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MODULE 3

Planning and Preparation for a Training Program

221.606 - Training Methods and Continuing Education for Health Workers

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3.1 Components of a Training Plan

3.1.1 Basic Components of a Training Plan

A training plan is a written document that spells out how the trainees, together with the trainees who have been formed into a training committee, will carry out the activities. The plan will include the following sections

- a. Content & Objectives
- b. Training Methods
- c. Resources and Budget
- d. Implementation Plan & Procedures
- e. Evaluation
- f. Follow-up & Supervision

Individual sessions within the programme can be summarized and appended as seen in the following example of an individual session plan.

Objective: The primary health worker will provide prompt treatment for a child with malaria.				
Steps	Methods	Resources	Cost	Evaluation
1. Explain why prompt treatment is necessary and why malaria is dangerous	brainstorming followed by case study or story to show what happens when a child's malaria goes untreated	chalkboard or flipchart paper, chalk, markers, handout containing the case study, trainer or trainee can tell the story, 30 minutes	₦500	questions to the trainees
2. Feel the child to determine if the temperature is elevated	demonstration and return demonstration	trainers and trainees to demonstrate, if possible see a sick child in the clinic and compare with one that is well, 15 minutes	n/a	observe return demonstration with checklist
3. Ask the mother about the history of the child's illness	role play and practical	trainees perform the role play. May have roles and scenario written on handouts, 20 minutes	₦100	observe role play and give feedback based on checklist
4. Count out the correct dose of chloroquine for the child's age	demonstration, return demonstration supplemented with a job aid	supply of chloroquine enough for each trainee to practice measuring, job aid, 30 minutes	₦200	observe return demonstration with checklist
5. Explain to the mother how the medicine should be given	role play	trainees perform the role play. May have roles and scenario written on handouts, 20 minutes	₦100	observe role play and give feedback based on checklist
6. Encourage the mother to give the child extra fluids and feed fruits, green vegetables	role play	trainees perform the role play. May have roles and scenario written on handouts, 20 minutes	₦100	observe role play and give feedback based on checklist
7. Record the treatment in a treatment notebook	practical	notebooks, pencils, rulers, 30 minutes	₦900	Review sample notebook entries for accuracy

8. Review the child's condition on the third day	brief lecture	trainer, 15 minutes	n/a	questions to the trainees
TOTAL		Time: 3 hours	₦1900	

It is important to develop an overall timetable for the training programme or workshop that lets trainees and facilitators see at a glance what is expected to happen and when. A more detailed agenda can also be written that spells out the names of speakers and any special procedures that will be followed such as group tasks. Below is a sample one-page schedule for a workshop to train health facility managers of diarrhoeal disease programmes.

DAY	Time Period						
	8.30-10.30	10.30	11.00-13.00	13.00	14.30-16.00	16.00	16.15-17.30
1	Opening, group assignments	Break	introduction	Lunch	know & involve the community	Break	know & involve continued
2	know and involve continued	Break	treat diarrhoea	Lunch	treat diarrhoea	Break	treat diarrhoea
3	field visit for treat diarrhoea	Break	prevent diarrhoea	Lunch	prevent diarrhoea	Break	prevent diarrhoea
4	field visit for prevent diarrhoea	Break	set targets	Lunch	set targets	Break	set targets
5	set targets	Break	plan and provide immunization	Lunch	immunization	Break	immunization
Free Day							
6	immunization	Break	manage logistics	Lunch	manage logistics - the cold chain	Break	the cold chain
7	field visit for manage logistics	Break	plan & monitor activities	Lunch	plan and monitor	Break	plan and monitor
8	field visit for plan & monitor	Break	conduct training	Lunch	conduct training	Break	conduct training
9	conduct training	Break	evaluate progress	Lunch	evaluate progress	Break	evaluate progress
10	course summary	Break	prepare work plan	Lunch	prepare work plan	Break	course evaluation and closing

In the following sections there are examples of training plans staff and community workers for tropical disease control and other health education programs.

3.1.2 Preparations for Training Volunteer Distributors for Community Directed Treatment with Ivermectin

Training is a health education strategy that improves skills, enhances knowledge and creates a sense of identity among trainees so that in future they can work together as a group or team to address health issues. Training will be needed for health staff, NGO/voluntary association participants and CDDs. The content of each type of training should be adjusted to the needs and “job description” of each type of trainee. Particular attention is paid here to the training of CDDs. Training proceeds through the following steps: 1) recruitment of trainees, 2) needs assessment and content planning, 3) selection of training/learning methods, 4) planning training logistics and resources, 5) monitoring the implementation process, and finally, 6) evaluation.

- 1. Recruitment** - The success of the training depends on the quality of the trainees as well as the quality of the training design. In CDTI, villagers themselves select their own CDDs. Village meetings are the time when issues of criteria for CDD selection need to be discussed and debated. From the point of view of the health worker, there are certain **technical criteria** to consider that involve the skills that a potential CDD must be capable of learning: measuring people and drugs, explaining and treating minor side effects. From the viewpoint of the community, the CDD must be acceptable in terms of locally relevant **social criteria**. Both technical and social criteria must be fully discussed and balanced, but in the end, the community must make the final decision. If not, the community will not accept and support their CDDs. Once trainees are recruited, a training committee should be formed consisting of trainers and trainee representatives that work together to plan, implement and evaluate the whole training process.
- 2. Needs Assessment/Training Content** - Information about the content or curriculum of the training should come from several points. 1) Interview the CDDs themselves about what they already know and want to learn. 2) Review the CDTI handbook and other APOC documents to find out about procedures such as management of ivermectin, recording and reporting, management of side effects. 3) Listen to concerns expressed at village meetings. The training committee should assess and prioritize these concerns. **Objectives** must be set that clearly specify the behaviours that CDDs will exhibit after they have completed the course. Clear objectives enable us to select appropriate training methods and plan appropriate evaluation. An example: *At the end of the training the CDDs will conduct and record a village census that includes all members and notes their age, sex, household membership, and whether they are normally present or absent in the village. At the end of the training the CDDs will measure the height of villagers and correctly determine the dose of ivermectin that each should receive.*
- 3. Training/Learning Methods** - learning methods should promote maximum **participation** in the learning process. Also note that training methods serve as **models** for health education activities that the CDD can practice when he/she returns to the community. Experience has shown that **practicals** are very necessary for trainees to learn skills such as taking census, recording treatment and educating people on side effects. Use **local methods** such as story telling, proverbs, songs and drama. These can be repeated by the trainees in the village when they do their own health education.
- 4. Logistics/Resources - Time** is a very important resource. Consider how long it will take to conduct the vital content. Balance this against the time that CDDs have to be away from their families and jobs. Recall that practicals take more time than lectures. Remember that several trainings will be held in each LGA to cover all villages/CDDs conveniently. Decisions on timing need to be considered in the context of overall planning for the distribution of ivermectin in a timely manner prior to the transmission season. The training committee should play a key role in ensuring that timing and logistics are appropriate, convenient and adequate. **Place** is equally important. It will be necessary to conduct training in several places around the LGA that are convenient to the CDDs - e.g. clusters of villages within walking distance to a health clinic, school or market. The place also should be politically and socially acceptable. The place should be comfortable and have adequate lighting. **Materials** should be adequate for the number of trainees. Use of practicals means that each trainee will need sticks, sample drugs, paper and pens to try out skills like measuring and recording. Pay attention to personal needs like food. Involve the villagers, through their training committee representatives, in providing logistical support for the training.

5. Implementation Process - At a point, all the resources, curriculum, methods, trainees and trainers come together. It is necessary to monitor how the training proceeds. Observe the following: whether trainees are attentive or bored; whether they participate and share ideas or sit back passively; whether they relate well to each other and the trainers or are hostile; whether they are comfortable or not; whether resources are adequate or not, whether trainers deliver sessions as planned or not. After making observations, discuss the findings with the training committee and make appropriate adjustments in the programme immediately to ensure that the training is a success.

6. Evaluation - Evaluation starts from the beginning of the programme. One must constantly ask whether each activity in planning the training is appropriate and likely to yield good results. Questions include: Is the content relevant? Are the resources adequate? Monitoring during implementation is part of evaluation. "Final" evaluation uses training **objectives** to set questions and exercises that will assess whether the trainee can perform required skills and possesses needed knowledge. Evaluation continues in the field where supervisors observe whether the CDDs can perform their tasks in real life. Such observations provide the basis for new needs assessments and **continuing education** for the trainees.

3.1.3 Sample Training Guide - a Short Course for Village Health Workers in Detection, Reporting, Treatment and Prevention of Guinea Worm Disease

[A training guide puts together in text form all the information needed by trainers to put on a training session. The sample one-page training plan can be appended to a training guide but the guide itself is of paramount importance because it gives detailed instructions of how to prepare for a session and how a session will be run, in particular its sequencing.]

