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# Intrah

## Trip Report

# 0-137

**Travelers:** Dr. Kathleen Toomey,  
IHP Consultant

**Country Visited:** SOMALIA

**Date of Trip:** September 16 - October 9, 1985

**Purpose:** To develop and conduct a workshop in  
FP/MCH Review and Application of FP/MCH  
Content to Interpersonal and Group Communications  
for Family Health Care Association IEC staff.

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Program for International Training in Health  
208 North Columbia Street  
The University of North Carolina  
Chapel Hill, North Carolina 27514 USA

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**\* On file with INTRAH Program Office**

**\*\* On file with INTRAH Data Management Service**

EXECUTIVE SUMMARY

From September 19 to October 3, 1985 INTRAH/IHP consultant Dr. Kathleen E. Toomey worked in Mogadishu, Somalia to develop and implement a 10-day workshop presenting the basic components of Maternal/Child Health and Primary Health Care and Family Planning and emphasizing the application of MCH/FP content on a "one-to-one" basis and in group communication. The specific program was developed in collaboration with Mr. Abdulla Hirad, IEC Director, Somalia Family Health Care Association, and three Somali Ministry of Health co-trainers who were trained and participated as co-trainers in the INTRAH PAC I Family Health for IEC training project: Halima Sheikh, Adar Fidow, and Zeinab Afrah. Twenty-four members of the "core" IEC group (who will integrate Family Health IEC activities in their respective agencies under the new Family Health Services Project) took part in the workshop which was co-sponsored by the Somali Family Health Care Association.

The six host-country agencies participating in the workshop included:

- The Somali Family Health Care Association
- The Somali Women's Democratic Organization
- The Women's Education Department, Ministry of Education
- The Curriculum Development Center, Ministry of Education
- The Population Education Project, Ministry of Education
- The Family Health Division, Ministry of Health

The MOH co-trainers exhibited a good fund of knowledge in the area of MCH, and were invaluable to the success of the program. They were enthusiastic students themselves and very interested in learning new training methods and will be important resources for future in-country workshops. Training programs specifically for the trainers themselves will be important to increase and reinforce their training capabilities in teaching methodology and communication skills as well as MCH content.

There is still no clear indication of where to proceed next with the IEC component. However, the group is interacting at a high level with good communication occurring between members. The next workshop should include further work on team building and group development as well as "Mass Media," and should focus on specific issues and problems the resolution of which will give clearer direction to future IEC work.

SCHEDULE OF ACTIVITIES

**Monday, September 16**

Left San Francisco for Mogadishu via London and Nairobi.

**Thursday, September 19**

7:30 PM Arrived Mogadishu.

**Friday, September 20**

9:00 AM Meeting with Mr. Gene Tucci, Acting Management Director, USAID, re: course logistics.

11:00 AM Meeting with Mr. John Rose, USAID Health Officer and Acting Population Officer in Ms. Neuse's absence.

**Saturday, September 21**

8:00 AM Meeting with Mr. John Rose, USAID

8:30 AM Meeting with Mr. Abdullah Hirad, IEC Director, Somalia Family Health Care Association

9:15 AM Meeting with Dr. Gary Slutkin, Ministry of Health

10:00 AM Planning meeting for the course with members of various agencies.

11:00 AM Course planning with co-trainers.

3:00 PM Meeting with Mr. Ed Towle, USAID.

3:30 PM Meeting with Mr. Gary Nelson, USAID.

5:00 PM Meeting with Dr. Sandy Gove and Dr. Gary Slutkin, Ministry of Health.

**Sunday, September 22**

8:00 AM Meeting with Mr. Bill Darkins, Program Office, USAID.

9:00 AM Course planning with co-trainers.

2:00 PM Return to Guest House. Course preparation.

**Monday, September 23**

8:00 AM Meeting with Dr. Rukiya Seif, Director, Family Health Program. Request for guest lecture.

9:00 AM Workshop began.

1:30 PM Meeting with co-trainers.

- 2:00 PM Initial meeting with Ms. Margaret Neuse,  
Population Officer, USAID.
- 3:00 PM Returned to Guest House. Course preparation.

**Tuesday, September 24**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers to prepare for next  
day.
- 2:00 PM Returned to Guest House. Course preparation.

**Wednesday, September 25**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers.
- 3:00 PM Meeting with Dr. Slutkin.
- 5:00 PM Course preparation.

**Thursday, September 26**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers.
- 2:30 PM Meeting with Ms. Margaret Neuse.  
Discussion of course progress.
- 4:00 PM Returned to Guest House. Course preparation.

**Friday, September 27**

Rest. Course preparation.

**Saturday, September 28**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers.
- 2:00 PM Meeting with Mr. Hirađ concerning field trip  
arrangements.
- 3:00 PM Course preparation.

**Sunday, September 29**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers.
- 3:00 PM Course preparation.

**Monday, September 30**

- 8:00 AM Conducted workshop.
- 1:30 PM Meeting with co-trainers.
- 5:00 PM Meeting with Dr. Gove and Dr. Slutkin.
- 7:00 PM Course preparation.

**Tuesday, October 1**

- 8:00 AM Field trip to urban MCH clinic with class discussion.
- 12:30 PM Meeting with co-trainers.
- 2:00 PM Lunch with SFHCA representatives.
- 3:30 PM Course preparation.
- 7:00 PM Dinner with Ms. Margaret Neuse.

**Wednesday, October 2**

- 8:00 AM Field trip to rural MCH clinic in Afgoye.
- 1:30 PM Returned to USAID for course preparation.

**Thursday, October 3**

- 8:00 AM Course conclusion.
- 1:00 PM Course debriefing with Ms. Margaret Neuse and Mr. Abdullah Hirad.
- 3:00 PM Departed for Nairobi.

**Friday, October 4**

- 2:00 PM Meeting with Ms. Terry Mirabito and Mrs. Grace Mtawali at INTRAH E/SA Office.
- 4:30 PM Meeting with Ms. Barbara Kennedy at REDSO/ES/A Population Office, USAID.

**Saturday, October 5**

- 10:15 AM Departed Nairobi for London/New York/Chapel Hill.

**Sunday, October 6**

- 7:00 PM Arrived Chapel Hill.

**Monday, October 7**

- 10:00 AM Debriefed at INTRAH Office.

**Tuesday, October 8**

- 11:00 AM Meeting with Mr. Maxwell Senior, Population and Communication Services Consultant for Phase II-B planning.
- 5:30 PM Departed Chapel Hill for Dallas/San Francisco.

## **I. PURPOSE OF TRIP**

This was the second of three workshops in IEC for Family Health. The trip had two major objectives as identified in the USAID request for training assistance:

A. To develop and conduct a 10-day workshop for the IEC "Core Group" who will be responsible for coordinating IEC activities within their respective agencies under the newly implemented Family Health Services Project (FHSP). This workshop was to focus on interpersonal communication skills related to MCH/FP content, the application of MCH/FP content on a "one-to-one" basis and in group communication, as well as to present the basic components of Maternal and Child Health/Primary Health Care (including family planning as a component of MCH); and

B. To strengthen the training skills of three MOH family health trainers who will be conducting future IEC training activities in Somalia.

## **II. ACCOMPLISHMENTS**

A very successful workshop was implemented with 24 participants representing the five agencies who will later be responsible for developing Family Health IEC training programs throughout the country (Appendix B). The course was developed with the cooperation and collaboration of Mr. Abdullah Hirad, IEC Director, Somalia Family Health Care

Association, and three Somali co-trainers, all of whom shared in training responsibilities (Appendices A and C).

The course successfully accomplished its goals despite wide variation in the backgrounds and previous training of participants. Post-test scores demonstrated significant improvement in MCH/FP knowledge. There was an enthusiastic response to the course as evidenced by the pros/cons sessions, class discussions and the INTRAH Participant Reaction Forms.

The level of group interaction improved markedly over the course of the training. Since this group will have to work together closely and creatively over the next five years of the FHSP, this increase in communication and trust may be the most significant accomplishment of the training session.

Many "alternative" training and communication methods were utilized during the workshop leading to better participant interaction and exploration of many real problems of health education.

The training was a follow-on to previous INTRAH family health training and will be followed up by PCS-assisted training in mass communication. This integration will provide continuity and a base upon which to build IEC skills.

Ms. Margaret Neuse, USAID Population Officer, and Mr. Hiram both complimented the workshop for creative ways of encouraging and promoting "face-to-face" communication and

successfully integrating interpersonal communication with MCH/FP content. They both expressed the hope that the IEC group could maintain the high level of interest, positive interaction and enthusiasm demonstrated as the course progressed.

Co-trainers felt they had learned many new training techniques that would be useful in the future sessions, and that real problems were identified and discussed in new and productive ways. One co-trainer remarked that participants were not "spoon-fed" the material and appreciated this active participation approach to the learning process.

### III. BACKGROUND

INTRAH has been providing technical assistance to the Ministry of Health, Family Health Division Training Unit since 1981. During the visit of Miss Pauline Muhuhu, INTRAH E/SA Office Director, in March 1985, the SFHCA expressed the need for INTRAH assistance in providing training in family health/family planning/IEC to the "core" staff of the five agencies participating in the Family Health Services Project. A specific request for the training was made during a June 1985 needs assessment visit; a project proposal was developed by the SFHCA and submitted to AID/INTRAH.

The original proposal requested two workshops which would provide participants with an overview of the FP rationale, place FP in a health context related to MCH, provide specific information on contraceptive methods, and

assist participants in developing the plans by which they would integrate IEC training activities into their programs. The "core" group had little or no prior training in health, family planning, or communication skills. It was hoped that this interim series of training sessions would provide the initial MCH/FP/IEC foundation upon which to build IEC skills as the FHSP is implemented.

Dr. Toomey met with PCS staff member Mr. Maxwell Senior, AID representatives Ms. Marilyn Schmidt and Mr. Al Bernal in Washington prior to her Somalia visit as a means to better integrate the INTRAH-assisted workshop with the forthcoming PCS-assisted training and technical assistance activities.

#### IV. DESCRIPTION OF ACTIVITIES

Upon Dr. Toomey's arrival, contact was made with the SFHCA through Mr. John Rose, USAID Health Officer. Because of apparent uncertainty of arrival time, the course had been postponed two days from its original starting date, allowing additional time in country to finalize the curriculum with the co-trainers. Dr. Toomey was briefed by Mr. Abdulla Hirad of SFHCA about the course objectives and historical perspective on its relationship to IEC activities. At that time, Mr. Hirad indicated that the focus should fall heavily on communication, utilizing the MCH content material in "face-to-face" and interpersonal communication. Specific

curriculum changes were discussed with Mr. Hiram, Mrs. Amina Hersi, Training Officer; and Mr. Rahma Elmi, Program Officer.

Dr. Toomey attended a coordination meeting with ten representatives of the five IEC participating agencies (Appendix A). At that time, final course logistics, course location and participants were chosen. Not all of the participants who had attended the INTRAH-assisted July 1985 non-clinical FP workshop, conducted by Maureen Brown, were able to attend the current session for various reasons. The Women's Educational Development Center of the Ministry of Education was chosen as the meeting site as it could most easily accommodate the large number of participants.

Following the planning meeting, Dr. Toomey met with the co-trainers to decide on final curriculum, and to assign specific work topics. Co-trainers chose the topics they felt most comfortable presenting and collaborated on visual aids, curriculum design and hand-out materials for the class.

After each session, the co-trainers met to prepare final arrangements for the next day's session. This allowed time to prepare a curriculum outline ahead of their scheduled presentation and to review the course content with Dr. Toomey.

