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Trip Report #0-401

Travelers: Mr. James Williams, IHP Program Coordinator
Ms. Betty Farrell, IHP Consultant

Country Visited: BENUE STATE, NIGERIA

Date of Trip: In-Country: April 21 - May 10, 1987
Abidjan Debriefing: May 11, 1987

Purpose: To conduct a Training of Trainers Workshop for 8 Senior Staff of MOH/HSMB, April 27 - May 8, 1987.

DPE-3031-C-00-4077

Program for International Training in Health
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LIST OF ABBREVIATIONS USED IN THIS REPORT

CS	Child Spacing
FMOH	Federal Ministry of Health
HSMB	Health Services Management Board
IEC	Information/Education/Communication
LGA	Local Government Area
MOH	Ministry of Health (State)
PPFN	Planned Parenthood Federation of Nigeria
RAPIDS	Resources for the Awareness of Population Impact on Development
TOT	Training of Trainers
UBA	United Bank of Africa

EXECUTIVE SUMMARY

James Williams, M.P.H., International Health Programs (IHP) Program Coordinator and Betty Farrell, C.N.M., M.P.H., IHP Consultant, provided training and technical assistance to the Benue State Ministry of Health (MOH) during a Training of Trainers (TOT) workshop for senior staff from the MOH and Health Services Management Board (HSMB), Activity #1 in the INTRAH/MOH contract workplan.

Mr. Williams and Ms. Farrell arrived in Benue State on April 22, to ensure that preparations for the workshop were completed. The TOT was conducted at the Makurdi Plaza Hotel from April 27 - May 8, 1987. Eight full-time participants completed the workshop. Due to job commitments, two additional participants attended only a few days and did not complete the workshop. Participants were senior staff from the MOH and Health Services Management Board (HSMB) and included two physicians, three nurse-midwives, two nurses and a community health officer.

The major output of the workshop was a training design to be used in conducting two three-day orientation seminars for field-level health personnel to encourage their support in expanding the Benue State CS/ORT program.

The TOT workshop goals and general objectives were accomplished. Problems with access to funding, resources to support the workshop and unavailability of personnel were all handled skillfully by the workshop organizers.

Recommendations include proceeding with the seminars as planned.

SCHEDULE DURING VISIT

April 19	Departed from San Francisco 4:00 p.m. for London via Seattle.
April 21	Departed from London 11:00 a.m. for Lagos. Arrived in Lagos 5:30 p.m.
	Spoke with Ms. Keys MacManus, Office of AID Affairs by telephone.
April 22	Departed Lagos domestic airport for Makurdi 12:30 p.m. Arrived at Makurdi 3:30 p.m.
April 23	Met with: Dr. R. A. Abdullahi, Chief Health Officer, Benue State Ministry of Health (MOH); Dr. M. Ogebe, Chief Medical Officer and Mrs. S. Attah, Family Planning Coordinator, Benue State Health Services Management Board (HSMB).
	Met with Mr. Daniel Agogo, Permanent Secretary, MOH to discuss program.
	Visited hotel conference room for training suitability.
April 24	Met with Dr. Ogebe, Mrs. Attah and Mr. Odah, IEC Manager, MOH to complete workshop preparations.
April 25-26	Preparation of training materials.
April 27	Introduction of Opening Ceremonies by the Commissioner of Health, remarks by the Permanent Secretary, MOH and the Executive Secretary, HSMB.
May 8	Workshop ended. Certificates presented at Closing Ceremonies by Permanent Secretary.
May 9	Departed from Makurdi 2:30 p.m. for Lagos.
	Worked on trip report.
	Ms. Keys MacManus unavailable for debriefing.

May 10	Departed from Lagos, 7:45 p.m. for Abidjan.
	Arrived in Abidjan 10:00 p.m.
	Continued writing trip report.
May 11	Debriefed at INTRAH/WCA Office with Mr. Pape Gaye, Director.
	Departed from Abidjan 10:00 p.m. for Brussels.
May 13	Departed from Brussels 8:00 a.m. for San Francisco via London.
	Arrived in San Francisco 3:30 p.m.

I. PURPOSE OF TRIP

The purpose of the trip was to conduct the first activity of the Benue State Ministry of Health (MOH)/INTRAH Child Spacing and Oral Rehydration Therapy (CS/ORT) contract. The activity goal was to prepare ten senior staff from the MOH and the Health Services Management Board (HSMB) to conduct two three-day CS/ORT orientation seminars for field staff of government and non-government organizations.

Training activity objectives were to:

- familiarize participants with the National Population policy; Benue State Action Plan for CS/ORT; and MOH/INTRAH training project;
- strengthen participants' knowledge of contraceptive technology, ORT and training technology; and
- assist participants to develop and implement a training design for two three-day orientation seminars.

II. ACCOMPLISHMENTS

A. A two-week Training of Trainers (TOT) workshop for senior MOH/HSMB staff was successfully conducted. Eight participants completed the training design for two three-day orientation seminars. (Two additional participants did not complete the workshop.)

