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RESOURCES SERVICES REPORT: THE CAROLINA POPULATION CENTER AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT-- NURSING AND MIDWIFERY COMPONENTS

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I. SUMMARY

This is the report of an evaluation which was made of the nursing and midwifery components of the African Health Training Institutions Project (AHTIP) funded by AID and carried out by the Carolina Population Center in Chapel Hill, North Carolina. The evaluation was carried out during a 4-week period in November and December, 1975.

The report contains (1) a description of the project objectives and activities; (2) evaluation of specific project activities by their observable or inferable outcomes; (3) identification of some specific obstacles to achievement of the project objectives, with associated recommendations, and (4) an attempt to answer 11 of the 12 questions which were addressed to the evaluation team by AID/Washington.

The evaluation is based primarily on a 3-week trip to Kenya, Ghana, and Nigeria, during which I interviewed or held discussions with 41 individuals directly or indirectly concerned with AHTIP and/or the general subject of nursing/midwifery education in Africa. The major goal during those interviews was to determine what effect AHTIP activities have had on the way in which the individuals who have participated in those activities fulfill their responsibilities in nursing or midwifery education, especially in regard to the teaching of family planning-related subjects. During the evaluation I was able to directly interview or otherwise assess the effects which participation in AHTIP nursing/midwifery seminar/workshops has had on 29% of the individuals who participated in them. A description of curriculum changes and other effects on teaching performed at the institutions represented by those AHTIP workshop participants is summarized in Appendix C of this report.

According to the project design a major vehicle of the intended curruculum change is construction and use of self-instructional units. Construction of the units has been slow, and inadequate efforts have been expended in reproduction and distribution of the units so that they can be used. The units themselves, however, are of excellent quality and are certainly needed and desired by African nurse/midwifery faculty.

Evaluation shows a relatively low yield of curriculum change related to construction of AHTIP self-instructional materials to date. I feel this is both because of the inherent timing of the project--it seems natural that the first years of such a project would be high-cost/low benefit, leading to realization of a later period with a much better cost/benefit ratio. The major behavioral changes that the project is seeking can only occur with effort and input continued and sustained over a period of time.

Two imporant impending curriculum changes associated with AHTIP activity are (1) plans to integrate clinical family planning experience into the program offered by the University of Ghana Nursing Department to future public health nurse and midwife tutors, and (2) plans to make "family

health" (including family planning) a central theme of the Nigeria Federal Ministry of Health "Nursing Syllabus," which dictates the basic curriculum design for all nursing schools in Nigeria.

Some specific deficiencies need to be overcome in order for AHTIP to realize the benefits which can flow from the work which has already been accomplished. The project has been applied too diffusely; the time between initiation and completion of each S.I. unit is too long; the project has not created a set or series of units to cover major, large areas of the subject matter of family health; the project has not developed an effective system to reproduce and distribute the completed S.I. units; follow-up of AHTIP activities in Africa has been inadequate and too slow; and there has not been enough coordination of AHTIP activities with those of other projects in Africa with the same or similar goals. Recommendations for overcoming some of these deficiencies are included in the report.

II. INTRODUCTION

The African Health Training Institutions Project (AHTIP) is an activity of the Carolina Population Center (CPC), the University of North Carolina at Chapel Hill, and is funded by the Agency for International Development, Office of Population. The idea for AHTIP grew out of a series of meetings on "The Teaching and Practice of Family Health" sponsored by the Association of Medical Schools of Africa (AMSA) in collaboration with the Association of American Medical Colleges (AAMC). The principal overall objective of AHTIP is to influence curriculum change toward the teaching of significantly more family planning in a family health context in African institutions responsible for the training of physicians, nurses, and midwives.

AHTIP became operational as a project of the Carolina Population Center on July 1, 1973. Plans called for the project to be carried out over a 5-year period, with funding initially assured for the first 2 years. In a project review meeting on October 24, 1975, Dr. R. Ravenholt, Director, Office of Population, AID/Washington, D. C., agreed to continue funding of AHTIP through June 1976, with further funding dependent upon an evaluation of the effectiveness of the project, to be carried out as soon as possible. Drs. Roger Bernard, Malcolm Potts, and Fred Sai were asked to conduct an evaluation of those aspects of AHTIP concerned with medical education and training. Evaluation of the medical aspects and of the nursing/midwifery aspects of the program were conducted separately and will be reported separately.

III. DESCRIPTION OF THE PROJECT

A. Project Objectives: The basic objectives for AHTIP as outlined in the AID/AHTIP contract (AID/CM/PHA/C-73-33) are as follows:

1. To establish and/or increase capability among health professionals (in selected African countries) to provide family planning services in addition to maternal and child health services already provided.

2. To stimulate recognition on the parts of deans and directors of health training institutes (HTI's) that family planning and nutrition of mother and infant in the context of family health is a proper and significant component of professional education and health services.

3. To upgrade and expand training in family planning in the context of family health for health services personnel attending these health training institutions (HTI's), minimally estimated at 55.

4. Additionally, the project expects to influence most of the remaining HTI's. Subsumed within this purpose, the focus of the project will be to

a. develop and implement family planning and family health curriculum in an estimated 21 medical schools and 34 nursing midwifery and allied HTI's . . . on a self-sustaining basis;

b. train faculty members to effectively teach family planning in HTI curricula as an integral part of teaching maternal and child health;

c. provide a mechanism for those teaching family planning-related subjects in African medical and other health training institutions to share relevant information and teaching experience;

d. to increase quantity and quality of training materials available (chiefly self-instructional materials).

B. Project Activities: The AHTIP contract, dated January 1975, further stipulates specific major activities which the contractor will perform in order to fulfill the objectives of the program. Those activities specified to be performed during the first 2 years of the contract are listed on pages 2 through 8 of the contract, a copy of which is attached to this report (Appendix A). The specific and quantitative aspects of these activities are not repeated here for a number of reasons: they are available in the attached copy of the contract, they are not all relevant to the nursing/midwifery component of the program, and the contract further specifies that required activities "will be expanded or restricted as the parties may from time to time mutually agree." The November 13, 1975, memorandum from James W. Lea, Ph.D., Acting Director of AHTIP, to members of the AID/AHTIP evaluation team indicates that some discrepancies between the objectives and goals set out in the AHTIP contract and the accomplishments of AHTIP to date "are largely attributable to changes in perceptions and strategies which became necessary during the first two years' growth of the project's activities." I do not know which discrepancies were mutually agreed upon by the contractors and which reveal either over or under achievement by the program. The following summary reflects my perception of the actual activities relevant to nursing/midwifery training in Africa which have been carried out by AHTIP to date.

1. Seminar/workshops and development of self-instructional (S.I.) materials: AHTIP seminar/workshops are conducted at the site of a selected African health training institution, "the host institution," and are conducted by Carolina Population Center (CPC) AHTIP staff in conjunction with influential faculty and other personnel from the host institution and utilize the assistance of influential and/or expert individuals from other institutions and agencies which provide health training and health services in Africa. The seminar/workshops last from one to two weeks and their general format is as follows: Approximately 15 to 40 individuals involved directly or indirectly with training of medical, nursing, or midwife students are invited to be participants at each seminar/workshop. In some instances participants have been selected from a rather narrow local area and in other cases selection has been from an entire country or region of Africa. Although the number

of days devoted to each aspect of the seminar/workshop varies, approximately the first half of the designated time is devoted to the "seminar". During the seminar, information is provided on family health; teaching family health in the African environment, with special emphasis on the relationship of family planning to other aspects of family health; teaching techniques; and development of family planning curriculum components. Following the seminar is a workshop devoted to teaching the basic principles and techniques of developing and using self-instructional materials as a method of teaching/learning. CPC AHTIP staff use a variety of audiovisual and printed materials to explain self-instructional teaching/learning methodology to the conference participants. One of the workshop's goals is to teach each participant to construct a self-instructional unit designed to achieve one or more specified teaching/learning objective suitable for an identified level and category of student and dealing with a topic relevant to provision of family health services. Since most of the participants are teachers, they are encouraged to select a topic which they could or would like to teach as part of the curriculum in their own schools. Resource materials on construction of self-instructional materials as well as on content areas related to family health are available to conference participants, and CPC AHTIP staff with expertise in both the content areas and the methodology are available to assist and consult with participants throughout the workshop.

The seminar/workshops are also intended to achieve several sub-objectives contributory to the overall objective of AHTIP:

a To increase participants' knowledge about subjects relevant to family health, especially about the important relationships between family planning and family health;

b. to improve the effectiveness of participants' teaching skills, particularly the use of self-instructional materials;

c. to develop a complete set of self-instructional materials on the provision of family health services,including family planning, which materials have been constructed by the best prepared African medical, nursing, and midwifery faculty and present the educational materials in a manner which is consistent with the needs of African students. Although it is intended that conference participants should complete a draft of their self-instructional unit during the workshop, in some instances the draft is not completed until later. In either case, after the first draft is completed it is taken or sent to the University of North Carolina where it is edited for scientific content and teaching methodology and is sent back to its author with either revisions and/or

suggestions for the author to make revisions himself or herself. S.I. unit authors are provided with several additional copies of their unit to enable them to test its use with a small number of the category and level of students for which it was written, with attached evaluation forms to be filled out by the students. After testing, the author of the unit returns the unit with revisions and with the evaluative comments of the students on whom it was tested to the University of North Carolina for final editing and typing. Theoretically, the unit is then made available for the use of the author and is included in a catalog of S.I. units available to other faculty in health training institutions in Africa.

2. Fellowships: AHTIP is contracted to assist interested health training institutions and their faculty in locating appropriate short-term special focus individual fellowships for study in family planning and family health areas, in the United States, Canada, or on the continent of Africa. In addition to a period of special focus study, each fellowship recipient spends some period of time at the University of North Carolina studying curriculum planning and teaching methodology.

3. Short-term consultancies to assist individual African health training institutions to institute and/or improve family health/family planning education by assistance with curriculum development, upgrading of teaching methodologies and skills, and assistance with utilization of instructional materials: Individuals from the U.S. or other non-African countries may serve as consultants, either in Africa or to the AHTIP project staff in the United States.

4. Since September 1974, Dr. Jean Martin has served as the AHTIP field representative and has been posted in Yaounde, Cameroon. Dr. Martin maintains a field office for the purpose of promoting, assisting, facilitating, and in all ways supporting the overall objectives of the project.

5. The project is contracted to develop, produce, and distribute a quarterly project newsletter to serve as a communication mechanism for medical, nursing, and other allied African health training institutions involved in the project.

6. Close communication, collaboration, and cooperation with the Association of Medical Schools in Africa (AMSA) was considered necessary to the success of AHTIP from its inception, with endorsement of the project's purpose by AMSA specified as an essential achievement of the project. It appears there have been considerable efforts made to maintain this necessary communication and collaboration, and the desired AMSA endorsement was received in June 1974.

Unfortunately no association of African nursing and midwifery schools exists to parallel AMSA. Therefore, it was necessary for AHTIP itself to provide a mechanism to obtain both the functional and ceremonial aspects of advice and consent regarding their activities related to nursing and midwifery training from an authoritative group of leaders in the field of nursing and midwifery education and service in Africa. This need gave rise to the development by AHTIP of the "African Consultative Group on Nursing, Midwifery, and Allied Health Professions." The Consultative Group consists of 8 members from 7 different African countries. Each of the Consultative Group members is a highly educated, competent and respected nursing education leader in her or his own country. It is the impression of this evaluator, from meeting 4 of the Consultative Group members and reading the reports of their meetings, that this is an immensely creative and productive group. The Consultative Group has served as an advisory board for the nursing and midwifery aspects of AHTIP, providing creativity, guidance, evaluation and critique.

7. The Carolina Population Center AHTIP staff developed a Curriculum Framework for Family Health/Child Spacing, which was reviewed and modified by the Consultative Group on Nursing, Midwifery, and Allied Health Professions, and was finalized as a product of AHTIP in August, 1975. This curriculum framework should serve as an extremely useful tool (a) to communicate the basic concept of family planning/child spacing as an inherent component of "family health," (b) to assist African nurse-educators involved in curriculum design at both national and local school levels in their efforts to integrate family health/child spacing concepts and content into their curricula, and (c) to assist them in designing the curriculum components necessary to implement that integration. A copy of "Curriculum Framework for Family Health/Child Spacing" dated August, 1975, is not attached to this report but is available through the AHTIP offices at the Carolina Population Center.

IV. BASIS OF THE EVALUATION

This evaluation is based on the following sources of information:

A. A one-day briefing by Carolina Population Center staff at Chapel Hill regarding the project. The schedule and itinerary prepared for that briefing is attached to this report (Appendix B).

B. A variety of project materials, including periodic evaluation reports, reports of follow-up visits made by project personnel to some of the African countries in which AHTIP has been involved, proceedings of several of the AHTIP seminar/workshops, and 4 examples of self-instructional units which were constructed by AHTIP workshop participants. These materials were made available to the evaluator at the time of the one-day briefing at Chapel Hill.

C. A 3-week evaluation trip to 3 African countries in which AHTIP nursing/midwifery seminar/workshops have been held. During this trip I interviewed 41 individuals concerned with AHTIP and/or the general area of nursing/midwifery education in Africa. Because it is only in Africa, among the people who have participated in AHTIP activities, that the effectiveness of the project can be manifested and therefore assessed, these interviews were given the greatest weight in this evaluation. I specifically attempted to meet and interview individuals who had actually participated in AHTIP workshop/seminars and other activities, to determine what effect that participation has had in the way in which they fulfill their responsibilities in nursing or midwifery education. Lesser weight was given to reports produced by the AHTIP staff in North Carolina.

V. FORMAT FOR THE EVALUATION

A. Evaluation of specific project activities by their observable or inferable outcomes.

B. Identification of some specific obstacles to achievement of the project objectives, and related recommendations.

C. An attempt to answer specific questions addressed to the evaluation team by the AID staff who requested the evaluation.

