

9362031

PD-111V-402

IAN-49528



# Intrah

## Trip Report

#0-173

**Travelers:** Ms. Maureen Brown, INTRAH  
Consultant

**Country Visited:** SOMALIA

**Date of Trip:** July 6-23, 1985

**Purpose:** To conduct a Phase I Non-Clinical  
Family Planning Orientation  
Workshop for IEC Staff Heads

DPE-2011C-02-4877

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

## TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY.....	i
SCHEDULE.....	iii
I. PURPOSE OF TRIP.....	1
II. ACCOMPLISHMENTS.....	1
III. BACKGROUND.....	2
IV. DESCRIPTION OF ACTIVITIES.....	3
V. FINDINGS.....	6
VI. CONCLUSIONS.....	8
VII. RECOMMENDATIONS.....	9

### APPENDICES:

- A. PERSONS CONTACTED
- B. LIST OF PARTICIPANTS
- C. COURSE CURRICULUM
- \*E. MATERIALS DEVELOPED
- \*F.1 PRE- AND POST-TEST SCORES
- \*F.2 PRE- AND POST-TEST INSTRUMENT
- \*\*F.3 PARTICIPANT REACTION FORMS
- \*\*F.4 PARTICIPANT BIO-DATA FORMS

\*Appendices E, F1 and F2 are on file with INTRAH Program Office.

\*\*Appendices F3 and F4 are on file with INTRAH Data Management Service.

**EXECUTIVE SUMMARY:**

From July 8 - 21, 1985, INTRAH Consultant Maureen Brown worked in Mogadishu in collaboration with three Somali co-trainers for the purpose of developing and implementing a six-day Non-Clinical Family Health/Family Planning workshop for 19 IEC core staff who have responsibility for integrating IEC activities into their respective agency programmes.

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

- The Somali Family Health Care Association (co-sponsor);
- The Somali Women's Democratic Organization;
- The Women's Education Department, Ministry of Education;
- The Curriculum Development Centre, Ministry of Education;
- The Population Education Project, Ministry of Education;
- The Family Health Division, IEC Unit, Ministry of Health.

As indicated from pre-test evaluation and trainers' observations, only a few of the participants possessed significant knowledge regarding FP rationale, its relationship to the health of women and children, contraceptive methods or the fundamentals of IEC content.

The three co-trainers, Ms. Halima Abdi Sheikh, Coordinator, IEC Unit, MOH; Ms. Adar Abdi Fido, Assistant Coordinator, IEC Unit, MOH; and Ms. Zeinab Mohamud Afrah, Director, Post Basic Health Training Centre demonstrated

excellent training ability and a competent knowledge base in family planning. These same trainers should be involved in future INTRAH-sponsored workshops with the aim of continuing to strengthen their training skills.

It is recommended that INTRAH follow up this workshop with at least two more for the same group of participants. Emphasis in the first should be placed on basic concepts of primary health care specifically related to maternal and child health; in the second on developing participants' knowledge and skills in IEC content and process.

SCHEDULE DURING VISIT:

- Monday July 8: Arrival in Mogadishu from Rome at 11:00 a.m.
- Tuesday July 9: Briefing at USAID.  
Preliminary meeting with Mr. Ahmed Mire Shire and Mr. Abdullah Ahmed Hirad, SFHCA.
- Wednesday July 10: Coordination meeting at SFHCA with representatives of five participating agencies in FHS Project.  
Initial meeting with co-trainers; review of workshop proposal, development of workplan and workshop outline.
- Thursday July 11: Development of workshop with co-trainers.
- Friday July 12: Development of workshop with co-trainers.
- Saturday July 13: Implementation of workshop.
- Sunday July 14: Implementation of workshop.
- Monday July 15: Implementation of workshop.  
Meeting with Abdullah Ahmed Hirad, Susan McCraw (USAID/SFHCA Consultant) and co-trainers.
- Tuesday July 16: Implementation of workshop.
- Wednesday July 17: Implementation of workshop.
- Thursday July 18: Implementation and completion of workshop.
- Friday July 19: Review and collating of pre- and post-tests and participant reaction forms.
- Saturday July 20: Report preparation - USAID.

Sunday      July 21: Report preparation - USAID.  
Debriefed Margaret Neuse, USAID.  
Debriefed co-trainers.  
Departed Somalia for Cairo/Cyprus/  
USA at 11:30 p.m.

I. PURPOSE OF THE TRIP:

The trip had two major objectives:

- A. To develop and conduct a six-day non-clinical family health/family planning workshop entitled "Family Health for IEC - Part 1" for 20 IEC core staff of five Somali agencies responsible for integrating IEC training activities into their respective agency curricula or programmes;
- B. To strengthen the training skills of three MOH family health trainers who will provide support for IEC training activities in Somalia.

II. ACCOMPLISHMENTS:

- A. Working in collaboration with the three co-trainers and Abdullah Hirad, SFHCA, a six-day workshop was developed and successfully implemented.
- B. Nineteen participants from six agencies attended the workshop full-time (list of participants - Appendix B). Pre- and post-test evaluation and participant reaction forms indicated an acceptable level of learning was achieved and a positive response to this workshop.
- C. The co-trainers worked closely with Brown in the identification of objectives, content, methods of training, scheduling/handouts, etc., and participated fully in conducting the workshop. They provided a high level of support and cooperation.
- D. Efforts were made to link the workshop activities to the work being done with SFHCA staff and other agencies by Myrna Seidman (management and planning) and Susan McCraw (development of IEC materials and activities).

- E. Debriefing meetings were held with USAID Population Officer, Margaret Neuse, and with the co-trainers. It was agreed that the Part II workshop would have to include a considerable amount of primary health care concepts in addition to the fundamentals of health education/IEC.

### III. BACKGROUND:

INTRAH has been providing technical assistance to the Ministry of Health (MOH), Family Health Division, Training Unit since 1981 through the Family Health Training Project. During the visit of Miss Pauline W. Muhuhu, INTRAH E/SA Office Director, March 3 - 17, 1985 (Trip Report #0-27), Abdullah Ahmed Hirad, SFHCA, expressed the need for INTRAH assistance in providing training in family health/family planning/IEC to key staff of the five agencies participating in the Family Health Training Project.

In a follow-up needs assessment visit by Pauline Muhuhu in June 1985 (Trip Report #0-55), a specific request for this training was made and a project proposal was developed by the SFHCA and submitted to USAID/INTRAH.

The proposal included two workshops which would provide participants with an overview of the FP rationale, place FP in a health context related to MCH, provide specific information on contraceptive methods--particularly natural FP methods, and assist participants to explore ways/develop a plan by which they would integrate IEC training activities into their programmes. In addition, several of the participants would be attending international courses in FP and it was felt that, given their professional backgrounds in education and teaching, this introduction to basic FP/FH/PHC concepts would be of great value in preparing them for that learning experience.

