

PNACD-048

98447

**TRAINING OF TRAINERS COURSE  
IN INTERPERSONAL  
COMMUNICATION**

Casa Degli Italiano, Asmara

May 11-22, 1998

Nicholas Dondi

BASICS Technical Directive 017 ER 01 051  
USAID Contract No HRN-Q-17-93-00032-00

## TABLE OF CONTENTS

### ACRONYMS

EXECUTIVE SUMMARY	1
1 BACKGROUND	2
1 1 IEC Capacity Building Programme	2
1 2 Interpersonal Communication Training Needs Assessment	3
2 TRAINING OF TRAINERS (TOT) CURRICULUM AND CURRICULUM DEVELOPMENT	4
3 COURSE OBJECTIVES	5
4 COURSE METHODS	6
5 SUMMARY OF GROUND COVERED	7
5 1 Course Format	7
5 2 Key IPC Skills	8
5 3 Settings in Which Health Communication Takes Place	8
5 4 Planning IEC Activities	9
5 5 Working With Communities	9
5 6 Training And Qualities of A Good Trainer	11
5 7 Adult Learning Theory	11
5 8 Training Needs Assessment	12
5 9 Training/Teaching Methods	13
5 10 Setting Training Objectives	13
5 11 Planning Communication Activities	14
5 12 Supervision	14
5 13 Evaluation of Training Activities	15
6 ACHIEVEMENTS	15
6 1 Cumulative Achievements	15
6 2 Confidence and Enthusiasm in IEC	16
6 3 Zonal IPC Training Plans	16
7 RECOMMENDATIONS	17
7 1 Participants' Recommendations	17
7 2 Facilitators' Recommendations	17

## **APPENDIXES**

Appendix A Course timetable

Appendix B Mood metre recordings

Appendix C Pre and mid-course training scores in selected areas of content

Appendix D Post training evaluation

Appendix E Participants

## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
IEC	information, education, and communication
IPC	interpersonal communication
MOH	Ministry of Health
OMNI	Opportunities for Micro-nutrient Interventions
TOT	training of trainers
VIPP	visualization in participatory programmes
USAID	United States Agency for International Development
ZHMT	zonal health management team

*d*

## **EXECUTIVE SUMMARY**

The *Training of Trainers' Course in Interpersonal Communication* course was held in Asmara, Eritrea, between May 11 and May 22, 1998. It was attended by 25 zonal IEC coordinators and trainers from all the 6 health zones of the State of Eritrea. The course was the last of the four national-level IEC capacity building courses, and aimed at developing a cadre within the MOH that would continue IEC training and capacity building at lower levels in the zones.

It was additionally anticipated that the incomplete draft IPC training curriculum would be tried out during the present course and the content necessary to complete it, generated.

Week one of the course concentrated on IPC skills before turning to adult learning theory and teaching methods in week two. During both weeks, development of practical skills received major emphasis. A lot of time was spent on class role plays and practical activities in the community.

Pre- and mid-course evaluations showed a significant knowledge gain, from an average score of 55.7 percent in selected IEC-related areas of content at the beginning of the course to 72.5 percent at the end of the first week.

Participants felt that most topics had been covered well and were confident that they could plan and deliver IPC courses to lower level health workers. In addition, most participants left the course convinced that IPC could improve the performance of all health workers, regardless of their specific job assignments. They developed IPC training plans to facilitate development of IPC skills among lower level and facility-based health workers.

The draft IPC curriculum was also revised and the content for completing it was generated during the course.

To facilitate the anticipated capacity building and strengthen communication activities in the country in general, it is recommended that—

- Early steps are taken to finalise and distribute both the IPC curriculum and the pictorial VIPP report of the course as the two will form an invaluable resource during zonal IPC courses.
- The IEC Unit accelerate follow up and finalisation of the IEC materials being developed by the various zones.
- Early consideration is given to developing manuals and other materials to promote IEC development in the country.

# 1 BACKGROUND

## 1.1 IEC Capacity Building Programme

In March of 1997, the Ministry of Health (MOH) of the State of Eritrea launched a comprehensive IEC capacity building programme. The purpose was to strengthen IEC capacity, both at headquarters and in the zones. The capacity building, offered in a sandwich fashion with field work in between, comprised four courses emphasising skills development.

