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REPORT ON THE
BENDEL STATE LOCAL GOVERNMENT
MANAGEMENT/PLANNING WORKSHOP
ON FAMILY HEALTH

MAY 16 1988

Conducted by
The Family Planning Management Training Project
at the Palm Royal Motel, Benin City
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Management Sciences for Health
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TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS	1
SUMMARY	2
RECOMMENDATIONS FOR FUTURE WORKSHOPS	3
BACKGROUND TO THE WORKSHOP	7
PRE-WORKSHOP PREPARATION	7
TRAINING GOALS AND METHODOLOGY	8
DESIGN OF THE TRAINING	8
PARTICIPATION	10
Selection of participants	10
Participant profile	11
Training Team	11
WORKSHOP OUTPUTS	12
EVALUATION	14
A. Pre- and post-workshop needs assessment	14
B. Mid-workshop evaluation	15
C. Standard FPMT end-of-workshop evaluation	16
D. Additional evaluation questions	16
E. Evaluation of trainers	19
FOLLOW-UP	19
APPENDIX I: Program	22
APPENDIX II: Participants	24
APPENDIX III: Mid-workshop evaluation: graphic results	26
APPENDIX IV: FPMT Evaluation	30
IV-A: Summary of workshop information	
IV-B: Summary of participant biodata forms	
APPENDIX V: Data to be brought by participants at next workshop	34
APPENDIX VI: Pre- and post workshop needs assessment	35
APPENDIX VII: Additional evaluation questions for future IG workshops	36
APPENDIX VIII: Report of panel discussion on coordination of the health/family planning services in Bendel State	50
APPENDIX IX: Bendel State family planning jingle	52
APPENDIX X: List of Abbreviations	54

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Mr. Edward Afenkhen	General Manager
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The Training Team:

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Gbola Omotosho
Yetunde Akinsipe
Jean Haffenreffer

MSH, Boston, April 1988

SUMMARY

This third FPMT-sponsored workshop for LGA family planning personnel was modelled after two previous workshops held in Ogun State in July 1987 and in Plateau State in November 1987. However, this workshop was significantly different from the other two in that, for the first time, the newly elected Supervisory Councillors for Health had been invited to attend. It is expected that their presence will help to start family planning programs in the local government areas (LGAs).

Unfortunately not all Supervisory Councillors for Health were able to attend, for a number of reasons. In some cases, the LG Council had sent its Assistant Secretary (a civil servant as opposed to an elected official) to participate instead. We feel that the permanence, represented by these civil servants, may turn out to be beneficial, as the Councillors will only be in office for two years, whereas the Assistant Secretaries may one day become Secretaries, which is one of the more powerful positions at the local government level. A total of 12 out of 19 LGAs was therefore represented both by implementers (the nurses) and policymakers (Councillors or Assistant Secretaries).

The change in participant profile, coupled with the fact that, in Bendel State, the family planning program is in a less advanced state than in Ogun and Plateau, called for a revision of the curriculum and materials. More emphasis was given to explaining the benefits of family planning, educating the public, presenting the plans in the IG Council, and understanding the system in which family planning programs will operate. The presence of the Supervisory Councillors for Health added a political element, which, in our view, was used effectively, as it not only allowed participants to understand how the system works, but also how to work the system for getting family planning started. The practical orientation and the teaching methodologies used in the past were maintained, with a full day simulation exercise as a central point. Using the active participation and enthusiasm of the participants as an indication of the appropriateness of the methodology used, the methods seemed to be well chosen.

The number of LGAs in Bendel State (19), and the size of the group (57) called also for a revision of the plan writing process. It was decided to start the writing earlier, during the first week, to avoid having to rush the writing towards the end of the workshop, when general fatigue tends to set in. The approach to writing the plan section by section, as in Plateau, was maintained. The participants worked on their plans in small one-to-three-person LGA teams, seated together by zones, to allow the state supervisors to be involved in all LGAs under their supervision. A member of the training team was assigned to work as a facilitator with two zones throughout the process. This allowed for a better rapport between participants and facilitator, and a more intimate knowledge of the thinking processes that preceded the writing of each plan section. As a result, the team was able to monitor the plan-writing process very closely, making each plan as comprehensive, internally consistent and realistic as possible. All 19 LGA plans were completed, and copies were provided to the Ministry for Health (to the Chief Consultant for Community Health), the Ministry for Local Government, the Pathfinder Fund, USAID Lagos, the Supervisory Councillor for Health (or the LGA Council), the SMOH supervisors and the senior IG nurse.

In addition, a first draft of a new Five-Year Bendel State Family Planning Action Plan was completed by a team consisting of three members of the Bendel State Family Planning Program Administration, and Family Planning Coordinators from Oyo, Benue, Kaduna and Ondo States, who participated in this workshop as observers in preparation for similar workshops to be held in their respective states in the future.

The experience of going through the planning process was extremely useful for the participants and in particular for the Supervisory Councillors for Health and Assistant Secretaries; not only have they learned about family planning, the resulting plan is theirs as they participated actively in the writing. It is hoped that this will help in getting the plan approved, and partially funded in the LG Council.

During the workshop, participants also were exposed to various managerial concepts and skills, either through focused training sessions, or by observing the training team, which made a point of modeling the desired behaviors. In addition, a full day was spent on the family planning simulation exercise, allowing the participants to put into practice what was learned and experiment with new behaviors. Considerable attention was paid to developing and strengthening the various LG teams. Bonds formed or strengthened during the workshop between the LG nurses, SMOH nurses and Councillors/Assistant Secretaries will be crucial to the success of the family planning effort.

The training team was impressed by the commitment of the participants, expressed in their conscientiousness, active participation, and their open attitude to learning new things. Their eagerness to go back and begin implementing their plans has left the team with the impression that this workshop has indeed made a difference. The follow-up results will determine if this assessment was correct.

RECOMMENDATIONS FOR FUTURE WORKSHOPS

The design:

1. The "temporary system" approach (see "The three stages of the workshop", on page 9), seemed to have worked well, both for the trainers and participants. It provided a helpful frame of reference.
2. The time and effort spent on exploring and making needs and expectations explicit seemed to have been a good investment of time: only 2 out of the 57 participants expressed less than complete satisfaction at the end of the workshop. Their objectives of receiving training in family planning methods and techniques had not been met. At the beginning of the workshop nearly half of the workshop participants expected to be trained as family planning service providers.
3. It is important that the trainers identify the developmental phase of the family planning program of the state. This determines to some extent the immediate needs and preoccupations to which the workshop should respond. In Bendel this meant spending much time on explaining the health and economic benefits of family planning, and on how to generate community support. In Ogun, on the other hand, management skills and MIS-related topics were more important.

4. The addition of local government council representatives was a new feature of this workshop. As a result, it was impossible to come up with a detailed program beforehand, as their needs were not known. As a result, the training team decided to provide participants only with a sketchy outline of the first week's program in order to give itself the flexibility of responding to needs as they arose. This had two consequences: it required a great amount of flexibility and resourcefulness of the trainers, as they didn't know well in advance who was going to do what. This approach will only work if the team consists of experienced trainers who complement each other in knowledge of planning concepts, management concepts and skills, and family planning methods and program administration. The other consequence of this approach was brought to our attention by the participants: they needed a typed copy of the program for their own report on the workshop. The absence of a program had caused some anxiety.

The plans:

5. Contrary to the approach followed in Ogun and Plateau, the separation of management training in week one, followed by plan writing in week two, seemed less appropriate this time: reducing the plan writing to one week was considered undesirable, in view of the size of the group and the number of plans. The plan writing is a major effort, and the team was worried that the energy needed for this effort would be insufficient, especially by the end of week two. The quality of the one-year implementation plans (which is the final section of the plan) written in Ogun and Plateau attests to this fact: participants were less than enthusiastic in finishing this final but important piece of the plan. We recommend that plan writing starts earlier, and is interspersed with relevant management and skills training, as it pertains to the section under review. For example, a session on problem identification could precede the writing of plan section 1: Statement of need; similarly, a session on target setting should precede the plan section on expansion of service delivery points, etc.

6. In order for the participants to write meaningful plans, they need to bring data from their zones and LGAs. The list of data to be brought appears in Appendix V. It is important that this point be stressed when preparing the next workshop. Timely identification and notification of participants will enable them to collect the necessary information.

7. The size of the group made it difficult to get to know individual participants very well. We therefore decided at an early stage, to divide the group into zonal subgroups, based on the MCH's health zones. Two zones, each comprising between one and three LGAs, were assigned to each trainer/facilitator. As a result, each trainer/facilitator was responsible for seeing that four or five LGAs completed their plans. He or she was also responsible for checking the internal consistency and quality of each plan. This allowed for a closer relationship between trainer and trainees, and made it easier for the trainer to closely follow and monitor the progression of the plan. We feel however that five LGAs is the maximum number one person can seriously monitor and supervise.

8. The plan outline, which is used as a workbook, needs some revisions and needs to be put into a better format. The current format is not always clear. Once the new tables have been created, enlarged copies (possibly

plasticized so that they can be used repeatedly with erasable markers), should be made available to the group facilitators, who could then repeat the instructions given first in plenary in their smaller groups, using examples from one of their IGAs. Furthermore, each participant should receive a (spiral)bound copy of the workbook, with an extra copy (loose leaf) to be used as the final, clean copy for each IGA.

9. The orchestration of the production and reproduction of the local government plans is a major undertaking, especially when there are more than 10 plans. It requires the more than full-time presence of one staff member. The degree to which this person is self-directed and resourceful is crucial. The trainers/facilitators should have no involvement with the administrative and logistical part of the plan production, as their full and undivided attention is needed for technical input and assistance during the plan writing, to ensure that the plans are well done.

10. The Ministry of Health arranged an impressive opening ceremony. The event attracted more than 100 people, among them some 40 traditional rulers, a representative of the Oba of Benin, the newly elected local government Chairmen, Supervisory Councillors for Health, and many other interested parties. Speakers included the Commissioners for Health and for Local Government, and the American Ambassador. The Governor of Bendel State could not attend at the last minute, but his speech was read by the Commissioner for Health. Outside the conference hall, an exhibit on traditional and modern methods of contraception was organized and staffed by students from the School of Health Technology. Having the traditional rulers and IGA officials attend these ceremonies is critical to their future support of FP efforts at the local level and should be encouraged.

11. All written materials were very highly valued by participants. It is clear that most participants have little or no access to resource and reference materials. It is therefore crucial that the trainers have sufficient copies of all materials available. Trainers should also try to make available any material that is written or produced for grassroots level family planning workers, as the workshop offers a unique opportunity to distribute such materials to the people they were written for.

12. Copies of all the IGA plans have been given to the Ministry of Health, the Ministry for Local Government, the Pathfinder Fund/Nigeria, and USAID. Copies of individual IGA plans have been given to the senior IG nurse, the Supervisory Councillor for Health or the Assistant Secretary or, if both were absent, to the nurse for transmission to the Council. The State supervisor received copies of all plans of IGAs that are in her zone.

Unfortunately, where more than one IG nurse or zonal supervisor was involved, insufficient copies had been made, which led to some disappointment. It is important at future workshops to make sure that EVERY participant goes home with a plan. It reinforces the ownership and pride, and assures that everyone leaves the workshop with good feelings.

The training team:

13. The training team comprised two Nigerian nationals. In addition, five other Nigerian experts participated as guest lecturers on the following topics: AIDS/STDs, health benefit of family planning, family planning

management information systems, and generating local support for family planning. The Nigerian members of the training team should and could assume larger responsibilities in future training workshops, eventually replacing all foreign assistance trainers. The Bendel State FPMT team identified at least three potential members of such a team.

14. It is essential that the collective training team's experience and expertise covers the following:

- family planning program design, planning, implementation and evaluation
- training design
- training techniques and methodologies
- LGA management/planning workshops.

Participants

15. The training team feels strongly that the addition of local government decision-makers will turn out to be a decisive factor. They shared this sentiment with all participants (see Appendix VII).

16. The duration of their presence at the workshop is not as clear cut: although most participants felt they should be there all the time, some argued that they had a lot of important business on their minds and could not really afford to take the time off. The decision depends to a great extent on the desired involvement of the councillors in the actual plan-writing. If they are to be involved in the writing (which the trainers feel was important) they should possibly be present throughout the workshop, especially when plan-writing and management training are interspersed as suggested earlier.

If however, their involvement in the plan-writing exercise is not considered crucial, their attendance at the opening and closing ceremonies, in addition to a number of sessions on the benefits of family planning, how to generate support, IEC, coordination, and some background on Nigeria's family planning program, should be an absolute minimum.

AIDS:

17. During the official opening ceremony, a film on AIDS was shown, graciously loaned to us by AFRICARE. It was a good opportunity to familiarize a large and important audience with the issue. The rulers and officials appeared very interested in the AIDS movie; many people were taking notes.

18. Each FPMT workshop offers a unique opportunity to educate health personnel about AIDS. There is clearly very little information available. However, connecting AIDS directly with STDs, as was done in this workshop, may be counterproductive. It obscures the essential difference between the two: AIDS cannot be treated !

BACKGROUND TO THE WORKSHOP

The Family Planning Management Training Project (FPMT) was initiated in late 1985 in order to provide training and technical assistance to leaders and managers of family planning programs. One of FPMT's first activities was to design a management development plan during a visit to Nigeria. The FPMT team visited health and family planning leaders in five States and in the Federal Ministry of Health to discuss the family planning program and to identify specific management problems that could be addressed through training.

