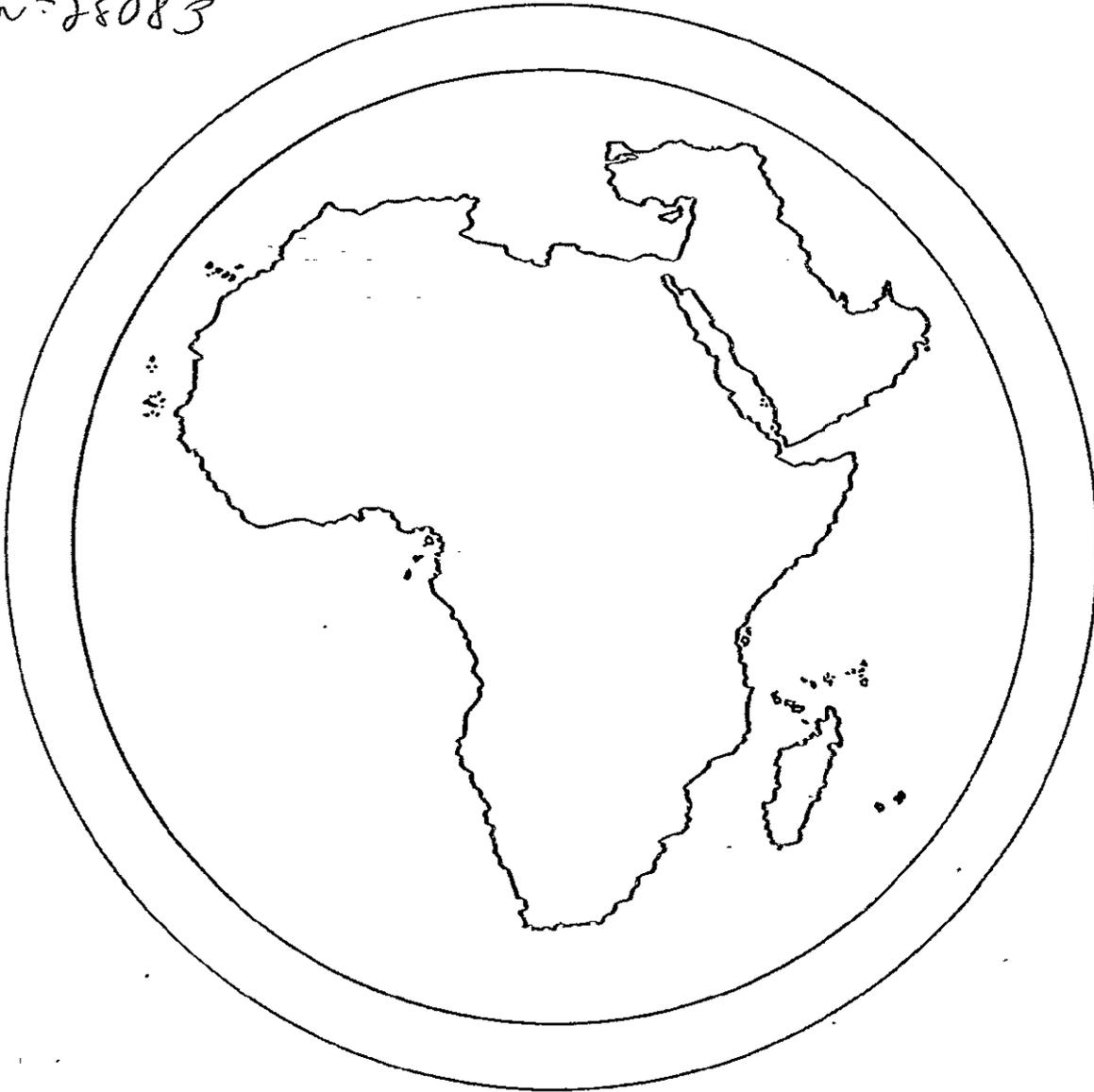
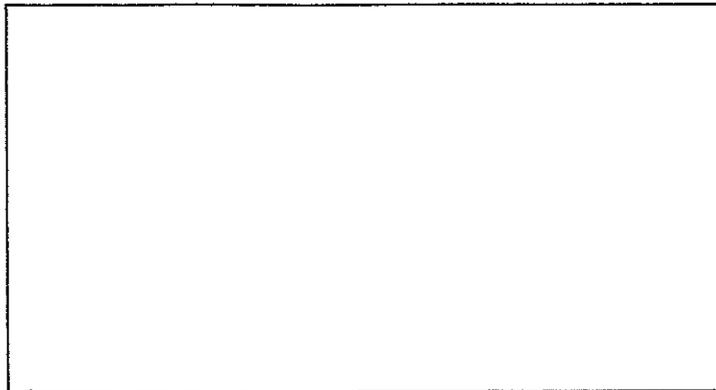


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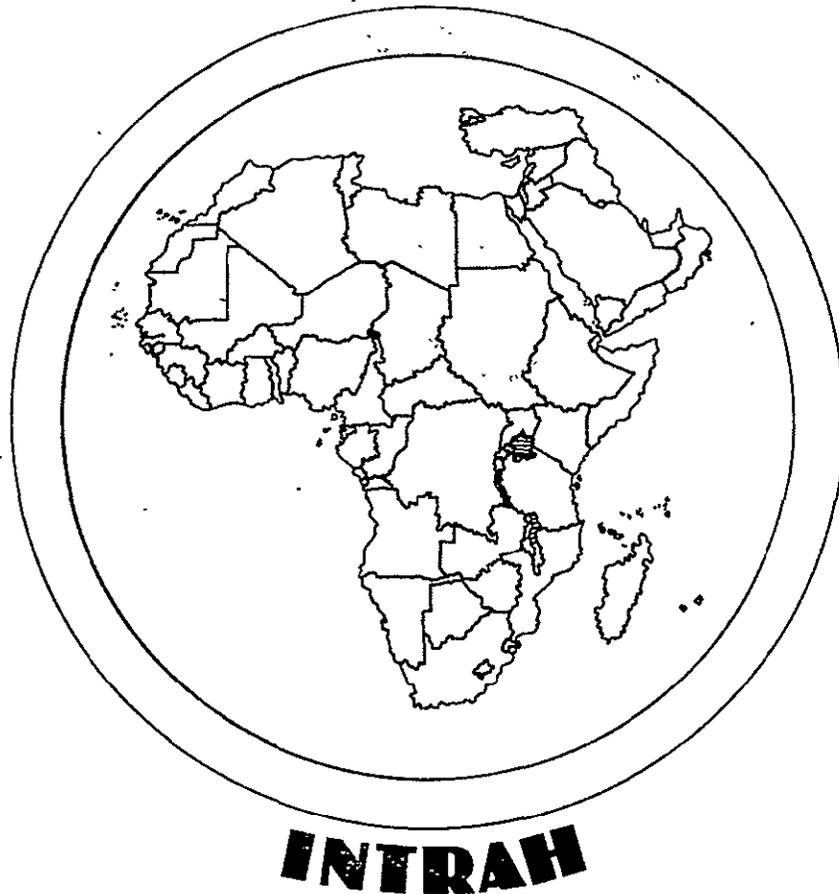
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INTRAH REPORTS



9320644



TRIP REPORT # 87

TRAVELERS: Henke/Lewis

COUNTRY VISITED: SOMALIA

DATE OF TRIP: March-April, 1982

PURPOSE: conduct second non-clinical family health workshop; provide follow-up with first workshop participants

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I. INTRODUCTION

Emily Lewis and Beth Henke were in Somalia March 14 - April 18, 1982 to:

- 1) conduct the second in a series of workshops scheduled as part of a project developed by INTRAH and the Somali Ministry of Health
- 2) provide technical support and follow-up for participants from the first workshop of the project, which took place in Mogadishu between November 23 and December 12, 1981
- 3) continue/complete preparations for four candidates to travel to Manila, the Philippines for a six-week course in clinical family health training
- 4) identify three or four candidates for a second cycle of clinical training in family health
- 5) set exact dates for the workshop on Supervision and Integration of Family Health Services, scheduled for July, and for the Visual Aids workshop, which is scheduled for September.

II. SUMMARY OF ACTIVITIES

Mrs. Lewis and Ms. Henke spent the first two weeks in Mogadishu, providing technical follow-up assistance to participants from the project's first workshop on Nonclinical Skills for Family Health. Working with Dr. Rukiya Seif, Coordinator for the Family Health Initiatives Project, and Ms. Patricia Moser, an independent consultant hired by INTRAH's Evaluation Unit, the trainers visited participants in their places of work and then met with them as a group. Topics for discussion were: problems encountered on the job, especially those related to implementation of training plans developed at the November workshop; and possible solutions to those problems.

The trainers then travelled to Hargeisa in the far north of Somalia, to conduct a three-week workshop, Nonclinical Family Health, at the Hargeisa School of Nursing.

Finally, back in Mogadishu, the trainers met again with Dr. Seif to discuss logistics for the clinical family health training of four nurses in the Philippines in May, and to plan for upcoming workshops.

III. DESCRIPTION OF FOLLOW-UP VISITS AND TRAINING ACTIVITY

A. The goal of the present project is to introduce and reinforce family health concepts for nurses and nurse/midwives from a variety of teaching and clinical settings, with the anticipated outcome of integrating family health services into existing MCH and PHC centres and training programs.

Objectives of the follow-up visits to participants of the first workshop on Nonclinical Family Health were to 1) observe the progress of the participants in implementing plans for MCH/FP training which were developed in the November 1981 workshop; and 2) provide additional information and support in addressing any questions or problems which might have arisen with implementation of those plans. In addition, the trainers met with the former participants as a group to compare experiences and discuss problems. The trainer also took this opportunity to assess needs, resources, and constraints for the September workshop on Visual Aids.

A list of site visits and persons contacted is found in Appendix A. A copy of the assessment tool used in the meeting is found in Appendix B. A general evaluation of information obtained in the follow-up visits is found in Section IV of this report. For a detailed analysis of post-workshop training activities, please see the INTRAH trip report (March 1982) submitted by Ms. Patricia Moser.

The objective of the workshop in Hargeisa was to enhance the ability of participants to:

- 1) give informed community talks on maternal and child health/family planning issues
- 2) provide counselling and education, case-finding, screening, referral, and follow-up for patients to receive family health services
- 3) plan and implement family health training sessions for the health care personnel in their own schools or work settings.

Curriculum, Daily Schedule, Training Design and Methodology, Tests and Handouts, and a List of References are found in Appendix C through G.

B. Participants were 15 nurses and midwives with training or supervisory responsibilities at hospitals, Hargeisa School of Nursing, or maternal/child health centres. Their names, titles, and places of work are listed in Appendix H.

C. Trainers were Emily Lewis, an independent trainer/consultant hired by INTRAH, and Beth Henke, INTRAH Training Associate. Ms. Lewis is a registered family planning nurse practitioner with a M.P.H. degree in maternal and child health/family planning. She has worked with Planned Parenthood, served as a consultant to WHO, and conducted maternal and child health/family planning workshops in Africa and the United States. Beth Henke has an M.P.H. and five years' health training experience in various countries in Africa. Ms. Lewis and Ms. Henke conducted the November workshop of the same title, Nonclinical Family Health, in Mogadishu.

Co-trainers were Mrs. Faduma Haji and Mrs. Faduma Mohamed, both of whom were participants in the November workshop. Both are registered nurses and graduates of Mogadishu School of Nursing, and are presently working with Dr. Seif in the Ministry of Health Family Health Initiatives Project.

IV.

A. Evaluation of follow-up visits

Patricia Moser, an independent consultant hired by INTRAH's Evaluation Unit, visited participants for the upcoming workshop in Hargeisa to observe them at work; obtain job descriptions where available; administer a pretest on family planning knowledge; and collect baseline data on their skills in counselling, teaching, referral, follow-up and record-keeping.

Results of her study will shortly be available in the form of a Trip Report at INTRAH.

Ms. Moser also visited 16 participants from the first Nonclinical Skills workshop, which was conducted approximately two months previously (Nov.-Dec., 1981), in order to assess progress in implementation of their new training plans. Many of them had attended another workshop immediately following the INTRAH workshop, and contraceptives had not been available in Somalia for more than four months. Given these constraints, participants had not progressed as far as they would have liked. They are, however, using their new skills, and their enthusiasm is a measure of their new confidence. One participant, the Matron at Mogadishu General Hospital, is giving regularly scheduled talks on childspacing to her staff. A ward nurse at the maternity hospital counsels patients and gives informal talks in the staff dining room. A teacher at the Health Personnel Training Institute is revising the school's curriculum to include a section on childspacing. The heads of several MCH Centres are giving talks to mothers and have begun in-service training for their nurses and TBA's. At least one former participant gives talks to the well-attended weekly meetings of the National Democratic Women's Organization. Again, a detailed analysis of post-workshop attitudes and activities will appear in Ms. Moser's INTRAH Trip Report.

B. General Evaluation of the Workshop

The levels of reproductive health knowledge and English language ability were not as high as in the previous workshop; however, enthusiasm was high, and the participants worked well together, both in the large group and in small group sessions.

Both co-trainers admitted to being apprehensive during the first days of teaching and requested guidance in how to introduce a topic, when to distribute handouts, etc. By the third day of training, however, they were doing quite well and appeared sufficiently confident to be enjoying the experience.

A number of the nurses chosen to participate in the workshop were unable to attend, generally because of difficulties with transportation,

Two participants from Bossasso Region found it necessary to leave Somalia and pass through Djibouti in order to get to the workshop.

The trainers and co-trainers also had transportation difficulties, arriving in Hargeisa three days behind schedule and thus delaying the start of the workshop by approximately 1½ days. Once in Hargeisa, however, they were warmly welcomed by health officials and were given excellent logistical support. Transport was dependable except during the few days when floods in Berbera cut off petrol supplies. The classroom, in a new wing of the Nursing School, was large, comfortable and freshly painted. Refreshments for the daily tea break were always on time, plentiful and delicious. Finally, officials and participants were gracious and hospitable, inviting the trainers to their homes, sending gifts of food to the hotel, and even providing impromptu dancing and singing lessons.

