

PD-AAV-646

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Trip Report

0-280

Travelers: Ms. Carol Brancich, IHP Associate Director
Mr. Maurice Apted, IHP Program Coordinator
Ms. Betty Farrell, IHP Consultant
Mrs. Rachel Ajiboye, Kwara State Co-Trainer

Country Visited: LAGOS STATE, NIGERIA

Date of Trip: February 6 - March 6, 1987

Purpose: To conduct a Training of Trainers and Curriculum Development workshop for 14 members of the Lagos' State Training Team, Feb. 16 - Mar. 6, 1987.

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* On file with INTRAH Program Office

**On file with INTRAH Data Management Services

LIST OF ABBREVIATIONS USED IN THIS REPORT

CD	Curriculum Development
CHE	Community Health Education
FMOH	Federal Ministry of Health
HMB	Health Management Board
LGA	Local Government Area
MOH	Ministry of Health
ORT	Oral Rehydration Therapy
PPFN	Planned Parenthood Federation of Nigeria
STT	State Training Team
TOT	Training of Trainers

EXECUTIVE SUMMARY

Ms. Carol D. Brancich, Associate Director; Mr. Maurice J. Apted, Program Coordinator, Ms. Betty Farrell; Consultant from International Health Programs (IHP); and Mrs. Rachel Ajiboye from Kwara State Ministry of Health (MOH) Training Team conducted a Training of Trainers (TOT) and Curriculum Development (CD) workshop from February 16 - March 6, 1987 for 14 Lagos State nursing personnel. Ms. Farrell was a substitute for Mr. James Williams, IHP Associate Director, who became ill on the day of his intended departure for Nigeria.

The TOT/CD workshop goal was to train a 14-member Lagos State Training Team (STT): 4 as Community Health Education (CHE) trainers and 10 as Clinical Skills trainers in Family Planning (FP)/Oral Rehydration Therapy (ORT) service provision. Two curricula were developed by the STT with technical assistance from the INTRAH/IHP trainers. One curriculum was for CHE training in FP/ORT and the second curriculum for FP/ORT clinical skills training. The STT members were representative of all levels of governmental health services within the State M.C.A., Health Management Board (HMB), and Local Government Area (LGA). Training activities were coordinated through the State MOH office of the Director of Preventive Health, Dr. Patricia Akingbehin, with Mrs. Margaret Bodede, HMB Chief Nursing Officer, assigned as State FP/ORT Coordinator.

Major findings/conclusions/recommendations included:

- A supportive, responsive administrative structure contributed to the successful conduct of the workshop.
- An integrated training team (combining local and external trainers) is an excellent training model worthy of replication.

- STT members' role changes (from FP/ORT service providers to trainers of service providers) which occurred within a two-month time frame did not allow STT members the opportunity to: 1) independently practice at each role change level; and 2) fully internalize new knowledge, skills and role behavior.
- Continuity and training quality assurance within the clinical skills training team membership needs to be addressed with the designation of a Team Leader and the ultimate designation of a permanent clinical skills training team.
- A minimum of four weeks training time is essential for a quality TOT when a core FP/ORT curricula is expected as a training product.
- FP/ORT clinical practice standards are needed in Lagos State.
- A three-year project management plan focusing on a phased approach to coordinating FP/ORT training activities and service delivery integration and expansion is needed in Lagos State.

SCHEDULE DURING VISIT

- February 4 Ms. Brancich departed from San Francisco 6:00 p.m.
- February 5 Arrived in London 12:00 p.m.
- February 6 Departed from London 11:00 a.m. Arrived in Lagos 6:00 p.m.
- Met with Activity #1 and #2 Training Team: Dr. George Walter, Dr. Kelly O'Hanley, Mrs. Victoria Abodunrin and Mr. Maurice Apted, and with Dr. Kunle Joseph, Medical Director of Ikeja General Hospital.
- February 7 Met with Ms. T. Mirabito, INTRAH/CH Program Officer. Reviewed Training Activities #1 and #2.
- February 8 Mrs. Rachel Ajiboye, Kwara State Training Team and Co-trainer for Activity #3 arrived. Mrs. Abodunrin departed.
- February 9 Members of both training teams (Walter, O'Hanley, Apted, Brancich and Ajiboye) met and debriefed with Mrs. Margaret Bodede, Lagos State Family Planning Coordinator.
- Met with Mrs. Asalu, Executive Secretary, Lagos State Health Management Board.
- Met and debriefed with Mr. Larry Eicher, Health and Population Officer, AID Affairs Office. Training materials were obtained and transferred to Ikeja Palace Hotel. Training team members and Mrs. Bodede met with Mrs. P. A. Akingbehin, Director of Preventive Medicine, Lagos State Ministry of Health.
- February 10 - 11 Training team members (Apted, Brancich and Ajiboye) worked on Activity #3 training design and materials.
- February 10 Dr. Walter and Dr. O'Hanley departed from Lagos 11:55 p.m.

- February 13 Met with Mrs. Bodede at Ikeja Nursing School. Prepared training room for workshop.
- February 14 Ms. Betty Farrell arrived to join training team as a substitute for Mr. J. Williams.
- February 16 Training of Trainers and Curriculum
March 6 Development activities conducted.
- February 27 Met with Mrs. Bodede regarding mid-training evaluation.
- March 3 Met with Dr. Akingbehin regarding lost certificates.
- March 4 Debriefed with Mrs. Bodede.
- March 6 Dr. Walter arrived 6:00 a.m. Participated in reflection exercise and attended Closing Ceremonies.
- Closing Ceremonies included the Commissioner of Health, Permanent Secretary and national TV and press corps.
- Ms. Brancich and Ms. Farrell debriefed with Dr. Walter. (Ms. MacManus unavailable for debriefing.)
- Ms. Brancich and Ms. Farrell departed Lagos 11:55 p.m. Mrs. Ajiboye and Mr. Apter remained to conduct Activity #4.
- March 7 Ms. Brancich arrived in San Francisco 4:30 p.m.