A general summary is provided at the beginning of the report.

VI. EVALUATION OF SPECIFIC PROJECT ACTIVITIES BY THEIR OBSERVABLE OR INFERABLE OUTCOMES

A. Seminar/workshops and development and use of self-instructional materials: Seven AHTIP seminar/workshops were held during the first 2 years of the project. Four of those workshops involved primarily faculties of nursing and/or midwifery training institutions; 2 seminar/workshops were sponsored by schools of medicine and attended primarily by medical faculties; and one seminar/workshop, although sponsored by a college of medicine, included participants from both medicine and nursing/midwifery in approximately equal proportion. The 4 predominantly nursing and one mixed medicine and nursing seminar/workshops will be assessed here.

A summary of curriculum change resulting from the 5 AHTIP seminar/workshops which involved nurses and midwives is provided below. A detailed assessment of the impact of each of those seminar/workshops on curriculum change in the institutions which sent participants to the seminar/workshop, and of the current status of development and utilization of self-instructional (S.I.) materials produced by those participants is documented in Appendix C.

1. A major component of the seminar/workshops is construction by participants of self-instructional units for use with their own nursing/midwifery students and, ultimately, for use by other African nursing/midwifery teachers in a variety of settings. During the course of this evaluation it was possible to determine the current status and use of the S.I. units written by 29% of the participants of these workshops. See Tables 1 and 2.

TABLE 1

AHTIP NURSING/MIDWIFERY WORKSHOP PARTICIPANTS WHOSE CONSTRUCTION AND USE OF SELF-INSTRUCTIONAL UNITS COULD BE ASSESSED DURING AN EVALUATIVE FOLLOW-UP CONDUCTED DURING NOVEMBER-DECEMBER 1975

Workshop	No. of Actual Workshop Participants	Participants for Whom it was Possible to Determine Current Status of S.I. Unit Completion and Use	
		No.	%
Ibadan, March 1974	14	10	71
Legon, July 1974	21	8	38
Nairobi, Sept. 1974	39	8	21
Ibadan, June 1975	32	5	16
Lagos, July 1975	13[1]	4[2]	31
TOTALS	119	35	29

[1] Includes only nursing and midwifery participants.

[2] Nurses or midwives from the Department of Pediatrics, University of Lagos College of Medicine.

TABLE 2

COMPLETION AND USE OF S.I. UNITS WRITTEN BY NURSING/MIDWIFERY AHTIP WORKSHOP PARTICIPANTS FOR WHOM THESE OUTCOMES COULD BE DETERMINED DURING AN EVALUATION CONDUCTED IN NOVEMBER-DECEMBER 1975*

Workshop	Participants for Whom Evaluator Could Determine S.I. Unit Completion and Use as of November-December 1975						
	No. of Participants with outcome of units known	Participants with units completed and returned to author		Participants whose units are being used regularly		Participants regularly using S.I. units other than their own	
		No.	%	No.	%	No.	%
Ibadan 1974	10	4	*40*	2	*20*	0	*0*
Legon 1974	8	2[1]	*25*[1]	2[1]	*25*[1]	1[2]	*13*[2]
Nairobi 1974	8	0	*0*	0	*0*	0	*0*
Ibadan 1975	5	0	*0*	0	*0*	0	*0*
Lagos 1975	4	1	*25*	1	*25*	0	*0*
TOTALS	35	7	*20*	5	*14*	1[2]	*13*[2]

[1]One of these individuals has completed and is using 2 units.

[2]Using a unit on how to utilize self-instructional materials.

*Outcomes for only 29% of the participants were directly assessed during this evaluation.

The titles of the S.I. units completed by the workshop participants referred to in Table 2 are "Nursing Care of Premature Babies," "Preparation and Use of Nursing Care Plans," "Family Planning Motivation," "Care of the Premature Baby," "Development and Fertilization of the Ovum," "Asphyxia," "The Female Pelvis," and "The Rationale and Schedule for Immunizations."

Many other people are "planning" to utilize AHTIP teaching-learning materials or make specific curriculum changes, but have not instituted them yet. In some instances these changes are awaiting completion and receipt of S.I. units still at UNC.

2. General curriculum changes and other results not related to construction and use of S.I. units.

a. Increased emphasis on nutrition and family planning in the University of Ibadan Department of Nursing curriculum.

b. Inclusion of AHTIP workshop content and teaching methods in a Nigeria-wide conference on in-service education held by the University of Ibadan Department of Nursing. The proceedings of that conference will be published and distributed widely throughout Nigeria.

c. Inclusion of teaching methodology concepts learned during an AHTIP seminar/workshop in a course on nursing education methods being taught to future nurse tutors at the University of Ibadan Department of Nursing.

d. Plans are under way to integrate clinical family planning experience in the program offered by the University of Ghana Nursing Department for preparation of public health and midwife tutors.

e. The senior tutor at the Nurses Training College at Korle Bu Hospital, Accra, is planning to introduce teaching methods she learned at an AHTIP seminar/workshop to the other members of her faculty.

f. The addition of a weekly family planning clinic to the activities of Mathari Mental Hospital in Nairobi, Kenya. Nursing students at that hospital are now taught to consider their patients' needs for contraception along with their other "nursing" needs.

g. In the view of the Chief Nursing Officer of the Kenya Ministry of Health, AHTIP activities in Kenya have been an important source of motivation to upgrade nursing education in Kenya.

h. Two members of the AHTIP African Consultative Group on Nursing, Midwifery,and Allied Health Professions, who are also both members of the Nigerian Nursing Council, plan to see to it that "family health" (including family planning) becomes a central theme of the Federal Ministry of Health Nursing Syllabus when it is revised in the near future. The Nursing Syllabus dictates the basic curriculum design for all nursing schools in Nigeria.

B. Bellowships: Six AHTIP fellowships totaling 18 person-months of training in population and/or family planning have been awarded. Four of these 6 fellowships were awarded to faculty members from schools of nursing or midwifery. During the evaluation visit it was possible to assess the results of only one of these fellowships, that awarded to

Ms. Osei-Boateng of Ghana, because all of the other nursing fellowship recipients were still in the United States at the time the evaluation was carried out. Ms. Osei-Boateng's AHTIP fellowship experience at Downstate Medical Center in New York City will have the direct effect of making it possible for the University of Ghana Nursing Department to begin to provide clinical family planning training for their midwifery and public health nurse students, who are the future midwife and public health nurse tutors of Ghana. It is important that clinical family planning experience be included in the program offered by this school, even though currently a special 3-month course to achieve the same purpose is being offered to all midwifery tutors by the Ghana Family Planning Program. Many midwives with family responsibilities are not able to travel to attend the 3-month special course. But inclusion of this training in the basic nurse-tutor training program will at least ensure that all new nurse-midwife tutors will receive the training. Also, the Nursing Department is possibly more stable than the National Family Planning Program. Funding for nursing education will probably be available indefinitely, whereas special categorical family planning programs may be more vulnerable to policy changes and economic recession.

C. Short-Term Consultancies to Assist African Health Training Institutions to Integrate Family Planning into their Curricula: The evaluator was unable to assess the impact of these consultations separately from other AHTIP activities such as the seminar/workshops, the activities of the African Consultative Group on Nursing, Midwifery, and Allied Health Professions, and the work of the AHTIP CPC staff in producing their "Curriculum Framework for Family Health/Family Spacing."

D. Maintenance of an AHTIP Field Office: It appears that Dr. Jean Martin, the AHTIP Field Director posted in Yaounde, Cameroon since September 1974, has had minimal impact on the nursing/midwifery component of the AHTIP program.

The report of the second annual meeting of the AHTIP African Consultative Group on Nursing, Midwifery, and Allied Health Professions, dated July 1975, included the 2 following recommendations: (1) It was recommended that the Field Director attempt to "dedicate as much attention to schools of nursing/midwifery and allied health as he does to faculties of medicine;" and (2) "The Group endorsed the recommendation of the AHTIP evaluation meeting held in February 1975 in North Carolina as to the desirability for the project to employ a nursing/midwifery educator on a full-time basis. This person should be able to spend much of her/his time in Africa, consulting with collaborating institutions. She/he could possibly be based in Africa." This evaluator heartily seconds both of these recommendations. As a member of the American College of Nurse-Midwives, I am aware that AHTIP has been advertising a full-time position for a nurse-midwife to serve in this capacity. This evaluator would like to recommend that the Project consider looking beyond nurse-midwifery to fill this position.

There are only approximately 1,500 nurse-midwives in the United States; there are many more positions available to American nurse-midwives than there are American nurse-midwives to fill the positions. Although midwifery is an important aspect of nursing education in Africa, it would probably be easier and just as useful for the project to find a qualified non-midwife nurse educator to fill this position.

E. The Quarterly Project Newsletter: The evaluator has seen and reviewed 8 copies of Rapport, the French/English newsletter published by and about AHTIP as a means of communication. Although I interviewed 41 individuals in Africa, the only place I saw or heard about the newsletter was in the AHTIP office at the Carolina Population Center. If the production and distribution of this newsletter consumes any significant proportion of AHTIP staff time, perhaps it would be better to have that time spent in expediting editing of the self-instructional units and organizing a method to reproduce and distribute them efficiently. I doubt that the quarterly newsletter produces as many positive results as could be obtained by the same amount of AHTIP staff time invested in other forms of communication with the African participants.

F. Although the AHTIP contract did not specifically require development of the African Consultative Group on Nursing, Midwifery, and Allied Health Professions, in the view of this evaluator that activity may be one of the most significant components of the project, and could have an important and long-lasting influence on increasing the contribution which nurses and midwives make to provision of family health/family planning services for the population of Africa. It is of interest that in the United States, the Western Interstate Council for Higher Education in Nursing (WICHEN) has exerted a significant positive influence on the quality of nursing education in the western states. It seems that no such mechanism was functioning in Africa prior to establishment by AHTIP of the African Consultative Group on Nursing, Midwifery, and Allied Health Professions. Therefore this may be a unique opportunity for nursing leaders from a variety of African countries to get together in a small but stable, workable group on a periodic basis.

G. Development by the AHTIP staff of a "Curriculum Framework for Family Health/Child Spacing" is another project activity which was not specifically required in the contract with AID. The curriculum framework was only completed in August 1975, so that one cannot assess its impact yet. However in my opinion this piece of work was badly needed and having accomplished it should facilitate the achievement by AHTIP of its goals in the future.

VII. IDENTIFICATION OF SOME SPECIFIC OBSTACLES TO ACHIEVEMENT OF THE AHTIP OBJECTIVES, AND RELATED RECOMMENDATIONS

A. The project has been applied too diffusely. Sixty-two of the 119 nursing/midwifery AHTIP workshop participants (52%) are the only persons from their institution, school, or agency who have ever participated in

an AHTIP workshop. It is unrealistic to expect that this small amount of input will have any long-term influence on the curriculum of such an institution. I would recommend trying to reach fewer institutions, but having each institution send at least 3 or 4 people to a seminar/workshop. After returning to their institution a small group of individuals would serve to stimulate and reinforce each other in their implementation of the new ideas and techniques they had learned. All of these faculty members are busy; their attention is constantly demanded by immediate and pressing aspects of their work. It is difficult for them to give high priority to doing the work necessary to complete their S.I. units or carrying out other activities related to AHTIP seminar-inspired curriculum change, when no one else in their immediate peer group is involved in what they are doing.

The project and its advisors (such as the African Consultative Group on Nursing, Midwifery, and Allied Health Professions) should determine a rationale to establish priorities for selecting a limited number of institutions as the target for AHTIP activities in each country. Several questions need to be considered in determining such a rationale: (1) What level of student do you want to reach (i.e., future tutors in the post-basic nursing schools, basic nursing students, midwife students, community nurses, "enrolled" level nurses, auxiliary level nursing personnel)? Do you want to influence those who actually provide health services or those who influence national policy? If you want to influence both, can the same mechanism (such as a seminar/workshop with construction of S.I. units) be used to achieve both purposes? (2) What level of faculty members (i.e., from which type of schools) would write the best S.I. units? (3) What level of students are self-instructional units best suited for (especially S.I. units constructed by a faculty member who has had only a brief and rushed exposure to the method)? As a basis for determining priority target institutions, project personnel also need to have a good overview understanding of nursing education and the delivery of health services in each country in which they are involved. How many nurses of each category graduate per year, where do they work, what services do they provide and to what aspect of the population? In this way the project can identify those institutions which train nursing personnel most relevant to provision of family health care, including family planning services.

B. In each of the countries I visited the curriculum for basic schools of nursing is guided and must conform fairly closely to an established curriculum guide or "syllabus" which is written and periodically reviewed either by the Ministry of Health, the National Nursing Council, or some other authoritative body. Such bodies also oversee the process of examining and certifying nurses. As a former nurse-educator I realize that the questions included in the national nursing certification exam are highly effective determinants of the content which is included in nursing school curriculums. Even though faculty might like to include or give

greater emphasis to other content, there is a limited amount of time in the curriculum and the reward/punishment system for including or excluding content related to questions which will be in the certifying exam is very strong. The project should be cognizant of the content of the nursing certification exams used in each country, the process by which the content of those exams (i.e., the questions) is revised, how often, and by whom.

C. The time between initiation and completion of each S.I. unit is far too long--frequently in excess of a year. The editing process must be speeded up. Four possible approaches to this problem are suggested:

1. Hire more people to perform the editing function. Are AHTIP S.I. units being sent to UNC nursing and medical faculty for "free" editing? If so, how long does a unit sit in the faculty member's in-box before they get around to this probably thankless job?

2. Undertake fewer units to edit:

a. Have groups of 2 or more faculty from the same institution work together on construction of one S.I. unit during future AHTIP workshops. In this way the project would generate fewer units, but they would perhaps be of better quality and easier to edit. As a side benefit, group work might stimulate and reinforce faculty to continue to work together for AHTIP-inspired curriculum change after they return to their institutions.

b. Find a way to graciously refuse to edit units which are either very poorly written, concerned with content which is inappropriate to the AHTIP goals, or repetitious of other units already completed or under way.

