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FAMILY PLANNING MANAGEMENT TRAINING

PROJECT IMPACT ASSESSMENT

NIGERIA

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TABLE OF CONTENTS

I.	Executive Summary.....	1
II.	Background.....	4
	A. Environment for Family Planning in Nigeria	
	B. The Management Development Plan	
	C. Summary of FPMT Interventions	
III.	Rationale and Methodology of the Project Impact Assessment.....	13
	A. Why This Method Was Chosen	
	B. How the PIA Was Conducted	
	C. Preparation for the PIA	
	D. The Evaluation Process	
	E. Potential Sources of Bias	
IV.	Findings.....	18
	A. General Workshop Ambience	
	B. LGA Workshops (Ogun and Plateau States)	
	C. State Family Planning Coordinators' Workshops (Bauchi and Port Harcourt)	
V.	Recommendations.....	27
VI.	Annexes.....	31
	A. List of Abbreviations	
	B. Schedule of Visits	
	C. List of Persons Contacted	
	D. Timeline of FPMT Activities	
	E. Training Summary	
	F. Personnel for FPMT Activities	
	G. Plan for Ogun State Workshop Follow-up	
	H. Sample Workshop Evaluation Instruments	
	I. Participant Interview Questions	
	J. List of Documents Reviewed	
	K. Workshop Personnel Transfers	

I. EXECUTIVE SUMMARY

The Family Planning Management Training Project (FPMT) has been conducting management training for State and Local Government personnel in Nigeria for the past two years. Over the course of eight workshops, nearly 2,000 person days of management training have been provided. With the start-up of the FHI II project, FPMT will no longer be active in Nigeria. Management training for family planning will continue, however, under a Pathfinder Fund contract with a sub-contract to Management Sciences for Health (MSH). The evaluation of FPMT activities at this juncture therefore serves two different but related purposes: an assessment of the impact of previous training activities, and an opportunity to apply lessons learned through participant feedback to the development of ever more effective management training under FHI II.

The Project Impact Assessment (PIA) was carried out over a two week period by a team from MSH consisting of Mr. Ken Heise, Deputy Director for FPMT, and Ms. Ann Buxbaum, Director of the Communications and Publications Service for MSH. Both participated in a three day seminar on qualitative evaluation methods immediately prior to departing for Nigeria. Using a variety of techniques, including individual and group interviews, open discussions, site visits, observation, and extensive review of documents, the team explored the impact of FPMT management training at the Local Government level (Ogun and Plateau States) and across States (workshops for Family Planning Coordinators in Bauchi and Port Harcourt). In addition to workshop participants, the team interviewed those people with whom the participants interacted, as well as health officials and policy makers at a higher level. A total of 51 persons were interviewed during the two-week period.

The team's major findings can be grouped into six categories as follows.

WORKSHOP ENVIRONMENT: Respondents gave very high marks to the trainers, training methods and materials, and praised the workshop atmosphere for having contributed to the learning and sharing process. The workshops helped orient the participants to their role as family planning managers, while placing their activities in the broader context of the National Family Planning Program.

POST-WORKSHOP ACHIEVEMENTS: There are repeated examples of activities planned during the workshops that have indeed taken place in the areas of opening new clinics, training, and intensified outreach. But re-entry into the workplace has not always been a smooth process. Between the Bauchi and Port Harcourt workshops, for example, there was a turnover of more than 35% in Coordinators and Deputies. And roughly one-third of the LGA workshop participants were posted to new locations shortly after returning to their jobs. The plans they developed at the workshop were not always turned over to the new persons taking their place, resulting in delays in implementation.

Relations between ministries also affected participants' ability to carry out family planning activities. Where relations at the highest level had already been generally positive (Ogun), the workshop reportedly enhanced cooperation and facilitated progress. Where these relations had been difficult before (Plateau), the workshop allowed for expression of conflict and set in motion efforts to resolve the interministerial issues. In this instance, the environment was not easily improved, and the struggle to carry out plans has been difficult and frustrating.

COORDINATION AND COLLABORATION: This is an area where major progress occurred. After both Bauchi and Port Harcourt, the spirit of collaboration among States was retained and extended through formal and informal interchanges, including visits by FP Coordinators from at least five States to learn from more advanced programs. In Ogun State, there was universal agreement that the workshop developed new relationships between the staffs of the Ministries of Health and Local Government at every level of the system. This spirit of cooperation has persisted in the nine months since the workshop. In Plateau, the spirit of collaboration developed during the workshop has failed to transcend the underlying tensions between ministries, though steps have been taken to address the problem for the future.

HUMAN RESOURCE MANAGEMENT: There was virtually complete agreement that the workshops fostered personal skills in supervision, delegation, and communication.

THE PLANNING PROCESS: Action plans developed during the workshops are of varying quality and completeness, and are being used to different degrees by the participants. In some cases, good plans were developed and shared with colleagues and are continuing to guide FP activities at the LGA and State levels. There are also instances of plans that have not been completed and of completed plans that are not being used. There is, however, a general recognition of the importance of the planning process and the skills that it entails.

Participants mentioned that the workshop had developed or enhanced skills in the area of planning, data manipulation, delegation, communication, and using the management information system. Specific examples of these skills were given and, in some instances, observed by the team.

MIS: Officials at both Federal and State Ministries of Health reported a marked improvement in the regularity and quality of the statistics submitted to them after the workshops. This is clearly linked to the increase in skills participants attributed to workshop training. The use of calculators was particularly valued by many LGA participants.

The PIA team concludes that: the FMPT interventions have had an impact on the development and application of management skills; have engendered stronger collaboration and coordination across States and between ministries within States; and have contributed to the development of plans which in many instances are being used to structure and monitor expanding family planning programs.

To capitalize on past successes and address unresolved issues, the team makes the following recommendations for future management training:

General Recommendations

1. Continue the current emphasis on highly participatory training methods (case studies, simulations, role plays).
2. In training at all levels, continue the current emphasis on the development and application of basic management, planning, and interpersonal skills.
3. Identify one or more Nigerian institutions to collaborate in training and follow-up.

Recommendations for LGA-Level Training

4. Increase the emphasis on the completion of quality plans and on operationalizing them after the workshop.
5. To foster commitment at higher levels, consider including senior LGA officials in the relevant portions of management training workshops.
6. Increase emphasis on orientation to family planning, particularly for those participants with no prior health background.
7. Ensure that training courses do not take place shortly before major LGA political changes.
8. Under FHI II, have Pathfinder/MSH convene a meeting of trainers from previous FPMT and non-FPMT workshops to discuss methodologies and determine strategies for future LGA training.

Recommendations for Follow-up and Evaluation

9. Intensify follow-up with participants through visits and mini-seminars.
10. Include qualitative, long-term impact assessments as part of the FHI II project evaluation plan.

II. BACKGROUND FOR THIS ASSESSMENT

A. ENVIRONMENT FOR FAMILY PLANNING IN NIGERIA

The Management Development Plan for Nigeria describes in some detail the status of the public sector family planning program in early 1986. Based on a relatively small number of states, the composite view was of fledgling programs at varying stages of expansion, operating in an environment of little public or policy support. In many States the family planning program was expanding rapidly, but with no overall sense of design. Very few States had a plan for family planning, while the FMOH had a draft Action Plan only. Approximately a third of the States had appointed Coordinators, and none of these had officially recognized Deputies. Direct budget support for family planning at the State and Local Government level was virtually non-existent (except for in-kind support for multi-purpose health/family planning personnel). The national program counted perhaps 50,000 new users in 1985. Technical assistance to the States and FMOH was provided by some two dozen Cooperating Agencies or projects, with the burden of coordination falling largely on the Aid Affairs Office.

In the short span of two years, the national family planning program has enjoyed a remarkable growth and evolution, placing Nigeria in the forefront of family planning among African nations. A National Population Policy has been approved by the Nigerian Government and, as of this writing, is being communicated to the States and to the general public. This broad-based policy promotes family planning to improve the welfare of individual families and the health of mothers and children; it also calls for a multi-sectoral approach to lowering fertility. Through workshops and technical assistance, every State now has an action plan for family planning services; in five States, plans also exist at the IGA level. Every State, all three branches of the military, and the Police have named Coordinators for family planning, and most have named Deputies as well. The Coordinators and Deputies play a critical role in promoting and coordinating family planning activities. The use of radio, television, and other mass media has increased dramatically over the past two years, with over half the States now addressing family planning issues through these channels. Training in clinical skills, management, and IEC has been a prominent component of all the State programs, often with assistance from U.S. Cooperating Agencies or projects. As a result of large-scale training and technical assistance, family planning service statistics have dramatically improved in quality and regularity, (though more work remains to be done in this area). Although direct budget support for family planning in the States has been slow to materialize, at least six States now receive funds. Many others receive funding indirectly through allocations to Primary Health Care. With the signing and start-up of FHI II, family planning/population activities in Nigeria will benefit from greater coordination than was previously possible.

In 1986 the national family planning program recorded approximately 100,000 new users, double the previous year's total. The number more than doubled again to approximately 250,000 new users by the end of 1987. Growth also occurred in the number of public and private sector clinics, and renewed interest has been placed on service delivery outside of clinic channels.

The FPMT project activities described below should be viewed in the context of this rapidly expanding family planning program and changing environment. Much of the work carried out by FPMT supported and catalyzed these changes, breaking new ground in terms of target audience and subject matter.

B. THE MANAGEMENT DEVELOPMENT PLAN

The Management Development Plan (MDP) for Nigeria was developed over a three week period in January-February 1986 by Ken Heise and John Holley of Management Sciences for Health, Hammouda Bellamine (then of Columbia University, FPMT Consortium member), and Olabisi Olatokunbo, the Pathfinder Country Director for Nigeria. Nigeria was selected as an FPMT priority country by the FPMT consortium and ST/POP/IT during a planning meeting in December 1985, shortly after the start up of the FPMT project. The request for an FPMT assessment and planning visit was received from the AAO Lagos at approximately the same time. The Nigeria trip and resulting MDP were the first major project activities carried out by FPMT.

In early discussions with the AAO and Dr. Sulaiman, FMOH Director of Health Planning, it was agreed that FPMT would focus on the management training needs of the public sector and target its efforts on the State Family Planning Coordinators (SFPCs). This decision was based on two factors: the State programs were clearly in need of assistance, and; other U.S. Cooperating Agencies and Projects (TIPPS, Enterprise, and FTIA) were becoming actively involved in the private sector.

The team travelled to five States to learn about their family planning programs, holding meetings with SFPCs and other health officials to discuss their management training needs. In each State, they visited medical facilities offering family planning services and interviewed service providers and clients. Two team members visited a total of eight institutions and universities in an attempt to identify one or more with an interest in collaborating with FPMT in providing management training. The team discussed its findings with the AAO and FMOH on several occasions and received valuable guidance from them.

Family planning programs were found to be at different stages of development and facing different management problems and constraints. Some States were still struggling to win support for their programs. FPCs from these States needed skills in advocacy and communication, building constituencies, basic planning, and integrating family planning into other health services. In other States, the programs were fairly well established and growing quickly, in some cases outstripping the capacity of the FPCs to manage them. Needed skills for Coordinators from those States included problem identification and analysis, setting objectives, manpower planning, delegation, organization analysis and development, and monitoring and evaluation techniques. Despite the differences among States, the team was most impressed by the dedication, interest, and resourcefulness of the FPCs.