- **Course one** Basic IEC Orientation and Formative Research course

**Application** Zonal teams planned and carried out formative research on priority topics identified, and brought data to the next course.

- **Course two** Communication and Strategy Development course. During this course, participants used the formative research data generated after course one to develop communication strategies and messages to be used in material development. In addition, participants determined IEC materials to develop during practicals.

**Application** Zonal teams developed and pretest IEC materials. They brought nearly completed IEC materials to the next course.

- **Course three** Material Use and Interpersonal Communication course. During this course, the virtually completed IEC materials were critiqued. In class, participants learned how to use the materials, and developed and used them during role plays. Later, they used the materials in the field to gain more understanding about the use of educational materials in actual field situations.

At the end of the course, participants made recommendations on IEC management in their zones.

**Application** Zonal teams were expected to (1) finalise IEC materials, (2) select a zonal IEC focal person and two IEC trainers and send the three to the present two-week training IPC course for trainers, and (3) after training, the trainers and coordinators were expected to provide IPC and other kinds of IEC training in the zones.

- **Course four** The trainer's course in interpersonal communication was organised in Asmara between May 11 and 22, 1998, to train the IEC focal persons and trainers. It was implemented to equip Eritreans with the skills needed to continue the capacity building process and ensure that the needed communication skills reach lower level health staff and volunteers, as these form first-line contacts with the public.

## 1 2 Interpersonal Communication Training Needs Assessment

In preparation for the trainer's course in interpersonal communication, the IEC Unit (with the support of BASICS and OMNI) conducted an interpersonal communication training needs assessment to help develop a focussed training curriculum. The cross sectional qualitative study collected clinic-based data using the following study methods: observation of health worker-client interactions at antenatal and under-5 clinics, observation of group health education talks, client exit interviews, interviews with health providers, and clinic observation checklists. Twenty clinics in 4 of the country's 6 zones were purposefully sampled for the study. The table summarises sample categories.

<b>INSTRUMENT</b>	<b>TOTAL NUMBERS</b>
Client-provider observation/exit interviews	
- ANC	90
- Caretakers with under-5 (age of child)	95
Provider interviews	38
Group talk observations	20
Clinic checklists	20

Preliminary conclusions of the study were as listed below:

- Health workers believe that clients comply with their recommendations (95%)
- Health workers have generally good IPC skills
- Health workers have good knowledge about key health messages, but do not always give the messages to clients
- Health workers use no teaching aids in communication with clients (86-99%)
- Clients say they are satisfied with the services they get from health services (95-98%)

The results should, however, be taken with caution, as the presence of researchers may have influenced health workers to put on their best IPC performance in their interaction with clients. The relative inexperience of research assistants in IPC processes may also have contributed to errors in judging the quality of interactions between health providers and their clients.

The study recommended—

- Training of health workers in—
  - The structure of IPC
  - Need to disseminate key messages to clients
  - Importance of follow up after initial contact with clients at the clinic
  - How to use visual aids
- Making available visual aids for the use of health workers

## **2 TRAINING OF TRAINERS (TOT) CURRICULUM AND CURRICULUM DEVELOPMENT**

Following upon the research, the IEC Unit, with the help of OMNI, began work on the development of the curriculum for training zonal IPC trainers and coordinators. The curriculum was divided into two parts, each part taking one week.

### ***Week one***

The first part of the week introduces IPC and the skills needed to carry out effective IPC in health services. Based on the methodology developed by the Quality Assurance Project (QAP), the IPC skills covered were grouped in three categories:

- Caring communication skills
- Skills for counselling and education
- Problem solving skills

Most of the week was devoted to class role plays and field application of the skills. In addition, the following topics were covered in short sessions: working with the community, and planning and managing communication activities at the clinic level.

### ***Week two***

Week two was devoted to the introduction of facilitation methods, and discussion and role plays on planning and implementing training activities using appropriate facilitation methods. During this week, trainees developed IPC training plans for their zones.

A detailed draft of the training curriculum for week one had been developed by the time the course started, while week two's content had been identified only in terms of time and subjects. There being no time to develop week two content before the course, facilitators decided to

develop the content as they facilitated and to have the content so generated compiled into the TOT curriculum of the future. In addition, the draft week one curriculum was revised.

Work on curriculum improvement was accomplished by facilitators—

- Using the visualization in participatory programmes (VIPP) facilitation method throughout the course. This helped generate additional content and elicit participant input into the TOT curriculum.
- Meeting at the end of every day to review the day's activities, identify gaps, and suggest changes that needed to be made to improve the following day's sessions.

