PD-AAU-232

ISN: 53319

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Trip Report

#0-402

Travelers: Mrs. Grace Mtawali, INTRAH/ESA Regional Training Officer
Mr. Maurice Apted, IHP Program Coordinator
Ms. Betty Farrell, IHP Consultant

Country Visited: BENUE STATE, NIGERIA

Date of Trip: June 16 - August 8, 1987

Purpose: To conduct a six-week TOT workshop for the 19 member Benue State Team from June 28 - August 7 and assist the State Training Team in developing CS/ORT CHE and clinical skills curricula and select protocols.

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LIST OF ABBREVIATIONS

CBD	Community-Based Distribution
CD	Curriculum Development
CHE	Community Health Education
CS/ORT	Child Spacing and Oral Rehydration Therapy
CT	Contraceptive Technology
HSMB	Health and Services Management Board
LGAs	Local Government Authorities

EXECUTIVE SUMMARY

Grace Mtawali, INTRAH/ESA Regional Training Officer, Maurice Apted, IHP Program Coordinator, and Betty Farrell, INTRAH/IHP Consultant, conducted a six-week Training of Trainers workshop for 19 members of the Benue State Training Team and assisted in the development of CHE curricula and protocols.

The workshop objectives were generally achieved despite several management problems, and participants' lack of familiarity with adult training methodology, community health education, and a team approach to learning. It was not possible to conduct the micro-teaching practicum; therefore, the two INTRAH trainers are to design a practicum during the planning week preceding Activities 6, 7 and 8 of the INTRAH/MOH contract workplan. Participants expressed satisfaction with the new skills acquired but had reservations regarding post-training MOH support.

The INTRAH team proposed grouping the 19 member STT as shown in Appendix J in order to:

a) contribute to effective training (participant groups of future training range from 10-16 per course).

b) emphasize individual skills and potential as a CS/ORT trainer.

c) enable the team members with major administrative responsibilities to act as resource persons or relief trainers in future courses.

MOH/HSMB officials at debriefing sessions expressed the need to reassess the activities of the MOH/INTRAH project whose magnitude was not envisaged during project development due to inexperience. Major recommendations are:

1) A training coordinator or a workshop coordinator should be appointed by the MOH instead of the present State FP Coordinator who has numerous responsibilities in the family planning program.

2) When an organization has not had previous experience in training project management, INTRAH should:

   a) provide management consultancy; and

   b) plan and conduct an observation of service delivery skills of the providers in the potential clinical training sites before conducting clinical training.

3) After initial INTRAH technical assistance to the 19 member State Team, the MOH should maintain a 5-6 member core team of trainers consisting of pre-service trainers, CHE trainers and clinic service providers. Other participants of the TOT workshop should continue as resource persons or clinic preceptors.

4) MOH Project Manager and FP State Coordinator should attend training program management workshops which emphasize a team approach and team building skills.

SCHEDULE OF ACTIVITIES

June 16	IHP Consultant Betty Farrell and INTRAH/ESA Regional Training Officer Grace Mtawali arrived in Lagos and joined Mr. Maurice Apted, IHP Program Coordinator, for team briefing.
June 17	Briefed with Ms. Keys MacManus, AAO/Lagos. Analyzed pre-workshop Training Needs Assessment questionnaires by TOT participants.
June 18	Departed Lagos for Makurdi. Planned for MOH/HSMB briefing. Prepared workshop design.
June 19	Briefed with Permanent Secretary, Daniel Agogo, Chief Medical Officer, Dr. A. Amali, INTRAH/CH Program Officer Terry Mirabito and members of the Project Implementation Committee.
June 20 - 22	Developed curriculum.
June 23	Attended opening of one-day Clinic Symposium for Policymakers.
June 24	Continued preparation for workshop.
June 25	Visited four FP clinical training sites to observe clinical procedures. Continued work on TOT curriculum. Briefed with Dr. (Mrs.) Rosemary Abdullahi, Chief Health Officer. Visited proposed training site, School of Nursing and Midwifery, and two alternative sites with Dr. Abdullahi, Mrs. Susan Attah, CS Program Coordinator/HSMB and Mr. Andrew Odah, IEC Program Manager.

June 26 - 28	Continued development of training designs and training materials.
June 28 Evening	Attended Opening Ceremony of UNICEF Mobilizing Community for EPI workshop. Workshop commenced.
July 14	Met with Dr. Abdullahi and Mrs. Attah in order to: - confirm training teams for Activities 6, 7 and 8, CS/ORT Service Delivery Skills and Activities 7 and 9, CS/ORT Community Health Education skills; - discuss steps to enhance clinic preceptorship during Activities 6 and 8; and - review workshop progress.
July 29	Dr. Abdullahi, Project Manager Felix Gbillah, Mrs. Attah, participants, and INTRAH trainers discussed the roles of the Benue State Training Team.
August 3	Ms. Patricia Baldi, PAC-II Mid-Project Evaluator, arrived in Makurdi.
August 6	Ms. Baldi departed Makurdi. Debriefed with MOH/HSMB officials.
August 7	Workshop concluded. Departed for Lagos. Debriefed with Ms. MacManus, Ms. Mirabito, and Mrs. H.O. Shitta-Bey, FP Specialist.
August 8	Completed drafting the report. Debriefed with Ms. Mirabito on special management issues in Benue State.

Mrs. Mtawali departed for Nairobi.

Mr. Apted and Ms. Farrell remained in Nigeria to prepare for Activities 6 and 7.

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a six-week Training of Trainers workshop in order to:

1. prepare 19 family planning clinicians and tutors to plan, conduct, monitor, and evaluate CS/ORT workshops for health personnel responsible for providing CHE and clinical CS/ORT services;

2. enable clinicians in the Benue State Team of Trainers to continue conducting in-service training after completion of the 1987/88 INTRAH/MOH Training Project;

3. enable pre-service tutors to implement the National FP curriculum developed by the Nursing Council of Nigeria; and

4. develop two curricula, Clinical Service Delivery Skills and CS/ORT Education and Motivation.

By the end of the six-week workshop and one week of planning for the next two activities, participants will:

1. Describe aspects of the National Population Policy and Benue State Child Spacing/ORT Action Plan 1987-1991.

2. Describe the role and responsibilities of the Benue State Training Team in the implementation of the MOH/INTRAH Training Project.

3. Design curricula for CHE and FP Clinical Training for CS/ORT services.

4. Conduct CHE and FP clinical skills training for CS/ORT services.

5. Draft selected CS standing orders/protocols for clinical and CHE activities.

6. Evaluate training activities within the scope of their work.

7. Develop training implementation plans.

II. ACCOMPLISHMENTS

A. MOH/HSMB officials responsible for the INTRAH/MOH training project obtained first-hand experience of the magnitude of a training project.

B. Consultative meetings initiated by the INTRAH team were held to clarify issues related to logistics and effect of per diem on learning, MOH/HSMB's request for a CBD curriculum, expectations of the MOH/HSMB about roles of the Benue State Training Team, and progress of the TOT.

C. Nineteen pre-service tutors, and clinic service and administrative health staff from government and two NGOs were trained in experiential learning and the curriculum development process.

D. Nineteen of the planned 20 participants experienced the process of planning, conducting and evaluating CHE in a real-life situation. The experience dramatically and positively changed their views about community involvement in health decisions.

E. Five communities in which the CHE practicum was conducted appreciated the close contact with health personnel and invited the participants to return with more new ideas. Some communities volunteered to coordinate ORT at village level or prepare ORT songs in a vernacular language. These communities may be used as a future CHE laboratory.

F. Two curricula, Clinical Service Delivery and CS/ORT Education and Motivation, with training designs and materials were developed (see Appendix K). Participants also generated many questions for pre/post-test tools and study guides. Both curricula developed have aspects of linkages between various health personnel within and outside CS/ORT and between pre-service, in-service and service staff.

G. Draft protocols of selected procedures for clinical service delivery and CHE were developed. Suggestions for deployment of trained CHE personnel were made by the MOH.

H. Three draft implementation plans were developed for the period August 10 - November 30, 1987, and are to be refined and consolidated as one plan by the Benue State Training Team and CS Coordinator.

I. The team briefed with AAO Keys MacManus and debriefed with Ms. MacManus, Ms. H.O. Shitta-Bey and INTRAH Program Officer Terry Mirabito.

III. BACKGROUND

The TOT workshop, the fifth of sixteen contract workplan activities of the MOH/INTRAH Training Project, was held in response to the National Population Policy and Benue State CS/ORT Action Plan (see Trip Reports #0-310 and #0-375).

The attendance of participants from government MCH/CS centres and NGOs outside Makurdi may pave the way to decentralization of CS/ORT training or expansion of clinical training sites outside Makurdi.

IV. DESCRIPTION OF ACTIVITIES

A. Briefings and Debriefings

1. AID Affairs Officer Keys MacManus expressed concern about lengthy training and the need to emphasize clinical precautions to prevent the spread of AIDS. Her advice to the INTRAH trainers regarding the MOH/HSMB request to develop a CBD curriculum reinforced the decision made by the INTRAH trainers to defer the development of CBD

curriculum until the MOH has a clear strategy for CBD service, supervision and expected outcomes. The INTRAH/ESA Regional and Chapel Hill offices also concurred in deferrment of CBD curriculum development.

The following was covered during debriefing.

a. a brief report on the State Training Team's potential to conduct training without technical assistance;

b. recommendations as to the composition of the core training team and the resource roles of other non-core training team members;

c. the INTRAH team's assessment of program management training needs of MOH officials responsible for the direction and coordination of CS/ORT activities; and

d. a brief description of Workplan Activities #6 and 7.

2. The initial MOH/INTRAH team briefing with the Benue MOH Project Director, Assistant Director and Project Implementation Team was conducted upon arrival in Makurdi. The activity plan as outlined in the Project Workplan was considered and reaffirmed, and a suggestion to incorporate a CBD segment in the workshop was raised but later deferred to allow the MOH CS/ORT to develop more established clinical services and clarify CBD strategy.

Debriefing was conducted with the MOH Project Director, Assistant Director and Nursing School Principal. The trainers emphasized the following:

a) the need for the MOH to appoint a workshop/training coordinator to facilitate the training project workplan activities and to provide technical assistance to a new training team (see Appendix I);

b) recommendations concerning Core Training Team members and the resource roles of non-core members (see Appendix J);

c) the need for the MOH officials to nurture the training team in their early training efforts;

d) major features of the clinical and CHE curricula;

e) the need for strong MOH support for CHE activities conducted by clinicians and CHEs; and

f) the need for CHE graduates to be allocated at least quarter time to CS/ORT mobilization activities.

B. Workshop Activities

The Training of Trainers workshop took place at the School of Nursing, Makurdi. Twenty participants were initially selected, but this number was reduced to nineteen during the first week of the workshop. Of the nineteen participants, two had attended Activity #1, Training of Trainers for Senior MOH staff, and four participants had attended Activity #4, Evaluation Skills workshop. Three participants had not received any previous training.

The workshop program consisted of 3 major segments: Contraceptive Technology/ORT Review and Update, Health Education, and Training/Curriculum Development Skills (see Appendix D for full workshop agenda).

Pre/post-tests were administered for each workshop segment. Pre-test scores for CT/ORT were lower than expected and changes in the workshop program were made to accommodate the additional learning requirements, which included an additional CT day, homework assignments and self-study learning guides every second day throughout the 6 weeks. Post-test scores showed progress (see Appendix C) had been made.

The CHE component included a two-day field practicum, CS/ORT needs assessment, and health education presentations in CS/ORT. Participants responded very positively to the CHE practicum experience and reported that they were now able to appreciate the value of good CHE and motivation for CS/ORT (see Appendix K.4 for a full summary of participant views on CHE activity).

The training curriculum development segment included traditional content (see Appendix E). However, trainers devoted a good deal of attention to team building concepts and to adult learning methodology. The process was enhanced by the strong emphasis on participative training techniques including significant use of small group work. Participants indicated strong hesitation in defining and accepting their new roles as State Training Team members. Consequently, the workshop trainers were required to provide and facilitate extensive individual and group processing and counselling opportunities to help participants resolve this role conflict. Three working groups were created to write and compile the two curricula required as products of the workshop. The three groups, 2 clinical and 1 CHE, were closely coached and supervised by a trainer during the writing and initial development sessions. During plenary sessions, team-building concepts were discussed and the products of the curriculum development were reviewed with the trainers.

Administrative Support

The administrative and logistic support systems for the workshop as a whole required refinement by the trainers. The trainers provided extensive guidance to the MOH on how to establish and run an appropriate training support system for provision of workshop supplies and typists.

