Traditional Practitioners as Primary Health Care Workers

World Health Organization
Division of Strengthening of Health Services
and the Traditional Medicine Programme
1995
This document was prepared by the International Child Resource Institute (ICRI), 1810 Hopkins, Berkeley, CA 94707, USA under contract with the Division of Strengthening of Health Services. The principal author is Wilbur Hoff, Dr.PH, Director, Traditional Health (ICRI).

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- World Health Organization
Guidelines for Training
Traditional Health Practitioners
in Primary Health Care

Division of Strengthening
of Health Services
and
Traditional Medicine Programme
Geneva
1995
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INTRODUCTION AND PURPOSE

Traditional health practitioners are a valuable and sustainable resource that already exists in most communities. The training and utilization of these practitioners in primary health care, working in close collaboration with conventional health staff, can be expected to contribute, in many countries substantially, to obtaining more practical, effective, and culturally acceptable health systems for communities.

These Guidelines for Training Traditional Health Practitioners in Primary Health Care were developed as part of a contract awarded by the World Health Organization, Division of Strengthening of Health Services, Geneva, Switzerland, to the International Child Resource Institute in Berkeley, California. The purpose of the contract was to evaluate the effectiveness of programmes training traditional health practitioners (THPs) to perform primary health care (PHC) services in rural Third World communities. Data for this evaluation study were collected from four field projects based in Ghana, Mexico, and Bangladesh. The results of this evaluation study are reported in a separate document published by WHO.

One objective of this evaluation was to utilize the findings that related to the training of the THPs in these areas and compile guidelines that could assist others in planning, conducting, and evaluating similar training programmes for THPs. Accordingly, from the evidence collected from the above field evaluations, we have found some common elements that seem to be effective in teaching PHC skills to THPs.

In addition to using information collected from the interviews with training staff and THP participants, and from observations of actual training sessions in the above-mentioned projects, we have drawn upon two other sources.

One is data collected from an earlier study. This was an international review of literature describing projects using traditional healers as community health workers. The other source is a large collection of recent publications that contained information about the principles and methods for planning, conducting, and evaluating training programmes for traditional birth attendants, other traditional health practitioners, and community health workers. These publications also contained information about the selection, use, development, and testing of training and health education materials for nonformal adult education and low-literate audiences.

The aim of these guidelines is to help individuals and organizations develop training programmes that will enable THPs to play a more significant role in primary health care programmes and thus to improve health conditions in their own localities. These are merely guidelines, and as such, must be flexibly used to create training
programmes that are appropriate for the needs and conditions in local regions and communities.

The contents of these guidelines are arranged in a series of major steps that one would take to develop a training programme for health workers such as THPs. The experience collected in the above-mentioned training projects has shown that a successful training programme requires careful planning. This planning begins by identifying the health needs, priorities, and resources from health organizations and communities. These needs can then be translated into specific PHC functions and tasks that THPs can learn, and then the appropriate training methods and materials that can be selected for teaching the PHC content. Trainers and other health professionals must then be adequately prepared for conducting the training sessions. And finally, a practical plan should be constructed to evaluate the outcomes of the training.

The activities required to plan, carry out, and evaluate an effective training programme for traditional health practitioners are described according to the following six steps:

**STEP I:** PLANNING FOR THE TRAINING

**STEP II:** DETERMINING THE CONTENT FOR TRAINING

**STEP III:** DETERMINING THE TRAINING METHODS

**STEP IV:** SELECTING TRAINING MATERIALS

**STEP V:** TRAINING THE TRAINERS

**STEP VI:** EVALUATING THE TRAINING
STEP I  PLANNING FOR THE TRAINING

Careful planning is crucial for conducting a successful training programme. There are some fundamental planning steps and some background information that should be collected before one begins to design a curriculum with lesson plans and training activities for traditional health practitioners. These basic planning activities are described in the following sections.

A.  REVIEW EXISTING POLICIES AND REGULATIONS

Government Ministries of Health, NGOs, and other health agencies may have already established policies for how THPs should be trained and practice in their jurisdictions. Carefully review any documents that describe such policies and any regulations or guidelines that illustrate the scope or limitations of activities which THPs can carry out in PHC programmes. These policies should be used as guidelines when developing the content and other aspects of the training programme.

For example, the content of the four training projects evaluated in Ghana, Mexico, and Bangladesh was directly influenced by legal regulations and local government policies and priorities. The Government of Bangladesh, for example, had well-established policies for training TBAs, although there was some flexibility allowed for NGOs to modify this training according to conditions in different regions, as long as the major intent of the government policy was adhered to. Ghana, by contrast, had not yet formed specific policies to regulate the training of herbalists. In Mexico, on the other hand, the Government strongly advocated and supported this type of training.

Because the training of herbalists, bonesetters and spiritual practitioners is relatively new compared with the training of TBAs, existing policies for the former group are less well defined.

B.  INVOLVE THPS AND COMMUNITY MEMBERS IN THE PLANNING

It is essential to involve healers and other community members in the planning and implementation of the programme. Getting their views and suggestions regarding the health priorities of the community, what they would like to learn, how to recruit and select trainees, and the kind of support they will need after training, will help to make the programme a success.

It is particularly important to ask healers what they want to learn so their needs can be incorporated into the training content and to ask community leaders to participate in the selection of healers to be trained. Without this involvement there is a high risk that highly respected and dedicated healers will not be chosen and that those
chosen may not be committed to the project. The more the community members and THPs are involved in the early stages of planning, the greater will be the commitment of healers and community members to the programme.

There are many different kinds of persons with leadership potential in each community. People who can contribute ideas and assistance might include:

- designated or official community leaders
- religious leaders
- schoolteachers
- extension workers
- club, group, or cooperative leaders
- women’s leaders
- children’s and young people’s leaders
- health, school or other committees
- opinion leaders among the poor or rich

When working with community members, it is often useful to arrange a meeting between community leaders and traditional practitioners. The group can then jointly identify areas or activities in which the THP can help and decide together which areas are most important to the community. Community leaders can also provide information about the level of support the community is willing and able to provide to the THP.

Local health agency staff members can also meet with THPs to help identify potential resources and places to refer patients, if needed. Health agency staff members should be made aware of the valuable roles THPs can play as health educators and health promoters and to get word out to the community about issues such as immunization, family planning, and improving water and sanitation.

Collaboration with health workers, other THPs, and community leaders is one way to improve health care in the community. Collaboration means pooling resources (health staff and health services) where both modern health staff and THPs work together toward a common goal. Each can refer patients to the care-giver who is best qualified to provide a specific health service.

A mutual referral system can promote good collaboration and benefit the THP, the supporting health agency, and the community. Such a system encourages the THP to make referrals to a health centre for problems he/she cannot manage, while the health centre staff refers patients back to the THP for follow-up, after giving necessary advice and treatment. In this way, THPs and health agency staff can be shown how to work
together for the good of the patient and the community rather than competing with one another.

C. IDENTIFY THE HEALTH CONDITIONS OF COMMUNITIES

Training objectives should promote good health in communities and reduce or eliminate illness and disease. It is therefore very important at the outset to identify major health problems that exist in the target communities. These can be determined from the already established priorities and goals of the local health agency as well as from what community members feel are their needs for health services. From this information, you can then establish relevant training objectives.

One way to organize this information is to develop a table listing, on one side, the conditions of poor health that exist in the community or region and, on the other side, specific PHC services that should be provided to promote good health and eliminate these inadequate conditions.

For example, the following table contains a list of poor health conditions which were found in some of the communities in the evaluation study. Opposite each condition is a list of specific PHC services which healers were trained to provide. This table can serve as a guideline to develop a plan that reflects conditions specific to your own region.

<table>
<thead>
<tr>
<th>Existing conditions of poor health</th>
<th>PHC services needed</th>
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<tbody>
<tr>
<td>Infant diarrhoea</td>
<td>Teach the use of ORS</td>
</tr>
<tr>
<td></td>
<td>Refer serious cases to clinic</td>
</tr>
<tr>
<td></td>
<td>Improve water &amp; sanitation</td>
</tr>
<tr>
<td>Malnutrition in young children</td>
<td>Promote breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Improve diets</td>
</tr>
<tr>
<td>Maternal and infant mortality</td>
<td>Provide pre/postnatal care</td>
</tr>
<tr>
<td></td>
<td>Deliver babies hygienically</td>
</tr>
<tr>
<td></td>
<td>Refer serious cases to clinic</td>
</tr>
<tr>
<td>Childhood communicable diseases</td>
<td>Refer for immunizations</td>
</tr>
<tr>
<td>Accidents and simple infections</td>
<td>Administer basic first-aid</td>
</tr>
<tr>
<td>Unwanted pregnancies</td>
<td>Advise about family planning</td>
</tr>
<tr>
<td>Poor habits of personal hygiene</td>
<td>Teach good health habits</td>
</tr>
</tbody>
</table>
One way to get baseline information is to conduct a rapid assessment of community health problems. You can identify peoples’ problems and priorities by talking with community leaders and traditional practitioners and, through small focus groups, with community members. Gathering specific information in this manner can be very helpful, not only in assessing present problems but in stimulating enthusiasm for implementing activities to resolve health problems.

When talking with community members, including THPs, there are several kinds of information that are useful to collect:

1. **Information about local community needs**
   - What are the local health problems and their causes?
   - What other problems affect people’s well-being?
   - What do people feel are their most important problems and needs?
   - What are the local beliefs, customs, and habits that affect health?

2. **Information about social factors**
   - What are the main family and social structures in the community?
   - Who are the leaders of the community, i.e., men, women, youth?
   - What traditional forms of healing and problem solving exist?
   - What kinds of relationships do people in the community have with each other?
   - Who has power over other people, and who owns resources?
   - What kinds of foods do people in the community traditionally eat?

