WELLSTART INTERNATIONAL'S EXPANDED PROMOTION OF BREASTFEEDING PROGRAM IN NIGERIA:

Country Close-out Report

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ACRONYMS

AIDSCAP	AIDS Control and Prevention
BASICS	Basic Support for Institutionalizing Child Survival
BMS	Baptist Medical Services
CA	Cooperating Agency
CAN	Christian Association of Nigeria
CAON	Child Association of Nigeria
CBD	Community-Based Distributor of Family Spacing Commodities
CDC	Center for Diseases Control
CEDPA	Center for Educational Development and Population Activities
CHEPON	Center for Health Education, Population and Nutrition
CHEW	Community Health Extension Worker
NCWS	National Council of Women's Societies
CNS	Catholic Network Services
ECWA	Evangelical Church of West Africa
EPB	Expanded Promotion of Breastfeeding
FOMWAN	Federation of Moslem Women Association of Nigeria
HIV	Human Immunodeficiency Virus
IEC	information, education and communication
IP	Implementing Partner
JHU/PCS	Johns Hopkins University/ Population Communication Services
LAM	Lactational Amenorrhoea Method
LGA	Local Government Area
LME	Lactation Management Education
MCH	Maternal and Child Health
NCCCD	Nigeria Combating Childhood Communicable Diseases
NCWS	National Council of Women's Societies
NDHS	National Demographic Health Survey
NNGO	Nigerian Non-governmental Organization
PCU	Program Coordination Unit
RMS	Research and Marketing Services, Ltd
SDA	Seventh Day Adventist
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHW	Village Health Worker

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EXECUTIVE SUMMARY

The 1990 Demographic and Health Survey revealed that nearly half the children in Nigeria under five years of age were chronically under nourished, one third were underweight for age and one tenth were severely malnourished or wasted.[1] The interaction of patterns of feeding and levels of illness in Nigeria produced this situation. Nigeria had the distinction of having the lowest rate of exclusive breastfeeding in the region, along with Ghana, at 2%. In response to this situation, USAID added a significant nutrition component to the Nigeria Combating Childhood Communicable Diseases (NCCCD) bilateral project which was initiated in 1992. Under this project USAID/Nigeria authorized a $400,000 OYB Transfer in 1993 to Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program to support breastfeeding promotion.

EPB carried out assessment and planning visits in Nigeria in 1993 and 1994. Political turmoil and issues of decertification due to drug trafficking violations within Nigeria delayed program implementation. Decertification also resulted in a change in USAID strategy from public to private sector assistance. Following submission and approval of a new proposal in the summer of 1995, EPB was able to launch an ambitious program of support and technical assistance to local Nigerian non-governmental organizations (NNGOs) and other USAID cooperating agencies.

EPB provided support for the integration of optimal infant feeding promotion in NNGOs and private health services through social marketing, training, and community outreach. EPB's goal was to reduce malnutrition in children 0-24 months of age, increase birth spacing, and reduce fertility among women of reproductive age through improvements in optimal feeding practices.

The following results were achieved by the project.

- Qualitative research using focus group discussions, in-depth interviews and household action trials.
- Training of two master trainers, one for the Southwest and one for the Northeast USAID clusters.
- Training of 38 state trainers for Oyo, Osun and Jigawa states.
- Training of 300 Village Health Workers (VHWs), Traditional Birth Attendants (TBAs) and Community Based Distributors of Family Spacing Commodities (CBDs).
- Production of an instruction manual on the use of information, education and communication (IEC) materials.
- Production of 2 training modules, "Breastfeeding and Infant Nutrition" and "Adult Education Principles and Techniques" to be used by State trainers and other relevant personnel of cooperating USAID Implementing Partners (IPs) and NNGOs.
- Development of materials appropriate for IEC strategies and target audiences. Materials developed included:
  - cloths dolls for demonstrating correct positioning and attachment when breastfeeding;
  - breast models for teaching the anatomy of the breast;
  - health workers' badges;
  - a 12 card counseling flip chart;
  - posters on 3 breastfeeding and infant feeding concepts in Yoruba, Hausa and English;

[1] "Nutrition of Infants and Young Children in Nigeria" 1993, African Nutrition Chartbooks. Findings for the 1990 Nigerian DHS Survey, pg 2.

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- car/bus stickers on 3 breastfeeding and infant feeding concepts in Yoruba, Hausa and English;
- cloth bags with messages on breastfeeding and complementary feeding given to mothers whose babies are exclusively breastfed;
- 60 seconds radio jingles on 6 concepts in Yoruba, Hausa and Pidgin English;
- 15 minutes dramas on various breastfeeding and infant nutrition resistances and concepts in Hausa, Yoruba, and Pidgin English; and
- apron with breastfeeding and complementary feeding messages for use during community mobilization.

♦ Training of state trainers on use of IEC materials.

♦ Organization of Community Support Programs for target communities, including distribution of IEC materials.

INTRODUCTION

BACKGROUND AND PURPOSE

While 97 percent of all Nigerian children are breastfeed for some period of time, Nigeria has the distinction of having the lowest rate of exclusive breastfeeding in the region, along with Ghana, at 2 percent.[2] The lack of optimal infant feeding in Nigeria has led to high levels of under-nourished children. Nigeria has one of the highest rates of under-five malnutrition in the world. In sub-Saharan Africa, Nigeria was third for stunting and second for wasting of children age 3–6 months. Among the under-five, 43 percent were stunted, 35.7 percent underweight and 9.1 percent wasted (NDHS 1990). Almost one in every five Nigerian children dies before their first birthday (urban 75.4 per thousand and rural 95.8 per thousand). The under-five mortality rate, for children who die between birth and the fifth birthday, was 129.8 per thousand (urban) and 207.7 (rural).

Nigeria is the largest country in Africa, with an estimated population of over 100 million. Nigeria also has one of the world's highest fertility rates, with an average rate of 5.69 per woman of child bearing age (15–44 years). The urban rate (4.86) is lower than the rural (5.97). The proportion of women who use any method of contraception is 15.2 percent and only 9 percent of women (all ages) use any modern method of contraception. Many Nigerian are skeptical of or opposed to modern methods of contraception. The high rates of breastfeeding in Nigeria continue to prevent more births than all modern contraceptives. The contraceptive benefit of exclusive breastfeeding would reduce fertility well below current levels if exclusive breastfeeding were increased.

Promotion of optimal feeding is critical to reduce the high levels of infant malnutrition, morbidity and mortality, as well as the fertility rate. In response to this lack of optimal infant feeding, USAID added a significant nutrition component to the NCCCD bilateral project initiated in 1992. Under this project, USAID/Nigeria authorized a $400,000 OYB transfer to EPB in 1993 to support breastfeeding promotion. In total, over the course of the project, USAID granted EPB $500,000 in OYB transfer funds and $100,000 in Field Support funds.

In early 1993, EPB participated in the MotherCare-sponsored national breastfeeding policy workshop. A breastfeeding policy was drafted, further revisions made, and feedback provided in 1994 before the policy was approved by Nigeria's Ministry of Health in 1995.

EPB then carried out a needs assessment and developed a plan for infant feeding promotion within the NCCCD Project in three states and local government areas (LGAs) in February 1994, before political turmoil brought activities in the country to a stand-still. Further delays occurred through 1994 and 1995 because Nigeria was "decertified" due to drug trafficking violations. In October 1994 EPB staff attended the USAID-sponsored workshop for all child survival cooperating agencies to initiate re-entry in Nigeria and began developing plans for EPB assistance under the new USAID private-sector NGO strategy, as decertification had resulted in a change in the USAID strategy from public to private sector assistance.

EPB's program plan initially concentrated on Oyo and Osun states in the Southwest. In January 1995, USAID informed EPB that their focus had changed. With the new focus on the far northern states, USAID requested that EPB work in the North, in Jigawa state, to help provide an entry point for family planning in this strongly Muslim area.

After the initial set-backs and strategy revisions, EPB was able to launch an ambitious program of support and technical assistance to local NNGOs and other USAID cooperating agencies (CAs), following the submission

[2]Data is taken from 1990 DHS unless otherwise specified.

and approval of a new proposal in the summer of 1995. With the granting of the waiver for the USAID program on September 30, 1995, EPB was able to move forward at full pace to implement the program.

An in-country Resident Advisor, Dr. Olayinka Abosede, coordinated the project with the assistance of an Administrative Assistant, Master Trainers, and consultants. The Resident Advisor and two members of NNGOs, who later functioned as the Master Trainers (one for Oyo and Osun states in the Southwest and the other for Jigawa state in the Northeast), attended the Wellstart Lactation Management Education program in May, 1995.

Wellstart International's EPB Program in Nigeria was designed to integrate nutrition (maternal/antenatal, postnatal and infant) into the family planning oriented program of USAID/Nigeria. To assist USAID in developing an integrated program, EPB planned to provide support for the integration of optimal infant feeding promotion in NNGOs and private health services through social marketing, training, community support, monitoring and evaluation. EPB worked closely with other child survival and family planning CAs, including Centers for Disease Control (CDC), Center for Educational Development and Population Activities (CEDPA), MotherCare, BASICS, AIDS Control and Prevention (AIDSCAP), Johns Hopkins University/Population and Communication Services (JHU/PCS), and the NNGOs with whom the CAs are collaborating. (See Annex I for a description of local NNGOs with which EPB collaborated).

The project concentrated more in rural areas because malnutrition is more prevalent in rural areas than urban areas. For example, the rate of under-five stunting is 46 percent in rural areas versus 35 percent in urban areas. Furthermore, about 70 percent of Nigerians live in the rural areas.

In the summer of 1996, due to the downsizing of the USAID mission in Nigeria, EPB's field office was asked to close two months earlier than anticipated. EPB accelerated plans to complete in-country activities by the new closing date of June 30, 1996.

TARGETS/OBJECTIVES

EPB's goal in Nigeria was, by improving optimal infant feeding practices, to reduce malnutrition in children 0-24 months of age, increase birth spacing and reduce fertility among women of reproductive age. EPB's strategy was to use a community based approach to empower women and communities to optimally feed their infants. Promotion of optimal infant feeding was aimed at two levels, the health care worker and the community. EPB's program was designed to build and leave functioning services and networks in the private sector which would enable women to optimally breastfeed their infants.

With USAID's private sector strategy, objectives for a defined population (i.e. states of local government areas) will not be possible to measure. Population wide impact would be more difficult to measure or attribute to EPB's contribution to optimal infant feeding promotion because NNGOs target specific subgroups of the population and not defined geographic areas such as states and local governments. Also, given the limited time frame, 16 months, that EPB had to work in Nigeria, there was not sufficient time to see results in a population wide study.

EPB objectives were to be implemented through a program of social marketing, training, community support activities, and monitoring and evaluation

RESULTS

By the end of the project, EPB achieved the following outputs:

- qualitative research using focus group discussions, in-depth interviews and household action trials;
- training of two master trainers, one for the Southwest, and one for the Northeast USAID

clusters;
- training of 36 state trainers for Oyo, Osun and Jigawa states (24 in Oyo/Osun, 12 in Jigawa)
- training of 300 VHWs, TBAs and CBDs;
- production of an instruction manual on the use of IEC materials;
- production of 2 training modules, "Breastfeeding and Infant Nutrition" and "Adult Education Principles and Techniques" to be used by state trainers and other relevant personnel of cooperating USAID IPs and NNGOs;
- development of materials appropriate for IEC strategies and target audiences. Materials developed
- training of state trainers on use of IEC materials;
- organization of Community Support Programs for target communities, including distribution of IEC materials.

IMPLEMENTATION

SOCIAL MARKETING

As a foundation for EPB's social marketing strategy in Nigeria, an integrated baseline survey was conducted in the target states. It was determined that there were almost no IEC materials on optimal infant feeding practices. Advertising by breastmilk substitution companies was pervasive.

Under EPB's subcontract with The Manoff Group, consultant Kate Dickin conducted a thorough review of the literature on infant and young child feeding practices in Nigeria. The results of this review were used to as a means of focusing the instruments and strategy for qualitative research, which would be used to guide the development of program and communication strategies.

Qualitative Research

EPB carried out qualitative research in the summer of 1995 to augment the information from the baseline survey. Kate Dickin worked with EPB's resident advisor and two local research, Center for Health, Population and Nutrition (CHEPON) and Research & Marketing Service, Ltd. (RMS) , to design the qualitative research. Two workshops were held to train interviewers in focus group and behavioral trials methodology. CHEPON conducted research in Oyo and Osun states and RMS conducted research in Jigawa states.

The research used focus group discussions, in-depth interviews, and household action trials. Focus group discussions were done with several different groups, mothers (working outside home/housewife), fathers, grandmothers and grandfathers. The research was structured to highlight the differences within two major group types, illiterate/literate and rural/urban. Community and opinion leaders, some mothers, fathers, grandmothers and grandfathers were interviewed to obtain more information on attitudes, behaviors and practices.

Household action trials involved carrying out mini-surveys in which the infant feeding practices of selected households were assessed. Each mother was counseled during the following visit based on the nutritional status of her baby and her feeding practices. The mother chose feeding practices acceptable to her which she would try out in the next few weeks. Her compliance with instructions and her feeding actions were then recorded on the subsequent visit. After all the information is gathered the mother was once again counseled based on her previous actions.

The research was used to design communications and training strategies geared towards promoting behavioral

change. In the fall of 1995, Mike Favin, of the Manoff Group, worked with EPB and Johns Hopkins University/Population Communication Services (JHU/PCS) to develop IEC materials, based on the findings of the research, for use in training, counseling, and community education programs. (See Annex II for a more detailed description of this strategy). The behavior change strategy and materials developed were designed to address resistances to optimal feeding behaviors identified in the research findings. The behavior change strategy and material which were developed incorporated the messages listed below.

IEC Messages

- Initiate breastfeeding within one hour of giving birth.
- Give colostrum to newborns.
- Give breastmilk only for the baby's first 4-6 months, no water, glucose water, agbo, other milk, pap.
- Working mothers should breastfeed exclusively for 4-6 months. This is possible by expressing milk and/or the use of other strategies (bring baby to work, return home at lunch).
- Continue to breastfeed even if sexual relations resume or the mother becomes pregnant.
- Mothers should seek advise from health worker, while continuing to breastfeed, if any of the following conditions exist: breast abscess, sore nipples, engorgement, or breast surgery.
- For babies 4-6 months old - continue to breastfeed on demand and gradually introduce enriched pap. Pap should not be too watery. It is very important to begin other foods by 6 months of age.
- If the child is sick or not eating well be patient and persistent but do not force-feed, continue to breastfeed.
- For babies 6-12 months old continue to breastfeed on demand and feed soft, enriched foods . Use good food hygiene (wash hands and don't give anything in a baby bottle).
- For babies 12-24 months old - continue to breastfeed, feed gradually larger portions of family food, feed healthy snacks each day, feed some fruits and vegetables each day, make sure the baby gets enough food during communal meals, use good food hygiene.
- Do not remove baby's uvula (Jigawa message).

IEC Materials

Given the low literacy level among the prime audiences (mothers, fathers, grandmothers and TBAs) the media strategy could not rely heavily on print materials. The following IEC materials were developed to convey these messages. (See Annex II for a more detailed description of IEC materials)

- **Posters and stickers** addressing 3 priority concepts (initiation of breastfeeding, exclusive breastfeeding and complementary feeding) in English, Hausa and Yoruba.

  Purpose: For distribution in target communities. Trainers, VHWs, TBAs, CBDs, and NNGO members were trained to display them in appropriate places to disseminate information on optimal infant feeding and Lactational Amenorrhoea Method (LAM) as a method of family planning.

- **Counseling flip chart** composed of 12 cards dealing with the following topics: antenatal/postnatal nutrition; optimal breastfeeding and infant feeding; growth monitoring; oral rehydration therapy; immunization; and, Lactational Amenorrhoea Method and other family spacing methods appropriate for lactating mothers.

  Purpose: For use in one-to-one or small group counseling at the health facility by trainers, in the communities by VHWs, TBAs, CBDs, and NNGO members during counseling sessions on optimal infant feeding and LAM.

- **Radio jingles** on 6 concepts on the following topics: fathers' role to lactating mother; breastmilk and

weaning foods; breastfeeding and delay of pregnancy; breastfeeding methods for working mothers; harmful feeding practices and how to end them; and, the importance of colostrum.
Purpose: To be aired by local radio stations.

- **Health workers' badges** with the message "Ask me about breastfeeding".
  Purpose: To be worn during community mobilization activities.

- **Cloth bags** with breastfeeding and complementary feeding messages, in Yoruba, Hausa and English,.
  Purpose: To be given to mothers who exclusively breastfeed for at least four months.

- **15-minute video drama** in Pidgin English, Yoruba and Hausa, that address key infant feeding behaviors and issues;
  Purpose: To be shown to community groups.

- **aprons for community mobilizers** with messages on exclusive breastfeeding and complementary feeding;
  Purpose: To be worn during community mobilization activities.

- **cloth dolls** with open mouths for breastfeeding
  Purpose: For demonstrating correct breastfeeding position and attachment

- **breast models** showing the external and internal anatomy of the breast.
  Purpose: For teaching breast anatomy and, in conjunction with the cloth dolls, for demonstrating correct breastfeeding position and attachment

Dissemination

All IEC materials will be distributed to appropriate target audiences: dolls to trainers; breast models to trainers and VHWs/TBAs/CBDs; stickers to community members, especially those who possess cars, buses and public transport; posters to community members, health facilities and public halls, etc. The complete IEC materials dissemination plan can be found in Annex III.

TRAINING

Training has been a major component of EPB's work in Nigeria. EPB provided technical assistance in the development of a national training strategy. EPB provided training at several levels: for the primary care workers who would function as state trainers; for community-based health care workers (VHWs, TBAs, and CBDs); and for the community. The first level would provide training for the second level, and the second level would provide training for the third level, in a "cascade effect". Initially a core of primary health care trainers from the NNGOs were trained. These primary health care trainers in turn assisted in organizing training programs in optimal infant feeding practices for VHWs, TBAs, and CBDs, who in turn helped organize Community Support Programs for other NNGO staff and the community.

Training Modules

EPB developed two training modules, "*Breastfeeding and Infant Nutrition*" and "*Adult Education Principles and Techniques*" for primary health care givers and the trainers of VHWs/TBAs/CBDs. The modules will be incorporated into the current series of eleven NCCCD modules for primary health care in-service training being jointly sponsored by CDC and partner NNGOs. Both modules have been submitted to the consulting firm preparing the continuing education modules.

Training of Master Trainers, State Trainers, VHWs, TBAs, CBDs, NNGO members and the community

EPB sponsored the enrollment of a team of NNGO participants in Wellstart International's lactation management education (LME) training in San Diego in August-September, 1995. These NNGO participants, Niabari Olupona, from the Baptist Medical Services (BMS) in Oyo/Osun, and Ladi Ibrahim, from the Federation of Moslem Women Association of Nigeria (FOMWAN) in Jigawa state, attended the LME training with the Resident Advisor.

After returning to Nigeria, Ms. Olupona and Ms. Ibrahim functioned as master trainers. With the assistance of consultants from EPB, CDC, and AIDSCAP, the two master trainers organized the training of trainers (TOTs) for the state trainers from Oyo and Osun states in January of 1996. (Report of workshop, including an evaluation of the workshop by participants, is in Annex IV). This training was expanded into Jigawa state in February of 1996. (Report of workshop in Annex V). State trainers would be responsible for training VHWs, TBAs, and CBDs.

The trainees at these TOTs were drawn from the collaborating NNGOs. The NNGOs involved were BMS, Seventh Day Adventist (SDA), Catholic Network Services (CNS), National Council of Women's Societies (NCWS), Evangelical Church of West Africa (ECWA), FOMWAN. The trainees would constitute a core of state trainers, divided into training teams as follows:

- BMS - nine trainers divided into four teams
- SDA - two trainers making up one team
- CNS - four trainers divided into two teams
- NCWS - two trainers making up one team
- ECWA - ten trainers divided into five teams
- FOMWAN - two trainers making up one team

The following criteria were used for selection of primary health care trainers:

- NNGO health care providers
- either Community Health Officer or a Community Health Extension Worker (CHEW)
- have experience in training
- supervisors for outreach groups.

The two training modules developed by Wellstart were pretested during the TOTs. Some educational materials developed as part of EPB's IEC activities (dolls, breast models etc) were distributed to the participants. Lecture/practical topics included maternal nutrition during pregnancy and lactation, optimal breastfeeding, complementary feeding (with food demonstration and field practice), infant nutrition, oral rehydration therapy, immunizations, LAM, family spacing choices for lactating mothers and the diagnosis, prevention and management of diarrheas, sexually transmitted diseases (STDs) and HIV/AIDS.

