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Trip Report

#0-273

Travelers: James Veney, Ph.D.
INTRAH Evaluation Officer

Country Visited: Benue State, Nigeria

Date of Trip: October 12-15, 1987

Purpose: To provide technical assistance in the design and implementation of a survey to assess the impact of FP orientation seminars on seminar participants

DPE-3031-C-00-4077-00

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LIST OF ABBREVIATIONS USED IN THIS REPORT

CS	Child-Spacing
HSMB	Health Services Management Board
IE&C	Information, Education and Communication
MOH	Ministry of Health
ORT	Oral Rehydration Therapy

EXECUTIVE SUMMARY

Dr. James Veney, INTRAH Evaluation Officer, visited Benue State, Nigeria October 12-15, 1987 to assist in the design and implementation of a survey to assess the impact of orientation seminars on seminar participants.

Dr. Veney worked primarily with a team trained in evaluation: Dr. Rosemary Abdullahi, Chief Medical Officer; Mrs. Justine Abeda, Assistant Chief Community Health Officer; Mrs. Susannah Attah, Child Spacing Program Coordinator; Mr. Felix Gbillah, Principal, School of Nursing and Midwifery; Mrs. Susan Ibrahim, Principal Health Sister; and Mrs. Stella Grace Ogbaje, Senior Matron.

During the activity it became clear that the evaluation team was fully capable of conducting this survey in a highly constrained time frame. In fact, the limited time available probably contributed to the survey's success as it allowed everyone to concentrate full attention on the activity.

The forty persons surveyed were randomly selected from participants who attended one of two CS/ORT orientation seminars in May 1987.

It was possible to observe a number of characteristics of the knowledge and attitudes of seminar participants. In general, the advantages of child spacing and oral rehydration therapy are well understood. Preparation of oral rehydration solution is well understood and most people surveyed are actively promoting both CS and ORT.

Because of scheduling difficulties it was not possible to brief/debrief with the AAO/Lagos.

SCHEDULE DURING VISIT

**Monday
October 12**

Arrived Lagos from London at 2:15 am.

Departed Lagos for Makurdi. Arrived Makurdi at 2:00 pm. Met by Mrs. Susannah Attah, Child Spacing Program Coordinator, MOH.

Met with evaluation team members:

- Dr. Rosemary Abdullahi, Chief Medical Officer
- Mrs. Attah,
- Mrs. Stella Grace Ogbaje, Senior Matron
- Mr. Felix Gbillah, Principal, School of Nursing and Midwifery
- Dr. Mary Ogebe, Chief Medical Officer

**Tuesday
October 13**

Accompanied Mrs. Attah to MOH.

Met with:

Dr. Abdullahi

Mr. Tandier, Chief Community Health Officer

Mrs. Justine Abeda, Assistant Chief Community Health Officer

Mrs. Susan Ibrahim, Evaluation Team member.

Met with Mr. I.D. Agogo, Permanent Secretary; and Dr. (Rev.) S.S. Bello, Commissioner of Health

Met at the Health Management Board with evaluation team members Dr. Abdullahi, Mr. Gbillah, Mrs. Attah, Mrs. Ibrahim, Mrs. Ogbaje and Mrs. Abeda to discuss logistics, assemble questionnaires and conduct two interviews with respondents at the Board.

Met with Mrs. Abeda and was informed that trainers could not meet to discuss correct answers for the interview schedule until 10:00 am Wednesday.

Received eight completed interviews from Mrs. Abeda and began analysis.

**Wednesday
October 14**

Met with trainers Mr. Andrew Odah, Principal, School of Nursing; and Mr. Alhaji Ali Abu, Chief Nursing Officer and Mrs. Abeda.

Dr. Veney and Mrs. Abeda visited General Hospital Makurdi FP Clinic. Met Mrs. Aruwa.

Received additional completed Questionnaires from members of evaluation team and began simple frequency analysis.

Thursday
October 15

Received remaining completed questionnaires and finished analysis.

Met with members of the evaluation teams, and trainers Mrs. Gbadamosi and Mrs. Dalhatu. Reported on results of analysis of questionnaire data.

Met Dr. I.N. Bur who had been installed as Permanent Secretary that day.

Departed for Lagos.

Friday
October 16

Departed Lagos for Frankfurt, Germany.

I. PURPOSE

The purpose of the trip was to assist in the design and implementation of a survey of the impact of orientation seminars on seminar participants and to provide practical evaluation experience for the evaluation team members. There was also opportunity to work on a report of the activity that could be submitted for publication to both Nigerian and American journals under joint Benue State and INTRAH authorship.

The specific objectives of the visit were:

- 1) To finalize a survey questionnaire for the assessment of the CS/ORT seminars on the basis of responses from participants;
- 2) To select a random sample of 40 persons from the seminars for follow-up;
- 3) To begin data collection for the 40 persons.
- 4) On the basis of initial data returns, to design an analysis strategy that could be carried out by the evaluation team; and
- 5) To establish a set of working guidelines by which the remaining data would be collected and analyzed upon Dr. Veney's departure and a protocol for sharing results between Chapel Hill and Benue State and a strategy for preparation of the final report.

II. ACCOMPLISHMENTS

- A. Met with Evaluation Team members to discuss survey, logistics, and to assemble questionnaires.
- B. Conducted two interviews with respondents at the HSMB.
- C. Met with trainers Mr. Andrew Odah and Mr. Alhaji Ali Abu to discuss correct answers to selected questionnaire items (i.e., what participants had been told).

- D. Dr. Veney and Mrs. Abeda, Assistant Chief Community Officer visited General Hospital Makurdi FP Clinic and met with Mrs. Aruwa who was working with IHP Consultant Betty Farrell during FP training.
- E. Reviewed questionnaires from respondents and completed preliminary analysis of 37 of 40 questionnaires.
- F. Met with Evaluation Team members and reported results of analysis of questionnaire data.
- G. Met with Dr. I.N. Bur, Permanent Secretary.

III. BACKGROUND

INTRAH has been providing CS/ORT training in Benue State since April 1985. In February 1986, two Benue State representatives, Dr. Rosemary Abdullahi and Mrs. Susannah Attah, attended an INTRAH sponsored and conducted Regional workshop on evaluation in Port Harcourt, Nigeria (See INTRAH trip report #0-238). In June of 1987, nine Benue State representatives attended a workshop on program evaluation conducted by IHP Program Coordinator Maurice Apted and INTRAH Consultant Fatu Yumkella (See INTRAH trip report #0-403). In May 1987, 96 supervisory level health workers participated in two, three-day CS/ORT orientation seminars. (See appendix B1 for list of participants).