3. **Information about community resources**
   - Which people in the community have special skills, such as leaders, healers, teachers?
   - What natural resources exist in the area, for example land, crops, sources of food, sources of fuel and water?
   - How do people earn a living?
D. IDENTIFY THE TYPES OF HEALTH PRACTITIONERS THAT EXIST

In the four projects studied, there were two general categories of traditional healers:

1. Traditional birth attendants, or midwives

The functions of TBA's have traditionally been to assist pregnant women with birthing and sometimes to provide prenatal care. With training, these functions can be greatly expanded to include services such as routine pre- and post-natal care, nutrition, referrals, recordkeeping and family planning. The specific content of these duties is described more fully in Step II.

2. Herbalists, bonesetters, and spiritualists

The functions of herbalists, bonesetters, spiritualists, and other types of healers are much more varied, depending upon the specific type of healing performed and the culture and geographic region in which they practice. Herbalists and bonesetters use a wide variety of medicinal plants and other remedies. Spiritualists draw from a variety of faiths and spiritual beliefs. And many of these practitioners will combine one or more of these practices.

A common denominator among many healers is their use of medicinal plants in their treatments. This common factor can be used as a base for improving their skills in identifying herbal plants, collecting and preserving specimens in sanitary ways, and prescribing and utilizing medicines in safe and consistent ways.

E. IDENTIFY SPECIAL CHARACTERISTICS OF HEALTH PRACTITIONERS

THPs have special characteristics which must be considered while developing appropriate training programmes for them. These characteristics include:

1. Age and sex

THPs generally tend to be older and experienced in their profession. This can be an advantage. It may be useful to have them share experiences and learn from each other during training.

TBAs are almost always women, and most have had a lot of birthing experience, having children of their own. A project in Bangladesh illustrated how staff considered this fact in arranging their training programme. The staff planned a residential type training for their TBAs, so the women could get away from their families and concentrate more fully on the training. In the beginning, some of their husbands needed reassurance that their wives would be safe in the training centre quarters. But after the
husbands were assured that their women would be secure, this arrangement proved more satisfactory than if the women had lived at home and had come daily for training.

2. **Level of education**

A large percentage of practitioners have low levels of education and many are not able to read or write. This places restrictions on how you can present information and on the kinds of educational materials you can use in classes. Low literacy levels make the selection and use of visual materials extremely important. This is discussed more fully in Step IV. To help overcome this problem, one project included literacy education in the training curriculum to raise the literacy level of the participants.

3. **Language**

Some participants come from indigenous populations and may speak only their native tongue. They may not be able to communicate well in the country's official language. In Mexico, this problem was encountered with some of the older healers, making it necessary to do some translating in workshop sessions.

4. **Traditional beliefs about healing**

Most THPs have traditional beliefs about health, healing and illness that differ from concepts in modern or conventional medicine. It is essential that trainers understand these beliefs, be sensitive to the differences, and present, where possible, health information within the context of these traditional beliefs.

For example, a very traditional belief is that illness occurs when a person allows the spiritual, social, physical, and emotional aspects of his or her life to fall out of balance. And healing can occur only when he or she brings these elements into balance and harmony with nature. This belief exists among many Native Americans and is true within Eastern and African cultures.

Many ideas of conventional health knowledge and practice can be presented within the framework of these traditional beliefs. For example, the concept of selecting various foods to obtain a balanced diet, and the principle that oral rehydration solution is important to rehydrate a person with diarrhoea can be described as actions to bring the food or fluid level of the body into balance and harmony.

The rationale for why immunization is important to protect children against common diseases can be explained as being similar to certain practices that many healers use to protect the body against some types of traditional illnesses. These practices include scarifying places on the skin and rubbing in herbal medicines to protect against evil spirits. Additionally, the concept of holistic health and healing which deals with the
physical, emotional, social, and spiritual aspects of one's life is common to both traditional and modern medicine.

5. **Economic status**

THPs are private practitioners and, therefore, depend upon their own individual practices as well as other sources, such as farming and selling herbal medicines, for income. Most health agencies who have trained THPs to conduct PHC services have not employed these healers or paid them for their services. For many healers in the projects studied, the PHC services they perform are beyond the scope of their normal duties. Often, they receive no remuneration for them. It is, therefore, important that you build into the project some ways to reward trained healers for these extra services.

This has been done in several ways. Communities have been asked to remunerate their healers by committing resources to repay them in-kind, as with farm labour, food, or assistance in building village clinics where healers can practise. Some health agencies have included within their training programmes assistance toward helping healers engage in income-generating activities, such as beekeeping, cottage industries, and establishing savings banks to promote income-raising projects.

F. **USE A STANDARD FORMAT TO DESIGN THE CURRICULUM**

It is helpful to follow a standard format when designing a training curriculum for THPs. Most training manuals contain information that covers the following categories:

1. **Introduction and purpose**

   This is a statement of why the manual was developed, who it is for, the form it will take, the length and time schedule of the curriculum, and the information to be covered.

2. **Objectives**

   These state the general outcomes that the training course hopes to accomplish.

3. **Lesson plans**

   Each training manual should have specific lesson plans which break the entire content into appropriate learning modules for teaching. These will vary according to the content and the participants. Most lesson plans contain the following kinds of information:
behavioral objectives for the session;

- main points of information to be presented;
- teaching methods to be used;
- estimated time to complete the session(s);
- audio-visual materials to be used;
- handouts to be given to/used by the participants;
- methods to evaluate the learnings of the session.

More information about how to write a lesson plan can be found in Appendix 1 and in publications listed in the References.¹⁰,¹¹,¹²,¹³
STEP II DETERMINING THE CONTENT FOR TRAINING

The content of training programmes for THPs should be focused upon teaching competence and skills within the framework of primary health care and should be based upon information from the following three sources:

1. What the community wants and needs to improve their health

   This information can be obtained from assessing the health conditions of communities as described in Step I-B & C and can be used as a basis for identifying specific knowledge and skills that THPs will need to provide the desired PHC services.

2. What the THPs want to learn

   Information about what things THPs would like to learn to improve their practice can be obtained if they have been involved in the preliminary planning, as discussed in Step I-B. When THPs realize that you have included their needs for acquiring health knowledge in their training programme, they will become more committed to the learning process, and thereby improve their own practices.

3. What the health agency’s (government or non-government) policies, priorities, and objectives are for training THPs.

   Government and nongovernmental agency policies must be carefully followed in designing a training programme, as these may determine and regulate what healers can or cannot be taught or what services they can perform.

   Sometimes, policies may be flexible and will allow opportunities to demonstrate new approaches to training healers. For example, in Bangladesh, two NGO-sponsored training programmes for TBAs both followed government guidelines for training TBAs. However, the projects differed with regard to the scope of training and in providing follow-up support. One project limited their training of TBAs to the pre-natal and birthing phases, while the other widened the scope of training to include pre- and post-natal services to mothers and children from conception until two months after birth.

A. IDENTIFY WHAT TRAINEES NEED TO KNOW

   The first step is to identify what knowledge, attitudes, and skills THPs will require to perform their PHC services. It is important to emphasize that circumstances in each country are different and it is difficult to establish a set of core functions for any group of THPs that is universally applicable. Decisions about what functions and
responsibilities are appropriate will, therefore, need to be based upon local conditions in each country or region. Based upon prior experience, some guidelines can be given:

Functions and responsibilities of TBAs

The use of TBAs has been widely adopted in PHC and their training has been more prescribed than for other types of healers. The WHO guide for master trainers of TBAs\textsuperscript{12} has recently suggested a criteria for deciding the functions and responsibilities of TBAs:

- **Functions must be specific.**
e.g., maintaining the cleanliness during delivery, distributing iron folic acid tablets, distributing oral contraceptive pills.

- **Functions should be based upon traditional roles.**
e.g., teaching the TBA to recognize certain high-risk conditions of pregnancy if she visits/monitors pregnant women during pregnancy, teaching the TBA to support breast feeding of the neonate.

- **Functions must be based upon the capacity of the infrastructure to support designated TBA functions.**
e.g., TBAs should not motivate clients for family planning unless the appropriate products and support services are available. TBAs should not be taught at-risk screening unless there is access to a referral system.

- **Functions should be realistic.**
It is not reasonable to expect an elderly TBA to take on a large number of activities which require considerable effort on a very small compensation when similar activities could even overwhelm younger health care workers on regular salaries.

The WHO guide for master trainers\textsuperscript{12} identifies 6 core functions for TBAs:

1. Antenatal care
2. Labour and delivery
3. Care of the newborn
4. Postnatal care
5. Care of the child
6. Family planning

For further information about the content for training TBAs consult publications listed in References, numbers 12 and 13.
Functions and responsibilities of herbalists, bonesetters, and spiritual health practitioners

The training of herbalists, bonesetters, and spiritual health practitioners in PHC has been more recent and is still being identified and developed. The experience of training these types of health practitioners in projects in Mexico, Swaziland, Ghana, Nigeria, and other countries\textsuperscript{1,2,14} has included the following activities:

1. preservation and use of herbal medicines available in the region;
2. first-aid treatment;
3. control of flies, mosquitoes and other disease vectors;
4. improvement of water and sanitation;
5. health education, including personal hygiene and nutrition;
6. organizing community health activities, such as immunization campaigns and refuse clean up;
7. Family planning, particularly with men;
8. AIDS prevention and family counselling.

An important element of the training for herbalists is the teaching of how to identify herbs with healing properties, collect, store and preserve them in a sanitary manner, and use them in a prescribed safe manner. Projects wishing to include elements of traditional medicine into the training of THPs should consult with their nearest WHO Regional Collaborating Centre for Traditional Medicine for information on the availability and use of local herbal medicines.

Another important content area for training this group of THPs is skills in leadership and community organization. Since many herbalists and related types of healers are men, they already occupy positions of respect and leadership in their communities. With additional skills in group leadership and community organization they can facilitate members of communities to assume responsibility and work together on activities that will promote health and prevent disease in their communities.

A basic set of skills that all health workers must know is how to communicate with others. This is equally true for THPs who work closely with community members, other practitioners, and health agency staff. They must be able to listen and empathize with others, obtain information about people's concerns and needs, and to counsel and give advice.