The subsequent plan for management training called for a series of workshops adapted to the needs of the State family planning programs. A first workshop was held in Baltimore, U.S.A., for State level health administrators, followed by a workshop held in 1986 in Bauchi and in 1987 in Port Harcourt, Nigeria, bringing together the Family Planning Coordinators and deputies from the various States, and the Military.

The Bendel State Local Government workshop was the fifth in a series of workshops which are aimed specifically at strengthening family planning activities at the level of the local government areas (LGA). FPMT has been responsible for organizing three of these workshops: Ogun State and Plateau State in 1987 and Bendel State in March 1988. The other two (Lagos State and Kwara State) were organized by other USAID contractors in 1987. The first FPMT-sponsored LG planning workshop was held in Abeokuta, Ogun State in July 1987. As a result of this workshop, all LGAs in Ogun State now have five-year workplans and one-year action plans. The second FPMT workshop was held in Jos, Plateau State in November 1987. This report covers the third FPMT-sponsored workshop which took place from March 13-25, 1988 at the Palm Royal Motel in Benin City, Bendel State.

WORKSHOP PREPARATION

Preparation for the Bendel State Local Government Management/Planning Workshop on Family Health was initiated by USAID/Lagos early 1988, followed in Mid-February by a short visit of an FPMT staff member. After a series of courtesy calls and visits to selected participants, a tentative program was drawn up and logistical arrangements confirmed. Invitations were sent out to all participants at that time through radio messages, and by hand.

Prior to the departure of the training team to Nigeria, the teamleader gathered the US members of the training team in Boston to brief them on previous LGA activities in Nigeria and her recent trip to Bendel State. The FPMT workshop logistics coordinator arrived in Benin City one week before the start of the workshop. Four trainingteam members arrived on Saturday March 13. Due to family circumstances, one of the trainers had to return to the USA, thereby reducing the size of the team by one. Dr. Akinsipe from USAID/Lagos joined the team on Sunday March 13, and Mr. Gbola Omotosho from the Pathfinder Fund/Lagos arrived on Wednesday, March 16.

TRAINING GOALS AND METHODOLOGY

Nigeria's approach to health planning and service delivery is becoming increasingly decentralized. This trend towards decentralization is based in the philosophy that those who are closest to the target populations are in the best position to understand and provide services to those communities. As a result, the local government areas have been given more authority and responsibility for the planning and management of the health care system, including the provision of family planning services.

For the decentralization of the family health care and family planning program to be successful, administrators and service delivery personnel at the local government level must (1) understand the National and State goals for integrating the family planning services into the family health system; (2) be committed to the family planning program; (3) be trained in the essential components of the planning process (i.e. calculating current contraceptive prevalence rates, setting targets, ordering and managing the distribution of contraceptive supplies, staffing, etc.) and develop plans based on this understanding; (4) be skilled in the management techniques required to implement and manage the programs; and (5) be able to coordinate across different levels in the health care system (i.e. the State Ministry of Health, the Supervisory Councillors for Health, local government health personnel, and those employed by the Health Services Management Board).

The purpose of the Bendel State FPMT workshop was to provide participants with the skills required to plan and manage small scale local government area family planning programs. Initially, five objectives were identified, to which a sixth one was added during the workshop:

1. To complete five year family planning action plans for each LGA; and to complete a first draft of the Five-Year Bendel State Family Planning Plan
2. To impart knowledge on the benefits and methods of family planning
3. To review basic management and planning concepts and skills
4. To build and strengthen local government teams
5. To train participants in communication skills needed for presentation of plans and dissemination of family planning information
6. To write a Bendel State family planning jingle.

DESIGN OF THE TRAINING

Management Sciences for Health has long been an advocate of participative and experience-based learning. An emphasis on this type of learning implies a commitment to active learning (i.e. case discussions, role plays, simulations), rather than a total reliance on passive learning (i.e. listening to lectures, reading handouts).

Experiential methodologies have been used in management schools and management training programs in the U.S. for over a decade. The assumption that supports the use of these methods is that people learn best by doing; that is, theoretical concepts come alive when learners experience them

firsthand and skills are learned most quickly when learners have an opportunity to practice them in the relative comfort and guidance of the learning environment.

The experiential approach was particularly appropriate for this workshop for another reason: the workshop participants represented a broad range of knowledge, skills, and abilities. Although the simultaneous attendance of State Coordinators, Supervisory Councillors for Health, State Supervisors and Local Government nurses created a rich learning environment and facilitated coordination among these groups, it also created some challenges for the trainers. For example, while some participants had considerable knowledge of the goals of the family planning program and the types of family planning services offered, others had little, if any, of this knowledge. And while some participants were formally educated in the written tradition, others were educated in the oral tradition. The experiential techniques provided a means by which the training team could manage and take advantage of the diversity among the workshop participants.

The three stages of the workshop

The workshop itself consisted of three stages: building, teaching and learning, and closing. The building phase was designed to ease the participants' transition from their permanent (work and home) systems to the temporary (workshop) system. This phase took approximately two days, during which time the participants became acquainted with each other, reconciled needs and objectives, and established norms (i.e. roles, attendance, timeliness, level of informality/formality) for the remainder of the workshop. Participants also attended an opening ceremony at the Ministry of Health at which prominent officials and practitioners presented the goals for integrating the family planning program into the family health care system, affirmed their commitment to this program, described the current status of health care in Nigeria, and discussed the advantages of family planning.

The teaching and learning phase was designed to integrate the management training with the development of the five-year plans for the local government areas. This phase took approximately seven days. During this phase, participants were introduced to specific management and planning concepts (all in the context of the family planning program), participated in a simulation of "a day in the life of a family planning system", and worked in teams to develop the five year plans. The specific concepts and skills introduced during the training included:

- * planning (benefits, cycle, Five-year IGA Plans)
- * identifying problems
- * setting goals and objectives
- * target setting
- * data collecting and using numbers
- * budgeting
- * monitoring and evaluating
- * managing human resources (supervision, communication, coordination)
- * managing health technology
- * managing the environment
- * making presentations.

The specific educational techniques used in the workshop included:

- * lecturettes
- * guest speakers (i.e. on family planning, MIS, AIDS)
- * small and large group discussions
- * case analyses
- * role plays
- * a one day simulation of the family planning system
- * participant presentations
- * written materials
- * participant-led discussions (organized or spontaneous)
- * course evaluation instruments
- * small task-oriented work groups (to develop the plans)

The closing phase was designed to provide participants with an opportunity to evaluate whether their objectives had been met and to begin to transfer their technical learnings and commitment to the program (and their plans) back to their permanent systems. This took approximately one day and included a closing banquet, a review of the workshop objectives, and a session on making presentations (based on the assumption that the workshop participants would now be in the position to "pass the word" about family planning onto their colleagues, the target population, traditional rulers, and other people who will be critical to the success of the program).

PARTICIPATION

Selection of participants

The selection of participants was based on their position. The Ministry of Health was invited to send its 14 supervisors, and the Ministry for Local Government directed all 19 IGAs to send their most senior nurse and the newly elected Supervisory Councillor for Health. In addition, letters of invitation were sent out to the Ministries for Health in Kaduna State, Oyo State, Benue State and Ondo State, to send their State Family Planning Coordinator as an observer in preparation for similar workshops in these states in the future.

In view of electoral irregularities in some IGAs, Chairmen had not been elected, and, as a result, no Supervisory Councillor for Health had yet been appointed. Six of these IGAs had sent, instead, the Assistant Secretary to the IG Council. As a result, some of the IGAs were represented by elected officials (policymakers), some by administrators (civil servants), and some only by one or two IG nurses.

The final tally was:

Local Government : -24 nurses from the 19 Bendel State IGAs (in some cases the IG had sent more than one nurse)
-1 nurse from Oyo State Ministry for Local Government;
-6 Supervisory Councillors for Health
-6 Assistant Secretaries to the Council;

Ministry of Health: -13 state supervisors
State Coordinators: -4 Family Planning Coordinators from Bendel, Oyo, Ondo, and Kaduna States; 1 Deputy Coordinator from Bendel State; 1 IEC Coordinator from Benue State; 1 Medical Statistician from Bendel State.

Participant profile:

The average age of the participants was 42 years, with a range from 29 to 55. The majority of the group was female (73%). Sixty-four percent of the participants considered themselves mid-level managers, twenty-four percent indicated to be either a director or an assistant (deputy) director. The educational background varied from primary school only (20%) to graduate school (MA or Ph.D.) (4%), with about half of the participants having completed secondary or vocational school. Most were trained as midwives (68%) or nurses (50%), with about one-fifth specialized in public health (nursing). Twenty of the 57 participants had attended one or more courses on family planning. None of the local government nurses had had any specialized family planning training.

Job responsibilities varied considerably, as was to be expected. Project or program planning and implementation, along with personnel supervision were the most frequently checked, roughly half of the participants engaged in these activities. General management, data collection and analysis, and IEC were checked off by one-third to one-fifth of the participants.

More than half of the participants work in both urban and rural areas, 40% in rural areas only, and 2% only in urban areas. Approximately half of the participants work predominantly at the community or village level, the other half at the local government or state level. The nurses and nurse/midwives are involved in several other health interventions: child survival (45%); natural family planning (36%); ORT (48%); EPI (75%); breast-feeding (32%). None of the participants had been involved in AIDS-related activities.

Training Team

The training team was composed of the following members:

Yetunde Akinsipe	Facilitator, USAID/Nigeria
Paula Caproni	Trainer, FPMT consultant
Jean Haffenreffer	Logistics/Administrative coordinator, MSH/FPMT
Gbola Omotosho	Trainer, The Pathfinder Fund/Nigeria
Carol Valentine	Trainer, FPMT consultant
Sylvia Vriesendorp	Teamleader and principal trainer, MSH/FPMT

Michael Merrill, Director of Human Resource Development (MSH) was present for the first four days, and served as technical advisor during the design phase.

WORKSHOP OUTPUTS

Although the real success of the workshop cannot be assessed until much later, when plans are actually being implemented, both participants and trainers agreed that the workshop had achieved its 6 (immediate) objectives.

1. To complete five year family planning action plans for each IGA; and to complete a first draft of the Five-Year Bendel State Family Planning Plan

All 19 IGA plans, as well as a draft Bendel State plan were completed by the end of the workshop. The plan writing exercise gave the participants an understanding of the importance of, and the need for planning, and in particular, how important their own input in this process is. The exposure to the National and State Plans and the process of their development also provided the participants with a better understanding of the place of the IGA plans in the total structure, and the importance of their role in Nigeria's family planning program. Due to the large number of IGAs, and the size of the group, it was decided to start the writing early (during the first week), and assign one trainer/facilitator to each workgroup consisting of between one and three IGAs. This allowed a closer relationship between facilitator and participants, and made it easier for the members of the training team to closely follow the unfolding of the plans and monitor their coherence and accuracy.

The presence of the Supervisory Councillors for Health and administrators from the LG Council, made for an interesting enrichment of the plan writing and discussions. In some IGAs, the Councillor was the driving force, in others, the Councillor represented the "voice of the authorities", and reminded the nurses to be realistic. Without exception, all Assistant Secretaries took on an extremely active role during the plan writing. Their familiarity with bureaucratic and administrative structures, as well as their ability to write well, were certainly great assets to the groups fortunate to have them in their midst.

The participants seemed all very committed to the plans they produced. The Local Government Council representatives present during the workshop, as well as the Commissioners for Health and Local Government, who spoke at the closing banquet, contributed to the momentum by stressing the importance of the IGA family planning effort and by promising the participants their full attention and assistance.

2. To impart knowledge on the benefits and methods of family planning

In view of the "developmental stage" of the Bendel State family planning program, informing and educating the people about family planning is a major task for all involved in the family planning effort. In fact, the limited knowledge about family planning among the participants was indicative of this state of affairs. Therefore, contrary to the Ogun and Plateau workshops, considerable attention was paid to discussing the health and economic benefits of family planning.

Several Nigerian experts were invited to speak. Among them were two medical OB/GYN specialists, and an expert on generating community support for family planning. It was interesting to observe during the simulation exercise, how one of the participants who had been previously unfamiliar with the why and how of modern contraception, was able to successfully convince some of his fellow participants (playing the role of "ignorant villagers") to use contraception.

3. To review basic management and planning concepts and skills

The skill building component of the workshop had two purposes: to equip the participants with the necessary skills to develop their plans, and, at a next stage, to present and "sell" their plans to the appropriate authorities. Management and implementation skills, a primary focus of the two previous workshops, figured less prominently on the program. Nevertheless, they were dealt with in several ways: through focused management training sessions (on supervision for example), through experiential exercises (the simulation), and through modeling of good management by the training team.

The first week of the workshop provided participants with the opportunity, through hands-on experience and discussion, to become familiar with management concepts and techniques, and it provided a frame of reference for their day-to-day activities. The simulation exercise gave them a chance to practice these new concepts and behaviors in a simulated "real life" situation.

4. To build and strengthen local government teams

The participation of State and LGA health managers and supervisors, as in the previous two workshops, was important in that it enabled them to develop friendships and close working relationships that are so invaluable in an environment where frequent transfers and reassignments are common occurrences. The addition of the Supervisory Councillors for Health and Assistant Secretaries, to some of the LGA teams, helped the nurses to better understand the system in which they work and how to get things done. It is hoped (and expected) that the close relationships that developed between the different levels represented at the workshop, will have beneficial effects that go beyond the family planning effort.