A core of 38 (15 in Oyo state, 11 in Osun state and 12 in Jigawa state) state health trainers were trained between January and February 1996. The results of pre- and post-training testing by region are listed in the table below:

	Average Score on TOT Pre-test	Average Score on TOT Post-test	Average Score on Mastery Test
Oyo/Osun state Trainers	53.2%	64.5%	72.2%
Jigawa state Trainers	45%	50.6%	56.2%

The master trainers and state trainers, with assistance from Wellstart consultants, planned and conducted the training programs for VHWs, TBAs, and CBDs. VHWs, TBAs, and CBDs trainees were drawn from target communities. The topics covered during this level of training were the same as the topics covered during the training of the primary health care trainers, but they were presented at a more basic level. (See Annex VI for a report of a VHW/TBA training workshop in Ogbomoso, Oyo State, and Annex VII for a report of a VHW/TBA training in Jigawa State).

By the end of the project, trainers had trained:

- 93 VHWs/TBAs in Oyo state
- 75 VHWs/TBAs in Osun state
- 95 VHWs/TBAs in Jigawa state
- 9 CHEWs in Jigawa state
- 25 CBDs in Osun state

The VHWs, TBAs, and CBDs who received training in turn organized four Community Support Programs to educate target communities. Two of the Community Support Programs took place in rural areas and two took place in urban areas. The Community Support Programs addressed resistances to optimal breastfeeding and complementary breastfeeding through EPB's video drama. After viewing the video, discussion and question-and-answer sessions were held. Posters and stickers were also distributed at these sessions. More Community Support Programs are planned for the upcoming year. Annex VIII contains a report of the Community Support Programs.

Length of training by group to be trained:

master trainers - 3 weeks
state trainers - 5 days including practice in a community
VHWs, TBAs, CBDs - 3 days including practice in a community
NNGO/community - 1 day

Training materials:

- trainers' Modules on Adult Education Principles and Techniques, Breastfeeding and Infant Nutrition and an Instruction Manual on IEC materials were developed;
- breast models showing the external and internal anatomy of the breast;
- life-size cloth dolls with open mouths for demonstration of appropriate positioning and attachment;
- cooking utensils and materials for food demonstration; and,
- materials for preparation of oral rehydration solution.

COMMUNITY SUPPORT

Through EPB's community support programs, community-based health workers helped to organize counseling and educational sessions for community groups, during which EPB's IEC material, primarily the radio jingles, and video dramas, would be used to educate and inform the community on optimal infant feeding practices and other messages developed as part of EPB's behavior change strategy. This process provided a forum for disseminating IEC materials into the community while educating community members and strengthening community groups. Simultaneously, community-based health workers were gaining valuable experience in

organizing community support programs, experience which will hopefully ensure the sustainability of the community support programs after EPB closes.

Community Mobilization

Recognizing the importance of community leaders in the mobilization of people for any community-based activity, the members of community development committees and self-help groups (the liaisons between communities and LGAs/NNGO health programs) were visited by the master trainers and state trainers. On some occasions, the Resident Advisor and consultants joined the trainers to appraise community members of proposed interventions and solicit their support.

The NNGOs took up the responsibility of ensuring reorganization and/or mobilization of existing community development committees. Many community development committees were found to be dormant and had to be resuscitated with the assistance of community development committee coordinators of the LGAs. Self-help groups have remained active; they have sent representatives (leaders and some members) to the community support programs.

Community Support Programs

It was anticipated that, by the end of the project , trainers, assisted by community-based health care providers (VHWs, TBAs, CBDs), will have organized at least one counseling program for two assigned community groups.

While some variation occurred depending on specific circumstances, the basic format of each community support program was a showing of the 15 minute video drama that EPB had produced, followed by a question and answer session. Four community support programs were conducted, two in rural and two in urban settings representative of the three target states. The video drama was shown to more than 1,200 people. Posters and stickers were also distributed.

Sustainability

In order to ensure sustainability of the activities and monitoring of impact, the community support program was designed so that the NNGOs contributed to and played a significant role in the training workshops and community support activities. Their contributions included:

- provision of accommodation and feeding of the master trainer for programs which lasted for more than one day;
- mobilization, recruitment and provision of accommodation and feeding for participants from distant villages;
- provision and cleaning of training sites;
- provision of canopies and renting of chairs for community support programs;
- provision of hall for viewing of 15 minute video;
- active participation in the opening and closing ceremonies of training workshops;
- follow-up of community based interventions by the community development committees and self-help groups; and,
- arrangement and assurance of remuneration of VHWs/TBAs.

The master trainers and state trainers started organizing training of VHWs/TBAs/CBDs without Wellstart input after the initial model training workshops were carried out in each target LGA. They have also made arrangements for continuing community support activities to cover all the target communities within the year.

Monitoring the impact of IEC materials and the supervision of the VHWs/TBAs/CBDs are also to be continued

by the trainers with the assistance of relevant USAID Implementing Partners when necessary.

MONITORING AND EVALUATION

As part of the monitoring and evaluation component of its activities, EPB drafted optimal infant feeding questions and proposed revisions to the USAID NNGO management/facility/service point assessment questionnaire to include optimal infant feeding and nutrition. EPB also provided technical assistance to collaborating agencies and the USAID program coordination unit (PCU) to develop community survey instruments to be used for the Integrated Baseline Health Survey that was planned to commence in October, 1995. EPB assisted collaborating agencies and the USAID PCU to develop facility assessment and community survey instruments for baseline surveys and then assisted in training of a local research firm for these surveys.

EPB also developed a simple system to monitor training outputs, quality, and effectiveness measures of the training, as well as supervisory forms for trainers and master trainers. Annex IX includes forms developed for monitoring trainings, IEC materials distribution, and breastfeeding and infant growth monitoring.

Since EPB had just started implementing its IEC campaign at the time of the closeout of the field office, EPB handed over the responsibility for monitoring and evaluating the campaign to JHU/PCS and Child Association of Nigeria (CAON), an NNGO. Both organizations will supervise the distribution of IEC materials and assist with monitoring and evaluation of the materials. JHU/PCS will monitor the radio spots, which will be broadcast over s six month period, and eventually evaluating their effectiveness. JHU/PCS has agreed to monitor and evaluate the impact of EPB's breastfeeding promotion activities. The evaluation should take place in or before January, 1997. CAON has agreed to monitor training and service delivery.

As the implementation of many of EPB's activities has not been underway for a very long period, a thorough evaluation of the impact of these activities has not been possible for EPB

EXPENDITURES

Due to billing difficulties with the Logistical Support Unit, the organization which managed financial matters for all USAID funded field offices in Nigeria, EPB is, at the time of this printing, unable to provide a complete breakdown of expenditures. These figures will be available from Wellstart international's corporate office in San Diego by April, 1997.

LESSONS LEARNED AND RECOMMENDATIONS

SOCIAL MARKETING

The great variety of IEC materials that were developed in Nigeria will reach a broader audience than would have been possible with only one or two types of materials. While the posters, stickers and counseling cards are geared toward a literate audience, dolls, breast models and carrying bags are used to convey messages to the illiterate population. The radio jingles and video dramas bridge the gap between all audiences.

The impact of IEC activities should be monitored and periodically evaluated in accordance with USAID objectives. IEC materials should be assessed and redesigned if and when necessary. Video presentation in the community will require coordination by USAID through CDC/Nigeria and JHU/PCS.

TRAINING

The training programs have been very successful. Demand to attend the trainings has been greater than the

number of available spots and the response from participants has been overwhelmingly favorable. The spirit of participants was very high and was sustained throughout the training periods. This surprised trainers who had thought that the attention span, especially of the elderly ones, would be limited. The elderly participants were particularly attentive, asking interesting questions and wanting the training to go on for longer than scheduled.

The NNGOs and communities were extremely cooperative, sometimes giving unsolicited support and promising to keep the activities going in the future. The master trainers and state trainers are all very committed to the program. With all the obstacles and constraints experienced, they were able to organize at least one training workshop for the VHWs/TBAs/CBDs in each target LGA.

The two training modules developed (Adult Education Principles and Techniques, and Breastfeeding and Infant Nutrition) were very well accepted by the users. The results of the questionnaire study on the usefulness and relevance of the content of the modules (Annex X) confirms the high level of acceptability.

COMMUNITY SUPPORT

Other states within the USAID clusters not yet benefitting from the program should be involved to increase coverage. Many of the IEC materials already designed are appropriate for use in many parts of the country. Master trainers from the USAID clusters could be used to conduct trainings in other states throughout Nigeria. Many of the IEC materials already designed are appropriate for use in many parts of the country.

INTERAGENCY COOPERATION

Cooperation between agencies was an extremely valuable strategy for EPB. Another international agency in Nigeria, World Vision, assisted Wellstart with its community support programs. Even though it is not one of the USAID mission IPs, World Vision provided the equipment (TV, VCR and generator) for the projection of the 15-minutes video drama in the communities. Other USAID IPs, especially AIDSCAP and CDC collaborated with Wellstart for training activities, while JHU/PCS assisted with the production of IEC materials. UNICEF plans to produce copies of the posters and stickers for use during their National Breastfeeding Week campaign.

The intervention activities which have commenced in the target communities should be supported and supervised by other Implementing Partners under USAID who have projects with the NNGOs beyond EPB's presence in the country. CDC and JHU/PCS should be able to maintain continuity and efficient standards of interventions in the target communities.

ROLE OF THE RESIDENT ADVISOR

The presence of the Resident Advisor to steer project activities contributed a lot to the achievements of the project. The changing political atmosphere in the country necessitated prompt rescheduling of activities on a regular basis. Discussion and collaboration with other in-country agencies and USAID IPs made quick decisions possible, for example, the need to swap funds when the money promised for training activities by some IPs could not be accessed at the scheduled time.

Follow-up on agents to whom EPB gave contracts was also very crucial to prompt delivery of specific services and materials. Visits became necessary whenever other means of communication failed. Supervision of the production of IEC material was very important because the agents were typically non-medical and needed more than the information sheets handed to them to produce appropriate materials.

FINANCE AND ADMINISTRATION

Despite the heavy bureaucracy and difficult business conditions in Nigeria, it would have been far more efficient and effective if EPB had been allowed to handle its own finances and accounting. The amount of time lost working with the Logistics Support Unit and the extremely poor accounting system that was in place caused the Resident Advisor and the staff in Washington DC endless problems. The Logistics Support Unit created an extra bureaucratic layer in a system that is already lacking in responsiveness

Summary of Recommendations:

- The impact of IEC activities should be monitored and periodically evaluated in accordance with USAID objectives.
- IEC materials should be assessed and redesigned if and when necessary.
- Many of the IEC materials already designed are appropriate for use in many parts of the country.
- Video presentation in the community should be coordination by USAID through CDC/Nigeria and JHU/PCS.
- Cascade training was a very effective method of involving and motivating trainers, and ensuring continuity and an established training network.
- Master trainers from the USAID clusters could be used to conduct trainings in other states throughout Nigeria.
- Other states within the USAID clusters not yet benefitting from the community support program should be involved to increase coverage.
- Cooperation between agencies enhances effectiveness.
- The intervention activities which have commenced in the target communities should be supported and supervised by other Implementing Partners under USAID who have projects with the NNGOs beyond EPB's presence in the country.
- The presence of a resident advisor greatly enhances programmatic effectiveness, primarily because this presence: allows for prompt responses to changing conditions in the country and within USAID; makes it easier to establish, strengthen and use in-country networks; and, makes swift follow-up on programmatic activities possible.

ANNEX I

DESCRIPTION OF LOCAL COUNTERPARTS

DESCRIPTION OF LOCAL COUNTERPARTS

Wellstart EPB plans to promote optimal infant feeding practices at two levels--the health provider and the community level intensively in Oyo and Osun. Due to the short time frame, Wellstart will not be the lead agency with these local NNGOs but will work through other implementing partners to ensure that optimal infant feeding promotion will be effectively integrated into child survival and family planning services. Wellstart will collaborate most closely with CDC and CEDPA and to a lesser extent with MotherCare and Pathfinder in Oyo/Osun.[1] Collaboration with these IPs will ensure that optimal infant feeding is integrated into other states where these IPs are working.

Local counterparts were identified by CDC and CEDPA for Oyo, Osun, and Jigawa. In March, EPB was able to visit the NNGOs outlined below in Oyo, Osun, and Jigawa. During this next year CEDPA plans to work in Kebbi and EPB will carry out a preliminary site visit to Kebbi soon. Site visits confirmed that these NNGOs are interested in infant feeding and nutrition. EPB representatives met with NNGO personnel to discuss potential activities and their draft proposals. These NNGOs plan to expand and modify the nutritional components of their proposals. EPB's resident advisor will work with the other IPs to finalize proposal details and specific budget line items to be supported by Wellstart.

Health Provider Networks - Oyo, Osun, Jigawa

Wellstart EPB will work with the selected health care providers, either mission or private networks of health facilities working with CDC and MotherCare, so that a comprehensive package of child survival interventions is provided and enhanced, rather than a single intervention (e.g. EPI, diarrhea management, or breastfeeding). To achieve this, Wellstart EPB will work closely with CDC and MotherCare staff and trainers to adapt existing tools and curricula and to provide staff with knowledge and skills needed to help counterparts change and modify their child survival services. Wellstart EPB is working closely with CDC to choose private health service facilities and networks which meet the following criteria:

- Large number of functioning MCH facilities including: hospitals, maternities, comprehensive health centers, and smaller PHC clinics and health posts;
- Proven track record for providing services;
- Strong community ties with services utilized by the poor;
- Preventive and primary health care focus with an outreach component;
- Desire to improve and upgrade services by contributing their human and financial resources towards this goal;
- Good financial and accounting procedures are in place and used;
- Registered and accepted by the local or state, and federal government.

[1] Wellstart and Pathfinder and Aidscap will collaborate on some concrete activities to ensure that optimal infant feeding is integrated within their programs in all the states where they are working.

Baptist Medical Services, Ogbomosho and Saki Hospitals - Oyo

The Baptist Medical Services, based in Ogbomosho, has been identified. The hospital in Ogobomosh has a medical center along with a nursing and midwifery school. Their health services also includes a well-established Community Health Care Program (CHCP) that is working in 16 communities and 130 villages within two local governments of Surulere and Orire, primarily Surulere. World Vision has a USAID-funded child survival project in part of Orire. The estimated population for the two LGAs is 180,250. The estimated catchment area from the Baptist Medical Center in Ogbomosho is 30 km. The Baptist Kersey Childrens' Home, a nutritional rehabilitation center for malnourished and motherless children, is also located in Ogbomosho. The network is planning to train an additional 20 VHWs (16 currently working) and 20 TBAs (95 currently working). It is unclear whether the existing TBAs are also VHWs and thus the total number working would be 95 instead of 111.

CDC and Wellstart are also considering working with the Baptist Medical Hospital in Saki, a far western section of Oyo near the Kwara State border. The director of the hospital and the matron met with Wellstart and reported that they have a 200 bed hospital, five health centers, and cover portions of six different LGAs. They have a School of Nursing with 119 students. They have started to train 20 village health workers and are very interested in establishing an outreach program. Wellstart has not yet visited Saki because the road to this remote area is bad. CDC is planning to visit Saki during the Week of March 27th and will provide Wellstart with additional information.

Catholic Health Services - Eleta Hospital

CDC/Wellstart also plan to work with the Catholic Health Services based at Eleta Hospital in Oyo. They are establishing a outreach program in four out of five districts of Oluyole LGA. This area has an estimated population of 150,000 with 42 villages. The Catholics have one health center/clinic at Onigambari which is run by staff from Eleta Hospital. The sisters at the hospital are highly motivated to begin an outreach program but have a shortage of PHC staff. Their one Community Health Officer (CHO) will manage this program and other nursing sisters will participate in the outreach.

MotherCare is planning to establish a training center with another hosptial within the Catholic Network in Oluyoro. Wellstart will work with MotherCare to develop a breastfeeding module that will be taught at Oluyoro.

Seventh Day Adventist Hospital - Osun

CDC and Wellstart will work with the Seventh Day Adventist Hospital in Ile-Ife. This hospital is already a certified Baby Friendly Hospital but greater attention to nutrition and weaning is needed. This Adventist Hospital was the headquarters for a broad ADRA child survival project from 1988 to 1991 (USAID-funded). The child survival project apparently tried to cover an extremely wide area including Ife-South. The target population of current outreach proposed includes seven villages within the LGA of Ife-Central. Training of six health attendants to cover 75 persons each is proposed, with supervision from two Community Health Extension Workers (CHEWs). The program would be coordinated by the Chief Nursing Officer and managed by the Hospital Administrator. CDC/Wellstart has suggested that they expand the targeted population (approximately 2700) by

including more of Ife-Central and the adjacent LGA of Ife-South. CDC formerly worked with the LGA government PHC system in Ife-Central and is very familiar with the targeted area.[2]

Evangelical Churches of West Africa (ECWA) - Jigawa

In Jigawa, CDC and EPB plan to work with the Evangelical Churches of West Africa (ECWA). This network has five clinics in Jigawa (one may be in Kanu State). The ECWA clinic in the capitol, Dutse, has three Primary Health Care staff and they are interested in expanding their services to the community. Currently, they do not carry out training of village health workers but do carry out some ad-hoc outreach by request and through local ECWA churches. The Emir of Jigawa reportedly only uses ECWA's services demonstrating the high degree of acceptance by this predominantly Muslim community. The Senior Health Attendant (previous name for a Senior CHEW) was not available to meet with the EPB team and thus further discussions with ECWA and CDC are needed to obtain more information about ECWA's programs and plans.

Community-based NNGOs - Osun and Jigawa

During the Wellstart/NCCCD assessment of infant feeding in February, 1994, the team met with several community-based women's groups in Oyo and Osun to determine whether infant feeding promotion could be integrated within their activities. The team found that while women's groups provided access to women, the groups varied in terms of numbers and scope of activity. Volunteer health workers voiced concern that they would not receive remuneration for their "counseling" and leaders worried about the amount of time women have to optimally feed their infants. Because of these obstacles and a short time frame, Wellstart plans to work through CEDPA's relationships in Osun and Jigawa. In Osun, CEDPA is working with the National Council of Women's Societies, a coalition of women's groups who are already active. The NCWS is eager to broaden the scope of their health promotion from family planning activities. In Jigawa, CEDPA plans to begin working with the FOMWAN, Federation of Muslim Women's Associations of Nigeria. CEDPA's partners were selected because they met the criteria outlined below:

- Strong leadership with a commitment to improving health and well-being of women;
- History of helping members to improve their health (e.g. community-based of contraceptives or essential drugs)
- Simple system of accounting and reporting in place;
- Self-sustaining through collection of dues or other income-generating activities.

[2] Wellstart may also be able to work with related international Adventist Development and Relief Organization (ADRA). ADRA has both extensive coverage of Osun State as well as national Coverage of Nigeria. The organization conducts in-service training and is interested in adding an optimal infant feeding component. They are located throughout Nigeria so infant feeding could be incorporated in other states that show an interest. Since ADRA is not purely an NNGO, Wellstart is working on forming strong relationships with NNGOs first before pursuing this option.

National Council of Women's Societies - Osun

The NCWS headquarters are located in Osogbo and they work through four women's associations (FOMWAN, COWAN, CONAD, BWMU). Through the former FHS CEDPA Subproject 140 community-based distributors and 8 supervisors have been trained. The Project staff at NCWS manage and coordinate this program with technical and financial support from CEPDA. To date the community based distributors have reached 13,088 clients. During the next year CEDPA plans to re-train the existing trainers (14) and the CBD workers (140) in other child survival interventions. Wellstart,CEDPA, and CDC have discussed the curriculum that will be used to expand their skills and hope to reach consensus on one standard village health worker curriculum that will be used by all the IPs engaged in child survival work. CEDPA also plans to train 20 women managers from the project zones (Oshogbo, Ife, Ijesha, Ikirun, Iwo). During the second year they plan to train 160 new CBD workers, using the CEDPA two week course. CEDPA has also planned outreach and IEC activities and monitoring and evaluation. This existing structure is an excellent way to reach women and CEDPA is interested in working with other IPs to coordinate the training mentioned above.

