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Trip Report

0-404

Travelers: Mr. Maurice Apted, IHP Program Coordinator

Country Visited: Benue State, NIGERIA

Date of Trip: August 17 - September 6, 1987

Purpose: To provide technical assistance to the Benue State Training Team in conducting a two-week CS/ORT Community Health Education and Motivation workshop for 15 community health aides, August 25 - September 5, 1987

Program for International Training in Health
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* On file with INTRAH Program Office.
** On file with INTRAH Data Management Services.

LIST OF ABBREVIATIONS

CD	Curriculum Development
CHA	Community Health Aide
CHE	Community Health Education
CNO	Chief Nursing Officer
CS	Child Spacing
CT	Contraceptive Technology
IEC	Information/Education/Communication
MOH	Ministry of Health (State)
ORT	Oral Rehydration Therapy
STT	State Training Team
TOT	Training of Trainers

EXECUTIVE SUMMARY

Mr. Maurice Apted, Program Coordinator, International Health Programs (IHP), provided technical assistance to members of the Benue State Training Team (STT) in conducting a two-week Community Health Education and Motivation workshop for Child Spacing (CS)/Oral Rehydration Therapy (ORT) for 15 Community Health Aides (CHAs), activity #8 of the MOH/INTRAH contract workplan.

The STT members successfully conducted the workshop overcoming an unanticipated obstacle of significant English-language deficiency in eight of the 15 participants. The trainers demonstrated a strong beginning competency in applying adult education principles through the use of experiential and participatory training methods. Participants on the whole expressed strong satisfaction with the training experience.

High community interest in family planning (FP) was demonstrated during the field practicum.

During a trainers debriefing with Ministry of Health (MOH) officials, emphasis was placed on the success of the STT's efforts and the need for the MOH to continue to provide effective administrative support.

In a debriefing letter to Ms. Keys MacManus, AID Affairs Officer, emphasis was placed on the individual performance of the trainers and on the administrative support required by the STT to continue successful training.

SCHEDULE OF ACTIVITIES

August 17-21	Mr. Apted was already in Benue State for TOT/CD/CT Update workshop, Activity #5 (INTRAH Trip Report #0-403).
	Prepared for CS/ORT Community Health Education (CHE) and Motivation workshop with the Benue State Training Team.
August 24 - September 4	Conducted CHE and Motivation workshop.
September 5	Graduation and closing ceremonies.
	Debriefed with Benue State Ministry of Health officials: Mr. Daniel Agogo, Permanent Secretary; Dr. Rosemary Abdullahi, CS/ORT Project Director; Mrs. Justina Abeda, Assistant Project Director; and Mr. Taudyer, Chief Nursing Officer (Community Health).
	Mr. Apted departed from Makurdi for Lagos 2:30 p.m.
September 6	Mr. Apted departed from Lagos 11:55 p.m. for New Orleans via London.

I. PURPOSE OF TRIP

The purpose of the trip was to provide technical assistance to members of the Benue State Training Team (STT) in conducting a two-week Community Health Education (CHE) and Motivation workshop in Child Spacing (CS)/Oral Rehydration Therapy (ORT) for 15 Community Health Aides (CHAs).

II. ACCOMPLISHMENTS

A. Technical assistance was successfully provided to six members of the Benue STT in conducting a ten-day CHE and Motivation workshop.

B. Fourteen CHAs were successfully trained in CHE and motivation for CS/ORT.

C. STT members displayed a strong beginning competency in leading their own training activities.

III. BACKGROUND

This is Activity #8 in a series of sixteen activities of the INTRAH/IHP/Benue State Ministry of Health (MOH) contract workplan. The workshop was preceded by a Training of Trainers (TOT)/ Curriculum Development (CD)/Contraceptive Technology (CT) Update workshop, Activity #5 (INTRAH Trip Report #0-402); a Skills development for Training and Program Evaluation workshop, Activity #4 (INTRAH Trip Report #0-403); Orientation Seminars, Activity #2 - 3; and a TOT for Senior Staff, Activity #1 (INTRAH Trip Report #0-401).

A Clinical Skills workshop, Activity #9 (INTRAH Trip Report #0-405) was held concurrently with this activity.

IV. DESCRIPTION OF ACTIVITIES

A. Six members of the Benue STT met from August 17 - 21, 1987 to finalize workshop preparations following the completion of the TOT/CD/CT Update, Activity #5.

