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TRIP REPORT:

JHU/PCS VISIT TO LAGOS, IMO, ANAMBRA, BENUE  
BORNO, BAUCHI, KANO AND KADUNA STATES  
NIGERIA

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## ACKNOWLEDGEMENT

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## EXECUTIVE SUMMARY

Kim Winnard, Program Officer, The Johns Hopkins University Population Communication Services (JHU/PCS), visited Nigeria February 20 to March 16, 1986 to undertake the following activities:

- Imo State: Submit subagreement, AF-NGA-06, "Imo State Women's Workshop" for signature and implementation;
- Anambra State: Submit fixed price contract, AF-NGA-07, NTA/Enugu "In a Lighter Mood" TV episodes, for signature and implementation;  
Submit a consultant commitment letter to Mrs. Veronica Tabansi, Senior Nurse Matron at the University of Nigeria Teaching Hospital (UNTH), for her services in monitoring, implementing and evaluating AF-NGA-07;
- Borno and Kaduna: Follow-up on previous discussions of proposed projects;
- Benue, Bauchi, Kano States: Explore IEC initiatives with AID Affairs Officer (AAO) contacts.

Carol Kazi, Associate for the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) living in Maidugui, Borno State, accompanied Winnard through Borno, Bauchi, Kano and Kaduna states.

Recommendations from the trip:

1. Imo State: a) JHU/PCS should determine, based on internal budget parameters, when to begin providing support to the project "Imo State Women's Workshop" (AF-NGA-06) once signature has been obtained from the MOH; b) Mrs. Solanges Smrcka, IEC Coordinator of The Institute of International Studies in Natural Family Planning at Georgetown University should be contacted regarding inquiries for technical and financial assistance made in Imo by the Pro-Life Association of Nigeria; c) the trip reports and project documents prepared by Consultants David Pyle and Sung Hee Yun for the proposed five-year Imo State FP program should be reviewed.

2. Anambra State: Technical assistance should be provided to support the development of the TV episodes and the monitoring system of the UNTH FP Clinic; it is recommended that TA be provided sometime in June/July when production begins.
3. Benue State: JHU/PCS should support a visit to Ogun or Kwara State by two HSMB staff to learn about state campaign launchings and outreach activities of nurses. JHU/PCS should also develop guidelines in conducting state-wide IEC campaigns for use by Benue when developing a workplan and budget for their proposed activities;
4. Bauchi State: JHU/PCS should review the INTRAH-Bauchi FP/ORT curriculum for possible support of an IEC materials development component in the section on community motivation. JHU/PCS should also request PPFN/Lagos and Jos to channel more Hausa print materials to Bauchi, including the recently printed male motivation leaflets produced under project AF-NGA-03;
5. Borno State: JHU/PCS should draft and submit a workplan and detailed proposal based on the most recent discussions. Borno MOH should submit budget details and names of personnel who will participate as trainers in the project's proposed workshop;
6. Kano State: JHU/PCS should follow up on the Islam/FP Broadcasters' Workshop concept through further correspondence with Kano City TV and other media houses throughout the northern states;
7. Kaduna State: JHU/PCS should draft and finalize the revised version of the proposed project.
8. General: JHU/PCS should contact the Federal Development Support Communication (DSC) Unit of the Social Development Directorate (UNICEF-sponsored) in Emene, Enugu, Anambra State to negotiate the possibility of printing materials on oral rehydration therapy (ORT) and immunization at no cost.

## List of Abbreviations

AAO	- AID Affairs Officer
AF	- Africa
AID	- Agency for International Development
CTV	- City TV, (Kano State)
DSC	- Development Support Communication
EPI	- Expanded Programme on Immunization
FGD	- Focus Group Discussion
FH	- Family Health
FP	- Family Planning
HSMB	- Health Services Management Board
IBC	- Imo Broadcasting Corporation
IEC	- Information, Education and Communication
IISNFP	- Institute for International Studies in Natural Family Planning
INTRAH	- International Training in Health
IUCD	- Intrauterine Contraceptive Devices
JHPIEGO	- The Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/PCS	- The Johns Hopkins University/Population Communication Services
KSBC	- Kaduna State Broadcasting Corporation
LGA	- Local Government Area
MCH	- Maternal and Child Health
MOH	- Ministry of Health
MOI	- Ministry of Information
NFP	- Natural Family Planning
NGA	- Nigeria
NTA	- Nigerian Television Authority
ORT	- Oral Rehydration Therapy
PASTF	- Population Awareness and Service Task F
PC	- Population Council
PIACT	- Program for the Introduction and Adaptation of Contraceptive Technology
PLAN	- Pro-Life Association of Nigeria
PPFN	- Planned Parenthood Federation of Nigeria
RAPID	- Resources for Awareness of Population Impact on Development

**LIST OF ABBREVIATIONS  
CONTINUED**

- SHT** - School of Health Technology
- TBA** - Traditional Birth Attendants
- UCH** - University College Hospital
- UNICEF** - United Nations International Children's Educational Fund
- UNTH** - University of Nigeria Teaching Hospital

## OWERRI, IMO STATE

Officials met: Reverend T.N. Odoemela, Permanent Secretary, Ministry of Health (MOH); Dr. Reginald Eke, Chief Health Officer, MOH; Mr. Simon O. Okoronkwo, Principal Statistician, MOH, and Coordinator of all State Task Forces; Ms. Chibuzo L. Oriuwa, Senior Nutritionist, MOH, and Assistant Coordinator of all State Task Forces; Dr. Obiribe, Manager of Expanded Programme for Immunizations (EPI) and Vice-Chairman of the Population Awareness and Services Task Force; Ms. Stella Dike, Assistant State FP Coordinator, MOH; Mrs. Amadi, Assistant Chief of Health Sisters, MOH; Dr. Anne Onujiogu, State Director of Pro-Life Association of Nigeria (PLAN).

### Activities and Observations

Winnard was accompanied by Population Council (PC) Senior Associate, Richard Moore, PC Consultant David Pyle, and JHU/PCS Consultant, Sung Hee Yun, to Owerri, Imo State. Pyle and Yun were to assist the Imo State MOH in developing a five-year health and FP project. Winnard was to implement the JHU/PCS project "Imo State Women's Workshop," AF-NGA-06, with the Imo State Ministry of Health. Carol Kazi of PIACT was also a part of the group, although her work was solely with Planned Parenthood Federation of Nigeria (PPFN/Imo).

Before going to Imo, a briefing was held in Lagos with the AID Affairs Officer (AAO), Keys MacManus, and World Bank Field Representative, Khadiyat Mojidi. MacManus recommended key officials to contact regarding the Population Awareness and Services Task Force (PASTF), including the former Permanent Secretary of the MOH, Mr. A.E. Izuwah, who is now the Permanent Secretary of the Ministry of Local Government. Mojidi and MacManus discussed with Winnard and the JHU/PCS consultant the proposed national population policy plan and how it might relate to drafting the five-year plan for Imo State. The Federal Plan will be implemented in four capital cities - Kaduna in the north, Jos in the central region, Abeokuta in the west, and Owerri in the east. The Plan emphasizes an IEC (information, education and communication) campaign in urban areas where clinics and communication facilities are more complete. The campaign for the rural areas would follow once the urban sector has been

covered. MacManus and Mojidi left it up to Moore, Pyle and Yun to work with the Imo State MOH in determining if the five-year plan should first emphasize the urban or rural sector.

When they reached Owerri, Winnard, Moore, Pyle and Yun met with officials of PASTF. Initial discussions were held with Simon Okoronkwo, State Task Force Coordinator, Dr. Obiribi, Vice-Chairman of the PASTF, and Stella Dike, Assistant State FP Coordinator. Unfortunately, Grace Ogbonna, State FP Coordinator, and Dr. Kahlu, Chairman of PASTF, were unavailable for the first week. However, after discussing PASTF accomplishments and remaining goals, a full workplan of activities for the following days was scheduled with the MOH in order to gather the data which Pyle and Yun needed (See Sung Hee Yun's trip report for more details).

Winnard presented the JHU/PCS project document, "Imo State Women's Workshop, AF-NGA-06," to Dr. Eke, Project Director, for finalization and signature. The document was formally presented to the Permanent Secretary, Rev. T.N. Odoemela, for his review; the Permanent Secretary was then to present the document to MOH Commissioner Nwanko. Unfortunately, Commissioner Nwanko was out of town. Winnard left instructions with Kazi and Yun to follow up on completion of the signed document and the fiscal information sheet. A bank check equivalent to the initial advance payment of the project was left with Kazi and Yun to be given to Dr. Eke upon receipt of the signed document. Yun was asked to hand carry the document back to JHU/PCS. The starting date of the project is March 1, 1986 (see Appendix B, Project Summary).

Winnard also met briefly with Dr. Anne Onujiogu, Imo State Director of the Pro-Life Association of Nigeria (PLAN). Dr. Onujiogu was initially contacted during the first stages of the development of the Imo State Women's Workshop proposal when NFP (natural family planning) materials were included in the design of the project. PLAN is interested in receiving funds and technical assistance to develop IEC materials covering: 1) prenatal sex selection; 2) help for childless couples; 3) spacing methods. PLAN has already co-produced (with PPFN) two 30-minute episodes on the weekly TV program "Medicare", a talk show of medical experts sponsored by the Imo Broadcasting Corporation (IBC). The first episode was on the Billings Methods; the second episode was on modern contraceptive methods.

Dr. Onujiogu was given information about the Institute for International Studies in Natural Family Planning (IISNFP) of the Georgetown University Department of Obstetrics and Gynecology Institute in Washington, D.C.

#### Recommendations

1. JHU/PCS should determine, based on its budget parameters, when to implement the AF-NGA-06 project once it is reviewed and signed by the Imo MOH;
2. Mrs. Solanges Smrcka, IEC Coordinator of IISNFP should be contacted regarding inquiries made by PLAN. (Done)
3. The trip reports and project documents prepared by Pyle and Yun should be reviewed for an in-depth account of the proposed five-year Imo State FP program.

#### ENUGU, ANAMBRA STATE

Officials met: Mr. Obi Ebo, General Manager, NTA/Enugu; Mrs. Elizabeth Okaro, Director of Programmes, NTA/Enugu; Mr. Frank Okeke, Director of Commercial Services, NTA/Enugu; Mrs. Veronica Tabansi, Senior Nurse Matron, UNTH/Enugu.

#### Activities and Observations

Winnard visited Anambra to 1) implement the final fixed-price contract between JHU/PCS and NTA/Enugu (AF-NGA-07) to produce family health/family planning components of 26 episodes of the TV program, "In a Lighter Mood." (See Appendix C, Fixed-Price Contract); and 2) implement a contract of services with Mrs. Veronica Tabansi of the UNTH FP Clinics to monitor the impact of the TV program on the clinic's acceptor rate.

NTA/Enugu: The terms of the contract were discussed with Mrs. Okaro and Mr. Okeke. Four considerations were pointed out regarding the 10-minute family health/family planning components:

- 1) The component could be one 10-minute block of time or it could be spread throughout the 30-minute episodes;

- 2) The component could be in one format (e.g. drama) or a combination of formats (e.g. drama, interviews, song);
- 3) There should be a sense of continuity in the drama format between weekly episodes;
- 4) Family health issues (e.g., ORT, hygiene, EPI) should be linked with family planning practices.

Mrs. Okaro was also given a set of guidelines for writing the synopses and the script for each component. The guidelines contain sections to describe 1) the message of the component; 2) a slogan or jingle used; 3) the format of the component; and 4) details of the content of the format.

Revisions of the contract since initial discussions in November, 1985, were discussed. The first three episodes are to be pretested with the assistance of Mrs. Veronica Tabansi, UNTH Senior Nurse Matron, at no cost to NTA/Enugu. An advisory committee, also to be set up by Mrs. Tabansi, is to review each produced episode for quality and conformity to the synopsis before the episode is aired.

Mrs. Okaro and Mr. Okeke agreed with the above revisions. The contract was submitted to and signed by General Manager Obi Ebo. Broadcast of the episodes is scheduled to begin July 1, 1986.

Three blank  $\frac{3}{4}$ " color video cassettes were given to Mrs. Okaro to facilitate the transfer onto video of the first six episodes for the JHU/PCS copies. Mrs. Okaro also received a copy of the Population Report "Healthier Mothers and Children Through Family Planning," and Donald Bogue's book, "25 Communication Obstacles to the Success of Family Planning Programs." These materials are useful in understanding the inter-relationship of health and family planning as well as ways of communicating that understanding.

Tabansi/UNTH: Mrs. Tabansi, unfortunately, was not available during this visit, but was met later in Borno. A consultant commitment letter (see Appendix D, Consultant Commitment Letter) requesting her services in pretesting and reviewing the episodes, and monitoring and evaluating the TV program's

impact on the rate of new acceptors at the UNTH FP clinic, was reviewed and agreed upon by Mrs. Tabansi. Mrs. Tabansi was also requested to complete and sign a fiscal information sheet and a USAID 1420 Consultant Biodata Form.

A check covering initial expenses of activities to be conducted by Mrs. Tabansi was given to her upon signature of the consultant commitment letter.

#### Recommendations:

If needed, technical assistance should be provided in June/July to:

- a) support the development and pretest phase of the TV program; and
- b) to review the monitoring system set up by Mrs. Tabansi.

#### MAKURDI, BENUE STATE

Officials met: Mrs. Lucy Aluor, Commissioner of Health, MOH; Mr. J. Orya Ikyaagba, Permanent Secretary, MOH; Dr. Rosemary Abdullahi, Chief Health Officer, MOH; Dr. Sulaiman, EPI Manager; Mr. Bala Haruna, Chief Health Planner, MOH; Dr. Mary Ogebe, Medical Director, HSMB; Mrs. Susannah Attah, Assistant Chief Health Sister and State FP Coordinator; Mr. Attmadu Aruwa, General Manager, NTA; Mr. Calvin N.W. Ajir, Manager of Programmes, NTA; Mr. Tom Aba, Corporate Affairs Officer, NTA; Mrs. Era Adoga, Principle Sales Executive, NTA; Mr. L.V. Amokaha, General Manager, Radio Benue; Mr. Dan Okolo, Research Editor, Nigeria Voice .