B. Hand-outs and materials to be used during the orientation seminars were written and compiled.

C. Eight participants presented segments of the orientation seminars which demonstrated the extent of their readiness to conduct them.

D. A plan of action was completed by the participants in concert with the Benue State CS/ORT program coordinators. The action plan included selection criteria for orientation seminar participants, role and task

assignments of seminar leaders and outlining logistical issues.

III. BACKGROUND

This TOT workshop was the first activity in a series of 16 training and program activities to take place over 18 months. This training program plan was developed during a series of visits by INTRAH staff to Benue State. (See INTRAH Trip Report #0-310, Needs Assessment; Trip Report #0-375, Project Development; and Trip Report #0-345 UNC-CH/ Benue State MOH sub-contract.)

IV. DESCRIPTION OF ACTIVITIES

A. The workshop was conducted at the Makurdi Plaza Hotel Conference Hall, Makurdi, Benue State, April 27 - May 8, 1987.

B. Eight participants attended and successfully completed the workshop. Two other participants attended only a few sessions and did not complete the workshop. Participants were senior staff from the MOH and HSMB and included two physicians, three nurse-midwives, two nurses and a community health officer (Appendix B).

In addition to the eight participants, CS/ORT coordinators of the program attended the workshop, at least one of whom was present throughout. These coordinators were Dr. Mary Ogebe, Chief Medical Officer; Mrs. Susannah Attah, FP Coordinator, HSMB; and Dr. Rosemary Abdullahi, Chief Medical Officer, MOH (Appendix A).

C. Workshop Content and Process

Content of the workshop included presentation and discussion of:

- RAPIDS presentation

National Population Policy

Benue State Action Plan for CS/ORT

Contraceptive technology update

ORT update

Adult learning principles

Training methods and techniques

Training session design

Training materials development

Evaluating training sessions

e workshop began by reviewing several specific content areas that the participants would incorporate into their training design for the three-day orientation seminars.

During the first several days of the workshop, attention was concentrated on contraceptive technology. Reviews of this subject matter continued throughout the session.

A major part of the workshop was devoted to writing the three-day orientation session design, assembling and writing handouts and materials to accompany the design, presenting and revising sections of the three-day session and completing administrative and logistical tasks to ensure the orientation sessions would be conducted successfully (Appendix J).

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Logistical/Administration

1. Finding(s)/Conclusion(s)

Telecommunication potential to out-of-state and out-of-country destinations exists in Benue State but is not consistent. Alternate and backup

communication methods were used in communicating with IHP.

Recommendation(s)

Use DHL for all communications or as a back up to telecommunications.

2. Finding(s)/Conclusion(s)

MOH mail is often not circulated among the ranks; therefore, information regarding the MOH/INTRAH program may not be received in a timely fashion by program coordinators.

Recommendation(s)

Address all written correspondence to Permanent Secretary and to Dr. R. Abdullahi to ensure receipt of information by program coordinators.

3. Finding(s)/Conclusion(s)

The shipment of training materials (19 boxes) from INTRAH for subsequent program activities arrived in Lagos sometime before the arrival of Ms. Farrell and Mr. Williams. The MOH arranged transport of boxes from Lagos to Makurdi. During inventory of boxes, trainers noted that the contents were poorly packaged, resulting in minor damage to books and materials. Neither MOH nor trainers were informed of the arrival nor of the contents of the shipment.

Recommendation(s)

Communicate inventory of INTRAH shipments to avoid duplication by IHP trainers in preparation for upcoming activities.

Inform shippers of the condition of shipment received so they can improve future packaging.

4. Finding(s)/Conclusion(s)

Upon arrival in Makurdi, trainers were informed that funds sent by INTRAH to cover costs of training activities had arrived in Nigeria but had not been converted into Naira and were therefore unavailable to MOH. AAO in Lagos and INTRAH/CH were notified. The scheduled three-day orientation seminars and subsequent activities may well be postponed unless funds are accessible to the MOH.

Recommendation(s)

INTRAH should follow-up with United Bank of Africa (UBA) and AAO to assure availability of funds prior to any scheduled activities.

5. Finding(s)/Conclusion(s)

The workshop was well-organized and supported. Arrangements had been made at a local hotel for a seminar room. Participants were informed of the workshop well ahead of time. All training supplies and materials were on hand or were made available within a day or two. Workshop organizers from the MOH and HSMB were available throughout the session. Transportation from MOH was on site when required. Secretarial and duplicating services were excellent.

Recommendation(s)

Coordinators should continue to provide the same excellent support and organization for future training activities.

6. Finding(s)/Conclusion(s)

There was some confusion during the planning meetings in Makurdi prior to the workshop regarding the need for a Federal Ministry of Health (FMOH) trainer to serve as a full-time co-trainer in the workshop. This confusion was a result of the listing of "one FMOH trainer" in the MOH/INTRAH work plan under Activity #1 for the RAPIDS prsentation. RAPIDS is presented by representatives of the National Population Bureau, not FMOH. In any case, no trainer from FMOH was available.

