9363031
PD-AAT-981
ISN=46346

intrah

Program for International Training in Health

Paper copy library

University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA

intrah

Trip Report

0-115

Travelers: Mr. Maurice Apted,
IHP Consultant

Country Visited: Bauchi State, NIGERIA
Date of Trip: May 4-23, 1986
Purpose: To conduct a Community Health Education workshop for 20 HMB CS/ORT service providers.

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

LIST OF ABBREVIATIONS

AAO	AID Affairs Office
CHE	Community Health Education
CS	Child Spacing
EFH	Education for Health
HHWL	Helping Health Workers Learn
HMB	Health Management Board
IHP	International Health Programs
LGA	Local Government Area
MOH	Ministry of Health
ORT	Oral Rehydration Therapy
STT	State Training Team
WHO	World Health Organization

TABLE OF CONTENTS

PAGE

EXECUTIVE SUMMARY.....i

SCHEDULE OF ACTIVITIES.....iii

I. PURPOSE OF TRIP.....1

II. ACCOMPLISHMENTS.....1

III. BACKGROUND.....2

IV. DESCRIPTION OF ACTIVITIES.....3

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS.....11

APPENDICES

A. PERSONS CONTACTED

B. LIST OF PARTICIPANTS

C. COURSE CURRICULUM

*D. COPIES OF MATERIALS DISTRIBUTED

E. COPIES OF MATERIALS DEVELOPED DURING ACTIVITY

F. EVALUATION MATERIALS

** F1. INTRAH Bio-Data Forms
** F2. INTRAH Participant Reaction Forms
F3. Summary of Participant Reaction Data

---

* On file with INTRAH Program Office.
** On file with INTRAH Data Management Service.

EXECUTIVE SUMMARY

Maurice Apted, M.P.H., International Health Programs (IHP) consultant, provided technical assistance to the Bauchi State Health Management Board (HMB) in conducting a Community Health Education (CHE) workshop in support of the Bauchi State Child Spacing and Oral Rehydration Therapy (CS/ORT) Program.

Mr. Apted arrived in Bauchi State on May 5 to begin preparations. The CHE workshop took place from May 12 to May 22 at the School of Midwifery, Bauchi City. There were 18 full-time participants who completed the workshop. Due to other job commitments, two other participants attended only part of the workshop. Included in the total number of participants (20) were two co-trainer/participants (recommended by IHP as co-trainers) and a third co-trainer/participant who joined the workshop late. Sixteen participants were practicing midwives. Three of the participants provided child spacing services.

Child spacing methods and information were identified by the participants as priority training needs. As a result, approximately 30 percent of the workshop activities dealt with contraceptive technology. These activities were ably led by two of the co-trainers. During the remainder of the workshop, participants identified and practiced those health education techniques that were most compatible with their jobs. Participants developed skills in the use of counselling, discussion and support groups, home-visiting and the use of Hausa proverbs, stories, fables and role-plays in their health education presentations for CS/ORT.

The main problems encountered during this activity were the absence of training funds from the HMB due to a delay in the transfer of INTRAH funds from Lagos to Bauchi. Ramadan

obligations, especially for the co-trainers, interfered with the smooth running of the workshop. Additionally, the co-trainers expressed confusion about their long-term role as members of a state training team (STT) given that the HMB has indicated that it cannot afford to operate an STT.

Recommendations include better tracking by INTRAH of training funds, no future activities scheduled during Ramadan and the provision of further technical assistance by INTRAH to the HMB concerning the status and operation of an STT.

SCHEDULE DURING VISIT

May 3	Departed New Orleans for London via Miami at 1335 hrs.
May 4	Arrived London, Heathrow Airport at 0700 hrs. Departed Gatwick Airport for Lagos at 1300 hrs. Arrived Lagos at 2000 hrs.
May 5	Meeting with Mr. Lawrence Eicher, Health Development Officer, AID Affairs Office (AAO), Lagos. Departed Lagos for Jos at 1335 hrs. Arrived Zaranda Hotel in Bauchi City at 1900 hrs.
May 6	Visited Health Management Board (HMB) and held planning meeting with Mrs. Habiba Ali, Assistant Chief Community Health Officer, Acting Child Spacing and Oral Rehydration Therapy (CS/ORT) Program Coordinator. Sent out training notice to participants. Introduced to Chairman of Health Management Board Dr. Ilyasau Mohammed. Met with co-trainer Mrs. Rabi Mohammed, Principal Nursing Officer, School of Midwifery.
May 7	Visited training site at School of Midwifery, Specialist Hospital compound in Bauchi City. Began planning and preparation meeting with co-trainer Mrs. Rabi Mohammed.
May 8 - May 10	Preparation of training materials.
May 12	Start of workshop. Seven participants present.
May 15	All participants present.
May 22	Workshop ends. Certificates presented by Chairman, Health Management Board.
May 23	Departed Bauchi City, 0530 hrs. for Jos Airport. Flight delayed at Jos; departed Jos Airport for Lagos 2015 hrs. Arrived Lagos 2130 hrs. Debriefing meeting with Mr. L. Eicher, AAO not held. Departed Lagos 2355 hrs.

May 24	Arrived London 0730 hrs.
May 26	Departed London 1145 hrs. Arrived New York 1330 hrs. Departed New York 1730 hrs. Arrived Chapel Hill 2000 hrs.
May 27	Debriefed with INTRAH - Chapel Hill.
May 29	Departed Chapel Hill 1730 hrs. Arrived New Orleans 2000 hrs.

I. PURPOSE OF TRIP

The purpose of the trip was to provide technical assistance to the Bauchi State Health Management Board (HMB) in conducting a Community Health Education (CHE) workshop for the Bauchi State Child Spacing and Oral Rehydration Therapy (CS/ORT) Program.

A. Workshop Goal

The overall workshop goal was to enable participants to conduct health education activities in support of individual and community needs for the CS/ORT Program and related health care services.

B. Workshop Objectives

The workshop objectives were to enable participants to:

1. Identify CS/ORT needs in the communities in which participants work.
2. Describe beliefs, attitudes and practices which influence CS/ORT needs in Bauchi State communities.
3. Identify and begin to display those personal qualities and attitudes required to meet CS/ORT health education needs in Bauchi State.
4. Conduct health education activities appropriate to CS/ORT and related needs in Bauchi State using an array of health education/communication techniques.
5. Demonstrate increased knowledge concerning the various child spacing methods available in Bauchi State including health benefits, advantages, indications and contraindications for each method.

II. ACCOMPLISHMENTS

A. The two-week CHE workshop for family planners was successfully conducted with participants representing each of the Bauchi State Local Government Areas (LGA).

B. Participants compiled a preliminary list of individuals and groups with identifiable CS/ORT needs in Bauchi

State for which health education activities can be beneficial.

C. A number of traditional, religious and cultural beliefs, attitudes and practices in Bauchi State communities which can influence CS/ORT needs and activities were identified by participants.

D. Several key personal qualities and attitudes were identified by participants as requirements for meeting effective CS/ORT health education needs in Bauchi State.

E. Participants used several "new" health education and communication techniques incorporating Hausa proverbs and stories and role plays in simulations during the workshop.

F. Participants fulfilled personal knowledge and information needs concerning the various child spacing methods in use in Bauchi State.

G. Discussions were held with HMB officials concerning Bauchi State needs for additional community health education and other training activities. The outcome of discussions was that officials were to prepare proposals for INTRAH's consideration during the Project Review activity scheduled for August 1986.

III. BACKGROUND

The CHE workshop was the fifth INTRAH/IHP activity in a series of six training events scheduled in Bauchi State. It followed a workshop for the development of a pre-service CS/ORT curriculum for the Schools of Health Technology, Nursing and Midwifery in Bauchi State. Other workshops prior to the curriculum development workshop included: Clinical Family Planning Service Delivery Skills (January 1986), Training of Trainers/Community Health Education

(November - December 1985) and Program Development (September - October 1985). The workplan for the Bauchi State training activities was developed out of a three-state (Kwara, Imo, Bauchi) Project Development and Updated Needs assessment activity conducted by INTRAH (Holman, Malvinsky, Veney) in November 1984.

The sixth and final activity under the present contract between INTRAH and Bauchi State is scheduled for August 1986 and will be a review of project activities.

IV. DESCRIPTION OF ACTIVITIES

A. The CHE workshop in support of the Bauchi State CS/ORT Program was conducted for 20 participants at the School of Midwifery, Bauchi, from May 12 - May 22, 1986.

B. Participants

There were 20 participants (18 women and 2 men). Two of the participants had been recommended by IHP as co-trainers. One participant from the Integrated Rural Development Authority at Basidra, Bauchi, took part in the workshop for four days of the first week. Another participant from the Urban Maternity and Child Welfare Clinic in Azare, Bauchi, arrived in time for the last four days of the workshop. All except three of the participants were qualified midwives. Three of the participants provided child spacing services as part of their job duties. Eighteen participants completed the course.

C. Trainers

In addition to the INTRAH/IHP trainer, three participants acted as co-trainer/participants. Two of the co-trainer/participants had been recommended by IHP. These were Mr. Umar, School of Health Technology, Gombe, Bauchi and Mrs. Rabi Muhammed, School of Midwifery, Bauchi. Mrs. Elpha Oksakei, Primary Health

Center, Dass, Bauchi, joined the training team as a third co-trainer/participant on the third day of the workshop at the original two co-trainer/participants' request. All three co-trainer/participants had participated in the Training of Trainers/Community Health Education workshop conducted as Activity 2 in the Bauchi State project workplan.

D. Pre-Training Activities

One week before the workshop began the INTRAH/IHP trainer arrived in Bauchi in order to finalize arrangements and training plans with the recommended co-trainers. However, co-trainers had not yet been selected or notified. This resulted in only one co-trainer being available for pre-training activities and for a limited time only. Communications between the HMB and one of the co-trainers were so slow that the co-trainer did not arrive until the third day of the workshop. Nevertheless, the INTRAH/IHP trainer was able to finalize arrangements and preparations for the workshop. Planning meetings were held with Assistant Chief Community Health Officer Mrs. Habiba Ali. Mrs. Ali had assumed responsibility for coordination of the CS/ORT Program following the departure of the Program Coordinator, Mrs. N. Ahmed, who had just left Bauchi to attend a management workshop in the United States. One working meeting was held with co-trainer, Mrs. Rabi Mohammed. However, Mrs. Mohammed could not formally join preparation activities until official release from her work station was granted. During the preparation week, the following activities were conducted: 1) selection of training site; 2) workshop agenda, goals and objectives ratified by HMB representatives; 3) handouts compiled; and 4) materials purchased.

The INTRAH/IHP trainer, together with Mrs. Habiba Ali, attempted to transfer project funds from Lagos to the

project account in Bauchi. No workshop funds were available in Bauchi although a transfer of funds from INTRAH to Lagos had taken place several weeks earlier. The HMB, had in fact, received a communication from INTRAH stating that the transfer had taken place on April 17, 1986.