Many of the participants and the co-trainers expressed interest in learning more about infertility, and Dr. Rukiya Seif, Director, Family Health Program, MOH, was asked to be

guest lecturer. She was delighted to be able to attend the workshop and her session was an excellent opportunity for the group to meet and develop a working relationship with an important resource person.

MCH course content was presented in lecture/group discussion format with use of visual aid and hand-out materials. Daily group and individual exercises emphasizing communication process were introduced. These included games, discussion exercises, use of songs and poetry as training aids, and variations on role playing. The curriculum was designed to address the process of community outreach and to offer practical exercises highlighting common problems in public health education.

Two field visits to rural and urban MCH clinics were integral to the training session and provided the participants with a first-hand view of the clinical services that support their IEC component. Participants were able to critically analyze the MCH facilities in light of the discussions on MCH/FP and PHC.

Less than half the class was able to comprehend English well enough to ensure communication in English, and only a small fraction of students were able to express themselves effectively in English. Virtually the entire workshop was conducted in the Somali language, including discussion sessions which were translated by co-trainers for Dr. Toomey. Any session led by Dr. Toomey was reinforced in translation by a Somali co-trainer.

Several meetings were held with Margaret Neuse on her return from Nairobi to update her on the training activity and to get input into the curriculum. Training designs and course schedules were shared and critiqued. She was able to provide reports and population analysis of the country that assisted in course development.

Several meetings were held with Dr. Sandy Gove and Dr. Gary Slutkin, both physicians from the United States working as consultants to the Ministry of Health. In Margaret Neuse's absence, they were able to provide valuable background material about the country and its health system and offered constructive suggestions for course development.

A final debriefing session was held with Abdullah Hirad and Margaret Neuse. Perceptions of the course were discussed and recommendations for future work were discussed.

Dr. Toomey had a two-hour debriefing session at the Nairobi INTRAH office, with Grace Mtwali and Terry Mirabito. Curriculum schedule and training design were shared as well as specific impressions and recommendations.

## V. FINDINGS

Although the co-trainers were very knowledgeable in the MCH area, they were clearly more comfortable teaching FP content, rather than MCH content. They identified a lack of resource materials as a significant problem and had to rely exclusively on materials that Dr. Toomey had brought with

her. The training resource materials library for the FHD mentioned in Miss Muhuhu's report is still not available to them, according to the co-trainers. At times, the trainees seemed to have difficulty differentiating appropriate material for non-clinicians, and prepared material which was too clinically detailed. This is a minor problem that can be remedied with practice in training design. The co-trainers were enthusiastic to learn, and adapted quickly to new ideas and information and were very helpful in all aspects of the training.

Twenty of the twenty-four participants attended class regularly, and the group developed a strong identity and working relationship. Twenty-three participants were from Mogadishu while only one was from outside the capital area, Hargeisa (Appendices B and G). Approximately 75% of the participants had university degrees (18 individuals) as indicated on the INTRAH bio-data forms. Most were biology or education majors; the remainder were trained in social work, geography, English or business. Fifteen women and five men attended the entire session on a regular basis; two men and two women participants attended irregularly. Approximately 8% of the participants (two individuals) claimed that they had attended university but had not received a degree; two were public health nurses from the Ministry of Health, three had 9-12 years of education and one woman claimed to have had only 5-8 years of educational training.

Language difficulty during the training session was corrected by on-going translation. It was clear, however, in reviewing the tests and forms distributed during the training session that many of the participants had difficulty understanding most of the testing instruments. The needs assessment questionnaire was much too difficult and abstract for many students. Even the bio-data form was too complex for some individuals; many participants failed to answer the male/female portion correctly and frequent errors occurred confusing years and type of education. Virtually no bio-data or participant reaction forms were completely or correctly filled out. Graded scales were not understood sufficiently to warrant their valid use in this setting. Trainees had difficulty differentiating among the "many/some/several/hardly at all" options. In retrospect, all the testing materials should have been translated line by line to ensure comprehension.

The work schedule was rushed both before and after the course sessions. To optimize the experience as a training activity for the co-trainers, more time should be devoted to course preparation and collaboration as well as to debriefing and critique of work at the end of the workshop.

Course participants wanted hand-outs for every session and activity. Many noted the lack of books and resource material in the country as a real problem in materials development. The participants' English reading comprehension was adequate and so Dr. Toomey put together

hand-out materials with the administrative support of the USAID office for both typing and xeroxing. (Because of the lack of in-country materials, future training activities should include more books/handouts.)

Pre/post test scores demonstrated marked improvement despite obvious difficulty in interpreting the questions. While half the class scored less than 67% on the pre-test, all participants scored above 76% on the post-test.

Response to the needs assessment questionnaire, class discussion, and the MCH/FP/PHC pre-test clearly indicated that most participants not only lacked an understanding of the basic principles of primary health care but also saw no connection between MCH and family planning, nor any of the course content to their roles as IEC planners. Participants seemed to be able to "abstract" the process of communication with their target groups without internalizing any of the real substance of that communication or recognizing the obstacles that need to be overcome in changing behavior through education. As the course progressed, group members not only saw the importance of integrating family planning as an essential component of a functioning maternal and child health program, but also could critically discuss principle problems in MCH program development. Perhaps more importantly, they began to explore the whole process of interpersonal communication and community out-reach with greater insight and sophistication, resulting in a noticeable improvement in group trust and communication.

Participant reaction forms demonstrated acceptance and enthusiasm for the course, although there were language difficulties as noted above.

--95% felt the objectives of the course were clear or mostly clear.

--95% felt the objectives were achieved or mostly achieved.

--90% felt the presentations were clear all the time.

--95% felt the presentations were clear at least half the time.

--Trainers were felt to be effective or very effective by 95% of the participants.

--100% of the participants felt the course was good to excellent and they would recommend it to others.

--Nearly 80% felt that the course material would be useful in their daily work.

--70% felt that the course dealt with real work problems.

--74% learned new concepts and 63% learned new skills.

In general an excellent level of communication and rapport developed among participants as the course progressed, with increased awareness of problems in IEC program development and implementation. The field visits in particular generated much productive discussion as it became clear to the group that clinical programs as they currently exist in Somalia are not equipped to deliver the services which the IEC component will be promoting. Many members

expressed concern at trying to integrate a family health program with an MCH program that was poorly functioning and not providing even the most basic services. Many members suggested integrating MCH personnel into the next IEC workshop, and all agreed that the MOH needed to set firm clinical MCH objectives before they proceeded further with the IEC component.

Although they have had several family planning workshops, many class members still demonstrated major weaknesses in basic family planning knowledge as evidenced by class discussions, questions, and the family planning review test scores.

## VII. CONCLUSIONS

The IEC "core" group has generated much enthusiasm and a good group dynamic. This momentum needs to be encouraged and maintained throughout the training sessions to come. Many participants have no clear indication as to what is next in their IEC program. In addition, there are specific work problems which need to be addressed.

The IEC group should be encouraged to put positive pressure on the Ministry of Health to develop the clinical programs in synchrony with the IEC and public education programs.

The "core" group has some difficulty with English, which should be taken into account in future sessions when designing course materials and providing adequate

translation of testing instruments. There appear to be few resources in the country to develop training materials despite INTRAH's provision of a training resource materials library. In-country resources for appropriate materials development need to be identified.

#### VIII. RECOMMENDATIONS

The same participants should attend the Phase II(b) (PCS-assisted) workshop to enhance group development and ensure continuity. This will help to maintain the positive momentum that has developed among group members. If at all possible, the same co-trainers should also participate in the next training session, not only to develop their training skills but also to integrate curriculum and course design.

The Phase II(b) workshop should again focus on real work problems and specific solutions; participatory methods should be encouraged. In addition, some exercises in group development and interpersonal communication will enhance growth of the work group.

The "core" team is not consistently informed on basic family planning issues and content. Future training in the FHSP needs to continue to review FP content as well as TOT and communication skills. INTRAH could participate in such training activities.

The co-trainers were essential to the workshop and should themselves receive further instruction in training

methodology. Adar Fidow was especially impressive with her knowledge of MCH/FP content and personal style; she has good potential as a trainer but lacks any real preparation in training as such. She could be a valuable resource to the IEC group and would benefit the most from a TOT course. A course outside of Somalia would help her to develop confidence in her ability to perform independently, and her English comprehension and speaking skills are adequate to warrant sending her outside.

APPENDICES

## APPENDIX A

### PERSONS CONTACTED/MET IN SOMALIA

#### USAID

Ms. Margaret Neuse	Population Officer
Mr. John Rose	Health Officer
Mr. Gary Nelson	Acting Mission Director
Mr. Gene Tucci	Acting Management Officer
Mr. Edward Towle	Training Officer
Mr. William Darkins	Project Officer

#### Somalia Family Health Care Association

Mr. Abdullah Hirad	I.E.C. Director
Mr. Ahmed Mire	Director
Mr. Rahma Ahmed Elmi	Project Officer
Mrs. Amina Hersi Aden	Training Officer

#### Ministry of Health

Dr. Rukiya Seif	Director, Family Health Program
Dr. Gary Slutkin	Primary Care Advisor
Dr. Sandy Gove	Refugee Health Advisor

#### Course Planning Meeting Participants

##### Somalia Family Health Care Association

Mr. Abdullah Hirad	I.E.C. Director
Mrs. Amina Hersi Aden	Training Officer
Mr. Rahma Ahmed Elmi	Program Officer
Mr. Abdiraham Mohamoud Mohamoud	Resource Manager

##### Curriculum Development Center

Mr. Ahmed Ali Abdi

##### Somalia Women's Democratic Organization

Mrs. Maryan Ga'al Mohamoud  
Mr. Raho Mahamoud Janakow  
Mr. Abdullahi Essa Good

Women's Educational Development, Ministry of Education

Mrs. Dahir Elmi Abdi  
Mrs. Maryan Sheikh Hussien

Course Co-trainers

Mr. Abdullah Ahmed Hirad	S.F.H.C.A., I.E.C. Director
Mrs. Halima Abdi Shiekh	Director of Training, F.H.D., Ministry of Health
Mrs. Adar Abdi Fidow	Asst. Training Dir., Family Health Division, M.O.H.
Mrs. Zeinab Mohamoud Afrah	Director, Post Basic School

**APPENDIX B**

**COURSE PARTICIPANTS**

**Somalia Family Health Care Association**

Mr. Ahmed Mire Shire  
Mrs. Rahma Ahmed Almi  
Mrs. Amina Hersi Aden  
Mr. Abdirahman Mohamoud Mohamed

**Women's Educational Development, Ministry of Education**

Mr. Dahir Elmi Abdi  
Ms. Muumina Jaras Mohamoud\*  
Mrs. Faduuma Farah Handulle  
Mr. Abdigani Mohamoud Yusuf  
Ms. Marian Sheikh Hussien  
Ms. Zeinab Yusuf Omar  
Ms. Halimo Haji Ali  
Mrs. Saida Hussien Ali  
Ms. Rukiya Hersi Jama  
Mr. Musa Ahmed Omer\*

**Curriculum Development Center**

Mr. Ahmed Ali Abdi  
Ms. Sahra Jibril Ali  
Ms. Safia Jibril Abdi

**Ministry of Health**

Ms. Fadumo Hussien Hersi  
Miss Asia Ali Gaabow\*

**Population Education Project**

Mr. Mohamed Mohamoud Hadi

**Somali Women's Democratic Organization**

Mr. Abdillahi Essa Good\*  
Ms. Marian Mohamoud Ga'al  
Mrs. Raho Mohamoud Janakow  
Miss Roda Abdillahi Dualeh

