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Trip Report

#0-362

Travelers: Mr. Maurice Apted, IHP Program Coordinator

Country Visited: LAGOS STATE, NIGERIA

Date of Trip: March 9 - 25, 1987

Purpose: To provide technical assistance to 4 State Training Team members during the training of 20 community health education service providers, March 11 - 24, 1987.

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* See Activity #3, INTRAH Trip Report #0-280.

** Left in country with designated INTRAH Nigerian evaluators.

LIST OF ABBREVIATIONS USED IN THIS REPORT

AAO	AID Affairs Office
CD	Curriculum Development
CHE	Community Health Education
EPI	Expanded Program for Immunization
FMOH	Federal Ministry of Health
HMB	Health Management Board
ORT	Oral Rehydration Therapy
MCH	Maternal and Child Health
MOH	Ministry of Health (State)
OCP	Oral Contraceptive Pills
PHC	Primary Health Care
PPFN	Planned Parenthood Federation of Nigeria
STT	State Training Team
TOT	Training of Trainers

EXECUTIVE SUMMARY

Maurice J. Apted, M.P.H., International Health Programs (IHP) Program Coordinator, visited Lagos State, Nigeria from March 9 - 25, 1987, to provide technical assistance to the Lagos State Family Planning (FP)/Oral Rehydration Therapy (ORT) Community Health Education (CHE) Training Team in the implementation of the first CHE FP/ORT workshop for 20 community health officers and public health nurses.

The four Lagos State CHE FP/ORT training team members were technically supported by a Kwara State Ministry of Health (MOH) FP/ORT trainer, initially trained in February 1985 under INTRAH auspices, and seconded by the Kwara State MOH to act as co-trainer for this activity, at the request of INTRAH. Logistical and administrative support for the workshop was provided in Lagos State by the Lagos State MOH FP/ORT training project under the direction of Dr. (Mrs.) P. Akingbehin and the coordination of Health Management Board (HMB) Chief Nursing Officer, Mrs. Margaret Bodede, who has been designated as the Lagos State FP Coordinator. The workshop included six days of classroom-based activities and four days of field practice. Satisfactory facilities for classroom activities were provided at the Contemporary Nursing Education unit located at Ikeja General Hospital, Ikeja, Lagos. Five FP/ORT clinic sites were selected as bases for clinic and community FP/ORT education and motivation activities.

Major findings are that the Lagos State CHE FP/ORT trainers are competent to conduct CHE FP/ORT training to meet Lagos State service delivery needs. The Kwara State co-trainer is appropriately experienced to conduct effective FP/ORT training outside her home state and can be confidently considered for future Nigerian training assignments. Furthermore, the CHE FP/ORT curriculum is a viable and

effective training curriculum for Lagos State needs. Additionally, participants report, and trainers concur, that there is strong preliminary evidence to suggest that CHE FP/ORT activities will markedly increase new client turnout at FP/ORT clinics in the state. Consequently, it is anticipated that Lagos State CHE and Clinical trainings will be increased by Lagos State Project officials should INTRAH agree to such proposals.

Lagos State Project officials have already added one CHE and Clinical FP/ORT training activity to the original project workplan. However, they are considering an additional ten activities under the current project budget. It is strongly recommended that INTRAH support these additional activities in ways appropriate to achieve project success.

SCHEDULE DURING VISIT

- March 6 Training of Trainers/Curriculum Development workshop ended.
- March 9 - 10 INTRAH/IHP trainers (Apted and Ajiboye) and Lagos State Community Health Education trainers completed preparations for first CHE FP/ORT workshop - Activity #4.
- March 11 - 24 CHE FP/ORT workshop conducted.
- March 24 Debriefed with Project Director, Dr. (Mrs.) P. Akingbehin; Project Coordinator, Mrs. Margaret Bodede; and Assistant Project Coordinator, Mrs. Florence Taylor.
- Debriefed with Ms. Keys MacManus, AAO/Lagos, U.S. Embassy; Dr. Donald Minkler, International Health Programs; and Ms. Joyce Holfeld, Regional Population Officer, REDSO/WCA.
- Mrs. Ajiboye returned to Ilorin, Kwara State, Nigeria.
- March 25 Mr. Apted departed Lagos 12:00 p.m. for Santa Cruz, California, via Zurich and London.
- March 30 Mr. Apted debriefed at International Health Programs, Santa Cruz, California.