3. Don't be so perfectionistic in the editing. AHTIP units produced currently are of a very high quality, but there have been instances of over-editing. In a few cases units have been so upgraded during editing that they were no longer appropriate for use by the level of student for which they were written. Errors have also been edited into a unit on at least one occasion. Mrs. Sanni, Principal of the Eleiyele School of Nursing in Ibadan, reported an error which had been edited into the S.I. unit she wrote. She had originally stated in her unit that the newborn infant should receive 3 ounces of fluid per pound of body weight per day. This was changed during editing in North Carolina to read 2½ ounces of fluid per day. However she pointed out that although American authorities say 2½ ounces, because of the high temperatures, humidity, and lack of air conditioning in Nigeria, 3 ounces per day is the appropriate figure for use in her unit. Some other costs of over-editing, in addition to time, are that authors lose the pride of authorship and become less interested

in their own units, and the S.I. units themselves become "Americanized," thereby devaluing the importance of having them written by Africans in the first place. Also in the process of enlarging the reference lists, references to materials that are not available to students in Africa have sometimes been added.

An inherent advantage of S.I. units over textbooks is that S.I. units can more easily be revised from time to time. Several S.I. unit authors I spoke to indicated that they will probably want to revise their units at some time in the future, especially as new knowledge evolves; therefore it may be unwise to use a lot of time trying to make the units perfect to start with.

4. In an effort to reduce the amount of editing required, AHTIP participants should be provided with materials to aid them in selecting their S.I. unit topics before they arrive for the workshop. Thus they could come to the workshop prepared with the references they will want to use during unit construction. Also it would help if each participant were provided ahead of time with a sample unit. This would help them to understand what was going to be expected of them and they would be more realistic in topic selection. Participants could be provided ahead of time with Dr. Lea's revision of the Johnson & Johnson book outlining the steps in preparing self-instructional units, especially the part on narrowing down the subject matter. The letter from AHTIP to participants should be very specific in stating what they will be expected to produce during the workshop.

D. Although 170 S.I. units have been initiated, the project has not yet created a coherent set or series of units to cover major, large areas of the subject matter of family health. Faculty find it too time-consuming and disruptive to introduce the new teaching method to their classes when there are only isolated units available for them to use. Use of the units does not become cost-beneficial in terms of faculty time unless the faculty member or school can utilize a series of units with an inherent logical flow of content and concept building. The AHTIP staff must find a way to direct selection of topics for future unit construction in order to avoid repetition, to fill content area gaps, and to coordinate units so that a series of units with an inherent logical flow of content will be rapidly developed.

E. AHTIP has not developed an effective system to reproduce and distribute the completed S.I. units. Beautifully constructed and edited units which are not distributed are useless, and that is close to a description of the present situation.

1. Although faculty from most of the schools have at one time seen a catalog in which available S.I. units were listed, none of the schools have a copy of that catalog in their possession; therefore they have had only one opportunity to order units. Some faculty

members who ordered units have not received each of the units they ordered, and as a general rule they don't receive as many copies of each unit as they ask for. It is recommended that a copy of this catalog be quickly made available to every institution which has participated in the project.

2. Classes in most of the schools are large--with 40 to 90 students in a class. Faculty can't use the units as an inherent part of their teaching (without which the units have no effect on curriculum design) unless they have at least one unit for every 3 students in the class. Where units have been ordered and received by African faculty, they have not been received in adequate numbers for use with these large classes. Faculty members don't know whether or what they will be asked to pay if they order a large number of units and whether the units are copyrighted or if they are free to reproduce them locally. Some institutions have resources which would allow them to reproduce enough copies of a unit to use with a large class, but many do not. Schools of nursing which are attached administratively to hospitals frequently have no control over their own budget, are very short of secretarial assistance, and have no or very limited access to equipment for reproduction of printed material. Some possible solutions to this problem are suggested below.

a. Reduction of the volume of paper needed for each unit would help to alleviate this problem. Why should self-instructional units be typed double spaced and on only one side of the paper? Why leave space for students to write in answers, when in every institution I visited faculty have the students write their answers on a separate piece of paper so that each unit can be used over and over by a succession of students? If units were single-spaced and typed on both sides of the page without spaces left for writing in answers, the volume of paper required for each unit could possibly be reduced by 75%.

b. Work out an arrangement with an African printing company or possibly with an international health and/or education-related organization (such as WHO), for printing the units at a facility located on the continent of Africa.

c. Clearly state on each unit that it is not copyrighted and that it can be reproduced in unlimited numbers, or whatever would be necessary to clarify that situation.

d. Make stencils as well as copies of the units available to the faculty members and/or institutions who request them. Such stencils could be replicated efficaciously at the AHTIP offices by use of an automatic typewriter.

F. Communication between the AHTIP CPC-based staff and African participants is generally slow and unreliable. Several African nurse-educators I interviewed stated that they had written requesting information, units, or something else from North Carolina and have never gotten

a response. One person who attended an AHTIP workshop in 1974 has received no further communication whatsoever from anyone regarding the unit he wrote, or any other follow-up about the conference. I would suggest that a person to serve as liaison between the CPC-based AHTIP staff and the African participants of AHTIP be designated in each country. This could possibly be arranged through the Chief Nursing Officer in the country's Ministry of Health. Perhaps it would be possible to arrange to reimburse the agency that employs the designated person for a portion of her/his salary in order to enable her/him to devote the time necessary to be an effective liaison. An additional function which such a liaison person could fulfill would be to help in arranging the appropriate appointments when AHTIP staff (or evaluators) visit the country. Such African visits by personnel from the United States are expensive and time-consuming. They should be made as effective as possible. Having people associated with AHTIP arrive in the country without any appointments established in advance is wasteful of their time; frequently results in missed opportunities, since persons most important to be interviewed may be on vacation or out of town when the AHTIP person is there, and gives the African participants the impression that AHTIP personnel are disorganized. It may also give the impression that the project has money to waste, since it seems strange to them that people would come all the way to Africa from the United States without setting up their appointments in advance. However, organizing such a trip in advance is very difficult without the assistance of an in-country liaison. Mrs. Kiereini, Chief Nursing Officer for the Kenya Ministry of Health, said that if she had known of my evaluative trip earlier, she would have arranged to get together a group of nurse tutors from the province hospitals outside of Nairobi, so that I could interview them about their participation in the 1974 AHTIP workshop in Nairobi. This would have added an important component to my evaluation of AHTIP activities in Kenya.

G. It seems that there has been minimal effort to coordinate AHTIP activities with those of other international projects and organizations devoted to or in some way related to the same purposes as AHTIP. During the 3 weeks I was in Africa I met and discussed AHTIP with several individuals associated with institutions, organizations, or agencies which could possibly collaborate constructively with AHTIP.

1. Dr. Z. A. Ademuwagan, Health Education Specialist, is director of the African Regional Health Education Center, located in the Department of Preventive and Social Medicine, Faculty of Medicine, University of Ibadan, Ibadan, Nigeria (telephone number 22200).

The African Regional Health Education Center is a new center which is intended to become a focus of expertise in health education for all of the Anglophone African countries. Its major purpose is to improve training and health education to support family health/family planning.

On November 24-28, 1975, Dr. Ademuwagan attended a meeting held in Alexandria by a sub-committee of the UNESCO/WHO Committee for

the African and Mediterranean Region, for discussion of "Communication and Education in Support of Family Health/Family Planning Programs." Consultants from all over Africa participated in that meeting. Although AHTIP was mentioned during the meeting, AHTIP's field representative, Dr. Jean Martin, was not in attendance.

2. Professor Michael O. A. Durojaiye, Dean, Faculty of Education, University of Lagos, Lagos, Nigeria. I met Professor Durojaiye at the United Kenya Club, where I was staying in Nairobi. He is a friend of Professor O. Ransome-Kuti. He is also acquainted with Dr. Jean Martin and has discussed AHTIP with him. Dr. Durojaiye is interested in the development of self-instructional learning materials; he and his faculty might be valuable resources for AHTIP. I think he would be interested and willing to participate at some level if appropriately approached.

3. Ms. Knapik, WHO nurse consultant who is Head of the Department of Advanced Nursing at the University of Nairobi, told me that there had been a meeting for representatives of all of the Commonwealth countries in Kenya on November 5-6, 1975, for the purpose of discussing the need for coordination in the area of medical education. Although AHTIP is not a project of a Commonwealth country, Commonwealth countries are participating in it. It might have been useful for someone representing AHTIP to have attended that meeting.

4. J. D. Allred, Ed. D., Medical Education Technologist, Faculty of Medicine, University of Ibadan. Dr. Allred is an American who was formerly with the Regional Medical Center in Baltimore (associated with Johns Hopkins University). He has just arrived at the University of Ibadan and is planning to stay for several years. He has gone there to help with the development of locally produced audio-visual teaching aids and programmed learning tools for use in the education of physicians and nurses.

5. Has the project intereacted in any way with the activities of the FIGO/ICM Joint Study Groups on the Training and Practice of Midwives and Maternity Nurses? The ICM study groups are an AID-funded activity to "develop recommendations in how to integrate family planning into midwife training . . . . and put resultant recommendations in effect at national and local levels." I've been unable to determine from AHTIP reports what interaction, if any, this AID-assisted project has had with the AID-assisted ICM working parties.

H. Although a lot of AHTIP effort has gone into teaching African faculties how to write self-instructional materials, little or none has gone towards teaching other faculty (who will not be asked to write units) how to use the units. A valuable aspect of the S.I. units produced through AHTIP, in my opinion, is that units written by a relatively few of the best prepared

and most able faculty can be made available for use by larger numbers of less well prepared faculty. Many if not most of the faculty of the basic schools of nursing in some countries have not had special post-graduate training in nursing education. Thus, wide distribution of the AHTIP-produced S.I. units would provide these less qualified faculty members with teaching tools written by African experts. However, special materials and/or workshops will be needed to acquaint these less qualified faculty members with the basic concepts and techniques they will need to use these teaching-learning tools.

I. African Nursing faculty in general have inadequate access to up-to-date scientific reports in the subjects they are teaching. Most of the schools have such limited budgets that they cannot subscribe to many journals or purchase new textbooks on a regular basis. I believe that in general they would be appreciative to receive and would use Population Reports if they were sent to them.

J. Very little evaluation was designed into this project. Project personnel have evaluated the project by comparing project achievements with the contracted goals, broken down into specific and quantifiable activities. A paper comparing the contracted goals and achievements was provided to the evaluation team, but this in fact provides only a superficial evaluation, since the achievements are in essence only a listing of performed activities. One cannot tell from that listing what effect those activities have had in actually changing curriculum in African health training institutions. For instance, under Achievements this summary cites 170 S.I. units produced by December 31, 1975. Yet, it is evident that many of those units have not actually been completed or, at least, are not back in the hands of their authors in a usable form, and even fewer of them are being utilized in a way leading to substantial curriculum change.

In addition to more outcome-related evaluation, the project needs ongoing advice from an advisory board. Apparently an advisory committee was established during the developmental phase of the project, but I don't think it has been active during the past year or so.

VIII. The AHTIP evaluation team was provided with a set of questions to answer during the evaluation. Although many of those questions have been answered elsewhere in this report, summary answers will be provided in this section.

A. What are the problems which African medical faculty encounter in preparing, integrating, and teaching population and family planning in existing curricula?

Part of the answer to this question, in regard to nursing/midwifery faculty, has been discussed elsewhere in this report; in short, the problems include a lack of up-to-date scientific information for use in writing lectures; lack of appropriate texts and other prepared teaching tools dealing with this subject matter; a shortage of faculty, resulting in inadequate time to prepare new teaching materials; nursing students' embarrassment

about matters pertaining to sex; lack of adequate clinical family planning skills among the faculty members themselves; logistical problems and red tape encountered in trying to establish relationships with facilities which could provide clinical learning experiences for students; crowded curricula, and competition of other subject matter with population/family planning subject matter for the limited time.

B. What major processes have occurred to stimulate faculties to integrate population and family planning material into their curricula?

See Section VI and Appendix C of this report.

C. What kinds of training do medical faculty require to increase their knowledge and skills in population and family planning

Midwifery faculties need clinical training, including direct personal experience in provision of family planning services; increased scientific knowledge of sterilization, temporary contraception, and abortion; and a better understanding of population dynamics and the effects of rapid population increase on the quality of family life.

D. Would short-term clinical and theoretical programs in population and family planning in Western institutions result in curricular change more effectively than the seminars, materials, and developmental activities of AHTIP?

In my opinion both types of activities complement each other and need to go on simultaneously.

E. What kind of internal curriculum development assistance would benefit African medical schools?

In regard to nursing/midwifery schools, longer (2 or 3 month) "short-term" consultancies by American nurse-educators with a great deal of experience in curriculum development would be beneficial. AHTIP should not rely on its own staff for these consultations, but should call upon nationally recognized experts in curriculum development. WICHEN (described elsewhere) might be a good source of such expertise.

F. Does faculty involvement in the development and production of new teaching materials increase the possibility for the use and integration of these materials into existing curricula?

Yes, definitely. Materials produced by African faculty are much more appropriate and acceptable than if they were simply imported from the United States.

G. Are self-instructional materials a practical and efficient way to integrate new curricula into African schools

I really don't know the answer to this question. Self-instructional materials produced by AHTIP to date have had a relatively small impact on the curricula of African schools of nursing/midwifery. (See Section VI. A. of this report for a summary of curriculum change resulting from the 5 AHTIP nursing/midwifery seminar/workshops assessed during this evaluation.)