Evaluation Activities

Several approaches to training evaluation and monitoring were utilized (see Appendix F). Participants were most comfortable with the use of grab bag, impromptu speaking on a particular area for review, PLUSES and WISHES (see Appendix M), and values clarification exercises. In a Grand Reflection Session (see Appendix L.3), participants provided constructive suggestions for the strengthening of future training.

Although participants showed the most difficulty in the CS/ORT and Training/Curriculum development on the pre-test, significant increases were reflected in the post-test scores (see Appendix C).

Other

Based on the INTRAH team's experience of working with the FP Project Coordinator and MOH/HSMB (who had expressed their inexperience in managing a training project), the team proposed responsibilities for a Training or Course Coordinator (see Appendix I) instead of one person holding the dual role of FP State Coordinator and Training Project Coordinator.

Closing Ceremony

The Closing Ceremony was chaired by Dr. (Mrs.) Mary Ogebe, Chief Medical Officer. The workshop was officially closed by the Permanent Secretary for Health in the presence of Project Implementation Committee members and the Assistant Project Director (see Appendix L for closing speeches).

C. Other Activities

The INTRAH team attended the following opening ceremonies:

a) UNICEF workshop on Community Mobilization for EPI on June 28, 1987. The Project Coordinator attended this one-week activity.

b) Child spacing symposium for policymakers on June 30, 1987. A RAPIDS presentation on Nigeria was one of the activities in the symposium. (A communique was made giving the Benue State MOH a mandate to carry out child spacing activities in all LGAs. Although the MOH promised the INTRAH team a copy of the communique and opening speeches, the team did not receive the copy.)

c) The UNICEF/MOH meeting with mass media personnel aimed at increasing EPI coverage in Benue State. (Coverage seems to be underreported or has declined drastically. Data were not provided by MOH.)

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Findings/Conclusions	Recommendations
1. The State FP Coordinator, who is also the INTRAH/MOH Project Coordinator, has other time-consuming responsibilities and does not possess adequate knowledge or skills to manage a training project.	1.a. The MOH should appoint a Training Coordinator who also has family planning clinical skills to provide technical assistance to the new training team. 1.b. Alternatively, the current State CS Coordinator and Deputy Coordinator may continue with logistical and other MOH protocol, but a Workshop Coordinator should be selected from among the Training Team members.
2. There were numerous managerial tasks not completed during the workshop; e.g., regular venue for training, office space for the State Training Team, workplans for development of the MOH/INTRAH training plans, deployment of the in-country evaluation team trained in Activity #5, and selection of trainees for Activities #6 and #7.	2. INTRAH should provide management technical assistance, at the operational level, to organizations which have no experience in managing training projects.
3. During discussions and debriefing with the INTRAH Training Team, the MOH/HSMB officials commented on their inexperience in recognizing the magnitude of the MOH/INTRAH project, and asked if INTRAH would agree to modification of project activities.	3. INTRAH and the MOH should review the training project earlier than originally planned and make relevant changes or modifications in the project.

Findings/Conclusions	Recommendations
4. During discussions with the Project Manager and the former IEC Manager regarding the expected role of a CS/ORT CHE, it was explained that the trained CHE is not expected to work full-time as is the CS/ORT educator who participates in both preventive and curative functions in a clinical setting.	4. The MOH should define the role of the CS/ORT Community Health Educator and officially allocate at least <u>one day</u> per week for the CH Educator to provide CS/ORT education using the protocols and records developed during CHE skills training.
5. The 19 TOT participants had varying official responsibilities and were observed to have differing potential as trainers. All 19 participants have significant roles in CS/ORT training and service delivery.	5. The MOH should consider the creation of a six-member full-time core training team with the remaining TOT participants acting as resource persons or clinical preceptors. The INTRAH Team has proposed the future core training team (see Appendix J).
6. a) The Chief Health Officer and Project Manager informed the TOT participants that at least 80% of them would be appropriate as zonal supervisors. b) Six participants had attended Activity 1 (TOT for senior staff) and Activity 4 (Evaluation Skills Workshop).	6. The MOH should make efforts to: a) select participants according to post-training functions; and b) avoid duplication of training and eventual conflict in the individuals' roles.

Findings/Conclusions	Recommendations
7. Participants appreciated the session led by the FMOH, Pathfinder Fund and MSH representatives on the modified FP clinic forms. They recommended a Core Team of Trainers for recordkeeping. The FMOH was planning to train an CS Coordinator and trainers in recordkeeping with technical assistance provided by MSH and Pathfinder Fund.	7. The MOH should look into the possibility of including one or two members of the proposed core training team in recordkeeping for CS/ORT services, during the planned FMOH recordkeeping training for CS Coordinators.
8. Workshop participants were not lodged together and group assignments could not easily be achieved.	8. The MOH and INTRAH should plan for mandatory residence of participants when workshop outputs require creativity and are time consuming; e.g., actual curricula, protocols and training material development.
9. Although 15 participants had received 4-6 weeks of FP clinical training in different institutions between 1985 and 1986, there were deficiencies in their knowledge of CS methods, ORT and STDs, CS client management and clinical practices (contraindications, assisting clients in making an informed choice and counselling). The update, based on pre-workshop self needs assessment and MOH briefings, had to be lengthened.	9. A CS/ORT curriculum development workshop should be preceded by an in-depth CS/ORT update. INTRAH trainers should consider sending CS/ORT and STD knowledge and problem-solving questions to assess entry level knowledge and skills prior to updating the curriculum.

Findings/Conclusions	Recommendations
10. During a television interview which was related to the policymakers' symposium organized by MOH, INTRAH team noted that the child spacing messages by two senior MOH officials were inconsistent. Participants also expressed difficulty in translating some terms pertaining to male and female reproductive systems into local languages.	10. MOH/HSMB and PPFN should agree on the child spacing message which will be disseminated by all CS/ORT educators regardless of rank or profession; e.g., the definition of child spacing, and translation of English terms in anatomy and physiology of the reproductive system to avoid misunderstandings.

APPENDIX A

PERSONS CONTACTED/MET

APPENDIX A

PERSONS CONTACTED/MET

AID AFFAIRS OFFICE/AMERICAN EMBASSY/LAGOS

Ms. Keys MACMANUS, AID Affairs Officer

Mrs. H.O. SHITTA-BEY, Family Planning Specialist

FEDERAL MINISTRY OF HEALTH

Mr. Tom OBUWANE, Family Planning Management Information Systems Officer

NATIONAL POPULATION BUREAU

Two Program Officers (unidentified)

PATHFINDER FUND

Mrs. Olabisi OLATOKUNBO, Country Representative

Mr. Mike EGBOH, Program Officer

MINISTRY OF HEALTH - BENUE STATE

Dr. (Mrs.) Rosemary ABDULLAHI, Chief Health Officer and Child Spacing Program Manager

Mr. Daniel AGOGO, Permanent Secretary for Health

Dr. A. AMALI, Chief Medical Officer

Reverend E.S. BELLO, Commissioner for Health

Mrs. M. DALHATU, Chief Nursing Officer (now Principal, School of Midwifery)

Mr. EBE, Assistant Chief Nursing Officer (now Chief Nursing Officer)

Mr. Felix GBILLA, Chief Nurse Tutor - Principal, School of Nursing (now Chief Nurse Tutor - Special Duties)

Mr. HARUNA, Chief Planning Officer

Mr. Andrew ODAH, IEC Program Manager (now Principal School of Nursing)

Mr. E. O. OKOCHI, IEC Manager

Mr. OSHOKE, Chief Pharmacist

HEALTH SERVICES MANAGEMENT BOARD

Dr. Mary OGEBE, Chief Medical Officer, Assistant Manager Child Spacing Program

Mrs. Susan ATTAH, Child Spacing Program Coordinator

UNICEF

Mr. R. TULUHUNGWA, Country Representative

Dr. A. BRODY, ORT Specialist

Mrs. U. BILONWLI, Program Officer

PLANNED PARENTHOOD FEDERATION OF NIGERIA-BENUE STATE BRANCH

Mrs. E. ONWAGULUCHI, Chairman

MANAGEMENT SCIENCES FOR HEALTH

Mr. Henry ELKINS, Management Information Systems Specialist

AID/WASHINGTON

Ms. Pat BALDI, PAC-II Mid-Project Evaluator

INTRAH/CHAPEL HILL

Ms. Teresa MIRABITO, Program Officer

OTHERS

M. J. WENEGIEME, Manager, First Bank of Nigeria, Makurdi

Mrs. Gyprina UJEGE, Oduri Clinic (Private Sector), Makurdi

Community members and leaders of 5 areas, Makurdi

APPENDIX B

LIST OF PARTICIPANTS

APPENDIX B

LIST OF PARTICIPANTS

Ms. Cecilia ABBA

Ms. Justina ABEDA

Mrs. Awa ARUWA

Mrs. Christiana GBAKAAN

Mrs. Priscilla GBILLAH

Mrs. Susan IBRAHIM

* Mrs. Rebecca ISHAVER

Mr. Dzever ISHENGE

Mr. Joshua KON

Mrs. Elizabeth MAMODU

Mr. Justin LOHO

Mrs. Rekiya MUSA

Mrs. Titi ORNALE

Mrs. Esther ONAJI

Mrs. Lydia ORPIN

* Mrs. Victoria SHAKU NOR

Mrs. Sara JEBU

Mrs. Bridget TELLEY-GYADO

Mrs. Tabitha ZAWUA

* Trained as in-country evaluators

APPENDIX C.1

PRE/POST-TEST SCORES

Activity 5
TOT Workshop for Borno State Team
June 29 – August 6, 1987

APPENDIX C.1

PRE AND POST TEST SCORES

No.	NAMES	COHORT UPDATE TOTAL SCORE: 97				COMMUNITY HEALTH EDUCATION TOTAL SCORE 37				TRAINED/CURRICULUM DEVELOPMENT TOTAL SCORE: 89			
		PRE	POST	DIFFERENCE		PRE	POST	DIFFERENCE		PRE	POST	DIFFERENCE	REMARK
1.	Cecilia ABBA	55	70	15	–	30	35	5		42	69	27	
2.	Justina ABUDA	49	48	-1		22	a	–		34	51	17	
3.	Ana ABUJA	–	55	–	Late entrant	27	33	6		36	54	18	
4.	Christiana CHAKAAN	37	66	29	–	26	34	8		32	43	11	
5.	Priscilla GBILLAN	–	70	–	" "	34	36	2	–	49	73	24	
6.	Susan IBRAHIM	37	65	28	–	30	36	6	–	35	43	8	
7.	Rebecca ICHAYE	73	78	7	–	30	32	2	–	46	77	31	
8.	Deover INNEGE	43	69	26	–	34	34	0	–	55	66	11	
9.	Joshua FON	37	62	25	–	34	36	2	–	45	76	31	
10.	Elizabeth MAMODU	61	74	13	–	33	32	-1	–	36	56	20	
11.	Justin LOTO	53	62	9		33	37	4	–	53	82	29	
12.	Rekiya MUSA	37	70	33	–	33	36	3	–	39	57	18	
13.	Titi Adamu OTALE	–	60	–	" "	23	32	9		21	39	18	

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NO.	NAMES	PRE	POST	DIFFERENCE		PRE	POST	DIFFERENCE		PRE	POST	DIFFERENCE	REMARKS
14.	Esther ONAJI	36	42	7		16	32	16		13	37	24	
15.	Lydia OKPIN	36	60	24		27	33	6		29	55	26	
16.	Victoria Kwesa SEAKU KOR	57	61	4		36	37	1		59	75	16	
17.	Sarah [illegible]	63	74	11		18	36	18		50	81	31	
18.	Bridget TILLEY-GYADO	54	68	14		29	31	2		32	46	14	
19.	Tabitha ZAWUA	68	76	18		36	36	0		70	85	15	

	Range	Mean	Range	Mean	Range	Mean
Pre-test (16 participants)	37-73 (8 Above the Mean)	49.6	16-36 (11 above the Mean)	29.5	13-70 (9 Above the Mean)	40.9
Difference -1-33		16.4	0-18	4.2	11-31	20.4
Post-test 19 trainees)	48-78 (12 above the Mean)	61.42	31-36 (18 trainees) (9 above the Mean)	34.3	24-85 (9 above the Mean)	61.2

APPENDIX C.2

SUMMARY OF PARTICIPANTS' REACTIONS

Participant ID# _____
Course ID# Activity 5 TOT Workshop for Benue State Team June 29 - August 7, 1987.