I. PURPOSE OF TRIP

The purpose of this trip was to conduct a Training of Trainers (TOT) and Curriculum Development (CD) workshop for the 14 members of the Lagos State Training Team (STT). The objectives for this workshop were for the STT:

- to acquire skills in adult training and CD in clinical Family Planning (FP)/Oral Rehydration Therapy (ORT) and Community Health Education (CHE);
- to develop FP/ORT training curricula for clinical and CHE FP/ORT providers; and
- to develop FP/ORT training materials for use in the implementation of the two curricula.

II. ACCOMPLISHMENTS

The purpose and objectives of this trip were successfully achieved. The following was accomplished:

1. The members of the STT displayed beginning-level trainer skills.
2. The ten members of the STT designated as clinical skills trainers developed a curriculum for clinical FP/ORT service providers.
3. The four STT members designated as CHE trainers developed curriculum for FP/ORT CHE service providers.
4. Training materials for both curricula were collected and/or developed by both training groups.
5. A team leader for the CHE Training Team was designated.
6. The ten-member clinical trainers' group was divided into two five-member teams. Each team was designated training responsibility which they will alternate during the March and May activities.
7. An additional CHE activity was scheduled and approval from INTRAH obtained to begin in April 1987.

8. Training team behavior was introduced and fostered within the larger group as well as among the sub-groups.
9. Theoretical knowledge was reinforced in the areas of reproductive physiology, contraceptive technology and client case management.
10. A FP Clinical Skills Performance Evaluation Form was adapted for use in Activities #5 and #6.
11. A TOT pre- and post-test was designed and used.
12. The Lagos State Ministry of Health (MOH) provided strong administrative support throughout the activity which facilitated the successful conduct of this workshop.

III. BACKGROUND

This activity is the third in the series of workshops under the MOH/INTRAH contract. It followed the STT FP/ORT Clinical Refresher workshop, Activity #2, conducted January 19 - February 6, 1987 (INTRAH Trip Report #0-279). TOT and CD were needs identified by the INTRAH Needs Assessment team (INTRAH Trip Report #0-246) and further substantiated by the INTRAH/IHP Project Development team in conjunction with a coordinating committee representative of the State MOH, Health Management Board (HMB), Local Government Area (LGA) and Schools of Nursing and Midwifery (INTRAH Trip Report #0-277). Because of Lagos State's goal to accelerate its provision of FP/ORT services throughout the State's governmental health facilities, it was considered important to accelerate the preparation of the STT and its implementation of second generation training. Activities #4 and #5 (second generation training by the STT) are to immediately follow this activity.

IV. DESCRIPTION OF ACTIVITIES

The TOT/CD workshop began February 16, 1987 and was completed March 6. There were 14 participants: 10 assigned as clinical skills trainers and 4 as CHE trainers. All 14 participants were nurses: two were tutors, one from the

Ikeja School of Nursing and the other from the School of Health Technology while the remaining 12 were either CHE or service providers. A balanced representation of participants from the State MOH, HMB and LGA was achieved (Appendix B). Half of the participants had been selected through the use of a pre-test and review of previous FP training and/or experience (see INTRAH Trip Report #0-277 regarding the selection process).

Training was conducted in the classrooms of the Contemporary Nursing Education Division of the Ikeja School of Nursing on the grounds of the Ikeja General Hospital. This complex is within easy driving distance to the State Governmental complex which includes the State MOH.

The workshop included seven days of TOT/CD theory and practice and seven days of curriculum development and production. One day was given over to closing ceremonies and completion of final tasks. Workshop methods used participative training techniques including large and small group discussions and projects, use of case-studies, role play and use of learning games and exercises. The learning progression involved the introduction and presentation of new concepts and information, followed by guided application of concepts and information and finally to participants working in three small groups to write and produce training curricula for FP/ORT community health educators and clinicians.

During the curriculum development portion of this activity, each group first established goals and objectives from FP/ORT task lists required of CHE and of clinical service providers. The two separate task lists were generated during the needs assessment/task analysis portion of this activity. For the clinical trainers, CD activities were shared between two groups of five each. Each group chose to prepare specific training designs. The two clinical subgroups came together in plenary to review and finalize

training designs produced by each group. The curriculum plan included 5 days of FP/ORT theory and classroom practice, at least 12 days of clinical practice and 2 days of clinical practice review using client case presentations. The clinical training workshop will use performance requirements as recommended by AID. One INTRAH/IHP trainer supervised each clinical sub-group during the development of the clinical skills curriculum.

For the CHE trainers, a similar CD sequence was followed. However, only four as opposed to ten clinical trainers were involved. The CHE group worked in plenary throughout. Individual assignments were made for the duplicating of curriculum materials. One INTRAH/IHP trainer and one Kwara State co-trainer supervised the CHE group. The CHE curriculum covers ten days with five days of classroom-based activities, four days of field practice and one day of field practice review.

Five identical practicum sites have been designated for both upcoming CHE and clinical training activities (Activities #4 and #5). CHE workshop participants will be required to conduct CHE practice activities at both clinic and adjacent community locations. Supervision of the CHE participants will be facilitated by specially developed practicum checklists.