C. Evaluation of Section on Reproductive Health

Knowledge of reproductive health was evaluated by means of the pre/post test found in Appendix F. The pretest was administered before the workshop by Ms. Moser, and despite her attempts to reassure the prospective participants regarding its purpose, she felt that it engendered considerable anxiety. Scores were rather low in absolute terms and also in comparison with those of the Mogadishu group.

The first day of the workshop, each question in the pretest was discussed, and participants were asked to refer to their new text books (Contraceptive Technology) for further clarification. The following day, any additional questions were answered and the group generated lists of advantages, side effects, complications, and contra-indications for each contraceptive method. Finally, they were warned that their knowledge would be reassessed at the end of the workshop and were encouraged to continue studying their notes and texts.

Several days before the end of the workshop, and without additional reminders, the trainers administered the same test. A comparison of pre- and post-test results is impressive: the smallest amount of improvement was 19 percentage points, with 4 participants increasing their scores by 29% or more (See Figure 1).

	<u>PRETEST</u>		<u>POST TEST</u>	<u>% CHANGE</u>
	<u>No. Correct</u>	<u>Out of 110</u>		
Yusuf Ahmed A.	62	34%	57%	+22.4%
Sahra, Gurreh H.	66	39%	60%	+21%
Shukri Osman S.	68	40%	62%	+22%
Safia Yassan H.	72	40%	66%	+22%
Ebado Borud	76	36%	69%	+33%
Ebado Ali H.	78	36%	70%	+33%
Aamina Aaden B.	79	25%	72%	+47%
Moh'd Aasan G.	79	50%	72%	+22%
Faize Hassan	81	54%	73.6%	+19.6%
Layle Hassan	86	54%	78%	+19.6%
Moh'd Abdi A.O.	88	51%	80%	+29%
Asha Fara H.	92	42.5%	83.6%	+41.1%
<hr/>				
Averages	77	41.3%	70%	+28.6%
Median	78.5			

FIGURE 1: Results of Pre- and Post-Tests with Percentage Increase

The participants evaluated this section by means of a Quick Feedback Sheet (see Appendix F). All found the session useful, whether for teaching childspacing in the schools and community or for personal use. Benefits of childspacing were seen as an increase in the family's health and economic well-being. The most difficult part of the section was the session on Community Needs Assessment. Comments and suggestions included requests for learning materials and supplies of contraceptive devices.

D. Evaluation of Section on Communication Skills

Interview practice using photograph "codes" was very popular and was intended to increase awareness of the distinction between observations, thoughts, and feelings; it is the trainers' feeling that some degree of confusion remained. Interview role plays were also quite successful; and the Camel Trading problem was solved in a fraction of the time required by the Mogadishu group. The participants worked well together and in general everyone contributed, although the men tended to dominate each group.

Again, Quick Feedback Sheet responses indicated that the section was useful to the group in their work, communities, and personal lives. There was high praise for the trainers ("The best way of presentation I have ever seen"), and participants seemed to have a very good understanding of the concepts of feedback, nonverbal communication, and brainstorming.

E. Evaluation of the Section on Planning

Participants had a very hard time distinguishing goals and objectives. In particular more work is needed in writing specific, measurable objectives. There was also confusion in one group between "needs" and "resources," possibly as a result of language translation. The group did understand the importance of evaluation and generated an extensive list of examples of formal and nonformal means of evaluation.

F. Evaluation of MCH Centre Presentations

Following the section on the Planning Process, participants were asked to plan a half-hour session on the Benefits and Methods of Child-Spacing, to be presented at three MCH centres in Hargeisa. Despite the fact that detailed instructions were given in English and Somali, two of the three groups misunderstood the task and developed an entire training program for their centres. When the task was finally made clear, all three groups failed to use the methods practiced in the workshop; one person from each group presented a lecture, without visual aids, discussion, or means of evaluation.

At this turn of events, the trainers decided that more guidance was required and therefore delineated the following roles for each group: topic introducer, lecturer, demonstrator of pills and IUD, demonstrator of condoms, and observer/evaluator. This strategy worked very well. Participants chose their roles within their groups, and each was performed conscientiously and with confidence.

Attendance was good at all three centres, with as many as 75 mothers crowded into the room. They were attentive and interested, asking where and how they could get pills. IUD's were feared, and many refused to touch the condoms, saying this was a matter for the man.

At one centre, a number of nursing students on practical rotation showed keen interest in the contraceptives, crowding around the participant who was their teacher and asking many questions. At the trainer's suggestion, he took them to a side room where they continued the impromptu lesson for quite some time.

At another centre, where the presentation was outdoors, a car pulled up, and the men inside demanded to know what was the topic of discussion. When the participants ran over to inform them, someone in the car objected that this was against the teachings of Allah. The participants replied immediately and confidently that they were not advocating limiting the number of children but only spacing them, and that this was quite in line with the teachings of Allah.

As in the previous workshop, the MCH centre presentations proved to be the high point of the entire three weeks. Responses on the Quick Feedback Sheets indicated that not only had they found the lesson-planning and presentation useful for themselves; several indicated that they would share their new skills with colleagues.

The final exercise of the Section on Training was development of individual training plans for their own places of work. There were some good ideas and considerable enthusiasm, and it is hoped that INTRAH and the Somali Ministry of Health will provide follow-up visits to the participants as they implement these plans.

G. Pros and Cons

During the Reflection Period at the end of each day, the group was asked to list pros and cons for that day. Pros usually included "sambusas," the meat pies which were served during tea break.

H. Summary of Responses, INTRAH Participant Reaction Form

In addition to providing feedback on each section of the workshop, the participants, in accordance with established INTRAH procedure, completed a standard Participant Reaction Form. Results are as follows:

VALUE OF WORKSHOP

(Please check the appropriate response)	<u>Strongly agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly disagree</u>
1. You will be able to use what you learned at this workshop in your present work.	(12)	(2)	()	()	()
2. The workshop met your expectations.	(8)	(6)	()	()	()
3. You would participate in a follow-up workshop on the topics covered at this workshop.	(9)	(4)	(1 with no comment)		
4. You would recommend this workshop to your colleagues.	(7)	(7)	()	()	()
5. The workshop provided you with important new knowledge, skills, and techniques.	(11)	(3)	()	()	()
6. The workshop reinforced knowledge, skills, and techniques you possessed before attending.	(11)	(3)	()	()	()

Comments: "Thank you"

TOPICS MOST USEFUL

Child spacing methods (10)
MCH centre presentation (1)
Oral contraceptives (because it is available and cheap) (1)
Training and planning (1)
Communication skills (1)

TOPICS LEAST USEFUL

"None" (10)
"Objectives because I was confused the first days and then understand now" (1)
No answer (3)

TOPICS WHICH SHOULD BE PRESENTED MORE EXTENSIVELY

Communication skills (4)
Methods of child spacing (10)
Infertility management (3)
Care of children and pregnant mothers (1)
Anatomy/physiology of reproduction (2)

TOPICS WHICH SHOULD BE ADDED

Nutrition (3)
MCH (1)
Nothing (2)
Visual aids (3)
Child care (1)

QUALITY OF TRAINING

(Please check the appropriate response)

	<u>Strongly agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly disagree</u>
1. The objectives of the workshop were achieved.	(8)	(6)	()	()	()
2. The workshop provided adequate opportunity to share ideas and experiences with other trainers and participants.	(11)	(3)	()	()	()
3. The workshop sessions were appropriate in length.	(4)	(8)	()	(2) (too short)	()
4. The workshop presentations were well organized.	(9)	(5)	()	()	()

Comments: None

TRAINING METHODOLOGY AND MATERIALS

(Please check the appropriate response)

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
--	----------------	-------	-----------	----------	-------------------

- | | | | | | |
|--|-------|-------|-------|-----|-------|
| 1. The training materials used were effective. | (8) | (4) | (1) | () | () |
| 2. The training methods used in the workshop were appropriate for use in my country. | (8) | (3) | (2) | () | (1) |

3. All workshops use some of the training methods listed below. Please indicate how well you think these methods were used in your workshop by checking the appropriate space next to each method.

Methods	Used Appropriately	Under-used	Over-used	Not Used in Workshop	
a. lecture	(8)	(2)	(1)	(2)	1 Blank
b. discussions	(13)	(1)	()	()	
c. individual study	(8)	(3)	()	()	3 Blank
d. individual presentations	(8)	(5)	()	()	1 Blank
e. small group work	(11)	(2)	()	()	1 Blank
f. group presentations	(13)	(1)	()	()	
g. case study	(11)	(2)	()	()	1 Blank
h. simulation (games)	(10)	(3)	()	()	1 Blank
i. field work	(8)	(2)	()	(1)	3 Blank
j. handouts	(8)	(5)	()	()	1 Blank
k. visual aid and media	(10)	(1)	(3)	()	
l. <u>role play</u> (other)	(7)	(1)	()	()	6 Blank

Comments: None

FOLLOW-UP REQUESTED

Visual aids (6)

Books on country planning (1)

Medical journals (3)

Attendance of visual aids seminar (2)

Correspondence with INTRAH (3)

Additional training (4)

Reading material in sociology, psychology, management, and community health (1)

Family planning books (4)

Books (3)

Films (1)

Family Planning books and visual aids in Arabic (1)

Books about babies (1)

V. CONCLUSION AND RECOMMENDATIONS

- A. Several changes in the wording of questions in the test and Quick Feedback Sheets would make them easier to understand.
- B. The pretest should not be given before the opening of the workshop; no matter how much care is taken to alleviate anxiety, the prospective participants will probably worry about the implications of their performance.
- C. The present workshop contained much more reproductive health/family planning content than did the previous workshop. Trainers and co-trainers agree that the change was a wise decision.
- D. INTRAH and the Somali Ministry of Health should make every effort to provide support to the participants in the form of follow-up visits, reference books and teaching aids, and of course contraception supplies.
- E. The trainers might have had more success with the planning section had they provided several simulated planning experiences, guiding participants through each step of the process several times, before giving the steps abstract names like "goals" and "objectives".
- F. In meeting with Dr. Seif, FHIP Coordinator, the trainers recommended a number of participants who they felt would benefit from attendance at the INTRAH Supervision Workshop in July of this year. They also suggested possible candidates for the next clinical training cycle. Finally, exact dates for future workshops were tentatively agreed upon as follows:
 - Supervision and Integration of Family Health 7/17 - 8/5
 - Visual Aids I 9/4 - 9/16
 - Nonclinical Family Health III 10/23 - 11/11
 - Visual Aids II (Hargeisa) 1/29 - 2/10, 1983
- G. Unexpected but welcome outcomes of the visit were:
 - 1) a Somali translation of the test and INTRAH Participant Reaction forms
 - 2) requests by participants for lessons in making visual aids

- 3) requests by participants and the Director of the School of Nursing for copies of the workshop Design and Methodology and handouts
- 4) requests by MCH centre directors and clients for contraceptive supplies, and
- 5) requests by participants and health personnel for further training by INTRAH.

APPENDIX A

Site Visits and Persons Contacted

- 16/3/82 Family Health Initiatives Projects (FHIP) Coordinator
(Dr. Rukiya Seif)

Director General of Ministry of Health
(Dr. Mohamed Ali Hasan)
- 17/3/82 Visits to MCH Centres to see former participants:
Shibis - Saida Ilmi
Wardigle - Khadijah Barre
Yakshid - Maryan Yusuf
- 18/3/82 Director of Department of MCH/Community Health
(Dr. Osman Mohamed Ahmed)

Visits to four MCH Centres with FHIP personnel to deliver oral
contraceptives

Meeting with former participants as a group
- 19/3/82 Visit to three Women's Orientation Centres to observe educational
campaign on Benefits of Child Spacing
- 20/3/82 Visit to Benadir OB/GYN Hospital to see former participants

Visit to Mogadishu General Hospital to see former participant
- 22/3/82 FHIP Coordinator
- 23/3/82 FHIP Coordinator

INTRAH Evaluation Consultant Patricia Moser
- 25/3/82 Somali co-trainers Fadumah Mohamed, Faduma Haji
- 26/3/82 AID Health Development Officer Arjuna Cole

FHIP Coordinator

- 27/3/82 Travelled to Hargeisa
- Met: Regional Medical Director Dr. Kamal
Assistant Regional Medical Director Dr. Askar
Head of Gynecology Dr. Nuur
Regional Director of MCH Maryan Hamid
School of Nursing Director Asia Osman
WHO Nursing Instructor Therese Abi Jaouad
- 28/3/82 Visit to Hargeisa Central MCH Centre
Shahmad Jama, Director
- Opening Ceremony for Workshop
Regional Medical Director, participants, invited guests
- 1/4/82 Head of Gynecology (luncheon)
WHO Nursing Instructor, U.N. and Somali health officials
- 2/4/82 MCH Centre Director Shahmad Jama (luncheon)
- 6/4/82 Visit to home of Biyodhacay MCH Centre Director Faiza Hasan
- 7/4/82 WHO Nursing Instructor, U.N. and Somali health officials
(dinner)
- 8/4/82 Regional Director of MCH (luncheon)
- 9/4/82 Director of Biyodhacay MCH Centre (luncheon)
- 10/4/82 Visit with participants to MCH Centres for Family Planning presentations
Food For Peace Representative Sondra Match (dinner)
- 12/4/82 AID PHC Project consultant Abby Thomas (Henke only)
- 14/4/82 Closing Ceremony
- 16/4/82 Return to Mogadishu
FHIP Coordinator, former participants
- 17/4/82 FHIP Coordinator
Director Department International Organizations, Ministry of Foreign Affairs
OB/GYN Instructor, Benadir Hospital Dr. Abdulkadir
Instructor, Polytechnic Institute Jeff Mposha
(dinner)

APPENDIX B

Needs Assessment Tool

TO: Non-Clinical Family Health Care Workshop Participants

FROM: The Education Materials Unit Coordinator, INTRAH Program

We are planning for a Ministry of Health workshop on visual aids later this year in which some of you may participate. We would appreciate your help in this planning by answering the following brief questionnaire.

1. Please check the educational materials listed below that are available to you. Please also check the materials that you use in your training or patient education sessions.