E. Workshop Process and Content

The workshop was designed to allow as much input from participants as possible regarding its content. The first block of activities was therefore designed to allow participants to determine final form and content of the workshop by clarifying personal expectations and reviewing Bauchi State project goals and the workshop agenda and plan prepared during the previous week. Participants agreed upon the overall workshop goals and objectives and added a segment on contraceptive technology to the workshop content. With the arrival of two additional co-trainers, it was possible to complete the assignment of training responsibilities. Mrs. Rabi Mohammed and Mrs. Elpha Oksakei assumed responsibility for leading all sessions on contraceptive technology. Mr. Umar took responsibility for leading the session on health education principles and the qualities required of an effective health educator. Also, it was decided by the trainers to encourage every participant to take a leadership role at least once during the workshop. This was achieved by having each participant responsible for leading one of the many workshop discussion sessions. To facilitate this activity it was agreed that discussions could be held in the Hausa language.

The second block of activities focused on contraceptive technology and the social and cultural aspects of Bauchi State communities which are likely to affect child spacing and ORT activities. Co-trainers Mrs. Rabi Muhammed and Mrs. Elpha Oksakei led the sessions

dealing with contraceptive technology and health benefits of child spacing. Because of the limited time available, the sessions included detailed coverage of only OCPs and IUCDs. Other methods were covered, but in less depth. Approximately 30 percent of workshop time was allocated to contraceptive technology. In combination with the sessions on contraceptive technology, participants learned about the specific health benefits to women and children that can be obtained through appropriate child spacing and contraceptive practices. Also, participants identified pertinent social and cultural factors concerning child spacing and its acceptance in Bauchi State communities.

The third block of activities focused on the nature and role of health education in CS/ORT programs. Sessions were led by co-trainer Mr. Umar and the INTRAH/IHP trainer. The fourth block of activities covered specific health education and communication techniques.

The main topics covered in the workshop were:

- Goals and policies of the Bauchi State CS/ORT Program
- Why "Child Spacing" and not "Family Planning"
- Contraceptive Technology - all methods covered with detailed coverage of OCPs and IUCDs
- Obstacles and Resources for CS/ORT in Bauchi State
- Health Education - creating participation and partnerships with individuals and community
- Principles of Health Education
- Personal qualities required of effective health educators in Bauchi State
- Social and cultural factors affecting CS/ORT
- Identifying community resources
- CS/ORT problems facing women and children

- Women at risk
- Health benefits to women and children
- Socio-economic benefits
- Health education and communication methods such as counselling individuals and families; home visiting; the use of proverbs, stories, fables and role plays in health education; and the use of discussion and support groups and how to create them for CS/ORT activities.

Daily problem solving sessions also took place with the purpose of providing practice in "free thinking." These sessions provided both comic relief and valuable lessons.

Evaluation activities centered around the daily feedback sessions (learning issues and reflection) and administration of a pre/post-test. It was observed by the INTRAH/IHP trainer and confirmed by the co-trainers that participants were reluctant to openly evaluate the course and so it was decided that feedback sessions would be held in the Hausa language if participants wished. Adjustments to the workshop's workplan were made as a result of these sessions. The participants' principal complaint concerned the lack of cash allowances, especially for those who had travelled to Bauchi City to attend the workshop. In terms of content, the most common requests for additional training concerned contraceptive technology information. The pre/post-test summarization is as follows:

	PRE-TEST	POST-TEST
Mean	33	35
Mode	36	40
Median	37	40
Range	6	2

Total Marks Possible: 40

The scores for the two participants who either arrived late or left before the end of the workshop were excluded from the calculations.

F. Participant Reaction

The primary interest of participants seemed to be in the area of contraceptive technology. Since the majority of participants were practicing midwives, many of them had already been approached by community members seeking information about contraception. The group felt that midwives were perceived by the community as being persons who should know about contraceptive technology and that it would not enhance their credibility as health educators if they could not competently answer the most common questions put to them regarding contraceptive methods. Consequently, participants responded well to the sessions on contraceptive technology.

Initially, participants were not clear as to what they were expected to do once they returned to their work stations. With this in mind, participants identified those health education methods and activities they felt they could accomplish in the course of conducting their midwifery duties. Hence they benefited from the emphasis placed on methods and techniques such as counselling, home visiting, discussion and support groups, and incorporating Hausa stories, proverbs, and fables in their future health education activities. Some highlights of participant reactions follow:

- Workshop objectives	15 - very clear
- Objectives achieved	13 - mostly
- For work I am doing	18 - very useful
- Solutions to real work problems	13 - all the time

-	Workshop facilities/ arrangements	11 - poor
-	Trainers' effectiveness	12 - very effective
-	Recommend workshop	16 - more time
-	Improvements	9 - more skill practice

A complete analysis of participant reactions is included in Appendix F.

G. Performance of Co-Trainers

It was important to have co-trainers, especially since the majority of participants were not comfortable using English and the INTRAH/IHP trainer did not speak Hausa. The Hausa-fluent co-trainers were able to keep the workshop on track. All three co-trainers performed well. However, two of the co-trainers were involved in Ramadan activities and were therefore often pre-occupied. Mrs. Elpha Oksakei, the third co-trainer, was hard-working, an excellent presenter and discussion leader and took major responsibility for the sessions on contraceptive technology. All in all, given the circumstances of the workshop, the co-trainers performed admirably.

H. Problems Encountered

A variety of problems were encountered. As the previous description of participant reactions showed, workshop facilities and arrangements were poor. Participants were notified very late and could not plan their absences from work and home as well as they would have liked. Funds for the workshop were not available due to a delay in their transfer from Lagos to the Bauchi State HMB account. As a result participants had to meet their own expenses for accommodation and transportation. Arrangements were made to refund participants' expenses once the training funds became

available. Also, the late notification especially hampered pre-workshop preparations by the co-trainers. This problem was made worse by the fact that the two recommended co-trainers were heavily involved in Ramadan activities. Although only six of the 20 participants had Ramadan responsibilities, their periodic absences were distracting to the continuity of the workshop. On the recommendation of Mrs. Rabi Mohammed, it was decided that workshop hours would be reduced because of Ramadan obligations. This restriction shortened the already limited time available.

The training site was also rather hurriedly arranged and was unsuitable due to its being adjacent to the main entrance of the Specialist Hospital in Bauchi. The lack of training funds affected transportation for field trips. Participants were able to practice some community health education skills in simulated workshop situations; however, this was not sufficient practice.

Materials were purchased with funds carried by the INTRAH/IHP trainer. Officials of the HMB expressed regret at the difficulties caused by absence of funds and they tried daily to expedite funds from Lagos. The Health Development Officer, AID Affairs Office (AAO), Lagos, was telegrammed for assistance in getting the funds transferred to the Bauchi State account.

BEST AVAILABLE

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
A. LOGISTICAL/ADMINISTRATIVE ARRANGEMENTS	
1. a) All accommodation arrangements for the INTRAH/IHP trainer had been made previously by telex from the United States. These arrangements worked very well.	1. a) The practice of booking hotel reservations directly from the United States should be continued as necessary.
b) U.S. Embassy/Lagos expeditors considerably ease the arrival and departure process at Lagos Mohammed Murtala Airport.	b) The use of Embassy expeditors should continue.
c) Nigeria Airways continues to be unreliable on most domestic flights. The INTRAH/IHP trainer spent 17 hours waiting at Jos Airport holding a confirmed ticket. The delay caused debriefing meetings in Lagos to be missed. A number of private carriers now operate reliably scheduled air service to many major Nigerian airports.	c) Acknowledging the general difficulties of Nigerian travel, INTRAH/IHP should, when possible, book travelers on the more reliable private air carriers.
d) Approximately five weeks before the scheduled start of the workshop, IHP had sent dispatches to the Bauchi State HME, attempting to confirm workshop arrangements. No replies were received before travel began. When asked why the HME had not replied in time, it was said that project funds had run out. Lack of communication is a problem for the project as a whole.	d) To overcome the problems of communication between INTRAH/IHP and national organizations, it is recommended that some arrangement be established with DHL (international courier) to pre-pay a maximum number of transactions for each of INTRAH's Nigerian contractors.
e) No training funds had arrived at the HME Bauchi State account even though funds had been transferred from INTRAH three weeks prior to arrival of the INTRAH/IHP trainer. There had still been no transfer of funds from Lagos when the workshop ended on May 22, 1986.	e) INTRAH should monitor the transfer of funds to their end-destination and not assume that Nigerian banks will expedite transfers within Nigeria.
2. a) The HME sent confirmation of the workshop through another official traveling to the United States. Confirmation notice arrived at IHP after the trainer's departure. A lack of funds was given as the reason for the delay in notification.	2. a) Given that the transfer of funds might be accomplished with a minimum of delay if Recommendation #1d above is implemented, and given that a prepaid communication channel can be established, Nigerian officials should have an administrative protocol to guide their actions regarding workshop arrangements.
b) The HME Project Coordinator left Nigeria on the day that the INTRAH/IHP trainer arrived in Bauchi State to attend a management workshop in the United States. Minimal arrangements to hand over responsibilities had been made by her. Arrangements to select and contact workshop participants began upon the arrival of the INTRAH/IHP trainer.	b) The existence of an administrative protocol might enable Nigerian officials to notify INTRAH/IHP directly of any impending departures. Also, AAO/Lagos may assist in this regard by informing INTRAH/IHP of any AID-sponsored travel by project officials.
c) Workshop arrangements were barely adequate. Participants were notified late. Travel and per diem funds were not available. The workshop site was noisy. Because of the delay in the transfer of funds, materials could not be obtained except for the few items carried by the INTRAH/IHP trainer.	c) Nigerian officials must be informed of the importance of appropriate workshop arrangements if participants are to gain maximum benefit from project workshops. A protocol for making workshop arrangements should be established.
d) The HMB was unable to provide transport for the workshop.	d) The practice of advancing ground transportation funds to consultants and staff by INTRAH/IHP should continue.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