\*less than full participation

**APPENDIX C**

**Workshop Program Schedule**

**APPENDIX C**

**MATERNAL AND CHILD HEALTH  
FAMILY PLANNING  
AND  
INTERPERSONAL AND GROUP COMMUNICATION  
WORKSHOP**

**SPONSORED BY: SOMALIA FAMILY HEALTH CARE ASSOCIATION**

**PHASE II A**

**September 23 - October 4, 1985**

**MOGADISHU, SOMALIA**

## **COURSE TRAINERS**

**Kathleen E. Toomey, MD, MPH  
INTRAH-IHP Trainer**

**Mr. Abdullahi Ahmed Hirad  
Director, I.E.C. Unit  
SFHCA**

**Ms. Halima Abdi-Sheikh  
Head, Health Education Unit  
Family Health Division**

**Ms. Adar Abdi Fidow  
Health Education Unit  
FAO**

**Ms. Zeinab Mohamed Afrah  
Director, Post Basic School  
Ministry of Health**

## PROGRAM SCHEDULE

### Day 1 - Monday, September 23

- 9:00-10:00      Opening remarks; welcome.  
Ms. Hawa Adan, Director, Family Life  
Education, M.O.E.
- Introduction of participants and trainers.  
                 Ms. Adar Abdi Fidow
- "Matchstick Exercise" - What do you want us  
                 to remember about you?
- 10:00-10:30      Participant Bio-data Form  
                 Needs Assessment Questionnaire
- 10:30-11:00      Discussion of questionnaire, revision of  
                 course goals and curriculum objectives with  
                 the group.  
                 Ms. Halima Abdi Sheikh
- 11:00-11:30      Break
- 11:30-12:00      Basics of interpersonal communication.  
                 Dr. Kathleen Toomey
- 12:00-12:30      "Human Bingo" - Exercise in Communication  
                 Skills.
- 12:30-1:00      Maternal and Child Health Pre-test.  
                 Ms. Halima Abdi Sheikh
- 1:00-1:30      Expectations, assignments, questions,  
                 discussion, pros/cons.  
                 Ms. Halima Abdi Shiekh/Dr. Kathleen Toomey

### Day 2 - Tuesday, September 24

- 9:00-9:30      Participant exercises.  
                 Dr. Kathleen Toomey and co-trainers
- Various group members will give a short talk  
                 each day on the subject chosen from a list  
                 given to group members. The talk will be  
                 directed as if they were explaining the  
                 subject matter to a member of their target  
                 group. The audience will critique and  
                 discuss.

- 9:30-11:00      Group collaboration and leadership exercise.  
Mr. Abdullah Hiram, Director, IEC Unit  
SFHCA
- 11:00-11:30      Break
- 11:30-12:00      Discussion of exercise.  
Mr. Abdullah Hiram and co-trainers.
- 12:00-12:45      Review of reproductive anatomy, menstrual  
cycle, ovulation and fertilization.  
Ms. Zeinab M. Afrah
- 12:45-1:15      Group Exercise--Participants are asked to  
draw reproductive anatomy of the opposite  
gender and explain its function in a small  
group. Entire group will reconvene and  
discuss exercise.
- 1:15-1:20      Family Planning Review Test distributed; to  
be completed at home by participants.
- 1:20-1:30      Pros/cons, questions.  
Ms. Halima Abdi Sheikh/Dr. Kathleen Toomey

Day 3 - Wednesday, September 25

- 9:00-9:30      Participant discussion exercise.
- 9:30-10:30      Family planning review.  
Ms. Adar Abdi Fidow
- 10:30-11:00      "Grab Bag": Participants select family  
planning topic and an audience from a bag of  
cards and role play trying to convince their  
"audience" to use the FP method and explain  
its use.  
Ms. Halima Abdi Sheikh
- 11:00-11:30      Break
- 11:30-12:00      "Grab Bag" (continued).
- 12:00-1:15      Physiology of pregnancy; risk factors of  
pregnancy.  
Dr. Kathleen Toomey
- 1:15-1:30      Pros/cons, questions.  
Ms. Zeinab M. Afrah/Dr. Kathleen Toomey

Day 4 - Thursday September 26

- 8:30-9:00 Participant discussion exercise.
- 9:00-9:15 Review of changes in pregnancy.  
Dr. Kathleen Toomey
- 9:15-9:45 Nutrition and pregnancy.  
Ms. Halima Sheikh/Ms. Adar Fidow
- 9:45-10:15 Prenatal care with emphasis on prevention.  
Dr. Kathleen Toomey
- 10:15-10:45 Demonstration prenatal exam.  
Dr. Kathleen Toomey/Ms. Zeinab Afrah
- 10:45-11:15 Break
- 11:15-11:45 Labor, delivery and newborn care.  
Ms. Zeinab Afrah
- 11:45-12:45 "Encouraging Prenatal Care".  
Group exercise.  
Dr. Kathleen Toomey and co-tainers
- 12:45-1:00 Pros/cons, questions.  
Ms. Adar Fidow/Dr. Kathleen Toomey

Day 5 - Saturday, September 28

- 8:30-9:00 Participant discussion exercise.
- 9:00-9:30 Review of FP review test.  
Ms. Halima Sheikh/Dr. Kathleen Toomey
- 9:30-9:45 Post-partum care with emphasis on prevention.  
Dr. Kathleen Toomey
- 9:45-10:30 Breast-feeding physiology, pros/cons.  
Ms. Adar Abdi Fidow
- 10:30-11:00 Break
- 11:00-11:15 Post-partum physiology.  
Ms. Zeinab M. Afrah
- 11:15-11:45 What is primary care?  
Dr. Kathleen Toomey
- 11:45-12:15 Infant nutrition.  
Ms. Halima Sheikh

12:15-1:00 "Encouraging Preventive Care".  
Dr. Kathleen Toomey  
Members of CDC

Alternative ways of communicating ideas will  
be explored through poetry and song.

1:00-1:15 Pros/cons, questions.  
Ms. Adar Abdi Fidow/Dr. Kathleen Toomey

Day 8 - Tuesday, October 1

8:00-10:00 Field trip to two urban MCH clinics.  
All participants and trainers

Participants will be divided into four groups  
with a co-trainer and will be asked to  
analyze one of the following:

1. Services provided:  
Who is working in the clinic?  
What is their training?  
What can they do for their  
patients?  
Can they provide both curative and  
preventive services?  
Dr. Kathleen Toomey

2. Record-keeping and reporting:  
How are records kept?  
How are patients followed-up?  
Is there a "tickler file"?  
Is there on-going data collection?  
Does each patient seen have a  
record?  
Ms. Adar Abdi Fidow

3. Clinic equipment:  
What kind of equipment is in the  
clinic?  
Is the proper equipment available  
to match the services offered?  
Is the equipment functional?  
Are drugs properly stored?  
Is there a refrigerator, blood  
pressure cuff, materials for a  
female pelvic exam?  
Is there both an adult and child  
scale?  
Mr. Abdullah Ahmed Hirad

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4. Physical plant and organization:  
Is the clinic organized efficiently?  
Is there privacy for the patients?  
What kind of clients are served?  
Is the building in good repair?  
Is there sewer? Running water?  
Ms. Halima Abdi Sheikh

- 10:30 Return to WED.  
Breakfast
- 11:00-12:15 Report of Field Groups with their  
analysis and recommendations.  
Dr. Kathleen Toomey and co-trainers
- 12:15-12:30 Pros/cons, questions.  
Ms. Halima Abdi Sheikh/Dr. Kathleen Toomey

Day 9 - Wednesday, October 2

All day field trip to rural clinic with all  
participants and trainers.

Analysis by groups.

Day 10 - Thursday, October 3

- 8:30-9:30 Report of field trip by work groups.
- 9:30-10:30 Post-test. Evaluation forms.  
Ms. Adar Fidow/Dr. Kathleen Toomey
- 10:30-11:00 Break
- 11:00-12:00 Review of post-test.  
Ms. Zeinab M. Afrah
- 12:00-12:30 Presentation of personal workplans.  
Ms. Adar Fidow/Ms. Zeinab Afrah
- 12:30-1:00 Discussion. Questions.  
Ms. Halima Sheikh/Dr. Kathleen Toomey
- Adjourn. Closing.  
Mr. Ahmed Mire, Executive Director, SFHCA

APPENDIX D

Workshop Curriculum Training Design

## TRAINING DESIGN

DATE September 23

DAY One

ACTIVITY MCH/FP/Communications Workshop

**OBJECTIVE:** INTRODUCE GROUP  
INTRODUCE PRINCIPLES ACROSS  
ENHANCE DEVELOPMENT OF WORK GROUP

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9 AM	<p>WELCOME</p> <p>"Matchstick Exercise"</p> <p>Adar Abdi Fidow</p> <p>Dr. Toomey</p>	<p>Participants and staff gathered in meeting rooms.</p> <p>Formal opening address given by Ms. Haun Adar.</p> <p>Following address, individuals introduced themselves giving the name they would like to be called and their position. They were then asked to tell something about themselves which they would like the group to remember about them.</p> <p>Each participant could speak only as long as the match burns.</p>	<p>Room prepared</p> <p>Schedules distributed</p> <p>Course goals distributed</p> <p>Pens/pads for participants</p> <p>Wooden Matches</p>	<p style="text-align: center;">OUTCOME</p> <p>Discussion</p> <p>Reflection</p>
10 AM	<p>Bio-Data</p> <p>Needs Assessment</p> <p>Questionnaire</p> <p>Halima Shiekh</p> <p>Dr. Toomey</p>	<p>Questionnaires are distributed with explanation of their purpose.</p> <p>Individuals fill out with specific questions answered if needed.</p>	<p>Questionnaires</p> <p>pens/pencils</p>	<p>Discussion</p> <p>Reflection</p> <p>Questionnaire results</p>

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TRAINING DESIGN

DATE September 23, 1985

DAY One (Page 2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
10:30	Needs Assessment Dr. Toomey Co-trainers	<p>Dr. Toomey and co-trainers asked for ideas about needs assessment, curriculum suggestions, etc., or specific changes the class needed or wanted.</p> <p>Ideas were marked on newsprint. Course goals and curriculum changes were printed on newsprint and put on wall for all participants to examine and comment upon.</p>	<p>Newsprint, markers</p> <p>charts with curriculum and course goals</p>	<p>OUTCOME</p> <p>Discussion was poor reflecting a general lack of understanding of what MCH was and why MCH was important for FP/IEC. Specific suggestions included requests for more information on infertility and intestinal parasites in children</p> <p>Few people were able to verbalise questions about MCH content.</p>
11:30 - 12:00	Basics of interpersonal communication  Dr. Toomey	<p>Basic principles of communication were presented including the concept of "2-way communication"</p> <p>Sender → message → receiver → feedback</p> <p>Message must be timely, meaningful, and appropriate</p> <p>Knowledge of receiver important: Background Interests Belief on subject Language.</p> <p>Target group = receiver</p> <p>Why communications → action motivate, change ideas</p>	<p>Newsprint, markers</p> <p>Posters with communication ideas</p> <p>Communication model</p>	<p>The group was lively and attentive during the discussion of communication, often piping in comment or suggestions, nodding their heads.</p>