	<u>Available</u>	<u>Use in Teaching</u>
textbooks	_____	_____
manuals	_____	_____
chalkboard	_____	_____
posters	_____	_____
flannelboards	_____	_____
flipcharts	_____	_____
picture flip books	_____	_____
displays	_____	_____
overhead transparencies	_____	_____
slides	_____	_____
16 mm films	_____	_____
audiotape	_____	_____
models	_____	_____
foods	_____	_____
contraceptive devices	_____	_____
other (please specify)	_____	_____
_____	_____	_____

2. Check the equipment listed below that is available to you for your teaching. Please also check the equipment that you have used.

	<u>Available</u>	<u>Use in Teaching</u>
overhead projector	_____	_____
slide projector	_____	_____
16 mm film projector	_____	_____
cassette tape recorder	_____	_____
other (please specify)	_____	_____

3. Please check those materials listed below that are available to prepare your own visual aids.

_____ newsprint or poster paper

_____ cloth

_____ scissors

_____ felt tip pens

_____ glue

_____ water-based paints

_____ paint brushes

_____ ink

_____ ink pens

_____ scotch tape

_____ other (please specify) _____

4. Please check three of the topics listed below that you would suggest that we emphasize most in the educational materials workshop.

_____ how to select educational materials

_____ how to use educational materials more effectively in teaching

_____ how to produce simple visual aids

_____ how to operate audiovisual equipment

_____ other (please specify) _____

Thank you for sharing your suggestions and experience with us. Your suggestions will help us very much in preparing a workshop that will hopefully serve the needs and interests of the participants.

APPENDIX C

Curriculum

- Day 1 Opening ceremony
Introductory interviews
Adult education description
Workshop needs assessment and expectations
Course description
Explain reflection, learning issues and pass out handouts
- Day 2 Reproductive Health
- Day 3 Go over pretest results
Describe advantages, disadvantages, methods, complications, contra-
indications, side effects
- Day 4 Role of health workers in Family Health
Role of nurses and nurse/midwives in Family Health
Community needs assessment and values clarification
- Day 5 Health system needs assessment
- Day 6 Communication
Evaluations of perception and feedback
Interview practice (photos)
- Day 7 Demonstration role play
Brainstorm problem situations
- Days 7,8 Role plays on these situations
Introduction to group communication (brainstorm group characteristics)
Camel trading incident
- Day 9 Brainstorm barriers to group communication
Helps for group communication
The Planning Process
A method for planning.

- Day 10 Steps: needs assessment, setting goals and objectives, resources and constraints, implementation, evaluation
- Day 11 Naberera: A case study
- Day 12 The Training Process
in groups, develop plan for MCH centre training session
- Day 13 Visit MCH centre to train in Family Health
- Day 14 Discuss the visit and evaluate
- Day 15 Develop plans for their own work place
- Day 16 Final Workshop Evaluation
Fill out forms for evaluation
Closing Ceremony
Give certificates

APPENDIX D

Daily Schedule

Week 1

Sunday 28/3

Monday 29/3

Tuesday 30/3

Wednesday 31/3

Thursday 1/4

OPENING CEREMONY
(evening)

INTRODUCTIONS
Interviews

PRINCIPLES OF ADULT
EDUCATION

PARTICIPANT NEEDS
ASSESSMENT

COURSE DESCRIPTION
Schedule
Learning Issues
Reflection
Journals

REPRODUCTIVE HEALTH
Discussion of
Pretests

Learning Issues
Importance of Child
Spacing
Methods of Child
Spacing
- advantages
- side effects
- complications
- contraindications

Distribution of
Contraceptive
Technology

Reflection

Learning Issues:
- ways to use
Contraceptive
Technology
- discussion of
previous days'
teaching methods

Question. Period
on Reading
Assignment

Review and Oral
Evaluation of
Methods Section
- product: visual
aids

Reflection

Finish Review of
Methods

Learning Issues:
- redefine side-
effect, compli-
cation

Role of the Health
Worker in Repro-
ductive Health

Role of the Nurse
in Reproductive
Health

Community Needs
Assessment

Reflection

Tab

Week 2

Saturday 3/4	Sunday 4/4	Monday 5/4	Tuesday 6/4	Wednesday 7/4	Thursday 8/4
<p>Learning Issues</p> <p>Health Systems Needs Assessment</p> <p>Values Clarification - code drawings: arguments against child spacing</p> <p>Feedback Sheet on First Section</p> <p><u>THE COMMUNICATION PROCESS</u></p> <p>Importance for Health Worker</p> <p>Ways We Share Infor- mation - handout - M, mother</p> <p>Levels of Perception: Observation, Thought, Feeling</p> <p>Concept of Feedback Interview Practice</p> <p>Reflection</p>	<p>Learning Issues: - questions on interview hand- outs</p> <p>Difficult Inter- view Situations - demonstration of a difficult interview - brainstorm dif- ficult situa- tions in Somalia - role plays of difficult interviews</p> <p>Reflection</p>	<p>Learning Issues: - reactions to role plays</p> <p>Communication in Groups</p> <p>Characteristics of a Group</p> <p>Camel-Trading Incident</p> <p>Decision-Making</p> <p>Barriers to Group Communication (brainstorm)</p> <p>Aids to Communica- tion</p> <p><u>THE PLANNING PROCESS</u></p> <p>Why Plan?</p> <p>Steps in the Planning Process</p>	<p>Learning Issues: - Go over homework, write on news- print</p> <p>Practice in Planning</p> <p>Village of Naber- era: a case study</p> <p>Reflection</p>	<p>Learning Issues: - practice refining objectives</p> <p><u>THE TRAINING PROCESS</u></p> <p>Review of Methods</p> <p>Training Needs Assessment for MCH</p> <p>Small Groups (3) Choice of Topics in Reproductive Health</p> <p>Development of Training Plans for MCH Centre</p> <p>Reflection</p>	<p>Learning Issues</p> <p>Development of MCH Presentations and Practice with Workshop Group</p> <p>Reflection</p>

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Week 3

Saturday 10/4	Sunday 11/4	Monday 12/4	Tuesday 13/4	Wednesday 14/4	Thursday 15/4
<p>Learning Issues Presentations at MCH Centres Reports and Discussion of MCH Centre Training</p>	<p>Learning Issues Development of Individual Workplans. Quick Feedback Sheets <u>EVALUATION</u> Review of Uses and Examples Administration of Post-test</p>	<p>Learning Issues Female Circumcision - guest speaker Zahra Husein Ismail Sterilisation Infertility Post-test Results</p>	<p>Administer INTRAH Bio-data and Participant Reaction Forms Game: Scrambled Squares</p>	<p>CLOSING CEREMONY</p>	

APPENDIX E

Training Design and Methodology

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
Day 2	Introductions	Participants will pair off to interview each other. One person will ask the questions on the hand-out and record the answers. Then the person already interviewed will ask the questions - interviews limited to 10 minutes each. Each participant will introduce her partner to the group after trainers provide demonstration by introducing each other.	Handout
	Characteristics of Adult Education	Trainers will discuss the difference between traditional teaching and adult learning, using the hand-outs on training. Trainer will ask the group to do a one minute brainstorm on characteristics of adults as far as learning is concerned.	Handouts
	Participant Needs Assessment	Trainer will introduce concept of participants having specific expectations of the training and ask participants to brainstorm all possible needs to be fulfilled.	Newsprint, marker
	Course Review	Trainers will post schedule and group will discuss how objectives can be met by course as outlined - changes can be negotiated if necessary.	Daily Schedule
	<u>Reproductive Health</u>	Discussion of the results of the pretest, and any questions which arise from the discussion.	Completed pretests
	Reflection	Trainer will discuss the various ways in which we process experience, mentioning the use of a journal and the uses we will make of a period of reflection each afternoon before adjournment. The group will discuss their reactions to the day by listing pro's and con's.	Handouts

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 3</p>	<p>Importance of Child Spacing</p> <p>Methods of Child Spacing</p> <p>Reflection</p>	<p>Trainer elicits from participants the benefits of child-spacing, creating a list on newsprint which is posted in the classroom for the remainder of the workshop</p> <p>A lecturette on each method is presented, to include advantages, effectiveness, side effects, complications, and contra-indications of each method. As far as possible, samples of the contraceptive devices are passed around for examination as they are discussed. Questions and discussion are encouraged.</p> <p><u>Contraceptive Technology</u> texts are distributed. Participants are asked to read about the methods just discussed and write down any further questions they have as a result of their reading.</p> <p>Brainstorm pro's and con's</p>	<p>Newsprint, marker</p> <p>Condoms, pills, IUD, calendar to help explain "rhythm" method</p> <p>Text: <u>Contraceptive Technology</u></p> <p>Newsprint and markers or chalkboard</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 5</p>	<p>Learning Issues</p> <p>Role of the Health Worker in Reproductive Health</p> <p>Community Needs Assessment</p> <p>Reflection</p>	<p>Clarify differences between side-effects and complications.</p> <p>Trainer asks group to brainstorm: <u>What</u> (refer, counsel, dispense, change attitudes, persuade, examine) <u>Who</u> (MCH dispensary, hospital clients, students, neighbors) <u>Knowledge Needed</u> (methods, physiology, referral facilities, community needs) <u>Skills Needed</u> (demonstration, talking, listening, making visual aids, planning, supervision) <u>Attitudes Needed</u> (efficient, caring about people, liking their work, feeling their work is important)</p> <p>Group brainstorms the knowledge which goes into a community needs assessment. Trainer points out which facts require help from government (e.g., birth and death rates), which require help from the community (e.g., beliefs and customs), and which can be done by the health worker alone (e.g., roads, transportation). Trainer stresses the importance of knowing a community's values, beliefs and customs in order to be effective health workers in that community. A hand-out with questions on values clarification is distributed, and participants are asked to write answers for their community as a homework assignment.</p>	<p>Newsprint, marker</p> <p>Newsprint, marker Handout</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 6 (continued)</p>	<p>Levels of Perception</p>	<p>Trainer explains that we perceive or understand things in 3 ways: OBSERVATION, THINKING, FEELING. We will do an exercise to help understand these levels, but first, there is one more part of communication that is very important: FEEDBACK</p>	
	<p>Concept of Feedback</p>	<p>Trainer defines Feedback (a response) and writes examples we have experienced in the workshop (pretest, pro's and con's, Quick Feedback sheet). Participants are asked to think of other examples (applause, tests, facial expressions, etc.), which are added to the list.</p> <p>Exercise - Levels of Perception and interview practice. Give each person one of two photographs. A pair of participants with different photographs will interview each other (5 minutes per interview) and write down the person's answers to the following questions - as well as other comments the questions may lead to. <u>Get as much information as you can.</u></p> <p>Questions -</p> <ol style="list-style-type: none"> 1. What do you observe? 2. What do your observations make you think? 3. How do these thoughts and observations make you feel? 	<p>Newsprint, marker</p> <p>10 pairs of photographs</p>
	<p>Reflection</p>	<p>Using information from participants, trainer lists observations, thoughts, feelings, for each photograph. The lists are posted, with their photographs.</p>	<p>Newsprint, markers</p>
		<p>Trainer points out that participants have been practicing their interviewing skills. She may then draw their attention to the length of the two lists (the second will probably be longer). What do they think this means? (Their perception skills are improving with practice)</p> <p>Trainer then distributes handouts on interviews and asks them to read them for the next day.</p>	<p>Handouts</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 7</p>	<p>Learning Issues</p> <p>Difficult Interview Situations</p> <p>Reflection</p>	<p>Trainer answers any questions about the interview handouts, as well as any general questions.</p> <p>Trainer explains that one training technique that is very useful to improve skills is the ROLE PLAY. Trainers demonstrate the technique with a role play on a difficult interview situation. Participants then brainstorm other difficult interview situations (deaf, pediatric, uncooperative, doubting, etc.)</p> <p>Participants are divided into small groups (3 to 5 people) and asked to develop a role play, using one of the difficult interview situations as a topic. Role plays are presented. After each presentation, other participants list their observations, thoughts, and feelings as they watched the role play. Trainers should assure that comments are not overly negative or judgmental. Participants are asked how they can use role plays and level of perception in their work.</p> <p>Pro's and Con's</p>	<p>Newsprint, marker</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 8</p>	<p>Learning Issues</p> <p>Communication in Groups (Group Dynamics)</p> <ul style="list-style-type: none"> - characteristics of groups - exercise - decision-making - barriers to communication 	<p>Ask for reactions to Role Plays</p> <p>Trainer introduces by asking for examples of groups (MCH staff, students, workshop, choir, military, family, clubs, etc.)</p> <p>Group will then brainstorm characteristics of a group. List will include: common goal or purpose, leader, way of making decisions - rules and regulations, way to see if they are achieving their goal.</p> <p>Trainer explains that a game about camels will help in understanding how groups work to accomplish a task. She divides participants into two groups and distributes the handout: Camel-trading incident. As group work proceeds, trainers may take notes on their observations. Several role plays, using play money, may be necessary before the group arrives at a consensus.</p> <p>Trainers will point out that one of the crucial activities of groups is decision making. Ask group to enumerate decision-making processes (Minister decides - village Chiefs or Mullahs decide - Father orders - Children obey or do not) Who decides in the clinic? in the school? in the hospital? Decision-making can be very autocratic, democratic, laissez-faire. Cite examples.</p> <p>In small groups, participants are asked to think about their experience in the Camel game and brainstorm a list of barriers to communication. Lists are then posted and explained by a spokesman from each group.</p> <p>Trainer notes similarities in the lists and asks why this is (all groups may experience similar barriers to communication).</p>	<p>Newsprint, marker</p> <p>Newsprint, marker</p> <p>Handout Paper "money"</p> <p>Newsprint, markers for each group</p>