The original purpose of this visit was to assist the INTRAH-trained evaluators in designing and implementing a survey follow-up of participants who attended CS/ORT seminars 1 and 2. The results would help determine if three additional seminars would already be conducted. In mid-September it was learned by INTRAH that the three additional seminars would already be completed prior to Dr. Veney's arrival. With this information,

the stated purpose was developed and agreed upon by those concerned in Benue State.

IV. DESCRIPTION OF ACTIVITIES

- A. This activity was a sample survey follow-up of 40 persons who participated in two CS/ORT orientation seminars, May 18-20 and May 21-23, 1987. The 40 persons followed up were selected at random from among 96 seminar participants. Some seminar participants were excluded from selection into the sample because they were working in areas of the State that were too remote for successful contact during the two-day data collection phase of the project. A sample of 20 persons from each of the first two seminars had been selected prior to Dr. Veney's arrival by writing the name of each participant on a slip of paper and drawing 20 names from each group. Recognizing 1) that not all persons selected could be contacted (some would be on leave or away from duty stations for other reasons) and 2) that some few selected were in remote areas of the state where it would be both difficult and prohibitively expensive to reach them, an additional sample of ten persons (five for each group) was selected at random as secondary contacts (only from areas that could be reached). The list of 40 participants was divided among five evaluation trained workers and one seminar trainer who, after participating in pre-testing, disbursed and collected the survey data, either by interview or by leaving the questionnaire with the respondent to complete over a two-day period. Results were analysed by tally procedure as they came in and a preliminary report of the survey was presented to the evaluation team and selected trainers at the conclusion of the visit.

- B. In two working days in the field, the evaluation team, consisting of Dr. Abdullahi, Mrs. Attah, Mrs. Ogbaje, Mrs. Ibrahim, Mrs. Abeda and Mr. Gbillah was able to collect completed questionnaires from forty participants. Of these forty, fifteen were from the original randomly selected sample for activity number 1 and thirteen from the same group for activity 2. Five were from the additional random sample, four from group 1 and one from group 2. Seven persons contacted and who completed the questionnaire (three from group 1 and four from group 2) had not been part of either sample but were available in the areas to which evaluators traveled. This is considered to constitute a completed data collection effort.
- C. Data were collected from seminar participants in and around the capital of Makurdi and the towns of Ugbokpo, Dekina, Ameluku, Ankpa, Naba, Otukpo, Gboko, Oboko, Idah, LGA, Igumale, Ugkokolo, Katsina-Ala, Zaki and Biam. Analysis of the data was carried out at the Makurdi Plaza Hotel and the Ministry of Health, and the preliminary report given at the MOH, Makurdi.
- D. The primary persons involved in this activity were those trained in evaluation by INTRAH, either in Port Harcourt in 1986 (Dr. Rosemary Abdulahi and Mrs. Susannah Attah) or in Makurdi in 1987 (Mrs. Susannah Attah, Mr. Felix Gbillah, Mrs. Susan Ibrahim and Mrs. Stella Ogbaje). In addition, assistance was provided by selected members of the trainer group for the seminars, particularly Mrs. Jusine Abeda (See Appendix A).
- E. The basic overview of the activity is given in the schedule of activities. Appendix B includes sections as follows:
- B1. Names of all participants of the two orientation Seminars.

- B2. Original random sample of persons selected for follow-up during the activity (those actually contacted are marked with a single astrisk).
 - B3. Additional persons selected to fill out a forty person survey (those selected at random from areas to which surveyors could travel are marked with an asterisk. Others were selected by convenience by workers in the field).
 - B4. Final version of the questionnaire used for data collection in the field.
- F.1. The primary administrative/logistical problem encountered was the recognition on arrival in Makurdi on Monday afternoon that Dr. Veney's flight from Lagos was to leave Friday morning, October 16 for Frankfurt rather than Friday P.M. as originally assumed. This meant that Dr. Veney had only 2 1/2 effective working days in Benue State. Repeated attempts to reschedule the flight failed.
- 2. A second problem arose in regard to travel from Makurdi to Lagos to meet the flight to Frankfurt on Thursday, the 15th. The plane, which was to arrive and leave Makurdi daily did not arrive on the 14th. That, coupled with the fact that the air fares were to double on the 15th, meant that the plane to Lagos was extensively oversold. It was necessary to negotiate a small contribution to the airport authorities to assure a seat on the plane.
 - 3. In regard to the survey activity itself, three vehicles were required to provide transport for data collection. Only one vehicle was available from the MOH, which meant that the other two vehicles (Peugeot 504s) had to be hired privately. However, this arrangement did not hinder the survey activity and Dr. Veney only learned of it on specific inquiry about transport, after the fact.

Dr. Veney was also further impressed that his request for photocopies of the completed questionnaires was met in a positive manner which the program coordinator indicated would be paid for from project funds.

G. There were four problems in the implementation of the activity, none of which produced a fatal flaw, but each of which in its own way was unfortunate. These are:

1. study universe. A letter of suggestions (See Appendix C) sent to Benue State prior to the receipt of the knowledge that three additional seminars had been conducted specifically mentioned a study of 20 participants from each of the first two seminars. When Dr. Veney arrived in country the team had, through the effective but rather laborious process of writing names of each participant on a slip of paper and then drawing 20 for each activity from a mixed pile, selected a random sample of persons from the first two activities. At that point it was neither realistic, nor would it have helped the morale of the survey team to suggest that they go through the process again to select a new sample that would also include persons who attended the last three seminars, additions that would have been ideal. Thus, the study is limited to participants of the first two seminars and there is no ability at this point to assess possible changes in content, receptivity or effectiveness of the last three seminars.
2. The random sample selected included participants from areas that were simply not possible logistically or economically to reach for interviews in the two days available for data collection. These persons are indicated by a double asterisk on the list in Appendix B2. By recognizing that these persons could not be contacted, the results of the study effectively excludes any assessment of persons from those areas, particularly, Adoru, Oju, Ito, Abejukolo, Onyedega and Oshigbodu.