I. PURPOSE OF TRIP

The purpose of the trip was to provide technical assistance to 4 State Training Team (STT) members during the training of 20 community health education (CHE) family planning/oral rehydration therapy (FP/ORT) service delivery providers. The major objectives were to enable 20 CHE service delivery providers to demonstrate knowledge and skills in conducting CHE and motivation activities for Lagos State FP/ORT services. The 4 STT members were to demonstrate skills in adult training, curriculum implementation, conducting community-based practica and trainee evaluation. Concurrently, Mrs. Ajiboye's (the Kwara State co-trainer) technical assistance role was supervised by the IHP trainer.

II. ACCOMPLISHMENTS

- A. Technical assistance was provided to the Lagos State FP/ORT CHE Training Team and the Nigerian co-trainer.
- B. Twenty Lagos State public health/primary health care (PHC) nurses and community health officers were trained to conduct CHE activities for FP/ORT services.
- C. The CHE FP/ORT curriculum produced during Activity #3 was implemented by the Lagos State trainers for the first time and proved to be a viable and effective training curriculum requiring only minor modification in time requirements.
- D. The four Lagos State trainers displayed effective training skills in CHE FP/ORT training. Competency in training management proved adequate and showed improvement during the course of the workshop.
- E. The Nigerian co-trainer displayed superior training competency and indicated complete satisfaction in the technical assistance she received. An upgrading of her skills was accomplished.

- F. A FP/ORT referral card system was introduced into the Lagos State FP/ORT service delivery system. The cards are for distribution by the CHE FP/ORT workers and were used successfully to markedly increase new client turnout at the five practicum sites in Lagos State. Lagos State FP/ORT project officials will formally incorporate the CHE FP/ORT referral card system into regular FP/ORT service delivery operations.

III. BACKGROUND

This activity was the fourth in the Lagos State FP/ORT Training Project, and the first CHE workshop to be conducted by the four CHE STT members. The trainers had previously undergone training during Activity #3 - Training of Trainers (TOT)/Curriculum Development (CD) (INTRAH Trip Report #0-280) and Activity #2 - FP/ORT Refresher/Update (INTRAH Trip Report #0-279). Activity #1 was a Clinic Supervisors Orientation to the FP/ORT Training Project (INTRAH Trip Report #0-279). These four activities took place over a period of approximately ten weeks. Activity #5 - FP/ORT Clinical Service Provider Training--was rescheduled to coincide with this CHE workshop. The next activity is Activity #4b, an additional activity, which will be the second CHE FP/ORT workshop. It is scheduled for April 6 - 17, 1987.

The training project workplan consists of ten activities. MOH officials are planning to seek INTRAH permission to increase the number of training activities to meet Lagos State needs and to take advantage of favorable local conditions. The original and current workplan was developed by INTRAH and Lagos State officials in May 1986 (INTRAH Trip Report #0-277) and followed a needs assessment completed in January 1986 (INTRAH Trip Report #0-246).

IV. DESCRIPTION OF ACTIVITIES

Following the completion of the TOT/CD workshop, Activity #3, the CHE training team continued preparations

for two days for the first CHE FP/ORT workshop, which began on March 11 and continued for ten working days, concluding on March 24. The workshop was held at the Contemporary Nursing Education unit, Ikeja General Hospital compound, Ikeja, Lagos. There were four Lagos State Trainers, one Nigerian co-trainer from the Kwara State MOH and one IHP trainer. Twenty participants attended the workshop, 13 of whom were public health nurses involved in Maternal and Child Health (MCH) PHC programs including the Expanded Program for Immunization (EPI), ORT, growth monitoring, nutrition education and related activities. Two were public health nurse tutors. Five male participants were community health supervisors or officers involved in community-based health initiatives.

Participatory training techniques were emphasized. The four Lagos State trainers led the majority of sessions with technical assistance from the Nigerian co-trainer and the IHP trainer. The Nigerian co-trainer led three main sessions dealing with FP methods, self-breast exam and establishing good personal and community relations for FP/ORT activities. The IHP trainer observed and evaluated every classroom session and led the daily training analysis session, during which the IHP trainer reported on his observations and lead discussions with Lagos' trainers concerning the day's training. Evaluations were conducted by comparing actual training with the prepared training design, by observing participant reactions and responses, and by using two training checklists (Appendix D).