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TRAINING DESIGN

DATE September 23

DAY One (page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:00 -	<p>Communication (continued)</p> <p>Human Bingo</p>	<p>Barriers: Age, socioeconomic, language, vocabulary, attitudes, environment</p> <p>Johari Window - communication model</p> <p>Dr. Toomey, with help of the co-trainers, presented rules for "Bingo" demonstrating that it was not only a way for the group to begin learning and working together in new ways, it would show that there are many things we do not communicate about ourselves even though we may talk every day. Exercise will "expand our (Johari) window.</p> <p>Group was given 15 minutes to ask class members the following questions and fill in their grids with responses.</p> <ol style="list-style-type: none"> <li>1. What is your best quality--something that has nothing to do with your profession or work.</li> <li>2. What do you do "for fun"?</li> <li>3. What is the most difficult thing you have had in your career?</li> <li>4. Tell of one success you have had in your career.</li> </ol>	<p>Bag with 3X5 cards and participants names.</p>	<p>OUTCOME</p> <p>When Johari window was presented, Zeinab Afrah, a co-trainer smiled animatedly and said she liked that idea and presented spontaneously in Somali her knowledge from a previous training. Class enjoyed her presentation.</p> <p>Observation Reflection</p> <p>Table of Responses recorded by trainers</p>

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TRAINING DESIGN

DATE September 23

DAY One (Page 4)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
		<p>Bingo names were drawn from a bag one at a time. After a name was called, group members shared their new information about their colleagues.</p> <p>As participants began to bingo, they would come up and choose a prize from a large box. The prizes were chosen to illustrate a communication principle or some aspect of course content with the message attached explaining the significance of the prize.</p> <p>Examples: a.) <u>Magnifying glass</u> "look for better communications"</p> <p>b.) <u>Flashlight</u> - "course will illuminate new ways of communication"</p> <p>c.) <u>Small piggy bank</u> - "a good primary care program can be developed economically"</p> <p>d.) <u>Sugar cup</u> - "ORT kit"</p> <p>e.) <u>Toy stethoscope</u> - "a good communicator is a good listener"</p> <p>f.) <u>Bar of soap</u> - "wash away old misconceptions standing in the way of good communication"</p>	<p>Bingo prizes with attached message.</p>	<p>The group enjoyed and often laughed or clapped as new and unknown information was shared.</p> <p>Participants were excited about the game and enjoyed the prizes, laughing at the messages.</p>
<p>12:45 -</p>	<p>MCH Pre-test</p>	<p>Tests were distributed by co-trainers. Specific questions were answered as necessary as participants finished test.</p>	<p>Pre-test, pencils</p>	<p>Pre-test results</p>

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TRAINING DESIGN

DATE September 23

DAY One (Page 5)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
1:15 - 1:30	Expectations Assignments	Went over specific work assignments for the course.	Course schedule List of participant exercises and topics	Assignment of topic to each participant.
	Pros/Cons	Co-trainer listed "pros" and "cons" on newsprint and were asked to name what was "good" and "bad" for the day.  Explained that effort would be made to correct the "cons". Results were discussed by the group.	Newsprint, markers	<p>Pros: Bingo prizes All day was fun Johari window ways of communicating were good breakfast was good opening</p> <p>Cons: "I missed Bingo" (participant late) setting not good too noisy need microphone for some speakers some participants going out of class during session; some people not on time</p>

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TRAINING DESIGN

DATE September 24, 1985

DAY Two

ACTIVITY MCH/FP/IEC

OBJECTIVE: Identify Process of Group Development  
Enhance Group Effectiveness  
Review Previous Course Content

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9:00 - 9:15 AM	"Population Riddle"	<p>Picture of lily pond with question: "When will pond be half full if doubles each day and full in 30 days?"</p> <p>Used the discussion as forum to discuss Family Planning as part of MCH and re-enforce population principles.</p>	Poster with lily pond and riddle	<p>OUTCOME</p> <p>Group Discussion</p>
9:15 - 9:45	Participant Discussion Exercises	<p>Each group member over the course will have the opportunity to give a short (less than 5 minutes) talk on a subject chosen from a list of potential topics. The topics for the day were chosen to review the material presented from the day before and to give the participants a chance to try to present the course content in alternative ways. Participants were asked to talk simply as if they were explaining the subject matter to a member of their "target group".</p> <p>The audience was asked to critique and discuss presentation and content.</p> <p>"Target Groups" Dahir, Almi, Abdi</p> <p>"IEC Baseline Study" Abdirahman M. Mohmoud</p> <p>"Socio-cultural Attitudes toward Family Flanning" Ahmed Ali Abdi</p> <p>"Population Statistics for Somalia" Mohamoud M. Hadi</p>	Newsprint, markers	<p>No one correctly answered the riddle, but discussion corectly focused on population issues. Used this as forum to re-enforce course goals.</p> <p>Observation</p> <p>Reflection</p> <p>Discussion</p> <p>It seemed difficult for participants to discuss in anything but a very formal "lecture" presentation.</p> <p>The process of talking with their target group was confused with talking about their target group. Some discussion involved need to put content into a form meaningful to audience.</p>

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TRAINING DESIGN

DATE September 24

DAY Day 2 (Page 2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
<p>9:45 - 11:00</p>	<p>Group collaboration and leadership exercise</p> <p>"Telephone</p>	<p>Abdullah Huad introduced the session as a group development exercise. Goals of exercise:</p> <ol style="list-style-type: none"> <li>To understand the process of group development to improve interaction.</li> <li>To become aware of behaviors that hinder group effectiveness and those that make more work more effective.</li> </ol> <p>A message was passed member-to-member and individuals were asked to name five qualities which they thought typified the group as a "professional" person .</p> <p>Divided into small groups - 4 people - and they had to negotiate from their individual lists a composite list of 7 qualities for a "professional".</p> <p>The group as a whole had to distil their composite lists to 3 qualities only. Group behavior was analyzed initially by co-trainers, scoring for group dynamics behavior and communication interaction. After identifying the scoring process, the group was again observed with scoring by co-trainers to note any change.</p>	<p>Pencils, paper</p> <p>Newsprint, markers</p> <p>Final answers given to group.</p> <p>Observation Score Sheet</p>	<p>OUTCOME</p> <p>Observation Discussion Reflection</p> <p>Message changed over time. Discussion of <u>how</u> communication changed.</p> <ul style="list-style-type: none"> <li>- Individual list or "Professional qualities"</li> <li>- Small group list of "Professional qualities"</li> </ul> <p>Initial scoring noted frequent attacks, interruptions, many disengaged individuals, and defensive proses.</p> <p>Second scoring after group was aware of process was somewhat improved but without consensus.</p>

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TRAINING DESIGN

DATE September 24, 1985

DAY Two (Page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
				OUTCOME
11:10 - 11:30	Break	Final phase to reach consensus, but individuals can talk only when holding "power object" which gives them the right to speak.	Masking tape "Power Object"	Quality of exchange was impeded by "intrusion of object".
11:30 - 12:00	Discussion and Exercise	Abaulah Hiraud presented model for task development and led discussion of feelings about exercise  Task  Process  Action Schedule Strategy	Newsprint, markers Handouts: Family Health for IEC Stages of Group Life	Discussion Observation Rejection  Group felt "power object" impeded good communication. Reading consensus was very difficult. Difficult to maintain 2-way communication when ideas are at stake. Discussed behavior that impedes good group interaction
12:00 -	"Telephone Game"  Review of Reproductive Anatomy  Menstrual Cycle, Ovulation and Fertilization	Should repeated game result in more accurate answers as individuals attempt to improve message transfer?  Co-trainer Halima Shiekh  Presented in lecture format a review of female and male anatomy. Using the flip chart, she asked group questions and enlisted individual participation to explain and name. Zenal Afrah presented fundamentals of menstrual physiology, ovulation and fertilization	Flip Charts, Newsprint, Markers  Posters, Anatomic Models	Results as anticipated  Observation, Discussion  Group was attentive, shouting out answers and enjoying the review of "old material".

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TRAINING DESIGN

DATE September 24, 1985

DAY Two (Page 4)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:45 -	Group Exercise "Reproductive"	<p>reviewing "fertile" days. She utilized a similar format with group and individual participation, question answering and discussion.</p> <p>Dr. Toomey explained assignment to draw the anatomy of the opposite sex.</p> <p>The group was then divided into smaller groups with one man and two - three women in each. They were then asked to explain their drawing and describe physiology to their partners.</p> <p>Group then reconvened as whole to discuss exercise.</p>	Markers, newsprint	<p>OUTCOME</p> <p>Discussion Observation</p> <p>There was much language and giggles as they tried to draw and later explain their pictures.</p> <p>Discussion afterward reflected on how difficult it is to talk about these issues. This was generalized to their IEC work - "Charged communication". Also noted that after we <u>think</u> we understand something better than we do and it is quite difficult to educate and explain things.</p> <p>Hadi pointed out very emotionally that this way of communicating (talking with explicit pictures about sexual issues would not work in rural communities, which let to productive discussion about</p>

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TRAINING DESIGN

DATE September 24, 1985

DAY Two (Page 5)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
1:15	Family Planning Review Test	Test distributed to be completed at home.	F.P. Review Test	<p>how message must change with the audience, need to adapt communication to their beliefs, expectations, etc.</p> <p>Many issues were raised about difficulty of designing IEC program that would be meaningful to all sectors.</p>
1:20 -	Pros/Cons	As above	Newsprint, Markers	<p>Pros: All sessions useful.</p> <p>Good group interaction</p> <p>Learned to draw and explain.</p> <p>Good 2-way communication.</p> <p>Participant communication exercise good.</p> <p>Cons: Some participants not on time.</p> <p>Visual aids not good for large group (flip chart too small)</p> <p>Too noisy</p>

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TRAINING DESIGN

DATE September 24, 1985

DAY Two (Page 6)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
				<p>OUTCOME</p> <p><u>Recommendation:</u> Tutors must be patient with participants (referring to Abdullah's role in leadership exercise).</p>

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## TRAINING DESIGN

DATE September 25, 1985

DAY Three

ACTIVITY MCH/FP/IEC

**OBJECTIVE:** Review Family Planning Content  
 Explore New Approaches to FP Education  
 Introduce Physiology of Pregnancy (MCH Content)

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9:00 - 9:30 AM	Participant Discussion Exercise	As above: "Risks of Female Circumcision" Maryann M. Ga'al "Difficulty in Changing Attitudes toward Female Circumcision" Raho M. Janakow	Newsprint Markers	OUTCOME  Observation Discussion  These women did very good presentations and did better at talking "to" their target group.
9:30 - 10:30	Family Planning Review	In lecture, question/answer and group discussion format. Adar Fidow presented the basic aspects of contraception and cotraceptive physiology. Methods were discussed including: 1.) "Traditional" methods - rhythm, ab- stinence, temperature, billings, 2.) "Modern" methods - IUD, BCP, steriliza- tion, foam/condom, diaphragm, jelly, injection.	Newsprint Markers Posters Flip charts Display - Family Plan- ning Methods Condoms - distributed to class Handouts: Methods of contraception Summary	Discussion Observation  The class appeared to be very involved in the presentation with very lively, active participation.
10:30 - 11:00	Break			
11:00 -	Family Planning "Grab bag"	Dr. Toomey, with the help of Halima Abdi Shiekh, introduced and explained the ex- ercise. Participants one at a time were requested to choose a card from each of two bags. One card would identify a method of family planning which they would try to explain, and the second card would identify an "audience" whom they would try to convince to use the family planning method in question. Audience cards in- cluded "rural men", "rural women", "your husband", "your wife", "your sister", "a friend".	One bag containing 3X5 cards with methods of contraception--both tradiitonal and modern. One bag with "audience" cards.  Two chairs in center of circle for role-play	Observation Reflection Discussion  The group enjoyed observing the role- playing, often laugh- ing at the humorous exchanges between "husband/wife" teams.