Recommendation(s)

Arrangements with FMOH and RAPIDS presenter should be confirmed prior to training.

7. Finding(s)/Conclusion(s)

Problems encountered by participants during the workshop included:

- daily demands and interruptions from participants' regular jobs distracted them from their workshop tasks;

- inadequate time spent on practicing training skills or on technical CS/ORT content areas; and

- dissatisfaction with the training facilities.

Recommendation(s)

Workshop organizers should ensure participants are relieved of regular job duties and that facilities are acceptable and clean.

8. Finding(s)/Conclusion(s)

The MOH administrators were eager to anticipate problem areas in order to prepare for the upcoming activities. The administrators and trainers reviewed problems and areas of strengths which included typing, duplicating and other support staff functions and the availability of coordinating staff to solve problems during the workshop.

Recommendation(s)

The CS/ORT coordinators should continue to provide the same excellent support for future training activities.

B. Workshop Evaluation

9. Finding(s)/Conclusion(s)

Two pre/post-tests were used. The first covered CS/ORT content, the second, TOT. The pre-test scores were relatively high for both CS/ORT and TOT, with the exception of two low scores. On the post-test, there was an increase of the raw scores and percentage points for all participants. Scores on the low end of the pre-test had the largest increase with one individual moving from 28% to 77% in CS/ORT (Appendix C).

Comparison of pre- and post-test scores indicates an increase in knowledge in both CS/ORT and TOT; however, they do not indicate the level of competency in conducting training activities. The participants' evaluation of the three-day orientation seminars will indicate the impact of this TOT.

Recommendation(s)

Review the evaluation of the three-day seminars to determine the impact of this TOT.

.0. Finding(s)/Conclusion(s)

Positive aspects of the workshop stated by the participants included:

- workshop objectives were clear and had been achieved;
- materials were useful and clearly presented;
- group assignments and individual exercises and presentations were helpful;
- cooperative style of the trainers and the relaxed learning climate were conducive to learning; and
- training room was comfortable and suited to the use of small group activities.

Recommendation(s)

Most participants agreed that the workshop content was applicable in their work and that important and useful concepts were learned. All participants would recommend this workshop to others without hesitation.

Participants recommended three topics for future CS/ORT workshops:

- community motivation and mobilization;
- counselling skills for CS/ORT; and
- more CS/ORT content.

APPENDIX A

Persons Contacted/M

APPENDIX A

PERSONS CONTACTED/MET

AID Affairs Office/American Embassy/Lagos

Ms. Keys MacManus, AID Affairs Officer

INTRAH/WCA/Abidjan

Mr. Pape Gaye, Director, WCA Office

Benue State Ministry of Health

Mr. Daniel Agogo, Permanent Secretary

Rev. (Dr.) E. S. Bello, Commissioner of Health

Dr. (Mrs.) Rosemary A. Abdullahi, Chief Health Officer

Benue State Health Services Management Board

Dr. N. I. Bur, Executive Secretary

Dr. (Mrs.) Maru Ogebe, Chief Medical Officer

Mrs. Susannah Attah, Family Planning Coordinator

Planned Parenthood Federation of Nigeria

Mrs. Edna Onuaguluchi, Secretary, PPFN, Benue State

APPENDIX B

Participants

APPENDIX B

PARTICIPANTS

1. Mrs. Justina Shiumdu Abeda
   Assistant Chief Community Health Officer
   Health Services Management Board Head Offi
   Makurdi

2. Dr. Samuel Ilemona Abdullahi
   Medical Superintendent in Charge
   General Hospital
   Makurdi

3. Mr. Alhaji Ali Abu
   Chief Nursing Officer
   Health Services Management Board
   Makurdi

4. Mrs. Martha Kawan Dalhatu
   Chief Nursing Officer
   Ministry of Health Headquarters
   Makurdi

5. Mrs. Priscilla Mbalamen Gbillah
   Senior Matron
   General Hospital
   Makurdi

6. Dr. Cletus Shaibu Musa
   Principal Medical Officer
   General Hospital
   Idah

7. Mr. Andrew Agbo Odah
   Information/Education/Communication Program Manager
   Ministry of Health
   Makurdi

8. Mr. Julius Speeze Tandyer
   Chief Community Health Officer
   Health Services Management Board
   Makurdi

APPENDIX C

Pre/Post-Test Scores

Course ID _____
Florida [illegible]

INTRAH PRE-POST TEST RESULTS FORM

Trainee Name	Pre-Test Score	Post-Test Score
[illegible]	53	54.5
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	52	[illegible]
[illegible]	50	52
[illegible]	45	52
[illegible]	42	[illegible]
[illegible]	22	45
[illegible]	[illegible]	44