Federation of Muslim Women's Associations of Nigeria - Jigawa

The FOMWAN group in Jigawa is newly formed but highly active. In Dutse they have 46 active members. A total of 272 active members are located in 7 LGAs in Jigawa. In Dutse, they are building a maternal and child health care clinic to be run by an administrator and staffed by FOMWAN volunteers. FOMWAN members run four literacy schools where volunteer members teach Arabic and Hausa. They would like to provide more health education but do not have any health education materials in Arabic or Hausa. Currently, they are working with AIDSCAP to train market women to promote HIV-AIDS prevention. FOMWAN's management skills have been strengthened through AIDSCAP's subcontractor, Africare. Africare has carried out five workshops in Jigawa related to program design, management and implementation, finances, counseling, and STDs/AIDS prevention.

The four women who run the state chapter of FOMWAN are interested in carrying out nutrition activities but do not have prior experience with community-based outreach in rural areas. Their membership includes nurses and midwives (4 in Dutse), many of whom can volunteer their time and services. They discussed the possibility of starting some sort of nutrition/infant feeding promotion outreach in Dutse LGA (200,000). One possibility may be to launch a training program for TBAs in targeted villages of this LGA. The President agreed to submit a concept paper outlining infant feeding activities that they would like to pursue. Wellstart's conversation with the FOMWAN members revealed the need to disseminate research results on breastfeeding and water use in Africa (hot climates) to give them objective evidence that water is not needed and is actually harmful.

Counterpart Summary Table

State	Health Provider Networks and Outreach	Community-based NNGOs
Oyo	Baptist Medical Services, Ogbomosho and Saki Hospitals (CDC) Catholic Archdiocese of Ibadan - Eleta Hospital (CDC)/MotherCare)	
Osun	Seventh Day Adventist Hospital/Health Center (CDC)	National Council of Women's Societies (CEDPA)
Jigawa	ECWA (CDC)	FOMWAN (CEDPA)

Planned Parenthood Federation of Nigeria

Wellstart will assist the USAID family planning implementing partners to gain access to the North by providing a set of tools and materials that can be integrated into their various programs. Wellstart's subcontract with the Georgetown Institute of Reproductive Health provides EPB with technical expertise in the integration of breastfeeding promotion within family planning programs.

Pathfinder

Wellstart and Pathfinder are planning to collaborate in three areas: training, communications, and monitoring. Pathfinder plans to work with the state chapters of private nurse-midwives in many eastern states where Wellstart cannot work because of the short time frame. Consequently, both IPs are pleased that Wellstart's work with nurse-midwifes in Oyo/Osun, through MotherCare, will be extended through Pathfinders partner NNGOs in other states. At present Pathfinder is planning to work with nurse-midwives (ACNM) in Abia, Anambra, Benue, Enugu, and Lagos. Wellstart will include Pathfinder's nurse-midwife trainers in training workshop for a new module that will be developed for breastfeeding promotion for nurse/midwives. Wellstart will also provide Pathfinder with communications materials that link breastfeeding promotion with family planning. Finally, Wellstart will provide technical assistance to Pathfinder in developing indicators to include in family planning delivery monitoring systems. Wellstart has already provided them with a copy of the draft Reproductive Health Indicators for Breastfeeding.

AIDSCAP

Initial meetings were held with AIDSCAP in January, 1995 to discuss potential collaboration with Wellstart. At that time it became clear from the AIDSCAP field managers that there were many questions and a fair amount of confusion surrounding HIV/AIDS and breastfeeding. Wellstart is already in the process of developing information sheets addressing HIV/AIDS and breastfeeding for use around the world and plans to work with AIDSCAP in adapting the sheets, if necessary, for use in Nigeria. Wellstart would then produce sheets and AIDSCAP would be responsible for the distribution of the sheets from the three field bases that they have - Lagos State, Cross River State and Jigawa State. AIDSCAP plans to include the technical information provided by Wellstart in the revision or development of their training module(s).

Wellstart also met with the AIDSCAP Advisor in Jigawa. Aidscap has been working with 13 local NGOs in Jigawa for the past two years and is helping to facilitate new IPs work in Jigawa. They have a strong relationship with seven of these NNGOs and have contracted with local artisans to implement the IEC program. EPB's IEC work in Jigawa can be integrated within their other NNGO partners in Jigawa State.

ANNEX II

BRIEF FOR DEVELOPMENT OF COMMUNICATIONS MATERIALS DESIGNED TO SUPPORT IMPROVED CHILD FEEDING PRACTICES IN OYO AND OSUN STATES, NIGERIA

Annex 3:

Brief for Development of Communication Materials Designed to Support Improved Child Feeding Practices in Oyo and Osun States, Nigeria

Background

This solicitation is from Wellstart/Nigeria, an office of Wellstart International's Expanded Promotion of Breastfeeding (EPB) Project funded by the U.S. Agency for International Development (USAID). Wellstart International, based in San Diego, USA, promotes optimal breastfeeding practices worldwide, primarily through training and assistance to mother-support groups. The Director of Wellstart/Nigeria is Dr. Yinka Abosede. For IEC activities, she is supported by Johns Hopkins University/Population Communication Services (JHU/PCS) in Nigeria and The Manoff Group in the USA.

As as USAID-funded project, Wellstart/Nigeria is currently limited to working with non-governmental organizations. In Oyo and Osun, Wellstart provides assistance in training, IEC, community support, and monitoring and evaluation to the Baptist Medical Services Network (which works with 16 communities and 130 villages in the LGAs of Orire and Surulere; the Catholic Health Network Services, which maintains a hospital in Ibadan and a clinic in Onigambari and has outreach activities in 62 villages; the Seventh Day Health Network Services in urban Ibadan; and the National Council of Women Society, which has a clinic in Osogbo and 140 community-based distribution agents (CBDs). In Jigawa, Wellstart provides similar assistance to the Evangelical Churches of West Africa (ECWA), with five dispensaries and a maternity centre in Dutse; and the Federation of Muslim Women Association of Nigeria (FOMWAN), with a clinic in Dutse and community activities in education, AIDS prevention, and family planning.

The NGOs' staff and volunteers include: in Oyo and Osun, 31 Community Health Extension Workers (CHEWs), 140 CBDs, 200 Traditional Birth Attendants (TBAs) and 50 Village Health Workers; and in Jigawa, 25 Village Health Workers and 75 trained TBAs. All of these workers, as well as some doctors and nurses based in facilities, can give health education. It should be noted, however, that many TBAs and some of the other workers have little if any reading ability. (The materials produced under Wellstart support will also be used by other USAID-supported projects working with NGOs and probably by UNICEF in governmental programs.)

The Problem Addressed

The IEC and other Wellstart activities are intended to improve young child feeding practices (for children up to age two) in Oyo, Osun, and Jigawa States. The initial IEC materials will be prepared for Oyo and Osun and later adapted for Jigawa. They may also be used/adapted for other states. This brief concerns only the preparation of the Oyo/Osun materials.

Current young child feeding practices -- including late initiation of breastfeeding, discarding of colostrum, early introduction of liquid supplements, and a significant deficiency in calories and vitamins fed to children from 6 to 24 months -- contribute to Nigeria's high rates of young child morbidity and mortality. (Wellstart fact sheets on optimal breastfeeding practices are annexed.) The 1990 Nigerian Demographic and Health Survey (NDHS) measured a national infant mortaltiy rate of 87 per 1000 live births. Thirty-eight percent of children in their first month were already receiving supplements other than water, and by one month, 36% were being bottle fed. The mean duration of beastfeeding was 19.5 months, 24.0 months in rural areas, and 15.3 months in urban areas. In the southwest region, which includes Oyo and Osun, 17.3% of 0-5 month olds were stunted or wasted, increasing to 31.4% for 6-12 month olds.

Of 28 children from 6 to 24 months old who participated in Wellstart-sponsored household trials of improved feeding practices, NONE consumed adequate calories before the trial (but 15 did after the mother instituted some of the recommended practices).

Although this is clearly not a large enough sample to have statistical validity, these findings nonetheless support the information in the NDHS that malnutrition rates begin to rise by 6 months and peak at 9-12 months. In summary, it appears that although some breastfeeding continues well into the second year of life, there are clearly some significant child feeding problems which begin early and are at significant levels by the end of the first year of life.

The Formative Research

Mostly qualitative formative research (focus group discussions, in-depth interviews, and actual household trials of improved practices) were conducted earlier this year. The research found generally very positive attitudes towards breastfeeding but also a number of deterimental practices related to breastfeeding and feeding children up to age two. Complementary feeding was a particular problem, with most mothers feeding thin pap with little nutritional value. The detailed findings on practices, the reasons for them, the role of influencers, images of good mothers and fathers, etc. are all found in the research report, which is appended.

Wellstart considers the formative research to be essential in designing an effective strategy to improve problem practices. It is known from long experience that merely explaining clearly to mothers and other target groups what the correct practices are will have limited impact on their actual behavior because there are numerous resistances or blocks to the improved practices. These may be lack of money or time, social restrictions, beliefs, attitudes, etc. Our approach has been termed the "resistance resolution" model because messages focus on overcoming resistances -- through advice, new strategies, information from authorities that contradicts problematic beliefs, etc. -- so the suggested practices are truly feasible for most of the target audiences. In

nutrition projects, household trials such as those conducted in Oyo and Osun, have proven invaluable in helping planners identify feasible yet technically valid practices and the resistances that must be overcome for them to be adopted.

This approach also means that in many cases the strategy to improve important practices must go far beyond communication activities into training, changing or enforcing legislation (e.g. regarding marketing of infant formula), marketing of a product (e.g., a new child feeding bowl), modifying the norms of the Ministry of Health or facilities. This is because communiations alone may well be insufficient to achieve the improved practices we seek if barriers in other areas persist. In the Wellstart/Nigeria project, the main components of the behavior-change strategy are communications and training, although a few other activities are proposed.

Behavior Change Strategy

At a recent two-day meeting, the formative research findings were analyzed and a behavior-change strategy designed. This strategy is attached and contains key information for the design of messages and materials. On the basis of this strategy, Wellstart drew up plans for a media strategy described in the next section.

Media Strategy

Given the low literacy level among our prime audiences (mothers, fathers, grandmothers and traditional birth attendants--TBAs), the media strategy cannot rely heavily on print materials. The cornerstones of the draft strategy are those:

* **Training and counseling aids** to assist health workers be effective counselors on breastfeeding and child feeding in communities and facilities.

* **Radio mini-dramas and video-taped live drama performances** aimed mainly at addressing the key resistances to improved behaviors.

COUNSELING AIDS

Workshop participants recommended that counseling cards and a flip chart could be combined into one small flipchart (the size of a Nigerian newspaper) that could sit on a table or lap for individual counseling or be used for group talks. When used individually, each page would be appropriate for a particular mother/child situation, although two or three pages could potentially be relevant in counseling one mother/grandmother. The current design of the pages is as follows:

* prenatal or immediate postpartum counseling
* babies through 4 months old
* treatment of common breastfeeding problems

* babies 4-6 months old
* babies 6-12 months
* children 12-24 months old
* working mothers
* birth spacing methods
* feeding sick babies

The front of each card will contain illustrations which might aid the counselor (doctor, nurse, CHEW, CBD, VHW/TBA) explain the key points. The back will include reminders of key information and qeustions for the health worker. The health worker should not memorize the text but rather use it as a guide in order to remember the key points. In their orientation on the use of these materials, health workers will be taught to ask questions about and to discuss common resistances and, if necessary, to negotiate a less-than-ideal but still helpful practice by the mother. The current ideas for various counseling pages folow.

1. **Prenatal or immediate postpartum counseling**

* *Maternal nutrition during pregnancy and BF*: Both during pregnancy and breastfeeding, the mother is eating for herself and her baby, so she should eat more than normally and also as many different foods as possible. During BF the mother should also be sure to drink extra liquids. Illustration--happy pregnant mother with a variety of common foods and drinks on the table.
* *Initiation within 1 hour of birth and importance of feeding colostrum.* Early initiation helps the mother deliver the placenta faster and stops the loss of good blood. It also brings in breast milk more quickly and helps establish an immediate mother-child bond. Feeding the first milk satisfies your baby and stops its crying. The first milk is designed by God to be the perfect first food for the baby-- a natural means of cleansing the stomach, protecting the tender baby against diseases, and giving the baby all the water it needs. Ask if the mother feels a need to give anything other than colostrum and why. Illustration--mother (at home) feeding newborn, smiling granny looking on.
* *Importance of correct positioning.* When breastfeeding, the baby's mouth should cover most of the nipple area. If the baby just sucks the tip, it may not get enough milk and the nipple will get sore. Illustration--(a) football hold, (b) another common hold, (c) close up of baby's mouth around most of the areola.
* *Dangers of removing the uvula* (Jigawa only). Do you intend to have the wazami cut out the baby's uvula? Please be aware that this can be very dangerous to the child! The wound is painful for the baby, may get infected, and may make it difficult for the baby to feed. The uvula is given by Allah for a purpose (to fight infections), so leave it there! Illustration--newborn mouth open to show throat area.
* *Confirmation.* Do you think you can follow all of this advice? Do you have any questions or doubts?

2. **Babies through 4 months old**

* *Exclusive BF on demand for 4-6 months.* Breastfeeding is natural, divine -- a

mother's duty (Ase Oluwa ni). Give breast milk ONLY to your baby until it reaches 4-6 months of age. It is nature's perfect way to nourish young babies and will help assure that your baby is robust and active. Breast milk provides complete FOOD and WATER for your baby. Since the young baby's stomach is small, it must feed often -- at least 8-10 times a day (24 hours). Illustration--beaker with breast milk showing that 90% is water and the remainder is essential nutrients and things to protect the child from infections.

* *Breast milk is hygienic.* Breastfeeding is the most hygienic way to feed your baby and to keep the baby healthy. Milk in the breast cannot go sour or be dangerous to the baby even if the mother is sick. If you are giving feeds of water, agbo, thin pap, or milk, stop! Giving such things can introduce germs that give the baby diarrhoea or other infections. Giving the baby anything from a baby bottle has the same dangers. Breast milk, in contrast, is like the baby's first immunization, because it has antibodies that protect the baby from many diseases. Illustration: Baby with diarrhea drinking water from a bottle. (Flashy mom looking on?)

* *Other advantages of breast milk*: Giving breast milk only satisifies the baby's hunger and gives the baby all it needs for good growth and development of intelligence. Feeding on breast milk only makes your baby more relaxed and satisfied.

* *Almost every mother can produce enough milk for her baby.* This is because the more the baby sucks, day and night, the more milk the mother produces. What happens is the sucking action tells the mother's brain to send a message to produce more milk. (The size of the breasts make no difference.) It is important, however, that the mother who is giving breast milk only tries to eat and drink as much as possible and that the family support her in this. Illustration--the pathway of milk letdown reflex.

* *Confirmation*: Are you giving breast milk only (no water, etc.)? If not, why? [If a problem is separation from the baby during the day, go to the page for working mothers.] Do you have any questions or doubts? Illustration: happy breastfeeding mother with dad, granny and older child looking on.

3. **Possible breastfeeding problems**

Instructions: For individual counseling, talk only about the problem of the mother you are talking to. The two most important messages are that (1) mothers can continue to breastfeed even if they have certain problems and all problems have a solution.

* *If the mother dies*: The grandmother, or another close friend or relative who breastfed some time in the past, can breastfeed the baby. Many times each day, the baby should be put on the person's breast to suck, and the milk should come in after one to two weeks. Until the milk comes in, for babies under 4 months old, consult with a nurse/midwife who can show you how to feed the baby. Babies above 4 months can be fed weaning foods (see other pages for foods appropriate for different ages) but only after sucking first. Illustration--granny breastfeeding young baby.

* *If the mother is sick*: She should keep breastfeeding (there is no danger to the baby). But if the mother is very ill, she should express or be assisted to express breast milk for the granny or another person to feed the baby with a spoon or cup. [Refer to the card for working mothers to explain how to express and store breast milk.]

Illustration: Sick mother breastfeeding a contented baby.

* *Cracked or sore nipples*: The cause is poor positioning of the baby on the breasts or use of antiseptics or harsh soaps to clean the breasts. The treatment is to continue breastfeeding and after each feed, apply some breast milk to the sores and then let the breasts dry in the air. Position the baby to cover as much of the nipple area as possible. Illustration--mother spreading breast milk on nipple.

* *Breast abscess*: This is an infection and should be treated by a health worker who can apply appropriate medicine (according to standing orders). The mother should rest, and depending on the wound location, either breastfeed normally or express milk to feed. Illustration: mother with abscess breastfeeding.

* *Engorgement (breasts too full)*: The causes are not feeding often enough and for long enough each time and also poor positioning of the baby. The treatment is to breastfeed more often and longer each time, to position the baby well, to express milk by hand following each feed, and then massage the breast with moist, warm clothes.

* *Mastitis (inflammation, pain, and fever)*: The cause is insufficient emptying of the breast. The treatment is the same as for engorgement plus drinking lots of liquids and resting. But since there may be an infection, it is best to see a health worker who has medicines if the condition seems serious.

* *Inverted nipples*. If a 1 or 3-liter bottle is available, wash it than fill it with hot water. Leave it for 2 or 3 minutes, pour out the water, then cool the neck of the bottle and place it tightly over the inverted nipple. If no bottle is available, use manual hand expression or a breast milk pump to get milk out. Illustration: warm bottle method.

* *"Insufficient milk"*: All mothers will have sufficient milk if the baby feeds often and long enough. This is because the more the baby sucks, day and night, the more milk the body will produce. Illustration--the pathway of milk letdown reflex.

* *"Sour or harmful milk"*: There are some traditional beliefs about breast milk which are false. Some people think that breast milk can go sour if it sits in the breast too long. Some people also believe that if a wife resumes sexual relations with her husband, this affects the breast milk, making it dangerous for the baby. Finally, some people believe that if a mother pregnant while she is breastfeeding, she should stop because the breast milk will be dangerous to the baby. Doctors assure us that <u>none of these beliefs is true</u>. In all cases, mothers should continue to breastfeed. Illustration: pregnant mother breastfeeding.

* *Confirmation*: Do you understand what I have said? Can you follow the advice? If not, why? Do you have any questions or doubts?

4. **Babies 4-6 months old**

* *Time to supplement*: When the baby reaches this age, it is time to change the diet from breast milk only to both a lot of breast milk <u>and</u> additional soft, nutritious foods for its growth and development. Illustration--mother breastfeeding, pap in cup on table.

* *Enriched pap*: Thin, watery pap with nothing added is easy for mothers to feed but doesn't give enough nutrients for growing babies. Add palm oil instead of water to give many more calories. Add some of the following nutritious and available foods:

groundnut, crayfish, egusi seed, soya flour, mashed fruit, sugar, milk, etc. Which of these foods can you add to enrich your baby's pap? Feed enriched pap three times a day. Illustration--palm oil and other healthy additions to pap.

* *Dangerous things to feed*: It is bad for your baby to eat watery pap because your baby won't get enough calories and vitamins. It is also bad to feed formula or anything in a bottle (because of infection). Illustration--sickly baby drinking from baby bottle.
* *Interest in delaying next pregnancy*: Do you want me to tell you about some ways to delay your next pregnancy? (If answer is yes, go to family planning page). Illustration--couple looking lovingly at young baby.
* *Confirmation*: Do you understand what I have said? Can you follow the advice? If not, why? Do you have any questions or doubts?

5. **Babies 6-12 months old**

* *Continued breastfeeding, day and night*: Breastfeeding is still essential for the nutrition, health, development, and intelligence of your baby. Illustration: mother BF 10-month old.
* *Enriched foods*: Thin, watery pap with nothing added is easy for you to feed but doesn't give enough nutrients for your growing baby. Add palm oil instead of water to give many more calories. Add some of the following nutritious and available foods: groundnut, egusi, soya flour, mashed fruit, crayfish, sugar, milk, etc. Also, feed locally available, affordable, nutritious foods such as eko-afala, moin-moin, ekuru, and yam pottage. Which of these foods can you give your baby? Which ones are hard for you to obtain? Are there some that you don't want to feed your baby? Why? Illustration--palm oil and other healthy additions to pap.
* *Healthy snacks*: Also feed your baby healthy snacks such as kulikuli, akara, ekuru, and biscuits. Give fruit such as mangos, oranges, or bananas, at least once a day. Illustration: drawing of healthy snacks and fruits.
* *Amount and variety of foods*: Your baby is developing rapidly now, so it needs to eat 3 or 4 enriched foods plus healthy snacks plus plenty of breast milk each day. Your baby will eat more and be more satisifed. It will be active, robust, and powerful. Illustration: the three types of food.
* *Practice good hygiene*: Avoid feeding formula or anything in a bottle: this practice can cause diarrhea and infections. You should wash your and your baby's hands as often as possible. Also avoid letting food sit for too long, especially in the sun or uncovered. Illustration: Older child pouring a little water for mother to wash hands.
* *Dangers of force-feeding*: It is dangerous to force-feed your baby, even if it is sick, because a baby can choke and die. It is true that a sick baby needs to eat and drink even though it may have little appetite, but you should be persistent and patient in feeding and not use force-feeding. Illustration: Patient mother feeding baby.
* *Confirmation*: Do you understand what I have said? Can you follow the advice? If not, why? Do you have any questions or doubts?