The following communication skills should, therefore, be incorporated into the training of all THPs:
create a climate of trust, respect and positive regard for others;
- listen with full attention to what others are saying;
- acknowledge and be supportive of others;
- empathize with and understand people's concerns, problems and views;
- speak clearly and in a manner that others can understand;
- resolve disagreements and conflicts through negotiation.

B. TRAIN TO ALLEVIATE SOCIAL AND ECONOMIC NEEDS

Many healers have a high incentive to learn but have had little formal schooling. THPs have indicated in evaluations of training projects that they would like to have more training in other subjects. One of their suggestions was to learn to improve their reading and writing skills.

In Bangladesh, for example, one project included literacy as part of the training, and the TBAs indicated how grateful they were for this training. They said it not only helped them to read health education materials and to keep better client records, but that they were able to help some of the mothers improve their literacy skills as well.

Healers also have real economic needs. Since they work as private practitioners and are not paid by the health agencies who train them, they must rely on their clients or on other private sources, for financial support. A critical problem voiced by many healers is that they now perform additional PHC services in addition to their normal duties but receive little reward for their additional time and effort.

Some of these economic burdens can be eased by including in the training programme methods by which trainees can learn to develop income-generating activities. Some projects are already doing this by teaching herbalists how to cultivate herbs to sell in the market and how to keep bees and sell the honey. Others have taught TBAs how to start savings banks and develop community projects to generate income for their families.

C. WRITE SPECIFIC TRAINING OBJECTIVES

The foundation of a training programme is a set of clear objectives that describe the behaviours to be learned. A behavioural objective is a statement that describes a specific task or behaviour that a trainee should be able to do at the end of the training session or while on the job. These objectives can be described in terms of specific attitudes, knowledge, and skills to be developed.

Some examples of behavioural objectives are, at the end of the training session THPs will be able to:
- talk with a mother in a friendly way and demonstrate warmth and acceptance for her concerns;
- understand the major complications that can occur during labor and know how to refer the mother to the hospital when these conditions are present;
- be able to use the arm-band to measure the nutritional status of a child and advise the mother on how to feed the child a nutritious diet.

See Appendix 1 for an example of behavioural objectives for a TBA lesson plan.

After staff have agreed on the PHC content areas to be taught, write performance objectives for all major activities that trainees will be required to learn. Once you establish behavioural objectives, it is much easier to see what content and methods you need to teach. Clearly stated performance objectives enable trainers and trainees to more clearly understand what the programme is designed to accomplish.

D. DURATION OF TRAINING COURSE

Give careful thought to how much time to allocate for the training course. The appropriate length of time will depend upon several factors:

- any official policies or regulations that specify length of time for training;
- number of hours required to teach the desired knowledge and skills in the curriculum;
- availability of the trainees to attend the number and length of sessions;
- resources of the agency doing the training, i.e., budget, staff time, etc.

The experiences of three projects that have already trained THPs may provide helpful guidelines to determine the duration of official training for THP curricula.

Duration of official training time for TBAs:

- One project conducted the training for 15 days in two stages (10 + 5), at a training centre, for a total of approximately 90 hours.

- One project conducted the training for 19 days in three stages (11 + 4 + 4), at a training centre, for a total of approximately 114 hours.

Duration of official training time for herbalists and other healers:

- One project conducted the training in two 1/2 day sessions per week for 5 months, in the community, for a total of approximately 120 hours.
It should be emphasized that in all the above 3 cases additional time was given for follow up and problem solving sessions in the field after and between the official "classroom" training.
STEP III DETERMINING THE TRAINING METHODS

A. DEVELOP A TRAINING PLAN

After determining the content and objectives for training, it is necessary to develop a training plan which describes how the training programme will be conducted. A training plan is similar to a blueprint for constructing a house in that it shows what is to be constructed, and the methods and materials that are needed to build it. Similarly, a training plan identifies the results - the behaviours required of THPs to provide PHC services - and lists the activities and educational materials that are necessary to accomplish these results. The plan should also include a time schedule and indicate in what order the sessions should be presented.

The training plan should be divided into sessions with a lesson plan written for each session. Lesson plans contain one or more learning objectives, the materials and methods to be used, and a list of steps or a description of exactly how each session is to be conducted.

It is very important to design a training plan that will create learning experiences that are meaningful to the participants. The following guidelines will help you do this:

1. **Group the knowledge and skills to be taught in a logical pattern according to the content and subject matter.**

   For example, the content for teaching TBAs might be grouped according to birthing skills, prenatal care, postnatal care, recognizing and referring serious conditions, community-oriented health education activities, and so forth. For herbalists and other THPs, it might be appropriate to group the health content according to other categories, such as the collection, preservation and use of medicinal plants, organizing community groups to improve water and sanitation, and so forth.

2. **Integrate the teaching of new ideas about health, when possible, with indigenous beliefs about health and illness.**

   For example, the teaching of oral rehydration solution, nutrition, breast-feeding, safe water and sanitation, personal hygiene, immunization and psychological and physical well-being can often be explained as being similar to widely held indigenous concepts of healing. These can include the importance of balance and harmony in life; protecting oneself against dangers and illness from outside sources; and the use of natural herbs and medicines. THPs, like other people, learn more easily if new things are related to things they already know.
3. **Present the content to the trainees on a gradual scale.**

Begin with the most basic or simple ideas and proceed to the more complex. For example, when teaching THPs how to recognize dangerous symptoms of disease, begin with those illnesses that are the most easy and obvious to recognize, such as diarrhoea and malnutrition, and then proceed to introduce more complex ones, such as HIV and AIDS. Start with what is already familiar to the participants and then add to that the more difficult ideas. Learning is like climbing a ladder - it is done by taking one step at a time.

It is helpful to prioritize information and skills in terms of what participants must learn, and what would be useful to learn to make certain all basic and important items are covered during earlier sessions. If too much content is presented too fast, participants cannot assimilate it all and can become overwhelmed. It is better to present fewer important items that are well understood than try to cover too many points quickly. Many training projects have conducted an initial basic training and then consolidated several weeks or months later with follow up or refresher sessions.

4. **Present the information in brief time periods.**

Information presentations should not take more than 20 to 30 minutes. They should be followed by activities that enable participants to practice some aspect of what has been presented. You can get trainees more involved in the following ways:

- a question-answer session;
- a general discussion on the subject;
- a demonstration that involves the participants;
- a role-play with participants;
- a practise session with small groups.

5. **Follow theory with practice.**

Studies on learning indicate that we recall about 20% of what we hear, 40% of what we hear and see, and 80% of what we can discover for ourselves. Practice reinforces learning, and every opportunity should be taken in training to have participants practise the ideas that have been taught. An old Chinese Proverb still applies:

I heard and I forgot  
I saw and I remembered  
I did and I learned ...
B. CHOOSE APPROPRIATE TRAINING METHODS

Training programmes for THPs must use learning methods that are effective considering the educational background, the cultural values and the learning styles of adults. These methods may be somewhat different for training THPs than for modern health workers. In general, the use of participative non-formal adult education methods has been found to work well with programmes that have trained THPs.

Experience has shown that THPs are extremely eager to learn and that they learn quickly when knowledge is presented in meaningful ways. Even though many have not had much formal education, this need not be a barrier to their learning. Respect healers who have difficulty reading or writing - they are just as intelligent and capable of learning as others. They are rich in life experience but did not have the opportunity to learn how to read and write when they were younger.

Use a variety of methods that involve the trainees. For instance, if trainees are to acquire skills in identifying problems and in decision-making, it is better to give a brief talk, and have them work on a case-study or to practice role-playing than to give them lectures. Role-playing is also useful to improve communication skills and behaviour.

Make learning as active as possible. Draw on the experience and communication skills of the students. Keep asking them what they already know and what they might do in certain situations.

There are a number of ways to create experiential learning situations:

- ask questions to stimulate people to think and to give responses;
- divide people into small groups and give them an assignment to do together, such as a problem to solve;
- break them into groups of twos or threes to discuss a topic or dialogue together;
- do a role-play in front of the group;
- demonstrate a topic and involve the class in it;
- simulate a real life situation and have students act it out;
- have students observe clinic procedures and then practise the techniques on each other.

The following are frequently used training methods and will be described in some detail. These methods are relatively easy to use, do not require extensive resources and preparation, and have all been used effectively to train THPs.
Giving a talk

Most teachers feel comfortable giving a talk to students. This is the customary way people learn in a classroom setting. Though lecturing is not the most effective way to help THPs learn, there are many times when a short talk is a convenient way to give information to a group, as long as it is combined or followed with some form of participation from trainees.

Talks are useful to give specific information, to reach a number of people at one time, and to introduce a new or unfamiliar topic.

How to prepare an effective talk

- Decide what the trainees need to learn.
- Gather information from your own experience and from books and manuals.
- From this information choose what the trainees need to know.
- Arrange the material in a logical way. Study it until you are familiar with it.
- Decide how much time you will spend on each point. Don’t try to cover too much material in one talk. It is better to make two short presentations rather than one long one.
- Write an outline of what you are going to say.
- Plan the questions you will ask, and the visual aids you will use.
- Use simple language. Communicate what you mean. Don’t try to impress trainees with your knowledge.
- Speak loudly and clearly, but in a friendly way.
- Use large pictures and visuals that the whole group can see easily, or pass small ones around for each member of the group to look at individually.
- Ask questions.
- Start a discussion.
- Summarize the important points on the blackboard or on large sheets of paper.
- Use a handout for the summary.
Using discussions

Having students discuss or talk together is an effective way of learning. Discussion challenges students to examine their own views and to discover new ideas and attitudes. Use discussion to help trainees recognize that they have things to learn from others in the group, as well as things to teach others. This is an effective way to help the group work together to solve a problem.

Discussions are useful because the process enables students to talk about their own views, compare them with those of other members and gain more understanding about topics and issues. The trainer can also learn more about the ideas and feelings of the trainees through these discussions.