#### Activities and Observations

Winnard met briefly with Dr. Keys MacManus, AID Affairs Officer and Mrs. Shitta-Bey, Program Specialist, who were also visiting Makurdi at the time. All three met with Drs. Abdullahi, Ogebe, and Sulaiman as well as with Mrs. Attah to discuss the status of family planning services in Benue and its capacity to absorb new acceptors if a media campaign were implemented promoting FP and its service points. The following information was obtained after two days of meeting the officials mentioned above.

### Background Information

There are approximately 4.2 million people living in the 13 local government areas (LGAs) of Benue. There are five major languages spoken: Yaba, Idoma, Tiv, Bass Nge, and Igede. Pidgin English, however, is apparently widely understood. Seventy percent of the people are Christian, half of whom are Catholic; 20 percent practice traditional religion and 10 percent are Muslim. Polygamy is commonly practiced.

### Family Planning Information

The Health Services Management Board (HSMB) oversees management of clinics statewide. The MOH supplies clinic facilities and equipment and trains clinic staff. There are 49 FP clinics, 13 of which are full-service (i.e. provide IUCD, pills and condoms); five are located in Makurdi. A total of 76 doctors, nurses and nurse-midwives have been trained in FP by University College Hospital/Ibadan (UCH/Ibadan) and International Training in Health (INTRAH). The long-term goals of the HSMB in conducting an IEC campaign are (1) to inform 80 percent of the adults in Benue State about FP methods and services and (2) to increase the new acceptor rate at each clinic to 50 per month.

### Mass Media

The HSMB and MOH already have very good relations with the various media houses in Makurdi. Radio Benue has already provided a 30-minute lecture series on family health, called "Family Digest", shown every other Saturday morning. When discussions were held with the General Manager about producing and airing radio spots and developing a more entertaining radio show, free airtime was offered in return for production costs. Language is a factor; news is telecast in all five languages.

NTA/Makurdi provides free air time and production costs for two 30-minute weekly talk shows on health care. When discussions were held with several staff from NTA, an additional 15 minutes of free airtime were offered following the nightly Network News program. NTA also will provide free airtime as long as production costs are covered. The HSMB is planning to present lectures on child spacing, clinic services, social support, breastfeeding and NFP, contraceptive methods, and vital population statistics, to be aired in the provided time slots.

The Nigerian Voice, a local newspaper with a circulation of 25,000 and distribution to Kaduna, Bauchi and Plateau states, has already given free-of-charge a 1/2 page space every Sunday for use by the HSMB and MOH. The research editor indicates that the paper could run a cartoon/illustration every week at no cost as a public service announcement. The paper also offered to contact a good graphic artist from the MOI to assist the HSMB/MOH.

Several messages and themes on FP resulted from two days of discussion. A repeated message brought about by the EPI program is that now that one's children are expected to live, one "needs" fewer of them. Health officials were also insistent about promoting the health and economic aspects of FP while downplaying the number of children a family should have. FP as a tradition should also be emphasized. In addition, there is a need to translate vital and meaningful population and health statistics into understandable language for policymakers and lay persons.

The audiences the HSMB and MOH would like to influence are 1) policy makers including government officials, religious, traditional and women leaders; 2) community health workers and other extension workers in contact with villages; and 3) women at risk.

Activities discussed which would incorporate the suggested messages to be conveyed to the targetted audiences include: 1) a symposium for policymakers, including a re-showing of the Nigeria RAPID presentation; 2) community motivation workshops for outreach workers on interpersonal and counselling skills (this would include extension of nurses/midwives into marketplaces to sing songs and discuss FP; and 3) enhanced TV, radio and print materials, including a Benue State version of RAPID.

### Recommendations

The HSMB and MOH are excited about the possibility of integrating the above activities into a coordinated and effective state-wide campaign. The HSMB and MOH will gather more budget information on media production as well as develop a workplan for the symposium and workshop. JHU/PCS should:

- 1) Support a visit to Ogun or Kwara State by two HSMB staff to learn about state campaign launchings and marketplace outreach;

- 2) Develop a guideline on conducting a state-wide campaign and media blitz which would incorporate the above activities suggested by the HSMB and MOH;
- 3) Present the guidelines and incorporate program and budget information for final discussions within the next four months.

### BAUCHI, BAUCHI STATE

Officials met: Mrs. N. Ahmed, Assistant Chief Health Sister and State FP Coordinator, HSMB; Mrs. Polina Dogo, Principal Nurse Sister and State FP Coordinator, HSMB; Mr. Elam Robaino, Principal Health Officer, HSMB; Mrs. T.A. Tukka, Principal, School of Health Technology, Gombe; Na'omi Pam, Nursing Sister, Azare Maternity Clinic.

### Activities and Observations

Winnard and Kazi arrived in Bauchi during the National Conference of Health Ministries (March 3-7). Mrs. Ahmed and Mrs. Dogo, however, were kind enough to take the time to meet and discuss FP services and motivation in Bauchi State.

There are four million people in Bauchi. The State is predominately Muslim, although 80 percent of all government workers come from the Christian local government area (LGA) of Tangale Waje in the southeast. Hausa is widely spoken, read and taught in primary schools.

FP activities started in earnest in May 1983 with the first FP clinic attached to the Department of Gynecology at the Bauchi Specialist Hospital. There were 284 new acceptors that year. Two more clinics were added in Bauchi city in 1984 (1,658 new acceptors). The total now stands at nine FP clinics, all full-service throughout the State: three in Bauchi city, two in Azare, one in Gombe, Kaltungo, Dass and Jarna'are. There are 15 FP clinicians (trained by UCH/Ibadan, INTRAH) to staff these clinics. Three or four new clinics are to open by late 1986.

Print materials and broadcasting opportunities are scarce. Most of the materials available come from PPFN/Jos. Bauchi was given 1,000 Hausa booklets,

but few are left. NTA/Bauchi offers free air-time to Ms. Dogo for two 30-minute talk shows (one in Hausa, one in English) on health/FP. The program is aired once every month.

Other media possibilities are the numerous cinemas in town which attract a predominately young male audience, as male motivation is a primary concern here in Bauchi. There is also a government-sponsored Bauchi Dance Troupe that performs for various functions.

Mrs. Dogo emphasized that although more print materials could be used, especially on male motivation, their need at present is for more trained FP clinicians. INTRAH had just developed a child-spacing/ORT curriculum to be used in the Schools of Nursing, Midwifery and Health Technology. Part of the curriculum concerns community motivation. Mrs. Dogo directed Winnard and Kazi to meet with Mrs. Tukka, the Principal of the School of Health Technology, to further discuss the possible introduction of media materials into the curriculum as teaching aids. Mrs. Tukka was supportive and suggested that any teaching aids used in the curriculum could also be used by community health workers upon their return to the community after attending refresher courses. The school trains and provides refresher courses to over 230 community health aides, assistants and supervisors per year. Mrs. Tukka and one other FP clinician are the only trainers in FP/ORT at the school.

This point of support seems appropriate in future activities of the Bauchi MOH. The MOH is planning to establish village health committees. Each committee will select a village health worker to act as a liaison between the village and the community health worker. Any materials provided for the school and any assistance in providing IEC support materials in the curriculum would be appropriate and timely, as materials and information could be taken back directly to the community by the health workers.

### Recommendations

1. JHU/PCS request PPFN/Lagos and PPFN/Jos to channel more Hausa booklets to Bauchi, including materials produced for the AF-NGA-03 Plateau State project (male motivation leaflets, general FP methods booklets, posters);

2. JHU/PCS review the INTRAH-Bauchi FP/ORT curriculum for possible support in developing IEC support materials on community motivation and work with INTRAH and Mrs. Tukka in coordinating this effort.
3. JHU/PCS monitor the development of the village health committees and village health workers by visiting Mrs. Osaki, Community Health Supervisor for Dass LGA. Mrs. Osaki has already established such a system; Dass also has a full-service FP clinic.

### MAIDUGURI, BORNO STATE

Officials met: Mr. Dauda Bangalu, State FP Coordinator, MOH; Mr. Yamta Kachala Ali, Chief Health Educator, MOH; Mrs. Jummai Yonibaya, Mrs. Ruth Ishaku Dikko, Mrs. Firera Atiyaye, Nurses at the FP and Nursing Home/Maiduguri; Mr. Adamu Abdu, General Manager, and Mr. Yakubu, Program Manager, NTA/Maiduguri; Ms. Ester Bala, Nurse, FP Clinic, General Hospital, Potiskum.

### Activities and Observations

Winnard joined Kazi in Borno to discuss with health officials the project proposal which was submitted to JHU/PCS for funding. In a meeting with Mr. Bangalu and Mr. Ali, details of activities and sequencing of events of the proposed project were discussed. A workplan (See Appendix F, Project Workplan) was drafted with the following proposed activities:

- 1) Project Orientation: Introduction of the project goals, objectives, activities and schedule to the staff. The overall impact of the project on the acceptor rate at FP clinics and how this will be measured will be discussed. Smaller evaluations of individual components of the project will be described as well. Pre-project collection of clinic attendance records and sample surveys of where clients have heard of FP will be developed and assigned.
- 2) ORT leaflets: Production of 20,000 leaflets, half in English, half in Hausa. Technical assistance on message development and pretesting will be provided by JHU/PCS. Printing will be done locally at a competitive price, or by UNICEF in Enugu, Anambra State at no cost. Leaflets will

be distributed, 1) during two area workshops for Community Health Workers and 2) to ORT Demonstration Units already established throughout Borno. Evaluation of the leaflets will be conducted through FGDs in the area workshops and ORT Demonstration Units.

- 3) Radio spots: Development, pretesting, revision, production and airing of jingles, slogans and public service announcements in Hausa, Kanuri, and English. One spot each on FP, ORT, and Immunization, each spot in three languages will be developed. Evaluation will be through FGDs and monitoring of clinic attendance records. Radio spots will be aired following the state-wide symposium.
- 4) TV Drama - FP components of existing dramas in Hausa and Kanuri. Due to time and manpower constraints, two episodes of existing dramas will be scripted to incorporate FP/family health themes. The two shows, performed in Hausa and Kanuri, are to be aired initially during the week of the symposium and repeated throughout the project's duration. Evaluation will include FGDs and clinic attendance records.
- 5) Newscoverage - Public announcements and news coverage on radio/TV/newspaper of the Symposium and TV show. News coverage would include population issues as well as MCH themes.
- 6) Symposium - One-day meeting for representatives of government agencies, community groups, media houses, religious groups, university department on Islamic studies, and women's organizations. The objective of the symposium would be to raise the awareness of leaders in Borno State about FP; to offer information on services available; to enlist support and endorsements for FP; to motivate leaders to mobilize their constituents. The symposium will be well-publicized, will occur during the airing of the TV dramas and will set off the radio spots. JHU/PCS will provide TA and cover costs of the symposium, including production of any materials (e.g. Islamic leaflet or poster) and final report.

Planning of area workshops - Two identical workshops, five days each on community motivation and IEC materials development will be planned. The first workshop will cover the Northeast areas of Borno (9 LGA's); the second, held four months after the first, will cover the Southwest area (9 LGSs). After each workshop, a radio program will be aired for 13 weeks. Lessons learned from the first workshop will be applied to the second workshop. The planning session includes technical assistance from JHU/PCS, selected Borno trainers, and representatives from the School of Nursing, Midwifery, and Health Technology. Topics covered: objectives, workshop schedule, audience selection, guest lecturers, logistics, responsibilities, on-site versus classroom training time, pre- and post-questionnaire for trainers and participants; what action is desired from participants (e.g. guidelines for action in community); discussion of methods of poster development. Orientation of trainers to the whole project will be presented. A workshop plan for both workshops will be produced.

- 8) Radio program - Two quarters (26 weeks) of a weekly 15-minute Hausa, 15-minute Kanuri program on FP/ORT/Immunization. Technical assistance from JHU/PCS will be provided. The format will range from drama and song, to talk show, to on-site interviews. The first quarter of shows will be aired following the first workshop; the second quarter will follow the second workshop. One objective of the workshops will be to promote the radio shows and the organization of listening groups, if appropriate. Evaluation would include FGDs, clinic attendance records and an assessment by participants of the radio program following both quarters.
- 9) Area workshops - Community Health Workers from the Northeast area (first workshop) and Southwest area (2nd workshop) will be trained on mobilization/motivation techniques and IEC materials development. Participants include zonal FP coordinators (three in each area); representatives of Schools of Nursing, Midwifery and Health Technology, and the University of Maiduguri Department of Community Medicine will participate as resource persons. A poster on FP will be designed and

developed by participants in each workshop. FP methods booklets in Hausa (PPFN) and ORT leaflets will be used as training aids. An action plan for participants will be developed for use upon their return to their communities.

- 10) First assessment of first workshop and radio program and revision of second workshop plan - Participants of the first workshop will re-group after 2 1/2 months in the field to assess what was useful and what was lacking about the workshop and what effect the radio program has had on their work. Suggestions can be incorporated into the second workshop and radio quarter, to be conducted approximately two to four weeks after this assessment occurs.
- 11) A final assessment of the second workshop and second quarter radio program, as well as evaluation of clinical attendance records to date, will be conducted.

#### Recommendations

- 1) A workplan and detailed proposal should be drafted for submission to Borno officials before a follow-up visit for finalization.
- 2) Budget details and personnel for the project and training should be elicited from the Borno MOH.

