be included in the theoretical hours of the curriculum.

2.6. Assessment of trainees progress has been included both in theory and practice.

### 3. WEAKNESSES

#### 3.1. Job Description of FP graduate a basis of the Curriculum

The job description on page 61 is crucial to curriculum development as rightly stated in the document. It does not, however, appear adequate in relation to the draft curriculum.

#### 3.2. Unit Headings

- (a) Unit headings are not written in task form.
- (b) The present unit headings are not clearly demonstrating coverage of the family planning concepts.

### RECOMMENDATIONS

1. The curriculum development team should write it more systematically and make additions or omissions in relation to the curriculum developed. The draft curriculum silently implies a more comprehensive job description identified by the developers.
2. Unit headings should be written in task form (See Abbott) Teaching for better learning pages 28-30).
3. If the approach of using subject headings is used, unit headings should sequentially cover the family planning in the following major headings which could then be broken down into sub-units:
  - e.g. Information, Education and Communication Client Management:
    - i) Contraceptive technology and practice.
    - ii) Non-contraceptive services provided in FP clinics.

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WEAKNESSES

: 4 :

RECOMMENDATIONS

- iii) Clinic/SDP Management this means planning for starting or reinforcing; implementing the plans and evaluating (using simple and familiar methods), family planning service.
- iv) Primary Health Care Related Services (Emphasis on the services spelled out in different government policy statements and practices)
  - e.g. : CBD
  - : Collaborating health services with other (multisectional) health workers.

The above breakdown is an example, other wording can be used to cover the same concepts.

3.3. Sequence of curriculum content is sometimes disrupted by separating concepts which could be put together e.g.

- a) Page 25 content for interviewing is separate from that on page 35 "interviewing of men and women for family planning."
- b) Review of male and female reproductive system on page 36 and unit 5 client management on page. 34
- c) Page 37 maintenance of clinic records is in middle of CLIENT MANAGEMENT and away from unit 6 Management of Service Delivery Point.

- 4. Use a well sequenced job description/task list to help meaningful sequencing of curriculum content.



WEAKNESSES

- d) Page 39 : Types of integrated Health Services is away from Unit 2.
- e) Page 37 "Administration of appropriate method for contraception is away from Unit 4.

3.4. Complex/Technical Content

Some content gives the impression of being rather technical or complex instead of being practical.

Such content may be difficult for all trainers to teach or apply in practical/clinical situations

e.g. Page 23 "Models of Communication"

Page 32 "Abnormal Sexual Behaviour"

Unit 6 "Management of SDP"

Unit 7 " Program Evaluation"

The linkage of these stated various contents, with what the FP graduate can do is not clearly stated.

RECOMMENDATIONS

5. Present content in a way that
  - (a) is likely to be comfortably taught by a majority of non-physician trainers .
  - (b) is practical or closely related to the day-to-day activities.
  - (c) in the case of Unit 7 the being presented should be those which will enable the graduate:-
    - 1) to accept evaluation as a non-threatening activity which is an integral part of his/her day to day duties.
    - 2) to evaluate his/her clinical work in terms of objectives set at the local level; e.g. use of clinic statistics as evaluation tool; reviewing MCH reports for evaluation purposes.
    - 3) use the evaluation results
 

e.g. : to increase I and B for particular target groups

## WEAKNESSES

: 6 :

## RECOMMENDATIONS

### 3.5. Levels of Learning Objectives

The levels of objectives are on different levels in Unit 4 page 31 (Objective 5 and 6) and in Unit 6 (Objective 3, 6, compared to Objectives 1 and 2).

- 3.6. Objectives of Anatomy and Physiology of male and female reproductive system and those on A and P of menstrual cycle do not clearly show the application to fp practice.

### 3.7. Presentation

This only relates to some parts of the curriculum. In the content outline some of it is so brief that it leaves room for more than one interpretation of what is outlined.

E.g. (a) Pages 33 Referral of Clients to appropriate personnel for help.

- : to order appropriate supplies
- : to plan supervisory visits to those clinics with identified problems.