IV. DESCRIPTION OF ACTIVITIES:

- A. On arrival, Margaret Neuse briefed the traveller on the background and need for training in FH/FP/IEC of the staff of the five participating agencies, provided a summary of the broad responsibilities of each group, and provided several primary working documents and reports relevant to the workshop content.
- B. Preliminary meetings were held with Mr. Ahmed Mire Shire, Director, SFHCA and Mr. Abdullah Ahmed Hirad, Deputy Director, SFHCA to discuss their views and ideas concerning the workshop and the training needs of the participants. Hirad expressed the desirability of keeping the content at basic levels with emphasis to be placed on FH/FP needs, methods and IEC process and content. The traveller was introduced to the SFHCA staff and met also with Amina Hersi Adan, Training Officer, to discuss logistics of the workshop.
- C. The traveller attended a coordination meeting of the five participating agencies involved in the SFHS project which took place at the SFHCA office. Present were representatives of the Somali Family Health Care Association; IEC Unit, Family Health Division, MOH; Women's Education Department, MOE; Curriculum Development Centre, MOE; Somalia Women's Democratic Organization; and Ms. Susan McCraw and Ms. Myrna Seidman, USAID/SFHCA consultants. The purpose of the meeting was to enable each agency to present for review and discussion by the group their 1985 - 1986 training workplans.

- D. Following this meeting, the traveller met with the three co-trainers, Ms. Halima Abdi Sheikh, Ms. Zeinab Mohamud Afrah and Ms. Adar Abdi Fido. The WED Acting Director, Ms. Mariam Mohamoud and the SFHCA Training Officer, Ms. Amina Hersi Adan were also present for part of this meeting. The workshop proposal was reviewed and a brief workplan outline was prepared indicating what decisions/actions/preparation was required and who would assume responsibility for each activity.
- E. The traveller and the co-trainers began the process of developing the workshop curriculum outline, working from the overall objectives listed in the proposal; learning objectives, content, training methods and materials were identified and developed through discussion and consensus. Each trainer assumed responsibility for those workshop sessions she felt most comfortable in conducting. At the end of each working session, the traveller returned to USAID to organize and type the material. Unfortunately, because of commitments associated with their work, a family death, an unexpected delivery (Mariam Mohamoud), time constraints and the necessity of locating and obtaining various training materials/aids, not all three trainers could always be present at the same time during work-up of the workshop development phase. This resulted in less than full attainment of one of the major objectives of the project proposal--to strengthen the trainers' training skills by working with them through the full process of workshop development. However, the co-trainers demonstrated a high level of competency and good knowledge of the content and training methods during implementation.

- F. Training process used in the workshop involved a combination of lectures for new content-specific material (FP methods, menstrual cycle, demographic data, etc.), group discussion, question and answer periods, group work, role-play, teaching aids and handouts including the workshop curriculum (Appendices C, D, and E). The Somali language was used in almost all sessions except for those given by the traveller (and these were often summarized in Somali by the co-trainers). Most of the group discussions were translated into English for the traveller. Unfortunately, there was not time for the trainers to translate the handouts into Somali.
- G. Several informal meetings were held between Seidman, McCraw, Anita Bennetts and Brown in an effort to coordinate activities, avoid overlap and share reports. It became obvious that the various USAID consultants and subcontracting agencies' representatives were indeed a rather large horde chasing the same small group of Somali colleagues and scarce copies of primary reports. A fine degree of cooperation and mutual support was achieved.
- H. Debriefing of the USAID Population Officer and the co-trainers took place on the traveller's last day in Mogadishu. Copies of the workshop curriculum, pre-/post-test results, handouts and list of participants were left with Margaret Neuse and Halima Abdi Sheikh for copying and distribution.
- Brown was unable to debrief Abdullah Hirad, SFHCA, having missed him at a late afternoon meeting on her final day in Somalia.

V. FINDINGS:

- A. Participants generally responded in a positive manner to most of the daily workshop sessions, exhibiting considerable interest as evidenced by their many questions and often lively discussions. Participant Reaction Forms (Appendix F3) indicated that:
- 95% of participants felt that workshop objectives were either entirely or mostly achieved.
  - 89% thought all workshop material was useful.
  - 74% thought the workshop very useful or mostly useful for the work they do.
  - 63% thought possible solutions to real work problems were dealt with all of the time while 37% thought this was so only about one-half of the time.
  - 84% felt they had learned many or several useful concepts while 68% felt they learned many or several useful skills.
  - 95% thought the trainers were either very effective or effective.
  - 68% thought they would recommend this workshop without hesitation, 11% would probably recommend it and 21% would only recommend it to some people.
- B. It was evident from the results of the pre-test and early workshop sessions that the majority of participants possessed very limited knowledge of the need for FP or its relationship to the health of women and children. While many of the participants could list a variety of contraceptive methods, few could describe how they worked, under what circumstances FP could be beneficial or had

used a contraceptive method themselves, although this latter finding may reflect a cultural reticence to discuss such a subject in public in a mixed group.

- C. Few of the participants demonstrated any significant grasp of the most fundamental principles or content of the health education/IEC process. This is not an unexpected finding, given the participants' professional background training in education and teaching and their lack of any significant exposure or training in family health/family planning/primary health care and IEC concepts and training techniques.
- D. As each of the participating agencies had already developed their training workplans in detail for 1985 - 1986 (and were being assisted by Myrna Seidman in the planning and management aspects of the training plan), it was decided in consultation with Abdullah Hiram to focus the workshop IEC activities on the group process involved in developing a simple IEC plan (Appendix E), and relating this to the actual task of implementation and integration into their own programmes. This exercise was at best only moderately successful with participants as it became obvious that many simply had few ideas on how or where to start, and depended on knowledgeable group leaders/trainers for specific instruction. The idea of providing a structured format for this activity did have some value in assisting participants to focus and progress in logical steps; however, specific ways of "how" were vague and incomplete.

The role-play to target groups was more successful and demonstrated to participants not only the

difficulty of developing such a message plan but also the difficulties of "selling" it to a target group not receptive to change.

- E. Participant group understanding of English was mixed with approximately one-half reasonably fluent in their ability to speak and write the language; two participants had a very limited grasp and their participation was limited when discussions were held in English.
- F. The co-trainers demonstrated excellent training ability, were knowledgeable in their FP content, training methods and ability to identify appropriate content and training materials. They will possibly require some assistance in the overall planning and write-up of future training workshops, but are fully able to conduct FP training workshops with a minimum of assistance. Assessment of their knowledge base in primary health care and health education/IEC content is required.

VI. CONCLUSIONS:

- A. Core IEC staff of those agencies responsible for developing and integrating FH/FP/IEC training activities and content into their respective programmes are indeed lacking content knowledge or training in any one of those three areas. There is a strong need for INTRAH to follow-up this Part 1 workshop with several more specifically designed to reinforce and build on the FH/FP context given and to expand the scope to include basic, introductory and practical primary health care components related to maternal and child health.

Core staff also require training in basic health education/IEC concepts and techniques. This material should be the focus of a separate workshop of not less than 12 working workshop days.

- B. To respond to participants' reactions as indicated on participant reaction forms, greater effort should be directed in future workshops toward linking workshop activities in very practical ways to real work problems.
- C. The same co-trainers should be involved in future workshops to continue their training in FH/FP workshop development and implementation.

#### VII. RECOMMENDATIONS:

- A. At least two more workshops for the same group of participants should be held in the near future to provide them with training in:
  - 1. Basic concepts in primary health care specifically and practically related to maternal and child health.  
  