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:

Very clear	Mostly clear	Somewhat clear	Not very clear	Not clear at all
12	5	2		

2. Workshop objectives seemed to be achieved:

Enitrely	Mostly	Somewhat	Hardly at all	Not at all
3	16			

3. Workshop material (presentations, handouts, exercises) seemed to be:

12 All material seemed to be up-to-date and accurate,

7 Most materials seemed to be up-to-date and accurate,

_____ Some material seemed to be up-to-date and accurate,

_____ Little material seemed to be up-to-date and accurate,

_____ No material seemed to be up-to-date and accurate.

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

All the time	More than half the time	About half the time	Less than half the time	None of the time
8	9	2		

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

Very useful	Mostly useful	Somewhat useful	Not very useful	Not useful at all
18				

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

All the time	More than half the time	About half the time	Less than half the time	None of the time
9	10			

7. In this workshop I learned:

9 many important and useful concepts,

8 several important and useful concepts,

2 some important and useful concepts,

____ a few important and useful concepts,

____ almost no important or useful concepts.

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

7 many important and useful skills,

7 several important and useful skills,

5 some important and useful skills,

____ a few important and useful skills,

____ almost no important or useful skills.

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

Too much	Somewhat too much	Just about right	Somewhat too little	Too little
5	9	5		

10. The amount of time and effort required by the workshop was:

Too much	Somewhat too much	Just about right	Somewhat too little	Too little
3	4	5	4	3

11. Workshop facilities and arrangements were:

Very good	Good	Acceptable	Barely acceptable	Poor
3	8	6	2	

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

Very effective	Effective	Somewhat Effective	Not very effective	Not effective at all
16	3			

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

Always	Often	Sometimes	Rarely	Never
13	5	1		

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

Very effective	Effective	Somewhat effective	Not very effective	Not effective at all
11	8			

15. This workshop was:

15 excellent, I would recommend it without hesitation,

4 good, I would probably recommend it,

_____ acceptable, I might recommend it to some people,

_____ not so good, I might not recommend it,

_____ poor, I would not recommend it.

-over-

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

13 Additional time for the workshop

1 More limited time for the workshop

____ Use of more realistic examples and applications

13 More time to practice skills and techniques

2 More time to become familiar with theory and concepts

____ More effective trainers

1 More effective group interaction

8 A different training site or location

1 More preparation time outside the training sessions

4 More time spent in actual training activities

1 Concentration on a more limited and specific topic

3 Consideration of a broader and more comprehensive topic

____ Other (specify) Too much distractions

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

	very useful 1	2	3	4	hardly useful 5
a. Orientation	14	4			
b. Pop policy	8	9	1		
c. BSAP	10	6		1	
d. Roles	14	3	2		
e. Health benefits	17	2			
f. Other benefits	16	5			
g. CT	18	2	1		
h. STD	16	4			
i. Planning CHE	15	5	5		
j. Lesson plan	15	1	2		
k. CS/ORT Curriculum Development	16	2	2		
l. Developing pre/post	14	4	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 1	2	3	4	hardly useful 5	not used 6
lectures	6	4	4			x
group discussions	15	4	1			
individual exercises	12	5	1			
group exercises	11	8	1			
clinical sessions	10	3				x
field trips	16	3				
handouts/readings	12	6				
books	16	4				
audio-visuals	9	5	1			

-over-

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

__1__ Counselling and/or client education

__3__ Provision of Clinical Methods (IUDs, pills, diaphragms, injections)

____ Provision of Non-clinical Methods (condoms, foaming tablets, foam)

__3__ Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

__8__ Supervision of Family Planning Services

__6__ Management of Family Planning Service System

__4__ Planning/Evaluation of Family Planning Services

__4__ Policy Making/Direction of Family Planning Services

__6__ Community Based Distribution of Contraceptives

__4__ Community Based Outreach, Education or Information

__4__ In-Service Training in Family Planning

__15__ Pre-Service Teaching/Tutoring in Family Planning

____ Other (specify) _____

20. Additional Comments: _____

~~Refresher~~ training

ACTIVITY 5: TOT WORKSHOP FOR BENUE STATE

INTRAH REACTION FORM

QUESTION 20 COMMENTS:

- Wish to attend courses in supervision or planning/ evaluation of of FP services.
- How I wish my colleagues had the opportunity to attend the sessions or CHE. It would be good to arrange a session on CHE only.
- CHE component was very enriching to my professional work (Principal Health Educator)
- Too much effort compared to workshop content was required to achieve the goal. Thanks to INTRAH facilitators:2 trainees
- Workshop useful to individuals and state. Give more care to accommodation and logistics.
- We, the Benue State team are grateful to INTRAH for money, time and materials spent on us and the trainers were wonderful.
- Length of training should be 8 - 12 weeks to allow for revision and actual reheasal and self-evaluation.
- Workshop participation has improved my teaching skills and knowledge of contraceptive technology, CHE and STD.
- Well done. I look forward to benefitting from you.
- Workshop is one of the best that I have attended.
- Refreshing workshop and has equipped me for the job I am going to do.

APPENDIX D

WORKSHOP SCHEDULE

TRAINING OF TRAINERS WORKSHOP FOR BENUE STATE (CHILDSPACING, COMMUNITY HEALTH EDUCATION, CONTRACEPTIVE TECHNOLOGY, ORAL REHYDRATION THERAPY UPDATE, TRAINING AND CURRICULUM DEVELOPMENT SKILLS)

JUNE 29 – August 6, 1987 – Makurdi, Benue State

WEEK 1 June 29 – July 3, 1987: ORIENTATION AND CONTRACEPTIVE TECHNOLOGY/ORAL REHYDRATION THERAPY UPDATE

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
8.00 – 8.30 a.m.	Registrations Biodata Forms Introductions/ Expectations	Benue State Action Plan. NOW Training Project Plan Mrs. Martha Dalhatu	Learning Issues (Where Are We?) Grab Bag on Nigeria Population and Vital Statistics	Oral Rehydration Therapy Joshua Kon Dzever Ishenge	Leadership in CS/ORT
8.15 – 10.15 a.m	CS/ORT Pre-Test		Contraceptive Methods – Presentation of Group work.		
10.00– 10.30 a.m	B R E A K				
10.30– 12.30pm.	Overview of the Workshop (Technical Matters and Logistics)	CONTRACEPTIVE TECHNOLOGY – Definition – Health and Socio-economic benefits 11.30. Anatomy and Physiology of Registration system – Menstrual Cycle	Management of CS methods' side effects and complications.	CS/ORT Clinic MANAGEMENT – Establishing a clinic – Ethical Issues	CBD concept and experiences. – Dr. Mary D. Ogebe. 11.30 Liaison of CS/ORT with other PHC services.
12.30pm	L U N C H				
1.00pm	Population Dynamics: Nigeria – Mr. B.S. Yarama	Contraceptive Methods (Group Work)		ASEPSIS – VALUES AND GUIDELINES	CS/ORT Clinic Evaluation. 2.00 Exercises on Problem Solving (Leadership Ski
2.00pm	National Population Plan: Nigeria – Dr. Mary Ogebe.		INDIVIDUAL ASSIGNMENT CS Study Guide/Questions	INDIVIDUAL ASSIGNMENT CS/Study Guide	INDIVIDUAL ASSIGNMENT CS/Study Guide
3.00pm	Reflections	Reflections	Reflections	Reflections	Reflections

WEEK 2: July 6 - 10, 1987 PLANNING, CONDUCTING AND EVALUATING CS/ORT CHE

TIME	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
8.00 - 8.45 am.	CHE Pre-Test	Finalise Community Assessment Tools	Learning Issues E.I.A.G and Community Assessment practicum	Learning Issues Grab Bag on CS	Learning Issues Grab Bag on CS
8.45 am	Health Education and Motivation in CS/ORT - roles - using Health Education in CS/ORT		8.30 Guidelines in analysing Community Assessment done and reporting format. 9.00 Groups compile results and analyse findings.	8.30 Community Resources and Obstacles to CS/ORT 9.15 Using resources to overcome obstacles.	Group Roles: 7 piece puzzle. Review of CHE program plan based on community Assessment. 9.30 Guidelines in preparing CHE presentations for Health Education practicum on Day 11 - methods of presentations - choosing visual aids.
10.00 - 10.30 a.m	T E A B R E A K				
10.30 a.m	Planning a community Assessment for CS/ORT - Steps - Sources of Information - Guidelines in the process of planning community Assessment - Methods of data collection	Practicum of conducting Community Assessment		Question and Answer Session on (Review CHE Concepts) Group Presentations of Community Analysis Findings	- Use of poster to stimulate discussion 11.00 Group work on Developing Community Health Education presentations.
12.30 pm	L U N C H				
1.00 - 3.00 pm	Designing Community Assessment questionnaires Reflections →		CS Technology Study guides continued →	Working with local community group Case-finding opportunities	

WEEK 3 July 13 - 17, 1987: CONDUCTING AND EVALUATING CHE, PLANNING CHE and CS/ORT TRAINING: BENUE STATE TOT

TIME	DAY 11	DAY 12	DAY 13	DAY 14	DAY 15
8.00 - 8.30 am	Grab Bag on (Impromptu speeches on CS/ORT) Check list to assess CHE session. Complete Refine plans for CHE sessions	Learning Issues (Purpose of CHE Practicum) 8.30 Reports on CHE sessions done on DAY 11	Learning Issues Contraceptive Technology Review of selected cases in CS. - Group work	Learning Issues Perception Exercise I related to Training 9.00 Training/ Curriculum 10.45 Development Skills Pre-Test	Learning Issues Perception Exercise 2 8.30 Major components of Training process. 9.00 Overview of Curriculum Development process.
10.00 - 10.30am	T E A B R E A K				
10.30- 12.30pm	Practicum in conducting CHE Sessions	• Evaluation of Health Education Activities 12.00 Learning insights on CHE mini-workshop	- Presentation of group work in CS client management	10.45 Team Building related to Benue State Team of Trainers	Need Assessment 11.00 Task Analysis - Introduction - Group work in listing Tasks for CHE and Clinical CS providers
12.30	L U N C H				
1.00 pm		Handling CS/ORT Rumours and misconceptions. 2.00 CHE Post Test	2.30 Assignment on STD explained	2.00 Adult Learning	• Presenting group work on CHE and CS clinical service providers task
3.00pm	Reflections	Reflections	Reflections .../3	Reflections	Reflections

WEEK 4: July 20 - 24, 1987: PLANNING CS/ORT CHE AND CLINICAL TRAINING

TIME	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
8.00 a.m.	C T U Post Test	Grab Bag on Training process	RECORD FORMS FOR CS - Fed. Govt. MISMis/Pathfinder Fund Representatives	Who am I? (Review of CTU and Curriculum Development)	8.30 Training methods
9.00 am.	Task Listing for client CHE and clinical Training (continued)	Training Objectives - Introduction and practice writing.	Specific objectives - Introduction - Group work	Outlining, sequencing content for CHE and Clinic skills curriculum - Introduction - Group work with Trainer as resources.	
10.00 a.m.	T E A		B R E A K		
10.30 - 12.30pm	Present Task Lists	Group work:- : Writing CS/ORT CHE and clinical course general objectives (Classroom and Clinical/ field practicum			
12.30 pm	L	U	N	C	H
1.00 - 2.00pm					
2.00pm	Training goals - Introduction Group work: - Writing training goals for CS/ORT CHE and clinical Curriculum	Present group work			
3.00 pm	Pluses and Wishes	Plus and Wishes	Plus and Wishes	Plus and Wishes	Plus and Wishes

Week 5: July 27, 1987 – 31 July 1987

TIME	DAY 21	DAY 22	DAY 23	DAY 24	DAY 25
8.00	Where are We? Scheduling of Content	Where are We? Grab Bag on Training Design Training Designs continued	Where are we? (What am I exercise) 8.15–9.15 Group Discussion on Benue State Team and MOH expectations 9.15 Training Designs continued.	Where are we? (Impromptu Speech) Training Designs	Where are we? (Life line) Training Designs
10.30	Training Design				
	Reflections	Reflections	Reflections	Reflections	

Week 6 August 3 - 6, 1987

PLANNING AND EVALUATING TRAINING

TIME	DAY 26	DAY 27	DAY 28	DAY 29	DAY 30
8.00 8.30	Where are We? (Assessing a Visual Aid) Evaluation in Training - Overview; - Needs Assessment or follow up tool	Where are We? Completing materials for Training Development	Post - Test (Training & Curriculum Development) ↓ 10.30 Planing for to complete assignments	Developing implementation Plans for MOH/INTRAH Project Sept-Nov. 1987.	8.00 - 10.00 CLOSING CEREMONY and CERTIFICATES
10.00-10.30	B	R E	A	K	
10.30	- Pre/Post Test Questions ↓	Protocols - Introduction - draft protocols	10.30 Ball Toss Game - 11.15 11.15 Collating Training Designs for CME and Clinical Skills Training ↓	↓ Workshop Evaluation -Written (INTRAH Reaction Form) -Verbal -Pre/post Test analysis	Departures of Participants and INTRAH TEAM
12.30-1.00	L	"	"	C	"
1.00	↓ Pluses and Wishes	Workplan in Training Programs Reflections	↓ Reflections	Completing unfinished Assignments	

10.30 - 11.30 p.m.