Further, while an additional four persons were selected at random from areas the team would visit to 1) fill out the target twenty from each group and 2) provide alternatives if the originally selected persons could not be reached, seven persons were selected on the basis of convenience (that is they could be reached) by team members in the field. The final result was a sample of 22 from the first workshop and 18 from the second. While the sample is not entirely random, as would be ideal, it does meet the critical twin criteria of representativeness and practicality.

3. It would have been ideal to involve the entire evaluation team in all stages of the evaluation process: from questionnaire design through sample selection, data collection, data analysis and data write-up and reporting. The entire team did, in fact, participate actively and impressively in the first three stages of the process. The press of time, however, did not allow them to contribute effectively to analysis, which was carried out as the data were collected. They were able to view the analyses procedure as it was conducted and contributed conceptually to the progress of the analysis, but did not actually do it themselves. There was, of course, no time in which to complete a write up of the data in the 2 1/2 days available, a preliminary verbal report was only possible.
4. The data collection instrument was essentially open ended. This meant that returned questionnaires had to be interpreted rather than simply coded for analysis to take place. Meetings with trainers provided information about the actual content of the training events and what participants should be expected to know in each area of substantive knowledge. On the basis of that information responses were categorized into meaningful groups. The actual way in which this categorization took place had significant elements of subjectivity. Had it been possible for the entire evaluation team to participate in this analysis, slightly different, but not substantively different results might have been found. In general, however, it is likely that the results would have been basically the same.

V. Findings/Conclusions and Recommendations

1. Finding/Conclusion

Despite the inherent desirability of economical visits to the field whenever possible, it is probably unrealistic to expect that tightly scheduled events involving the need to get into and out of Benue State at precise times are feasible on a routine basis. This may be relevant specifically to the final project assessment in March 1988.

Recommendation

Ample time for travel should be scheduled into and out of Makurdi for the post-project evaluation.

2. Finding/Conclusion

Although the evaluation team seemed to have adequate money to support the cost of hiring cars and photocopying during the 2 1/2 day activity, it is possible that by the end of the project there may be little money left for these purposes.

Recommendation

End of project review should anticipate the probable need for a sum of money to pay in-state transportation and other support costs for the end of project review.

3. Finding/Conclusion

Despite Dr. Veney's short presence in Benue the activity went extremely well. This was due, probably, to several factors:

1. Prior communication with the state team that allowed them to prepare for the activity in advance;
2. Active and continuous participation by the evaluation team and selected training team members during the 2 1/2 day activity;
3. Strong support for the activity and for INTRAH in general, as expressed by Permanent Secretary and the Commissioner of Health; and
4. The short duration of the activity which allowed the team to concentrate nearly full attention during the time it was underway.

Recommendation

The strategy to be used for the end of project review should be well thought-out and communicated to Benue State in advance, and the Project Coordinator was informed of the activity dates, March 7-11, 1988. Those persons to be involved should be identified and informed of their expected participation as soon as possible. The activity should be kept short and focused to assure that it is completed.

4. Finding/Conclusion

While any activity such as this has difficulties related to the abilities, willingness or understanding of participants, all persons involved gave the activity their best effort. The clear interest shown in the activity by all participants and the completeness of

the task were particularly impressive. All persons who participated in this activity can be effective contributors during such activities in the future, particularly during the end of project review.

Recommendation

None.

5. Finding/Conclusion

One of the purposes finally spelled out for this project was the preparation of a manuscript under joint authorship to be submitted for publication in relevant journals in Nigeria and/or the U.S. While it was not possible to begin the writing of such an article during the 2 1/2 days, all materials needed for a first draft are now in-hand and preparation can begin immediately.

Recommendation

An article should be prepared, first draft in Chapel Hill, to be shared with the team in Benue State and after redrafting be submitted under joint authorship to appropriate journals.

6. Finding/Conclusion

The actual results of the evaluation activity are shown and described in Appendix D. While these results are preliminary, several points are clear:

- a. Benefits of CS are widely recognized among participants.
- b. Benefits of ORT are widely recognized among participants.
- c. Correct methods of preparation of ORS are widely understood among participants.
- d. Perceptions of participants about barriers to CS among the people of Benue State primarily recognize three: that it makes women permanently infertile, that it will lead to promiscuity among wives (never among husbands), and that it is opposed to the will of God or Allah depending on one's religion.
5. Participants are actively carrying out IE&C activities.
6. Participants believe, in general, that a Nigerian family should have 4 or more children (80%).

7. Primary additions to the workshops should be the inclusion of traditional rulers and clergy; primary deletions should be content on traditional methods.

Recommendation

As three additional workshops have taken place, it is somewhat late for recommendations. However, at the level addressed it appears the workshops have been effective and could reasonably be continued if funds to do so are available.

APPENDIX A
PERSONS CONTACTED/MET

APPENDIX A

PERSONS CONTACTED/MET

Ministry Of Health/Health Services Management Board

Mr. Alhaji Ali Abu, Chief Nursing Officer,

Mr. I.D. Agogo, Permanent Secretary

Dr. (Rev.) S.S. Bello, Commissioner of Health,

Dr. I.N. Bur, Permanent Secretary,

Mrs. Rosaline U. Gbadamosi, Asst. Chief Public Health Nurse
Tutor

Mr. Andrew Odah, Principal, School of Nursing

Evaluation Team:

Dr. Rosemary Abdullahi, Chief Medical Officer,

Mrs. Justine Abeda, Asst. Chief Comm. Health Officer

Mrs. Susannah Attah, Child Spacing Program Coordinator

Mr. Felix Gbillah, Principal, School of Nursing and
Midwifery

Mrs. Susan Ibrahim, Principal Health Sister

Mrs. Stella Grace Ogbaje, Senior Matron

Mrs. Awa Aruwa, Senior Nursing Sister

Mrs. Martha Dalhatu, Principal, School of Midwifery

Ms. Betty Farrell, INTRAH Consultant

Dr. Mary Ogebe, Chief Medical Officer

APPENDIX B1

BENUE STATE CS/ORT TRAINING PROJECT ACTIVITY II

APPENDIX B1

BENUE STATE CS/ORT TRAINING PROJECT ACTIVITY II
ORIENTATION SEMINAR ON CS/ORT, 18 -20TH MAY, 1987

S/NO.	NAME	FARE TO & FROM	R A N K	DUTY STATION
1.	Mrs. Gbangban F.		Comm. Health Sistor	Health Clinic Adikpo
2.	Mrs. E. Oche		Asst.Chief C.H.Officer	Epid. Unit, Makurdi.
3.	Theresa Bai		Matron	Judita Hospital Makurdi
4.	Mrs. E. Agbidye		Chief Pharmacist	Gen. Hospital, Makurdi
5.	Mrs. Hannah Ihyom		Prin. N. Officer	N. K. S. T. Mkar
6.	Mr. S.A. Magon		Chief N. Officer	Gen. Hospital, Makurdi
7.	Mr. S. Tsughion		Chief Comm.H. Asst.	Health Clinic Udei
8.	Dr. Ogar D.I.		Dental Surg.	Dental Centre, Makurdi
9.	P.I. Achimugu		Prin.Chief H. Officer	Health Clinic Adoru
10.	Mr. A.B. Agu		Prin. Nursing Officer	Gen. Hospital, Makurdi
11.	Mr. E.O. Iduh		Asst.Chief N. "	Gen. Hospital, Makurdi
12.	Joseph Achaku		Comm. Health Asst.	North Bank Clinic, Mkd.
13.	Mr. A.A. Abah		EPI Manager	Otukpe
14.	Mr. J.A. Oga		C. Radiogra	Gen. Hospital, Makurdi
15.	Mr. S. Yuwa		P. Nutrition	- - -
16.	B.F. Agir		Snr.Med.Rec.Officor	H S M B, Makurdi
17.	Mr. D. Orkuna		Snr.Comm.H. Supr.	Health Clinic Lessel
18.	Mr. A. Idoko		Snr.Comm.H.Officer	Health Dept. Okpokwu LG.
19.	Mrs. B. Ichapi		Prin.Midwife Tutor	Sch.of Nursing, Makurdi
20.	Mr. C. Ugama		EPI Manager	Oju
21.	Mrs. B.K. Aernyi		Snr.Comm.H. Officer	Health Clinic N/B Mkd.
22.	Mrs. M. Samuel		Snr. Comm. Nurse	Madona Hospital, Makurdi
23.	Akure M.		Prin.N. Officer	Dent/OPTH, Makurdi
24.	Mrs. A.A. Oboh		Prin.Comm.H. Supr.	Health Clinic Oju
25.	Mrs. C. Ocheja		Comm.Health Sister	Health Clinic Egume
26.	Mr. F.O. Okoh		Sm.Comm.H. Officer	Sch,of Basic S.Makurdi.
27.	Mr. D. Miachi		Snr.Comm. Supr.	Health Clinic Ofugo
28.	Mr. J. Ede		Prin.Comm.H. Supr.	" " Okura Olafin
29.	Mr. P. Alikali		EPI Manager	Idah
30.	Mr. A. Bala		Prin.Comm.H. Supr.	Health Clinic Egume
31.	Mrs. Oduh		Chief N. Officer	Gen. Hospital, Otukpo
32.	Mr. W.A. Ayanko		Asst.Chief.C.H.Off.	Epid. Unit, Makurdi
33.	Mr. J.A. Agbatar		EPI Manager,	Gboko
34.	Mr. Oshinagyo D.O.		EPI Manager	Adikpo
35.	Mr. I. Akosu		Chief Health Supr.	Health Clinic Buruku
36.	Dr. N.E. Okako		Snr.Medical Officer	Gen. Hospital, Gboko
37.	Mrs. J. Ati		Asst.Ch.Comm.H.Supt.	N.I.P. Egume

S/NO.	NAME	FARE TO & FROM	R A N K	DUTY STATION
38.	Mr. P.Y. Attah		Snr.Comm.Health Supr.	Health Clinic Otukpo
39.	Mr. B. Osoni		Prin.Comm.H. Officer	Health Centre Ankpa
40.	Mr. B.B. Okoh		Chief Nursing Officer	Gen. Hospital, Gboko
41.	Mr. J. Enejo		Prin. Nurse Tutor	Sch.of Nursing Makurdi.
42.	Mrs. J.M. Tiough		Prin. Nurse Officer	Gen. Hospital Makurdi.
43.	Mrs. J.C. Okika		Snr. Nurse Officer	Med.Gen.F.P.I. Idah
44.	Mr. S.O. Angwa		High.Exec.Officer	Ministry of Health Makurdi
45.	Mrs. E. Yahaya		Snr. Nurse Sistor	Nat. Clinic, Ugbokolo
46.	Mrs. O. Odoma Okpe		Prin. Nurse Officer	L.G. MCH. Otukpo.

TRAINERS

1. Dr. Sam Abdullahi Medical Supt. General Hospital, Makurdi
2. Mr. A.A. Odah - Chief Nurse Tutor, Ministry of Health Makurdi
3. Dr. C.S. Musa - Prin. Medical Officer, Idah General Hospital
4. Alhaji Ali Abu - Chief Nursing Officer, H S M B.
5. Mrs. J.S. Abeda - Asst. Chief Comm. H.Officer, Govt. Health Office Mkd.

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BENUE STATE CS/ORT TRAINING PROJECT -ACTIVITY III
ORIENTATION SEMINAR ON CS/ORT - 21-23RD MAY, 1987