OMNI will work with the IEC Unit to complete and circulate the revised TOT curriculum.

### **3 COURSE OBJECTIVES**

The objectives of the course were as listed below.

#### ***Week one***

By the end of the week, participants will be able to—

- 1 Clarify the differing values among themselves and the communities in which they work
- 2 Identify the basic characteristics of IPC
- 3 Describe the structure of IPC plan and conduct effective IPC sessions
- 4 Discuss the major findings of the IPC needs assessment
- 5 List the skills needed in caring communication and be able to apply them in interactions with clients
- 6 List the skills needed in problem solving communication and be able to apply them in interactions with clients
- 7 Name and use good information gathering skills
- 8 Define counselling, list and be able to apply counselling skills
- 9 Use educational materials effectively

- 10 Plan and deliver effective group health talks
- 11 Plan and manage clinic-level communication activities
- 12 Work effectively with the community

### ***Week two***

By the end of the week, participants will be able to—

- 1 List the characteristics of a good trainer
- 2 Discuss effective adult learning methods
- 3 Name the benefits of identifying training needs of future trainees ahead of developing the training curriculum
- 4 Set training objectives
- 5 Develop and use lesson plans in training
- 6 Use participatory methods in training activities
- 7 Develop IPC training plans for their zones
- 8 Develop and use training evaluation tools
- 9 Discuss the benefits of supervising staff after they leave training

## **4 COURSE METHODS**

The course used the VIPP facilitation method throughout, this helped increase participant participation and generation of content for the curriculum. Other methods used extensively were class role plays and practising good use of IPC skills in the field.

Course progress was monitored and adjustments made as necessary, using the five different tools: the pre-course questionnaire, the mid-course evaluation, end-of-day mood metre recordings, daily feedback committee reports, and an end of course evaluation.

At the end of the course, participants were asked to write on cards anything they wished to say. Some of the comments made formed part of the participant recommendations (see 7.1).

## 5 SUMMARY OF GROUND COVERED

### 5.1 Course Format

The *Training of Trainers' Course in Interpersonal Communication* was a practical rather than a theoretical course. It aimed not only to increase participants' knowledge, but more importantly, the course sought to strengthen the skills needed to (1) perform selected communication activities and (2) teach other people how to perform those activities. As the accent was on skills development, as much as possible, learning took place by the following steps

- Introduction of concepts
- Planning practical activities based on the concepts
- Presentation of practical activities (in form of plans, class role plays), followed by a class critique
- Revision of activities and plans
- Presentation of revised practical activities followed by a class critique
- Final revision

In addition, participants practised the application of basic communication skills in the field. This way, participants were able to develop skills to a level that would inspire confidence and encourage them to repeat the action when back in their work stations. Major areas covered during the course included—

- Key IPC skills
- Settings in which health related IPC takes place
- Planning IEC activities
- Working with communities
- Qualities of a good trainer
- Adult learning theory
- Training needs assessment
- Teaching/training methods
- Setting training objectives
- Planning communication activities
- Supervision
- Evaluation
- Zonal IPC training plans

## **5 2 Key IPC Skills**

Key IPC skills were divided into three categories

### **Skills for caring communication**

- Welcoming clients
- Non-verbal communication
- Empathising
- Praise and encouragement

### **Skills for problem solving communication**

- Effective listening
- Encouraging dialogue
- Avoiding interruptions
- Avoiding premature diagnosis
- Probing
- Asking about causes

### **Skills for counselling**

- Speaking simply and directly
- Using appropriate vocabulary
- Exploring clients' beliefs
- Correcting misconceptions
- Explaining logically and systematically
- Using visual aids
- Discussing concrete behaviour changes
- Repeating and summarising key information
- Motivating clients
- Checking for understanding
- Giving clients a chance to ask questions
- Confirming follow up steps

## **5 3 Settings in Which Health Communication Takes Place**

Two settings in which health communication commonly takes place were discussed one-on-one and group health talks Many classes and field practical communication activities were conducted in these areas

## **5 4 Planning IEC Activities**

Planning of information, education, and communication (IEC) activities was approached from five different perspectives

- A yearly plan
- A monthly plan
- A weekly plan
- A plan for one group-learning event in the community
- A plan for one IPC training session