#### KANO, KANO STATE

Officials met: Mr. Ahmed Usman, Permanent Secretary, MOH; Mr. Mahamad Babure, Chief Nursing Officer (CNO), MOH; Mr. Uba Jahun, Deputy CNO, MOH; Mrs. Marian Raji, Assistant Deputy CNO and State FP Coordinator, MOH; Mrs. Larai Sani Abubakar, Public Health Nurse, School of Hygiene, MOH; Mrs. Halina Makama and Mrs. Asabe Ibrahima, Nurses, Nasarawa Clinic General Hospital; Mrs. Lami Machido and Miss Rakiyas Ahmed, Producers, Women's Programs, City TV (CTV); Mr. Zakari D. Muhammad, Manager of Programs, NTA/Kano; Mr. Umrru Hamidu Doneji, Mrs. Aisha Y. Wazir, Mrs. Mariya Lawan,

Mrs. Hauwa Shehu, Producer, NTA/Kano; Mr. Bello Mahmoud, Director of Programs, Kano State Broadcasting Corporation (KSBC); Mr. Kabu, Program Manager, KSBC; Mrs. Sa'a Ibrahiun, Producer, KSBC.

### Activities and Observations

Winnard and Kazi met with Elhaja Larai Sani Abubakar, the AAO contact in Kano. Mrs. Abubakar was able to set up meetings with various health officials and representatives of media houses to make the visit a rewarding one.

There are 10 million people in the predominately Muslim state of Kano. Divided into 20 LGAs Kano has only 12 FP clinics, 10 of which are in Kano City; four are full-service clinics which include IUCD insertions. There is an average of 500 acceptors/month throughout the state. Twenty-two FP clinicians have been trained at UCH/Ibadan and PPFN with assistance from the Canadian International Development Agency. The Kano Health Services Management Board, which deploys trained personnel into health positions, has only placed approximately ten FP clinicians into FP activities.

Mrs. Marian Raji, the State FP Coordinator, emphasizes the need for an accelerated pace of training FP clinicians. She mentioned that JHPIEGO had all but finalized a project with the MOH to establish a center in Kano for training doctors and nurses as FP clinicians for the four states of Kano, Kaduna, Bauchi and Gongola. Implementation of the project, it was reported, has been delayed over one year by the MOH.

Mrs. Raji also described the efforts of the MOH to train traditional birth attendants (TBA). A total of 1650 TBAs have been trained from all 20 LGAs since 1978. A little over 2,000 TBAs remain to be trained in techniques of normal delivery, normal pregnancy and immunization. There is a proposal to the MOH from Mrs. Raji to introduce modern FP methods in the training of TBAs. The training will take place over the next five years.

The various media houses in Kano have had extensive relations with the MOH in both news coverage and existing programs. CTV, a commercial TV station in Kano, produces "Women's Scene", a 30-minute program aired in Hausa and English on Monday and Wednesday evenings. The program format includes inter-

views and talk shows; the budget for production is ₦50 per episode. They are planning to produce three episodes on FP and health, with emphasis on countering misconceptions of health practices. There is a great interest in CTV to exchange TV programs and programming strategies with other northern states, especially on airing societal, medical and religious views of FP. One immediate problem CTV faces is a scarcity of tapes; programs are erased after a certain period of time to make way for new recordings.

NTA/Kano also produces and broadcasts several programs on health for women and children every Saturday and Tuesday. NTA/Kano provides broadcasts to NTA/Jos, Kaduna and Sokoto; because the Hausa language is believed to be more "pure" in Kano, it is more widely understood throughout the north. However, the Hausa dialects in Plateau, Kaduna, and Sokoto are not widely understood outside of the respective states. The General Manager of NTA also expressed a keen interest in learning what programs other states have developed on societal development and Islam and expressed interest in a workshop which could be held every half-year to exchange strategies from different broadcasting houses on the impact of development on Islamic values and vice versa.

Kano State Radio Broadcasting Corporation airs three weekly talk shows on family health in English and Hausa. Voice of America, BBC, and Netherlands Radio are all chief contributors of the more medically technical broadcasts.

### Recommendation

Follow-up of Islam/FP Broadcaster's Workshop concept through correspondence with CTV and other media houses in the northern states.

### KADUNA, KADUNA STATE

Officials met: Dr. Suleiman Sani, Permanent Secretary, Ministry of Health (MOH); Dr. Y. Madaki, Chief Health Officer and State FP Coordinator, MOH; Mrs. Elhaja Bilquis Abdurrahman, Chief Health Educator, MOH; Mrs. Milkatu Yakubu, Assistant Chief Health Sister, MOH; Mrs. Talatu Kune, Chief Nurse, New General Hospital FP Clinic; Mrs. Rhoda Lirus La'ah, Nurse, and Mrs. Safaratu Daniel Bedan, Nurse, Tudun Wada MCH/FP Clinic; Mr. Saida A. Abdullahi, Controller of Commercial Services, Kaduna State

Broadcasting Corporation (KSBC); Mr. M.Z. Otonokwu, Head of Public Enlightenment (KSBC); Mr. Steve A. Ohimoko, Head of Research and Documentation Unit, KSBC.

### Activities and Observations

Winnard and Kazi visited Kaduna to gather more background information for developing an IEC project which integrates print material, radio programs and workshops. These activities and the possibility of developing a TV show had already been discussed in the December 1985 visit. Based on visits to clinics and discussions with broadcasting representatives, activities have been adjusted accordingly (See Appendix G Project Workplan).

- 1) A total of four posters, two on FP, one on ORT, and one on immunization will be printed (2,500 copies each) in Hausa using Roman and Arabic script. Intensive pretesting will be conducted to determine if Arabic script is indeed appropriate. One of the FP posters will be developed during the FP workshop. This particular poster may be designed as a male motivation poster using Koranic script, to be displayed in markets where men, not women, predominate.
- 2) The production of motivational booklets for low-literate families and an immunization leaflet, both in Hausa with Roman and Arabic script, will be produced (20,000 copies each). These print materials along with those made available from other states' activities will be presented in a kit for distribution to FP/MCH clinics and other related organizations throughout Kaduna. Additional multiple copies will be provided upon request from the Health Education Unit.

To print the ORT and immunization materials, the Federal DSC Unit of the Social Development Directorate (UNICEF-sponsored) in Emene, Enugu, Anambra State will be contacted. The DSC apparently prints ORT and immunization materials at no cost.

- 3) Three episodes of "Radio Theatre", a popular social drama format aired weekly, will be scripted and produced to cover FP and health issues.

The three episodes will be aired repeatedly every two months. Thirty copies of the episodes will be duplicated and distributed to selected FP/MCH city clinics to air during waiting hours for clients. The source of cassette players and supporting equipment is being explored.

- 4) Nine radio spots, one each on FP, ORT and immunization, each in Hausa, Kanuri and English, will be aired an average of three times daily for six months following the FP symposium.
- 5) A two-day FP symposium and a one-day immunization workshop will be held. The FP symposium is intended to raise awareness and motivate community leaders and religious leaders to support FP. A poster on male motivation using Koranic phrases, if appropriate, will be developed. Print material kits will be distributed during this symposium. The immunization workshop is for community leaders and public health workers and will motivate them to take a more active interest in the EPI program.

The estimated budget for these activities is roughly ₦69,460. If UNICEF/DSC Unit will print at no cost the ORT and immunization materials, the project cost would be reduced to about ₦49,000.

Support for the English version of the TV talk show "Health is Wealth" has been dropped. Instead, future support of a new TV program in conjunction with the Ministry of Education and Ministry of Social Services was discussed. Topics would include social issues addressed to women and secondary school-age children. The Kaduna Branch of the National Council of Women, drama and debate clubs of selected secondary schools, and the communications department of the Kaduna Polytechnical School, would provide support, talent, and scriptwriting for the program. Free airtime from NTA/Kaduna has already been provided for programs developed by secondary schools. Mrs. Abdurrahman will submit a proposal outlining the objectives of the program, collaborating agencies, groups and schools, and an outline of topics covered, a workplan and budget estimate. The program would be developed following a proposed workshop on "The Age of First Pregnancy as a Factor in FP" sponsored by the National Council of Women of ten northern states and by the University of Carolina RAPID II project. The workshop is tentatively scheduled to be held November 1986.

## Recommendations

1. JHU/PCS should draft and finalize the revised version of the proposed project. Contact should be made with UNICEF to determine the capability of printing at no cost;
2. JHU/PCS should collaborate with Mrs. Abdurrahman and UNC/RAPID II on the proposed symposium with the National Council of Women. Collaboration includes possible technical assistance during the workshop on IEC material development, and print materials for the workshop.

## CONSULTANTS

### Susan Rich, Program Officer, Population Crisis Committee (PCC)

Winnard met briefly with Susan Rich, PCC Program Officer consulting on a social marketing project conducted directly with the Marketing Women's Association in Abeokuta, Ogun State. The market women buy Golden Circle condoms wholesale at 20 kobo for four condoms and sell them for 10 kobo each. According to Rich, the women have sold over 40,000 condoms in the three-month period of October-December, 1985. That amount is greater than PPFN distributed in Ogun for all of 1985.

An 18-minute family planning song (juju music) was also recorded by Ademola Adepoju, an internationally known Nigerian musician. The song is heard from the loud speakers of trucks which re-supply the women with Gold Circle contraceptives.

Rich should be contacted in Washington, D.C. for further discussions on the project and possible collaboration in Ogun, Ondo and Imo State with market women associations.

### Bonnie Pederson, Director, American College of Nurses-Midwives

Winnard met briefly with Bonnie Pederson, who traveled to Sokoto exploring FP training and curriculum development involving traditional birth attendants (TBA). Pederson is also planning to visit Makurdi, Benue in June, 1986 to conduct training of TBAs.

Pederson should be contacted in Washington, D.C. for further discussions on possibly incorporating TBAs into potential IEC activities in Sokoto and Benue.

## LIST OF CONTACTS

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Ms. H.O. Shitta-Bey  
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Director of Programs

Mr. Bola Kusemiju  
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General Manager

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Controller of Programmes

Mr. Frank Okeke  
Controller of Commercial Services

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University of Nigeria  
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Imo State

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APPENDIX A  
LIST OF CONTACTS  
PAGE TWO

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Commission of Health

Mr. J. Orya Ikyaagba  
Permanent Secretray

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Mr. Bala Haruna  
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Mr. Calvin N.W. Ajir  
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Mr. Tom Aba  
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Mrs. Era Adoga  
Principle Sales Executive

Dan Okolo  
Research Editor  
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State FP Coordinator

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Mrs. Ruth Ishaku Dikko  
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Nurses, FP and Nursing Home

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Mr. Adamu Abdu  
General Manager

Mr. Yakubu  
Program Manager

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APPENDIX A  
LIST OF CONTACTS  
PAGE THREE

Bauchi

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Health Service Management Board  
Bauchi, Bauchi State

Mrs. N. Ahmed  
Assistant Chief Health Sister and  
State FP Coordinator

Mrs. Polina Dogo  
Principal Nurse Sister and State FP  
Coordinator

Mr. Elam Robaino  
Principle Health Officer

Naomi Pam  
Nursing Sister  
Azare Maternity Clinic  
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Mrs. T.A. Tukka  
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School of Health Technology  
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Kano State

Address:

Ministry of Health  
Kano, Kano State

Mr. Ahmed Usman  
Permanant Secretary

Mr. Mahamad Babure  
Chief Nursing Officer (CNO)

Mr. Uba Jahun  
Deputy CNO

Mrs. Mariam Raji  
Assistant Deputy CNO

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Mr. Kabu  
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Ms. Sa'a Ibrahim  
Producer

Kaduna State

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APPENDIX A  
LIST OF CONTACTS  
PAGE FOUR

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Chief Health Educator

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Assistant Chief Health Sister

Mrs. Talatu Kune  
Chief Nurse, New General Hospital  
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Mrs. Rhoda Lirus La'ah  
Chief Nurse

Mrs. Safaratu Daniel Bedam  
Health Sister, Tudun Wada MCH/FP  
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Mr. Jason Smith, Program Officer  
CEDPA (Center for Development and  
Population Activities)  
1717 Massachusetts Ave., N.W.  
Suite 202  
Washington, D.C. 20036

APPENDIX B

PROJECT TITLE: Imo State Women's Workshop  
ORGANIZATION: Ministry of Health (MOH)  
Owerri, Imo State, Nigeria  
PROJECT DIRECTOR: Dr. Reginald A. Eke, Chief Health Officer  
PROJECT DURATION: March 1, 1986 - February 28, 1987  
(12 months)  
PROJECT LOCATION: Owerri, Imo State, Nigeria  
PROJECT BUDGET: ₦34,325 (US\$ 41,190)  
PROJECT NUMBER: AF-NGA-06

PROJECT SUMMARY:

The purpose of this project is to strengthen the capacity of the MOH to carry out family planning and related health information, education and communication (IEC) activities. It is also intended to foster cooperation in family planning and related health IEC activities among the MOH, the Imo Broadcasting Corporation (IBC), influential women's groups and traditional leaders.

Communication objectives by audience are:

- To educate and mobilize women's groups to play an active role in family planning education, motivation, and service delivery;
- To obtain the endorsement of traditional leaders for family planning;
- To inform the general public, especially women, about family planning and the availability of FP services; and
- To increase the amount of information of FP methods available to clients in clinics.

The principal project outputs are: 1) one state-wide workshop for approximately 300 representatives from 140 women's organizations; 2) ten banners promoting the workshop; 3) 26 episodes of a 30-minute weekly radio show on health issues oriented toward women; 4) 500 posters and 10,000 flyers to promote the radio show; 5) 500 posters on health benefits of FP; 6) two radio spots; and one TV spot.

FIXED-PRICE CONTRACT  
between  
THE JOHNS HOPKINS UNIVERSITY POPULATION COMMUNICATION SERVICES  
and  
THE NIGERIA TELEVISION AUTHORITY/ENUGU  
in  
ANAMBRA STATE, NIGERIA

AF-NGA-07

This fixed-price contract is entered into between The Johns Hopkins University Population Communication Services, located at 624 North Broadway St, Baltimore, Maryland, U.S.A., hereinafter referred to as "JHU/PCS," and the Nigeria Television Authority/Enugu, located at Enugu, Anambra State, Nigeria, hereinafter referred to as "NTA/Enugu."