OBJECTIVES

At the end of this session, village health worker will -

- 1) state the case definition of guinea worm as a white threadlike worm emerging from an ulcer on a person's skin.
- 2) list the steps to be taken to find out who in the village has guinea worm disease and how to report the cases.
- 3) describe and demonstrate the care and assistance to be given to a person who has guinea worm.
- 4) mention self-help measures that the village and individuals can take to prevent guinea worm disease.

OVERVIEW

While this session will focus on all aspects of guinea worm control, its main emphasis will be on helping villagers to distinguish a new, active case of guinea worm. Participants will be given a chance to air their views on case presentation, which will be compared and differentiated with the case definition used in the National Eradication Programme. Their ideas will be sought on how they can find new cases quickly and the importance of prompt reporting.

Traditional treatment practices will be reviewed and suggestions given on how to keep the wound clean. The need to recruit healthy persons to help the sick one collect water will be stressed. Other preventive actions at the village level will be outlined including home made cloth filters and a cooperative village well.

PREPARATION

Trainers should have arranged a venue and time for the training at the nearest farm market to the cluster of villages. This should be done in consultation with market leaders. Some markets have meeting houses and others have schools. Arrangements for seats should be made. If a school is used, check that the room has a chalkboard. Bring your own chalk. If no board is available, bring flipchart paper and markers.

Through advance village and market visits, the organizers should have guided members of each catchment village to select their volunteer village representatives/volunteers to participate in the training. A list of these volunteers should be compiled in advance and used for registration purposes and attendance taking.

The organizers should also have studied the local market structure and schedule and decided on a day when market attendance would be high and a time of day when participants would be free to attend (e.g. after they would have sold their produce).

A training handout or pamphlet in the local language is needed that illustrates the main points of the session. Adequate numbers of pamphlets should be brought to the venue. Note that market leaders and other opinion leaders in the surrounding communities may desire copies of the pamphlet. Since not all volunteer will be literate, be sure to draw attention to interpreting the pictures and associating them verbally with the instructions in the pamphlet. The table below outlines the basic contents of a pamphlet - draw/develop one that fits your local setting

Page	Pamphlet Content	Picture
1	TITLE: Guinea worm Recognition, Care and Prevention "Guinea worm, don't attach me!"	Man seated with guinea worm coming out of his right leg
2	(locally perceived signs) "People in this area believe that guinea worm is ready to attack when they see these signs - rashes, itching, stinging, fever, body pain, swelling"	Two men - one with rashes all over his body, one with a bid swelling on his leg.
3	(nationally recognized case definition) "There is only one definite sign of guinea worm disease that cannot be confused with another disease - a white threadlike worm coming out of a sore on the skin."	A woman seated with left leg elevated. Guinea worm is emerging from above the ankle.
4	(finding people who have the disease) "Village representatives should find out who has guinea worm. Visit homes. Ask friends. Watch who limps and who stays at home instead of going to farm or market."	A miserable looking man within guinea worm on his leg seated in front of his hut while his neighbor without guinea worm has hoe and cutlass in hand, heading to work on the farm

Page	Pamphlet Content	Picture
5	(stress the need to check on everyone) "Ask about everyone - men, women, children and farm laborers. Look at the sore to make sure it is guinea worm."	A woman with guinea worm on her leg is seated. The village representative have some to greet her and inspect her guinea worm ulcer.
6	(preventing pond contamination) "If someone has guinea worm, tell her to keep the sore clean. Help her collect water so that she does not wade into the pond with the guinea worm."	Women is seated with bowl of water and cloth, cleaning her ulcer. A child is carrying a bucket of water on his head to help her.
7	(Reporting process) "Village Representatives should find the guinea worm programme worker on the next market day and report all new cases of guinea worm"	Market stall with yams and tomatoes. Guinea worm programme representative on his motorcycle and village representative reporting to him.
8	(preventive measures) "Prevent guinea worm by filtering pond water through a clean cloth. Organize the people to did their own well."	A community well and a women pouring water from a bucket into a water pot that is covered by a cloth filter.

Trainers will also need to prepare simple information/messages in advance on a chalkboard on flipchart paper as noted under appropriate sections in this guide. Bring tape and tacks for posting these.

Training should be a team effort. Trainers need to decide in advance who will be responsible for delivering each section of the session and practice this. Also they will need to divide logistical responsibilities including posting flipchart paper, taking attendance, and recording trainee comments and questions. One person should record the comments and questions on paper for later review by the programme staff, while another should write trainee ideas and contributions on the chalkboard or flipchart.

PRESENTATION OF TRAINING CONTENT - SESSION GUIDE

1. Introduction 15 minutes

Welcome all participants. Introduce the trainers. Point out clearly the guinea worm programme field workers who are assigned to this particular area. Ask participants to introduce themselves and state the village that they represent.

Briefly explain the purpose of the overall programme - quick identification of new cases of guinea worm so that communities can take prompt action to prevent its spread.

Also explain that the participants assembled here have responsibility for -

- 1) quickly finding any people who have a newly emergent guinea worm
- 2) reporting that case promptly to the field worker at the next market day

3) organizing villagers to prevent the spread of the disease

Note that in some villages no one has guinea worm at this present time, but we have to be vigilant because the disease can spread easily if someone is careless.

Explain that this programme of guinea worm case detection and control will last until there is no more guinea worm coming out of people's body in this district. Later, if people are interested in learning about other locally endemic diseases, plans will be made for additional training. Hand out copies of the pamphlet to all present.

Ask participants if they have any questions and concerns before proceeding further. The recorder should be sure to take detailed notes on all of these questions and concerns.

2. Recognition of Guinea Worm 30 minutes

Brainstorm: Explain that we can not hope to report and control a disease unless we know how it presents itself. Ask participants to mention ways by which they know if someone had guinea worm. Write their answers on a chalkboard or flipchart. Do not criticize and responses. Encourage everyone to give his/her ideas. Review all the ideas and ask participants to share their own experiences with these signs and symptoms.

Refer participants to pages 2 and 3 of the pamphlet. Ask people to comment on the pictures. Ask someone to read aloud the captions.

After the brainstorming and the review of the pamphlet, comment that while there are many ways that guinea worm might affect people, there is only one way to be sure it is guinea worm. Give the example of rashes. Ask people what other diseases have rashes. Mention swelling on the body. Ask people what other diseases may cause swelling. Explain that guinea worm is the only disease in which a white worm comes out of the skin, and that therefore, this is the best sign to be sure that a person really has guinea worm.

Also explain that when guinea worm comes out of the skin, this is the most dangerous time to the community. The guinea worm that is sticking out of the skin can drop its 'eggs' in the water when people wade into the pond. Then other people who drink the water with the guinea worm 'eggs' can get the disease too.

Since this idea about disease spread differs from many local beliefs, ask the participants to give their own comments and ask questions. Respond in a respectful way. The recorder should make note on paper all the issues that are raised for further consideration by the programme implementers, and this may give information on barriers to proper reporting.

Explain that it is the most important job of the village representative/volunteer to let the guinea worm programme field worker know as soon as someone in the village has a new guinea worm coming out from his/her skin. Note that the other signs and symptoms

people mentioned earlier may or may not signal that a guinea worm is there. The representatives should keep close watch on people who complain of these other signs, and as soon as a guinea worm comes out, report the case.

3. The Reporting System 15 minutes

Brainstorm: Ask participants to give suggestions on the best way to find out who in the village has guinea worm. Write each idea on the chalkboard/flipchart. After all ideas are exhausted, discuss each one. Ask the participants if they think the idea is reasonable and feasible in their own village. Ideas should include items like visiting homes every morning, asking after friends and neighbors who not seen walking about in the village, and watching to see who limps. If these are not mentioned, add them to the list.

Emphasize that it will be necessary to check often, may be once a week. Note that we must check on everyone who lives in the village-adults and children and farm laborers. If there are some migrant cattle rearers nearby who share the village pond, we must also check if they have guinea worm.

Stress the need for the reporter personally to see the case of guinea worm and make sure a worm is actually coming out. He/she should report the case only if a worm is seen coming out.

Explain that the market reporting system is designed to be convenient for the village reporters. The village should chosen someone who usually goes to market regularly. It is during these normal visits to market that the representatives will see the field workers and make their reports. The reporting will be quick and simple, so that the reporter will not be distracted from normal market duties.

It is very necessary to report every time, even if no one has guinea worm.

Explain the schedule of report days. Announce at this time the date of the first reporting day and repeat this at the end of the session.

Tell the representatives that their job is very important for the control of guinea worm. If for some reason they cannot come to market on the regular reporting day, they should send a message about who has guinea worm through their wife, husband or another responsible person.

Write the following on flipchart paper and post and read:

<p>Representatives should be:</p> <ol style="list-style-type: none"> 1) Regular 2) Accurate 3) On time

Ask participants to discuss each of the three points on the flipchart and give their own ideas how they can guarantee that they meet these responsibilities.