Practical work concentrated on the last two learning events

## **5 5 Working With Communities**

The following ground was covered on the topic of working with communities

### **Definition of a community**

A community was defined as a group of people living in one locality with shared experience, culture, and values

### **The reason for involving communities**

There was a consensus that it is desirable to involve communities in programme planning and implementation in order to—

- Improve their knowledge and skills in the areas the programme is promoting
- Transfer to them ownership of programme activities
- Empower them to assume ownership of the activities and sustain them in order to reap the anticipated benefits

### **Factors promoting community participation**

The following were listed as measures which can help improve working relations with communities

- Respect the people and their way of life
- Live and mingle with the people
- Participate in their day-to-day life
- Study the culture of the communities you are working with

- Identify influential people and work with them
- Appreciate and praise the positive aspects of the culture
- Avoid disrespectful criticism of the aspect of the culture you do not like
- Respect and practise the etiquette applicable in the community
- Endeavour to see the culture from the people's own perspective

### **Issues and problems in working with communities**

Issues and problems working with communities were identified as below

- Cultural beliefs
- Shortage of time to devote to understand the culture and to move at a speed convenient to the people
- Seasons During certain seasons (e g , planting season) people are too busy in their gardens to participate in community development work
- Transport to go into the community
- Physical barriers, such as bad terrain
- Difficulties in setting priorities that will coincide with community priorities
- Lack of proper planning
- Political environments that make communities less cooperative
- Lack of feedback
- Poverty and the rising cost of living which forces people to spend long hours in search of a livelihood This leaves little time for voluntary work
- Lack of incentives
- Scattered settlements
- Unstable settlements (e g nomads who move from place to place)
- Shortage of human resources
- Illiteracy and ignorance

- Poor people skills among development workers

These issues were discussed and possible solutions identified

## **5 6 Training And Qualities of A Good Trainer**

The ultimate purpose of training was seen as increasing knowledge, promoting positive attitudes, and developing skills to perform identified activities Training also helps to—

- Build a team among implementors
- Establish standards of work
- Improve performance and programme achievement
- Update trainees' knowledge and skills
- Increase the number of people with the needed knowledge and skills
- Improve the quality of service
- Empower people to carry out certain functions
- Sustain programme activities
- Promote job satisfaction
- Bring about job security

A good trainer was seen as a person who—

- Has the ability to analyse (e g , training needs)
- Has the ability to organise (e g , learning events)
- Knows the subject matter
- Is equipped with appropriate training methods
- Is interested in the subject matter and in training
- Can communicate easily (is eloquent enough)
- Is flexible
- Believes in sharing ideas and accepts trainees' ideas
- Is a good listener
- Is patient
- Is observant
- Is dedicated to training
- Is creative
- Is likeable

## **5 7 Adult Learning Theory**

It was pointed out that adults learn better when—

- They share information and experiences among themselves
- Messages are clear

- They learn through discovery
- The material learned is relevant to their needs
- Learning is action oriented

Adults act on information learnt when they have the skills to act

Good learning experiences were given as those which—

- Are participatory
- Are well prepared and follow a logical sequence
- Use easy teaching methods
- Are practical and action oriented
- Meet the needs of a learner
- Are presented by a knowledgeable facilitator
- Give relevant examples
- Aim at solving specific, relevant problems

## **5.8 Training Needs Assessment**

The outcome of IPC training needs assessment was discussed in class (see 1.2), and the importance of carrying out a training needs assessment ahead of training stressed. Training needs assessments should help trainers—

- Know trainees better
- Know the current strengths and weaknesses of trainees
- Identify gaps and prioritise issues and problems to be addressed during training
- Design appropriate, relevant training programmes that can fill identified gaps

Needs assessment methods identified included the following—

- Review of previous studies
- Observation using checklists
- Assessment during regular supervision
- Use of task analysis check lists
- Interviewing health workers

Areas to be assessed during needs assessment were identified as—

- Qualifications
- Previous experience
- Level of knowledge
- Skills in relevant areas of communication
- Knowledge of teaching methods

- Ability to teach
- Relationship with the community
- Records review
- Client exit interviews
- Review of job descriptions
- Review of client satisfaction/complaints
- Relationship between staff members

## 5 9 Training/Teaching Methods

Teaching/training methods identified included the following—

- Lecture
- Question-answer
- Brain storming
- Case study
- Group discussion
- Role play
- Drama
- Games and puzzles
- Group discussion
- Case tracking and presentation
- Demonstration
- Field practice
- Visualization in participatory programmes (VIPP)

The strengths of each method and when they are most beneficial to use were discussed. In addition key, questions that need to be asked in order to maximise learning were identified.