6. Revise the Objectives to have them on one level.

7. Objectives on A and P of male and human reproduction and menstrual cycle to show the relation of the knowledge gained to:

- physical examination for fp
- family planning methods
- fp education/counselling

8. (a) Review the content outline to bring more clearly to all trainers who use it, similar interpretations.
- (b) The style of presentation should be consistent.
- (c) In relation to page 33 add types of clients or problems which can be referred to each listed NGO and a section on Guidelines for referring clients"

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## WEAKNESSES

: 7 :

## RECOMMENDATIONS

(b) Other examples of content requiring more elaboration, are:

- Page 35 Physical Examination
- Pages 36 Laboratory Specimens
- Page 36 Management of Abnormal Conditions

- e.g. i) explain to client reason for referral.  
ii) maintain confidentiality  
iii) follow up of referral.

- (d) Add words such as purposes, physical and psychological preparation.
- (e) Add "Description, reasons, how taken and sent to the laboratory; interpretation of results (where necessary).
- (f) Add i) Common abnormal conditions and list them.  
ii) Guidelines regarding investigation, treatment and referral.

N.B. This section seems to be more related to "conditions affecting male and female reproductive system on pages 36 . Hence it should be included in the section instead of later.

3.8. Content on Adult Learning is rather brief in relation to the need for the fp graduates (of KRN/KRM level) to use principles during their work.

9. Include the following to the section on "Adult Learning"
- Review adult learning in relation to clients' learning of MCH/FP concepts.
  - List teaching methods appropriate for:
    - (a) health teaching in the community
    - (b) teaching young people (adolescents)
    - (c) training health workers.

WEAKNESSES

: 8 :

RECOMMENDATIONS

Introduction to setting objectives writing a training plan and evaluating the training a health teaching session.

3.9. Formal assessment in terms of examination of many hours duration has a tendency to de-motivate adult learners

10. Consideration be given to reduce the formal examinations to regular shorter questionnaires in order to promote adult learning principles.

3.10. An orientation to the objectives of the FP/MCH Course; training methods used; expectations about the course and roles of the learners in promoting their own learning is not included in the curriculum.

11. Since many trainers are not accustomed to the importance of Orientation Sessions as a principle of adult learning; it should be clearly outlined in the curriculum to reduce chance of omitting it.

The sessions can be placed under what is called INTRODUCTION in the curriculum.

Thank you for reading these remarks

Grace Mtawali, INTRAH

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Program for International Training in Health

The University of North Carolina at Chapel Hill  
School of Medicine

March 5, 1987

208 North Columbia Street (344A)  
Chapel Hill, North Carolina 27514

Ms. Marilyn Schmidt

Program Monitor

ST/POP/IT

SA 18 Room 811

Agency for International Development

Washington, D.C. 20523

Cable: INTRAH, Chapel Hill, N  
Telephone: (919) 966-5636  
TLX 3772242  
ANSWERBACK: UNCCHINTRA

Re: AID-DPE-3031-C-00-4077

Dear Marilyn:

Enclosed are two copies (one standard and one complete) of INTRAH report #0-346.

Country: Kenya

Activity Title: Training

Dates: September 1 - 30, 1986

Traveller(s): Mrs. Grace Mtawali, INTRAH/ESA Regional Training Officer

Purpose of Trip: To conduct a 12-day MCH/FP Curriculum Revision Workshop for 18 DFH/AMREF trainers and provide technical assistance to 2 DFH/MOH and 1 AMREF trainers.

Please let us know if you need additional copies of these reports or portions thereof.

Sincerely,

*Lynn*

Lynn K. Knauff  
Deputy Director

Enclosures

cc: Dr. Gary Merritt, USAID/Nairobi  
Mr. Jack Thomas, AFR/TR/HPN  
AID Acquisitions ✓  
Dr. James Lea, Director  
Ms. Lynn Knauff, Deputy Director  
Miss Pauline Muhuhu, E/SA Office Director  
Mr. Page Gaye, W/CA Office Director  
Mr. Robert Minnis, IHP/IHPS  
Mr. Arthur Danart, REDSO/ESA/Nairobi  
Ms. Sara Seims, MSH Deputy Director