A special session was organized around the theme of "organizational structure and management", as an introduction to the section of the plan dealing with this topic. Representatives from all groups formed a panel, and gave, each, a brief presentation on how the system works at their end, and, in some cases, how to work the system. The presentations led to often heated exchanges between participants, the most emotional topic being the role of the local government nurses in the family planning program. Presently, it is the State supervisor who is in charge of supervising all family planning activities. The local government nurses demanded to be put in charge of, and made responsible for, all family planning activities at the local government level. The State Family Planning Coordinator promised to look into this matter. A full report on this session is included in Appendix VIII.

5. To train participants in communication skills needed for presentation of plans and dissemination of family planning information

At the initial needs assessment (Appendix VI), 75% of the participants expressed low to medium confidence in their own communication skills. Therefore, considerable time was spent on improving these skills, both for convincing and persuading policymakers and authorities, and for spreading the message on family planning to the grass roots. This was done in several ways. Each day, one participant was asked to make a presentation on the program of the previous day. In addition, the training team made an effort to model good communication, and, where communication had broken down, to point this out to serve as a lesson. The simulation provided another opportunity for the participants to practice their communication skills and receive immediate feedback, as good or bad communication had clearly observable effects on their own and other groups' performance. Finally, on the closing day, two more hours were spent on what next steps to take (i.e. presenting the plans) and how to do this. Participants received a number of speaking tips as well as a hand-out.

In their post-workshop rating of confidence in their communication skills, a clear shift had taken place: four-fifth of the participants expressed a high level of confidence.

6. To write a Bendel State family planning jingle

The state and local government nurses felt that the lack of a Bendel State family planning jingle was an obstacle to their IEC activities. As a result, a group of nurses decided to write one. It seemed that much time was spent after workshop hours to produce the song. It was officially presented, accompanied by a family planning skit, during the closing banquet, in the presence of several dignitaries. The text of the song is attached in Appendix IX.

EVALUATION

The various evaluation instruments used in this workshop served four purposes:

1. To fulfill FFMT's reporting requirements
2. To enable participants to assess their own progress
3. To give the training team feedback on their training style and the design of the workshop
4. To provide feedback and recommendations to the Pathfinder Fund for future LGA planning workshops.

EVALUATION INSTRUMENTS

A. A pre- and post-workshop needs assessment was administered at the beginning, and again, at the end of the workshop. Participants were asked to rate their level of confidence (low, medium or high) on a number of skills and topics that the workshop intended to address. The second administration at the end of the workshop, allowed them to assess their progress.

An analysis of the responses shows that the areas for which a low level of confidence was expressed before the workshop by roughly half the participants were: Target setting, use of the calculator, budgeting and financial monitoring, AIDS and STDs, and the family planning program in Nigeria. Except for "budgeting and financial monitoring", confidence levels for these topics and skills had risen to "high" for 63%-70% of the participants at the post workshop needs assessment. Furthermore, by the end of the workshop, participants expressed a high level of confidence for those management skills that were widely used in the simulation exercise, such as management and planning, supervision, delegation, coordination and communication (all 80% or higher). The lowest percentage in the "high level of confidence" category was for "budgeting and financial monitoring", "data analysis" and "calculations" (between 49% and 56%). These three topics had all received less than an optimal share of attention during the workshop, due to time pressures.

The aggregate results, expressed as percentages, can be found in Appendix VI.

B. A mid-workshop evaluation instrument was designed by the training team and administered halfway through the workshop. The purpose of this evaluation was to give the training team some feedback on its approach and choice of topics, and to make recommendations for future IGA workshops. Participants were asked to rate all the sessions they had attended so far on 5 criteria:

- o How much did you know ?
- o How much did you learn ?
- o How much did you like it ?
- o How useful was it for your work ?
- o Was enough time spent ?
- o Would you suggest that this session continue to be included in a similar workshop ?

The answers have been entered into a database (REFLEX) which allows crosstabulation and graphic representation of the results. The versatility of the software makes it possible to look at the answers in several ways: ratings per trainer, per session, per question, and per participant category. In Appendix III the graphic results represent an analysis that was done per session and per participant category (i.e. Council representatives, LG nurses, State nurses, State coordinators) in order to assess the appropriateness of the various sessions for the different categories of participants. One of the more striking findings is that, in general, the Councillors gave the lowest rankings to the 19 sessions that were given during the first workshop week. This could probably be explained by the diversity of their backgrounds, the diversity (and divergence) of their needs (from the other participants), and their unfamiliarity with family planning programs, issues, and terminology. The State Coordinators on the other hand, tended to give the highest ratings. This group distinguishes itself from the others in that the State Coordinators had all attended at least one workshop on family planning, knew clearly what the issues were, and possibly had the most immediate and direct need for the information and training provided during the first week.

C. The standard FPMT end-of-workshop evaluation was administered at the end of the last session on Friday, March 25.

Of the 53 people that completed this evaluation, 68% gave the workshop the highest overall rating, 30% gave it a rating of 4 on a five-point scale. A grouping of answers to the question : "What was your objective in attending this workshop ?" shows the following objectives:

- learn more about family planning (38%)
- learn more on family planning program implementation at the IGA level (15%)
- management and planning skills (25%)
- how to write a plan (4%)
- how to plan and implement similar workshops at the IG level (4%)

All participants expressing objectives such as the ones above, felt that they had been met. Only those who had expected to be trained in clinical family planning skills (4%) did not achieve their objectives, for obvious reasons. Most participants however, felt that the workshop had been extremely useful for their work (72%), 21% responded that the workshop had been useful, and only one person indicated that the workshop had been useless. The sessions considered most useful were the ones on management and planning (28% and 47% respectively). Other sessions mentioned by more than 10% include "generating community support", "budgeting", "goals and objectives", "target setting", and "monitoring and evaluation".

Methods and written materials

A large majority of participants considered both the methods and the written materials good learning aids and relevant for their work. The methods used (lectures, role plays, small group discussions, participant presentations) were rated by participants on their usefulness. The role plays (which includes the simulation exercise) and the small group discussions were rated highest, followed by the lectures and participant presentations.

D. Additional evaluation questions were added to the previous instruments to give the team feedback on issues that were considered important for future IGA planning workshops in other states. The following questions were asked:

- What is your opinion about the presence of the Supervisory Councillors for Health during this two-week workshop ?
- Do you think the Supervisory Councillor for Health should be present for the full two weeks ?
- Which session(s) do you think are most important for the Supervisory Councillor for Health to attend ?
- Some people have suggested that the Assistant Secretaries should attend this workshop. If you had to make a choice between the Supervisory Councillors for Health or the Assistant Secretaries, who would you choose and why ?
- What is your opinion about Tuesday morning's panel discussion on the coordination of health services ?

- What are your suggestions for making the simulation better ?
- Do you have any other comments or suggestions that will help us improve this workshop ?

The questionnaires were filled in anonymously. However, in order to allow a better analysis of the answers, the participants were requested to indicate their position. A complete print-out of all the answers, organized by participant category and by question, can be found in Appendix VII.

Based on an analysis of the 49 questionnaires that were returned, the following observations can be made:

Presence of the Supervisory Councillors for Health

An overwhelming majority (in all categories) considered it a good or even excellent decision, stressing the political leverage in the council and the influence the Councillors have over their constituents. The Councillors themselves (five of the six present throughout the workshop) were also in favor (of their own presence). As one Councillor remarked: "A very good idea since it affords them the opportunity to learn about family planning. The fact that they participated in drawing up a plan means a definite commitment to the program". For the LGA nurses, the Councillor's presence may have been useful in more than one way: it strengthened her relationship with the higher levels of local government and, as many of them saw it, it "eased their task of implementing the program".

Duration of the presence of the Supervisory Councillors for Health

Most of the respondents agreed that the Councillors should be present throughout the workshop. It is interesting to add here that several Councillors who were present from the beginning had approached the teamleader at one point or another to request dispensation to attend to business matters during the workshop. (Some of this was related to a presidential visit to Bendel State that took place during the workshop). As a result Councillors were periodically absent during the workshop. However, no one raised this issue in the evaluation by saying that the Councillor cannot afford to be away for two weeks. The impression of the training team was that, after the workshop had gained momentum, the Councillors tried to attend as much as possible, some even cancelled business trips they had scheduled.

Timing of workshop

Although no question was asked about the timing of the workshop, several people commented that the workshop should take place during the dry season. We may assume that this could be an issue because some Councillors are farmers and could not afford to leave their farms for two weeks during the rainy season.

Most important sessions for Councillors to attend

One third of the respondents considered all sessions important for the Councillors to attend. In addition, special mention was given to planning, budgeting (and financial monitoring), and implementation (organization and management). The emphasis was clearly on those skills that will help the Councillor to facilitate or generate official support for program implementation. The opening ceremony was mentioned three times (interestingly, only by LG nurses).

Choice between Assistant Secretaries and Councillors

An overwhelming majority, in all categories, chose the Councillors. Even the Assistant Secretaries (with one dissenter) agreed that the Councillor was the most appropriate person to attend. A few LG nurses mentioned that the Assistant Secretaries are more permanent, and represent the Secretary for Local Government, and therefore should be preferred. As to the why, the leverage of the Councillor (both with regard to the community and the LG Council), his policymaking responsibilities and his power to push the program forward were listed as the major arguments for choosing the Councillors over the Assistant Secretaries.

Tuesday morning panel

The special panel that was organized to enlighten the participants on the organization, management and coordination of the various structures within which they operate, was generally considered to be helpful. A few of the LG nurses, however, felt that their "interests were not well protected by their representative", the issue being the supervision of the family planning program at the local level (which is now done by the state supervisors, much to their chagrin). The following remark is indicative of the sentiments evoked by this issue: " Those of us in LG want to see that the most senior nursing personnel should be trained fully to become either supervisor or coordinator in each LG, because there is no need for a supervisor in the Ministry of Health who may be a junior to me to come and supervise me in my own LG. We should be trained to, in turn, train health workers in the IGA".

The panel was described by one of the Councillors as "..... the convergence of all the hierarchies of government as it is going to affect family planning programs. It was a welcome idea to hold the panel discussions to enlighten all participants and trainees of easy streets and rough paths ahead". To one of the State Coordinators "..it has been an eye opener, it has thrown some light on the organization at the LG level."

Simulation improvements

Interestingly, many of the answers to this question reflected comments on improvements that are needed in the real world. What this means is not quite clear at this point, other than that the simulation was obviously perceived as very real. The few people who responded

correctly to the question, suggested a repeat of the simulation, periodically throughout the workshop, and more individual preparation time.

Other comments and suggestions

An important remark was made by one of the Assistant Secretaries who stressed the importance of immediate action with regard to training of service providers: "training of participants at the LGA level should commence at once as everybody is in good spirit to work but the enthusiasm and the willingness dies down."

Most other comments expressed praise for the organizers and training team. Finally, several people (both Councillors and LG nurses) suggested to repeat such a workshop once a year, others felt the workshop should have been extended one week or more.

E. Evaluation of the members of the training team. All participants were asked to rate each member of the training team individually on five criteria (overall rating, knowledge, explanation skills, enthusiasm and interest, encouragement of class participation). In addition written comments were solicited under three headings: what did you like best about the instructor, what recommendations do you have for improvement, and other comments. The results have been communicated to the various trainers and are for internal use only.

FOLLOW-UP

General Overview

Follow-up for the Bendel State LGA Workshop will probably take place under the new FHI II Project, implemented by the Pathfinder Fund. Ideally, visits should be made approximately three months following the workshop - in the summer of 1988 - to a number of LGAs. The LGAs to be visited should be selected based on the following criteria to assess the impact of the presence of LG Council representatives:

2 LGAs represented by a Supervisory Councillor for Health and one or two LG nurses (to be selected from among Agbazillo, Ika, Isoko, Ovia, Ughelli, Akoko-Edo);

2 LGAs not represented by a Supervisory Councillor for Health but by an Assistant Secretary and one or two LG nurses (to be selected from among Warri, Bomadi, Okpebho, Orhionmwon, Oredo, Burutu);

2 LGAs represented only by one or two LG nurses (to be selected from among Aniocha, Etsako, Oshimili, Owan, Okpe, Ethiope, Ndokwa).

To the extent possible the State Family Planning Coordinator and/or her Deputy should accompany the person or team undertaking the follow-up visits.

Other components of the Follow-up

The follow-up for the Bendel State Workshop should include four other components as well:

A. Assessment of Training Impact

During site visits to the LGAs represented by workshop participants, the following questions should be asked:

- Have participants been referring to or using their plans since the workshop?
- Have the State Supervisors and LG nurses discussed the plans with their staff during supervision visits (has monitoring been taking place) ?
- Have participants sought to complete their plans where data were initially lacking ?
- Have participants practised their newly learned or improved management skills in their work and with their coworker, staff, and their patients ?
- Have participants reviewed the notes taken during the workshop ?
- Have participants read, reread or referred to the technical notes handed out during the workshop ?
- Have they presented, or practised presenting the plan to their superiors ?
- Have they had a chance to talk to the community or community leaders about family planning ? Did they feel that they had sufficient information about the benefits of family planning ?

B. Provision of Technical Assistance

During the site visits, the person or team in charge of the follow-up should give assistance to LGA and HSMB staff in adjusting, updating, and reviewing their five-year plans; and to the state supervisors in working with their LGA counterparts to develop a strategy for data collection and completion of LGA plans.