Course ID_____

INTRAH PRE-POST TEST RESULTS FORM

Trainee Name	Pre-Test Score	Post-Test Score
1	[illegible]	38
[illegible]	[illegible]	39
[illegible]	[illegible]	40
[illegible]	[illegible]	40
[illegible]	[illegible]	34
[illegible]	[illegible]	36
[illegible]	[illegible]	38
[illegible]	[illegible]	
[illegible]	[illegible]	38

APPENDIX D

Summary of INTRAH Participant Reaction Responses

APPENDIX D

SUMMARY OF INTRAH PARTICIPANT REACTION RESPONSES

Course ID# _____

Bexue State N11
TOT, Apr 27-Ma

INTRAH PARTICIPANT REACTION FORM

N=8

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
7	1			

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
4	3			

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

7 a. All material was useful

1 b. Most materials were useful

____ c. Some material was useful

____ d. Little material was useful

____ e. No material was useful

4. Workshop material presented was clear and easy to follow:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
6	2			

5. The amount of material covered during the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
	1	10		

6. The amount of time devoted to the workshop was:

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
		7		

7. For the work I do or am going to do, this workshop was:

a. Very useful	b. Mostly useful	c. Somewhat useful	d. Not very useful	e. Not useful at all
10	1			

8. Possible solutions to real work problems were dealt with:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
5	2			

9. In this workshop I learned:

5 a. many important and useful concepts,

2 b. several important and useful concepts,

____ c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

2 a. many important and useful skills,

1 b. several important and useful skills,

2 c. some important and useful skills,

1 d. a few important and useful skills,

____ e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
7	1			

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
7	1			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
6	2			

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
6	2			

15. 8 a. I would recommend this workshop without hesitation,

_____ b. I would probably recommend this workshop

_____ c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

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

1 a. Additional time for the workshop

_____ b. More limited time for the workshop

1 c. Use of more realistic examples and applications

3 d. More time to practice skills and techniques

2 e. More time to become familiar with theory and concepts

_____ f. More effective trainers

1 g. More effective group interaction

_____ h. Different training site or location

_____ i. More preparation time outside the training sessions

_____ j. More time spent in actual training activities

_____ k. Concentration on a more limited and specific topic

_____ l. Consideration of a broader and more comprehensive topic

_____ m. Other (specify) Everything went well.

17. **Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.**

	very useful 1	2	3	4	hardly useful 5
a. RAPIDS PRESENTATION	5	3			
b. NATIONAL POP. POLICY	6	2			
c. BENUE STATE CS/ORT PLAN	5	3			
d. MOTT/INTRAH PROJECT	7	1			
e. CONTRACEPTIVE TECH. UPDATE	6	2			
f. ORAL REHYDRATION THERAPY UPDATE	5	3			
g. TRAINING PROCESS	6	2			
h. DEVELOPING TRAINING DESIGN	8				
i. PRE/POST TEST	7	1			
j. ADULT ED. PRINCIPLES	5	2	1		

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures	5	2				
b. group discussions	6	2				
c. individual exercises	8					
d. group exercises	6	2				
e. clinical sessions	2	1				3
f. field trips			1			3
g. handouts/readings	5	1	1			
h. books	5	2				
i. audio-visuals	4	2				

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

4 a. Counselling and/or client education

2 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)

____ c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)

____ d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)

2 e. Supervision of Family Planning Services

1 f. Management of Family Planning Service System

5 g. Planning/Evaluation of Family Planning Services

2 h. Policy Making/Direction of Family Planning Services

2 i. Community Based Distribution of Contraceptives

2 j. Community Based Outreach, Education or Information

1 k. In-Service Training in Family Planning

3 l. Pre-Service Teaching/Tutoring in Family Planning

____ m. Other (specify) _____

20. Additional Comments: 1) I do hope that No. 19 will really be considere(most of us would want to broading our knowledge on CS/ORT.
2) For a first time the workshop was worth all the time.
3) The workshop was very successful due to the trainers methodologies and hig technical (skillful) handling of the whole program.
4) Trainers were wonderful in teaching. Please keep it up and your good job. grateful to INTRAH for sponsoring this course.
5) I have enjoyed and gained a lot from the workshop.

Feel free to sign your name. (Optional)

_____

May, 1985

APPENDIX F

Pre/Post-Instrument

Name: _____

Date: _____

Childspacing/ORT Workshop

Pretest/Post test

Part I: C.S.

List two (2) benefits of childspacing for each category.

a. Father

1.

2.

b. Mother

1.

2.

c. Child(ren)

1.

2.

d. Nation

1.

2.

A contraindication is a medical condition that makes a course of treatment, that might otherwise be recommended, inadvisable or unsafe. Absolute contraindications mean that the method must not be used. For each condition in Column A, write the method that is contraindicated (must not be used).