The trainer’s role as a discussion leader

Play a quiet, behind-the-scenes role in helping trainees discuss things. Although you may know the subject well, do not force ideas on the group. Instead, encourage trainees to talk. Listen carefully, knowing that trainees will learn by example how to facilitate discussion among people in the community.

Ways you can facilitate a group discussion

- Guide the discussion. Keep it going by asking questions.
- Ask questions that help the group to:
  - look at the problem;
  - discover the causes of the problem;
  - talk about possible solutions to the problem;
  - choose the best solution;
  - consider how to bring about the solution.
- Encourage quiet people to take part, and stop any one person from talking all the time. Minimize the amount of talking that you do.
- Keep the discussion on the topic as much as possible.
- Allow people to express different ideas, but introduce facts and knowledge that will make the discussion clearer.
- Be aware of feelings in the group, and try to stop the discussion from becoming too emotional or disturbing.
- Decide when it is no longer appropriate to discuss a certain issue in the group.
• Assure trainees that although learning to help or lead discussions takes time and practice, it is a useful skill that they can develop with practice in the community.

Role-playing

Role-playing is a very effective teaching method. It is a situation where trainees (and sometimes the trainer as well) pretend to be other people and act out a drama in front of the training group. Each person takes on the role of someone else and speaks and acts as they think these people would in a given situation. The rest of the group watches and pretends that the role-players really are the people they are pretending to be. The group learns by seeing and discussing how people behave in a certain situation.

Role-plays have proven effective in teaching THPs communication and counselling skills, and leadership skills, which include the facilitation of community discussion groups. Role-playing is useful in these and other settings because it helps trainees understand how others feel, gives them confidence as they practise skills, and gives them valuable feedback from class members who observe the role-play.

How to use role-playing

• Choose a topic or problem.
• Define the roles and the actors who will play them.
• Describe the situation carefully, so that the class and the players will understand the characters and the problems likely to be encountered.
• The "actors" can then present the role-play in front of the rest of the class. Or, pairs of trainees can take turns acting out the situation.
• The whole group can then discuss what happened. Ask various students how they might have behaved and invite discussion from the group.
• Summarize the discussion by pointing out the ideas and problems raised. Discuss how this situation may be related to students’ jobs and what they can learn from it.

Giving a demonstration

Giving a demonstration can be very effective, because it shows people how to do something (demonstrates a skill), and it reaches a number of people at one time. Demonstrations are also effective in making an idea easier to understand. For example, it is easier to learn how to make a weaning food for a baby by watching it done, than by being told how to do it in a lecture. The best way is to watch it being done, and then to do it yourself. People learn best when they use all their senses, i.e., sight, hearing, touch, taste and smell.
To plan a demonstration

- Decide what the trainees need to learn.
- Make step-by-step notes on how you will give the demonstration, and on what you will tell trainees at each step.
- Prepare all the materials for the demonstration. Use things that can be found in the community, such as local foods and equipment.
- Practise doing the demonstration until it is easy for you.

To conduct a demonstration

- Explain what you are going to do and why.
- Explain and show each new practice or habit step-by-step.
- Be sure everyone can see what you are doing.
- Repeat any steps that are difficult.
- Ask trainees to help you with the demonstration.
- Speak loudly, clearly, and simply. Be as natural as you can.
- Follow the step-by-step notes you made beforehand.
- When you finish, ask some of the trainees to do one or more of the steps, so that you can check on how well they have understood. This gives them a chance to practise.
- Ask the group what they have learned from the demonstration.
- Summarize important points.

Encourage discussion afterwards and show how trainees can use demonstrations in their work

- Ask trainees what they liked best about the demonstration, what they learned, and what parts might be changed so they might better understand.
- Discuss how and when trainees might use demonstrations with families and community members.
- Summarize.

Other training methods

The most commonly used training methods for THPs have been described in some detail. There are some additional methods that may be useful in teaching certain
ideas and concepts. These methods include the use of games, dramas, music (songs), stories and puppet shows. For information on how to use these methods, consult the training manuals listed in the references.

Reinforce learning

Trainees may practise and begin to learn something in a training session, but to learn it completely, they will need to repeat it, or have it reinforced in other ways. The following are some ways to reinforce learning:

- Summarize what has been learned at every session.
- Review at the beginning of each session what was learned at the last.
- Ask trainees what they have done to follow up on what they have learned. For example, did they use it with a family or in a community setting?
- Use visual aids to show relevant information. For example, put up posters and materials in the training room and ask trainees to read and study them.
- Bring in resource people who already have experience and know the information you are teaching.
- Give students plenty of opportunities to practise what they have learned and give them constructive feedback on how well they are doing.
STEP IV SELECTING TRAINING MATERIALS

Training materials, such as posters, flash cards, videos, films, models and other audio-visual aids, can effectively communicate ideas and information to trainees. Carefully chosen or prepared drawings or diagrams can usually communicate concepts and ideas better than words alone. People remember pictures they see better than words they hear. If people hear words and see pictures at the same time, they will remember even better.

Training materials are often available locally and sometimes can be prepared from materials that are close at hand. Materials must be selected carefully to ensure that they are appropriate for the training group.

A. REVIEW THE NEEDS FOR AUDIO-VISUAL MATERIALS

There are two main uses for audio-visual materials in training and health education programmes:

(1) for training THPs in the classroom;

(2) as tools that THPs can use to inform or educate clients or community groups about health.

Materials for training THPs include:

- diagrams and posters;
- flip charts;
- picture books;
- flannelgraphs;
- models;
- 35 mm slides;
- films and videos.

There are many ways you can use these visual aids in training:

- as part of a talk or a demonstration;
- to get trainees interested in a subject;
- to start a discussion;
• to represent real life as clearly as possible;
• to save time (a picture can show quickly something that would take many words and much time to describe);
• to reinforce learning.

Materials for health education:

The following have been used by THPs to inform or educate community members about prevention of illness or disease or to promote health. They serve very important functions when THPs perform PHC services for families.

• flip charts;
• picture books;
• graphic checklists;
• models;
• pictorial record cards.

B. SELECT AV MATERIALS THAT ALREADY EXIST

Suitable AV materials may already be available locally from places such as health education departments in ministries of health, NGO offices, and international agencies such as WHO, UNICEF, and UNDP. Seek out what is available and determine if the materials are appropriate to use under local conditions and with the THPs that you are training. It is often cheaper to purchase existing materials, if they are suitable, than to produce your own. Keep the following points in mind when determining if they are suitable for the trainees and their communities:

• figures and symbols must be recognizable to the audience;
• messages must be few and in the local language;
• pictures should illustrate one message at a time;
• pictures and words should be large if used in a group;
• any equipment that is used must be maintainable and power must be available, if it is required;
• the cost should be within the means of the agency.
C. ADAPT EXISTING MATERIALS

You can adapt existing materials, if necessary, to suit the culture, environment and specific needs of your own training group and their community. When adapting existing AV materials here are some points to keep in mind:

- Is the information important for the trainees to learn?
- Do the trainees already know the information?
- Will the trainees be able to understand and use the materials easily?
- Is there too much material for the trainees to understand?
- Can trainees read the material as it is or should it be translated or simplified?
- Will trainees be able to understand the drawings? Should the drawings be changed or the people in them made to look like the local people?
- Is the material acceptable to trainees, in terms of their traditions, religion, social situation and culture?
- Are the learning activities appropriate to be performed by all the trainees, whether men or women?

When developing or adapting AV materials, it is often helpful to obtain opinions and suggestions from members who represent the training group, the community, nurse/midwives and the project staff. A small group can be chosen to represent these persons and used to consult with and give feedback on what kind of materials would be most appropriate and effective.

D. PREPARE YOUR OWN MATERIALS

If suitable audio-visuals are not available, you can often make your own from low-cost local materials. Engage a local artist to draw pictures. Use pictures from magazines and other visuals to create your own posters or flip charts. Photocopy existing materials.

Keep in mind the following points when designing your own visual aids:

- use pictures whenever possible;
- when words and numerals must be used, use as few as possible;
- use graphs to present statistics and numerical information;
- use colours as often as possible. The use of colour can increase the effectiveness of a picture and emphasize key points. Colours can be used
for coding, contrast, and improving visibility. Colour combinations or contrasts are important. The colours that attract attention best are red and blue;

- make the visual display simple and easy to understand. Use only key words and phrases, simple shapes and lines, and a few well-chosen colours. Do not crowd the display;

- for lettering, use special pens of the desired size, colour and boldness. You can often use commercial, pre-cut letters, lettering guides (stencils), and stick-on letters, or you may write free-hand. Be sure the letters are large enough and not crowded together so that those at the back of the room can read them;

- if a complex figure is necessary, the various elements should be introduced one by one. If you build up the picture step-by-step, it will be more easily understood and accepted. Flannel-boards and overhead projectors are very good for this purpose; for instance, a flannel-board can be used to teach how to obtain a balanced diet.

Learning from pictures may be difficult for people who have not had much formal schooling. People who have had some experience in learning from pictures will be able to understand and use pictures more easily than people who have never been to school.

When using visual aids of any type, it is important to make them agree with, and strengthen, the information you are teaching. The people in the drawings should look friendly and be dressed to look like the people in your community.

Make sure colours are appropriate to the culture - to be sure, ask trainees or people in the community what different colours mean to them. All technical points need to be correct when visual aids are adapted or new ones are produced. For example, the way in which a mother holds her baby when breast-feeding, or the way in which an injection is given should be shown accurately and correctly.

Some visual aids, for example, films and slides, may be expensive, and may require special equipment, like projectors, to be displayed. Simple visual aids are often just as useful and effective. Begin with what you have.

People often learn more from getting involved in making visual aids than they do from watching a film or a set of slides, especially if the film or set of slides shows pictures of places and people that are not familiar.