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TRAINING DESIGN

DATE September 25, 1985

DAY Three (Page2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:15 - 1:15	Physiology of Pregnancy	<p>The participant, after choosing his cards, went to the center of the circle to role-play with someone from the group playing the part of the "audience".</p> <p>After each role-play, the entire group was asked to discuss and critique.</p> <p>Using lecture format with group discussion, and individual questions and answers, Dr. toomey presented basic physiology of early pregnancy including:</p> <p>Early Embryonic Development</p> <p>Anatomy of Placenta, Amnion, Chorion</p> <p>Three "Trimesters" of Pregnancy with explanation of development and physiology and specific risks of each.</p>	<p>Handout:</p> <p>"Personal Family Planning Work-plan"</p> <p>Newsprint, markers, flip charts</p> <p>Hand-outs:</p> <p>"Human Reproduction"</p> <p>"Growth During Pregnancy"</p> <p>"Weight Gain During Pregnancy"</p>	<p>OUTCOME</p> <p>Many real life situations evolved where "targets" would not be persuaded because of a personally-held belief.</p> <p>This led to a productive discussion about the difficulty of not only educating people but also changing behavior, the role of IEC, and the great barriers between different population groups.</p> <p>It was emphasized that IEC work doesn't close at the end of the work day, but is is an on-going part of our daily lives through interpersonal communication.</p> <p>Discussion Observation</p> <p>Very interested in subject matter with many specific questions Many misconceptions about pregnancy and fetal growth as evidences by questions.</p>

OK

TRAINING DESIGN

DATE September 25

DAY Three (Page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
1:15 - 1:20	Pros/Cons Questions	<p>Physical changes of mother, including weight gain, breast development, increased production of blood and illnesses, teratogenicity of drugs, importance of good maternal nutrition, timing of pregnancy.</p> <p>Co-trainer Zeinab Afrah translated concept by concept to assure understanding.</p>		<p><u>Pros:</u> All good sessions.</p> <p>All useful sessions.</p> <p>Would like more information about pregnancy.</p> <p><u>Cons:</u> Some people late. Would like to leave earlier.</p> <p><u>Solution:</u> Will begin sessions at 8:30 AM to 1:00 PM.</p>

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DATE September 26, 1985DAY FourACTIVITY MCH/FP/IEC

## TRAINING DESIGN

OBJECTIVE: Demonstrate Fundamentals of Prenatal Care (MCH Content)  
 Explore Alternate Learning Approaches  
 Examine Communication Difficulties and Content Material

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30 AM - 9:00	Participant Discussion Exercises	"Natural Family Planning" Rhama Ahmed Elmi  "IUD" Amina Hersi Aden  "Physical Changes of Pregnancy" Maryan Shiekh Hussien  "Risk Factors of Pregnancy" Fadumo Farah Handule	Newsprint Markers	OUTCOME  Observation Discussion  Participants still had difficulty getting away from the abstract concept of "target group" to the real problems of how to communicate.
9:00 - 9:15	Review of Changes of Pregnancy	At class request, Dr. Toomey reviewed some material from previous day and answered specific questions.	Newsprint Markers Posters Flip chart	Good participation and interest.
9:15 - 9:45	Nutrition and	Halima Shiekh and Adar Fidow presented fundamental nutrition information and specific nutrient needs of mother, pregnancy. Utilized lecture, discussion, question/answer, demonstration.	Handout: "Nutrition in Pregnancy" Newsprint, Markers Nutrition Posters Nutrition Demonstration with real food Four basic food groups Demonstration meals	Observation Discussion  Good attention and participation.
9:45 - 10:15	Prenatal Care and Emphasis on Prevention	Dr. Toomey presented fundamental principles of good prenatal care emphasizing simplicity of screening.  Aim for good nutrition, adequate weight gain. Check for "warning signs" of pre-eclampsia, toxemia, diabetes, poor weight gain, bleeding, high blood pressure, etc. Emphasis on <u>preventive</u> aspects of screening and need for early on-going care.	Posters Newsprint, Markers  Handout: "Fundamentals of Prenatal Care" "Prenatal Growth Chart Sample"	Observation Discussion  Very attentive with many questions about procedures.

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TRAINING DESIGN

DATE September 26, 1985

DAY Four (Page 2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
10:15 - 10:45	Demonstration Prenatal Exam.	Zeinab Afrah, co-trainer was 39 weeks pregnant at time of course. We saw opportunity to use her as model for a mock "pre-natal" exam demonstrating that the prenatal exam/screening required low technology and could be done cheaply and easily by trained village workers. For the exam, the group gathered in a circle around a table with pillow, sheet where Zeinab lay for the exam. Routine exam by Dr. Toomey. Exam included: history, check for edema, fundal measurement, auscultation, urine check for protein/sugar and Leopold maneuvers.	Tape Measure Fetoscope Dipstick Sheet pillow	Both male and female members of the class were very interested in the demonstration with many questions about procedures.  Another woman in the class, Safia Jibril Abdi,, volunteered that she was 28 weeks pregnant and asked for a "demonstration" exam with the vocal approval of the class.
10:45 - 11:15	Break			
11:15 - 11:45	Labor, Delivery, Newborn Care	Dr. Toomey presented stages of normal labor and "enacted" a delivery with a class member. Format included lecture, demonstration and group discussion.  Zeinab Afrah presented in lecture format immediate post-partum care of newborn and neonatal characteristics, apgar, tetanus prevention and cord care.	Posters Newsprint, markers "Model" class member  Flip chart Posters Newsprint, markers Slides (Projector malfunctioned)	Discussion Observation  Members were attentive with frequent questions
11:45 - 12:45	Group Exercise "Encouraging Prenatal Care"	Dr. Toomey and Halima Shiekh presented the exercise. Four men in the group were asked to volunteer to role-play as a "pregnant" woman (to play their part they could wear shawls & pillows). Women in the group would role-play someone trying to explain to them about their pregnancy and encourage them to go for prenatal care.  Role play was conducted in Somali.	4 pillows 4 shawls Chairs in center of the circle.	Observation Discussion  The men were very humorous in their dress and demeanor as the "pregnant women", causing much laughter initially. They played their parts well and gave

TRAINING DESIGN

DATE September 26, 1985

DAY Four (Page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:45 - 1:00 PM	Pros/Cons Questions	After the role play, group reconvened to discuss their observations.		<p>very coherent reasons for not going for care presenting frequent "misunderstandings" of their rpegnancy, i.e. "I didn't go for care for my last six pregnancies, why should I now"; "My husband says he needs me in the field".</p> <p>Group was able to verbalize difficulty in explaining these topics. When dealing with mass communication, it is difficult to prepare a coherent, understandable message. Difficulty with changing behavior was again noted.</p> <p><u>Pros:</u> All good session Good communication today.</p> <p><u>Cons:</u> Projector didn't work. "We can't count on technology."</p>

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TRAINING DESIGN

DATE September 27, 1985

DAY Five

ACTIVITY MCH/FP/IEC

**OBJECTIVE:** Enhance Group Development  
Present New MCH Content and Explore New Methods of  
Public Education About These Topics

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30 to 9:00 AM	Health Riddle	"What does WHO call the biggest preventive health problem in the world today?" Smoking "Family Spacing as Part of MCH" Ahmed Mire Shire "Benefits of Prenatal Care: Zeinab Yousuf Omar "Benefits of Breastfeeding" Saida Hussien Ali "Good Nutrition in Pregnancy" Ruqiya Hersi Jama	Poster with riddle and answer Newsprint, Markers	Discussion of answer with many correct guesses. Stated how hard to make themselves stop smoking even though they are educated. Pointed out it will be harder to persuade other individuals with IEC program. Participants showed improvement in communication skills. Good knowledge of content.
9:00 - 9:30	Family Planning	At class request, correct answers and questions were reviewed out loud by Halima Shiekh and co-trainers.	Newsprint, markers FP Review Test FP Review Test Answers	Many wrong answers about basic concepts! Class noted that they may not understand material as well as they thought.
9:30 -	Post-partum Care with Emphasis on Prevention	Dr. Toomey presented family spacing as an important part of post-natal care with benefits to both mother and baby, as well as the rest of the family. Optimum maternal postpartum recovery, breastfeeding, improved infant nutrition, family time, decreased infant illness. Zeinab Afrah reinforces principles in Somali.	Newsprint, markers Posters, Flipchart Handout: "Post-partum Care" "Optimal Birth Interval"	Discussion Observation Group was quite attentive with frequent questions.
9:45 - 10:30	Breastfeeding Physiology Pros and Cons	Adar Fidow presented a concise review of the anatomy and physiology of breastfeeding, advantages and common pitfalls to new and nursing mothers..	Markers, Newsprint Posters Flipchart "Breastfeeding Anatomy and Physiology" Handout	Observation Discussion

TRAINING DESIGN

DATE Septemger 27, 1985

DAY Five (Page 2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
10:30 - 11:00	Break			OUTCOME
11:00 - 11:15	Post-Partum Physiology	Zeinab Afrah presented the basic stages of post-partum recovery including: Involution, lochia, breastfeeding changes and discussed sexuality and fertility post-partum risks. Risks such as infection, bleeding were presented.	Posters Markers Newsprint	Observation Discussion
11:15 - 11:45	What is "Primary Care"?	<p>Dr. Toomey presented fundamental components of Primary Care as set by WHO at 1978 Alma Ata Conference, and emphasized village-based care and use of auxiliary health workers for cost-effective system.</p> <ul style="list-style-type: none"> <li>a) Education concerning prevailing health problems and the methods to prevent and control them.</li> <li>b) Promotion of food supply and proper nutrition.</li> <li>c) Adequate safe water and basic sanitation.</li> <li>d) Maternal and Child Health Care including Family Planning</li> <li>e) Immunizations against the major infectious diseases</li> <li>f) Prevention and control of locally endemic diseases</li> <li>g) Appropriate treatment of common diseases and injuries</li> <li>h) Provision of essential drugs.</li> </ul> <p>Co-trainers provided simultaneous translation.</p>	<p>Handouts: "Pyramid of Health Care" "Fundamentals of Primary Care"</p> <p>Posters Newsprint, Markers</p>	<p>Observation Discussion</p> <p>Good discussion evolved about the difficulty in implementing a system such as this in Somalia.</p>

AP

TRAINING DESIGN

DATE September 27, 1985

DAY Five (Page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
11:45 - 12:15	Infant Nutrition	<p>Through lecture, group discussion, and demonstration</p> <p>Halima Shiekh presented Child nutrition with emphasis on the importance of breastfeeding of protein supplementation and adequate protein during vulnerable weaning period.</p>	<p>Handout: "Infant Nutrition"</p> <p>Posters Newsprint</p> <p>Demonstration formula and weaning food.</p>	<p>OUTCOME</p> <p>Observation Discussion</p>
12:15 -	"Well Child Care" and the "Road to Health"	<p>Dr. Toomey presented basic principles of of David Morley's "Under Five" Clinic with its emphasis on prevention, as well as parental involvement and the parent held card.</p> <p>Sample "cards" were presented showing patterns representing normal growth, marasmus, kwashiorkor, etc., showing patterns which the group was asked to interpret through group consensus.</p> <p>Zeinab Afrah served as translator.</p>	<p>Handout: "Road to Health Card"</p> <p>"Child Most at Risk for Malnutrition"</p> <p>Posters</p> <p>Sample Growth Charts</p> <p>Newsprint, Markers</p>	<p>Observation</p> <p>Discussion</p> <p>Group learned to "read" the growth charts and began to verbalize the value of parent-held cards. Group interpretation and interaction was good.</p>
12:40 - 1:00	Pros/Cons Questions			<p>Pros: All sessions good.</p> <p>Cons: Breakfast is too late. Some participants were missing. Some participants came late. Need more handouts.</p>