C. Modelling of Managerial Function of Monitoring

The site visits mentioned above provide an opportunity for participants to observe the "monitoring function" of a manager. The follow-up team/person should point out the why, what and how of a monitoring visit, so that the participant will be able, in the future, to monitor the implementation of his/her plan by him/herself.

D. Special Issues

A number of issues were raised during the workshop. The most important one was the relationship between state and local government nurses vis-a-vis the family planning program. The issue seemed to be a highly charged one. The State Family Planning Coordinator has promised to look into the problem, and see if the local government nurses could take on a supervisory role at the local government level, after having been trained in family planning.

An issue of special interest to the trainers concerns the quality of the plan and the degree of ownership claimed by the authors at the time of the writing. It would be interesting to see if these have any bearing on the activities following the workshop. A number of IGA teams clearly wrote strong and coherent plans that were well thought through. Others had more difficulty, especially with the concept of a plan. It is possible that some of the participants, especially the teams consisting of only one or two IG nurses may not have seen clearly the relevance of all the tedious work involved in the writing, for their work back home.

APPENDIX I

PROGRAM

Sunday, March 13

02:00 - 19:00 Participants arrive and check-in
Registration/biodata forms

Monday, March 14

08:00 - 09:00 Workshop design and objectives, administrative details
09:00 - 10:45 Getting acquainted
10:45 Departure for opening ceremonies in Benin City
10:45 - 15:00 Opening Ceremonies
15:00 - 15:45 Health benefits of family planning - Dr. A. Omu (UBIHT)
20:00 - 21:00 Needs assessment, objectives, concerns, issues

Tuesday, March 15

08:00 - 09:30 Introduction to family planning - Dr. E. M. Akinluyi
09:30 - 10:30 Group presentations on needs, objectives, concerns
10:30 - 12:30 Introduction to planning - planning steps
14:00 - 15:00 Project planning
15:00 - 16:00 Introduction to management
16:00 - 17:00 Local government plans

Wednesday, March 16

08:00 - 10:00 Local government plans: Statement of need
10:00 - 12:30 Goals and Objectives
14:00 - 15:00 Target setting
15:00 - 15:45 Supervision
15:45 - 16:30 Supervision roleplay
16:30 - 17:00 Introduction to simulation

Thursday, March 17

08:00 - 15:00 Simulation exercise
15:00 - 16:00 Discussion

Friday, March 18

08:00 - 12:30 Management Information Systems: feeding the calculator;
monitoring and evaluation; Terminology: CYP, method mix,
data analysis, exercise
14:00 - 17:00 IGA Plan: Existing family planning situation

Saturday, March 19

08:00 - 10:00 Generating community support for family planning - Dr. D.
Popoola
10:00 - 11:00 Developing a budget
11:00 - 12:00 Report on AIDS and STDs -- Prince I.S. Mebitaghan
12:00 - 12:30 Evaluation of the first week and money matters

Sunday, March 20

Free

Monday, March 21

Plan writing: section 2 - Existing family planning situation (cont'd)
section 3 - Program premises
section 4 - Goals and objectives

Tuesday, March 22

08:00 - 10:00 Panel discussion on organizational structure and management
Plan writing: section 5 - Program elements: expansion of services
section 6 - Program elements: Organizational structure and management
section 7 - Program elements: Training

Wednesday, March 23

Plan writing section 8 - Program elements: IEC
section 9 - Program elements: Contraceptive supplies
section 10- Program elements: Equipment,
building/refurbishing, transport, evaluation and special studies

Thursday, March 24

Plan writing section 11- Implementation plan
19:30 - 22:00 Closing Banquet, Award of certificates

Friday, March 25

08:00 - 09:00 Presenting the plans
09:00 - 09:30 Presentation skills
09:30 - 10:00 Workshop wrap up
10:00 - 11:00 Evaluations and distribution of finalized plans

APPENDIX II

PARTICIPANTS

FAMILY PLANNING COORDINATORS

Mr. E. O. Okochi	-	Benue (I.E.C. Coordinator)
Mrs. H. Z. Zubairu	-	Kaduna (F/P Coordinator)
Mrs. R. T. Ogunlowo	-	Ondo "
Mrs. M. I. Aisuebeogun	-	Bendel "
Mrs. A. C. Chizea	-	Bendel (Dep.F/P Coordinator)
Mr. Onwochei Polycarp	-	Bendel (Statistician)
Mrs. M. O. Olugbode	-	Oyo Family Planning Coordinator

SUPERVISORY COUNCILLORS FOR HEALTH

Mr. Akwuebuzor F.G.	-	Ika Local Government Area
Chief A. M. Agbaza	-	Isoko Local Government Area
Mr. A. G. Agbomeirele	-	Agbazilo Local Government Area
Mr. C. I. Ikporomusa	-	Ovia Local Government Area
Chief I. O. Ijenuwa	-	Ughelli Local Government Area
Mr. Francis Tunde Ajagun	-	Akoko-Edo Local Government Area

ASSISTANT SECRETARIES

Mr. J. O. Ogbole	-	Warri Local Government Area
Mr. Erhisere I.E.	-	Bomadi Local Government Area
Mr. C. E. Ilucbe	-	Okpebho Local Government Area
Mr. H. U. Obayagbona	-	Orhionmwon Local Government Area
Mr. R. M. Jibromah	-	Oredo Local Government Area
Mr. Okoh Ejime P.S.	-	Burutu Local Government Area
Mr. Tim Onohwohwakpor	-	Oshimili Local Government Area

STATE SUPERVISORS

Mrs. R. Omokhodion	-	Okpebho Local Government Area
Mrs. G. E. Sagay	-	Oredo Local Government Area
Mrs. V. O. Unuigboje	-	Akoko-Edodo Local Government Area
Mrs. P. N. Afuberoh	-	Oshimili Local Government Area
Mrs. J. E. Ndili	-	Warri Local Government Area
Mrs. C. A. Afieghe	-	Orhionmwon Local Government Area
Mrs. C. E. Iremiren	-	Oredo Local Government Area
Mrs. F. Adigbo Emosoga	-	Bomadi Local Government Area
Mrs. E. I. Ehidiannen	-	Ovia Local Government Area
Mrs. C. C. Odili	-	Ndokwa Local Government Area
Miss Dora Emengha	-	Orhionmwon Local Government Area (Ossiommo Zone)
Mrs. M. N. Ukiri	-	Ovia Local Government Area
Mrs. C. A. Ikomi	-	Ughelli Local Government Area

LOCAL GOVERNMENT AREA NURSES

Mrs. Eromosele D.E.	-	Okpebho Local Government Area
Mrs. Lucy O. Obazee	-	Ovia Local Government Area
Mrs. Obaigbona	-	Ika Local Government Area
Mrs. Ozigbo	-	Warri Local Government Area
Mrs. P. I. Okolie	-	Aniocha Local Government Area
Mrs. Adoghe E. A.	-	Oredo Local Government Area
Mrs. P. Oseghale	-	Ika Local Government Area
Mrs. E. O. Momoh	-	Etsake Local Government Area
Mrs. A. Okotie	-	Okpe Local Government Area
Mrs. C. A. Uviovo	-	Ethiophe Local Government Area
Mrs. R. N. Dunkwu	-	Aniocha Local Government Area
Mrs. F. I. A. Otaru	-	Akoko-Edo Local Government Area
Mrs. Mary Fregene	-	Warri Local Government Area
Mrs. H. C. Ojji	-	Ndokwa Local Government Area
Miss F. C. Hobobo	-	Bomadi Local Government Area
Mrs. E. I. Izedonmwon	-	Orhionmwon Local Government Area (Abulu)
Mr. B. O. Iyare	-	Ughelli Local Government Area
Miss C. L. Kpodoh	-	Burutu Local Government Area
Mrs. G. A. Obazu	-	Owan Local Government Area
Mrs. V. R. Aluede	-	Agbazilo Local Government Area
Miss M. O. Eseriobe	-	Okpe Local Government Area
Mrs. A. O. Ukeseh	-	Isoko Local Government Area
Mrs. Pauline Mesike	-	Oshimili Local Government Area
Mrs. H. O. Ladipo	-	Oyo State Ministry for Local Government

APPENDIX III

Mid-Workshop evaluation

The following pages contain the graphic results of the mid-workshop evaluation that was administered at the end of the first week. The participants were asked to rate each session with respect to six questions: How much did you know? How much did you learn? How much did you like? How useful was it for your work? Was there enough time? and would you recommend that this session be included in future workshops?

The last question was answered positively by all 57 participants. No further analysis was needed. The other five questions were put into a database (REFLEX) allowing crosstabulation and graphic representation. The versatility of the software makes it possible to look at the information in different ways. The graphs that follow represent the participants responses to each of the five questions by participant category and by session. As the graph can only contain eight different bars, representing the sessions, three sets had to be made for each question because 19 sessions were being evaluated. The following is a key to understanding the graphs.

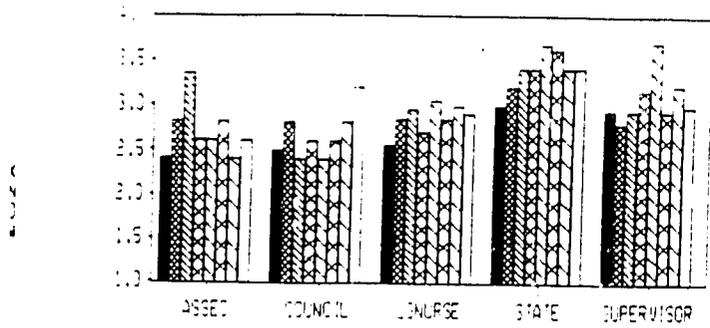
Participant categories:

ASSEC	-Assistant Secretaries
COUNCIL	-Supervisory Councillors for Health
IGNURSE	-Local government nurses
STATE	-State (deputy) family planning (or IEC) coordinators
SUPERVISOR	-State supervisors (employed by HSMB)

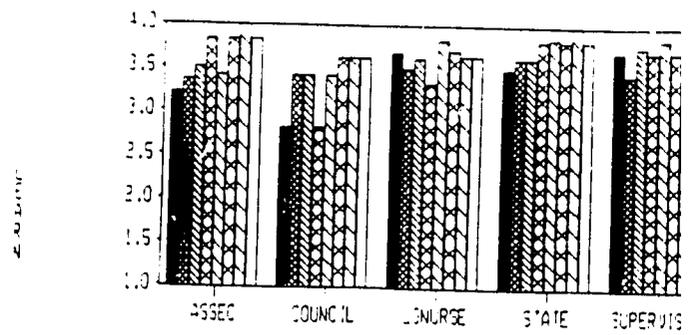
Sessions:

Acquaint	-Getting acquainted exercise
AIDS	-AIDS and STDs
Budget	-How to prepare a budget
Calc	-Using the calculator, basic mathematics
FP	-Benefits of family planning
G&O	-Goals and objectives
Introplan	-Introduction to planning, planning cycle
IGApplan	-Introduction to IGA planning and planwriting
Mgmt	-Introduction to management
NA	-Exploration of needs, objectives and concerns
Projplan	-How to plan a project
Roleplay	-Roleplay on different supervision styles
Sim	-Simulation exercise
SPV	-Supervision
Support	-Generating community support for family planning
Targets	-Target setting
M&E	-Monitoring and evaluation
MIS	-Management information systems and terminology for family planning
MISEXER	-Practical MIS exercises (calculating targets)

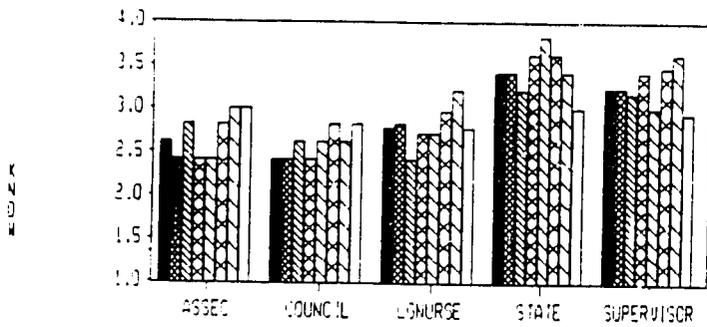
How much did you know? (Nothing)



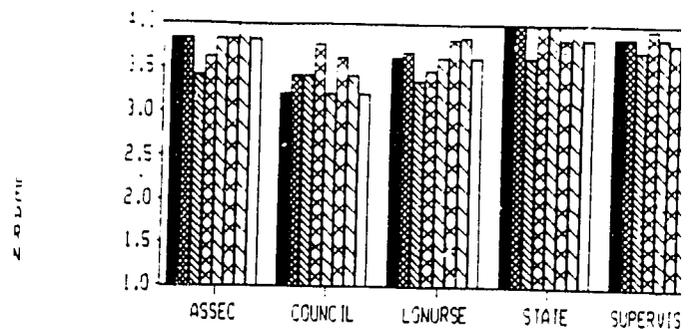
How much did you learn? (Nothing)



