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REPORT ON THE FAMILY
PLANNING MANAGEMENT TRAINING
WORKSHOP IN BAUCHI, NIGERIA.

July 27 - August 1, 1986

Prepared by:

Management Sciences for Health
Boston, Massachusetts USA
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	<u>Page</u>
ACKNOWLEDGEMENTS	1
1. Background to Workshop	2
2. Pre-Workshop Preparation	3
3. Summary of Training Goals	4
4. Participation	5
5. Workshop Materials and Teaching Methodology	7
6. Workshop Contents and Schedule	8
7. Workshop Outputs	13
8. Evaluation	14
9. Summary and Recommendations for Follow-up	17
ANNEXES	
I. Governor's Opening Address	20
II. Overview of Family Planning in Nigeria	22
III. Workshop Objectives	27
IV. Participants to Bauchi Workshop	28
V. Participant Biodata	33
VI. State Family Planning Goals and Objectives	37
VII. Personal Management Audit	68
VIII. Session Evaluations	71
IX. Overall Workshop Evaluation	85

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An impressive amount of work went into preparing for the Management and Planning Workshop in Bauchi. The members of the Family Planning Management Training Project would like to express their sincere thanks and appreciation to the many individuals and organizations who contributed their time, energy, and resources to the success of the workshop. In particular, we would like to acknowledge the support given by the following individuals.

Dr. A.B. Sulaiman,	Director of Health Planning, FMOH
Dr. J.M. Adekeye,	National Family Planning Coordinator, FMOH
Dr. Keys MacManus,	AID Affairs Officer, Lagos, Nigeria
Mrs. H.O. Shitta Bey,	Population Program Specialist, AID, Lagos, Nigeria
Mr. Michael Egboh,	Pathfinder Office, Lagos, Nigeria

1. BACKGROUND TO WORKSHOP

The Family Planning Management Training project (FPMT) was initiated in late 1985 in order to provide management training and technical assistance to leaders and managers of family planning programs. Over the five year life of the project, FPMT will work in approximately 25 countries; between 40 and 45% of project resources will be used in Africa.

The project is implemented by a consortium of U.S. based institutions, each with extensive overseas networks. The consortium institutions include Management Sciences for Health, the Centre for Development and Population Activities, and the Pathfinder Fund. To expand its ability to provide management training and technical assistance, FPMT is negotiating sub-agreements with management and family planning training institutions in each region of project activity.

One of FPMT's first activities was to conduct a needs assessment visit to Nigeria (February, 1986). The assessment team visited health and family planning leaders in five States and the Federal Ministry of Health to discuss the family planning program and identify specific management problems that could be addressed through training. In addition, team members visited eight institutions which expressed interest in collaborating with FPMT to offer management training and follow-up technical assistance.

The plan for management training that grew out of the needs assessment visit called for a series of workshops designed to meet the needs of the State family planning programs, and particularly the State family planning coordinators and their deputies. The Bauchi workshop was the first in this series. It built upon the workshop in Baltimore for State health administrators, conducted by JHPIEGO with FPMT assistance, while laying the groundwork for later training as the family planning programs grow in size and complexity.

The two week workshop in Bauchi was sponsored by the Nigerian Federal Ministry of Health, Directorate of Health Planning. Funding for the workshop came from two sources. The first week was funded by FPMT, while funds for the second week were drawn from Pathfinder's country agreement with Nigeria. The Centers for Disease Control collaborated with the Pathfinder Fund to implement the training activities during the second week. Administrative and logistical support for the entire two week workshop was provided by staff of the FMOH and Pathfinder's Nigerian and Kenya offices. Their efforts were supplemented by the AID Affairs Officer in Lagos.

The workshop was held in the Awalah Hotel in the town of Bauchi, in Bauchi State. The conference site was chosen for its central location, excellent accommodations for training and lodging, reasonable rates, and relative serenity. Overall, the choice appeared to be a good one.

The report that follows relates only to the first week of the workshop; that is, the week for which FPMT was responsible.

2. PRE-WORKSHOP PREPARATION

Preparation for the Bauchi workshop began during the training course in Baltimore for Nigerian health administrators. Meetings were held to discuss the specific goals and objectives of the workshop in addition to the administrative arrangements that would be required. Present at these meetings were representatives of MSH, Pathfinder, CDC, the Carolina Population Center, the AID Affairs Officer, FMOH, and consultants to FPMT.

The FPMT training team was brought together for three days in June to participate in the development of course materials. Several of the CDC/Pathfinder trainers were present during the first day of the mini-workshop, enabling the group to discuss ways of integrating the training and to design mutually reinforcing course materials. Preparation of workshop materials continued up to the time of departure for Nigeria.

Preceding and concurrent with the FPMT preparations in Boston, the Nigeria Pathfinder Office and FMOH undertook all necessary logistical and administrative arrangements. These included hotel bookings, letters of invitation to the participants, setting up financial procedures, purchasing and/or obtaining needed equipment and supplies, and other necessary tasks. They were assisted in many of these activities by the U.S. AID Affairs Office.

The five members of the FPMT training team arrived in Nigeria approximately one week before the commencement of training activities. The early arrival was planned for three reasons:

- 1) to ensure that all administrative arrangements were proceeding on schedule;
- 2) to visit key Nigerian family planning resource persons to help them prepare for their roles in the workshop;
- 3) to enable the training team to discuss training responsibilities, strategies and schedules.

Workshop participants arrived on Sunday, July 27, and the workshop was officially opened on July 28 by the Governor of Bauchi State (see Annex I for the Governor's speech) who was introduced by Dr. A. B. Sulaiman, Director of Health Planning for the Federal MOH (see Annex II for Dr. Sulaiman's introductory remarks).

3. SUMMARY OF TRAINING GOALS

The workshop aimed at providing participants with skills to plan for and manage a large scale State family planning program.

The workshop design applied the management process (planning, organizing, staffing, leading and controlling) to four discrete areas of competence:

- 1) Environmental analysis and management
- 2) Organizational management
- 3) Human resource management and teamwork
- 4) Management of family planning service delivery programs.

The ability to analyze, understand, and manage a complicated and sometimes turbulent environment is a starting point for effective managing in general, and management of family planning programs in particular. When applying organizational management skills a manager creates and maintains the structures, policies and procedures that guide the organization toward the achievement of objectives. Human resource management skills enable the manager to create and maintain an environment that maximizes the contributions of individuals and teams as they work to achieve these objectives.

In addition to providing participants with the opportunity to learn and to practice skills in the four areas of competence described above, the workshop envisaged that each State team would, by the end of the first week, have achieved two major outputs:

- i) a draft implementation plan for at least one of the priority elements of their State's family planning program;
- ii) a clear understanding of, and written recommendations on the specific roles and duties of the State family planning coordinator and (where available) deputy family planning coordinator.

The specific objectives of the workshop were derived from an analysis of the four (4) areas of management competence. These objectives are listed in Annex III.

4. PARTICIPATION

A total of 50 participants attended the first week of the planning and management workshop. These participants consisted of:

- (i) family planning coordinators and deputy family planning coordinators (or, in some cases, a representative of the family planning coordinator) from each of the 19 States plus the Federal Capital Territory of Abuja;
- (ii) representatives from the Nigerian Army, Airforce, and Navy;
- (iii) representatives from the OB/GYN faculties of:
 - o The University College Hospital (UCH) of Ibadan,
 - o Ahmadu Bello University (ABU)
 - o The University Teaching Hospital (UTH) of Calabar
- (iv) a representative from the Primary Health Care Division of the Federal Ministry of Health;
- (v) a representative from the Planned Parenthood Federation of Nigeria.

A full list of participant names, positions and addresses is given in Annex IV. A summary of the participant's biodata is given in Annex V. In addition to the full-time participants above, numerous persons attended working sessions as observers.

The FPMT core training team for the first week of the workshop was composed of the following members:

Mr. Ken Heise,	MSH
Ms. Jenny Huddart,	MSH
Ms. Peggy Curlin,	CEDPA
Dr. Linda Lacey,	Carolina Population Center
Ms. Sallie Craig-Huber,	Consultant to FPMT project

In addition to the above, a number of people made substantial and valuable contributions as resource persons to the zonal working groups formed during the workshop. These included:

Dr. J.M. Adekeye,	Federal Family Planning Coordinator, FMOH
Mr. T.A. Ubuane,	Division of Statistics, FMOH
Dr. Ayo Ajai,	Regional Director, Pathfinder, Nairobi, Kenya
Mr. Nelson Keyonzo,	Trainer, Pathfinder, Nairobi, Kenya
Dr. Haider Muhiuddin,	MIS/IEC Specialist, Pathfinder, Boston, MA
Dr. Timothy Johnson,	Centers for Disease Control, Atlanta, GA
Mr. Richard Monteith,	Centers for Disease Control, Atlanta, GA
Dr. Kate Irwin,	Centers for Disease Control, Atlanta, GA

The administration of the workshop was organized and conducted throughout by a team consisting of:

Dr. J.M. Adekeye,	Federal Ministry of Health, Lagos
Mr. M. Egboh,	Pathfinder, Lagos
Ms. F. Chavanga,	Pathfinder, Nairobi
Ms. Y. Sarumi,	Federal Ministry of Health, Lagos
Mr. F. Adegorusi,	Federal Ministry of Health, Lagos

Last, but by no means least, the workshop was honored and greatly supported by the presence, during the first week, of:

Dr. A.B. Sulaiman,	Director of Health Planning, Federal Ministry of Health, Lagos
Dr. Keys MacManus,	AID Affairs Officer, Nigeria
Mrs. H.O. Shitta-Bey,	Population Program Specialist, AAO, Lagos, Nigeria

5. WORKSHOP MATERIALS AND TEACHING METHODOLOGY

Each participant was provided with a workshop manual for the first week containing materials covering:

- o the conceptual framework for the workshop
- o guides for each session, including objectives, content notes and, in many cases, supplementary reference materials and readings
- o worksheets/activity sheets as required for individual and team activities and tasks

The workshop was designed in a participative learner-centered way. Participants worked both in plenary sessions and small groups based on national health zones and State teams. These small group approaches allowed for full discussion and encouraged cross-fertilization as participants shared experiences and assisted each other in the development of action plans.

The following techniques and methods were included in the workshop proceedings:

- o Lecturettes
- o Participant led discussions
- o Group work/team work
- o Experiential exercises
- o Management simulations
- o Role plays
- o Management assessment instruments
- o Participant presentations
- o Course evaluation instruments
- o Videos
- o Films
- o Individual tutorials

The course material was presented in a form and framework that supported the development of both knowledge and skills. Participants had opportunities for ongoing interaction in their respective groups and teams. During these discussions and simulations they had multiple opportunities to review and analyze their skills in leadership, communication, conflict management, and the management of time, people, and teams. Facilitators provided them with feedback, and helped them look at their team and individual behavior through the use of structured instruments.