Content emphasis could include nutrition, breast feeding, ORT, immunization and child spacing.
  - 2. Basic concepts and process of health education including IEC methods of development and implementation.  
  
Content and practical emphasis could include basic principles of health education, the change process, change agents, FH communication, motivation development of IEC plans, messages, formats and evaluation methods.
- B. There is need for additional workshops with this group of participants, involving training of trainers skills, curriculum development skills and programme evaluation skills. While it is

anticipated that the recently approved USAID funded IEC/Management Project will undoubtedly address these particular training needs, start-up and identification of training needs will take some months, and the need for these participants is now. INTRAH may wish to provide this training.

- C. The same three co-trainers should be fully involved in any future INTRAH FP/FH/IEC training workshops to continue strengthening their training skills, particularly in the area of planning and course development and to provide them with a refresher review of MCH/PHC/IEC components.

**APPENDIX A**

**PERSONS CONTACTED**

APPENDIX A

Persons Contacted/Met

USAID/Mogadishu:

Ms. Margaret Neuse, Population Officer

Somalia Family Health Care Association:

Mr. Ahmed Mire Shire, Director

Mr. Abdullah Ahmed Hiram, Deputy Director, IEC Unit

Ms. Amina Hersi Adan, Training Officer, IEC Section

Ministry of Education:

Ms. Mariam Mohamoud, Acting Director, Womens' Education  
Department

Others:

Ms. Myrna Seidman, Management and Planning Consultant,  
AID/SFHCA

Ms. Susan McCraw, Health Education/IEC Consultant, AID/SFHCA

Dr. Anita Bennetts, Nurse-Educator Consultant, AID/MOH

Mr. Norman Lane, Management Supplies Consultant, MSCI/MOH

APPENDIX B

LIST OF PARTICIPANTS

APPENDIX B

List of Participants

Somalia Family Health Care Association:

1. Abderahman Mohamoud Mohamed
2. Rahma Ahmed Elmi
3. Abdullah Ahmed Hirad\*
4. Amina Hersi Adan
5. Ahmed Mire Shire

Women's Education Department (WED):

6. Abdiqani Mohamed Yusuf
7. Zahra Abdullahi Issie
8. Saïdo Hussein Ali
9. Halima Hagi Salah
10. Faduma Farah Handulle
11. Dahir Elimi Abdi
12. Musa Ahmed Omer
13. Mummina Yaras Mohamud

Somali Women's Democratic Organization (SWDO):

14. Raho Mahamud Jankio
15. Abdullahi Isse Good
16. Rada Abdillahi Dualeh

\* One-day attendance

.

Curriculum Development Centre (CDC):

17. Ahmed Ali Abdi

Ministry of Health (MOH):

18. Fahio Xusen Xisi

19. Aasiya Ali Gaabow

Population Education Project (PEP):

20. Mohamed Mohumoud Hadi

Observers:

Ms. Susan McCraw, HE/IEC Consultant, AID/SFHCA

Ms. Myrna Seidman, Management/Planning Consultant, AID/SFHCA

Ms. Moona Osman Gedi, MOH

Ms. Maryoum Ibrahim Coroole, MOH

Ms. Margaret Neuse, USAID Population Officer

Dr. Anita Bennetts, FP/MCH Consultant, USAID/MOH

His Excellency, The Minister of Education

APPENDIX C

COURSE CURRICULUM

WORKSHOP ON  
NON-CLINICAL FAMILY PLANNING  
FAMILY HEALTH for IEC  
( Part 1 )

13 - 18 July 85  
Mogadishu, Somalia

Sponsored by:

Somalia Family Health Care Association  
and

Programme for International Training in Health  
(INTRAH)

17

(i)

PROGRAMME SCHEDULE

<u>Day &amp; Date</u>	<u>Time</u>	<u>Topic</u>	<u>Speaker/Trainer</u>
Saturday 13 July	8:30 - 9:30	-Opening Remarks & welcome -Introduction of participants and trainers	Mr. Ahmed Mire Shire Executive Director, SFHCA
	9:30 - 10:00	-Pre-test	
	10:00 - 11:00	-Population trends in Somalia & their significance to the health & development of the Somali people	Mr. Abdulla Ahmed Hirad Director/IEC Unit, SFHCA
	11:00 - 11:30	-BREAK	
	11:30 - 12:50	-Socio-cultural & religious beliefs & attitudes in Somalia related to family health & child-spacing	Mr. Abdulla Ahmed Hirad Ms. M. Brown
	12:50 - 1:00	-Review & Summary	Ms. Halima Abdi Sheikh
Sunday 14 July	8:30 - 9:30	-Introduction to human reproductive systems	Ms. Halima Abdi Sheikh
	9:30 - 10:30	-Menstrual cycle & conception	Ms. Zenab Mohammed Afrah
	10:30 - 11:00	- BREAK	
	11:00 - 12:00	-Benefits of child-spacing	Ms. M. Brown
	12:00 - 12:50	-Introduction to various contraceptive methods	Ms. Adar Fidow
	12:50 - 1:00	- Review & Summary	Ms. Zenab Mohammed Afrah

13

## (ii)

<u>Day &amp; Date</u>	<u>Time</u>	<u>Topic</u>	<u>Speaker/Trainer</u>
Monday 15 July	8:30 - 10:30	-Traditional Methods of Contraception Calendar Method (Rhythm) Breast Feeding Azal (Withdrawal) Abstinence  -Mode of action of each -Effectiveness of each -Advantages & disadvantages of each	Ms. Halima Abdi Sheikh Ms. Zanab Mohammed Afrah
	10:30 - 11:00	BREAK	
	11:00 - 1:00	-Modern Methods of Contraception The Pill The IUD Condom Jelly/Foam Diaphragm  -Mode of action of each -Effectiveness of each -Advantages & disadvantages of each	Ms. Maureen Brown Ms. Adar Fidow
Tuesday 16 July	8:30 - 10:30	-Methods of Contraceptives Questions & Answer Session	Group Discussion Ms. M. Brown Ms. Zenab Afrah
	10:30 - 11:00	BREAK	
	11:00 - 12:45	-Practical Application of FP Methods knowledge	Ms. Susan McCraw Ms. Maureen Brown Ms. Halima Abdi Sheikh Ms. Zaneb Afrah
	12:45 - 1:00	- Review & Summary	Ms. Adar Fidow

(iii)

<u>Day &amp; Date</u>	<u>Time</u>	<u>Topic</u>	<u>Speaker/Trainer</u>
Wednesday 17 July	8:30 - 10:30	-Basic IEC concepts in developing a family health programme	Ms. Maureen Brown Group Discussion
		-Development of an IEC message plan	Small Group Work
	10:30 - 11:00	BREAK	
	11:00 - 12:30	-Presentation of IEC message to a target Group	Role Play/Group Work
	12:30 - 1:00	-Participant Bio-Data Forms	
Thursday 18 July	8:30 - 10:00	-Review & Critique of Group IEC plan	
	10:00 - 11:00	-Demonstration of ability to discuss various contraceptive methods	Role Play/Group Work
	11:00 - 11:30	-BREAK	
	11:30 - 12:00	-Post-Test	
	12:00 - 12:30	-Participant Reaction Forms	
	12:30 - 1:00	-Discussion of Pre/Post Tests Results	
		-Closing of Workshop	Mr. Ahmed Mire Shire Executive Director/SFHCA

OBJECTIVES OF THE COURSE:

- GENERAL OBJECTIVES:
1. To examine general population trends in Somalia and the six FHS project regions in particular, and relate these to the health and socio-economic development of the Somali people;
  2. To review Somali socio-cultural & religious beliefs and attitudes as they relate to child-spacing;
  3. To improve knowledge on the human reproductive systems as they relate to conception & contraception;
  4. To strengthen knowledge on contraception & specific contraceptive methods currently available and in use in Somalia;
  5. To examine Family Health issues and relate these to Family Health programmes;
  6. To increase understanding of concepts of IEC as applied in Family Health;
  7. To explore & develop possible approaches for integrating Family Health in existing programmes and develop a specific work-plan outline.