INTRAH TEAM BRIEF MOH/ HSMB TEAM.

APPENDIX F.1

CONTRACEPTIVE TECHNOLOGY/ORT UPDATE

APPENDIX F.1

MINISTRY OF HEALTH, MAKURDI, BENUE STATE.

Training of Trainers Workshop for Benue State Teams.
June 29 - August 6, 1987

PRE-POST TEST: CHILDSPACING/ORAL REHYDRATION THERAPY

NAME _____ DATE _____

1. Which demographic factors contribute to population growth?

   a) policy makers enthusiasm to the country's demographic trends ( )
   b) birth and miscarriages among child bearing women ( )
   c) births, deaths and migration in a particular country ( )
   d) birth and death that occur in a country ( )
   e) inadequate education campaigns in a country ( )

2. Mark (tick) the statement that reflects Nigerian Population Statistics based on the 1963 census

   a) natural increase in 1.5% per year ( )
   b) natural increase is estimated to be 3.3% per year ( )
   c) The crude birth rate is 45 - 48 per 1,000 population ( )
   d) The mortality rate has dropped from 24 deaths per 1,000 to 17 deaths per 1,000 population ( )
   e) Total fertility rate 8 ( )

3. Match the item from column B to the item on Column A. Use the space next column A to write the answers. There may be more than one answer for the statement.

Column A	Column B
____1. Principles of the National Population Policy	A. To assist couples to plan and space the number of children they feel they can afford to raise.
____2. Goal of the National Population Policy	B. Recognition that population growth and development are inter-related.
____3. Guideline in providing Child-spacing services	C. To promote quality of life and a better standard of living
	D. To reduce the population growth rate.
	E. To achieve a balanced distribution of people between urban and rural areas.
	F. All couples and individuals have a right of freely make decision on spacing and family size.
	G. The Nation has a right to deal with its own population problems.

4. Explain briefly how ORT, EPI and Child-spacing (CS) contribute to improving child survival. (two responses only)

5. Write in the name of the structure identified by the line, on the diagram of the male and female reproductive tract.

(See separate sheet with diagram)

6. The human ova can be fertilized only,

a) within 3 days of ovulation ( )
b) within 1 week of ovulation ( )
c) within 24 hours of ovulation ( )

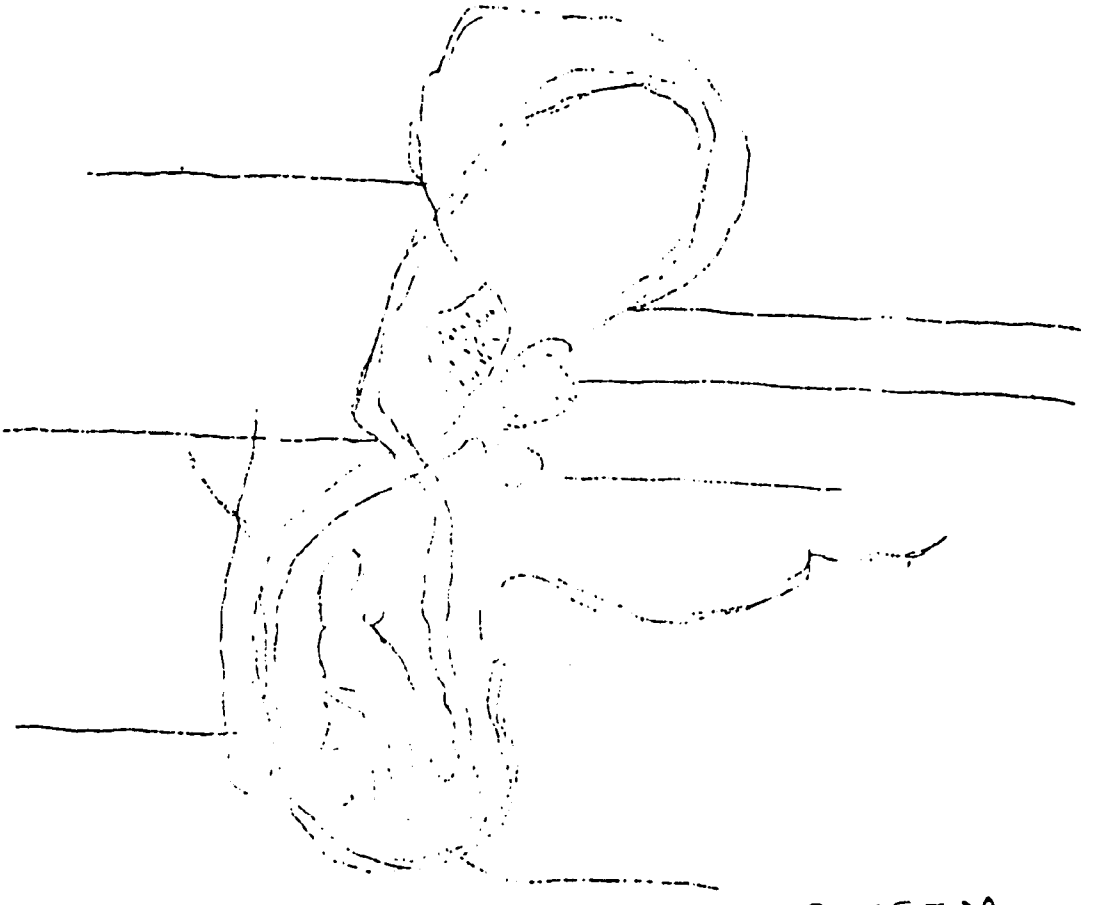
7. The human sperm can live in the female's reproductive tract for at least

a) 24 hours ( )
b) 3 days ( )
c) 1 week ( )

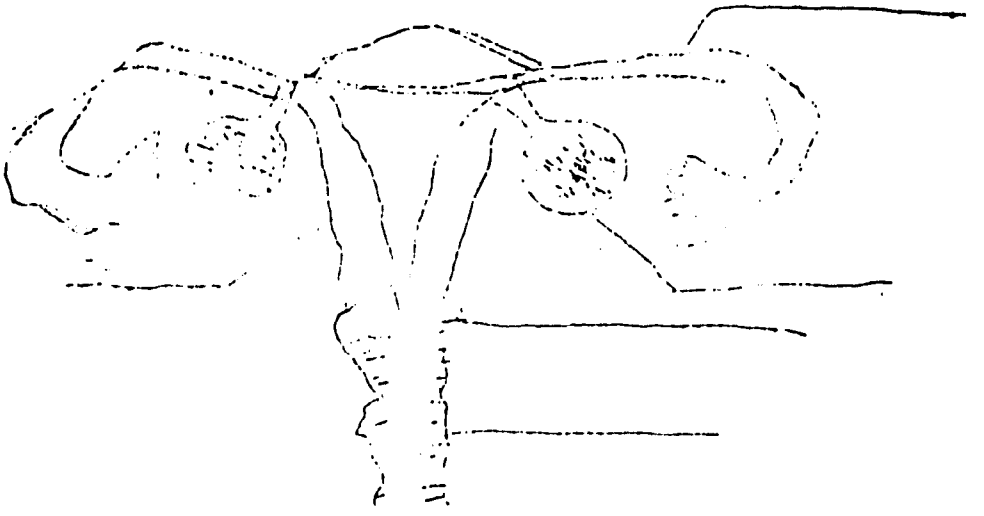
8. Match the letter representing the mode of action in Column B to the correct method in Column A.

	Column A	Column B
___1.	Foam	a. Delays ovulation, effectiveness is increased when abstinence is practiced at the same time
___2.	Fertility Awareness	b. Blockage of vas deferens preventing sperm from leaving the body.
___3.	Oral Contraceptives	c. Local foreign body inflamatory response causes lysis of the fertilized ovary and/or prevents implantation.
___4.	Condom	d. Chemical kills sperm.
___5.	Vasectomy	e. Blockage of fallopian tubes preventing ovum and sperm from uniting.
___6.	Hormonal Injection	f. Long-acting progestin disturbs the hypothalamic pituitary-ovarian function thereby inhibiting ovulation.
___7.	Diaphragm	g. Identifies the fertile period of the menstrual cycle by observing signs of ovulation.
___8.	Tubal ligation	h. A dome-shaped rubber cup contains a spermicide, covers the cervix to present a mechanical and chemical barrier to sperm entering the upper female reproductive tract.
___9.	IUCD	i. Prevents conception by: - inhibiting ovulation - preventing implantation - producing thick cervical mucus.
___10.	Lactation	j. Keep the sperm from entering the vagina and upper reproductive tract.

FP /OTT PRE / POST TEST: QUESTION 5



MALE REPRODUCTIVE SYSTEM



Best Available Document

9. A contraindication is a medical condition that makes a course of treatment that might otherwise be recommended, inadvisable or unsafe. Absolute contraindications mean that the method must not be used. For each condition in Column A, write the method that is contraindicated (must not be used)

Column A	Column B
1. Repeated Urinary Tract Infection	1.
2. Inability to recognize the changes in cervical mucus	2.
3. Liver tumors	3.
4. Pregnancy, known or suspected	4.
5. A desire for more children at a later point in the couple/ individual's life,	5.
6. Very irregular menstrual periods	6.
7. Thromboembolic diseases	7.
8. Active pelvic infection	8.
9. Poor vaginal muscle tone	9.
10. Heart disease	10.
11. Known, suspected or history of carcinoma of breast and/or reproductive tract	11.
12. Uterine anomalies	12.
13. Dislike of touching one's own genitals	13.
14. Cerebrovascular accidents	14.
15. Allergy to chemicals	15.

10. Circle the correct answer(s) to each of the next 5 questions.

10.1 When counselling a client on the use of contraceptive pills, to maximize their effectiveness should be counselled to:

a) take her pill whenever she remembers it, as long as it is taken every day ( )
b) use a back-up method of birth control if she has 2 or more days of diarrhea and/or vomitting ( )
c) not use a back-up method of birth control if she forgets only one or two pills in a pack because she can take 2 pills at a time.
d) use a back-up method if antibiotics, T.B. drugs or tranquilisers are prescribed and used since they interfer with the contraceptive pill ( )

10.2 If a client on Depo-provera mentions that she has had spotting (light bleeding) each month for 9 days, you would:

a) tell her it is nothing to worry about ( )
b) give her a pack of oral contraceptive pills ( )
c) find out if it is bothering her and if it is not, watch for recurrence and amount over the next 3 months ( )
d) suggest that she change her method of child-spacing ( )
e)

10.3 A 17 year old mother who delivered 4 months ago comes to your clinic for pills. She is breastfeeding, has had no period and has had unprotected intercourse. You would:

a) start her on pills immediately ( )
b) tell her to come back when she has her period ( )
c) give her foam and condoms and tell her to come back when she has her period ( )
d) Rule out pregnancy by pelvic examination and pregnancy test; if negative, start her on pills today ( )

10.4 A 20 years old Para 1 comes to Child-spacing Clinic requesting an IUCD. When taking her history, you want to screen for factors which would increase the risk of infection while wearing the device. You would ask:

a) Is it her habit to bath daily ( )
b) Has she ever had an infected abortion/miscarriage ( )
c) Did she have an infection after delivery ( )
d) Is water available where she lives ( )
e) Whether or not she has more than one sexual partner ( )
f) Has she once had P.I.D. ( )
g) Whether her partner has other sexual partners ( )
h) Can she afford soap ( )

10.5 A 35 years old Gravida 8 Para 4 comes to CS Clinic to get information about voluntary surgical contraception. She pulls you aside and asks "If my tubes are tied this year, would it be safe to wait 2 years to have my tubes untied to let my blood come out?" You would:

a) tell the client the method is permanent and her tubes need not be untied to let the blood come out ( )
b) explain to the client what voluntary surgical contraception is ( )
c) explain to the client in a language which she can understand, what voluntary surgical contraception is, the fact that it is permanent, the indication for the method, and other methods of child-spacing; encourage the client to ask questions ( )

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11. Fill in the blanks

SIGNS OF DEHYDRATION

	MILD	MODERATE	SEVERE
General Appearance			
Fontanelles			
Eyes			
Mucous Membranes			
Urine Output			
Skin Turgor (Elasticity)			
Number of Watery Stools			

12a. How much ORS would you give a moderately dehydrated infant weighing 5 kgs ?

12b. Over what period of time would you give this amount ?

13. When instructing a mother in ORT, under what 3 circumstances should she seek medical intervention for her child ?

14. STD:

Write the letter of the preferred treatment from Column B in the space in front of the condition in Column A.