On the basis of the field visits and discussions with the AAO and FMOH, a general plan for public sector family planning management training was proposed. The team suggested that training impacts would be greater if certain training guidelines were followed. The stated guidelines were that:

1. A sufficient number of personnel in each State receive management training to ensure a "critical mass" able to affect the management of the family planning program.
2. Training be appropriate to the level of program maturity in the State. Skills learned must be applied soon after training or they will be lost.
3. A management training capacity be developed in every State, and within selected Nigerian institutions.
4. Workshop materials be developed in modular form to facilitate their use by other levels in the system.
5. Trainees come from all levels of the health system.
6. Training foster collaboration and cooperation among the States.
7. Training be designed and conducted in as cost-effective a manner as possible. Management systems and behaviors should be institutionalized so that they live beyond the life of the project.
8. Future management training activities build upon and reflect lessons learned from previous activities in terms of content, process, and program design. Given Guideline #2 above, and in line with the team's observations in the field, it was further proposed that the States be grouped for training according to their level of program maturity. Three levels were delineated: accelerated, actively beginning, and initiating.

The final MDP outlined four types of training and discussed the content areas for each. The proposed activities were:

1. An initial workshop for FPCs from all States to develop skills in planning and to further develop their State Plans.
2. A basic management course for the States grouped and timed according to their degree of program maturity. Topics to be covered would include Problem Identification and Analysis, Objective Setting, Basic Budgeting and Programming Techniques, Job Descriptions, Delegation, and techniques and tools for Supervision and Coordination.

3. A catalyst course for States having difficulty initiating family planning programs. Coordinators from initiating States would have a one-week internship with Coordinators from more advanced States. This would be followed by one-week devoted to Communication, Consensus Building, Identification of Target Population, and other skills.
4. State-level management workshops to develop in-State capacity to provide management training.

As described in some detail in the MDP (pp 38-41) there was not immediate agreement between the team and the AAO on the focus for initial FPMT activities. Fortunately, the FPCs would be gathering for an MIS workshop the following July; both parties agreed that FPMT should capitalize on this gathering and provide an additional week of training at that time.

The AAO felt strongly that the week should be devoted to the further development of the State Plans (to be started in April at the JHPIEGO workshop). FPMT was concerned that the emphasis on a product, i.e., the State Plan, would come at the expense of the planning process and the development of management skills. FPMT proposed instead that the focus of the week be on assisting those States having difficulties in getting their programs off the ground. The compromise reached — a planning workshop stressing both process and product — was acceptable to both the AAO and FPMT. Given the focus on planning, FPMT was encouraged to work with JHPIEGO on the design and conduct of a workshop for senior medical and administrative officers from 16 States and the Military. The workshop was conducted in April/May (before the FPCs workshop), and culminated in the development of brief outlines for State Plans for family planning while providing an orientation and update on reproductive health and contraceptive technology.

A comparison of proposed activities (above) with actual activities (see summary of FPMT Interventions) shows both congruencies and differences. Perhaps the greatest change was in the training strategy. FPMT did not attempt to conduct training for clusters of States grouped according to level of program maturity. Rather, individual States were targeted for more intensive training. This was the result of several factors:

1. The cost of providing quality management training to all States (grouped by level) would have been prohibitive.
2. The timetable for FPMT activity in Nigeria (never exactly specified in the MDP but assumed to be five years) was shortened to two years with the start-up of the FHI II project.
3. FPMT's plans to establish productive and cost-effective collaborative agreements with one or more Nigerian Institutions proved untenable.

4. The emphasis on State-level training, as originally proposed by the FMOH, shifted towards the Local Government level shortly after the design of the MDP. The sheer number of potential LGA participants needing training argued against organizing workshops for groups of States together.
5. The unfolding of FPMT activities in Nigeria coincided with the rapid growth of the FPMT project worldwide, a growth which placed time and management constraints on FPMT core staff. From an MDP and operations in one country (Nigeria) in early 1986, there were activities in over ten countries one year later and over 20 at present.

If the single greatest change was in the strategy for training, the greatest congruency was in training content. FPMT retained its focus on developing those skills needed to manage new, expanding family planning programs. Indeed, the development of skills and their application to the planning process have characterized nearly all of FPMT's interventions. The guiding principles were also largely maintained, though no explicit attempt was made to develop a management training capacity within the States. A great deal of learning and materials development has taken place in the past two years, all of which can and should benefit the activities to be carried out in the public sector under the FHI II project.

C. SUMMARY OF FPMT INTERVENTIONS

From January 1986 through March 1988, FPMT has been organizing and conducting management training workshops in Nigeria. In all, eleven activities have been carried out, including the initial needs assessment and Management Development Plan, as well as the current impact assessment. These activities are briefly described below. A timeline of FPMT project activities, a summary of participant training days, and FPMT personnel by activity appear in Annexes D, E, and F respectively, and full reports on each activity are available from Management Sciences for Health.

1. January/February 1986: Design of the Management Development Plan

A full description and discussion of this activity appears in the preceding section (II A).

2. April/May 1986: Baltimore Workshop for Health Planners

Frequently referred to as the JHPTEGO workshop, the two-week seminar for high-level health officials enabled workshop participants to develop the broad outline of State Plans for family planning (based on the Federal model) and provided them with information on reproductive health issues. FPMT and JHPTEGO jointly designed the workshop; training responsibility for the planning and management components fell to FPMT, while JHPTEGO had sole responsibility for reproductive and contraceptive technology updates. Seventeen states, the Military, and the FMOH were represented at the workshop by high-ranking participants (Chief Medical Officer level).

3. July/August 1986: Bauchi Planning and MIS Workshop for Family Planning Coordinators and Deputies

This two-week workshop brought together Family Planning Coordinators and Deputies from all the States and the military for the first time. The workshop had two distinct components. The first week, under FPMT direction, was devoted to building management and planning skills and to writing action plans for family planning. The training team consisted of Jenny Huddart and Ken Heise of MSH, Peggy Curlin of CEDFA, Linda Lacey of the Carolina Population Center, and Sallie Craig Huber, consultant to MSH. The second week, under Pathfinder and CDC sponsorship, was spent training participants in the use of the various forms comprising the management information system for family planning.

Using the State Plans developed at the JHPIEGO workshop, participants developed action plans for key areas of concern to them. The development of the plans followed and depended upon the participants' learning and practicing skills in planning: environmental analysis, force field analysis, determination of key results areas, setting objectives, and monitoring and evaluation. The workshop also promoted the sharing of experiences across States and the creation of a network of contacts in the family planning field. The workshop design encouraged interaction among States and Zones, and efforts were made to develop a sense of teamwork and commonality of cause. To this end, all Coordinators and Deputies developed job descriptions for their positions within the State system.

4. January 1987: Imo State Financial Workshop

During the Bauchi workshop the Family Planning Coordinator from Imo State requested FPMT assistance in budgeting and accounting for the family planning program. The request was made in the hope that the presentation of a carefully thought-out budget would improve the chances that the State MOH would approve the State Plan. FPMT identified a consultant with a finance background and knowledge of family planning programs, Dr. Mary Taylor Hassouna, to organize and conduct back-to-back workshops for both family planning personnel (FPC, Deputy, Zonal Coordinators) and personnel from the SMOH financial division. The workshops were enlightening for both groups. The family planners came to understand the budget cycle and were exposed to basic accounting skills, while the financial managers gained their first exposure to the family planning program and were sensitized to its needs.

5. February 1987: FPMT Project Monitoring Visit

As it turned out, this monitoring visit by Ken Heise and Dr. Joyce Lyons (then FPMT Deputy Director for Training) occurred at the halfway point of FPMT involvement in Nigeria. The purpose of the visit was twofold: 1) to discuss with the AAO and FMOH areas of emphasis for FPMT, and 2) to identify a collaborating institution for future FPMT management training and technical assistance. Following discussions and a site visit to Ogun State, FPMT agreed to focus its efforts for the coming year at the LGA level, the next step in the decentralized planning process. FPMT proposed a series of four workshops for LGA family planning/health workers. FPMT also pledged its support for the Family Planning Coordinators' annual workshop, to take place in October 1987 in Port Harcourt (see below).

To help prepare for future LGA planning and management workshops, Heise and Lyons were encouraged to take part in short seminars being conducted in Lagos State wherein a model LGA plan for family planning was adapted for their own use by LGA participants from other Lagos State LGAs. The model LGA plan was developed with technical assistance provided through AID and, with some simplifications, has served as an outline for LGA plans developed in other States.

Two of the potential collaborating institutions visited in the 1986 assessment were re-visited in 1987, as well as a new institution, the Administrative Staff College of Nigeria (ASCON). It was decided to collaborate with ASCON on a trial basis for the LGA workshop proposed for Ogun State (see below). ASCON was chosen largely on the basis of its having a Faculty of Local Government and Field Administration, its expressed interest in family planning management, and its extensive campus and administrative facilities.

6. March, 1987: Case Teaching Workshop in Boston, MA

FPMT relies heavily on case teaching during its management training workshops. The project has, in fact, developed over 20 cases for family planning to date. To encourage staff, consultants, and collaborating institutions to use the case method and to strengthen their case-teaching skills, a one week workshop was organized in Boston for FPMT by Jim Austin and Associates of the Harvard Business School. Mr. Mukaila Ashiru of ASCON was invited to attend by FPMT, as were representatives from the Asia Institute of Management, INCAE in Costa Rica, the Pan African Institute for Development, plus trainers from the FPMT consortium of Management Sciences for Health, the Pathfinder Fund, and CEDPA. Many of those attending have since been involved in training in Nigeria — Mr. Ashiru, John Paxman, Sylvia Vriesendorp, Ken Heise, and Mary Taylor Hassouna. It was hoped that Mr. Ashiru's attendance would encourage him and, indirectly, other ASCON trainers to use the case method and to rely less on strictly didactic training approaches.

7. July 1987: Ogun State Planning and Management Workshop for LGA and SMOH Personnel

The FPMT team of Maria Eugenia Arias, John Paxman, and Sylvia Vriesendorp worked collaboratively with ASCON to design and conduct this two-week workshop for LGA and SMOH personnel. Participants included LGA supervisors and nurses, Zonal Coordinators, and SMOH headquarters staff. The workshop had a dual purpose: to provide participants with the skills needed to plan and implement an expanding family planning program, and to help them apply those skills to the development of one-year family planning action plans for each LGA and five-year plans for each of the five Zones. The Ministry of Local Government played a key role in promoting and supporting the workshop.

Approximately six weeks after the workshop, Mr. Ashiru of ASCON conducted a follow-up visit to predetermined LGAs to assess their progress in gaining support for their plans and in implementing them. His protocol for the follow-up assessment is attached as Annex G. Unfortunately, his visit coincided with a period of time in which many of the participants were either on leave or in the process of being assigned to a new posting. These factors, coupled with the short interval between the workshop and follow-up, limited somewhat the value of the follow-up.

The FPMT/ASCON collaboration left much room for improvement. ASCON felt that they had been insufficiently involved in the planning process and therefore not fully integrated into the workshop proceedings. FPMT felt that ASCON had been given ample opportunity to collaborate fully in both the design and conduct of the workshop but for various reasons had been unable or unwilling to do so. Another stumbling block concerned training methodology. FPMT was somewhat disappointed that ASCON chose to use conventional lectures and didactic presentations instead of more participative approaches that would fully engage the participants in learning and applying new skills.