B. Fifteen participants from the CHA cadre attended the workshop (Appendix B). The workshop was organized to incorporate five days of CHE concept building and introduction to CT; one field day for community assessment; two additional field days for CHE practicum; and, two days for follow-up, record keeping and evaluation. For the field practicum, four locations were selected within the Makurdi city area. Each group of participants was accompanied by at least one STT member. During the CHE practicum, among other CHE skills, participants practiced using three simple CHE protocols for the following client groups:

- persons expressing initial interest in CS;
- persons who want to practice CS; and
- persons who want condoms/foaming tablets.

Two protocols, one for defaulters and one for continuing users with possible referral needs, were distributed. Participants discussed these protocols at the clinics with clinic staff during the CHE practicum. Although assigned to a clinic facility, participants were required to practice outreach activities in surrounding market places and neighborhoods. Participants referred potential clients to clinics using the CHE referral slips.

C. Participatory training techniques were emphasized throughout to demonstrate the adult education principles that participants would be required to apply in their future work.

Each of the six STT members led at least two training sessions.

D. At the end of the workshop, a debriefing meeting was held by the INTRAH/IHP consultant with Ministry of

Health (MOH) officials: Mr. Daniel Agogo, Permanent Secretary; Dr. Rosemary Abdullahi, CS/ORT Project Director; Mrs. Justina Abeda, Assistant Project Director; and Mr. Taudyer, Chief Nursing Officer (Community Health).

The debriefing emphasized the need for continued MOH support of the STT. Reports were also presented on the successful performance of the STT members. A trainers' debriefing was conducted.

E. Through prior arrangement, a written debriefing letter was sent to Ms. Keys MacManus, Aid Affairs Officer, Lagos (Appendix J).

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. Before Workshop

1. Finding(s)/Conclusion(s)

Inadequate coordination of pre-workshop activities between the CS/ORT Project Coordinators' office and the office of the CNO (Community Health) led to the early arrival of participants (i.e., a week before the workshop was due to begin). Also, participants' invitation letters incorrectly identified the workshop as a three-week activity instead of a two-week activity. The problems caused by this miscommunication were resolved by the CNO (Community Health) and the CS/ORT Project Coordinator.

Recommendation(s)

INTRAH should continue to emphasize to project officials the need for correct and timely communication as an important ingredient for successful and efficient training.

B. During the Workshop

2. Finding(s)/Conclusion(s)

Eight of the 15 participants had difficulty reading and writing English. Consequently, the

STT used Nigerian Pidjin and the local languages (Idoma, Igala and Tiv) frequently. The English-competent participants helped their colleagues during the small group activities.

Recommendation(s)

INTRAH and the MOH should be aware that participants at the CHA level may have difficulty using simple English-language materials and prior to a workshop, inform staff and consultants accordingly so that materials and training approaches can accommodate these needs.

3. Finding(s)/Conclusion(s)

During the debriefing, MOH project officials indicated that they would alter their selection procedures to ensure that participants are English competent.

Recommendation(s)

INTRAH should note that the MOH is aware of potential training difficulties caused by the English language deficiencies.

4. Finding(s)/Conclusion(s)

Despite English language deficiencies, participants' scores on the post-test showed large increases.

Recommendation(s)

INTRAH and the Benue State MOH should be aware that CHAs successfully grasped important CS/ORT concepts for CHE and motivation.

5. Finding(s)/Conclusion(s)

All six STT members displayed conscientiousness and competence in dealing with the language and administrative problems faced during the training activity.

Recommendation(s)

STT members should be prepared to handle training administration problems created by project officials and should be commended for doing so.

6. Finding(s)/Conclusion(s)

Interest in CS is high in the areas visited by participants during the field practicum.

Recommendation(s)

INTRAH should continue to encourage MOH officials to capitalize upon public interest in CS in the provision of safe and effective CS/ORT clinical services.

7. Finding(s)/Conclusion(s)

Despite an earlier reluctance to assume a training role, all six members of the STT quickly gained confidence in their role and in the use of participatory methods.

Recommendation(s)

INTRAH should use every opportunity to commend the successful efforts of the Benue STT.