SPECIFIC OBJECTIVES:

At the end of the Workshop the participant will be able to:

1. Discuss & compare demographic changes in Somalia's vital rates for the period 1950 - 1980;
2. Define the terms and list the estimated 1980 rates for the following:
  - Total Fertility Rate (TFR)
  - Crude Birth Rate (CBR)
  - Crude Death Rate (CDR)
  - Rate of Natural Increase (RNI)
  - Child Dependency Ratio (CDR)
3. List & discuss the implications for the health, socio-cultural and economic development of the Somali people resulting from continued high fertility/high population growth rates;
4. Briefly describe the main elements of the IEC Baseline Study, the participating agencies and the target groups studied;
5. List & discuss common beliefs, attitudes and practices of Somali people in regard to family health and child spacing issues;
6. Identify on a chart the major reproductive organs of the female & male reproductive systems and describe briefly the major function of each;
7. Briefly describe the menstrual cycle and process of fertilization;
8. Relate the menstrual cycle to the Calendar method of child spacing;
9. List & discuss 3 major health & socio-economic benefits of child spacing for mother & child;
10. List & describe 4 methods of Traditional contraception and 4 Modern methods, and be able to explain the mode of action, effectiveness, advantages & disadvantages of each;

11. Demonstrate ability to discuss various contraceptives fully & convincingly;
12. Discuss the immediate and long-term health effects of Pharaonic circumcision/infibulation;
13. Describe & apply 2 major IEC concepts when developing a Family Health IEC plan;
14. Discuss possible approaches for ways of integrating family health in his/her programme;
15. Demonstrate development of an IEC plan outline through discussion & group work.

WORKSHOP METHODS:

1. Lectures/discussion/Audio-visual aides;
2. Group Work;
3. Role Play;
4. Individual exercise.

WORKSHOP PRODUCTS/EVALUATION:

1. PRE/POST test;
2. IEC Plan Outline;
3. Individual ability to discuss contraceptives;
4. Individual ability to apply knowledge of menstrual cycle as it relates to contraceptives.

WORKSHOP MATERIALS & HANDOUTS:

1. Family Planning Methods & Practices: AFRICA.
2. Hatcher: It's Your Choice.
3. HLNFPF: Fertility Awareness.
4. CPFH: Family Planning: Its Effects on the Health of Women & Children.
5. Workshop handouts: Workshop Objectives & daily syllabus  
Demographic rates for Somalia  
IEC Baseline Study  
Advantages & Disadvantages of various FP Methods  
Calendar Method

POPULATION TRENDS IN SOMALIA/  
 TOPIC: EFFECTS ON SOMALI PEOPLE  
 TRAINER: MR. ABDULLAH AHMED HIRAD

PAGE: 1  
 DATE: 13 July Saturday  
 TIME: 10:00 - 11:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <p>1. <u>Describe &amp; compare</u> changes in Somalia's demographic vital rates between the period 1950 &amp; 1980, including:</p> <p>Total fertility rate            Crude birth rate            Crude death rate            Rate of natural increase            Population: 1950 &amp; 1980</p> <p>Infant mortality rate            Child dependency ratio            Life expectancy at birth            Urban population.</p> <p>2. <u>List &amp; explain</u> how these rates affect the health &amp; economic development of Somali people &amp; the nation.</p>	<p>1. Population trends &amp; changes since 1950:            -definition of term used;            -vital rates for period 1950 to 1980 (estimates);</p> <p>TFR=7.2 (est.) 1980            CBR=48 in 1950; 45 in 1980            CDR=30 in 1950; 15 in 1980            RNI=1.8 in 1950; 3.0 in 1980            Pop.=1.9 in 1950; 4.8 in 1980;            9.1 in 2000            IMR=143 (low estimate)            % population under 14 years=44%            43 years            34% (&amp; growing at 5% per year).</p> <p>2. Implications of rates:            -Health effects; (especially on women &amp; children);            -Socio-cultural effects;            -Economic development effects.</p>	<p>Lecture/questions.            Group discussions.            Graphs/overhead projection.</p>	<p>Handout with vital rates.            List of definitions.</p>	<p>Define terms as they are used.            Encourage participants to identify effects of population growth rates &amp; list on flip chart.</p>

2/1

TOPIC: SOCIO-CULTURAL & RELIGIOUS BELIEFS & ATTITUDES

DATE: 13 July Saturday

TRAINER: MR. ABDULLAH AHMED HIRAD & MAUREEN BROWN

TIME: 11:30 - 12:45

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <ol style="list-style-type: none"> <li>Briefly describe the main elements of the FHS Project "IEC Baseline Study &amp; Message Guidelines" &amp; identify the:               <ul style="list-style-type: none"> <li>-target groups studied;</li> <li>-5 participating agencies;</li> <li>-7 major topics of study.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Main elements review:               <ul style="list-style-type: none"> <li>-Conducted in November 1984-April 1985 in cooperation with the SFHCA, FHD of the MOH, WED &amp; CDC of the MOE, SWDO in 5 regions: Bay, Benaadir (Mogadishu), Lower Jubba, Lower Shabelle &amp; Middle Shabelle.</li> <li>-Target groups:                   <ul style="list-style-type: none"> <li>-Health personnel</li> <li>-Family Life teachers</li> <li>-School teachers</li> <li>-Religious leaders</li> <li>-Political leaders/ Swado leaders</li> <li>-Adult women &amp; adult men</li> <li>-Students.</li> </ul> </li> <li>-Major topics of study:                   <ul style="list-style-type: none"> <li>-Knowledge</li> <li>-Attitudes</li> <li>-Behavior &amp; practice</li> <li>-Decision-making &amp; authority within the family.</li> </ul> </li> </ul> </li> </ol>	<p>Discussion.</p>	<p>Handout-IEC Baseline Study research findings for each target group.</p>	