Demonstrations are a good way to involve participants. You can prepare effective demonstrations by creating your own materials from real-life objects. For example, have the participants bring: samples of foods for a nutrition demonstration; water, sugar, and salt for a demonstration on ORS; materials to demonstrate how to disinfect water.
A good example of how a training project involved the class in developing its own visual aids occurred in a training project in Mexico. The instructor involved the herbalist practitioners, who were learning how to use local herbal medicines, in making a handbook of drawings of local herbs. This project helped the trainees to learn to identify local herbs and to understand how the herbs could be used. At the end of the session, each trainee was given a copy of the book for his or her own use in identifying local herbs and using them to treat patients in communities.

E. **PRE-TEST MATERIALS BEFORE USING**

It is very important to pre-test audio-visual materials before using them. This is particularly true for materials that have not been carefully prepared locally. Visuals that have not been pre-tested may not be understood by the intended audience or may be interpreted wrongly.

When you pre-test materials and messages, they can be modified to be more useful and effective for the trainees or the community for which they are made. A simple way to pre-test a visual aid is to show it to a small group of the THPs or community members for which it is designed and ask them if they understand it clearly.

You can ask some of the following questions during the pre-testing:

- Do the people understand the words? If not, which ones don’t they understand?
- Is the material interesting? If not, why not?
- Do the people understand the message in the story?
- Are the drawings understood?
- Do the pictures represent their situation? If not, what changes need to be made?

F. **USE AV MATERIALS EFFECTIVELY**

Use AV materials to illustrate the main points in the lesson plans. Use a variety of materials such as diagrams, flip-charts and models. Some parts of a curriculum that involve processes, such as examining a pregnant woman or delivering a baby, may be better illustrated by moving pictures such as films or videos.

Make the visual aids interactive. Ask the trainees what they see or understand from the visuals and start a discussion on the subject. Visuals can be used in the classroom with a group of trainees or in small training groups.
An effective method is to have a student use a visual aid to demonstrate a point with other students. This will give students practice in using visual aids to do health education in the community.

See Reference 15 for further information on how to use visual aids.
STEP V TRAINING THE TRAINERS

All staff members who train or work closely with THPs should have some basic attitudes and skills to work effectively. These attitudes and skills include having respect for THPs as dedicated health professionals; being sensitive to the different beliefs that healers have about traditional medicine, health, and healing; having appropriate skills to teach THPs the appropriate PHC knowledge and skills required in the designated programme; and being able to communicate in a manner that facilitates good collaboration between THPs and modern health professionals.

It is very important that health workers who train or collaborate closely with THPs be sensitive to and understand the cultural beliefs and practices they have about traditional medicine and healing. Many traditional beliefs about health and illness can be integrated with conventional concepts when teaching about the prevention and treatment of illness and the promotion of health.

Also, many THPs, being from an older generation, have had little formal education and may have difficulty reading and writing. This requires that training staff know how to use "hands-on" learning experiences and to use a variety of visual aids, demonstrations, and other practical learning methods.

A. TYPES OF TRAINERS

Training programmes for THPs generally require three different categories of trainers:

1. Primary training staff

This group are the primary training staff who are responsible for designing and teaching the major portions of the PHC curriculum for TBAs, herbalists and other types of healers.

2. Members of medical and public health staff

This category are members of the regular medical and public health staff, such as doctors, nurses, and sanitary inspectors who may conduct specific sessions according to his or her specialty area, such as for nutrition, child-birth, water, or sanitation. This category also includes clinical staff who provide specific on-the-job training and often supervision of THPs in the field.
3. Members of the THP trainee group

These can be experienced and capable members of the trainee group who can be enlisted to assist with the training of specific parts of the class or in the field.

B. PREPARATION REQUIRED FOR THP TRAINERS

1. Requirements for primary training staff

Primary or full-time trainers who have major responsibility for the design, implementation, and evaluation of training programmes should have a thorough understanding of the content to be taught as well as previous experience and skills in using nonformal, participative, adult education methods. They should also be able to select and use practical and appropriate visual aids. Information about what knowledge and skills are required for primary trainers are described more fully in Steps I, II, III, IV, and VI of these guidelines. Trainers should be able to effectively implement the training activities listed in these sections.

Trainers must also have good communication skills, and have a sensitivity to the different attitudes and beliefs that healers bring to the programme. Trainers must understand these traditional beliefs so they can teach PHC knowledge and skills in ways that healers can easily understand and assimilate. In many cases, this can be achieved by showing how modern medical concepts, such as how a balanced diet or immunization can protect one against disease, are similar to some traditional beliefs about healing. This point has been discussed more fully in Step I-E.

2. Requirements for members of medical and public health staff

Other professional staff, such as doctors, nurses, health educators, nutritionists, and sanitation workers may need to teach portions of the curriculum that relate to their particular specialty area. These persons should be given an orientation to equip them with some basic attitudes and skills, such as the following:

- showing respect for and sensitivity to THPs and their traditional beliefs;
- using participative teaching methods;
- using appropriate practical visual aids;
- establishing good communication and collaboration between healers and health agency staff.

3. Requirements for members of the THP trainee group

Selecting one or more experienced and capable trainees to assist in the training programme can be very valuable for the programme. If possible, these persons should
be included in the initial planning stages to obtain their suggestions and ideas about how to make the training successful. They should be prepared for the content they will present and be oriented in how to use practical teaching methods and materials. And, together with other trainers, they should be taught basic communication and counselling skills so they can work sensitively and effectively with other trainees and patients.

Experienced THPs, who may be mentors or instructors of other healers in the community, may be very skilled at teaching or interpreting health concepts in a manner that local healers can easily understand. For example, a training project in Mexico enlisted a member of the herbalist training group to help teach the traditional medicine section of the curriculum and to interpret some of the health content into local dialects.

Another advantage of using local healers as trainers is that this experience can enhance their skills in using effective training methods, for example, in conducting small group discussions and using other participative educational methods, such as demonstrations and visual aids. Then, after training is completed, these healer trainers can continue to use these training skills in the community with other healers and with community groups.
STEP VI  EVALUATING THE TRAINING

The word "evaluation" sends chills down the spines of some people who may have endured negative experiences with tests or examinations at school. Or they might have been harshly judged by their supervisors in a job setting. Evaluation need not be a negative experience. If an atmosphere is created where people, working as a team, use evaluation as a tool to see how they are doing and to find ways to increase their success in reaching their goals, then evaluation can be a very positive process which will benefit all who participate in it.

A. PURPOSE OF EVALUATION IN TRAINING PROGRAMMES

We can use the evaluation process to determine how effective our training efforts have been. Unless we periodically take measures to evaluate what we are doing, we will not be able to know how well we are achieving our objectives. Being open to evaluating our own individual performance and that of our peers and trainees indicates that we are being accountable for our own actions and the results of our actions on other people. An important quality of being a professional in the health field is having the desire to provide the best service we can and the willingness to periodically look at ourselves to see how we can improve. Evaluation is a process by which we can observe what we and others are doing and learn how to improve these activities, where necessary.

There are many reasons that evaluation is important, and there are different ways it can be done. This section will present some practical methods by which evaluation can be carried out for trainees and trainers.

B. WHO BENEFITS FROM EVALUATION

Evaluation is often thought to be most important for trainees and the training staff who plan and carry out the programme, but there are other groups which can also benefit from evaluation.

1. THP trainees

One of the groups that benefits most is the THP trainees. They will be providing health services to the communities, and they can benefit from knowing how well they are doing. Results of evaluations, particularly when healers are involved in collecting the data, can help greatly to inform them of problems with regard to the services they perform.
Evaluation data on the effectiveness of THPs has another purpose. Staff will be able to identify the most competent individuals to assist staff as trainers in future programmes and to help supervise the field activities of other THPs.

2. Trainers and programme staff

The primary staff responsible for planning and carrying out the training must know how effective their training methods and efforts are if they want to ensure that the THP trainees are learning how to provide the appropriate PHC services to communities. Also, the doctors, nurses and other health workers who collaborate on referrals, and the supervisors who follow up with the THPs' services in the communities, need to know about problems or difficulties in the training and referral system.

THPs are an excellent resource to help trainers identify problems in the training programme. They should be given the opportunity to comment on strengths and weaknesses in the training, so that trainers can make necessary adjustments in the training content or methods.

3. Administrators

Planners and administrators who set priorities, plan health programmes and allocate resources for their agencies' programmes, must have adequate data to determine the effectiveness of these programmes and to justify the use of public or private monies to continue them. Evaluation helps planners decide upon future approaches to the training and utilization of THPs. If planners have evaluation data which shows that training programmes are effective at enabling healers to extend services to communities, they are much more likely to continue supporting, and even expanding, training efforts than if no such data are available.

4. Community members

Experience has shown that when members of a community participate in an evaluation, whether they are asked to provide feedback about how successfully a project is going or whether they are engaged as data gatherers, results are very positive. Community member involvement can serve to increase the community's awareness and understanding of the nature of the project and of the kinds of health services they will receive. Moreover, when community members are asked to assist in evaluating health programmes, they become more committed to participating in the programmes.

5. Funding agencies

The agencies which grant the money for training projects, such as private non-profit foundations, government ministries, or NGOs, want and need to know if the programme is worthwhile. They also must know whether the money is being spent
wisely, and the programme objectives are being accomplished. Having good evaluation data fulfils a major requirement of being accountable with money and is one of the best ways to assure a funding agency that their money is being well spent in terms of benefits to the community. Providing this kind of data increases chances that the agency will continue funding the project.

C. EVALUATE THE PROGRESS OF A TRAINING PROJECT

Assessing the progress of trainees is one of the most important responsibilities of a trainer. Evaluation activities should be integrated into the overall training plan to determine how effectively the training efforts are progressing.

Among the most common types of evaluations are those that measure progress during the course of training. Measures can be taken at different stages on a daily or weekly basis. When you evaluate as you go along it avoids the undue stress on students of a single final examination; it gives trainees more incentive to learn throughout the course; and you can get useful information to identify problems as they arise. You can then give attention to those problems and change the course so that it more effectively meets the needs of the trainees.