BEST AVAILABLE

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
B. IMPLEMENTATION OF ACTIVITY	
1. a) Ramadan obligations dominate activities when the festival is in progress. Although only six participants were involved, their obligations interfered with the smooth running of the workshop. Also, HMB officials felt that Ramadan would not interfere with normal operations; however, it certainly had an impact.	1. a) In predominantly Muslim areas of Nigeria, workshops should not be scheduled during the Ramadan festival.
b) The HMB is reported to have said that it cannot afford a CS/ORT state training team. In fact, no plans exist for any further training activities beyond those contracted for between INTRAH/IHF and the Bauchi State HMB. Training skills have to be practiced in order to develop. The co-trainers were confused about being recommended as co-trainers by INTRAH/IHF when the HMB has abandoned the STT idea.	b) Those participants who possess the capacity to conduct local CS/ORT training need clarification from HMB about their role in the state CS/ORT Program.
c) The recommended co-trainers, were for all intents and purposes, unavailable for planning before the workshop. A delay in notifying them and confusion over their status interfered with the preparation process.	c) Where co-trainers are recommended by INTRAH-IHF, but not supported by local officials, INTRAH-IHF trainers should assume that co-trainers are not available officially, but may be useful in an unofficial capacity.
2. a) Participants are unclear about what the HMB expects them to do with regard to the CS/ORT Program. No official was available to clarify their role in the program.	2. a) Nigerian officials at the program management level need to have a description of program duties compiled at the time the workplan is developed. This can help inexperienced officials manage the training workplan.
b) Participants were uncomfortable working in the English language.	b) It is more appropriate that field level workers should train in their own language. If local co-trainers exist then they should lead training at the field worker level in the language the workers feel most comfortable in.
c) In Bauchi State, women participants show great deference to male trainers. This is a reflection of traditional relationship patterns.	c) Male/female training teams should facilitate mixed group participation. When participants are mixed, then male trainers can encourage male participants to child spacing.
d) Participants said that health education for men should be the top priority as men control many aspects of women's lives in Bauchi State.	d) Additional workshops should be held to help men understand child spacing ideas.
e) Participants found very useful materials taken from the text Education for Health: Manual on Health Education in Primary Health Care; WHO Provisional Version.	e) This WHO Manual should be the recommended text for CHE workshops once the final version of the manual is produced.
f) There is a serious lack of educational and reference materials.	f) It is strongly recommended that Family Planning Methods and Practice - Africa, be standard issue at all future workshops. Also, the chapter "Benefits of Family Planning" in Concepts and Issues in Family Planning should be rewritten for a wider audience of health workers.
3. a) In discussions with the Assistant Chief Community Health Officer, Mrs. Habiba Ali, who was handling program matters in the absence of the Project Coordinator, Mrs. Ahmed, it was discovered that the Bauchi State CS/ORT State Program Plan is not being used as the reference document for CS/ORT activities. It is not known why the document is not being used.	3. a) Technical Assistance is needed to help HMB officials make more effective use of state implementation plans.

BEST AVAILABLE

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

FINDINGS/CONCLUSIONS	RECOMMENDATIONS
E. IMPLEMENTATION OF ACTIVITY (CONT)	
3. b) Two participants, Mr. Mohammed Usar (co-trainer) and Mrs. Margaret Nimrod Nde, are excellent candidates for further health education training. Also, Mrs. Nde could benefit from more detailed training in contraceptive technology. Mr. Usar, a Muslim, is committed to child spacing, and further training will enable him to spearhead activities targeted to men. Mrs. Nde, is one of the few "second-generation" trainees and shows insight and enthusiasm.	b) Both participants should be offered appropriate training opportunities by IHTRAM/IHF.
C. EVALUATION/FOLLOW-UP OF ACTIVITIES	
On the whole, the workshop was successful. However, it was constrained by the Ramadan religious festival, the delay in arrival of training funds and the absence of the project coordinator. Participant selection was nevertheless appropriate as each midwife represented an LGA. The content area identified as a priority for future training was contraceptive technology.	One of the co-trainers suggested and participants agreed that the midwives attend an intensive five-day workshop on contraceptive technology. (See other sections; i.e., B 1a, A 1e).

APPENDIX A

PERSONS CONTACTED

APPENDIX A

PERSONS CONTACTED

AID AFFAIRS OFFICE

Mr. Lawrence Eicher, Health Development Officer

INTRAH/IHP

Ms. Carol Brancich, IHP Program Coordinator

Ms. Maureen Brown, INTRAH Program Officer

Ms. Mary Ellen Stanton, INTRAH Consultant

BAUCHI STATE HEALTH MANAGEMENT BOARD

Dr. Ilyasau Mohammed, Chairman

Dr. J. Minna, Director, Medical Services

Mr. Mohammed Tata, Director, Finance and Administration

Mrs. Habiba Ali, Assistant Chief Community Health Officer

APPENDIX B

LIST OF PARTICIPANTS

APPENDIX B

LIST OF PARTICIPANTS

1. Mrs. Rakiyatu Al-Kassim, Principal Nursing Sister
   Town Maternity Local Government Area
   Bauchi City

2. Ms. Nita Priscilla Bello, Hospital Dietitian
   Ministry of Health
   State Nutrition Unit
   Bauchi City

3. Mrs. Hannatu Daniel, Staff Midwife
   Tafawa Balewa Town Maternity
   Tafawa Balewa Local Government Area

4. Ms. Adamu Dina, Staff Midwife
   Infant Welfare Clinic
   Katagu
   Gamawa Local Government Area

5. Mrs. Naomi A. Dung, Senior Nursing Sister
   Urban Maternity and Child Welfare Clinic
   Azare

6. Mrs. Hadiza Hassan, Senior Nursing Sister
   Maternity Clinic
   Dukku
   Dukku Local Government Area

7. Mrs. Grace H. Herman, Assistant Community Development Inspector
   Integrated Rural Development Authority
   Basidra

8. Ms. Salamatu M. Isa, Staff Midwife
   Town Maternity Unit
   Darazo
   Darazo Local Government Area

9. Mrs. Ladi Jafun, Nurse Midwife
   Maternity Clinic
   Kumo
   Akko Local Government Area

10. Mrs. Dinga Jatan, Staff Midwife
    Health/Maternity Clinic
    Biliri

11. Mrs. Elizabeth T. Jibrin, Staff Midwife
    Ningi Local Government Area Secretariat
    Ningi Local Government Area

12. Ms. Grace Manu, Staff Midwife
Town Maternity Clinic
Jama'are Local Government Area

13. Mr. Idris Matinja, Principal Community Health Officer/Tutor
School of Nursing
Bauchi City

*14. Mrs. Rabi Muhammed, Principal Nursing Sister/Clinical Instructor
School of Midwifery
Bauchi City

15. Ms. Halima Musa, Staff Midwife
Disna Maternity Center
Shira Local Government Area

16. Mrs. Margaret N. Nde, Nursing Sister
Family Planning Clinic
Bauchi City

*17. Mrs. Elpha L. Oksakei, Principal Community Health Officer
Primary Health Center
P.O. Box 144
Dass

18. Mrs. Aishatu Umar, Staff Midwife
Town Maternity Clinic
Gombe
Gombe Local Government Area

*19. Mr. Muhammed Umar, Public Health Tutor
School of Health Technology
Gombe
Gombe Local Government Area

20. Mrs. Rebecca S. Usman, Senior Nursing Sister
General Hospital
Gombe
Gombe Local Government Area

---

*Co-trainer/participants

APPENDIX C

COURSE CURRICULUM

BAUCHI STATE CS/ORT PROGRAM CHE WORKSHOP SCHEDULE

WEEKLY AGENDA

May 12 - 22, 1986

MONDAY, DAY 1	TUESDAY, DAY 2	WEDNESDAY, DAY 3	THURSDAY, DAY 4	FRIDAY, DAY 6
1. Opening Ceremony 2. Introductions - Who are we ? - What do we do ? - Where we work ? - What we need or expect ?	1. Learning Issues 2. Problem-solving 3. What is the CS/ORT Program about ? - CS/ORT State Plan - CS Benefits - CS Methods - ORT	1. Learning Issues 2. Problem-solving 3. Contraceptive Technology - Overview	1. Learning Issues 2. Problem-solving 3. What is Health Education ? - Definition - Relationship to good health	1. Learning Issues 2. Problem-solving 3. Social Factors affecting child spacing in Bauchi State
3. Workshop Overview - Daily Format - Problem-solving - Learning Issues - Goals and Objectives - Adult Education Principles 4. Pre-test	4. What obstacles and resources are there for CS/ORT in Bauchi ? - Group discussion 5. Reports	4. Health and other benefits of CS/ORT	4. Using health education to overcome obstacles 5. Qualities necessary for effective health education for CS/ORT 6. Problems facing motherhood and families	4. Resources (People/Things) to help CS/ORT activities in Bauchi
Reflection	Reflection	Reflection	Reflection	Reflection

BAUCHI STATE CS/ORT PROGRAM CHE WORKSHOP SCHEDULE

WEEKLY AGENDA

May 12 - 22, 1986

MONDAY, DAY 6	TUESDAY, DAY 7	WEDNESDAY, DAY 8	THURSDAY, DAY 9	FRIDAY, DAY 10
1. Learning Issues 2. Problem-solving 3. Health Education for Individuals and Families - Counselling - Role play	1. Learning Issues 2. Problem-solving 3. Communicating the Health Message - Techniques for sharing ideas and information - Practicum	1. Learning Issues 2. Problem-solving 3. Communicating the Health Message - Using songs - Using town criers	1. Learning Issues 2. Problem-solving 3. Communicating the Health Message - Techniques for creating involvement - Discussion and support groups	1. Preparation for return to Work Station
- Reading - Discussion 4. Strengths and Weaknesses of Home-visiting for CS/ORT Reflection	- Health talks - Incorporating Hausa proverbs in Health talks 5. Practicum Reflection	4. Techniques for Looking at Life and Behavior - Using stories and fables in health education 5. Practicum Reflection	4. Using Role Plays 5. Practicum 6. Reflection and Post-test Graduation	

B A U C H I S T A T E

HEALTH EDUCATION WORKSHOP

FOR

CHILD SPACING/ORAL

REHYDRATION THERAPY

MAY, 19TH - 23RD 1986

DAILY OBJECTIVES

AND LESSON PLANS

DAY 1.

O B J E C T I V E S

By the end of the session participants will be able to do the following:-

1. Identify two personal expectations for the workshop.
2. Describe 3 goals of the Bauchi State CS/ORT programme.
3. Identify workshop goals and objectives.

KNOWLEDGE REQUIRED:

1. Bauchi State CS/ORT/ programme Goals

-Improve health and general well-being of the people of Bauchi State by educating the public on the importance and methods of child spacing.

-Increase the availability of child spacing services.

-Bring about the adoption of effective diarrheoal management practices in every home in Bauchi State.

Attitudes required:

Field staff can better contribute to the success of health programmes when they are familiar with programme goals.

DAY I

LEARNING METHODOLOGY

I. ICEBREAKER: Participants pair off; conduct interview to identify three things about each each partner. If partner is already known then the interview must find out three hitherto unknown facts. Interview pairs also list expectations for workshop. Each participant reports to the whole group on their interview and expectations.

MATERIALS: Ten sets of matching cards

EVALUATION METHOD: Trainer observes interview process; notices how reporting to whole group is done. Asks several participants to repeat interview facts from individual reports.

TIME REQUIRED: I20 minutes

II. DISCUSSION: Participants review Bauchi State CS/ORT Programme Goals. Trainer leads discussion.

MATERIALS: Copies of Bauchi State CS/ORT Programme Goals statement.

EVALUATION METHOD: Trainer asks participants to name goals of Bauchi State CS/ORT programme.