Column A	Column B
1. Repeated UTI	1. Diaphragm
2. Inability to recognize the changes in cervical mucus.	2. Cervical mucus method [illegible]
3. Liver tumors	3. OC's
4. Pregnancy, known or suspected.	4. OC's IUCD, Injectable [illegible]
5. A desire for more children at a later point in the couple/individual's life.	5. Sterilization IUCD, Injectable

Column A	Column B
6. Very irregular menstrual periods	6. Calendar NFP methods, Injectable
7. Thromboembolic diseases	7. OC's
8. Active pelvic infection	8. IUCD
9. Poor vaginal muscle tone	9. Diaphragm
10. Heart disease	10. OCs, POP, Injectable
11. Known, suspected or history of carcinoma of breast and/or reproductive tract	11. OC's, POP, Injectable
12. Uterine anomalies	12. IUCD
13. Dislike of touching one's own genitals	13. Diaphragm, Vaginal spermicides, IUCD
14. Cerebrovascular accidents	14. OC's, POP, Injectable
15. Allergy to chemicals	15. Vaginal spermicides, Diaphragm

Match the letter representing the mode of action in Column B to the correct method in Column A.

Column A	Column B
___ 1. Foam	a. Delays ovulation, effectiveness is increased when abstinence is practiced at the same time.
___ 2. Fertility Awareness	b. Blockage of vas deferens preventing sperm from leaving the body.
___ 3. Oral Contraceptives	c. Local foreign body inflammatory response causes lysis of the fertilized ovary and/or prevents implantation.
___ 4. Condom	d. Chemical kills sperm.
___ 5. Vasectomy	e. Blockage of fallopian tubes preventing ovum and sperm from uniting.
___ 6. Hormonal injection	f. Long-acting progestin disturbs the hypothalamic pituitary-ovarian function thereby inhibiting ovulation.
___ 7. Diaphragm	g. Identifies the fertile period of the menstrual cycle by observing signs of ovulation.
___ 8. Tubal ligation	h. A dome-shaped rubber cup contains a spermicide covers the cervix to present a mechanical and chemical barrier to sperm entering the upper female reproductive tract.
___ 9. IUCD	I. Prevents conception by: -inhibiting ovulation -preventing implantation -producing thick cervical mucus.
___ 10. lactation	

24

Part II: ORT

1. Identify the degrees of dehydration by writing "mild," "moderate," "severe" on the line provided in front of each description.

_____ a. increased irritability

_____ b. sunken fontanelles

_____ c. poor skin turgor

_____ d. restlessness

_____ e. reduced urinary output

_____ f. increased thirst

_____ g. lethargy

_____ h. anuria

_____ i. coma

2. Write the recipe for oral rehydration solution. Give the ingredients and their amounts

3. How often should a child receiving ORT be given the ORS?

4. Should the child be fed?

If yes, why?

If no, why not?

5. At what point should a child receiving ORT be taken to the hospital?

CHILDSPACING/ORAL REHYDRATION THERAPY TRAINING OF TRAINERS WORKSHOP

Benue State Ministry of Health

April 27 - May 8, 1987

PRE/POST TEST

INSTRUCTIONS:

-Read all questions carefully
-Complete all questions
-Write all answers in the spaces provided

Please write your name or other special mark so that your test can be returned to you.

NAME _____

ADULT EDUCATION

1. Quotation: "How someone is taught is just as important as what someone is taught."

For adult training what does this statement mean?

Process is as important as content; pay attention to the methods as well as the facts. (or statement expressing that thought)

1

PROBLEM SOLVING DURING TRAINING

2. One of the participants in your workshop regularly comes late. This has started to disrupt workshop activities. If you were to apply generally accepted adult education principles which solution listed below would be the BEST?

Circle the letter indicating your answer:

A. Tell the person to come earlier in the futu because she is missing out on important work.

B. Ask the person if you or any other of the participants can help her find a way to come on time and reduce disruption.

C. Take the person aside and warn them to act like an adult and start coming on time or else.

D. Ask the person to leave the workshop because they are disrupting activities.

E. Tell the person's supervisor about her constant lateness.

1

GROUP DYNAMICS

3. One of your training team colleagues has noticed that during the workshop discussions one or two participants are dominating the discussion activities. She is concerned that the other participants are not actively learning and are beginning to resent the domination.

Apart from telling the talkative ones to keep quiet or go away, what is ONE other strategy you mighty suggest to your colleagues to help the other quieter participants be more active in group discussions.

- ask questions directly of the quiet persons
- actively guide discussion by going from person to person
- break into smaller groups with exercise that requires all group members talk.
- ask if there are problems in group such as domination or control . . . (similar statements acceptable) (1)

SCOPE OF TRAINING

4. a. Below are 4 categories of things trainers can include in training.

Which of the 4 categories is the most important to include?

Circle the number of the BEST answer.