Evaluating the performance of students and trainers will also enable you to learn how effective you perform as a teacher and will help ensure that students will be able to perform health tasks competently when they return to work in the community.

D. METHODS OF ASSESSMENT

There are many methods to assess performance, and none of them is perfect. Each has its advantages and drawbacks. You can choose one or a combination of methods to assess trainees.

Because many THPs have lower levels of education and literacy it is very important to choose assessment methods that are practical and non-threatening. Written examinations should be avoided unless trainees can read and write at the appropriate levels. Some THP training projects have developed pictorial record cards which require very little, if any, reading and only check marks are needed to indicate the progress of a patient. See Appendices 3 and 6.

1. Formal testing

Formal tests or examinations can be given at certain stages or at the end of training. These tests should focus on measuring significant knowledge and practices learned. This can be done through practical or oral tests.
(a) Practical tests

Have the trainees demonstrate their ability to perform certain practical tasks. These tasks must be relevant to the learning objectives. Students should be given enough time to complete the test. The trainees should have been shown how to do the task and should have practised it before being tested.

For example, ask a trainee how to demonstrate weighing a child accurately and how to record the result on a growth chart.

(b) Oral tests

Probe the trainee’s knowledge of a subject by verbal questions and answers. Be aware that the ability of the trainee to give satisfactory answers may be affected by his or her ability to communicate, or self-confidence.

2. Informal testing

You can do this inside or outside the class. Inside the class, you can assess any difficulties trainees are experiencing as a group. Outside of class, you can ask questions to individual trainees or small groups of them.

Whenever you ask questions for the purpose of testing keep the following points in mind:

- questions should be related to the objectives;
- questions should be clear and precise;
- questions should require fairly short answers;
- everyone should have an equal chance to answer questions;
- students should be encouraged; you should not ask any question in a way that might embarrass a student.

3. Observe the trainees’ activities

Watch them while they demonstrate activities they are learning. Make checklists on which you can record progress, such as their participation in class discussions, and their ability to practise skills.

It is important to discuss your observations and evaluations with trainees. This feedback helps them to see their progress and how they can improve. Acknowledge and give support for good results, and give suggestions for improvement in a positive way.
4. **Peer assessment**

Peer assessment is a method where students assess each other. This is not suitable for deciding whether students pass or fail at the end of a course, but it is a very good technique for helping students to learn.

Have each student ask a friend to test him or her when studying for an examination. This practice can be encouraged and guided by the teacher. For example, give the students instructions for doing a task or assignment. Then have one of the students perform the assignment, while the other student watches and comments. The students can then switch places and the second student will do the job while being watched by the first one. You must, of course, provide instructions for the given task.

Peer assessment can help to make field experience more meaningful and relevant for students. Instead of blindly trying to do a job as well as possible, each student can be supervised by a fellow student who is there to watch and advise.

5. **Evaluate how THPs perform when they are in the community**

You can do this during the training as well as when they are on the job. This will help you to know which parts of the training were most useful. It will also help you identify things that should be reviewed during later in-service or on-the-job training.

**E. ASSESS THE PERFORMANCE OF TRAINERS**

Evaluation is important for trainers too. Students cannot learn well if trainers are not doing an effective job. The following are some guidelines for the kinds of information trainers can obtain to judge their effectiveness in training:

- Were the learning objectives clearly specified and defined?
- Did all the trainees know what the objectives were and understand them?
- Were the contents of the lessons and the teaching methods and aids related to the learning objectives?
- Were the teaching aids properly prepared for the lessons?
- Was there a process to regularly check to see how trainees were progressing?
- Did the introduction to each lesson link it clearly with the previous lesson?
- Were appropriate examples used to clarify important points?
- Was there enough time for questions?
- Was the material presented clearly?
- Was there a good summary at the conclusion of the lesson?

There are several ways you can evaluate whether you are doing a good job as a trainer:

One of the best ways for trainers to learn how to become more effective at helping people learn is to regularly evaluate their own performance. There are several ways you can find out how well you are doing as a trainer.

1. **Evaluate yourself**

Make a checklist of the important things you should do as a trainer and use this checklist regularly. Here are some questions you could ask yourself. Do I:

- prepare my lessons well?
- relate the information to what trainees already know?
- ask questions and lead discussions to encourage trainees to participate?
- speak and write clearly?
- illustrate ideas with examples?
- give time for trainees to practise, study and review?
- reinforce and repeat important points?
- help trainees relate what they are learning to their work?
- ask trainees for suggestions on how to improve the course?

2. **Ask other trainers to evaluate your work**

Ask another trainer to observe one or more of your sessions and afterwards, you can together discuss the ways the class was good, and the ways in which it could be improved. If you are training in a group, you can evaluate each other using a checklist that you develop.

3. **Ask the trainees to evaluate your work**

It can be very valuable to find out how trainees feel about the training, what difficulties they are having and what things are going well. At the end of each session, or at the end of the day, ask:

- What did they like about the sessions?
- What did they learn?
What suggestions do they have to make it better?

Evaluations of the trainers should be done periodically, such as at the end of each day or week, and a complete evaluation should be performed at the end of a course. These evaluations can be done in a short session by the training staff, together with a few members of the training group.

Staff meetings are also a good place to periodically discuss the progress of a training project. You might also discuss progress in field meetings with small groups of THPs and their supervisors. Both methods have been used very successfully by THP training projects.

F. EVALUATE THE OUTCOMES OF A TRAINING PROGRAMME

Evaluating the outcome of a training programme is usually done at the end of a major project cycle, such as after one, two, or three years. These evaluations are often performed by a team that can spend the time to collect data, make judgments, and propose recommendations for future action.

In training projects, all operations and issues that contribute to planning and implementation of a project can be evaluated. This can include many items, such as, the effectiveness of the training methods and materials used; the relevance of the training content to the backgrounds of the trainees; the knowledge, attitudes and skills gained by the trainees; the types of health services delivered by the healers; changes in health behaviors of community members; and the amount and type of collaboration between the THPs and the health agency staff.

There are three ways to conduct training evaluations:

- **Internal evaluations**

  Internal evaluations are performed with staff members of the project and the agency that administers the project. They have the advantages of using existing staff who are more readily available, and the costs are less since outside consultants do not need to be employed. The main disadvantage is that an internal evaluation is not as objective; internal staff members usually become so involved with carrying out the project that they are unable to be impartial and objective about identifying difficulties and problems within their own activities.

- **External evaluations**

  These evaluations are performed with consultants or other experts brought in from outside the agency. External evaluations are more objective and impartial; outside consultants do not have a personal interest in the findings and outcomes of the study.
They also may be more experienced in using evaluation techniques, such as obtaining relevant data to assure success in reaching project objectives, identifying problems and difficulties, and making recommendations for future actions.

- **A combination of internal and external evaluation**

A third type of evaluation combines elements of the first two, using a team composed of project staff members and outside consultants. This type of evaluation has many advantages. For one, local staff, working closely with outside consultants, can facilitate collection of the data from THPs and community members. And local staff who work on an evaluation team with outside consultants have the opportunity to develop better evaluation skills.

One of the greatest advantages of a combined external and internal evaluation is that it lends itself to a participatory type of evaluation that includes all groups involved.

**G. VALUE OF A PARTICIPATORY EVALUATION**

A participatory evaluation is one where those who participate in a project play an active role in evaluating their own work and the results of their project. This type of evaluation shifts the control of project knowledge back to the participants and the community. This process assists local communities and organizations in assessing information and making decisions, in taking responsibility and control. It thereby promotes greater self-reliance among the participants.

Another value of a participatory evaluation is the resulting improved understanding and increase in morale that it can bring to the project team and the project beneficiaries alike.

**Case study of a participatory evaluation**

A very successful participatory evaluation was conducted in a TBA training project in Bangladesh using outside consultants, project staff members, TBA participants, and local community members. This case study illustrates the values and benefits that can result from conducting a well-planned participatory evaluation.\(^{16}\)

The staff of the TBA Training Project formed a four-member team to lead the evaluation. The team consisted of a public health consultant, a consultant on women and development, the project coordinator, and the evaluation officer of the funding agency.

The evaluation plan and the protocols for collecting data were prepared in collaboration with members of local agencies, the training staff, TBAs and community members. Data were collected at four levels:
(1) at the **national level**, from the ministry of health, UNICEF, project office, etc.;

(2) at the **district level**, from district hospital staff;

(3) at the **regional level**, from the rural training centre, health and family welfare centres; and

(4) at the **community level**, from women's and men's groups and from the traditional birth attendants.

A variety of methods were used to collect the data: these included staff sessions, individual interviews, and focus-group discussions; and direct observation of ongoing activities. A large number of project components were evaluated. These included the following:

- the process for selecting TBAs;
- the training content, methods, and materials;
- trainers;
- follow-up and supervision;
- health referral system;
- monitoring and evaluation of TBAs;
- coordination with other agencies;
- effect of training on participants;
- health impact and effect on community;
- cost-effectiveness and sustainability.

The evaluation report included a detailed description of its findings, conclusions, and recommendations. These recommendations were then assigned to various staff members and participants to be carried out. These recommendations included actions to improve the monitoring system through increased feedback from TBAs in the field and to improve collaboration and referrals between the Ministry of Health clinics and the TBAs.

A year later, another evaluation was performed on this project to determine the impact of the training on the TBAs and the community. Among other results, the study found that the periodic follow-up system for upgrading the skills and solving problems of the TBAs in the field was very effective, the collaboration and referral system between the TBAs and the Ministry of Health outpatient facilities was functioning smoothly at most clinics, and that the morale among the TBAs was high.
It is assumed that the participation of local staff members and TBAs who were involved in the project evaluation in 1992 and the resulting follow up actions that they took to carry out the recommendations in the report had some effect on the positive conditions found in the field study a year later.
CONCLUSION

Expanding the knowledge and skills of traditional health practitioners so they can assume more responsible roles in primary health care programmes can be a productive and rewarding experience: for the trainers; for the health practitioners; for other health professionals; and for community members. Most healers already have many years of experience attending to the health problems of family members. They are dedicated to serving their clients, and are eager to expand their skills in providing better health care to communities. Trainers can build upon the wealth of knowledge and experience that these traditional health practitioners already have to design and carry out effective training programmes for primary health care.