Refer to and seek comments on pages 4, 5, and 7 in the pamphlet. As before, get comments on the pictures and have someone read the captions.

Ask the field workers assigned to that particular market to stand again and be recognized.

Now open the floor for discussion about possible problems and seek suggestions about how to solve them. Write all suggestions on chalkboard or flipchart paper. Some examples of problems may include the following (mention these if they are not raised by the group):

- 1) What if people are not at home when you check them?
- 2) What if people refuse to talk to you?
- 3) What if you cannot go to market yourself?

Summarize this session by asking participants to state again the procedures for case detection and reporting.

4. Helping the Sick Person 45 minutes

Refer to page 8 in the pamphlet and ask for comments and reading of the caption. Ask for general questions and comments on prevention of guinea worm.

Demonstration: Assemble for all to see the following: a jug of clean water, a plastic bowl, some dettol or other antiseptic solution, salt, hand soap, clean towel, clean strips of cloth, clean cotton wool. Hold and name each of these items so all can see.

Explain that the village representative can help prevent tetanus and other diseases from entering the guinea worm if he/she teaches the person with guinea worm how to clean the ulcer at least twice a day.

Ask for a volunteer from the group to come forward and play the guinea worm patient. Take cello tape and attach a small piece of string to the person's leg to resemble a guinea worm. Then perform the following steps of the demonstration, explaining what you are

doing and why for each step. Be sure that everyone can see what you are doing. Participants may gather around.

- 1) wash hands with soap and water, dry with clean towel
- 2) pour about a beer bottle of water into the bowl
- 3) pour a cap of dettol in the water
- 4) break off and drop six pieces of cotton wool into the dettol water
- 5) pick the pieces one-by one and squeeze lightly to remove excess solution.
- 6) clean the ulcer by rubbing lightly from top to bottom only first on the left and then on the right side of the ulcer until all six pieces are used.
- 7) dispose of used pieces in a nylon bag
- 8) take another clean piece of cotton wool and position over the ulcer.
- 9) tie it in place with a clean strip of cloth
- 10) instruct the 'patient' not to go into the pond at all until the guinea worm has come out fully
- 11) tell the patient to clean the ulcer every morning and night
- 12) ask the patient who lives in the house or nearby who can help him/her collect water.

Ask for volunteers to repeat the demonstration. Allow time for several teams to practice.

If the guinea worm is causing pain, the person may take pain relieving drugs. Aspirin is cheap and effective for adults, but dangerous for children. Children can take small doses of paracetamol tablets.

Finally the sick person needs help doing household chores. Family members and neighbors should try to help. The most important help is for a healthy person to help collect water for the one with guinea worm. If the sick person puts her leg with guinea worm in the pond, the worm will expel its eggs into the pond and other people will drink these and get sick.

Refer to page 6 in the pamphlet. Get comments on the pictures and sk someone to read the words.

5. Preventing Guinea Worm 20 minutes

Note that we have just described one way of preventing guinea worm by keeping people who have the disease out of the pond. Ask participants to mention other ways to prevent the disease.

Story: Tell the educational **story** about two farming families and their experience with filtering water and guinea worm disease. Be sure to ask the discussion questions at the end of the story.

Now explain that the best way to prevent guinea worm is to make sure that the village has a good supply of clean water. Give examples of villages that have worked together to dig their own well. Emphasize that self-help is important as quick action is desired. Ask villagers to share their own experiences with self-help projects.

Practical: Also talk about filtering water through a clean cloth. This is something that

families can do until the time that enough money is raised for the village well. Display a sample cloth water filter. Stress that it is important to do something now and not wait until a well is dug. Since the cloth has been distributed frequently in the village, ask for volunteers to show how filtering should be done properly.

Place a pot, bucket or water and a filter cloth in the centre of the room. Ask the volunteer to filter. Have members of the audience observe and at the end make comments on correct filtering steps. Later display the following flipchart on filtering and compare with their comments:

- | |
|--|
| <p>Correct Filtering Steps</p> <ol style="list-style-type: none">1. Inspect the filter for holes2. Place it on the put right-side-up3. Secure it with drawstring or rubber band as available4. Make sure there is a little indent in the middle filter5. Pour water from the bucket slowly into the centre of the filter6. Remove the filter carefully so that no dirt falls into the clean water7. Use a little clean/filtered water to wash the filter8. Hang it out to dry |
|--|

Refer to page 8 in the pamphlet and ask for comments and reading of the caption. Ask for general questions and comments on prevention of guinea worm.

6. Review 15 minutes

Ask different participant to recall and repeat for the entire group the different information they have learned today concerning:

- how to recognize guinea worm
- how and when to report cases of guinea worm
- what to do to help victims of guinea worm
- ways that individuals and villages can prevent guinea worm

Finally remind participants of the date of the first reporting day. Again ask the field workers to stand.

7. Closure 5 minutes

Thank those present for attending and tell them that they can come forward individually to

ask questions from the trainers.

Make sure that everyone who attended is marked on the attendance sheet.

Notes

The recorder should prepare a detailed report or minutes of the session paying particular attention to the comments and questions made by the participants. The report should be organized under the headings listed above under presentation. These minutes will be useful in documenting community beliefs and perceived problems village health workers may have with their roles.

Field workers should carry a copy of this orientation session guide and extra pamphlets on village visits to those hamlets that did not send a representative to the training. A brief session can be held with the selected representative following the pamphlet page by page.

Materials needed

1. Training pamphlet and available posters
2. Filter cloth, pots and water to demonstrate filtering
3. Cotton, clean water and disinfectant to demonstrate care of guinea worm ulcers
4. Chalkboard and chalk or flipchart paper and markers, cellotape and tacks
5. Sample guinea worm prevention story
6. Prepared flipcharts as noted above

3.2 Training Objectives and Content

Objectives are Behavioural and Observable

Training objectives are derived from the training needs diagnosis and specify the tasks that the trainee will perform, the knowledge that the trainee will acquire and the attitudes that the trainee will demonstrate. Will the process of needs diagnosis may have produced a large amount on information, the actually objectives must narrow down on those tasks that are -

- 1) feasible to the trainee to perform on-the-job
- 2) within the basic educational level of the trainee
- 3) able to be presented within the time available for the training programme

Training objectives are behavioral objectives, that is they specify the behaviours that the trainee will perform as a result of undergoing the training. These objectives are also observable in that the trainee can actually be seen carrying out the behaviour. Observation makes it possible to evaluate the outcome of the training.

Objectives are written in the form of sentences, and as sentenced, they must have a subject, a verb, an object, and other qualifying parts of speech that indicate how the behaviour will be performed. Since the objective must be observable, the verb must be an action verb. Therefore objectives should never contain such words as *know, understand, appreciate, have, comprehend, be aware of, feel* or *believe*. One cannot observe knowledge - one cannot look inside the trainee's head to see whether he/she possesses the knowledge. Knowledge can be made evident through such behaviours as: *mention, list, state, or describe*.

Objectives are 'SMART'

Specific - The objective clearly mentions who will do what, when and how. It draws on available data, such as baseline diagnosis, to target specific aspects of knowledge, attitudes, skills and behaviours of the people for whom the training programme is intended.

Masurable - The objective must refer to behaviours that can be observed, and thereby counted or measured. Objectives are written as complete sentences containing action verbs to indicate the behaviours that will be observed and measured. Only through observation and measurement is it possible to determine whether an objective has been attained, and thus, objectives have within themselves the basis for evaluation of the training programme. Action verbs include: list, describe, demonstrate, prepare, construct, mention. Unacceptable and unmeasurable verbs include - know, appreciate, understand, believe.

Attainable - It must be possible for the objective to be achieved within the resources - finance, time, manpower, logistics - available to run the training programme. This implies that the setting of objectives is inextricable from the overall programme planning process.

Realistic - The objective must be based on expected outcomes (knowledge, skills, attitudes, performance) that are relevant and appropriate to the job description, community culture and work setting of the trainees. A training programme on STDs would differ, for example, for VHWs, high school teachers, community nurses, laboratory staff and physicians.

Time-bound - Community Health Programmes have time limits and goals to be achieved within that period. The objectives for training people to carry out a programme must spell out the time frame within which the objectives will be achieved - the behaviours to be performed. Some behaviours like record keeping may involve “summarizing returns monthly.” Objectives also may state a time reference such as “by the end of the workshop ...” A programme that is preparing trainees for the upcoming guinea worm transmission season may state that, “within two months of the workshop, trainees will have demonstrated filter use and distributed filters ...”