4

TOPIC: SOCIO-CULTURAL &amp; RELIGIOUS BELIEFS &amp; ATTITUDES

DATE: 13 July Saturday

TRAINER: MR. ABDULLAH AHMED HIRAD &amp; MAUREFN BROWN

TIME: 11:30 - 12:45

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>1. Main elements of the FHS Project: (Continued)</p> <p>2. Discuss at least 5 beliefs/ attitudes expressed by various groups in regard to family health/child-spacing issues.</p>	<p>-Motivators for specific behaviours: -Traditional &amp; family communication; -Mass communication.</p> <p>2. Explore with participants their own beliefs &amp; attitudes in regard to child-spacing; contraceptive safety; contraceptive use; views on planning, communication, etc.;</p> <p>Review selected findings;</p> <p>Group &amp; individual perceptions on views expressed in study by specific groups;</p> <p>Possible ways by which IEC activities may address these beliefs/ attitudes (positive &amp; negative).</p>	<p>Group discussion.</p>	<p>Flip Chart.</p>	<p>Remind group this topic will be further addressed in work-plan session.</p>

TOPIC: HUMAN REPRODUCTIVE SYSTEM - FEMALE

DATE: 14 July Sunday

TRAINER: MS. HALIMA ABDI SHEIKH

TIME: 8:30 - 9:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <p>1. Using a diagram, <u>identify</u> the major organs of the female reproductive system.</p> <p>2. <u>Briefly explain</u> in simple terms the major function of each organ.</p>	<p>1. Review of female reproductive system:  <u>External female anatomy:</u>                      -Clitoris                      -Urethral opening                      -Vaginal opening                      -Hymen                      -Labia</p> <p><u>Internal female anatomy:</u>                      -Ovaries                      -Fallopian tubes                      -Uterus                      -Endometrium                      -Cervical os                      -Vagina</p> <p>2. <u>Major function of each organ:</u>                      -Clitoris: erectile tissue, sexual pleasure;                      -Urethra: urination;                      -Vaginal opening: leads into the vagina;</p>	<p>Discussion.</p> <p>Demonstration using model/diagrams.</p> <p>Questions.</p> <p>Discussion.</p> <p>Demonstration using model/diagrams.</p> <p>Questions.</p>	<p>Model.</p> <p>Diagrams &amp; overhead projector.</p> <p>Handout of booklet- "Fertility Awareness".</p>	<p>Keep explanation brief &amp; simple.</p> <p>Refer group to booklet.</p> <p>Relate organs to sites of contraceptive action where appropriate (cervical os for diaphragm; uterus for IUD; etc.).</p>

27

TOPIC: HUMAN REPRODUCTIVE SYSTEM - FEMALE

DATE: 14 July Sunday

TRAINER: MS. HALIMA ABDI SHEIKH

TIME: 8:30 - 9:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>2. Major function of each organ. (Continued)</p>	<p>2. <u>Major function of each organ (Continued):</u>                      -Hymen: covers the vaginal opening;                      -Labia: covers &amp; protects clitoris &amp; vaginal opening;                      -Ovaries: produces ovum &amp; female sex hormones;                      -Fallopian tubes: picks up egg (ovum) &amp; transports to uterus; site of fertilization;                      -Uterus: pear-shaped &amp; size; holds fetus &amp; expands greatly during pregnancy;                      -Endometrium: lining of uterus; sheds during menstruation if pregnancy does not occur;                      -Cervical os: mouth of uterus; dilates greatly during childbirth; secretes mucus from cervical crypts located near os;                      -Vagina: passage between uterus to outside; birth canal.</p>	<p>Discussion.                       Demonstration using model/diagrams.                       Questions.</p>	<p>Handout of booklet- "Fertility Awareness".</p>	<p>Keep explanation brief &amp; simple.</p>

28

TOPIC: HUMAN REPRODUCTIVE SYSTEM - MALE

DATE: 14 July Sunday

TRAINER: MS. HALIMA ABDI SHEIKH

TIME: 8:30 - 9:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>3. Using a diagram, <u>identify</u> the major reproductive organs of the male.</p>	<p>3. Review of male reproductive system:            -Scrotum            -Testes            -Penis            -Urethra            -Vas deferens</p>	<p>Discussion.            Diagrams.</p>	<p>Overhead projector.</p>	<p>Keep explanations brief &amp; simple.</p>
<p>4. <u>Briefly explain</u> in simple terms the major function of each organ.</p>	<p>4. <u>Major function of each organ:</u>            -Scrotum: contains testicles;            -Testes: produces sperm &amp; male sex hormone;            -Penis: organ of sexual intercourse; transports sperm through urethra by ejaculation into vagina;            -Urethra: transports sperm mixed with seminal fluid (semen) from vas deferens; urination;            -Vas deferens: pathway for semen from testes to penis.</p>	<p>Discussion.            Diagrams.</p>	<p>Overhead projector.</p>	<p>Keep explanations brief &amp; simple.</p>

28

TOPIC: MENSTRUAL CYCLE & CONCEPTIONDATE: 14 July SundayTRAINER: MS. ZENAB MOHAMMED AFRAHTIME: 9:30 - 10:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <p>1. <u>Explain briefly &amp; simply</u> the term "menstruation" &amp; the menstrual cycle.</p> <p>2. <u>Explain briefly &amp; simply</u> the process of contraception.</p> <p>3. <u>Describe "safe" days &amp; "fertile" days</u> in the menstrual cycle.</p>	<p><u>Definition of menstruation:</u> "periodic discharge of blood &amp; mucus &amp; cell tissue from the endometrium (uterus) which occurs at regular intervals throughout the reproductive life of a woman".</p> <p><u>Menstrual cycle:</u> "the number of days from the first day of menstruation through to the day before the next appearance of the menses".</p> <p><u>Menstrual cycle &amp; conception:</u> -Menstruation -Ovulation -Fertilization &amp; implantation.</p> <p><u>Brief description of phases of menstrual cycle:</u> -Pre-ovulatory -Post-ovulatory -Signs/symptoms of ovulation.</p>	<p>Demonstration using simple chart.</p> <p>Discussion.</p> <p>Question &amp; answers.</p> <p>Chart on Phases.</p>	<p>Menstrual Cycle Chart.</p> <p>Diagrams &amp; explanation from booklet-"Fertility Awareness".</p> <p>Menstrual Cycle Chart.</p> <p>Diagrams &amp; explanation from booklet-"Fertility Awareness".</p>	<p>Elicit definitions from group.</p> <p>Link this topic to the Calendar Method of contraception.</p> <p>Link this topic to the Calendar Method of contraception.</p>

6/

TOPIC: BENEFITS OF CHILD SPACING/FAMILY PLANNINGDATE: 14 July SundayTRAINER: MAUREEN BROWNTIME: 11:00 - 12:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session, the participant will be able to:</p> <ol style="list-style-type: none"> <li>1. <u>Define</u> the concept underlying the term family planning.</li> <li>2. <u>List &amp; describe</u> 3 factors associated with high infant mortality.</li> <li>3. <u>List &amp; describe</u> 2 factors associated with maternal mortality &amp; morbidity.</li> </ol>	<p><u>Concept of family planning:</u></p> <ol style="list-style-type: none"> <li>1. Freedom to choose:               <ol style="list-style-type: none"> <li>a. number of children a couple may desire;</li> <li>b. the frequency of child-bearing (child-spacing).</li> </ol> </li> <li>2. Providing help to those having difficulty in conceiving:               <ol style="list-style-type: none"> <li>a. infertility;</li> <li>b. sterility;</li> <li>c. alternative to child-bearing - adoption.</li> </ol> </li> </ol> <p>-Birth interval; -Birth order; -Age of mother.</p> <p>-Birth order; -Age of mother.</p>	<p>Group discussion.</p> <p>Line listing.</p> <p>Review &amp; discussion of statistics in FP handout.</p> <p>Review &amp; discussion of statistics in FP handout.</p>	<p>Handout of <u>Family Planning: Its impact on the health of women &amp; children.</u></p> <p>Flip board.</p> <p>Fig. 2, p. 11 Fig. 5, p. 13 Fig. 9, p. 17</p> <p>Fig. 16, 17, 18, 19, 20 &amp; 21.</p>	<p>Group definitions of FP.</p>