JHU/PCS and NTA/Enugu wish to develop, produce and air twenty-six episodes of the program, "In a Lighter Mood", with family planning and family health components incorporated into the script and broadcast. JHU/PCS can provide financial and technical assistance, and NTA/Enugu can provide the necessary expertise, equipment and services to undertake this endeavor. Therefore, JHU/PCS and NTA/Enugu mutually agree to the following:

ARTICLE I: SCOPE OF WORK OF NTA/ENUGU

- A. To develop 26 synopses with elaborated scripts of the family health/family planning component of the 30-minute program "In a Lighter Mood." Of the 26 episodes, at least 21 episodes will have 10 or more minutes of the family health/family planning component (see Attachment II for sample topics). NTA/Enugu will collaborate with Mrs. Veronica Tabansi, Senior Nurse Matron of the University of Nigeria Teaching Hospital in developing the component.

A slide and voice-over promotion of health and family planning services available at the University of Nigeria Teaching Hospital will be shown in the middle and at the end of each episode;

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- B. To produce and air 26 color episodes of "In a Lighter Mood" based on episodes and scripts previewed and approved by JHU/PCS. The first three episodes will be pretested in collaboration with Mrs. Tabansi. An advisory committee, organized by Mrs. Tabansi, will preview for acceptability, cultural appropriateness and quality and approve all episodes produced before each is aired. NTA/Enugu will cooperate with Mrs. Tabansi in completing these activities.
- C. To transfer in acceptable copy onto ½" color video tapes all episodes produced for submission to JHU/PCS. JHU/PCS will provide the tapes. Mrs. Tabansi will be responsible for shipping the tapes to JHU/PCS.

ARTICLE II: CONDITIONS

- A. JHU/PCS will review and approve all synopses with elaborated scripts before production of episodes begins;
- B. JHU/PCS will provide at least two technical assistance visits, or as required, to complete the project.
- C. NTA/Enugu will air one episode every Friday evening at 9:30 p.m. following the Network News;
- D. NTA/Enugu will produce free-of-charge five public service spots. The announcements will consist of a slide presentation accompanied by a voice-over. The five spots will run at least once a week for the duration of the episodes' air-time (See Attachment III for sample slogans);
- E. NTA/Enugu will promote the program with at least two TV spots a day for the week preceding the airing of the first episode. Following the launch episode, NTA/Enugu will promote the program once a week for the duration of the episodes' air-time. The program shall also be included in the regular NTA announcement, "What's in this Quarter?";

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- F. JHU/PCS will supply 13 blank  $\frac{1}{2}$ " 60-minute video cassettes for use in transferring the episodes to tape by NTA/Enugu;
- G. NTA/Enugu will submit one progress report and a final report. The progress report should be at JHU/PCS by October 30, 1986 and the final report is to be submitted one month after the final episode is aired. JHU/PCS should be informed of any delays or problems in project implementation. JHU/PCS will provide the format of the report;
- H. NTA/Enugu will commit time and resources for the implementation of the agreement. Specifically, the Controller of Programmes shall be identified as the person accountable for the execution of the agreement.
- I. JHU/PCS has the right to use the final product on a world-wide, non-commercial basis.

ARTICLE III: TERMS OF PAYMENT

- A. The total Naira amount in this agreement is ₦22,984.
- B. Each episode developed, scripted, produced, aired and transferred onto  $\frac{1}{2}$ " video tape will cost ₦834.
- C. The total U.S. Dollar amount will be based upon the individual rates of exchange at the time of payments with the understanding the total amount shall not exceed \$24,896.
- D. The method of payment is as follows:
  - 1. JHU/PCS will pay NTA/Enugu:
    - a. ₦100 per episode developed (synopsis with elaborated script on family health/family planning), reviewed and approved by JHU/PCS; and

- b. ₦784 per episode produced, aired and transferred onto tape in accordance with the terms and conditions aforementioned. JHU/PCS will be billed by NTA/Enugu after every fourth episode. This invoice should include a certification jointly signed by the Controller of Programmes and Controller of Commercial Services stating that the episode has been duly produced, aired and transferred onto tape, and a certification from the Advisory Committee stating that the produced episodes are of acceptable quality and substantially conform to the scripts.
1. Payment will be rendered by cable from JHU/PCS to the NTA/Enugu bank account in Lagos, Nigeria. The US dollar amount to be wired will be calculated from the official foreign exchange rate of US dollar to Naira by the Maryland National Bank in Baltimore, Maryland (USA) on the date of transmission.

#### ARTICLE IV: PERIOD OF PERFORMANCE

The period of performance begins upon the date the agreement is signed. Airtime dates are July 1, 1986 through September 30, 1986 (third quarter) and October 1, 1986 through December 31, 1986 (fourth quarter). The termination date of the project is February 28, 1987.

#### ARTICLE V: FEDERAL ACQUISITION REGULATIONS APPLICABLE TO FIXED-PRICE CONTRACT

The Federal Acquisition Regulations listed in Attachment I are herein incorporated into this contract. Any reference to AID or to the government shall be construed to be JHU/PCS.

#### ARTICLE VI: TERMINATION

JHU/PCS, may, at any time, by written order to NTA/Enugu, terminate, stop work on any part of, or make changes to the work produced under this agreement by NTA/Enugu.

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This agreement may be terminated by either JHU/PCS or NTA/Enugu upon thirty (30) days written notice.

ARTICLE VII: CONTENTS

This fixed-price contract consists of the following:

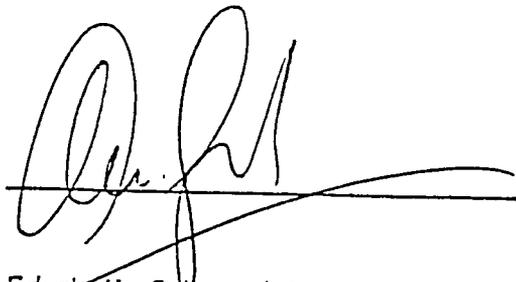
1. Articles I through VII.
2. Attachment I, Federal Acquisition Regulations.
3. Attachment II, Sample Topics.
4. Attachment III, Sample Slogans.
5. Attachment IV, Budget.

IN WITNESS THEREOF, the parties hereto have executed this fixed-price contract on the day and year specified below.

FOR: THE JOHNS HOPKINS UNIVERSITY

FOR: NTA/ENUGU

BY:



BY:

\_\_\_\_\_

NAME: Edwin H. Schoenrich, M.D., M.P.H.

NAME:

\_\_\_\_\_

TITLE: Associate Dean, or Alan Goldberg,

TITLE:

\_\_\_\_\_

Ph.D., Associate Dean

\_\_\_\_\_

\_\_\_\_\_

DATE:

2/19/86

DATE:

\_\_\_\_\_

ATTACHMENT I

The attached provisions are herein incorporated into this fixed-price contract  
Any reference to AID or to the government shall be construed  
to be JHU/PCS

- (1) 52.203-3 Gratuities
- (2) 52.203-5 Covenant Against Contingent Fees
- (3) 52.212-13 Stop Work Order
- (4) 52.215-1 Examination of Records by Comptroller General
- (5) 52.215-2 Audit - Negotiation
- (6) 52.215-22 Price Reduction for Defective Cost or Pricing Data
- (7) 52.215-23 Price Reduction for Defective Cost or Pricing Data  
- Modifications
- (8) 52.215-24 Subcontractor Cost or Pricing Data
- (9) 52.215-25 Subcontractor Cost or Pricing Data
- (10) 52.216-8 Fixed Fee
- (11) 52.225-11 Certain Communist Areas
- (12) 52.232-23 Assignment of Claims
- (13) 52.242-1 Notice of Intent to Disallow Costs
- (14) 52.244-2 Subcontracts Under Cost-Reimbursement and Letter  
Contracts
- (15) 52.244-5 Competition in Subcontracting
- (16) 52.249-6 Termination (Cost Reimbursement)
- (17) 52.249-14 Excusable Delays
- (18) HNB1-18 Local Cost Financing with U.S. Dollars (Modified)
- (19) 752.7016 Family Planning and Population Assistance Activities
- (20) 752.7020 Organizational Conflict of Interest
- (21) 7-7.5501-22 Rights in Data and Publication (Modified)

SITUATION 1

CHILD SPACING

The program begins with a large family living in one room.

Father' who is a civil servant comes home after a hard day's work. Two of his young children rush to him yelling about hunger. As he carries both, one in either arm, two older ones walk towards him complaining that they were sent home for non-payment of fees. He loses his temper and as he walks into the one room apartment to eat and rest, three other children are sprawled on the floor asleep. He tries to find where to sit, but the only single bed, often used as both bed and chair, is occupied by his yelling wife who is also nursing twins. He orders her out, but she also orders him out and tells him to get a better accommodation for the family. In his fury, he storms out of the room and stands before the door lamenting his lot for having too many children. Discussions on the pros and cons of family planning follow.

SITUATION 2

ORAL REHYDRATION

A mother is worried because her baby has diarrhea. The child is dehydrated as a result. The neighbor, who is a nurse, comes home and is requested by the mother to see the child. The nurse goes to see the baby and is surprised at the degree of sickness, but, especially, with the dehydrated condition of the child. She then prepares the right solution and offers it to the child. She explains solution to the mother and how to prepare it. Finally, the nurse holding her ears, gives a message to all mothers about the method and value of oral-rehydration and to be wary about giving children purgatives. Primary message is: save your child, learn about ORT.

SITUATION 3

IMMUNIZATION

A deformed boy is trying to get to school. Two other children discuss the cause of his illness. They blame it on charms or evil spirits. They argue to the hearing of the school teacher who tries to explain. Eventually, the Head-Mistress invites a doctor to talk to Parent/Teachers Association on the causes of polio and how this can be overcome.

SLOGANS/JINGLES

1. Plan the number of your children and plan their education. Visit the UNTH FP Clinic.
2. Healthier mothers and healthier children through family planning. Visit the UNTH FP clinic.
3. A happy family is a planned family.
4. Person wey de bon quick de die quick quick; Take a rest 2-3 years between births. Visit the UNTH FP Clinic.
5. Immunization protects your children's health. If you want them to live, get them immunized at a tender age. Visit the following clinics:  

---
6. Did you know that the incidence of mother and child death is reduced significantly when births are spaced at least 2-3 years? FP can help you space pregnancies. Visit the UNTH FP Clinic.

2/1

## ATTACHMENT IV

### BUDGET SUMMARY FOR 26 EPISODES

Total Naira Budget:	₦22,984
Unit Cost Per Episode:	₦884
Number of Episodes:	26

The unit cost per episode reflects a negotiated 33 percent discount from the combined development, production, airing and transferred costs of 26 episodes. This price is comparatively low for production of TV programs in Nigeria.

*THE JOHNS HOPKINS UNIVERSITY*

*HOPKINS POPULATION CENTER*

*POPULATION INFORMATION PROGRAM  
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Population Reports • POPLINE  
301/955-8200 • Cable POPINFORM  
Population Communication Services (PCS)  
301/955-7666 • Telex 701815*

February 19, 1986

Mrs. Veronica Tabansi  
Senior Nurse Matron  
University of Nigeria Teaching Hospital  
P.M.B. 1129  
Enugu, Anambra State

Dear Mrs. Tabansi:

This is to confirm your short-term appointment as a consultant for Population Communication Services (JHU/PCS), administered through the Population Information Program of the Johns Hopkins University, pending AID approval.

Your assignment is to assist, monitor and evaluate project implementation and impact of the Nigeria Television Authority (NTA)/Enugu TV broadcast of twenty-six episodes of the program, "In a Lighter Mood"--with family planning and family health components incorporated into the script and broadcast.

Specifically, you will:

- 1) Collaborate with NTA/Enugu to a) help develop themes and messages for 26 synopses with elaborated scripts of the family health/family planning component of the 30-minute program, "In a Lighter Mood"; b) assist NTA in setting up the pretesting of the first three episodes before airing; and c) ensure incorporation of any revisions needed.
- 2) Recruit and organize an Advisory Committee consisting of yourself and two other prominent citizens of Enugu, including the State FP Coordinator, if there is one. The Advisory Committee will be responsible for previewing the produced episodes before airing a) to ensure quality of the FH/FP component; b) to ensure substantial adherence to the approved script; and c) to ensure that the messages and style of presentation are appropriate, culturally acceptable and accurate. The Advisory Committee will review and approve each episode for airing. You will prepare a summary report of each meeting and send it to JHU/PCS.
- 3) Pretest the first three produced episodes. Focus group discussions will be conducted involving five men and five women representative of the intended viewers of the program. You will prepare a summary report of the pretest results. JHU/PCS will provide technical assistance as needed.
- 4) Monitor the airing of the 26 episodes, which will be broadcast for two quarters (13 weeks each) Friday evenings at 9:30 p.m. following the Network News, a) to ensure episodes are broadcast at the proper times; b) to ensure that the slide and voice over, which promotes health and family planning services available at the UNTH/FP clinic, are shown in the middle and end of each episode.

- 5) After every fourth episode, deliver by DHL courier, or other expedient means, to JHU/PCS the video tapes in which the episodes are transferred. JHU/PCS will provide funds for this purpose.
- 6) Negotiate with UNTH administration to allow the broadcasters to refer clients to the UNTH FP clinic and to get clearance for the clinic staff to participate in the project.
- 7) Conduct a) an orientation workshop for 12 clinical staff at the UNTH FP Clinic on the objectives and activities of the project before broadcasting begins; b) a mid-point assessment with clinic staff of the project's impact after the first quarter of airtime ends, and c) a final assessment with clinic staff of the project's impact after the second quarter of airtime ends.
- 8) Supervise the monitoring, by clinic staff, of acceptor records at the UNTH FP Clinic throughout the duration of the project.
- 9) Report on your progress to JHU/PCS no later than two weeks after each broadcast quarter (every 13 weeks). A total of two progress reports will be submitted.
- 10) Synthesize and write a final evaluation report on the impact of the broadcast on FP clinic attendance.