1. Things which participants would find useful to learn for the required task.

2. Things which participants must learn in order to complete the task correctly.

3. Things which participants would find easy to learn about the required task.

4. Things which participants would find nice to know in order to complete the required task.

(1)

b. Now choose the 3 MOST important categories from the above list and list them below in order of importance. List the most important one first. Use the number only)

2

1

4

(1)

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STEPS OF TRAINING

5. Commonly accepted components of the 5 steps of training are listed below. Rewrite the list in the correct order.

COMMONLY ACCEPTED COMPONENTS		(2)	CORRECT ORDER
Setting Goals & Objectives	P&D	G&O	STEP ONE A/N
Evaluation	G&O	P&D	STEP TWO S G&O
Plan or Design	AN	A/N	STEP THREE P/O
Assess Needs	I	I	STEP FOUR I
Implementation	E	E	STEP FIVE E

1

RECOGNIZING PROBLEMS THAT CAN BE SOLVED BY TRAINING

6. A relevant and well implemented in-service training program can often help health professionals provide better health services. However, many times problems exist that cannot be solved by training alone.

Look at the list of problems below. ambiguous

Circle the letter of all problems that cannot be solved by training.

a. A survey of FP clinical service providers shows that IUCD insertion technique is inadequate.

b. Family Planning supplies are not being received at clinics even though requisition procedures are being correctly followed.

c. CHE FP providers cannot explain correctly the benefits of family planning to women and families.

d. The clinics are short staffed and under equipped.

e. Nurses are worried about job security.

f. Transportation for community health education activities and supervision of providers is difficult to obtain.

g. Ministry of Health strongly believes in in-service training, but funds are very short.

4

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NEEDS ASSESSMENT AND TASK ANALYSIS

7. One of the steps in the training process is the Training Needs Assessment. Which of these below represents a Training Needs Assessment? (Choose one answer only)

   a. Trainer selects and orders training materials; gives bill to accountant for payment.

   b. Visits clinic sites to arrange practicum; writes confirming letter to clinic-supervisor.

   c. Interviews health staff to find out what to include in the forthcoming in-service workshop.

   d. Prepares training plans and submits them to the coordinator for approval.

   e. None of the above.

1

WRITING OBJECTIVES

8. A new trainer wrote the following behavioral objective for her FP/ORT trainees. However, the lead trainer is not satisfied and has asked her to improve the objective. Help the new trainer by rewriting the objective to include the standard criteria for correct behavioral objectives.

   OBJECTIVE: By the end of the session the trainees will understand absolute contraindications for OCPs.

   IMPROVED
   OBJECTIVE: By the end of the session the trainees BTECTS, The tis can list correctly all absolute contraindications for OCP's. (important that objective be

KNOWLEDGE, SKILLS & ATTITUDE LEARNING

9. Which of these represents knowledge learning for an FP/ORT trainee? Circle the letter of the BEST answer.

   A. Uses the tenaculum correctly when inserting an IUCD.

B. Believes that clients must be free to make their own choices about FP.

C. Names correctly the absolute contraindications for the IUCD.

D. None of the above. 1

10. Which of these represents skills learning? Circle the letter of the BEST answer.

A. Displays appropriate counselling techniques with a variety of clients.

B. Lists correctly the standard ORT recipe.

C. None of the above. 1

11. Which of these represents attitude learning? Circle the letter of the BEST answer.

A. Describes correctly to her trainer the steps to follow when greeting new FP clients.

B. Demonstrates correctly the procedure to follow when successfully greeting new FP clients.

C. Believes that correct greeting of clients is a crucial part of successful FP services

D. All of the above. 1

SEQUENCING

12. Read the following training objective. ambiguous

Participants will be able to explain and demonstrate how to use ORS correctly in the home.

In order to reach this objective a trainer has listed her topics below. However she needs your help to put the topics in the best learning order.

	Write your list here
a. When to go for medical help.	1. D
b. ORS recipe.	2. a

3+

c. Feeding and diarrhea. 3. b

d. How to prevent diarrhea. 4. f

e. Recognizing signs of dehydration. 5. c

f. Mixing, administering and storing ORS. 6. a

1

DESIGN COMPONENTS

13. When designing a training session for a specific topic, e.g. HEALTH BENEFITS OF FAMILY PLANNING, there are six generally accepted training design components. For example one of these components is TIME i.e. how much time is required to complete the learning or training activity.

Look at the list below. Select the five other most generally accepted TRAINING DESIGN COMPONENTS, that must be included. Tick the best 5.

ambiguous

Hand Outs	
Content/Topics	✓
Objectives	✓
Visual Aids/Equipment	
Materials/Resources	✓
Guest Speaker	
Evaluation/Assessment	✓
Training Method/Instructions	✓
Text Books	

1

TRAINING METHODS

14. a. Role play and lecture are two different training methods

List three other methods.

example:

1. demonstration
2. pyramiding
3. small group discussion

(other methods acceptable)

3

32

b. Lecture technique is a commonly used teaching method in nursing/midwifery and medical schools. List three DISADVANTAGES the lecture method has for TRAINING.