6. WORKSHOP CONTENTS AND SCHEDULE

SUNDAY, 27 JULY

2:30 PM Arrival of Participants

6:30 PM

8:30 PM Welcome to Participants

FPMT/FMOH

- * Administrative details
- * Introductions and photographs ("getting to know you")
- * Completion of biodata sheets/ personal management skills audit

MONDAY, 28 JULY

8:00 AM Introduction to Workshop

FPMT

- * Workshop goals and objectives
- * Conceptual framework
- * Introduction to participant resource materials (manuals)

10:30 AM Opening Ceremony

- * Overview of family planning in Nigeria
- * Opening speech

Dr. A.B.Sulaiman

Col. Chris A. Garuba
(Governor of Bauchi State)

11:30 AM RAPID Presentation

Mr. J. Edochie
(National Population Bureau)

12:30 PM Lunch

2:00 PM Team Development

FPMT

- * Formation of zonal teams
- * Introduction to working in groups
- * Group activities:
 - (a) Identifying team resources
 - (b) Developing a logo/motto for family planning in Nigeria

MONDAY, 28 JULY, (continued)

- 5:30 PM Administration
- 6:00 PM Video: Family Planning in Anambra State
- 6:30 PM Dinner
- 8:00 PM Panel Discussion
- * "Roles and Responsibilities of the Family Planning Coordinator"
(Presentations by 3 State Family Planning Coordinators from Imo, Plateau, Kaduna States)
- Mrs. G. Ogbonna
(Imo)
- Dr. B. Madaki
(Kaduna)
- Mrs. Z. Mafuyai
(Plateau)

TUESDAY, 29 JULY

- 8:00 AM Review of Monday's Proceedings
Introduction to Tuesday's agenda
- 8:30 AM Developing Job Descriptions
- * Introduction and activity
- State Teams
- * Discussion of job description for State family planning coordinators produced at the JHPIEGO workshop
 - * Adaptation/expansion of JHPIEGO job description for each State
 - * Clarification of roles of Coordinator and Deputy Coordinator
- 11:00 AM The Management Cycle
- * Introduction to the management functions
- Zonal Team Activity
- * "Manufacture of Greeting Cards"
 - * Zonal team debriefing of their management performance
 - * Plenary debriefing/review
- 12:30 PM Lunch

TUESDAY, 29 JULY (continued)

1:30 PM	Africare Presentation	Mr. D. Zollner
2:30 PM	<u>The Planning Process</u> * Introduction	FPMT
3:00 PM	<u>Step 1: Situational Analysis</u> * Introduction * State team work	FPMT
6:00 PM	Video: Family Planning in Ogun State	
6:30 PM	Dinner	
8:00 PM	<u>Presentations</u> * Alternative FP Delivery Systems * Voluntary Surgical Contraception	Mrs. G. Delano (UCH, Ibadan) Dr. Adetunji (AVSC)

WEDNESDAY, 30 JULY

8:00 AM	Review of Tuesday's Proceedings Introduction to Wednesday's Agenda	Major N. Gambo (Airforce) FPMT
8:30 AM	<u>Step 2: Performance Analysis</u> * Introduction * State Team Work	FPMT
11:00 AM	<u>Step 3: Key Results Areas and Indicators of Effectiveness</u> * Introduction * State Team Work	FPMT
12:30 PM	Lunch	
2:00 PM	<u>Step 4: Setting Objectives</u> * Introduction * State Team Work	FPMT
4:30 PM	Special Session: Reporting and Commodities	Mrs. Shitta-Bey, AAO
5:30 PM	Presentation: IEC Program in Ogun State	Mrs. V. Mako

FRIDAY, 1 AUGUST (continued)

12:00 PM Lunch

1:30 PM Presentations of Action Plans
 From 4 States

- (1) Sokoto
- (2) Lagos
- (3) Bauchi
- (4) Benue

4:00 PM Course Overview/Review

FPMT

4:30 PM Final Course Evaluations and
 Personal Management Audits

Closure

7. WORKSHOP OUTPUTS

Three major outputs were achieved during the first week of the workshop:

1. The State teams and representatives of the Armed Forces analyzed the roles and responsibilities of the family planning coordinator and deputy and wrote recommendations on how the job descriptions for coordinators developed in Baltimore could be modified and improved. It was generally agreed that the coordinators and deputies had responsibilities and engaged in activities that exceeded the Baltimore recommendations. Specific modifications varied from State to State.
2. The State teams and representatives of the Armed Forces identified the priority areas within their family planning programs and developed a draft implementation plan for at least one of those areas. Perhaps more importantly, the workshop participants gained an understanding of the need for planning and made an impressive start in acquiring the skills needed for effective planning.

Appendix VI lists the goals and objectives developed for each State in their key areas of concentration.

3. Workshop participants, through structured and unstructured activities, began the formation of a network of family planning resources. All participants gained exposure to the ideas of their colleagues and now have a much better knowledge of the family planning programs in other States. This knowledge, coupled with the friendships developed, could prove invaluable as the family planning programs expand. To a lesser degree, participants became familiar with some of the external resources that might be called upon to assist in program activities.

8. EVALUATION

Several evaluation instruments were used during the workshop. One set of instruments provided feedback from participants that will be used by FPMT to modify and improve future training materials. Another set of instruments was used to enable the participants to monitor their progress in acquiring various skills. Each instrument is described below, while summaries of the results are found in Annexes VII, VIII, and IX.

A. Personal Management Audit (Annex VII)

This form, consisting of 21 personal management skill areas useful for managers, was administered at the beginning and end of the week. The forms were returned to the participants following tabulations by the FPMT trainers. In general, the participants assessed their progress positively. For all skill areas taken together, the percent giving a LOW self-evaluation decreased from 10.3% to 4.3% from the beginning to the end of the week. Similarly, the percent giving a MEDIUM self-evaluation fell from 56.7% to 38.5%, while the percent giving a HIGH self-evaluation rose from 33.1% to 57.3%. The skill areas receiving the greatest percentage of HIGH self-evaluation at weeks' end were:

- (1) working with subordinates (78.6%);
- (2) maintaining good relations with one's superior (78.6%);
- (3) imparting information (75.6%);
- (4) getting cooperation (67.4%); and,
- (5) concentrating on specific tasks (64.3%).

Again in the HIGH category, the largest percentage point gains from the beginning to the end of the week were in the following skill areas:

- (1) getting information (up 43.2 points);
- (2) planning (39.6);
- (3) problem solving (39.3);
- (4) maintaining good relations with one's superior (38.6); and,
- (5) self-scheduling (37.1).

For every skill area, participants' pre- and post-management audits were compared to determine the number of persons for whom the skill rating had increased, decreased, or remained the same. The number of participants showing an increase in skill rating was greater than the number showing a decrease for every skill area. In five skill areas, the number of participants showing an increase in skill rating exceeded the number indicating no change. These skill areas were:

- (1) building a favorable reputation;
- (2) getting information;
- (3) problem solving;
- (4) pacing one's energy expenditure; and,
- (5) self scheduling.

B. Session Evaluations

At the close of each session, participants were asked to evaluate the session in terms of how successful it had been in meeting the stated objectives, how useful the content had been, and whether the allotted time had been adequate. The participants did not sign their names on these forms. Activities conducted by Nigerian resource persons or other non-FPMT persons were not evaluated. Every session received a high rating in terms of achieving the stated objectives. If the two highest values on the five-point scale are grouped together, (i.e., the categories indicating most successful achievement of objectives) the percent of successful ratings for the 11 sessions ranged from a low of 66% to a high of 90% with a mean of 81.4%. Conversely, if the two lowest values on the scale are grouped, the percent of unsuccessful ratings of the session varied from 2 to 12%, with a mean of 2.8%.

Sessions were also evaluated in terms of the usefulness of the content. A five-point scale was used. The results, when grouped, show a range of successful ratings of 82% to 100% (mean of 91.9%) and a range of unsuccessful ratings of 0% to 4%, with a mean of 0.4%. The participants were also asked to rate the effectiveness of the teaching methods used for each session. The same five-point scale was used and the responses indicate the participants' high level of satisfaction with the methods used. The grouped responses indicate a range of successful ratings of 72% to 96% (mean of 82.5%) and a range of unsuccessful ratings of 0% to 7%, with a mean of 3.5%.

The overall impression is that the sessions were useful, the objectives achieved, and the teaching methods effective. Session by session summary sheets can be found in Annex VIII.

C. Course Evaluation

Upon completion of the workshop, participants were asked to complete an overall course evaluation form. Completed, unsigned evaluation forms were received from 46 participants.

As can be seen in Annex IX, the workshop was reviewed very favorably by the participants, with 95% of them indicating that they would recommend that their colleagues attend a similar course. Most participants listed as their primary objective for attending the course to learn management

skills and to become more effective coordinators of family planning programs. Almost all of the participants (98%) found the course useful in terms of meeting their stated objectives.

When asked which sessions they found most useful, a broad range of responses was noted. The two sessions listed most often were Developing Action Plans (19 responses) and Setting Objectives (13 responses). Other frequently cited sessions include Key Results Areas (9), All Sessions (9), the Management Cycle (7), and Situational Analysis (7).

The sessions found least useful were Roles and Responsibilities of FP Coordinators (6 responses) and the Management Cycle (4). Twenty-eight participants indicated that none of the sessions was least useful.

Many participants expressed the need to spend more time on some or all the sessions. More time was thought necessary to practice skills and techniques and to become familiar with theory and concepts. In terms of specific sessions, the Management Cycle and the various steps in the planning process were singled out as meriting greater time. Nearly all of the respondents felt that none of the sessions should have less time devoted to it.

During the course a large variety of teaching methods was used. The participants were asked to rate the effectiveness of the methods on a scale of 1 (ineffective) to 5 (very effective). Ninety-six percent of the respondents gave the methods a rating of 4 or 5. Comments about the methods indicated that they were found to be useful, effective and understandable, and that the format for presenting the sessions (introduction, group work, trainer assistance) was appropriate. A small number of participants found the group size too large, the teaching methods inappropriate, or had other suggestions on how the teaching methods could be improved.

In general, the results of the final course evaluation support the results of the individual session evaluations; namely, the course content was appropriate to the needs of the participants, the sessions were organized and presented in an understandable and effective manner, the participants felt they benefitted from the workshop and would strongly recommend that similar courses be offered in the future. One important consideration for future training is the need to provide the participants with more time for many of the sessions. This could be accomplished in several ways: extending the training period to two weeks; reducing the range of content areas to be covered; reducing the size of the training group.

9. SUMMARY AND RECOMMENDATIONS FOR FOLLOW-UP

The July workshop in Bauchi was the first time that family planning leaders from all the States and the Armed Forces assembled together to further the goals of their programs. This provided for a very large and diverse group of participants, which offered several advantages. Participants learned of the wide variety of family planning activities underway throughout Nigeria, and had the opportunity to relate their programs and policies to those being developed at the Federal level. Work was frequently carried out in zonal groups structured along the lines of the National Health Zones. Work in zonal groups facilitated the development of support networks for family planning. In addition, the very fact that all States were represented as well as the Armed Forces demonstrated the commitment of State and Military health officials to family planning in Nigeria. We believe that the Bauchi workshop, coupled with the JHPIEGO workshop earlier, have provided a strong base for future family planning program development and further training.

The composition and organization of the Bauchi workshop, while offering several advantages, also placed some constraints on the methods and effectiveness of the training. Five days, no matter how well-organized, were not sufficient to thoroughly cover the full range of scheduled activities. As a result, some sessions were abbreviated or revised, and the participants were forced to work very long hours (generally until 9:00 or 9:30 p.m. each night). The shortness of time also made it difficult to accommodate the requests from other concerned organizations (AID, AFRICARE, UNICEF) to include additional topics in the agenda.

The size and diversity of the participant group also entailed advantages (see above) and disadvantages. The level of education among the participants varied from those having less than a high school education to medical doctors with several years of specialty training overseas. It was therefore at times difficult to choose the appropriate level and speed at which to present the workshop material. Many participants found the written materials too lengthy and difficult to understand. Differences in background and educational level can often be moderated through work in small groups, an approach used throughout the workshop. However, given the large number of participants, even breaking the group into four zonal groups resulted in relatively large (12-15 participants) working groups. The amount of time a facilitator could spend with any one individual or State team was therefore quite limited.

The constraints of time, participants' background, and group size also served to limit somewhat the achievement of the workshop objectives. For example, the State and Military representatives did not leave the workshop with complete action plans for the implementation of family planning services. Rather, they were able to develop plans for one or more key program elements. On the other hand, training did provide the skills and knowledge necessary for them to continue the planning process after the workshop. Thus, this Bauchi workshop should be seen as an important and successful first step for FPMT involvement in Nigeria.