Two important points were stressed:

- People learn better when participatory methods are used
- The more senses that are involved in the learning process, the higher the level of learning and retention

Research has shown that people retain 20 percent of what they hear, 40 percent of what they hear and see, and 80 percent of what they do.

## 5 10 Setting Training Objectives

Participants practised how to set training objectives that are **smart** (specific, measurable, attainable, reasonable, and time bound).

## **5 11 Planning Communication Activities**

Communication planning was approached from five different perspectives

- Developing a yearly communication plan
- Developing a monthly communication plan
- Developing a weekly communication plan
- Planning for one communication training session
- Planning for one learning event in the community

Areas to consider and headings under which to develop each plan were discussed in detail

## **5 12 Supervision**

Supervision was defined as overseeing implementation of programme activities while working with lower level programme implementors to strengthen programme performance. This includes visiting programme sites to learn first hand about the strengths and weaknesses of a programme and working with staff on the ground to strengthen the strong areas further and address the weaknesses. IEC supervision may include—

- Reviewing records and documents to get acquainted with programme activities
- Making field visits
- Observing programme activities
- Interviewing staff, volunteers, and clients
- Holding discussions with staff to identify strengths, weaknesses, and what needs to be done to strengthen performance
- Writing the necessary reports
- Discussing the reports in the relevant IEC committees to determine follow up action
- Giving feedback to the people supervised
- Supporting implementation of the recommendations of the IEC committees
- Conducting follow-up supervision

Each zone was urged to develop an IEC supervisory checklist to aid focussed, supportive supervision IEC areas to be considered for supervision include—

- Communication planning
- IPC skills
- Small group communication skills
- Communication at public meetings
- How messages are being received in the community
- Client satisfaction/community perception of IEC and services
- Staff relations
- Staff-community relations
- Community participation

A few key questions may be developed in each area to guide focussed supervision

### **5 13 Evaluation of Training Activities**

Three kinds of evaluations were discussed in the context of training formative, summative, and impact evaluations For each, the following questions were answered

- When is it performed?
- Why?
- What does it evaluate?
- Processes of evaluation?
- Who is best placed to carry out the evaluation?

## **6 ACHIEVEMENTS**

### **6 1 Cumulative Achievements**

The present course concluded the series of four IEC capacity building courses on a positive and encouraging note As the series ends—

- Interest in IEC is high at the MOH
- IEC is high on the MOH agenda
- The IEC Unit and zonal teams have acquired considerable capacity to plan and implement IEC activities
- The potential of IEC to contribute significantly to improvement in health status is widely acknowledged, both at the centre and in the zones

- All six zones have integrated IEC activities in their plans, and ZHMT members are enthusiastic about implementing IEC activities
- The substantive head of the IEC Unit is now in place
- A resident IEC advisor is in place
- The MOH has indicated a willingness to establish IEC budget lines
- An IEC policy is in place
- An IEC Technical Advisory Committee that brings together all national and international agencies working in health communication in the country is in place

The present course has contributed to the positive trend as below

## **6.2 Confidence and Enthusiasm in IEC**

Pre- and mid-course evaluations conducted during the present course showed that there had been a definite knowledge gain, from an average score of 55.7 percent on selected IEC related areas of content at the beginning of the course to an average score of 72.5 percent at the end of the first week (see Appendix C)

Participants felt that most topics had been reasonably covered and were confident that they could transfer the knowledge gained to their colleagues in the health service during training (see Appendix D). They felt that IEC could improve the performance of all health workers, regardless of their specific job assignments.

## **6.3 Zonal IPC Training Plans**

Coordinators and trainers attending the present course developed zonal IPC training plans, which will ensure that IPC skills are passed on to health facility and lower level health staff, staff of collaborating agencies, and relevant community volunteers.

The plans will be finalised at the IEC Unit and circulated.