TIME REQUIRED: 90 minutes

III. WHOLE GROUP ACTIVITY: Participants brainstorm possible goals and objectives for workshop.

SMALL GROUP ACTIVITY: Participants break into groups of five and compare brainstorm list with goals and objectives proposed by trainers. Each group then proposes final goals and objectives for workshop. Whole group decides final list. GROUP revises final agenda.

TIME REQUIRED: I20 minutes

DAY 2. OBJECTIVES

By the end of the session participants will be able to do the following:-

i) Desplay increasing familiarity with child spacing methods available in Bauchi State.

ii) Describe some of the major resources and obstacles which exist in Bauchi State and which can affect the CS/ORT programme.

KNOWLEDGE REQUIRED:

i) (Depends on individual participants needs)

ii) (Depends on participant perceptions and experience). Broad categories to include

a) Delivery obstacles/resources

b) Traditional beliefs and practices

c) Social/economic conditions

d) Religious beliefs and practices.

Skill/Attitude required:

i) A responsibility to identify concrns or needs regarding knowledge about child spacing methods.

ii) An ability to analyze professional and personal experience in order to draw conclusions about potential and actual obstacles and resources for health programmes.

DAY 2

LEARNING METHODOLOGY

I. LECTURE/DISCUSSION: Trainer presents information on all contraceptive methods available through the Bauchi State CS services. Participants and trainers discuss presentation

MATERIALS: Samples of contraceptives available in Bauchi State.

EVALUATION: Trainers ask participants questions covering contarceptives covered in presentation and discussion.

TIME REQUIRED: I5o minutes

II. SMALL GROUP ACTIVITY: Trainer introduces the idea of using resources to overcome obstacles when implementing a program. Participants breakup into groups of 5 and identify and list obstacles and resources for the CS/ORT program. Participants match obstacles for resources. Each group presents findings and justifies them to other groups.

WHOLE GROUP ACTIVITY: Through discussion whole group identifies and priorities obstacle/resource pairs.

MATERIALS: Bauchi State CS/ORT Implementation Plan (Extracts)

EVALUATION: Trainer asks participants to identify several resources and obstacles to the CS/ORT program without referring to notes. Trainer asks other participants to name a matching resource for given obstacles.

TIME REQUIRED I50 minutes

DAY 3. **OBJECTIVES**

BEST AVAILABLE

By the end of the session participants will be able to do the following:-

i) Identify 3 problem solving principles

ii) Describe health and other benefits that child spacing and ORT can have for the people of Bauchi State.

KNOWLEDGE REQUIRED:

I. a) Do not decide a problem by the first solution you fund.

b) The solution to a problem may not be as obvious as it appears.

c) Analyze a problem thoroughly before deciding a solution.

d) Fund all possible solutions before choosing the most appropriate ones.

II. Benefits of child spacing (in order of imprtance for Bauchi State)

a) Mother will be able to:-

-regain strength after delivery

-have sufficient rest

-regain possible blood loss

-regain uterine tone

-devote attention to infant in order for it to be nourished and loved.

b) Spacing births appropriately benefits an infant by allowing it to gain nourishment

A strong nourished infant will be better able to fend off health hazards.

FAMILY BENEFITS:

a) A wife can enjoy sexual relations with her husband without fear of an early unhealthy pregnancy.

b) Parents can space their children according to their ability to feed, clothe and educate the children.

c) Parents and Grand Parents will be able to love and control their children more appropriately if the children are spaced according to their ability to rovide for them.

d) If a child is well-spaced it can help make it more appreciated by parents and grand-parents.

e) A mother may maintain her feminine posture.

Skill/Attitude Required:

-Ability for change problem-solving habits or practices in favour of more productive ones.

-Child spacing does not mean one should stop having children but means that one should have them at intervals which will improve the physical and mental health of mother, child and family.

DAY 4. **O B J E C T I V E S**

BEST AVAILABLE

By the end of the session participants will be able to do the following:-

1. Identify a working definition of health education.
2. Describe a reason why effective health education is necessary or useful for CS/ORT in Bauchi State.
3. Name and begin to display those personal qualities required for effective health education for CS/ORT in Bauchi State.
4. Decribe 3 important problems being faced by Bauchi women andmothers which can influence health education for CS/ORT.

KNOWLEDGE REQUIRED:

1. Health Education are those activities designed to help people help themselves live healthy lives.

ii. Effective health education is necessary for CS/ORT in Bauchi State because:-

a) CS/ORT has specific health benefits to mothers, children and families.

b) Misconceptions exist about child spacing in Bauchi State.

c) people need support in developing self confidence

d) people need to be able to make info med descisions about child spacing without force.

... 2

TO IB
LIBRARIAN

iii) Personal qualities for an effective health education

a) Shows consideration for others

b) Shows caring and concern

c) Shows respect for people's feelings, ideas, belief and practices.

d) Shows good manners; is polite

e) Accepts, does not condemn, community ideas

f) Praises people for their actions

g) Works hard

h) Shows patience,; does not alway expects quik rsults

i) Shows fact and honesty

j) has empathy for other

k) Prepare well.

BEST AVAILABLE

SOME PRINCIPLES FOR HEALTH EDUCATION

a) Does not force or push people

b) Does not only give information

c) Does help people think about what caused their "problems".

d) Does help people think about and create solutions to their "problems".

e) Does provide help and advice which people actually NEED.

iv) Problems facing woman and mother in Bauchi State.

(As idenfied by participants)

BEST
AVAILABLE

Broad Categories:

1. Traditional/Modern beliefs concerning the rights, responsibilities of women.
2. Ralationships between men and women/husbands and wives.
3. Extended family relationships
4. Status of women.

Skill/Attitudes required:

i) Health Education activities are based on peoples needs, wants, abilities and resources.

ii) "Health Talks" are a small part of Health Education.

DAY 4

LEARNING METHODOLOGY

I. DISCUSSION: Trainer asks each participant to create a definition of health education. These definitions written on board. Whole group reviews definitions and using pyramiding comes to a group consensus on definition.

READING EXERCISE: Trainer distributes 'hookworm' story. Participants read from it in turn. Story is then discussed and conclusuions from it concerning health education are compared to group definition. Definition amended to include any conclusions from the story not already accounted for in the group definition.

MATERIALS "Hookworm" story from Education for Health WHO Provisional Version Pg 26 - 31

EVALUATION: Trainer asks participants to determine if health education is taking place given a series of incidents

TIME REQUIRED: 90 minutes

II. DISCUSSION: Trainer asks participants to recall obstacles to the Bauchi State CS/ORT program identified earlier. Group discusses those obstacles that can be overcome or assisted by health education approaches. Trainer records conclusions.

MATERIALS: List of obstacles and resources identified on Day 2.

EVALUATION: TRAINER asks participants to describe why health education is necessary for CS/ORT.

TIME REQUIRED: 30 minutes

III. READING ASSISGNMENT: In groups of 5 participants review "Hookworm Story" and defintion of health education and list qualities displyed in the story and suggested by the definition. Groups also add other qualities as they see fit. Groups report and discuss with whole group. Concensus list developed

MATERIALS: "Hook worm story" and group definition of health education.

EVALUATION: Trainer asks selected students to identify ways in which they can display qualities identified.

DAY 4 (contd)

LEARNING METHODOLOGY

IV. DISCUSSION: Trainer presents topic "The problems facing mothers and families in Bauchi State". Introduces the discussion by emphasising that health education is most effective if it is relevant to the life-situation of people. Health education for CS/ORT to relate specifically to solutions required by mothers and families.

Participants brainstorm problems facing mothers and families in Bauchi State. In groups of five participants finalise and prioritize list of 'problems' facing women and families. Groups discuss and identify those issues that can be adressed by health education for CS/ORT.
Final list compiled.

MATERIALS REQUIRED: None

EVALUATION: Trainer asks several participants to identify how health education activities can be used to help problems identified.

TIME REQUIRED: 90 minutes

DAY 5.

O B J E C T I V E S

By the end of the session participants will be able to do the following:-

i) Describe relevant social factors which affects acceptance of Child Spacing in Bauchi State.

ii) Describe resources (poeple, things) that exist in Bauchi communities which can be used in the Child Spacing programme.

KNOWLEDGE REQUIRED:

i) (A_s idenfitied by participants)
Broad categories to include
-Beliefs, customs and habits
-Family and social structurs
-Traditional practices

ii) (A_s identified by participants)
Broad categories include
-Pecple with special skills
-Traditional practices
-Organisations.

ATTITUDES/SKILLS REQUIRED:

i) Health services a e not the only resources available in a community to help meet community health needs.

ii) Ability to analyze community knowledge and exprience to identify pertinent social factors and resources which affect Child Spacing.

DAY 5

LEARNING METHODOLOGY

GROUP READING ASSIGNMENT: Participants , in turn, read extracts from Chapter 6"Learning and Working with the Community" in HHWL by Werner and Bower. Learning points identified and discussed.

SMALL GROUP ACTIVITY: Participants form groups of five and look at the community in the following terms:

- Needs for CS/ORT
- Social factors affecting CS/ORT
- Resources available (expand list from Day 2)

Groups report findings and discuss to draw up finalized lists of needs, social factors and resources.

MATERIALS REQUIRED HANDOUT Chapt 6 HHWL by Werner and Bower

EVALUATION: Trainer asks participants to justify conclusions identified in discussion.

TIME REQUIRED: I20 minutes - segment one
I20 minutes - segment two

Day

DAY 6.

O B J E C T I V E S

By the end of the session participants will be able to do the following:-

1. Apply the principles of effective health education to the counselling of individuals and families.
2. Develope a set of guidelines for counselling in keeping with principles of health education identified earlier.
3. Recognise the advantages that home visits provide for effedtive health education.

KNOWLEDGE REQUIRED:

1. Health Education principles as determined on Day 4.
2. Counselling guidelines.
   a. Builds trust
   b. Identify needs as person sees them
   c. Develops empathy, helps people become aware of own feelings and how to deal with them.
   d. Persons develops own solutions and counsellor helps person choose the best solution for the circumstances.
   e. Keeps secrets, respects privacy, never reveals wothout specific permission.
   f. Provides information and resources ideas which a person needs to make a good decission.

.../2

3. Home Visits can:-

   a. keep good relationships

   b. encourage prevention of common diseases.

   c. detect potential problems before they get big.

   d. check progress on problem solving

   e. provides privacy; people feel more at ease in own home; may tell more than in a clinic setting.

   f. demonstrations e.g ORT can be more effective and realistic.

   g. especially useful in communities where women can not easily be permitted in public.

ATTITUDES/SILL:

1. Health Education is more than just giving health talks.

2. Show personal qualities identified on Day 4.

DAY 6

LEARNING METHODOLOGY

I. ROLE PLAY: Trainer introduces idea and purpose of role play. Calls for volunteers. The role play revolves around a counselling session between married woman and a child spacing health worker. Participants discuss strenths, weaknesses and outcomes of role play. Do role play again incorporating improvements. Group generates list of counselling "principles".