Evaluation studies of projects that have trained traditional health practitioners have found that when these practitioners complete a training, they return to their communities and continue to disseminate the information they have learned to other healers and healer associations and groups within their communities. Thus, training efforts have a domino effect and are multiplied manyfold. Through local communication channels and networks, traditional healers disseminate their new knowledge to their colleagues and community groups, thus effectively carrying out the principle of "each one teach one".

Projects which have begun to train traditional health practitioners in a variety of primary health care functions have found that communities benefit in assurable ways from the new knowledge and skills of these practitioners. Enhancing the role of these practitioners and promoting closer collaboration between them and the medical community offers new hope for improving the health of individuals and families through sustainable primary health care programmes.
APPENDICES

Appendix 1  HANDWASHING
Lesson plan for TBAs, from:
WHO. Training of Traditional Birth Attendants (TBAs). A guide
for TBA trainers. WHO, Geneva 1992

Appendix 2  A. DIFFERENT POSITIONS OF THE BABY IN THE
WOMB
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Flip chart for TBAs and mothers, from:
WHO. Training of Traditional Birth Attendants (TBAs). An

Appendix 3  BIRTH CHECKLIST
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Voluntary Health Services Society/ODA, Dhaka, Bangladesh

Appendix 4  A. HOW TO MAKE A MEDICINAL HERBARIUM
B. HOW TO GROW AN HERB GARDEN
Visual aids for herbalists, from:
Indigenous Doctors), UNICEF, Instituto Nacional Indigenista,
Gobierno del Estado de Oaxaca, Mexico, D.F. 1990

Appendix 5  HOW TO PREVENT DIARRHOEA
Visual aids for various THPs, from:
UNICEF, op. cit.

Appendix 6  PREGNANCY PROGRESS CHART
A graphic record card for TBAs, from:
Bangladesh Primary Health Care, "Pictorial Health Record Card",
Dhaka, Bangladesh

Appendix 7  CERTIFICATE OF PARTICIPATION
A certificate for completion of training for THPs, from:
Dormaa Healers Project, Ministry of Health, Dormaa District,
Ghana, 1988
Appendix 8

REFERRAL NOTES
THP referral cards for routine and urgent patients, from:
Dormaa Healers Project, Ministry of Health, Dormaa District,
Ghana, 1988
APPENDIX 1

HANDWASHING

Lesson plan for TBAs

HANDWASHING

OBJECTIVES

The TBA will be able to:

1. Describe the difference between clean and dirty hands.
2. Explain how dirty hands can cause infection in the mother and tetanus in the newborn.
3. Demonstrate thorough cleaning of nails and hands.
4. Explain the ways in which hands can become contaminated again after thorough washing.

PREPARATION

- Illustrated Guide for TBAs.
- Soap, nailsticks, nailbrush (if available);
- Clean water in a jug or mug or any other container;
- A basin, pail or bucket to collect and dispose of dirty water;
- Two glasses and a small bowl;
- An antiseptic such as Savlon, Dettol (if available, and routinely supplied to TBAs).
1. Describe the difference between clean and dirty hands.

*Hands are often dirty even when they look clean.*

- Ask the TBAs if their hands are clean. Almost all will say 'yes'.
- Pour clean water into a glass and put it aside. Now put clean water in a small bowl and ask a TBA to rub her hands together in it for one or two minutes. Pour the water from this bowl into a second clean glass. Show the two glasses of water - one with water from the bowl and the other with clean water - to the TBAs. They will be able to see for themselves that the water from the bowl is dirty. Even though the TBA's hands looked clean, they were in fact dirty.

2. Explain how dirty hands can cause infection in the mother and tetanus in the newborn.

*There is dirt in the air and on things we touch.*

*Dirt has germs in it.*

*We cannot see germs. That is why we have to be very careful.*

*Germs cause disease.*

*Germs on dirty hands can enter a mother's body during delivery and cause disease.*

- Ask the TBAs about the jobs they do in the house or in the fields and about things their hands come in contact with. Tell them that all the time everybody’s hands will have germs on them unless specially cleaned.
- Stress that delivery is like an operation (there is bleeding and a raw wound). Therefore there is a great risk of infection from germs getting inside the body.
- Give the example of open wounds getting infected.
- Relate germs on the hands being transferred to the mother’s inside or through the cord to the baby’s inside during delivery.
- Emphasize that ordinary washing does not remove germs from hands. The TBA has to wash her hands in a special way. Her hands must be scrubbed thoroughly before delivery.
Tell the TBAs where dirt can get stuck and that it is difficult to remove from underneath and around the nails.

Ask the TBAs to remember mothers they have seen who had fever and bad smelling vaginal discharge after delivery.

*When the umbilical cord is cut with a dirty instrument or touched by dirty hands, germs can enter the baby’s body through the cord and make the baby sick. The baby can get fits (spasms). If not treated immediately, the baby dies. This disease is called tetanus (use a local name for this, if available).*

* Ask the TBAs if they have seen a baby with fits (spasms).

* Explain the relationship between germs and fits (spasms).

* Show the illustration of a baby with spasms and a stiff body in the Illustrated Guide (Page 29).

3. Demonstrate thorough cleaning of nails and hands.

* Cut nails short. Remove dirt from underneath and around the nails with a nailstick.*

* Remove bangles and rings.*

* Pour water on the hands and arms up to the elbows.*

* Use soap to scrub the hands and arms thoroughly especially between the fingers and around the nails. Use a nailbrush if available.*

* Wash the soap off with plenty of water.*

* Rinse the hands thoroughly in a bowl of water with an antiseptic like Dettol or Savlon (if available).*

* Hold the forearms and hands upwards with fingers spread out.*

* Keep the forearms raised so that they dry with the extra water trickling down from the elbows.*

* Air dry the hands.*

* Show the illustrations of nail cleaning and handwashing in the Illustrated Guide (Pages 12 - 14).*
• Demonstrate the correct method of handwashing. Describe each step as it is being demonstrated.

• Ask one TBA to give a return demonstration.

• The rest of the TBAs should participate by commenting on the correctness of the method.

• Demonstrate that washed hands are clean by dipping dry hands in a bowl of clean water, rubbing them together and then pouring the water from the bowl into a clean glass. Show the TBAs that the water from the bowl has remained clean.

4. Demonstrate the ways in which hands can become contaminated again after thorough washing.

   Avoid touching objects other than those to be used during the delivery.

   Do not start conducting the delivery while the hands are still wet. Wet hands attract dirt and germs.

   Do not wipe washed hands with a towel or even a clean looking cloth. Germs that are present on the cloth or towel will make the hands dirty again.

• Explain that touching washed hands with a towel, the mother’s clothes or any other unclean objects will make the hands dirty again. If this happens the TBA must wash them AGAIN or rinse them in Dettol or Savlon solution.

• Emphasize that if the delivery does not take place within ten minutes of hand washing, the TBA should dip her hands in antiseptic solution or wash them again.
REVISE AND SUMMARIZE

- TBAs must always remember:
  - Hands are often dirty even when they look clean.
  - Germs on dirty hands can enter the mother's body during delivery and cause infection (fever and bad smelling vaginal discharge).
  - When the cord is cut with dirty instruments or touched by dirty hands, germs can enter the baby through the cord and make him/her sick with a serious illness called tetanus.

- How to clean hands, arms and nails correctly:
  - Cut nails short and clean them with a nailstick.
  - Remove bangles and rings.
  - Scrub hands and forearms thoroughly using soap, especially between the fingers and around the nails.
  - Rinse hands thoroughly in an antiseptic solution such as Dettol or Savlon solution (if available).
  - Dry the hands in the air with fingers spread out and kept higher than the elbows.
  - Do not wipe hands with a towel or cloth after washing them.

EVALUATION

Every day during the training period, one or two TBAs should demonstrate handwashing. The others in the group should be encouraged to comment on the correctness of the technique.

Each TBA should be able to:

1. Describe the way germs enter the body of the mother and the baby and cause infection.
2. Recognize the seriousness of infection in the mother and of tetanus in the newborn.
3. Say why it is important to wash hands thoroughly before delivery.
4. Demonstrate handwashing more than once during the course.
5. Explain how hands can get contaminated after washing by touching things that look clean but are dirty.
APPENDIX 2

A - DIFFERENT POSITIONS OF THE BABY IN THE WOMB

Flip chart for TBAs and mothers
THIS ILLUSTRATION SHOWS

- A baby in the womb with head downwards.
- A baby in the womb with buttocks downwards.
- A baby in the womb placed sideways.

POINTS FOR DISCUSSION

- How can the position of the baby in the womb be recognized?
- At which stage should this be checked?
- What are the different positions a baby may take in the womb?
- When should a TBA refer the pregnant woman for management of abnormal position of the baby?

POINTS TO REMEMBER

- By feeling the abdomen for the position of foetal parts and locating the place of foetal heart sound, the TBA can have a rough idea of the position of the baby in the womb. This can also be done by checking where the head of the baby is located.

- Checking for the position of the baby should be done only during the last two weeks of pregnancy since the baby can change positions before this.

- A baby may be born head first (which is normal) or buttocks first or may be placed in the womb sideways.

- Always refer a woman who has her baby sideways in the womb since this baby cannot be delivered at home. It will require an operation. If the TBA suspects that the baby will be born with buttocks first she must consult a midwife or doctor to confirm and to decide about the place of delivery.
APPENDIX 2

B - EATING MORE DURING PREGNANCY

Flip chart for TBAs and mothers
**THIS ILLUSTRATION SHOWS**
- A pregnant woman eating more of what she normally eats.