The Management Development Plan developed for Nigeria subsequent to the February needs assessment recommended that FPMT training activities in Nigeria adhere to certain general guidelines. These included that:

1. States be grouped according to level of program maturity. Three such groupings were suggested: Advanced States, Rapidly Beginning, and Initiating. This guideline was based on the assumption that there are different management skills required of coordinators running programs at each level of maturity. The experience of working with the participants in Bauchi, as well as the State by State list of objectives (see Annex VI), should facilitate the task of grouping States for future workshops.
2. Given the smaller number of States which will be present at any given workshop in the future, it may be appropriate to expand the target audience to include not only the Coordinator and Deputy but a training person as well. The inclusion of a trainer is important if the States themselves are to provide management training for personnel at other levels of the family planning program. The overall size of the group to be trained however, must be limited at future workshops. It is recommended that the number of participants not exceed 25-30 in the future.
3. Agreements be signed with one or more Nigerian training institutions so that an in-country management training and technical assistance capacity could be developed. Several institutions were identified, and one more should now be added to the list for consideration: The Administrative Staff College of Nigeria (ASCON). ASCON, located in Badagry (outside Lagos), has a large training complex with residential facilities. It conducts a wide variety of management courses, geared particularly to civil servants. Though time did not permit an in-depth assessment, ASCON would seem to offer many interesting possibilities for FPMT. A follow-up visit to Nigeria should be scheduled by FPMT as quickly as possible in order to negotiate collaborative agreements with one or more institutions.

4. States should be encouraged to be supportive of one another whenever possible. In particular, the experiences of the more advanced States should be used to benefit those States with nascent family planning programs. One mechanism discussed during the needs assessment and again at the Bauchi workshop is to arrange for short-term attachments of coordinators from initiating States to programs in accelerated States. Such attachments would be followed by a group debriefing/workshop of several days.

The FPMT trainers believe that the guidelines above remain valid and should be adhered to in future workshops.

At the final debriefing held with the AID Affairs Officer in Lagos, the question of follow-up training and technical assistance was raised. It was agreed that more management training was needed, but that it should not take place as soon as originally proposed in the Management Development Plan for Nigeria. The coordinators and deputies, many of whom are new to their jobs, need time to become accustomed to their positions and to apply the skills learned during the Bauchi workshop. Additional training at this point (or in the very near future) would be counterproductive to those aims. A further reason for delaying subsequent management training is financial. Nigeria plans to adopt a two-tiered monetary exchange policy in the near future. This could result in a more favorable exchange rate on the dollar, leading to savings in the cost of future workshops. This new policy is scheduled to go into effect in October or November, 1986. Finally, future FPMT activities in Nigeria will to some extent be influenced by the AAO's endeavors to develop and gain funding for the equivalent of a bilateral family planning and population program in Nigeria. A fully-funded population program would have an impact on the modalities of FPMT assistance to Nigeria, the financing of FPMT activities, and possibly the focus or content of future workshops.

The issues and recommendations raised above will be discussed in the coming months with the members of the FPMT consortium, AID/W, and the Nigeria AID Affairs Office, and will form the basis for the proposed "next steps" for FPMT activity in Nigeria.

Annex I

SPEECH BY THE MILITARY GOVERNOR OF BAUCHI STATE
COL. CHRIS A. GARUBA PSC. MNC. AT THE OPENING OF
THE WORKSHOP FOR MANAGEMENT TRAINING AND INFORMATION SYSTEMS FOR
STATE FAMILY PLANNING COORDINATORS AT
AWALAH HOTEL, BAUCHI ON MONDAY, 28TH OF JULY, 1986

Hon. Commissioners,
The Director of Planning FMOH,
The Director of USAID,
Distinguished Participants,
Ladies and Gentlemen.

I am pleased to have your invitation to declare open this Workshop for Management Training and Information Systems, organized specifically State Family Planning coordinators and their Deputies. I understand that this has been made possible through the joint sponsorship of the Federal Ministry of Health, the Pathfinder Fund, Management Sciences for Health and the Centers for Disease Control. It is my wish to welcome both the sponsors of this workshop and all the participants that are drawn from all the States of the Federation.

Family Planning, being part of the Primary Health Care Service, has been accepted and is gradually being integrated into our health services. In the brief period of its official introduction family planning has become a very controversial health service due to its methods and misunderstood goals. It is said that this country is among the ten most populous countries in the world. Projections of the 1963 census indicate that Nigeria's current population is about 95 million. With the significantly high population growth rate of about 3.3. percent per annum, this country's population will reach about 165 million by the year 2000. I wish to note that our goal of providing health for all by that magic year becomes all the more challenging.

It is therefore imperative for the various governments to develop relevant population policies that will take due cognisance of the implications of a large population against the background of our dwindling economy.

However, while realizing the need for a relevant population policy I would like to recall the advice I gave at the opening of the State Campaign on population and development late last year. On that occasion I cautioned that whatever policy might be developed, it must take into consideration to realize this will produce a policy that may not be acceptable to the community. You will of course agree with me that acceptability is an important facet of Primary Health Care and indeed will determine the effectiveness of the policy. A National population policy that recognizes the right of couples to decide freely on the number and spacing of their children relevant to the socio-economic situation must be evolved.

Bauchi State presents similar morbidity and mortality patterns with regard to child bearing as compared to the rest of the States and, indeed, to the developing world. The data indicate that there is a high death rate

among women with frequent and closely spaced births. It has also been established that the general health of both mothers and their children are affected by this practice. The family planning programme that is being pursued in this state is aimed at the improvement of maternal and child health, the reproductive health of the mother and the general health of the family. It is our view that family planning must be seen as an essential preventative health service that is both necessary and desirable.

I would like to point out that a lot of progress has been made in this State with regard to family planning. Currently there are four established centres that have been developed to provide such services in the State. Efforts are geared toward the establishment of such centres in every government and local government health facility throughout the State. Concerning manpower development, the State has formally approved the Nursing, Midwifery and Health Technology. At the same time, continuous in-service training is being pursued with vigor for the senior staff involved in health care delivery. I would like at this point to note that the modest progress thus far achieved would not have been made possible without the support of such organizations as the Planned Parenthood Federation of Nigeria (PPFN), the Federal Ministry of Health, and the various international agencies under the umbrella of USAID. Such organisations as INTRAH, Africare and the Pathfinder Fund have made all for your wonderful cooperation. It is my hope that the indefatigable director of the United States Agency for International Development, Dr. Keys MacManus, will continue to provide all the assistance needed in this respect. I will call upon all those concerned with the need to evolve an effective and acceptable family planning campaign to achieve our goals.

In conclusion I would like to appeal to the participants to endeavor to make the best use of this wonderful opportunity. At the end of this two week workshop the country will have the benefit of experts in the management of Family Planning Services. It is my hope that while you are here you will avail yourselves of the modest comforts of our State. I also wish the visitors who have come from abroad a happy journey back home on your return.

Thank you.

Annex II

OVERVIEW OF FAMILY PLANNING IN NIGERIA

Being a paper presented at the Workshop on Management Training and Information System for Family Planning Programme, Bauchi, Nigeria.

DR. A. B. SULAIMAN,
DIRECTOR, NATIONAL HEALTH PLANNING,
FEDERAL MINISTRY OF HEALTH,
IKOYI, LAGOS

JULY, 1986

Annex II Cont.

Distinguished Ladies and Gentlemen;

Let me take this opportunity to welcome you to Bauchi and to this Workshop on Management Training and Information System for Family Planning Programmes, the objective of which is to provide participants with skills to plan for and manage a large scale state family planning programme. Reviewing the Workshop Agenda, there is no doubt that your discussions in the next two weeks will be of great benefit to you in your schedule of duty, to us in monitoring and evaluating the programme, and through you, of great benefit to your respective states in particular, and the entire nation in general.

It is with pleasure that I lead off formal proceedings at this workshop with a presentation on an overview of family planning in Nigeria. While this discussion of that topic, even by virtue of its title, is not exhaustive, I hope that it will stimulate input from you as to the current status of family planning in your respective states.

What is family planning? Family Planning has been widely interpreted. It is even considered by many as a fundamental human right. There is however no question that family planning is a low cost preventive health, social and population strategy. We must therefore not waiver in our effort to inform, educate and make family planning services available to all eligible Nigerians.

The preventive health aspect of family planning may not be obvious to this forum but we can all agree that infant and maternal mortality in this country is unacceptably high. The Nigeria Fertility Survey (NFS) 1981/82 showed that 17.6 per cent of the children born to the surveyed women had died by the time of the interview. Though infant mortality rate was found to have declined from 109.7 per 1000 live births in the 1965 - 1969 period to 84.8 per 1000 live births in the interval from 1975 - 1979, the rates were found to be substantially higher in the rural than urban areas.

.../2.

Family Planning thus aims at reduction of infant morbidity and mortality in high risk babies with low birth weight of less than 2.4kg, babies born prematurely, babies with birth injuries and handicaps and babies with congenital abnormalities through birth spacing and fewer children, for adequate care nutrition et cetera.

In addition, family planning aims at reduction of maternal morbidity and mortality associated with the following conditions: High risk mothers with too frequent pregnancies without sufficient recovery spacing, immature mothers that are physically, socially and psychologically unfit for responsible motherhood, mothers with more than four births already, and mothers who are above thirty-five years of age. Family Planning ensure adequate recovery of the mother from repeated child bearing and reduce the risks of premature death.

Moreover, family planning has health economic benefit as two thirds of attendances at outpatient health institutions are mothers and children, and a great proportion of health expenditure is devoted to their health care. Most of the health problems of mothers and children are related to infections and nutrition, and are associated with pregnancy, birth, and environmental conditions. Effective family planning has a big role to play not only in improving the health of mothers and children but in conserving and redirecting resources available to health care.

Until recently, our approach to the subject of family planning was cautious and largely based on a policy of acquiescence, encouragement and limited financial support to non-governmental organisations. Consequently, fertility has remained high in Nigeria. From the results of the Nigeria Fertility Survey, the total fertility rate for all surveyed women is 6.34. In addition, the NFS also found less than six percent of family planning acceptors among women of child bearing age mostly limited to urban areas.

.../3.

Existing family planning services delivery in Nigeria can be categorized as governmental (public) or non-governmental (private). The public family planning services are provided by State Ministries of Health or Local Government Authorities as part of maternal child health and primary health care scheme. These services are usually clinic-based and are provided on request by medical or paramedical staff. At the Federal level, public family planning services are provided in the Universities, the medical departments of the armed forces, and some post-secondary institutions. The services are small and have training and research components.

Non-governmental family planning services are sponsored by voluntary organisations, community and international agencies. Major international and non-governmental agencies supporting family planning programmes in Nigeria include the UNFPA (United Nations Fund for Population Activities) the USAID (United States Agency for International Development), PPFN (Planned Parenthood Federation of Nigeria) Pathfinder Fund, WHO (World Health Organisation), and UNICEF (United Nations Childrens Fund). They all provide resources in support of the family planning components of programmes relevant to the terms of reference.

Let us now examine the service delivery systems in existence in Nigeria. These include:-

- i. The clinic or hospital based system which is the most popular at present and is being used by almost all agencies involved in family planning in the country. Each institution will normally generate its own records for use. Accurate information on attendance/accepted procedures, consumables, and training is necessary;
- ii. The community based distribution system is newer, and some pilot projects are being carried out in Ibadan and a few other places to test this system. This system uses groups such as extension workers, market women and wardens for family planning commodities distribution;

Annex II Cont.

iii. During the early years of family planning pioneering in Nigeria, the mobile service delivery system was used but the logistical support costs adversely affects this method;

iv. The commercial outlet distribution system is popular in the urban areas where numerous retail chemist and patent medicine shops exist to support that system.