Sample objective	S	M	A	R	T
By the end of the 2-day course, high school teachers will outline the procedures for performing an abortion	T	T	T	X	T
At the end of the week-long training nurses will appreciate the need to restrict antibiotic use during diarrhoea	T	X	T	T	T
To describe the process by which malaria leads to convulsions	X	T	X	X	X

3.3 Appropriate Training Methods

A variety of training methods are presented in this section. First it is necessary to realize that different methods are best for providing different learning experiences for acquiring skills, attitudes and knowledge. Brief descriptions of some of the various methods are provided. There is a section on how to adapt these to the training fo volunteer village health workers who often have low literacy skills. Finally, this section looks at the supportive materials used in delivering the various methods.

3.3.1 Matching Methods with Content

TABLE 1: Level of Participation Offered by Various Training Methods

Purpose	Methods	How Trainee Participates	Activity Level
to provide information and knowledge	<ul style="list-style-type: none"> written and oral instruction reading assignments from books and handout materials lectures 	hearing or reading	less active • ————— — more active
to provide examples to show tasks and attitudes	<ul style="list-style-type: none"> demonstrations pictures, slides, videos, films, drama written examples in the form of case studies discussion of film, drama, case study, etc. 	seeing and discussing	
to provide practice/skill	<ul style="list-style-type: none"> role play exercises return demonstration supervised practice in real life situation writing up experiences 	doing	

TABLE 2: Training Methods According to Amount of Role Experience Offered

3 increasing role experience 3	Nature/Level of Role Experience	Examples of Methods
	Vicarious	lectures, readings
	Observational	demonstrations, film, field trips
	Reflective	critical incident studies, brainstorming
	Integrative	discussion groups following lectures, films, case studies
	Simulated	case studies, role plays, learning games
	Direct	field projects, internships, on-the-job training, supervised practice, experiments

3.3.2 An Overview of Methods

Demonstrations

by Abbatt and McMahon, WHO

Demonstrations show trainees how to perform manual skills. At the beginning, they should be told what skills they will learn from the demonstration. The skills are first described before actual demonstration. Ideally, the description should be both oral and written - i.e. a handout should be provided that describes how the skill should be performed. The qualities of a good demonstration follow:

- 1) the demonstration should be visible to all students. If the training space is crowded, it may be necessary to repeat the demonstration a few times with different batches of trainees.
- 2) the demonstration must be as near as possible to the real task and preferable be a real enactment of the task.
- 3) real objects that will be used in actual job performance should be used - an actual syringe, an actual pack of chloroquine, an actual set of bottles from which SSS water measurements will be made.
- 4) the demonstration should proceed step-by-step, following the steps of the task precisely. Again, verbal listing of the steps and a handout list should be provided.
- 5) the trainer should describe what is being done and why as she goes along.
- 6) again, the trainer should perform all steps correctly - and not have to say things like - "In reality you should wash your hands before preparing the SSS," since she should have actually done this as part of a correct demonstration.

Drama as a Discussion Starter

by Korrie de Koning, Lecturer in Health Promotion
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Throughout history theater has been used to entertain, to comment on existing situations, and to communicate cultural traditions and stories. Most people are familiar with drama through watching plays in a theater, on television, in a community hall or in the playground. As with stories, plays which are well made can make us laugh, or be sad, or angry, because we recognize ourselves and people we know. A play gives us a picture of a situation and the people in it. It shows their feeling and actions and how they interact with each other. At the same time it tells us a story. It helps us to look at ourselves and others in a specific situation. The combined effect of visual image, action and the acting out of feelings and intentions offers us a powerful opportunity to learn and explore our own and others' realities.

The term *drama* does not just mean plays performed in front of an audience. It describes any activity that use people to present and act out ideas, feeling and actions. The most commonly used examples are roleplays and short plays, sometimes called *skits*. In this article we will use the word 'play' to describe all of these activities.

Previous articles in this series have looked at pictures, stories and video as discussion starters. Like pictures and stories drama can be used by teachers to give information, to pose a

problem for discussion, and to help people remember. Like video drama can help to bring the work situation into the classroom. In addition teachers use drama to provide participants with an opportunity to try out a new skills, or different roles and behaviour, in the relatively safe environment of the classroom.

In health education and community development short plays or skits are well known medium to *convey messages, to provide information, and to enable people to reflect on their own situation*. In this article we will look at the use of drama as a trigger for discussion to enable people to reflect on their own situation.

Why Use Drama As a Discussion Starter.

As we have said, drama can be used in different ways. One way of seeing these different ways is to look at how much the drama involves the viewers. They may just watch the play, or they may discuss it, or they be involved in producing it. When a play is made just to pass on a message, the content is mostly decided by professionals who want to make people aware of health risks and to advise them about how they can prevent these risks. The audience is seen as a group that needs to be informed of an issue that is seen as important by the makers. The drama is presented but there is no chance to discuss it. For example, a play might make people aware that a new disease like AIDS is around and that they can be at risk of getting it. When drama- as with pictures or other media- is used in this way the audience is seen by the makers as passive receivers of the message. Their role is just to accept the message and act on it.

Paulo Freire, a Brazilian educator, criticizes educational activities of this type. He says that they do not challenge inequalities in the learners' lives, but keep them passive and uncritical. This type of education works by giving the idea that the teachers and other powerful people have all the knowledge. The experiences and knowledge learners have are seldom asked for; and if given, only those experiences that fit into the ideas of the teacher are accepted as satisfactory. This method kills the initiative and creativity of the learners, and their belief and confidence in their ability to think for themselves. For example there might be a play which aims to show the value of good nutrition. In the play there are two mothers. One feeds her child three times a day and has a happy healthy child. The other feeds her child only maize twice a day and has a mal-nourished child.

Another helpful idea in Freire's theory is that people who live in a situation where they are dominated by other people, "internalize the image of the oppressor". This means that they begin to see themselves in the same way as their oppressors do, as powerless and useless. From my experience poor and illiterate people are often referred to in a negative way, as "ignorant" or "lazy" for example. People say: "They don't know how to look after their children"; "They cannot organize their own lives" or "How can they hope to survive with so many children". In Freire's theory people start *internalizing* the way other people see them. They learn to look at themselves in the same way.

Following Freire theory, educational activities such as drama can have the effect of strengthening the negative images people have of themselves. For example there might be a play which aims to show the value of good nutrition. In the play there are two mothers. One feeds her child three times a day and has a happy healthy child. The other feeds her child only maize twice a day and has a mal-nourished child.

The mother who watches the play and feeds her child only maize twice a day might be made to feel a failure, who does not look after her child well. She might already feel "good for nothing" because she is poor and illiterate and many people have treated her as such. No matter

what she tries it will not help. The landlord has just told her not to come back to the farm so she will not be able to take the left-over maize cobs; her husband has not sent money for a while now; and the neighbor's goat has just eaten the young vegetables she planted in her kitchen garden. She might think: "The play is right, I am good for nothing." With no discussion this is how the mother goes home.

The Freirian approach is different. In this approach drama will be used to start a discussion enabling people to reflect on a situation which is important to them. They will think and talk about this situation and see what can be done to improve it. There are a number of important advantages in using drama in this way (adapted from the book *Training for Transformation* by Anne Hope and Sally Timmel):

- i It enables people to look critically at the world they live in and the factors which influence the way they feel about themselves and live their lives.
- i It gets groups actively involved.
- i It raises self esteem and self confidence.
- i It stimulates hope for change and breaks through apathy.

Drama offers good possibilities for integrating these elements into the educational activities of health educators, community development workers trainers. It can encourage communities to explore their own situation, or health workers to explore issues and problems in their work.

Preparing a play.

In drama both the *process* and the *product* provide opportunities for exploring issues. The process includes identifying an issue to look at, experimenting with roles and stories, practicing in front of others, and reaching a final product, the play. The whole process is a learning experience for all involved.

Identifying the issue

When using Freire's methods the first step is to find out from representatives of the group you are working with (it may be students, young people, women) to find out what the group feels strongly about. What do people talk about? What makes them emotional? What worries them? Conversations with individuals, group discussions, walking around and listening to what people talk about in shop or at the clinic are useful methods to find this out. Brainstorming with professionals and volunteers can also generate important themes or problem areas. Choose one issue which seems to be of most importance to present in a play.

Often your work situation will limit the issues you can explore. You may have to work on a specific topic such as health, family planning, nutrition, or a subject area in the curriculum. But you can find out from the group what aspects of the topic are most important to them. For example while exploring issues about family planning with young people in India, one of the first issues to arise was fear for infertility and concerns about irregular periods. Usually, a play will change during the experimental period, or new issues and themes will emerge.

Developing a play

To make a roleplay realistic the players have to show the feelings and typical way of behaving that have been identified as important. To help players to use their body in an expressive and creative way it is useful to start with some introductory exercises. In this book

Games for actors and non-actors Augusto Boal gives a range of useful exercises.

The first step in developing a play to trigger a discussion is to look at the situation you want to discuss. With the group, identify the issues that you will include. Here is a guideline which may help you to develop a play:

What is happening?