## **7 RECOMMENDATIONS**

### **7.1 Participants' Recommendations**

To strengthen the ongoing process of IEC capacity building, participants recommended that—

- All health workers should receive IPC training
- Zonal IPC training activities should start as soon as possible
- VIPP materials be issued to all zones to facilitate participatory training
- The IEC Unit should assist the zones during IPC training
- Training funds should be released in good time to allow courses to proceed without problems
- Frequent IPC refresher course should be organised, one or two times a year
- An evaluation of the performance of participants should be arranged soon

### **7.2 Facilitators' Recommendations**

Facilitators' recommend that—

- Early steps should be taken to finalise both the IPC curriculum and the pictorial report of the present course. The two documents will form an invaluable guide to IPC trainers and should be distributed within the next two weeks to facilitate early commencement of IPC training in the zones
- The IEC Unit should accelerate follow up on IEC materials being developed in the zones to have them finalised and printed to facilitate IEC activities in the field
- Early consideration should be given to developing manuals and other materials that are badly needed in IEC development

## **APPENDIXES**

**APPENDIX A**  
**COURSE TIMETABLE**

## TRAINERS' COURSE IN INTERPERSONAL COMMUNICATION TIMETABLE

(May 11-22, 1998)

### Week One

	8 00-10 00	10 15-12 00	2 00-3 30	3 30-5 00
<b>DAY 1</b>	Opening? Introductions Pretest Expectations/ objectives/ schedule	Values clarification Basic concepts of IPC Characteristics of effective IPC	IPC needs assessment Review of research findings	Skills needed for IPC Caring communication
<b>DAY 2</b>	Skills for IPC Caring communication	Skills for IPC Problem solving	Skills for IPC Counselling	Skills for IPC Counselling
<b>DAY 3</b>	Field visit One-on-one	Field visit One-on-one	Field visit Discussion	Field visit Discussion
<b>DAY 4</b>	IPC video viewing	Group health talks Introduction	Group health talks Prep for field work	Group health talks Field work
<b>DAY 5</b>	Group health talks field work discussion	Working with communities  Planning and managing Community activities	Planning and IPC activities	Working with communities

**Week two**

	<b>8 00-10 00</b>	<b>10 15-12 00</b>	<b>2 00-3 30</b>	<b>3 30-5 00</b>
<b>DAY 6</b>	Introduction Characteristics of a good trainer	How adults learn	Training needs assessment	Setting objectives
<b>DAY 7</b>	Overview Training methods	Facilitation	Strengths of teaching methods	Planning and using training methods
<b>DAY 8</b>	Role plays using training methods	Role plays using training methods presentation + critique	Re-planning role plays	Presenting improved role plays
<b>DAY 9</b>	Planning a training programme Introduction	Practicum Planning (1) a training session (2)an IEC session in the community	Presentation and critique of plans	Revision and presentation of revised plans
<b>DAY 10</b>	Evaluation of training	Supervision of trainees	Developing zonal training plans	Plan presentation  Closing

**APPENDIX B**

**MOOD METRE RECORDINGS**

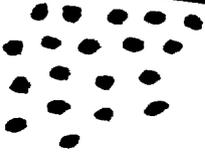
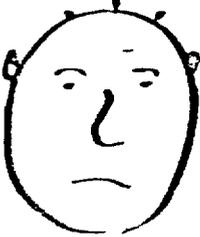
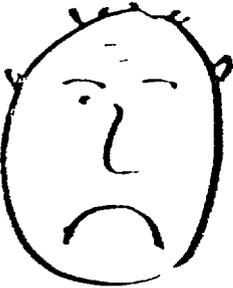
MOOD METRE RECORDINGS

# MOOD METER Day 1-5

MOOD	Day-1	D-2	D-3	D-4	D-5
	●●●●● ●●●●● ●●●●●	●●●●● ●●●●● ●●●●●	●●●●● ●●●●● ●●●●●	●●●●● ●●●●● ●●●●●	●●●●● ●●●●● ●●●●●
	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●
	●	●			

# MOOD METER

## Day 6-10

MOOD	D-6	D-7	D-8	D-9	D-10
					
					
					