8. Finding(s)/Conclusion(s)

One of the six STT members performed outstandingly well. Ms. Victoria K. S. Nor is a midwife tutor with clinical skills and is a prime candidate for Master Trainer. She is also Assistant Information/Education/Communication (IEC) Coordinator.

Recommendation(s)

INTRAH should facilitate further Master Trainer training for Ms. Victoria K. S. Nor.

9. Finding(s)/Conclusion(s)

An overview of participant reactions (Appendix D) suggests that participants found the overall workshop experience to be a satisfying one.

Recommendation(s)

INTRAH should commend the STT for a job well done and encourage STT members to continue and strengthen their training activities.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

Benue State Ministry of Health

Mrs. Justina ABEDA, CS/ORT Assistant Project Coordinator

Dr. Rosemary ABDULLAHI, CS/ORT Project Director and Director Preventative Health

Mr. Daniel AGOGO, Permanent Secretary

Mrs. Susannah ATTAH, CS/ORT Program Coordinator

Dr. Mary OGEBE, CS/ORT Deputy Project Director and Director, Health Services Management Board

Mr. TAUDYER, Chief Nursing Officer (Community Health)

Benue State Community Health Education Training Team Members

Mrs. Cecelia ABBA

Mrs. Elizabeth MAMUDO

Mr. Dvezer ISHEUGE

Mr. Joshua KON

Mrs. Rekeiya MUSA

Miss Victoria K. S. NOR

APPENDIX B

Participants

APPENDIX B

PARTICIPANTS

1. Mrs. Ino Rekiya ALIYU
   Community Health Aide
   Rural Health Center, Ofugo

2. Mr. Elias ATABO
   Community Health Aide
   Basic Health Clinic, Egume

3. Mr. Daniel D. GUNDU
   Community Health Aide
   Basic Health Clinic, Tor-Donga

4. Mr. Ali HARUNA
   Community Health Aide
   Rural Health Center, Abocho

5. Mrs. Esther Ojum IBU
   Community Health Aide
   Basic Health Clinic, North Bank, Makurdi

6. Mrs. Becky D. KUNAVHEMBA
   Community Health Aide
   Basic Health Clinic, Vendeikya

7. Mrs. Margaret Enyanwu ITTAH
   Community Health Aide
   Rural Health Center, Otukpa

8. Mr. Ademu MOMOH
   Community Health Aide
   Rural Health Center, Ugbokpo-Ochekwu

9. Mrs. Grace S. NYAMOR
   Community Health Aide
   State Epidemiological Unit, Makurdi

10. Mr. Abimaje Peter OMAYE
    Community Health Aide
    Rural Health Center, Abejukolo

11. Mrs. Elizabeth OSHIMAGYE
    Community Health Aide
    Health Center, Adikpo

12. Mrs. Salome A. SELU
    Community Health Aide
    Health Center, Zaki-Biam

13. Miss Sarah M. SEREKI
    Community Health Aide
    School Health Clinic, Makurdi

14. Mrs. Adijetu SULE
    Community Health Aide
    Health Center, Ankpa

15. Mr. Dominic Adi YUA
    Community Health Aide
    Rural Health Center, Agasha

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APPENDIX C

Pre/Post-Test Scores

APPENDIX C

PRE/POST-TEST SCORES

INTRAH PRE/POST TEST RESULTS FORM

	Trainee Name	Pre-Test Score	Post-Test Score
1.	Mrs. Ina Rekiya ALIYU	6/60 (10%)	22/50 (44%)
2.	Mr. Elias ATABO	16/60 (26%)	38/50 (76%)
3.	Mr. Daniel D. GUNDU	25/60 (41%)	35/50 (70%)
4.	Mr. Ali HARUNA	13/60 (21%)	11/50 (22%)
5.	Mrs. Esther Ojum IBU	17/60 (28.1%)	39/50 (78%)
6.	Mrs. Becky D. KUNAVHEMBA	19/60 (31%)	33/50 (60%)
7.	Mrs. Margaret ITTAH	15/60 (25%)	43/50 (86%)
8.	Mrs. Grace NYAMOR	9/60 (15%)	39/50 (78%)
9.	Mr. Abimaje Peter OMAYE	25/60 (41%)	42/50 (84%)
10.	Mrs. Elizabeth OSHIMAGYE	12/60 (20%)	25/50 (50%)
11.	Mrs. Salome A. SELU	12/60 (20%)	28/50 (56%)
12.	Miss Sarah M. SEREKI	14/60 (23%)	38/50 (76%)
13.	Mrs. Adijetu SULE	12/60 (20%)	32/50 (64%)
14.	Mr. Dominic Adi YUA	39/60 (65%)	48/50 (96%)
15.	Mr. Ademu MOMOH	14/60 (23%)	43/50 (86%)

Pre-Test

Range: 6-39 (10% - 65%)

Mean: 16.5 (27.6%)

Number above Mean: 5

Post-Test

Range: 11-48 (22% - 96%)

Mean: 34.4

Number above Mean: 9

(Question #10 was eliminated from Post-Test.)