Training materials lists were compiled by both the clinical and CHE groups and procurement was organized by Mrs. Bodede, FP/ORT Coordinator. FP posters and pamphlets were ordered from Planned Parenthood Federation of Nigeria (PPFN) and ORT posters and pamphlets procured from United Nations Children's Fund (UNICEF) and the Federal Ministry of Health (FMOH). Samples of FP commodities were obtained from the FP clinic of the Ikeja General Hospital.

Typing facilities were provided through Mrs. Bodede. However, due to the large volume of typing and the number of available typists, the INTRAH/IHP trainers typed a good portion of the curriculum materials. Duplication of curriculum materials was supervised by selected STT members and was conducted at several sites designated by Mrs. Bodede. Although extra effort was expended to complete curriculum production before the formal closing of the TOT/CD workshop, the curriculum was still being typed and duplicated into the week following the TOT/CD activity. However, sufficient materials had been produced so that the CHE and Clinical trainings, Activities #4 and #5, could begin on schedule.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Administrative/Logistical

1. Finding/Conclusion

MOH administrative staff, specifically Mrs. Bodede, were very supportive and timely in their response to administrative and logistical needs during the workshop. Mrs. Bodede's abilities to facilitate requests are admirable.

Recommendation

The responsive nature of the MOH administration should be acknowledged whenever possible by INTRAH/IHP.

2. Finding/Conclusion

MOH accounting services were delayed in the processing of the Kwara co-trainer's per diem for over two weeks. This necessitated an advance from an IHP team member's personal funds to the co-trainer.

Recommendation

Arrangements for the timely payment of per diems should be clarified with the MOH accounting staff with pre-arrangements for such payment.

B. Implementation of Activities

3. Finding/Conclusion

The addition of Mrs. Ajiboye as co-trainer to the INTRAH/IHP training team was invaluable. She was an excellent role model, sensitive to the needs of a STT and capable of functioning as a full contributing member of the training team. Combining a local trainer with external trainers strengthened the training team and provided the co-trainer with a supervised practice experience comparable to a master trainer practicum (see Appendix F for participants' evaluation of Mrs. Ajiboye as co-trainer).

Recommendation

Training team integration, i.e., local and external team members, is an excellent training model worthy of replication when: a) all training members are capable and willing to provide the necessary team training experiences for a successful workshop and successful trainer practicum; and b) local trainers are well chosen with previous successful trainer experiences.

4. Finding/Conclusion

The majority of Lagos' STT members are interested in FP/ORT and are motivated to providing such services. However, prior to this series of workshops many members of the STT were unfamiliar with FP/ORT knowledge and skills and none were familiar with FP/ORT training. A dual role and task reorientation has been asked of the Lagos STT members to shift first to being FP/ORT service providers (CHE or clinical) and then to being trainers of FP/ORT service providers. Both role shifts were expected of the STT within a two month period. Integration of new job functions and behavior requires supervised and then independent practice of new tasks over time.

Recommendation

Role changes as dramatic and as unfamiliar as those expected of the Lagos' STT should be allowed sufficient time to provide for supervised and then independent practice of their primary skills, clinical or CHE FP/ORT service provision, i.e., four weeks of supervised practice and a minimum of four weeks of independent practice. Once STT members have successfully demonstrated their ability

to function independently at the service role level then the preparation for training service providers (TOT) should be undertaken.

5. Finding/Conclusion

Collective and individual differences in training and clinical skills were found between the Clinical Provider Training Teams 1 (Activity #5) and Team 2 (Activity #6). These differences in skill levels produced an imbalance in training implementation capabilities between the two teams.

Recommendation

INTRAH/IHP trainers assigned to provide technical assistance for the next clinical skills training activities, #5 and #6, need to be alerted to the individual team members strengths and shortcomings. The MOH should nominate a Lead Trainer from Team 1 (Activity #5) to provide leadership to Team 2 during Activity #6 and thus also provide continuity and liaison from Activity #5 to Activity #6.

This Lead Trainer should also be used as such in subsequent clinical trainings, e.g., Activity #7. Upon completion of Activity #6, the MOH should select permanent trainers for ongoing clinical skills training.

6. Finding/Conclusion

The TOT/CD activity proved to be too short to accomplish its objectives with a measure of quality. Since virtually all of the STT members had neither previous knowledge nor experience in training methodology, the allocated time was needed to concentrate on TOT. To additionally achieve the development of two core curricula in this time frame created stress for both trainers and participants. This finding/conclusion was substantiated through the participant reaction forms where 11 out of 14 participants assessed the workshop as too short.

Recommendation

An additional week of training time was needed to provide for increased quality in training expertise and in curriculum products.

7. Finding/Conclusion

Clinical practice standards (protocols) exist at a Federal level but are either not specific enough, not known and/or not followed. Many of the existing Federal protocols are general and are not inclusive of needed guidelines (e.g., return client care, infertility care, complication care, sterilization referrals, Pap smear, etc.). Individual physicians in individual clinics at times do put forth their own standards. However, in reality, there are no specific operating clinical standards in the Lagos State MOH/HMB/LGA system. Developing curricula which contained clinical procedures yet with no available practice standards further compounded the curriculum development process.

Recommendation

Comprehensive FP/ORT clinical practice standards should be specifically developed by the Lagos State MOH. Standards should be written and distributed to every clinical delivery site with orientation to and training in the use of the protocols for every FP/ORT clinical service provider in the system. Furthermore, these standards should be reflected in the clinical skills curriculum.