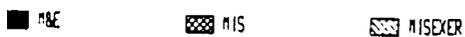
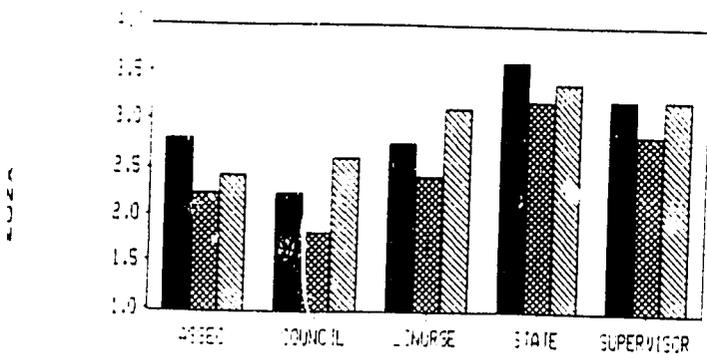
How much did you know? (Something)



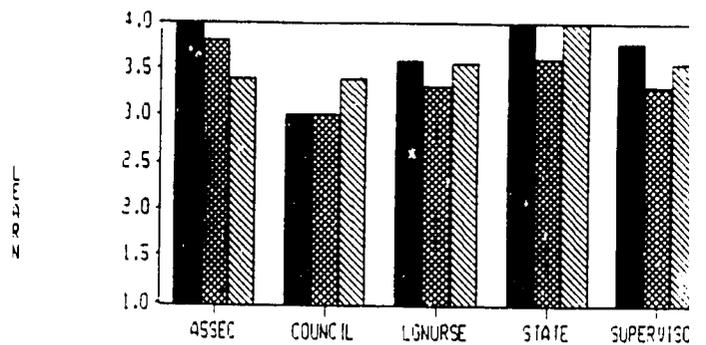
How much did you learn? (Something)



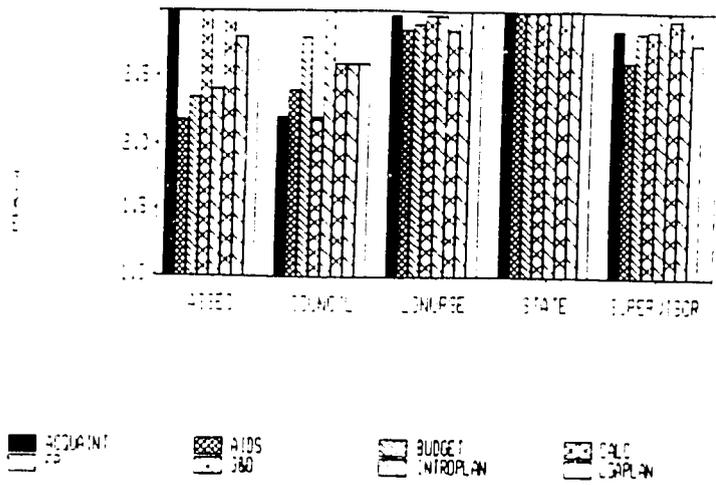
How much did you know? (Everything)



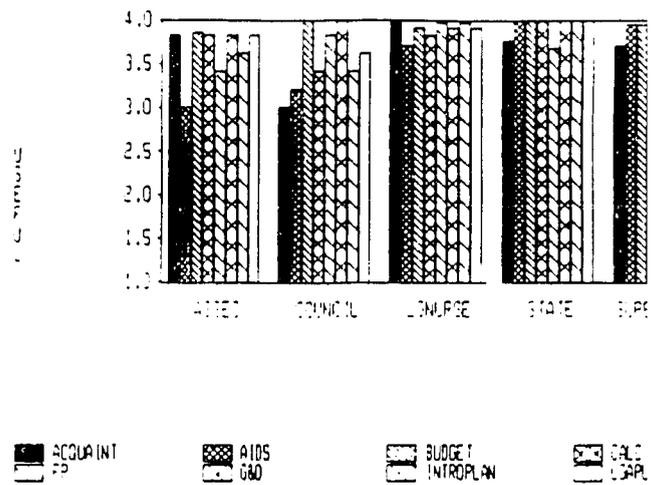
How much did you learn? (Everything)



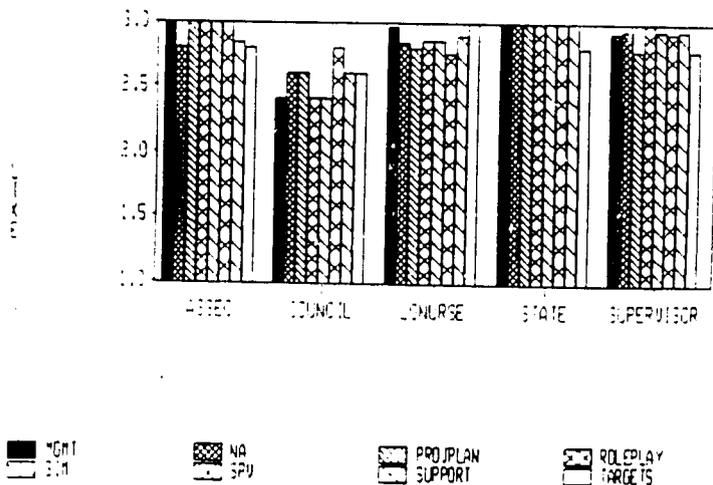
How much did you like the session?



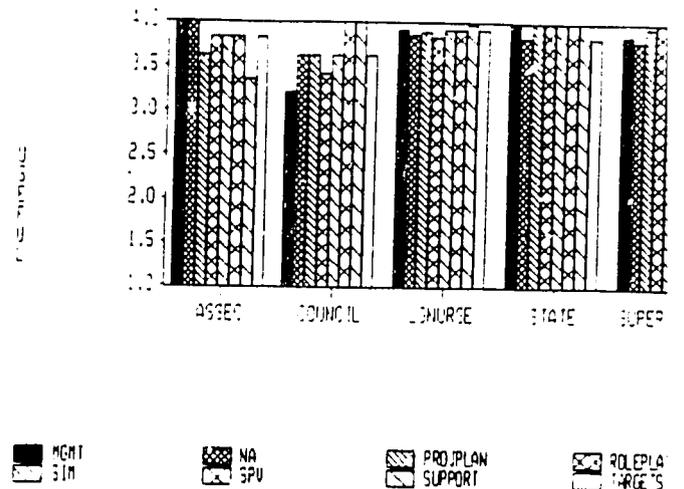
How useful was it for your work?



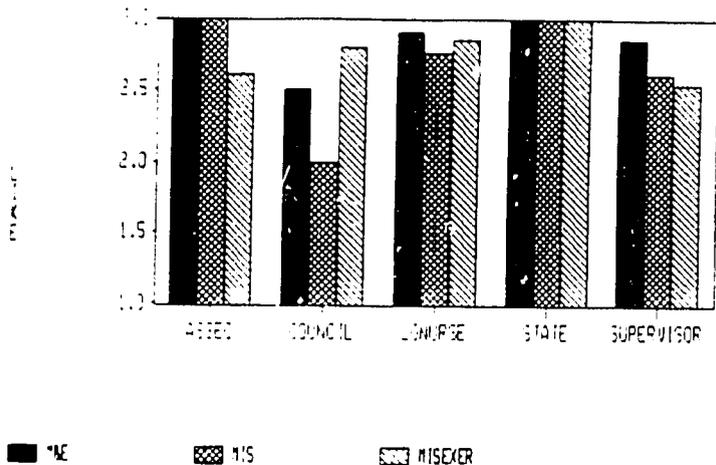
How much did you like the session?



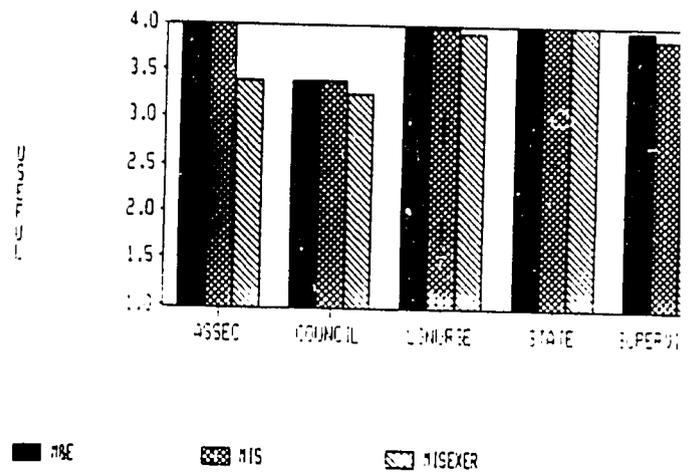
How useful was the session for your work?



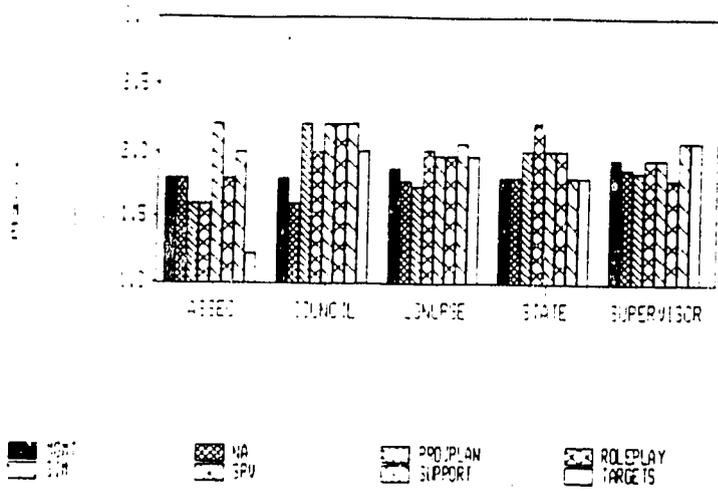
How much did you like the session?



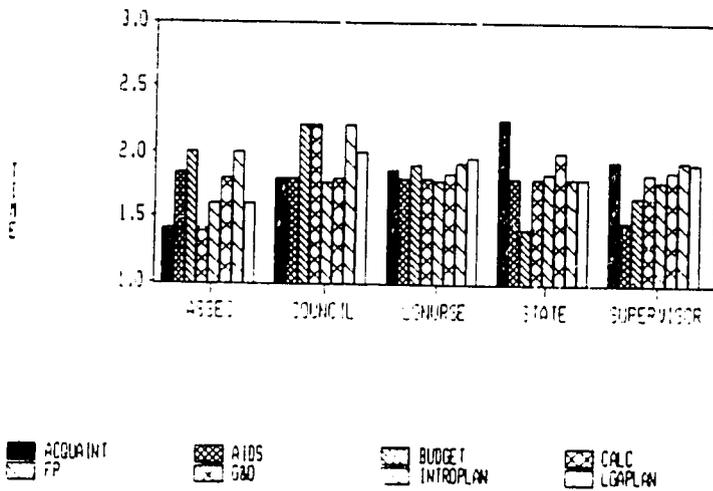
How useful was the session for your work?



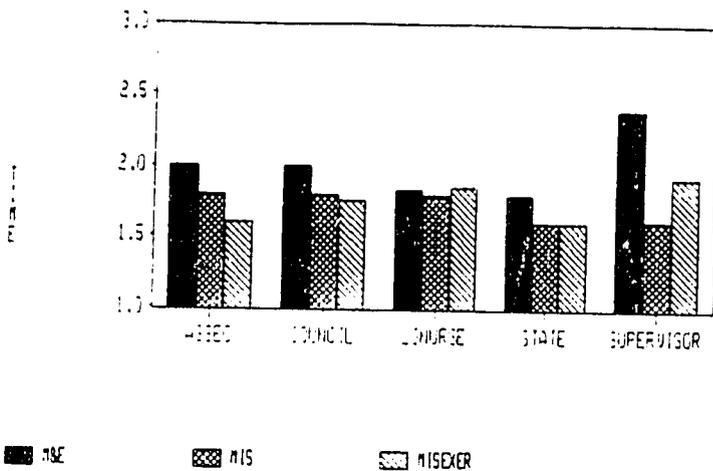
Time 1 (3=too much, 2=OK, 1=too little)



Time 2 (3=too much, 2=OK, 1=too little)



Time 3 (3=too much, 2=OK, 1=too little)



APPENDIX IV-a

WORKSHOP SUMMARY

1. Workshop Title: Bendel State Management/Planning workshop on Family Health
2. Workshop trainers:

Sylvia Vriesendorp	Principal trainer - FPMT/MSH
Paula Caproni	Trainer - FPMT/MSH consultant
Carol Valentine	Trainer - FPMT/MSH consultant
Gbola Omotosho	Trainer - The Pathfinder Fund
Yetunde Akinsipe	Facilitator - USAID
Jean Haffenreffer	Logistics Coordinator - FPMT/MSH
Michael Merrill	Technical advisor - MSH (part-time)
3. Training Site: Palm Royal Motel, Benin City, Bendel State, Nigeria
4. Number of Trainees: 57
5. Dates of Training: from March 13 to March 25, 1988
6. Number of Days of Training: 10
7. Nature of Training: General management and planning, plan writing
 - a. In-country (limited only to persons from the country in which training is held)
 - b. Regional (including participants from more than one country)
 - c. US-based
 - d. Other (specify) _____.
8. Level of Training:
 - a. Basic Management for FPOs
 - b. Advanced Management for FPOs
 - c. Policy and Strategic Planning for FPOs
 - d. Management of Training Organizations/Training Methodology
9. Topics Included in Training (check any to which at least 10% of training time was devoted):
 - a. Policy Formation
 - b. Strategic Planning/Goal Setting
 - c. Finance
 - d. Program Planning and Implementation
 - e. Human Resource Management
 - f. Logistics
 - g. Public Relations and Fundraising
 - h. MIS
 - i. Monitoring and Evaluation
 - j. Information, Education, and Communication
 - k. Service Delivery Strategies
 - l. Case Development