It is gratifying to note that Government has now become appreciative of the social and demographic strategies of family planning in achieving family and population stability. The average number of live births a woman has in her life time is determinant of family size and the rate of population growth. This number as has been mentioned before, now stands at between six and seven, with a growth rate of over 3 percent per annum, capable of off-setting the benefit of any development effort in the socio-economic arena. Therefore Government is actively developing a national population policy with clearly defined demographic objectives and with family planning as the main thrust of the strategy.

Such a policy would assist Government in fulfilling its commitment to improving the standard of living of all Nigerians, which is being eroded by the increasing rate of population growth. The implications of the growth rate are being felt at all levels in terms of unemployment, underemployment, overcrowding, food shortages and inadequate health and other social services.

It then becomes obvious that the mechanism to provide family planning services to eligible Nigerians must be carefully formulated, planned, programmed, executed and monitored. As designated family planning coordinators and deputy coordinators for your respective states, I believe attendance at workshops such as this, would assist in sharpening or developing the required skills for the awesome task ahead.

I thank you for your attention.

Annex III

WORKSHOP OBJECTIVES

Environmental Management Competencies (i.e., social, political, legal, etc.).

1. Identify environmental factors that impede and facilitate program/organizational performance.
2. Develop creative management strategies and procedures for dealing with and overcoming environmental impeding factors.
3. Apply planning and other management strategies for linking and utilizing other agencies and resources in the environment.

Organizational Management Competencies

1. Develop operational plans and use them as a guide to action in their respective programs.
2. Develop and utilize a range of management tools (coordination, evaluation, information management, etc.).
3. Define the role of the Family Planning Coordinator (FPC), and Deputy coordinator in management terms.

Human Resource Management Competencies (these issues underly the workshop process).

1. Apply team development concepts to create efficient and effective advisory, problem-solving, and implementation teams (running effective meetings, etc.).
2. Review, analyze and apply individual and interpersonal skills that enhance program effectiveness (leadership style, team issues, communication skills, negotiation, conflict management).

Family Planning Service Delivery -- Management Competencies

1. Identify and prioritize the major policies and issues that impact both positively and negatively on state family planning efforts.
2. Identify the elements of state family planning programs and their current status. Plan for their future interaction and direction with particular emphasis on the short term (two years).
3. Identify other agencies, organizations and individuals (both public and private) with which the family planning program must collaborate and coordinate. Develop skills for this coordination.

Annex IV
Participants to Bauchi Workshop on
Management and Planning

S O U T H - E A S T Z O N E

S/NO.	N A M E	FULL ADDRESS & TELEPHONE	IN YOUR MIN. F.P. e.g. PUB. HEALTH UNIT IS WITHIN
1.	Mrs. Cecilia O. Escmuju	Off: Mini of Health, Public Health Div. Enugu-Anambra State or Home: P.O. Box 2766, Enugu- Tel. 042-252618	Ministry of Health Public Health Division
2.	Susannah O. Attah (Mrs.)	HSM Board. Government Health Office Makurdi-Benue State Phone:- 33121	MOH/HSMB Public Health
3.	Justina S. Abeda	Maternal & Child Welfare Clinic Box 2083 Benue State,	HSMB
4.	Mrs. Jessie A. Nkanga	Min. of Health Hq. 52 Marian Rd. Calabar Cross River State Phone: 221076 (Office)	MOH/Public Health Division, Calabar
5.	Mrs. Ekanem A. Okon	Office (Same as above) or Home: Amra House, 91 White- House St. Calabar CRS. Phone: 222712	(Same as above)
6.	Dr. Emmanuel E. Edet	Off: Dept. of Ob/Gyn. (Maternity Annex) Uni-Calabar Teach- ing Hospital Calabar or Home: 11A Ansa Ewa St. Calabar	Teaching Hospital (Fed. M.O.H.)
7.	Mrs. Grace Ogbonna	Off: Min. of Health Owerri-Imo State or P.O. Box 1940 Owerri	M.O.H. Public Health Div.
8.	Nwosu Veronica I.	Office (Same as above) or Home: Plot 39B, Road 3, Fed. Housing Estate Egbu Road, Owerri	(Same as above)
9.	Gloria A. Urombo	Off: MOH Hq. Public Health Div. (Family Planning Unit) Portharcourt or Home: 5 Manila Pepple St. D1 & Ine-Diebu P/H.	MOH Hq. Public Health Div. Family Planning Unit) Portharcourt.
10.	Mrs. M.E. Ogan	Office (Same as above) Home: Box 1901. PH. Tel. 332999	(Same as above)
11.	Sq. Leader Nuhu D. Gambo	HQ N.A.F. (Directorate of Med. Svcs) P.M.B. 21082 Ikeja-Lagos Telephone 962684 & 962534	Nigerian Air Force
12.	Dr. A.E. Ehigiegba	Off: Dept. of OB/GYN UB.T.H. PMB 111 Benin City Home: Box 3036 Tel. 052-243915	State Health Management Board
13.	Mrs. E.E. Iremiren	Off: (Same as above) and Home: Tel. 052-242948	(Same as above)

S/NO.	N A M E	FULL ADDRESS & TELEPHONE	IN YOUR M.O. F.P. e.g. PUBLIC HEALTH IS WITHIN-UNIT
14.	Mrs. M.J. Bodede	Lagos State Health Management Board, 26 Catholic Mission St. Lagos.	Local Government & Health Management Board.
15.	Mrs.F.A. Taylor	Ministry of Health, Lagos State Secretariat-Ikeja.	(Same as above)
16.	Mrs.I.V. Mako	Nursing Div. M.O.H. Abeokuta Ogun State Tel.200100 Ext.1933 & 1060	Ministry of Health & State Health Board.
17.	Mrs. Y. Afonja	(Same as above)	(Same as above)
18.	Mrs. C.B. Falaki	Family Planning Co-ordinating-Unit, Preventive Div. M.O.H. Akure, Ondo State.	Ministry of Health
19.	Mrs.M.S.C.Pariola	(Same as above)	(Same as above)
20.	Mrs.Olusola Adeyemi	School of Midwifery State Hosp. Adeyo Ibadan	Ministry of Health Oyo State
21.	Mrs. M.O.Olugbode	State Health Council Secretariat, Ibadan	State Health Council
22.	Mrs. Bola Iana	Fertility Research Unit, Dept. of OB/GYN College of Med. U.C.H	University College Hospital
23.	Mr. Olu Alebiosie	Planned Parenthood Federation of Nigeria, PMB 12657, Lagos Tel. 01-90129	
24.	Lt. A.B. Shittu	Nigerian Navy Hospital Box 64, Satellite Town P.O. Lagos	Nigerian Navy Hospital Navy Town Iko, Lagos.
N O R T H - E A S T Z O N E			
25.	MRS. POLINA DOGO	Family Planning Clinic K/Wase Health Management Board, PMB 003, Bauchi State	F.P.C. Kofar Wase
26.	Mrs. Hawa Mohammed	(Same as above)	(Same as above)
27.	Mrs. Hadiza Musa	Specialist Hosp. PMB 005, Bauchi	Family Planning Clinic
28.	Mrs. Habiba A.Ali	Health Management Board PMB 003, Bauchi	Health Management Board, Bauchi
29.	Mrs.Hamsatu Moh'd Biu	General Hosp. Biu, Borno State.	Curative Division H.M.B.
30.	Mrs. Habiba Luka	Fed.Pay Office Maiduguri c/o Mr. Luka John Tel.232966/2	Family Planning Clinic General Hospital Maiduguri.
31.	Mrs. Gambo Zannah	General Hospital, F.P. Unit Maiduguri, Borno State	Family Planning Unit, General Hospital Maiduguri.
32.	Mrs.Hulang Y.Mustapha	U.M.T.H. Maiduguri P.M.P. 1414 Borno State.	Uni-Maid Teaching Hospital
33.	Rouel Judith Ambe (MS)	MOH Hq. Yola Gongola State Tel. 24506	Preventive Section Hqs.
34.	Mrs.Mary J.Hassan	Specialist Hospital Yola Telephone: 24816.	Family Planning Clinic

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Annex IV Cont.

NORTH-EAST
Page 3

S/NO.	N A M E	FULL ADDRESS & TELEPHONE	IN YOUR COUNTRY F.F. e.g. PUBLIC HEALTH IS WITHIN-UNIT
35.	Mrs. Aishatu Abubakar	MOH P.M.B. 3066 Kano. School of Midwifery Home Tel. 624519	Teaching Dept. (School of Midwifery)
36.	Zipporah Gambo Mafuyai	MOH Jos-Plateau State 073-53380 & Home-52898	Medical Department
37.	Susan A. Ayina	Office (Same as above)	(Same as above)
<u>N O R T H - W E S T Z O N E</u>			
38.	Martina Abachi	Dept. of Health & Social Service FCDA Garki Hopp. Abuja	Med. Dep. FCDA Abuja
39.	Kumam Chia	(Same as above)	(Same as above)
40.	Dr. Y. Madaki	MOH Kaduna - 213595	F.P. Public Health Div.
41.	Mrs. Lantana A. Abdullahi	Gen. Hosp. Katsina Kaduna State	Public Health
42.	Jant Adesegun Ojo	Family Planning Clinic Dept. OB/GYN. ABUTH Zaria Tel. 32271/37	ABU Zaria Dept. OB/GYN
43.	F. Adejoke Tolushe (Mrs)	MOH Tel. 221874 Ilorin Kwara State.	M.O.H. P Unit
44.	H. Funsho Omotosho (Mrs.)	(Same as above)	(Same as above)
45.	Mrs. Margret Ndatsu	MOH Minna, Niger State	MOH/MCH Branch Minna.
46.	Mrs. Rose Jiya	MOH Minna, Niger State	H/MCH/F.P. Section
47.	Hadiza J. Gada	B.H.S.S. MOH Sokoto Tel: 200010/15	MOH (B.H.S.S. Section)
48.	Mrs. Esther Kaka Umar	(Same as above)	(Same as above)
49.	Major L.E. Ojo	BDE of GDS. GAR Medical Centre Lagos	N.A.M. HQ. Lagos
50.	Major G.C. Okoro	23 Bde Field Amb NA Bauchi Tel: 42489/13	(Same as above)
51.	Dr. A.B. Sulaiman (Director)	Fed. Min. of Health National Health Planning Unit Ikoru - Lagos.	
52.	Dr. J.M. Adekoye	(As above)	
53.	Mr. F. Adegorusi	(as above)	
54.	Mrs. A. Sarumi	(as above)	
55.	Mr. T. U. Ubuane	(as above) Med. Statistics Division	
56.	Mrs. Julie Thompson	FMOH Primary Healthcare Unit Ikoru	

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Annex IV Cont.