C. Follow-up of Activity

8. Finding/Conclusion

A plan for the training of the STT has been clearly laid out and its progressive stages are currently being followed. However, a plan for the utilization of the STT and a comprehensive plan for the systematic training and deployment of FP/ORT trained MOH/HMB/LGA staff has not been designed. The successful establishment of FP/ORT services throughout Lagos State requires a well-defined plan for ongoing training activities and expansion of FP/ORT clinical and CHE services.

Recommendation

The FP Coordinator and Project Director should attend a management workshop during which they would develop a three-year project management plan focused on a phased approach to coordinating FP/ORT training activities and service delivery integration and expansion.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

Lagos State Ministry of Health

Dr. (Mrs.) Patricia AKINGBEHIN, Director of Preventative Health

Mrs. Florence TAYLOR, Assistant Chief Nursing Officer

Dr. C. O. OLUWOLE, Chief Consultant

Lagos State Health Management Board

Mrs. ASALU, Executive Secretary

Mrs. M. BODEDE, Family Planning Coordinator

Ikeja School of Nursing

Mrs. OLUWOLE, Director, Contemporary Nursing Education

Ikeja General Hospital

Dr. Kunle JOSEPH, Medical Director, Chief Consultant

AID Affairs Office, U.S. Embassy/Lagos

Mr. Larry EICHER, Health and Population Officer

Mrs. SHITTA-BEY, Family Planning Program Specialist

Others

Dr. Tim JOHNSON, Center for Disease Control, Atlanta, Georgia

Mr. Brice ATKINSON, PATH/PIACT

APPENDIX B

List of Participants

APPENDIX B

LIST OF PARTICIPANTS

- * 1. Mrs. Christianah A. ABIODUN, Assistant Chief Health Educator
2. Mrs. Mary A. AFOLABI, Principal Health Sister
3. Mrs. Eunice O. AKINFE, Assistant Chief Health Sister
- * 4. Mrs. Abiodun O. ALUKO, Health Sister
5. Mrs. Alice L. DA SILVA, Assistant Chief Nurse Tutor
6. Mrs. Frances A. DIYAOLU, Matron
7. Mrs. Kofo A. ESO, Principal Health Sister
8. Mrs. Charlotte OBASA, Senior Community Midwife Sister
9. Mrs. Comfort M. OGUNYOYE, Senior Nursing Officer
- *10. Mrs. Abiodun A. OKE, Health Sister
- *11. Mrs. Oluremi F. ONI, Staff/Nurse Midwife
12. Mrs. Mabel A. OSHODI, Matron
13. Mrs. Risiquat I. SANYAOLU, Senior Nursing Officer
14. Mrs. Mosunmola A. SOLANKE, Community Midwife Sister

* Indicates Community Health Education participants. All others were Clinical Skills participants.

APPENDIX C

Pre/Post-Test Scores and Sample of Pre/Post Instrument

TRAINING OF TRAINERS AND CURRICULUM DEVELOPMENT WORKSHOP

Lagos State Ministry of health

February 16 - March 6, 1987

PRE/POST TEST

INSTRUCTIONS:

- Read all questions carefully
- Attempt all questions
- Write all answers in the spaces provided

Please put your name or other special mark so that your test can be returned to you.

NAME _____

ADULT EDUCATION

1. Quotation: "How some one is taught is just as important as what someone is taught."

For adult training what does this statement mean?

.....

.....

.....

.....

.....

(3 marks)

PROBLEM SOLVING DURING TRAINING

2. One of the participants in your workshop regularly come late. This has started to disrupt workshop activities. If you were to apply generally accepted adult education principles which solution listed below would be the BEST? Circle the letter indicating your answer.

- A. Tell the person to come earlier in the future because she is missing out on important work.
- B. Ask the person if you or any other of the participants can help her find a way to come on time and reduce disruption.
- C. Take the person aside and warn them to act like an adult and start coming on time or else.
- D. Ask the person to leave the workshop because they are disrupting activities.
- E. Tell the person's supervisor about her constant lateness.

(2 marks)

GROUP DYNAMICS

3. One of your training team colleagues has noticed that during the workshop discussions one or two participants are dominating the discussion activities. She is concerned that the other participants are not actively learning and are beginning to resent the domination. Apart from telling the talkative ones to keep quiet, what is ONE other strategy you might suggest to your colleagues to help the other participants be more active in group discussions.

.....

.....

.....

.....

.....

(2 marks)

15

SCOPE OF TRAINING

4. Below are 4 categories of things trainers can include in training. Which of the 4 categories is the most important to include? Circle the number of the BEST answer.

1. Things which participants would find useful to learn for the required task.
2. Things which participants must learn in order to complete the task correctly.
3. Things which participants would find easy to learn about the required task.
4. Things which participants would find nice to know in order to complete the required task.

(2 marks)

Now choose the 3 MOST important categories from the above list and list them below in order of importance. List the most important one first. (Use the number only)

(2 marks)

5 STEPS OF TRAINING

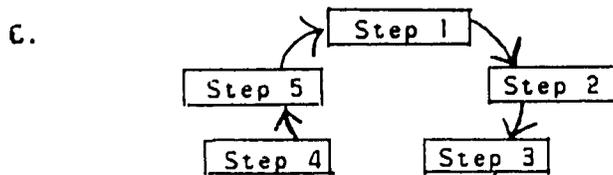
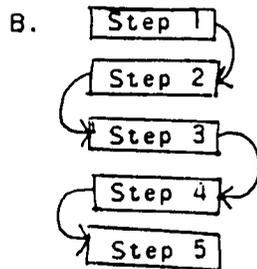
5. Commonly accepted components of the 5 Steps of Training are listed below. Rewrite the list in the correct order.