II. READING ASSIGNMENT: Participants read in turn Pgs 106 - 109 "Health Education with Individuals" in Education for Health WHO Provisional Version Compare learning points of article to conclusions or principles identified previously. Revise list as appropriate

MATERIALS REQUIRED: Handout Pgs 106 -109 "Health Education for Individuals" Education for Health

EVALUATION: Ask partcicpants to conduct role play using principles identified from group findings and from handout.

TIME REQUIRED: 240 minutes (120 minutes each segement)

III. BRAINSTORMING: Participants brainstorm advantages to home visiting as a health education strategy for CS/ORT in Bauchi State. Group then refines list and determines how practical home visiting is in their job situations. Also identify possible disadvantages to home visiting in Bauchi State.

Materials: Handout "Types of Counselling - Home Visits "

EVALUATION: Ask several partcicpants to identify one situation in their jobs in which home visits are appropriate.

DAY 7 - 9

OBJECTIVES

BEST AVAILABLE

By the end of the session participants will be able to do the following:-

Describe methods of communicating the health message under the following categories:-

- -Sharing Idias
- -Looking at life and Behaviours
- -Creating involvement

KNOWLEDGE REQUIRED:

1. SHARING IDEAS
   - -Talks
   - -Songs
   - -Dance
   - -Proverbs
   - -Town criers

) Basically used for giving people health knowledge and facts.

Health Talks:- most common method. Shal be combined with other methods e.g. use of visual aids, proverbs, songs and discussion.
- know your audience, select an appropriate topic, collect up-to-date information; prepare list of points, write a draft, practice, limit talk to 20 minutes with 15 minutes for discussion/questions.
- arrangements - place/time. Choose the right place at the best time.

2. PROVERBS
   - -Short common sence saying that have been passed from generation to generation.
   - -Used to support or illustrate a health point ...can be used in a health talk, demonstrations, stories, posters flip charts.

3. DANCE
   - -Communities ideas through movement of body. Some dances mark specific events
   - -In additions to conveying ideas can help bring people together in fellowship and happiness.

4. SONGS
   - -Used to express ideas and feelings can be used to give people ideas about health especially where singing is a natural part of a culture.
   - -Can help people remember information if the tune is attractive. Good for passing information about CRT.

.../2

BEST AVAILABLE

5. TOWN CRIERS -Traditional way of making announcements and passing on information. Can be used for specific health messages about mother and child health.

2. LOOKING AT LIFE AND BEHAVIOUR

-Stories
-Fables
-Drama

Useful to show how others have tried new ideas. Helps people accept and practice new kinds of behaviour.

STORIES:
- -gives information and ideas
- -encourage people to look at attitudes and values
- -help people decide how to solve their problems.
- -effective stories are believable; realistic, short clear, not offending.
- -follow story with discussion and questions, allow listeners to draw conclusions and opinions.

FABLES
- -make believe stories that parents and grandparents have been telling children for generations. Usually characters are animals.
- -Can teach children proper ways of behaving Especially effective for sanitation/CRT/ nutrition education.
- -Use for groups of children and parents.

DRAMAS
- -Portrays life and tells a story in a "theatrical" way.
- -Dramas can be more interesting than stories because people can both see and hear the story.
- -Usually good for large groups or whole communities.
- -Requires greater preparation clothes, scenery, actors.
- -Traditional drama and modern drama.
- -Drama provides a good opportunity for people to participate.

CREATING INVOLVEMENT

-Discussion Groups
-Role Plays

-helps people get involved in sorting out personal or community problems and making decisions that will promote health.

..../3

Discussion Groups

-Allows people to say what is on their minds; talk about problems; ask for help or suggestions
-Group provides encouragement and support
-Small groups are best for sharing
-Plan discussion groups around common needs and interesrs.
-Build up relationships, encourage sharing and participation.

Role Play

-Has much in common with drama
-Is different in that we only know the beginning of the role play not the ending.
-People volunteer for roles
-Act out real-life situations to better understand problems and results of behaviour.
Gives people experience in communication, planning and decision-making skills
-Works best when people know and trust each other.

DAY 7 - DAY 9

LEARNING METHODOLOGY

I BRAINSTORMING: Participants identify all possible ways to share ideas about health. Develop list. Ask partcicpants to identify most common method of sharing ideas. Trainer guides answers. Asks partcicpants to identify all the characteristics of a good health talk. List on board.

SMALL GROUP ACTIVITY: Participants form groups of five and choose a CS/ORT topic and prepare a health talk incorporating characteristics identified previously.

GROUP PRESENTATIONS: Groups present talk. Whole group discusses quality of presentations. Suggests improvements/changes.

READING ASSIGNMENT: Participants review presentation in light of reading handout"Communicating the Health message - Health Talks"

EVALUATION: Participants describe changes they would make in their health talks given review of handout.

TIME REQUIRED 240 minutes

II. LEARNING METHODOLOGY: Trainer asks participants to identify common proverbs found in their community. Participants brainstorm list and then select those which are suitable for use in health education for CS/ORT. If participants have difficulty generating proverbs distribute handout " Proverbs".

GROUP EXERCISE: In pairs participants present a short presentation 5 mins incorporating a local proverb.

DAY 7 - DAY 9 (contd)

LEARNING METHODOLOGY

II. GROUP EXERCISE (contd) Participants identify possible songs that my be incorproated into health presentations especially for health education activities for ORT

EVALUATION: Trainer observes participant presentations

TIME REQUIRED: 90 minutes

III. GROUP EXERCISE: Participants discuss and identify how local town criers may be used in health education actvities designed to share ideas concerning CS/ORT. Participants read handout."Sharing Ideas - Using Town Criers"

MATERIALS REQUIRED: Handout "Sharing Ideas - Using Town Criers"

TIME REUIRED: 45 mins

2. LOOKING AT LIFE AND BEHAVIOUR -

LEARNING METHODOLOGY

GROUP EXERCISE: Participants review "Hookworm Story" from Day 4. Identify what value the story form had for them. Compare story-form to lecture in terms of interest, ability to stimulate discussion and so on. List "advantages" that stories have as a method of communicating the health message.

READING ASSIGNMENT: Participants read in turn the story "Janaki and Saraswati" from CHPT 13 HHWL Werner and Bower.

DISCUSSION: Participants discuss points brought out by story. Identify principles that can be used to create stories effective in health education for CS/ORT in Bauchi.

MATERIALS REQUIRED: "Hook worm Story" and handout "Janaki and Saraswati"

EVALUATION: Participants form groups of 5 - create a story each that can be used in health education activities for CS/ORT in Bauchi State. Present story to whole group.

TIME REQUIRED: 120 minutes

FABLES

LEARNING METHODOLOGY Trainer reads fable to participants. Asks them to identify point of fable. Through socratic questioning participants identify usefulness of fables in communicating the health message.

READING EXERCISE: Participants read handout "Looking at Life and Behaviour - fables " Identify common fables told in the community in which participants work? Identify or create fables that relate to CS/ORT or related health matters.

MATERIALS REQUIRED: HANDOUT "Looking at Life and Behaviour - Fables "

EVALUATION: Trainer reviews exercise to see if fables created are appropriate for health education activities for CS/ORT.

TIME REQUIRED: 90 minutes

DRAMAS

LEARNING METHODOLOGY Participants brainstorm advantages the drama form has for health education. Participants review handout on "Drama".

MATERIALS REQUIRED: Handout -"Communicating the Health Message - Drama" Pgs 240 - 243 Education for Health. WHO Provisional Version

EVALUATION: TRAINER asks participants to describe how dramas can be useful for health education.

DAY 7 - 9

CREATING INVOLVEMENT - Discussion Group

LEARNING METHODOLOGY

EXERCISE Trainer selects 5 participants to perform discussion group exercise. Trainer uses lottery method to select group members. Trainer leads discussion on the topic " Problems I might face when I return to practice health education for CS/ORT in Bauchi State "
Observers note how well discussion proceeds. Identifies role of the discussion leader. Describes the purposes that the discussion served.
Observer conclusions are listed and then whole group reviews list.

READING ASSIGNMENT Participants read handout "Discussion Groups" and compares conclusions identified earlier with learning points in the handout.

EXERCISE : In pairs participants identify all possible discussion groups in their communities for CS/ORT. Then whole group chooses one discussion group topic and creates a plan for the discussion group.

MATERIALS NEEDED: HANDOUT " Discussion and Support Groups"

EVALUATION: Trainer reviews group plan

TIME REQUIRED: 120 minutes

DAY 7 - 9 (contd)

CREATING INVOLVEMENT - Role Play

LEARNING METHODOLOGY Trainer and several participants perform role play, " The Irate Husband " about a husband who is afraid that his wife will get ill if she practices child spacing.

Observers judge performance.

GROUP DISCUSSION: After role-play, participants discuss the observations of both the observer group and the role-play participants. List conclusions about the advantages and disadvantages of of role plays.

READING EXERCISE: Particpants, in turn, read handout "Role Play" Pg 259 - 261 EFH WHO Provisional Version Learning points of article listed on board.

SMALL GROUP EXERCISE: In groups of 5 participants create role play on CS/ORT and present it. Whole group reviews performances. Changes noted.

MATERIALS REQUIRED: Handout " Role Play " Pg 259 - 261 EFH

EVALUATION: Trainer observes role plays.

TIME REQUIRED: 150 minutes

Roundup Discussion Participants read and discuss handout "Creating Partnerships with People"

MATERIAL REQUIRED: Handout - "Creating partnerships with People" Pg 205 - 206 EFH WHO Provisional Version.

TIME REQUIRED: 45 minutes

APPENDIX E

COPIES Of MATERIALS DEVELOPED DURING ACTIVITY

APPENDIX E
COPIES OF MATERIALS DEVELOPED DURING ACTIVITY

B A U C H I S T A T E
CS/ORT HEALTH EDUCATION

What is Health Education:

7 Health Education are those activities designed to help people to help themselves live healthy lives. It encourages people to understand their problems and make choices of the most appropriate solutions for themselves.

Health Education and CS/ORT in Bauchi State:

Some reasons:-

a. CS/ORT has specific health benefits for mothers, children and families.

b. Misconceptions exist about child spacing in Bauchi State.

c. People need support in developing self conficence

d. People need to be able to make informed decissions about child spacing.

e. ORT is an easy, effective, cheap treatment for dehydration caused by diarrheoa. It's success as a community health measure depends on its widespread use in homes in Bauchi State.

B A U C H I S T A T E
CS/ORT HEALTH EDUCATION
WORKSHOP: Handout.

Health Education principles:

1. Does not force or push people to change behaviour.
2. Does not only give INFORMATION.
3. Does help or allow people to think about the causes of their prblems.
4. Does help or allow people themselves to think about and create solutions to their problems.
5. Provides help and advice that people actually need and want.