In subsequent meetings with ASCON in October 1987, it was agreed that a second attempt at collaborative training would be made, this time at the proposed Plateau State workshop. Shortly after this October meeting ASCON dramatically raised its rates for consulting services. After consultation with Pathfinder, the AAO in Lagos, and AID/W, FPMT decided not to pursue further ties with ASCON.

8. October 1987: Port Harcourt Workshop for Family Planning Coordinators and Deputies

The one-week Port Harcourt workshop reunited Family Planning Coordinators and Deputies from all the States and the three branches of the Military. In addition, there were representatives from the Police, FMOH, Planned Parenthood Federation of Nigeria, UNICEF, and many U.S. Cooperating Agencies. The workshop was organized by Pathfinder independently of FPMT. FPMT's contribution was to assist in designing the workshop and in conducting or facilitating many of the workshop sessions. Representing FPMT were Peggy Curlin of CEDPA, Ken Heise, and Mary Taylor Hassouna.

The workshop provided a forum for exchange of ideas and review of progress made since the Bauchi workshop. More specifically, sessions were devoted to reinforcing skills and techniques in planning, monitoring and evaluation, and supervision. The new MIS forms were presented and studied under the direction of a team representing CDC, FMOH, Pathfinder, and MSH. Roughly 60% of the workshop participants (Coordinators and Deputies) had been present at the Bauchi workshop.

A particular focus of the workshop was to develop strategies for collaborating effectively with the LGAs in the delivery of family planning services. The Ogun State experience in this regard was used as a point of departure for discussions and design of initial strategies. In fact, the Ogun State Permanent Secretary for Local Government, Chief Koleoso, made a special trip to Port Harcourt to discuss the Ogun State program and LGA involvement and to pledge his personal support to efforts getting underway in other States.

Immediately following the workshop Dr. Hassouna went to Plateau State to conduct a training needs assessment and to do the logistical groundwork for the November LGA workshop, discussed below.

9. November 1987: Plateau State Planning and Management Workshop for LGA and SMOH Personnel

This two-week workshop for LGA and SMOH personnel was conducted by an FPMT training team composed of Sallie Craig Huber, Mary Taylor Hassouna, Sylvia Vriesendorp, and Jean Haffenreffer of MSH. The workshop was similar in design and content to the Ogun workshop, with some modifications in the curriculum based on feedback from the Ogun participants. One session in particular, on data manipulation, was covered in much greater detail in the Plateau workshop. Five-year plans were developed on an LGA basis, rather than on a zonal basis as had been the case at Ogun. A total of 29 participants attended, representing Local Government clinic and supervisory personnel, Zonal coordinators, and SMOH headquarters staff.

10. March 1988: Bendel State LGA Planning and Management Workshop

This workshop marked the end of FPMT training activities in Nigeria; similar training is expected to take place under the public sector component of the FHI II project. The Bendel workshop was conducted by Sylvia Vriesendorp, Paula Caproni, Carol Valentine, Gbola Omotasho, Yetunde Akinsipe, and Jean Haffenreffer. Bendel State was chosen because its family planning program was still in the early stages, in direct contrast to the reasons for choosing Ogun and Plateau States for the initial workshops. By conducting the workshop in Bendel, it was hoped to generate high-level support for family planning at both the SMOH and LGA levels. The workshop design and content, originally modeled on the Plateau experience, were modified before and during the workshops as the needs of this specific group of participants surfaced. The emphasis shifted somewhat: less time was devoted to management skills and more to providing information on family planning benefits and methods, and on relevant communication issues. The participants included representatives of the SMOH, Ministry of Local Government, Local Government Supervisors, and (for the first time) LGA Supervisory Councillors for Health and Assistant Secretaries.

11. March 1988: Evaluation of FPMT Activities

Conducted by Ken Heise and Ann Buxbaum of Management Sciences for Health, this evaluation is the subject of this report.

III. RATIONALE AND METHODOLOGY OF THE PROJECT IMPACT ASSESSMENT (PIA)

The Project Impact Assessment summarized in this report took place at the halfway point in the Family Planning Management Training Project's five-year life, but at the end of its involvement in Nigeria. As such, the evaluation not only gives feedback to FPMT on the work it has done in Nigeria (and will continue to do in other countries), but also lays the groundwork for management training activities to be undertaken in Nigeria by Management Sciences for Health under the FHI II project.

A. Why This Method Was Chosen

The PIA is a follow-up, qualitative evaluation of the workshops that have been FPMT's major interventions in Nigeria. It was designed to supplement the evaluations carried out during and at the end of each workshop. It is an attempt to obtain a longer-range and more profound understanding of the impact of training on the professional activities of the participants.

There are two key features to the PIA, whether in Nigeria or in other countries where FPMT has been active: it is conducted from several months to a year after the intervention, and it is a qualitative evaluation, based on document review, individual interviews, group meetings, and observations. Each of these features has both advantages and drawbacks, but the combination offers certain insights that cannot easily be reached in other ways.

First, the timing of the PIA. We recognize that follow-up evaluation cannot replace written feedback at the time of the workshop. The evaluation forms filled out during and at the end of workshops have certain advantages:

- o Immediacy and freshness of impressions
- o Accurate recall of specific materials, activities, and techniques
- o Inclusion of trainers' perceptions.

But the mid- and post-workshop evaluations cannot provide all the answers. Their disadvantages are the reverse side of the coin:

- o Participants' lack of experience in applying learning to job responsibilities back at the work site
- o Inability to predict the environment in which skills will be applied
- o Tendency for participants to make positive comments in the flush of enthusiasm for group spirit and stimulating new ideas.

Similarly, the qualitative approach cannot replace the contribution of quantitative evaluation which provides:

- o Brevity and economy of resources
- o Objectivity with minimal chance for bias
- o Greater potential for statistical validity.

But qualitative evaluation has its own unique contribution:

- o Exploration, probing of ideas and reactions
- o Study of issues through multiple approaches and respondents
- o Observation to confirm, enhance, or negate verbal responses.

In Nigeria, we have been able to combine the two approaches. Each workshop concluded with written participant evaluations (see sample forms in Annex H). The evaluation questions were designed to yield mostly quantifiable responses, although some could be expanded with open-ended comments or examples. Thus, we benefitted from the immediacy and objectivity of the short-term quantitative approach.

As expected, the evaluations were largely positive. Virtually every participant rated the trainers, material, and teaching methods at the very highest end of the scale. They reported consistent pre- to post-workshop increases of confidence in the relevant skills. They universally stated that they had met their objectives in attending the workshops. All in all, the evaluations testified to an excellent learning experience which would enable them to bring to their jobs fresh perspectives and new skills -- to change conditions that could impede the progress of family planning programs.

But the proof is in the pudding. The PIA offered an opportunity to return several months after the workshops, when the glow might have faded, and to learn how expectations had fared in the face of reality. By taking a longer-range, less restricted look at the experience of a few participants, we hoped to learn more about the real impact of training and glean valuable guidance for future training efforts.

B. How the PIA Was Conducted

Two consultants spent eleven days interviewing participants who had attended four FPMT workshops: two held for State Family Planning Coordinators and Deputies at Bauchi and Port Harcourt, and one each for SMOH and LGA family planning practitioners and supervisors in Ogun and Plateau States. Limitations of time did not allow us to visit Imo State, where training in financial management was conducted.

The interviewees did not, of course, represent a statistically representative sample of all participants. Because we visited only two States, we could interview only four of the participants who attended both Bauchi and Port Harcourt. And at lower levels within each State — Zonal Supervisors and LGA service providers — those interviewed were to some extent determined by proximity and availability. But we attempted to broaden the perspective by interviewing all State officials who had some involvement in both the workshop and the ensuing activities. And we made every effort to talk with participants in a variety of clinical and administrative settings.

The PIA methodology combines freedom with structure. Although the interviews and discussions were open-ended, they were always framed within a set of questions (see sample questions in Annex I). These questions were formulated to encourage thoughtful responses and to provide structure for what might otherwise have been disorganized and rambling impressions and ideas. The questions were specific to the experience of each group of respondents, but there are some themes that cut across most of the groups:

- o Expectations prior to the FPMT workshop
- o Ways in which expectations were and were not met
- o Long-term impact of the workshop on skills in key technical areas: coordination and collaboration, human resource management (supervision, delegation, communication), the planning process, and MIS
- o Post-workshop achievements and obstacles.

We did not rigidly adhere to a sequence of questions; often the discussions would take flight and respondents would move naturally from one important topic to another. But whatever the sequence and flow, we made an effort to cover all the selected themes by the end of each interview or meeting. Wherever respondents answered in generalities, we attempted to probe the answers to draw forth specific examples.

It was useful to have two people present at most interviews. We learned early that it is difficult to guide a discussion and take careful notes at the same time. The recorder in each case tried to capture not only the content of the responses but the tone, by recording as many verbatim comments as possible. The roles of interviewer and recorder were not, however, rigidly separated; the interviewer sometimes noted items of particular interest, and the recorder interjected questions or leading comments whenever he/she considered it appropriate.

C. Preparation for the PIA

Before leaving for Nigeria, the two team members reviewed all the relevant documents listed in Annex J. They drew up lists of issues, suggestions, and expectations that seemed to demand follow-up action on the part of the participants. From this list they framed initial questions to explore during their interviews. They were also able to benefit from a three-day workshop sponsored by the FPMT Project and devoted to the purposes and techniques of qualitative evaluation.

D. The Evaluation Process

The process began with letters informing appropriate family planning contacts in Nigeria of the team's upcoming arrival and requesting assistance in making appointments. During the 15 days of the PIA visit, the team interviewed a total of 51 people at the Federal Ministry of Health, USAID, The Pathfinder Fund, and in the Ministries of Health and Local Government and LGA clinics in two States. The numbers of people in each category are summarized below:

FMOH	4
AAO	4
Pathfinder	3
AFRICARE	1
SMDH Headquarters	10
SMDH zones/clinics	5
MLG Headquarters	6
LGAs	18

The interviewing process — a loose structure as a guide to free discussion — appeared to accomplish its purpose. Respondents were unfailingly gracious with their time and generally thoughtful in their responses. Nearly every person interviewed was forthcoming, and many were surprisingly frank about problems they had encountered since their re-entry into the workplace. There were several group meetings, some planned and others serendipitous as people entered a room and joined the conversation or took us to see a colleague. These discussions often revealed differing or complementary opinions and occasionally engendered lively disagreements that revealed underlying problems and enriched our perceptions.

The process could not have succeeded without the support of the Family Planning Coordinators and the unfailing assistance of the Deputy Family Planning Coordinators in the two States we visited. The two deputies were released from their other responsibilities for three days apiece and accompanied us everywhere. They helped us select and locate interviewees, paved our way with introductions and explanations, and sat in on nearly all our interviews.

E. Potential Sources of Bias

We recognize that the presence of the Deputies may, in some instances, have restrained the people being interviewed from being completely frank, but this troubled us less than we had anticipated as we encountered the obvious honesty of several interviewees and their willingness to address uncomfortable and controversial issues.

Another possible source of bias was Mr. Heise's connection to FPMT. He is a member of the FPMT staff, helped to plan and conduct the two national workshops, and was on the original needs assessment team in 1986 that formulated the Management Development Plan for Nigeria. He made every effort to counteract this involvement, deliberately seeking negative responses along with the positive, and carefully avoiding judgmental comments or expressions. The other team member, Ms. Buxbaum, though on the staff of MSH, has not been involved with FPMT training and had never been to Nigeria before.