COMMONLY ACCEPTED COMPONENTS
Setting Goals & Objectives
Evaluation
Plan or Design
Assess Needs
Implementation

CORRECT ORDER
STEP ONE _____
STEP TWO _____
STEP THREE _____
STEP FOUR _____
STEP FIVE _____

(5 marks)

6. Which diagram or answer below best displays the commonly accepted PROCESS of following the 5 Training Steps. Circle the letter of the best answer.



D. All diagrams are equally accepted as displaying the 5 Step Training Process.

(2 marks)

3 Best Available Document

WRITING OBJECTIVES

7. A new trainer wrote the following behavioral objective for her FP/ORT trainees. However, the lead trainer is not satisfied and has asked her to improve the objective. Help the new trainer by rewriting the objective to include the standard criteria for correct behavioral objectives.

OBJECTIVE: By the end of the session the trainees will understand absolute contraindications for CCPs.

IMPROVED

OBJECTIVE: By the end of the session the trainees

KNOWLEDGE, SKILLS & ATTITUDE LEARNING

8. Which of these represents knowledge learning for an FP/ORT trainee? Circle the letter of the BEST answer.

- A. Uses the lensaculum correctly when inserting an IUCD.
- B. Believes that clients must be free to make their own choices about FP.
- C. Names correctly the absolute contraindications for the IUCD.
- D. None of the above.

(2 marks)

9. Which of these represents skills learning. Circle the letter of the BEST answer.

- A. Displays appropriate counselling techniques with a variety of clients.
- B. Lists correctly the standard DRT recipe.
- C. Believes the FP is more important for women than men.
- D. None of the above.

(2 marks)

10. Which of these represents attitude learning. Circle the letter of the BEST answer.

- A. Describes correctly to her trainer the steps to follow when greeting new FP clients.
- B. Demonstrates correctly the procedure to follow when successfully greeting new FP clients.
- C. Believes that correct greeting of clients is a crucial part of successful FP services.
- D. All of the above.

(2 marks)

TRAINING METHODS

11a. Role play and lecture are two different training methods. List three other methods.

- 1.
- 2.
- 3.

11b. Lecture technique is a commonly used teaching method in nursing/midwifery and medical schools. List three DISADVANTAGES the lecture method has for TRAINING. (3 marks)

- 1.
- 2.
- 3.

(3 marks)

SKILLS LEARNING

12. Your Training Team is planning a training for FP/ORT service providers. One member of the team has offered the following suggestions about how to teach trainees the skills of IUCD insertion. Which is the BEST suggestion of the four provided by your colleague. Circle the letter of the answer you choose

- A. Show a film on IUCD insertion and then have participants note the correct order of steps; participants practice in clinics.
- B. Use a model uterus and demonstrate insertion then send participants immediately to the clinic for practice.
- C. Use a model to demonstrate IUCD insertion; have participants practice on the model; trainer demonstrates an insertion on a client in the clinic; and then allows participants to practice in the clinic.
- D. Show the different types of IUCD; use a flip-chart showing correct IUCD insertions steps; then send participants to practice in the clinics.

(2 marks)

13. In one sentence, explain why you have chosen your answer in Number 12 above.

-
-
-
-

(1 mark)

TRAINING METHODS

14. Which of the following subjects can be learned effectively using a role play. Choose the BEST TWO answers.
- How to make new FP clients comfortable in your clinic.
 - Learning the relative contraindications for OCPs.
 - Learning how to give a CHE presentation in a market on FP benefits.
 - Learning how to insert an IUCD.

(2 marks)

15. For which of the following topics would a lecture presentation be the BEST learning method? Circle the letter of your answer.
- Inserting an IUCD.
 - The danger signs for IUCD and OCP users.
 - Knowing and entering a community.
 - How to correctly mix ORT solution.
 - Establishing good community relationships.

(2 marks)

VISUAL AIDS

16. Complete the list below of the types of visual aids which do not require electricity.
- Posters
 -
 -
 -

(3 marks)

17. Visual aids can help participants learn and remember important information. Complete the chart below by filling in the blank spaces in the right-hand column with FP/ORT examples. The first one has been done for you. Use each example only once.

A visual aid can be used to:	FP/ORT example
1. Make something small look larger.	Sperm fertilizing an ovum at conception.
2. Compare similarities and differences.	
3. Show how something grows or changes.	
4. Show something people cannot see in real life.	
5. Show steps in doing a task.	
6. Make a difficult idea easier to understand.	

(5 marks)

EVALUATION

18. One of your objectives for FP/ORT clinical training is that participants must be able to explain correctly to clients how OCPs prevent pregnancy. Which of the following answers represents the BEST way to measure how well participants have mastered this objective. Circle the letter of your selected answer.
- A. Ask participants to each write a one page essay explaining how OCPs prevent pregnancy.
 - B. Ask participants to role play with you a situation in which each explains how OCPs prevent pregnancy.
 - C. Observe a participant explaining to a variety of individual clients how OCPs prevent pregnancy.
 - D. Ask participants to list the correct order in which each would explain how OCPs prevent pregnancy.

(2 marks)

19. Why is evaluation important to any training programme. Give 2 reasons.

- A. _____

- B. _____

(4 marks)

PLEASE GO TO NEXT PAGE. Thank you!