Page 4

MANAGEMENT SCIENCE FOR HEALTH

<u>S/NO.</u>	<u>N A M E</u>	<u>FULL ADDRESS & TELEPHONE</u>
57.	Mr. Ken Heise	Management Science for Health 165 Allandale Rd. Boston, Massachusetts, USA 02138
58.	Jenny Huddart	As above Centre for Development and Population Activities 1717 Massachusetts Ave., N.W. Suite 202 Washington, D.C. 20036
59.	Ms Peggy Curlin	407E 910 Str. Apt. 5G New York, N.Y. 10128 Tel: (212) 289-5608
60.	Ms Sallie Craig Hubor	Dr. of City & Regional Planning New East #033A University of North Carolina Chapel Hill, NC 27514 U.S.A. Tel (919) 966-1731

CENTER FOR DISEASE CONTROL

62.	Dr. Tim Johnson	PEB/DRH/CHPE, Bldg. 1, Room 4062 Atlanta, G.A., 30333
63.	Mr. Dick Monteith	PEB/DRH/CHPE, Bldg. 1, Room 4057, Center for Disease Control, Atlanta, G.A., 30333
64.	Dr. Kathleen Irwin	Centers for Disease Control, Center for Health Promotion & Education 1600 Clifton Road, Atlanta, Georgia 30333 USA

P A T H F I N D E R

65.	Dr. A. Ajayi	Pathfinder Fund, P.O. Box 48147, Nairobi, Kenya Telephone 24154, 331468
66.	Ms F. Chavenga	Same as above
67.	Mr. N.A. Keyonzo	Same as above
68.	Dr. Muhiuddin Haider	Pathfinder Fund, 1330 Boylston Street, Chestnut Hill Mass 02167 U.S.A. Tel. (617) 731-1700
69.	Mr. Mike Ebogoh	3, Alabi Street, Ikeja-Lagos

A F R I C A R E

70.	Mr. Douglas Zollner	Africare
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R A P I D

71.	Mr. J. Edochie	National Population Bureau
72.	Mr. Mwokecha	FMCH Medical Statistic Division Secretariat

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION

73.	Dr. Adetunji	A.V.S.C.
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Annex IV Cont.

Page 5

U S A I D

74.	Dr. Keys Macmanus	U.S. Embassy, Eleke Crescent, Victoria Island - Lagos
75.	Mrs. H.O. Shitta-Bey	Same as above
76.	Mr. Larry Eicher	Same as above
77.	Mr. R. O. Callisto	Same as above

PLANNED PARENTHOOD FEDERATION OF NIGERIA

78.	Mr. Olebiosu	2, Akinmade St. Anthony, Lagos.
79.	Mr. C. Nwosu	Same as above

Annex V

PARTICIPANT BIODATA
State Family Planning Coordination (SFPC)

	Length of Service	Family Planning Training	Professional Training
Abuja	24 mo.	*	NMW
Anambra	2 mo.	*	NMW/PH
Bauchi	2 mo.	*	?
Bendel	6 mo.	*	MD
Benue	12 mo.	*	NMW/PH
Borno			
Cross River	1 mo.	*	PHN
Gongola	1 mo.	*	PH Admin.
Imo	23 mo.	*	PH Mgt.
Kaduna	12 mo.	*	MD
Kano	?	*	PHN Educ.
Kwara	36 mo.	*	PH/NMW
Lagos	1 mo.	*	NMW
Niger			
Ogun	30 mo.	*	PH Mgt./NMW
Ondo	3 mo.	*	N. Com. Med.
Oyo	1 mo.	*	NMW
Plateau	12 mo.	*	N. Educ.
Rivers	2 mo.	*	PHN
Sokoto	1 mo.	*	CHO
Army			
Air Force	6 mo.	*	N
Navy			
PPFN			
Universities:			
UCH Ibadan	12 YRS.	*	NMW
UTH Calabar			
UTH Maid. guri	12 mo.	*	N
UTH ABU, Zaria	36 mo.	*	N

PARTICIPANT BIODATA (cont.)
Deputy Family Planning Coordinator (DFPC)

	Length of Service	Family Planning Training	Professional Training
Abuja	24 mo.	*	NMW
Anambra			
Bauchi	?	*	
Bendel			Com. Health
Benue	3 mo.	*	
Borno	3 mo.	*	Mgt. NMW
Cross River	1 mo.		NMW
Gongola	1 mo.	*	PHN
Imo	2 mo.	*	N
Kaduna	?	*	N
Kano	3 mo.	*	PHN
Kwara	2 mo.	*	N
Lagos	1 mo.	*	PH/NMW
Niger			NMW Admin.
Ogun	39 mo.		
Ondo	3 mo.	*	PH/NMW
Oyo	1 mo.	*	N. Com. Med.
Plateau	?	*	N
Rivers	2 mo.	*	H. Syst./Mgt.
Sokoto	4 mo.	*	PHN
			?
Army	36 mo.	*	
	36 mo.	*	NMW
Air Force			NMW
Navy	1 mo.	*	
			N. Com. Health
PPFN			
Universities:			
UCH Ibadan			
UTH Calabar			
UTH Maiduguri	2 mo.		
UTH ABU, Zaria			MD

Annex V Cont.

PARTICIPANT BIODATA (cont.)

Other

	Length of Service	Family Planning Training	Professional Training
Abuja			
Anambra			
Bauchi	36 mo.	*	?
Bendel	4 mo.	*	N
Benue			
Borno	?	*	NMW
Cross River	13 yrs.	*	NMW
Gongola			
Imo			
Kaduna			
Kano			
Kwara			
Lagos			
Niger	?	*	PHN
	?	*	PHN
Ogun			
Ondo			
Oyo			
Plateau			
Rivers			
Sokoto			
Army			
Air Force			
Navy			
PPFN	5 yrs.	*	Communication
Universities:			
UCH Ibadan			
UTH Calabar			
UTH Maiduguri			
UTH ABU, Zaria			

ZONAL GROUPS

SOUTH EAST

Anambra
Benue
Cross River
Imo
Rivers
Air Force
UTH Calabar

Facilitators: Dr. Adekeye
Ken Heise
Jenny Huddart

NORTH EAST

Bauchi
Borno
Gongola
Kano
Plateau
F.M.O.H. Mr. Adegorusi
UMTH Maiduguri

Facilitators: Sallie Craig Huber
Nelson Keyonzo

SOUTH WEST

Bendel
Lagos
Ogun
Ondo
Oyo
Navy
UCH Ibadan
F.M.O.H. Mrs. Sarumi

Facilitators: Peggy Curlin
Grace Delano

NORTH WEST

Abuja
Kaduna
Kwara
Niger
Sokoto
Army
Ahmadu Bello University
F.M.O.H. Mrs. Thompson

Facilitators: Linda Lacey
Muhiuddin Haider

Annex VI
GOALS, KEY RESULTS AREAS, OBJECTIVES

GOAL	K.R.A's	OBJECTIVES
<u>ABUJA</u>		
	Commodities	<ol style="list-style-type: none"> 1. To be able to distribute contraceptives to all twelve Local Government Areas of Abuja by the year 1988. 2 To establish a family planning supply unit at the federal capital territory so that supplies can be distributed to all twelve Local Government Areas forthrightly by the year 1989, thereby eradicating the issue of contraceptive shortages. 3. To establish a MIS Logistics system at Abuja state-level, to facilitate proper contraceptive receiving and distributing activities by the year 1987.
	Service Expansion	<ol style="list-style-type: none"> 4. To establish family planning points in 12 Local Government Area Clinics and in all 7 outreach stations for a target population of 90,000 women for family planning service delivery. 5. To procure new and useful equipment for surgical contraceptive services for 4 Local Government Clinics within first three months of the projects' inception.
	Training	<ol style="list-style-type: none"> 6. To train 24 staff in the area of family planning programme Contraceptive Technology and Information Education Communication Activities over the next 3 years.

GOAL	K.R.A's	OBJECTIVES
<u>ANAMBRA STATE</u>		
To establish 40 new family planning clinics over the next 2 years.	1. Government Support	1. To obtain a budgetary allocation for family planning for the 1987/88 financial year. 2. To form an 8-person intersectoral advisory committee for family planning by February 1987.
	2. Donor Support	3. To have 40 family planning clinics fully equipped and with adequate commodities supplied by the end of two years.
	3. Build Pressure Groups	4. To have monthly meetings with different women's organizations within the State during the period September 1986 to September 1987.

GOALS, KEY RESULTS AREAS, OBJECTIVES

GOAL	K.R.A's	OBJECTIVES
<u>ANAMBRA STATE</u> (Continued)		
	4. Media Involvement	5. To institute monthly panel discussions on T.V. on family planning starting in January 1987. 6. To achieve at least one advertisement in the local press each month for family planning by January 1987. 7. To have 4 media personnel trained in IEC for family planning by the end of 1987.
	5. Staff Development	8. To train 40 clinicians, in 4 groups of 10, (from 23 LGAs) in clinical family planning service delivery, over the next 2 years. 9. To train 23 T.O.T.s from 23 LGAs for on-the-job training over the next 2 years.

GOAL

K.R.A's

OBJECTIVES

BAUCHI

Service
Extension

1. To establish family planning outreach services/motivation in three villages of the Bauchi Local Government Area within one year.

2. To extend family planning services/motivation to 15 villages in five Local Government Areas by the end of the second year.

3. To expand the outreach program in Bauchi Local Government Area to six new villages during the second year.

GOAL

K.R.A's

OBJECTIVES

BENDEL STATERecord
Keeping

1. 100,000 Statistics Forms to be made available to the Chief Coordinator.
2. To return completed Statistics Forms monthly to the Chief Coordinator or his/her Deputy from the Zones by the Zonal Coordinators.
3. One State Director, Chief Coordinator, Deputy Coordinator and Seven Zonal Coordinators to be appointed by the Director of Health Services within 6 Weeks.

Government
Support

4. To set up a Family Planning Advisory Committee by the State Government to be made up of persons holding key positions in the relevant State Ministries of Health, Education, Information Youth Sports & Culture, Agriculture and Local Governments within 3 months.
5. That the Ministry of Health should, within 6 Weeks, make known to the Public, Government Policy on Family Planning.
6. That, like the EPI and ORT, all LGA to make special Budgetary Allocation of at least N5,000 for Family Planning.
7. That Government should further subsidise, by 50%, the present cost of Family Planning Services to the acceptors in the State.
3. To lobby NCWS and some Religious Bodies within 3 months to make Public/Press Statements in support of the Family Planning Campaign.

GOAL

K.R.A's

OBJECTIVES

BENDEL STATE Cont.Program
Expansion

9. To increase by 100% in two years the current rate of expansion.
10. To ensure regular supply of the States share of Commodities on Regular basis for the safe-keeping of the Director and Chief Coordinator. A Family Planning Store is to be established within the Medical Store and Vehicles for distribution of the Zones to be made available to the State Director within 2 Years.

Community
Awareness

11. To commence immediately campaign strategies through the Mass Media to convince Male acceptors.
12. To supply regularly to the Ministry of Information, slogans, posters and hand-outs by the State Director and Coordinator. These may be obtained from the neighboring States or the Federal Ministry of Health.

Staff
Development

13. The State Ministry of Education and Health, to draw up a revised Curriculum Programme incorporating FP with subjects like Health Science and made compulsory in Schools within 2 Years.
14. To ensure a regular training programme of 20 Service Providers from each LGA yearly by the MOH in UBTH and State School of Health Technology.

GOAL

K.R.A's

OBJECTIVES

BENDEL STATE Cont.

Supervision

15. Zonal Coordinators to visit each service point once a week to assess the performance of the Service Providers.
16. The State Director, Coordinator and Deputy to have monthly mneetings in Benin City soon after their appointment to assess and ensure progress of the Programme.
17. The State Coordinator to submit a monthly report about Family Planning to the State Director, the DHS, CMO, CNQ and P/S Ministry of Health for their assessment.

GOAL	K.R.A's	OBJECTIVES
<u>BENUE STATE</u>		
To increase the number of family planning delivery points over the next two years.	1. Influence Policy Makers	1. To discuss with policy-makers, by the end of October 1986, the support to the family planning programme as regards budgetary allocations for F.P. and policy statements in support of the F.P. programme.
	2. Establishing Training	2. To give T.O.T. to 5 trainers at the capital LGA within the next 12 months.
	3. Support From External Agencies	3. To provide training in comprehensive F.P. service delivery to 5 nurse/midwives from 6 LGA's by the end of the second year through the aid of external agencies.
	4. Supervisory Structure And Procedures	4. To develop a systematic supervisory process and put into action by June 1987.
	5. Public Support	5. To get at least one request for family planning services from an organization in the State (e.g., Rotary Club, NCW's, etc.).