The third possible source of bias was the inherent politeness, warmth, and desire to please that characterized the people we spoke with. There was little we could do to change that except to show in every way possible that they could please us most by being frank and helping us to perform better in the future.

IV. FINDINGS

A. General Workshop Ambience

During the two weeks of interviews and meetings, the PIA team repeatedly heard similar comments on the general tone and environment of the workshops. Respondents from all four workshops gave very high marks to the trainers, training methods and materials, and praised the workshop atmosphere for having contributed to the learning and sharing process. They were pleased with the participatory approach; several people at both workshop levels described exercises they had particularly enjoyed (simulations, role plays) and were easily able to relate these activities to the management and planning concepts they illustrated. They warmly praised the spirit of cooperation and common concern that pervaded the workshops, describing new and lasting relationships with other participants across former barriers.

The participants also praised the materials handed out at the workshops, several mentioning that they continue to refer to them and some saying that they had shared them with colleagues or that they intended to duplicate some of them for future distribution. The materials relating to delegation, supervision, and communication were those most often cited. The Director of the Family Planning Training School in Ogun State told us that FPMP materials on delegation and supervision are regularly used in the family planning course.

These findings reinforce the written evaluations at the end of each workshop and show that, even in the ensuing months, the glow hasn't worn off.

B. LGA Workshops (Ogun and Plateau States)

Thirty-nine individuals were interviewed across the two States: 15 working for the State Ministries of Health, either at Headquarters or in the field; 6 working at the Headquarters of the Ministries of Local Government, and 18 working at LGAs. Nearly half of these people had attended the workshop; the rest were comprised of Ministry officials who are responsible for elements of the family planning program, or LGA officials whose work directly impinges on the plans of the participants. The interviews with the participants yielded direct findings on the immediate and long-term impact of the workshops; the interviews with the non-participants illuminated our view of the broader impact of the workshops on the ensuing family planning activities.

POST-WORKSHOP ACHIEVEMENTS

Roughly one-third of the LGA workshop participants were posted to new locations shortly after returning to their jobs (See Annex K). The plans they developed at the workshop were not always turned over to the new persons taking their place, resulting in delays in implementation. During the Plateau workshop, there was a deliberate decision not to develop plans for the LGAs which were unstaffed at the time of the workshop, with the intention that new postings would transfer workshop participants to these settings to develop plans there. Because these postings have only recently taken place, it was impossible to determine whether the new plans will indeed materialize.

Relations between ministries also affected participants' ability to carry out family planning activities — in one State positively, in the other destructively. In Ogun State, where relations at the highest level had already been generally positive, the workshop reportedly enhanced cooperation and facilitated progress: a high level of cooperation has persisted in the nine months since the workshop. In Plateau, however, the collaborative spirit developed during the workshop has failed to transcend the underlying tensions between ministries. The participants had anticipated this and during the workshop had instigated a discussion among high-level officials of the SMDH and the MLG, with participant representatives. This roundtable discussion clearly revealed the sources of misunderstanding and mistrust, but the recommended follow-up roundtables have never taken place, reflecting the persistence of the ill-feeling. And although the recommended transfers of trained personnel to new LGAs appear to have been carried out, neither the Health nor the Local Government Ministry has been willing to share the posting information with the other. In this instance, the environment was not easily improved, and the struggle to work effectively at the LGA level has been difficult and frustrating.

The third common element in the post-workshop atmosphere was the recent election of new LGA councils and the appointment of new Secretaries. In Ogun, this was somewhat less problematic than in Plateau; the council elections took place in November, and there has been time to get to know the new Chairmen and health councillors. In Plateau, however, the newly elected and appointed LGA officials have been in office only since January. We interviewed two Council Chairmen, a health councillor, and an Assistant Secretary and found them to be in varying stages of awareness and support of family planning activities, ranging from alert interest to frank opposition. The officials we didn't meet were variously described as supportive, unresponsive, or too engaged in in-fighting to be reachable.

DEVELOPMENT OF SKILLS

The skills the workshops aimed to engender fall into four broad areas: coordination and collaboration, human resource management, the planning process, and MIS.

Coordination and Collaboration

In Ogun State, there was universal agreement that the LGA workshop developed new relationships — characterized as "cordial," "warm," "productive," "helpful," "accessible" — between the staffs of the Ministries of Health and Local Government at every level of the system. The Matron of the State Health Board, a participant, said that there was a new "rapport between the State government and the local governments"; she told us that before the workshop the LGAs saw the State as "an intruder." A former Zonal Coordinator said that before the workshop, "when I got to a local government maternity center, they didn't seem to recognize me." During visits after the workshop, "they came immediately to see me; we worked together."

In Plateau, there was some mention of collaboration at the workshop, but the respondents did not have the same euphoric attitude. It was agreed that the roundtable discussion was extremely useful in airing disagreements but that the problems between the ministries persist. The lack of accord at the top has filtered down to the LGA service delivery level, and we encountered some bitterness and a great deal of concern about the relative degrees of authority and respect of MOH and MLG employees at the same LGAs. We did, however, witness at least one warm and cooperative relationship between an SMOH Coordinator and her new LGA deputy, which emerged at the time of the workshop. Some of our respondents at SMOH and MLG headquarters seemed to think that other such supervisor/deputy relationships will flourish despite the general sense of discord and rivalry.

Human Resource Management

There was virtually complete agreement that the workshops fostered personal skills in supervision, delegation, and communication. In Plateau, a supervisor and her deputy have developed a clear view of how they will supervise jointly, partly as a result of the "teachings" of the workshop. Another pair, a Principal Community Health Officer and nurse, plan to visit clinics together and are asking their local council to fund the purchase of a van to increase the frequency of their visits. In Ogun State, the Deputy FPC told us that the supervisory system is working well with the three Zonal Coordinators who attended the workshop, but "we are finding it difficult with the new Zonal Coordinators who really don't know."

Delegation was mentioned as a new skill by several respondents; one of the most telling comments came from the Director of the Family Planning Training School who told us that through the workshop she became "able to delegate power to others; I don't need to work everything on my own." She described in enthusiastic detail the case study and role plays used to teach delegation skills.

Many interviewees spoke of their new skills in communication. A Deputy Coordinator from a Plateau LGA spoke of her ability to "give information to the public about family planning." She told us how, shortly after the workshop, she met with the LGA Secretary to "have a chat... and explain what family planning is all about." She felt that she had been able to make him understand and gain his support for the future. Another participant described how after the workshop she wrote a report on family planning activities to the LGA Secretary and urged his support for the improvement of present clinics. A Zonal Coordinator for Ogun State told us that the workshop taught the LGA participants how to approach community members, who "take this family planning as a private something." Several Ogun State respondents described in detail their presentations to men in the markets, villages, and mechanics' villages; one participant reported that "through what we gained in the workshop we are able to persuade them."

The Planning Process

Action plans developed during the LGA workshops are of varying quality and completeness, and are being used to different degrees by the participants. In some cases, good plans were developed and shared with colleagues and are continuing to guide family planning activities at the LGA and State levels. There are, however, instances of plans that have not been completed and of completed plans that are not being used.

It is in this area that Plateau State LGA participants appear in general to have acquired a stronger grasp of the process and to have created plans of greater utility than their Ogun counterparts. Most of the Ogun respondents did not have copies of their plans and were unsure about the contents. The two LGA plans we saw in Ogun State (the FPC does not have any copies) had either vague or unrealistic objectives ("Working for Health for All by the Year 2000," "Reduce death rates from 3% to 2.1%" -- in one year!), and the proposed activities did not relate to the objectives. If these are typical, we sensed that the LGA plans as formulated would be very difficult to carry out. The 5-year zonal plans seemed clearer and more consistent, but we did not discern any attempt at regular monitoring by the Coordinators or their headquarters supervisors. (Our visit, however, seems to have sparked a new interest at the top in obtaining copies of the plans and using them as a basis for monthly Coordinators' meetings.)

Our impression was that the plans were less than ideal guides to action, but that the planning process itself had provided a powerful impetus to action. The participants may not have had a perfectly designed blueprint, but they were fully engaged in carrying out important activities. We felt that these LGA participants had absorbed the core of the process -- looking at a situation, setting targets, and defining the activities necessary for meeting them. The universal enthusiasm for the planning segment of the workshop seemed genuine, and they obviously gained something of value over and above the plans themselves. The Permanent Secretary of the MIG stated with assurance that the major benefit of the workshop planning process for LGA participants was "involving them in the plans that emerged -- making it their own plan, not imposed from the top. The commitment is there; they want to see the plans succeed, and that is the major impetus."

By way of contrast, in Plateau State we saw several LGA plans in the FPC's office and were impressed by their clarity and practicality. Most of the participants were able to tell us what their plans contained and several reported having gone back and shared their plans with a variety of people: LGA Council Chairmen and Health Councillors, Secretaries, and members of their staffs. One senior nursing sister shared her plan with other clinic personnel and has reviewed it on occasion with other participants who helped develop it. She mentioned revisions she had made after conferring with the LGA Secretary. Another nurse described her persistent and frustrating efforts to gain approval from former LGA officials so she could form a family planning committee — the first two activities in her plan. The copy of the plan she gave them had disappeared, and she is holding tight to her own copy until she has funds to duplicate it and give it out to new LGA officials. She has, however, skipped over the first steps and begun to implement the next activities. Still another nurse, recently transferred, had shared her plan with staff in her old setting and used it as a guide to activities. She listed for us the main categories of activities and said that they had modified the plan to include a new activity — the training of midwives.

It would appear, from our interviews with two LGA Principal Community Health Officers, that they were less knowledgeable and serious about the plans and had not made strong attempts to support implementation. According to the trainers, however, these two respondents are not representative of the six PHCOs at the workshop who: the other four were thoroughly involved in the planning process and gave every indication that they would maintain a strong leadership role. In the two LGAs in question, the nurses seemed to be taking the lead.

Management Information Systems

The term "MIS" was generally used to describe the transmission of service statistics from the LGAs through the SMOH to the FMOH. Officials at both Federal and State Ministries of Health reported a marked improvement in the regularity and quality of the statistics submitted to them after the workshops. This is clearly linked to the increase in skills participants attributed to workshop training. The use of calculators was particularly valued by many LGA participants.

In Ogun State, for example, the Principal Health Sister responsible for statistics stated that the LGAs "cooperate more now" in sending in their reports, and that her work has been made easier by the improvement in the returns. This was verified from the viewpoint of a Zonal Coordinator who regularly receives, collates, and transmits service statistics from two LGA supervisors. The process is far smoother since the workshop in which all three were participants.

In Plateau State, the situation is more uneven. During our visit, the Headquarters MOH staff were working intensively to complete their 1987 statistical reporting; about half of the LGA reports had not been submitted regularly over the course of the year, and the Deputy had had to visit many clinics personally to collect their statistics. This would seem to be a side effect of the large number of LGAs without trained staff, and the chronic problem of transport which limits supervisory visits.

It is generally hoped that the posting of workshop participants to more remote LGAs will help to remedy the problem. We were unable to determine whether the participants as a group had improved their reporting after the workshop.

In both States, there was widespread satisfaction with the training in the use of calculators. Most people we spoke with volunteered that they use them regularly, both for their work and, in some cases, in their personal budgeting as well. The trainers at Ogun had felt that more time was needed for work with the calculators, and their recommendation was implemented at Plateau. We did not, however, find any appreciable difference in the reported comfort with or use of calculators between the two States.