TOPIC: BENEFITS OF CHILD SPACING/FAMILY PLANNING

DATE: 14 July Sunday

TRAINER: MAUREEN BROWN

TIME: 11:00 - 12:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>4. <u>Identify</u> 4 health benefits of child-spacing.</p>	<p><u>Health benefits:</u>                      -Decrease in maternal, infant &amp; child mortality;                      -Why?;                      -Decrease in complications of pregnancy &amp; childbirth;                      -Improved maternal &amp; child health resulting from spacing concept (breast feeding; maternal replenishment; improved nutrition).</p>	<p>Group work to identify &amp; list benefits.</p>	<p>FP handout.</p>	<p>Divide into 4 groups &amp; split the task.</p>
<p>5. <u>Identify</u> 5 socio-economic benefits of child-spacing.</p>	<p><u>Socio-economic benefits:</u>                      -Educational opportunities;                      -Improved family life;                      -Improved financial/economic opportunities;                      -Improved work opportunities for women;                      -Improved family nutrition in general &amp; child in particular;                      -Improved quality of life.</p>	<p>Group work to identify &amp; list benefits.</p>	<p>FP handout.</p>	

27

TOPIC: INTRODUCTION TO METHODS OF CONTRACEPTION

DATE: 14 July Sunday

TRAINER: MS. ADAR FIDOW

TIME: 12:00 - 12:45

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session, the participant will be able to:</p> <p>1. <u>List</u> 4 traditional methods &amp; 5 modern methods of contraception presently used in Somalia.</p> <p>2. <u>List</u> other methods available or in use in other countries.</p>	<p>1. Introductory review of various methods including:</p> <ul style="list-style-type: none"> <li>-Breast feeding</li> <li>-Calendar method</li> <li>-Abstinence</li> <li>-Azal</li> </ul> <p style="text-align: center;"><u>Traditional</u></p> <ul style="list-style-type: none"> <li>-IUD</li> <li>-Pill</li> <li>-Condom</li> <li>-Jelly</li> <li>-Diaphragm</li> </ul> <p style="text-align: center;"><u>Modern</u></p> <p>2. Other methods not used in Somalia:</p> <ul style="list-style-type: none"> <li>-Implant (NORPLANT)</li> <li>-Injectable (DEPO-PROVERA)</li> <li>-Sterilization - tubectomy</li> <li style="padding-left: 20px;">- vasectomy</li> </ul>	<p>1. Question/answer.</p> <p>2. Discussion.</p> <p>3. Handouts of samples.</p> <p>4. Listing on Flip Chart.</p>	<p>Samples of pills/ IUD/condom/jelly/ diaphragm.</p>	<p>1. Encourage group participation by questioning own use of various methods.</p> <p>2. Seek opinion of individuals who may have used any FP method &amp; results.</p>

TOPIC: INTRODUCTION TO METHODS OF CONTRACEPTION

DATE: 14 July Sunday

TRAINER: MS. ADAR FIDOW

TIME: 12:00 - 12:45

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>3. <u>List</u> at least 2 reasons for contraceptive failure of traditional methods.</p>	<p>3. Reasons for failure rate of traditional methods:</p> <ul style="list-style-type: none"> <li>-Breast feeding: <ul style="list-style-type: none"> <li>-reliable for maximum of 6 months;</li> <li>-ovulation may occur before menstruation.</li> </ul> </li> <li>-Calendar method: <ul style="list-style-type: none"> <li>-complicated;</li> <li>-requires good understanding of menstrual cycle &amp; woman's body;</li> <li>-ovulation may be variable.</li> </ul> </li> <li>-Abstinence: <ul style="list-style-type: none"> <li>-requires agreement of both partners;</li> <li>-may result in marital stress.</li> </ul> </li> <li>-Azal (Withdrawal): <ul style="list-style-type: none"> <li>-psychologically unacceptable to one partner or both;</li> <li>-loss of control by male.</li> </ul> </li> </ul>	<p>Discussion.</p>		<p>Stress point that traditional methods are not reliable for long-term use.</p> <p>Encourage group to identify other reasons for failure.</p>

TOPIC: CONTRACEPTIVE METHODS: TRADITIONALDATE: 15 July MondayTRAINER: MS. HALIMA ABDI SHEIKH - CALENDAR METHODTIME: 8:30 - 10:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <ol style="list-style-type: none"> <li><u>List</u> 4 traditional contraceptive methods &amp; <u>briefly describe</u> how they work.</li> <li><u>State</u> the effectiveness of each method.</li> <li><u>List</u> major side effects.</li> <li><u>Describe</u> the advantages of each method.</li> </ol>	<p><u>Calendar Method:</u></p> <ol style="list-style-type: none"> <li><u>Mode of Action:</u> -works by calculating the fertile period in a woman's menstrual cycle which is based on the knowledge of the length of the past 6-12 cycles so she may avoid intercourse during her fertile period.</li> <li><u>Effectiveness:</u> -High failure rate: -14-50 pregnancies per 100 woman users per year.</li> <li><u>Side effects:</u> -None.</li> <li><u>Advantages:</u> -Requires no drugs; -Acceptable to all religions; -May be used to help achieve pregnancy; -May promote communication between couples.</li> </ol>	<p>Discussion. Question &amp; answers. Line listing.</p>	<p>Menstrual cycle chart. Flip Board. Handout-"Calendar Method". Handout-"It's Your Choice".</p>	<p>Refer back to the material covered on the menstrual cycle &amp; its phases. Reference: Chapter 9, p. 75.</p>

TOPIC: CONTRACEPTIVE METHODS: TRADITIONAL

DATE: 15 July Monday

TRAINER: MS. HALIMA ABDI SHEIKH - CALENDAR METHOD

TIME: 8:30 - 10:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>5. <u>Describe</u> the disadvantages of each method.</p> <p><u>BREAST FEEDING:</u></p>	<p>e. <u>Disadvantages:</u>            -High failure rate;            -Requires strong commitment &amp; cooperation between couples;            -Requires training &amp; accurate record-keeping;            -Abstinence for 1/3 to 1/2 of the cycle.</p> <p><u>Breast Feeding:</u></p> <p>a. <u>Mode of action:</u>            -may protect against pregnancy by delaying the return of ovulation following childbirth; the sucking action of the baby on the breast can cause temporary drop in the release of hormones that trigger the release of an egg from the ovary.</p> <p>b. <u>Effectiveness:</u>            -Not highly reliable.</p> <p>c. <u>Side effects:</u>            -None.</p> <p>d. <u>Advantages:</u>            -Safe-requires no drugs;            -Acceptable to all religions;            -Free.</p>	<p>Discussion.</p> <p>Question &amp; answers.</p> <p>Line listing.</p>	<p>Handout-"It's Your Choice".</p>	<p>Reference:            Chapter 13, p. 89</p>