Annex VI Cont.
GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A's	OBJECTIVES
<u>BORNO STATE</u>	Community Awareness	1. To educate 30% of the community on the importance of family planning within a period of 12 months.
	Government Support	2. To have a deputy coordinator appointed within four months.
		3 To obtain a budgetary allocation for family planning within two years time.
	Staff Development	4. To train 24 family planning providers by the end of one year.
	Logistics Management	5. To obtain a vehicle for family planning within two years to improve effective service delivery.
		6. To obtain a warehouse for the family planning program for storage of drugs and equipment.

GOAL	K.R.A's	OBJECTIVES
<u>GONGOLA</u> To increase FP acceptors through existing service delivery points.	Community Awareness	<ol style="list-style-type: none"> 1. To give F.P. health talks to 4,000 women per year by family planning nurses. 2. To set up a family planning communication training program to be carried out by motivators during first quarter of each year. 3. To organize ten population workshops for one half of the community leaders in Yola LGA by the end of two years.
	Work Planning	<ol style="list-style-type: none"> 4. To develop clear roles and responsibilities of key staff in the delivery of family planning services in the three existing clinics by the end of three months. 5. To establish a family planning advisory committee in Gongola State by October 1986.

GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A's	OBJECTIVES
<u>CROSS RIVERS STATE</u>		
To get a State Budgetary Allocation for Family Planning.	1. Situational Analysis	1. To hold a meeting by September 15, 1986 of heads of all 47 existing family planning service delivery points to identify the current situation.
		2. To prepare an analysis and report of the existing family planning situation in the State (based on the results of the meeting to be held before September 15, 1986) to be completed by December 1st, 1986.
	2. Influencing Policy-Makers	3. To prepare a budget for a family planning allocation for 1987/88 by December 1st, 1986.

IMO STATE

To develop FP
outreach services

- | | |
|--------------------------------|---|
| 1. Political pressure | 1. By the end of 1987, the communities/private sector will have sent in 10 request letters and had 6 successful meetings with Government officials, both at central and local Government levels. |
| 2. Client load assessment | 2. To achieve a 20% reduction yearly by 1988 in the number of non-clinical family planning demands at clinic bases and an increase of 20% at outreach posts. |
| 3. Organizational capabilities | 3. To organize 6 community presentations in each LGA by 1988, involving professional and community leaders, that will precede the initiation of outreach services in 6 different communities.

4. To initiate and increase the involvement of one community organization in each LGA in each year in outreach activity by 1988. |
| 4. Personnel Training | 5. To train, by 1988, 120 community health workers for outreach services in each identified LGA at the rate of 40 in each training period. |
| 5. Media Involvement | 6. To generate a minimum of 2 panel discussions quarterly every year by health professionals written by professionals, government officials, community leaders, on issues of outreach services at the State level. |

To develop FP
outreach services

6. Government
Support

7. To provide, generate and attract adequate funds and resources for the implementation of outreach services at community levels by the State Government by 1987.

7. Community
Participation

8. To establish an efficient data collection system by training 5 zonal statistical officers by the end of 1987.

GOAL

K.R.A's

OBJECTIVES

KADUNA

Record
Keeping

1. To provide a 2 day training seminar for 6 record keeping officers in the Ministry of Health (4) and the Health Management Board (2) in techniques of recording and collating family planning statistics by 1987.

Service
Expansion

2. To expand the responsibilities of the existing 19 supervisors (midwives & C.H.O.) in the 14 L.G.A.'s and 5 zones to include family planning services and record keeping by 1988.

Community
Awareness

3. To develop population education materials (50,000 posters, 50,000 leaflets) in Hausa and English portraying the advantages of family planning by 1988.

GOAL

K.R.A's

OBJECTIVES

KANO

At the end of this training, the Kano F.P. Coordinator will be able to:

Record Keeping

1. Train her deputy and six nurses in record keeping within a period of four weeks.
2. Improve on the submission of correct statistics to at least 60% within a period of five months.
3. Give accurate assistance to management in maintaining proper statistics within the first year.
4. Use accurate records of clinic attendance to "convince the public" within the first year.
5. Involve other community members in keeping accurate records within the two year period. (presumably clinic-based workers).
6. Improve on the record-keeping skills and analysis of clinic workers within six months to save and minimize the cost of supervision.
7. Help in reallocating funds to other projects if they maintain proper records and statistics.
8. Ensure proper transportation management by keeping accurate records within a period of six months.

GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K. R. A's	OBJECTIVES
<u>KWARA STATE</u>		
	Support for FP Programs	<ol style="list-style-type: none"> 1. To obtain equipment (clinical and office equipment) and supplies for 28 state government clinics in Kwara state by 1988. 2. To provide six vehicles and funds to maintain the vehicles for effective distribution of family planning commodities and effective supervision in 44 service areas in Kwara State by 1988.
	Supervision	<ol style="list-style-type: none"> 3. To provide supervision to 44 family planning service delivery points each month by 1989 in all twelve Local Government Areas (12 LGA).
	Commodity Management	<ol style="list-style-type: none"> 4. Monthly distribution of commodities to all 28 state government family planning clinics by 1989. 5. COMMODITY - To establish a management information system which can project contraceptive needs for the target population for each LGA within 2 years.
	Staff Development	<ol style="list-style-type: none"> 6. To train 44 family planning motivators (one every service area) by having them attend the family planning program in school of midwifery in Ilorin which will be organized in two sessions in the coming year 1987 (i.e., 22 participants per session).

GOAL	K.R.A's	OBJECTIVES
LAGOS STATE		
Increase in SDP	Well-equipped Service Delivery Points	1. To increase the total number of FP delivery points in the eight local governments of Lagos State within the next two years by 450%.
Establishing IEC	Policy Makers and Community Awareness	<p>2. To increase the number of FP acceptors by 10% in Lagos State by December, 1988.</p> <p>3. To increase the number of FP acceptors in Lagos State by 10% by December, 1988.</p> <p>4. To increase press coverage of FP activities by at least one article per week from present levels in all available newspapers in Lagos State.</p> <p>5. To produce 1,000 copies of new posters for the Lagos State FP services by June, 1987, through the assistance of the State Health Education unit.</p>
	Staff Development	<p>6. To retrain 100 TBAs and 10 VHVs in Lagos State on contraceptive devices in order to involve them in the distribution of condoms and foam in their local government areas within the next year.</p> <p>7. To complete the INTRAH training program for 14 TOT, 14 Supervisors, and 45 Service Providers for both local Government Health Management Board and Schools of Nursing within the next 18 months.</p>

GOAL	K.R.A's	OBJECTIVES
<u>NIGER STATE</u>		
Commodity Management		<ol style="list-style-type: none"> 1. To increase the supply of family planning commodities by 100% in Niger State by 1987. 2. To provide 10% of the rural population with varieties of contraception in Niger State by 1987. 3. To obtain six storage facilities to store family planning commodities in Niger State by 1988. 4. To provide four vehicles for effective distribution of family planning commodities to four zones in Niger State by 1989.
Staff Development		<ol style="list-style-type: none"> 5. To organize management training project workshops in Minna Niger State for all state-level coordinators and service providers for effective supervision of family planning activities by 1988.

GOAL	K.R.A's	OBJECTIVES
Expansion of family planning services.	Staff Development	<ol style="list-style-type: none"> 1. To train 20 IEC trainers of trainers in a one week training program from October 15-22, 1986 (Ogun Oshren River Basin Authority Guest House). 2. To extend the basic family planning training program by two weeks to accommodate the IEC component of family planning in January, 1987. 3. To train 200 family planning service providers in ten training sessions in 1986/1987. 4. To retrain 30 Community Health Assistants in a two week workshop in the family planning school from September 15-30, 1986. 5. To train 30 doctors during a one day workshop on the family planning referral system using U.C.H. persons and in-State resources in October, 1986.
	Community Awareness	<ol style="list-style-type: none"> 6. To establish one mobile drama group in Igboode north area for the performance of family planning plays, making two performances weekly by December 1986. 7. To redevelop 5000 copies of each of the four family planning posters formerly developed by the State Health Education Unit in collaboration with PCS by December 1986. 7a To redevelop 10,000 handouts for each of the five Zones using Zonal colors and giving the clinic location information in each Zone by November 1986.

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- | | |
|---------------------------|---|
| Monitoring/
Evaluation | <p>8. To produce a master cassette and 1,000 smaller cassettes of family planning songs recorded by a professional Juju band by december, 1986.</p> <p>9. To negotiate with O.G.T.V., M.T.A. and O.G.B.C. the air time cost for putting on the air the two T.V. spots and the three radio spots already developed, daily for a period of six months starting January, 1987.</p> <p>10. To prepare the budget and cost proposal for I.E.C. logistics to be financed by PCS in September, 1986.</p> |
| | <p>11. To monitor monthly the family planning service delivery system by collection and compilation of data from all units monthly.</p> <p>12. To develop and submit monthly reports on the service delivery, financial and training activities to MOH, SHB, Pathfinder, and FP Advisory Board.</p> |
| | <p>13. To evaluate the program continuously and yearly using two in-State evaluators, members of the F.P. Advisory Board, students' clinic supervisors, coordinators, and consultants.</p> |
-
- | | |
|------------------------------------|---|
| Financial
Planning &
Control | <p>14. To develop a workable financial system by September 1, 1986.</p> <p>15. To prepare and present an EXCO memo on family planning future financial policies in April 1987 and ensure a positive EXCO conclusion by October 1987 in order to include family programs in the 1988 budget.</p> |
|------------------------------------|---|

Annex VI Cont.

GOAL	K.R.A's	OBJECTIVES
<u>ONDO</u>		From January 1987 to December 1988:
	Government Support	1. To get policy makers to make favorable policy statements on family planning.
	I.E.C.	2. To generate N20,000 for IEC programs from State Government and voluntary organizations. 3. To transmit regular messages through media channels regarding family planning services to reach at least 50% of the population. 4. To produce at least six different posters and leaflets on family planning and distribute to all the government and private health institutions in the State.
	Service Expansion/Improvement	5. To purchase or have two vehicles donated by voluntary agencies for supervisory activities.

GOAL	K.R.A's	OBJECTIVES
<u>ONDO Cont.</u>	Service Cont.	<p>6. Organize refresher courses on IEC and family planning service delivery for 4 midwives from each of the 17 local government areas of the state.</p> <p>7. To train 22 nurses/midwives in family planning service delivery.</p>
	Contraceptive Use	<p>8. Increase the proportion of couples of reproductive age using modern methods of contraception to at least 30% of the population.</p>
	Support Services	<p>9. To get the State Ministry of Health to deploy a typist, a messenger and a statistician to the family planning coordinating unit.</p>

GOAL	K.R.A's	OBJECTIVES
<u>OYO STATE</u> Extension and Consolidation of FP Services.	F. P. Knowledge for Providers (TRAINING)	<ol style="list-style-type: none"> 1. At the end of two years, Oyo State will have 160 service providers who would have been given six weeks of family planning training by the Ministry of Health in order to operate the remaining 19 of the 24 State Local Government Family Planning service delivery points. 2. At the end of two years the training program would have the Governmental stamp through the various meetings, workshops, and conferences organized. 3. To retrain 261 TBAs and 197 VHWs and to train 50 VHWs for the new 6th zone on contraceptive devices in order to use them in the distribution of oral pills, condoms, and foaming tablets within one year.
	Service Delivery	<ol style="list-style-type: none"> 4. At the end of two years, the number of acceptors of family planning will increase due to the better service delivery points that would be at the reach of the communities of the 24 State Local Government service points. 5. At the end of two years, 19 more Local Government service points will be added to the existing five operational Local Government Areas of Oyo State to facilitate clinical experience for the trainees. 6. At the end of two years there will be adequate supplies of reversible contraceptive methods and equipment for use at the service delivery points.