C. State Family Planning Coordinators' Workshops (Bauchi and Port Harcourt)

The workshops for Family Planning Coordinators and Deputies that took place in Bauchi and Port Harcourt with FPMT support are difficult to evaluate for two reasons. First, in both cases they were designed and conducted jointly by a large number of Nigerian and U.S. institutions and individuals. The impact of the FPMT contribution in and of itself is hard to separate from the abundance of other inputs. Second, it was not possible to conduct follow-up interviews with a sufficient number of the workshop participants to draw general conclusions. We visited only two States and the Federal MOH, encountering four participants and six facilitators or part-time observers at Bauchi and/or Port Harcourt. Time did not permit travelling elsewhere.

Despite these constraints, there has been a consistency of response that seems to point to certain conclusions. We have reviewed the evaluations filled out by all the participants at the time of the workshops, and it is clear that they found the workshops useful, well conceived, and on target. These impressions remain valid today, at least among the small group we interviewed. In our follow-up discussions with participants, observers, and facilitators, several consistent themes emerged.

POST-WORKSHOP ACHIEVEMENTS

There are reported examples of activities planned during the workshops that have indeed taken place in the areas of new clinics, training, and intensified outreach. But re-entry into the workplace has not always been a smooth process. Between the Bauchi and Port Harcourt workshops, for example, there was a turnover of more than 35% in Coordinators and Deputies.

FAMILY PLANNING ORIENTATION AND AWARENESS

The workshops were successful in providing the Coordinators and Deputies with an orientation not only to their roles and responsibilities but also to the National Family Planning Program. Indeed, it was in response to the Bauchi workshop invitation that many States and the Military first appointed Coordinators and Deputies. Special attention was given at the Bauchi workshop to the development of job descriptions for the FPCs and Deputies. This was seen as an important step in helping experienced participants to clearly understand and describe their responsibilities, and in aiding new Coordinators and Deputies to orient themselves to their changing roles. In Plateau State, the Coordinator and Deputy told us that the Deputy's job description was developed at Bauchi and that they have revised it since then to reflect changing circumstances. They use it as a framework for discussion during the Deputy's regular performance reviews.

The workshops also provided a beneficial orientation to the Federal MOH observers and the workshop organizers. Mr. Ubuane of the Federal MOH remarked that the Bauchi workshop gave him his first opportunity to meet the FPCs and Deputies and to learn about their problems and interests, helping him "to organize his mind" around the problems of the MIS. For its part, the FPMT training team realized that some of its materials were too complex or theoretical. This led to a revision and simplification of materials used at subsequent workshops. In addition, as a result of the Bauchi experience, FPMT was able to better understand the management problems facing the FPCs and to use this information in subsequent interventions.

DEVELOPMENT OF SKILLS

o Coordination and Collaboration

In developing action plans, participants were exposed, many for the first time, to the component parts of a family planning system. Successful features or strategies were shared among States, and this exchange has been maintained and extended beyond the workshops. For example, after Port Harcourt the FPC from Gongola State visited the Ogun State program to study and learn from it. This exchange was supported with assistance from Pathfinder. Mrs. I.V. Mako, the Ogun State FPC, also mentioned that she had received requests for IEC materials from two neighboring States. Family Planning Coordinators from four States have visited the program in Plateau State, both formally and informally, to see clinics, study the record-keeping system, and discuss problems. The workshop, according to Mrs. Z. Mafuyai, the Plateau State FPC, involved the Family Planning Coordinators in "learning about other people's problems" and gave them "the willpower (and) incentive to continue."

At Port Harcourt there were many discussions of strategies for working with LGAs in family planning. The Ogun State experience in working with LGAs was of particular interest. The FPMT workshop in Ogun was described to the participants, and Chief Koleoso, Permanent Secretary for Ogun MLG, travelled to Port Harcourt to present a paper on their experiences. Afterwards, he offered to assist other States as they began to work with LGAs. In our meeting with him, he said, "I was amazed at the enthusiasm

of the participants. After my paper, a good number came to me wanting to know more. They engaged me in discussion about how we were organizing IGAs for family planning." Mrs. Olatokunbo of Pathfinder remarked that as a result of Port Harcourt and the sharing of the Ogun experience, other State Coordinators have requested their own workshops, asking, "When is it going to be our turn?"

- o The Planning Process

The Bauchi workshop placed a major emphasis on planning in two spheres: participants explored the process one goes through in developing a plan and then developed their own action plans for family planning activities. At Port Harcourt, the plans were reviewed and planning skills applied to the development of strategies for involving the IGAs more fully in State family planning activities.

Before the Bauchi workshop, the Plateau State Deputy, Mrs. S. Ayina, had never made a workplan before. She worked with Mrs. Mafuyai, the State Coordinator, to develop an action plan for training which we found posted on the bulletin board in their office. They monitor it monthly, checking off activities as they are completed. They reported proudly that they have exceeded their targets for training.

One of the methods used to teach the planning process at Bauchi was an exercise in planning and management requiring teams to collaborate in designing messages for greeting cards. The Plateau State Coordinator and Deputy described this exercise to us enthusiastically. They pointed out that it "made people conscious of management skills, bringing into view what we do every day. Coordinators and Deputies were even relating it to home management."

The Coordinator and Deputy from Ogun State developed an action plan for IEC activities at the Bauchi workshop. Upon their return to Ogun, they gained approval for the plan and used it as the basis for a proposal which they submitted to Population Communication Services and for which they have received full funding.

- o Management Information Systems

Training in the MIS for family planning took place at both the Bauchi and Port Harcourt workshops. FPMI did not design or conduct this training; rather, experts from the CDC and Pathfinder were responsible in the case of Bauchi, while training in MIS at Port Harcourt was done by CDC, Pathfinder, MSH, and the FMOH. We have chosen to report our findings in this area because we believe them to be important for the above-mentioned organizations.

Our respondents at the Federal level and the AAO all indicated that the system for family planning statistics has improved as a result of the two workshops. Although interviewed separately, each Federal MOH respondent voiced the conviction that the information now received on the family planning program is more complete and of better quality than was the case before the workshop. In fact, the improvement has been so great that service statistics for family planning are better than for other health programs, including those such as EPI which have also received large inputs of technical assistance.

The Senior Medical Records Officer, Mr. Tom Ubuane, went so far as to say that "family planning is going to be the model for other (health) programs, especially in monitoring and evaluation."

Mrs. Y. Afonja, Principal Health Sister in Ogun State and a participant at both Bauchi and Port Harcourt, was typical in commenting that she feels much more confident about the MIS as a result of participating in the workshops. She is, however, also typical in her recognition that there are gaps in her mastery of service statistics. She admitted, for example, that she still has difficulty understanding the concept and calculation of couple years of protection (CYP). The Deputy Family Coordinator in Plateau, Mrs. S. Ayina, expressed similar confusion over CYP. We are inclined to conclude that if they are having trouble in this area, many other participants are likely to share their confusion.

We were also concerned about apparent confusion between "revisits" and "continuing users." Based on an admittedly small sample, though one taken from two advanced States, it appears that multiple counting of continuing users is occurring. Each time a client returns to a clinic for resupply, she is counted anew as a continuing user. Monthly summaries combine new users with inaccurately defined continuing users to arrive at an inflated estimate of total users. The Family Planning Coordinator in Plateau was aware of this problem and hoped that it would be resolved soon. We suggest that this issue, along with CYP, be reviewed at the next workshop for Family Planning Coordinators. The Senior Medical Records Officer at the Federal MOH said that he was aware of this problem and was taking steps to remedy it. At the national level, he added, new users and continuing users are not being summed to form a total.

In light of the findings from our interviews at all levels, the PIA team concludes that the FPMI interventions have had an impact on the development and application of management skills; have engendered stronger collaboration and coordination across States and between ministries within States; and have contributed to the development of plans which in many instances are being used to structure and monitor expanding family planning programs. As would be expected, certain post-workshop events in Ogun and Plateau States have gotten in the way of the full application of all workshop skills, but it was heartening to see the ingenuity, commitment, and confidence that many participants are mustering to make their plans work in the face of serious obstacles. The workshop skills are clearly there and are being used to improve and sustain the family planning program.

V. RECOMMENDATIONS

As discussed in the preceding section, we found that the FPMT project activities in Nigeria have had a positive impact in promoting State and Local Government family planning programs. The workshops have increased awareness of family planning among participants and their peers; fostered improved collaboration and cooperation between ministries and among States; provided participants with practical skills in planning, communication, delegation, and data manipulation; and contributed to the national goal of developing action plans for family planning at the State and LGA levels.

Despite our overall positive assessment of FPMT interventions, there are a number of areas needing improvement or modification. These areas, and our recommendations, tend to be specific to FPMT training materials and methods in the Nigerian context and may therefore be of greater interest to MSH and Pathfinder under FHI II than to FPMT and its activities worldwide.

1. Training Methods

FPMT workshops have employed a variety of experiential and participatory training methods. These include case studies, role plays, small group exercises, simulations, and presentations. These methods require a strong motivation and commitment on the part of the training team, as they are at times difficult to explain, time-consuming, and potentially distracting if not directly related and applied to the family planning manager and his/her work. When used appropriately, however, these methods enrich and facilitate the learning process and have impact beyond the workshop setting.

The respondents indicated that they found the training methods and materials useful, enjoyable, and applicable to their work. In recalling the training exercises, they were able to describe not only the process of the activity but its management application as well. In many instances the materials developed for the workshops and given to the participants have been shared with colleagues who had not attended the training.

Recommendation

In future management training for State and LGA personnel, continue to make use of active, participatory training methods, while recognizing that the dictates of time and audience size and characteristics may limit their applicability.

2. Skills Development

In all FPMT workshops in Nigeria, roughly equal time has been allocated to the development of basic management skills and the design of a product -- in most instances an action plan for family planning. It would have been far simpler and less expensive to eliminate the sessions devoted to strengthening skills and management competencies and focus exclusively on the development of plans.

This approach, as practiced in Lagos State and to a lesser degree in Kwa State, may actually result in plans of higher quality. However, to focus only on a product misses the opportunity to impart or strengthen management skills which can be applied across a wide range of management functions, including planning. We have seen that those skills are in fact being used by former workshop participants. The development of human resources in the health field should, we believe, be part of all training activities.

Recommendation

In training at all levels, continue to emphasize the development and application of basic management, planning, and interpersonal skills.

3. Collaboration with Nigerian Institutions

FPMT tried unsuccessfully to develop a collaborative relationship with an in-country training institution, ASCON. The failure in this instance does not mean that collaboration is impossible or not worth pursuing. On the contrary, the advantages of an institutional partnership are so great that every effort must be made to find a workable solution. Preliminary contacts with the NCPA augur well for the future. Another option, which might be pursued simultaneously, is the development of a core group of Nigerian consultants not necessarily linked to an institution. There is a wealth of untapped individual talent and knowledge in Nigeria which should be further investigated.

Recommendation

During the first year of FHI II, and preferably during the first six months, identify one or more Nigerian institutions (and/or a group of non-affiliated consultants) to collaborate in the provision of management training and technical assistance follow-up.