Column A	Column B
1. _____ Herpes Genitalis caused by Herpes Simplex Virus II characterized by single or multiple vesicles anywhere on the Genitalia	A. Metronidazole 2gm. p.o. @ one time Partner should be treated at same time.
2. _____ Condyloma Accuminata, (Genital Warts) caused by human Papilloma virus characterized by a soft fleshy growth found around anus, vulvo-vaginal area, penis, urethra or perineum	B. Nystatin 1 suppository, vaginally x daily x 7-14 days or Miconazole/Clotrimazole nitrate 2% vaginal cream 1 applicator full vaginally @ bedtime x 7 days.
3. _____ Neisseria Gonorrhea, most commonly reported communicable disease characterized in women by abnormal vag. discharge, abnormal menses, dysuria, or may be asymptomatic.	C. Refer to Hospital for podophyllin therapy.
4. _____ Monilia (Candida Albicans) vaginal fungal infection characterized by white curd-like discharge and intense itching.	D. Metronidazol 500 mg. p.o. x 2 daily for 7 days or Amplicillin 500 mg. p.o. qid daily for 7 days.
5. _____ Pelvic inflammatory Disease (PID) caused by N. Gonorrhea C. Trachomatis Mycoplasma Hominis characterized by pain of lower abdomen, cervix, uterus, adenexa + fever, chills.	E. Tetracycline 500 mg. p.o. qid. X 7 day or Doxycycline 100 mg po. BID X 7 day PLUS Amplicillin 3.5 Gm. p.o. with 1 Gm. Probenecid P.o. @ one time or Aqueous Procaine Penicillin G 4.8 million Units im. @ two sites with Probenecid 1 Gm. p.o.
6. _____ Trichomonas Vaginalis caused by a mobile protozoan characterized by yellow-greenish and/or frothy bubbly discharge, itching and burning.	F. Refer to Hospital for Penicillin Therapy.
7. _____ Syphilis caused by Treponema Pallidum characterized by 2 stages with symptoms which includes chancre; skin rash, mucous patches, condyloma lata.	G. Tetracycline 500 mg. p.o. qid X 7-10 days.
	H. No cure for this virus however, anti viral drug Acyclovir is helpful in reducing symptoms.
8. _____ Gardnerrella Vaginalis caused by species of bacteria characterized by excessive foul smelling discharge and itching.	I. Combined therapy is recommended Doxycycline 100 mg. p.o. BID X 10-14 days PLUS Ampicillin 3.5 gm. p.o. with 1 gm. Probenecid. Severe cases are hospitalized.
9. _____ Chlamydia cervicitis characterized by a mucopurulent cervical discharge perceived by client as vaginal discharge.	

15. Circle (T) if the statement is true; (F) if the statement is false.

15.1 The task of establishing a CS/ORT Clinic is made easy once there
T F are adequate supplies to begin the service.

15.2 Workplan for establishing a CS/ORT derive from a service provider's
T F ability to identify weaknesses and strengths of the service and plan a strategy to improve the service in cooperation with colleagues.

15.3 Maintaining asepsis is made easy by provision of autoclaves and
T F equipment for boiling instruments in a CS/ORT Clinic.

16. From among the phrases below, choose (tick) those which a CS/ORT service provider could use as INDICATORS for clinic evaluation.

a) number of deaths in a community ( )
b) number of children suffering from diarrhoea who were cured by the ORT provided ( )
c) Total number of acceptors of Childspacing by methods ( )
d) number of child-bearing women in the community ( )
e) number of child bearing women being served by CS/ORT service ( )
f) number of defaulters of the CS/ORT clinic ( )
g) number of referrals made ( )

17. Choose the BEST answer for the question below.

In order to evaluate CS/ORT services, the service provider should have -

a) Developed a clear workplan of the CS/ORT service ( )
b) Studied the Ministry of Health, NSHB CS/ORT policies and Benue State Action plan ( )
c) Written clear CS/ORT objective ( )
d) Oriented all her colleagues about the evaluation strategy ( )

18. Solve this Problem:

There was an accident involving Benue State citizens on the border line between Plateau and Benue State.

a) Where would the injured be buried ?

b) What do you learn about solving problems, from the problem above ?

APPENDIX F.2

CHE SKILLS

APPENDIX F.2

BENUE STATE - M O H
CS/ORT TRAINING PROJECT

CHE

PRE - TEST

AND

POST - TEST

INSTRUCTIONS

- Read ALL questions CAREFULLY.
- Attempt to answer all questions.
- Write all answers in the space provided.

Please put your name to identify your test.

N A M E: .....

CHE ATTITUDES TO COMMUNITY BELIEFS

Q1. Many men believe that if their wives or girlfriends use modern family planning or child spacing 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, Mark or tick the letter of the answer you choose.)

a. The belief is true and for this reason women should only be allowed to practice child spacing with a man's permission, be it their husband, boyfriend or fathers.

b. Women have a responsibility and a right to protect their health through child spacing if they wish to. A CHE's job is to help men understand that women may choose child spacing for health reasons and not because women want to be unfaithful.

c. The CHE should not interfere in anyway with a man's and woman's relationship. Therefore, a woman should practice child spacing only if both parties agree.

d. A CS 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)

.../2

Q2. A CHE worker was invited to give a presentation to a local HEALTH COMMITTEE on the BENEFITS OF CHILD SPACING. At the end of the presentation a full discussion takes place, in which committee members describe and reveal many fears and misconceptions about child spacing. This comes as a surprise to the CHE worker.

At the end of the discussion the leader sums up by saying that even though they want a child spacing service they are very much afraid of child spacing.

Which of the following would be the best approach to take by the CHE to help the health committee? (Mark only ONE answer)

a. Feel depressed and anxious about the meeting because Committee members have expressed their fears and will most likely refuse to support a child spacing service.

b. 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 child spacing health service.

c. 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 CS health service.

d. 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 CS health service.

(3 marks)

Q3. 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. (Mark all correct answers. However, one mark will be deducted for every wrong answer)

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 experiences which can be applied to health education.

e. "Illiterates" are often to blame for their own health problems.

(4 marks)

Q4. An effective CHE worker should possess three of the following characteristics. (Mark the best THREE below)

a. A good explainer

b. A good listener

c. A good artist

d. A good singer

e. A good helper

VISUAL AIDS

Q5. Complete the list below of visual aids which do not require electricity. The first one has been done for you.

A. P O S T E R S

b. _____.

c. _____.

d. _____.

(3 marks)

Q6. Visual Aids can help people learn and remember important information.

For example you can use a visual aid to explain CONCEPTION by showing an enlarged drawing of a sperm meeting an ovum. IN this way you will have explained something which people cannot see by using a visual aid.

Complete the chart below giving examples from CS or ORT

	CS or ORT example
a. Using a visual aid to show how something grows or changes.	_____
b. Using a visual aid to remind us of the steps to follow when doing a task.	_____
c. Using a visual aid to show the Differences and Similarities between two things.	_____

(3 marks)

COMMUNICATING THE HEALTH MESSAGE

Q7. Visual Aids are one way of communicating the health message.

Apart from film shows and the visual aids you listed in Q 5 above what other methods can an individual health educator use to communicate the health message to his or her audience.

GIVE THREE BELOW.

a. _____.

b. _____.

c. _____.

(3 marks)

CHE
PRE/POST TEST

Q8. Which of the following tasks is the most important one in Health Education. Choose ONE answer only.

a. Giving people information through health talks.

b. Forcing adoption of healthy behaviour.

c. Supervising health education programmes.

d. Helping people change unhealthy behaviour. (2 marks)

Q9. When PREPARING a health education presentation which task should you do next after having chosen your topic.

Choose one answer only.

a. Set the time for the presentation.

b. Find out how much the people already know.

c. Prepare visual aids that people can follow.

d. Prepare a complete outline of points to cover. (2 marks)

Q10. To make very sure that people can actually MIX ORS CORRECTLY after an ORT demonstration what is the best method to use. (Mark only ONE answer)

a. Choose various audience members to repeat the ORS receipe.

b. Ask various audience members to describe mixing ORS.

c. Ask various members to give precautions to take when mixing ORS.

d. Ask members to demonstrate how to mix ORS to the other people.

(2 marks)

COMMUNITY ASSESSMENT

Q11. You and a collegue were sent to a new area to see about setting up a CS and ORT service. When you arrived you told your collegue that you wanted to START with a community assessment.

Your collegue disagreed with you. She said it would be a waste of time since SHE already knew that the community did not know about child spacing.

In the space below, write down T W O things you would say to your collegue to explain why a community assessment is still useful. Use one sentence for each thing.

_____

_____

b. _____

QI2. During a group discussion amongst CS health educators and motivaters one member of the group said that because the local community valued very highly the children they gave birth to this attitude would be an OBSTACLE to Child Spacing in that community.

However, two members of the group denied that this community attitude was ONLY an OBSTACLE to child spacing. They argued strongly that this attitude could also be used to <u>promote</u> child Spacing.

In one or two sentences explain how the community's attitude could be used in health education talks to PROMOTE child spacing.

_____

_____

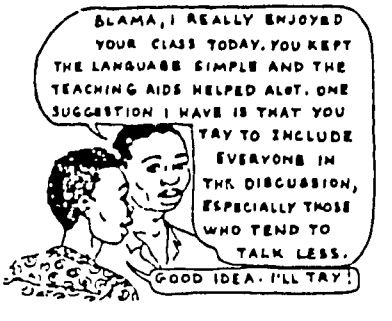
_____

_____

(2 marks)

QI3 Look at the two pictures below. Answer the questions

PICTURE X



PICTURE Y

Which picture shows the way in which you would like to be treated if you were Blama?

A. PICTURE _____

Why do you think Blama said, "Good idea. I'll try" in Picture Y and not in Picture X?

B. _____

_____

_____

Which picture shows the best way to get someone to accept a change in behaviour?

C. PICTURE _____

(3marks) END

APPENDIX F.3

TRAINING/CURRICULUM DEVELOPMENT SKILLS

APPENDIX F.3

MINISTRY OF HEALTH, MAKURDI

Training of Trainers Skills Workshop for Benue State Team,
June 29 - August 6, 1987

16th July, 1987

PRE/POST TEST

TRAINING AND CURRICULUM DEVELOPMENT SKILLS COMPONENT

Time: $1\frac{1}{2}$ hours

NAME _____

Role/Skills of an Effective Trainer

1. An effective trainer must possess certain specific skills. For example, she or he needs to have skill in selecting appropriate training techniques.

   (a) Name one important skill a trainer must use when PLANNING a training _____

   (b) Name one other important skills a trainer must use when actually CONDUCTING a training session.

(3 marks) (c) Name one important skill a trainer must use at the end of a training session.

   _____

   _____

2. The Benue State Team of Trainers has a common purpose and responsibilities. Some of these responsibilities are listed below:- Write the correct response(s) in the questions below.

   2.1 The whole team should:-

   (a) Respect and use members training capabilities and help in supporting each other when weaknesses are observed.

   (b) Assign clear roles of each team member at the workshop.

   (c)

   (d)

(3 marks) (e)

   2.2 Individual Team members of the Benue State Team should

   (a)

   (b)

(3 marks) (c) participate in CS/ORT training for basic nursing and midwifery and in-service training.

   (d)

   (e) take active responsibility to maintain individual training clinical or community health education skills which they have learned.

   (f)

ADULT EDUCATION

3. Question: "How someone is taught is just as important as what someone is taught."

For adult training what does this statement mean?

(1 marks) .....

.....

.....

.....

PROBLEM SOLVING DURING TRAINING

4. One of the participants in your workshop regularly comes 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 her to act like an adult and start coming on time or else.

D. Ask the person to leave the workshop because he/she is disrupting activities.

(1 mark) E. Tell the person's supervisor about his/her constant lateness.

GROUP DYNAMICS

5. 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.

.....

(1 mark) .....

.....

.....

Organising Problems that can be Solved by Training

(TRAINING NEEDS ASSESSMENT (MACRO-LEVEL)

5. A relevant and well implemented in-service training programs can often help health professionals provide better health services. However, many times problems exist that cannot be solved by training alone. Look at the list of problem below. Circle the letter of all problems that can be solved mainly by training.

a) A survey of childspacing clinical service providers shows that some important steps of the IUCD insertion technique are omitted ( )

b) Child Spacing supplies are not being received at clinics even though requisition procedures are being correctly followed ( )

c) CHE/CS providers cannot explain correctly the benefit of family planning to women and families ( )

d) The clinics are short of space and under equipped ( )

e) Nurses are worried about job security ( )

f) Transportation for community health education activities and supervision of providers is difficult to obtain ( )

(7 marks) g) Ministry of Health strongly believes in in-service training but funds are very short ( )

NEEDS ASSESSMENT AND TASK ANALYSIS

6. One of the steps in the training process is the training Needs Assessment. Which of these below represent a training Needs Assessment
The trainer -

a) Selects and orders training materials, gives bill to Accountant for payment ( )

(2 marks) b) Visits clinic sites to arrange practicum; writes confirming letter to clinic supervisor ( )

c) Interviews health staff to find out what to include in the forthcoming inservice workshop ( )

d) Prepares training plans and submits them to the Coordinator for approval ( )

e) Based on a task analysis, prepares, dispatches and later analyse a pre-workshop questionnaire ( )

CURRICULUM DEVELOPMENT

7. Write numbers 1, 2, 3 etc to show the sequence of major activities which a trainer or training team perform(s) to develop, implement and evaluate a curriculum after the Ministry of Health/Health Services Management Board has already decided on what courses to conduct (project proposal). The trainer has read the project proposal.