6. **Babies 12-24 months old**

* *Need to continue breastfeeding*: Babies this age still get great benefit from breastfeeding several times, day and night. Illustration: sitting mother breastfeeding a standing 18-month old.
* *Family food*: Give various family foods at least 3 or 4 times a day. Add nutritious ingredients such as crayfish, fish, and soybean flour to the meals. Illustration: same as above but more variety of foods.
* *The family pot*: You need to make sure that the baby gets enough food from the family pot. Spoon out a separate bowl for the baby if this is necessary. Illustration: mother spooning out bowl for baby from family pot.
* *Healthy snacks*: Also feed your baby healthy snacks such as kulikuli, akara, ekuru, and biscuits. Give fruit such as mangos, oranges, or bananas, at least once a day. Illustration: drawing of healthy snacks and fruits.
* *Practice good hygiene*: Avoid feeding formula or anything in a bottle: this practice can cause diarrhea and infections. You should wash your and your baby's hands as often as possible. Also avoid letting food sit for too long, especially in the sun or uncovered. Illustration: Granny pouring a little water for mother to wash hands.
* *Dangers of force-feeding*: It is dangerous to force-feed your baby, even if it is sick, because a baby can choke and die. It is true that a sick baby needs to eat and drink even though it may have little appetite, but you should be persistent and patient and not use force-feeding. Illustration: Patient mother feeding baby.
* *End of breastfeeding*: Do not end breastfeeding suddenly by removing the baby from the mother or putting a distasteful substance on the breasts. Stopping breastfeeding suddenly will give the baby a nutritional and emotional shock. Instead, decrease the number of breastfeeds gradually over a few months. Illustration--happy, robust two-year old eating family food.
* *Confirmation*: Do you understand what I have said? Can you follow the advice? If not, why? Do you have any questions or doubts?

7. **Working mothers**

* *Importance of breastfeeding*: Giving breast milk only to your baby until 4-6 months and continuing breastfeeding with other foods into the baby's second year if essential for the baby's health and development. Try to stay at home with the baby for at least 4 months if this is possible. If you are separated from your baby during the day because of work, you can still give it plenty of breastmilk and make your family proud. Illustration--loving mother leaving for work, granny has baby.
* *Strategies for continuing to breastfeed*: There are many ways to continue to breastfeed. Mothers can: (1) bring their baby to work with them; (2) come home at lunch to breastfeed; (3) breastfeed for a long time just before leaving and just after returning from work, and feed often at night; and (4) express breast milk to leave for someone else in the household to feed when they are away. Illustrations: the four strategies.
* *Expressing and storage of breast milk*: If a 1 or 3-liter bottle is available, wash it than fill it with hot water. Leave it for 2 or 3 minutes, pour out the water, then cool the neck of the bottle and place it tightly over the inverted nipple. If no bottle is

available, use manual hand expression or a breast milk pump to get milk out. The granny or other person should feed the expressed milk from a cup or beaker. Illustration: two methods of expressing milk; breast milk in cup, covered.

* *Confirmation*: Do you understand what I have said? Which strategies will work for you? How will youdo it? Do you have any questions or doubts?

8. **Methods for delaying the next pregnancy**

Introduction: I can tell you about six ways to delay your next pregnancy so that your body has a chance to fully recover from your last pregnancy and so you can give enough attention to your young baby. Three natural methods are abstinence; total breastfeeding, and rhythm (calendar). Three other methods are the condom, the minipill, and foaming tablets. Do you want to hear about all of these methods or just some? Which ones?

* *Abstinence*: This means waiting to resume sexual relations. This obviously requires your husband's cooperation.
* *Total breastfeedng (LAM)*: If you are in the first 6 months since your baby was born and your period has not returned, you can prevent becoming pregnant again if you feed your baby breast milk only, day and night, with no additional water, agbo, or anything. What happens is the action of the baby's frequent sucking prevents the mother's body from being able to become pregnant. After 6 months, your breastfeeding may still protect you from pregnancy, but you are safest if you begin another method. Illustration--
* *Rhythm (calendar)*: Once menstruation has resumed, you can use this method. For most couples, it is safe sexual relations for 1 to 2 weeks beginning at the first day of menstruation, but you must then abstain until your next period. Staff at a health facility can help you calculate your specific safe period. Illustration: calendar with unsafe days marked.
* *Condom*: This is a little piece of rubber that is placed on the man's sexual organ before relations and that prevents conception. It also protects from AIDS and other sexually transmitted diseases. This method obviously requires the husband's full cooperation. You can obtain condoms from CBDs or pharmacies. Illustration: a condom
* *Minipills (progestin only).* These are small pills that you take daily to prevent pregnancy. If you are interested in using them, get your initial supply at a health facility so that you may be thoroughly counseled first. Illustration: package of pills.
* *Foaming tablets.* This is a method that you use just before you have sexual relations. If you are interested in this method, get your initial supply at a health facility so that you can be thoroughly counseled first. Illustration: tablet.

9. **Feeding sick babies**

* *During illness*: If your baby is sick, breastfeed him/her even more often than usual.
* *How to feed*: Try to continue the feeding recommendations appropriate for the baby's age. Be persistent and patient, because the baby may have a reduced appetite,

but do not force-feed, which could cause a baby to choke and die.
* *After illness*: When your baby is recovering give extra breastfeeds (and other foods if appropriate) to help the baby catch up on its growth and development.

Issues: What is the best format for these aids? Is this information appropriately organized? Is there too much information? If so, what can be cut? Can the aids be used well used by illiterate TBAs and CBDs if they receive sufficient training?

RADIO DRAMA AND DISCUSSION, LIVE AND VIDEO-TAPED DRAMA

Wellstart's initial ideas for radio and live or video-taped drama follow. The following topics seem appropriate for dramatic treatment.

Topics:
1 - Initiation and colostrum
2 - Exclusive BF 4-6 months -- no water, no agbo, etc.
3. Harmful feeding practices -- bottles, force-feeding
4. Feeding babies 6-12 months old
5. Feeding babies 12-24 months
6. Breast milk as a complete food - sample dialogue below
7. Fathers' role: What is the father supposed to do to help make his baby healthy, robust, and grow well? (1) Be sure your breastfeeding wife has plenty to eat and drink, (2) When your baby reaches 4-6 months, buy foods such as palm oil, egusi, groundnuts...to enrich your baby's pap, (3) When your baby reaches a year old, buy fruits, biscuits,...and other healthy snacks.

We will need two versions of each drama -- one tightly written 60-second version for radio and a longer, 5-10 minute version for live performance/video tape.

Workshop participants wrote the following sample radio drama which addresses the breast milk as a complete food and drink:
[Sound of young baby crying]
Iya: What is the matter with the baby?
Fati: I think it is thirsty -- it is such a hot day today!
Iya: So, breastfed it now!
Fati: No, I think I should give it water instead to quench the thirst.
Iya: Oh, no! Breast milk has enough water too. You don't have to give any other water.
Fati: Really? I always thought breast milk is food only.
Iya: Well, breast milk is complete, with the food and water for your baby's health, let me tell you until 4 to 6 months.
[Happy baby noises]
Voice over: Breast milk is complete milk. It has all the food and water your baby

needs until age 4 to 6 months.

Once we have developed satisfactory live drama versions, we will video-tape them so they can be brought to communities and be shown with a battery-operated VCR and monitor. After each taped drama is shown, there will be a discussion and questions.

Appropriate topics for radio discussions include:
1 - Early termination because of mothers' illness, pregnancy, resume sexual relations
2 - BF problems
3 - Harmful feeding practices
4 - Working mothers and BF
5 - [JIGAWA only] What the Koran says about breastfeeding and child feeding (interview Ulamaa)
Etc.

POSTERS

Although print materials aimed at the public will not be emphasized, three ideas for posters may be included:

1 - Breast milk -- the complete food and drink (milk from God) has all the food and water your baby needs (for 4 to 6 months). Picture shows happy mother BF contented, robust baby, happy grandmother watching. Insert shows composition of breast milk: 90% water, rest fat and other nutrients, antibodies (elements to protect the child from disease)

2 - From 4-6 months, a healthy, growing child need both Bmilk and soft, nutritious, enriched foods that are cheap and available. Illustration shows BF mother with happy father looking on. Selection of nutritious foods and snacks shown on table at the side.

3 - A growing child needs lots of food for healthy growth and development. Picture shows toddler BF from sitting mother, with nutritious snacks and family food on the table.

Besides health facilities, posters can be placed in community listening centers, markets, and major urban bus stops. Wellstart will investigate the cost of using the poster concepts on billboards, if the cost is reasonable..

UNIFYING ELEMENTS

Some or all of the following unifying elements should be considered:

* A jingle for use on radio

* A project slogan along the lines of "giving your baby the best" or "feed your baby well--make your family proud."
* A unifying authority figure who could appear in many media: either a doctor, a nurse, or an experienced community woman (one idea is "Mrs. Omalasho"). Alternatives could be pretested.

Wellstart, with assistance from JHU/PCS will pretest all materials and with the agency will decide what revisions are necessary. In addition, Wellstart and JHU/PCS will produce a KIT FOR RADIO PRODUCERS with key technical information on breastfeeding, resistances, appeals and ideas for women's programs, health programs, drama programs; and a GUIDE FOR WEANING FOOD DEMONSTRATIONS.

Content of Agency Submissions

Wellstart is under great time pressure, both to select and agency or agencies and to produce the materials. Since we are giving only one week, we expect no long or elaborate submissions. Wellstart reserves option of selecting two or more agencies, each of which may work on distinct elements of the materials.

1. Please give us your ideas on any or all of the proposed materials:

* illustrations (only) for the front of at least two of the counseling pages
* from 1-3 sample scripts for 60-second radio dramas
* samples of the 3 posters
* ideas for the unifying elements

Draft materials may be in English or Yoruba.

2. A very brief description (1 page maximum) of your experience with communications for to the poorest population segments, but urban and rural. It is very important that the agency appreciate the traditions and constraints with which poor Nigerians must contend. It is also important that the agency be able to design materials that health workers (some of whom are barely literate) and a low-literate population can understand.

3. Your comments and general suggestion on or proposed media strategy. Suggestions for additional media or materials.

4. Your proposed budget for preparing each of the campaign elements listed under 1 above. Assume draft materials and revisions following pretesting.

Before submitting a proposal you should consider that working on a child feeding project for the benefit of public health is quite different from marketing a commercial product. There are a great many important practices that must be promoted, not just a

few. There is a great deal of technical health information that must be accurately presented. Although Wellstart will be responsible for technical review, you should expect that at times the requirements of technical accuracy may force you to compromise some of your creative ideas. Finally, because the project in the field will be implemented by Nigerian non-governmental organizations that cannot independently cover significant recurrent costs, we have decided to allow the NGOs themselves to deal with local radio stations to gain as much free or reduced-price air time as possible, rather than have the NGOs rely on Wellstart or the agency for extensive funding and arrangements. Finally, please be aware that under the current schedule the agency/ agencies selected will have only three weeks to prepare draft materials for Oyo/Osun that are ready for pretesting.

Annexes:
Behavior-change strategy
Oyo/Osun research report
Wellstart factsheets on breastfeeding

ANNEX III

NIGERIA IEC MATERIALS DISSEMINATION PLAN

NIGERIA IEC MATERIALS DISSEMINATION PLAN

Material	Number	Where	Who	How
Flipchart (English) (Yoruba)	600 E 200 Y	Oyo	1-Master trainer 14 state trainers from BMS,SDA,CNS, NAMN,NCWS	Niabari to distribute to 24 trainers to handout to trainees
		Osun	11 state trainers CBDs - 165 (25 trained, 140 left)	Niabari
Flipchart (Hausa)	200 H	Jigawa	1-Master trainer 12-trainers from ECWA,FOMW-AN,private 150-Jigawa VHWs	Ladi (MT) and Boture to distribute to VHWs
3 Posters (English) (Yoruba)	3 x 2000 E 3 x 3000 Y	Oyo	?-Master trainer ?-14 state trainers from BMS,SDA,CNS, NAMN,NCWS	Niabari
		Osun	?-11 trainers ?-165 CBDs	Niabari
3 Posters (Hausa)	3 x 1500 H	Jigawa	?-Master trainer ?-trainers from ECWA,FOMW-AN, private ?-150 Jigawa VHWs	Ladi/Boture
3 Stickers (English) (Yoruba)	3 x 2500 E 3 x 2500 Y	Oyo	?-Master trainer ?-14 state trainers from BMS,SDA,CNS, NAMN,NCWS	Niabari
		Osun	?-11 trainers ?-165 CBDs	Niabari

3 Stickers (Hausa)	3 x 2000 H	Jigawa	?-Master trainer ?-trainers from ECWA, FOMWAN, private ?-150 Jigawa VHWs	Ladi/Boture
Video (Yoruba)	20	Oyo/Osun	1-Master trainer 1-10 NGOs (2 CNS,3 BMS, SDA,Zonta, NCWS,APMN, NAMN	Niabari
Video (Pidgin)	20		1-Master trainer 1-10 NGOs (same as above)	Niabari
Video (Hausa)	20		1-Master trainer 1-ECWA	Ladi/Boture
6 Radio Jingles (Yoruba) (Pidgin)		Oyo	1-Master trainer	
		Osun		
6 Radio Jingles (Hausa)		Jigawa		
Wellstart Bags	500	Oyo	?-Master trainer ?-14 trainers	Niabari
		Osun	?-11 trainers	Niabari
		Jigawa	?-Master trainer ?-12 trainers	Ladi/Bokure
Dolls	50	Oyo	1-Master trainer 1-14 trainers	
		Osun	1-11 trainers	
		Jigawa	1-Master trainer 1-12 trainers	Ladi/Bokure
Breast Models	550	Oyo	1-Master trainer 1-14 trainers 1-150 VHW/TBAs	Niabari

		Osun	1-11 trainers 1-150 VHW/TBAs	Niabari
		Jigawa	1-Master trainer 1-12 trainers 1-104 VHW/TBAs	Ladi/Boture
Pins	500	Oyo	1-Master trainer 1-14 trainers 1-150 VHW/TBAs	Niabari
		Osun	1-11 trainers 1-150 VHW/TBAs	Niabari
		Jigawa	1-Master trainer 1-12 trainers 1-104 VHW/TBAs	Ladi/Boture
Breastfeeding Factsheets	500			

Other IEC Material Disbursements:

USAID: (CDC, BASICS, CEDPA, AIDSCAP)	16 flipcharts (English)(4 each) 720 posters (3 posters x 3 languages x 20 copies for each IP) 720 stickers (3 stickers x 3 languages x 20 copies for each IP)
JHU:	30 flipcharts (10 of each language) 150 posters (50 of each language) 750 stickers (250 of each language) 3 master video tapes (Yoruba, Hausa, Pidgin) Master copy of 6 60-second radio spots
UNICEF:	2 flipcharts (English) 45 posters (3 posters x 3 languages x 5 copies) 45 stickers (3 stickers x 3 languages x 5 copies)
Wellstart: (Manoff)	5 flipcharts (3 English, 1 Yoruba, 1 Hausa) 45 posters (3 posters x 3 languages x 5 copies) 45 stickers (3 stickers x 3 languages x 5 copies) One copy of each video (Yoruba, Hausa, Pidgin) One copy of factsheet

	One Wellstart bag
	A bunch of pins
	2 breast models
	One doll
	One cassette with 6 60-second radio jingles
Handover:	15 flipcharts (5 of each language)
	45 posters (3 posters x 3 languages x 5 copies)
	45 stickers (3 stickers x 3 languages x 5 copies)
	One copy of each video (Yoruba, Hausa, Pidgin)
	One copy of factsheet
	One Wellstart bag
	A bunch of pins
	2 breast models
	One doll
	One cassette with 6 60-second radio jingles

ANNEX IV

REPORT OF THE TRAINING OF STATE HEALTH TRAINERS WORKSHOP IN OYO AND OSUN STATES

REPORT OF THE TRAINING OF STATE HEALTH TRAINERS (TOT) WORKSHOP, IN OYO and OSUN STATES, 22nd - 27th January, 1996.

O.A. Abosede, Resident Advisor

BACKGROUND/PROBLEM STATEMENT

This TOT, organised by USAID Implementing Partners (CDC/N, Wellstart Int. and AIDSCAP) is part of the programme in the focus states of Oyo and Osun, southwest of Nigeria. USAID Nigeria in collaboration with Non-Governmental Organisations (NNGOs) has an integrated programme for health care in Nigeria. One of the identified needs of these NNGOs being a lack of trained manpower, USAID has embarked on training programmes to enable the staff of the NNGOs address health problems prevalent in their communities and in Nigeria generally.

Nigeria is one of the countries with the highest rates of under-five malnutrition in the world. In sub-Saharan Africa, Nigeria is third for stunting and second for wasting of children age 3-6 months. Among the under-five, 41 percent are stunted, 34 percent underweight and 9 percent wasted (NDHS 1990). Malnutrition is more prevalent in the rural areas than the urban with under-five stunting of 35 percent in the urban and 46 percent in the rural areas. About 70 percent of Nigerians live in the rural area. Children's nutritional status reflects infant and child feeding practices as well as recurrent and chronic infections. It can also be said that children's nutritional status influences their susceptibility to disease and untimely death.

Also, almost one in every five Nigerian children die before their first birthday. (Urban 75.4 per thousand and rural 95.8 per thousand). By region, Infant Mortality Rate per thousand is between 85 (Southwest) and 88 (Northeast). Under-five mortality rate i.e. for children who die between birth and the fifth birthday in the urban is 129.8 and rural 207.7 per thousand and Nigeria has one of the highest fertility rates with an average of 5.69 per woman of child bearing age (15-44 years). The urban rate, 4.86, is lower than the rural, 5.97.

The proportion of people who actually use any method of contraception is 15.2 percent and that for women (all ages) who use any modern method of contraception is 9 percent. If breastfeeding deteriorates, cumulative new acceptors required to control population growth will be about 28-30 million, if unchanged about 21 million, but if improved, will be reduced to about 17-18 million. Lactational Ammenorrhoea Method (LAM) which depends on exclusive breastfeeding and is the first step to family spacing is not widely known or practised.

Most incidences of infant diarrhoeas result from bottle feeding and use of artificial formulas, early complementary feeding as well as poor hygiene. The incidence is significantly less among babies breastfed but breastfeeding is on the decline in Nigeria and exclusive breastfeeding which has a direct influence on the incidence of diarrhoeas in infants is practised by only about 2% of mothers.

Nigeria has a prevalence rate of 3.8% for HIV/AIDS using the overall antenatal results from all states. Appropriate preventive programmes must be organised to educate the people especially at the community level.

Oyo and Osun States

Oyo State is in the southwestern part of Nigeria, in a forest zone, with a population of 3,926,663 in 1995. It is predominantly Yoruba-speaking and the most common occupation is farming but most women also engage in petty trading. Osun state is very similar in characteristics to Oyo State. It was created out of Oyo State in 1991 with its capital in Osogbo City.

In this area, about 36 percentage of children under-five are chronically undernourished/stunted and 85 per thousand infants die before their first birthday. Under-five mortality is 90 per thousand. The total fertility rate expressed per woman for ages 15-44 years is 5.1 while the rate of currently married women using any contraceptive method is 10.5. (NDHS 1990)

GOALS AND OBJECTIVES

The goal of the workshop is to develop a core of Primary Health Care providers as state trainers with improved knowledge of Adult Education Principles and Techniques, Nutrition, prevention and management of malnutrition, diarrhoeas, Sexually Transmitted Infections and HIV/AIDS.

Objectives

1. To train trainers of VHWs, TBAs and CBDs in the prevention and management of malnutrition, diarrhoeas, STIs and HIV/AIDS.
2. To provide state health trainers with necessary equipment and materials for efficient implementation of health intervention activities in their target communities.