The training curriculum provided for six days of classroom-based training and four days of field experience. Classroom-based sessions included 2 1/2 days for content on family planning methods, oral rehydration therapy and community health education; 2 1/2 days for application; and 1 day for a review of field practice. The field practicum took place in and around six FP/ORT clinics: teams of four

participants (3 women and 1 man) were assigned to each site. They worked in pairs; each pair spent two days in the clinic and two days in the community in markets, motor parks, brothels, factories and homes. The four STT members and Kwara State co-trainer provided field supervision--one at each field site. Assessment of performance during the practicum was made by observing participants during CHE presentations using a checklist.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. LOGISTICAL ADMINISTRATIVE ARRANGEMENTS

1. INTRAH

Finding/Conclusion

All arrangements worked well. Accommodation bookings had been made prior to arrival. MOH officials were available and ready to begin activity preparations. INTRAH training materials were available in-country and project funds had been received by MOH officials.

Recommendation

INTRAH should continue to use its present procedures for logistical and administrative arrangements.

2. Host Country

Finding/Conclusion

By and large, all host country arrangements worked well. The Project Coordinator and her assistant anticipated many logistical and administrative needs and also responded promptly to additional requests. The training site was well selected and prepared; local training materials were made available when required and all per diem and expense payments for the workshop and participants were smoothly transacted. Typing and duplicating facilities were also reliably provided during the activity.

Recommendation

INTRAH should commend Project officials in Lagos State for the competent and productive way in which logistical and administrative arrangements were handled.

B. IMPLEMENTATION OF ACTIVITY

1. Before Activity

1.1 Finding/Conclusion

The two day break between Activity #3 and Activity #4 was insufficient to allow the new CHE trainers to regroup and recuperate after the intensive three-week TOT/CD workshop.

Recommendation

When programming workshops to follow combination TOT-type activities such as TOT/CD, TOT/FP or TOT/CHE, INTRAH should allocate from 7 to 14 days between activities to enable new trainers to attend to personal and job-related responsibilities and allow trainers adequate assimilation and preparation time.

1.2 Finding/Conclusion

Some problems exist concerning the procurement of in-country supplies such as Planned Parenthood Federation of Nigeria (PPFN) pamphlets and posters and Federal Ministry of Health (FMOH)/UNICEF ORT posters and booklets.

Recommendation

INTRAH should devise an effective procedure for obtaining locally produced training materials and resources in plenty of time for initial workshop activities as it presently does with U.S. FP training materials. INTRAH should consider the bulk procurement of useful local materials such as the PPFN FP pamphlets and poster series and FMOH/UNICEF ORT materials.

2. During Activity

2.1 Finding/Conclusion

All participants arrived on time for the commencement of the workshop. Therefore, no disruptions were caused by late arrivals. The Project Coordinator had ensured that participant

selection was initiated several weeks in advance of the training activity.

Recommendation

INTRAH should continue to stipulate that participant selection occur well in advance of training especially given the intensive training schedules.

2.2 Finding/Conclusion

The Nigerian co-trainer's contributions exceeded expectations. Her extensive clinical and CHE training experience benefited the Lagos State trainers greatly, especially in preparing trainees to deal with common Nigerian problems concerning FP/ORT in the clinic setting and in the community. She was able to make significant contributions to actual training sessions by modeling good training skills and knowledge. The Lagos State trainers spoke highly of the contribution which the Nigerian co-trainer made to their development as CHE FP/ORT trainers.

Recommendation

INTRAH should continue to use appropriately trained and experienced FP/ORT co-trainers in future Nigerian activities.

INTRAH should commend Kwara State MOH officials for releasing a staff member to serve as co-trainer. INTRAH should also commend the co-trainer, Mrs. Rachael Ajiboye for her excellent contribution in facilitating the Lagos State workshop.

2.3 Findings/Conclusions

The Lagos State trainers demonstrated good training competency and skill as first-time trainers in simplifying complex issues, encouraging participation and relating issues to the real world of Nigeria.

INTRAH should feel assured that the four CHE FP/ORT trainers have good basic training skills

which will be enhanced by further practice in future CHE trainings.

2.4 Finding/Conclusion

Participants displayed greater than expected learning needs in the areas of reproductive anatomy and physiology, contraceptive technology and ORT. As a result, additional emphasis was placed on these topics and these changes will be incorporated into future trainings.

Recommendation

INTRAH should be aware that even though reproductive anatomy and physiology and ORT are topics for which participants have had previous exposure, participants may not be competent in those subjects. Strengthened training in these topics will most likely be required for future trainings requiring longer training schedules to ensure appropriate competency.

2.5 Finding/Conclusion

Four days of CHE community-based practicum is adequate. Sending participants to the field on Day 5 for initial community and clinical visits, with a return to class on Day 6 to review first experiences, proved very useful in improving the quality of practicum activities on Days 7, 8 and 9.