Develop a storyline based on a real story which shows the theme and issue to be discussed. Then change the story till everybody feels that this is the best way to trigger the discussion. Pay attention to *feelings* and the *interactions* between the players. The best way to do this is to start experimenting and try out any new ideas in the play. There should be a *facilitator*, whose role is to make sure that all that happens has meaning, and to clarify the ideas people come up with by asking questions. What goes into the play and how it is presented is decided by the representatives of the group which is going to discuss the play. A play becomes more interesting if the heart of the play produces excitement such as a conflict, a sad moment, a moment of great turmoil. If a problem is presented *never include suggestions for a solutions for a solutions for a solution*. The play should help people to analyze the situation in the play, rate it to their own situation and come up with suggestions for change themselves.

What is the setting for the play?

It may be in a classroom, a house, at the market or a clinic. It is useful to actually create the space where the play is set with whatever materials are available, rather than just talking about it. Make sure that everything in the scene has a function or meaning. For example, an empty chair can mean that somebody is absent but expected. This might trigger a discussion about who the expected person is, and why they are absent. It may be that a meal is ready, the children are crying and a mother is getting more and more frantic. This might lead to a discussion about why the father is late, what it means to the family, and the position of the man in the family.

Who are the people involved in the play?

Include only the roles which have meaning for the discussion. For example the role of the cleaner can be important to trigger a discussion about the hierarchy and relationships between people in the workplace.

Why do the players act as they do?

What is their motivations? People's lives are never simple and straightforward but include contradictory thoughts and feelings. To make a play interesting and realistic it is important to include these contradictions. For example in a play made with a group of young people in Papua New Guinea a wife was opposing her husband. Her feelings were a mixture of anger, fear, and wanting to show him she disagreed. All three aspects needed to be expressed. This was important to trigger a discussion about the position of wives in the family. The play reflected how the women felt about disagreeing with their husbands. They discussed why the woman felt fear, and why she still went into conflict.

How to facilitate the discussion.

The structure of questioning to help the discussion is similar to the one described in the *Pictures as discussion starters* (Issue 1 of *Learning for Health*). A short summary is given here.

The play should not be longer than five, or at the very most ten, minutes. The group should

be small, with around ten to fifteen participants. Make sure that the audience can see all the players well during the play. After the play the players stay in their last position to keep a visual picture during the first phase of the analysis. They do not get involved in the discussion at this stage. It can be helpful if a volunteer takes notes of the session to record what was discussed. The facilitator should encourage the whole group to take part. The facilitator might ask these questions:

- What did you see happening? What happened in the beginning? What happened then? Who was involved? How did the play end?
- Analyze the play. What were the different people in the play feeling. Why did they feel this way? What were they doing? Why did they do that?
- Relate the play to real life. Do you recognize this situation? Have you been in similar situations? What are the similarities? How did you feel? What did you do?

Now ask the players to join the discussion. Ask them how they felt in their role. What happened to them. (If this input is given too early the players might impose the meaning they wanted to give to the play on the group of viewers.)

Ask the players to get out of their role. Sometimes players get totally involved in the role they play and keep emotions from the play with them. Players may actually need to say out loud: "I stop being as in the play. I am" and give their own name. This also signals back to the group the difference between the actor and the real person, their colleague.

- Place the play in the broader context. Does this situation happen in other areas of our life? How are they similar?
- Analyze causes. Why is this happening?
- What can we do to change this situation?

Making the play is an enormous learning experience for the players. The situation needs to be analyzed in detail. Players need to explore the feelings and attitudes they will portray, the reasons for them, and how they will express them in action. This helps them to understand the position and feelings of others. For example health workers can explore what it feels like to be a patient.

This is a final point to be aware of as we finish this article. It is not always necessary for the players to perform the play they have created to others outside the group. The group will benefit from going through the process of preparing and developing the play, even if they do not perform it for others.

Brainstorming

Abbatt and McMahon, WHO

Brainstorming is the name given to general discussion sessions during which people express ideas freely. It is a technique used for generating ideas or a variety of solutions to a problem. It has a place in decision making as it helps to increase the range of factors taken into account in reaching a decision. It is best used in groups of between 5-20 people. There are four distinct stages which must be followed in order.

- Define the problem for which solutions are sought or the issue for which ideas are to be

generated. All members of the group must be clear on what is expected so that their contributions will be most relevant. The facilitator will also instruct members on proper group behaviour which includes -

- allowing everyone to express his ideas without criticism
 - not arguing with ideas as they are being presented
 - not asking questions until all ideas have been put forth
- Carry out the brainstorming. The facilitator will invite group members to contribute ideas. The facilitator records all ideas on a board or flipchart exactly as they are stated. The facilitator may record these using a few key words. Again, the facilitator should not permit any questioning, criticism or discussion while the ideas are being stated. The facilitator should also ensure that each member has a chance to contribute ideas. If contributions slow down, the facilitator should ask if there are any more ideas. She may also contribute an idea herself to see if this gets people talking again, but if not, this stage can come to a close.
 - Review each of the suggestions on the list. Make sure that each one is clear to all present. It is at this time that questions can be asked of the person who contributed an idea to ensure all knows what his intentions were. This is still not the time to discuss the ideas, only to clarify what they mean. The facilitator can also ask whether any ideas can be combined, and do so if the participants agree. She can also ask whether any ideas are truly not relevant to the issue of concern, and eliminate these of the group agrees.
 - Discussion finally ensues on the final list of ideas and ultimately decisions can be made by the group on what to do with the suggestions, solutions and ideas.

The goal behind brainstorming is to create a wide variety of ideas. When participants know that no one can criticize his or her idea initially, they will be more likely to share what they think, thereby enriching the discussion. Also, hearing other people's ideas can stimulate others to come up with more ideas to add to the discussion.

Examples of topics for brainstorming might be -

- 1) How can we help mothers and care givers remember how to prepare salt-sugar solution correctly?
- 2) What can we do to help people understand how filtering pond water prevents guinea worm?
- 3) How can we encourage health workers to keep timely and accurate records of ivermectin distribution?

Practicals

Abbatt and McMahon, WHO

Every manual skill should be practice by the trainees. Below are some guidelines on setting up a practical:

- 1) Provide appropriate and adequate equipment, supplies and patients. The practical must be carried out using the actual equipment and supplies that are required for the job. This may add to the expenses of a training programme, but unless each student has access to a microscope or a computer or whatever is needed for the job, he or she will not learn the practical skills completely. This is where budgeting for training is very important. As will be noted later, requests for donor support for training may be necessary.
- 2) Provide enough time for each task to be performed completely by each trainee. It may be useful in advance to have someone perform the task and time him to see how long might be needed. If there are not enough equipment to go around, time will increase since each trainee will need to take turns.
- 3) Give detailed guidance and feedback - supervise the practicals. If the group is large, more than one supervisor will be needed. Supervisors and trainees should work with a checklist of steps so that all will know whether and how the task has been performed correctly.
- 4) Suitable and adequate space should be provided where the trainees can practice. This may require planning with clinic authorities or community leaders to ensure that conflicts over space needs do not arise.

Case Histories - Case Studies

Abbatt & McMahon, WHO

Case histories usually refer to individual patients/people while case studies refer to situations in the clinic, organization or community. They are basically a description of what really happened in a specific situation - e.g. what happened when a child had malaria or what happened when a community tried to improve its water supply. Case studies can be used to illustrate general principles - either through positive or negative examples. They can be used to help develop decision making skills. If the case description is interrupted at a point, trainees can discuss what they themselves would do next in that situation and why. They can analyze the factors of why the case turned out the way it did and what might be done differently next time.

Case studies should be developed from real life situations, although they can be modified to protect the identities of the people involved. Trainees themselves can contribute case studies from their own experiences. When the case studies are based on reality, the trainer can better explain what happened and why certain decisions were made.

Case studies are written and given as handouts to the trainees. Trainees should first be given time to read the case. Then, in small groups then can discuss the situation and come up with their own analysis and suggestions. Small groups can report back to a larger group for more discussion.

Role Play

Abbatt & McMahon, WHO

Role plays are useful for teaching communication skills, decision making and attitudes. The basic idea is that a few of the trainees are asked to play the part of other people in specified, real-

life situations. A role play consists of two basic components, 1) a real life situation and 2) descriptions of the people who are involved in the situation. In one example, a trainee may be asked to play the part of a village health worker while another plays the role of a mother whose child is malnourished. A third could take the part of the child's grandmother. The situation could be that of a home visit by the VHW who is going around the village measuring the arm circumference of small children and talking to the mothers about feeding children.

The roles can be made more explicit by telling more of the character and history of each person. This can actually be written out and given to each player to read in advance. For example, the grandmother could be described as being conservative, not educated and very concerned about the baby because it is the first child of her own first son. One might describe what foods she thinks are best for babies and why, i.e. saying something about her beliefs and experiences.