APPENDIX D

Summary of INTRAH Participant Reaction Responses

Master

Course ID# [HE Benne #1

INTRAH PARTICIPANT REACTION FORM

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

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
11	1	2	1	

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
7	8			

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

15 a. All material was useful

____ b. Most materials were useful

____ c. Some material was useful

____ d. Little material was useful

____ e. No material was useful

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
12	3			

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
2	4	7		2

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

a. Too much	b. Somewhat too much	c. Just about right	d. Somewhat too little	e. Too little
2	2	7	1	2

NO ANSWER 1

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

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

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

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
11	3	1		

9. In this workshop I learned:

8 a. many important and useful concepts,

____ b. several important and useful concepts,

2 c. some important and useful concepts,

____ d. a few important and useful concepts,

____ e. almost no important or useful concepts.

5 NO ANSWER

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

10 a. many important and useful skills,

____ b. several important and useful skills,

____ c. some important and useful skills,

____ d. a few important and useful skills,

____ e. almost no important or useful skills.

5 NO ANSWER

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
10	4	1		

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
14	1			

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

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
14	1			

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

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
12	3			

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

____ b. I would probably recommend this workshop

____ c. I might recommend this workshop to some people

____ d. I might not recommend this workshop

____ e. I would not recommend this workshop.

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

15 a. Additional time for the workshop

____ b. More limited time for the workshop

2 c. Use of more realistic examples and applications

8 d. More time to practice skills and techniques

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

3 f. More effective trainers

2 g. More effective group interaction

1 h. Different training site or location

3 i. More preparation time outside the training sessions

1 j. More time spent in actual training activities

____ k. Concentration on a more limited and specific topic

____ l. Consideration of a broader and more comprehensive topic

____ m. Other (specify) _____

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

	very useful 1	2	3	4	hardly useful 5
a. Nigeria's Pop Facts	14				
b. Health & Other Benefits	14	1			
c. Home based ORT	14			1	
d. Child Spacing Methods	15				
e. Finding Out About the Community	14	1			
f. Health Ed Circle	14	1			
g. Dealing with Rumours	14				1
h. CHE Field Trip	15				
i. Effective Listening & Questioning	14	1			
j. Using Simple Visual Teaching Aids	14	1			

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

Techniques/ Resources	very useful 1	2	3	4	hardly useful 5	does not apply 6
a. lectures	12					1
b. group discussions	13					
c. individual exercises	11	2				
d. group exercises	14					
e. clinical sessions	12	1				
f. field trips	13		1			
g. handouts/readings	11					
h. books	12	1				
i. audio-visuals	9	1				

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

5 a. Counselling and/or client education

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

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

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

2 e. Supervision of Family Planning Services

6 f. Management of Family Planning Service System

____ g. Planning/Evaluation of Family Planning Services

____ h. Policy Making/Direction of Family Planning Services

1 i. Community Based Distribution of Contraceptives

5 j. Community Based Outreach, Education or Information

4 k. In-Service Training in Family Planning

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

____ m. Other (specify) _____

20. Additional Comments: Time too short, need longer time, Govt should give more training; very interesting but too short.

Feel free to sign your name. (Optional)

_____

May, 1985

APPENDIX F

Pre/Post-Instrument

BENUE STATE
MINISTRY OF HEALTH C3/ORT TRAINING PROJECT
CME WORKSHOP

PRE - TEST

POST - TEST

INSTRUCTIONS:

- Read all questions carefully
- Attempt all questions
- Write all answers in the spaces provided

Please put your name or other mark
to identify your test.

NAME:----------

NIGERIAS POPULATION

Question 1. What is the present estimate of Nigeria's population that is being used by the Federal Government for health planning?