1. uninteresting

2. difficult to ascertain comprehension

3. not useful for improving or developing skills

(other statements acceptable)

3

c. Which of the following subjects can be learned effectively using a role play. Choose the BEST TWO answers.

unfigures

1. How to make new FP clients comfortable in your clinic.

2. Learning the relative contraindications for OCPs.

3. Learning how to give a CHE presentation in a market on FP benefits.

4. Learning how to insert an IUCD.

2

d. For which of the following topics would a lecture presentation be the BEST learning method? Circle the letter of your answer.

1. Inserting an IUCD.

2. The danger signs for IUCD and OCP users.

3. Knowing and entering a community.

4. How to correctly mix ORT solution.

5. Establishing good community relationships.

1

SKILLS LEARNING

15. Your Training Team is planning a training for FP/ORT service providers. One member of the team has offered the following suggestions about how to teach trainees the skills of IUCD insertion. Which is the BEST suggestion of the four provided by your colleague. Circle the letter of the answer you choose.

A. Show a film on IUCD insertion and then have participants note the correct order of steps; participants practice in clinics.

B. Use a model uterus and demonstrate insertion then send participants immediately to the clinic for practice

C. Use a model to demonstrate IUCD insertion; have participants practice on the model; trainer demonstrates an insertion on a client in the clinic; and then allows participants to practice in the clinic.

D. Show the different types of IUCD; use a flip-chart showing correct IUCD insertion steps; then send participants to practice in the clinics.

(1)

16. In one sentence, explain why your answer in Number 15 above is the best choice.

practice makes perfect, skills are gained through corrected & reinforced practice
(or statements expressing similar thoughts acceptable)

(1)

ROLE/SKILLS OF AN EFFECTIVE TRAINER

17. An effective trainer must possess certain specific skills. For example she or he needs to have skill in selecting appropriate training techniques.

A. Name one <u>important skill</u> a trainer <u>must</u> <u>use</u> when PLANNING a training.

N/A, sequencing (other skills acceptable if they relate to planning)

(1)

B. Name one other <u>important skill</u> a trainer <u>must use</u> when actually CONDUCTING a training session.

facilitation, monitoring (1)

(other skills acceptable if they relate to conducting sessions)

C. Name one <u>important skill</u> a trainer <u>must use</u> at the end of a training session.

evaluation, summarizing (1)

(other skills acceptable if they relate to question)

<u>VISUAL AIDS</u>

18. Complete the list below of the types of visual aids which do <u>not</u> require electricity.

1. Posters
2. N/P
3. pamphlets
4. balloons

(other items acceptable) (3)

19. Visual aids can help people learn and remember important information.

For example you can use a visual aid, such as a large drawing of a sperm fertilizing an ovum, when explaining CONCEPTION to an FP client.

Complete the chart below giving examples from FP/ORT.

	FP or ORT Example
a. A visual aid can be used to COMPARE SIMILARITIES AND DIFFERENCE between two things.	a. ♂ & ♂ genitalia (1)
b. A visual aid can be used to show steps in doing a task.	b. IUCD insert (1)
c. A visual aid can show people something that they cannot see in real life.	c. conception (1)

(other examples acceptable)

35

EVALUATION

20. One of your objectives for FP/ORT clinical training is that participants must be able to explain correctly to clients how OCPs prevent pregnancy.

Which of the following answers represents the BEST way to measure how well participants have mastered this objective.

ambiguous

Circle the letter of your selected answer.

A. Ask participants to each write a one page essay explaining how OCPs prevent pregnancy.

B. Ask participants to role play with you a situation in which each explains how OCPs prevent pregnancy.

C. Observe a participant explaining to a variety of individual clients how OCPs prevent pregnancy.

D. Ask participants to list the correct order in which each would explain how OCPs prevent pregnancy.

1

24. Why is evaluation important to any training program. Give 2 reasons.

A. to determine results to plan future training programs

B. to let p's know how they did; what is expected of them after training.

(other reasons acceptable)

2

40

36

APPENDIX K

News Articles of Interest

NIGERIA
VOICE
the paper that tells it as it is
VOL. 8 NO. 1663 TUESDAY APRIL 28, 1987 50 kobo

Primary health delivery may fail unless...

By CLEMENT OJILE, Makurdi

THE current drive to promote primary health care in Benue State would come to nought unless we reduce our family size to four children per woman as recommended in the draft national policy on population control, the state Commissioner for Health, Rev. Dr. C. S. S. Bello has said.

The commissioner who made this declaration at a workshop for senior staff of the Ministry of Health and Health Management Board on child spacing/oral rehydration therapy lamented that

Dr Cornelius Bello

presently the average family size in Benue State is 8 children per woman.

According to Rev. Bello the Benue situation was far from meeting the target of child spacing in the national policy on population control say-

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ing that health personnel throughout the country should lead the nation in directing its population dynamics in relation to its health and economic resources.

He said that the government advocates voluntary child spacing because of the health benefits for the mother and child pointing out that apart from this, the government had

'Primary health delivery may fail'

pursued other child survival programmes like Expanded Programme on Immunization (EPI) and Oral Rehydration Therapy (ORT).