Recommendation

INTRAH should be aware that a minimum of four days of community practice is required for CHE FP/ORT skills practice. However, participants must have a solid base of FP/ORT knowledge in order to take best advantage of the community practicum. A mid-practicum classroom session can help identify and correct learning deficiencies of the participants.

2.6 Finding/Conclusion

There was an overwhelmingly positive response to CHE activities for FP at all five practicum sites by both men and women. The favorable response was noticed directly by participants during their activities and also by the number of new clients, both male and female, who reported to FP clinics with special referral cards distributed by CHE participants. On one day alone, at the Lagos Island Maternity Hospital FP clinic, ten new clients

requested service carrying the CHE FP/ORT referral cards.

Recommendation

INTRAH should be aware that CHE activities conducted by appropriately trained CHE workers are crucial ingredients in meeting FP/ORT service delivery needs in the community, especially once FP clinics have been established.

2.7 Finding/Conclusion

The FP/ORT clinical service provider (Activity #5) trainees benefited directly from the increased client turn-out accomplished during the CHE workshop practicum which allowed for an increased number of clients for clinical training.

Recommendation

INTRAH should be aware that CHE trainings can help increase client turnout for clinical trainees if: workshops are timed appropriately; a strong community need for FP services exists; and, an effective referral system is operative (i.e., CHE FP/ORT referral card system).

2.8 Finding/Conclusion

Each CHE participant received a CHE FP kit consisting of one sample of each of the following: an oral contraceptive pills (OCP) package, Lippes Loop, Copper T, diaphragm, package of foam tablets, package of condoms and one FP poster. These kits proved very useful during FP presentations.

Recommendation

INTRAH should ensure that all CHE FP/ORT trainees receive an FP commodity kit to use during their training and when they return to their duty station.

2.9 Finding/Conclusion

The text Contraception by Barcelona et al was well received by all participants. However, the qualified nurse participants indicated that Africa: FP Methods and Practice would be more

useful in helping them answer questions about FP methods.

Recommendation

INTRAH should consider issuing both Contraception by Barcelona et al, and Africa: FP Methods and Practice to suitable nursing-qualified CHE providers in future activities.

2.10 Finding/Conclusion

There were two main participant recommendations for the workshop: a) increased time during classroom sessions for practicing skills and techniques before going to the field; and b) additional training in clinical FP for CHES with nursing qualifications.

Recommendation

INTRAH should take into account participant requests for additional workshop time when considering future similar activities. INTRAH should consider additional clinical FP training for CHE FP/ORT participants with appropriate nursing backgrounds and training.

3. After Activity

Finding/Conclusion

The Lagos State trainers will extend the CHE workshop (Activity #4b) to a minimum of three additional classroom days to provide more time for FP technology and ORT skills building. More classroom practice time will also be allocated to FP/ORT practice presentations.

Recommendation

INTRAH should be aware that 15 CHE FP/ORT training days may be a more appropriate CHE training schedule for training in Nigeria at this introductory stage of FP service development. INTRAH should be assured that the extension of CHE training will not incur additional expenditures in Lagos State beyond the present budget allocation.

C. EVALUATION/FOLLOW-UP OF ACTIVITIES

1. Findings/Conclusion

Participants reported that the CHE workshop accomplished the following:

- Ninety percent agreed "For the work I do, or am going to do, this workshop was very useful."
- Seventy percent agreed "Possible solutions to real work problems were dealt with all the time"; 30% agreed, "more than half the time."
- Seventy percent agreed "Trainers for this workshop were very effective"; 30% agreed "trainers for this workshop were effective."
- Ninety-five percent agreed that "trainers for this workshop encouraged me to give my opinion always."
- All participants said they would recommend this workshop without hesitation.

Recommendation

INTRAH should accept these responses as evidence that participants benefited from the workshop conducted by Lagos STT.

2. Findings/Conclusion

Fifty percent of participants responded that workshop objectives were achieved "entirely" and 50% responded objectives were "mostly" achieved. The trainers offered the following explanations:

- Participative training techniques take more time than initially estimated.
- Too little time was initially allocated to cover contraceptive technology topics.
- Trainers not yet experienced enough in directing and leading discussions to meet time requirements.
- FP generates much interest, discussion and controversy in Nigeria making it difficult to limit activities that lead to resolution.
- Too much time was allocated for topics for which participants were already familiar (e.g., dealing with community leaders).

- Trainers need to select objectives more vigorously for future trainings.

Recommendation

INTRAH should inform STAFF and CONSULTANT trainers that inexperienced local trainers may face similar problems to those identified above by Lagos CHE STT.