4. LGA-Level Training Under FHI II

Considerable resources under FHI II will be devoted to strengthening the capacity of the LGAs to plan, organize, and implement family planning programs. Training at the LGA level presents many challenges. LGA participants differ enormously in their educational backgrounds, current responsibilities, and familiarity with health and family planning issues. Workshops must therefore provide materials and approaches suitable to the diverse needs of the participants. LGA workshops tend to be large, presenting organizational and logistical challenges. Many LGA participants have never been exposed to a workshop environment or to the methods and language/jargon frequently used by U.S. trainers. The challenge is to create a comfortable environment which will facilitate learning and present the subject matter in clear, practical language.

LGA participants face frequent changes in their work environment: transfers are common, elected officials come and go, and supervisory patterns and systems change. In short, their environment is in near constant flux. Workshops should endeavor to prepare participants for re-entry into the work place by equipping them with the skills and strategies for dealing with change.

Recommendations

In LGA planning workshops, place more emphasis on completing quality plans and putting them into operation after the workshops. Workshop planners can do three things to facilitate this effort: 1) insist that the appropriate personnel from each LGA attend the workshop; 2) well in advance of a workshop, send participants a detailed list of data they will need to bring with them; 3) allow adequate time for the actual development and writing of plans.

To ease the post-workshop re-entry process, consider involving higher-level LGA officials in the workshops. The participation of LGA Chairmen, Health Councillors, and Secretaries would help build support and commitment for family planning and smooth the way for putting action plans in motion. The Bendel experience suggests that some of these people can benefit from attending the entire workshop, making a substantial contribution to both the development and the ultimate acceptance of the plan.

As many LGA workshop participants are new to the health and family planning field, include in future workshops a more comprehensive orientation to the components of a family planning program and its rationale in the Nigerian context. This should include exposure to family planning methods.

Schedule LGA workshops with great care to ensure that they do not take place just prior to major LGA political changes or other events that might make post-workshop re-entry more difficult.

Study and discuss the materials, methods, and results of previous LGA workshops conducted by FPMT and others so that training under FHI II may benefit fully from past experience. Pathfinder and MSH should convene a meeting for this purpose as soon as possible.

5. Annual Workshops for Family Planning Coordinators

The Bauchi and Port Harcourt workshops served a valuable function, and workshops of this type should be continued under FHI II. These workshops, however, are extremely expensive and difficult to organize both from the logistics and training standpoint. In order to improve the organization and conduct of future workshops and to increase their impact, we make the following recommendations. (Note: These recommendations and several others have been listed separately in FPMT's report on the Port Harcourt workshop, pp. 6-8.)

Recommendations

Make greater efforts to restrict the size of the workshops by limiting each State to two participants and by greatly reducing the number of observers, guest speakers, and part-time facilitators.

Resist the past temptation to include everything of potential interest on the agenda. The workshop must have a focus and clearly defined training objectives, and there must be enough time to address the key issues fully. Limiting the focus of the workshop to two or three main concerns — ideally defined by the participants well in advance of the workshop — will enable the trainers to design an appropriate curriculum and to present information and ideas in a logical and comprehensive fashion. If outside interests must be catered to, allow one day at the end of the workshop for their participation.

6. Workshop Follow-up and Evaluation

Our visits to Ogun and Plateau States afforded us the opportunity to interview former participants in the workplace, learn about their achievements and frustrations, and assess the extent to which they have been able to put into practice the skills and plans developed at the workshop. Our visit was therefore a follow-up of participants and an evaluation of FPMT, an assessment of next steps and, to a certain extent, a catalyst for action.

Neither the Ogun State nor Plateau State workshop has been sufficiently followed up by FPMT, and we feel strongly that this should be scheduled under FHI II. Workshop participants need encouragement and assistance in operationalizing their plans. At relatively low cost, technical assistance can be provided to former participants either individually or through short seminars. The identification of a collaborating Nigerian institution would greatly facilitate post-workshop follow-up.

Recommendations

Institutionalize and intensify participant follow-up through visits and short seminars. The latter may also be used to sensitize IGA leaders to the needs and aspirations of the participants and to the importance of the family planning program.

Include qualitative, long-term impact assessment as part of the FHI II evaluation plan. Programmatic data, statistics, and other quantitative information should of course continue to be gathered and analyzed. These data should, however, be complemented by qualitative information which goes beyond numbers and looks at individuals, relationships, changes, and attitudes in relation to past training events and future training needs.

ANNEX A

LIST OF ABBREVIATIONS

AAO	AID Affairs Office(r)
ACNO	Assistant Chief Nursing Officer (Zonal Coordinator)
AID/W	Agency for International Development/Washington
ASCON	Administrative Staff College of Nigeria
CDC	Centers for Disease Control
CMD	Chief Medical Officer
CNO	Chief Nursing Officer
CYP	Couple Years of Protection
FHI	Family Health Initiatives
FMOH	Federal Ministry of Health
FPC	Family Planning Coordinator
F:IA	Family Planning International Assistance
FPMT	Family Planning Management Training
HMB	Health Management Board
HRD	Human Resources Development
HRM	Human Resources Management
HSMB	Health Services Management Board
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JUTH	Jos University Teaching Hospital
LGA	Local Government Area (Authorities)
MDP	Management Development Plan
MLG	Ministry of Local Government
MOH	Ministry of Health
MSH	Management Sciences for Health
PCHO	Principal Community Health Officer
PCS	Population Communication Services
PHC	Primary Health Care
SFPC	State Family Planning Coordinator
SMDH	State Ministry of Health
USAID	United States Agency for International Development

ANNEX B

SCHEDULE OF VISITS

WEDNESDAY, MARCH 16

ARRIVAL FROM U.S.

THURSDAY, MARCH 17

BRIEFING AT AID AFFAIRS OFFICE
SCHEDULE PLANNING AND LOGISTICS
MEETING WITH PATHFINDER DIRECTOR
CONSOLIDATION OF NOTES

FRIDAY, MARCH 18

MEETING WITH ASSISTANT CHIEF PLANNER, DIRECTORATE OF HEALTH PLANNING
MEETING WITH AAO POPULATION SPECIALIST, MRS. H.O. SHITTA
REVIEW OF DOCUMENTS, WRITE UP OF FIRST INTERVIEWS

SATURDAY, MARCH 19

FREE

SUNDAY, MARCH 20

TRAVEL TO ABEOKUTA, OGUN STATE
REVIEW OF OGUN STATE DOCUMENTS
WRITE UP OF INTERVIEWS

MONDAY, MARCH 21

MEETING WITH MRS. I.V. MAKO, FAMILY PLANNING COORDINATOR
MEETING WITH MRS. Y. AFONJA, PRINCIPAL HEALTH SISTER
MEETING WITH MR. L.O. OIAKITAN AND MRS. O.A. OSINIBI, SMOH OFFICE OF
CHIEF NURSING SUPERINTENDENT AND OGUN WORKSHOP PARTICIPANTS
MEETING WITH MRS. R.A. JOHNSON, MATRON STATE HOSPITAL AND OGUN
WORKSHOP PARTICIPANT
MEETING WITH STAFF OF STATE HOSPITAL MODEL FAMILY PLANNING UNIT
MEETING WITH MRS. S.A. ADISA, COORDINATOR OF FAMILY PLANNING TRAINING
SCHOOL
MEETING WITH MRS. V.F. OMOFUNDE, SENIOR MIDWIFERY SISTER IN OWODE LGA
AND OGUN WORKSHOP PARTICIPANT
WRITE UP OF INTERVIEWS AND PREPARATION FOR NEXT DAY

TUESDAY, MARCH 22

MEETING WITH MRS. T.A. FATOKUN, SENIOR NURSING SISTER AT ODEDA LGA
AND OGUN WORKSHOP PARTICIPANT
MEETING WITH MRS. E.A. OYEKAN, ZONAL COORDINATOR ILARU, AND OGUN
WORKSHOP PARTICIPANT
MEETING WITH MRS. R.A. AKINDELE, SUPERVISOR, EGBADO SOUTH LGA AND OGUN
WORKSHOP PARTICIPANT
WRITEUP OF INTERVIEWS AND PREPARATION OF BACKGROUND OF REPORT

WEDNESDAY, MARCH 23

MEETING WITH MRS. MAKO, FAMILY PLANNING COORDINATOR AND MR. BANKOLE .
MEETING WITH CHIEF KOLEOSO, PERMANENT SECRETARY FOR LOCAL GOVERNMENT
MEETING WITH MR. O. OSITELI, SECRETARY FOR LOCAL GOVERNMENT
DEPARTURE OF HEISE FOR LAGOS

BUXBAUM:

MEETING WITH MR. M.A.O. OKEOWO, UNDERSECRETARY FOR LOCAL GOVERNMENT
MEETING WITH MRS. V.O. ODEYINKA, NURSING ASSISTANT, ODEDA LGA

HEISE:

MEETING WITH DR. A.B. SULAIMAN, DIRECTORATE OF HEALTH PLANNING
MEETING WITH MR. T. UBUANE, SENIOR MEDICAL RECORDS OFFICER
MEETING WITH MRS. O. OLATOKUNBO, PATHFINDER DIRECTOR NIGERIA
TRAVEL TO JOS

THURSDAY, MARCH 24

HEISE:

MEETING WITH MRS. Z. MAFUYAI, STATE FAMILY PLANNING COORDINATOR
MEETING WITH DR. H.S. GOFWEN, PERMANENT SECRETARY SMOH
MEETING WITH DR. E.S. MIRI, ACTING CHIEF MEDICAL OFFICER, SMOH
MEETING WITH MR. J.S. LOKO, PERMANENT SECRETARY, MINISTRY OF LOCAL
GOVERNMENT AND COMMUNITY DEVELOPMENT
MEETING WITH MR. G. YILJI, PRINCIPAL HEALTH SUPERINTENDENT, JOS LGA
MEETING WITH MRS. MARYAMU FAN, SENIOR NURSING SISTER, NASSARAWA GWONG
MATERNAL AND CHILD WELFARE CLINIC AND WORKSHOP PARTICIPANT
MEETING WITH MRS. R.J. GBEFWI, FP NURSE, NASSARAWA GWONG MCW CENTER
MEETING WITH MRS. R. AHINCHE, SENIOR NURSING SISTER, BUKURU MSW CENTER
AND WORKSHOP PARTICIPANT AT OGUN AND PLATEAU

BUXBAUM:

REVIEW OF PLATEAU DOCUMENTATION AND TRAVEL TO LAGOS AND JOS

ARRIVAL OF HUXBAUM AND REVIEW OF PREVIOUS DAYS

FRIDAY, MARCH 25

MEETING WITH CHAIRMAN OF LOCAL GOVERNMENT, BARAKIN/LADI
GROUP MEETING: MR. D. KWOL, PRINCIPAL HEALTH SUPERINTENDENT;
MRS. C. ATAMA, DEPUTY ZONAL COORDINATOR, AND MRS. M. GOTTIP, ZONAL
COORDINATOR IN BARAKIN/LADI LGA, ALL WORKSHOP PARTICIPANTS
VISIT TO MATERNAL AND CHILD WELFARE CLINIC, BARAKIN/LADI LGA
GROUP MEETING: MR. ALH. A. NASIDI, PRINCIPAL HEALTH SUPERINTENDENT;
MRS. N. WATSE, SENIOR NURSING SISTER, MANGU LGA, BOTH FORMER
WORKSHOP PARTICIPANTS