In order to accomplish the above activities, a naira budget has been prepared. This provides costs of activities and an honorarium for your services. You will be responsible for disbursing and accounting of funds accordingly:

TRAVEL AND ALLOWANCE

	<u>First Quarter</u>	<u>Second Quarter</u>	<u>Final</u>
Three meetings for 12 clinic staff and one facilitator:			
Food allowance:			
1. Orientation: ₦10 x 13 people	₦130		
2. Mid-evaluation: ₦10 x 13	130		
3. Final assessment: ₦10 x 13		₦130	
Meetings of 3-member Advisory Committee:			
1. Orientation of Committee Members:			
Food: ₦10 x 3 members	30		
Travel: ₦10 x 3 members	30		
2. 13 meetings of 3 member Committee and 3 NTA staff to preview episodes (2 episodes/ meetings) at NTA			

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	<u>First Quarter</u>	<u>Second Quarter</u>	<u>Final</u>
Food: ₦10 x 6 persons x 13 meetings (7 meetings 1st quarter, 6 meetings 2nd quarter)	420	360	
Travel: ₦10 x 3 persons x 13 meetings (7 meetings 1st quarter, 6 meetings 2nd quarter)	210	180	
Three meetings to pretest 3 episodes using FGD's of two facilitators and 5 men and 5 women:			
Food: ₦10 x 12 people x 3 meetings	360		
Travel: ₦5 x 12 people x 3 meetings	180		
Travel allowance of Mrs. Tabansi to and from NTA/Enugu:			
₦5/visit x 1 visit/week x 26 weeks	65	65	
<b>EQUIPMENT AND SUPPLIES</b>			
Paper, pencils, ink, etc.	50	50	
<b>OTHER DIRECT COSTS</b>			
Communication:			
10 DHL deliveries of report and tapes x ₦60/delivery	300	300	
Honorarium for Mrs. Tabansi:	_____	<u>975</u>	<u>₦975</u>
<b>SUBTOTAL:</b>	<b>₦1,905</b>	<b>₦2,060</b>	<b>₦975</b>
<b>TOTAL:</b>	<b>₦4,940</b>		

You will maintain a ledger of expenses and collect receipts for each expenditure. The ledger and appropriate receipts will be submitted to JHU/PCS quarterly, or more frequently if needed. The advance payments will be deducted from the expenses and any remaining funds will be reimbursed to JHU.

Please find enclosed copies of blank receipts which may be used for the food and travel allowances. A receipt must be completed and signed by each person receiving an allowance.

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The method of payment is as follows:

JHU/PCS will pay:

1. An initial advance of ₦1,905 before the first quarter begins to cover the activities listed in the first quarter;
2. A second payment of ₦2,060 after favorable review of the first progress report. This money will pay for second quarter activities and will pay your first quarter honorarium of ₦975.
3. A final payment of ₦975 after favorable review of the second quarterly report and final evaluation report. This money will pay for your second quarter honorarium.
4. Should activities not be conducted as stated herein, payment will be adjusted accordingly.

JHU/PCS will provide 1) a stamp and ink pads to be used on clinical records to indicate source of referral to FP services; and 2) the format for writing the final evaluation report.

Airtime dates of the TV broadcasts are July 1-September 30, 1986 (one quarter), and October 1-December 31, 1986 (one quarter). A progress report is due two weeks after each quarter ends. The final evaluation report is due two months after airtime ends.

During your performance of these consulting services, you will report to and be supervised by José G. Rimon, II. Dr. Keys MacManus, USAID/Lagos (telephone: 610221 ext. 215), will be your contact in Nigeria.

In accepting this fee for services, it is expressly understood that:

- (1) you are not being compensated or receiving salary from other U.S. government funding services for the time spent on JHU/PCS business;
- (2) you have no conflict of interest that would interfere with the performance of your obligations under this agreement, and that you are not related by blood or marriage to any employee of the United States government who has decision-making authority over the AID Cooperative Agreement No. DPE-3004-A-00-2018-00 or over the project for which you will perform Consulting Services. You agree to notify your JHU/PCS supervisor immediately if you know or have reason to know of any changes in your circumstances to which you are entering.
- (3) you will assume all tax obligations including declaration and payment thereof;
- (4) you are not covered by the Johns Hopkins University Unemployment Insurance or any other Johns Hopkins insurance plans or policies.

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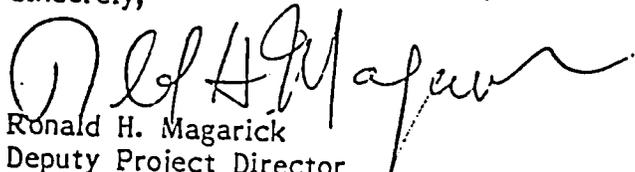
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This agreement is limited solely to the consulting services specified and does not give you authority to make binding commitments on behalf of JHU/PCS. Please sign two copies as indicated at the end of this letter. One should be retained for your records and the other should be returned to me for JHU/PCS records.

If you need further information or have any problems or questions, we will be glad to provide assistance.

It is a pleasure to be working with you.

Sincerely,

  
Ronald H. Magarick  
Deputy Project Director  
Population Communication Services

Accepted and agreed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Date

RHM/ch

PART II: COMMUNITY HEALTH EDUCATION FOR CS/ORT

UNIT 1: COMMUNITY MOTIVATION IN CS/ORT.

1A: ENTERING AND WORKING IN A COMMUNITY

INTRODUCTION:

This Community Motivation in CS/ORT Unit is designed to give Midwives, Nurses and Community Health Workers insight into the social, cultural and political aspects of local communities as they affect the implementation of C.S/O.R.T services in Bauchi State. CS/ORT equips them with the required skills and attitudes to approach community issues in a constructive and effective way. This Unit will help health personnel motivate the community to practice CS/ORT.

GOALS: BY THE END OF THE UNIT, PARTICIPANTS WILL BE ABLE TO ENTER A NEW COMMUNITY AND OBTAIN AN APPROPRIATE UNDERSTANDING OF HOW THAT COMMUNITY WORKS SO AS TO EFFECTIVELY PROVIDE CS/ORT SERVICES.

Objectives: By the end of the Unit, participants will be able to do the following:-

1. Identify and use sources of community information so as to effectively implement CS/ORT services.
2. Identify and work with community leadership groups to gain support for CS/ORT services
3. Involve members of the community in the successful implementation of CS/ORT services.

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TRAINING DESIGN

PART II? UNIT 1A: ENTERING AND KNOWING A COMMUNITY Pg1

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TIME	CONTENT/SUBJECT	METHOD/INFORMATION	MATERIALS/RESOURCES	EVALUATION
One (1) hour	<u>Entering and working in a Community</u>	<p>Trainer announces topic. Using BRAINSTORMING participants list all reasons why it is necessary for an MCH or other Health Worker to know how to enter a new Community and how to get a quick understanding of how the community is. During DISCUSSION Trainer ensures the following points are brought out:</p> <ul style="list-style-type: none"> <li>i. Motivation</li> <li>1. Effective Community/can take place if a Health Worker understands the set-up of a community</li> <li>ii. Community members may not cooperate with a Health Worker's plans if they believe that the health worker doesn't respect them.</li> <li>iii. Community members may not cooperate if because of ignorance, a Health Worker offends a community.</li> <li>iv. A Health Worker may be maltreated if she/he offends a community.</li> </ul>	Handout Summary Sheet- Entering and working in a community	Trainer asks several participants to give 2 reasons for HW to know how to enter and understand a Community.
45Mins.	<u>How to Find Out about a Community</u>	<p>In SMALL GROUPS participants identify all possible sources of information that HW can use to find out about a Community. GROUPS report and list conclusions on Board. Trainer makes sure the following points are emphasised.</p>	Chalk/Board	.... /2

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- i. Find and read any previous health reports
- ii. Ask people who have previously worked in the Community such as Health Workers (HW), teachers, development workers, religious workers, community leaders.
- iii. Talk to community members and leaders.

Trainer asks participants to describe a factfinding experience they have had. He does it compare with their discussion today.

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TRAINING DESIGN

PART II, UNIT 1A: ENTERING AND WORKING IN A COMMUNITY Pg 2

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TIME	CONTENT/SUBJECT	METHOD/INFORMATION	MATERIALS/RESOURCES	EVALUATION
One(1)hrs	<u>IDENTIFYING LEADERS THEIR ROLES AND HOW TO INVOLVE THEM:</u>	<p>Participants BRAINSTORM in their groups what the various community leadership roles are. Trainer ensures that the following points are included:</p> <ul style="list-style-type: none"> <li>i. Local authorities(headmen, etc</li> <li>ii. Religious leaders</li> <li>iii. traditional healers</li> <li>iv. school teachers; extension workers</li> <li>v. club, group, union or cooperative workers</li> <li>vi. womens' leaders, youth leaders</li> <li>vii. wealthy persons of the community</li> <li>viii. opinion leaders among the poor.</li> </ul> <p>Participant identify those leaders that may have the biggest impact on an CS/ORT programme. LIST ON BOARD</p> <p>Participants identify ways to involve CL in CS/ORT program. Bring out following points.</p> <ul style="list-style-type: none"> <li>i. Involve leaders in Planning</li> <li>ii. Invite Leaders to visit Health Centre</li> <li>iii. Invite Leaders to launch new events</li> <li>iv. Get leaders to endorse new health practices</li> <li>v. Visit and talk with Leaders regularly</li> <li>vi. Ask for Leaders help in solving health or organisational problem</li> <li>vii. Show Leaders how new health practices actually help their leadersh:</li> </ul>	BOARD/CHALK	

<p>30mins</p>	<p>HOW COMMUNITY LEADERS CAN HELP HEALTH WORKERS</p>	<p>Participants identify the following</p> <ul style="list-style-type: none"><li>i. Co-operating Leaders mean cooperating communities</li><li>ii. Community Leaders influence the community to adopt new ideas and practices.</li><li>iii. Community Leaders can raise funds; mobilise workers in the community.</li></ul>		<p>Trainer asks several participants to name and identify two leaders their community.</p>
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## TRAINING DESIGN

PART II, UNIT 1A: ENTERING AND WORKING IN A COMMUNITY Pg 371

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TIME	CONTENT/SUBJECT	METHOD/INFORMATION	CONTENT/SUBJECT	MATERIALS/RESOURCES	EVALUATION
1 hrs	<u>HOW TO DISCUSS HEALTH ISSUES WITH COMMUNITY LEADERS AND MEMBERS</u>	<p>Trainer introduces discussion by saying that many communities are affected by HOW you present health ideas and practices. GROUPS discuss strategies to use when talking with community Leaders and community members.</p> <ol style="list-style-type: none"> <li>i. Always begin by giving praise and encouragement for any community achievements including non-health matters.</li> <li>ii. Listen to ideas and opinions without criticising them. Ask people what they think and how they see things being organised</li> <li>iii. Have group discussions and problem-solving sessions.</li> <li>iv. Try not to be in a hurry and rush people to make decisions</li> <li>v. Finish each discussion with a summary of what has been decided or discussed. Ask discussants if they agree on your summary.</li> </ol>	HOW TO PRESENT HEALTH ISSUES	Board/Chalk	<p>Trainer introduces discussion by saying that many communities are affected by HOW you present health ideas and practices. GROUPS discuss strategies to use when talking with community Leaders and community members.</p> <ol style="list-style-type: none"> <li>i. Always begin by giving praise and encouragement for any community achievements including non-health matters.</li> <li>ii. Listen to ideas and opinions without criticising them. Ask people what they think and how they see things being organised</li> <li>iii. Have group discussions and problem-solving sessions.</li> <li>iv. Try not to be in a hurry and rush people to make decisions</li> <li>v. Finish each discussion with a summary of what has been decided or discussed. Ask discussants if they agree on your summary.</li> </ol> <p>Ask two participants to name three strategies for involving the community.</p> <p>OR</p> <p>Ask three participants to conduct a role play in which they put into practice the points raised during the lesson.</p>

40mins	OTHER IMPORTANT THINGS TO INCW ABOUT A COMMUNITY	GROUPS add to their list additional items that they think are important to know about a community: i. Customs/taboos affecting health practices ii. Child rearing/bearing practices iii. TBAS and Healers iv. Means of communications	
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Entering and working in a Community

1. Why is it useful:- Effective Community Motivation can only take place if a Health Worker understands the set-up of a community.
  - Community Health Workers need to understand a community in order for them to command respect and to get cooperation for new health programmes.
  - Community Health Workers should not alienate communities through ignorance of a community's mores.
  - Community Health Workers may be mistreated if they offend a community's sensibilities.
2. How to Find out about a Community:
  - Find and read any previous health reports.
  - Ask people who have worked or are working in the community such as Health Workers, teachers, development workers, religious workers and community leaders about community priorities and needs.
  - Talk to the ordinary people of the community. Many times they have quite different ideas from community leaders.
3. Identifying Leadership Groups:
  - Local authorities e.g. village headmen
  - Religious leaders
  - Traditional Healers and T.D.A.s.
  - School Teachers and Extension Workers
  - Club, group, union and cooperative officials
  - Opinion leaders amongst the poor
  - Wealthy persons in the Community
4. Involving Leadership Groups in Health Activities:
  - Involve leaders in Planning
  - Invite leaders to visit Health Centres
  - Invite leaders to launch new Health events
  - Get leaders to endorse new health practices
  - Visit and talk with leaders regularly
  - Ask leaders for help in solving health or organisational problems
  - Show leaders how new health practices might actually help their leadership

5. Talking effectively with the Community:

- Always praise community and personal achievements.
- Listen to ideas and opinions without criticising them.
- Ask people how they think things might be done
- Have group discussions and problem-solving sessions
- Try not to hurry and rush people into making decisions
- Finish each discussion with a summary of what has been decided or discussed.
- Keep quiet and listen.