.....MILLION. (1 mark)

Question 2. What is the present estimated POPULATION GROWTH RATE of Nigeria?

.....PER CENT (1 mark)

Question 3. At the present estimated growth rate what will be the estimated population of Nigeria by the year 2015 i.e. 30 years from now approximately

.....MILLION (1 mark)

HEALTH BENEFITS OF CS

Question 4. In Family Planning there are four specific groups of women who can receive direct health benefits from practicing modern family planning. One such group is women who have recently given birth and want to delay becoming pregnant again for at least another two years.

The other three groups are:

1. Women who have already got ..... children.(Give a specific minimum number)
2. Women who are less than ..... years old.
3. Women who are more than ..... years old. (6 marks)

Question 5. Which of the following poses the greatest health risk to women in developing countries like Nigeria? Circle the BEST answer.

a. Using the Oral Contraceptive Pill ("The Pill")

b. Using the Intrauterine Contraceptive Device ("IUD")

c. Pregnancy

d. Using condoms

e. None of the above (2 marks)

O R T.

Question 6. Which of the following procedures should NOT be followed for ORT/ORS?

a. ORS should be boiled

b. ORS should be discarded after 24 hours

c. Kaolin and other antidiarrheoals should be given with ORS.

d. Feeding should be stopped when a child has diarrheoa.

e. ORT/ORS must only be administered by health workers.

f. ORS should be given immediately diarrheoa begins.

g. ORS should not be prepared at home. (5 marks)

CS METHODS

Question 7. There is a group of family planning methods called Barrier Methods. Name the THREE main barrier methods available in Nigeria.

a. .....

b. .....

c. ..... (3 marks)

Question 8. One of the BARRIER METHODS is especially suitable for a man to use.

a. What is the name of this method?

..... (1 mark)

b. How effective is this method is preventing unwanted pregnancy when used correctly?

..... per cent. (1 mark)

Question 9. What is the family planning method that affects the hormone level of the blood and is taken orally?

a. ..... (2 marks)

The family planning method described immediately above prevents unwante pregnancy in three main ways. What are these?

b. ..... (ovulation)

c. ..... (endometrium)

d. ..... cervix) (6 marks)

Question 10. This method involves keeping a foreign body in a woman's womb.

a. What is the name of this modern family planning method?

..... (2 marks)

b. What is the other condition that absolutely contraindicates the use of this method?

..... (2 marks)

ADULT EDUCATION

Question 11. Community Health Educators conduct much of their health education work with adults.

Which of the following represent appropriate ADULT EDUCATION Attitudes for a CHE to possess.

a. Adults must be forced to adopt healthful practices.
b. Adults with little schooling do not usually care about their health.
c. When learning new skills or information adults learn best if taught like children.
d. Adults have many useful life-experiences which can be applied to health education activities.
e. "Illiterates" are often to blame for their own health problems.

(4 marks)

Question 12. **An effective CHE worker should possess three of the following characteristics. Circle the BEST three answers below**

a. A good explainer

b. A good listener

c. A good artist

d. A good singer

e. A good helper

(2 marks)

.....

CHA ATTITUDES TO COMMUNITY BELIEFS

Question 13. Many men believe that if their wives or girlfriends use modern family planning methods the women will NOT be faithful.
Which of the following attitudes would be the best one for a CHE to sho towards this widespread belief? (Choose only ONE answer)

a. The belief is true and for this reason women should only be allowed practice family planning with a man's permission, be it their husba boyfriend or father.

b. Women have a responsibility and a right to protect their health thr family planning if they wish to. A CHE's job is to help men underst that women may choose family planning for health reasons and not because women want to be unfaithful.

c. The CHE should not interfere in anyway with a man and woman's relationship. Therefore, a woman should practice family planning only if both parties agree.

d. The FP clinician and not the CHE provider is best qualified to hand this situation since men are unlikely to be persuaded by CHE worker alone. Futhermore, this is a medical problem for which clinicians have appropriate solutions.

(3 marks)

QUESTION 14. One of the important parts of the Benue State Child Spacing programme is the policy of helping clients make a free (Voluntary) and knowledgable choice to practice Child Spacing.

Below are 4 statements. TICK which ones best help clients make a free (Voluntary) and knowledgable choice.

(a) The CHE orders a high risk mother that she must practice Child Spacing or she is likely to suffer death.