S/NO	NAME(S)	RAIK	DUTY STATION
1.	Mr. V.A. Ojo	Asst. Chief Comm.H Officer	Rural Health C. Abocho
2.	Mr. P.I. Kwenbe	Asst. Chief N. Officer	Eye Hosp. Makurdi.
3.	Mr. H.M. Bello	Chief Dental Technologist	Dental Centre Makurdi
4.	" A.U. Ukwanya	Asst.Chief Health Supervis.	Health Cl. Ogane Imigu
5.	Mr. F.K. Igbondo	Snr. Comm. Health Superv.	Health Cl. Jato-Aka
6.	Alh. A. Abba	Prin. Comm. Health Supr.	Health Clinic Ugwolawo
7.	Mr. J.A. Ingyah	EPI Manager	Vandekiya
8.	Mr. S.E. Edah	EPI Manager	Oguma
9.	Mr. J. Udanson	Snr.Comm.Health Supr.	Health Clinic Maka
10.	" J. Ejimatswa	Prin.Comm.H. Officer	Health Cl. Abejukolo
11.	Mr. G.O. Odeh	Comm. Health Assistant	Health Cl. Oshigbuda
12.	Mr. B. Echono	Snr. Comm.Health Supr.	Health Clinic Oweto
13.	Alh. A.A. Musa	Prin.Comm.H. Officer	Epid. Unit Idah
14.	Mr. D.A. Ati	EPI Manager	Dekina
15.	Mr. J.A. Haruna	Prin.Comm.Health Supr.	Health Clinic Okpo
16.	Mrs. M.M. Atagher	Asst.Chief N. Officer	Gen. Hospital Makurdi
17.	Mr. J. Omede	Snr.Comm.Health Supr.	Health Cl. Ouyedega
18.	Mrs. J.A. Amodu	Prin.Comm.H. Officer	School Clinic Makurdi
19.	Mr. E.O. Okochi	Prin. Nurse Tutor	Sch. of Nursing Makurdi
20.	Mr. R.O. Okpeji	Asst. Chief N. Officer	Gen.Hospital Makurdi
21.	Mrs. R.I. Atuluku	Staff Midwife	Ankpa Local Govt. Area
22.	Alh. D.A. Ekule	Asst. Chief N. Officer	Gen.Hospital Makurdi
23.	Mr. J.I. Kpote	-do-	Gen.Hospital K/Ala
24.	Dr. U. Oruma	Medical Officer II	Gen. Hospital Iyale
25.	Miss. M. Ucha	EPI Manager	Katsina-Ala
26.	Mrs. G.N. Inyankumo	Matron	Health Cl. Vandekiya
27.	Miss. S. Awule	Asst.Chief Comm.H.Sister	Health Clinic Zaki-Bian
28.	Mr. A.I. Orya	Prin.Comm.H. Officer	Health Clinic Tor Denga
29.	Mr. S.T. Atim	Chief Lab. Supt.	Gen.Hospital Makurdi
30.	Mrs. J.E. Ejembi	Matron	Gen. Hospital Ankpa
31.	Mrs. E.N. Yashi	Staff Midwife	P.P.F.M. Clinic, Makurdi
32.	Mr. Umocho	Asst. Chief N. Officer	Gen. Hospital Iyale
33.	Mr. M.T. Yongo	Comm. Health Anst.	Health Cl. Tsoakonyi
34.	Mr. A. Gbna	Snr.Comm.Health Officer	Health Clinic Agaha
35.	Mrs. C. Okpeko	Chief Health	Health Clinic Okokam
36.	Mrs. J.O. Adebé	- do -	" " Ovakpa

S/NO.	NAME(S)	R A N K	DUTY STATION
37.	Mr. Ahmed	Snr. Comm. Supervisor	Epid. Unit, Oguma
38.	Mr. B.S. Ameloko	Prin. Comm. Health Officer	Health Clinic Ogugu
39.	Alh. U. Abalaka	Asst. Chief H. Officer	General Hospital Oguma
40.	Mr. J.A. Akpelo	Snr. Comm. Health Supr.	Health Clinic Ito
41.	Mrs. V.S. Chianson	Asst. Chief Health Sister	Epid. Unit, Makurdi
42.	Mrs. M.M. Ojata	Asst. Chief Comm. H. Officer	Idah Local Govt. Area
43.	Mrs. S.A. Salifu	Prin. Comm. Health Supr.	Health Clinic Igaikeje
44.	Miss. D. Moave	Registered Midwife	Viewpoint Hosp. Makurdi
45.	Mrs. C.A. Obo	Matron	Salom Hosp. Otukpo
46.	Mr. C.I. Abah	Prin. Comm. Health Supr.	EPI Office Okpoga
47.	Mrs. D.E. Chagu	Snr. Comm. Health Sister	MCH, Clinic, Makurdi
48.	Mrs. Grace Ivorhe	Snr. Comm. Health Sister	Sch. Clinic, Makurdi
49.	Dr. Ichagba C.R.	Medical Officer II	Gen. Hospital Dekina
50.	Mrs. E.A. Ibaishua	Prin. Nursing Officer	Dent/OPTH Complex, Makurdi

BENUE TRAINERS STATE TEAM

1.	Dr. Sam Abdullahi	- Medical Supt.	General Hosp. Makurdi
2.	Mrs. Mariam Dalhatu	- Chief Nursing Officer	Ministry of Health
3.	Mrs Priscilla Obilola	- Senior Matron	Govt. Health Office, Mkd.
4.	Mrs. Justina Abeda	- Asst. Chief Comm. H. Officer	Govt. Health Office Mkd.
5.	Mr. J. Tandyer	- Chief Comm. Health Officer	H. S. M. E. Makurdi.

APPENDIX B2
RANDOM LIST OF BENEFICIARIES OF CT/ORT ORIENTATION
SEMINAR IN BENUE STATE

APPENDIX B2

RANDOM LIST OF BENEFICIARIES OF
CS/ORT ORIENTATION SEMINAR IN BENUE STATE

ACTIVITY I:

- *1. Mrs. O. Odoma Okpe-----L.G. MCH, Otukpo.
- *2. Mr. W.A. Ayamke-----Epidemeological Unit, Makurdi.
- *3. Mr. J. Anejo-----Ministry of Health, Makurdi.
- *4. Mr. J.A. Agbatar-----EPT, Gboko.
- *5. Mr. B.B. Okoh-----General Hospital, Oboko.
6. Mr. I. Akosu-----H.C. Buruku.
- *7. Mr. F.O. Okoh-----School of Basic Studies, MKD.
8. Mr. P.I. Achimugu-----Health Clinic, Adoru.
9. Mr. C. Oduh-----General Hospital Otukpo.
- *10. Mr. A.B. Agu-----General Hospital, Makurdi.
- *11. Mr. B.F. Agir-----H.S.M.B. Headquarters, Makurdi.
- *12. Mrs. T. Bai-----Judita Hospital, Makurdi.
13. Mr. C. Ugema-----EPI Unit, Oju.
- *14. Mrs. J.C. Okika-----Medical Centre, EPI, Idah.
- *15. Mr. S.A. Magen-----General Hospital, Makurdi.
- *16. Mrs. B. Ichapi-----School of Midwifery, Makurdi.
- *17. Mrs. J.M. Tiough-----Puediatric Unit, Makurdi.
- *18. Mr. A. Bala-----Health Clinic, Igumale.
19. Mr. A. Idoko-----Health Dept. Okpokwu.
- *20. Mr. E. Yahaya-----M.C.H. Ugbokolo.