Nevertheless, I think that the project has potential for greater effectiveness in the relatively near future. There is a natural and built-in lag phase or incubation period for a project with this design; it seems natural that the first few years should be high-cost/low benefit, but this should be followed by a period of relatively lower cost and higher benefit, if some of the identified problems are dealt with. The Report of the Second Annual Meeting of the African Consultative Group on Nursing, Midwifery, and Allied Health Professions, as well as some of the other AHTIP reports, indicate that the AHTIP staff and their advisors recognize many of the problems which have been elaborated in this evaluation, and that they are in the process of taking steps to overcome some of the project deficiencies. The project staff need to solve some of these problems and institute a project evaluation based on project outcomes in order to answer this question.

H. Do African faculty view these self-instructional materials as potentially valuable teaching materials?

Aspects of this question have been discussed in several places elsewhere in this report. In general individual units are difficult to use because it requires a disruption of the normal pattern of teaching and the expenditure of a lot of time for teaching a relatively small area of content. Teachers complain that each unit covers only a small segment of subject matter and that they are very time-consuming for both the student and the teacher. As both students and teachers became more familiar with the method, however, I am sure this problem will decrease. Nevertheless, the units are viewed as valuable and are used in a variety of ways. They will be considered more valuable when sets of units covering larger areas of content are available. Even faculty who don't intend to incorporate use of the units into their curriculum, value the units as resources for use in special situations. They are seen as a good way to introduce new material and a good format for delivering factual content. Even if the units are not utilized by teachers in lieu of covering the same content in a lecture, if students have access to the units they will probably use them. All of the teachers I interviewed reported that their students liked the units and wanted more of them to use. Medical and nursing education is stressful to young people, who are asked to assume responsibilities for patient care, frequently without adequate supervision and assistance from faculty. I am sure that if units with specific information viewed as valuable by the student are made available as a resource, students will use them.

Self-instructional materials should eventually become a very important teaching method in Africa, although this will take time since teachers everywhere find it hard to give up lecturing.

I. Are self-instructional units that have been developed scientifically accurate and appropriate for African schools?

Overall the self-instructional units seem to be of excellent quality--scientifically accurate, methodologically sound, and appropriate for African schools. A few examples of "over-editing" are illustrated in Section VII. C. 3. of this report.

J. Can these units eventually form a complete population/family planning curriculum covering demography, population theory, reproductive physiology, techniques to fertility control, and reproductive health care as it relates to MCH and nutrition?

Certainly this can happen "eventually," although units on some of these subjects will probably need to be written by people from the United States. Utilization of such a complete population/family planning curriculum is questionable, however, since this content must compete with a great deal of other information which faculty are attempting to squeeze into limited curriculum time. A complete population/family planning curriculum would probably not be utilized on a very broad basis, although aspects of it, especially reproductive physiology, techniques to fertility control, and reproductive health care as it relates to MCH and nutrition, would probably be selected out for more universal use.

K. Are there more effective ways to integrate these topics into curricula? Would supplying schools and faculty with Population Reports and other similar materials be equally as effective in changing curricula as the AHTIP efforts?

I don't think we know the most efficient ways to integrate these topics into curricula of medical, nursing, and midwifery schools in Africa. It is for this reason I have recommended that a much greater effort be expended to evaluate this project. Certainly supplying schools and faculties with up-to-date scientific information is needed and would be useful. I don't think it would take the place of the much more comprehensive efforts currently being conducted through AHTIP however. AHTIP demands active participation by African faculty members and is therefore more apt to produce behavioral change. If faculty are already motivated to include family planning in their teaching, they will welcome and use scientific reports related to that subject. However, if they are not already motivated, the materials may simply be filed away and never used. Supplying schools and faculties with these materials should be an adjunct to AHTIP, but could not replace the other project activities.

L. This question is related to utilization of Population Reports in African medical schools. The Reports are not received by nursing and midwifery schools, so that I cannot make any assessment relevant to this question.

This is a typed version of the AHTIP Contract AID/CM/PHA-C-73-33 which accomodates Amendments 1 and 2.

mj
January, 1975

TABLE OF CONTENTS
SCHEDULE

The Schedule, on pages 1 through 4, consists of this Table of Contents and the following Articles:

ARTICLE I - STATEMENT OF WORK

ARTICLE II - TECHNICAL DIRECTIONS

ARTICLE III - KEY PERSONNEL

ARTICLE IV - PERIOD OF CONTRACT

ARTICLE V - ESTIMATED COST

ARTICLE VI - BUDGET

ARTICLE VII - COSTS REIMBURSABLE

ARTICLE VIII - ESTABLISHMENT OF OVERHEAD RATE

ARTICLE IX - ALTERATIONS TO THE GENERAL PROVISIONS

ARTICLE X - ALTERATIONS TO THE ADDITIONAL GENERAL PROVISIONS

GENERAL PROVISIONS

1. The General Provisions applicable to this contract consist of the "General Provisions - Cost Reimbursement Contract with an Educational Institution" which includes provisions 1 through 40; and the "Additional General Provisions - Cost Reimbursement Contract with an Educational Institution" which includes provisions 1 through 18.

ARTICLE I - STATEMENT OF WORK

For the period as hereinafter set forth in the Schedule, the Contractor shall perform the activities as set forth in Appendix "A" (Operational Plan).

ARTICLE II - TECHNICAL DIRECTIONS

Performance of the work herunder shall be subject to the technical directions of the cognizant A.I.D. Scientific/Technical Office indicated on the Cover Page. As used herein, "Technical Directions" are directions to the Contractor which fill in details, suggest possible lines of inquiry, or otherwise complete the general scope of the work. "Technical Directions" must be within the terms of this contract and shall not change or modify them in any way.

ARTICLE III - KEY PERSONNEL

A. The key personnel which the Contractor shall furnish for the performance of this contract are as follows:

1. Director - Richmond K. Anderson
2. Deputy Director - Merrel D. Flair
3. Coordinator - Constance A. Freydig

B. The personnel specified above are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified individuals to other programs, the Contractor shall notify the Contracting Officer reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without the written consent of the Contracting Officer; provided, that the Contracting Officer may ratify in writing such diversion and such ratification shall constitute the consent of the Contracting Officer required by this clause. The listing of key personnel may, with the consent of the contracting parties, be amended from time to time during the course of the contract to either add or delete

personnel, as appropriate.

ARTICLE IV - PERIOD OF CONTRACT

The effective date of this Contract is June 30, 1973 and the estimated completion date is June 29, 1978.

ARTICLE V - ESTIMATED COST

The estimated cost of this contract is $3,237,840. There is presently obligated for commitment under this contract $1,168,000.00 which may be used for dollar costs set forth in Article VI, Budget.

ARTICLE VI - BUDGET

Within the total estimated cost of this Contract the Contractor may adjust line item amounts, except for equipment, as reasonably necessary for the performance of this contract; except that the obligated amount under the contract may not be exceeded (See Article V above).

BUDGET

Category	Fr:6/30/73 To:6/30/74	Fr:7/1/74 To:6/30/75	Fr:7/1/75 To:6/30/76	Fr:7/1/76 To:6/30/77	Fr:7/1/77 To:6/29/78
Salaries	$185,875	$234,010	$214,370	$212,090	$220,065
Travel	60,020	78,060	71,060	63,960	63,960
Fellowships	42,000	102,000	132,000	132,000	132,000
Equipment	8,000	3,750	3,000	3,000	3,000
Other Direct Costs	136,950	230,820	334,720	169,620	161,675
UNC Administrative 8% of Total Direct Costs.	34,625	51,890	60,410	46,455	46,455
TOTAL	$467,470	$700,530	$815,560	$627,125	$627,155

TOTAL ESTIMATED CONTRACT COST $3,237,840

ARTICLE VII - COSTS REIMBURSABLE

The United States dollar costs allowable under the contract shall be limited to reasonable, allocable, and necessary costs determined in accordance with the Clause of the General Provisions of this Contract entitled "Allowable Cost and Payment."

Pursuant to the provisions of the Clause of the General Provisions of this contract entitled "Negotiated Overhead Rates," a rate or rates shall be established for the period beginning July 1, 1973 and ending June 30, 1974. Pending establsihment of final overhead rates for the initial period, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rates applied to the base(s) which are set forth below:

Administrative	8% (Rate	7-1-73 to 6-30-74 (Period)

Base - Total Direct Costs

ARTICLE IX - ALTERATIONS TO THE GENERAL PROVISIONS

1. Clause 2 - Approvals (June 1973) - Line 2 - Delete the words "or Mission Director".

2. Clause 7 - Paragraph (g) - Allowable Cost and Payment - Delete the words "the Mission Director and".

3. a. Clause 12 - Reports - Paragraph (a) - Delete "contracting officer three (3) copies, and the Missions four (4) copies of a semi-annual report within forty-five (45) days" and substitute in lieu thereff "Contracting Officer five (5) copies of a semi-annual report within 30 days."

b. In Addition to the Reports required under General Provision No. 12 of this Contract, the Contractor shall submit the following:

1. A report on the seminars, Institutes and Conferences conducted including recommendations and results achieved.

c. All reports, except the final report, are due within thirty (30) days following reporting period or termination of the seminars, Institutes

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or Conferences.

4. Except as shown in paragraphs 1 and 2 above, wherever the term Mission Director appears in the General Provisions add"or U.S. Embassy where no A.I.D. Mission Director situated".

5. Add the following new clauses:

"38. Small Business Subcontracting Program."

"39. Labor Surplus Area Subcontracting Program"

"40. Minority Business Enterprises Subcontracting Program".

"41. Price Stabilization Certification (June 1973)".

"42. Patent Provisions and Publication of Results (May 1973)".

6. Delete the following clause:

"Clause 8. Negotiated Overhead Rates - Postdetermined".

7. Delete reference to General Provisions Nos. 8, 12, 14, 16 and 20, and in lieu thereof insert those attached as Attachment A.

ARTICLE X - ALTERATIONS TO THE ADDITIONAL GENERAL PROVISIONS

1. Clause 13 - Documentation for Mission - Delete references and requirements for documentation to be submitted to Mission Controller.

2. Delete reference to Additional General Provisions 3 and 7, and in lieu thereof insert those attached as Attachment B.

Operational Plan

I. General Plan

The University of North Carolina at Chapel Hill (UNC-CH), through the Carolina Population Center (CPC), will have primary responsibility for the coordination of and provision of technical services in fulfilling the scope of work. UNC-CH will build upon project groundwork already accomplished by the regional medical school seminars held at Accra, Benghazi, and Nairobi. To expand UNC-CH resources for technical services, UNC-CH will execute a sub-contract with the Association of American Medical Colleges (AAMC), and will promote collaborative involvement in the project by faculty members from at least two other U.S. institutions. The basic objectives are as follows:

1. To establish and/or increase capability among health professionals (in selected African countries) to provide family planning services in addition to Maternal Child Health services already provided.
2. To stimulate recognition on the part of deans and directors of Health Training Institutes (HTI's) that family planning and nutrition of the mother and infant in the context of family health is a proper and significant component of professional education and health services.
3. To upgrade and expand training in family planning in the context of family health for health services personnel attending these HTI's, minimally estimated at 55.
4. Additionally, the project expects to influence most of the remaining HTI's. Subsumed within this purpose the focus of the project will be to:

a. develop and implement family planning and family health curricula in an estimated 21 medical schools and 34 nursing/ midwifery and allied HTI's (pending AID review and approval) on a self sustaining basis.

b. train faculty members to effectively teach family planning in HTI curricula as an integral part of teaching Maternal and Child Health.

c. provide a mechanism for those teaching family planning-related subjects in African medical and other health training institutions to share relevant information and teaching experience.

d. to increase quantity and quality of training materials available (chiefly self-instructional materials).

II. Specific Objectives

The Contractor will perform the following major activities which will be expanded or restricted as the parties may from time to time mutually agree:

A. For the period June 30, 1973 to June 30, 1975.

1. Conferences, Institutes, Seminars and Workshops:

a. Assist the Association of Medical Schools in Africa (AMSA) to convene a Regional Seminar in Francophone Africa in 1973.

b. Regional Teaching Institutes will be held at medical schools. Their purpose will be to provide for medical faculty in-depth coverage of selected topics related to family planning. Scope of each Institute will be determined in consultation with prospective host institutions. Where nursing and midwifery school directors are physicians (in francophone countries)

or where medical assistants school directors are physicians (in East Africa), they will be included in these Institutes. Representation or endorsement will be sought from ministries of health or education in individual countries according to local needs and custom.

c. Conduct 5 Regional Seminars with nursing, midwifery, and allied HTI's. The purpose of these seminars of approximately 5 days duration is to discuss with faculty and school directors the steps necessary to add family planning to the curricula.

d. Teaching techniques and materials development workshops will be held as part of each Regional Seminar, Institute, or local Workshop carried out under this project for medical and allied health faculties. These workshops will orient medical school faculty members toward the desirability of modifying curricula and including more emphasis on population and family planning and to discuss teaching methods and techniques of designing self-instructional materials.

e. Publish and distribute proceedings of at least 2 seminars and 1 Institute to AMSA, HTI and AID/W. As appropriate, representatives of concerned Ministries may be invited to attend any of activities (a) through (d) above.

f. After approximately 18 months, prepare evaluation of work to date on project and hold an evaluation meeting at UNC-CH, including but not limited to, representatives of the Project Technical Advisory Committee, the Carolina Population Center, Africa Program advisory Committee, and AID. The AAMC will be represented at this meeting as a member of the project technical advisory committee. Focus on this meeting will be to

evaluate quantitative and qualitative project achievements and to plan and, as necessary, revise future operations to assure continuing project progress.

2. An informal consultative body of allied HTI directors and faculty will be developed to advise on project activities. The project will be publicized and the consultative body developed through communication with (1) nursing personnel and nursing school directors, Ministry of Health personnel, etc., in attendance at the AMSA/AAMC regional seminars; (2) CPC Nursing Leadership Project contacts and participants; and (3) other CPC contacts.

3. Self Instructional (S.I.) packages on family planning/family health-related material.

   a. Produce, test, revise and distribute approximately 50 S.I. packages of up to one hour duration. These will be locally produced, when feasible, or adapted by faculty members of HTI's to accommodate the level of instruction at their respective institutions.

   b. Assist AMSA and HTI in the development of a regional publication/distribution system for S.I. materials.