3. Finding/Conclusion

Participants identified the following possible improvement to the workshop:

- more time to practice skills and techniques: 65%
- additional workshop time: 45%
- different training site: 15%
- more preparation time outside training session: 15%

Recommendation

INTRAH should be assured that the Lagos CHE STT members have noted suggested improvements and will incorporate these as fully as possible in future trainings.

4. Finding/Conclusion

In discussions with participants concerning the desire for increased practice time, participants did indicate that they wanted more classroom practice time to prepare them for the field practicum.

Recommendation

INTRAH should be aware that CHE training time will most likely be expanded by Lagos CHE trainers to incorporate this request.

5. Finding/Conclusion

Pre- and post-test analysis shows definite learning progress. For example:

- the pre-test range was 17 - 74% with mean of 55%; and
- the post-test range was 78 - 97% with mean of 91%.

Recommendation

INTRAH should be aware that participant post-test scores showed improvement over pre-test scores.

6. Finding/Conclusion

Given the constructive progress that has been accomplished so far in the training project, and given the continued favorable currency exchange rates, Lagos State FP/ORT project officials are considering the provision of ten additional workshops for CHE and other FP/ORT project needs.

Recommendation

INTRAH should accept and support additional workshop proposals from Lagos State FP/ORT project officials.

7. Finding/Conclusion

Increasing austerity as a result of the Nigerian Government's Structural Adjustment Programme and other factors have noticeably increased public and male interest in modern FP methods. Consequently, Lagos State Project officials are considering ways to increase FP/ORT service provision.

Recommendation

INTRAH should be aware that public interest in FP methods will lead to an increased demand for FP services. INTRAH should be alerted to the potential need for technical assistance and/or training that may be required by Project management officials to meet marked increase in demand for FP services.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/Lagos

Ms. Keys MACMANUS, AID Affairs Officer

Lagos State Ministry of Health

Dr. (Mrs.) P. AKINGBEHIN, Director of Preventative Health Service

Mr. Margaret BODEDE, Chief Nursing Officer, Family Planning/Oral Rehydration Therapy Project Coordinator

Dr. Kunle JOSEPH, Chief Consultant, Ikeja General Hospital

Mr. J. Tunde SOMOYE, Permanent Secretary

Others

Mr. Henry ELKINS, Management Sciences for Health

Ms. Sally CRAIG-HUBER, The Pathfinder Fund

Dr. Rotimi FAKEYE, University of Ilorin Teaching Hospital Family Planning Unit, Kwara State

Ms. Joyce HOLFELD, REDSO/WCA

Ms. Nancy Pendarvis HARRIS, Deputy Director, Enterprise Program

Mr. Jose RIMON II, Deputy Director, Population Communication Services

Mr. Kim WINNARD, Program Officer, Population Communication Services

APPENDIX B

List of Participants

APPENDIX B

LIST OF PARTICIPANTS

1. Ms. Abimbola ADEFUYE
Community Health Supervisor
Agbowa Primary Health Care Centre
2. Ms. B. I. ADEGBOLA,
Health Sister
Family Health and Environmental Services Department
Ikorodu Local Government Area
3. Mr. Olasupo ADESOLA
Community Health Supervisor
Ketu-Ejinrin Health Centre
4. Ms. Ayo AKINYELE
Health Sister
Isolo Health Centre
5. Ms. R. M. ARIBA
Health Sister
Lagos Mainland Local Government
6. Mr. Kunle BALOGUN
Community Health Supervisor
Lekki Health Centre
Epe Local Government
7. Mr. J. O. BAMGBOSE
Community Health Supervisor
General Hospital
Badagry
8. Ms. B. K. CREPPY
Health Sister
Occupational Health Unit
Alausa, Ikeja
9. Mr. M. B. DABIRI
Family Planning Motivator/Interviewer
Lagos Island Maternity Hospital
Lagos
10. Ms. Grace N. EKONG
Assistant Chief Nurse Tutor
School of Public Health Nursing
Ikoyi, Lagos
11. Ms. A. O. DUROSAWO
Principal Health Sister
School of Health Technology
Yaba, Lagos