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## TRAINING DESIGN

DATE September 29, 1985

DAY Six

ACTIVITY FP/MCH/IEC

**OBJECTIVE:** Explore Issues in Development of Public Education-  
IEC Program, Introduce New MCH Content  
Enhance Group Development, Explore Alternate Teaching Methods

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30 - 9:00 AM	Participant Discussion	"Weaning and Good Child Nutrition" Safia Jibril Abdi  "Breastfeeding is Best" Roda Abdullahi Dualeh	Newsprint, Markers	OUTCOME  Good discussions with approval of participants.
9:00 - 10:30	Group Exercise (Discussion Questions)	Dr. Toomey and Halima explained to the group the purpose of the exercise and stressed no "right or wrong answer". Group was given 9 questions and asked to break into 5 smaller groups. The group was to decide whether they agreed or disagreed, but had to decide <u>why</u> .  1) The solution to a given health problem is the same in all communities. 2) Health education for mothers is concerned with the promotion of health and the prevention of disease and not with curative work. 3) The most successful person in teaching the mother is the doctor. 4) Once parents are shown how reasonable a solution is, they usually follow it. 5) The common dish where a meal is shared by the family should be abandoned as an undesirable practice on the grounds of hygiene. 6) If 70% of parents in a community see a nutrition education film, then this is a successful use of that film. 7) Paramedical healers or curers indigenous to the community such as witch doctors or TBAs should be prohibited from practicing in the community. 8) The use of incentives to encourage use of family planning (gifts or prizes) is a valid way to promote family planning in the community.	Posters with 9 questions Newsprint, Markers Pads, Pencils Handouts with Discussion Questions	Group interaction Observation Discussion  The questions spawned the most heated and controversial discussions of the course. Many ideas were generated about the difficulty of public education program. Some felt strongly that incentives must be used to motivate people to FP services. The process of program evaluation was very controversial-- is it enough to simply distribute posters or pamphlets, or do you have to <u>change</u> behaviour for your program to be a success? If you need to change in behavior, <u>how</u> can that be measured?

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TRAINING DESIGN

DATE September 29, 1985

DAY Six (Page 2)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
		<p>9) If you see a relative or friend doing something unhealthy or dangerous (i.e. circumcising their daughters) it is better not to talk to them about it, but rather let someone less close to them discuss it.</p> <p>Group was asked to reconvene and discuss their findings as a group with their answers and reasons charted by co-trainer.</p>	<p>Newsprint, Markers</p>	<p>OUTCOME</p> <p>The difficulty is motivating people to change even though an idea may seem rational i.e., "I still smoke. How can I convince someone to use FP?" Abdullah Hiram took an interest in discussion questions and led much of this very intense session in Somali.</p> <p>No concensus could be reached on many issues with active arguing among members.</p>
10:30 - 11:00	Break			
11:00 - 11:30	Immunizations	<p>Major illnesses of childhood were presented in lecture format by Halima Shekh</p> <p>Recommended vaccination schedule for Somalia was presented with posters summarizing mechanism of action. Importance in preventive health was emphasized.</p>	<p>Handouts: "Immunization "Immunizations" Somali immunization schedule "Immunize Your Child" Bumper Sticker Newsprint, Markers, Posters</p>	<p>Discussion Observation</p>
11:30 - 12:00	Child Development	<p>Included DPT, OPV, BCG, Measles, MMR, Tetanus, to pregnant females.</p> <p>Milestones or normal development were presented from birth to childhood. Factors affecting growth and development and preventive surveillance was emphasized.</p> <p>Zeinab Aftah presented using lecture, group discussion format.</p>	<p>Handouts: "Infant and Child Development"</p>	<p>Discussion Observation</p>

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TRAINING DESIGN

DATE September 29, 1985

DAY Six (Page 3)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:00 - 12:10	Personal Hygiene	Ms. Halma Shiekh presented basic concepts of personal and environmental sanitation, emphasizing preventive aspects, utilizing lecture and group discussion format.	Posters Newsprint Markers	<p style="text-align: right;">OUTCOME</p> Discussion Observation
12:10 - 12:25	Diarrhea--an Infant Killer	Dr. Toomey presented endogy of infant diarrhea and its life-threatening potential especially to malnourished, and sick children. Preventive measures, i.e. hygiene, were reinforced as well as use of ORT. Risk for malnourished infants, weanlings emphasized with focus on maternal attitude and education.	Posters Newsprint Markers Handout: "Diarrhea" "Etiology of Infant Diarrhea"	Discussion Observation
12:25 -	"Oral Rehydration Therapy"	Zeinab Afrah described the symptoms of dehydration and factors affecting outcome. She explained the mechanism of ORT and demonstrated how it is made using both "pinch and scoop" technique and "measuring technique.	Newsprint Markers, Posters "ORT" demonstration water, measuring cup, pitcher, measuring spoons, sugar, salt	Observation Discussion Group enjoyed demonstration
12:35	Group Exercise			
12:55	"Teaching Others to use ORT"	Members of the group were asked to come to the front of the room individually and role-play trying to teach a mother how to mix ORT for her child, explaining its use and using the raw materials on hand.		Group enjoyed the role-play exercise. Group commented that it was much more difficult to explain or teach a procedure than to simply understand conceptually how it worked. They thought it was a good exercise in getting them to explain simply.

TRAINING DESIGN

DATE September 19, 1985

DAY Six (Page 4)

ACTIVITY MCH/FP/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:55 - 1:05 PM	Pros/Cons Questions			<p>OUTCOME</p> <p><u>Pros:</u> All good sessions. Communication good. Handouts good.</p> <p><u>Cons:</u> Some people late.</p>

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**TRAINING DESIGN**

**OBJECTIVE:** Critically review FH Services in Somalia with attention to integration of IEC Component. Explore Alternative Learning Methods. Introduce new MCH contents.

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:30	Participant	"Basic Components of Primary Care" Muumina Jaras Mohamoud	Newsprint Markers	Discussion Observation
9:30	Discussion/Exercise	<p>"Basic Aspects of Well-Child Care" Musa Ahmed Omer</p> <p>"Benefit of Immunizations" Abdigani Mohamoud Yousuf</p> <p>"Use and Importance of ORT" Sahri Jibril Ali</p> <p>"Child-Infant Nutrition" Fadumo Hussien Hersi</p>		
9:30 - 10:30	Overview of Somali Health Svcs.	Halima Shiekh presented a summary of MCH statistics for health care services and manpower in Somali. Mr. Abdullah Hirad led a group discussion after the presentation focusing on problems in implementing services maldistribution of resources and personnel, and health care provider education.	Newsprint Markers Posters Handout: "Somali Health Care Services" "Somali Health Manpower"	Discussion Observation Discussion proved to be one of the most productive of the workshop. The discussion was very emotional, dealing with very real problems of "matching" IEC message with the maldistribution of clinical resources. How best to approach the inequities was argued, including physician conscription to rural areas and training of village/local workers who would be required to return to their home of origin. The difficulty in educating rural people was emphasized "If we can't agree among ourselves how can we expect to convince them?"

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TRAINING DESIGN

DATE Sept. 30

DAY 7/p 2

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
1:00-12:00	Infertility	Guest lecture and discussion by Dr. Rukya, Dr. Seif, Director, FHD, MOH content focused on male and female infertility, etiology diagnosis, and treatment.	Newsprint Marker Flip Charts Posters	Observation discussion Group was very attentive and appreciated lecture and its content.
2:00-12:15	Clinic Management	Dr. Toomey reviewed fundamentals of 10 core system, reinforcing optimum clinic management with capability to provide education and curative work, adequate drug supply, necessary equipment to provide services, trained personnel and adequate record keeping patient records, clinic records and "tickler files" were reviewed.	Posters Newsprint Markers  Sample: patient records clinic records "ticklers"	Observation Discussion Reflection  Group discussed their expectations and assignments for the next day's field trip.
2:15-1:00	"Encouraging preventive Care" Group Exercise	The CDC HADA recent workshop on the use of song to educate children. Members of the CDC were asked to present a synopsis of the "Musician's Workshop" and Abdi Ali and Sophia Jibril Abdi sang and read poems from that workshop on "Tetanus" and "Malaria" as well as "immunizations." Class discussed this alternative form of "teaching" with presentation of some english poems and songs by Toomey and Halima. "D & V Blues" and baby who has D & V shrivels up and fails to pee.  "IUD Song" and some poems promoting health education by Eskimo Children. The class was asked to create a song or poem using MCH content.	Newsprint Markers Posters  CDC Musician's Workshop	Discussion Observation  The Group enjoyed very much the presentations and remarked on the potential effectiveness of such a training/teaching technique. Group clapped and cheere after presentation of Somali poems and songs. Group began to develop poem using the play on words "Diarrhea, Dehydration, Death" in Somali w/enthusiastic participation: "DABA BAX DHECCAN BAX, DHINOSHO... NAFAJO BAX, NUXUR NAX, NAF BAX..."

TRAINING DESIGN

DATE September 30

DAY 7, p. 3

ACTIVITY \_\_\_\_\_

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
1:00-1:15	Pros/Cons-Questions		Newsprint Markers	Pros: All good sessions  Good communication Good handouts Cons: none!

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TRAINING DESIGN

DATE October 1

DAY 8, p. 1

ACTIVITY MCH/FH/IEC

**OBJECTIVE:** To critically examine and analyze an urban MCH Clinic and the services it provides and reflect on IEC development within this context.

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-10:30	Field Trip to MCH Clinic in Mogadishu	<p>Participants gathered at WED and left together by bus to a local urban MCH facility. Participants were asked to divide into groups to analyze the following components of the care being provided.</p> <p>1) Services                      Who is working in the clinic?                      What is their training?                      What can they do for their patients?                      Can they provide both curative and preventive services and education?                      Do they have standing orders?                      Is there a referral mechanism?</p> <p>2) Record-keeping and reporting.                      How are records kept?                      How are patients followed-up?                      Is there on-going data collection?                      Does each patient have a record?                      Are there "parent-held" cards?                      Is there a "tickler" system?</p> <p>3) Clinic Equipment                      What kind of equipment is in the clinic?                      Is the proper equipment available to match the services theoretically offered?                      Are there drugs available?                      How are they stored?                      Is the equipment functional?                      Is there a refrigerator? Blood pressure cuff?                      Stethoscope? Materials for pelvic exam? Adult and child scale?</p>	Handout: "Clinic Analysis" Bus	

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TRAINING DESIGN.