(11 marks)

a) Write a schedule of training activities ( )
b) Develop lesson plans ( )
c) Implement the Curriculum ( )
d) Perform a training needs assessment based on the listed post-training tasks of the graduate of the course for which a curriculum will be developed ( )
e) Develop training materials for the lesson plans ( )
f) Evaluate the curriculum and modify it ( )
g) Develop an evaluation plan for the course ( )
h) State training goals ( )
i) Formulate general training objectives ( )
j) Formulate specific training objectives for the program ( )
k) Review all documented information for completion of content, quality and category of objectives, sequence and time assigned and write the curriculum document ( )
L. Outline, organise content into logical units, assigning time. ( )

TRAINING OBJECTIVES

8. Write one training objective in each of the categories shown below. These are the major areas in which learning takes place. PLEASE WRITE COMPLETE STATEMENTS/SENTENCES.

(3 marks)

a) KNOWLEDGE OBJECTIVE

b) SKILL OBJECTIVE

c) ATTITUDE OBJECTIVE

TRAINING DESIGN

9. When designing a training session for a specific topic e.g. HEALTH BENEFITS OF FAMILY PLANNING, there are not less than 6 generally accepted training design (lesson plan) components. For example, one of these components is TIME i.e. How much time is required to complete the learning or training activity.

Look at the list below. Select the 5 other most generally accepted TRAINING DESIGN COMPONENTS, that must be included. Tick the best 5.

(5 marks)

(a) Hand Outs ( )
(b) Content/Topics ( )
(c) Objectives ( )
(d) Visual Aids/Equipment ( )
(e) Materials/Resources ( )
(f) Guest Speakers' Expertise ( )
(g) Evaluation/Assessment ( )
(h) Method/Training Instructions ( )
(i) Text Books ( )

10. Circle T if the statements are TRUE and F if FALSE. The statements give some of the criteria which a trainer considers when assessing the lesson plan/training design which he/she has written.

a) The lesson plan should be designed so that another trainer with similar expertise to the one who developed it can present it T F

b) The sessional objectives should be similar to the unit objectives T F

c) The planned time, learning experiences, resources and evaluation methods should match the category of objectives of the session T F

(7 marks) d) The lesson plan is not likely to be changed T F

e) The evaluation section of the component mainly shows the questions which the trainer will ask during the session T F

f) The evaluation section consists evaluation methods, or products of learning experiences. T F

g) The lesson plan has more than one participative training methods T F.

11. The guidelines for writing a lesson plan and sequencing content are similar to those of writing a curriculum. State any 3 guidelines. The first has been written for you.

(3 marks)

a) The lesson plan should derive from the curriculum content outline and learning objectives set.

b)

c)

d)

12. 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. .....

SKILLS LEARNING

13. 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; then send participants to practice in clinics.

B. Use a model uterus and demostrate insertion then send participants immediately to the clinic for practice.

(1 mark) 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.

14. In one sentence, explain why you have chosen your answer in number 13 above.

.....

.....

TRAINING METHODS

15 Which of the following subjects can be learned effectively using a role play. Circle the BEST TWO answers.

(2 marks)

A. How to make new FP clients comfortable in your clinic.
B. Learning the relative contraindications for OCPs.
C. Learning how to give a CMD presentation in a market on family planning benefits.
D. Learning how to insert an IUCD.

TRAINING EVALUATION

16 List the evaluation methods and/or tools which are used at the following parts of a training program. Give one answer for each part below:-

TIME FRAME	EVALUATION METHOD/TOOL
a) Preparing for a course/training activity	
b) At entry level	
c) Monitoring learning during the course	
d) Immediately at the end of the course	
e) Six or twelve months after the training, to compare knowledge/skills and attitudes at that time and before the course.	
f) At a specified/selected time to assess results of training in the CS/ORT service.	

17. The statements below are a mixture of correct and incorrect things that a Team of Trainers assigned to each training activity should do with various results of the training evaluation. Tick the correct response(s)

(1) Keep all evaluation results until the end of at least two courses ( )

(2) Modify training sessions based on the results ( )

(3) Give feedback to individual trainees or group, highlighting strengths and weaknesses ( )

(4) Keep each other up-to-date in contraceptive technology and practice ( ) (3 marks)

(5) Refer significant results and need for curriculum modification through FP Coordinator to Program Director ( )

18. Write two ways in which the Benue State Team will demonstrate in action that the training evaluation results for each course are being used. (2 marks)

a)

b)

19. Give two reasons for conducting CS/ORT training program evaluation.

a)

b)

20. Give 3 advantages of having CS/ORT procedure protocols which are well written, available in all clinics and to training team. (3 marks)

a)

b)

c)

21. Write in 3 statements, some of the qualities required in a CS/ORT clinic which can be used for effective clinical skills training. (3 marks)

a)

b)

c)

22. State 2 advantages of writing a detailed implementation plan (workplan) for each of the training courses on the CS/ORT Training program (1987-88). The detailed workplan is written by the State Training Team members under the leadership of the FP Co-ordinator/Implementation Committee. (2 marks)

TRAINING TERMS

23. Column I and column II have training terms and definitions or descriptions. Write the letter from Column II statement in the appropriate space of Column I terms. The first one has been matched as an example.

COLUMN I	COLUMN II
(D) Direct Experience	A. A training method that affects the way in which we behave.
( ) Training Objective	B. Activities designed to measure how well objectives are being achieved.
( ) Training goal	C. A process which enables the identification of job activities which a graduate of a particular training does.
( ) Learning	D. A training technique most useful for learning clinical skills
( ) Evaluation	E. An activity that can be conducted to find out problems that training can solve.
( ) Task analysis	F. A training method most frequently used in learning
( ) Brainstorming	G. A statement describing in broad terms what trainees will do as a result of training.
( ) Team teaching	H. A general term used to identify techniques to achieve desired learning.
( ) Experiental Learning	I. The subject matter and methods of a training course.
( ) Group Discussion	J. A specific statement describing what trainees will do as a result of a learning experience
( ) Training	K. A training technique to develop free and creative thinking.
( ) Training needs Assessment	L. The practice by which trainers of one activity support each other in conducting training sessions.
	M. A training method in which many ideas are generated spontaneously by a trainee/trainer group.
	N. A process resulting in some modification of a learner's way of thinking, feeling and doing.
	O. A process of facilitating a trainee to acquire knowledge, skills and attitudes required in a particular job.
	P. A phrase that refers to participative approach in training.

(11 marks)

ACTIVITY 5 TOT WORKSHOP FOR BENUE STATE TEAM

RESPONSES FOR PRE/POST TEST ON TRAINING AND CURRICULUM DEVELOPMENT

Question I Roles/Skills of a Trainer: 5 marks

(a) Planning Training

.Problem solving skills; questioning; writing a TNA questionnaire; writing training goals and objectives; skills in developing a curriculum and training materials.

PL US ANY OTHER SKILLS CONSIDERED CORRECT BY TRAINER

(b) Conducting a training session

- Ability to create an atmosphere conducive to learning.
- O bservation skills
- Listening skills
- Skills in interpreting and giving and receiving feedback.
- Summarising skills
- Skills in using the KIAO (experiential learning model)
- Skills in handling un-anticipated maters to keep to set objectives.
- Skills in organising content logically
- Skill in assessing quality of individual or group participation.

PLUS ANY OTHER SKILLS CONSIDERED CORRECT BY TRAINER

(c) At the end of the session:-

- Ability to summarise content delivered.
- Skills in questioning to ensure learning achieved.
- Skill in getting trainees reflect on learning activities covered and express themselves openly. Helping trainees apply KIAO.
- Helping trainees to identify own short comings and propose remedial activities e.g. referees in text books.

PLUS ANY OTHER SKILLS CONSIDERED CORRECT BY TRAINER

Individual Team members responsibilities — A marks for any of the responses

(a) Complete, individual assignments, share information and give feedback to colleagues.

(b) Attend trainer's meetings for planning, implementing and evaluating training activities or problem solving, or reviewing status of activities planned.

(c) Participate in CS/ORT training for basic running and midwifery and inservice training.

(d) Communicate with the leader of the Team and other members if there is a problem in assigned roles or group relationships.

.../2

(e) Participate in conducting follow-up of extrainees.

(f) Take active responsibility to maintain individual skills and knowledge in CS/ORT education or service delivery which have been learned.

Question 2 BENUE STATE TEAM RESPONSIBILITIES

2.I Whole team ! 3 marks for any 3 responsibilities stated.

(a) Respect and use members, training capabilities and help in supporting each other when(training skills) weaknesses are observed.

(b) Assign clear roles of each team member in relation to planning for, conducting, directing, monitoring and evaluating courses.

(c) Propose criteria for trainee selection as to promote CS/ORT CHE and service delivery.

(d) Prepare clinical sites to receive trainees cooperatively.

(e) Conduct training according to schedule.

(f) Plan and conduct follow up for extrainees within available resources of as part of another child survival activity/ outreach.

(g) Evaluate each training activity and use findings to re-plan Inform project Manager and FP implementation committee through accepted channel.

(h) Read the project document so as to guide learn in implementing the activities.

(i) Hold regular meetings on progress or special plans for the training program. Keep an informal but clear record of the meetings.

Question 3 ADULT LEARNING I Mark

The statement implies that for adult learning to be enhanced, the trainer/facilitator must recognise the learners feelings and needs, and the experience that an adult brings to the course.

Question 4 Problem solving in Training I Mark.
Correct responses is 4 B.

Question 5 Group Dynamics I Mark

Correct Responses:-
Any of the following or other responses which recognise team approach to solving the problem:-

(a) Use an exercise that enhances Team work or highlights group roles eg. Broken squares; 7 piece puzzle on group roles., and have a session to relate the exercise to actual workshop behaviour noted.

(b) Give challenging questions or responsibilities in the group and remind them to give special attention to less talkative ones.

(c) Encourage small groups work, individual exercises or assignment to boost morale and confidence of the less talkative members.

.../3

(d) Direct questions to quiet members in a non threatening manner.

(e) During a review session ask the group to suggest a solution(s)

(f) Introduce rules of feedback.

QUESTION 6 Training needs Assessment (7 Marks for identifying correct and incorrect responses)

Correct Responses are 6 (a) and 6 (c)

Question 7 Needs Assessment and Task analysis: 2 Marks ONLY.

Correct Responses are 7c and 7e.

Question 8 Curriculum development steps (micro-level) I2 marks

Item No.		Response/Step
8a.		6
(b)	---------	7
(c)	---------	II
(d)	----------	I
(e)	---------	8
(f)	---------	I2
(g)	---------	9
(h)	---------	2
(i)	---------	3
(j)	---------	4
(k)	---------	I0
(l)	---------	5

Question 9 Training Objectives: 3 Marks

- Responses will be statements beginning with by the end of (course) participants will be able to:-

  _____

  _____

- The training objectives can either be general or specific but must have
  - Audience --- Who will do what
  - Behaviour --- what will the person do that is observable or feasible
  - Condition --- under what circumstances.

Question II Assessing a well written lesson plan

Responses are:

IIa	True
(b)	False
(c)	True
(d)	False
(e)	False
(f)	True
(g)	True

7 Marks

Question I2 Guidelines for writing a lesson plan

3 marks for any correct statements or those a trainer will accept as correct. (see Handout).

(a) ----already given

(b) Content should flow from familiar to unfamiliar, general to specific, or according to priority knowledge or skills for the trainee.

(c) Sequence should be logical.

(d) Information should build on preceding one.

(e) Objectives, training and evaluation methods should match.

(f) Time allocated should match training methods or resources planned for the lesson.

(g) The four(4) True statements in Question II apply here also.

(h) Trainer should allow room for modifying the lesson when using it in real-life situation.

(i) Information given should be up-fordate.