12. Ms. F. O. FATUKI
Health Sister
Ajeromi Health Centre
Ajegunle, Lagos
13. Ms. L. O. KOLEOSHO
Senior Health Sister
Mushin Local Government Area Office
Lagos
14. Ms. C. M. ODEWUMI
Nursing Officer
Lagos Island Local Government City Hall
Lagos
15. Mr. Tayelolu OGUNLEYE
Community Health Supervisor
Epe General Hospital
Epe Local Government Area
16. Ms. Taiwo OGUNSANYA
Senior Nursing Officer
Oregon Family Health Service
17. Ms. G. O. OYEFUGA
Health Sister
Public Health Department
Somolu Local Government Office
18. Ms. I. A. SANNI
Community Health Officer
Ibafon Health Clinic
Ajeromi Area Office
Badagry Local Government Area
19. Mr. O. A. SANYAOLU
Community Health Supervisor
Ijede Primary Health Care Centre
Ikorodu Local Government
20. Ms. E. M. SOLARIN
Health Sister
Onikan Health Centre
Lagos

TRAINERS

1. Mrs. Christiana ABIODUN
Assistant Chief Health Educator
School of Health Technology
Yaba, Lagos
2. Mrs. Rachael AJIBOYE
Principal Health Sister
Family Planning/Oral Rehydration Therapy Project
Ministry of Health
Kwara State
3. Mrs. Akiodun O. ALUKO
Health Sister
Nursing Division
Lagos Main Land Local Government
Ebute-Meta, Lagos
4. Mrs. Abiodun OKE
Health Sister
Mushin Local Government Area
5. Mrs. Oluremi F. ONI
Staff Nurse-Midwife
Ikeja Local Government
Agege Area Office
Lagos

APPENDIX C

Pre/Post-Test Scores

Course ID _____

INTRAH PRE-POST TEST RESULTS FORM

Trainee Name	Pre-Test Score	Post-Test Score
RHODA MODUPE ARIBA	74	90
CECILIA MOSUNTIOLA ODEWUMMI	74	97
IDAYAT ADEBISI SANMI	70	85
BOLANLE IYOBODE ADEGBOLA	70	97
KUNLE BALOGUN	66	97
BEATRICE KAYI OLAYEMI CREPPY	64	95
LATIFAT OLABISI KOLEDISHO	64	92
CECELA TAIWO OGUNSANYA	62	85
ABOSEDE OLBUNMI DURDARO	62	97
GRACE OLUFUMHILAYO OYEFUGA	60	91
OLAWOLU ABIODUN SANYAOLU	57	90
FLORENCE OMOWUMI ADEOLA FATUKI	57	95
GRACE NDARAKE EKONG	55	90
AYODELE ABIMBOLA AKINYELE	62	97
TAYELOLU OGUNLEYE	50	92
EUNICE MOSUNMOLA SOLARIN	52	93
ABIMBOLA THERESA MOPELOLA ADEFUYE	42	97
BADATUNDE YEKINI DABIRI	40	81
OLUKAYODE	36	79
ADESOLA OLALEKAN OLASUPO	17%	78
	1134	1816

Pre-Test

Range 17% - 74%

Median 58.5%

Mean 55%

Post-Test

Range 78% - 97%

Median 92.5

Mean 91%

APPENDIX D

Summary of INTRAH Participant Reaction Responses

APPENDIX D

SUMMARY OF INTRAH PARTICIPANT REACTION RESPONSES

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
19	1			

2. Workshop objectives seemed to be achieved:

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

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

17 a. All material was useful
3 b. Most materials were useful
_____ c. Some material was useful
_____ d. Little material was useful
_____ e. No material was useful

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
19	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

| 2 | | | | 15 | | 3 | | |

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

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

| 1 | | | | 16 | | 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

| 18 | | 1 | | 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

| 14 | | 6 | | | | | | |

9. In this workshop I learned:

15 a. many important and useful concepts,

5 b. several important and useful concepts,

___ c. some important and useful concepts,

___ d. a few important and useful concepts,

___ e. almost no important or useful concepts.

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

14 a. many important and useful skills,

5 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.

23

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
<input type="text" value="11"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
<input type="text" value="14"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
<input type="text" value="19"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
<input type="text" value="13"/>	<input type="text" value="7"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. 20 a. I would recommend this workshop without hesitation,

 b. I would probably recommend this workshop

 c. I might recommend this workshop to some people

 d. I might not recommend this workshop

 e. I would not recommend this workshop.