TRAINING TERMS

20. The following is a list of terms commonly used in training. Match each DEFINITION on the RIGHT with the correct TERM on the LEFT. Write the letter of the DEFINITION in the box next to the TERM you have chosen. Each TERM has only one DEFINITION.
 The first TERM: ORT has already been matched to its DEFINITION as an example.

TERM	DEFINITION
<input checked="" type="checkbox"/> D. ORT	A. A belief that affects the way in which we behave.
<input type="checkbox"/> Objective	B. Activities designed to measure how well objectives are being achieved.
<input type="checkbox"/> Goal	C. A tool used to make training relevant to job activities.
<input type="checkbox"/> Training Methods	D. An intervention used to prevent death from diarrhoea.
<input type="checkbox"/> Training Content	E. A training technique useful for both knowledge and attitude learning.
<input type="checkbox"/> Evaluation	F. An activity that can be conducted to find out what problems exist which training might solve.
<input type="checkbox"/> Task Analysis	G. A training method useful for both knowledge and attitude learning.
<input type="checkbox"/> Brainstorming	H. A training technique most useful for learning clinical skills.
<input type="checkbox"/> Role Play	I. A training method most frequently used in Nigeria for knowledge, skills and attitude learning.
<input type="checkbox"/> Demonstration	J. A step that can be considered irrelevant to training.
<input type="checkbox"/> Group Discussion	K. A training technique most useful for both skills and attitude learning.
<input type="checkbox"/> Attitude	L. A general statement of what is to be achieved.
<input type="checkbox"/> Needs Assessment	M. A general term used to identify techniques to achieve desired learning.
	N. The subject matter or topic(s) to be covered in a training session.
	O. A training technique to develop free and creative thinking.
	P. A specific statement describing what participants will be able to do after training.

(2 marks each)

APPENDIX D

Summary of INTRAH Participant Reaction Forms

SUMMARY OF INTRAH PARTICIPANT REACTION FORMS

Course ID# _____

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

12 a. All material was useful

2 b. Most materials were useful

c. Some material was useful

d. Little material was useful

e. No material was useful

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No RESPONSE

 1

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

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

 3 11

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

 9 5

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

14

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

11 3

9. In this workshop I learned:

11 a. many important and useful concepts,

3 b. several important and useful concepts,

c. some important and useful concepts,

d. a few important and useful concepts,

e. almost no important or useful concepts.

No RESPONSE

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

6 a. many important and useful skills,

6 b. several important and useful skills,

1 c. some important and useful skills,

d. a few important and useful skills,

e. almost no important or useful skills.

No RESPONSE

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
<u>13</u>	<u> </u>	<u>1</u>	<u> </u>	<u> </u>

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
<u>13</u>	<u>7</u>	<u> </u>	<u> </u>	<u> </u>

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
<u>12</u>	<u>2</u>	<u> </u>	<u> </u>	<u> </u>

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
<u>10</u>	<u>4</u>	<u> </u>	<u> </u>	<u> </u>

15. 13 a. I would recommend this workshop without hesitation,

1 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.

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

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>ASSESSMENT OF LEARNING NEEDS</u>	1	3				
b. <u>FEEDBACK</u>	3	1				
c. <u>GOAL & OBJECTIVE SETTING</u>	1	2				
d. <u>ADULT LEARNING PRINCIPLES</u>	1	2				
e. <u>CONTENT (TOPIC) IDENTIFICATION</u>	1	2	1			
f. <u>TEACHING / TRAINING METHODS</u>	1	2				
g. <u>TARGETING TEACHING / TRAINING METHODS</u>	1	2				
h. <u>TRAINING DESIGNS</u>	1	2				
i. <u>RESOURCE (MATERIALS) IDENTIFICATION</u>	1	2				
j. <u>CURRICULUM EVALUATION TECHNIQUES</u>	1	2				

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 <u>No Response 1</u>	7	5	1			<input type="checkbox"/>
b. group discussions	10	4				<input type="checkbox"/>
c. individual exercises	11	1		1		<input type="checkbox"/>
d. group exercises	12	2				<input type="checkbox"/>
e. clinical sessions <u>No Response 1</u>	9	1	2			<input type="checkbox"/>
f. field trips <u>No Response 2</u>	5	1	1		1	<input type="checkbox"/>
g. handouts/readings	13	1				<input type="checkbox"/>
h. books	13		1			<input type="checkbox"/>
i. audio-visuals <u>No Response 1</u>	11	1				<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.

- a. Counselling and/or client education
- 2 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- 2 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- 2 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 4 e. Supervision of Family Planning Services
- 5 f. Management of Family Planning Service System
- 3 g. Planning/Evaluation of Family Planning Services
- 4 h. Policy Making/Direction of Family Planning Services
- 1 i. Community Based Distribution of Contraceptives
- 1 j. Community Based Outreach, Education or Information
- 3 k. In-Service Training in Family Planning
- 4 l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) _____
- 2 NO RESPONSE

20. Additional Comments: _____

Feel free to sign your name. (Optional)

Additional Comments:

1. I would very much appreciate working with a training team like this for further practice in order to acquire expertise.
2. The course has been highly educative, knowledge gained has made for very good self development, would be well utilized.
3. I will be most happy if our gov't. can continue to sponsor this useful and most needed programme in Nigeria.
4. My appreciation and regards go to Lagos State Gov't., my local gov't. for nominating me as participant, the energetic non-tiring trainers, the active State coordinator and my colleagues in making this wonderful and interesting workshop a success. I pray that it has come to stay. Thank you and God Bless.
5. All sizes of diaphragms should be available all the time. Different types of pills should be available for choice of clients.
6. The training team have worked very hard and very well. They are just wonderful. We still need them in this country and we in this country should adapt their methods.
7. It will be nice if the training team can practice outside their state.
8. Will be interested in any international workshops or seminars on any of the subjects stated in #19. x2

Other Training of Trainers course would be highly appreciated.