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TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 8 (continued)</p>	<p>- aids to communication</p> <p><u>The Planning Process</u></p> <p>Reflection</p>	<p>Trainer distributes handout and asks which of the aids they saw or used in their groups Quick Feedback Sheets are distributed for the Communication Section.</p> <p>Trainer asks why planning is necessary (to have supplies, money; to use them wisely, to be sure we do not run out of these things). Ideas are written on newsprint and posted.</p> <p>Trainer describes each step in the planning process, using the mnemonic NGOMBWIE: <u>N</u>eeds Assessment <u>G</u>oals <u>O</u>bjectives (What, by whom, when, where how many) <u>M</u>en, Money, Materials (Resources and constraints) <u>B</u>rainstorm ideas for solutions to problems <u>W</u>orkplan is written (WHO, WHAT, WHEN WHERE, HOW WILL WE KNOW WE'RE GETTING THERE) <u>I</u>mplementation <u>E</u>valuation - How well did we accomplish our objectives</p> <p>For practice, trainer asks group to state a goal for an MCH centre. She writes the goal on newsprint. Trainer then asks each participant to write 5 objectives for that goal, as a homework assignment.</p> <p>Pro's and Con's</p>	<p>Handouts</p> <p>QFS</p> <p>Newsprint, marker</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 9</p>	<p>Learning Issues</p>	<p>Trainer records participants' objectives on newsprint. After all are recorded, the trainer guides the group in refining the objectives by rewriting each to include answers to the question: WHAT, WHEN, WHERE, HOW MANY, BY WHOM.</p>	<p>Newsprint, marker</p>
	<p>Practice in Planning: - Village of Naberera: a case study</p>	<p>Trainer explains that an exercise will help them understand the planning process. Participants are to work in small groups (3 to 5 people). Each group is asked to plan improvements for Naberera's health care, using the steps of the Planning Process. They should record their steps on newsprint. When everyone is finished, a spokesman from each group posts their plans and explains them. After each presentation, the trainer gives feedback on which objectives are good and which need more refining. Also, some "objectives" may be vague enough to be considered goals.</p> <p>Trainer distributes handouts on planning steps, goals and objectives, brainstorming, and evaluation. Participants are asked to read them and be ready to ask questions about them the next day.</p>	<p>Handout</p> <p>Handouts</p>
	<p>Reflection</p>	<p>Pro's and Con's</p>	

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TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 10</p>	<p>Learning Issues</p>	<p>Trainer asks if the group has any questions on the handouts distributed the previous day.</p>	
	<p><u>The Training Process</u></p>		
	<p>Review of Methods</p>	<p>Trainer explains that they have finished the section on planning; however, they will use the steps of planning as they work in the next section. The Training Process. Trainer distributes the handout on training techniques and reviews it with the group, pointing out the methods which have been used in the workshop. Trainer asks if there are any questions on the handout, also which methods they can use in their jobs.</p>	<p>Handout</p>
	<p>Small Group Work on Training Sessions</p>	<p>Trainer announces that each group of participants will visit a different MCH centre to present a short training session on the health benefits and available methods for child-spacing. Each group will develop its training session by using the Steps in the Planning Process.</p> <p>Each group presents its session in the classroom, with feedback from trainees and other participants, in the form of suggestions for improvement.</p>	<p>Newsprint, markers, sample contraceptive devices</p>
	<p>Reflection</p>	<p>Pro's and Con's</p>	

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TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
Day 12	<p>Learning Issues</p> <p>Visits to MCH Centres</p>	<p>Group presentations at MCH Centres. A trainer or other observer should accompany each group and record observations. Duties may be divided among members: one to observe, one to introduce and elicit questions, one to lecture, one to pass around contraceptives, and to thank mothers and encourage discussion. Back at the classroom, an observer from each group reads the observations he/she made during the MCH Centre presentations. Participants and trainers discuss their experiences, thoughts, feelings, what they learned, whether they accomplished their objectives, and how they can use this in their work.</p>	<p>Any visual aids developed by groups</p> <p>Pills, IUD's, condom</p> <p>Transportation</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 13</p>	<p>Development of Individual Workplans</p> <p><u>Evaluation</u></p> <p>Reflection</p>	<p>Participants will use their new knowledge and skills to develop training plans appropriate to their own work situations. The plans should be specific as to content, audience, and time schedule. A handout is distributed to help in planning.</p> <p>This is the end of the section on Training. Participants are asked to fill out the Quick Feedback sheet for this section.</p> <p>Trainer states that evaluation is a very important part of planning and training. Participants are asked why it is important (to know how effective the training has been, to see if your objectives were accomplished, etc). Trainer then asks participants to think back over the workshop and give examples of evaluation they have had. Trainer lists them on newsprint (Quick Feedback sheet, answers to questions, etc.). Trainer explains that a post test can be given to compare with results of a pretest; in this way trainers can know how effective their training has been during the course. Participants are asked to please take the post test. They should be seated far from each other to discourage collaboration. About 1½ hours will be required.</p> <p>Pro's and Con's</p>	<p>Newsprint, markers Handout</p> <p>QFS</p> <p>Newsprint, marker Post tests</p>

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TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 14</p>	<p>Female Circumcision</p> <p>Sterilization</p> <p>Infertility</p> <p>Discussion of Pre and Post Test Results</p>	<p>After a short lecture on the topic, participants are asked to 1) write a short paragraph on "Attitudes of Our Community Toward Circumcision"; 2) describe the procedure, 3) list types, 4) suggest strategies for eradicating the practice.</p> <p>Trainer describes surgical procedures for male and female sterilization, using appropriate visual aids and answering questions which may arise. Indications and contra-indications are also discussed.</p> <p>Trainer will describe causes and treatments for infertility. Discussion should include community attitudes toward this problem, psychological and social problems, and counseling strategies.</p> <p>Scores are compared and trainer points out that the difference in scores for each participant represents the amount of learning by that participant during the workshop. Trainer may ask participants how they feel about this feedback/evaluation.</p>	<p>Handouts</p> <p>List of scores (pre- and post) without participant names</p>

TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
<p>Day 15</p>	<p>Learning Issues</p> <p>INTRAH Participant Reaction Forms</p> <p>Scrambled Squares</p> <p>Reflection</p>	<p>Trainer explains that the last thing participants will be asked to do is evaluate the trainers and the entire workshop. This will help INTRAH in improving its future workshops. Some of the words may be new. Participants should feel free to ask for help in filling out the form - this is not a test. Biodata forms may also be completed at this time.</p> <p>If there is extra time, participants may wish to play this educational game:</p> <p>Trainer will ask for 10 volunteers to sit in two circles-- the others will observe. Each observer will choose one of the players. Observers will follow written rules. At the end of five minutes scrambled squares pieces will be collected by trainers who will return them to their envelopes. Participants and observers will change places - game will recommence for five minutes. Trainers will discuss rules of feedback. Each participant will read what is on her observer card. Group will discuss their reactions to feedback.</p>	<p>P.R. handouts biodata forms</p> <p>Handouts: Cut squares</p>

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TRAINING DESIGN

TIME	CONTENT	METHOD	MATERIAL/RESOURCE
Day 16	<u>Closing Ceremony</u>		

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APPENDIX F

Tests and Handouts

INTRODUCTION EXERCISE QUESTIONS

NAME OF PARTICIPANT:

FAMILY SITUATION:

- Information about your family which you may wish to share

WORK SITUATION:

- Information about your work
 - Position title?
 - What do you actually do?
 - What do you think you will be doing in two years? (Same job? New job)
 - What is the most common health problem where you work or in your community?
 - What do like best about being a nurse?

EDUCATION AND TRAINING:

- What have been your previous education and training?
- Where?

OTHER INFORMATION:

- What do you like best about yourself?
- What do you enjoy doing outside of work?

THE USE OF A REFLECTION PERIOD IN TRAINING

During each day of training many things happen. Reactions to these experiences may be common to everyone, or very different for some individuals. The reflection period is a time to share these reactions. It is also an opportunity to give feedback to the trainers about either positive or negative reactions. Participants may want to make suggestions for change.

Suggested questions for this period:

- What helped your learning?
- What hindered your learning?
- What did you like about today? How did you feel about it?
- What didn't you like?
- Anything you will be able to use back at your agency?
- Anything anyone wants to say before we adjourn?

JOURNAL

Participants are asked to keep a personal record, in the language of their own choice, of the events they found significant during the training session, both during training time and leisure time.

Those who have used a journal regularly have found it very helpful. In a training session many things happen-It's easy to forget how you feel from day to day and what your reactions are. Recording in a journal will help you to recapture these events and your own reactions, both for the rest of the training and for the future.

You may bring the journal to class and share something from it with others in learning issues or reflection periods but you will not be required to do this.

In keeping a journal, participants are asked to consider the following questions:

- What has happened?
- Why or how did it happen?
- How did you feel or react to the happening?
- Did you learn anything from the experience that you can use?

THE USE OF "LEARNING ISSUES" IN TRAINING

As the participants separate for the day, they have different small group or individual experiences all of which have some influence on the training. Some may be sudden discoveries, others may be in the form of questions which arise after further consideration of the day's work.

Also during the course of training, problems may arise. Some may have to do with the training per se, others with living or transportation arrangements or problems in the larger community.

In order to give everyone the opportunity to share insights and resolve problems so as to be ready for the new day's work, we will begin our daily sessions with a period we call "Learning Issues".

TWO WAYS TO LEARN

"TRADITIONAL" LEARNING:

Teacher knows what learner needs and sets curriculum.

Teacher responsible for learning.

Teacher tells - has all information.

There is a "right and wrong" answer.

Teacher tests and evaluates - expects results in "knowledge" (facts learned).

PARTICIPATORY LEARNING:

1. The learner knows and expresses his needs and develops goals and a plan to meet those goals.
2. All learners participate in the learning process of experiencing, identifying what happened, analyzing what the learning was, and generalizing that learning so that it can be used in other situations - the learner accepts responsibility for his own learning.
3. The learning group pulls learning from each other, past experience, new information, the trainer, and other resources.
4. The learning group concentrates on solving problems through dealing with many alternatives. There are few "wrong" alternatives, only some which are more appropriate for a specific situation, or easier, faster, more cost effective.
5. The learners evaluate their own learning and the trainers' skills, and build on that knowledge for the next training session. Evaluation is based on behavioral changes which occur as a result of new information and problem solving - i.e., the trainee can perform more efficiently.

A LEADER OF PARTICIPATORY LEARNING:

- A. Involves trainees in the training process by helping the group understand its task so that it can participate in the entire learning process.
- B. Assists in the establishment of attainable realistic goals.
- C. Facilitates the learning process by helping explore the resources of the group and the community.
- D. Collects data related to a training problem interprets that data with the trainees and assists the trainees to develop an appropriate plan of action.
- E. Utilizing a number of training methods and techniques helps the group to translate training objectives into training experiences which will achieve the trainees' goals.

INFORMATION-GIVING VS. EDUCATION VS. TRAINING

INFORMATION-GIVING:

1. One-way communication from Giver $\xrightarrow{\text{to}}$ Receiver.
2. No expectations that receiver will do anything with information except receive it.

EDUCATION:

1. Implies dialogue between Giver and Receiver.

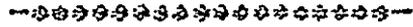
(Two-way communication)

Giver \longleftrightarrow Receiver

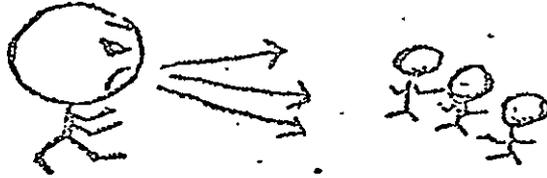
2. Process is set up to allow people to internalize information and experience it.
3. There is expectation that Receiver will act on the educational experience now or in the future.

TRAINING:

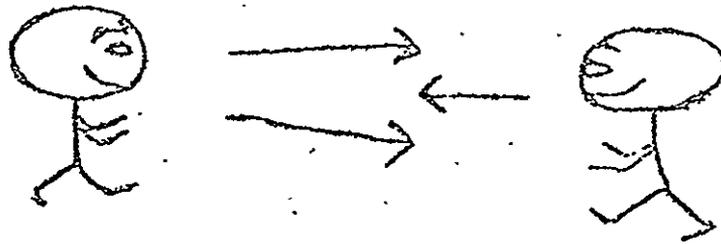
1. Usually all of the above plus skill development (practice).
2. Definite expectations that the Receiver will be able to perform the particular skill.
3. Change in behavior (skill performance) can be observed/measured.
4. Based on specific set of behavioral objectives (standards)