4. Develop, produce and distribute a quarterly project newsletter to serve as a communication mechanism for medical, nursing, and other allied HTI's involved in the project.

5. Fellowships. Contractor will assist interested HTI's in locating appropriate project-related training programs available in U.S. institutions and elsewhere abroad and may assist HTI's in developing

ad hoc training as necessary, e.g., non-degree programs at Meharry Medical College. To this end, it is estimated that 6 fellowships will be awarded to faculty members of medical HTI's plus 10 fellowhips to nursing, midwifery, or allied HTI's faculty members. Participants will come from the estimated 55 HTI's receiving assistance in developing and implementing family planning curricula and are to be selected on the basis of the effective contribution they will make after training to increased family planning instruction in their respective schools.

6. Consultants. To assist individual HTI's to integrate family planning into teaching and curricula, and other things, a minimum of 50 m/m of various consultant services are foreseen. In this connection, consultants from the U.S. or other non-African countries mav serve as consultants, either in Africa or to project staff in the U.S. Consultant services are further interpreted to include appropriate deans, directors, and faculty of HTI's or officials of concerned government ministries who may be utilized in a consultative capacity in Africa or to the contractors staff in the U.S. to assist in developing S.I. packages and curriculum models.

7. Contractor will exert his best efforts to influence an institutional change in at least 16 HTI's i.e., this number of HTI's will have recog nized the need and benefits of incorporating comprehensive MCH including FP in curricula and have actually adopted formally or informally, changes in their curricula to this effect. A.I.D. retains right to limit or expand number of HTI's with which contractor develops relationships.

B. <u>For the period July 1, 1975 to June 30, 1976:</u>

During subsequent annual contract periods the Contractor will continue to exert his best efforts to achieve the objectives of the project by continuing the scope of work (major activities) undertaken in the first two years, with the following changes:

1. Conferences, Institutes, Seminars and Workshops

   a. (i) A two-week Teaching Institute at a Medical School as described in paragraph II-A.1.b. above.

      (ii) Two four-week Institutes with Nursing/Midwifery and allied HTI's. These institutes will be held to provide in-depth training for allied HTI's faculty in various aspects of family planning/family health. The scope of each institute will be determined in consultation with prospective host institutions.

   b. Conduct three regional seminars of approximately 5-days duration with Nursing/Midwifery and allied HTI's.

   c. In conjunction with each of the institutes and seminars above conduct teaching technique and materials development workshops.

   d. Publish and distribute proceedings of previous institutes and seminars.

   e. Hold two Pan-African Conferences; one for medical schools and one for Nursing/Midwifery and allied HTI's. Each conference is to include approximately 60 participants including representatives, as appropriate, from concerned government ministries. Purpose of these conferences is to review achievements in curriculum development, to discuss further areas of need and interest and to plan future steps.

f. Upon conclusion of the conferences, prepare evaluation of work to date on project, hold another evaluation meeting at UNC at Chapel Hill similar in focus and participants incorporating results of the conferences into the meeting.

2. Produce, test, revise, and distribute approximately 30 S.I. packages of up to one hour duration. These will be locally produced, when feasible, or adapted by faculty members of HTI's to accomodate the level of instruction at their respective institutions.

3. Fellowships. Contractor will assist interested HTI's in locating appropriate project-related training programs available in U.S. institutions and elsewhere abroad and may assist HTI's in developing ad hoc training as necessary, e.g., non-degree programs at Meharry Medical College. To this end, it is estimated that five fellowships will be awarded to faculty members of medical HTI's plus eight fellowships to nursing, midwifery, or allied HTI's faculty members. Participants will come from an estimated 55 HTI's receiving assistance in developing and implementing family planning curricula and are to be selected on the basis of the effective contribution they will make after training to increased family planning instruction in their respective schools.

4. Consultants. To assist individual HTI's to integrate family planning into teaching and curricula, and other things, a minimum of 20 m/m of various consultant services are foreseen. In this connection, consultants from the U.S. or other non-African countries may serve as consultants, either in Africa or to project staff in the U.S. Consultant services are further interpreted to include appropriate deans, directors, and faculty of HTI's of officials of concerned government ministries, who

may be utilized in a consultative capacity in Africa or to the contractor's staff in the U.S. to assist in developing S.I. packages and curriculum models.

5. Contractor will exert his best efforts to influence an institutional change in at least 8 HTI's, i.e., this number of HTI's will have recognized the need and benefits of incorporating comprehensive MCH including FP in curricula and have actually adopted, formally or informally, changes in their curricula to this effect.

C. For the period July 1, 1976 to June 29, 1978:

1. Conferences, Institutes, Seminars, and Workshops:

a. Conduct four 4-week Regional Teaching Institutes in Nursing/Midwifery, and allied HRI's.

B. Teaching techniques and materials development workshops will be held as part of each Regional Seminar, Institute, or local Workshop carried out under this project for medical and allike health faculties. These workshops will orient medical school faculty members toward the desirability of modifying curricula and including more emphasis on population and family planning and to discuss teaching methods and techniques of designing self-instructional materials.

c. Publish and distribute proceedings of previous seminars and Institutes to AMSA, HTI and AID/W. As appropriate, representatives of concerned Ministries may be invited to attend any of activities (a) and (b) above.

2. Produce, test, revise, and distribute approximately 60 S.I. packages of up to one hour duration. These will be locally produced, when feasible, or adapted by faculty members of HTI's to accomodate the level of instruction at their respective institutions.

3. **Fellowships.** Contractor will assist interested HTI's in locating appropriate project-related training programs available in U.S. institutions and elsewhere abroad and may assist HTI's in developing ad hoc training as necessary, e.g., non-degree programs at Meharry Medical College. To this end, it is estimated that 10 fellowships will be awarded to faculty members of medical HTI's plus 16 fellowships to nursing, midwifery, or allied HTI's faculty members. Participants will come from the estimated 55 HTI's receiving assistance in developing and implementing family planning curricula and are to be selected on the basis of the effective contribution they will make after training to increased family planning instruction in their respective schools.

4. Consultants. To assist individual HTI's to integrate family planning into teaching and curricula, and other things, a minimum of 28 m/m of various consultant services are foreseen. In this connection, consultants from the U.S. or other non-African countries may serve as consultants, either in Africa or to project staff in the U.S. Consultant services are further interpreted to include appropriate deans, directors, and faculty of HTI's or officials of concerned government ministries, who may be utilized in a consultative capacity in Africa or to the contractor's staff in the U.S. to assist in developing S.I. packages and curriculum models.

5. Contractor will exert his best efforts to influence an institutional change in at least 31 HTI's, i.e., this number of HTI's will have recognized the need and benefits of incorporating comprehensive MCH including FP in curricula and have actually adopted, formally or informally, changes in their curricula to this effect.

III. Special Provisions

1. Contractor will notify A.I.D. two weeks in advance before formally negotiating with an HTI regarding sponsoring seminars, workshops, conferences or teaching institutes. No response by AID within this period will signify concurrence. HTI's serving as loci for seminars, workshops, conferences or Teaching Institutes will meet selection criteria developed by the contractor and approved by A.I.D. The absence of an A.I.D. objection shall not later preclude A.I.D. authority to require the contractor to terminate seminars, conferences, teaching institutes or consultancies when such termination is deemed in the best interest of the U.S.

2. Contractor will normally notify AID thirty days in advance of arranging any trip or consultative visit. It is expressly understood that on occasion such advance notice may be not feasible or necessary, however, these instances would constitute an exception and are not anticipated as a general rule. In accordance with paragraph (a) of Additional General Provision No. 3, entitled 'Personnel' whereunder the Contractor may not send individuals outside of the United States to perform work under the contract without the prior written approval of the Contracting Officer, the Contracting Officer does, hereby, provide said approval for those individuals required to travel outside the United States; provided, however, that concurrence with the assignment and/or travel of any and all said individuals outside the United States is obtained, in writing, from the Cognizant Technical Office of A.I.D. prior to their assignment and/or travel, abroad.

   This approval by the Contracting Officer shall not apply to any other clause or provision of this Contract which specifically requires Contracting Officer approval.

3. Contractor will make all arrangements for support of personnel under contract.

4. Contractor will make all arrangements with appropriate authorities in the Cooperating Country for a clear assignment of responsibility for the development of this undertaking. A.I.D. will not undertake to make any arrangements with cooperating country officials on behalf of the contractor.

5. Prior to posting a field representative, the contractor will obtain A.I.D. approval, and for this purpose will provide A.I.D. with:

   a. The details of the HTI selection process, to include criteria for selection, and;

   b. The proposed location site, terms of reference and anticipated program activities of the field representative.

6. As the A.I.D. population priorities exercise develops, A.I.D. will attempt to provide the contractor with information regarding A.I.D. priority countries and/or institutions in Africa. Contractor to use this information as one element in developing criteria for selection of HTI's for sites of seminars, conferences, workshops or Teaching Institutes.

AFRICAN HEALTH TRAINING INSTITUTIONS PROJECT
CAROLINA POPULATION CENTER, UNIVERSITY SQUARE
CHAPEL HILL, NORTH CAROLINA 27514

CABLE: POPCENTER, CHAPEL HILL, N.C.

TELEPHONE: AREA 919: 942-3108

Schedule for

Dr. F. T. Sai

Ms. Judith B. Rooks

AID Evaluation Consultants
for
African Health Training Institutions Project

Thursday, November 13, 1975

8:00 - 9:15	305 University Square
	Dr. James W. Lea, Ph.D. Acting Director, AHTIP
	Mr. Jack W. Swartwood Administrative Associate
	Dr. Merrel D. Flair, Director Office of Medical Studies
9:30 - 10:45	Trailer 31, Daniels Rd.
	Ms. Marjorie Kupper Educational Materials Specialist
	Ms. Jane May Educational Materials Specialist
11:00 - 11:30	501 University Square
	Dr. Thomas L. Hall Acting Director Carolina Population Center

The African Health Training Institutions Project is a program of the University of North Carolina at Chapel Hill, conducted jointly by the Office of Medical Studies and the Carolina Population Center, with the cooperation of the Association of American Medical Colleges, and is co-sponsored by the Association of Medical Schools in Africa, and an African Consultative Group on Nursing, Midwifery and Allied Health Professions

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11:30 - 12:15	305 University Square
12:15 - 1:30	Lunch with Jack W. Swartwood and Dr. Enaam Abou-Youssef, Director Higher Institute of Nursing University of Alexandria Alexandria, Egypt
1:30 - 3:00	305 University Square
	Dr. Raymond Isely
	Ms. Elizabeth M. Edmands, Associate Professor Maternal and Child Health and Public Health Nurse
3:00	Wrap-up:
	Dr. James W. Lea
	Dr. Raymond Isely
	Ms. Elizabeth M. Edmands
	Mr. Jack Swartwood

Assessment of the Impact of AHTIP Nursing/Midwifery Seminar/Workshops on Curriculum Change in the African Health Training Institutions Involved in Each Seminar/Workshop, and of the Current Status of Development and Utilization of Self-Instructional (S.I.) Materials Produced by Participants of Those Seminar/Workshops

I. The first AHTIP workshop was held at the University of Ibadan Department of Nursing, Ibadan, Nigeria, in March 1974.

A. Workshop participants: In Ibadan I reviewed the summary of AHTIP workshops which I had been given during the briefing in North Carolina and which indicated that 19 nurses and 3 consultants had participated in the 1974 Ibadan workshop. Mrs. E. O. Adebo, Head of the University of Ibadan Department of Nursing, provided me with a listing of the names, institutional affiliations, and positions of 18 workshop participants. An additional 3 or 4 members of the Carolina Population Center AHTIP staff attended and were counted by the AHTIP staff as workshop participants. Four of the 18 persons listed as participants were non-Nigerian observers, all of whom have since left Ibadan. I interviewed 9 of the 14 actual workshop participants and reviewed the self-instructional unit being developed by a 10th participant. Of the 4 remaining participants, one had since left the University, one was away on study leave, one was unavailable to be interviewed, and a 4th was not interviewed because of lack of time.

B. Workshop outcomes in relation to the institutions represented: The 14 actual workshop participants represented 6 separate health training institutions. Because the purpose of AHTIP is to have an impact on curriculum change in health training <u>institutions</u>, evaluation of the effect of these individuals' participation will be discussed in relation to the institution in which they are employed.

1. Six of the 14 workshop participants were faculty of the University of Ibadan Department of Nursing. The purpose of this Department is the preparation of nursing teachers and administrators. It offers a 3-year program which includes content and experience in research technique, and which is available only to students who have already completed the 3 1/2 year basic nurses training program. Graduates receive the degree of Bachelor of Science in Nursing. This year the University of Ibadan Department of Nursing enrollment includes 27 first year students, 32 second year students, and 22 third year students. One of the 6 workshop participants from the University of Ibadan Department of Nursing has since left that institution. The remaining 5 participants from that Department include the head of the Department plus 4 members of the faculty.

a. Curriculum or other department-wide changes resulting from participation of University of Ibadan Department of Nursing faculty in the March 1974 AHTIP workshop (from an interview with Mrs. Adebo, Head of the Department):

i. Although content on nutrition and family planning were included in the Department of Nursing curriculum before the AHTIP workshop, this content has been given greater emphasis as a result of the workshop.

ii. Following the AHTIP workshop in March 1974, the Department of Nursing held a national conference on in-service education for nurses. Although this conference was planned prior to the AHTIP workshop, the content and teaching methods presented at the in-service education conference were influenced by information which the faculty of the Department of Nursing gained at the AHTIP workshop. They hope to publish the proceedings of that conference--in essence a handbook on how to plan and carry out nursing in-service education--and to make it available to nursing service administrators throughout Nigeria.

iii. Mrs. Ogundeyin, one of the workshop participants, is currently teaching a course on nursing education methods in which she plans to incorporate some of the concepts she has gained through her experiences with AHTIP.

b. Current status and outcome of S.I. units developed by University of Ibadan Department of Nursing faculty who attended the 1974 AHTIP workshop: See Appendix Table 1.

c. Use of AHTIP S.I. units created by others: Although the faculty of this department indicated that the AHTIP staff promised to send a catalog of available S.I. units to their school, they have not received it yet. (They explained, however, that if it had been sent by boat it could be held up in the harbor of Lagos for years before they will receive it.)