OYO Cont.

Service
Delivery, Cont.

7. To increase the number of family planning acceptors in Oyo State by 20% by the end of two years.
8. To increase the total number of family planning service delivery points in five zonal areas, plus the sixth zone in Oyo State within the next two years, by

Community
Awareness

9. At the end of two years, 75% of Oyo State Community will be well-informed about the family planning program through the communication network in the State by trained personnel.
10. To increase radio, television, and press coverage of family planning activities to at least an article per week in all dailies in Oyo State.
11. To produce 1000 copies of educative posters in the Oyo State family planning service by September, 1987.

PLATEAU STATEStaff
Development

1. To conduct a two week refresher course for twelve (12) core trainers in FP in October 1986.
2. To conduct a 6 week training for 150 nurse/midwives from both public and private sectors in five (5) training sessions within a period of one year.
3. To train 10 doctors in Family Health for two (2) weeks in November 1986.
4. To train forty (40) Health Aides and Assistants in FP information and education services in two training sessions in November 1986.
5. To conduct a 1 week workshop for twenty-five (25) TBAs in FP to identify the at risk patients for referral and to provide non-prescription FP methods in February 1987.

GOAL	K.R.A's	OBJECTIVES
<u>RIVERS STATE</u>		
To get policy support for F.P. in the State.	1. Organizational Relationships	1. To organize and set up a F.P. advisory committee by the end of November, 1986. 2. To organize regular personal contact between the FP coordinator, the chief consultant PHC, the Director of Health Services, and the Permanent Secretary of the MOH by the end of August, 1986
(in context of State Plan developed since the JHPIEGO Workshop)	2. Public Relations	3. To plan and obtain agreement for F.P. programme activities through the media by the end of 1987.
	3. Political Support	4. To obtain a F.P. budget for the 1987/88 financial year. 5. To obtain 3 additional rooms in the MOH for F.P. staff by the end of November, 1986. 6. To obtain equipment (tables, chairs, typewriters, calculators) for the F.P. unit by the end of November, 1986.

Annex VI Cont.
GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A.'s	OBJECTIVES
<u>SOKOTO STATE</u>	Community Awareness	<ol style="list-style-type: none">1. We want our acceptors and continuing users to rise from 13,000 to 20,000 by 1988 in all the 19 L.G.A.'s within the State.2. Population Education programme to be aired on our T.V. and radio houses in two local languages at least twice a week by the year 1988 for 140 times a year during advertisement time before local news.3. Population awareness for religious leaders at least twice a month in the forthcoming year to the Imans and Pastors (4 leaders each) in all L.G.A.'s by 1987.

GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A's	OBJECTIVES
<u>N.A.M.C. HQ Lagos (Army)</u>		
	Staff Development	<ol style="list-style-type: none">1. To train 32 HP nurses in record keeping for 6 hospitals, 12 field Ambulances M.R.S., and 12 battalions M.R. by the year 1988.2. To ensure that the 32 trained personnel in the 6 hospitals, 12 field ambulance M.R.S. and 12 battalions M.I.R. have materials to use for the record keeping by year 1988.
	Monitoring and Evaluation	<ol style="list-style-type: none">3. To ensure regular monthly submission of the statistics from the 6 hospitals, 12 field ambulances M.R.S. and 12 battalions M.I.R. to the N.A.M.C. HQ by 1988.4. To ensure quarterly supervision of the trained personnel for record keeping in the 6 hospitals, 12 field ambulances M.R.S., and 12 battalions M.I.R. by the year 1988.

GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A's	OBJECTIVES
<u>AIRFORCE</u>		
To strengthen the delivery of Family Planning Services In The Existing 14 Family planning Centers In The Nigerian Airforce.	1. Public Awareness	1. To organize an IEC programme in each of the 14 F.P. Centers within the next 6 months.
	2. Statistical Records	2. To train 14 clerical staff for each of the F.P. centers over the next year.

NAVY

Service Extension

Awareness &
Support

To increase the number of new acceptors and continuing users in the Nigerian Navy to 80% by the end of 1988.

Service
Delivery

To increase the number of family planning service delivery points in the Navy from two to ten by the end of 1988.

Facilitate Role of
FP Coordinators

Transport

To be able to visit all the family planning service centers in the Navy at least once every three months within the next two years.

To be able to distribute all required family planning commodities to the service delivery points when required.

Annex VI Cont.
GOALS, KEY RESULTS AREAS, OBJECTIVES
(Cont.)

GOAL	K.R.A's	OBJECTIVES
<u>TEACHING HOSPITAL OF CALABAR</u>		
To influence the Governments and people to raise funds for Family Planning.	1. Availability of funds for <ul style="list-style-type: none"> - training - commodities - equipment - new service delivery points - community mobilization - client contacts - transport management - data collection/collation. 	1. To begin collection of data in order to build justification for a F.P. Project allocation by December, 1986. 2. To hold a meeting of the heads of all existing F.P. service delivery points within the University by September 15, 1986. 3. To prepare a situation report on the information collected about all the service delivery points as part of a budget request by December, 1986, for inclusion in the next financial year.

Annex VII

	DEGREE OF SKILL						Number of Participants Showing Increased, Decreased, or Same Skill Rating		
	LOW		MEDIUM		HIGH		INCREASE	DECREASE	SAME
	% Pre	% Post	% Pre	% Post	% Pre	% Post			
1. USING THE EXPERT - getting information, opinions, ideas from well-informed people inside or outside your company.	16.7	4.8	59.5	42.9	23.8	52.4	19	4	19
2. BUILDING REPUTATION - making yourself known; developing a favorable name for yourself in the company.	23.8	4.9	57.1	43.9	19.0	51.2	23	4	14
3. ACTIVATING - getting your people to understand and follow your instructions.	4.8	0	50.0	36.6	45.2	63.4	13	4	23
4. IMPARTING INFORMATION - making yourself understood by subordinates or superiors.	2.4	4.9	42.9	19.5	54.8	75.6	13	3	26
5. JUDGING PEOPLE - gauging individuals to establish good relations and increase job satisfaction.	4.8	4.8	66.7	42.9	28.6	52.4	16	3	23
6. WORKING WITH SUBORDINATES - establishing cordial and effective relationships with those who work for you.	0	2.4	24.4	19.0	75.6	78.6	5	4	33
7. INTERVIEWING - talking with people face to face.	2.4	9.5	64.3	40.5	33.3	50.0	12	4	26
8. LISTENING - from the words of others learn how they think and feel.	4.8	2.4	61.9	36.6	33.3	61.0	16	2	23
9. GETTING COOPERATION - motivating people to join you in accomplishing departmental goals.	9.8	4.7	36.6	27.9	53.7	67.4	11	3	27

Annex VII Cont.

Summary of Participant
Management Skills Audit

Number of Participants
Showing Increased, De-
creased, or Same Skill
Rating

	DEGREE OF SKILL						<u>INCREASE</u>	<u>DECREASE</u>	<u>SAME</u>
	<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>				
	<u>% Pre</u>	<u>% Post</u>	<u>% Pre</u>	<u>% Post</u>	<u>% Pre</u>	<u>% Post</u>			
10. MAINTAINING GOOD RELATIONS WITH YOUR SUPERIOR - being both friendly and businesslike in your dealings up the line.	4.8	0	45.2	21.4	50.0	78.6	18	1	23
11. USING WORK TIME EFFECTIVELY - being able to get 60 minutes of work out of every hour.	7.3	7.3	70.7	46.3	22.0	46.3	12	1	28
12. DECISION MAKING - arriving at a logical conclusion and sticking to it.	4.8	4.8	61.9	45.2	33.3	50.0	11	5	26
13. PLANNING - developing a course of action to accomplish a definite objective.	14.3	2.4	64.3	36.6	21.4	61.0	20	1	20
14. CONTROLLING PAPER WORK - maintaining the flow of inter-office communications, reports and the like to and from your desk.	21.4	7.1	61.9	47.6	16.7	45.2	18	2	22
15. GETTING INFORMATION - uncovering the facts you need to advance your work.	16.7	2.5	69.0	40.0	14.3	57.5	21	2	17
16. DELEGATION - making subordinates responsible for some of your activities while retaining control.	9.5	4.9	40.5	34.1	50.0	61.0	10	5	27
17. PROBLEM SOLVING - licking the tough situations that interfere with effectiveness.	19.0	7.3	69.0	41.5	11.9	51.2	23	3	15

Annex VII Cont.

Summary of Participant
Management Skills Audit

Number of Participants
Showing Increased, De-
creased, or Same Skill
Rating

	DEGREE OF SKILL						<u>INCREASE</u>	<u>DECREASE</u>	<u>SAME</u>
	<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>				
	<u>% Pre</u>	<u>% Post</u>	<u>% Pre</u>	<u>% Post</u>	<u>% Pre</u>	<u>% Post</u>			
18. PACING YOUR ENERGY EXPENDITURES - conserving yourself to complete the day without undue fatigue.	31.78	7.5	51.2	55.0	17.1	37.5	18	4	16
19. CONCENTRATION - being able to stick with a given task.	4.8	0	50.0	35.7	45.2	64.3	12	2	28
20. MEMORY - remembering events, incidents, ideas, plans or promises.	4.8	4.7	71.4	55.8	23.8	39.5	13	3	26
21. SELF-SCHEDULING - accomplishing the objectives of your job by efficient allotment of your time.	7.1	2.4	71.4	39.0	21.4	58.5	20	4	18
TOTAL	10.3	4.3	56.7	38.5	33.1	57.3			

SUMMARY OF SESSION EVALUATIONSAchievement of Objectives

Session	% Extremely (5) Successful	4	3	2	% Unsuccess- (1) ful
1. Team Formation	37	43	17	2	1
2. Roles/Responsibilities of FP Coordinator	31	46	21	2	-
3. The Management Cycle	31	35	22	10	2
4. Overview of Planning Process	28	48	25	-	-
5. Situational Analysis	40	46	12	2	-
6. Performance Analysis	28	54	15	3	-
7. Key Results Areas/Indicators of Effectiveness	40	50	10	-	-
8. Setting Objectives	42	39	16	3	-
9. Action Plans	38	50	12	-	-
10. Negotiating Skills	41	44	11	2	2
11. Monitoring and Evaluation	29	55	14	2	-

SUMMARY OF SESSION EVALUATIONSUsefulness of Content

Session	% Extremely (5) Useful	4	3	2	(1) % Useless
1. Team Formation	53	42	5	-	-
2. Roles/Responsibilities of FP Coordinator	47	41	12	-	-
3. The Management Cycle	43	39	14	2	2
4. Overview of Planning Process	49	51	-	-	-
5. Situational Analysis	59	27	14	-	-
6. Performance Analysis	38	45	17	-	-
7. Key Results Areas/Indicators of Effectiveness	38	56	6	-	-
8. Setting Objectives	48	48	4	-	-
9. Action Plans	66	34	-	-	-
10. Negotiating Skills	60	33	7	-	-
11. Monitoring and Evaluation	39	55	5	-	-

SUMMARY OF SESSION EVALUATIONSEffectiveness of Teaching Methods

Session	% Extremely (5) Effective	4	3	2	% In- (1) effective
1. Team Formation	49	47	4	-	-
2. Roles/Responsibilities of FP Coordinator	39	43	12	6	-
3. The Management Cycle	39	33	22	2	4
4. Overview of Planning Process	24	49	22	5	-
5. Situational Analysis	30	57	8	5	-
6. Performance Analysis	23	57	8	5	-
7. Key Results Areas/Indicators of Effectiveness	38	47	12	3	-
8. Setting Objectives	40	38	18	4	3
9. Action Plans	54	34	12	-	-
10. Negotiating Skills	55	26	17	2	-
11. Monitoring and Evaluation	29	50	21	-	-