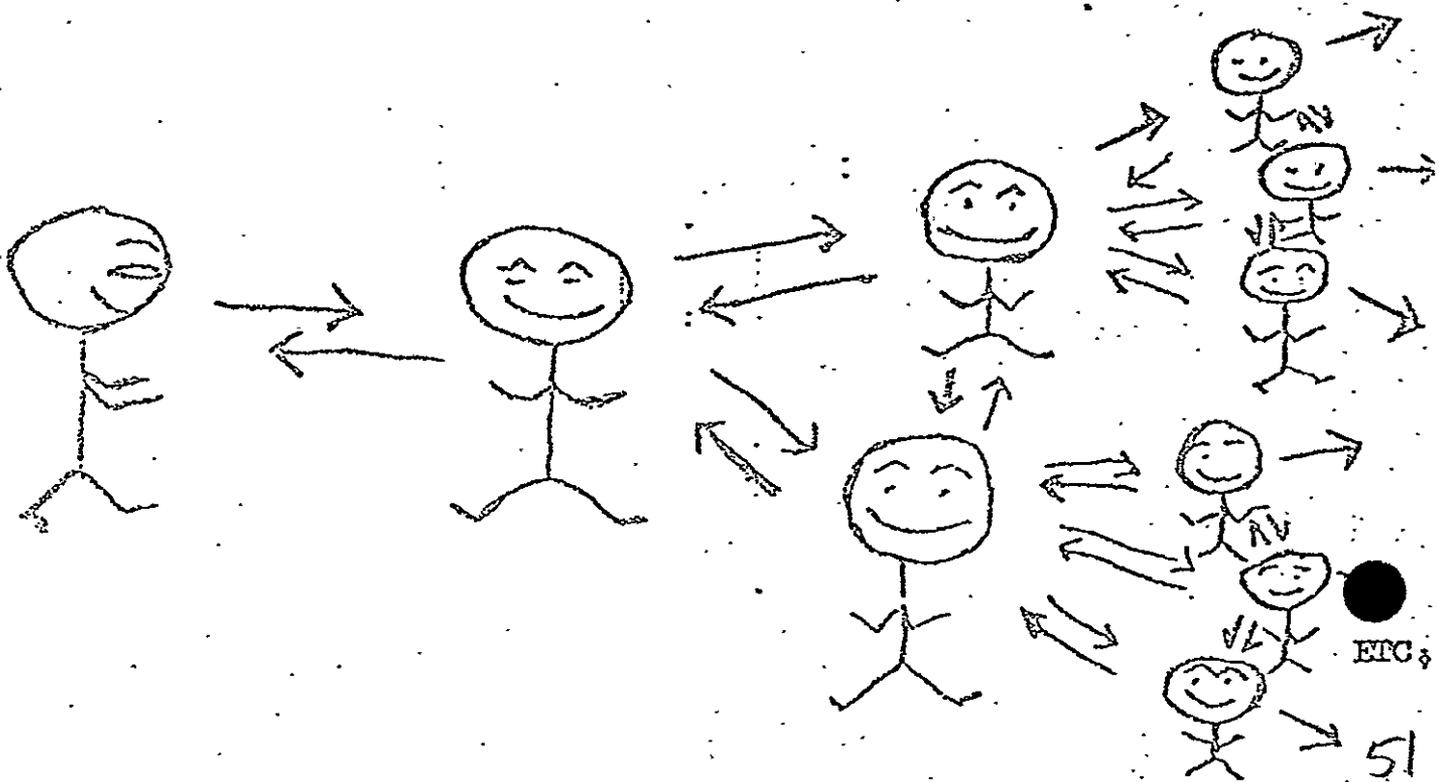
INFORM

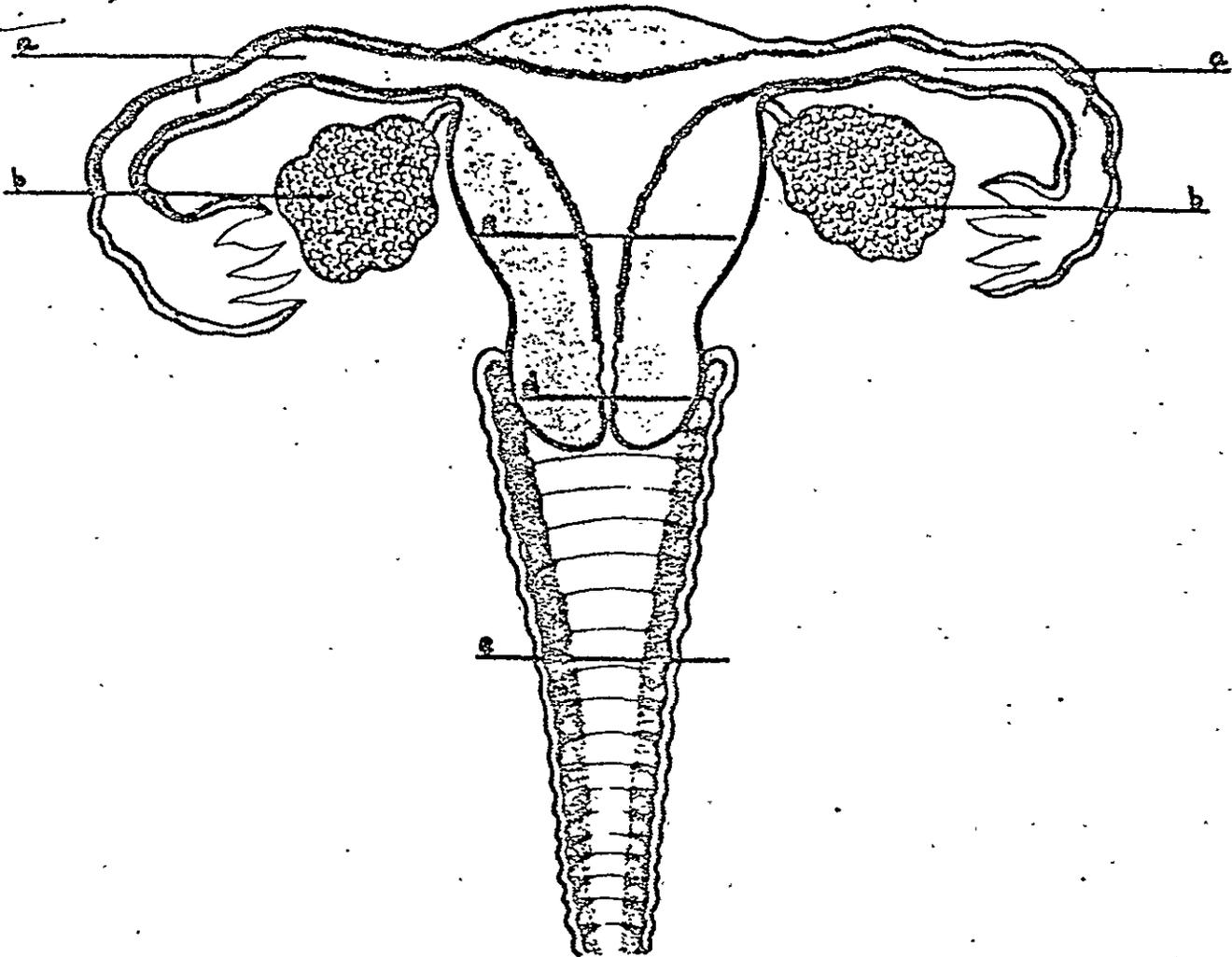


EDUCATE



TRAIN



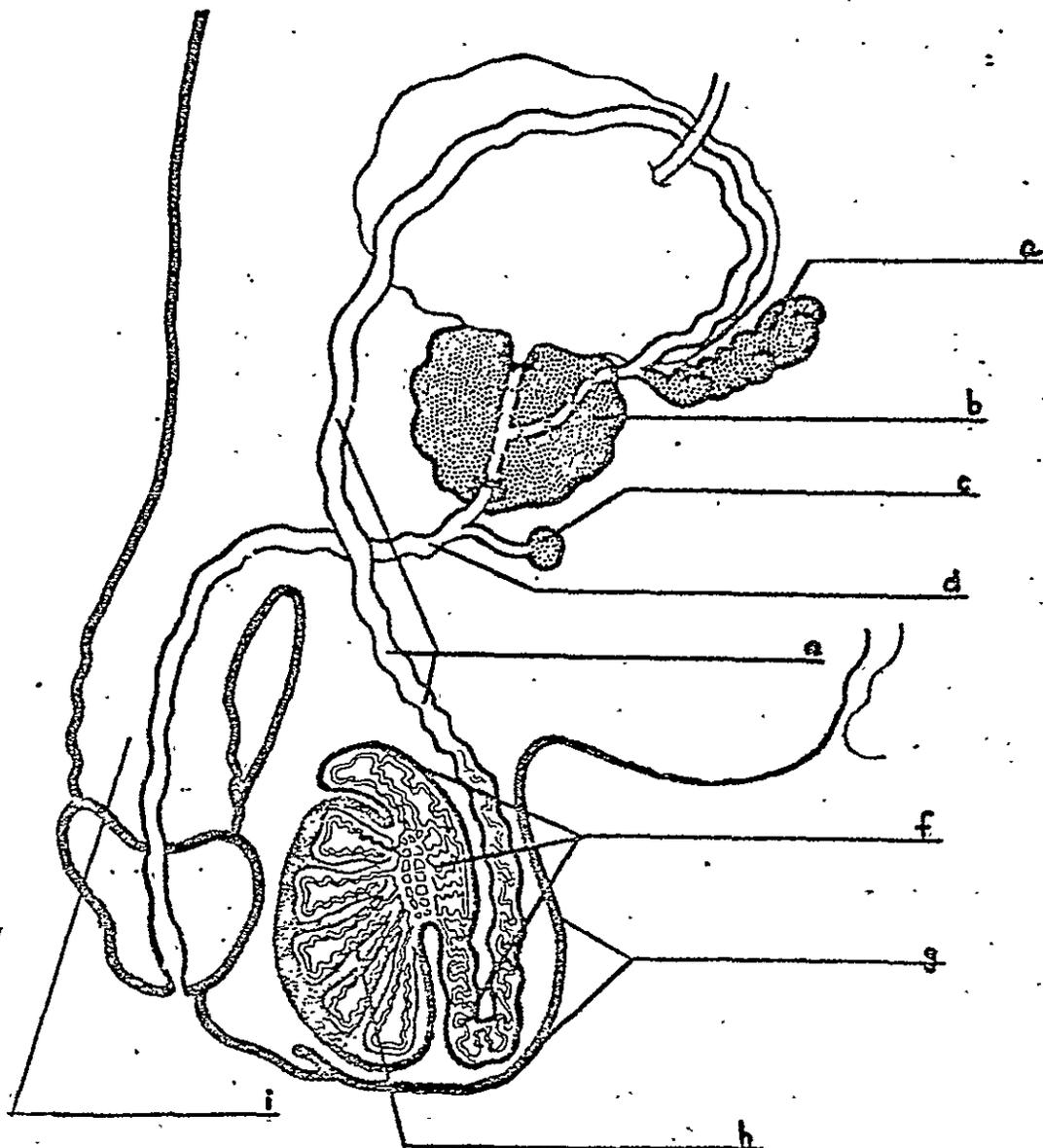


1. Label the parts of the FEMALE REPRODUCTIVE SYSTEM shown here. Write the name of each organ in the correct space above.
2. Using the words from the WORD LIST, fill in the sentences below:
(Not all the words have sentences they will fit.)

WORD LIST:

CERVIX	EJACULATION	FALLOPIAN TUBES
VAGINA	OVULATION	UTERUS
FERTILIZATION	CLITORIS	OVARIES

- a. During intercourse, the man's penis is inserted into the _____.
- b. The meeting of sperm and egg is called _____.
- c. A woman's eggs are stored in her _____.
- d. The _____ is a very small opening at the tip of the uterus.
- e. Fertilization takes place in the _____.
- f. A woman's _____ is a small organ outside her body that is very sensitive.
- g. The fertilized egg travels to the _____ where it grows.
- h. _____ is the release of a mature egg by an ovary.



3. Label the parts of the MALE REPRODUCTIVE SYSTEM shown here. Write the name of each organ in the correct space above.

4. Write the number of the word from the WORD LIST that fits each sentence below: (Not all the words will be used.)

WORD LIST

(1) TESTES

(4) COWPERS

(7) URETHRA

(2) SCROTUM

(5) VAS DEFERENS

(8) SEMINAL VESICLE

(3) EJACULATION

(6) FERTILIZATION

(9) PROSTATE

- () a. A tube that transports both urine and sperm (at different times).
- () b. Where sperm are produced.
- () c. A gland that produces most of the fluid that makes up the ejaculate.
- () d. Keeps the sperm at a healthy temperature by stretching or contracting.
- () e. A tube that only transports sperm.
- () f. The releasing of sperm and fluid through the penis.
- () g. Two glands that clean urine of the urethra before sperm pass through.

MENSTRUAL CYCLE AND CONCEPTION

5. When a woman menstruates, blood and cell-tissue from her _____ pass out of her body.
6. Usually, a woman menstruates about _____ weeks after ovaries release an egg.
7. The _____ Gland (which is often called the "master gland") controls the menstrual cycle.
8. This gland controls the menstrual cycle by releasing chemicals called _____ into the blood stream.
9. Two hormones that are produced in the ovaries also affect the menstrual cycle. The names of these hormones are _____ and _____.
10. These two hormones together cause the _____ to grow thicker and stronger.
11. Sperm can live up to _____ days inside a woman's uterus and tubes.
12. Ova, or eggs can live up to _____ days once they are released into the tubes.
13. Check (✓) which of these sentences are true and which are false:

	TRUE	FALSE
a. When she is born, a woman already has all the eggs she will ever have.	()	()
b. Twins can be caused by two sperm meeting one egg.	()	()
c. After it is fertilized, the egg generally imbeds itself in the wall of the uterus.	()	()
d. A man can continue to produce sperm until he dies.	()	()
e. When a woman urinates, the urine passes out of her vagina.	()	()

THE ORAL CONTRACEPTIVE (PILL)

14. The pill is composed of man-made _____ called progesterone and estrogen.
15. The pill works by preventing the ovaries from releasing any _____.
16. When taking the Pill, a woman counts the first day of menstruation as "day 1" and takes her first pill: (check one)
 - () a. as soon as she stops bleeding.
 - () b. on "day 5".
 - () c. immediately.

17. If a woman is taking the "21-day" pills, she: (check one)
- a. never stops taking pills.
 - b. begins each new pack 5 days after her last pill.
 - c. begins each new pack 7 days after her last pill.
18. If she is taking the "28" day pills, she: (check one)
- a. begins each new pack 5 days after her last pill.
 - b. never stops taking pills.
 - c. begins each new pack as soon as she starts menstruating.
19. If a woman begins to bleed while taking the pills, she:
- a. should stop taking her pills
 - b. should take two pills a day until bleeding stops, then continue cycle.
 - c. should stop taking her pills and start again after 5 days.
20. If a woman forgets to take her pill one day and remembers the next day, she should:
-
21. If a woman forgets her pills for more than one day, she should:
-
22. Which of the following are fairly common side effects of the pill?
(check all that apply)
- a. heavier menstrual flow
 - b. slight weight gain
 - c. headaches, slight nausea
 - d. occasional blurred vision
 - e. breast tenderness
23. There is one rare but serious side effect that has been proven to be connected with the pill. This is (check one)
- a. heart disease
 - b. cancer
 - c. blood clotting
24. Certain women should not take the pill because it would not be safe for them. Among these women are those who: (check one)
- a. have had more than one miscarriage.
 - b. have had a nervous breakdown.
 - c. have had liver problems or disease.
25. About how effective is the pill as a way to prevent pregnancy: (check one)
- a. about 90%
 - b. about 100%
 - c. about 97%

THE INTRA-UTERINE DEVICE (IUD)

26. The best time for a doctor to insert an IUD is: *(check one)*
- a. during the last few days of a woman's menstrual period or flow.
 - b. about a week after a woman stops menstruating.
 - c. immediately after a woman has given birth.
27. How soon after it is inserted, is an IUD effective? _____
28. The exact way an IUD works is not known, but scientists believe it probably works by: *(check one)*
- a. preventing ovulation.
 - b. preventing implantation of a fertilized egg.
 - c. blocking sperm from reaching the egg.
29. Sometimes a woman's body expels or pushes out the IUD by itself. When is this most likely to happen? *(check one)*
- a. during menstruation.
 - b. during ovulation.
 - c. during intercourse.
30. Check (✓) which of these sentences are true and which are false:
- | | TRUE | FALSE |
|---|------|-------|
| a. If a woman gets pregnant with an IUD still inside her uterus, the IUD must be removed to protect the child. | () | () |
| b. The IUD is the second most effective method of contraception (after the Pill). | () | () |
| c. During intercourse, the man's penis often touches the tip of an IUD. | () | () |
| d. When a woman decides to have a child, she should remove the IUD by pulling on the strings that are attached to it. | () | () |
| e. Two fairly common side effects of the IUD are slight cramping and a heavier menstrual flow. | () | () |

THE DIAPHRAGM

31. Diaphragms are made of _____
32. If it is going to be most effective, _____ or _____ should be used with the diaphragm.
33. The diaphragm may be inserted up to _____ hours before intercourse, and still work effectively.
34. After intercourse, a diaphragm should be left in place at least _____ hours.
35. A woman may need to change the size of diaphragm she is using if she has a baby, or if she:
- _____

36. About how effective is the diaphragm? *(check one)*

- a. about 96%
 b. about 100%
 c. about 85%

THE CONDOM

37. Most condoms used today are made of _____.

38. To be used correctly, the condom should be: *(check one)*

- a. placed on the penis before the penis becomes erect or stiff.
 b. cleaned thoroughly before being placed on the penis.
 c. placed on the erect penis before any insertion of the penis into the vagina.