APPENDIX IV-b

SUMMARY OF PARTICIPANT BIODATA FORMS

Course Title: Bendel State management/planning workshop on family health
Dates: March 13-25, 1988

5. Sex: Female [41] Male [16]
6. Age in years: Average 42, oldest 55; youngest 29
8. Organizations represented: SMLG: 21 - HSMB: 7 - SMOH: 1
- [100%] a. A public governmental organization
 - [] b. A public non-governmental organization
 - [] c. A regional training institution
 - [] d. A private voluntary organization (FVO)
 - [] e. A private consulting firm
 - [] Other

13. Please mark the category that best describes your level of responsibility.

- [8%] a. Director
- [13%] b. Assistant or Deputy Director
- [64%] c. Middle manager
- [4%] d. Program staff
- [4%] e. Consultant
- [8%] f. Other

14. Please mark up to three activities that best describe your job responsibilities.

- [13%] a. Policy making
- [30%] b. General management
- [43%] c. Project or program planning and implementation
- [14%] d. Project or program administration
- [13%] e. Service delivery
- [2%] f. Consulting/technical assistance
- [1%] g. Financial planning and management
- [4%] h. Accounting
- [11%] i. Human resource management
- [48%] j. Personnel supervision
- [16%] k. Counseling
- [14%] l. Teaching or training
- [2%] m. Research and evaluation
- [20%] n. Data collection, processing, and/or analysis
- [20%] o. Statistics
- [] p. Demography
- [18%] q. Information, Education, and Communication
- [5%] r. Commodities/Logistics
- [7%] s. Other

15. Please mark one. The major focus of my work is at the following level:

- [] a. International
- [] b. National/Central
- [54%] c. Regional, State, Provincial, or District
- [46%] d. Community or Village

16. Please indicate if you are involved in any of the following health care issues:

- a. Child survival 45%
- b. Natural family planning 36%
- c. Diarrheal disease control/Oral Rehydration Therapy 48%
- d. Immunization 75%
- e. Breastfeeding 32%
- f. Acquired Immune Deficiency --
- g. Other health and nutritional intervention 27%

17. Please mark one: The programs I work on serve people in:

- [2%] a. Urban areas
- [39%] b. Rural areas
- [59%] c. Both

18. Please mark the highest educational level you have completed.

- [20%] a. Primary school
- [50%] b. Secondary or vocational school
- [11%] c. Post-secondary technical school
- [15%] d. University or bachelors degree equivalent
- [4%] e. Graduate school (Masters or Ph. D. level)

19. If you have earned a post-secondary degree or diploma, please fill in the appropriate lines in the section below. (Please reserve information on workshops and other short-term training for section number 20.)

For participants with health-related training:

Field of Training:

- a. Medicine 2%
- b. Midwifery 68%
- c. Nursing 50%
- d. Nursing Education 5%
- e. Nutrition
- f. Pharmacy
- g. Public Health 21%
- h. Public Health Nursing 20%
- i. Others 16%

Only 11 participants had had training not related to health: one each in Business administration, Education, Economics, Statistics, History, Philosophy, Sociology and two in Public Administration and Political Science.

20. Out of the 57 participants, 20 had attended at least one workshop or course on family planning. This group consists entirely of the Family Planning Coordinators and the state supervisors. No one from the local government had ever attended a family planning course. This was their first.

APPENDIX V

Data to be brought to the next workshop by participants to facilitate the planning process

Public Sector: (Indicate how many of each category currently provide FP services)

- # of Government Hospitals in the LGA
- # of Comprehensive Health Centers
- # of Primary Health Centers
- # of Basic Health Clinics
- # of Local Government Dispensaries
- # of Local Government Maternity Clinics
- # of Rural Health Centres in the LGA
- # of TRAs
- # of Doctors in Govt. Hospitals and # trained in FP
- # of Nurses and nurse midwives in Govt. Hospital and # trained in FP
- # of LGA management staff and # trained in FP
- # of Comm. Health Assistants and Aides and # trained in FP
- # of Clinic and dispensary staff and # trained in FP
- # of TBAs and field (outreach) workers and # trained in FP

Private Sector: (Indicate how many of each category currently provide FP services)

- # of Private Hospitals in the LGA
- # of Private clinics and maternities
- # of Private dispensaries
- # of pharmacies
- # of Patent medicine shops

Family Planning service statistics from January through December 1986 and January through December (or most recent month) 1987 (Number of of users per service point and by method for each year).

Maps of all LGAs with service points (FP) and locations of other health facilities noted.

APPENDIX VI

SUMMARY OF PRE-/POST-WORKSHOP NEEDS ASSESSMENT

Bendel State Local Government Management/Planning workshop on Family Health

Following is a list of management skills to be addressed in this workshop. Please mark in each column the level of confidence and comfort that best reflects your own. You will get this form back at the end of the workshop, so you can evaluate your own progress before handing it in.

skill area	confidence level before workshop			confidence level after workshop		
	low	medium	high	low	medium	high
Management and Planning	[26%]	[63%]	[11%]	[2%]	[17%]	[81%]
Problem Identification.	[19%]	[60%]	[21%]	[2%]	[22%]	[76%]
Goals and Objectives..	[31%]	[56%]	[13%]	[2%]	[28%]	[70%]
Target setting.....	[52%]	[42%]	[6%]	[4%]	[26%]	[70%]
Supervision	[12%]	[54%]	[34%]	[2%]	[9%]	[89%]
Calculations.....	[43%]	[45%]	[12%]	[2%]	[42%]	[56%]
Using the calculator..	[48%]	[45%]	[7%]	[2%]	[32%]	[66%]
Data Analysis.....	[40%]	[53%]	[7%]	[4%]	[43%]	[53%]
Monitoring/Evaluation.	[30%]	[41%]	[29%]	[2%]	[19%]	[79%]
Delegation.....	[19%]	[66%]	[15%]	[2%]	[9%]	[89%]
Problem solving.....	[20%]	[63%]	[17%]	[4%]	[23%]	[73%]
Coordination.....	[13%]	[72%]	[15%]	[2%]	[13%]	[85%]
Communication.....	[16%]	[59%]	[25%]	[2%]	[17%]	[81%]
Budgeting/Fin.monitoring	[49%]	[43%]	[8%]	[7%]	[44%]	[49%]
AIDS/STDs.....	[59%]	[39%]	[2%]	[4%]	[33%]	[63%]
FP in Nigeria.....	[57%]	[41%]	[2%]	[4%]	[30%]	[66%]

APPENDIX VII

Additional evaluation questions

This questionnaire was designed to explore a number of issues in an effort to improve the curriculum and design of future IG planning workshops, to be organized under FHI II.

Local Government nurses

1. WHAT IS YOUR OPINION ABOUT THE PRESENCE OF THE HEALTH COUNCILLORS AT THIS TWO-WEEK WORKSHOP?
 - They are the channel of the means of our financial help in the council. They will help us for easy implementation of the family planning program.
 - To be able to carry good messages to the people of the LGA and to make this program a success.
 - The Health Councillors' presence here dealt with policy making as they have to go back to their councils to approve funds for the implementation of the F/P program.
 - It was a very good decision. They carry messages to the grassroots, so that they can understand what family planning is all about.
 - The training will help for easy implementation of the program.
 - The training will help easy implementation of the program.
 - It is a very good idea because they have a very wide knowledge about family planning which is a baby program of the Federal Government to reduce population. They will now stand in a position to make the program a success at the LGA level by convincing the Council to implement the program and also to the entire populace of their various LGA who elected them they will encourage them to embrace it. The workshop has also taught them a lot of managerial skills which will be useful to their lives.
 - It is very nice to bring the Health Councillors as they are the people to make this plan succeed at L.G.A.
 - It is good.
 - They are the power of the Council. They help the Budget in the work.
 - They will help the local government, state and federal ministry of Health to see that the program succeeds at the grass root.
 - Two weeks was too much for them. They do not really need intensive training, what they are concerned about is to see that the programs are implemented in the L.G.A.
 - Should know the aim of providing FP so as to present it in the council's meeting and to raise funds for the plan.
 - Very good
 - My opinion is that with the health councillors with us in this workshop, they will help us talk to the authority of the local government to accept the plan of FP in our L.G.A. because they also came to see things for themselves. This will make them to stand by us, the nursing staff, when we are making our presentation of FP to the authority, to bring fruitful results.
 - They are useful in this two week workshop in that they will help to plan, execute and can also help to bring the campaign to the grass root and to present it to the local government in a better form.

(IG nurse cont'd)

- It will facilitate implementation at the L.G.A. level.
 - Having the supervising councillor in this workshop was a very good decision because they participated meaningfully and it will give us a good advantage during implementation process of FP in the local government levels, as they are policy makers in the LGA.
 - This makes thing easy for the nurse in the implementation of the program at the LGA level since he will help to carry home the information to other councillors in the LGA. I will not have difficulty in forming the FP committee at all levels since he is an eyewitness.
 - Is very good to have them in our workshop, because it will help to ease my planning in my LGA.
 - I consider the inclusion of Health Councillor as very good as it will go a long way in assisting the Local Govt. Council to approve the FP program in the LGA.
 - To create the awareness in them and LGA levels so that they can help disseminate knowledge and pass to grassroots so that they can budget for the program in the LGA's - to get them involved.
2. DO YOU THINK THE HEALTH COUNCILLOR SHOULD BE HERE THE FULL TWO WEEKS?
- Yes (14x)
 - It is good that they are here for two weeks so that they can understand properly the plan formulation for their LGA.
 - It is necessary they are here throughout because this will also increase their knowledge about the subject matter.
 - One week is enough.
 - Yes, as the workshop will make them to get all the aspects of the plan and help the push through in each of the L.G.A.
 - The one from Agbazilo Local Government staying for the period of two weeks was very useful to me.
 - Yes, so that they will be acquainted with all the information about FP from planning to implementation.
 - Yes, they too are involved in the process of learning as well as the planning for F/P program.
 - Yes they have a role to play if their laudable program is to succeed.
3. WHICH SESSIONS DO YOU THINK ARE THE MOST IMPORTANT FOR THE COUNCILLOR TO ATTEND?
- Information giving, training and funding of the FP program.
 - To attend all (9x)
 - Planning, Budgeting, Dissemination of knowledge
 - Planning, Budgeting, Implementation (2x)
 - Making budget for family planning that is financing; Training nurses to give the services of FP; Presentation of FP project to the local government authority
 - The councillor should attend the planning session of FP plan, budgeting and financial monitoring, the management ;and planning. Knowledge of the planning process of the Local Govt. Area.
 - Organization
 - Decision-making in the IG during implementation process of FP.

(IG nurse cont'd)

- The opening ceremony and closing ceremony. The drawing of the plan for LGA's. Lectures on family planning and AIDS and STDs.
 - At opening of workshop on Family Planning.
 - Budgeting, LGA plans and implementation, Finance and monitoring.
 - Planning of program, budgeting, and communication.
4. SOME PEOPLE HAVE SUGGESTED THAT THE ASSISTANT SECRETARIES SHOULD ATTEND THIS WORKSHOP. IF YOU HAD TO MAKE A CHOICE BETWEEN THE HEALTH COUNCILLORS AND THE ASSISTANT SECRETARIES, WHO WOULD YOU CHOOSE AND WHY?
- The Sup. Councillor will be more beneficial to the LGA Nurse than the Assistant Secretary in area of pushing the program at LGA level.
 - The health councillor will be more helpful to me.
 - I will choose the health councillors because they are the policy makers.
 - The Assistant Secretaries because they are representing the Secretaries of the Council.
 - My choice will be the health councillors because they are in better position to push forward for the L. Gov't.
 - The supervisory councillors because they are the policy makers of the local govt council.
 - The councillor is preferable because as a councillor, he can help in decision making both in the office and in the community as community leader.
 - Assistant Secretaries. Because after councillors leave the stage the Assistant Secretaries who are civil servants will continue to brief the council with written records.
 - The Health Councillors because they are at the grass roots.
 - Both of them are of importance. The councillor for health incorporates the assistance of A/S.
 - Health Councillors.
 - Supervisory Councillors because he should understand the health problems better than the A/Secretary. Also he will help the nurse when they have problems with the men at the top, such as the Chairman, Secretary for Local Government, etc.
 - I would choose the Councillors because they are the policy makers.
 - I would prefer the Health Councillors to attend, and in the absence of the Health Councillor, an Administrative Officer next to the Secretary to the Local Govt., and not just the Asst. Secretary. A Senior administrative officer next to the SLG will be most appropriate.
 - Councillors. This is the area that concerns him. And he will be helpful to the implementation of the FP.
 - The councillor for health. Because he is going to be part of the FP committee.
 - Supervisory councillors for health because they are the policy makers of the IG council and have the right to summon meetings. They deal directly with the community.
 - The health councillors are better vehicles to carry the message of FP to the community. They are politicians and they always liaise with the community at large, down to the grass roots.
 - I would choose the councillors' attendance for policy making purpose and at the same time he sees things for himself.
 - The councillor, because he will be able to meet the people at the top and get everything needed to fund the project.