SESSION 1: TEAM FORMATIONA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Become familiar with team members & their problem solving styles.	21	23	7	-	-
2. Analyze & describe the functions of a team in terms of both content and process.	19	22	9	1	-
3. Describe the differences between task and maintenance roles in teams.	17	21	10	2	1
B. <u>Activities</u>					
1. Was content useful?	25	20	3	-	-
2. Effectiveness of teaching methods.	23	22	2	-	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	42	3	2

C. Comments

Very participative, encouraged team work: (14)
 Exciting, stimulating, motivating : (18)
 Useful, learned much, thought-provoking : (15)

SESSION 2: ROLES & RESPONSIBILITIES OF THE
FAMILY PLANNING COORDINATOR

A. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Clarify specific roles and responsibilities.	20	21	8	-	-
2. Identify problems in carrying out these roles and responsibilities.	18	22	7	2	-
3. Identify innovative strategies to overcome these problems.	8	25	16	-	-

B. Activities

1. Was content useful?	23	20	6	-	-
2. Effectiveness of teaching methods.	19	21	6	3	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	30	18	-

C. Comments

Useful, effective:	(8)
Interesting:	(4)
Insufficient time:	(3)
Difficult to understand:	(2)

SESSION 3: THE MANAGEMENT CYCLEA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. To define and describe the functions of the management cycle.	17	17	9	4	2
2. To explain the implications for effective management of weaknesses in any of the five critical functions.	13	17	13	6	-

B. Activities

1. Was content useful?	21	19	7	1	1
2. Effectiveness of teaching methods.	19	16	11	1	2
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	17	31	-

C. Comments

Instructive, useful, related to uor problems:	(9)
Motivating, exciting	: (5)
Difficult, task not well understood	: (9)
Time too short, exhausting	: (9)
Not related to F.P.	: (1)

SESSION 4: OVERVIEW OF THE PLANNING PROCESSA. Achievement of Objectives

Objective	Very Successful (5)	4	3	2	Unsuccessful (1)
1. To list the seven stages of the operational planning process.	11	19	10	-	-

B. Activities

1. Was content useful?	17	18	-	-	-
2. Effectiveness of teaching methods.	9	18	-	-	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	22	15	-

C. Comments

Effective, useful: (4)
 Difficult : (2)
 Insufficient time: (8)

SESSION 5: SITUATIONAL ANALYSISA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Understand the importance of, and linkages between Federal and State plans for F.P.	16	22	3	-	-
2. Assess the current situation in your own State regarding the various F.P. program elements.	17	19	5	-	-
3. To set short-term priorities for action.	16	15	6	2	-

B. Activities

1. Was content useful?	22	10	5	-	-
2. Effectiveness of teaching methods.	11	21	3	2	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	23	10	1

C. Comments

Useful, interesting : (10)
 Too little time, needs more input: (4)

SESSION 6: PERFORMANCE ANALYSISA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Analyze the positive/negative factors that influence the status of the F.P. Program Element.	13	23	5	-	-
2. Review and rank these forces and identify those that exert most influence.	12	21	7	1	-
3. Prepare a program implementation strategy that reflects your analysis of the impelling and impeding forces.	9	23	7	2	-

B. Activities

1. Was content useful?	15	8	7	-	-
2. Effectiveness of teaching methods.	9	21	8	2	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	30	8	1

C. Comments

Helpful, interesting: (6)
 Well understood, liked: (3)
 Difficult at first: (4)

SESSION 7: KEY RESULTS AREAS AND
INDICATORS OF EFFECTIVENESS

A. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Identify Key Results Areas and Indicators to guide managers in making decisions concerning program directions.	15	19	4	-	-

B. Activities

1. Was content useful?	13	19	2	-	-
2. Effectiveness of teaching methods.	13	16	4	1	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	23	10	-

C. Comments

Helpful, useful: (5)
Engaging, enjoyable: (4)
Difficult hard work: (8)
Needed more time: (1)

SESSION 8: SETTING OBJECTIVESA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Understand the importance of establishing specific objectives to guide program planning and implementation.	18	15	6	1	-
2. Have written specific objectives for action in the various program areas.	16	16	7	1	-
B. <u>Activities</u>					
1. Was content useful?	19	19	2	-	-
2. Effectiveness of teaching methods.	16	14	7	2	1
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	24	9	2
C. <u>Comments</u>					
Helpful, useful:	(8)				
Engaging, enjoyable:	(5)				
Difficult hard work:	(4)				
Needed more time:	(2)				
Too little time:	(1)				

SESSION 9: ACTION PLANSA. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Identify and sequence the major activities that lead to acheiveing pro-gram activities.	12	25	4	-	-
2. Establish the time require ments for the objective and each action step.	16	21	4	-	-
3. Determine and assign the re-sources required to reach objec-tives, including personnel time, materials, facil-ties, and money.	14	20	7	-	-
4. Determine who will be responsible for the accomplishment of each objective and action step.	18	14	5	-	-
B. <u>Activities</u>					
1. Was content useful?	27	14	-	-	-
2. Effectiveness of teaching methods.	22	14	5	-	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	29	11	1
C. <u>Comments</u>					
Interesting, good stimulating:			(7)		
Effective, helpful, useful, educative:			(8)		
Clearly understood, good training:			(3)		
Tedious, difficult, time-consuming:			(5)		

Annex VIII Cont.
SESSION 10: NEGOTIATING SKILLS

A. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. To develop skills in presenting an action plan.	19	20	3	-	-
2. To practice the art of negotiation.	17	17	6	1	1

B. Activities

1. Was content useful?	25	14	3	-	-
2. Effectiveness of teaching methods.	23	11	7	1	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	14	25	-

C. Comments

Interesting, exciting, excellent:	(6)
Useful, understood:	(6)
Too little time:	(5)
Not enough explanation:	(1)

Annex VIII Cont.
SESSION 11: MONITORING AND EVALUATION

A. Achievement of Objectives

Objective	Very Suc- (5) cessful	4	3	2	Unsuc- (1) cessful
1. Determine monitoring and evaluation needs for your action plans.	11	22	5	-	-
2. Identify appropriate data collection or record keeping systems for program monitoring.	11	20	6	1	-
B. <u>Activities</u>					
1. Was content useful?	15	21	2	-	-
2. Effectiveness of teaching methods.	11	19	8	-	-
			(right)	(too little)	(too long)
3. Allocation of time.	NA	NA	23	9	2
C. <u>Comments</u>					
Interesting, excellent:		(4)			
Useful, effective, helpful:		(7)			
Well understood:		(5)			
Confusing:		(1)			

FINAL COURSE EVALUATION by PARTICIPANTS
(46 RESPONDENTS)

NOTE: Numbers indicate number of participants responding to a question or item, not percentages).

1. What was your objective in attending this course?

- 24 - To learn management skills.
- 14 - To become a knowledgeable, effective F.P. coordinator.
- 3 - To broaden knowledge of family planning.
- 3 - Other.

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

<u>Very useful (5)</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>(1) Useless</u>
36 (82%)	7	-	1	

Please explain your answer briefly:

- 15 - Course was useful.
- 11 - Course provided skills.
- 11 - Course improved my knowledge.
- 8 - Will assist me in my work.
- 8 - have learned how to plan.
- 3 - Learned from other participants.
- 11 - Other (helped creativity, improved motivation, good practice, successful, interesting, etc.).

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

- 2 - Team Formation.
- 5 - Roles and Responsibilities of F.P. Coordinator/Job Description.
- 7 - Management Cycle.
- 4 - Operational Planning Process.
- 7 - Situational Analysis.
- 4 - Performance Analysis.
- 9 - Key Results Areas.
- 13 - Setting Objectives.
- 19 - Developing Action Plans.
- 6 - Monitoring and Evaluation.
- 3 - Communication and Negotiation Role Play.
- 1 - State Presentations.
- 9 - All sessions.
- 2 - Other.

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

- 2 - Team Formation.
- 6 - Roles and Responsibilities of F.P. Coordinator/Job Description.
(Not stimulating, enlightening (2)).
- 4 - Management Cycle. (Greeting Cards not appropriate (1)).
- 1 - Operational Planning Process.
- 1 - Situational Analysis.
- 2 - Key Results Areas.
- 2 - Setting Objectives.
- 1 - Developing Action Plans.
- 1 - Communication and Negotiation Role Play. (Didn't fully participate (1)).
- 28 - None (all were useful).

Other concerns raised:

- 1 - Participant wasn't used to training methodology in early sessions.
- 1 - Participant already had skills prior to course.

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

- 1 - Team Formation.
- 2 - Roles and Responsibilities of F.P. Coordinator/Job Description.
- 11 - Management Cycle.
- 3 - Operational Planning Process.
- 7 - Situational Analysis.
- 6 - Performance analysis.
- 7 - Key Results Areas.
- 7 - Setting Objectives.
- 7 - Developing Action Plans.
- 2 - Monitoring and Evaluation.
- 5 - Communication and Negotiation Role Play.
- 1 - State Presentations.
- 1 - All sessions.
- 5 - None.
- 3 - Other.

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

- 1 - Team Formation.
- 3 - Roles and Responsibilities of F.P. Coordinator/Job Descriptions.
- 1 - Management Cycle.
- 35 - None.

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

(5) Very Effective	4	3	2	Ineffective
24	19	2		

Comments:

- 10 - Useful/Effective.
- 6 - Understandable/Explanatory/Illustrative.
- 8 - Appreciated lecture - practice - assistance approach.
- 4 - Simple, effective, clear, good level.
- 2 - Liked role plays.
- 2 - Good introductions.
- 2 - Enjoyed team work.
- 2 - Good use of resources.
- 3 - Facilitators did good job.
- 3 - Welcomed opportunity to practice skills.
- 3 - Other positive.
- 1 - Not enough examples.
- 1 - Methods too indirect.
- 2 - Groups too large.
- 1 - Facilitators had insufficient time for everyone.
- 1 - Need more teaching aids.
- 1 - Materials hard to understand.
- 1 - Need more time.
- 1 - Just a start.

Annex IX Cont.

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

- 27 - Additional time.
- 2 - Less time.
- 14 - Use of more realistic examples.
- 26 - More time to practice skills and techniques.
- 17 - More time to become familiar with theory and concepts.
- 1 - More effective trainers.
- 11 - More participation by group members.
- 1 - Less participation by group members.
- 5 - Different training site.
- 5 - More preparation time outside of sessions.
- 3 - More time to spend on hands-on activities.
- 9 - Concentration on more limited and specific topics.
- 3 - Need for more courses.

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

<u>Yes</u>	<u>No</u>
40	2

Reasons:

- 11 - Learn more management.
- 11 - Improve performance, further goals.
- 8 - Course is useful, helpful.
- 4 - Good preparation for tasks.
- 5 - Others need same knowledge.
- 3 - To fill need for trained managers.
- 2 - Helps build team.
- 5 - Other.
- 1 - Two have already attended.

10. Other comments:

- 5 - Need for State-level workshops.
- 5 - Course should be organized often.
- 8 - Interesting, helpful, educative, useful.
- 7 - Well done, inspirational, appreciated, glad to have attended.
- 2 - Others could benefit (government officials, service providers).
- 5 - Time was short, late sessions a burden.
- 3 - Good trainer-trainee interaction.
- 1 - Tough but worth it.
- 1 - Made me a change agent.
- 1 - Best attendance ever.
- 1 - Some sessions need re-organizing.
- 1 - Good idea to choose different training sites like Bauchi.