SATURDAY, MARCH 26

FREE

SUNDAY, MARCH 27

WRITEUP OF INTERVIEWS
FIRST DRAFT OF TRIP REPORT
DINNER WITH MRS. Z. MAFUYAI, FAMILY PLANNING COORDINATOR

MONDAY, MARCH 28

MEETING WITH MRS. Z. MAFUYAI AND MS. S. AYINA, DEPUTY FAMILY PLANNING
COORDINATOR
GROUP MEETING: MR. A. MUSA, PRINCIPAL COMMUNITY HEALTH OFFICER AND
MRS. Z. AKUN, MIDWIFERY SISTER AND LGA SUPERVISOR, BASSA LGA AND
BOTH WORKSHOP PARTICIPANTS
MEETING WITH MR. Y. AHMED, ASSISTANT SECRETARY, BASSA LGA
MEETING WITH MR. J. MISHI, HEALTH COUNSELLOR, BASSA LGA
MEETING WITH MR. J. ADAMAS, COUNCIL CHAIRMAN, BASSA LGA
MEETING WITH DR. TOWOBOLA, JUTH AND NORPLANT CLINICAL TRIALS DIRECTOR
MEETING, MR. S.A. YASINS, PRIMARY HEALTH CARE COORDINATOR, MLG
MEETING WITH MR. J. AGBO, ASSISTANT SECRETARY, MLG
DEBRIEFING: DR. H.S. GOFWEN, PERMANENT SECRETARY SMOH,
DR. E.S. MIRI, ACTING CHIEF MEDICAL OFFICER SMOH, MRS. Z. MAFUYAI,
FAMILY PLANNING COORDINATOR
FINAL MEETING WITH MRS. Z. MAFUYAI AND MS. S. AYINA
REPORT WRITING

TUESDAY, MARCH 29

DEPARTURE FOR LAGOS
REPORT WRITING
MEETING WITH DR. KEYS MACMANUS AND MR. LARRY EICHER, AAO

WEDNESDAY, MARCH 30

MEETING WITH MR. T. UBUANE, FMOH

HEISE:
MEETING WITH DR. A.B. SULAIMAN, FMOH
MEETING WITH MRS. J.M. ADEKEYE, FMOH

BUXBAUM:
PRINTOUT AND REVISION OF REPORT AND INTERVIEW NOTES

WORKING DINNER WITH MR. T. UBUANE, FMOH; MRS. O. OLATOKUNBO AND MR.
M. EGBOH, PATHFINDER

THURSDAY, MARCH 31

FINAL DEBRIEFING, AAO AND PATHFINDER
COMPLETION OF REPORT
DEPARTURE FOR U.S.

ANNEX C

PERSONS CONTACTED

AID AFFAIRS OFFICE

DR. KEYS MACMANUS, AID AFFAIRS OFFICER
MR. LARRY EICHER, HEALTH/POPULATION OFFICER
MRS. H.O. SHITTA, POPULATION SPECIALIST
DR. Y. AKINSIPE, HEALTH STATISTICIAN

FEDERAL MINISTRY OF HEALTH

DR. A.B. SULAIMAN, DIRECTOR OF HEALTH PLANNING
DR. J.M. ADEKEYE, DIRECTOR, HEALTH SCIENCES RESEARCH
MRS.O. DESALU, ASSISTANT CHIEF PLANNING OFFICER
MR. T. UBUANE, SENIOR MEDICAL RECORDS OFFICER

THE PATHFINDER FUND

MRS. OLABISI OLATOKUNBO, COUNTRY DIRECTOR
MR. MIKE EGBOH, PROGRAMME OFFICER
MR. GBOLA OMTOSHO, PROGRAMME OFFICER

AFRICARE

DR. M. HAIDER, COUNTRY DIRECTOR

OGUN STATE

MINISTRY OF HEALTH

MRS. I.V. MAKO, CHIEF NURSING OFFICER AND FAMILY PLANNING COORDINATOR
MRS. Y. AFONJA, PRINCIPAL HEALTH SISTER, PUBLIC HEALTH UNIT
MR. L.O. OLAKITAN, CHIEF NURSING SUPERINTENDENT
MRS. O.A. OSINIBI, MATRON, STATE HEALTH BOARD
MRS. S.A. ADISA, COORDINATOR, FAMILY PLANNING TRAINING SCHOOL
MRS. R.A. JOHNSON, MATRON, ABEOKUTA STATE HOSPITAL
MRS. OGUNDALU, SENIOR NURSING ASSISTANT, FAMILY PLANNING MODEL CLINIC
MRS. OGUNBONA, NURSING ASSISTANT, FAMILY PLANNING MODEL CLINIC
MRS. E.A. OYEKAN, ZONAL COORDINATOR, ILARO ZONE

MINISTRY OF LOCAL GOVERNMENT

CHIEF E.V.O. KOLEDGO, PERMANENT SECRETARY
MR. O. OSITELLU, SECRETARY
MR. M.A.O. OKEOWO, UNDERSECRETARY
MRS. V.F. OMDIUNDE, SENIOR MIDWIFERY SISTER, OWODE LGA
MRS. T.A. FATOKUN, SENIOR NURSING SISTER, ODEDA LGA
MRS. R.A. AKINDELE, SUPERVISOR, EGBADO SOUTH LGA
MRS. V.O. ODEYINKA, NURSING ASSISTANT, ODEDA LGA

PLATEAU STATE

MINISTRY OF HEALTH

DR. H.S.GOFWEN, PERMANENT SECRETARY
DR. E.S. MIRI, ACTING CHIEF MEDICAL OFFICER
MRS. Z. MAFUYAI, FAMILY PLANNING COORDINATOR
MS. SUSAN AYINA, DEPUTY FAMILY PLANNING COORDINATOR
MRS. M. GOTIP, ZONAL COORDINATOR (HSMB) MANGU
DR. O. TOWOBOLA, NORPLANT CLINICAL TRIALS DIRECTOR, JOS UNIVERSITY
TEACHING HOSPITAL

MINISTRY OF LOCAL GOVERNMENT AND COMMUNITY DEVELOPMENT

MR. J.S. LOKO, PERMANENT SECRETARY
MR. J. AGBO, ASSISTANT SECRETARY
MR. S.A. YASINS, PHC COORDINATOR FOR LOCAL GOVERNMENT
MR. G. YILJI, PRINCIPAL HEALTH SUPERINTENDENT, JOS LGA
MRS. M. FAN, SENIOR NURSING SISTER, NASSARAWA GWONG MCW CLINIC, JOS
MRS. R.J. GBEFWI, FP NURSE, NASSARAWA GWONG MCW CLINIC, JOS LGA
MRS. R. AHINCHIE, SENIOR NURSING SISTER, BUKURU MCW CLINIC, JOS LGA
MR. SANGO, COUNCIL CHAIRMAN, BARAKIN/LADI LGA
MR. D. KWOL, PRINCIPAL HEALTH SUPERINTENDANT, BARAKIN/LADI LGA
MRS. C. ATAMA, SENIOR NURSING SISTER, DEPUTY FP COORDINATOR, B/LADI
MR. ALH. ALIYU NASIDI, PRINCIPAL HEALTH SUPERINTENDANT, MANGU LGA
MRS. N. WATSE, SENIOR NURSING SISTER, MANGU LGA
MR. R. ABBAS MUSA, PRINCIPAL COMMUNITY HEALTH OFFICER, BASSA LGA
MRS. Z. AKUN, MIDWIFERY SISTER, BASSA LGA
MR. Y. AHMED, ASSISTANT SECRETARY, BASSA LGA
MR. J. ADAMAS, COUNCIL CHAIRMAN, BASSA LGA
MR. J. MISHI, HEALTH COUNCILLOR, BASSA LGA

ANNEX D

TIMELINE OF FPMT ACTIVITIES

ACTIVITY	1986												1987												1988		
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
1. Assessment and Planning Visit (MDP)	X	X	X	X	X																						
2. FPMT Support to JHPIEGO Workshop to Develop State Plans				X																							
3. Bauchi Workshop for Family Planning Coordinators							XX																				
4. Iao Financial Management & Planning Workshop												XX															
5. Monitoring Visit to Identify Collaborating Institutions and Update Plans													XX														
6. Case Teaching Workshop, Boston														X													
7. Ogun State LGA Workshop																		XX									
8. FPMT Support to Port Harcourt Workshop for Family Planning Coordinators																					X						
9. Plateau State LGA Workshop																						XX					
10. Bendel State LGA Workshop																										XX	
11. Evaluation																										XX	

37

ANNEX E

TRAINING SUMMARY

WORKSHOPS	NUMBER OF PARTICIPANTS	DURATION (DAYS)	PARTICIPANT DAYS
State Planning, JHPIEGO/FPMT	36	10 (5 FPMT)	180
Bauchi Family Planning Coordinators Workshop (FPMT, CDC, Pathfinder)	55	10 (5 FPMT)	275
Imo State Finance Workshop	6	4	24
	10	3	30
Case Teaching Workshop	1	5	5
Ogun State LGA Workshop	31	10	310
Port Harcourt Family Planning Coordinators Workshop (Pathfinder, FPMT)	51	5	255
Plateau State LGA Workshop	29	10	290
Bendel State LGA Workshop	57	10	570
		TOTAL	1939

ANNEX F

PERSONNEL FOR FPMT ACTIVITIES

1. Management Development Plan
Ken Heise*
John Holley
Hammouda Bellamine
Olabisi Olatokunbo
2. Baltimore Workshop (JHPIEGO/FPMT)
Jenny Huddart*
Sallie Craig Huber
Linda Lacey
3. Bauchi Workshop
Jenny Huddart*
Ken Heise
Peggy Curlin
Sallie Craig Huber
Linda Lacey
4. Imo State Workshop
Mary Taylor Hassouna*
5. Project Monitoring and Design
Ken Heise
Joyce Lyons
6. Ogun State Workshop
Maria Eugenia Arias*
John Paxman
Deinde Olopade
Sylvia Vriesendorp
Mukaila Ashiru
7. Port Harcourt Workshop
Ken Heise
Peggy Curlin
Mary Taylor Hassouna
8. Plateau State Workshop
Sallie Craig Huber*
Sylvia Vriesendorp
Mary Taylor Hassouna
Jean Haffenreffer
9. Bendel State Workshop
Michael Merrill*
Sylvia Vriesendorp*
Paula Caproni
Carol Valentine
Jean Haffenreffer
10. Project Impact Assessment
Ken Heise*
Ann Duxbaum

* Team Leader or Principal Trainer

ANNEX 3

PLAN FOR OGUN STATE WORKSHOP FOLLOW UP

The post-workshop follow-up activities fall into three categories:

- (i) Evaluation of participants on post.
- (ii) Advisory visit to the Secretary in each LGA
- (iii) Advisory and liaison visit to the Secretary for Local Government, Mr. Ositelu

(i) Evaluation of participants on post

The evaluation is to assess the performance of a sample of the participants in reference to the plans drawn up during the workshop. Six LGA's will be visited, with preference for those not visited before the workshop, three in urban areas and three in rural areas.

The following questions will be asked:

- Have you had time to look over the plan for you LGA that was written during the workshop ?
- Are you convinced that it is realistic and achievable ?
- What improvements/suggestions, if any, should be made ?
- What have you done to actualize your plan (objectives) since you returned to your workplace ?
- What has been the response ? (Look at the records, results)
- Have you identified problem areas/issues and enabling factors ?
- Have you sent a report to, and held discussions with the Secretary for local government in you area ?
- What conclusions/agreements and commitments came out of that contact ? Was the Secretary enthusiastic ? Is there institutional support ?