TOPIC: CONTRACEPTIVE METHODS: TRADITIONALDATE: 15 July MondayTRAINER: MS. HALIMA ABDI SHEIKH - CALENDAR METHODTIME: 8:30 - 10:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<u>AZAL (WITHDRAWAL OR COITUS INTERRUPTUS):</u>	<p><u>Azal (Withdrawal):</u></p> <p>a. <u>Mode of action:</u> -male ejaculates outside of vagina.</p> <p>b. <u>Effectiveness:</u> -Not highly effective.</p> <p>c. <u>Side effects:</u> -None.</p> <p>d. <u>Advantages:</u> -Free; available; -Safe &amp; does not require drugs or mechanical devices.</p> <p>e. <u>Disadvantages:</u> -Not highly effective; -Male suffers loss of control; -Unacceptable to one or both partners.</p>	<p>Discussion.</p> <p>Question &amp; answers.</p>	<p>Handout-"It's Your Choice".</p>	<p>Reference: Chapter 10, p. 83.</p>
<u>ABSTINENCE:</u>	<p><u>Abstinence:</u></p> <p>a. <u>Mode of action:</u> -voluntary decision to refrain from sexual intercourse.</p>	<p>Discussion.</p> <p>Question &amp; answers.</p>	<p>Handout-"It's Your Choice".</p>	<p>Reference: Chapter 11, p. 85.</p>

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MAUREEN BROWN - THE PILLTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>At the end of this session the participant will be able to:</p> <ol style="list-style-type: none"> <li><u>List</u> 5 modern methods of contraception &amp; <u>briefly describe</u> how each works.</li> <li><u>State</u> the effectiveness of each method.</li> <li><u>List</u> major side effects.</li> </ol>	<p>ORAL CONTRACEPTIVES:  <u>Combined - The Pill:</u></p> <p>a. <u>Mode of action:</u>          -Contains 2 synthetic forms of hormones; stops ovulation by interfering with hormones required for ovulation; makes cervical mucus thick &amp; impenetrable to sperm.</p> <p>b. <u>Effectiveness:</u>          -Highly effective;          -1-8 pregnancies per 100 woman users per year.</p> <p>c. <u>Side effects:</u>          -Most serious are cardiovascular effects such as heart attacks &amp; stroke; risk higher in women over age of 35, who smoke &amp; who have other health problems; younger women under 35, who do not smoke can use the pill safely, with little risk of complications.</p>	<p>Discussion.</p> <p>Question &amp; answer session.</p>	<p>Handout-Samples of 2 types of pills.</p> <p>Handout-"It's Your Choice".</p>	<p>Keep explanations simple &amp; as non-clinical as possible.</p> <p>Reference:          Chapter 3, p. 29.</p> <p>In discussion, explore participants feelings about using the pill &amp; other methods.</p> <p>Explore participants feelings in regard to side effects.</p>

23

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MAUREEN BROWN - THE PILLTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>3. <u>List</u> major side effects. (Continued)</p> <p>4. <u>Describe</u> the advantages of each method.</p>	<p><u>The Pill</u> (Continued):</p> <p>c. <u>Side effects:</u> (Continued)</p> <p>-Minor:</p> <p>-Nausea; weight gain; mild headaches; spotting; decreased or missed periods; more susceptible to vaginal yeast infections; possible mood changes; etc.</p> <p>-Serious:</p> <p>-Gallbladder disease; hypertension.</p> <p>-Life-threatening:</p> <p>-Blood clots.</p> <p>d. <u>Advantages:</u></p> <p>-Ease of use;</p> <p>-Reduces risk in certain pelvic condi- tions; reduces risk in ovarian &amp; uterine cancer; decreases menstrual flow; protects against certain cystic ovarian &amp; breast disease.</p> <p>-Reversible; etc.</p>		<p>Handout-"Advantages &amp; Disadvantages".</p>	<p>Stress importance of weighing; high risks associated with frequent pregnancies.</p> <p>Pill-associated risks affect mostly a small segment of women.</p> <p>For other advantages &amp; disadvantages, refer to handouts.</p>

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MAUREEN BROWN - THE PILLTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>5. <u>Describe</u> the disadvantages of each method.</p>	<p><u>The Pill (Continued):</u></p> <p>e. <u>Disadvantages:</u>            -See "Side Effects";            -Inadequate during lactation;            -Medical follow-up required;            -Continuous distribution &amp; supply required;            -Expensive cost.</p> <p><u>Progestin-Only (Mini-pill):</u></p> <p>a. <u>Mode of action:</u>            -Contains only one synthetic hormone - progestin; causes thick cervical mucus impenetrable to sperm &amp; induces a thin, atrophic endometrium; inhibits ovulation about 1/2 of the time; are taken continuously.</p> <p>b. <u>Effectiveness:</u>            -Highly effective;            -3-10 pregnancies per 100 woman users per year.</p> <p>c. <u>Side effects:</u>            -Irregular menses;            -Vaginal spotting;            -Relatively high rate of ectopic pregnancy.</p>	<p>Discussion.</p> <p>Question &amp; answer session.</p> <p>Line listing.</p>	<p>Handout-"Advantages &amp; Disadvantages".</p> <p>Handout--Samples.</p> <p>Handout-"It's Your Choice".</p>	<p>Reference:            Chapter 3 &amp;            Chapter 5.</p>

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MAUREEN BROWN - THE PILLTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>Progestin-Only (Mini-pill):</u> (Continued):</p> <p>d. <u>Advantages:</u>            -Does not affect lactation;            -Theoretically poses less risk than the combined pill;            -Decreases painful menses &amp; menstrual blood loss.</p> <p>e. <u>Disadvantages:</u>            -Higher pregnancy rate than the combined pill;            -Ectopic pregnancy is possible;            -Menstrual irregularity &amp; vaginal spotting.</p>		Handout-"Advantages & Disadvantages".	

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MS. ADAR FIDOW - IUDTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p>THE INTRAUTERINE DEVICE:</p> <p><u>I.U.D.:</u></p> <p>a. <u>Mode of action:</u>            -The IUD is a small plastic or metal device that is placed in the uterus through the vagina &amp; cervical canal. It is not clear how it works to prevent pregnancy, but appears to induce an inhospitable environment in the uterus for the ovum &amp; sperm.</p> <p>b. <u>Effectiveness:</u>            -Highly effective;            -1-5 pregnancies per 100 woman users per year.</p> <p>c. <u>Side effects:</u>            -Minor:            -Bleeding, spotting &amp; cramping;            -Other:            -Expulsion, pregnancy, infection, anaemia, perforation &amp; PID.</p>	<p>Discussion.</p> <p>Question &amp; answer session.</p>	<p>Handout-Sample of Copper-T.</p> <p>Handout-"It's Your Choice".</p>	<p>Encourage full discussion on part of participants.</p>

TOPIC: CONTRACEPTIVE METHODS - MODERN

DATE: 15 July Monday

TRAINER: MS. ADAR FIDOW - IUD

TIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>I.U.D. (Continued):</u></p> <p>d. <u>Advantages:</u></p> <ul style="list-style-type: none"> <li>-High effectiveness;</li> <li>-Long-term use;</li> <li>-No action required by user;</li> <li>-Safe if side effects are properly looked after.</li> </ul> <p>e. <u>Disadvantages:</u></p> <ul style="list-style-type: none"> <li>-Possibility of pregnancy with IUD in site;</li> <li>-Bleeding, spotting &amp; cramping in first few months of use;</li> <li>-Requires trained personnel to insert;</li> <li>-Perforation possible upon insertion by untrained personnel;</li> <li>-PID/septic abortion possible.</li> </ul>		Handout-"Advantages & Disadvantages".	