DATE October 1  
 DAY 8, p. 2  
 ACTIVITY MCH/FH/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
		4) Physical Plant and Organization Is the clinic organized efficiently? Is there patient privacy? What kind of clients are served? Where? Is the building in good repair? Is there sewer? Running water? Electricity? Kitchen facilities?		
10:30-11:00	Break Breakfast			
11:00-12:30	Discussion of Trip	Led by Halima Shiekh, and Dr. Toomey participants were asked to share their observations and analysis and reflect upon the implications to their IEC work.	Newsprint                      Markers	<u>Discussion-Observation</u> Class members were able to very articulately describe clinical services and critique in a very constructive exciting discussion, productive session. For many this was their first experience with a government health facility and they expressed concern that the clinical services would not be able to support the IEC messages they were developing. Suggestions included: putting pressure on the Ministry of Health to identify their MCH objectives before they added a FH program, having MOH-MCH people take IEC courses with them in the future so that public education could develop synchronis-

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TRAINING DESIGN

DATE October 1

DAY 8, p. 3

ACTIVITY MCH/FH/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
2:30-12:40	Pros/Cons Questions			<p>tically with clinical services. Comments included "what are we really doing here - we're not providing any of the services we say we are...How can we expect to implement a program in 5 yrs. when MCH has not been able to put their program together in 23 yrs! A very heated discussion evolved around the issue of providing FP services to unmarried women - with the class emphatically divided on the issue. One student tactfully, pointed out that they, as an IEC group had to come to agreement on basic issues before they would be able to implement an effective nationwide policy convincing FH program. All agreed that they had touched on very basic issues they needed to work on in their respective programs.</p> <p>Pros: Field Trip very good. Good sessions. Good discussion &amp; communication.</p> <p>Cons: Lack of clinical facilities, MOH needs to set objectives, poor support of clinical svcs.</p>

TRAINING DESIGN

DATE October 2

DAY 9

ACTIVITY MCH/FP/IEC

**OBJECTIVE:** To critically examine and analyze a rural MCH clinic and services and reflect on potential IEC development in this context.

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
8:00-1:30	Field Trip Afgoy E MCH Clinic	<p>Participants gathered at WED and were transported to a rural MCH clinic at Afgoy E, approximately 30 kilometers to the south. MCH nurse Shoar Adar served as guide to the clinic and its facilities. Analysis was done by groups as before.</p> <p>Return to Mogadishu after picnic lunch.</p>	Bus	

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TRAINING DESIGN

DATE October 3  
 DAY 10, p. 2  
 ACTIVITY MCH/FH/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
9:30-10:30	Post-test evaluation forms	Tests and forms were distributed to the class to be completed individually.	Test forms, pencils	
10:30-11:00	Break			
11:00-12:00	Review of Post-test	The answers to the MCH post-test were reviewed one by one by Zeinab M. Afrah with group participation and question/answer sessions	Post-test answer sheet newsprint markers	Discussion Reflection
12:00-12:30	Presentation of "Personal" work plans	Dr. Toomey began a discussion reinforcing that "target" group included individuals close to us at home, and that the process of IEC is ongoing in our daily lives. Zeinab Afrah and Adar Fidow led a discussion reinforcing these principles and asking individuals to present their workplans which they had developed for their day to day communications.	Hand-outs: "Sample workplan" "Audience"	Discussion Observation Reflection  Several class members presented well-thought out plans, i.e. "My neighbor has decided against breast feeding her newborn and I will try to talk more with her..." Unfortunately we scheduled too little time for this activity and only 1/4 of the class were able to present their personal plans.

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TRAINING DESIGN

DATE October 3

DAY 10, p. 3

ACTIVITY MCH/FH/IEC

OBJECTIVE:

TIME	CONTENT/TOPIC	METHOD/INSTRUCTIONS	MATERIALS/RESOURCES	EVALUATION
12:30- 1:00	Discussion Questions Closing	<p>Dr. Toomey reviewed course goals and class discussed the successful attainment of those goals. "Communication can take many different forms" "There are different ways of communicating to the same people" "Learning can be accomplished through amny different activities." "Learning can be fun"</p> <p>Co-trainers answered specific logistic questions concerning the course and the future IEC workshop in November.</p> <p>Ahmed Mire Shire. SFHCA Director, gave a closing speech reinforcing course work and linking the course to future group activity IEC goals.</p>	<p>Posters      Newsprint Markers</p>	<p>Discussion Observation Reflection</p>

APPENDIX F

Workshop Goals and Objectives

PROGRAM OBJECTIVE  
PHASE IIa--Somalia  
September 23-October 3

To enhance the development of a cadre of Somali professionals with a basic MCH/FP fund of knowledge upon which to build I.E.C. skills and improve interagency communication.

GENERAL LEARNING OBJECTIVES

Phase IIa--MCH/FP

1. To explore alternative ways of teaching and learning.
2. To critically examine the process of communicating to different audiences.
3. To critically examine alternative techniques of communicating to others.
4. To ensure a sound understanding of basic principles of Primary Care Maternal and Child Health and Family Planning in the context of an MCH program.
5. To explore mechanisms to promote an improved MCH/FP program in Somalia given its unique needs and sociocultural environment and link the clinical program with I.E.C. goals.
6. To serve as a foundation for Phase IIb I.E.C. training.

Specific Learning Objectives  
Phase IIa--MCH/FP

At the completion of the course participants will be able:

1. To describe the basic principles of interpersonal communication and apply multiple communication techniques to effect optimum "face to face" and group communication.
2. To describe and utilize alternative teaching techniques to effect productive and stimulating learning.
3. To describe the basic anatomy and physiology of the male and female reproductive systems including the menstrual cycle and fertilization.
4. To name at least 6 methods of family planning and describe their mode of action and effectiveness including the "calendar" method, the IUD, and the Birth Control Pill.
5. To explain the basic physiology of pregnancy, childbirth and breast feeding.
6. To describe the components of good prenatal and postpartum primary care.
7. To present the concept of Primary Care within the context of a Maternal and Child Health/Family Planning Program and to explain the advantages and disadvantages of such a program.
8. To name at least 4 complications of pregnancy which can be prevented or identified by adequate prenatal care.
9. To discuss optimal management of a primary care clinic including appropriate referral patterns, use of auxiliary health workers, record keeping and "tickler files".
10. To visit and discuss their observations of one or two MCH clinics observing prenatal, FP, Well-Child Care (WCC) and pediatric services and be able to analyze the following components of care:
  - Personnel--Physical Organization--
  - Record-keeping--Available equipment--
  - Referral mechanisms--Services provided
11. To discuss the components of good WCC including immunizations and nutritional surveillance and counselling.
12. To be able to name at least 4 conditions

in the infant or young child that can be prevented or identified by adequate Well-Child Care.

13. To be able to discuss the use and importance of Oral Rehydration Therapy (ORT).

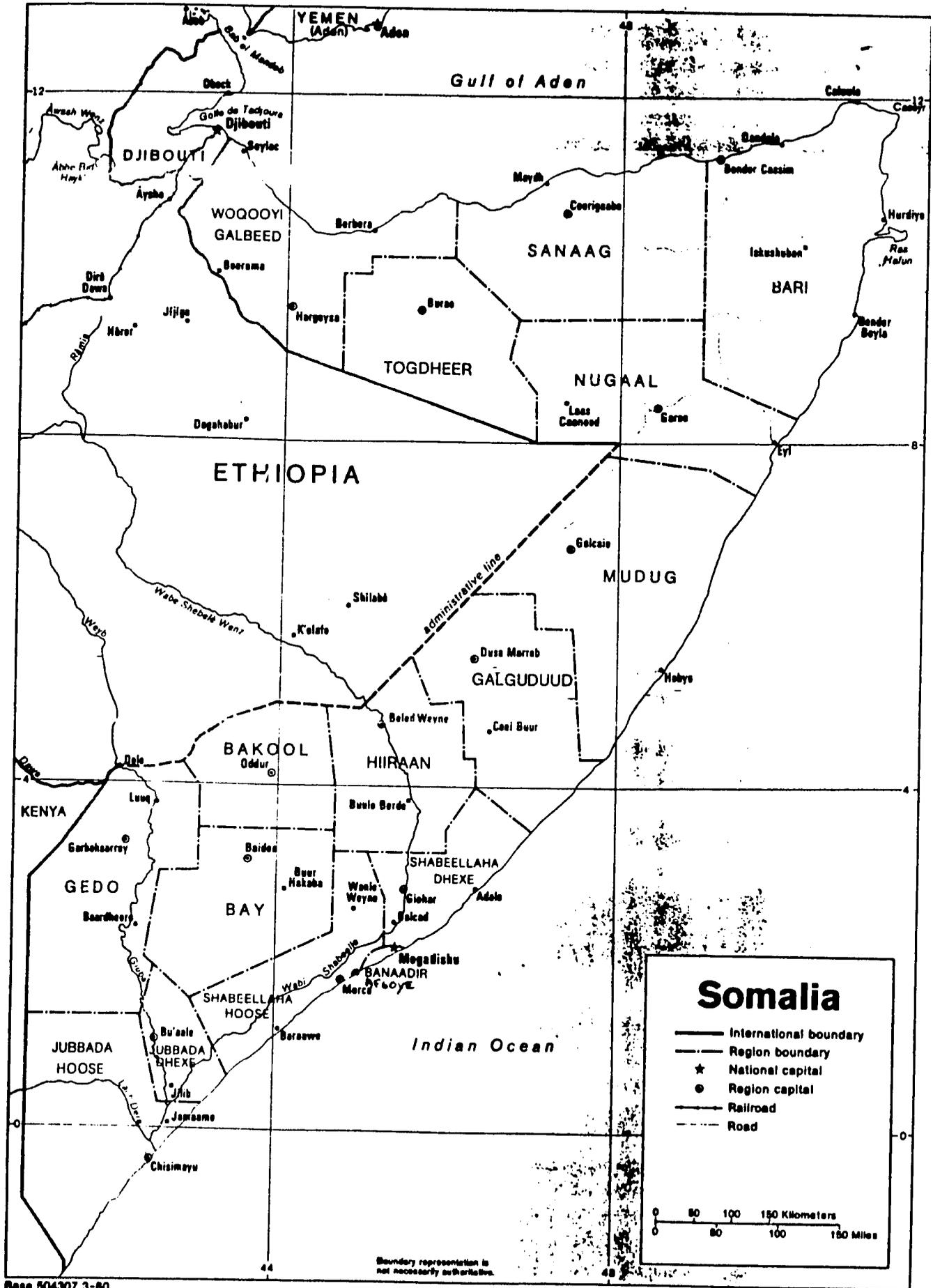
14. To discuss approaches to integrate a MCH/FP Primary care program into the structure of Somalia's current health care system.

15. To describe a personal workplan using MCH course content in "face to face" communication with individuals or specific groups they encounter in the context of their daily life.

APPENDIX G

Map of Somalia

APPENDIX G



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## APPENDIX J

### Course Testing Materials:

- a. Needs Assessment Questionnaire
- b. Family Planning Review Test
- c. Pre/Post Maternal and Child Health Test

APPENDIX J (a)

NEEDS ASSESSMENT QUESTIONNAIRE

Maternal and Child Health  
Primary Care  
Family Planning

This questionnaire will help me and the co-trainers plan the course material in a way that will be the most useful to you in your work. Thank you so much for taking the time to fill this out.

1. Please name your current position and describe in a few sentences what your job involves.

2. Please describe any previous course work which you may have had covering topics in Maternal and Child Health, Family Planning, or Primary Care.

3. Please describe any other experiences with Maternal and Child Health programs ie. implementation of an immunization program, clinic development, etc.

4. How do you assess your general knowledge in the area of Maternal and Child Health and Family Planning?

low 1----2----3----4----5----6----7----8----9----10 high

5. How will you use this course material in your job on a day to day basis? In the future?

6. Are there any topics you would like especially for us to present or discuss in class?

7. Have you encountered any specific problems in your work relating to Maternal and Child Health program development or I.E.C. development which you would like us to discuss or analyze?

8. What target group does your agency address?

9. What specific problems can you relate to your specific target groups that will effect I.E.C or clinical program development in the area of Maternal and Child Health?

APPENDIX J (b)

FAMILY PLANNING

Review test

Below is a calendar of a woman who has a very regular 28-day cycle. The days circled are the days that she has menstrual bleeding. Put an X over the most important four days on which she should avoid sexual intercourse if she does not want to become pregnant.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

With the oral contraceptive, the primary mechanism of action is:

- A. Inhibition of ovulation.
- B. Blockage of uterus to prevent entrance of sperm.
- C. Making woman immune to sperm.