PERSONAL QUALITIES EFFECTIVE HEALTH EDUCATOR:

1. Shows consideration for others.
2. Shows caring and concern.
3. Shows respect forpeoples feeling, ideas, beliefs andpractices
4. Shows good manners, is factul andpolite.
5. Accepts, does not condemn community ideas.
6. Praises people; builds self confidence and reliance.
7. Works hard
8. Shows patience, understands that quick results are not always possible.
9. Shows empathy for others
10. Shows honesty.

School of Nursing
Bauchi
- Idiris Matinga

HEALTH EDUCATION

Health Education is a process of influiencing voluntary behaviour change which will result in improved health status.

Process of helping people learn what to do, and how to do it right in order to have better health.

Social Network System:

A Community is a group of people sharing the same geographical and cultural enviromment but not necessary the same administrative structure. It is the basic of social seting e.g.

1. -.Individual
3. -.Wards/Compound
2. -.Famity
4. -.Town/Cities

The role of Health Education is "Filter Role" and it is looking after the community and helping them to desseminate health problems. The Health Education is a gap between the educator to comsumer, to give skills to those who provides health to the community.

Unless the community releases their role in health, the health education will never achieve its aims. The best health educators are those who go to the people, live among them, learn from them, love them, start with what they know built on what have and when their task is acomplised the people all remark we have done it ourselves.

Principles of Health Education:

1. People are more comitted to the actions and changes which they choose for themselves e.g (Wearing of helmit).
2. Every behaviour is health related but there are factors whihh influnced behaviour e.g age, sex, religion and status.
3. Health Education is change by choice not by force.
4. Consumer should be actively involved and participate in all phase of health education process including:-
   Identifying needs, mobilizing resources, solving problems and evaluating results.
5. People belief and customs influence their health culture

.../2

Actions taken by people influence their health.

6. All health programmes should have health education component that deals with people health behaviou.

Communication in Health Education:

Communication is a process by which health information or News is passed on or shared or exchanged in order to influenced a behaviour change.

Techniques of Communication:

a. Verbal Communication:-

-Face to face discussion

-Small group informal discussion

-Panel discussion

-Adress to an assembly of Elders

-Songs, Folklors, Proverbs, Quatations.

b. Non Verbal Communication:-

-Sympathetic listening

-Welcome

-Concentrate attention

-Use of facial expression and body

-Body language

Sign language

-Gesture

-Symbols

-Written records, books, letters etc.

c. Audio - Visual:-

-Use of facial expression

-Role play

-Flanned graphs

-Blackboard or posters

-Slides

-Puppets

-Audio - tapes, radio

-Story telling.

In order to achieve learning and translation into behaviour, thefollowing has to be observed:-

.../3

-Use of repetition andreinforcement

-Active participation of the learner in the development of ideas.

-Reinforcement of the learner by peers

-Simplicity of the messege

-Use of models and demonstration of new ideas

Planning Health Education Programme:-

Nothing can be achieve without planning and planning can be defined as "A detailed and esystematic programme for action", andis a process through which a decission is transformed into action.

How to plan Health Education:-

Step One:-

i) Identification of Health problems and settling of goal. e.g The goal of Family Planning and Oral Rehydration Theraphy in our State is " To improve theHealth and general well being ofthe people of Bauchi State by Educating the public on the importance and methods of Family Planning andincreasing the availability of Family Planning Services; To bring about adoption of effective Diarrhoeal Management practices in every home in Bauchi State".

ii) Know how the people view the problems

iii) You must have a knowledge of predictable feasibility of the programme taking into consideration social, political and economic conditions.

Step TWO:-

Determination of the desired practices and analysis of factors influencing the change process.

i) Find out what they know and don't know.

ii) Determine to what extent the programme is acceptable to the people.

iii) Identify the Target population and modifying factors e.g esx, age manpower training, Health facilities, equi ments, transport, records and finance.

Step B:-

Assessment of available resources and evaluation of the objectives at all stages of the programme e.g How many families accept the spacing of children, and use ORT in their homes,. It is here we must assess the cost effectiveness and benefits of the programme.

Qualities of Health Education:-

In order to give effective health education, the following were identifed as qualities of health education by our study group.

-Respect

-Tactiful

-Polite show good manner

Don't condemn ideas of client

-Praise community contribution

-Hard work and prepare for frustration

-He must have empathy.

Some Principle of Effective Health Education:-

-You can not force people

-You must not only give information,

-You must help people to think about their own problems and to think about solution to the problems, that will give community full participation which will change their behaviour towards positive health attitude.

BAUCHI STATE
CS/ORT HEALTH EDUCATION
WORKSHOP:

RESOURCES FOR OUR CS/ORT PROGRAMME (Group 1)

1. Elders:

Elders are respected by the community. If they approve or accept an idea or practice the community usually apprives and accepts the idea also.

2. Village Heads:

As with elders, they have decission-making and organising power in a community.

3. Teachers:

Often meet with parents. Have influence over parents concerning some aspects of the welfare of children. Have some understanding ofthe needs and characteristics of adolescents and young adulst.

4. Influential people/Opinion leaders:

Wealthy people will often contribute financially to good causes. Can support ORT programmes. Opinion leaders are listened to by community members.

5. Hertalests, Traditional Birth Attendants:
or Local Midwives, Traditional Healers.

Haven an understanding of the health practices of Local Community. People believe they have special gifts and talents. They respect these practitioners.

6. Mothers:- take main responsibility for health care in family.

7. Older children:- Often look after younger brothers and sisters. Can use ORT easily and correctly.

8. Social Organisations:- Many clubs exist for various reasons to look after members interests, e.g Religious organisations, self-helps groups, young farmers clubs, womens organisations etc.

9. Town criers, traditional singers and drummers:poets:-

Useful for giving help in getting across health messages in a familiar form. Can compose songs, give messages for ORT and other healthy practices for mothers and children.

10. Festivals:-

Offer good opportunities to present health information and messages to many people at once.

11. Radio/T.V.:-

Also provides good opportunities to present health information on CS/ORT to many people at once.

12. Pharmacists andMedicine Sellers:-

Are used by many people in self-treatment. If provided with correct CS/CRT information may help reduce abuse of CS drugs and other unhealthy practice.

13. Prsent Clinic Facilities:-

These facilities allow CS/ORT to be integrated with community health prgrammes already in existance e.g Expanded Pgrogramme on Immunization (E.P.I).

Step 5:-

Assessment of available resources and evaluation of the objectives at all stages of the programme e.g How many families accept the spacing of children, and use ORT in their homes,. It is here we must assess the cost effectiveness and benefits of the programme.

Qualities of Health Education:-

In order to give effective health education, the following were identifed as qualities of health education by our study group.

-Respect

-Tactiful

-Polite show good manner

Dontt condemn ideas of client

-Praise community contribution

-Hard work and prepare for frustration

-He must have empathy.

Some Principle of Effective Health Education:-

-You can not force people

-You must not only give information,

-You must help people to think about their own problems and to think about solution to the problems, that will give community full participation which will change their behaviour towards positive health attitude.

B A U C H I S T A T E
CS/ORT HEALTH EDUCATION
WORKSHOP:

BENEFITS OF CHILD-SPACING (in order of importance for Bauchi State)

Maternal Benefits:-

Mother will be able to:-

a. regain strength after delivery
b. have sufficient rest
c. regain possible blood loss
d. regain uterine tone
e. devote adequate attention to infant in order for it to be nourished and loved.

Spacing births benefits an infant by increasing its chances of surviving infancy through more attention nourishment from mother.

Family Benefits;-

a. a wife can enjoy sexual relations with her husband without fear of an early unhealthy pregnancy.
b. parents can space their children according to their ability to feed clothe and educated them.
c. parents and grand parents will be able to love and control their children more readily and thereby produce better citizens.
d. if births are well spaced new infants are more appreciated when they are born.
e. a mother may maintain her feminine posture.

BEST
AVAILABLE

BAUCHI STATE:
CS/ORT HEALTH EDUCATION
WORKSHOP.

SOCICAL FACTORS AFFECTING CS/ORT ACTIVITIES

(From group2)

1. Religious and cultural beliefs:

   a. In Bauchi State amongst Muslims and Hausa people it is believed that it is God's will for one to produce as many children "as God gives you". People therefore do not accept the idea that they should not have children if they are able to.

   b. On the other hand religious beliefs also say that a man must have children to the extent that he is able to care for them well.

   c. People believe that having children is a sign of wealth and popularity. A fertile family with many children is seen as a blessed family. There is pride in having many children.

   d. In Bauchi culture polygamy is a common and acceptable practice. Women are therefore reluctant to limit their children since the number of children one has affects the size of inheritance from the husband and father. Wives may compete to have the highest number of children to increase their security and inheritance.

Status of women:

   a. Wives are controlled by the decissions taken by their husbands expecially concerning child-spacing.

   b. Men have higher status than women.

   c. Women have the greater responsibility for household tasks including health care.

   d. Many women have not had much schooling. Takes longer for them to understand or accept "New" ideas and practices.

/2

BEST
AVAILABLE

Children:

a. Male children are preferred over female children. Families without many male children often try to have more male babies.

b. Children, especially girls, share many household responsibilities with their mothers. Boys may share farming responsibilities.

c. Many infants die before they grow up.

Child-Spacing:

a. In thepast the words "Family Planning" have been translated literally into Hausa to mean "stop having children". This idea is unacceptable to most people. Child-spacing is a more appropriate idea.

b. People do not like to be seen going to a family planning/child spacing clinic. Child spacing visits should be done in "Secret" because people want it that way.

Medical Services:

a. Sometimes it is hard to obtain cooperation from the various levels ofservice. Some Midwives get frustrated.

b. Doctors are highly respected in the community.

Economic Conditions:

a. Un-employment is getting to be a bigger problem. People are under-stress.

b. Economic austerity measures affect everyone. People feel under-pressure.

BEST AVAILABLE

CHILD SPACING (FAMILY PLANNING)

DEFINITION:-

Is an decision made by individuals or couples to have child spacing or regulate fertility in order to promote health and welfare of family planning and this contribute effectively to the social development of the country.

BENEFITS OF FAMILY PLANNING:-

A. GENERAL BENEFITS OF FAMILY PLANNING:-

Three general assumptions can be made in relation to an adequate family planning programme in a community.

1. All individual children will benefit if they receive the time, love, food, care and attention needed to grow.
2. Each family can be more productive if childbearing is well spaced and an excessive number of children does not deplete family resources.
3. Each community can adjust more readily to the demands for health services, schools, food supplies, employment, and transportation if there is moderate, gradual growth.

B. HEALTH BENEFITS:-

1. Decrease in mortality:

Studies on an international basis have shown consistently that there has been a decrease in mortality of mothers and children wherever family planning services have become established and used.

a. Maternal

Numerous factors have contributed to a decline in maternal mortality in many countries of the worl. Certainly better nutrition, better prenatal and delivery services and new knowledge have made a significant contribution.