WORKSHOP PARTICIPANTS (Appendix 1)

Master Trainers, Trainers and consultants:

Two associates of the Wellstart LME programme, one from the northeast, a trained Nurse Midwife, Community Health Officer, and a member of the Federation of Muslim Women Association of Nigeria, Ladi Ibrahim; and one from the southwest, a Public Health Nurse, and Community Health Officer in the services of the Baptist Medical Centre Ogbomoso, Niabari Olupona were to train the trainers. The MT from the northeast was not available but three consultants, Grace Essien, Victoria Ayo, Bola Ebo (sponsored by CDC/N), the AIDSCAP IEC Planning Officer, Olusina Falana and the RA assisted with the training programme. Distribution of responsibilities is outlined in Appendix 2.

State trainers from NNGOs of Oyo and Osun states.

Baptist Medical Services, BMS (8), Seventh Day Adventist Services (3) Catholic Network Services, CNS (9), National Council of Womens' Societies, NCWS (2) Association of Private Nurses of Nigeria, APNN (2) and ZONTA (1) (One observer from Zonta whose VHWs were

used for teaching practice participated fully in the training and has been accepted as a trainer for Oyo state.

Criteria for selecting trainers:

Trainers were selected based on the fact that they were:

- NNGO health care providers
- CHOs/CHEW/Midwife
- experienced trainers
- staff for outreach services

TRAINEES' PERSONAL PROFILE

The age range of trainees is from 29 to 65 years. Of those who indicated their ages, 2 were under 30; 2 (30-40); 3 (41-50); 3 >50 and 1 >60 years. Participants' names, addresses, organisation, and job titles are on Appendix 1.

WORKSHOP TIMETABLE AND METHODS

There were altogether seven sessions and field practice. Teaching methods included brainstorming, lectures, demonstrations, group discussions/presentations, role play and films. Sessions were participatory, with trainees leading some of the sesssions. Trainees received hand-outs and had reference materials in a mini library set up for the workshop.

Session 1 - Adult Education Principles and Techniques
2 - Infant Nutrition
3 - Breastfeeding and Weanning
4 - Food Production
5 - Growth Monitoring
6 - Diarrhoeas
7 - STIs and HIV/AIDS

(Schedule - appendix 3).

Practical demonstrations took place in the classroom and community settings. Participants decided the types of complementary foods which each group prepared and used their microplans on chosen topics for teaching VHWs in Idi-Omo village in peri-urban Ibadan. The VHWs had been trained by Zonta International, a philanthropic group.

REGISTRATION

The RA and consultants registered participants on the evening of Sunday, the 21st at Davies Hotel, Ibadan. Twenty-two (22) participants were registered on Sunday and 2 on Monday soon after teaching commenced. One person was not registered because she did not qualify. At the registration table, each participant received workshop materials (stationery, training modules,

carrier bag for field work, life-size baby dolls, breast models), per diem and reimbursement for transportation and had a photograph taken.

HIGHLIGHTS OF THE TRAINING PROGRAMME

The programme started on Monday with a welcome from the Assistant Zonal Field Officer, Mrs Bose Jegede and introduction of all participants. Mrs Bunmi Dosumu, the Geographic Manager for Oyo, Osun and Ondo states also gave a welcome address on behalf of USAID, Nigeria (Appendix 4). The RA discussed the objectives of the workshop and participants expressed their expectations. A group photograph was taken and the GM declared the workshop open.

Ground rules

Before the first training session, participants jointly decided the regulations and penalties that must be observed throughout the workshop period. There were penalties for lateness to sessions, talking at the wrong time, sleeping in class, inaudible voice et cetera. The penalties for lateness and sleeping in class, which were the most expensive (purchase of stipulated amounts of kola nuts and mint sweets) were avoided like plague. In spite of the long hours, participants remained lively in class.

Principles and Techniques of Adult Education

Since the state trainers will be training adults, it was essential to remind them of the principles and techniques of adult education. A module prepared by Wellstart International (Nigeria) was used as the reference material. Relevant portions of it were used in class and participants encouraged to go through the rest of it during their spare time. The module contains handouts on how to plan and organise their own workshops for VHWs/TBAs/CBDs and teach the latter on how to organise community support (health education) programmes.

Breastfeeding and Nutrition

Two versions (horizontal and vertical formats) of the module on breastfeeding and nutrition were given to participants at registration. They were encouraged to use both during the workshop so that they could contribute to the design and content of the module. At the end of the workshop, a pre-prepared questionnaire for comparing the modules was administered to each participant. Their ratings and comments will be submitted to the contractors finalising the production of training modules for CDC/N (Appendix 5).

Information, Education and Communication (IEC) Materials

IEC materials on breastfeeding (counseling cards, posters, stickers and radio messages) are being developed by Wellstart Int. in collaboration with Johns Hopkins/Population Communication Services were pretested on participants. Their comments and recommendations are no longer relevant since the IEC materials being pretested now are different.

EVALUATION

Participants were evaluated through a pretest and a posttest using Multiple Choice Questions and field practice performance. Each session and the overall training programme were assessed by each participant.

Trainees rated most training sessions "very good" or "excellent" (Appendix 6). Results of their session asssessments on day one, some of which were only "good"/"fair" helped lecturers to improve subsequently.

The workshop satisfied participants' expectations and was rated highly for planning, classroom management, management of resources, et cetera. Their rating of various aspects of the workshop showed that they were highly impressed (Appendix 7). They however requested for some of the training materials e.g Salter weighing scale, length measuring board and PHC Child Health Card which were not given to individuals.

Overall performance of trainees showed a marked improvement in knowledge and skills in all the topics. All of them passed the posttest and mastery tests combined; the highest score being 83.5% and the lowest 50.5%. The trainee with the lowest score for the pretest (28%) improved to 43% in the posttest and overall score of 59.5% (Appendix 8).

GENERAL

The Zonal Field Officer, Chris Ogedengbe and his assistant, Bose Jegede were very helpful in seeing to the success of the workshop. They made adequate preparations for accomodation and feeding for participants within walking distance to the zonal office, the venue for the workshop. The hotel did not have enough rooms so that the RA and consultants had to be transported daily to the venue. Participants were satisfied with the arrangement but complained about poor lighting in the rooms.

RECOMMENDATIONS

1. Based on the participants' comments, similar workshops should be organised for state trainers in other states within the USAID cluster.
2. Equipment (weighing scales, length measuring boards, PHC Child Health cards, IEC materials) and means of transportation to outreach communities requested by the participants are essential for efficient, integrated PHC services by the NNGOs and should be provided as soon as possible.
3. Training of Village Health workers, Traditional Birth Attendants and Community Based Distributors should commence as soon as possible while the impact of the workshop is still fresh on participants.

APPENDIX 3

TIME TABLE FOR TRAINING OF TRAINERS

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8.00-8.30am	Welcome and overview of training(obj)	REVIEW	OF PREVIOUS	DAY'S	ACTIVITIES	FIELD PRACTICE/Pre testing of IEC materials
8.30-9.00 am	Introduction, participants(obj) Expectation	How to do Post-Training follow-up with VHW/TBA/CBD	Community mobilization and Education on proper Nutrition	Feeding babies with special needs and bad feeding practices	Diarrhoea & ORT	FIELD PRACTICE/Pre testing of IEC materials
9.00-9.30am	Pretest	SESSION 2 INFANT NUTRITION Review of nutrition module and curriculum Plan/format	SESSION 3 BF/WEANING Anatomy of the breast	counselling on spoon,cup and bottle feeding	"	FIELD PRACTICE/Pre testing of IEC materials
9.30-10.00 am	SESSION 1 ADULT EDUCATION Adult learning theories and principles	"	Counselling on breastfeeding and Infant Nutrition(use of standing orders)	Complementary feeding and quantity for ages 6-24 months	"	FIELD PRACTICE
10.00-10:30am	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
10.30-11.30am	Planning of a training workshop for VHW/TBAs Needs assessment	Micro planning and Training design using the Nutrition module Training curriculum(group work)	Importance of breastfeeding and breastfeeding limitations	SESSION 4 FOOD PRODUCTION Promotion of food production and good storage and processing practices	STD/HIV/ AIDS	FIELD PRACTICE
11.30-12.00pm	Setting workshop Goals and objective	12.00-1.00pm Group presentation	Breastfeeding demonstration	SESSION 5 GROWTH MONITORING Growth Monitoring	"	FIELD PRACTICE
12.30-1.00pm	Evaluation methods(SMART)		Traditional practices affecting proper feeding	Practicals on GM/ Feedback (MAE)	"	FIELD PRACTICE
1.00-2.00pm	LUNCH		LUNCH			
2.00-3.00pm	Needs assessment and community mobilization	components of adequate nutritious diet/malnutrition	Problems associated with lactation and breastfeeding	SESSION 6 DIARRHOEA Diarrhoea & ORT		FIELD PRACTICE
3.00-3.30pm	Communication and supervision VHW/TBAs	Nutritional needs during pregnancy and lactation	Lactational Amenorrhoea as method of family planning	"		Feedback on IEC materials
3.30-4.00pm	Hygiene in the community	Complementary feeding	Food hygiene and care of the breast	"		Evaluation of training
4.00-4.15pm	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
4.15-5.00pm	Use of I.E.C. materials with VHW/TBA	Group work and presentation on diet and nutrient adequacy.	Food demonstration session	"	Post-test	Evaluation of training
5.00-5.30pm	Group review on I.E.C. materials. Nutr./BF	"	"			
5.30-6.00pm	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	Presentation (Certificates and closing

*REGISTRATION SCHOOL.

APPENDIX 6

ANALYSIS OF SESSION LECTURES FOR OYO/OSUN STATES HEALTH TRAINERS:

Please check the appropriate column that represents your rating
5 = Exellent, 4 = very good, 3 = Good, 2 = Fair, 1 = Poor.
SESSION.....

	5	4	3	2	1
1. Appropriateness of subject matter to your interest					
2. Clearity of teaching					
3. Coverage of objectives					
4. Appropriateness of objectives					
5. Adequacy of time allocated					
6. Adequacy of trainee participation					
7. Provision of support materials					

TOPICS TREATED AND RATINGS :	EXCELLENT %	V.GOOD %	GOOD %	FAIR %	POOR %
Adult Learning Theories and Adult Education Principles	1. 50	41.7	8.3		
	2. 33.3	50	16.7		
	3. 33.3	45.8	20.8		
	4. 29.2	54.8	16.7		
	5. 41.7	20.8	16.7	12.5	8.3
	6. 33.3	54.2	12.5		
	7. 4.2	33.3	33.3	20.8	8.3
Planning of a Training Workshop	1. 58.3	25	8.3	8.3	
	2. 45.8	41.7	12.5		
	3. 33.3	45.8	20.8		
	4. 45.870	50	4.2		
	5. 41.7	33.3	16.7	4.2	4.2
	6. 29.2	37.8	12.6	12.6	4.2
	7. 4.2	33.3	33.3	25	4.2
Setting of workshop goals and objectives:	1. 58.383.3	29.2	16.7	12.5	
	2. 50	29.2	8.3	12.5	
	3. 41.7	29.2	16.7	12.5	
	4. 29.2	41.7	16.7	12.5	
	5. 37.5	33.3	20.8	8.3	
	6. 37.5	45.8	12.5	4.2	
	7. 20.8	41.7	25	12.5	
Implementation of Workshop	1. 62.5	37.5			
	2. 62.5	37.5			
	3. 33.3	63.6			
	4. 33.3	63.6			
	5. 33.3	63.6			
	6. 37.7	62.5			
	7. 18	54.5	37.7		

Evaluation	1. 45.8	50	4.2		
	2. 20.8	50	29.2		
	3. 20.8	58.3	25		
	4. 29.2	50	20.8		
	5. 41.7	50	8.3		
	6. 37.5	37.5	16.7	8.3	
	7. 20.8	45.8	25	8.3	
Community Mobilization	1. 54.291.6	37.5	8.3		
	2. 45.8	50	4.2		
	3. 41.7	54.2	4.2		
	4. 33.3	66.7			
	5. 41.7	45.8	8.3	4.2	
	6. 50	45.8	4.2		
	7. 20.8	58.3	12.5	8.3	
Communication	1. 40	30	19.92	10.08	
	2. 40	30	10	20	
	3. 40	30	30		
	4. 20	60	20		
	5. 50	20	10	20	
	5. 30	30	30	10	
	7. 20	50	10	20	
Use of IEC Materials	1. 79.2	16.7	4.2		
	2. 75	16.7	8.3		
	3. 70.8	16.7	12.5	4.2	
	4. 62.5	16.7	12.5	8.3	
	5. 58.3	25	16.7		
	6. 62.5	16.7	12.5	8.3	
	7. 91.654.2	29.2	12.5	4.2	
Follow-Up Assessment	1. 75	25			
	2. 70.8	29.2			
	3. 41.7	54.2	4.2		
	4. 50	41.7	8.3		
	5. 50	45.8	4.2		
	6. 50	50			
	7. 8.3	66.7	20.8	8.3	
Micro-Planning	1. 66.7	16.7	4.2		
	2. 45.8	33.3	8.3		
	3. 54.2	20.8	8.3	4.2	
	4. 41.7	33.3	8.3	4.2	
	5. 45.8	29.2	12.5		
	6. 33.3	29.2	25		
	7. 25	25	33.3	4.2	
Components of adequate diet/ Malnutrition	1. 79.2	20.8			
	2. 58.3	37.5	4.2		
	3. 37.5	62.5			
	4. 4.2	95.8			
	5. 45.8	50	4.2		
	6. 50	41.7	8.3		
	7. 25	54.2	20.8		

Diet during Pregnancy and Lactation	1. 87.5	8.3	4.2		
	2. 75	20.8	4.2		
	3. 58.3	25	16.7		
	4. 66.7	25	8.3		
	5. 62.5	25	8.3	4.2	
	6. 75	20.8	4.2		
	7. 41.7	37.5	16.7	4.2	
Complementary Feeding	1. 54.2	37.5	8.3		
	2. 37.5	16.7	12.5		
	3. 37.5	45.8	16.7		
	4. 20.8	62.5	16.7		
	5. 25	58.3	12.5	4.2	
	6. 37.5	54.2	8.3		
	7. 20.8	66.7	12.5		
Anatomy of the breast	1. 83.3	12.5	4.2		
	2. 83.3	16.7			
	3. 75	20.8	4.2		
	4. 75	20.8	4.2		
	5. 62.5	29.2	8.3		
	6. 66.7	33.3			
	7. 79.2	16.7	4.2		
Counselling on breastfeeding demonstration	1. 70.8	25	4.2		
	2. 70.8	20.8	8.3		
	3. 70.8	20.8	12.5		
	4. 75	25			
	5. 66.6	16.7	12.5		
	6. 62.5	29.2	8.3		
	7. 62.5	20.8	16.7		
Importance of breastfeeding and limitation	1. 83.3	12.5	4.2		
	2. 70.8	20.8	8.3		
	3. 62.5	25	12.5		
	4. 70.8	20.8	8.3		
	5. 50	37.5	12.5		
	6. 75	12.5	12.5		
	7. 50	41.7	8.3		
Traditional Practices affecting breastfeeding	1. 83.3	12.5	4.2		
	2. 79.2	12.5	8.3		
	3. 66.7	33.3			
	4. 45.8	50	4.2		
	5. 45.8	37.5	4.2		
	6. 66.7	20.8	12.5		
	7. 50	41.7	4.2	4.2	
Care of the Breast	1. 75	25			
	2. 70.8	25	4.2		
	3. 54.2	41.7	4.2		
	4. 45.8	41.7	12.5		
	5. 50	37.5	12.5		
	6. 50	41.7	8.3		
	7. 50	37.5	8.3	4.2	

Lactational Amenorhoea Method	1. 75	8.3	4.2		
	2. 62.5	16.7	8.3		
	3. 62.5	12.5	12.5		
	4. 62.5	25			
	5. 52.3	47.7			
	6. 66.7	28.6	4.7		
	7. 38	57	4.7		
Feeding babies with special needs and bad feeding practices	1. 83.3	8.3	8.3		
	2. 75	20.8	4.2		
	3. 70.8	20.8	8.3		
	4. 75	20.8	4.2		
	5. 70.8	29.2			
	6. 62.5	37.5			
	7. 54.2	41.7	4.2		
24 hours dietary recall	1. 41.7	50	8.3		
	2. 58.3	58.3	8.3		
	3. 29.2	54.2	16.7		
	4. 25	62.5	12.5		
	5. 50	41.6	8.3		
	6. 58.3	25	16.6		
	7. 75	25			
Food production	1. 58.3	29.2	12.5		
	2. 41.7	41.7	16.7		
	3. 54.2	37.5	8.3		
	4. 41.7	29.2	16.7	12.5	
	5. 33.3	41.7	20.8		
	6. 41.7	50	8.3		
	7. 12.5	75	12.5		
Growth Monitoring Promotion	1. 83.3	16.6			
	2. 62.5	33.3	4.2		
	3. 58.3	41.7			
	4. 50	41.7	8.3		
	5. 45.8	50	4.2		
	6. 54.2	45.8			
	7. 54.2	54.8			
Diarrhoea and ORT	1. 100				
	2. 79.2	16.7	4.2		
	3. 75	20.8	8.3		
	4. 79.2	12.5	8.3		
	5. 75	20.8	4.2		
	6. 87.5	12.5			
	7. 79.2	20.8			
STI/HIV/AIDS	1. 95.8	4.2			
	2. 79.2	16.7	4.2		
	3. 79.2	12.5	8.3	8.3	
	4. 83.3	8.3	4.2	4.2	
	5. 58.3	29.2	12.5	4.2	
	6. 79.2	12.5	4.2	4.2	
	7. 87.5	4.2	4.2	4.2	

APPENDIX 7

EVALUATION OF TRAINING WORKSHOP, OYO/OSUN STATES .

ORGANISATION AND MANAGEMENT :

74% (17 of the 23 respondents) stated that the overall planning and preparation was excellent while 26% (6 of 23) said it was good. 70% (16) rated the classroom management namely orderliness, utilization of resources as excellent, 26% as good and 4% as fair.

On time management, 48% rated it as excellent while 52%(12 of 23) rated it as good. In subsequent sessions respondent suggested the more time was needed for their training because they sat for long hours during lectures and needed more time for closer interactions with each other. Also, 70% (16) rated the time for theories as just enough, 26% felt it was too much while 4% stated it was too little. For the practicals however, 78% felt it was just enough, 17% said it was too much while 4% felt it was too little. On the pacing of activities 96% rated it as just right while 4% felt it was too fast. Furthermore, the overall rating of the training was excellent (78%) good (17%) and as average (4%) .

Also, on the evaluation of the training methods and materials some of the respondents indicated multiple ratings. However, 65% rated lectures with visuals and handouts as the most helpful, demonstration (52%) and group discussions (35%). Others specified the practical session and film show while 3 of 23 believe all methods were most helpful with no preference.

Finally on the instructional material 91% stated that it was very helpful, and easily undersood of the subject matter. Eighty seven (87%) also believe that it provided a good source of information before a lecture.

The last section of the evaluation was open ended and the responses analysed as follows:

* When the IEC materials are ready kindly remember to let each facility have enough for their teaching.

* The training was so good I really enjoyed it. I shall be looking forward for a refresher course.

* To allow this program to elaborate well, you need to provide more materials for demonstrations, vehicle to reach the village.

* combinations of lectures with visuals, handouts and the group discussion make the methods more understanding.

* Focus more time on practical in the rural areas which will include each group for each day, because too much loading of information to the villagers will cause less assimilation.

* It will be more preferable if the materials needed can be given so as to continue well on the field.

* In fact all methods above were appropriate and makes learning easy.

* I enjoyed the facilitators relationships with the participants.

WHAT DID YOU LIKE LEAST IN THIS TRAINING :

* Our gathering together for long period in class which did not permit us to have enough time in the hotel to relate with one another and know each other the more.

* Too many activities for a day involving prolonged sitting.

* We are not well equipped to be able to practice in the rural areas.

* I like the time to be a bit limited.

* All aspects are timely and useful.
* Short time, Rush. Understandable there were too many things to get in.

OTHER COMMENTS AND QUESTIONS :

* Just to remind you that as trainers we need scales for successful implementation of our training also the "road-to-health" cards and M & E forms.

* This is a beautiful training I have ever had because every participant was involved in discussion and the practical aspect and demonstration so that all the participants gained from each other's experience.

* May USAID and it's objectives continue for long. May it's end never be seen. Long life USAID. LONG LIVE IT'S OBJECTIVES. LONG LIVE IT'S MODERATOR'S. LONG LIVE IT'S TOTS.

* I am very grateful for this workshop, my first exposure in this type of workshop.

* The training has been very resourceful. When is the next training? I want to say a big thank you and God blessings to all the trainers.