39. After ejaculation, a man should remember to: *(check one)*

- a. allow the penis to become soft before he removes it from the vagina.
 b. hold the rim of the condom tightly as he removes his penis immediately after ejaculation.
 c. take the condom off immediately to prevent it from leaking.

CONTRACEPTIVE FOAMS, CREAMS, AND JELLIES

40. Foams, creams, and jellies are composed of chemicals that _____ the sperm and block the mouth or opening of the _____.

41. Up to how long before intercourse takes place should foam be inserted? _____.

42. Up to how long before intercourse takes place should creams or jellies be inserted? _____.

43. Which of these should not be used with a diaphragm? *(check one)*

- a. foams
 b. creams
 c. jellies
 d. all can be used with diaphragm.

RHYTHM METHOD

44. The rhythm method is based on the fact that a woman can only get pregnant if she has intercourse around the time that she _____.

45. To use the "calendar" method, a woman should keep a record of her menstrual cycle for at least _____ months.
46. Using this method, she subtracts _____ from the number of days in her longest cycle, and _____ from the number of days in her shortest cycle.
47. To use the "temperature" method, a woman should: *(check one)*
- a. take her temperature every morning just after she wakes up.
- b. take her temperature every night just before going to sleep.
- c. take her temperature every day one hour after her first meal.
48. Check (✓) which of these sentences are true, and which are false:
- | | TRUE | FALSE |
|---|--------------------------|--------------------------|
| a. If a woman uses the calendar method exactly, she will never get pregnant. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The only church that allows its members to use the rhythm method is the Catholic Church. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A woman usually ovulates around the time that she menstruates. | <input type="checkbox"/> | <input type="checkbox"/> |

VASECTOMY

49. In a vasectomy operation, a cut (incision) is made in the man's: *(check one)*
- a. penis
- b. stomach
- c. scrotum
50. In this operation, the man's _____ are cut, tied off, and portion of each is removed.
51. Check (✓) which of these sentences are true, and which are false:
- | | TRUE | FALSE |
|--|--------------------------|--------------------------|
| a. A vasectomy causes a man to be impotent. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. As a way of preventing pregnancy, a vasectomy becomes effective immediately. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This operation can be done in a doctor's office. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Generally, most vasectomies can be reversed easily when the man decides he wants to father a child. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Generally, a man's sexual drive is somewhat lower after he has had a vasectomy. | <input type="checkbox"/> | <input type="checkbox"/> |

TUBAL LIGATION

52. In a tubal ligation operation, a woman's _____ are cut, tied off, and a portion of each is removed.

53. Does a woman still ovulate after a tubal ligation? YES: () NO: ()
54. Does a woman still menstruate after a tubal ligation? YES: () NO: ()
55. Check (✓) which of these sentences are true, and which are false:
- | | TRUE | FALSE |
|---|------|-------|
| a. A tubal ligation must be done in a hospital. | () | () |
| b. A tubal ligation is about 100% effective as a way of preventing pregnancy. | () | () |
| c. Another name for a tubal ligation is <u>hysterectomy</u> . | () | () |
| d. Generally, most tubal ligations can be reversed easily when the woman decides she wants to have a child. | () | () |

OTHER METHODS OF BIRTH CONTROL

56. Which of the following might be considered methods of birth control? (Check all that apply)
- () a. douching with water
 - () b. breast-feeding
 - () c. withdrawal
 - () d. herb teas
 - () e. vaginal foaming tablets

PRE/POST TEST I

KEY

page one: 13 pts.

- 1a. FALLOPIAN TUBE
- b. OVARY
- c. UTERUS
- d. CERVIX
- e. VAGINA

- 2a. VAGINA
- b. FERTILIZATION
- c. OVARIES
- d. CERVIX
- e. FALLOPIAN TUBES
- f. CLITORIS
- g. UTERUS
- h. OVULATION

page two: 16 pts.

- 3a. SEMINAL VESICLE
- b. PROSTATE GLAND
- c. COWPERS GLAND
- d. URETHRA
- e. VAS DEFERENS
- f. EPIDIDYMIS
- g. SCROTUM
- h. TESTIS (TESTICLE)
- i. PENIS

- 4a. 7
- b. 1
- c. 9
- d. 2
- e. 5
- f. 3
- g. 4

page three: 16 pts.

- 5. UTERUS
- 6. 2
- 7. PITUITARY
- 8. HORMONES
- 9. ESTROGEN / PROGESTERONE
- 10. LINING OF THE UTERUS - (ENDOMETRIUM)
- 11. 3
- 12. 2
- 13a. TRUE
- b. FALSE
- c. TRUE
- d. TRUE
- e. FALSE

- 14. HORMONES
- 15. EGGS
- 16. B

page four: 9 pts.

- 17. C
- 18. B
- 19. B
- 20. TAKE TWO AND CONTINUE AS USUAL.
- 21. CONTINUE TAKING PILLS, BUT USE ANOTHER METHOD UNTIL HER NEXT PERIOD AND CONSULT HER DOCTOR.
- 22. B, C, E
- 23. C
- 24. C
- 25. B

PRE/POST TEST I

KEY (continued)

page five: 14 pts.

- 26. A
- 27. IMMEDIATELY
- 28. B
- 29. A
- 30a. FALSE
- b. TRUE
- c. FALSE
- d. FALSE
- e. TRUE
- 31. RUBBER
- 32. CREAM / JELLY
- 33. 3
- 34. 6
- 35. LOSES OR GAINS AT LEAST
10 POUNDS.

page six: 9 pts.

- 36. A
- 37. RUBBER
- 38. C
- 39. B
- 40. STOPS/ UTERUS (CERVIX)
- 41. 15 MINUTES
- 42. 15 MINUTES
- 43. A
- 44. OVULATES

page seven: 15 pts.

- 45. 12
- 46. 11 / 18
- 47. A
- 48a. FALSE
- b. FALSE
- c. FALSE
- 49. C
- 50. VAS DEFERENS
- 51a. FALSE
- b. FALSE
- c. TRUE
- d. FALSE
- e. FALSE
- 52. FALLOPIAN TUBES

page eight: 8 pts.

- 53. YES
- 54. YES
- 55a. TRUE
- b. TRUE
- c. FALSE
- d. FALSE
- 56. E, C

(Total points possible: 100)

COMMUNITY NEEDS ASSESSMENT

To effectively meet the needs of the community you must know what its needs are. The following are suggested areas in which information would be helpful in order to evaluate what a community has before you can decide what it needs.

Population Data

- total number
- sex distribution
- age distribution
- women of child-bearing age
- infant mortality and morbidity
- maternal mortality and morbidity
- birth rate
- death rate
- disease incidence rates
- educational level
- migration, internal & external

Organization of Community

- who makes decisions
- how are decisions made
- who are the leaders
- who is most influential
- what is political structure
- what is religious structure
- what is educational structure
- what is law enforcement
- how do residents make a living

Physical Characteristics of Community

- types and number of houses
- roads and transportation system
- water supply
- waste disposal system
- food supply and storage system
- shopping facilities
- recreational facilities

HEALTH SYSTEM NEEDS ASSESSMENT

In order to decide what changes may be needed in your health system you must evaluate what that system has. Information is needed in the following areas:

Facility and Services Information

- size (capacity)
- type(s) of care given (capability)
- type of equipment
- location
- hours of services
- means and availability of transportation
- number of persons receiving care (daily, monthly, annually)
- sex and age of persons receiving care
- disease categories of persons receiving care
- treatment categories of persons receiving care
- mortality rates

Personnel Information

- number of personnel
- types of personnel
- job responsibilities of each type of personnel
- education of each type of personnel
- supervision of each person

What is the attitude toward infertility? How is a childless woman considered and treated by others (her relatives, husband, husband's relatives, community?) Is the lack of fertility in a union ever attributed to the male? If so, how is he treated?

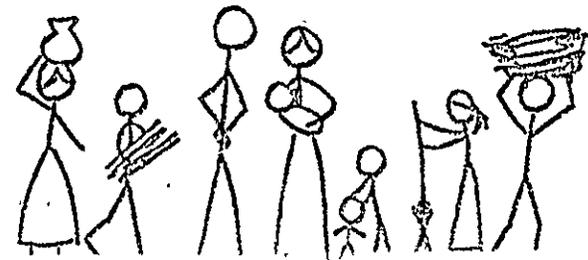
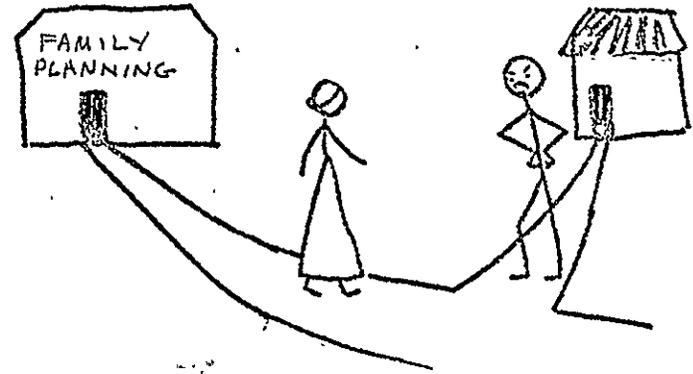
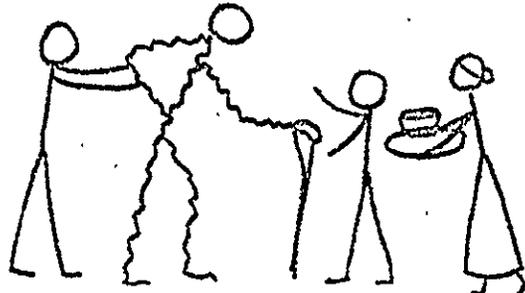
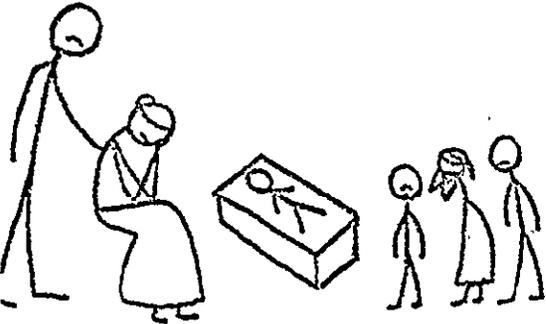
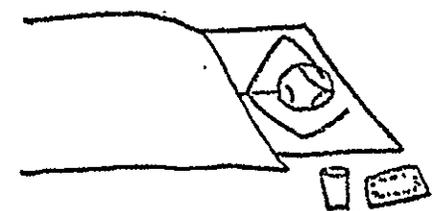
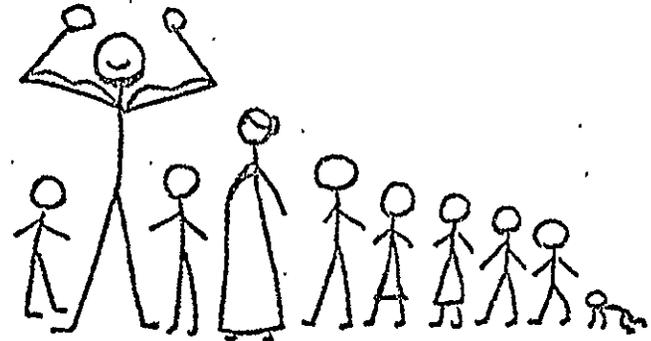
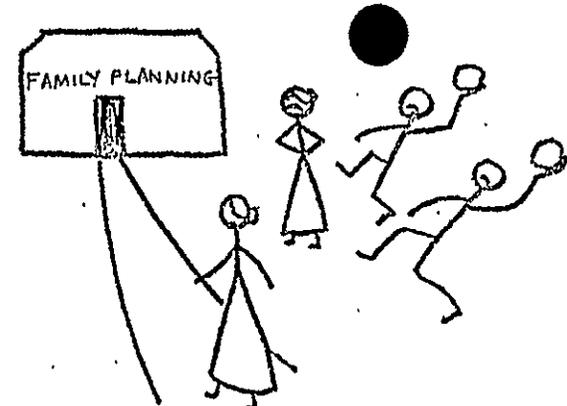
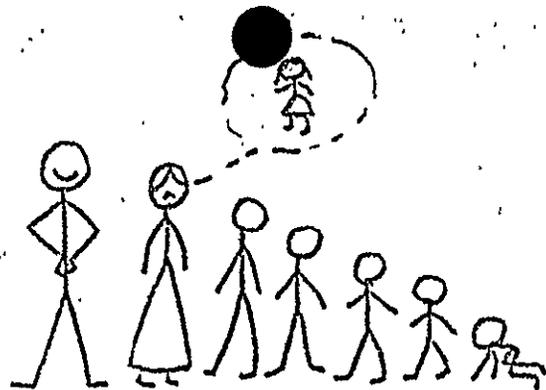
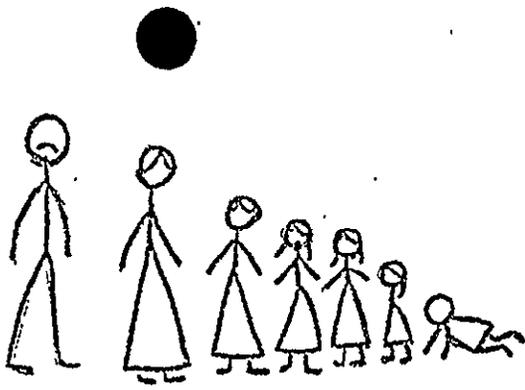
What traditional customs, practices and beliefs in connection with sex life and marriage tend to promote high levels of fertility? What is the social, psychological, material, religious and symbolic significance of children to a man or woman? Are children expected to help parents? Support them in their old age? Do they mean the continuation of life after death? What are the motives for having a large number of children?