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PART II: COMMUNITY HEALTH EDUCATION FOR CS/ORT  
UNIT 1: COMMUNITY MOTIVATION IN CS/ORT

1P: OBSTACLES AND RESOURCES FOR EFFECTIVE  
COMMUNITY MOTIVATION.

INTRODUCTION

New CS/ORT programmes, like other new programmes, are bound to come up against obstacles in a community. This is to be expected. People tend to resist change and an effective health worker understands this reaction. They need not be overwhelmed, because for every obstacle encountered in a community there is often a resource that can be called upon to help reduce the obstacle. These resources we call facilitating, or helping, factors and it is the intention of this unit to prepare the health worker to accurately identify obstacles for CS/ORT and effectively use resources to overcome resistance to a valuable and needed health service.

GOAL: By the end of the unit, participants will be able to identify obstacles and resources for effective community motivation for CS/ORT.

Objectives: By the end of the unit, participants can

1. List common obstacles and resources for effective community motivation activities for CS/ORT.
2. Solve problems that may arise to hinder the acceptance of CS/ORT services in the community.
3. Use community resources to achieve successful community motivation activities for CS/ORT.

PART II,

TRAINING DESIGN

UNIT 1D:

OBSTACLES AND RESOURCES FOR EFFECTIVE COMMUNITY MOTIVATION

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TIME	CONTENT/SUBJECT	METHOD/INFORMATION	MATERIALS/RESOURCES	EVALUATION
1 hour	<u>OBSTACLES AND FACILITATING FACTORS FOR EFFECTIVE C.M.</u>	<p>Trainer makes introduction by saying that effective community motivation can only be undertaken of a Health Worker (HW) has an appreciation of those things that can help or hinder beneficial health practices. Participants BRAINSTORM major obstacles HW are likely to find in their communities. Trainer makes sure the following are listed,</p> <ol style="list-style-type: none"> <li>i. Illiteracy</li> <li>ii. Religious ideas and practices</li> <li>iii. Certain local customs and beliefs.</li> <li>iv. Rumours and misinformation about CS/ORT</li> <li>v. Male attitudes towards childbearing</li> <li>vi. Negative attitudes among peers</li> <li>vii. Poor attitudes amongst Health Services providers</li> <li>viii. Inaccessibility of MCH/CS clinics</li> </ol>	Board/Chalk/Notepaper.	
1 hour		<p><u>FACILITATING OR HELPING FACTORS (RESOURCES)</u></p> <ol style="list-style-type: none"> <li>i. TIAS and traditional healers</li> <li>ii. Mothers</li> <li>iii. Nigeria's present economic troubles.</li> <li>iv. Good Health training and attitudes</li> </ol>		<p>Trainer ask several participants to explain how certain obstacles might affect CS/ORT services,</p> <p>.../2</p>

- v. Other development workers e.g School teachers religious leaders, rural development workers, agricultural extension workers, mothers/women associations, PTA/Adult Education
- vi. Adequate funding and incentives for CS/ORT service providers.
- vii. Traditional ideas concerning CS/ GROUP DISCUSSION AND SUMMARY.
- viii. Voluntary Agencies e.g Red Cross, Aid groups Boys Scouts etc.

TRAINER ASKS SEVERAL PARTICIPANTS TO EXPLAIN HOW CERTAIN HELPING FACTORS CAN BE USED TO SUPPORT CS/ORT ACTIVITIES.

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TRAINING DESIGN

PART II, UNIT 1B: OBSTACLES AND FACILITATING FACTORS FOR EFFECTIVE COMMUNITY MOTIVATION Pg2

TIME	CONTENT/SUBJECT	METHOD AND INFORMATION	MATERIALS/RESOURCES	EVALUATION
	<p>WAYS TO OVERCOME OBSTACLES TO ACCEPTANCE OF CS/CRT.</p> <p style="text-align: center;">CR</p> <p>IDENTIFY RESOURCES TO OVERCOME THE OBSTACLES.</p>	<p>Trainer choose one OBSTACLE and together with the participants develops a possible strategy to overcome the obstacle. The problem-solving process should include the following:</p> <ol style="list-style-type: none"> <li>i. Fully understanding the obstacle./problem</li> <li>ii. Identifying those who can help you</li> <li>iii. Developing a clear strategy Using facilitating factors</li> <li>iv. Being persistent but not pushy</li> </ol> <p>By counting-off participants form SMALL GROUPS, select an obstacle and develop a strategy to overcome it.</p> <p>Trainer and participants then discuss strategies developed by each group. Summary Sheet compiled</p>	<p>SMALL</p> <p>Summary Sheet: "Some Strategies to overcome Bauchi obstacles to CS/ORT"</p>	<p>Trainer supervises and observed Group work.</p>

PART II, UNIT 1B: OBSTACLES AND FACILITATING FACTOR  
FOR EFFECTIVE COMMUNITY MOTIVATION  
FOR CS/ORT

1. OBSTACLES:

- Illiteracy
- Religious ideas and practices
- Certain local customs and practices
- Rumours and misinformation about CS/ORT
- Male attitudes about sex and childbearing
- Male attitudes towards women
- Negative attitudes amongst peers
- Poor attitudes amongst Health Services providers
- Inaccessibility of MCH/CS facilities

2. RESOURCES:

- TBAS and Traditional Healers
- others
- Women
- Nigeria's economic troubles
- Good HW training and attitudes
- other community workers such as school teachers, religious leaders, rural development workers, women associations PTA, Adult Education.
- adequate funding and incentives for CS/ORT service providers.
- Traditional ideas about child spacing
- Voluntary agencies - Red cross, Aid Boys scout.

Social and culture Obstacles

- a. Illiteracy can be a major obstacle when trying to introduce new and complex ideas into a community. People will develop ideas and attitudes based only on what they hear. It is important to realise that the CS/ORT information coming from the CS/ORT worker directly addresses any misconceptions or misunderstanding illiterate people may have.
- b. Resistance from Community Organisations: When new ideas are introduced into a community many changes can take place affecting community relationships and the power or political setup of the community. Therefore, when introducing CS/ORT into a community there will be people or groups who will see the new ideas and practices as threatening their position. It is important to understand that this will happen and that the Health Worker must come prepared to deal with objections and resistance. The Health Worker cannot force anyone to adopt practices that are unacceptable to them but they must be able to help people make the best choices for their health.

- c. Traditional ideas about having children: In some communities it is believed that the number of children you have determines how popular or favoured you are. This can have the effect of encouraging people to have many children. Also in some communities it is believed that it is immoral and unacceptable to use non-natural methods of controlling pregnancy. Unfortunately, many effective traditional methods of family planning such as abstinence and Breast feeding are on the decline and as yet natural family planning methods are yet to gain widespread favour.

### OBSTACLES AND FACILITATING FACTORS

#### FACILITATING FACTORS: Some Ideas

1. Traditional Ideas about Child Spacing: An effective way to introduce CS/ORT ideas into a community is to emphase that CS is not a new idea. Draw attention to the fact that for centuries traditional methods of Child Spacing have been used in Nigeria. However, the traditional methods are not as reliable as the newer methods available today.
2. Support from the Community Leaders: Community Leaders can be a very valuable resource for implementing new health practices. The task for the worker is to get the leaders on their side. This can be done by showing leaders the benefits to them that can come from adopting new health practises in the community.
3. Involving the Community: Many times people will be able to see for themselves the benefits of adopting new health practices if they are allowed to become involved in the planning and organising of health services. A community Health Committee is an effective way to involve people. Also, people can feel involved if the health worker asks them what they think and believe. The chance to express an opinion and idea even if it is not acted upon can give people a sense of participation.
4. Other development workers: Teachers, development workers and other persons involved with developing a community often have valuable knowledge about what peoples needs are and how they adopt new practices. These people are often respected and liked and a Health Worker should take special time to educate them about CS/ORT services.
5. Traditional Birth Attendants: TBAS have a wealth of experience and many excellent contacts with families. They also have good knowledge about the health concerns of pregnant women and mothers. They are committed workers and Community Health Workers should actively involve them in their programmes by providing them with the opportunities to learn about CS/ORT methods.

PART II: COMMUNITY HEALTH EDUCATION FOR CS/ORT

UNIT 2: MOTIVATION OF CLIENTS IN CS/ORT

2A: IDENTIFYING CLIENT AND MOTIVATION

I N T R O D U C T I O N

For any result-oriented health service like Child Spacing/  
ORAL REHYDRATION THERAPY people must actually use the service if the health goals of a community are to be achieved and if the money invested is to be justified. Many of our Child spacing/ORT clinics are poorly patronised. This is not because the service is unrequired. In fact the opposite is often true. In these increasingly hard times everyone is looking for ways to maintain a reasonable standard of living for their families. Why then are our Child Spacing services poorly used? The reasons are many and often complex. But this should not deter the Health worker. Poor attendance can often be related to quite manageable problems. For example, there may be little meaningful contact between the service providers and the community at large. People may simply be unaware of what an CS/ORT service can do for them. Or Health workers themselves may put people off by being unhelpful or uncaring towards the community.

This unit is designed to help the Health worker help the people who can benefit most from our services. It is designed to improve the Health Worker's case finding and counselling skills to effecting support CS/ORT programmes.

GOAL: BY THE END OF THE UNIT, PARTICIPANTS WILL BE ABLE TO  
CONDUCT EFFECTIVE CLIENT IDENTIFICATION AND MOTIVATION FOR  
CS/ORT SERVICES.

Objectives: By the end of the unit, participants will be  
able to do the following:

- Client Identification
1. Define/ and Motivation as it  
applies to CR/ORT.
  2. Locate clients for CS/ORT services through  
effective case Finding and Motivation.
  3. Involve men in CS/ORT services
  4. Effectively approach people concerning CS/ORT  
services.

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## PART II,

## TRAINING DESIGN

## UNIT 1A:

## CASE FINDING AND MOTIVATION

TIME	CONTENT/SUBJECT T	METHOD/INFORMATION	LEARNING/RESOURCES	EVALUATION
	<p>DEFINE CASE FINDING AND MOTIVATION</p> <p>FINDING THE PEOPLE WHO MIGHT NEED CS/ORT SERVICE</p>	<p>Trainer defines Case Finding as: Strategies to locate and encourage those in need of particular health services to use the services. In this situation the service in question is CS/ORT. Counselling is the process of interacting with health service clients to provide them with information, support and advice about their health.</p> <p>Trainer asks participants to brainstorm all possible women who might need CS/ORT services</p> <p>INCLUDE:</p> <ol style="list-style-type: none"> <li>Women exposed to risk because of pregnancy <ul style="list-style-type: none"> <li>-under 20 years and over 40 years</li> <li>-previous pregnancy intervals less than 18 months</li> <li>-Parity of 5 or more</li> <li>-History of previous complications</li> <li>-Maternal depletion: Nutritional/Physical/mental</li> <li>-History of genetic problems</li> <li>-Economically and socially disadvantaged people</li> <li>-People with previous unwanted pregnancy</li> <li>-People with infertility problems</li> </ul> </li> </ol>	<p>Chalk Board</p>	<p>Ask participants to describe a case finding and motivation experience they have had.</p> <p>.../2</p>

WHERE TO FIND  
PEOPLE WHO NEED  
CS/ORT SERVICES

Trainer completes list on Board. Participants note. In SMALL Groups participants identify specific places to focus their case finding and counselling activities.  
POINTS TO EMPHASISE

- ANYWHERE (Always be alert and ready!
- Clinics, Outpatient Dept. Health Centres
- Hospitals
- In the Community. - Villages meetings -  
Bus stations
  - festivals -factories
  - the market -mothers Club
  - Supermarket-Womens Clubs

PART II,

TRAINING DESIGN

UNIT 1A:

CASE FINDING AND MOTIVATION Pg 2

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	LEARNING RESOURCES	EVALUATION
	<p><u>WHY MEN AREN'T INVOLVED.</u></p>	<p>Participants BRAINSTORM all the ways in which men can actively involve MEN in CS/ORT.</p> <p>Points to emphasise and include:</p> <ol style="list-style-type: none"> <li>1. encourage men to come with their wives to CS clinics.</li> <li>2. Offer services such as STD prevention in CS clinics</li> <li>3. Arrange clinic sessions for men only in the evenings.</li> <li>4. Train male CHW to lead discussions and provide counsellors.</li> <li>5. Show men how CS can benefit the socially and economically</li> <li>6. Arrange special educational activities for adolescent boys when they graduate from school</li> </ol> <p>Put list on Board.</p> <p>Participants now identify the REASONS WHY MEN ARE NOT INVOLVED IN FAMILY PLANNING</p> <p>cultural ideas about men's roles</p> <ul style="list-style-type: none"> <li>-male attitudes to sex</li> <li>-fear of losing respect</li> <li>-fear of seeming weak</li> <li>-fear that wives will become promiscuous</li> <li>-lac of knowledge</li> </ul> <p>GROUP completes list. Trainer emphasises need to address these issues sensitively</p>	<p>Chalk/Board</p>	