The state Ministry of Health, the commissioner further explained had taken measures to achieve more results on expanded programme on immunization and oral rehydration therapy in the state stressing that in pursuance of this objective a mass immunization campaign, enlightenment, mobilization and education of the people would be embarked upon in all the thirteen local government areas of the state.

He further explained that [illegible] also constructed [illegible] rehydration training unit at the General Hospital, Makurdi to facilitate the training of ORT personnel.

Rev. Bello implored the communities especially at the rural areas to participate actively in improving their health, maintaining that the Fede[illegible] Government [illegible] vested the responsi[illegible]ty of population [illegible]trol with the [illegible] ministries of health.

Earlier, the per[illegible]nent secreta[illegible] Ministry of He[illegible] Mr. I. D. Agogo [illegible] that the work[illegible] marked a milest[illegible] the relationships [illegible] had existed [illegible] Benue State [illegible] University of N[illegible] Carolina for the [illegible] two years.

According to [illegible] the ministry had [illegible]ed 75 members [illegible] on child spacing [illegible] Oral Rehydra[illegible] Therapy (ORT [illegible] past [illegible] that the minis[illegible] conjunction wi[illegible] [illegible] He[illegible] [illegible] [illegible] international tours for a [illegible] members of the [illegible]

The work[illegible] would last till Ma[illegible] has ten senior mem[illegible] of staff of the Min[illegible] of Health and [illegible] Managemen[illegible] B[illegible] participan[illegible]

Best Available Document

THE GUARDIAN
VOL 4 NO 3 377
WEDNESDAY APR 2 [illegible]

Science Ministry gets 'no case' report

Govt panel approves use of US drug

By Ransom Emenari, Staff Reporter

UPJOHN, the sole marketer of Depo-Provera — the controversial injectable contraceptive manufactured by its parent pharmaceutical company in America — seems at last to be winning its contention that the drug is safe for use.

The committee, set up to investigate the controversy, last week turned in a "no case" report against Depo-Provera to the Science and Technology Ministry.

The committee, which the Health Ministry asked the Science and Technology Ministry to set up at the height of the controversy last year, said in its report:

"Depo-Provera is thoroughly safe, highly effective, culturally acceptable, and its use should continue." This puts to rest the renewed media reports that the drug had been banned.

Committee chairman, Dr. Olu Ogunye, who confirmed the report to *The Guardian*, said: "The report is a document we are proud of, because we have been able to impose science on decision-making."

He said the committee was able to lay hands on every available literature concerning the drug, adding that the committee conducted a study of the application of the drug in randomly selected hospitals and clinics, where the drug was believed to be much in use.

The committee, he added, recommended that the drug be administered only by well-monitored outlets and hospitals to avoid abuse.

According to Ogunye, the report is now being studied by the National Committee on Health.

Science and Technology Minister Professor Emmanuel Emovon, who also spoke on the report, said the fact that beagle dogs (laboratory animals) used in an experiment on the drug were found to develop reactions in their breasts, was not enough basis to "hope" that such an observation could be true with humans.

"Hope, is not science," he explained, adding that the report was bound to have a profound impact on the nation's population policy regarding family planning.

A member of the committee, who sought anonymity, said she believed the banning of the drug as a contraceptive in America — the home country of the manufacturing company, Upjohn Pharmaceuticals — did not amount to double standards as claimed by

Continued on Page 2

Govt panel okays use of US drug

Continued from Page 1

medical critics.

According to her, Americans are not culturally used to injectables. "They would rather swallow pills and that is good for their women," adding "it is a different thing for Nigerians, who love injections."

Marketing and planning manager of Upjohn, Mr. Olu Adesanya, who said he was hearing the result of the committee's work for the first time, said he was convinced the committee's work must have been thorough.

Praising its "ethical" approach to the investigations, Adesanya said he hoped with the report, medical critics, who have over the years "deliberately twisted the facts to get what they want," would be compelled to relax their bias.

Said he: "There are no drugs without side effect, all you do is to try to make sure that their good effects largely outweigh their bad effects."

He explained that Depo-Povera meets nine of the 10 parameters for an ideal contraceptive which are to be effective, safe, tolerable, usable by both male and female, as free as possible of side reactions, harmless, reliable, cheap, acceptable, and reversible.

According to him, the drug cannot by used by both male and female, but it is currently being used in over 82 countries of the world, including Canada, Italy, England, Latin America, Asia and African countries.

He said similar committees in these countries have returned reports in favour of the use of the drug.

An Upjohn publications warns that physicians directly responsible for the application of the drug should advise patients at the beginning of treatment that their menstrual cycle will be disrupted, that irregular and unpredictable bleeding or spotting are produced — which eventually decreases as the use of the drug continues.

Following repeated injections, amenorrheea (inhibition of ovulation) and infertility may persist for periods up to 18 months, and occasionally longer, the publication said, adding that these developments were no cause for alarm.

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