(IG nurse cont'd)

- The supervisory councillor for health should be invited for family planning workshops and meetings in the light that they are more influential with the LGA chairmen than the Asst. Secretaries of local government. We want to achieve success in the implementation of the program and for success, the financial aspect is very important.
- 5. WHAT IS YOUR OPINION ABOUT TUESDAY MORNING'S DISCUSSION OF THE COORDINATION OF HEALTH SERVICES ?
 - The discussion was well done.
 - It was a very good panel discussion. It threw light onto some of the logistics. How the nurse can liaise with the supervisory councillors and with the secretary to get funds to meet up the demands for F/P programs. Also how the SFPC can meet the needs of those she is serving.
 - My opinion about the panel discussion is that every other aspect was nice except that of the LGA nurses as supervisors and practitioners.
 - Fine. The message was carried across to all LGAs.
 - It was well organized, everybody was fully active. Work moving on fast, the Ministry of Health and the local governments worked in collaboration to form a good government.
 - The IG nurses are not represented by someone who has been long in the IG service. In the future, a more senior IG nurse should speak for IG Nurses.
 - The plans were successful.
 - The discussion made us know what the Federal State Ministry of Health is doing to gain a healthy nation.
 - Excellent (3x)
 - The panel discussion on the Tuesday morning was all right. The only hitch was that the local government representative did not protect the LGA interest.
 - It is a good idea because it will help to extend primary health services to the rural people in the local government area.
 - Coordination of Health Service between the Ministry of Health to the Ministry of LG, down to the LG Council and to the Health department of the LG.
 - The discussion was very interesting.
 - It was successfully done.
 - Very good.
 - The Tuesday morning panel is very good in that it expanded on our knowledge of the different heads of Departments on how they work. Information on how instructions or commodities are received from department to department and the route through which instructions could be passed, was all right.
 - It was a good idea because it will help to extend primary health care/FP to the grass roots.
 - My opinion was each group was able to air out their views and complaints.
 - The panel discussion was useful, except that time allocated to it was too short. As a result all the points were not treated. However, it served a very useful purpose.
 - Should be practiced during workshops.

(IG Nurse cont'd)

6. WHAT ARE YOUR SUGGESTIONS FOR MAKING THE SIMULATION BETTER?

- More time should be given to it, to enable each group to finish their work.
- The simulation was good the way it was.
- I am suggesting each participant should practice it to help her work.
- The only suggestion is to have more material.
- Proper coordination between state, SMOH, IGA staff, supervisors, councillors, assistant secretary. Was excellent.
- Smart objectives should be strictly followed.
- It is very interesting.
- They should be involved in all sessions.
- My suggestion is that we as FP nurses should meet the villagers at the grass root and explain to them in a convincing way, the need for FP. This is done by meeting the community leader to gather their people together, both young and old and furnish them with the knowledge of FP and information on the services is very essential in this case.
- Proper coordination between the state MOH/MIG through the IGA Chairmen, SLG, supervisory councillors for health and the local government nurse/midwives. Provision of vehicles for adequate monitoring and evaluation.
- For practical knowledge and looking forward what you come across in the field and how to solve problems.
- There may be the need to distribute the problem cards ahead of time to make the participants better acquainted.
- Extension of training.
- Ministry of Health should work through the Ministry of IG to the Chairmen, councillors, SLG, Head of Depart. of Health in the IG to the IGA nurse/midwife and community. Provision of vehicle for adequate monitoring and evaluation.
- It drives the message home. Better understanding of what we are here for.
- In order to make the participants live here at the workshop, simulation periods should be spread through the sessions for the 3 weeks already suggested above.
- Frequent workshops of this nature.
- The simulation was well organized. To hand over all matter of the FP program to the secretary and chairman of the local government areas for successful implementation.

7. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT WILL HELP US IMPROVE THIS WORKSHOP?

- It is a good idea to provide hotel accommodation and training in the same place as the course is tedious. But food should be provided instead of money, to allow the participant to start in time, and not making room for some people to miss lectures as a result of looking for cheap meals.
- The council nurses and midwives should be trained.
- The workshop was excellent.
- It is excellent. Keep it up.
- The workshop was well organized. I have to commend your effort.
- It should be extended to a month.

(IG Nurse cont'd)

- To participate in the IG Nurses training and IG launching.
- This workshop is quite good. The only barrier is language. If our tutors could speak a little clearer, that will make a world of difference.
- The workshop is excellent. Hope you will keep it up.
- Cooperation and coordination. Provision of vehicle. Awareness of finance to the community.
- Well organized.
- There is nothing to improve upon except to say that it was a well planned, well organized workshop which would have taken the organizers time, brains, hard work, money and materials, personal sacrifice to do. I have to say a big thank you to you all.
- I suggest that this workshop should cover 3 weeks as I find 2 weeks too short and nerve stretching on the part of the instructors as well as the participants.
- Those of us in local government want to see that the most senior nursing personnel should be trained fully to become either supervisor or coordinator in each local government, because there is no need for a supervisor in the Ministry of Health who may be a junior to me to come and supervise me in my own area of LGA. We should be trained to, in turn, train health workers in the LGA.

Supervisory Councillors for Health

1. WHAT IS YOUR OPINION ABOUT THE PRESENCE OF THE HEALTH COUNCILLORS AT THIS TWO-WEEK WORKSHOP?
 - It is very important for the supervisory councillors for health to be in the two week workshop because it has enabled me to have a very good experience about family planning and this made me to believe in the implementation of family planning in my local government area.
 - To know the essence of family planning.
 - The supervisory councillors having been acquainted with the great advantages and the great disadvantages on family planning will now to take upon themselves as duty-bound to present the case of FP in a unique way in order to meet the approval of the council. They will also help to convince others to embrace FP in toto.
 - Supervisory Councillors for Health (SCH) were here at the workshop to convey the F/P Message to their LGA.
 - A very good idea since it affords them the opportunity to learn about family planning. The fact that they participated in drawing up a plan means a definite commitment to the program.
2. DO YOU THINK THE HEALTH COUNCILLOR SHOULD BE HERE THE FULL TWO WEEKS?
 - SCH has a big role to play in this workshop.
 - I think so in view of the unique role they will play in implementing the FP program. They are the representatives of the people and important organs of the IG.
 - Yes, the health councillor should be here for two weeks, in order to carry the news to the LGA he came from.
 - Yes.

(Councillors cont'd)

- Yes, The SCH should be there for two weeks in the workshop to enable to have an understanding of family planning.
3. WHICH SESSION DO YOU THINK ARE MOST IMPORTANT FOR THE COUNCILLOR TO ATTEND?
- I prefer the dry season.
 - All sessions since they need all the skills in the training workshop.
 - All the sessions are very important for councillors to attend.
 - Dry season.
 - Everything concerning health is good. We have seen SCH from each LGA to attend.
 - Everything concerning health is good. We have SCH from each LGA.
4. SOME PEOPLE HAVE SUGGESTED THAT THE ASSISTANT SECRETARIES SHOULD ATTEND THIS WORKSHOP. IF YOU HAD TO MAKE A CHOICE BETWEEN THE HEALTH COUNCILLORS AND THE ASSISTANT SECRETARIES WHO WOULD YOU CHOOSE AND WHY ?
- I prefer the health councillors because this is their field of employment and they than assistant secretaries' attendance who have handled every departmental problem in the council, they will not implement better than councillors.
 - I would choose the Councillor for health where one exists because he will better push the program through the council for approval.
 - I/we make a choice for Health Councillors to attend the course, he has the power.
 - I would choose the attendance of the supervisory councillors. Apart from knowing the people they represent very well, they could use their sugar coated tongues to convince their people as they did to win elections. They play role in the society . They make policies and they help immensely to implement same.
 - I prefer the Supervisory Councillor for health because he is known all over his local government where he was elected in the council.
5. WHAT IS YOUR OPINION ABOUT TUESDAY MORNING'S PANEL DISCUSSION ON THE COORDINATION OF HEALTH SERVICES ?
- My opinion on the Tuesday morning panel discussion on the coordination of Health Services is that the supervisory councillors for health should cooperate with the Secretary, the treasurer and the chairman of the council so that success in covering out health services in the council could go on smoothly without delay.
 - It was the convergence of all the hierarchies of government as it is going to affect family planning programs. It was a welcome idea to hold the panel discussions to enlighten all participants and trainees of easy streets and rough paths ahead.
 - The supervisory councillor needs to be a very knowledgeable PRO in order to be able to have the Chairman, Secretary, Treasurer on his side. He must be able to organize a powerful Health Committee to help out of any bottle-neck situations.
 - Very good. The discussion was very nice, and they all related exactly how the lecture was given and we all agreed with them.

(Councillors cont'd)

6. WHAT ARE YOUR SUGGESTIONS FOR MAKING THE SIMULATION BETTER?

- My suggestion for making the simulation better is that the state government should always have adequate information, and full financing of the legal government and to advise all the IGA to create big amount on family planning.
- Participants should be properly lectured on family planning and allowed to use their own ingenuity to develop their simulations.
- To be meeting all the time.
- Positive approach to the State Government for aid to the IG.

7. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT WILL HELP US IMPROVE THIS WORKSHOP?

- You people have tried so much because the beginning of everything is always difficult, but I am of the opinion that there should be another training again that will be more than two weeks to enable people to have sufficient education on family planning.
- Two weeks seems like a rather short period for thorough knowledge and mastery of the facts by participants.
- Organize it again on this level at least once every year.
- It can be improved if a vehicle could be sent to each IGA to attach loud speakers on the top of the vehicles and let people talk to these people in the language they will understand about the F/P.

State coordinators (Oyo, Benue, Kaduna, Ondo, Bendel States)

1. WHAT IS YOUR OPINION ABOUT THE PRESENCE OF THE HEALTH COUNCILLORS AT THIS TWO-WEEK WORKSHOP?

- A very good decision because they are going to implement the plan.
- It is a good move for it affords the Health Councillors to have the opportunity to get an insight in the whole program. It will also make planning and implementation easier.
- I feel they are there to gain knowledge and at the same time help to disseminate the knowledge to local people and make their contribution at their own level.
- It is a wise decision. It offered them first-hand information and better exposed them to the concept of F/P in that their support is extremely important.
- They shall help a great deal in disseminating the knowledge about FP at the grassroots and also help to convince the authorities about FP.
- It was nice having them at the workshop in order to give them a pre-knowledge of what it is all about and to gain their full support re: implementation but not for the whole duration of the workshop.

2. DO YOU THINK HEALTH COUNCILLOR SHOULD BE HERE THE FULL TWO WEEKS?

- Yes (2x)
- Not necessarily, I feel attendance for the 1st week should be adequate.
- They could have an orientation for about 3 days just before the IGA plans starts.
- This is true to be able to acquire knowledge about F/P.
- No.

(State coordinators cont'd)

3. WHICH SESSIONS DO YOU THINK ARE MOST IMPORTANT FOR THE COUNCILLOR TO ATTEND?
 - All the sessions are important.
 - The beginning/early session.
 - Family planning information.
 - FP lectures, simulations, writing the plan.
 - Sessions on management and implementation.
 - Some selected lectures such as goals and objectives of workshop, community support, simulation.

4. SOME PEOPLE HAVE SUGGESTED THAT THE ASSISTANT SECRETARIES SHOULD ATTEND THIS WORKSHOP. IF YOU HAD TO MAKE A CHOICE BETWEEN THE HEALTH COUNCILLORS AND THE ASSISTANT SECRETARIES WHO WOULD YOU CHOOSE AND WHY?
 - Supervisory Health Councillors.
 - I would prefer the health councillors because they would be in a position at the IGA level to convince fellow councillors about the need for family planning and this will enhance easy implementation.
 - Health Councillors. They will see things for themselves and will help to present plan at the council meeting.
 - The two are important people to attend, but the councillors for health are more appropriate as they are expected to present their plans to the council meeting in their respective IGA meetings.
 - The Health Councillors.
 - Health Councillors. Because they have to present the plan at the council meetings and support it with facts while the Assistant Secretaries may not attend the meetings.

5. WHAT IS YOUR OPINION ABOUT TUESDAY MORNING'S PANEL DISCUSSION ON THE COORDINATION OF HEALTH SERVICES ?
 - It has been an eye opener, it has thrown some light on the organization in IGA level.
 - It helped participants to know what the organizational structures are both at the state and IG levels.
 - It was helpful and educative.
 - It was very good. Because we know its other functions and at what level it would help others to get along within a respective state, they had those things we do not carry out are important.
 - It gives an insight into the organizational structure of each functionary of the power, their mode of operation and demonstrates how to build intersection.
 - It was very interesting and allows people to air their views and how they had developed working relationships.

6. WHAT ARE YOUR SUGGESTIONS FOR MAKING THE SIMULATION BETTER?
 - Changing the roles of each group.
 - Participants should be allowed free movement during the exercise instead of going through the rigors of filling those vouchers. This shall avoid waste of time.