* Exposure to new ideas and health practice is a thing of joy to me. I wouldn't have loved to miss it.

* I hope it will not be long before we start implementing all we learnt.

* Try to continue to promote your effort to improve teaching others as you taught us.

* More refresher course for TOT to keep abreast of time.

* More grease to your elbow. Well done.

* We shall look forward to receiving the equipments to enable us to spread the message to the grassroot level.

GENERAL COMMENTS ON THE WORKSHOP:

1) WHAT DID YOU LIKE BEST IN THIS TRAINING ?

* Genuine concern for children, mothers in their critical period.

* I like the way the lectures were given by the facilitators which was demonstrated along and also going into the field and practicalize what we've already achieved.

* Organisation and management.

* The subjects or topics chosen, interactions among trainers and convenient accommodation.

* All are educative mostly on preventive aspect and will be productive and fruitful to in the communities.

* The rapport and down to earth attitude of the facilitators.

* Hospitality of the trainers and facilitators.

* I like all the lectures given.

* The lectures that impacted more ideas on me.

* The conducive and friendly atmosphere provided by the lecturers (trainers) and the methods of execution of the whole training programme is very good.

* I like the practical parts and demonstration parts because of the VHW.

* I acquired more knowledge in breastfeeding, Nutrition, HIV/AIDS, training of VHWs/TBAs AND CBDs.

* I like all because it is a refresher.

* I like the explanatory practical or presentation aspect most.

* Every aspect.

* A) General conduct of the facilitators(motivating trainers)
  B) Comfortable accommodation/ adequate feeding maintenance.
  C) Coverage of subject matters within a short period.

* The organisation and the rapport between the facilitators and the participants.

* The motherly and sisterly behaviour of the trainers towards we the participants which always make us feel at home.

* Everything was just beautiful and helpful to me.

* I like the organisation, the practical aspects and the demonstration together with the discussion and participation of the participants.

* May God continue to help you in all your ways more grease to your elbow.

* If my institution decides to have such a workshop, is it possible to appeal for aid especially external facilitators (I mean a big one) so as to have a better result.

* Congratulations on the successful workshop. May God continue to strengthen you all.

OVERALL RATING OF TRAINING : FURTHER COMMENTS.

* For this type of training programme effort should be made to extend to two/three weeks so that programme will not be in a form of rushing/hurry.

* I enjoyed the training as I promised to impact the knowledge into the training as soon as possible.

* In addition the atmosphere for learning was very conducive, diverse activities incorporated to make it not boring. Moderators were motivated themselves and performed sacrificially. They also came down to identify with us fully relaxed and participatory and motivated us to learn. We're grateful.

* The classroom space was a bit too small for the number of participants and trainers often times there weren't enough seats and space to move around. Maybe trainers should be helped to be flexible with where they sit. I would suggest a different venue for numbers more than 20 participants.

* It was an exciting, information packed workshop.

* I like it as you make it easier to us.

* Well organized training with special field experience people. It was a collaboration of course, but IEC. needs more improvement both for teaching and at rural areas level.

* The continuous/spontaneous evaluation provided for each session is commendable.

* It is an interesting, well organized and very useful programme.

* I really enjoy the training plans, arrangements and the teachers were friendly with us.

* Both the facilitators and the TOTS were very active all through

APPENDIX..... APPENDIX 8

PERFORMANCE OF PARTICIPANTS' PRETEST AND POST TEST TOT WORKSHOP, OYO/OSUN

				DIFFERENCE		
		PRETEST	POST-TEST	POST-PRE	MASTERY	TOTAL(PO+MAS)
S/N	NAMES	50.00	50.00		50.00	100.00
1.00	Adepoju, J.A.(Mr.)	33.50	24.50	-9.00	36.50	61.00
2.00	Adetayo, C.A. (Mrs)	23.00	32.00	9.00	30.50	62.50
3.00	Ahanonu Grace(Sr.)	42.50	33.50	-9.00	36.50	70.00
4.00	Ajani, M.B. (Mrs)	15.50	29.00	13.50	41.00	70.00
5.00	Alao, H.A. (Mrs)	18.50	27.50	9.00	35.00	62.50
6.00	Bodunde D.O.	29.00	38.00	9.00	41.00	79.00
7.00	Desso, A.S.(Mrs)	27.50	36.50	9.00	39.50	76.00
8.00	Etuk Bernadette(Sr.)	29.00	38.00	9.00	38.00	76.00
9.00	Fakorede, L.O. (Mrs)	21.50	29.00	7.50	23.00	52.00
10.00	Fatunla, Bola(Mrs.)	30.50	35.00	4.50	38.00	73.00
11.00	Idigo Mary (Sr.)	26.00	33.50	7.50	39.50	73.00
12.00	Lekwot Angelina(Sr)	26.00	24.50	-1.50	41.00	65.50
13.00	Obansola, A.N.(Mr.)	36.50	41.00	4.50	42.50	83.50
14.00	Ogunking, Bukola(Mrs)	26.00	38.00	12.00	33.50	71.50
15.00	Ojewale, Iyabo (Mrs)	26.00	32.00	6.00	36.50	68.50
16.00	Olaniyan, V.O.(Mrs.)	32.00	27.50	-4.50	23.00	50.50
17.00	Olaore, C.O.(Mrs.)	30.50	38.00	7.50	36.50	74.50
18.00	Olarenwaju, G.A.(Miss)	26.00	35.00	9.00	32.00	67.00
19.00	Olufayo, C.O.(Mrs)	14.00	21.50	7.50	38.00	59.50
20.00	Olunlade, R.A.(Mrs)	17.00	29.00	12.00	36.50	65.50
21.00	Oni, S.M. (Mrs)	23.00	29.00	6.00	33.50	62.50
22.00	Owodimilelin, D.O. (Mrs)	23.00	30.50	7.50	30.50	61.00
23.00	Popoola, S.B.(Chief)	35.00	41.00	6.00	42.50	83.50
24.00	Sadiq, C.O.(Mrs)	27.50	30.50	3.00	41.00	71.50
	TOTAL	639.00	774.00	135.00	865.50	1639.50
	MEAN	26.63	32.25	5.63	36.06	68.31
	MODE	26.00	28,38		36.50	
	RANGE	14-42.5	27.5-41		23-42.5	

ANNEX V

REPORT OF THE TRAINING OF STATE HEALTH TRAINERS WORKSHOP IN JIGAWA STATE

REPORT OF THE TRAINING OF STATE HEALTH TRAINERS (TOT) WORKSHOP, IN JIGAWA STATE, 12TH - 17th February, 1996.

O.A. Abosede, Resident Advisor

BACKGROUND/PROBLEM STATEMENT

This TOT, organised by USAID Implementing Patners (CDC/N, Wellstart Int. and AIDSCAP) is part of the programme in the focus state of Jigawa, northeast of Nigeria. USAID Nigeria in collaboration with Non-Governmental Organisations (NNGOs) has an integrated programme for health care in Nigeria. One of the identified needs of these NNGOs being a lack of trained manpower, USAID has embarked on training programmes to enable the staff of the NNGOs address health problems prevalent in their communities and in Nigeria generally.

Nigeria is one of the countries with the highest rates of under-five malnutrition in the world. In sub-Saharan Africa, Nigeria is third for stunting and second for wasting of children age 3-6 months. Among the under-five, 41 percent are stunted, 34 percent underweight and 9 percent wasted (NDHS 1990). Malnutrition is more prevalent in the rural areas than the urban with under-five stunting of 35 percent in the urban and 46 percent in the rural areas. About 70 percent of Nigerians live in the rural area. Children's nutritional status reflects infant and child feeding practices as well as recurrent and chronic infections. It can also be said that children's nutritional status influences their susceptibility to disease and untimely death.

Also, almost one in every five Nigerian children die before their first birthday. (Urban 75.4 per thousand and rural 95.8 per thousand). By region, Infant Mortality Rate per thousand is between 85 (Southwest) and 88 (Northeast). Under-five mortality rate i.e. for children who die between birth and the fifth birthday in the urban is 129.8 and rural 207.7 per thousand and
Nigeria has one of the highest fertility rates with an average of 5.69 per woman of child bearing age (15-44 years). The urban rate, 4.86, is lower than the rural, 5.97.

Most incidences of infant diarrhoeas result from bottle feeding and use of artificial formulas, early complementary feeding as well as poor hygiene. The incidence is significantly less among babies breastfed but breastfeeding is on the decline in Nigeria and exclusive breastfeeding which has a direct influence on the incidence of diarrhoeas in infants is practised by only about 2% of mothers.

Nigeria has a prevalence rate of 3.8% for HIV/AIDS using the overall antenatal results from all states. Appropriate preventive programmes must be organised to educate the people especially at the community level.

Jigawa State is a rural state, with about 70 percent of the people living in villages that lack basic ammenities. High illiteracy rate among the women affects their status and acceptance of health behaviour change. Abrupt weanning predisposes the children to gastroenteritis, malnutrition (even though a variety of foods is available throughout the year), and so many other illnesses.

Although hospitals, health centres, clinics, and health posts are evenly distributed within the state, there is not enough skilled manpower. Infants are given water or other fluids soon after birth. There is a high rate of morbidity and mortality among the women and children as a result of the above. The children die as a result of gastroenteritis, malaria fever, malnutrition, chest infections, et cetera, while many women die as a result of childbearing.

GOALS AND OBJECTIVES

The goal of the workshop is to develop a core of Primary Health Care providers as state trainers with improved knowledge of Adult Education Principles and Techniques, Nutrition, prevention and management of malnutrition, diarrhoeas, Sexually Transmitted Infections and HIV/AIDS.

Objectives

1. To train trainers of VHWs, TBAs and CBDs in the prevention and management of malnutrition, diarrhoeas, STIs and HIV/AIDS.
2. To provide state health trainers with necessary equipment and materials for efficient implementation of health intervention activities in their target communities.

WORKSHOP PARTICIPANTS (appendix 1)

Master Trainers, Trainers and consultants

Two associates of the Wellstart LME programme, one from the northeast, a trained Nurse Midwife, Community Health Officer, and a member of the Federation of Muslim Women Association of Nigeria, Ladi Ibrahim; and one from the southwest, a Public Health Nurse, and Community Health Officer in the services of the Baptist Medical Centre Ogbomoso, Niabari Olupona, three consultants, Grace Essien, Victoria Ayo, Mary Baba (sponsored by CDC/N), the Jigawa AIDSCAP Field Officer, Lawal Garba and the RA conducted the training programme. The distribution of responsibilities is outlined in Appendix 2.

State trainers from NNGOs.

Evangelical Church of West Africa (ECWA) Health Services (10), Fedration of Moslem Womens' Association (FOMWAN) (2)

Criteria for selecting trainers:

Trainers were selected based on the fact that they were:

- NNGO health care providers
- CHOs/CHEW/Midwife
- experienced trainers
- staff for outreach services

TRAINEES' PERSONAL PROFILE

The age range of trainees is from 25 to 32 years. Of those who indicated their ages, 9 were under 30; 2 (31-32). Participants' names, addresses, organisation, and job titles are on Appendix 1.

WORKSHOP TIMETABLE AND METHODS

There were altogether seven sessions and field practice. Teaching methods included brainstorming, lectures, demonstrations, group discussions/presentations, role play and films. Sessions were participatory, with trainees leading some of the sesssions. Trainees received hand-outs and had reference materials in a mini library set up for the workshop.

Session 1 - Adult Education Principles and Techniques
2 - Infant Nutrition
3 - Breastfeeding and Weanning
4 - Food Production
5 - Growth Monitoring
6 - Diarrhoeas
7 - STIs and HIV/AIDS

(Schedule - appendix 3).

Practical demonstrations took place in the classroom and community settings. Participants decided the types of complementary foods which each group prepared and used their microplans on chosen topics for teaching TBAs and VHWs from two villages, Kachi and Takur near Dutse. They had been trained by the LGA at least 6 years ago.

REGISTERATION

The RA and consultants were in Dutse to register participants on the evening of Sunday, the 11th at the zonal office but even 6 participants who had earlier arrived in the town were not available. Twelve (12) of them, 5 of whom were resident in Dutse registered on Monday. At the registeration table, each participant received workshop materials (stationery, training modules, carrier bag for field work, life-size baby dolls, breast models), per diem and reimbursement for transportation and had a photograph taken.

HIGHLIGHTS OF THE TRAINING PROGRAMME

The programme started on Monday with a welcome from the USAID Field Officer for Jigawa state, Lawal Garba and introduction of all participants. Garba Abdu of the Programme Coordination Unit, representing USAID, Nigeria also gave a welcome address. The RA discussed the objectives of the workshop and participants expressed their expectations. A group photograph was taken and Mr. Abdu declared the workshop open.

Ground rules

Before the first training session, participants jointly decided the regulations and penalties that must be observed throughout the workshop period. There were penalties for lateness to sessions, talking at the wrong time, sleeping in class, inaudible voice et cetera. The penalty for lateness, which was one of the most expensive (purchase of stipulated amounts of kola nuts and mint sweets) was paid for by many participants but in spite of the long hours, participants remained lively in class.

Principles and Techniques of Adult Education

Since the state trainers will be training adults, it was essential to remind them of the principles and techniques of adult education. A module prepared by Wellstart International (Nigeria) was used as the reference material. Relevant portions of it were used in class and participants encouraged to go through the rest of it during their spare time. The module contains handouts on how to plan and organise their own workshops for VHWs/TBAs and teach the latter on how to organise community support (health education) programmes.

Breastfeeding and Nutrition

Two versions (horizontal and vertical formats) of the module on breastfeeding and nutrition were given to participants at registration. They were encouraged to use both during the workshop so that they could contribute to the desing and content of the module. At the end of the workshop, a pre-prepared questionnare for comparing the modules was administered to each participant. Their ratings and comments will be submitted to the contractors finalising the production of training modules for CDC/N (Appendix 4).

Information, Education and Communication (IEC) Materials

IEC materials on breastfeeding (counseling cards, posters, stickers and radio messages) are being developed by Wellstart Int. in collaboration with Johns Hopkins/Population Communication Services were pretested on participants. Their comments and recommendations are no longer relevant since the materials being pretested now are different.

EVALUATION

Participants were evaluated through a pretest and a posttest using Multiple Choice Questions and field practice performance. Each session and the overall training programme were assessed by each participant.

Trainees rated most training sessions 'very good" or "excellent" (Appendix 5).

The workshop satisfied particiants' expectations and was rated highly for planning, classroom management, management of resources, et cetera. One of them however stated "understanding the subject matter of the course" as the least liked aspect of the training and another "the order of the accomodation" (Appendix 6).

Overall performance of trainees showed a marked improvement in knowledge and skills in all the topics. All but two (one was not available for the posttest and mastery test) passed; the highest score being 71.5% and the lowest 44.5% The trainee with the lowest score for the pretest (9%) improved to 28% in the posttest and overall score of 44.5% (Appendix 7).

GENERAL

The Field Officer in Kaduna, Talatu Bashir made necessary arrangements for transporting the RA and consultants from Kano to Jigawa and for the whole period of the workshop. The Field Officer for AIDSCAP (co sponsor) in Jigawa, Lawal Garba and the Wellstart Master Trainer for the north, Ladi Ibrahim were contacted to make arrangements for the training venue, accomodation and feeding of participants. Both assured the RA of decent accomodation which could even be available at no cost and acceptance of the offer was approved by USAID. However, arrangements had not been made for them by Sunday when the RA and consultants arrived in Jigawa to register participants. Since participants did not report at the workshop venue on Sunday as advised, alternative arrangements for accomodation in hotels in Dutse were deferred till Monday morning. Catering arrangements made with a local food seller were not honoured and alternative arrangements also had to be made with a restaurant for group lunch and refreshments.

RECOMMENDATIONS

1. Equipment (weighing scales, length measuring boards, PHC Child Health cards, IEC materials) and means of transportation to outreach communities requested by the participants are essential for efficient, integrated PHC services by the NNGOs and should be provided as soon as possible.
2. Training of Vilage Health workers and Traditional Birth Attendants should commence as soon as possible while the impact of the workshop is still fresh on participants.
3. The Jigawa Field Office needs to give more assistance to the Master Trainer in making concrete arrangements for future workshops in Jigawa state.

TIME TABLE FOR TRAINING OF TRAINERS

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8.00-8.30am	Welcome and overview of training(obj)	REVIEW	OF PREVIOUS	DAY'S	ACTIVITIES	FIELD PRACTICE/Pre testing of IEC materials
8.30-9.00 am	Introduction, participants(obj) Expectation	How to do Post-Training follow-up with VHW/TBA/CBD	Community mobilization and Education on proper Nutrition	Feeding babies with special needs and bad feeding practices	Diarrhoea & ORT	FIELD PRACTICE/Pre testing of IEC materials
9.00-9.30am	Pretest	SESSION 2 INFANT NUTRITION Review of nutrition module and curriculum Plan/format	SESSION 3 BF/WEANING Anatomy of the breast	counselling on spoon,cup and bottle feeding	"	FIELD PRACTICE/Pre testing of IEC materials
9.30-10.00 am	SESSION 1 ADULT EDUCATION Adult learning theories and principles	"	Counselling on breastfeeding and Infant Nutrition(use of standing orders)	Complementary feeding and quantity for ages 6-24 months	;;	FIELD PRACTICE
10.00-10:30am	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
10.30-11.30am	Planning of a training workshop for VHW/TBAs Needs assessment	Micro planning and Training design using the Nutrition module Training curriculum(group work)	Importance of breastfeeding and breastfeeding limitations	SESSION 4 FOOD PRODUCTION Promotion of food production and good storage and processing practices	STD/HIV/ AIDS	FIELD PRACTICE
11.30-12.00pm	Setting workshop Goals and objective a) 12.00-12.30 b) Implementation	12.00-1.00pm Group presentation	Breastfeeding demonstration	SESSION 5 GROWTH MONITORING Growth Monitoring	"	FIELD PRACTICE
12.30-1.00pm	Evaluation & methods(SMART)		Traditional practices affecting proper feeding	Practicals on GM/ Feedback (M&E)	"	FIELD PRACTICE
1.00-2.00pm	LUNCH		LUNCH			
2.00-3.00pm	Needs assessment and community mobilization	components of adequate nutritious diet/malnutrition	Problems associated with lactation and breastfeeding	SESSION 6 DIARRHOEA Diarrhoea & ORT		FIELD PRACTICE
3.00-3.30pm	Communication and supervision VHW/TBAs	Nutritional needs during pregnancy and lactation	Lactational Amenorrhoea as method of family planning	"		Feedback on IEC materials
3.30-4.00pm	Assisting the Community to assess Impact	Complementary feeding	Food hygiene and care of the breast	"		Evaluation of training
4.00-4.15pm	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
4.15-5.00pm	Use of I.E.C. materials withVHV/TBA	Group work and presentation on dietand nutrient adequacy.	Food demonstration session	"	Post-test	Evaluation of training
5.00-5.30pm	Group review on I.E.C. materials. Nutr./BF	"	"			
5.30-6.00pm	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	REVIEW OF DAY'S WORK	Presentation &certificates and closing

*REGISTRATION SUNDAY

ANNEX VI

REPORT OF VHWs/TBAs WORKSHOP AT OGBOMOSO, OYO STATE

REPORT OF VHW/TBA WORKSHOP AT OGBOMOSO ON 2 - 4 APRIL, 1996

BACKGROUND INFORMATION

The CHCP of Baptist Medical Centre has trained VHW & TBA serving under 16 health posts. These were the ones invited to attend the workshop. Letters of invitation were written. They were pulled from 2 Local Government Areas, Surulere Local Government Area and Orire Local Government Area.
18 such health workers where registered during, the workshop. All VHW/TBA are still practising.

OBJECTIVE OF WORKSHOP:

- To provide an avenue to increase and improve the knowledge and skill of VHW's and TBA's on nutrition and optimal infant feeding.

- To increase the proportion of children who are exclusively breast fed and those who are fed compliment feed

TRAINING PROGRAMME

Trainees were selected with the 2 criteria that they are:
a) Trained VHW's and TBA's
b) Community health care providers
Their profile is as follows:

- 18 registered
- 8 Males
- 10 Females
- All are literate
- Ages ranged from 20 - 55 years.