What are prevalent Somalian beliefs, taboos and practices concerning a male's sexual performance-premarital and extramarital relations, frequency of intercourse, periods of abstinence, number of wives?

What are beliefs, customs, practices and rituals around child rearing--nursing, weaning- how much sleep baby gets, how baby is kept clean and healthy? How do people explain the death of an infant or small child? How is a man or woman looked upon whose child dies in first year(s) of life?

What is the relationship between the sexes and decision-making within the family? Which daily activities are the man's, which the woman's? Who is most likely to make the decision about numbers of children? How may this decision be changed? How does the husband-wife relationship fit into the network of all other close and distant relatives?

What are beliefs, customs, practices, rituals surrounding betrothal, bride-wealth, marriage, divorce--are these customs changing? Why? How?



VALUES CLARIFICATION
"CODES"(not a handout)
Adapted from an exercise
BY LYRA SRIWATVACAN

COMMUNICATION

HOW WE LEARN

1% BY TASTE
1½% BY TOUCH
3½% BY SMELL
11% BY HEARING
83% BY SEEING

WHAT WE REMEMBER

10% OF WHAT ONE READS
20% OF WHAT ONE HEARS
30% OF WHAT ONE SEES
50% OF WHAT ONE BOTH HEARS AND SEES
70% OF WHAT ONE SAYS WHILE TALKING
90% OF WHAT ONE SAYS WHILE DOING OR DEMONSTRATING SOMETHING

HOW WE PASS INFORMATION TO EACH OTHER

7% BY OUR WORDS
38% BY THE SOUND OF OUR VOICE
55% BY THE ACTIONS OF OUR BODY

INTERVIEWING

- A personal conference or meeting for the purpose of obtaining information.
- Can be written or oral.
- The interviewer may write information during the interview or later

1. Method of obtaining information
2. Essential in taking medical history.
3. Valuable in client follow-up.
4. Opportunity for client education.

SCME GENERAL GUIDELINES FOR INTERVIEWING AS A TRAINING TECHNIQUE:

1. Body language must agree with verbal messages.
 - "Yes, may I help you?" may not agree with message the body is sending.
2. Ask open-ended questions.
 - "Did you feel badly?" --closed.
 - "How did you feel?" --open.
 - "Did you have fun?" --closed.
 - "Tell me about it." --open.
3. Choose non-threatening words.
 - "For those of you who came late; . . ." --threatening, judgmental
 - "For those of you just joining us . . ." --not judgmental, accepting
 - "How many of you had the wrong answer?" --judgmental
 - "How many of you chose a different answer?" --non-threatening
 - "What is your husband's name?" --implies judgment by standard of marriage. Also suggests that person should be married.
 - "What is the name of the baby's father?" -- is not accusatory, accepts any name and does not ask about conditions of relationship.

4. Ask questions which do not suggest the answer.

- "You didn't put cow dung on the baby's umbilicus, did you?"--
Suggests answer by threatening. Only reasonable response is, "No,
of course not, not me!"

- "Tell me, how did you take care of the baby's cord?"--permits person
to describe action, and she may actually volunteer information that
she did, indeed, use cow dung, but you haven't frightened her from
revealing the fact.

- "You're not coughing, are you?"--suggests that patient ought to
deny cough.

- "Have you noticed any symptoms?"--invites confidence

5. Ask questions aimed at getting information beyond the obvious.

- "What did he do then?"--may limit response

- "How would you describe the situation?"--invites background information

6. Relate all questions to the objective of the interview.

7. Interviewer (trainer) assumes responsibility for communication.

- "Did you understand?"--the fault is assigned to learner

- "Did I make it clear?"--the trainer assumes responsibility

- "Did I go too fast for you?"--implication is "What's the matter
with you? Are you too dumb to follow?"

- "Would you like me to go over the material again?--or a little
slower?"--permits request for help without implying inadequacy

8. Be willing to accept an "I don't know" answer, but be able to ask open
questions that will give at least some information

- "Could you make a guess?"

- "Do you have any ideas?"

Interviewing

Getting a History of Symptoms

The following 7 points should be included in a history of a patient's symptom.

1. Bodily location: Where?
2. Quality: What is it like?

Examples to offer patient if it is hard to describe the type of pain: burning, squeezing, cramping, sharp, dull.
3. Quantity: How bad is it?
This might refer to:
 - (a) intensity of the symptom (mild, moderate, severe)
 - (b) degree of impairment (how have everyday activities changed?)
 - (c) frequency (as with urination)
 - (d) volume (how much blood is lost)
 - (e) number (of convulsions, contractions)
 - (f) size or extent (as with a rash or swelling)
4. Time Sequence/Chronology: When did the symptom begin and what has happened since then?
 - (a) exact time of first symptom
 - (b) duration - does it last minutes, days, or weeks?
 - (c) frequency - does it occur only when eating; example: chills and fever of malaria
 - (d) does it stay the same or build up and then ease up only to come back again.
5. Setting: Under what circumstances does it take place?
 - only at home?
 - only when at work?
6. Things that make it better or worse: example - leaning over makes it worse; curling up makes it better.
7. Associated symptoms: example - patient with vaginal discharge may also have burning on urination.

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CAMEL-TRADING INCIDENT

OBJECTIVE:

1. To study the decision-making and negotiating process.
2. To become aware of the ways in which decisions can vary according to the methods used to arrive at them.

INCIDENT:

- | | |
|--|--------------|
| 1. Abdullah sold a camel to Mohammed for | 60 Shillings |
| 2. Abdullah bought the camel back from Mohammed for | 70 Shillings |
| 3. Abdullah resold his camel to Mohammed for | 80 Shillings |
| 4. Abdullah again rebought the camel from Mohammed for | 90 Shillings |

QUESTION:

1. Did Abdullah make or lose money?
2. How much?

INSTRUCTIONS:

1. The participants will be divided into 2 groups.
2. Each participant will solve the problem by herself. - 5 minutes
3. Each group will solve the problem with a unanimous decision. - 10 minutes
4. The 2 groups will agree on a decision. We will see if the answer is in fact correct. - 10 minutes

GOALS AND OBJECTIVES

QUESTION: What are GOALS and OBJECTIVES, and how do they differ?

GOAL:

- A broad statement of purpose -- what you would like to be true
- May depend upon many objectives for its achievement
- May not be precisely measurable
- You may not be responsible for accomplishing the entire goal

OBJECTIVE:

- A specific statement of the ideal situation that will exist at the completion of a particular task -- a future fact
- A precise element or unit of work which will contribute toward reaching the goal -- one of the steps toward the goal
- May be related to other objectives, but is measured against itself
- Must be precisely measurable
 - "How will you know one when you see one?"
- You are responsible for the accomplishment of any objective you write
- Must answer the questions:
 - What?
 - How much or how many?
 - When?and sometimes . . .
 - Where?
 - Who?
 - With whom?
 - How often?

A METHOD FOR PLANNING

(Useful in solving problems, achieving goals,
writing teaching sessions)

1. State the problem clearly.
 - describe the situation as it is and as you wish it might be
 - in complicated situations, you may need to do a needs assessment or look for the problem behind the problem
2. Brainstorm ideas for solving the problem or achieving the goal.
All ideas are welcome
3. Make two lists:
 - I. Resources (pro's, helps)
 - II. Constraints (con's, barriers, obstacles)
4. Decide which of the ideas is best for your resources and constraints
5. List all the objectives or tasks (jobs) you will use to achieve your goal
6. For each objective, answer these questions:
 - Where?
 - When and how long?
 - What methods?
 - Who?
 - How will you know when it is properly done (feedback)?
7. Do it! Put your plan into action.
8. Evaluate how well each task was done.
9. When you feel your goal has been achieved, evaluate the whole project:
 - Were all the objectives met or tasks done?
 - What was learned from the experience?
 - How might things be done better next time?

PLANNING: RELATIONSHIP BETWEEN PROBLEM, GOAL, OBJECTIVES AND PLAN

WHERE I AM TODAY
(PROBLEM)



1
OBJECTIVE

2
OBJECTIVE

3
OBJECTIVE

4
OBJECTIVE

WHERE I WANT TO BE
(GOAL)



PLAN: Your plan becomes the way that you can go from your problem to your goal, and the objectives are the steps that you use to move towards your goal.

52

PRIORITIZING

Give each health problem a + to +++ according to your estimation of its importance.

<u>Health Problem</u> (examples)	<u>Community Concern</u>	<u>Prevalence</u>	<u>Seriousness</u>	<u>Action</u>	<u>Score</u>
Malnutrition					
Prenatal Care					
Infant Mortality					
Communicable Diseases:					
Malaria					
T.B.					
Parasites					
Schistosomiasis					
S.T.D.'s					
Leprosy					

BRAINSTORMING

What is brainstorming?

Brainstorming is a technique to help people think in a free and creative way. The goal of brainstorming is to think of all possible ideas or solutions to a problem. It is not important if the ideas are practical.

There are two parts to this technique:

1. Brainstorming: Everyone tells their ideas. Someone writes all the ideas on a blackboard or big paper. No one says if the ideas are good or bad.
2. Evaluation: After the brainstorming is finished, there is an evaluation. At this time people discuss the ideas and decide which ones are good.

How can brainstorming be used?

1. It can be used to help a group think of as many new ideas as possible.
2. It can help people who are too practical learn to think in a more creative way.
3. It can solve a difficult problem when traditional techniques have not succeeded.

What are the advantages of brainstorming?

1. It is fun to think and speak freely.
2. Sometimes brainstorming can help solve a difficult problem.
3. Everybody in the group can participate.

What are the disadvantages of brainstorming?

1. Some people like to be practical at all times. They may not be comfortable with brainstorming.
2. Many of the suggestions will not be useful.
3. During the evaluation, it is necessary to criticize the ideas. Some people do not like this.

What do you need for brainstorming?

1. You need a room with a blackboard or another place to write.
2. You need a big table or chairs in a circle.

What is the procedure?

1. The chairman explains the brainstorming technique.
2. The chairman tells the subject of the brainstorming.
3. One person writes all the ideas.
4. After the brainstorm, the group discusses the ideas to decide which ideas are practical.

PROBLEM ANALYSIS: LOOK AT A SITUATION. LOCATE & DESCRIBE THE TROUBLE SPOTS

Exercise in problem identification :

In the village of Naberera there is a health clinic. Some days many people come and have to wait a long time. Other days very few come. The clinic is open every morning from eight to noon.

While people are waiting to see the doctor or nurse, sick children are crying and having diarrhea. There is no water in the building, but there is a pump outside on the well. It is hot in the summer.

The people (staff) who work in the clinic do not like to stay in the village so the doctor and nurses are changed every year. The new personnel take a long time to learn the problems of the village and the individuals who come to the clinic for help with their health problems.

CRITERIA FOR DEVELOPMENT OF PLANS FOR FUTURE TRAINING EVENTS

Participants will develop at least one training plan for a presentation to one of the following groups: clients, community leaders, co-workers

Trainers will be available to assist in the preparation of these plans so that participants will feel comfortable presenting these events within a few weeks-months of their return to work.

Participants are asked to keep a journal/record of how the plans were:

- implemented
- what changes had to be made
- what helped or hindered
- what reactions they noted
- how effective they were so that this training's strengths and weaknesses may be evaluated and modified in future training sessions.

Evaluators from the Ministry of Health and INTRAH will be visiting the participants in the near future and will base decisions for other training sessions on the participants' reports.

Training event plans should include:

- Size of group - how contacted or how chosen (in-service)
- Occasion - (e.g. in clinic while clients wait special invitation)
- Setting - (e.g. waiting area, village center)
- Length - (remember time constraints, attention spans)
- Topic - (should be related to Reproductive Health - may be the same topic)
- Training Techniques - how will you present topic - do you want to use audio-visuals, visual aids, other materials?
How? What? Why?
- Goal(s) and Objectives- including how will you know if achieved
- Obstacles - What (or who?) may stand in your way
- Resources - How will you overcome? **WHAT WILL YOU USE?**
- Tasks - Who will you ask to help? When, where - how can you be sure they will? - preparation time needed-
- Follow-up - How will you evaluate? What should audience do?

GUIDE FOR EVALUATING A TRAINING EVENT

NAME OF PARTICIPANT _____

DATE _____

SUBJECT _____

PLEASE CIRCLE APPROPRIATE WORD(S):

- | | | | |
|--|-----|----|----------|
| 1. Trainer spoke with an audible, pleasant voice | yes | no | not sure |
| 2. Trainer showed convincing enthusiasm | yes | no | not sure |
| 3. Trainer appeared to have adequate knowledge of subject | yes | no | not sure |
| 4. The presentation seemed to have a good beginning and end | yes | no | not sure |
| 5. The session was appropriate to intended audience (village women, TBA's, nurses) | yes | no | not sure |

PLEASE COMMENT ON THE FOLLOWING:

1. Was the objective properly written, clear, and realistic?
2. Was the objective achieved?
3. What training techniques were used?
4. What encouraged learning?
5. What was an obstacle to learning?