(State coordinators cont'd)

- It worked out fine at the section I participated. People showed a lot of maturity.
 - I feel it was very good. There was enough time and planning, it is all that is happening in an individual situation. It was a very good plan. Only the two groups should have demonstrated as we do not know what goes on the other side.
 - I suggest that it should be done for 2 days.
7. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT WILL HELP US IMPROVE THIS WORKSHOP?
- Give enough notice to enable participants to collect all relevant data.
 - The MIS, the calculations need more time with real examples as I found this area very important and need to know it thoroughly.
 - The calculations/projection be modified or simplified please.
 - Giving the programs before the beginning of the workshop. Transport facilities to enable participants to go to the town.
 -

(Senior) Assistant Secretaries for Local Government

1. WHAT IS YOUR OPINION ABOUT THE PRESENCE OF THE HEALTH COUNCILLORS AT THIS TWO-WEEK WORKSHOP?
- They should attend.
 - Unfavorable.
 - They have been put in a good position to realize the necessity of the program.
 - It was quite interesting and is the most feasible means of getting the local government policy makers involved.
 - It was very good because their contribution to policy matters and they will influence the program back home in that IG council.
2. DO YOU THINK HEALTH COUNCILLORS SHOULD BE HERE FOR THE FULL TWO WEEKS?
- Of course, yes. (4x)
 - No.
3. WHICH SESSIONS DO YOU THINK ARE MOST IMPORTANT FOR THE COUNCILLOR TO ATTEND?
- All the sessions since he is the implemented of the health programs of the council.
 - Sessions on implementation.
 - Budgeting; implementation of plan.
 - All the sessions are important, but they should be more involved in both the planning and budgeting.
 - As the chairman of health committee, he will help to motivate the people at grass root level.
4. SOME PEOPLE HAVE SUGGESTED THAT THE ASSISTANCE SECRETARIES SHOULD ATTEND THIS WORKSHOP. IF YOU HAD TO MAKE A CHOICE BETWEEN THE HEALTH COUNCILLORS AND THE ASSISTANT SECRETARIES WHO WOULD YOU CHOOSE AND WHY?

(Assistant Secretaries cont'd)

- They are both important in case of implementation, but the Assistant Secretary who is permanent staff is more important as the councillors may not win their next elections.
 - The councillors should attend because they constitute the policy making organ of the local government.
 - Assistant secretaries because they are permanent employees of the IG whereas the councillor would go at the end of their term in office. Asst. secretaries would remain to continue the implementation.
 - Assistant secretaries because most councillors are of predicted and complete programs developing plan.
 - Both of them should attend. Some Supervisory councillors by their functions, may not be as committed in the lecture sessions as the Assistant Secretaries, who will do most of the initiating and will assist the Councillors back home in putting up the final draft of the plan.
5. WHAT IS YOUR OPINION ABOUT TUESDAY MORNING'S PANEL DISCUSSION ON THE COORDINATION OF HEALTH SERVICES ?
- It was very good as it discussed the goals and objections of FP and how the IGA can be involved.
 - It was interesting.
 - The discussion left out certain vital issues: e.g. Dual responsibility of the FP-IGA-SMOH supervisor. Those controlled by the SMOH are so few that there needs to be a solution on the movement of HMB nurses.
 - Favorable.
 - Very Good.
6. WHAT ARE YOUR SUGGESTIONS FOR MAKING THE SIMULATION BETTER?
- To continuously educate all people until they are fully convinced to accept FP.
 - Adequate time should be created and the roleplay should be recorded.
 - Simulation exercise should be done at least twice during the training program; so that the simulation will hold for every topic.
 - Notes and directions on the simulation should be distributed at least 28 hours before the simulation session.
7. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT WILL HELP US IMPROVE THIS WORKSHOP ?
- Training of participant at the IGA level should commence at once as everybody is in good spirit to work but the enthusiasm and the willingness dies down.
 - The various sessions were too tedious and as such the two weeks period should have been extended.
 - There should be concrete commitment from the authorities of their intention to implement the plan. This will motivate the plan developers.
 - The standard is already high.

State supervisors

1. WHAT IS YOUR OPINION ABOUT THE PRESENCE OF THE HEALTH COUNCILLORS THIS TWO-WEEK WORKSHOP?
 - It was good that the councillors were in the workshop because now they know the role they will play in the implementation of the program and financing it.
 - To let them know more about FP and they will help to implement the program.
 - This idea is very good, because they are the bottlenecks we have in our LGAs. So it is a very good opportunity for them to see and know about this subject.
 - It is a good thing for they are the people to budget and make the plan work, they also represent the various communities.
 - It is good to involve them to get them eloquent with knowledge of FP and to make the task ahead of us much easier at the grass root level for implementation.
 - I am in support of having them in the workshop because it is going to quickly move our plan towards the program.
 - It was very good to have them around because they are involved in the composition of financial program estimates for the council.
 - It was a good idea so as to get their cooperation.
 - As the health councillors at the different LGAs they are members of the policy makers at the local level so that their attendance at this two week workshop will really make for quick planning and implementation of the FP services.
 - The work is made easy for the nurse. He is now aware and committed.
 - It was clever to have them around.

2. DO YOU THINK THE HEALTH COUNCILLORS SHOULD BE HERE THE FULL TWO WEEKS?
 - Yes (11x).
 - Yes. So that they can be able to learn and acquire more skill in presenting their report to the council meeting.
 - Yes. They have gained in all the lectures.

3. WHICH SESSIONS DO YOU THINK ARE MOST IMPORTANT FOR THE COUNCILLOR TO ATTEND?
 - Planning, Budget, and Implementation.
 - Implementation.
 - I think all the sessions.
 - In my own opinion, all the sessions of FP management and planning.
 - Planning and budgeting.
 - All the sessions in the second week of the workshop.
 - I think all the sessions from planning stage.
 - The session of getting the LGA nurses/midwives involved in this FP services, plans to train N/W and open more FP service points.
 - Budgeting.
 - All the sessions are important; they are interwoven.
 - Planning, Budget, Simulation.

(State supervisors cont'd)

4. SOME PEOPLE HAVE SUGGESTED THAT THE ASSISTANCE SECRETARIES SHOULD ATTEND THIS WORKSHOP. IF YOU HAD TO MAKE A CHOICE BETWEEN THE HEALTH COUNCILLORS AND THE ASSISTANT SECRETARIES WHO WOULD YOU CHOOSE AND WHY?

- The councillors for health should attend as this is their special area of appointment and work.
- Health councillors because they will be able to convince other councillors about FP program.
- Both are necessary, because in some cases, some of the councillors are not educated, and in the case of the secretaries, they are always occupied.
- The councillors for they have the political wheel.
- Health Councillor. Because he is one of the policy makers.
- Councillor for Health. Because that should be the area of special interest in official jurisdiction.
- I would choose the Assistant secretary who is a civil servant and may be there to assume continuity of the plan rather than the councillor who is just a political appointee for just two years.
- The health Councillor because he is the person that will work with the health staff.
- Health councillors are preferred to attend this workshop as they are directly involved with the health aspect at the IGA policy making level.
- Health councillors. This is the area that concerns him; he will not like to fail.
- Health councillors.

5. WHAT IS YOUR OPINION ABOUT TUESDAY MORNING'S PANEL DISCUSSION ON THE COORDINATION OF HEALTH SERVICES ?

- It makes us know more about the different people in the panel.
- It was very good, because it tells us what is actually happening in our day to day life.
- The session was good. The coordination is also good.
- This shows an element of teaching/learning/coordination/monitoring and evaluation process between the federal level state and the IGA level.
- Excellent.
- Tuesday morning's panel discussion was very interesting and helpful.

6. WHAT ARE YOUR SUGGESTIONS FOR MAKING THE SIMULATION BETTER?

- The simulation was quite good.
- We can use visual aids to help us.
- It is just all right
- Having access to the people, reaching the people's needs.
- I think the manual for this session was very good. I do not have anything to add.
- Extension of time.
- I think it is good enough.

(State supervisors cont'd)

7. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT WILL HELP US IMPROVE THIS WORKSHOP?

- I will have suggested that the workshop should have held at least once yearly. The rating of the workshop is adequate.
- The workshop was well planned, organized, coordinated and supervised. I will suggest you continue in this vein.
- It should be carried out in the whole state of the federation, if it will be possible to ensure success in FP.

APPENDIX VIII

REPORT OF PANEL DISCUSSION ON COORDINATION OF HEALTH/FP SERVICES IN BENDEL STATE (Prepared by Gbola Omotosho, The Pathfinder Fund, Lagos)

- Objective:** To provide the Workshop participants with detailed information about the coordination/management of FP and other health services in Bendel State.
- The Panel:** The panel consisted of five members as listed below: two Supervisory Councillors for Health from two different Local Government Areas, the State FP Coordinator (SFPC), an EPI and ORT supervisor (HSMB) and a Local Government Area (LGA) Nurse/Midwife.

The State FP Coordinator highlighted the organizational structure of the health/FP management in the State MOH. She explained that the Chief Consultant for Community Health heads the health team assisted by a senior Consultant for Community Health. The SFPC is in direct link with these two people. She is assisted by a Deputy FPC. There are 14 FP supervisors coordinating FP activities in the 19 LGAs in the State. Some supervisors coordinate more than one LGA. The FPC undertakes monthly monitoring of FP clinics in the state to solve problems and provide technical assistance. The Deputy FPC collates all data received from each LGA and supplies commodities. The supervisors do a weekly monitoring of clinic and head some clinics. Quarterly meetings are held between the 2 consultants, the SFPC and Deputy and the supervisors to discuss progress of various FP programs. The SFPC made it clear that the state had never actively involved the LGAs in FP service provision although state facilities in the LGAs are provided with FP services. She explained that this workshop is the first evidence of the state's step towards collaboration with the LGAs in providing FP services to the people at the grass root using LGA facilities.

The Supervisory Councillors for Health discussed the health/FP management at the Local Government level. The State Ministry of Local Government controls the LGAs. Each LGA is headed by a Chairman and assisted by Councillors, the Secretary to the Local Government and a Treasurer. Among the councillors there are supervisory ones. It is the Supervisory Councillor for Health that oversees Health/FP activities. Each LGA has a health department which is headed by the most senior nurse or a Health Superintendent. The Nurse/Midwives at the maternity/health centre level are under this department. The LGA Area Family Planning providers will function at the health centres and maternities.

There is a controversy on whether the IGAs should appoint a Family Planning supervisor or whether the State Family Planning supervisors earlier mentioned should continue monitoring both State and LGA Family Planning clinics. The Councillors emphasized that for a successful implementation of the LGA Family Planning Plan, there must be a very good cooperation between the State Family Planning Committee, the Councillors for Health and the Nurses who are to provide the services. Effective distribution of equipments and contraceptives must also be ensured. They promised on their part to give maximum support to the family planning program in their LGA.

The EPI/ORT supervisor mentioned that the EPI/ORT program has been established in all LGA facilities. She would be happy to continue working with family planning staff in the LGAs area toward integrating the various health services. In fact, she mentioned that EPI vehicles were available to be jointly used by EPI/ORT/FP staff in her own zone at present. She did not envisage any clash in providing this integrated services i.e. EPI/ORT/FP since all are components of Primary Health Care.

The local Government nurse explained that as nurse/midwives, they function at the health centres and maternities. In these places all health services are carried out to provide MCH services. She sees the integration of family planning program as no problem at all. She advocated for accelerated family planning training program for LGA staff.

Points raised during the plenary discussion:

1. Some LGA staff want LGA family planning supervisors not State supervisors
2. They want full support from Federal Government and Donor Agencies.
3. They wish that Family Planning Commodities could be sent directly to the LGAs from Lagos.
4. They see the provision of vehicles as one of the most important items for an effective family planning program.

Recommendations:

The panel discussion was a brilliant one that added a great deal to the participants knowledge on the administration and politics of family planning programs in Bendel State. The following recommendations are summarized from the, often heated, discussions that followed the presentations by the panel members:

1. The family planning providers at the local government level must not wait for things to happen, they must take strong steps to ensure implementation of the plan
2. They must be able to convince and win the Councillors, Secretary and others in their Local Government Council to their side.
3. The Family Planning supervisor and the SFPC must increase their efforts in assisting the LGA staff to get their plans off the ground. This can be done by going to the LGA and assisting the LGA Family Planning staff in explaining/resolving difficulties that may arise in the course of plan implementation.
4. The LGA Family Planning staff should cooperate and develop very good relationships amongst themselves, and with the LGA Council staff, the SFPC and the State supervisors.

APPENDIX IX

BENDEL STATE FAMILY PLANNING JINGLE

1. (a) Better plan your family
For health living
And enjoy Matrimonial Love.
- (b) There is nothing to lose in Planned
Parenthood, but there is much to
gain from it.

Chorus: The government is calling you
To come and join in the campaign,
to reduce reproduction rate
for better, longer life.

Better Plan your family
For healthy living
And enjoy Matrimonial Love.

2. (a) Let us join hands together.
To Save our great nation
From over population now.

Tomorrow is too late, to
realize our mistakes
Today is the day, Let us act now.
- (b) There is more to life, than
breeding of many children,
Have moderate family well planned.

Repeat Chorus,

The government is calling you.
To come and join in the Campaign,
to reduce reproduction rate,
For better, longer life.

Better plan your family
For healthy living
And enjoy matrimonial love.

3. (a) There are Several Clinics
Offering the Services, All over
Bendel - State.
Methods are many, but yet all
are safe, Come and plan your family
- (b) There are many methods, for women,
as well as for men.
You take as best as suit your choice.

Repeat Chorus,

The government is calling you.
To come and join in the Campaign,
to reduce reproduction rate,
For better, longer life.

Better plan your family
For healthy living
And enjoy matrimonial love.

(Written by:
Mrs. G.E. Sagay, Principal Health Sister
Community Health Officer
F/P Supervisor
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APPENDIX X

List of Abbreviations

FMOH	-	Federal Ministry of Health
FPMT	-	Family Planning Management Training
HSMB	-	Health Services Management Board
LGA	-	Local Government Area
MSH	-	Management Sciences for Health
SFPC	-	State Family Planning Coordinator
SMLG	-	State Ministry for Local Government
SMOH	-	State Ministry of Health