2. Department of Preventive Medicine, University of Ibadan: Only one person, Dr. Z. A. Ademuwagan, attended the workshop from the University of Ibadan Department of Preventive Medicine. I interviewed Dr. Ademuwagan and must conclude that his participation in the workshop had no influence on him whatsoever. During the workshop he wrote an S.I. unit on the health education component in nursing education. However, since the workshop he has had no further communication from anyone about either the workshop or the unit he wrote. He moved from one department to another within the University during the interim, which may help to explain this lack of communication, as possibly his mail was not forwarded to him at his new location.

3. Department of Food Science and Applied Nutrition, University of Ibadan: Two lecturers from this Department attended the 1974 workshop; however, I was not able to interview either of them. Dr. Ketuku was away from the University on study leave, and I was not able to fit an interview with Dr. Ajayi into my schedule. Therefore I was unable to assess any possible influence which the AHTIP workshop may have exerted towards curriculum change in this department.

Appendix TABLE 1

Current Status of S.I. Units Constructed by University of Ibadan Department of Nursing Faculty Who Attended the March 1974 AHTIP Workshop at the University of Ibadan

Name	Subject of S.I. Unit	Intended Students	Current Status of Unit Use
Adebo	Nursing research	Post-basic nursing	Not completed
Tubi	Post-operative breathing exercises	Basic nursing	It has been returned to her from North Carolina with a letter suggesting some improvements; however, she hasn't gotten around to working on it again yet.
Okunade	Nursing care of premature babies	Basic level nurse-midwifery	It has been returned to her but she hasn't even unpacked it yet.
Ogundeyin	Preparation and use of nursing care plans	Basic nursing	She has one copy of the finished unit. CPC staff were to send her 10 more copies plus 10 evaluation forms, but she has not received them yet.
Olofinboba	The midwife's first examination of the new-born baby	Basic level midwifery	Returned to author from CPC and has been tested on 18 pupil midwives. Returned December 2, 1975, to CPC for final editing and typing
Johnson	Unknown	Unknown	Author has left the University.

4. School of Nursing, University College Hospital: Mrs. Alade and Mrs. Igun from the University College Hospital School of Nursing attended the 1974 AHTIP workshop at the University of Ibadan. Both of these women are full-time administrators. No full-time tutors from this school have ever participated in an AHTIP workshop, although 2 went as observers to the AHTIP seminar/workshop held at the University of Ibadan Department of Nursing in June 1975. Mrs. Alade, who is the Principal Tutor (administrator) for this school, wanted these 2 regular teaching faculty members to attend and participate in the 1975 workshop, and wrote to someone (either Mrs. Sodipo at the Nigeria Ministry of Health or someone at CPC) indicating her desire that they be registered for it. However for some reason which she doesn't understand, her faculty members were not registered. Although they were allowed to attend the workshop, they were not provided with the necessary materials and were not allowed to participate in the workshop.

a. Current status and outcome of S.I. units developed by University College Hospital School of Nursing Faculty who attended the 1974 AHTIP workshop:

i. Mrs. Alade's S.I. unit on supervision was intended for use by final year nursing students and new graduate nurses. It was intended to help them in their supervision of younger nursing students. Although it has been returned to her from North Carolina, she has not yet completed the necessary revisions.

ii. Mrs. Igun wrote an S.I. unit on growth and development from 1 to 3 years of age. Her unit was taken to UNC, returned to her, revised and sent back to UNC. Now she is waiting for it to be returned to her again. She can't remember how many units she ordered. However, since classes at University College Hospital School of Nursing usually have about 50 students, they will need at least 20 copies of the unit. She suggests that the unit she wrote could be used even outside of nursing, such as in teacher training.

b. Use of AHTIP S.I. units created by others: Mrs. Alade does not have a copy of the catalog of finished AHTIP units. Therefore she and her faculty have not been able to order any of the AHTIP S.I. units produced by others.

5. Department of Obstetrics and Gynecology, University College Hospital: Two staff from the Department of Obstetrics and Gynecology, the University College Hospital in Ibadan attended the 1974 AHTIP workshop at the University of Ibadan Department of Nursing. One of those individuals was Mrs. S. Marinho, research sister in family planning. Unfortunately Mrs. Marinho was unavailable to be interviewed on the day that I visited University College Hospital. I was, however, able to interview Mrs. G. E. Delano, nurse-midwife and instructor in family planning, who works full-time running a post-partum family planning clinic at the hospital. She trains student midwives in modern family planning methods and is also

bringing in groups of graduate nurses and midwives from outlying areas for training. At the workshop Mrs. Delano wrote an S.I. unit on family planning motivation which has been completed and is now being used with her students. She says that with proper motivation 100% of post-partum women can be convinced to leave the maternity ward using an effective contraceptive method. She later wrote a second unit on the technique of IUD insertion, which she is waiting to have returned to her from UNC. She is anxiously waiting receipt of this unit, since she is expecting a class of 30 graduate midwives from outlying areas which she is supposed to train during February 1976. She needs at least 10 copies of the unit to be able to use it with this class.

6. School of Nursing, Eleiyele, Ibadan. Mrs. A. Sanni, principal tutor, was the only representative of the Eleiyele School of Nursing who attended the 1974 AHTIP workshop in Ibadan. Mrs. Sanni's S.I. unit, on care of the premature baby, was written for second year nursing students. She received it back from UNC after it was revised and has had it tested on 2 groups of students (44 students total), with "very good" results. She did not test it herself, but had one of the other tutors do it. Not only did the students tested perform well in the post-test, but the teacher who carried out the testing also stated her opinion that the students had shown that they were able to apply the content of the unit in their actual clinical care of premature babies. She has purposely not had the unit used with the current class of students so that they could serve as a control group, to compare their clinical performance in premature infant care with that of the class which used the S.I. unit.

Mrs. Sanni said that Ms. Berryhill had asked her to write another unit, however she is hesitant to start one because it is so time consuming. Nevertheless she asked the Ministry of Health if they would support her to do another unit (i.e. provide the paper and printing, etc.). The Ministry asked her to estimate the cost and after she determined that it would be quite expensive, they turned down her request.

She has enough copies of her one unit (28 copies).

Ms. Berryhill showed her a copy of the catalog when she visited Eleiyele, but Mrs. Sanni did not understand that she could order units from North Carolina. She would like to receive a catalog and ordering instructions for use by her school.

II. The second AHTIP workshop was held at the University of Ghana Nursing Department, Legon, Ghana, July 8-16, 1974.

A. Workshop participants: Although I was not provided with a copy of the proceedings of this workshop or a list of its participants prior to my arrival in Accra, a list of the workshop participants was made available to me through the courtesy of Ms. Akiwumi, Acting Director of the

University of Ghana Nursing Department. That list provided the name, position, and institutional affiliation of the 24 persons who participated in the workshop. Three of those individuals were CPC AHTIP staff from North Carolina, thus only 21 workshop participants are relevant to this evaluation. Eight of those 21 participants were interviewed as the basis for this evaluation. Of the remaining 13 participants, 11 were not interviewed because they work in institutions located at a significant distance from Accra, and 2 who were potentially available in Accra were not interviewed because I did not have the time.

B. Workshop outcomes in relation to the institutions represented: The 21 participants of this workshop came from a total of 15 separate Ghanaian health training institutions.

1. Six of the workshop participants were faculty of the University of Ghana Nursing Department. This is a "post-basic" school for the preparation of nursing tutors. Students entering the program are already registered nurses (with 3 years of general nurse training following secondary schooling), have done specialty work in either public health, midwifery, or mental health (mostly midwifery(, and have had at least 3 years of professional nursing practice.

a. Curriculum or other department-wide changes resulting from participation of University of Ghana Nursing Department faculty in the July 1974 AHTIP workshop:

i. Since the University of Ghana Nursing Department is a school for teaching nurses to become nursing tutors, Ms. Akiwumi, Acting Director of the Department, would like for not only her faculty but also their students to have experience with construction and use of S.I. teaching-learning units. She has not undertaken this, however, because she feels there is no one on her faculty with the methodologic expertise to carry it out successfully. (It should be noted that the University of Ghana Nursing Department faculty includes Ms. Margaret Osei-Boateng, an AHTIP fellowship recipient, who spent several weeks at the University of North Carolina in concentrated work with curriculum design and use of the self-instructional teaching method.) Nevertheless Ms. Akiwumi feels that her faculty needs more experience themselves with S.I. unit construction before they could adequately teach the method to their students.

Ms. Sara Abadoo, one of the tutors in the Nursing Department, tested her unit on her own students (registered nurse-midwives in the post-basic course) as well as on the basic level midwifery students for whom the unit was prepared. Her own tutorial level students wanted to know if they could learn how to use this teaching method themselves. She has not included this in their course on teaching methods but would if she could receive some sets of the written and audio-visual materials which the AHTIP staff use to introduce the method at the AHTIP workshops. Ms. Abadoo thinks

it would not be necessary for tutors to know how to construct a unit in order to learn to teach with them. She suggested that AHTIP make the set of slides which they use to introduce S.I. units at the workshops available to the post-basic nursing school faculties so that they can introduce the method to their students, the future nursing tutors.

ii. Although population studies are included in the curriculum of this school, Ms. Akiwumi described a significant problem they have had to deal with in their attempt to incorporate the clinical aspects of family planning into the curriculum: When the Ghana National Family Planning Policy was established in 1969, the Ghana Family Planning Program (GFPP), and the money for family planning, was placed in the Ministry of Economic Planning instead of in the Ministry of Health. Therefore, no money for family planning training has been available to the nursing schools which are financed through the Ministry of Health. Ms. Akiwumi said that after arguing for 3 years she finally now has the promise of funds to support family planning training for the midwifery and public health nurse students in the Nursing Department; these will be the future midwife and public health nurse tutors. Currently the Nursing Department provides these students with only a didactic presentation on clinical management of the modern methods of contraception, although actual clinical training is available to the students through a special program of the Ghana National Family Planning Program. The GFPP has undertaken to provide a special 10-12 week training program on clinical management of family planning for all midwife tutors in the country, including those who are still tutors-in-training. However, the University is currently making plans to integrate this clinical experience into their regular midwife tutor program. Ms. Akiwumi thinks that the addition of this clinical experience will add only about 4 weeks time to the overall program (instead of 10 to 12) because much of the current duplication (i.e., basic anatomy and physiology) can be eliminated. The critical element which will make it possible for the University of Ghana Nursing Department to include the clinical aspects of IUD and oral contraception management in their curriculum is the training which Ms. Margaret Osei-Boateng received through her AHTIP fellowship at Downstate Medical Center in New York City.

Ms. Osei-Boateng is currently in the process of making arrangements for University of Ghana Nursing Department students to obtain this clinical experience in clinics run by the Ghana Family Planning Program, Planned Parenthood, and by some private nurse-midwives. Unfortunately, antagonism between the obstetrics and gynecology medical authorities in the Ministry of Health and the Ghana Family Planning Program (in the Ministry of Economic Planning) has resulted in closure of what was once an effective and busy post-partum family planning clinic at Korle Bu Hospital, so that this very convenient facility is no longer availabe to the school. The reason this program is not yet in operation is simply time: this project is "extra" work for Ms. Osei-Boateng; she has not had her other teaching load reduced

in order to provide time for her to make all the necessary arrangements. Ms. Osei-Boateng is also a member of the AHTIP African Consultative group on Nursing, Midwifery, and Allied Health Professions.)

b. Current status and outcome of S.I. units developed by University of Ghana Nursing Department faculty who attended the July 1974 AHTIP workshop: See Appendix Table 2.

Appendix TABLE 2

Current Status of S.I. Units Constructed by University of Ghana Nursing Department Faculty who Attended the July 1974 AHTIP Workshop at the University of Ghana*

Name	Subject of S.I. Unit	Intended Students	Current Status of Unit Use
Abadoo	Physiology of the 1st stage of labor	Basic midwifery	Tested on 10 students. Ms. Berryhill took the unit with her when she was in Accra in July 1975, and it has not yet been returned to Ms. Abadoo. She has requested 25 copies and plans to assign it to all of her classes as an integral part of their work. She would eventually like to write S.I. units for the other 3 stages of labor. When she has completed the entire set she will send it to be used at the Korle Bu Hospital Midwifery Training School.
Addison	Pertussis	Basic nursing	Tested on more than 10 basic nursing students and returned to UNC to be put into final form. Since basic nursing classes at this school have 50 to 60 students, she will need at least 20 copies in order to use the unit as an integral part of her teaching.
Akita	Causes and manifestations of Kwashiorkor	Basic level nursing and as a review tool for tutorial level students	She has received one copy which she thought was the final form, although it says "not final copy" on it. She did not receive instructions with it and doesn't understand what is expected of her. Although the unit is intended primarily for basic level students, she tested it on about 20 post-

Name	Subject of S.I. Unit	Intended Students	Current Status of Unit Use
			It has not yet been tested on basic level students. Ms. Akutter, Senior Tutor at the Public Helath Nursing School at Korle Bu (and who also attended the AHTIP workshop) has agreed to test Ms. Akita's unit on basic students at Korle Bu, but because of logistics/red tape, this has not been done yet.
Osei-Boateng	Fertilization and development of the ovum.	Basic midwifery	Completed and in use.
Doku	Unknown	Unknown	Unknown: evaluator was unable to arrange an interview with Mr. Doku.