TRAINING TECHNIQUES :

TECHNIQUE	DESCRIPTION	USE	EQUIPMENT
1. Role Play	An informal drama in which a small group spontaneously acts out their response to a given situation.	-To practice skills -To practice how to handle a potential situation in real life	Very little or none
2. Group discussion, seminar	A verbal exchange of ideas with a leader to conduct.	-For exchanging attitudes -For exchanging information	Comfortable setting Blackboard and chalk Paper, pens
3. Demonstration	The trainer shows and explains a procedure and requires the learner to repeat it.	-To teach skills (blood pressure, temperature)	Real objects, equipment Models Blackboard and chalk
4. Visual Aids	The trainer uses diagrams, charts, pictures, signs, posters, films or slides.	-For information giving -For decoration	Paper, pens, tape, projector screen, film, slides
5. Lecture	Talking, describing, explaining, answering questions, giving information on a specific subject.	-For information giving in an organized manner in a minimum of time.	Blackboard and chalk. Models, diagrams, book
6. Panel discussion, guest speakers, symposium	Experts discuss a subject and give information in front of a large audience.	--Share different types of scientific, technical information	Large room and any equipment speakers may need
7. Brain storming	Trainees spontaneously express their thoughts or reactions while the trainer records each. No criticism of ideas is allowed. The group may select the best idea(s).	-Generate as many ideas about a particular topic -May choose the best idea(s) from the many	Blackboard and chalk Marker pens
8. Case Study	Analysis of a real or simulated situation like one the student may confront.	-Problem analysis, needs assessment, study of alternative solutions	Sufficient information form student can study Case study handout or
9. Educational Games	A task or problem is presented in the form of a game with specific rules and constraints.	-Problem solving, decision-making and negotiation skills, group process	Game itself, rules for

LIST OF TOPICS (REPRODUCTIVE HEALTH)
FOR INDIVIDUAL PROJECT PRESENTATIONS

Fertility

Female Infertility

Male Infertility

Contraceptive Methods

Use of Oral Contraception

Use of Vaginal Contraception

Post Partum Contraception

Pregnancy Care

Infant Health (under 5 years)

Common gynecological disorders

Family Nutrition

Malnutrition in Infants (under 5 years)

Male & Female Physiology

Pregnancy Complications

Breast-feeding - Myths and Facts

Female Circumcision

Common Communicable Diseases

Sexually Transmitted Diseases

Health of Mothers

Family Health

EVALUATION

AS PART OF A PROCESS

The usual process of any human transaction is:

PLANNING -- deciding what, how much, when, and how

IMPLEMENTATION -- doing it

EVALUATION -- looking at actual results to determine effectiveness, efficiency and usefulness

This is true whether one is speaking of:

- a single personal action
- an element of one's work
- an entire program

No activity may be considered complete without all three steps.

Evaluation is continuous, and goes on all the time, whether we are aware of it or not. It is more useful to us if we train ourselves to be aware of it.

WHAT IT IS

Evaluation is obtaining information about what is happening:
It may be:

- measuring progress toward an objective
- analyzing reasons for an outcome
- determining the meaning of results achieved

WHAT IT DOES

Evaluation seeks to answer three basic questions about an activity:

- 1) How effective is it?
 - are the objectives being achieved?
 - what are the reasons for success or failure?
- 2) How efficient is it?
 - do the benefits justify the cost?
 - are there more efficient means of achieving the same objectives?

- 3) How useful is it?
- does the achievement of this objective contribute toward some higher goal?
 - what advantage does this activity have over possible alternative ways of achieving the same objective?
 - what side effects does this activity produce?
 - desirable
 - undesirable

ITS PURPOSE

Evaluation permits informed decision-making by:

- verifying the appropriateness and effectiveness of an activity
- providing a basis for selecting possible alternative activities
- making lessons learned available for planning, either now, or in the future.

SOME METHODS OF EVALUATION

- 1) Collection of statistics
- 2) Reports
- 3) Conferences or meetings
- 4) Site visits
- 5) Interviews
- 6) Surveys
- 7) Questionnaires
- 8) On-the-job evaluation
- 9) Accounting
- 10) Study groups
- 11) Comparison
- 12) Examinations
- 13) Research Projects
- 14) Daily schedules
- 15) Consumer councils

16) Personal journals

WHO SHOULD DO EVALUATIONS

EVERYONE

WHEN SHOULD EVALUATIONS BE DONE

CONTINUALLY

SCRAMBLED SQUARES

Rules for Observers:

Observe the behavior of the person you are to observe. Do not touch or speak to that person or anyone else. Move around and observe from different angles. Do not interfere with the task of the five seated persons.

Make notes on your observations. Ask yourself:

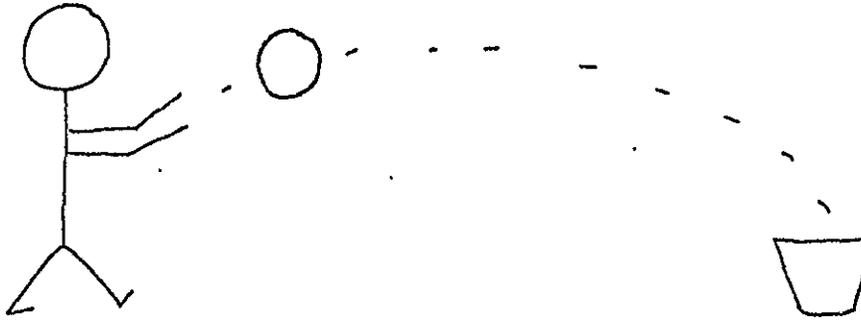
- Did this person complete a square?
- Did he/she obey the rules?
- Did he/she give away pieces?
- Did he/she keep pieces?
- Did he/she see if others needed his/her pieces
- Did you observe any movements or gestures that gave clues to how the person was reacting to the situation?
- What did that behavior make you think about this person during the exercise?
- How did you feel about this person?

SCRAMBLED SQUARES

RULES OF THE GAME:

1. Each member will receive an envelope containing pieces of cardboard for making squares.
2. The task of the group is to make five squares of equal size, one in front of each person.
3. The task will be completed when each person has a perfect square, equal in size to those of the other group members.
4. The rules to follow during the exercise are as follows:
 - a) No talking, no pointing, no gesturing, no communicating in any way.
 - b) You may give pieces to the other members, but you may not ask for or take pieces: All you can do is give.
 - c) You may not simply toss the pieces you don't need into the center of the circle so that the others may have them; you must give them directly to another person.
 - d) You may give away all your pieces even if you have already formed a square.

BALL TOSS GAME



Teams are chosen. Practice shots are offered to the group. Each team member decides what hes/her goal will be.

Cycle I Each member has 4 throws from the line of his choice to make his individual total. If he sees that he may not make his total he may move back to try to achieve his goal. If he does not make his goal, the individual gets a zero for his effort.

Cycle II Team members negotiate their goals as a team (goal # 1) and individual members decide what their contribution will be to the team goal. If their individual goal is not met, they score zero. Other members may make up for this by increasing their score if they wish. The team score is added up. Group discussion follows.

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GNC - INTRAH
SOMALIA CL. I
SEPTEMBER, 1981

WORK PLAN

OBJECTIVE(S)

TASKS (JOBS TO BE DONE)

WHO IS RESPONSIBLE (FOR THE TASK)

EVALUATION--HOW WILL
KNOW WHEN THE TASKS A

BB

SESSION TITLE _____

DATE _____

QUICK FEEDBACK SHEET

Please answer the following questions.

DO YOU THINK THIS SESSION WAS WORTHWHILE?

HOW WILL YOU BE ABLE TO USE WHAT YOU LEARNED IN THIS SESSION?

HOW WELL DO YOU THINK THE TRAINERS PRESENTED THIS SESSION?

WHAT DID YOU LIKE MOST ABOUT THE SESSION?

WHAT DID YOU LIKE LEAST ABOUT IT?

HAVE YOU ANY OTHER COMMENTS, SUGGESTIONS, OR COMPLAINTS?

APPENDIX G

References

Abbatt, F.R., Teaching for Better Learning, Geneva: World Health Organization, 1980.

Hatcher, R.A., et al., Contraceptive Technology 1980 - 1981, New York: Irving Publishers, Inc., 1981.

APPENDIX H

Participant List

Isnino Husen Mohamed	PHN	MCH Director, Bari Region
Halima Ismail Abdi	RN	Staff nurse (General Medicine) Bosasso Regional Hospital
Khadijah Ismail	RN/MW	Staff nurse Hargeisa Tuberculosis Hospital
Mohamed Hasan Gedi	RN	Nursing Superintendent Nargeisa Group Hospital
Mohamed Abdi Ahmed	RN	Instructor Hargeisa School of Nursing
Asha Farah Hersi	RN	Staff nurse Iftin Village MCh Centre, Hargeisa
Faiza Hasan Kalinleh	RN/MW	Director Biyodhacy MCH Centre, Hargeisa
Sahra Gurreh Yaqub	RN	Instructor Hargeisa School of Nursing
Safia Yasan Hasan	RN/MW	Head Nurse, Maternity Ward Harfeisa Group Hospital
Aminia Aden Bile	RMW	Director Gabiilay MCH Centre
Ebado Ali Hasan	RN	Staff nurse Hargeisa Group Hospital
Ibado Barud Egeh	RN	Nurse Matron Hargeisa Group Hospital
Shukri Osman Said	RN	Head Nurse Pediatrics Hargeisa Group Hospital
Yusuf Ahmed Abdi	RN	Instructor Hargeisa School of Nursing
Layla Hassan	RN	Staff nurse Hargeisa Group Hospital

APPENDIX I

Participant Report on MCH Centre Presentation

Report on our visit to
M.C.H Centre.

On the 10th of April, 1982, a group of family planning
medical staff composed of six persons including their
Trainer Mrs. Beth, visited the largest M.C.H Centre.

The M.C.H Centre — situated in the Centre of the town.

At that day the Centre was looked busy, due to
presence of ~~the~~ ^{many} mothers & their children waiting for
medical aid and some of them for supplementary food.

As the group reached the Centre, the Co-ordinator
of the Centre well come them warmly.

One of the group (family planning) gave some introduction
about the necessity of their coming to the Centre; then
so that the Co-ordinator of the Centre collected a group
of mother with their children in the hall of M.C.H.

After that one of the member who was assigned to
give the lecture which was concerned about family
planning & the use of contra-ceptive method.

At first the women was looked interesting what was
going on; but when the second member started to
show them the contra-ceptive devices, a sight of
a shaming & shyness was covered all women

Specially when some of members (F.O.P) tried to persuade the women to touch the condom, some of them refused to touch the condom & some said take this to the men, it is not for us. but the ladies were interested in the use of contra-ceptive pills & its availability.

Another same session was took in the second hole of the centre & that was particularly for the nursing student & that was given by the nursing tutor who was member of the team.

Feed back was, -

- > Mothers asking questions
- > Hand ~~clapping~~ clapping
- > student's answer some questions of mothers.
- > Thanks from co-ordinator & staff.

Prepared by
Mohd A. Ahmed

APPENDIX J

Notes from Guest Lecturer on Female Circumcision

Female Circumcision.

G.I.O.

At the end of the session the participant should be able to :

1. Exchange views and establish an effective approach for dealing appropriately with these old customs.
2. Understand the circumcision and its harmful malpractices in order to avoid and protect the health and happiness of the females.
3. Prepare health education for groups of mothers in order that they carry the message to others.

Introduction.

As other countries of the world give more attention to their customs and traditions we as Somalis stick to our customs originating from the environment. We have to make use and spread the beneficial practices and eradicate the harmful ones. One of these practices is Circumcision. The operation is carried out by the traditional old worker or a woman who earns her living by the performance of such operations. The ages vary between 5 to 8 years old. There is a lot of physical and mental complications and which include shock (pain, haemorrhage) lacerations due to the struggling of the child, sepsis, retention of urine etc.

Pre-Test.

1. Write small precise paragraph about the concept of our community toward circumcision.
2. How the procedure is carried out.
3. List the types of circumcision.
4. What do you recommend to eradicate this circumcision which is a malpractice?
5. Describe how the procedure is done.

Learning experience.

-Make a visit to community / village and meet with the old traditional women who make this procedure.

- make interview to several young ladies who have undergone this painful operation.

List of contents.

1. Definition; Circumcision,
2. Types of circumcision,
3. Procedure.,
4. Treatment;
5. Diet ,
6. Complication,
7. Summary ,.
8. Post test , Questionnaire .

Female Circumcision.

Definition; Circumcision: is defined as a variety of operations ranging from clitoridectomy (removal of clitoris) to extensive mutilation of the labia minora and majora of female genitalia.

Types of Circumcision.

Type I : Circumcision proper .

It is known in Muslim countries as the Sunna circumcision, Excision is made to the clitoral prepuce, analogous to male circumcision, as it has not been reported to have any adverse health-consequences (complaints)

Type II. Excision.

Besides the excision of the prepuce, this involves the removal of the glans clitoridis or even of the clitoris itself, together with the adjacent parts of the labia minora, or even of the whole of the labia minora.

Type III. Infibulation also called " Pharaonic circumcision."

In this type the whole of the clitoris, whole of the labia minora and at least the anterior two thirds and often the whole of the medial part of the labia majora are removed.

Type IV. known as introcission.

Enlargement of the vaginal orifice is done at puberty by tearing it downwards manually or splitting of the perineum with a knife.

Procedure in type III, infibulation or pharaonic type.

After the removal of the clitoris, labia minora, labia majora, the two sides of the vulva are then ~~stitched~~ stitched together by silk or catgut sutures (In Sudan) or by thorn (in Somalia) thus only vaginal orifice is remained for a very small opening posteriorly to allow exit of urine and menstrual blood.

After operation.

The legs are bound together firmly and above and below the knee and the ankles and the child is kept in bed on a diet of camel milk. After three days, she is allowed to get up and move about as much as she is able, since the legs are still tied together this is accomplished with the aid of the pole which the patient holds in front of her with both hands.

Diet and Treatment.

1, Camel milk, 2, more protein diet; 3, water restricted, 4, some herbs are poured on wound known as Darkcen.

Complications.

During operation. : Shock due to haemorrhage or pain, death.

Remote complications, Deformities of external genitalia, - menstruation disturbances oligomenorrhoea, - hypomenorrhoea - cryptomenorrhoea - Retention of menstrual products. Delayed menarche - chronic pelvic infection with subfertility or sterility, - urinary disturbances - coital difficulties - dyspareunia - lack of orgasm.

Obstetric complications. dyspareunia, vesico vaginal and recto-vaginal fistulae, delay in labour, perineal lacerations.