However, the most common causes of maternal mortality continue to be infection, toxemia and hemorrhage. Of these, hemorrhage is perhaps the most import and predisposing factor. Many women weakened by blood loss are more likely to become victims of puerperal infection.

Maternal motality is also correlated with social and economic factors. Lack of a trained attendant at

delivery, poor hygiene, lack of transportation to an adequate medical facility, poor health education, significant dietary deficiencies and lack of contrapeptive services all contribute to the problem.

For all of these reasons, it is imperitive to place emphasis on improved maternal health services and to include meaningful family planning education and services to these people. It is now possible for all mothers and particularly those at high risk of illness or mortality to space or limit their pregnancies. Maternal age, parity, ilness and previous obsterical complications are all factors to be considered in estimating the degree of risk.

b. Perinatal:-

Many of the same factors that contribute to maternal risk affect perinatal mortality. "An interval of approximately two years between the end of one pregnancy and the beginning of another is associated with the lowest incidence of late fetal and neonatal mortality and prematurity ... Stillbirths are most frequent among firstborn infants, especially if the mother is over 35. The very young mother also displays a somewhat high stillbirth rate, as well as other problems"(Day 1967:).

c. Childhood:-

Figure 2.1 has information on infant deaths under one year per 1,000 live births related to the space between births. Although these figures are from India, they are typical of the situation in most developing countries. Africa and the Middle East may have somewhat higher figures. These figures are quite dramatic in showing the effects of spacing.

"Survival through childhood is more likely if pregnancy intervals are three years or more. (Day 1967:) Numerous other factors affect childhood mortality which can be related to spacing and size of family, for example,

the food supply, parental neglect, and the prevalence of contagious disease in large families. It is well known that premature birth occurs more frequently when birth order is high and the spacing interval is short. Prematurity is one of the leading causes of perinatal, infant, and childhood mortality in may countries of the world.

2. Decrease in complications of pregnancy and delivery is a worthy objective of a family planning program.

a. Grand multi-paras

Statistics and experience have shown that women who are grand multi-paras (five or more pregnancies) carry increased risk of mortality and obstetric complications. These complications may be toxemia, placental disorder, uterine rupture, malpresentation, or hemorrhage. Other effects not caused by but associated with pregnancy may be chronic high blood pressure, kidney disease, heart disease, and various manifestations of maternal depletion. Of less frequency but still significant is the greater danger of developing diabetes and cancer of the cervix (Omran 1971, Chap.3). There is also increased risk of producing a child with Down's Syndrome (Mongolistm) when the mother is over age 35.

b. Pregnancy prevention in times of stress.

Another great advantage to the use of cintraceptives is the prevention of pregnancy in times of illness or family stress. These conditions may occur in the mother or any other family member. Depending on the nature of the illness or stress, complications in childbearing can develop as a result of physical illness or anxiety. Examples may include tuberculosis, mental illness, severe injury, famine, or loss of employment.

c. Concept of age or minimum risk

The concept of the age of minimum reproductive risk has emerged from data collected in many types of stituations and countries. "The ideal age for maternity appears to be between 20-30 years" (Day 1967:21). One assumes that factors other than physical ones contribute to this estimate. Life experiences, maturity, and readiness for the parental role are also important aspects of rducing the risks.

Childbearing by adolescents has increased tremendously in developed as well as developing countries. The physical risk is greatest in women less than 16, and there are much higher rates of reproductive wastage.

Several studies have supported the premise that maternal age alone can affect morbidity and mortality rates in pregnant women. Still others emphasize the relationship of parity, ../4
general health and socio-economic conditions to the age factor.

3. Advantages of spacing.

The concept of spacing one's pregnancies is far more acceptable to many people than the idea of limiting family size. There are a number of reason for this. This concept emphasizes the basic premise of "freedom to choose." It gives couples the opportunity to decide when they will plan for another baby. Contraceptive use is a means to exercise their basic right. Another advantage of the spacing concept is that it requires no decision that is final nor does it terminate a couple's capacity to reproduce. (See plate 2.1.)

a. Maternal depletion vs. maternal replenishment

Maternal depletion is a condition where the mother is worn out by frequent pregnancies and increased responsibility for a growing family. It shows up as anemia, malnutrition, high blood pressure, experienced by women in countries where there is a high fertility rate. The prevention of maternal depletion is understandable when it is realized that many pregnancies with very short intervals in between do not provide for the mother to gain back her strength. Therefore, allowing time for maternal replenishment is a commendable goal of spacing.

b. Better infant care

Another benefit of spacing is the opportunity for the couple, especially the mother, to give better care to their infant. Without similar demands from a sibling who is very young, the mother is much freer to give attention and quality care to her child, at a time when mutual needs are great and relationships are being formed. It also enables her to gain considerable satisfaction from her accomplishment. In addition, the mother can continue breast feeding without fear of depriving herself or another unborn child.

4. Prevention of genetic disease

Prevention of genetic disease among couples with known hereditary defects ranks high in importance as a benefit of family planning. Medical knowledge has progressed to the point that many of the more serious inherited illnesses can be predicted. Couples with known hereditary disease manifested in their earlier children would be well advised to use family limitation to decrease the risk of their producing more defective children. Examples of hereditary disease might include some types of blindness, sickle cell anemia, and certain forms of mental retardation.

5.

BEST AVAILABLE

5. Prevention of communicable disease

Prevention of communicable disease in most of the developing countries would have a tremendous impact on their morbidity and mortality rates. Childhood diseases plus diarrhea and pneumonia are still leading causes of death in the early ages. It is obvious that effective immunization programs and attention to water purification and sewage disposal would substantially reduce this number. Also, it is known that communicable disease fluorishes where there is poverty, crowding, malnutrition, and child neglect. Family planning can contribute effectively by permitting the spacing and the reducing of the number of children per family.

6. Improvement of nutritional status

On a worldwide basis and notably in parts of Africa, hunger and famine occur on a periodic basis. The chief cause is drought. However, even where food is in fair supply, there is a primary need for improvement of nutritional status. Education, agricultural reform and improved water supply are only part of the answer. It is the annual increase in the number of mouths to be fed that defeats the efforts to improve nutrition. (See plate 2.2) Most countries in Africa and the Middle East are expected to double their populations in 25-30 years. Already food production in many countries cannot meet the needs of existing populations and even greater shortages will occur as the number of people rapidly increase.

a. Breastfeeding

For the child and its mother, continuation of breastfeeding has many benefits. For the mother, delayed return to ovulation and fertility provide her with a chance to recover from the effects of childbearing (maternal nutrient replenishment). For the child, prevention of Kwashiorkor, marasmus, and growth failure can be accomplished by longer breast-feeding and an adequate waning diet.

Breast milk is of vital importance for all babies in Africa and the Middle East. Even where sanitation can be assured, the benefits go beyond the provision of nourishment. Breast feeding supplies needed vitamins, a continuous and available supply of an essential food, and the establishment of a relationship between mother and child that contributes to trust and growth.

..../6

BEST AVAILABLE

b. Food for growth:-

Appropriate and sufficient food for growth and development is needed throughout the developmental years. Not only physical growth is affected but emotional and social growth as well. Some studies have shown that in large families it is the oldest children that are the most likely to be deprived of their share of food. In some cultures, the father eats first, then the younger children, then the mother (even if she is pregnant) and older children eat last. In others the order of children may be reversed. Food taboos may figure largely in the nutrition pattern of some countries or cultures. When proteinprich foods such as meat, chicken, eggs, and milk are prohibited for pregnant women or for children during their formative years, serious damage may result. When these foods are in short supply and there are many mouths to feed, the end result is the same.

c. Maternal nutrition:-

Nutritional status of the pregnant mother has a direct bearing on the birth weight of her fetus and when she will deliver. Prematurity has been found to have a relationship to poor nutritional status. The lower the birth weight for gestational age, the less chance for survival. Family Planning encourages a couple to have children when the mother is in the best nutritional state and after an appropriate interval since the last pregnancy.

7. The improvement of mental health and family adjustment;

The improvement of mental health and family adjustment as a health benefit of family planning may be somewhat difficult to measure. Most studies have been done in Western cultures. However, it can be assumed that in smaller families there may be less stress if there is adequate housing and more food, money, and parental time to meet the needs of individual family members. "The relationship within families--husband and wife, between mother and children, and among siblings--become more complex with each additional family member ..."(Omran 1971:75).

BEST
AVAILABLE

On must not overlook, however, the strength of the extended family. Provided there are enough of the basic necessities of life and congenial relationships, there is unity, support, and loyalty here, particularly in times of stress. There is some concern, however, that these strengths are undergoing change. Modern living, flight to the cities, industrial development and inflationary costs for basic necessities are causing a breakdown in the way the extended family functions.

C. Socio economic Aspects

1. Decrease in unwanted pregnancies.

Through the practice of family planning, there can be a substantial decrease in unwanted pregnancies. Even in countries where children are highly valued, frequently a particular pregnancy is not desired. It may be because of family mobilaty such as nomad groups that move at a certain time of the year. It could be that a woman has become impregnated by someone who is not acceptable to the family or she has a pregnancy outside of marriage. It may be that crops have failed or the source of income is cut off so that the family is experiencing severe economic stress. There is great variation in the way families and societies handle an unwanted pregnancy. It often depends on their religious and cultural orientation.

2. Educational potential for children:-

The educational potential for children is usuallly improved in families with fewer children. Although education is considered "free" in many countries, other expenses are involved--books, school supplies, clothes, food, and often transportation. These expenses are difficult or impossible to meet for parents with many children who are close together in age. In the past, illiteracy and lack of practical education were not the problems that they are today. Now with the development of industry and agricultural reform, it will be imperative that all those working in these fields have at least the ability to read and write. Further education will be needed to provide teachers, nurses, doctors, lawyers, business and managerial personnel.

BEST AVAILABLE

3. Intellectual development:-

Studies in some of the developed countries have shown that children from smaller families who probably receive more individual stimulation from an early age are usually advanced in their intellectual development (Omran 1971, Cha.6). These children often have better self-esteem and believe in their own potential for success. This is closely tied in with the educational potential discussed above. Much further research needs to be done on theeffects of family composition, especially in countries where there is rapid transition from the extended to the nuclear family.