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

- 9 a. Additional time for the workshop
- b. More limited time for the workshop
- c. Use of more realistic examples and applications
- 13 d. More time to practice skills and techniques
- e. More time to become familiar with theory and concepts
- 3 f. More effective trainers
- g. More effective group interaction
- 3 h. Different training site or location
- 3 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>Case Studies</u>	02	20				
b. <u>Group Exercises</u>	106	10	3	1		
c. <u>Individual Exercises</u>	107	19	1			
d. <u>Case Studies</u>	108	17	1			
e. <u>Group Exercises</u>	109	20				
f. <u>Individual Exercises</u>	110	20				
g. <u>Self-Directed Learning</u>	111	20				
h. <u>Field Trips</u>		12				
i. <u>Group Exercises</u>	112	15	2			
j. <u>Resource Needs Analysis</u>	113	19	1			

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
	1	2	3	4	5	
a. <u>lectures/presentations</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b. group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. individual exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. group exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. clinical sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. handouts/readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. audio-visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.

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

20. Additional Comments: _____

Feel free to sign your name. (Optional)

APPENDIX F

Pre/Post-Instrument

LAGOS STATE
FP/ONT TRAINING PROJECT
CAS WORKSHOP

PRE - TEST
AND
POST - TEST

INSTRUCTIONS:

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

Please put your name or other mark to identify your test.

N A M E:

HEALTH BENEFITS OF FAMILY PLANNING

Q1. In Family Planning there are four specific groups of women who can receive direct health benefits from practicing modern family planning. One such group is women who have recently given birth and want to delay becoming pregnant again for at least another two years.

The other three groups are:

1. Women who have already got _____ children. (Give a specific number)
2. Women who are less than _____ years old.
3. Women who are more than _____ years old.

(6 marks)

Q2. Which of the following poses the greatest health risk to women in developing countries like Nigeria? Circle the BEST answer.

- a. Using the Oral Contraceptive Pill ("The Pill")
- b. Using the Intrauterine Contraceptive Device ("IUD")
- c. Pregnancy
- d. Using condoms
- e. None of the above

(2 marks)

Q3. It has been found that the space between births influences the total number of INFANT DEATHS in any society.

What birth interval, in years, gives the lowest number of infant deaths?

_____ YEARS

(2 marks)

FAMILY PLANNING METHODS

Q4. There is a group of family planning methods called Barrier Methods.

Name the THREE main barrier methods available in Nigeria.

a. _____

b. _____

c. _____

(3 marks)

Q5. One of the BARRIER METHODS is especially suitable for a man to use.

a. What is the name of this method?

(1 mark)

b. How effective is this method in preventing unwanted pregnancy when used correctly?

_____ per cent.

(1 mark)

Q6. What is the family planning method that affects the hormone level of the blood and is taken orally?

a. _____

(2marks)

The family planning method described immediately above prevents unwanted pregnancy in three main ways. What are these?

b. _____ (ovulation)

c. _____ (endometrium)

d. _____ (cervix)

(6 marks)

Q7. This method involves keeping a foreign body in a woman's womb.

a. What is the name of this modern family planning method?

(2 marks)

b. If a woman is pregnant, or suspected to be pregnant, this method must not be prescribed.

b. What is the other condition that absolutely contraindicates the use of this method?

(2 marks)

- Q8. One modern family planning method is called the SYMPTO-THERMAL Method. The SYMPTO-THERMAL Method belongs to a group of methods that carries one general name. What is that name?

(2 marks)

CHE ATTITUDES TO COMMUNITY BELIEFS

- Q9. Many men believe that if their wives or girlfriends use modern family planning methods the women will NOT be faithful. Which of the following attitudes would be the best one for a CHE to show towards this widespread belief? (Choose only ONE answer)
- The belief is true and for this reason women should only be allowed to practice family planning with a man's permission, be it their husband, boyfriend or father.
 - Women have a responsibility and a right to protect their health through family planning if they wish to. A CHE's job is to help men understand that women may choose family planning for health reasons and not because women want to be unfaithful.
 - The CHE should not interfere in anyway with a man and woman's relationship. Therefore, a woman should practice family planning only if both parties agree.
 - The FP clinician and not the CHE provider is best qualified to handle this situation since men are unlikely to be persuaded by CHE workers alone. Furthermore, this is a medical problem for which clinicians have appropriate solutions.

(3 marks)

- Q10. A CHE worker was invited to give a presentation to a local HEALTH COMMITTEE on the BENEFITS OF FAMILY PLANNING. At the end of the presentation a full discussion takes place in which committee members describe and reveal many fears and misconceptions about family planning. This comes as a surprise to the CHE worker. At the end of the discussion the committee leader sums up by saying that as much as they want a family planning service they are very afraid of allowing a service to be established.