5 under 30; 9 between 31-40 years; 3 between 41-50 years, 1 above 50 years. 3 State Trainers participated in the training programme. They are: Mrs. V. O. Olaniyan, Mrs. C. O. Sadiq and Mr. A. N. Obansola all of the C;H.C.P. Office of the Baptist Medical Centre, Ogbomoso. Responsibilities were distributed accordingly

The training had a schedule that covered various topics in Nutrition, Breast feeding, Food Demonstration, Diarrhoeas, STI and HIV/AIDS. Registeration started around 8.25 a.m. on 2nd April, 1996 with participants coming in, in trickles.
Pretesting was done using 3 stations. The OSCP method wasused. In between the pretesting, we had to break to have the opening ceremony. Present were Dr. E. A. Amao, Director of CHCP, Baptist Medical Centre, Ogbomoso, Rev. S. A. Ayabkeye, Chaplain, Baptist Medical Centre, Ogbomoso, Mrs. E. M. Adigun, Principal, School of Nursing, Baptist Medical Centre, Ogbomoso and the 3 State trainers including the Master trainer Mrs. N. S. Olupona. Group photograph was taken after the ceremony.

Pretesting continued thereafter. The short break on schedule was observed. The first lecture of the day started after a brief introduction of the participants. The lecture was on Nutritional needs during pregnancy and lactation including the different food

groups. We had a question and answer session after. We also took time to explain how the session assessment forms will be marked. All the participants marked their forms after wards.

The second lecture startec around 12.00 p.m., lasted about an hour and the session was assessed on the forms. This was on the improtance of breast feeding, early initiation, attachment, positioning etc.

To have variety and to make for more participation by the trainees, we divided into 2 groups of 9 each and had a discussion on the type of complimentary diet to be prepared for infants ages 6-12 months and 12-24 months. Group I had the 6-12 months and decided to make enriched pap, to be enriched with crayfish, Eko afala will also be cooked. This will go with ewedu soup.
Group II had 12-24 months and they agreed on cooking Amala with ewedu soup, rice with soyabeans. We had group lunch.

We resumed lecture with the topic problems associated with lactation and breast feeding including relactation. This generated a lot of questions and the trainers took time to answere all questions. Before closing at 3.25 p.m. we had a recap of the days work. This was done by one of the trainers.

The second day running we had two quests. Mr. Chris Ogedengbe from the USAID field Office in Ibadan and Chief Mrs M. B. Ajoni from Oyo who is a State trainer. Programme for the day started with review of day's work led by one of the state trainers at 8.40 a.m. All the participants were made to participate.

We had the discussion on lactational amenorrhea method. We then observed a short break, resuming with discussion on traditional practises regarding the introduction of complimentary foods. This was followed by the lecture on complimentary feeding.

We thereafter went into a discussion on the use of the green PHC cards for monitoring infants who are breast fed exclusively and those on complimentary feeding. This raised a lot of question but the participants were encouraged as this session will be repeated again.

We divided into our groups and went outdoor to do our cooking demonstration. Group I prepared Pap enriched with groundnut, and Eko afala with Okro soup for 6-12 months old. Group II prepared amala with ewedu soup and soya bean joilof rice for 12-24 months old. We had a time of discussing the various cooking and food preparation methods. We also commented on how we did the cooking and how the foods tasted. After lunch we recapped the day's work and called it a day at 3.40 p.m.

This is the third day of the workshop. The day's programme started at 9.00 a.m. with review of previous day's work, making clarifications where necessary. We had a discussion on Nutrition and Disease including Bad and positive feeding practises.

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We observed our 30 minutes break period.

We had lectures and discussion on Diarrhoae and the use of salt, sugar solution. There was demonstration and re-demonstration on preparation of SSS.

We then had a discussion on HIV/AIDS.

We revisited the issue of the use of green PHC Cards for monitoring; We had group lunch. During the break for group lunch we discussed some strategies to be used during the community support programme.

We now went into post-testing using the stations used for pre-testing. We had a general evaluation of the workshop. Patricipants really appreciated Well start, CDC & AIDCAP for such intensive training. The trainers also appreciated the efforts of the VHW/TBA for leaving all their farm work to spend time adding more knowledge to their knowledge. We all agreed that it was not a wasted effort. We closed finally at 4.20 p.m.

PERFORMANCE OF PARTICIPANTS

During pre-testing participants got between the range of 15 - 33 marks which is 35.7% - 78.6%. After all the teaching methods were used, they got between 25 - 40 marks which is 59.5% - 95.2%. There is a marked improvement. None of them got below 50% in the post test. See Appendix II.

ASSESSMENT OF SESSIONS

The workshop consisted of eleven sessions that were assessed by each of the participants at the end of the sessions. Assessment was based on three parameters, excellent, good and poor. Editing of all assessment form was done.

Table I - AVERAGE DISTRIBUTION BY RESPONSES

Questions	Excellent		Good		Poor	
	Total Marks	Average Mark	Total Marks	Average Mark	Total Marks	Average Mark
1	188	17.1	10	0.9	-	-
2	179	16.3	19	1.7	-	-
3	184	16.7	12	1.11	2	0.18
4	182	16.5	14	1.3	2	0.18
5	180	16.4	18	1.6	-	-
6	184	16.7	13	1.18	1	0.09
7	186	16.9	11	1.0	1	0.09

Table II - PERCENTAGE RESPONSE BY AVERAGES

QUESTIONS	EXCELLENT		GOOD		TOTAL
	Average	%	Average	%	
1	17	94.4	1	5.6	18
2	16	88.9	2	11.1	18
3	17	94.4	1	5.6	18
4	17	94.4	1	5.6	18
5	16	88.9	2	11.1	18
6	17	94.4	1	5.6	18
7	17	94.4	1	5.6	18
Total	117		9		
Mean $\bar{x}$	16.71		1.29		
Standard S	0.45		0.45		
Variance S^2	0.347		0.20		

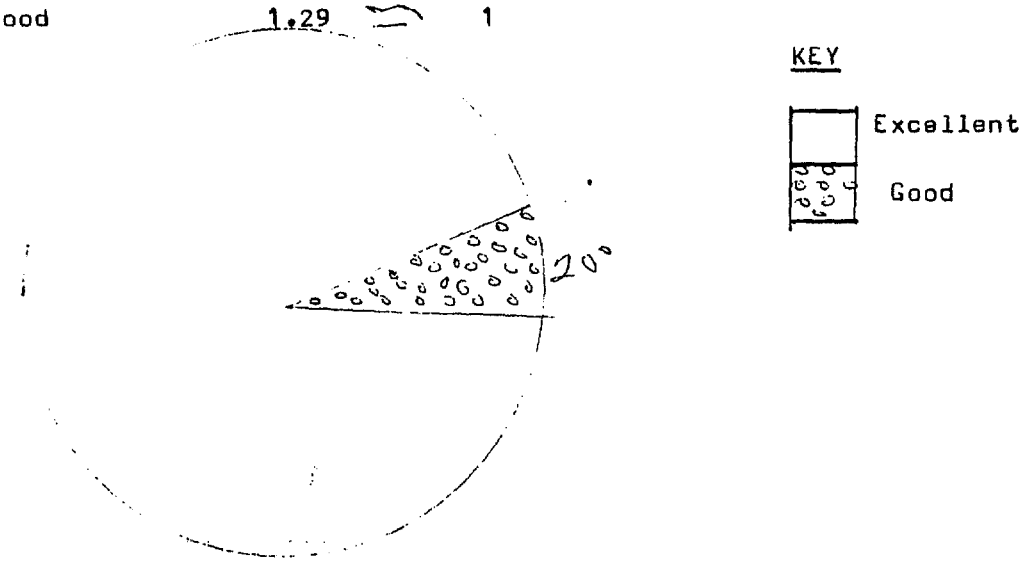
Results are based on averages for easy analysés.

94.4% of the participants responded that the workshop was very useful. 88.9% said they understood the lessons; 94.4% responded that most informations were covered during the discussion, method of teaching was excellent, participants were allowed to participate in the session and resources and materials used were enough, 88.9% said time spent on each session was enough. On the average from the questions assessed, 16.71 responses were excellent while 1.29 were good.

P E CHART FOR RESPONSE PER AVERAGE MEAN

Excellent score 16.71 ≈ 17

Good 1.29 ≈ 1



ASSESSMENT OF WORKSHOP

Section I

1. In describing the workshop all the participants said it was excellent (100%) for overall planning.
2. For classroom management 100% said it was excellent.
3. For time management 94.4% (17) said it was excellent while 5.6% (1) said it was poorly managed.

4. Activity/time distribution for theory was marked 100% (18) while practical had 88.9% (16) for excellent and 11.1% (2) for too little.

5. 88.9% said the activities were paced just right while 11.1% (2) said it was too fast.

6. Overall rating of training had 61.1% (11) marking it as good while the rest 38.9% (7) said it was useful.

Section II

Both group discussion and demonstration were found to be 50% most helpful in training methods.

All participants also agreed that instructional materials were very useful in understanding the subject matter of the course.

Section III

a. 50% like the discussion on Breast feeding, 38.9% complimentary feeding 5.6% Anatomy and care of the breast, 5.6% Nutritional needs during pregnancy and lactation.

b. 13 out of 18 (72.2%) like the discussion on LAM least. Other topics like Aids, Diarrhoae, Breast feeding, Complementary feeding and the cooking session had 5.6% each.

Comments were made but no question raised. These were basically on appreciation to the sponsors of this workshop and the trainers. They also requested for help and a review course say every 3months or 6 months to help retain what they have been taught. Some wanted posters so they could see and remember. Some commented on the fact that they would want the scope of trainee to expand beyond what it is so that many more Nigerians will benefit from this kind of training.

General Comments

The trainee for this workshop are those who are still opportuned to carry out their responsibilities as VHW's/TBA's in their various communities. They showed a lot of interest during the workshop. During the growth monitoring session the issue on the wuse of scale for weighting children at their various health post was discussed. Some of these participarts do not have scales in their post. The length scale too looked so strange to them but we still taught them on how to use it. It was really a new insight for them. They were excited about it.

During the third day we talked about the community support programme and where it will be held. We agreed to discuss it some other time but it was a very welcomed programme.

Recommendation

1. That assistance in the form of giving weighting and length scales be rendered to these VHW's/TBA's to boost their jobs in the various communities where they serve.

1/6

VHW's/TBA's to hasten monitoring for "EB" and "CF".

3. That the evaluation of the workshop be reviewed as it seems a little bit difficult to tackle from the English language to the local language (Yoruba).

APPENDIX I

TIME TABLE AND DISTRIBUTION OF RESPONSIBILITIES

	DAY 1	DAY 2	DAY 3
8.00-9.00	Registration and Welcome Pretest Trainers		
9.00-9.30	Opening Ceremony	Review of Previous Participants	Days Work Participants
9.30-10.30	Nutritional needs during pregnancy & Lactation + Food Groups Sadiq	Lam as a method of Family Planning Olaniyan	Bad feeding Practices & Positive Feeding Practices + Nutrition & Disease Olaniyan
10.30-11.00	B R	E A	K
11.00-12.00	Anatomy & Care of the Breast Importance of B/F & Early initiation Positioning & attachment + Traditional Practices Affecting B/feeding Obansola	Infant Nutrition & Component of Adequate Nutrition Sadiq	Diarrhoea & SSW + Demonstration Sadiq
12.00-1.00	Problems Associated Lactation & Breast Feeding + Relactation Obansola	Growth monitoring & use of Green card Sadiq	HIV/AIDS Sadiq
1.00-2.00	L U	N C	H
2.00-3.00	Group Work on Complementary Feeding All	Food Demonstration & Discussion All	Post Test & Evaluation All
3.00-4.00	Review of Days Work All	Review of Days work. All	Round-up All

ANNEX VII

REPORT OF THE REFRESHER TRAINING FOR VHWs/TBAs IN JIGAWA STATE

REPORT OF THE REFRESHER TRAINING FOR VILLAGE HEALTH WORKERS AND TRADITIONAL BIRTH ATTENDANTS IN FIVE L.G.As IN JIGAWA STATE APRIL 11-26,1996.

By Grace Essien and Mrs. Mary Baba

BACKGROUND/PROBLEM STATEMENT

This refresher training programme for Village Health Workers (VHWs) and Traditional Birth Attendants (TBAs) is part of USAID integrated Primary Health Care (PHC) programme in collaboration with ECWA and FOMWAN health services in Jigawa State.

The findings of the qualitative research done by Wellstart earlier in the project showed that there are many resistances to optimal breastfeeding, for example, washing of the breasts and discarding of colostrum, late introduction of complementary foods, weaning of babies unto nutrient deficient foods and the very hot bath given to mothers after delivery. There are also practices like the cutting of the uvula by the Wansami (traditional barber surgeon) a week after birth which may discourage the baby from sucking.

Wellstart trained and equipped a core of State Trainers for Jigawa in feb. this year. It is these trainers and the Master Trainer who with the assistance of 2 consultants organised refresher training for VHWs/TBAs from 5 LGAs in the state. The LGAs are Mallam Madori (Garin Gabbas village), Kaugama, Taura, Roni and Dutse. ECWA has health clinics in all the LGAs while FOMWAN has its only clinic which is not yet fully functional in Dutse.

GOAL

Improvement of health care delivery by community based health care providers in the target communities of USAID collaborating Nigerian Non-Governmental Organisations.

Objective

To provide refresher training for VHWs and TBAs to improve their knowledge and skills in optimal infant nutrition, prevention and management of diarrhoeas, Sexual Transmitted Infections and HIV/AIDS.

GENERAL REMARKSON THE WORKSHOPS

A total of 104 (46 VHWs and 58 TBAs) participants registered for these refresher training programmes. The nomination and invitation of the participants was done by the Master trainer with the assistance of the respective Local Governments. The master trainer felt the need to involve the LGAs with the selection of the participants since ECWA health services in the respective LGAs do not have trained or recognised

VHWs/TBAs. However, the selection of participants in Garin Gabas village was done by the State Trainer with the assistance of the village head.

The LGAs were equally involved in the opening ceremony and provided the refreshment. The village head of Garin Gabas and his council members were overwhelmed with the fact that the training was holding right there in their village and not at the LGA headquarters as the usual practice with previous workshops.

The LGA chairmen declared their total support and commitment to the NGO for the realisation of the objectives of the programme. The Community Support (education) Programmes, the next activities will no doubt, receive the blessing of the respective communities and LGAs. Most communities already have Community Development Committees (CDCs) popularly known as" Self Help Groups" in the communities. They focus mainly on agriculture and health related matters. Those that have none existing have indicated their interest to establish them as soon as possible, for the promotion of USAID programmes.

Participants can all be said to be prepared and well equipped with materials nececessary for the take-off of community activities. They each received a breast model, PHC Child Health cards at the workshop. The VHWs were advised to assist the TBAs in the same communities with them in completing their cards. Some TBAs indicated that they will ask their educated grand children to fill theirs for them.

The performance of participants, especially the elderly ones is commendable. For their ages, one would have thought they would be unable to concentrate for long periods or remain to the end of the progamme. All of them stayed to the end of each day's programme and were obviously very eager to learn. Attrition rate was zero for all the programmes and participants performed well in their end of course assessment.

In general, USAID was commended for the grassroot activities which will go a long way to improving the welfare of the rural masses. They pledged their support to USAID for the success of the programme. It is important to note that all the State Trainers were very active and commited in seeing to the success of the workshop.

TRAINING OF THE VIIWs/TBAs IN GARIN GABAS VILLAGE, MALAM MADORI L.G.A. 11TH-13TH APRIL, 1996.

WORKSHOP PARTICIPANTS

USAID Staffs

The Wellstart Resident Advisor, Dr. O.A. Abosede, the PCU IHP coordinator, Mr. Garba Abdu and the CDC Kaduna Field Office Epidemiologist, Dr. Susan Ojomo were observer at the training programme.

Master Trainer, Trainers and Consultants.

The Master Trainer for Jigawa State, Haj. Ladi Ibrahim, one State Trainer, Mr Sani Musa of ECWA health services and two consultants, Mrs. Mary Baba and Miss Grace Essien conducted the training programme. The distribution of responsibilities is outlined in Appendix 1.

Criteria for selecting trainees

Trainees were selected based on the fact that they were :

- resident in the community
- recognised practising VIIW/TBA

TRAINEES PERSONAL PROFILE.

A total of 14 participants (5 VIIWs and 9 TBAs) registered for the programme. Five of them were literate and 11 were females. Their ages ranged from < 30 years to > 70 years. Three were <30 years, 3 were between 40 and 50 years, 3 were between 60 and 70 years and 5 were > 70 years. Participants' names, addresses, literacy and job titles are on Appendix 2.

WORKSHOP TIMETABLE AND METHODS.

There were altogether 13 sessions, including practicals. Teaching methods used were brainstorming, lectures, group discussion and demonstration (role play was only used during evaluation). The trainees contributed a lot during each session and asked important questions.

Sessions were on Breastfeeding, Maternal and Child Health, Infant Nutrition, Complementary Feeding, Food Demonstration, Monitoring and Evaluation (data

collection on breastfeeding), Diarrhoeas, STIs and HIV/AIDS. Details in Appendix 1.

Practical demonstrations took place in the classroom setting. Participants were divided into two groups. They were allowed to decide on the type of complementary foods to prepare for babies.

REGISTRATION

The State Trainer, Mr. Musa Sani, registered the participants in the morning of the first day of the workshop at the Garin Gabas primary school - the venue of the workshop. Each participant received workshop materials. Photographs of participants were taken in groups according to wards on day 2 as well as a group photograph.

HIGHLIGHTS OF THE TRAINING PROGRAMME

The programme started with the introduction of participants. Mr. Garba Abdu on behalf of USAID welcomed the participants to the workshop. He emphasised the necessity and importance of the workshop and urged the trainees to participate actively. Mr. Musa Sani discussed the objective of the workshop and USAID's intention to work hand-in hand with the people to improve health care delivery.

Breastfeeding and Nutrition

Most of the participants were not trained VHW/TBA, thus discussions on exclusive breastfeeding, content of breastmilk, positioning and attachment was new to them. The trainer had to lay more emphasis on these topics. She demonstrated with a doll and breast model, explained the importance of proper attachment and showed the anatomy of the breast with collecting ducts beneath the areola. Each participant received a breast model for demonstration in their community.

Maternal and Child Health

This topic was added to the scheduled ones by the Master Trainer, seeing that most of the participants were untrained. Topics covered included pregnancy, child delivery, care of the newborn and lactating mother. She also laid emphasis on the bad traditional practices (such as the cutting of the newborn's uvula, female circumcision, traditional hot bath of mothers that has just delivered etc) that can affect the health of mothers and children.

Complementary feeding

Participants were aware of the different types of foods in their locality. They were taught the functions of the different types and how to combine them to provide adequate nutritious meals. Based on the lecture received, the participants were able to choose complementary diets for babies of weaning age during their group discussion. These they prepared during the practical session.

Diarrhoeas

The pretest result showed that only 2 of the trainees could prepare the salt-sugar solution (SSS). The participants were taught how to prepare the SSS using the correct quantities and technique. They were given opportunities to demonstrate it to the rest of the class. The post-test result however, showed that the trainees had acquired the neccessary skills on how to prepare the SSS.

Monitoring and Evaluation (M&E)

Most of the TBAs mentioned that they had never seen the PHC card before. They were trained on how to use the card to collect information on breastfeeding.

STIs and HIV/AIDS

Some of the participants had heard of AIDS but did not know the cause, how it is transmitted or how to recognise or handle the cases. The trainer emphasised modes of transmittion and how to care for cases. The traditional practices that can lead to the transmittion were also discussed.

EVALUATION

Participants were evaluated through a pretest and post-test that were administered orally. There were 3 stations and examiners had checklists for scoring trainees' performance. Eleven(78%) trainees scored less than 50% in the pretest, the highest score being 56.3%. However, the post-test result showed a marked improvement in knowledge and skills in all the topics. All the trainees passed; the highest score being 87.5% and the lowest 50%. One participant missed the post-test due to ill-health (Appendix 3).

The workshop satisfied participants' expectations and was rated highly for planning, classroom management, time management, et cetera (Appendix 5).

GENERAL

The training programme which was suppose to commence on 10th April was delayed by one day. The Master Trainer fixed this date without informing the State Trainer, Mr. Sani. He was suprised when the team arrived his clinic on 10th April. However, with the assistance of the Village Head he was able to mobilize participants from the community. Only 2 participants (1 VHW and 1 TBA) were previously trained.

There is no good road network to Garin Gabas village and thus it was not possible to involve participants from other villages in the Local Government.

RECOMMENDATIONS

1. The Master Trainer should endeavour to make concrete arrangements with the State Trainer for future trainings and Community Support Programmes.

2. The Self Help Groups in the village should be involved in the Community Support Programmes in order to ensure success and sustainability of the programme.