4. Financial potential for families:-

Improvement in the financial portential forfamilies is an advantage that can be realized through spacing and limitation of the number of children. Children are expensive to feed, clothe, and educated, and most parents desire to fulfill this responsibility to the best of their ability. With fixed wages or salaries it becomes more difficult to continue dividing income to accommodate more and more children.

a. Employment

Work opportunities will vary by community. In some there are industries and manufacturing; in others the economy is built on agriculture and marketing. Employment is a realistic goal for most adults. Heads of families (male or female) must find a means to support themselves and their dependents. In areas where population is high, there is keen competition for a place in the work force. Children from large families often are forced into menial jobs in the labor market at any early age in order to bring income into the family.

b. Working women:

The availability of jobs for women and their actual employment are said to be two major factors in reduction of fertility. Some employers have made work opportunities for women on a partime basis; others provide work for a full day

BEST
AVAILABLE

or longer. Nevertheless, in areas where outside employment of women is high, there has been noted an increase in demand for contraceptive services and a lowering of the birth rate. One might speculate on the motivating factors in outside employment of women. It does provide an alternative option for women to gain status, in addition to that of motherhood, and it can promote a degree of independence and financial gain. It must be recognized that many women, particularly in rural areas, not only work at home, caring for the families, but also raise a large part of the family's food as well as cash crops for the market. Frequent pregnancy with its increasing maternal risk eventually takes it toll on the mother's ability to carry out these responsibilities.

5. Land inheritance:-

Exessive division of land and property through inheritance can be a problem in some areas and to some families. In agricultural communities land is usually handed down to sons (and sometimes daughters), who in turn pass it on to their children. In large families this practice may soon become meaningless as land is subdivided further. The smalll portions that are left may not be large enough to support sufficient crops and livestock to feed a family.

The parttern of inheritance varies widely in different parts of Africa and the Middle East. In some, "bride price" extracts a sizeable amount from a family's resources. In some urban areas, a business must be shared and ewantually inherited by family members, usually sons.

In most of these circumstances couples will wish for enough children to insure continuity of family lines and traditions, but not so many that providing for them will deplete theri possessions.

6. Community level:-

At the community level the purpose of family planning is to improve the quality of life for the people. A community that grows too rapidly cannot provide enough basic services to keep pace with that growth. For example, in the health field, services

are needed for maternity and well-child care, sick and handicapped children, injury, contagious disease, and prevention and treatment of malnutrition. When the demands for such services increase rapidly, the quanity and quality of the services usually diminish. Similarly, schools, transportation, employment, food supplies, and other community services are strained when there is little time to plan for their orderly development.

7. National level:-

On the national level there is serious concern for survival. An eminent African, Edem Kodjo of Togo, Secretary-General of the Organization for African Unity (OAU), at the African Economic Ministers meeting in April, 1980 said:-

> Africa is undergoing a difficult period; times are so hard that her survival is in question...The continent's population will grow from the present 400 million to 813 million by the year 2000...By the same year t there will be 60 million unemployment Africans... But we can save ourselves if we...turn the tide and adopt a new way of looking at Africa...(Nabwiso 1980:).

In the light of this dire prediction, family planning should be considered as a "humanitarian movement" (Nabwiso 1980:). Equal concern has been expressed in several countries of the Middle East.

Therefore, the benefits of family planning to nations are the sum of all the benefits to individuals, families, and communities. Each nation must be aware of these implications, develop policies, and make provitions for the needs of their people.

APPENDIX F

EVALUATION MATERIALS

APPENDIX F3

SUMMARY OF PARTICIPANT REACTION DATA

BAUCHI STATE

CHILD SPACING/ORT PROGRAMME

COMMUNITY HEALTH EDUCATION

WORKSHOP

I2/5/86 - 23/5/86

PRE/POST - TEST NAME_____

INSTRUCTIONS: PLEASE ATTEMPT ALL QUESTIONS.
FOR Q.I - Q I3 choose the best THREE ANSWERS.
FOR Q I4 write ONE ANSWER ONLY
EACH ANSWER IS WORTH ONE MARK.

QI. Adults should be taught differently from children because
a. they have greater experience
b. they need to solve real-life problems
c. they do not really care how you teach them
d. they do not like to be treated like children

Q2. Bauchi State (MOH) has a CS/ORT programme
a. that has been going since I985
b. because CS/ORT provides health benefits
c. to stop people having babies
d. because diarrheoa affects many children

Q3. Three possible obstacles to CS/ORT programmes in Bauchi state are:
a. people do not need CS/ORT
b. people's religious beliefs
c. people do not care about health
d. people fear child spacing methods
e. peole distrust health workers

Q4. Name three possible resources for CS/ORT programmes in Bauchi state
I._____
2._____
3._____

Q5. Three qualities of a good community health educator are:

a. He/she encourages people to help themselves

b. He/she forces people to adopt healthy practices.

c. He/she acts like a boss over the community.

d. He/she works with community leaders.

e. He/she respects community leaders.

Q6. Three reasons why community health education is necessary are:

a. It can help a community become strong

b. People do not know anything about health

c, It can encourage self-help

d. Medical services cannot provide everything

e. People are not interested in their health

Q7. Which of the following will a goood community health worker use to find out about his/her community: (pick the <u>best</u> three)

a. Listening to mothers

b. talking with leaders

c. Using one main source of facts

d. Reading reports and records

e. Talking with outside experts

Q8. Three ways in which a health educator can create good relationships with a community are by:

a. Being friendly with people

b. Visiting only if you have time

c. Respecting community beliefs

d. Spending most time in the health centre

e. Visiting leaders regularly

Q9. Three skills required for good communication by a community health educator are

a. Good talker.

b. Good listener

c. Good singer

d. Good explainer

e. Good artist

QIO. Which three things will help a community health educator understand people's behaviour?

a. knowing about their culture

b. knowing about their beliefs

c. having a high education

d. knowing people's values

e. keeping away from community activities and decisions

QII Three things to keep in mind when giving a health talk about CS/ORT are:

a. get people to ask questions

b. do not waste time repeating things

c. ask people to repaet things

d. assume people do not know anything

e. use stories or proverbs to help discussion

QI2. Three things to remember when organising community action are:

a. Spend time planning

b. encourage people to take decisions

c. do not bother busy leaders

d. force people to do what you know is best

e. allow everyone to take part

QI3. Stories and dramas are good for CS/ORT presentations for which three reasons below?

a. People enjoy stories

b. Stories can be interesting

c. Stories are fro children only

d. they are easy to make up

e. stories help understanding

QI4. Give one reason why pictures, posters or drawings can improve a health education meeting.

_____

_____

_____

_____

ANSWER KEY

Q1 a,b,d.

Q2 a,b,d.

Q3 b,d,e.

Q4 Leaders, mens organisations, teachers, agricultural extension workers, T.B.As, other mothers.

Q5. a, d, e,

Q6. a, c, d,

Q7. a, b, d,

Q8. a, c, e,

Q9. a, b, d,

10. a. b, d,

Q11. a, c, e,

Q12. b, a, e,

Q13. a, b, e.

Q14. - STIMULATE DISCUSSION
- HELP UNDERSTANDING
- STIMULATE INTEREST
- HELPS EXPLANATION.

PRE/POST TEST SCORES

	SCORES	
	Pretest	Posttest
I.	36	39
2.	37	39
3.	40	40
4.	37	40
5.	36	40
6.	39	40
7.	35	40
8.	36	40
9.	39	38
I0.	37	40
II.	36	39
I2.	34	40
I3.	38	38
I4.	39	38
I5.	38	40
I6.	38	40
I7.	36	40
I8.	40	40

Two participants, one late arrival and one early departure, do not [redacted] complete pre/post test scores. These were excluded from the tabulations.

Mean	33	35
Mode	36	40
Median	37	40
Range	34-40	38-40

SUMMARY

Course ID# Master Copy

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

a.Very clear	b.Mostly clear	c.Somewhat clear	d.Not very clear	e.Not clear at all
15	4			

2. Workshop objectives seemed to be achieved:

a.Entirely	b.Mostly	c.Somewhat	d.Hardly at all	e.Not at all
6	13			

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

19 a.All material was useful

_____ b.Most materials were useful

_____ c.Some material was useful

_____ d.Little material was useful

_____ e.No material was useful

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

a.All the time	b.More than half the time	c.About half the time	d.Less than half the time	e.None of the time
15	4			

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
3		15		

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
2	3	9	4	

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

a. Very useful	b. Mostly useful	c. Somewhat useful	d. Not very useful	e. Not useful at all
18				

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
13	3	1	1	

9. In this workshop I learned:

16 a. many important and useful concepts,

2 b. several important and useful concepts,

____ c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

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

13 a. many important and useful skills,

4 b. several important and useful skills,

1 c. some important and useful skills,

____ d. a few important and useful skills,

____ e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a.Very good	b.Good	c.Acceptable	d.Barely acceptable	e.Poor
3	1	1	3	11

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

a.Very effective	b.Effective	c.Somewhat effective	d.Not very Effective	e.Not effective at all
12	7			

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

a.Always	b.Often	c.Sometimes	d.Rarely	e.Never
16	3			

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

a.Very effective	b.Effective	c.Somewhat effective	d.Not very effective	e.Not effective at all
9	10			

15. 17 a.I would recommend this workshop without hesitation,

____ b.I would probably recommend this workshop

1 c.I might recommend this workshop to some people

____ d.I might not recommend this workshop

____ e.I would not recommend this workshop.

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

16 a. Additional time for the workshop

____ b. More limited time for the workshop

4 c. Use of more realistic examples and applications

9 d. More time to practice skills and techniques

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

1 f. More effective trainers

1 g. More effective group interaction

____ h. Different training site or location

____ i. More preparation time outside the training sessions

1 j. More time spent in actual training activities

1 k. Concentration on a more limited and specific topic

1 l. Consideration of a broader and more comprehensive topic

____ m. Other (specify)_____

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

* Supplement not available to participants.

	very useful 1	2	3	4	hardly useful 5
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					

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

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures	11	5	1	1		
b. group discussions	15	2	2			
c. individual exercises	5	3	5	1		
d. group exercises	10	7	1			
e. clinical sessions						X
f. field trips						X
g. handouts/readings	13	5				
h. books						X
i. audio-visuals						X

Master Copy

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

14 a. Counselling and/or client education

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

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

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

4 e. Supervision of Family Planning Services

9 f. Management of Family Planning Service System

3 g. Planning/Evaluation of Family Planning Services

1 h. Policy Making/Direction of Family Planning Services

1 i. Community Based Distribution of Contraceptives

6 j. Community Based Outreach, Education or Information

3 k. In-Service Training in Family Planning

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

____ m. Other (specify) _____

_____

20. Additional Comments: _____

_____

_____

_____

Feel free to sign your name. (Optional)

_____

May, 1985

PRE/POST TEST SCORES

	SCORES	
	Pretest	Posttest
I.	36	39
2.	37	39
3.	40	40
4.	37	40
5.	36	40
6.	39	40
7.	35	40
8.	36	40
9.	39	38
I0.	37	40
II.	36	39
I2.	34	40
I3.	38	38
I4.	39	38
I5.	38	40
I6.	38	40
I7.	36	40
I8.	40	40

Two participants, one late arrival and one early departure, do not ~~have~~ complete pre/post test scores. These were excluded from the tabulations.

Mean	33	35
Mode	36	40
Median	37	40
Range	34-40	38-40