**APPENDIX C**

**COMPARISON OF PRE- AND MID TRAINING SCORES  
IN SELECTED AREAS OF CONTENT**

**COMPARISON OF PRE AND MID TRAINING SCORES IN SELECTED AREAS OF CONTENT**

<b>CONTENT</b>	<b>Correct PRE-Q (%)</b>	<b>Correct POST-Q (%)</b>
Define the term interpersonal communication	45 24	64 50
List any 3 verbal communication skills useful to encourage clients to speak freely with a provider	54 76	68 06
List any 3 non-verbal communication skills useful to encourage a client to speak freely with a provider	49 21	68 06
Please name 3 questions that a health worker might use while consulting with a client	38 10	77 78
List 3 different types of visual aids health workers can use to enhance communication with their clients	68 18	86 11
Explain the benefits of using visual aids in communicating with clients	92 50	95 83
Average	55 71	72 50

**APPENDIX D**  
**POST TRAINING EVALUATION**

## POST TRAINING EVALUATION

How well were the following covered during the course?

	5	4	3	2	1
<b>IPC</b>					
Clarify the differing values among participants and the communities among whom they work	5	17	2	-	-
Identify the characteristics of effective IPC	15	8	1	-	-
Discuss the scope and major findings from the IPC training	6	17	2	-	-
Define and demonstrate the major skills necessary for caring communication	15	9	1	-	-
Define and demonstrate the skills required for problem solving communication	12	12	1	-	-
Define counselling and demonstrate the skills required for effective counselling and information giving	12	11	2	-	-
Describe and demonstrate the proper approach to giving health talks	16	8	1	-	-
Identify effective methods for working with the community	7	15	1	2	-
Demonstrate the effective use of IPC skills in client-provider interactions	9	13	3	-	-

	5	4	3	2	1
<b>TRAINING OF TRAINERS</b>					
List the characteristics of a good trainer	17	7	1	-	-
Describe the principles of adult learning	8	13	3	-	-
Design a training needs assessment	8	15	2	-	-
Write learning objectives	19	3	1	-	-
Prepare a lesson plan	15	8	1	-	-
Design and deliver a lesson in IPC	8	13	1	1	-
Plan a training schedule on IPC	12	10	3	-	-
Identify the elements of training and evaluation, and design evaluation forms for IPC training	11	12	1	1	-
Describe the purpose of supervision, design a supervisory checklist	9	12	4	-	-
<b>GENERAL</b>					
One-on-one field work	13	10	3	-	-
Group IPC field work	8	11	-	-	-
Workshop facilitation	13	9	2	1	-
Level of participation	7	14	4	-	-
VIPP method	10	11	3	1	-
Handouts	9	10	5	1	-
Course duration	11	9	4	1	-
Venue	12	12	-	1	-
Time keeping	14	10	1	-	-
Refreshment	7	12	4	1	1

**APPENDIX E**  
**PARTICIPANTS**

## PARTICIPANTS

1	Afewweki Berhe	PHC, Gash Barka
2	Ogbit Ghebrehiwet	HQ School of Asmara
3	Ghebreab T/Mariam	Debab CDC Coordinator
4	Letemicael Afeworki	ASN, Asmara
5	Mulu Berhane	AMS, Asmara
6	Letezghi Afeworki	AMS, Asmara
7	Mekonnen T/Giorghis	Anseba Zone, Keren
8	Rezene Araya	PHC Northern Red Sea Zone
9	Michael Tafla	Maekel, Asmara
10	Tsegga1 Abraha	Southern Red Sea CDC Coordinator
11	Zeccarias Andemariam	Gejeret School of Nursing, Asmara
12	Mehary W/Michael	Head of Shieb H Centre, NRS
13	Malefia Tadesse	Head Nurse
14	Asmelash G/Egziabher	MOH/CDC, Asmara
15	Beyene W/Mariam	Maekel Malaria coordinator
16	Yohannes G/Hiwet	Edaga Hamus Mini Hospital
17	Woldekidan Hagher	Tio Health Centre, SRS
18	Tsegaa1 Abraha	Assab Hospital
19	Tedros Tesfai	Keren Megarn Health Station
20	Tsion Mesfin	Keren Hospital
21	Haggaa1 Ephrem	Barentu Hospital
22	Letezghaa1 W/Slassie	Barentu Hospital
23	Sebhatu Beyene	MOH, HQ, Asmara
24	Berhe Habtemicael	MOH HQ, Asmara
25	Ambaye Asfaha	MOH HQ, Asmara

## Facilitators

Nicholas Dondi	Communication Consultant
Rebecca Kohler	OMNI
Azenegash G/Selasie	Head of IEC, MOH
Dawit Sium	IEC Unit, MOH