ACTIVITY 2:

- *21. Miss M. Ucha-----EPI, Katsina-Ala.
- 22. Mr. E.I. Atuluku-----L.G.H.C. Ankpa.
- 23. Mr. J. Akpele-----Health Clinic, Ito.
- *24. Mr. R.O. Okpeji-----General Hospital, Makurdi.
- 25. Mr. S.E. Edah-----Health Clinic, Abejukolo.
- *26. Miss Susan Awule-----Health Clinic, Zaki-Biam.
- *27. Mr. E.O. Okochi-----I.E.C. Makurdi.
- *28. Mrs. D.E. Chagu-----M.C.H., Makurdi.
- *29. Mrs. M.M. Ojata-----Idah L.G.A.
- *30. Alhaji Musa A.A.-----Epidemeological Unit, Makurdi.
- *31. Mr. F.K. Igbondo-----Epidemeological Unit, K/Ala.
- *32. Mrs. M.N. Atagher-----General Hospital, Makurdi.
- 33. Mr. A.I. Orya-----Health Clinic, Tor Donga.
- *34. Mrs. J.E. Ejembi-----General Hospital, Ankpa.
- 35. Mr. J. Omede-----Health Clinic, Onyedega.
- 36. Mr. G. Odeh-----Health Clinic, Oshigbudu.
- *37. Mr. D.A. Ati-----EPI Manager, Dekina.
- 38. Mrs. G.N. Inyamkume-----General Hospital, Gboko.
- *39. Mr. N.T. Yongo-----Epidemeological Unit, Makurdi.
- *40. Mrs. C.A. Obe-----Salem Hospital, Otukpo.

*People who were actually interviewed.

APPENDIX B3
ADDITIONAL SAMPLE MEMBERS

APPENDIX B3

ADDITIONAL SAMPLE MEMBERS

First Seminar

*	Dr. D.I. Ogar	Dental Centre, Makurdi
*	Mr. M. Akure	OPHTH, Makurdi
*	Mr. E.O. Iduh	Gen. Hospital, Makurdi
*	Mr. A.A. Abah	Otukpo
	Mr. B. Oseni	Health Centre, Ankpa
	Mrs. Oduh	Gen. Hospital, Otukpo
	Mrs. H. Ihyom	Mkar

Second Seminar

*	Mr. J.I. Kpete	Gen. Hospital K/Ala
	Mr. V.A. Ojo	Rur Hlth Centre, Abocho
	Mr. B.S. Ameloko	Health Clinic Ogugu
	Mr. J. Udamson	Health Clinic Naka
	Mr. C.I. Abah	EPI Office Okpoga

APPENDIX B4

FOLLOW-UP INTERVIEW SCHEDULE FOR 3-DAY ORIENTATION SEMINAR

4. What do you think is the most common misconception about family planning methods and what would you say to someone who believed it?

5. What other misconceptions have you heard about the use of family planning methods?

6. Since you participated in the Orientation Seminar, with how many persons have you discussed family planning methods and oral rehydration?

In general, what did you tell them?

a. Family Planning:

b. Oral rehydration:

1
7P

7. Since you participated in the Orientation Seminar what assistance have you given to CS/ORT activities in your area?
- (a) Referring clients to clinics, how many? _____
 - (b) Solving some problems of service providers e.g.
 - (c) Addressing a community group. Yes or No.
 - (d) If yes, what was your message?
8. Where are the family planning service delivery centers in your community?
9. What family planning methods do these places have available?
10. How many children do you suggest a young Nigerian couple should plan for?
11. Do you feel that there was anything about family planning that should have been included in the Orientation Seminar that was not? (if so, what)?

...../4.

12. What was included, but not helpful/useful/needed?

13. Any other ideas for the next series?

APPENDIX C

**LETTER, DATED SEPTEMBER 22, 1987, TO
PERMANENT SECRETARY, DANIEL AGOGO**

APPENDIX C

Program for International Training in Health

The University of North Carolina at Chapel Hill
School of Medicine

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

September 22, 1987

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

Mr. Daniel Agogo
Permanent Secretary
Ministry of Health
P.M.B. 102093
Makurdi, Benue State
NIGERIA

Dear Mr. Secretary:

During May of this year one hundred persons reportedly attended one of two 3-day family planning and oral rehydration seminars in Benue State sponsored in part by INTRAH. Three additional seminars on the same topics are now being planned. Before these activities take place, INTRAH would like to propose a follow-up of a sample of participants from the first two events to assess the extent to which the objectives of the seminars were met and the knowledge and information retained, and how it is being used. I am scheduled to be in Benue State from October 12 to 16 to assist in the design and initial stages of the conduct of the assessment.

To carry out this assessment, INTRAH would like^{to} request the active participation and cooperation of the trainers for the first two seminars and the participants from the evaluation workshop that took place in Benue State in June, 1987. Prior to my arrival in October there are several specific things the trainers and evaluators can do to facilitate the completion of the assessment in a timely manner.

For Trainers:

1. Examine the draft questionnaire attached to this letter. Determine if there are any questions that are not appropriate to ask in light of the content of the orientation seminars.
2. Put together a complete list of the persons who participated in the two seminars and provide this to the evaluators.

For Evaluators:

1. Check the list of the participants and obtain, in any way possible, the correct present addresses of the participants.

The logo for INTRAH, featuring a globe icon to the left of the word "intraH" in a stylized, lowercase font.

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2. Using the draft questionnaire, with any modifications suggested by the trainers, prepare fifty copies for use in data collection. (The sample of persons to be followed-up will be forty, twenty from each seminar, but there will always be need for some blank questionnaires, for pretesting and practice.) The final version of the questionnaire should be prepared just like the draft (i.e. with blank space for the recording of answers).

3. Be prepared to participate in data collection in the field and initial analysis during the week of October 12 to 16.

During the week of October 12 to 16, the following activities should take place:

1. A meeting of the trainers, evaluators and other interested persons will be held to discuss the objectives of the follow-up, the activities involved in the follow-up, who will carry out the activities and the results expected.

2. Practice interviews will be conducted through role play or actual field interviews with persons who had attended the seminars.