(b) The CHE explains all modern CS methods available in Benue State and how clients can choose their own method.

(c) The CHE helps a husband and wife to discuss how they will space their children in the future.

(d) The CHE explains to a client all the methods available in the clinic even though a client asks strongly for pills.

(3 marks)

VISUAL AIDS

Question 15. Complete the list below of the types of visual aids which do not require electricity.

a. POSTERS

b. .....

c. .....

d. .....

(3 marks)

COMMUNITY NEEDS ASSESSMENT

Question 16. When any new health programmes is being introduced to a community it is good to conduct a simple community assessment.

What are two advantages of conducting the needs assessment (Write 2 sentences)

a. .....

.....

.....

B. .....

.....

.....

.....

(4 marks)

.....

Day I

CHE WORKSHOP FOR CS/ORT
ORT THEORY AND PRACTICE

EXERCISE O N MIXING AND ADMINISTRATION OF SSS.

INSTRUCTIONS:- REARRANGE the jumbled up steps in the mixing and administration of the SSS in their proper order. As an example, step I have been done for you.

(I) Seek medical help if condition does not improve after 48 hours ----------

(2) Mix thoroughly by stirring ----------

(3) Measure IO level teaspoon sugar into bowl ----------

(4) Assemble all equipments and ingredient ---I------

(5) Continue Breastfeeding if child is breastfeeding or give other foods as tolerated by child ----------

(6) Wash hands with soap and water ----------

(7) Pour in I measured beer bottle of water or 2 mineral bottles of water ----------

(8) Measure I level teaspoon of salt into bowl ----------

(9) Pour solution into cup and slowly using a teaspoon give solution to child (2-3 teaspoons for every five minutes) as child demands ----------

(IO) Taste to ascertain the streagth of the solution ----------

(II) Discard solution after 48 hours. Mix a new one if required ----------

APPENDIX I

Debriefing Letter to
Ms. Keys MacManus, AID Affairs Officer, AAO/Lagos

re Benue State CHE Training
INTRAH Activity 7.

Dear Keys,

Greetings from Makurdi. Since I will not get a chance to debrief with you in person here are some highlights of the Community Health education and Motivation workshop recently completed in Benue.

1. 15 Community Health Aides attended from 9 Local Government Areas including Makurdi and Oboko.

2. The participants have been trained to do the following in both the clinic and community setting.

   - explain health benefits of Child Spacing and ORT

   - explain how child spacing , ORT and EPI can help children and mothes live healthier lives

   - explain in simple local terms the Child Spacing methods available in Benue State MOH clinics

   - carry out community visits and follow the established protocols for the following 4 categories of people,

     - People who are hearing about CS for the first time and want to find out more about Child Spacing.
     - People who want to practice child Spacing.
     - People who are already practicing Child Spacing and who may have a referral problem.
     - People who have defaulted or stopped using Child Spacing and who may need to start again.

   - Dispense Condoms and Foaming Tablets, emphasising the child spaing benefits and prevention of STDs.

3. Major Accomplishments for the Training Team

   a. Despite our strong misgivings at the end of the TOT I am more than pleased to report that the six Trainers for the CHE training have performed very competently. This is evidenced by the success they have had in dealing with a group of trainees approximately half of which are unable to read or write basic English. (This was a major constraint. More about this later) Here are some brief assessments on each of the trainers.

      Victoria K.S. Nor - By farthe most competent trainer. In fact overall I would say that shei s excellent. She is competent in both the clinical and CHE aspects. She is a dynamic trainer in the classroom and an imaginative instructor in the field. You'll beglad to hear that she uses many of the community education techniques she observed in Ozum. I have to admit that her excellent performance has come as a very pleasant surprise. Although, during the TOT we observed that she had potential we were very concerned about an apparent lack of motivation. This reservation no longer holds. On the down-side shei s handicapped by her relative lack of seniority within the system. (She is the most "junior" of thesix members!) I have spoken briefly about Nor to Abdullahi to see if the MOH can capitalise on Nor's competence. At this time Nor is an excellent candidate for advanced Training Programme Management overseas. (Tv)

      Josnua Kon - Joshua is the State's ORT manger, and for this training was the Lead Trainer. He has had much experience as an ORT trainer and as an EPI trainer. A competent trainer but not as versatile for our purposes as Nor is. Also not as dynamic. Nevertheless he commands respect in the Ministry andis well-liked by his fellow trainers. Therefore he isa good leader