(ii) Advisory visit to the Secretary for the Local Government Area (SLGA)

This visit is necessary to strengthen support for the participants among the top level functionaries in the LGA's. It is expected that each participant has forwarded a report on the workshop to the Head of the Health Department of their LGA, or to the Secretary. Discussions will cover the following points:

- The plan for the LGA and its implications
- Available data on progress in the area of family planning in the LGA will be collected from the clinics and presented to the SLGA to win additional support.
- The problem area(s) if any, being encountered by the participant. This would include a discussion of resources, such as personnel, finances, equipment, commodities, information, social and support services.
- The arrangement of a site or inspection visit, so that the SLGA can see for him(her)self how the participant is doing.

During this time a meeting will be scheduled to take place around two months after this first visit, with the SLGA, the Head of the Health Department, the Matron/Sister in charge of family planning, and the trainer from ASCON to discuss progress in the area of family planning. Furthermore, it will be suggested that quarterly family planning performance reports (distinct from Departmental Reports) be prepared and forwarded to the SLGA to provide a picture of the progress made to date.

(iii) Advisory and liaison visit to the Secretary for Local Government in the Ministry for Local Government

Since a copy of each of the plans drawn up by participants has been deposited with this Office, the follow-up activity will be mainly a co-ordinating one. Essentially, the following will be carried out:

- Debriefing on discussions with the various SLGAs visited and commitments from these SLGAs.
- Schedule at least two visits from this Office, accompanied by the ASCON trainer, to selected LGAs (one rural and one urban) to assess progress in the area of family planning.
- A review of the perceived problem LGAs as well as model LGAs with respect to plan implementation.
- A discussion of the problem of frequent personnel transfers and ways to reduce these.

ANNEX H

SAMPLE WORKSHOP EVALUATION INSTRUMENTS

THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT

#1: PARTICIPANT BIODATA FORM

1. Surname: _____

2. Other Names: _____

3. Sex: Female _____ Male _____

4. Age in Years: _____

5. Address (home): _____

6. Address (business): _____

7. Country of Residence: _____

8. State of Residence: _____

9. Number of Years of Formal Education:

a. 1-9

b. 9-12

c. More than 12

10. If you have received a professional diploma or university or technical school degree, please indicate the degree and location of your professional training:

<u>Training</u>	<u>Degree</u>	<u>From what school?</u>
Physician	_____	_____
Nursing	_____	_____
Midwife	_____	_____
Nursing Education	_____	_____
Pharmacist	_____	_____
Teacher	_____	_____
Administration	_____	_____
Other:	_____	_____

11. If you have completed any courses or workshops on family planning or management please fill in the details below.

Course or Workshop Title	Length of Training (months)	Year of Completion	Location	Training Organization
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is your job title? _____

13. What are your major responsibilities?

14. Is the setting in which you work: (check one)

- a. A public governmental organization?
- b. A public non-governmental or voluntary organization?
- c. A private-sector organization?

15. At what level do you work? (check one)

- a. Central/Federal
- b. District/Region/State
- c. Health Center
- d. Other (explain) _____

16. Is the setting in which you work: (check one)

- a. Urban?
- b. Rural?
- c. Both?

THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT
4 WORKSHOP EVALUATION BY PARTICIPANT

NAME

1. What was your objective in attending this workshop?

2. In light of your objective, was the workshop:

5	4	3	2	1
Very Useful				Useless

Please explain your answer briefly: _____

3. Which sessions or activities did you find most useful?

4. Which sessions or activities did you find least useful? Why?

5. Are there some sessions you would have liked to spend more time on? Which ones?

6. Are there some you would have preferred to spend less time on? Which ones?

7. In your opinion, how effective were the teaching methods used during this workshop

_____ 5 _____ 4 _____ 2 _____ 1
Very Effective Ineffective

Please explain: _____

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

- _____ a. Additional time
- _____ b. Less time
- _____ c. Use of more realistic examples and applications
- _____ d. More time to practice skills and techniques
- _____ e. More time to become familiar with theory and concepts
- _____ f. More effective trainers
- _____ g. More participation by group members
- _____ h. Less participation by group members
- _____ i. Different training site, living arrangements, etc.
- _____ j. More preparation time outside the training sessions
- _____ k. More time spent in hands-on activities
- _____ l. Concentration on more limited and specific topics
- _____ m. Consideration of broader and more comprehensive topics
- _____ n. Other (specify) _____

9. Would you consider recommending that one of your colleagues attend this workshop? Why or why not?

10. Other comments:

THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT
 =5: EVALUATION OF TRAINERS

Name of Trainer _____

For each of the following characteristics, please rate the trainer by circling the number that best applies.

	<u>Excellent</u>				<u>Poor</u>
Organization	5	4	3	2	1
Knowledge	5	4	3	2	1
Ability to explain subject	5	4	3	2	1
Ability to answer questions	5	4	3	2	1
Encouragement of participation by group members	5	4	3	2	1
Enthusiasm, interest	5	4	3	2	1
Ability to make subject relevant	5	4	3	2	1
Ability to establish a comfortable learning environment	5	4	3	2	1
Acceptance of other points of view	5	4	3	2	1
Ability to summarize main ideas	5	4	3	2	1

What did you like most about the trainer's style?

What suggestions do you have for improvement?

ANNEX I

PARTICIPANT INTERVIEW QUESTIONS

Note: These written questions are phrased rather formally; in the actual interview situation, we asked them in a simpler, more conversational manner. The sequence was often determined by the natural flow of the conversation and rarely conformed strictly to this sample.

- EXPECTATIONS**
- What were your workshop expectations?
- Did the workshop address them adequately? Please Explain.
- What is your overall evaluation of the workshop?
- SKILLS**
- What are your current responsibilities?
- Has the workshop helped you do your job better? If so, in what way? Can you describe specific sessions or activities that were particularly useful?
- PLANS**
- At the workshop, you developed a plan. Do you have it now? Do you refer to it, revise it?
- Have you shared your plan with others? With whom? Has the IGA chairman or secretary reviewed it?
- Describe the progress you have made in implementing your plan.
- What is the duration of your plan? What will you do at the end of your plan?
- INTER-MINISTERIAL COORDINATION**
- Has anything about your job or about the FP environment changed since the workshop? If yes, are these changes in any way related to the workshop? Please explain.
- Do you have contact with (give name or position of person in supervisory role)? Please describe.
- How would you characterize relations between the SMOH and MLG?

WORKSHOP
MATERIALS

Were the materials (readings, handouts, exercises) at the workshop useful? Which ones in particular?

Have you referred to them again since the workshop?
Have you shared the materials with others? With whom?

FUTURE
WORKSHOPS

Should more workshops of this type be given?

Who should attend?

Should the focus be the same?

Was the time adequate?

Is it good to mix personnel from two ministries?

How would you improve it?

What steps can be taken at the workshop and afterwards to facilitate implementation of plans?

ANNEX J

LIST OF DOCUMENTS

FAMILY PLANNING MANAGEMENT TRAINING PROJECT

Management Development Plan for Family Planning Training in Nigeria:
April, 1986

Report on the Bauchi Workshop: August, 1986

Report on the Imo State Workshop

Planning and Monitoring Visit: Trip Report: February, 1987

Planning Workshop for Local Government Area Family Planning Officials in
Ogun State, July, 1987

Report on the Family Planning Workshop Follow-Up Visits to Ogun State
Local Government: September, 1987 (ASCON)

Third Annual Workshop for Family Planning Coordinators: October, 1987

Planning Workshop for Local Government Area Family Planning Officials in
Plateau State: November, 1987

OTHER DOCUMENTS

An Action Plan for A National Family Planning Programme for Nigeria

Ogun State Ministry of Health Restructured Draft State Health Plan:
December, 1986

Family Planning Action Plan, Plateau State: April, 1986

ANNEX K

WORKSHOP PERSONNEL TRANSFERSOGUN STATE

<u>PARTICIPANTS</u>	<u>FORMER POST</u>	<u>CURRENT POST</u>
<u>LGA Nurses</u>		
Mrs. V. O. Oke	Abeokuta	Training Course
Mrs. T. A. Fatokun	Abeokuta	Odeba
Mrs. F. O. Aikobi	Abeokuta	same
Mrs. J. K. Akiryemi	Ijebu East	same
Mrs. C. O. Isola	Ijebu East	same
Mrs. R. A. Akindele	Egbado South	same
Miss M. A. Onipede	Egbado South	same
Mrs. F. T. Ajuwon	Ifo/Ota	Training Course
Mrs. G. O. Bankole	Ifo/Ota	same
Mrs. C. F. Ashiru	Ijebu North	same
Mrs. C. A. Oladunjoye	Ijebu North	Training Course
Miss J. Eweje	Obeda	same
Mrs. V. O. Odeyinka	Obeda	same
Alhaja H. K. T. Hassan	Ijebu-Remo	Training Course
Mrs. G. O. Ogunjembola	Ijebu-Remo	same
Mrs. R. A. Adamo	Ijebu-Ode	same
Mrs. A. O. Dawodu	Ijebu-Ode	same
Mrs. P. O. Oladotun	Egbado North	Training Course
Mrs. M. A. Ajayi	Egbado North	same
Mrs. V. F. Omotunde	Obafemi/Owode	same
Mrs. J. O. Popoola	Obafemi/Owode	same
<u>SMOH Zonal Coordinators</u>		
Mrs. O. O. Oluderu	Ilaro	Abeokuta
Mrs. T. A. Adenmosun	Ota	Ijebu
Mr. L. O. Olakitan	Sagamu	SMOH, Abeokuta
Mrs. E. A. Oyekar	Ijebu North	Ilaro
Mrs. R. A. Johnson	Abeokuta	same

ANNEX K (Cont'd)

WORKSHOP PERSONNEL TRANSFERS

PLATEAU STATE

<u>PARTICIPANTS</u>	<u>FORMER POST</u>	<u>CURRENT POST</u>
LGA Nurses		
Mrs. N. T. Watse	Mangu	same
Mrs. H. R. Idi	Mangu	Akwamja
Mrs. J. Micah	Mangu	Awe
Mrs. F. Akims	Mangu	same
Mrs. M. Fan	Jos	same
Mrs. Z. J. Akun	Jos	Bassa
Mrs. R. Ahinche*	Jos	same
Mrs. C. Atama	Jos	B/Ladi
Mrs. G. K. Gyang	Jos	Jos, new clinic
Mrs. V. I. Mwanti	B/Ladi	same
Mrs. S. Ben	B/Ladi	same
Mrs. M. Agidi	Lafia	Pankshin
Mrs. L. Egwa	Lafia	same
Mrs. M. Hoomlong	Shendam	same
LGA Principal Community Health Officers		
Mr. A. Abdullahi	Nasarawa	same
Mr. A. Nuhu II	Awe	same
Mr. A. Maimasha	Awe	same
Mr. D. Kwol	Jos	B/Ladi
Mr. A. A. Nasidi	Mangu	same
Mr. A. R. Musa II	Shendam	Bassa
SMDH Zonal Coordinators		
Mrs. M. Gotip	B/Ladi	same
Mrs. P. Fumsa	Shendam	same
Mrs. R. Yohanna	Nasarawa	same
Mrs. R. Dyiltu	Pankshin	same
Mrs. J. Mafwil	Jos	same
Mrs. M. Dakwo	Langtan	same
Mrs. A. Dalhatu	Lafia	same
Mrs. H. Danjuma	Keffi	same