Which of the following would be the BEST approach to take by the CHE to help the Health Committee? (Choose only ONE answer)

- Feel depressed and anxious about the meeting because the Committee members have expressed their fears and will most likely refuse to support a family planning health service.
- Tell the members in a nice way, that their fears are false and that they should therefore trust the CHE's leadership in setting up a family planning health service.
- Leave the Committee alone to sort out their problem and move to another nearby area where you know for certain that the health committee will support a FP health service.
- Thank the members of the Committee for freely expressing their fears and offer to continue to work with them to find a good solution to their desire to support a safe FP health service.

(3 marks)

VISUAL AIDS

Q14. Complete the list below of the types of visual aids which do not require electricity.

- a. POSTERS
- b. _____
- c. _____
- d. _____

(3 marks)

Q15. Visual aids can help people learn and remember important information.

For example you can use a visual aid such as a large drawing of a sperm fertilising an ovum when explaining CONCEPTION to a FP client.

Complete the chart below giving examples from FP/ORT.

	<u>FP or ORT Example</u>
a. A visual aid can be used to COMPARE SIMILARITIES AND DIFFERENCE between two things.	a. _____ _____
b. A visual aid can be used to show steps in doing a task.	b. _____ _____
c. A visual aid can show people something that they cannot see in real life.	c. _____ _____

(6 marks)

ORT

Q19. Which of the following procedures should NOT be followed for ORT/ORS? Give ALL correct answers.

- a. ORS should be boiled
- b. ORS should be discarded after 24 hours
- c. Kaolin and other antidiarrheals should be given with ORS.
- d. Feeding should be stopped when a child has diarrhoea.
- e. ORT/ORS must only be administered by health workers.
- f. ORS should be given immediately diarrhoea begins.
- g. ORS should not be prepared at home

(5 marks)

NIGERIA'S POPULATION

Q14. What is the present estimate of Nigeria's population that is being used by the Federal Government for health planning?

_____ MILLION. (1 mark)

Q15. What is the present estimated POPULATION GROWTH RATE of Nigeria?

_____ PER CENT (1 mark)

Q16. At the present estimated growth rate what will be the estimated population of Nigeria by the year 2015 i.e. 30 years from now approximately.

_____ MILLION (1 mark)

ADULT EDUCATION

Q17. Community Health Educators conduct much of their health education work with adults.

Which of the following represent appropriate ADULT EDUCATION attitudes for a CHE to possess. Circle ALL correct answers.

- a. Adults must be forced to adopt healthful practices.
- b. Adults with little schooling do not usually care about their health.
- c. When learning new skills or information adults learn best if taught like children.
- d. Adults have many useful life-experiences which can be applied to health education activities
- e. "Illiterates" are often to blame for their own health problems.

(4 marks)

Q18. An effective CHE worker should possess three of the following characteristics. Circle the BEST three answers below

- a. A good explainer
- b. A good listener
- c. A good artist
- d. A good singer
- e. A good helper

(2 marks)

LOGS STATE

FP/ORT TRAINING PROJECT
CHE WORKSHOP
1987

DAY

MONITORING AND EVALUATION GUIDELINES
FOR CHE ACTIVITIES

Monitoring Guidelines

A CHE worker can monitor the effect of CHE activities for FP and ORT using some of the following suggestions.

1. By regular visits to the community.
2. By regular referral to activity goal and objectives to see what has been done and what needs to be done.
3. By involving and seeking the participation of the community at appropriate places such as church gatherings, festivals and other social occasions.
4. By paying special attention to obstacles in the community and making efforts to overcome them.
5. By having regular discussions and meetings on FP and ORT with other community members and the village or community health committee.
6. By encouraging clients to maintain use of FP and ORT and identifying potential user problems.
7. By being alert to changes in attendances and seeking ways to overcome the causes.

Evaluating Yourself

When evaluating yourself ask these questions:

1. How well have I performed?
2. How do I know when I have done well?
3. Which of my objectives have been achieved and which ones have not?
4. What changes and improvements can I make?
5. Why have I not achieved my objectives?
6. What can I do to achieve them?
7. Where I have succeeded, what factors contribute to my success?
8. How does the community feel about my activities.

Evaluation for/of Clients

1. How effectively are they using the method selected?
2. How well are they faring concerning SIDE Effects and complications?
3. How many NEW clients are there?
4. How many continuous users? Increase? or decrease?

Service Evaluation

1. How much progress is being made towards State goal?
2. Any need for more clinics?
3. What contribution has CHE made to overall success?
4. Any noticeable improvement in community's health and social life? What?
5. Any replanning required?

Many times, these questions are best answered by having a variety of questioned about their opinion and perceptions so ask others such as, community members, fellow CHE workers, FP clinicians, clients and health committees and leaders!