Joshua Kon (Contd) — Has not had a dynamic training role as Nor but he is an asset in that he is an articulate Nigerian male who is probably 90% committed to child spacing. (TIV)

Elizabeth Mamodu- — Elizabeth is a Zimbabwe-trained clinician and ably lead the sessions on the childspacing methods. Was handicapped with the extra responsibilities of having to handle all the training logistics such as paying perdiems etc. Her experience in the clinic is a valuable asset to the team. In the next training it is hoped that she will get more training practice and have less logistics to handle. Igala -speaking.

Cecelia Abba — Cecelia is a Phillipines-Trained clinician. She has ably overcome a nervousness and shyness about standing in front of a class. She is a good supporting trainer for both Nor and Mamodu. She's also an Idoma and can monitor the Idoma-speaking partivspants.

Ishenge Dzever — The "official" Health Educator for EPI and ORT in the state. A hard worker who has a good grasp of his material. However is seriously handicapped in the training setting by a hearing impairment. I'm attempting to get his hearing-aid repaired in the U.S. During the next training I will suggest that he handle logistics to give Mamudo more training practice. (TIV)

Rekiya Musa — A matron from a rural hospital, Rekiya has been another success story. She came to the TOT "by mistake" but has developed into a hard-working support trainer. She is handicapped by a lack of clinical experience but this will be overcome with her attendance at a clinical course in Ibadan. She is the only Muslim on the team. Has good potential and can alternate with Abba as a support trainer after Ibadan if required. Igala

My recommendations to Abdullahi for the next training are NOR, KON, MAMODU and ABBA with ISHENGE looking after logistics.

CONSTRAINTS

I. RELATIONSHIPS BETWEEN THE TEAMS AND PROJECT BOSSES

Following Terry's visit Abdullahi has been dealing with the per diem issue much more constructively. However, suspicions seem to run deep here as a matter of course, and team members are alittle anxious that the necessary support will not be forthcoming once we leave i.e. in the remaining months of the project. I am more hopeful, I think the difficulties over mangement are real but I'm more hopeful that necessary management support will be forthcoming than I was at the end of TOT. I think that the disfficulties are twofold (for management) Firstly its a question of lack of experience and training (Rosemary, herself agrees !) And secondly, its a question of the chequred mangment history of the Ministry itself. I think that Rosemary would benefit greatly from a short management course. She means well in her decision-making but she needs to know better, more productive and constructive, ways of managing her work. She admits at times to being inadequately prepared for her managerial rsponsabilities. She is keen to go on a course (Aren't they all) Sooner, rather than later is my suggestion. IMP holds a good course starting this month which Ogebe attestxxx to. However, it may be too late. What do you think?

II. CONSTRAINTS AT THE MIDDLE-LEVEL

Just as the Director's relationship with the trainingteam is improving but coul be better, the same can be said for realtioships between the coordinator's off and the Director's office. It is true that the Coordinator's office is one of the weakest links in the system. Some of this weakness can be overcome with better direction from the top. Abdullahi has confided that she is terribily frustrated with the Coordinator's office. I think she needs to know how to handle them better but I have to agree with her that it is a difficult task. The Coordinator has confided in me in return and she herself is frustrated at the lack of clearinstructions from above. She also is "afraid" to initiate anything without express approval the Director.

III. During the Training - PARTICIPANT SELECTION

As I said earlier about half of the CHE participants had serious difficulty reading simple English. This was a major concern once it was discovered as the training was designed for at least a basic English competency. To solve the immediate problem we have been training in Pidgin where necessary. Since the group is a mixed language one, pidgin has been the common tongue. We are also conducting "oral examinations" in the indigenous Benue languages to ensure competency in child spacing methods. So far the "weak" English speakers have performed very well in pidgin and their mother tongue during the community practicum. In fact they are on their second day of market home clinic visiting as I write this.
For the long term we have discussed participant selection with the person in charge of Community Health at the Ministry. The present cadre of Community Health Aides appear too low-level in the system to have much community standing. Their educational background is also spotty and at this pioneering stage in the project all have agreed that Community Heath Assistants (as in Lagos) would be a more productive cadre to train. Anyway, the Ministry will select this cadre form the second CHE workshop.