*Ms. Akiwumi did not attempt to construct an S.I. unit during the workshop because of her responsibilities as a major coordinator of the workshop.

c. Use of AHTIP S.I. units created by others: Although this faculty had an opportunity at one time to see a copy of the catalog which lists the completed AHTIP nursing-midwifery S.I. units, no copy of the catalog was left with them for their continued use.

Ms. Addison ordered some units from the catalog but received only 8 units--less than she had ordered. These came very recently and she hasn't reviewed them yet. She doesn't know whether or not she can order more than 1 of each of these units from UNC.

2. Nurses' Training College, Korle Bu Hospital, Accra: Ms. Sophia Walter-Holtz, the Senior Nursing Tutor, was the only person who attended the workshop from the Nurses Training College at Korle Bu Hospital. During the workshop she wrote an S.I. unit on kwashiorkor. When her unit came back from editing at UNC it had been changed in such a way that it was beyond the level of the students for whom it had been written. She revised it and sent it back to UNC, but has not heard from them further on it yet.

Ms. Walter-Holtz requested and received copies of several other AHTIP produced S.I. units, and has had them tried with students in this school. They were found to be useful but cannot be incorporated into the curriculum because the school was sent only 4 copies of each unit and there are 90 students in each of their classes.

Ms. Walter-Holtz has, however, received 10 copies of the unit entitled "Assuring Learning" (a self-instructional unit on use of self-instructional learning materials), which she plans to use to introduce this teaching

method to the other members of her faculty. She regrets she does not have access to the set of slides which was used to introduce the method during AHTIP workshop, as she thinks they would help her in sharing her understanding of this teaching method with others in her school.

3. Midwifery Training School, Korle Bu Hospital, Accra: Ms. Lucy Osei-Kofi, Senior Midwifery Tutor from the Midwifery Training School at Korle Bu, was the only person from that school to attend the 1974 AHTIP workshop at Legon. Her S.I. unit on asphyxia has been completed and she has received and is using 10 copies of it--an adequate number for her class of 20 students.

Ms. Osei-Kofi later wrote a second unit on the female pelvis and is also using 10 copies of it. She also ordered some units written by others, but since she received only a few copies of each unit she hasn't been able to use them except as special reference material. She does not have, but wants, a copy of the catalog in which available S.I. units are listed.

4. Public Health Nursing School, Korle Bu Hospital, Accra: The Senior Public Health Nursing Tutor, Ms. Mavis Akutter, was the only representative of the Public Health Nursing School at Korle Bu to attend this AHTIP workshop. Ms. Akutter's S.I. unit on Ascaras was edited at UNC, returned to her, tested it on 20 students, and sent it back to UNC with Ms. Berryhill last summer (6 months ago). She has not received the final version yet. Ms. Berryhill brought a copy of the S.I. unit catalog with her to Accra but did not leave it for the continued use of this faculty. Ms. Akutter used the catalog while it was available during Ms. Berryhill's visit and ordered several units, requesting 10 copies of each one. She received only 4 copies of some units, and none of others. Without at least 10 copies she cannot use an S.I. unit as an integral part of her teaching.

After graduation, students of the Public Health Nursing School work in rural areas, either as part of a health center team or running a clinic in one of the more outlying areas. They will have auxiliary nurses (2 years of nurses' training after primary education) to help them, and will be responsible for the continuing education of those auxiliaries. Ms. Akutter thinks that 51 units would be good teaching-learning tools for these auxiliary nurses and would like to have some of the AHTIP units "brought down" to a level appropriate for their use. Currently there is no organized program for continuing educaton of the auxiliary nurses.

5. In addition to the persons interviewed at the schools cited above, each of the following Ghanaian nurse training institutions sent one participant to the July 1974 AHTIP workshop in Legon: The Community Health Nursing School, Akim Oda; the Community Health Nursing School in Tamale; the Nurses Training College in Tamale; the Community Health Nursing School, Ho; the Midwifery Training School in Koforidua; the Midwifery Training School in Kumasi; the Nurses Training College in Kumasi; the Nurses Training School in Ankaful; the Nurses Training School at the mental hospital

in Accra; and the Nurses Training College in Bolgatanga. The Nurses Training College in Secondi sent 2 participants to the workshop. Unfortunately, I was not able to interview any of the individuals who attended the AHTIP workshop from these schools and cannot assess the effect of that workshop on the curriculae of these 10 institutions.

III. The third AHTIP seminar/workshop, held in Nairobi, Kenya, September 16-27, 1974, was sponsored by the Kenya Ministry of Health and the Department of Advanced Nursing, University of Nairobi, Nairobi, Kenya.

A. Workshop participants: Thirty-nine individuals involved in some way with nursing or midwifery service or education in Kenya, Zambia, Tanzania, Uganda, Botswana, or Ethiopia were participants in that workshop. Eight participants were from institutions outside of Kenya, 19 from institutions located in or close to Nairobi, and 12 from institutions in other cities and town throughout the country. Six of the 19 individuals located in Nairobi were interviewed during the evaluation visit. The other 13 Nairobi-based participants were not interviewed because 1 has since retired and left Kenya, 2 were out of town on the day I could have interviewed them and there was inadequate time to interview the remaining 10 people.

B. Seminar/workshop outcomes in relation to the institutions represented: Twenty-seven African health training institutions were represented at the Nairobi workshop/seminar. Because of limitations imposed by time and distance, participants from only 4 insititutions represented at this workshop were interviewed during the evaluation visit. A summary of institutional changes resulting from their participation is provided below:

1. Kenyatta National Hospital School of Nursing, Nairobi, Kenya: The senior nursing tutor and 5 other members of the Kenyatta National Hospital School of Nursing faculty and 2 nursing officers from the Kenyatta National Hospital participated in the workshop. This school offers 3 separate programs: the basic KRN (Kenyian Registered Nurse) curriculum, which takes 3 1/2 years to complete; a one-year midwifery curriculum which is offered to KRN graduates; and a one-year Public Health Nurse curriculum which is offered only to KRNMs (Kenyian Registered Nurse-Midwives).

Although instructors at this school have considerable freedom, the curriculum of each of these programs must follow the general outline specified by the National Nursing Council. Every nursing school in Kenya is represented on that Council.

Two of the six faculty members who attended the 1974 workshop were interviewed as part of this evaluation:

a. Ms. Lydia W. Cege, nurse tutor in the midwifery program, prepared a self-instructional unit on breast care during the workshop. It was taken to North Carolina at the end of the workshop, she received it back with suggested corrections, made the necessary revisions, and mailed it to UNC for final editing and typing in October 1975. If it was returned to her

in time she planned to test it on 5 students in December 1975. Asked if she will ultimately use the unit as an inherent part of her teaching, she says it depends on how may copies she receives. She has 45 students in each class and says that her school lacks paper, money, and someone to type it, so that they cannot reproduce it themselves. Nevertheless she has requested a copy of the AHTIP catalog of finished S.I. units, as she would like to use some of them in her teaching. However, she complains that each unit covers such a small area of content that it would take too many units to try to teach much of the curriculum using this method. She would like to see some of the units combined into larger units which cover a more comprehensive area of subject matter.

b. Ms. Karen Kanari, tutor in the Public Health Nursing Program, was also interviewed. Ms. Kanari does not like S.I. units as a primary teaching method and therefore did not write a unit during the workshop. She says it is "too much spoon feeding." KRNs are being prepared for responsible positions where they will need to exercise initiative and independence in problem solving, and this method promotes a passive approach to learning." She also thinks it would not be feasible to use the units on a large-scale basis for an entire class because it takes too much of a teacher's time to check the correctness of the students' final responses. There is only 1 tutor for 45 students in her program.

Ms. Kanari is knowledgeable about population dynamics, has in the past done volunteer work in a family planning clinic, and includes family planning/population dynamics information and concepts in her own teaching. She provided me with an outline of the community health block in the KRN training program which she prepared and which includes information on family planning. Yet Ms. Kanari was angry about the way in which family planning content was included in the September 1974 AHTIP seminar. She felt that the seminar was deceitfully presented as family health, when the real subject matter was family planning. Although family planning is highly valued by her as an inherent component of family health, she felt that the seminar presented the content in inverse proportion--family health as a component of family planning instead of vise versa. She says that having family planning pushed, especially by outsiders, creates a negative and hostile feeling against it, even among those, like her, who are for it intellectually. She said she would have been receptive to a more straight forward presentation--with admission by the AHTIP staff that the program is funded by the Population aspect of AID (which they had figured out anyway), and that the purpose was to find ways to integrate family planning into the teaching of maternal and child health. She believes this would be useful, as currently most family planning services in Kenya are provided in isolation from other health services. She also felt there was a "deceitful" downplaying of contraceptive side effects during the AHTIP seminar, causing her to question the honesty of the whole program.

2. Department of Advanced Nursing, University of Nairobi, Nairobi, Kenya: I was unable to interview either of the 2 individuals from the University of Nairobi Department of Advanced Nursing who attended the 1974 AHTIP seminar/workshop: Ms. Gillespie has since retired and left Nairobi,

and Ms. Kang'ori is temporarily on leave from the Department while working on her Master's degree. However, I was able to interview Ms. Terry Knapik, the WHO nurse consultant who is currently Head of the Department.

The Department of Advanced Nursing at the University of Nairobi offers a post-basic program of nursing education which emphasizes community nursing. Child growth and development, family planning and nutrition are all inherent aspects of the curriculum.

Although Ms. Knapik did not attend the 1974 AHTIP East African Regional Seminar/Workshop, she did attend the Nursing Consultative Group meeting in Nairobi in July 1975, and is generally knowledgeable about the program. Her opinion of AHTIP is that the program has been applied so broadly that there has been little impact. She would recommend concentrating it on fewer institutions, providing more follow-up, and building in evaluation so that we can learn whether or not it is an effective approach to curriculum change. She thinks that the 2-week AHTIP experience with new curriculum and teaching ideas, which is usually not followed up for almost a year, is insufficient to create change, especially since most of the participants have not gotten their own S.I. unit back in finished form by the end of a year. Because the S.I. unit editing process takes so long, the participants lose the momentum and enthusiasm necessary to change existing teaching patterns. In her opinion it would be preferable to create fewer units, perhaps let people work on them in groups, and edit them faster. Evaluate all of them and select only the best for wider distribution. Also, she said, all of the "back and forth" of materials to and from North Carolina causes them to become "branded" as white and American. It would be better if local education specialists could do this work, with consultation and direction from the UNC staff. Some local or at least closer consultation or liaison person with whom the participants could have easier and more frequent contact would help immensely.

Ms. Knapik reports that Ms. Kang'ori has not yet used the S.I. unit on "Mental Retardation in the Educable Pre-School Child," which she worked on during the AHTIP workshop.

3. Mathari Mental Hospital, Nairobi, Kenya: Both members of the staff of Mathari Mental Hospital who attended the 1974 AHTIP seminar/workshop were interviewed for this evaluation:

a. Ms. Charity M. Mbuqua, nurse tutor: Ms. Mbuqua's S.I. unit on "The Normal Growth and Development in Adolescence and Its Relationship to Mental Health," was returned to her after its first editing at UNC and she has tested it on 4 enrolled level nursing students taking a unit on mental health nursing at Mathari Hospital. The unit is currently undergoing further review by both a psychologist and a psychiatrist at Mathari Hospital. When it is returned to Ms. Mbuqua she will consolidate all of the various editing suggestions she has received and return the unit to North Carolina for final editing and typing. When it is finally finished she plans to use it with her classes. She would also like to obtain copies of 2 other units listed in the AHTIP catalog, one on growth

and development from 1 to 3 years of age and another on growth and development in the school-age child. Together these would provide a growth and development series going from age 1 through adolescence. She is hopeful that someone else will develop a similar unit on the young adult, especially in regard to preparation for sexual roles and marriage.

Ms. Mbuqua's bookcase contained many of the newest and best nursing texts from the United States, all of which had been given to her. There were no books or materials on family planning on her shelf, however. It was evident that she uses the books she has and tries to incorporate the most up-to-date information in her teaching.

Recently a weekly family planning clinic has been added to the activities of this hospital. Ms. Mbuqua states that her students are all aware of the need to inquire whether a patient being discharged or leaving on pass is in need of contraception.

b. Mr. Denga Benjamin Wanga, Nursing Officer I, and Nursing Administrator: Although Mr. Wanga is principally a nursing service administrator, he is also in charge of an in-service continuing education program for nursing personnel employed at Mathari Hospital. His S.I. unit, entitled "The Relationship of Child Spacing to Mental Health in the Family," is still not finished, but he was hoping to have it ready to send back to North Carolina for final editing in December, 1975. He has shown it to several people at Mathari Hospital as well as in other mental health nursing settings, and has found a high degree of interest in the unit. Several tutors from community nursing schools indicated that they would like to obtain at least one, and hopefully more than one, copy of his unit when it is complete. He apologized for taking so long to complete it, but explained that nursing faculty are so busy that they must fit projects like this into a very full schedule. When he sends it back to UNC he will request at least 30 copies so that he can send one to each of the other schools for their libraries. He thinks his unit will also be useful for upgrading knowledge of graduate nurses on the job.

4. Kenya Ministry of Health, Nairobi, Kenya: The Kenya Ministry of Health was one of the sponsors of this seminar/workshop, 3 members of the staff of the Ministry attended and participated in it. Two of the Ministry participants were interviewed for this evaluation. Unfortunately, the third Ministry staff member who attended the seminar/workshop, Mr. Wachira, a Public Health Nurse responsible for the Ministry's Rural Health Project, was out of town on the day I visited the Ministry.

a. Mrs. Eunice Muringo Kiereini, Chief Nursing Officer: Besides being Chief Nursing Officer for the Kenya Ministry of Health, Mrs. Kierenini is also a member of the AHTIP African Consultative Group on Nursing/Midwifery and Allied Health Professions.