3. A random sample of twenty participants from each seminar will be selected for follow-up.

4. The location of each of the persons to be interviewed will be determined and interviewers will be sent to collect the follow-up data using the interview schedule.

5. Results of initial interviews will be used to develop coding categories for the answers to the questionnaires and to determine the techniques to be used in other analysis of the results.

6. An overall strategy for analysis will be developed, based on the analysis of initial responses and a timetable and final product will be specified.

For the activities of the week of October 12 to 16, the following resources should be available.

1. The evaluators trained in the June workshop, to carry out the evaluation.

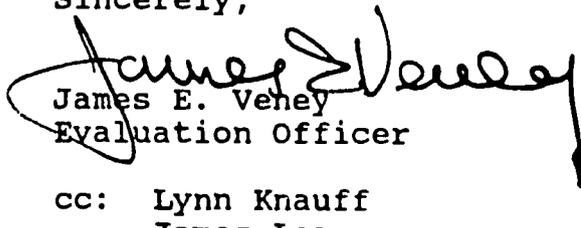
2. The trainers for the seminars if possible (last two days only).

3. Transportation to reach all of the seminar participants selected.

4. Secretarial support to finalize the interview schedule and to create coding schedules as needed.

Mr. Secretary, we realize that this is a rather large request. However, it is important to assess the work that has been done before additional work is undertaken and this is likely to be the most effective and least costly way of undertaking a quality assessment. We hope that initial activities can be accomplished and that the evaluation and training teams will be available to work with me when I arrive in Benue State.

Sincerely,


James E. Vehey
Evaluation Officer

cc: Lynn Knauff
James Lea
Rosemary Abdullahai
Mary Ogebe
Susannah Attah
Keys MacManus

4. What do you think is the most common misconception about family planning methods and what would you say to someone who believed it?

5. What other misconceptions have you heard about the use of family planning methods?

6. Since you participated in the Orientation Seminar, with how many persons have you discussed family planning methods and oral rehydration?

In general, what did you tell them?

a. Family Planning:

b. Oral rehydration:

7. Since you participated in the Orientation Seminar, have you addressed any community groups about family planning?

If So, what was your message to them?

8. Where are the family planning service delivery centers in your community?

9. What family planning methods do these places have available?

10. Do you feel that there was anything about family planning that should have been included in the Orientation Seminar that was not? (If so, what)?

11. That was included, but not helpful/useful/needed?

12. Any other ideas for the next series?

APPENDIX D
RESULTS OF THE EVALUATION SURVEY

APPENDIX D

RESULTS OF THE EVALUATION SURVEY

A verbal report of preliminary results of the evaluation survey was made to the evaluation team and selected trainers. The report dealt with all aspects of the evaluation except knowledge of service points and knowledge of contraceptive available at specific service points, as this information was not generally available at the time of analysis. Other results of the evaluation as given in the preliminary report are summarized here.

Question 1: Advantages of CS. Table 1 and 2 show responses to this question. The most frequent advantage was given to be health of the mother, economic or financial benefits were next most commonly mentioned followed by health of children, education, general good of the family, spacing and avoidance of unwanted pregnancies population control, nutrition general health and better control of children in that order.

Table 2 shows that five of the respondents mentioned at least a health, an economic and education benefit. Twenty nine respondents mentioned at least one of these specifically. Six respondents mentioned some other benefit, including such things as population control, improvement of fertility, avert unwanted pregnancy and national good as examples.

Table 3 shows perceived disadvantages of Family Planning. Twenty nine responses were true potential health reactions, such as weight gain, bleeding etc. Forty three were other types, including such things as promiscuity, reduction of labor, cost, against culture or religion and including inaccurate health reasons such as cancer. Five persons indicated there were no disadvantages to family planning and four misunderstood the question, giving as an answer the disadvantages of not doing family planning.

Of all respondents, fifteen gave a method specific health disadvantage only, or no disadvantage. Eight gave some health as well as some other disadvantage and thirteen gave only none health, other or inaccurate statements (Table 4).

Table 5 shows the advantages mentioned for ORT. Replaced fluid was the most common. Ease and low cost were next, followed by averting of death and general health. Other advantages included no need for the hospital, instructions or use, low or no risk, and gives energy.

The orientation seminars stressed at least eight points in regard to preparation of ORS. These are shown in Table six.

The use of a beer bottle or two coke bottles was mentioned 34 times, the correct amount of salt 33, of sugar 32, use of clear water 28, a correct statement about dosage or administration 27, that the solution be discarded after 24 hours, 25, general cleanliness 14, and taste 6. As table 7 shows, 10 respondents mentioned at least cell of the six most common elements (beer bottle, correct salt dosage, correct sugar dosage, clean water, administration and to discard after 24 hours). Sixteen respondents mentioned at least five of these elements and seven at least four. The trainers stressed that while the idea of ORS was accepted prior to the workshop knowledge of its correct preparation and use was generally not available to the participants.

Table 8 indicates the most common misconception about family planning and Table 10 represents a combination of the most common misconception and all others as indicated by the respondents. In their view, the inability to bear further children, or complete infertility is the most common misconception. The FP will lead to promiscuity among wives and women in general is the next most common. (No one mentioned promiscuity among men). Against religious beliefs was the next most common misconception (although in some cases this cannot be said to be a misconception). Many other misconceptions were mentioned. Some of the more important were cancer, Government or developed world plot, persistent illness, does not allow choice and general exaggeration of reactions.

Thirty one of the respondents indicated that they would react to these misconceptions by taking a positive tack of explain the advantages of FP trying to encourage and allay fears. Six would take a negative tack of explaining the undesirable consequences of failure to use FP. Three would simply explain methods (Table 9).

Since the orientation seminar Table 11 shows the six people have talked daily to others about family planning and 13 have talked to many (several said "so many" and two said the number was "uncountable.") Twenty-one respondents mentioned a specific number of people. Three said fewer than ten and the same number said something between 10 and 50. Eight mentioned more than fifty but fewer than 500. While seven indicated 500 or more, two of those saying they had spoken to more than 2000.

Table 12 shows the messages they gave about FP and table 13 the messages about ORT. In general, these are both quite similar to the advantages expressed in tables 1 and 5.

Table 14 shows that eight respondents have referred an unspecified "many" clients for FP or ORS. Four have referred fewer than 10 and 2 have referred more than 500.