I belive eventually that the Community Health Aides should also be trained for motivation activities. At this time though I think that we wil get more for our efforts from the Community Health Assistants.

CONCLUSION
I am 100% more hopeful about success in Benue than I was at the end of TOT. It still is true that it takes longer and requires more effort to get results here than in several of the other States I'veworked in. Nevertheless, with judicious training of key people and close project supervision on our part we will see Benue through this challenging time. I have been truly challenged working here and it has been good for me personally! But, I'm pleased to be going home. No doubt I will see you again. Thaks very much for the excellent support you have given when we've needed it!

APPENDIX J

Graduation Address by
Dr. Mary Ogebe, CS/ORT Project Director, MOH

AN ADDRESS BY THE CHIEF MEDICAL OFFICER HEALTH SERVICES MANAGEMENT BOARD DR. MRS. M.D. OGEBE ON THE OCCASION OF THE CLOSING CEREMONY OF THE WORKSHOP ON COMMUNITY HEALTH EDUCATION AND MOTIVATION FOR CHILD SPACING/ORAL REHYDRATION THERAPY

The Permanent Secretary (M.O.H).
The Executive Secretary (HSMB).
Technical Assistant (INTRAH) to the Benue State Training Team.
Ladies and Gentlemen.

Its my pleasure to address you this day on the occasion of the closing ceremony of the workshop on Community Health Education organised for Community Health Aides for Child Spacing and Oral Rehydration Therapy.

Prior to 1985, the aspects of family health that concerned the Ministry of Health were:

(a) Maternal and Child Care

(b) Curative services to those who reported ill-health

(c) Sanitation in general.

However, by 1985, the ministry took a critical look at the need to actively provide child spacing or family planning, counselling technology and therapy to the Benue populace. It was discovered that some of the states of the Federation had forged forward in child spacing programmes with the assistance of foreign aid. Through the Federal Government U.S. Embassy contacted who accepted to help the State in this regard. By May 1985, the first team sent to Benue by INTRAH had arrived. A series of activities were planned for Benue State and one of the activities was to form a Benue State Training team (BSTT) on Child Spacing/Oral Rehydration Therapy. This was accomplished during a Training of Trainers workshop organised jointly by INTRAH and the Ministry of Health in which nineteen trainers from Benue State Ministry of Health/Health Services Management Board were trained by the INTRAH training team.

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During that workshop, the State Training team developed curriculumns for the training of the Child Spacing/Oral Rehydration Therapy clinical service providers and CS/ORT Community Health Education providers. The workshop we are witnessing its closing ceremony here is the first Benue State Training by the Benue State Training team. Technical Assistance to the Benue State Training team was provided by INTRAH.

[illegible] who are soon to graduate have been trained to do several things for the promotion of Child Spacing/Oral Rehydration Therapy activities in the State. For instance, they are trained to conduct simple CS/ORT needs assessments in their local communities and follow up by the conduction of effective Health education and motivation activities as a back up to the needs assessments. They can also conduct case-finding and referrals in co-operation with the CS/ORT clinical service providers, maintain simple CS/ORT community Health Education Activities Record System and use simple techniques to evaluate the CS/ORT health Education activities.

It is important to realise that Child Spacing/Oral Rehydration Therapy is one important feature of the Ministry's overall programme to improve the health of mothers and child. In combination with BFI and proper nutrition CS/ORT increases a childs chances of surviving in the crucial and dangerous first 2 years of life. For the mother a space of at least 2 years between pregnancies allows her to regain strength for herself and for the care of her family members. Because of these definite health benefits to families and communities the Ministry charges, you the graduates, with the most important task of spreading the message. In performing your functions however, the ministry expects you to bear in mind the different Cultural and Social factors in the Communities in Benue State and try not to conflict these. As pioneers in this programme, it is obvious that you will meet with several challenges in the performance of your functions. It is your duty to use the

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knowledge you have acquired in this workshop to tackle these challenges so as to make your work easier.

I want to assure you at this stage that the ministry shall endeavour to give you all the support you require to perform your functions. It is therefore your responsibility to work fervently for the promotion of CS/ORT activities in Benue State so that future generations will reap the fruits of your labour.

Ladies and Gentlemen, I wish at this stage to thank all of you for attending this ceremony. I hope the time spent here should not be in vain.

May God bless you all.

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