APPENDIX F

Summary of Participants' Reactions: Kwara Co-Trainer

PARTICIPANT REACTION SHEET FOR TRAINER Mrs. Rachel Ajiboye

LAGOS STATE FP/ORT TRAINING OF TRAINERS & CURRICULUM DEVELOPMENT WORKSHOP

COMPLETE THE FOLLOWING SENTENCES:

1. I felt
 - her work was well done (8 responses)
 - she contributed very well (3 responses)
 - she was an excellent/good role model (2 responses)
 - she was seasoned/disciplined (1 response)
 - it was good to see a Nigerian on the training team (1 response)
2. I think
 - she was thorough and creative (1 response)
 - she was a good resource person (1 response)
 - she has a good knowledge of training techniques (3 responses)
 - she made program better by passing on her experiences in Kwara (9 responses)
 - she needed knowledge of Lagos and its problems (1 response)
3. I wonder
 - if I could be like her (3 responses)
 - if she will be recommended for other workshops or return here (6 responses)
 - at her length of experience as a trainer (1 response)
 - if I could contribute to other states as she has (2 responses)
 - how the other trainers felt about her, she did not seem as involved (1 response)
4. I learned
 - she enjoys training (1 response)
 - a new design on evaluation from her (2 responses)
 - she was well received and admired by the participants (1 response)
 - no knowledge is lost and there's no age limit to learning (1 response)
 - from her training ability and attitude to others (9 responses)
5. I think other people in the group
 - saw her as an example to aspire to achieving (2 responses)
 - saw her as pleasant, cooperative (4 responses)
 - feel the same as I
 - appreciated her participation in CHE (2 responses)
 - saw the team spirit among the trainers as wonderful (1 response)
6. In a single sentence, give a summary of your opinion regarding the trainer's presence in this workshop.
 - Active and intelligent; an asset (3 responses)
 - Positive, enjoyable presence (2 responses)
 - Gave moral support (3 responses)
 - Marvelous (1 response)
 - Good (1 response)
 - Offered new ideas and inspiration (1 response)
 - Quiet but hard working (2 responses)
 - Role model (2 responses)

Miscellaneous:

I wonder if the period of training could be longer.

APPENDIX G

Closing Ceremony Program and Speech

PROGRAMME FOR THE CLOSING CEREMONY

F O R

TRAINING OF TRAINERS WORKSHOP

J i n g l e s

1. Repeated blood loss during births can lead to death
Plan your family

2. Fewer children for better living
Plan your family

3. Have children by choice NOT by chance

4. Plan your family
For a healthier and happier tomorrow.

5. Help your wife to live longer and healthier
Plan your family

6. Give your children a chance to survive
Plan your family

7. Give her the rest she deserves
Plan your family

8. A planned family is wealthy family
Health is wealth.

Programme for the Closing Ceremony Training
of Trainers Workshop

- 10.45am - Arrival of Guests
- 11 - 11.05am - Introduction of Chairman and Guest of Honour - Dr. C. O. Oluwole Programme Co-ordinator
- 11.05-11.10am - Chairman's Welcome Address - Mr. J. T. Somoye Permanent Secretary, Ministry of Health
- 11.10-11.20am - Short Speech by Intrah Representative: Carol D. Brancich
- 11.20-11.30am - Guest of Honour's Address - Dr. A. A. Desalu Honourable Commissioner for Health
- 11.30-11.40am - Presentation of Certificates - Dr. A. A. Desalu Honourable Commissioner for Health
- 11.40-11.45am - Vote of Thanks - Mrs. M. J. Bodade Programme Supervisor
- 11.45am - Refreshment
- Guests Depart

Master of Ceremony:- Dr. Muris.

SPEECH GIVEN BY CAROL BRANCICH:

Honorable Commissioner of Health
Mr. Chairman, Permanent Secretary of Health
Honored Guests and
Graduates

We have come to the end of the first phase of this training program. The trainees (soon to be graduates) have most admirably completed a 3 week Refresher Course in FP/ORT Clinical and Community Health Education skills and now a 3 week Training of Trainers and Curriculum Development workshop. The challenge of training others is now before these graduates. The measure of their success and of ours lies ultimately with the satisfactory delivery of quality FP/ORT services by their graduates. As parents teach and provide for their children so will these new trainers teach and provide for the next generation...

The graduates here today represent the first generation of trainers and next week they begin to pass on their knowledge and skills in FP/ORT to the first set of trainees. Our best wishes to them as they take the first step to training nurses and Community Health Officers from throughout Lagos State. The Lagos State Ministry of Health is to be congratulated for their futuristic approach to the needs of the people of Lagos State. Their decision to begin training health personnel today in FP and ORT will begin to serve the ever increasing demand and need for these services.

On a personal note my colleagues and I, representing both INTRAH and International Health Programs of the University of California, are not only pleased but also very proud of these 14 graduates. It has been an enjoyable 6 weeks. We have watched these 14 people grow in knowledge, skills and team cooperation. They are the training team now and the ongoing training of FP/ORT providers in Lagos State now rests with them. We wish them success!