Mrs. Kiereini's subjective view of AHTIP: She was obviously very anxious that this "evaluative" visit should result in continuation or increase of project activity in Kenya. She stated her opinion that the 1974 seminar/workshop was an important source of motivation to upgrade nursing education in Kenya. Although she likes the S.I. units, she added that there needs

to be more emphasis on teaching methodology in general in Kenyan schools of nursing. She stated that "family health," incorporating midwifery, family planning, and child health, is the crux of health care delivery in Kenya, and is more acceptable to and valued by the people served than are any of the component parts when delivered separately.

Ministry plans related to the AHTIP goals: Mrs. Kiereini is very interested in organizing more continuing education for nurses throughout the country, especially for nurses staffing dispensaries and health centers in the outlying areas, who have little opportunity for contact, stimulation, and new information. She thinks this is a place where the AHTIP self-instructional units may prove particularly valuable.

Regarding curriculum change in Kenya: Nursing school faculties in Kenya basically follow the curriculum syllabus provided by the National Nursing Council. Kenya has a national population policy which supports family planning; both nutrition and family planning are already well-integrated into the nursing curriculum. All midwives (KRNMs) get family planning content in their basic training, although actual IUD insertion and pill prescription comes later in a special 2-month post-graduate course.

Mrs. Kiereini says that one of the nursing tutors problems is inadequate access to current scientific reports. She would welcome receiving Population Reports herself, and would happily make up a list of tutors to be put on a mailing list to receive the Reports.

b. Mr. Danson G. A. Omolo, Nurse Administrator, Mental Health Specialist: Although Mr. Omolo's primary responsibility in the Ministry of Health is administration, he also has some responsibility for teaching mental health nursing. He is still working on the S.I. unit entitled "Normal Physical Growth and Emotional Development," related to school-age children, which he began during the AHTIP workshop. He states that the editing process takes too long; it discourages him from doing another one. However, he thinks that an important advantage of the method is that less qualified teachers can use materials produced by a more qualified person. This is important because there is a shortage of expertise in Kenya, and in Africa in general He thinks S.I. units would also be useful to teach sex education to high school students and patients waiting to be seen in clinics. Mr. Omolo states there is a big need for sex education for adolescents in Kenya, and that even nursing students need such units for their own good. In his opinion one thing which inhibits nursing involvement in family planning in Kenya is that many nurses themselves are embarrassed about sex. They feel it is improper to know too much about it and that the profession of nursing, as well as the individual nurses themselves, will get "a bad reputation" if they become too involved in it. Older nurses are generally willing to give out pills, but younger ones are shy and fear their advice on sexual matters won't be accepted. S.I. units might be a non-threatening way to teach some of this content and improve the nurses' attitudes and behavior in this area.

IV. The 5th AHTIP seminar/workshop, sponsored by the Nigerian Ministry of Health and the University of Ibadan Department of Nursing, was held in Ibadan, Nigeria, June 16-28, 1975.

A. Workshop participants: Thirty-two individuals are listed as participants of this seminar/workshop. Five participants were from countries other than Nigeria--one participant apiece from Liberia, the Gambia, Cameroon, Sierra Leone, and Ghana. (The Ghanaian participant was Ms. Osei-Boateng, a member of the AHTIP African Consultative Group on Nursing, Midwifery, and the Allied Health Professions, and AHTIP fellowship recipient, and a participant of the July 1974 AHTIP nursing workshop in Legon, Ghana.) Of the 27 Nigerian participants, 1 was from Ibadan, 7 were from Lagos, and 19 were from the other Nigerian states. Since the evaluation visit was restricted to Lagos and Ibadan, only the 8 participants from those cities were potentially available to be interviewed as a source of information for this evaluation.

B. Seminar/workshop outcomes in relation to the institutions represented:

1. The 32 workshop participants represented a total of 29 separate institutions or agencies concerned directly or indirectly with nursing and/or midwifery education. Actually there was just one participant apiece from 28 institutions, and 4 participants from the Federal Ministry of Health.

An attempt was made to interview each of the 8 workshop participants residing in either Ibadan or Lagos. Three of these individuals were unavailable because they were either on vacation or temporarily away from Lagos, so that only 5 interviews were conducted. Possible outcomes resulting from the conference can therefore be assessed for only 2 of the participating institutions.

2. Ministry of Health: Four nursing administrators from the Nigeria Federal Ministry of Health participated in the seminar/workshop. The Federal Ministry of Health has direct-line authority for all nursing services in Nigeria except for those (few) provided in private facilities. The Ministry also coordinates nursing education, although the individual Nigerian states are responsible to provide their own continuing in-service upgrading of education and training for employed graduate nurses and midwives.

a. Ms. Clara A. Sodipo, Chief Nursing Officer: Ms. Sodipo has made no effort as yet to evaluate the effects of the 1975 AHTIP nursing seminar/workshop, but plans to do this after she receives a copy of the proceedings. She is critical that 6 months have now passed and she has not yet received a draft of those proceedings. She states that the Ministry of Health sponsorship was important because if the conference had not been sponsored by the Ministry the proceedings would have "no stature" and could not be considered in policy making decisions.

b. Ms. Stella O. Savage, Nursing Training and Education Officer: Ms. Savage is the individual in the Ministry of Health who is responsible for coordination of nursing education. She works directly under Ms. Sodipo. Ms. Savage is also a member of the AHTIP African Consultative Group on Nursing, Midwifery and Allied Health Professions.

Ms. Savage thinks it is too early to assess the impact of AHTIP on nursing education in Nigeria, especially since there has been only one seminar of national scope. (Both Ms. Sodipo and Ms. Savage emphasized that the 1974 AHTIP workshop at the University of Ibadan Department of Nursing, which was not co-sponsored by the Ministry of Health, was of only "local scope," and therefore of much less importance than the 1975 conference.)

Ms. Savage explained that one obstacle to making changes in basic nursing education in Nigeria is the plethora of schools involved in nursing education--30 schools of nursing, 45 schools of midwifery, and 10 schools of community health. Since it is impossible to involve faculty from so many schools in AHTIP workshops, the AHTIP African Consultative Group on Nursing Midwifery, and Allied Health Professions has decided that the best approach for future workshops is to concentrate on a small number of schools in each country, working intensively with them until the new concepts have had time to take root firmly enough so that the effect of the conferences will not just fade away. Later expansion could be accomplished by extension away from a few schools where the AHTIP concepts are well understood. In Nigeria Ms. Savage would prefer to concentrate AHTIP activities in just a few states--those which have adequate facilities to provide the necessary clinical learning experiences (in family planning) to reinforce the new material which students will be exposed to by the AHTIP-produced S.I. units. She says this may be difficult to accomplish, however, because of competition and jealousy between the various Nigerian states. It may not be politically feasible to involve some states in the program without giving equal attention to all of the states. One way she thinks she may be able to overcome this problem is by choosing one state from each geographical region (each region contains several states) on which to concentrate the AHTIP effort. Once a set of units is prepared and available, she thinks it will not be difficult to get other schools whose faculties have not participated in a workshop to use the units in their teaching, so long as the method and content is supported by the Ministry of Health and is successful in the first schools in which it is tried.

Ms. Savage also thinks that the effectiveness of AHTIP nursing conferences could be increased by selecting participants mainly from the basic schools of nursing, and that there should never be just one faculty member from a school attending a conference. When only one person attends from a school, that person returns to a situation where no one else understands what she or he is talking about. Two people can reinforce and stimulate each other, so that the desired changes will have a greater chance to take root and grow.

Ms. Savage did not write an S.I. unit herself. She also hasn't ordered any units because she doesn't know whether UNC is planning to provide them free or whether the Ministry will be expected to pay for them. The catalog she saw did not include prices, but also did not indicate that the units would be provided free of charge. She wants to be assured that UNC is willing to have the units retyped on stencils and reproduced locally, and wants to know if there are any copyrights on the units. If not, she thinks it would be

reassuring if that fact and the willingness of UNC and the authors to have the units reproduced were clearly written on each unit. If all this were clarified, she suggests that the Ministry of Health could at least distribute the catalog to each of the schools and send schools one copy of any unit they requested. Then she thinks that the schools could cut another stencil and reproduce as many copies as they needed.

Ms. Savage and Professor O. Ransome-Kuti, Director of the Institute of Child Health at the University of Lagos, are both members of the AHTIP African Consultative Group on Nursing, Midwifery, and Allied Health Professions, and are also both members of the Nigerian Nursing Council, the group which has responsibility for and is due to soon revise the official Federal Ministry of Health "Nursing Syllabus." This syllabus essentially dictates the curriculum to be followed in all schools of nursing in Nigeria. Ms. Savage and Professor Ransome-Kuti are planning to see to it that "family health" (including family planning) is a central theme of the revised syllabus.

c. Ms. D. Y. Kuteyi: Ms. Kuteyi is the nurse administrator in the Federal Ministry of Health who is responsible for coordinating the training of public health nurse tutors. She works under Ms. Savage.

The S.I. unit Ms. Kuteyi wrote, "Diarrhea in Infants," has not yet been returned to her from UNC. When it is completed she plans to pass it on to the Community Nurses' Training School in Lagos and to use it in training nurse auxiliaries under a new program which is currently being planned. This is part of the Federal Ministry of Health's "5-year Plan." The goal of this plan is to extend provision of health services, which now reach only about 25% of the population, mostly urban, so that in 5 years 40% to 60% of the population will have access to services. This will be accomplished by developing a 3-layered system of services including district hospitals, health centers, and health posts. Nurse auxiliaries who will be trained to provide the additional "personpower" needed to reach this goal, will not be required to have completed secondary schooling and will receive a relatively short training program. Ms. Kuteyi thinks that S.I. units would be useful tools for training these auxiliaries.

d. Ms. Abimbola Olufumilola Payne, Nursing Officer (Midwifery), Nursing Division: Ms. Payne is the nurse administrator in the Ministry of Health who is responsible for coordination of both basic and post-basic midwifery education throughout Nigeria. The S.I. unit on ruptured uterus which she wrote during the 1975 AHTIP nursing seminar/workshop has not yet been returned to her by UNC, although she requested and has received some other units. She hasn't reviewed those units yet but plans to do so soon. If she likes them she will have them reproduced and send copies to each of the midwifery schools.

She suggests that the Ministry could and should organize a conference to teach tutors from the various schools how to utilize the units.

3. School of Midwifery, University College Hospital, Ibadan, Nigeria: The University College Hospital School of Midwifery has only 2 faculty members, one of whom, Mrs. Patricia Oluyomi Bakare, attended this AHTIP nursing seminar/workshop. During that workshop Ms. Bakare prepared an S.I. unit on anemia in pregnancy to be used with nurse-midwife students. She did not send the first draft to North Carolina until after the workshop had ended and has not yet received it back again. She does not plan to use the unit as a primary method for teaching about anemia in pregnancy, but sees it rather as a supplement for use with slow students.

She has seen the AHTIP catalog and ordered some units from it, which arrived recently. She has not really examined them yet, but plans to do so in the near future to determine which ones she can use.

V. The 6th AHTIP seminar/workshop, held at the College of Medicine, University of Lagos, July 7-11, 1975, was for both nursing/midwifery and medical school faculty members.

A list of workshop participants provided to the evaluator during her visit to the University of Lagos College of Medicine showed 28 participants who fit into the following professional categories: 13 nurses or midwives, 12 physicians, 1 dentist, 1 physiotherapist, and 1 microbiologist. Because of extreme difficulties of communication (most of the phones in Lagos don't work most of the time,) transportation, and limitations on the evaluator's time in Lagos, only 1 participant of this workshop was interviewed during the course of this evaluation. Unfortunately Dr. Ransome-Kuti, apparently the central figure in planning the workshop, was out of the country during my visit to Lagos. I was, however, able to interview Ms. Lynn H. Gilbert, Nurse Education Consultant with the Family Health Project, Department of Pediatrics, in the Institute of Child Health. Ms. Gilbert works closely with Professor Ransome-Kuti and was recommended to me as the person most knowledgeable about the AHTIP workshop and its effects within the University of Lagos College of Medicine. Although I attempted to contact several other workshop participants from the College of Medicine, Ms. Gilbert was the only one available on the day I visited the College.

Participants at the workshop were from the following institutions: (1) three from the Public Health Department, Lagos City Council; (2) four from the Lagos University Teaching Hospital (2 tutors from the School of Nursing, 1 psychiatrist, and 1 lecturer in physiotherapy); (3) seven from the University of Lagos College of Medicine, exclusive of the Department of Pediatrics; (4) eight from the Department of Pediatrics, the University of Lagos College of Medicine; (5) one from the Community Nurse Training School at Ikeja (a suburb of Lagos); (6) one from Lagos State School of Nursing; (7) one from Wesley Guild Hospital, Ilesha (a suburb of Lagos); (8) one from the School of Midwifery at Lagos Island Maternity Hospital; (9) one from University College Hospital, Ibadan; and (10)one from Ihmudu Bello University Hospital in Zaria, Nigeria.

Ms. Gilbert was interviewed regarding the effect of the AHTIP workshop on curriculum and teaching activities within the entire Department of Pediatrics as well as regarding her own participation in the workshop. The S.I. unit she wrote on the rationale and schedule for immunizations was recently returned to her from North Carolina. It was received with no notes and no changes and was not accompanied by a letter or any instructions. She went ahead and had it reproduced and is currently using it both as a review tool for field health workers and as a primary teaching method with a class of 7 graduate nurse-midwives enrolled in a special 4 1/2 month training course in family health. This course will prepare them to provide primary health care in child spacing and general pediatrics.

When the last AHTIP staff person was there (I'm not sure whether it was Ms. Berryhill or Ms. Edmonds,) she left a selection of other finished S.I. units, which Ms. Gilbert and other Department of Pediatrics faculty have used in selected instances. They do not have a copy of the catalog, however, and therefore don't know what other units might be available to order.

Ms. Gilbert plans to also use 2 S.I. units prepared during the July workshop by others in her own Department; however, neither of those units has yet been returned to its author by UNC. Ms. Gilbert thinks she is the only Department of Pediatrics AHTIP workshop participant whose unit has already been returned.