Question I3 Lecture: Disadvantages — 3 Marks

1. Trainer dominates in the learning experience. Trainee is passive.

2. Restension of knowledge gained is short.

3. When longer than 20 minutes, trainees have difficulty in attention; boredom is enhanced.

ANY OTHER CORRECT RESPONSES

Question I4 SKILLS LEARNING — 1 Mark
Response is I4c.

Question I5 Why response in Question I4? — 1 mark.

Response:

To teach a skill requires repectition, saying as one does as in the demonstration, return demonstration shown in the question I4 So Question I4c is the correct way to teach a skill.

Question I7 Evaluation methods or tools at different stages of training — 6 marks

NB One response for each question is required. There may be repectitions but they have to be clear in meeting for getting a score.

	TIME FRAME	EVALUATION METHOD/TOOL
I7a	Preparing for a course	. Questioning/Interviewing Staff on K.A.S of trainee group . Needs, Assessment questionnaire/ check list . Biodata Forms.
(b)	At entry level (course begins)	Pre-test.
(c)	Monitoring learning during the course	. Sessional feedback . Where are we? . Pluses and wishes sessions . Reflections session . Written session or daily reactions . Individual or group products.

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		• Listening to trainees comments • Observing non-verbal cues. • Trainers daily review sessions
(d)	Immediately at the end of the course	• Post Test • Participant Reaction forms on course • Verbal reactions/wrap up session information. • Talking to a sample of trainees about usefulness of course
(e)	Six or twelve months later ---------- ----------	• Pre Test repeated. • Performance assessment questionnaire/ check list(could be same as that used for TNA above) • Interviewing trainees on relevance of training received.
(f)	Selected time after course	• Observation, Interviewing based on project objectives training objectives and using a sample of trainees.

Question I8: Use of training evaluation results

5 marks

Responses: I8.2, I8.3, I8.5

Question I9. Use of training evaluation by Benue State Team

2 marks

Any of the following and other correct responses identified by trainer.

(a) Develop Feexible training designs, in response to evaluation.

(b) Reasses own knowledge and skills as a team or individuals and act appropriately.

(c) Reassess training methods used compared to available time, and trainee experience or age groups.

(d) Reassess selection criteria of trainees.

Question 20 Reasses for conducting training program evaluation

2 Marks for any two of the following responses and other correct ones.

(a) To modifying the curiculum or re-planning of the curriculum.

(b) To provide feedback to supervisions on the progress of the training being conducted.

(c) To ensure that activities planned are carried out according to set project and training objectives.

(d) To meet doner requirements.

(e) To provide Institutional credibility and show efforts in training.

.../6

(f) To maintain trainers and other staff's motivation at work.

(g) To have baseline information where non existed.

Question 21 Advantages of CS/ORT protocols which are available well written and in all clinics and with training team.

5 Marks for any of the following and other identified correct responses.

(a) They help to standardise client and clinic management.

(b) Such standardising contributes to increased client acceptance as they promote "oneness" in providing a sensitive subject.

(c) Protocols are reference for inexperienced CS/ORT service providing, trainers or other clinical staff.

(d) They can be used to asses correctness of procedures by trainees or other staff.

Question 22 Qualities required of a CS/ORT Clinical Training Site

3 marks for any of the following and other identified responses.

The clinic should have:-

(a) an adequate number of new and continuing client load for trainees to observe and their perform procedures.

(b) Equipment, supplies and space should be able to accommodate extra staff, the trainees and their trainers.

(c) Clinic staff should have had updated training, and interest in preceptorship.

(d) The clinic should be accessible to the venue of training (classroom).

(e) There should be adequate staff to cater for clients service needs and trainees teaching needs.

Question 23 Advantages of a detailed workplan for each course

2 marks for any of the following responses and other identified ones.

A workplan I.

(a) is a clear guide which contributes to clarifying assigned roles, contributes to team work.

(b) Can allow trainers to manage their time for home, official responsibilities to prevent conflict and interfering with training.

(c) allows adequate lead time in planning for courses.

(d) enables any other person to follow the plan should the one(s) who develop it have an emergency, A WORKPLAN should be posted on thw wall for all to see.

(e) is a clear evidence that planning is done.

(f) Allows supervisor to identify when to assist the team as well as to consider the trainers workplan when developing her overall plan.

(g) Allows team to develop or organise resources for planning, conducting, monitoring and evaluating training activities.

Question 24 Training terms defined.

IImarks

Responses are shown in the brockets

(J) Training objective

(G) Training Goal

(N) Learning

(B) Evaluation

(C) Task analysis

(M) Brainstorming

(L) Team Teaching

(P) Experiential learning

(K) Group Discussion

(O) Training

(E) Training needs assessment.

TO TAL MARKS: 9I

APPENDIX I.1

TASKS OF A TRAINING COORDINATOR

PROPOSED TASKS FOR A TRAINING COORDINATOR:

Profile:

- FP trained practitioner has attended seminars in ORT on other Child Survival programs.
- Interested in training.
- It is desirable that he/she attend a Training Methodology/ curriculum development with program management including evaluation.

Responsibilities:

I. Program management:

1. Assistant to the project manager and liasion between MOH and training team.

2. In collaboration or as delegated by project manager.

   2.1 Interpretes project activities into operational lelevl implementation and explains the rationale of project activities.

   2.2 Ensures smooth progress of contractual committments.

   2.3 Supervises and monitors training activities including deciding with the State Team to assign a course coordinator in teams if possible.

   2.4 Re-budgets for each training activity ahead of time for supplies, transport during training activities, per diem, to enable uninterrupted training or dissatisfied participants.

   2.5 Sends the personal data sheet (micro-level training needs assessment) at least 4 - 6 weeks before the planning week immediately preceeding a course. Gives the data sheet to the Training Team/course coordinator for analysis and relevant midification of training designs.

   2.6 Maintains a training workplan, cooperatively developed with the training teams.

   2.7. Liases the training project with other MCH activities for prevent duplication of activities or role role conflicts but maintain smooth coordination of the CS/ORT and other MCH activities.

   2.8 Selects/arrange the venue of training or trainee residence.

3. Keeps herself up to date in CS/ORT and training methodology.

II. Training Activities:

4. Acts as a resource and technical support to the State Training team in:-

   a) Developing micro-level training needs assessment when the target group has had previous CS/ORT training.

   b) Maintaining adult training methodology for all courses.

   c) Conducting training sessions for which the State Team has little experience e.g CS clinic management, population Golicy/benue State CS/ORT Action Plan; Integration of MCH services.

   d) Planning, implementing, monitoring training activities. She should attend the daily trainers review and re-planning meeting for team approach to training as well as provide urgent logistical support e.g photocopy material required for particula sessions on the next day.

   e) Planning follow up of trained personnel or for deciding on an action plan to increase client load by CS method or solving clinic problems so as to cater for satisfactory training.

NB: If MOH decides to have a course coordinator instead of the proposed Training Coordinator.

a) The course Coordinator would mainly be the team leader of the training team.

b) She would be mainly responsible for activities specified in Part II of the training Coordinators responsibilities and actively help the State FP Coordinator to perform activities 2.2 - 2.8

APPENDIX I.2

ROLES OF BENUE STATE TEAM

APPENDIX I.2

BENUE STATE TEAM RESPONSIBILITIES

2.I Whole Team :

a. Respect and use members training capabilities and help in supporting each other when weakness in training skills are observed.

b. Assign clear roles of each team member in relation to planning for, conducting, directing, monitoring and evaluating courses.

c. Propose criteria for trainee selection so as to promote CS/ORT CHE and service delivery.

d. Prepare clinical sites to receive trainees cooperatively.

e. Conduct training according to schedule.

f. Plan and conduct follow-up for ex-trainees within available resources e.g. as part of another child survival activity/ outreach.

g. Evaluate each training activity and use findings to re-plan. Inform project Manager and FP Implementation Committee through accepted channels.

h. Read the project document so as to guide team in implementing the activities.

i. Hold regular meetings on progress or special plans for the training program. Keep an informal but clear record of the meetings.

j. Send completed Biodata and reaction forms(INTRAH) to the Coordinator for onward dispatch to INTRAH HQ.

2.2 Individual Team Member Responsibilities

a. Complete individual assignments, share information and give feedback to colleagues.

b. Attend trainers' meetings for planning, implementing and evaluating training activities or problem-solving, or reviewing status of activities planned.

c. Participate in CS/ORT training for basic nursing and midwifery and inservice training.

d. Communicate with the leaders of the Team and other members if there is a problem in assigned roles or group relationships.

e. Participate in conducting follow-up of ex-trainees.

f. Take active responsibility to maintain individual skills and knowledge in CS/ORT education or service delivery which have been learned.

g. During the course, ensure that:
-Venue is conducive to learning; substitute if needed

-Conduct daily group reviews of clinical and classroom training activities

-Monitor group and individual well-being; trainer/trainee relationship, achievement of objectives

-Completion of required data forms e.g. Biodata forms, participant reaction forms. Summarise workshop evaluation forms and keep copy for files.

2.3 Preceptors (Clinical)

a. Clinical preceptors are expected to participate full-time in the planning, conducting and evaluation of the course in question. Their attendance during the implementation of the course may be modified so that they participate partially in class and mainly in the clinic and regularly in scheduled trainer review sessions.

APPENDIX J

PROPOSED CORE TEAM, RESOURCE PERSONS AND PRECEPTORS

APPENDIX J

Proposed Core Training Team who requires to be assigned full time to CS/ORT training using the CHE and clinical skills curricula prepared.

Mrs. Sarah Jebu (proposed Team Leader)

Mrs. Lydia Orpin

Mrs. Kuwua Shaku Nor*

Mrs. Elizabeth Mamodu

Mrs. Rekia Musa (after a clinical CS skills course).

This team (Core) should participate in clinical preceptorship during courses besides classroom training.

Resource persons who will assist the Core Team of Trainers. These trainers have other major responsibilities or are employees of a NGO outside Makurdi.

Mrs. Pricilla Gbillah

Mrs. Rebecca Ishaver

Mrs. Tabitha Zawua

Mr. Joshua Kon

Mr. Dzever Ishenge

Mr. Justin Loho

* Also trained as in-country - Evaluators.
Should help training team in preparing,using and analysing training evaluation tools (see article) of contract.

Clinical Preceptor:

These are service providers who have attended the TOT workshop. They should be used mainly to consolidate the trainee's clinical skills with cooperation of the Core Training Team. They showed participation in classroom training when required to maintain linakges of training and when required to maintain linkages of training and service delivery e.g demonstrating clinical procedures for clients or clinic management.

Mrs. Awa Aruwa

Mrs. Susan Ibrahim

Mrs. Titi Ornale

Mrs. Esther Onaji

Mrs. Bridget - Telley - Gyado

Mrs. Chriastiana Gbakaan

Clinical preceptor who are outside Makurdi should make active efforts to develop their clinics so as to have them used as future clinical training sites.

Mrs. Justina Abeda a participant of the TOT is deputy State FP coordinator, should provide logistical support to all teams.

APPENDIX L.1

PERMANENT SECRETARY, MR. AGOGO ON BEHALF OF THE COMMISSIONER FOR HEALTH

APPENDIX L.1

ADDRESS BY THE HONOURABLE COMMISSIONER FOR HEALTH ON THE OCCASSION OF CLOSING CEREMONY OF TOT WORKSHOP BENUE STATE TEAM, 7TH AUGUST, 1987.

Representative of INTRAH

Distinguished Participants

Ladies and Gentlemen.

I am pleased to have your invitation to the closing ceremony of the past six weeks of tedious, dedicated but rewarding course on training trainers, specially conducted for the Benue State team by INTRAH expert trainers. This training which is the 5th activity in the training schedule, though intensive, is important to the State. Indeed, it is the first of its kind. The purpose of training the trainers is to discontinue the look beyond Benue State and outside the Country for trainers on the memerous activities lined up to promote CS/ORT in Benue State.

2. Family Planning being one component of the Health Care Service has become a very controverial health service due to its method and misunderstood objectives. Our policy makers are becoming increasingly aware of family planning as an important health care service in the improvement of the quality of life of our people. It recognises family planning not only as a very important preventive health measure but also as a socio-economic necessity.

3. We believe that the majority of parents desire to have knowledge and means to plan their families and the opportunity to decide the number and spacing of children is a basic human right. There is however, no doubt that family planning is a low cost preventive health factor considering the soical and economic implication of unbriddled child bearing. We must therefore not waver in our effort to inform, educate and make family planning services available to all eligibe couples in Benue State.

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Best Available Document

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4. The training t am is now fully aware of the Benue State action plan and National Population policy plan. It is therefore my hope that through the six weeks extensive course, you are well equiped to plan, conduct, monitor and evaluate. CS/ORT programme that would enable the primary health care reach the grass-roots level. The team will continue to actively conduct inservice training in the State. It is also hoped that the pre-service tutors will implement the National F.P. curriculum developed by the National Nursing Council of Nigeria.