PART II,

TRAINING DESIGN

UNIT 1A

CASE FINDING AND MOTIVATION

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TIME	CENT/SUBJECT	METHOD/INFORMATION	LEARNING/RESOURCES	EVALUATION
	HOW TO APPROACH PEOPLE FOR CS	<p>Trainer identifies two broad approaches  INDIVIDUAL AND GROUP APPROACHES  PRESENTS OUTLINE Some suggestions:  1. Individual Approach: Some things to say:-</p> <ul style="list-style-type: none"> <li>-admire mothers' achievements, praise them for doing a good job of their children</li> <li>-at a nutrition clinic in an MCH set-up counsel a mother about her suitability as a CS candidate. Tell her that by delaying another pregnancy she will have a better chance of overcoming any malnutrition in her family.</li> <li>-tell a mother who is chronically ill to consider CS as a way to help improve her situation. Another pregnancy would deplete her further.</li> <li>-counsel retrenched workers about postponing pregnancy until their economic situation improves esp. if they already have several children. This is a good approach for both men and women who are working at a job.</li> </ul> <p>N.B. Health Workers need to be aware that their personal situations may sometimes be seen by others as an obstacle to CS acceptance. For example a single young woman may find opposition when counselling an old woman. The HW must address this concern directly with her client and reassure her of the HW continued respect for her seniority.</p>		<p>Ask participants to role play a person-to-person counselling session.</p>

FART II,  
UNIT 1A

TRAINING DESIGN  
CASE FINDING AND MOTIVATION Pg 4

§

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	LEARNING RESOURCES	EVALUATION
Total Hrs (3)	HOW TO APPROACH FOR CS (Contd) GROUP APPROACHES	<p>PEOPLE 2.Group Approaches</p> <p><u>DRESENT OUMLINE</u> Some suggestions:</p> <ul style="list-style-type: none"> <li>-Know as much as possible about your audience and what brings them together.</li> <li>-Get other people to sponsor CS activities involve teachers, physicians, agric. workers in your CS presentations.</li> <li>-Tell people the health, family and economic benefits of CS families and the community.</li> <li>-Place the emphasizes on the idea of "CHILD SPACING".</li> <li>-Give FACTUAL information regularly e.g. Types of methods, where available, clinic times etc. Help people become informed about what actually happens at CS clinic</li> <li>-Always be prepared to answer questions. Give answers that are factual and understandable.</li> </ul> <p>Group completes list. All discuss. Participants review Handout.</p>	Chalk/Board	Handout: "Case Finding and Motivation CS/ORT"

SOME CONSIDERATIONS

Community Health Workers make it their business to know about the communities they work in. Every day they are faced with the lives of the ordinary people they deal with. They become involved in much more than the health problems of people. They come to understand a whole range of things about how a community lives. It is because of this treasure of knowledge and experience that the Community Health Worker needs to be integrated into CS/ORT activities. They are the first line of contact and it therefore they who are in the best position to undertake case finding and counselling for newly created CS/ORT services.

Good places to do Case Finding for C.R.

Anywhere is a good place to identify client. Here are particular places to begin your activities:

1. Ante-natal Clinics - a good place to meet women and mothers to tell them about the health and socio-economic benefits of CS. It gives women a chance to consider their future pregnancies and how they might have some control over them.
2. Post-natal Clinics - Mothers can be particularly open to ideas about postponing their next pregnancy until they are most ready for it. They are usually most concerned about the welfare of their present infant and so would be receptive to the possibilities of CS.
3. Child Welfare Clinics - (combines both sick and well-baby care) This is a place where one is likely to meet many mothers who have some problem with the welfare of their children. This is a good opportunity to get them to consider postponing the next pregnancy until their children are in better health.
4. Hospitals - These are good places to find people. One can counsel not only inmates and patients but also it is an opportunity to publicise services to those who visit and help with patient care from outside.
5. The Community: Individual contact in the home, or places where women traditionally gather. The advantage of individual contact is that it enables the Community Health Worker to deal in-depth with the personal situations of individual clients. Group contact at women's meetings, churches, schools, social groups or clubs. Initiate contact with community leaders is a good way to introduce CS to the community at large. Also TBAs deliver most babies in an CS/ORT programme. TBAs can be a Community Health Worker's closest CS/ORT ally.

CLIENT IDENTIFICATION UNIT IV  
3/ AND MOTIVATION AND CHILD SPACING AND ORT (contd)

How to Involve our Men in Child Spacing

To get men involved in Child Spacing is a problem in many countries of the world and especially in Nigeria. Men are very reluctant to take responsibility for contraception and often raise serious objections if their wives make unilateral decisions about it. Men are therefore a social challenge for the Community Health Worker. Men have to be involved in Child Spacing because of the vital role they play in reproduction and because of the increasing incidence of sexually transmitted disease.

Strategies for Bringing men into CS programmes

1. Make men especially welcome to attend CS clinics with their wives.
2. Involve them in discussions about male concerns regarding Child Spacing. Tell them that condoms are especially useful against sexually transmitted diseases.
3. Show men that CS has economic advantages for them.
4. Arrange clinic sessions for men only preferably in the evenings when privacy can be maintained.
5. Include management of sexually transmitted diseases in CS services to the community
6. Train male Community Health workers to help other men make constructive decisions about CS.
7. Provide men with factual information about where they can get health care and contraceptive supplies.

Some Motivation Techniques

1. Find out first how a person FEELS about Child Spacing and what they KNOW.
2. Ask them what they need. Why do they want contraception or why don't they want contraception.
3. Maintain privacy and the strictest confidence
4. Give people the facts. Don't make anything seem better than it is. Educate people about the importance of their reproductive choices. Help them make their own decisions.
5. Deal directly with rumours about Child Spacing don't pretend that don't exist. Just because something is not true doesn't mean that people won't believe it.
6. Learn how to listen.
7. Develop a problem-solving strategy that encourages a client to reach their own conclusions. Always offer several alternatives.

## UNIT IV

## CLIENT IDENTIFICATION

1. AND MOTIVATION CHILD SPACING AND ORT (CONTD)

## Some Counselling Techniques (contd)

8. Give emotional support to reduce embarrassment and encourage confidence in the client.
9. Have the way for future contact. Invite people to return.

## Some final points to emphasise urine counselling:

1. CS can give better health to the entire family
2. CS can improve the economic well-being of a family.
3. CS can help families provide their children with better education chances.
4. CS can help maintain marital happiness between a husband and wife.
5. CS can promote maternal replenishment before another pregnancy is decided.
6. ORT is cheap, not time-consuming and easily available in the home.

N.B. The purpose of Motivation isto help clients arrive at an understanding of the total picture of their lives and the role that Family Planning can play.

## QUESTIONNAIRE FOR CS/ORT

PLEASE TICK OR FILL IN THE APPROPRIATE SPACE OR GIVE SHORT ANSWER.

1. Name \_\_\_\_\_

2. SEX            MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

3. MARITAL STATUS:

Married (including customary marriage) \_\_\_\_\_

Single \_\_\_\_\_

Divorced \_\_\_\_\_ Engaged \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_

3. How many wife does your husband have? \_\_\_\_\_

4. Can you: Read \_\_\_\_\_? Write \_\_\_\_\_?

5. EDUCATIONAL BACKGROUND: No School \_\_\_\_\_ Primary \_\_\_\_\_

Secondary \_\_\_\_\_ Post-Secondary \_\_\_\_\_

6. WHERE DO YOU RECEIVE CS/ORT SERVICES? Clinic \_\_\_\_\_ Hospital \_\_\_\_\_

7. HOW FAR IS THE CS/ORT SERVICES? Clinic \_\_\_\_\_ Hospital \_\_\_\_\_

a. Approximately half kilometre \_\_\_\_\_

b. Ont to Two Kilometre \_\_\_\_\_

c. Three or more kilometres: \_\_\_\_\_

8. HOW MANY TIMES HAVE YOU BEEN PREGNANT? \_\_\_\_\_

a. Number of abortions \_\_\_\_\_

b. Number of live births \_\_\_\_\_

c. Number of infant deaths? \_\_\_\_\_

d. Number of living children now \_\_\_\_\_

10. How often were your children born?  
 Yearly \_\_\_\_\_ / 2 to 3 years \_\_\_\_\_ / 5 years or more \_\_\_\_\_
11. Number of unwanted pregnancies? \_\_\_\_\_
12. Which children are fully immunized (BCG, DPT, Polio, Measles)?  
 \_\_\_\_\_

13. How long did you breastfeed each child?  
 (List by year of birth and length of breastfeeding in months)  
 \_\_\_\_\_  
 \_\_\_\_\_

14. HOW MANY MORE CHILDREN DO YOU WANT TO HAVE? \_\_\_\_\_

15. What methods of family planning have you used in the past?

- |              |                                   |
|--------------|-----------------------------------|
| None _____   | Rhythm _____                      |
| Pill _____   | Diaphragm _____                   |
| Condom _____ | Traditional _____ (specify _____) |
| IUCD _____   | Other _____                       |

16. What CS method are you using now? \_\_\_\_\_

17. Where can CS services be obtained?  
 \_\_\_\_\_

18. What do you think of FP education for unmarried adolescents?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. What is diarrhea? \_\_\_\_\_  
\_\_\_\_\_

20. When your child has diarrhea, what do you do? \_\_\_\_\_  
\_\_\_\_\_

21. Do you feed your child when he/she has diarrhea? Yes \_\_\_\_\_ No \_\_\_\_\_

22. What do you do to prevent diarrhea? \_\_\_\_\_  
\_\_\_\_\_

PART II, UNIT 2B:  
COMMUNICATION FOR MOTIVATION

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INTRODUCTION:

Good communication skills are important for every child-spacing clinician in order to be successful in educating and motivating people in child-spacing. This unit will help students learn effective techniques for communication in the clinic and in the community to be a skilled child-spacing provider.

## PART II. COMMUNITY HEALTH EDUCATION FOR CS/ORT

## UNIT 2. MOTIVATION OF CLIENTS IN CS/ORT

2B COMMUNICATION FOR MOTIVATION

GOAL: BY THE END OF THE UNIT, PARTICIPANTS WILL BE ABLE TO COMMUNICATE EFFECTIVELY IN THE SUPPORT OF CS/ORT SERVICES.

Objectives: By the end of the unit, participants will be able to do the following:-

1. Describe the elements of effective communication
2. Identify and achieve 4 aims of communication for CS/ORT community education activities.
3. Use 4 different communication methods in community health education activities for CS/ORT.
4. Develop skills in motivating people to use CS/ORT services.
5. Delivery effective health talk to a group.

TRAINING DESIGN

PART II; UNIT 2B: COMMUNICATION FOR MOTIVATIONS

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	RESOURCES	EVALUATION
	<p><u>COMMUNICATION MOTIVATION</u></p> <p>What is communication?</p> <p>2. The Communication process and components</p>	<p>Through Socratic questioning Trainer develops with participants a group definition of "communication" The definition should not be elaborate but be something like this: "Communication is a process by which information is transmitted from one person or group to another"</p> <p>Participants form four groups. Trainer gives each group 5 flash cards with the components of communication process written on them. The Cards read, SOURCE, MESSAGE, CHANNEL, RECEIVE, FEEDBACK. Each Group arranges cards in the proper order and devises an explanation of the communication process based on the five components.</p> <p>Plenary session to compare conclusions.</p> <p>Groups then reform to answer question. "What can possibly be wrong when communication fails" Using the five components groups should arrive at conclusions such as:-</p>	<p>Handout on "Communication"</p> <p>Poster "The Communication Process"</p>	<p>Trainer to observe participants during the group process</p> <p>Trainer asks participants to name the components and explain process</p> <p>.../2</p>

- |  |   |  |
|--|---|--|
|  | <ul style="list-style-type: none"><li>i. Source of the message may be distrusted.</li><li>ii. Message may be unclear or unacceptable</li><li>iii. Channels may be confused, inappropriate or unacceptable.</li><li>iv. Receiver may be disinterested, confused or obstinate.</li><li>v. Feedback may be distorted, unaccepted, unnoticed.</li></ul> |  |
|--|---|--|

TRAINING DESIGN

PART II? UNIT 2B: COMMUNICATIONS MOTIVATION Pg 2

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TIME	CONTENT /SUBJECT	METHOD/INFORMATION	MATERIAL/RESOURCES	EVALUATION
	<p><u>SOME AIMS FOR OUR COMMUNICATION OF CS/ORT:</u></p>	<p>TAKING EACH OF THE FIVE COMPONENTS VIZ SOURCE, MESSAGE, CHANNEL, RECEIVER AND FEEDBACK</p> <p>Trainer asks each group to establish some communication aims for CS/ORT. Trainer gives first example.</p> <p><u>Communication aims concerning the "SOURCE"</u></p> <p>1. The HW (you) can be considered a main source of information on CS/ORT. (There are other source of information about CS/ORT that people have access to. These are friends, acquaintances, rumour etc but we are not concerned with these right now)</p> <p>WHAT COMMUNICATION AIMS SHOULD APPLY TO THE "SOURCE"? I.e YOU</p> <ul style="list-style-type: none"> <li>-YOU must be <u>reliable</u></li> <li>-YOU must be <u>trustworthy</u></li> <li>-YOU must be <u>respected</u></li> <li>-YOU must be <u>accessible</u> to the people</li> <li>-YOU must be <u>sensitive</u> i.e can understand others feelings e.g fear, anxiety &amp; concern about CS, attitudes towards sex/child raising</li> </ul>	<p>CHALK/BOARD</p> <p>.... /2</p>	<p>Ask several participants to say how they might behave to show reliability, trustworthiness etc.</p>

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	<p>If you as a major source of CS/ORT information and knowledge establish the above aims for yourself then people are likely to <u>LISTEN</u> to what you have to say.</p>		
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TRAINING DESIGN

PART II? UNIT 2B? COMMUNICATION FOR MOTIVATION Pg 3

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	RESOURCES	EVALUATIONS
	SOME AIMS---contd.	<p>Aims for the "MESSAGE"</p> <ul style="list-style-type: none"> <li>-the Message must be clear</li> <li>-the Message must be sense</li> <li>-the Message must be understnadable</li> <li>-the Message must be acceptable</li> <li>-the Message must be interesting</li> </ul> <p>Aims for the "CHANNEL"</p> <p>The Channels must be open</p> <ul style="list-style-type: none"> <li>-the Channels must go two-ways</li> <li>-the Channels must be clear</li> </ul> <p>Aims for the "RECEIVER"</p> <p>The receiver must be clearly identified</p> <ul style="list-style-type: none"> <li>-the Receiver must be understood</li> <li>-the Receiver must be respected</li> <li>-the Receiver must be accessible</li> </ul> <p>Aims for "FEEDBACK"</p> <ul style="list-style-type: none"> <li>-Feedback must be possibel</li> <li>-Feedback must be regular</li> <li>-Feedback must be tolcr, 'ed</li> <li>-Feed back must be encouraged</li> </ul> <p>Trainer compiles Summary of Group Con- clusions and examples. DISTRIBUTES,</p>	As above	As above



What are DISCUSSIONS good for?