How does the IUD probably work to prevent pregnancy?

- 1) By blocking the entrance of the sperm through the cervix
- 2) By killing the sperm
- 3) By preventing fertilization
- 4) By preventing implantation of the ovum on the wall of the uterus

What is a diaphragm? \_\_\_\_\_  
\_\_\_\_\_

Below is a calendar of a woman with a 30 day cycle. Menstrual bleeding occurs from day 1 to day 5 (circled). On what four days is this woman most at risk of pregnancy?

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

She is most at risk of pregnancy on days

What is menstruation? \_\_\_\_\_  
\_\_\_\_\_

The continuous repetition of the reproductive processes within a woman's body for some thirty to forty years of her life is called the \_\_\_\_\_ cycle.

Name as many methods of birth control as you can and explain briefly how they work:

1)

2)

3)

4)

5)

6)

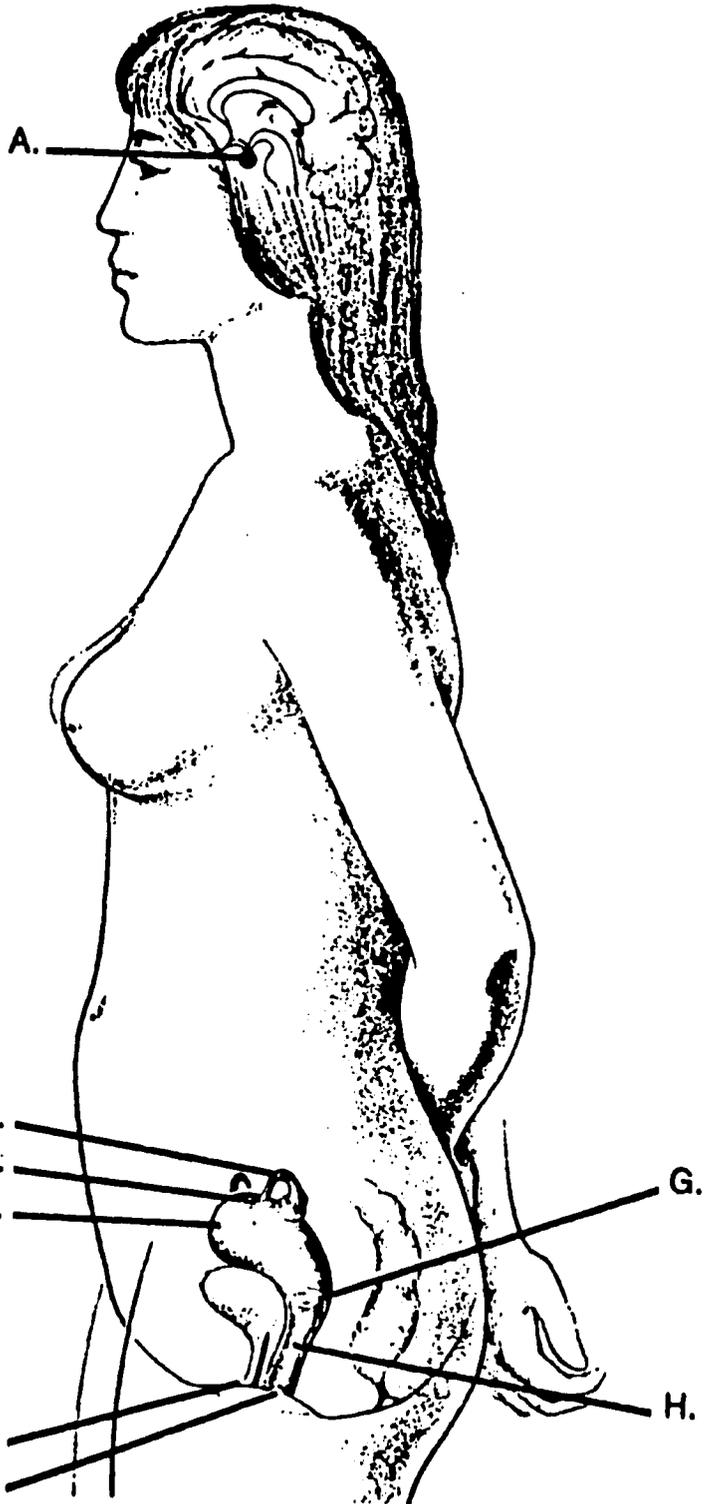
7)

8)

Referring to the diagram on the opposite page, which has arrows pointing to various organs, label as many of the parts as you can, and tell what they do.

Below is a diagram of the female. Label as many of the parts as you can. (Question 5)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_



How many different openings are there in the pelvic area of the female (for sexual intercourse, urination and bowel movements).

- One    Two    Three    More than three

Ova (or eggs) are produced in the \_\_\_\_\_.

Where does fertilization occur?

- A. ovary
- B. oviducts
- C. uterus
- D. vagina

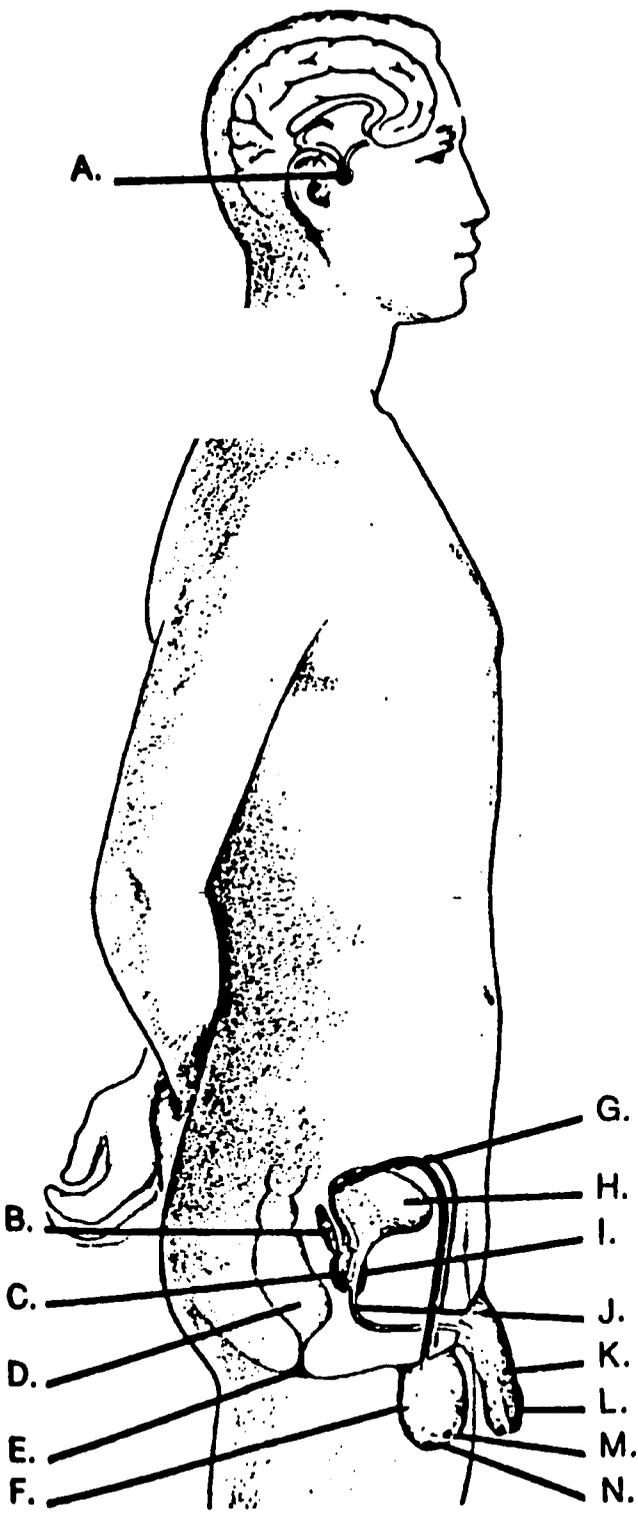
When pregnancy occurs:

- A. menstruation and ovulation do not occur
- B. only menstruation does not occur
- C. only ovulation does not occur

After childbirth, ovulation can occur *before* the first menstruation.

- True            False

On the next page is a side view of a man's body, with arrows pointing to different organs. Label as many of these as you can. /What do they do?



- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_
- N. \_\_\_\_\_

How many different openings are there in the male for release of urine and sperm.  
 One    Two    Three    More than three

Sperm cells are produced in the \_\_\_\_\_.

The urethra in the male is the passageway for both sperm and urine.

True                  False

What is fertilization? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPENDIX J (c)

MATERNAL AND CHILD HEALTH

Pre-test

Post-test

1. When should a woman begin to have prenatal care?

- 1) Early in pregnancy
- 2) Late in pregnancy
- 3) Does not matter

2. What do immunizations do?

---

What immunizations are available to children in Somalia?

---

When should they be given to children?

---

3. Oral rehydration therapy (ORT) is used in the therapy of:

- 1) malaria
- 2) tuberculosis
- 3) infertility
- 4) diarrhea

4. Describe how to make ORT:

---

5. Name at least three conditions or complications that can be prevented or identified by adequate prenatal care:

- 1)
- 2)
- 3)

6. Name at least three conditions or complications that can be prevented or identified by preventive Well-Child Care:

- 1)
- 2)
- 3)

7. Name at least three essential components of a nutritious diet:

- 1)
- 2)
- 3)

8. Name at least two of the special nutritional needs:  
of pregnancy:

\_\_\_\_\_  
\_\_\_\_\_

of breastfeeding mothers: \_\_\_\_\_

\_\_\_\_\_

of breastfeeding infants: \_\_\_\_\_

\_\_\_\_\_

of weaned infants: \_\_\_\_\_

\_\_\_\_\_

9. "Primary care" is a concept which is important to the  
development of a village-based health care system.

Primary care :

- 1) is performed only at a hospital.
- 2) always requires high technology.
- 3) is of little value in a rural setting.
- 4) can successfully include the use of auxiliary health workers.

10. Choose the correct answers below (True/False):

- 1) Breast milk is a nutritionally complete food for the newborn. True---False
- 2) Breast milk provides the baby with antibodies to fight infection. True---False
- 3) Breast-fed babies should always be supplemented with other foods by the time the child is two months old. True---False
- 4) Breast-feeding has many benefits for both the mother and the baby. True---False
- 5) Twins can successfully be breast fed without supplementation. True---False

APPENDIX K

Pre/Post Test Score Summary

APPENDIX K

PRE/POST TEST SUMMARY SCORES: MCH

Pre-test scores

number wrong/percentage correct

-1/97%	-2/94%	-3/91%	-4/88%	-5/85%	-6/82%	-7/79%	-8/76%
0	0	1	2	2	4	2	0
number of students with score							
....-11/67%	-12/64%	-13/61%	-14/58%	-15/55%	-16/52%		
1	1	2	1	4	0		
	-17/49%	-18/46%	-19/43%	-20/40%			
	1	0	0	2			

50% scored less than 67%

Post-test scores

number wrong/percentage correct

-1/97%	-2/94%	-3/91%	-4/88%	-5/85%	-6/82%	-7/79%	-8/76%
1	4	2	4	2	3	1	2
number of students with score							
....-11/67%	-12/64%	-13/61%	-14/58%	-15/55%	-16/52%		
0	0	0	0	0	0		
	-17/49%	-18/46%	-19/43%	-20/40%			
	0	0	0	0			

100% scored 76% or above