More details about the situation may be provided. It might be noted that the father of the baby is a driver and is rarely home. That the mother has a small trade, and it is from this that she gets most of the money needed to feed the child. Maybe she has already left the husband's home once to go back to live with her own parents because of strained relations with the mother-in-law.

Based on the information provided, the players enter into the situation and try to imagine how such people might interact in the situation. The educational aspect of the role play is that of learning how a VHW should perform. The person playing the role of the VHW should therefore try to carry out those tasks that he/she has been taught before. The other players should act naturally. This may include posing problems to the VHW, but at the same time the other players should not be completely obstructive troublesome or the play will not reach a natural conclusion.

It is important that volunteers are sought to play the parts initially so that people who feel comfortable performing in front of others will be called and no one will be embarrassed. Ultimately, after audience feedback, other players may volunteer to re-enact the play to try to "get it right."

The audience plays an important part in observing and then later analyzing the action. They should receive full explanation of the situation and the roles being played so that they understand what is about to happen. In particular, they should be asked to observe the following:

- 1) communication skills among the players
- 2) accuracy of information provided and tasks performed
- 3) attitudes of the players toward each other

In addition, they should think about how they would feel if they were in the shoes of each player, compare the situation with ones that they have encountered in their communities and what they might do differently if they played the roles. After the role play, the trainer can ask the audience to comment on each of the above-mentioned factors. The audience can ask questions of the players, and the players can even comment on how they felt and why they did what they did.

After this discussion, the trainer should help the group as a whole determine what lessons

they have learned from the role play. She might even ask for more volunteers to carry out the play in a different way based on the discussion.

Small Group Discussions

Small groups provide trainees a better chance to interact, develop relationships and share ideas than large plenary or lecture sessions. Small Group sessions should have a clear focus - a specific issue to discuss, specific experiences to share, or a problem to solve. Trainers should use small groups judiciously, not just as a way to keep trainees busy while the trainers do other things like administration. In fact there should be facilitators who are either assigned to each group or who move among the groups to ensure that there is active and equal participation, that the groups are focused on their tasks and that they are keeping to time.

Small group discussions can follow a lecture or a video wherein participants try to relate what was presented to their own experiences. Small groups can be given assignments such as coming up with recommendations for action. For example, during a workshop on reproductive health for staff on a local NGO, participants had undertaken a brainstorming session to identify the different population subgroups in their catchment area and the specific reproductive health behaviours of concern for each group. Two such groups were out-of-school youth engaging in unprotected sex and married males having extramarital sexual relationships. The participants were then divided in two groups and given handout materials that summarized research on reasons why people engaged in such behaviours. Each group was assigned one population sub-group identified during brainstorming and was asked to identify the main reasons why their chosen population sub-group engaged in risk behaviour and then suggest appropriate health education strategies for each reason identify. The groups were also instructed to compile their work on flipchart paper and present these at a plenary session later in the day.

Principles of group dynamics apply during small group discussion sessions. There is need to clarify instructions so everyone agrees on the task. Everyone is encouraged to participate and contribute ideas. Participants are also expected to respect and listen to each other and allow everyone to make comments.

Whatever the task, the trainers should carefully explain it to the trainees. The points for action should be written out on a chalkboard or flipchart paper for posting where all can see. The instructions posted for the small group task described above were as follows:

- T select a group secretary and moderator
- T review handout materials and supplement with personal experience to identify reasons for sexual risk behaviours in your chosen population subgroup
- T for each reason, suggest an appropriate health education strategy
- T use flipchart paper to draw a chart that summarizes your work
- T complete the task within 45 minutes
- T post the chart and explain it in a plenary session

3.3.3 Training Methods for Village Health Workers

Training methods must be relevant and familiar to trainees. Many volunteer village health workers (VHWs) have minimal or no formal education. In an indigenous community local communication methods that can be incorporated into a training programme include story telling and proverbs. Demonstration and drama are helpful for teaching skills. It should also be noted that when such methods are used there is greater opportunity for the trainees to participate by telling their own stories, giving their own examples of proverbs and taking part in demonstrations and dramas. These simple methods also serve to model how the VHW can communicate and transfer the knowledge and skills gained during training back to members of the village.

Proverbs can be obtained by interviewing village elders. Three examples are listed below that a VHW could use to encourage general health behaviour and participation in health development in the community:

Bi o bagbo gbe, gbe, gbe, bawon ke gbe, bi o ko base bee, won yoo gbe si ehin kule re.

If the people in the community jointly cry out to remove an evil thing and you do not participate, you may find the problem dumped behind your house

Bi ara ile e banje kokoro ti o ko ba baawi, here huru re koni je ki esun.

If your neighbor is doing something wrong and you fail to check him, the repercussion of his action will affect you too.

Bi sobia yoo ba di egbo, oluganbe laa ke si.

Before guinea worm becomes a sore, it is 'oluganbe' leaf we call for (an example of 'a stitch in time saves nine' or prevention is better than cure.)

Local songs are also valuable in teaching lessons as they reflect local concerns and values. The example below shows that the community believes that guinea worm is a serious problem.

Sobia ma se mu mi, sobia

Eni too mu l'atesin ko dide, sobia

Sobia ma se mu mi o, Sobia,

Eni too mun l'atesin ko lerin o, Sobia

Sobia ma se mu mi, Sobia

Guinea worm don't catch me, guinea worm
The person you caught since last year cannot stand up
Guinea worm don't catch me
The person you caught since last year has not been able to walk
Guinea worm don't catch me

In preparation for the training, the trainers must listen to stories being told in the villages. Stories can serve the same function as case studies among more literate trainees. Stories should

meet the following criteria: 1) make a clear and obvious point, 2) be short and simple, 3) talk about familiar objects and realistic characters, and 4) avoid scorn for characters that perform unhealthy behaviours since some members of the audience may be doing the same and take this scorn personally.

The following story was developed for VHWs who were going to encourage prompt treatment of malaria among village parents. They were encouraged to use the story in the village as part of their health education tasks. In addition, a flipchart was developed that had pictures showing the story and a copy was given to each VHW. Also local high school students developed the story into a drama and presented it to people in different villages. Here is the story of Bola and Uche.

UCHE: Ah, Bola, you are late to school today:
Quite unlike you.

BOLA: Please Uche! I don't know, have I missed anything yet?

UCHE: Yes! You have missed the first lesson - ENGLISH - Please tell me, what happened why are you late for school?

BOLA: Ah! Its my brother you know him now,

UCHE: OK your little brother DAPO

BOLA: Yes that's him O!

UCHE: Eh! What about him.

BOLA: He had convulsion yesterday night and did not sleep throughout the night.

UCHE: How did it happen, What was the cause?

BOLA: Ah! What else if not cold?

UCHE: Ordinary cold! So did you take him to hospital?

BOLA: No, mother and father were not at home. My father lives in Lagos and mother was away on night duty.

UCHE: So what did you give him to take

BOLA: Of course, I gave him this mixture of local herbs got from our traditional healer nearby

UCHE: ... And did the convulsion stop?

BOLA: Laye laye, it got even worse. I became afraid myself

UCHE: So what else did you do

BOLA: You know it was late in the night I waited till morning

UCHE: ... and then

BOLA: I took him to our neighborhood clinic first thing in the morning

UCHE: Did you see the Doctor

BOLA: Yes, the Doctor even praised me for bringing my brother to the clinic

UCHE: So did the Doctor examine your brother

BOLA: Yes, he did

UCHE: What did he find out

BOLA: The Doctor said my brother had malaria fever

UCHE: Was that why Dapo had convulsion just because of ordinary malaria

BOLA: Yes because the malaria fever was not treated earlier.

UCHE: Please tell me more, How did the Doctor find out it was malaria

BOLA: After examining Dapo, he confirmed it was malaria.

UCHE: How?!

BOLA: He explained to me the signs and symptoms of malaria

UCHE: What are they?

BOLA: Fever, headache, weakness of joints, nausea, vomiting, loss of appetite, restlessness, yellow eyes and sometimes yellow urine

UCHE: But did you notice all these in Dapo?

BOLA: Yes O! While the Doctor was explaining, I remembered noticing these signs and symptoms in my brother. Like yesterday he had fever and refused to eat at all

UCHE: Did the Doctor also tell you about the real cause of this malaria?

BOLA: You see! I thought it was caused by cold. But the Doctor said malaria is caused by mosquitoes that bite us and transmit germs-parasites-into our body

UCHE: So how is Dapo when you left him at the hospital?

BOLA: Oh! Sure he was a bit OK. The Doctor is treating him but I will go back to the hospital after school to find out how he

is faring
UCHE: Please call me when you are going, I will like to see Dapo and even the Doctor myself.

BOLA: OK!

After School, Inside the Clinic

BOLA: Doctor good afternoon sir! This is my friend Uche we attended the same school. She said she wanted to see how my brother is faring

DOCTOR: Oh that good of you Uche, But I'm sorry Dapo is sleeping now and can't be disturbed

UCHE: But how is he?