1. Allows HW to find out how people THINK and FEEL about CS/ORT
2. Allows people to express fears, doubts, anxieties, new discoveries, misunderstandings attitude to CS/ORT
3. Allows a community to publically share the above concerns
4. Can allow the development of supportive attitude to CS/ORT.
5. Can give a community a sense of unity.

TRAINER makes Summary on Board.

TRAINING DESIGN

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PART II? UNIT 2B: COMMUNICATION FOR MOTIVATION Pg

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	RESOURCE	EVALUATION
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DRAMA/STORY-TELLING AND ROLE PLAYS

(D/S/R)

Participants prepare ROLE-PLAY presentation.

After presentation participants and Trainer identify some of the these methods of communicating CS/ORT matters. The conclusions should include the following

D/S/Rs can;

1. Deal with COMPLEX matters in an interesting and recognisable way.
2. Stimulate DISCUSSION on matters that are not easily dealt with publically.
3. Explore attitudes towards CS/ORT

4. Can offer solutions to CS/ORT problems without appearing to do so.

5. Provide INFORMATION.

6. Can validate/acknowledge people's concerns.

7. Be kind/active/non-threatening.

8. Fit in very well local customs and communities with strong oral traditions.

..../-

Ask several participants to explain how D/S/Rs can help CS/ORT programmes

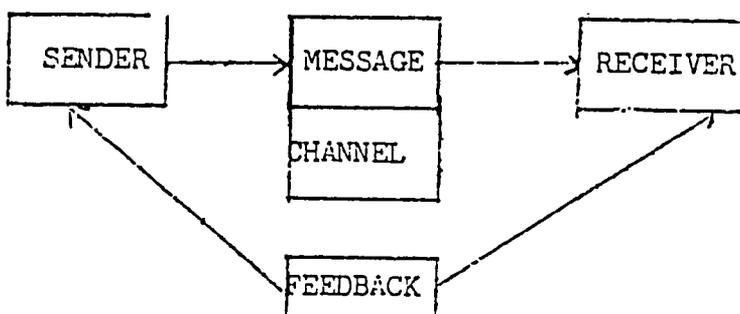
<p>Total <u>4 hours</u></p>	<p><u>SOME NECESSARY QUALITIES FOR SUCCESSFUL PERSON-TO-PERSON COMMUNICATION FOR CS/OIL</u></p>	<p>Trainer tells participants that person to-person communication is one method that used most frequently. Ask Group to identify what personal attitudes makes for effective person-to-person counselling: Conclusions should include some of the following:          Honesty, Respect, for others and self, Tolerance and Patience, Positiveness/Cheerfulness          Sympathetic, Open.          TRAINER MAKES SUMMARY. DISTRIBUTES</p>		<p>Ask participants to identify which attitudes they already have and which need further development.</p>
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PART II, UNIT 2B: COMMUNICATION FOR  
MOTIVATION

Communication for Health

Communication Definition: "Communication is a two way process by which information is transmitted from one group to another".

Communication Components and Components



What can possibly be wrong when communication fails?

The possibilities:

1. Source of the message may be distrusted or confused
2. Message may be unclear or unacceptable
3. Channels may be confused, inappropriate or unacceptable
4. Receiver may be disinterested, confused or obstinate
5. Feedback may be distorted, unaccepted or unnoticed.

Some Communication Aims:

What Communication Aims should apply to the "Source":

- The source must be reliable
- The source must be trustworthy
- The source must be respected
- The source must be accessible
- The source must be sensitive

- Aims for the RECEIVER:
- must be clearly understood
  - must be clearly identified
  - must be respected
  - must be accessible

...aims for the "Message"

- the message must be clear
- the message must make sense
- the message must be understandable
- the message must be acceptable
- the message must be interesting

...Aims for FEEDBACK

- must be reliable
- must be regular
- must be tolerated
- must be encouraged

CHE CURRICULUM CS/ORTSome methods of Communicating for CS/ORT

Talk: Develop a series of talks for different "receivers" or audiences.

TALKS are good for giving information about WHAT services exist, WHERE they are, HOW they can be obtained, WHY they are useful/valuable.

Target Groups

- Pre-natal mothers
- post-natal mothers
- Mothers with many children
- Women who are opinion-leaders
- Community and Religious leaders
- Teenagers-Male and Female
- Husbands and Fathers...

DISCUSSION

Discussion are good for:

- Find out how people think and feel
- Allows people to express fears, doubts, anxieties, new discoveries, or misunderstandings.
- Allows public sharing of concerns
- Can allow development of supportive attitudes
- Can provide a sense of involvement.

DRAMA/STORY-TELLING/ROLE-PLAY (D/S/Rs)

D/S/Rs can:

- deal with COMPLEX issues in an interesting and understanding way
- stimulate Discussion on matters that are sometimes difficult to deal with in public
- Explore attitudes
- Offer solutions
- Provide informations
- Can validate/acknowledge people's
- Can fit in well local customs of story-telling.

Some personal qualities to cultivate:

- |            |                   |
|------------|-------------------|
| -Tolerance | -positiveness     |
| -Respect   | -sympathy/empathy |
| -Patience  | -Openess          |

PART II UNIT 2B: COMMUNICATION FOR MOTIVATION

FORMAT FOR HEALTH TALK IN CLIENT MOTIVATION

This format will assist a health worker; to plan and give health talk to motivate people in CS/ORT.

1. Planning:-
  - Identify audience
  - Set objectives for the talk
  - Collection of information of subject matter.
  - Obtain visual aids/relevant materials to be used e.g bottle salt, sugar, water, container, teaspoon.
  - CS methods - Pills or Condoms.
  - Organisation information/materials.
2. Rehearsal:-
  - Practice, make comment, or give a playlet.
3. Presentation:-
  - Talk and demonstrate.
4. Assessment:-
  - Question/Answer period.

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## PART II:

## UNIT 3: COUNSELLING CLIENTS IN CS/ORT.

INTRODUCTION

Counselling in the Child-spacing clinic is the basis of education of the client in CS/ORT. Good counselling informs a woman of her various choices of child-spacing methods and helps her to decide with her clinician the method that would be best for her and her partner. In addition, the child-spacing provider can educate and advise the client concerning other problems she may be having or the well-being of herself and her children and how to use a CS method correctly. Establishing a good client relationship and having good communication skills is essential for successful patient counselling.

This unit deals with how to counsel effectively in order to provide accurate and sensitive care in the child-spacing clinic.

GOAL: To establish good counselling skills and communication techniques.

OBJECTIVES

By the end of the unit participants will be able to:

D.

- Define counselling as it applies to CS/ORT.
- Counsel men and women in CS/ORT services
- Use a variety of counselling techniques to educate clients about CS/ORT services.
- Effectively counsel a variety of Potential & actual CS/ORT clients
- Help clients choose the correct C/S method
- Give client correct instruction of C/S method
- Counsel at least 5 clients on CS/ORT in the clinical setting.

T R A I N I N G     D E S I G N

Part II, Unit 3:     COUNSELLING CLIENT IN CS/ORT

TIME	CONTENT/SUBJECT	METHOD/INFORMATION	MATERIALS/RESOURCES	EVALUATION
.00	<p><u>WHAT IS COUNSELLING</u></p> <p>TYPES OF CONSELLING</p> <p>WHY IS COUNSELLING IMPORTANT?</p>	<p>Counselling is the process of interacting with health service clients to provide them with information, support and advice for their health and well-being</p> <p>Participants identify the following broad types:</p> <ol style="list-style-type: none"> <li>1. Individual Counselling</li> <li>2. Clinical Counselling</li> <li>3. Community Counselling</li> <li>4. Male counselling.</li> </ol> <p>Group brainstorms reasons for why counselling in CS/ORT services</p> <p>LIST ON BOARD</p> <p>Points to include.</p> <ul style="list-style-type: none"> <li>- Allays fears of side-effects</li> <li>- can correct false rumours and misunderstandings</li> <li>- encourage more people to adopt CS practices</li> <li>- provide personal and supportive service</li> <li>- promote better attitudes towards the family</li> <li>- give needed information</li> </ul> <p>Participants conduct Role play of an individual counselling session</p>		<p>Observation Questions and Answers.</p>

TIME	CONTENT/SUBJECT	METHOD / INFORMATION	MATERIALS/RESOURCES	EVALUATION
<p>184</p> <p>0.15</p> <p>30mins in the class</p>	<p>COUNSELLING SKILLS</p> <p>Putting Clients at Ease</p> <p>Conversational Skills</p> <p>Counselling Skills</p>	<p>ROLE PLAY / DISCUSSION</p> <p>Participants identify some basic counselling skills required for successful CS/ORT activities.</p> <p>Points to include:</p> <ol style="list-style-type: none"> <li>1. Ways to put clients at ease</li> <li>2. conversational skills</li> <li>3. Counselling skills</li> <li>4. Listening skills :</li> <li>5. Accurate information</li> </ol> <p>Points to emphasise:</p> <ol style="list-style-type: none"> <li>1. Friendliness</li> <li>2. Empathy</li> <li>3. Sincerity</li> <li>4. Equality</li> <li>5. Patience</li> <li>6. Openess</li> <li>7. Being non-judgemental</li> </ol> <p>Points to emphasise:</p> <ol style="list-style-type: none"> <li>1. Listening attentively</li> <li>2. Using questions to encourage clients to talk ..</li> <li>3. Being clear in your presentations</li> <li>4. Not talking too much</li> <li>5. Asking clients what they think</li> </ol> <p>Points to emphasise:</p> <ol style="list-style-type: none"> <li>1. Establish Report/confidence</li> <li>2. Give emotional support</li> <li>3. Provide practical help</li> <li>4. Encourage self-evaluation and assessment</li> <li>5. Have way for future contact</li> </ol> <p>ROLE PLAY: COUNSELLING SESSION</p>	<p>Board / Chalk</p> <p>Volunteers</p> <p>Clients Card</p>	<p>Participants prepare Role play. Present and discuss.</p>
<p>2hours in the clinic</p>	<p>Counselling in the clinic</p>	<p>Each student to counsel at least five (5) clients with the supervision of a clinical Instructor.</p>		<p>observation student counselling clinic in the clinic Questions by</p>

APPENDIX F:  
PROJECT WORKPLAN BORNO STATE

D R A F T  
BORNO  
MONTH

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Project Orientation/Evaluation	X																							
2. QRT Leaflet	X																							
- Development	X																							
- Pretesting	X																							
- Printing	X																							
3. Radio Spots																								
- Development																								
- Pretesting																								
- Production																								
4. IV Drama (miniseries)																								
- Development																								
- Pretesting																								
- Production																								
5. News coverage of pop. issues																								
- Airing																								
- TV																								
6. Symposium																								
- 2 15 minute radio																								
- Planning																								
- Organization																								
- Implementation																								
- Follow-up																								
News coverage of symposium																								
- 2 15 minute radio																								
- IV																								
7. Airing of radio spot																								
Planning of workshop/orientation																								
to monitoring evaluation																								
8. Production of radio program																								
9. 1st Zonal workshop																								
- Develop/pretest																								
- Print																								
- Listening Groups/QRT/FP method																								
Airing of 1st Quarter of radio																								
Program																								
10. First assessment of workshop impact																								
Planning of 2nd workshop																								
11. 2nd zonal workshop																								
- Develop/pretest poster																								
- Print poster																								
- Listening groups																								
Airing of 2nd quarter radio program																								
12. Mid-assessment of workshop impact																								
Final assessment of workshop impact																								
13. radio program																								
Final evaluation																								
Quarterly Reports																								

M O N T H

ACTIVITY

	1	2	3	4	5	6	7	8	9	10	11	12
°Project Orientation	X											
°Poster Production (Hausa in two scripts)												
°Development of messages	X	X										
°Illustrations		X										
°Pretesting		X	X									
°Revision			X	X								
°Printing 2,500 copies each				X	X							
°Motivational Booklets (Hausa for low literate people in two scripts)												
°Development of messages	X	X										
°Illustration		X										
°Pretesting		X	X									
°Revision			X	X								
°Printing 20,000 copies each				X	X							
°Immunization Leaflet (Hausa)												
°Development	X	X										
°Pretesting		X	X									
°Revision			X	X								
°Printing of 20,000 copies each				X	X							
°Radio Theatre on Radio (30-minutes)												
°Development of 3 scripts	X	X										
°Pretesting		X	X									
°Production				X								
°Airing over radio						X	X	X	X	X	X	X
°Distribution of copies						X	X	X	X	X	X	X
°Radio Spots (2 Hausa, 2 English) of FP, ORT, Immunization	X	X	X									
°Development			X									
°Pretesting				X	X	X	X					
°Production				X	X							
°Broadcasting 3x/daily x 180 days						X	X	X	X	X	X	X
°FP Workshop: 2 days Community/Religious Leaders												
°Planning	X	X	X									
°Showing of Films						X						
°Listening to Radio Theatre						X						
°Development of FP Poster/ Koranic Phrases						X	X	X	X	X	X	
°Development of Male Motivation Material						X	X	X	X	X	X	
°Immunization Workshop: 1 day Community Leaders & Health Workers from 14 LGA's												
°Planning						X	X	X	X	X	X	
°Plenary									X			
°Group Discussions									X			
°Distribution of Immunization Materials									X			
°Quarterly Reports				X			X			X		X