Lastly my colleagues and I would like to extend our sincere appreciation to the Ministry, Health Management Board and Local Government administration--especially Dr. Akingbehine, Dr. Joseph, Mrs. Bodede and the many others who have contributed to the success of this training in so many ways. Their outstanding support and enthusiasm has made our work much easier and ever so gratifying. The efforts of the Lagos State Training Team is both well directed and supported. The excellent management of this program is as important as the training itself and well deserves recognition. E Kuse!

Some of the INTRAH/University of California training team will remain for several weeks more to technically assist the Lagos State training team as they embark on their way. We have a training slogan which we have been using over the past few weeks--To See, To Do, To Learn. The trainees have been seeing/watching our training team and next week they will DO - and so they will have really LEARNED! Thank you.

APPENDIX H

Kwara State Letters Regarding Co-Trainers

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SANTA BARBARA • SANTA CRUZ

INTERNATIONAL HEALTH PROGRAMS
INSTITUTE FOR HEALTH POLICY STUDIES
210 HIGH ST.
SANTA CRUZ, CALIFORNIA 95060
TEL. 408-429-2678

February 27, 1987

Alhaji Saka Saadu
Permanent Secretary
Ministry of Health
Ilorin, KWARA
NIGERIA

Distinguished Alhaji Saka Saadu,

I would like to express the appreciation of the INTRAH/IHP training team for the fine work that Mrs. Rachel Ajiboye has achieved as a trainer for the Lagos State Family Planning/ORT training project. We realize that her absence from Kwara has undoubtedly increased the workload of her colleagues. Please accept our gratitude for allowing her participation. She has requitted herself finely and has successfully demonstrated how Kwara State's Family Planning/ORT successes can inspire other States to similar heights.

Yours Sincerely,

Carol D. Brancich
Associate Director

cc: Dr. David Olubaniyi

Mrs. Florence A. Tulushe

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February 27, 1987

Alhaji Saka Saadu
Permanent Secretary
Ministry of Health
Ilorin, KWARA
NIGERIA

Distinguished Alhaji Saka Saadu,

This letter is an expression of appreciation for the participation of Mrs. Victoria Abodunrin as an INTRAH/IHP co-trainer for the Lagos State Family Planning/ORT project. Mrs. Abodunrin performed remarkably well and was able to demonstrate to the Lagos State team many of the fine things that your Ministry has been able to accomplish in Family Planning.

We very much thank you for giving your approval for Mrs. Abodunrin to participate. We are sure she will be even more strongly motivated to keep your programme on its successful footing as a result of her experience in Lagos State.

Yours Sincerely,

Carol D. Brancich
Associate Director

cc Dr. David Olubaniyi
Mrs. Florence A. Tolushe

APPENDIX K

**Activity Summary Report for Lagos State
Ministry of Health**

APPENDIX K

**LAGOS STATE FP/ORT CLINICAL PROVIDER and COMMUNITY HEALTH EDUCATION
TRAINING OF TRAINERS & CURRICULUM DEVELOPMENT WORKSHOP
FEBRUARY 16 - MARCH 6, 1987**

The goal of this workshop was to develop a cadre of trainers in Lagos State capable of designing inservice training curricula and of conducting training for clinical and community health education providers of FP/ORT services within Lagos State.

The three week workshop was held in the Contemporary Nursing Education classroom at the Ikeja Hospital complex, Ikeja. This workshop immediately followed the FP/ORT Refresher workshop. The same workshop participants followed through during the training of trainers/curriculum development course to:

1. Acquire training skills for FP/ORT Clinical Provider and Community Health Educator training programs which the Lagos State Training Team (STT) will begin to conduct starting March 11, 1987
2. Develop (write) a FP/ORT training curriculum for
 - a) clinical providers and
 - b) community health educators; and
3. Develop FP/ORT training materials for implementation of the training courses a) and b) above.

A training team of four persons representing INTRAH, the University of North Carolina-Chapel Hill and IHP, the University of California-San Francisco consisted of Ms. Carol Brancich, Ms. Betty Farrell, Mrs. Rachel Ajiboye and Mr. Maurice Apted. Mrs. Ajiboye is a member of the Kwara STT and trains both clinical and community health educators for the Kwara State Ministry of Health. The 15 members of the Lagos STT were very enthusiastic and receptive throughout the three week workshop. Two curricula were developed during the three week period and appropriate training materials chosen and adapted. The implementation of the clinical provider course and the community health educator course will receive technical assistance from Dr. George Walter (one of the trainers from the FP/ORT Refresher Workshop) and Mrs. Ajiboye and Mr. Apted. Dr. Walter will assist with the Clinical Provider course and Mrs. Ajiboye and Mr. Apted with the Community Health Education course.

The 14 members of the Lagos STT were representative of the Health Management Board, the Local Governments and the Ministry of Health. Two tutors, one from the School of Nursing and the other from the School of Health Technology, were included in the group of workshop participants. The keen interest and enthusiastic endeavors of the participants contributed to the workshop success. Additionally, the excellent administrative support provided through the office of the Chief Medical Officer-Preventive Health, Dr. (Mrs.) Patricia Akingbèhine provided the INTRAH/IHP trainers with all the support services they requested and/or required. Especially helpful was the coordination and liaison efforts of the State FP Coordinator, Mrs. Margaret Bodede. Both Mrs. Bodede and Mrs. Florence Taylor, Asst. Chief Nursing Officer-MOH, attended to the myriad of details which are required during such training activities as a Training Of Trainers and Service Providers' workshops. The success of this training workshop rests also with the above administrators in their support of the participants' learning.

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