DOCTOR: Oh he is fine. He has malaria fever and I've placed him on appropriate treatment for malaria fevers. May be you can both sit down, so that we can discuss a little

DOCTOR: Uche, I am sure Bola told you all we discussed in the morning

UCHE: Yes Doctor

DOCTOR: And like I told Bola, malaria is caused by mosquitoes and can present in different forms such as in the signs and symptoms already mentioned. And when it is not treated or improperly treated it can lead to convulsion and even death.

UCHE & BOLA: Is that so?

Doctor Shows Samples of New Drug

DOCTOR: But we now have these new drugs that can take care of malaria fevers. It is made specially for children 6 months to 6 years.

UCHE: But Doctor which one is it, you are holding 3 types of packages with you

DOCTOR: Yes this first one is for children 6 months to 1 year, this second one is for children 1 year to 6 years. But this third package is for childhood fevers suspected to be pneumonia.

BOLA: How can we recognize this pneumonia?

DOCTOR: When a child has pneumonia, he normally shows signs of fever, difficult and fast breathing, cough, cold, chest draws inside and the ribs are almost visible.

UCHE: Please, what does the inside of the pack look like?

DOCTOR: OK each of the first two packs contains 3 tablets, which is administered to

child one tablet, a day for 3 days in each case of malaria. The third pack contains 10 tablets for pneumonia. One tablet is given in the morning and the second in the evening every day for five days.

BOLA: So, can we give these drugs ourselves at home?

DOCTOR: Yes! But first of all, you have to brief your mother first if you start to notice any of these signs and symptoms mentioned in your little brothers and sisters

UCHE & BOLA: So where can we get these drugs to buy? Should we come here always?

DOCTOR: No! That is why I am teaching you how to recognize these fevers in children.

Apart from here, these drugs are also available at the patent medicine shops and village health workers around. You should always go to them immediately these signs are noticed for prompt and appropriate treatment to make the malaria fever go.

UCHE & BOLA: Thank you Doctor

DOCTOR: But before you go, don't forget to tell your mothers to bring any sick child to hospital/clinic if the fever does not go away after treatment. Well the village health worker or the chemist will explain all that to you. When you visit them

Uche & BOLA: OK Sir

DOCTOR: Wait, it's like Dapo is awake. You can take him home and give him the rest of his drugs

BOLA: One tomorrow and the last one the next day!

DOCTOR: That's right and don't forget to inform your mother about what has happened when she returns.

BOLA: I will do just that Doctor when I get home.

DOCTOR: OK I wish you all the best

UCHE & BOLA: Bye!!

Outside The Clinic

UCHE: Bola, I will inform my parents about all these when I get home now O!

BOLA: Ah! Uche it is a very good thing that you followed me.

UCHE: Thank you very much, please take care of Dapo very well at home.

BOLA: Oh sure, he will be fine. See you tomorrow.

3.3.4 Supportive Materials and Handouts

Guidelines for Appropriate Teaching Aids

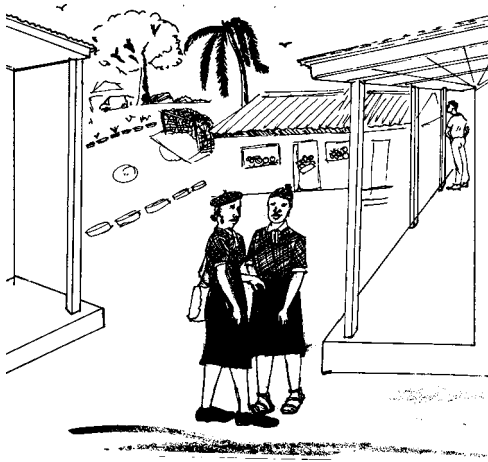
from: Helping Health Workers Learn
by D Werner and B Bower, Hesperian Foundation, 1982

- 1) Make your own teaching aids using low-cost local materials - for example, make model for teaching about childbirth from a cardboard box instead of using an expensive imported plastic dummy.
- 2) When making teaching aids, use and build on skills the trainees already have. For example if the trainees do not have drawing skills but have sewing skills - make sample road to health charts from pieces of cloth sewn into the pattern of the chart
- 3) Try not to make the aids *for* the trainees, but rather *involve* them in making them for themselves. Have trainees collect their own samples for demonstration or draw their own posters.
- 4) Look for ways to use real objects instead of drawing them. For example when teaching about snake bite or nutritious foods have trainees find a snake skull or bring foods from their farm.
- 5) Draw human anatomy on people, not on paper - use a marker on someone's body, or draw on a t-shirt that a person is wearing
- 6) Teach new ideas or skills by comparing them with familiar objects or activities - for example when one is teaching VHWs to thump the chest to check for congestion in the lungs remind them that they may have done the same thing - thumping - to test how much water is in a drum or kerosene in a tank.
- 7) Make teaching aids as natural and lifelike as you can, especially when detail is important. In dressing a wound, take a red marker and make a mark that resembles a wound on one trainee's arm and have the others practice cleaning around it.
- 8) Use teaching aids that call for doing as well as seeing - aids that trainees must handle or put

together. For example, if trainees are to suture a wound, have one wear a rubber glove with a cut and practice on that.

- 9) Make aids fascinating and fun, especially when training children - making a calabash baby with a hole in the bottom can be fun for the children and show them how a baby with diarrhoea loses water.
- 10) Use teaching aids that do not simply show or explain something but that help the trainees to think things through and discover solutions for themselves - teaching aids that exercise the learners' powers of observation and reason
- 11) Use your imagination and encourage trainees to use theirs. Turn the making and inventing of teaching aids into a challenge and an adventure.
- 12) Keep teaching aids relatively simple so that when health workers return to their communities, they can make their own and teach others. Make your own flannel charts using an old blanket or use old cardboard boxes to make cut-outs in the shape of objects to be demonstrated.

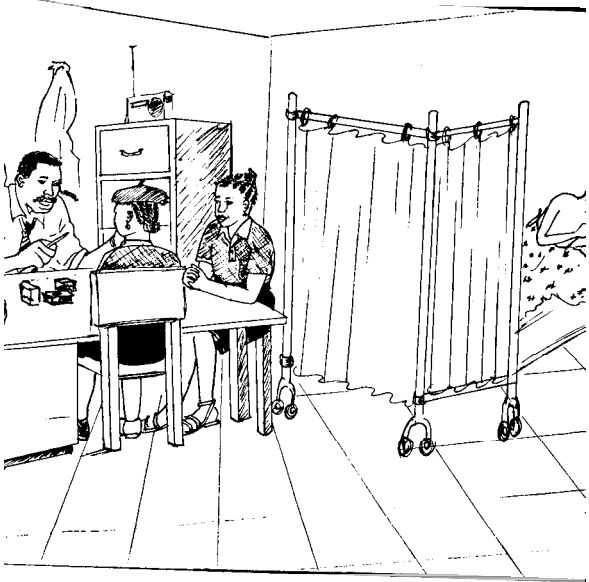
<h2 style="text-align: center;">ÌTÓJÚ ÀRÙN IBÀ OMODÉ</h2> <p>Se àkíyèsí báyá eni yii ni IBÀ. Fi owó kàn án ni orí, orùn àti ara. Tí ó ba da o lójú pé o ni ibà, fi owó kan elòmíràn ti kò se aisan. Se ibèèrè - Njè eni yii tún ni: Orí fífó? Ríro oríkèríke ara? Rírè? Gbígbon? Èébi?</p> <p>Àwọn ààmì wònyí maa n wà nígbàmíràn pèlú ibà.</p> <p>(Page 1: recognition of malaria)</p>	<h2 style="text-align: center;">OKUNFÀ</h2> <p>Yànmùyánmú n fa àrùn Ibà. Wòn n tu àrùn Ibà si wa l'ara nígbà tí wón na n je èniyàn. Báwo ni atile dáwó yànmùyánmú dúró nipa jíje èniyàn? Pa gbogbo èfon ti à n fojú rí. Yànmùyánmú n ye eyin wòn si inu omi. Awon eyin wòn yí ni n dàgbà ti n di tanwíjì, nigba ti tanwíjì ba dàgbà wòn yoo parada si yànmùyánmú.</p> <h2 style="text-align: center;">ÌDÁBÒBÒ</h2> <p>ara eni lówó èfon jíje:</p> <p>P Sùn labe àpò èfon (àwòn). P Ní ajò si oju fèrèsé. P Maa tan òdògùn èfon (coil). P Maa lo òdògùn èfon (Shelltox) lati pa yànmùyánmú. P Fi nkan alé pa èfon ara re - ewe efinrin, ewe àlùbòsà, epo lati èèpo osàn. P Wo aso gígùn bi alé.</p> <p>(Page 2: Cause and Prevention of Malaria)</p>												
<h2 style="text-align: center;">ÌDÈNÀ</h2> <p>èfon lówó bíbímọ:</p> <ul style="list-style-type: none"> • Dé awo ikòkò omi re. • Ba awon agolo ati igò tótié jé ti o le gba omi duro. • Gé igbó to ó wà ni àyíká ilé re. • Gbé gótà ki omi lè ri àyè sàndada. • Dí awon kòtò kéékèkèké pelu èèpè. • Da epo inu mótò tóti pé si inu odò adágún lati pa tanwíjì. <ul style="list-style-type: none"> • (Page 3: Prevention of Mosquito Breeding) 	<h2 style="text-align: center;">ITOJU</h2> <p>IBÀ maa n mú ara èniyàn gbóná lópòlopò. Ara gbígboná lewu nitori pe òun lo n fa ìrì. O si le pa omode. Nigbakugba ti omode ba ni ara gbígboná, fun ni ogun iba “IBA GO” kiakia.</p> <h2 style="text-align: center;">ÒÒGÙN IBÀ - IBÀ GO</h2> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Fun Omode</th> <th style="text-align: center;">Ojo Ikinni</th> <th style="text-align: center;">Ojo Ikeji</th> <th style="text-align: center;">Ojo Iketa</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Osu 6-11 Iba Go - Pupa</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Odun 1-6 Iba Go - Dudu</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(Page 4: Treatment)</p>	Fun Omode	Ojo Ikinni	Ojo Ikeji	Ojo Iketa	Osu 6-11 Iba Go - Pupa				Odun 1-6 Iba Go - Dudu			
Fun Omode	Ojo Ikinni	Ojo Ikeji	Ojo Iketa										
Osu 6-11 Iba Go - Pupa													
Odun 1-6 Iba Go - Dudu													