As table 15 shows, 35 respondents have spoken to community groups about the benefits of FP or ORT.

During the seminars there was extensive discussion about how many children a Nigerian Family should plan for. It was finally concluded that a woman should have four children (so Muslin families can be larger, potentially, than christian families). As table 16 shows, 23 participants embraced this number or more (although only about 3 of the 23 said 4 or more). Six said the family size should be 2 or 3 and 8 said it should be five or more with three people indicating 6, specifically.

Twenty two people felt no additions were needed in the workshops. Of those who mentioned some addition, demonstration or practice and invitations to clearly were most important (table 17). Thirty four respondents felt nothing should be taken from the workshops. Six people said traditional FP methods should not have been covered (table 18). The major things to be included in the next workshop (table 19) were, Tradition Rulers or/or Clergy, more participants in general, practical experience and more time.

TABLE 1
Question 1: Advantages of Family Planning

	n	%
1. Health of Mother	26	17.9
2. Economic/Financial	22	15.2
3. Health of Children	18	12.4
4. Education	15	10.3
5. General Goof of Family	15	10.3
6. Spacing/unwanted preg/Family Planning	12	8.3
7. Population	11	7.6
8. Nutrition	10	6.9
9. Health General	6	4.1
10. Control of Children	5	3.4
11. Other	5	3.4
Total	145	100.0

TABLE 2
**Question 1: Categories of Advantages Mentioned
by Individuals**

	n	%
1. Health, Economic and Education	5	12.5
2. Some of Above	29	72.5
3. Other Benfits	_6	15.0
Total	40	100.0

TABLE 3
Question 2: Disadvantages of Family Planning

	n	%
1. Health Reactions	29	35.8
2. Other, including inaccurate	43	53.1
3. Other and Not applicable	9	11.1
Total	81	100.0

TABLE 4
**Question 2: Categories of Disadvantages Mentioned
by Individuals⁴**

	n	%
Method Specific only or None (Health React)	15	37.5
Both MS & Other	8	20.0
ONLY Other	13	32.5
Not Applic	4	10.0
Total	40	100.0

TABLE 5
Question 3a: Advantages of ORT Mentioned

	n	%
1. Replaces fluid	21	23.1
2. Easy/Available	19	20.9
3. Cheap	16	17.6
4. Averts Death	13	14.3
5. General Health	5	5.5
6. Other	17	18.7
Total	91	100.0

TABLE 6
Question 3b: Preparation of ORS

	n	%
1. Beer Bottle or Two Coke	34	16.7
2. Salt (1 teaspoon)	33	16.2
3. Sugar (10T or 5c)	32	15.7
4. Clean water	28	13.7
5. Administration	27	13.2
6. Discard after 24 hrs.	25	12.3
7. Clean Hands, etc.	14	6.9
8. Taste	6	2.9
9. Other	5	2.5
Total	204	100.0

TABLE 7
Question 3b: Categories of Responses
by Individuals

	n	%
Q3b. Clean Water, Beer Bottle, Sugar, Salt, Dosage, Dispose	10	25.0
5 of These	16	40.0
4 of These	7	17.5
1-3 of These	5	12.5
other	2	5.0
Total	40	100.0

TABLE 8
Question 4a: Most Common Misconceptions About FP

	n	%
1. Stops Childbearing entirely/infertility	22	45.8
2. Promiscuity (women)	8	16.7
3. Against Religious Beliefs	5	10.4
4. Other	13	27.1
Total	48	100.0

TABLE 9
Question 4b: Response to Misconception About FP

	n	%
1. Explain Advantages/Encourage, Allay Fears/Misconceptions	31	77.5
2. Explain Negative Consequences of Not Using FP	6	15.0
3. Explain Methods	3	7.5
Total	40	100.0

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TABLE 10
Question 4a and 5 Combined:
All Misconceptions About FP Mentioned

	n	%
1. Infertility/inability to bear children	27	29.3
2. Promiscuity (in women & youth)	16	17.4
3. Against Religious Beliefs	13	14.1
4. All other	36	39.1
Total	92	100.0

TABLE 11
Question 6: Number Told of CS/ORT
by Each Respondent

	n	%
Daily	6	15.0
Many	13	32.5
<10	3	7.5
10-50	3	7.5
50-500	8	20.0
500+ (2000+-2)	7	17.5
Total	40	100.0

TABLE 12
Question 6a: What Respondent Says About FP

	n	%
Health Benefits	13	13.5
Economic Benefits	13	13.5
Spacing	13	13.5
General Benefits	12	12.5
Welfare/Happiness	9	9.4
Population	6	6.3
Education	6	6.3
Delivery Points & Methods	9	9.4
All other	15	15.6
Total	96	100.0

TABLE 13
Question 6b: What Respondent Says About ORT

	n	%
Lifesaving	11	16.9
Advice on Use & Preparation	11	16.9
Simple	9	13.8
Cheap	9	13.8
Importance general	9	13.8
All other	16	24.6
Total	65	100.0

TABLE 14
Question 7a: How Many Clients Referred

	n	%
Many	10	25.0
<10	4	10.0
10-50	10	25.0
50-100	6	15.0
100-500	8	20.0
500+	2	5.0
Total	40	100.0

TABLE 15
Question 7c: Have Spoken to Community Groups

	n	%
Yes	35	87.5
No	5	12.5
Total	40	100.0

TABLE 16
Question 10: Number of Children Advise Nigerian Couple to Have

	n	%
2-3	6	15.0
4 or more	23	57.5
5 or more	8	20.0
other (not specific)	_3	7.5
Total	40	100.0

TABLE 17
Question 11: What Additional Should Have Been Included in the Workshop

	n	%
Nothing	22	52.4
Demonstration/Practice	7	16.7
Clergy Invited	2	4.8
other	11	26.2
Total	42	100.0

TABLE 18
Question 12: What Should Have Been Excluded

	n	%
Nothing	34	81.0
Traditional FP Methods	6	14.3
Other	2	4.8
Total	42	100.0

TABLE 19
Question 13: What Changes Should be Made in the
Next Workshop

	n	%
None	12	22.2
More Participants	8	14.8
Traditional Rulers/Clergy Invited	9	16.7
Practical Experience	4	7.4
Longer Duration	4	7.4
All other	17	31.5
Total	54	100.0