5. As designed Clinicians/Tutors drawn from your respective stations, I believe participation in the six weeks workshop will assist in sharpening and developing the required skills for the training awareness and task ahead. The scheme is expected to help us achieve our child survival programme by reducing infant mortality and morbidity since parents can have only the number of children they can maintain.

6. I wish to conclude therefore, that ill effects and death caused by early pregnancies, too many and frequent pregnancies and old age pregnancies can be to a large extent reduced or avoided through effective Community education and mobilization.

Thank you and God bless.

APPENDIX L.2

GRACE MTAWALI FOR INTRAH TEAM

APPENDIX L.2

ADDRESS BY MRS G. MTAWALI
INTRAH Regional Office (ESA) and Team Leader for the INTRAH Team
CONDUCTING THE TOT WORKSHOP FOR BENUE STATE TEAM

JUNE 29 - August 7, 1987.

Permanent Secretary Mr. Agogo,
Secretary for Health, Mr Anongo,
Chief Medical Officer (HSMB) Dr. May Ogebe,
Colleagues,
Benue State Team of Trainers
Ladies and Gentlemen

On behalf of INTRAH Headquarters at the University of North Carolina, Chapel Hill N.C USA, International Health Program of the University of Califonia San Francisco; INTRAH Regional Office for Anglophone Africa, Nairobi and my colleagues Maurice Apted, Betty Farrell, I wish to thank the Benue State Ministry of Health and Health Service Management Board for according us the opportunity to work with an enthusiatic team of 19 leaders in CS/ORT community Health Education and Clinical Service Delivery Skills. Indeed it has been a pleasure working with them and achieving the objectives which we all set out to do.

2. The major objective which was identified is "to enable the 20 Benue State Team of Trainers to plan, conduct, monitor and evaluate child spacing?ORT training"

The major achievements of these objectives are :

(a) 1 Curriculum for CHE skills training
(b) 1 Curriculum for Clinic Service Delivery skills
(c) Draft protocols/standard procedures for birth CHE & Clinic Service
(d) 4 reports on the CHE practicum which included conducting CS/ORT KAP planning, conducting and informally evaluating the CHE done.
(e) Marked change of participants attitudes and relationship with the Community and adult learning.

The two major types of training for which the training team has been prepared to train others are :

(a) Community Health Education i.e. planning, conducting, evaluating and following up activities related to convincing, counselling, persuading individuals and groups and clients to use child spacing and ORT services.

(b) Clinical Service Delivery i.e. establishing, providing, monitoring and evaluating the clinical CS/ORT services. This service consists of community Health Education, provision of counselling, CS methods, non-child spacing services related to reproduction health, and managing the clinic so that it is attractive to clients, maintains its attractive services and can be used for training.

This means that all CS/ORT personnel must contribute actively in CHE over and above their assigned duties.

The themes of the workshop have been :

1. Treat colleagues, clients and community members as adults who have ideas, concepts on which you and them can build on.

2. Team work which requires clear roles, goals, ability to solve problems as individuals and groups, communicate verbally, in writing about what the team or individuals are doing. Leadership of team is a necessary factor. "It takes many men to lift a roof", a Nigerian saying.

3. In order to achieve goals, PLANNING for a significant time using the problem identification process is important. In this concept of planning we have emphasised the importance of having written plans of action by the Team of Trainers in collaboration with the Project Coordinator and relevant members of MOH/HSMB.

4. Follow up of each plan, modify it and carrying out in order to conduct effective training. Effectiveness concerns achieving set goals and objectives, abiding by the contract between MOH/INTRAH yet being sensitive to unanticipated outcomes of each training that was planned. I have in mind here, considering the feasibility of preparing CS/ORT CHE for a fuller participation in educating the community, identifying at rist clients and defaulters and counselling appropriately. How cost effective is it to train people for one task and then allow them to work for perhaps less

than 25% of the in time using the new skill? We the facilitators hope that regular time be assigned for the CHE trained personnel to conduct systematic CS/ORT 1 and E.C. using the drafted protocols. Similarly when a training need is idenfified such as IUCD insertion, skills, what efforts will be made by those who now know how to conduct CHE and that results arise from teamwork? To continue standing at the point of saying "We do not have enough clients, or should each CS/ORT manager, service provider, trainer and educator make a plan to respond to the training need and at an appropriate time introduce the service and training?

Chairperson, I wish to give concluding remarks about child spacing principles. In accordance with the MOH guidelines given as goals and objectives of the Benue State Action Plan and even the draft National Population Document participants and us facilitators have emphasised the following about child spacing :

(a) Child spacing is the way individuals and couples, voluntarily choose to have children at intervals of not less than two years and according to the ability to care for them.

(b) There are child spacing methods to suit traditional practices, individual's likes and those who are strongly convinced religous wise.

(c) Service providers, medical and non-medical, must uphold the informed choice i.e. explain, counsel thoroughly about CS or ORT so that the client may choose the method or practice which suits her/him.

(d) Both health and Social-economic benefits of child spacing and ORT should be equally addressed.

(e) Although all community groups must be taught about CS methods, special care must be given to the language used to ensure similar interpretations of concepts and prevent misconceptions and rumours.

(f) Privacy, confidentiality are some of the major ethical issues in providing the CS/ORT services.

(g) Last but not least documentation of all the activities should be given extra effort in order to enable the CS/ORT educators, providers, trainers and policy makers to get a clear direction of where they are going, "before ending up somewhere else and not even know it". The 19 trainers know that this is a statement we have repeated in connection with setting objectives.

Chairperson, may I thank you, MOH/HSMB and all who gave us material and moral support and guidance in getting this workshop reach this day.

Participants and now declared trainers I wish you good luck, commend you for the hard work, patience and perserverance. You have done it and now continue.

Thank you.

APPENDIX L.3

PARTICIPANTS INCLUDING THEIR RECOMMENDATIONS AT GRAND REFELECTION SESSIONS

APPENDIX L.3

ACTIVITY 5: BENUE STATE TOT WORKSHOP : GRAND REFLECTIONS AT CLOSING DAY

June 29 - August 7, 1987

I. What I liked about the TOT workshop

- Study guides
- Group Discussions/Work
- Impromptu Speaking
- Where Are We?
- CHE FIELD TRIP
- Trainers
- Changes in attitude
- Expectations of TOT were met
- Demand for high output
- Spirit of accommodation (Trainers)
- Participants
- Conception Game
- Role Play
- Grab Bag
- What am I?
- Group Dynamic Exercises
- Problem-solving puzzles
- Beginning Team spirit
- Encouragement from Trainers
- Cooperation, perserverance, patience
- Grace's stories

II. What I disliked about the TOT workshop

- Test-change name to "assessment"
- Working so hard
- Setting, venue and seats, uncomfortable
- Not enough incentives to Participants from MOH
- Too short for the workload
- Was unable to practice training
- Pressure at end for output

III. Recommendations

- INTRAH office and Representative to be here, Benue.
- Periodic TOT refresher
- INTRAH badge or pin
- Increase length of TOT to 8 weeks
- Extend INTRAH sponsorship for 1 more year
- Community health education for colleagues in EPI, ORT
- Time to include clinical practice (Refresher/Update) in course, based o a Needs Assessment in CS/ORT

- Audio/visuals for Training
- Follow-up on Training activities
- Update a new concepts/practices in CS/ORT
- Journals to Update CS/ORT contecnt/knowledge (individual/group)
- Training models: Breast, Pelvis, IUCD insertion models
- Commodities/equipment is needed (e.g. IUCD kits)
- Needed: Duplicating machine/photocopier to minimize cost of reproducing materials.

APPENDIX L. 3

ADDRESS BY T. ZAWUA (PARTICIPANT TOT WORKSHOP)
ON THE OCCASSION OF CLOSING CEREMONY OF TOT
WORKSHOP BENUE STATE TEAM, 7TH AUGUST, 1987.

The Commissioner for Health

The Permanent Secretary
Ministry of Health, Mkd.
The Chief Medical Officer, HEMB.
The Director, Family Planning,

The Coodinator, Family Planning

Master trainers

Trainees

Invited Guest

Ladies and gentlemen.

It is a great previlege for me to stand before you today to express to you the feelings of Benue State training team.

First of all I want to thank the Planners of this programme for selecting us to lead CS/ORT activities in Benue State.

We have learned so in a short time. Copies of some of the things we have done will be given to you.

Among other things we have studied are:-

: Population issues

: New ways of salving problems.

: Working together as a team.

: New trends in contraceptive, technology.

: Curriculum development.

: How to carry out Health education in Community on CS/ORT.

: Health benefit of Child Spacing to mother, father and children.

: Above all how to motivate the community to accept the services of CS/ORT.

This is to mention but a few. You will all agree with me that to do all these things in just six weeks, calls for hard work. All of us are really happy with our achievements. We are excited and eager to start putting what we have learned into practice. We wish that all our colleagues were able to benefit from this workshop with us.

To you master trainers Mrs. Grace Mtawali, Mr. Maurice Apted, and Miss Betty Farrell, you have done a tremendous job, you have worked so hard and have been very patient with us. You have helped Benue State to have a training team in order to achieve her goal. I lack words to

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commend you so I am quoting from the Bible: proverbs 31: 29 "Many daughters have done well, but you excell them all." We really appreciate your work.

To you project director Dr (Mrs) Abdullahi, we appreciate all your efforts to see that we were all happy and comfortable throughout the workshop.

I want to tell you that the spirits of participants are so high. Everybody is so eager to carry out their assignment, but this depends on your response. If you want us to continue with the interest we have developed, of which I am sure you are, then you have to make learning and teaching conducive for all of us. We are relying sorely on your abled leadership.

To my co participants, I want to congratulate you for your hard work and for becoming pioneers in the area of CS/ORT. I want to encourage you to work hard in order to uplift Benue State to a first position in the country in the area of CS/ORT services.

You will agree with me that INTRAH philosophy has come true. We all have learned to.fish, we were not given fish. We have succeeded in catching more fish than we have expected, even though the wheather was not always good.

Thank you very much and god bless you all.

Anya, Agba, Yijiyebo,
Msugh ne cii.

APPENDIX M

PLUSES AND WISHES

TOPIC: "Pluses and Wishes"

OBJECTIVE: Participants will be able to give the trainer specific feedback on the daily session.

TIME: 15 - 20 minutes at the end of the day, or at the end of the session.

BACKGROUND: On - going evaluation is a most important component of training activities. How can we see if we are attaining the goals and objectives established at the beginning of the program? One very positive evaluation activity that may be used by the instructor and participants is called "Pluses and Wishes".

HOW IT WORKS: At the end of the day or the week of training draw two sections on the chalkboard or on newsprint, one titled "Pluses" and one titled "Wishes". The object is to have the participants express what they thought were the "pluses and wishes" of the training session. "Pluses" are the positive or useful events, strategies, methods used in the instruction. The "wishes" are a positive way of citing strategies, content and methods that the participants "wished " had happened during the training session.

This is a very positive approach to evaluation which can be carried out in a brief time at the end of the session. It lets the trainer get a feel for what worked and what didn't work so that revisions may be made in the instruction. The more specific the "pluses" and "wishes" are, the more helpful the feedback will be for re-design or modification of a session. It is all right to start with generalizations, but the trainer should start to gently probe for specifics.

Program for International Training in Health

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School of Medicine

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ANSWERBACK: UNCCHINTRAH

November 23, 1987

Ms. Marilynn Schmidt
Program Monitor
ST/POP/IT
SA 18 Room 811
Agency for International Development
Washington, D.C. 20523

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

Dear Marilynn:

Enclosed are two copies (one complete copy, one standard copy) of INTRAH trip report #0-402.

Country: Benue State, Nigeria

Activity Title: Training

Dates: June 16 - August 8, 1987

Traveller(s): Mrs. Grace Mtawali, INTRAH/ESA Regional Training Officer
Mr. Maurice Apted, IHP Program Coordinator
Ms. Betty Farrell, IHP Consultant

Purpose of Trip: To conduct a six-week TOT workshop for the 19 member Benue State Team from June 28 - August 7 and assist t State Training Team in developing CS/ORT/CHE and clinical skills curricula and protocols.

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

Sincerely,

Lynn

Lynn K. Knauff
Deputy Director

Enclosures

cc: Ms. Keys MacManus, AAO/Lagos
AID Acquisitions
Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Mr. Robert Minnis, IHP/IHPS
Mr. Jack Thomas, AFR/HPN/TR
Regional Population Office, REDSO/WCA
Miss Pauline Muhuhu, INTRAH/ESA
Mr. Pape Gaye, INTRAH/WCA Director
Dr. Sara Seims, MSH
Mr. Fred Rosensweig, TRG