Bola is late to school. Her friend Uche sees her outside the classroom and asks about the problem. Bola's younger brother Dapo had fever and convulsions. She was late because she went with her family to take Dapo to the hospital. They agree to visit Dapo at the hospital after school.

The doctor tells Bola and Uche that Dapo will be fine. He explains that malaria fever, if not treated in time, can lead to convulsions. He encourages the girls to look after their little brothers and sisters, because fever and convulsion can harm small children. He said that whenever the little ones have fever, they should encourage their parents to bring them to the clinic or give them chloroquine. He showed them the new packets with three-day doses for small children and explained how they can use this medicine at home.

Samples from Flipchart on Prompt Malaria Treatment



3.4 Resources and Budget

Conducting a training programme requires more than planning the curriculum. It also includes developing a plan for acquiring managing the resources needed to carry out the training. This section provides checklists for administration, materials and supplies, as well as suggestions about budgeting and gaining financial resources.

3.4.1 Training Administration Checklist

from: Course Director's Guide
Supervisory and Management Skills for LGA Level Health Workers
FMOH, 1989

Planning Checklist

- " Schedule the specific dates of the course/workshop
- " Chose a location that is convenient for undertaking all aspects of the course, both instructional and practical
- " Schedule the facilitator/trainer orientation a few days prior to the actual training
- " Send out official letters to notify trainees and their employers stating criteria for those who should attend, venues, requirements, dates, etc.
- " Select and invite enough qualified facilitators so that there is one for each 3-6 participants and ensuring that they can be available throughout the entire course
- " Arrange for production of adequate numbers of course materials and office supplies
- " Arrange for transportation during the course for field work and travel between accommodations and training venue if necessary
- " Book adequate accommodation for all trainees and facilitators
- " Arrange adequate rooms for all training and small group activities as well as for a secretariat
- " Put together registration packets for all participants and facilitators
- " Organize and set up a welcome/reception/registration station for arriving trainees
- " Ensure that facilities for typing reports, photocopying materials, etc. are available
- " Arrange for breaks, meals, receptions
- " Ensure that people (health staff, community members, etc.) At all practical training venues are informed in advance and reminded at least 24 hours before the actual activity
- " Provide facilities for reconfirming onward transportation for trainees as appropriate
- " Confirm plans for any opening or closing ceremonies with training venue facility staff and any dignitaries involved
- " Set schedules for regular facilitators meetings starting the day before the workshop
- " Produce adequate numbers of the schedule/agenda
- " Organize training supplies and materials in the secretariat
- " Check that flipcharts, projectors, chalk boards and chalk, markets, extension cords, etc. are in place
- " Type a course directory of participants and facilitators as soon as registration is complete.
- " Produce and sign enough attendance certificates for all trainees

Checklist for educational materials

- " posters
- " real life demonstration materials
- " handouts
- " job aids
- " chalk and markers
- " flipchart paper and stands

Checklist for supplies for each trainee

- " name tags and holders
- " file folders
- " ruled sheets or exercise books
- " pens, pencils and erasers
- " rulers
- " copies of the schedule/programme

Checklist for office supplies

- " highlighters
- " stapling machines
- " staples
- " paper clips
- " scissors
- " calculators
- " rubber bands
- " cello/scotch tape rolls
- " masking tape
- " pencil sharpeners
- " staple removers
- " large envelopes
- " file folders

Logistics for Training Village Health Workers

If VHW trainees are to attend and stay involved in the programme, the setting, timing, cost and other logistical aspects of the programme must be realistic. The VHWs in Idere set their own training schedule to fit into their normal work routine. As farmers, they agreed that sessions must be held on weekends. Normally people in the satellite farm villages come to town on weekends to visit family, attend church or mosque, take part in festivals and ceremonies or attend club meetings. Also a local primary school was identified to serve as venue. These arrangements did not incur any extra costs to the participants or trainers. It was also found that most people attend the local 5-day farm markets. It was therefore possible to arrange some continuing education sessions at the market or a school next to the market in the afternoon after the main trading had ended. By not holding a residential course far from the trainees homes, it was possible to ask the trainees to practice their new skills each week in between training sessions.

3.4.2 Training Costs and Sources of Funds

from Health Worker Training Course, by Ann Voigt
in Contact, Number 78, April 1984

The budget should include the cost of initial training session(s) plus follow-up activities such as refresher courses, evaluation and supervisory field visits. Time is needed from when the money is requested until it is in hand, so plan the budget well in advance. About 10% of the total budget will be needed for training of trainers/facilitators before the workshop/course starts. In planning your budget consider the following:

- classroom facilities - rent, cleaning, repair

- classroom equipment - chairs, tables, chalkboard, copying machine, projectors, etc.
- classroom supplies - pens, pencils, paper, etc.
- teaching aids - manuals, posters, charts, slides, overhead transparencies, films, real objects for demonstrations, role plays, etc.
- travel for trainers and trainees to the training site
- travel during the training between venue and accommodations, for field trips
- per diem for trainees and trainers
- honoraria for some resource people
- communication - phone, courier, etc. for contact before, during and after
- contingencies

Types of Funding -

Two basic sources of funds for training exist, tuition and grants. The actual workshop may be run on a combination of these. In a tuition-based course it is the primary responsibility of the trainee to find support to attend. The trainers, after estimating the total costs of the course, advertise the course fee. The trainee then may seek help from an employer or a sponsor to obtain funds for the fee, the travel and the per diem. The main concern of the trainers in such cases is to ensure that enough participants register for the course in advance to guarantee that basic costs are made.

A grant-based training programme usually has all funding including training and trainee costs paid in advance by a donor agency. Such courses/workshops are usually part of the donor's overall programme goals in the country or region.

Community-based training of village health workers or peer educators differs from the above mentioned formal training courses mainly because it should be very much cheaper. Major costs like trainee per diem and travel costs rarely exist when a workshop holds right within the community where the trainees live. Trainers may solicit donations from local organizations, service clubs and philanthropists to cover costs of paper, pens and other consumables. Training committees, such as the one described previous for the patent medicine vendors, collected funds from their own members and association to cover some of their training costs.

Regardless of whether an budget item is donated or paid for, and regardless of the source of funds, all resources to be used should be listed in a budget along with an estimated value as well as mention of the source funds or support.

3.4.3 Preparing Human Resources - Training of Trainers

in Continuing Education for Health Workers
African Medical and Research Foundation, Nairobi, 1983

Whether you are organizing only one workshop, or planning for a basic course that will be replicated in many states or districts, it is necessary to prepare the trainers for their responsibilities. This is known as 'training of trainers' (TOT) or an extension course, because it prepares people to extend the knowledge out to many sites. TOT helps prepare trainers in three broad competency areas:

- 1) participatory adult learning/teaching principles, approaches and methods
- 2) the basic content of the particular workshop/course topic
- 3) the process of organizing a workshop including scheduling and logistics

Since TOT will familiarize the trainers with the basic content of the course and give them to plan how to organize the course, it may take at least as many days as the actual workshop itself. Opportunity must be provided so that trainers can model and practice the roles they will perform during the actual training. The TOT should be held relatively close to the time of the actual workshop. There should be some gap though, so that the trainers can gather needed resources and get prepared for carrying out the actual course.