SP

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MS. HALIMA ABDI SHEIKH - CONDOMTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>Condom (A Male Method):</u></p> <p>a. <u>Mode of action:</u>            -Sheath of thin rubber that is placed over a man's erect penis before intercourse to collect the semen &amp; keep it from entering the woman's vagina.</p> <p>b. <u>Effectiveness:</u>            -Very effective if used properly;            -3-15 pregnancies per 100 users per year.</p> <p>c. <u>Side effects:</u>            -Allergic reaction (local).</p> <p>d. <u>Advantages &amp; Disadvantages:</u>            -See "Handout".</p>	<p>Discussion.</p> <p>Question &amp; answer session.</p>	<p>Handout-Samples.</p>	

Handout

TOPIC: CONTRACEPTIVE METHODS - MODERN

DATE: 15 July Monday

TRAINER: MS. ADAR FIDOW - DIAPHRAGM

TIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>Diaphragm:</u></p> <p>a. <u>Mode of action:</u>            -A soft rubber cup with a stiff, flexible rim around the edge; contraceptive cream/ jelly is put on the surface which goes against the cervix &amp; the device is inserted into the vagina before intercourse. It is a barrier method (like the condom).</p> <p>b. <u>Effectiveness:</u>            -Good to moderate effectiveness depending on proper use &amp; fit;            --14-25 pregnancies per 100 users per year.</p> <p>c. <u>Side effects:</u>            -Some women prone to bladder infections;            -Occasional mild allergic reaction to rubber material;            -May become dislodged during sex.</p>	<p>Discussion.</p> <p>Question &amp; answer session.</p>	<p>Handout-Sample diaphragm.</p> <p>Handout-"It's Your</p>	<p>Reference: Chapter 6.</p>

TOPIC: CONTRACEPTIVE METHODS - MODERNDATE: 15 July MondayTRAINER: MS. ADAR FIDOW - DIAPHRAGMTIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>Jelly (Jellies, foams &amp; creams):</u></p> <p>a. <u>Mode of action:</u>            -Chemical substances containing spermicides. It is inserted into the vagina before intercourse where it spreads over the vagina &amp; cervix. It deactivates the sperm &amp; prevents sperm from entering the uterus.</p> <p>b. <u>Effectiveness:</u>            -Not very effective when used by itself; more effective when used in conjunction with diaphragm/condom; -10-25 pregnancies per 100 woman users per year.</p> <p>c. <u>Side effects:</u>            -May produce a slight allergic reaction.</p> <p>d. <u>Advantages:</u>            -Safe to use;            -Does not require supervision;            -May protect from some STD.</p>	Discussion.	Handout-Samples.	

SJT

TOPIC: CONTRACEPTIVE METHODS - MODERN

DATE: 15 July Monday

TRAINER: MS. ADAR FIDOW - DIAPHRAGM

TIME: 11:00 - 1:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	<p><u>Jelly (Jellies, foams &amp; creams) (Continued):</u></p> <p>e. <u>Disadvantages:</u> -Not reliable.</p>			

46

TOPIC: QUESTION & ANSWER SESSIONDATE: 16 July TuesdayTRAINER: MAUREEN BROWN & ZENAB AFRAHTIME: 8:30 - 10:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
To provide opportunity to participants to discuss & clarify any misunderstandings, answer questions in regard to FP methods, other points.	Questions from participants.	Group discussion.		

TOPIC: PRACTICAL APPLICATION OF KNOWLEDGE OF METHODSDATE: 16 July TuesdayTRAINER: MAUREEN BROWN & MS. SUSAN McCRAWTIME: 11:00 - 12:45

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p>1. <u>Demonstrate</u> his/her knowledge in applying menstrual cycle to the Calendar Method.</p> <p>2. <u>Demonstrate</u> knowledge of appropriate contraceptive method for different women (non-clinical advice situation).</p>	<p>Instructions to participants on how to proceed with the exercise.</p> <p>Instructions to participants on how to analyze the situation of each "woman".</p> <p>What method would be appropriate for each?</p> <p>Why?</p>	<p>Individual exercise using handouts.</p> <p>Group discussion.</p> <p>Blackboard.</p>	<p>Handout-"All Women are Different".</p> <p>"Woman Calendar".</p> <p>Individual women menstrual history.</p>	<p>Have different participants explain why to the rest of class.</p>

BASIC IEC CONCEPTS/DEVELOPMENT  
 TOPIC: OF IEC MESSAGE PLAN  
 TRAINER: MS. MAUREEN BROWN, MS. SUSAN McCRAW,  
 MS. HALIMA ABDI SHEIKH, MS. ZENAB AFRAH

DATE: 17 July Wednesday

TIME: 8:30 - 12:30

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
1. <u>Identify &amp; apply</u> at least 2 basic IEC concepts when preparing Family Health curricula and/or Family Health programmes.	IEC concepts: -Importance of knowing as much as possible about the target group (research studies, to ascertain their knowledge, attitudes, beliefs, practices; group characteristics, perceived group/individual wants & needs, etc.); -Development of overall plan/strategy based on need with objectives, targets, outcomes, evaluations; -Simple messages/posters/formats realistically planned & implementable; -Evaluation methods.	Group discussion.	Handout-"IEC Baseline Study".  Format for plan.	Have participants identify their target groups.  Discuss characteristics as group perceive them.  Encourage group to think about what exactly they must think about when applying this in their own work.
2. <u>Develop in group work</u> a simple IEC message plan.	Plan format.	Group work.		See attached instructions.

TOPIC: PRESENTATION & CRITIQUE OF IEC PLAN

DATE: 18 July Thursday

TRAINER: ALL TRAINERS/ALL PARTICIPANTS

TIME:

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
	Review & critique of each group IEC plan - content, completeness, accuracy, is it implementable? Is it realistic?	Group discussion.		

25

TOPIC: ROLE PLAY - ABILITY OF PARTICIPANTS  
TO DISCUSS FP METHODS

TRAINER: ALL TRAINERS/ALL PARTICIPANTS

PAGE: 29

DATE: 18 July Thursday

TIME: 10:00 - 11:00

LEARNING OBJECTIVE	CONTENT	METHODS	MATERIALS	GUIDELINES
<p><u>Demonstrate individual ability to discuss FP/child-spacing with conviction &amp; a basic knowledge of benefits/methods.</u></p>	<p>Role play situations involving every participant.</p> <p>See attached instructions.</p>	<p>Group/individual demonstration.</p>	<p>Role play handout &amp; those decided by individual/group.</p>	

51