**POINTS FOR DISCUSSION**
- Why should women eat more food during pregnancy?
- What are the foods that pregnant women should eat?
- Should any restrictions in food intake be observed?

**POINTS TO REMEMBER**
- *A pregnant woman must eat extra food every day to meet the needs of the rapidly growing baby in the womb.*
- *A pregnant woman should eat more of the foods that she normally eats at home. If she cannot eat large amounts of food at one time, she should eat several times during the day.*
- *No special foods are required.*
- *A pregnant woman should not restrict foods since any restrictions may reduce her total food intake. This will affect the growth of the baby adversely.*
APPENDIX 2

C - EDUCATING THE COMMUNITY

Flip chart for TBAs and mothers
THIS ILLUSTRATION SHOWS

- A TBA discussing the importance of women's nutrition in her community.

POINTS FOR DISCUSSION

- What role can a TBA play to increase community involvement in improving MCH and family planning services?
- Whose assistance should the TBA seek for the success of her work?

POINTS TO REMEMBER

- In addition to providing nutrition education during pregnancy, TBAs must help families to obtain appropriate services. This will help in pregnancy spacing, immunizations, treatment of illnesses and promote safe motherhood and child survival.

- TBAs should utilise all resources available in the community such as community leaders, women's groups and other agencies concerned with community development. This can be done by interacting with people and groups frequently.

- TBAs should interact with people and educate them about the essentials of health care.
APPENDIX 3

BIRTH CHECKLIST

A visual aid for TBAs

1. Prepare a clean bed.

2. Wash your hands well with soap.

3. Use the delivery kit.

4. Tie the umbilical cord.

5. Immediately after birth, encourage the mother to nurse the baby.
APPENDIX 4

A - HOW TO MAKE A MEDICINAL HERBARIUM

Visual aids for herbalists

COMO HACER UN HERBARIO MEDICINAL
An herbarium is a collection of dried plants and also a museum that functions like a library in which specimens are identified and classified in some order. The descriptions that accompany them should contain important information that will be a basis for study and to teach how to use the medicinal plants.

UN HERBARIO ES UNA COLECCIÓN DE PLANTAS SECAS Y TAMBIÉN UN MUSEO QUE FUNCIONA COMO BIBLIOTECA, EN LA QUE LOS EJEMPLARES APARECEN IDENTIFICADOS Y ORDENADOS DE ALGUNA MANERA. LAS ETIQUETAS QUE LOS ACOMPAÑAN DEBENPOSEER UNA SERIE DE DATOS IMPORTANTES QUE PUEDEN SERVIR DE BASE PARA ESTUDIOS DIVERSOS Y PARA LA ENSEÑANZA MÁS FÁCIL DEL USO DE LAS PLANTAS MEDICINALES.
GOOD-HERB

(DESCRIPTION: A shrub from approximately 50 to 60 centimeters high that grows in the countryside and is also cultivated for commercial use.

USE: For washing the vagina, cough, and cleansing.

PREPARATION: Boil from 3 to 4 minutes in a litre of water for cleansing the vagina; for cough, drink as a tea.

ORIGIN: Throughout the state.

DESCRIPCIÓN: ES UN ARBUSTO DE 50 A 60 CMS. DE ALTURA APROXIMADAMENTE, CRECE EN EL CAMPO Y TAMBIÉN SE CULTIVA PARA SU COMERCIALIZACIÓN EN CAMPOS DE LABRAZA.

USO: LAVADOS VaginaLES, TOS, LIMPIAS.

PREPARACIÓN: SE HIERNEN DE 3 A 4 RAMITAS EN UN LITRO DE AGUA PARA LOS LAVADOS VaginaLES, PARA LA TOS SE TORMA EN TÉ.

PROCEDENCIA: TODO EL ESTADO.

HIERBA - BUENA
APPENDIX 4

B - HOW TO GROW AN HERB GARDEN

Visual aids for herbalists

A COMMUNITY PHARMACY OF MEDICINAL PLANTS
(Knowing and practicing that which you have learned, look around for a place that will serve to protect our plants and arrange them in order for when you need them.)

FARMACIA COMUNITARIA DE PLANTAS MEDICINALES.

CONOCIENDO Y PRACTICANDO LO QUE SE HA Dicho, PODEMOS BUSCAR ENTRE TODOs UN LUGAR QUE Sirva PARA GUARDAR NUESTRAS PLANTAS Y TENERLAS ORDEnADAS Y A MANO PARA CUANDO SE NECESITEN.
APPENDIX 5

HOW TO PREVENT DIARRHEA

Visual aids for various THPs

¿Qué otras cosas podemos aconsejar para prevenir la diarrea?

1. La leche materna es muy importante para mantener saludables a los niños y evitar las diarreas. Los niños alimentados con biberón se enferman más.

(One requires a technical expert to install systems for good water and to eliminate human wastes, but enlisting the participation of the people is the most important. If the community is not convinced of the benefits of a service and they do not participate in its installation, maintenance, and utilization, the results will not be very successful (see the section about water & sanitation).

What other things can we advise to prevent diarrhea?

1. Mothers milk is very important to maintain children's health and to avoid diarrhea. Children fed with a bottle will get sick.)
2. After 4 months the child should eat other foods, prepared in a clean way, then followed by breastfeeding.

3. Wash hands with water and soap,
   - after working
   - before preparing the meal

2. Después de los 4 meses
   el niño debe comer otros
   alimentos, preparados con
   mucha higiene, además de
   seguir mamando.

3. LAVARSE LAS MANOS CON AGUA
   Y JABÓN

DESPUÉS DE OBRAR

ANTES DE PREPARAR LA COMIDA.
4. Boil water for drinking and for preparing children's food.
5. Wash well the child's eating utensils.
6. Wash well fruits and vegetables before giving them to the child.)

DESPUÉS DE CAMBIAR PAÑALES
AL NIÑO.

4.- Hervir el agua que se usa para beber y preparar los alimentos de los niños.

ANTES DE DARLE DE MAMAR.

5.- Lavar bien los trastes que el niño usa para comer.

6.- Lavar bien las frutas y verduras antes de dárselas al niño.
7. Give food to small children soon after preparing it. If they don't eat it all, don't keep it; and don't give it to another younger brother/sister.

8. Keep food well covered to keep out flies and other animals that would dirty it.

9. Keep children's nails cut as short as the adults.

10. Don't let animals enter the house because they carry dirt on their feet and snouts.

7: A LOS NIÑOS PEQUEÑITOS DARLES EL ALIMENTO EN SE- GUNDA DE PREPARARLO. SI NO LO COMEN TODO, NO SE DEBE GUARDAR; SI NO, DÁR- Selo a OTRO HERMANITO.

8: MANTENER LOS ALIMENTOS BIEN TAPA- DOS PARA EVITAR QUE LAS MOSCAS Y OTROS ANIMALES LOS ENSUCIEN.

9: MANTENER LAS UÑAS CORTADAS, TANTO DE LOS NIÑOS COMO DE LOS ADULTOS.

10: NO DEJAR QUE LOS ANIMALES ENTREN EN LA CASA, PORQUE LLEVAN SUCIE- DAD EN SUS PATAS Y HOCICO.
11. Use and maintain a well-covered latrine or toilet to keep flies and other animals out.

12. If you defecate in the open space bury the feces in a hole.

13. Teach the small children to use the pot and immediately afterwards dump the contents into the latrine or bury it.

11.- USAR Y MANTENER BIEN TAPADA LA LERINA O EXCUSADO, PARA EVITAR QUE LAS MOSCAS Y OTROS ANIMALES ENTREN.

SI OBRAMOS AL AIRE LIBRE, ENTERRAR LA DEPOSICION BIEN HONDO.

ENSEÑAR A LOS NIÑOS CHIQUITOS A USAR LA BACINICA E INMEDIATAMENTE DESPUÉS ECHAR LA DEPOSICION EN LA LERINA O ENTERRARLA.
# APPENDIX 6

## PREGNANCY PROGRESS CHART

A graphic record card for TBAs

<table>
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<th>পরীক্ষা</th>
<th>প্রশ্ন</th>
<th>প্রথম তারিখ</th>
<th>দ্বিতীয় তারিখ</th>
<th>তৃতীয় তারিখ</th>
<th>চতুর্থ তারিখ</th>
<th>পঞ্চম তারিখ</th>
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<td>yes</td>
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<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>মাসের ছস্ত</td>
<td>নিন</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
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<td>করন</td>
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<td></td>
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</tr>
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<td>তোলা পাহিয়া ভাকর</td>
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<tr>
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<td>6</td>
<td>7</td>
<td>8</td>
</tr>
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To be completed by the TBAs.
CERTIFICATE OF PARTICIPATION

DORMAA HEALERS PROJECT
(DORMAA PRESBYTERIAN PRIMARY HEALTH CARE)

CERTIFICATE OF PARTICIPATION

This is to certify that

[Name]

has successfully completed a five-month course in traditional and biomedical approach to diagnosing, treatment and prevention of diseases, preparation and storage of herbal medicine and in environmental health at........ Kotobi, Wamfie

and is hereby awarded this Certificate:

Dated: 22ND JULY, 1988

[Signature]

PMOH
DORMAA DISTRICT

AG PROJECT CO-ORDINATOR
APPENDIX 8

REFERRAL NOTES

THP referral cards for routine and urgent patients

NATIONAL TRADITIONAL BIRTH ATTENDANT PROGRAMME
(MINISTRY OF HEALTH)

REFERRAL NOTE

...a traditional birth attendant in

...village, is referring the bearer of this card for ROUTINE medical attention. Please afford this patient every courtesy.

Thank You

NATIONAL TRADITIONAL BIRTH ATTENDANT PROGRAMME
(MINISTRY OF HEALTH)

REFERRAL NOTE

...a traditional birth attendant in

...village, is referring the bearer of this card for URGENT medical attention. Please afford this patient every courtesy.

Thank You
REFERENCES