3. The training of the Village Health Workers and the Traditional Birth Attendants should continue.

4. Weighing scales should be provided as soon as possible for the ECWA clinics and TBA weighing scales to the TBAs.

APPENDIX 1

TIME-TABLE AND DISTRIBUTION OF RESPONSIBILITIES [Garin Gabas]			
TIME	DAY I	DAY II	DAY III
	Registration and Pretest [all trainers]	Review of Previous	day's Activities [Trainers]
9.00 – 9.30 a.m	Opening Ceremoney [USAID]	L A M [Ladi]	Nutrition and Disease, bad and Positive feeding practices [Sani]
9.30–10.30 am	Importance of Nutrition and Components of adequate diet [Sani]	Traditional beliefs of regarding Complementary feeding and Optimal infant feeding [Ladi]	Diarrhoea and ORT [Baba]
10.30 – 11.00 am	Belief regarding nutrition in Pregnancy and Lactation [Baba]	Pregnancy, Delivery and Care (Ladi)	Diarrhoea and ORT [Baba]
11.00 – 11.30 am	BREAK	BREAK	BREAK
11.30 – 12.30 pm.	Advantages of B/F, EBF and Positioning [Ladi]	Food Demonstration [All]	Monitoring and Use of PHC Cards [Baba]
12.30 – 1.30 pm.	Problems associated with B/F and relactation [Sani]	Food Demonstration [All]	STI/HIV/AIDS [Ladi]
1.30 – 2.30 pm.	LUNCH	LUNCH	LUNCH
2.30 – 3.30 pm.	Group Work and review of day's Work [All]	Monitoring and Use of PCH Cards [Baba]	Post-Test
3.30 – 4.00 pm.		Review of day's work [Trainees]	Evaluation of Workshop

ECWA CLINIC

DUTSE PROGRESS REPORT ON
EXCLUSIVE BREAST FEEDING:

Following the state training programme we had with well-start international under the leadership of DR. YINKA ADOSEDE - in February this year. The following progress were recorded in Dutse (ECWA DUTSE.)

1. TRAINING OF TBA/VHW .

21 TBA's and VHWS were trained in April, on optimal Breast feeding including nutrition, HIV/AIDS, Diarrhoa, Management etc, certificates and PHC Chart for children were distributed to the TBA's and VHWS, individually.

After the first training, request for more training by some communities and the local government have been coming; Hajiya LADI IBRAHIM, the master trainer was able to write to some of the local government HOD's - chairman assuring them of more trainings to come since about 11 men and women were trained as state trainers.

2. COMMUNITY OUTREACH-

Though not all communities were among our inventory, because we have only 5 communities in our inventories. The 21 TBA/VHWS trained were from 14 different communities, because of this we have been able to visit the ones we can, and 8 communities were visited. The PHC child card issued to some of them were not adequately used because most of them can not even read and write especially the TBA's, nevertheless about 42 children on breast feeding aged 0-2 years were recorded;

HEALTH EDUCATION:

Optimal breast feeding has become our day to day health education and counselling in the clinic, since every breast feeding mother coming to us will be weighed and given health talk on exclusive breast feeding, despite very few of them could still believe what we say, we have the belief that as they could be hearing on the radio and T.V. and during community support programmes, there will be atleast 60-70% change.

PROFESSIONAL FORUM:-

This was organised by our ECWA Youth, which I was invited to educate them on the 2 major killer diseases we had in Dutse, some weeks back,(CSM/Cholera) I also used that opportunity to introduce exclusive breast feeding where we had a total no. of 51 men and women including children in attendance.

COMMUNITY SUPPORT PROGRAMME

After the General Community support, we hard on 8th July, we were able to organise another programme the next day - 9th July, 1996 in ECWA CHURCH. The following total was recorded;

1.	Men	-	39)	
2.	Women	-	37)	Total 107
3.	Children	-	31)	

About 186 stikers, and posters were distributed that night. Few questions were entertained because time was limited. We are still plaining to introduce to some churches especially the women fellowship groups; while FOMWAN were also planning for the muslim fellowship groups.

Lastly, the achievement we made from WELL START international/ USAID can not be emphasized, only God can reward this great achievement, since many innocent lives could be saved through your effort: We also do our best to sustain this programme since you have been able to lay a very good foundation.

Thanks,

your's faithfuly ,

JOHNSON M. IDRIS.
I/C ECWA- CHP DUTSE .

COPY: - HAJIYA LADI IBRAHIM.
- ECWA DHC OFFICE.

ANNEX VIII

REPORT OF THE COMMUNITY SUPPORT PROGRAMMES IN OYO, OSUN, AND JIGAWA STATES

REPORT OF THE COMMUNITY SUPPORT PROGRAMMES (CSP) IN OYO, OSUN AND JIGAWA STATE. By Ms. Grace Essien,Consultant.

BACKGROUND/PROBLEM STATEMENT

Many health projects in Nigeria have not been as successful as expected because the people were not fully involved in their planning and implementation. The Community Support Programme on breastfeeding and infant nutrition, is a part of the USAID integrated Primary Health Care (PHC) Programme in collaboration with NNGOs health services in Oyo, Osun and Jigawa states to promote community participation and sustainability.

The Programme is designed to address some resistances to optimal breastfeeding and infant nutrition including the discarding of colostrum, late initiation of breastfeeding, late introduction of complementary foods, weaning of babies unto nutrient deficient foods etc.

Four of such Programmes were conducted in four communities (two rural and two urban). The communities include: Telemu in Osun State and Ajegunle Oke-Asa in Oyo State (rural); Osogbo in Osun State and Dutse in Jigawa State (urban).

The State Trainers from the selected LGAs with the assistance of the Master Trainer organised and conducted the programmes.

objective

To educate the community members on Optimal breastfeeding and Infant feeding and encourage their participation in intervention activities to improve infant nutrition.

COMMUNITY SUPPORT PROGRAMME (CSP) IN TELEMU VILLAGE, OLA-OLUWA LGA, OSUN STATE. 25TH JUNE, 1996.

PARTICIPANTS

The State Trainers, Rev. Sr. Lelia Idigo of Catholic Network Services and Mrs. S. M. Oni of the Baptist Medical Services with the assistance of the Master Trainer, Mrs. Niabari Olupona conducted the programme.

The Wellstart Resident Advisor, Dr. O.A. Abosede, Wellstart Administrative Assistant, Mr. Sola Kehinde, a consultant, Ms. Grace Essien and a State Trainer from Ibadan, Mrs. Babafunke Fagbemi were observers at the programme.

A total of 485 (70 children and 415 adults) community members of Ola-Oluwa L.G.A., community leaders, members of Community Development Committees, LGA health staff, the former chairman of the LGA and the VHWs/TBAs in the LGA who participated in the Wellstart refresher course attended the programme.

ACTIVITIES

The programme was held at the Catholic Health Clinic, Telemu. It started with the opening prayer led by one of the community leaders. The State Trainer, Mrs. S.M. Oni welcomed everyone to the day's activity and introduced the organisers, Community Development Committees and other Community Leaders. The Master Trainer, Mrs. Niabari Olupona discussed the objectives of the day's programme. While waiting for the arrival of the Wellstart Resident Advisor and other observers, the Master Trainer gave a talk on optimal infant feeding practises.

Certificates were presented to the VHWs/TBAs who successfully completed the Wellstart refresher course organised for VHWs/TBAs.

There was a 24 minute video drama in Yoruba which addressed the promotion of Optimal Breastfeeding and Child Nutrition. This was followed by a question and answer session led by the Master Trainer. The viewers, especially the elderly men asked many important questions. Posters on breastfeeding were distributed to those present.

The former Chairman of the L.G.A. on behalf of the community members expressed his appreciations to the organisers and sponsors of the programme. He also advised those present to put into practise all that they have learnt in order to improve their health and that of their children.

The closing prayer was led by the State Trainer, Mrs. S. M. Oni.

GENERAL COMMENTS.

The community members contributed a lot towards the success of the programme. They provided the canopies and chairs and helped to arrange the venue of the programme.

The community leaders also helped in the mobilization of the community members.

The programme took place in the evening when the villagers were back from their farms and this also contributed to the large turn-out. Traditional drumming and gun salutes were used to grace the occassion.

COMMUNITY SUPPORT PROGRAMME (CSP) IN AJEGUNLE OKE-OSA VILLAGE, SURU-LERE LGA, OYO STATE. 26TH JUNE, 1996.

PARTICIPANTS

The programme was conducted by the Master Trainer, Mrs. Niabari Olupona and three State Trainers of Baptist Medical Services, Mr. Obansola, Mrs. Comfort Sadiq and Mrs. Victoria Olaniyan.

The Wellstart Resident Advisor, Dr. O.A. Abosede, Wellstart Administrative Assistant, Mr. Sola Kehinde and a consultant, Ms. Grace Essien were observers at the programme.

A total of 432 (180 children and 252 adults) community members of Surulere LGA, community leaders, members of the Community Development Committees, LGA health staff and the VHWs/TBAs in the LGA who participated in the Wellstart refresher course attended the programme.

ACTIVITIES

The programme was held at the Ajegunle Oke Asa Baptist Church. It started with the opening prayer led by the Pastor of the church. The State Trainer, Mr. Obansola welcomed everyone to the day's activity and introduced the organisers, members of the Community Development Committees and other Community Leaders. The Master Trainer, Mrs. Niabari Olupona discussed the objectives of the day's programme.

There was a 24 minute video drama in Yoruba which addressed the promotion of Optimal Breastfeeding and Child Nutrition. This was followed by a question and answer session led by the State Trainer, Mrs. Olaniyan. The viewers, asked many important questions. Posters on breastfeeding were also distributed to those present.

The Wellstart Resident Advisor, Dr. O.A. Abosede presented certificates to the VHWs/TBAs who successfully completed the Wellstart refresher course organised for VHWs/TBAs. She also presented gifts (cloth bag designed by Wellstart) to three infants that were breastfed exclusively for 6 months.

One of the community leaders on behalf of the community expressed his appreciations to the organisers and sponsors of the programme. He also said that they were going to put into practice all that they have learnt in order to improve the health of their children.

The closing prayer was led by one of the TBAs.

GENERAL COMMENTS.

The community members contributed a lot towards the success of the programme. The mobilisation of the community members was done by the Community Development

Committees.

The programme took place in the evening when the people were already back from their farms and this also contributed to the large turn out. Traditional Drummers were also present to grace the occasion.

COMMUNITY SUPPORT PROGRAMME (CSP) IN OSOGBO, OSUN STATE. 5TH JULY,1996.

PARTICIPANTS

The State Trainers, Mrs Olaore and Mrs. Olulande, both of the National Council of Women Society; Mrs. Owodimilehin and Mrs. Olutayo, both of the Association of Private Nurses and the Master Trainer conducted the programme.

The Wellstart International Senior Programme Associate, Mr. Dwight Cochran, Wellstart Nigeria Resident Advisor, Dr. Yinka Abosede, Administrative Officer, Mr. Sola Kehinde, a consultant, Ms. Grace Essien, staff of Seakwood communication, Mr. Oseni and Mr. Oluibo Abiodun were observers at the programme.

A total of 163 (65 school children, 96 women and 2 men) community members and the Community Based Distributors (CBDs) in the town who participated in the Wellstart refresher course attended the programme.

ACTIVITIES

The programme was held at the Osun State Presidental Hotel, Osogbo. It started with the opening prayer led by the State Trainer, Mrs. Owodimilehin.This was followed by the introduction of the observers and the organisers. She also discussed the objectives of the day's programme.

There was a 24 minute video drama in Yoruba which addressed the promotion of Optimal Breastfeeding and Child Nutrition. This was followed by a question and answer session led by the State Trainer, Mrs. Olutayo. The viewers, especially the nursing mothers asked many important questions. Posters and stickers on breastfeeding developed by Wellstart International (Nigeria) were distributed to all present.

Certificates were presented to the CBDs who participated at the Wellstart refresher course organised for CBDs. This was followed by the presentation of gifts (cloth bag designed by Wellstart) to the baby who was breastfed exclusively for 6 months.

The vote of thanks was given by the State Trainer, Mrs. Olaore, while one of the CBDs led the closing prayers.

GENERAL COMMENTS.

The mobilisation of the participants was done by the State Trainers who only informed the clients that attend their clinics / centres. The community leaders were not well informed about the programme and thus did not participate. The programme was held in the morning and this also contributed to the poor turn-out since most people were in their place of work. Traditional drummers were also present to grace the occassion.

COMMUNITY SUPPORT PROGRAMME (CSP) IN DUTSE, JIGAWA STATE. 8TH AND 9TH JULY,1996.

PARTICIPANTS

The State Trainers, Mr. Johnson Idris and Mr. Yahaya Taura both of ECWA Health services, the Master Trainer, Haj. Ladi Ibrahim and the Jigawa State Director of Culture, Alhaji Mayaki Gumel conducted the programme.

The Wellstart Nigeria Resident Advisor, Dr. Yinka Abosede, Administrative Officer, Mr. Sola Kehinde, a consultant, Ms. Grace Essien, the AIDSCAP (Jigawa) Programme Manager, Dr. Lawan Garuba and the Jigawa State Director of Culture, Alhaji Mayaki Gumel were observers on the first day of the programme.

A total of 63 (all men) Self Group members from different communities in Dutse L.G.A. attended the programme. The Village Health Workers and Traditional Birth Attendants who participated in the Wellstart Refresher course were not properly informed about the programme and thus did not attend.

ACTIVITIES

The programme was held at the Jigawa State Secretariat Conference hall, Dutse. It started with the opening prayer led by Alhaji Gumel. He also discussed the objectives of the day's programme. A brief health talk was given by the Master Trainer.

There was a 25 minute video drama in Hausa which addressed the promotion of Optimal Breastfeeding and Child Nutrition. This was followed by questions and answers session led by the Master Trainer. Posters and stickers on breastfeeding were distributed to all present.

Alhaji Gumel advised the participants to put into practice all that they have learnt. He also urge them to educate the community members especially the nursing mother on proper infant feeding practice.

The vote of thanks was given by one of the participants, while Alhaji Gumel led the closing prayers.

The programme came up again the next day at the ECWA church, Dutse. The programme came up in the evening and it was conducted by the State Trainers, Mr. Johnson Idris and Ms. Racheal Soji, both of ECWA health services. The Master Trainer did not take part in the programme. A total of 107 (39 men, 37 women and 31 children) persons attended the programme.

The 25 minute video drama was shown and this was followed by questions and answers session led by the State Trainer. Posters and stickers on breastfeeding were distributed

to those present.

GENERAL COMMENTS.

Despite the fact that the Master Trainer mobilized the people with the assistance of the Head of Department (Health), Dutse LGA, the turn out was poor. The Master Trainer did not involve the State Trainers in the mobilization.

The programme was held in the morning and this must have contributed to the poor turn-out since most people were in their place of work or farm. Women did not take part in the programme and as a result of this, the State Trainer was advised by the Resident Advisor to organise a similar programme among the christian community, she also sent the same message to the State Trainer from FOMWAN through the Master Trainer.

The programme was organised the next evening at ECWA church in Dutse and it went well. The FOMWAN group will be organising one for the Arabic school soon.

GENERAL RECOMMENDATIONS.

Based on the outcome of the various Community Support Programmes, the following are recommended:

- The Master Trainer should endeavour to organise similar programme in other Wellstart intervention communities.
- The subsequent programmes should come up in the evenings.
- The community leaders should be well informed before the commencement of the programme in the various communities and they should assist in the mobilization of the community members.

ANNEX IX

TRAINING EVALUATION AND MONITORING FORMS

MATRIX FOR CHW/VHW TRAINING IN NIGERIA

ACTIVITY	OYO	OSUN	JIGAWA
TRAINING OF TRAINERS			
Date when Training of Trainers began			
Number of trainers trained on Adult Education course per region			
Number of trainers trained on use of CHW/VHW module per region			
Number of TOTs conducted per region			
Average score on TOT pre-test			
Average score on TOT post-test			
COURSES ON BREASTFEEDING			
Date when trainers began conducting courses on breastfeeding/lactation management			
Number of courses conducted for VHWs per region (after TOT)			
Number of VHWs trained per region			
Number of courses conducted for CHWs per region (after TOT) (Indicate if CHWs are trained in same course as VHWs)			
Number of CHWs trained per region			
Number of courses conducted for (fill in other audience) per region			
Number of (fill in other audience) trained			
SUPERVISION			
Organization responsible			

Description of Supervisory system			
No. of persons supervised			
MONITORING			
Organization responsible			
Description Monitoring system			
How often			
FUNDING/COST			
Donor and amount			
Cost per training workshop (excluding TOT)			

(3)
92

WELLSTART TRAINER TRAINING AND SUPERVISION FORM

NAME_____ SITE_____

ACTIVITIES	FEB	MAR	APR	MAY	JUN	JUL	AUG	TOTAL
No. of VHWs Trained								
No. of TBAs Trained								
No. of CBDs Trained								
Total Successfully Trained								
No. of post-training visits for CHW/TBA/CBDs								
No. of community support programs								
Total attendance								
No. of dramas/videos shown								
No. of mothers exclusively breastfeeding								
No. of mothers not exclusively breastfeeding								
No. of IEC materials distributed:								
Posters								
Counseling Cards								
Stickers								
T-shirts								
Health worker pins								

IEC Materials Distribution List

Name of Master Trainer/Trainer: _____

State or Site: _____

Type of Material: _____

No. received _____

No. Given	To Whom	Title or Type of Worker	Place

BREASTFEEDING AND GROWTH MONITORING AND PROMOTION TALLY SHEET

HEALTH FACILITY..... NAME OF COMMUNITY.....

DISTRICT..... MONTH AND YEAR.....

BREASTFEEDING BY AGE

	0-5 MONTHS	6-11 MONTHS	12-23 MONTHS	24-35 MONTHS	TOTAL 0-35 MONTHS
A1:CHILDREN BREAST-FEEDING EXCLUSIVELY (0-6mo)	0000 0000 0000 0000 0000 0000				2
A2:COMPLEMENTARY FEEDING	0000 0000 0000 0000	3 0000 0000 0000 0000	0000 0000 0000 0000	0000 0000 0000 0000	4
	NUMBER	OF WEIGHINGS	BY AGE		
B1:CHILDREN WEIGHED FOR FIRST TIME EVER	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	5
	FOR CHILDREN	WEIGHED	PREVIOUSLY	ONLY	
B2: IRREGULAR MONITORING (weighed in the last 2 months)	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	6
B3 REGULAR MONITORING (weight in the last month or month before that)	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	7
B TOTAL CHILDREN WEIGHED (B1 + B2 + B3)	12	13	14	15	8
	B3 FOR CHILDREN WITH REGULAR MONITORING ONLY				
B3.1 GAINING WEIGHT	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	9
B3.2 NO CHANGE IN WEIGHT	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	10
B3.3 LOSING WEGHIT	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	11
TOTAL	17	18	19	20	
C. CHILDREN BELOW BOTTOM LINE	0000 0000 0000 0000	0000 0000 0000 0000	0000 0000 0000 0000	0000 0000 0000 0000	
TOTAL	21	22	23	24	16

ANNUAL RECORD OF BREASTFEEDING, GROWTH MONITORING AND PROMOTION BY THE DISTRICT/LGA

DISTRICT/LGA _____ STATE _____ MONTH & YEAR _____

MONTH OF THE YEAR	No of Weighing sites		Breast feeding			B1 Children Weighed First time ever	Children Weighed Previously		B1+B2+B3 Total Children Weighed	Children with Regular Monitoring			All children weighed				BELOW BOTTOM LINE	REGULAR MONITORING				CHILDREN BELOW BOTTOM LINE			
							B2 Irreg.	B3 Regular		B3 1 Change in Weight	B3 2 No change in Weight	B3 3 Losing Weight	0-5	6-11	12-23	24-35		0-5	6-11	12-23	24-35	0-5	6-11	12-23	24-35
	Total	Reporting	EB	CF																					
(1)	(2)		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
JANUARY																									
FEBRUARY																									
MARCH																									
APRIL																									
MAY																									
JUNE																									
JULY																									
AUGUST																									
SEPTEMBER																									
OCTOBER																									
NOVEMBER																									
DECEMBER																									
TOTAL																									

Officer in charge _____ Date _____

MONTHLY RECORD OF BREASTFEEDING, GROWTH MONITORING AND PROMOTION BY THE DISTRICT/LGA

DISTRICT/LGA _____ STATE _____ MONTH & YEAR _____

NAME OF COMMUNITY	A1 CHILDREN EXCLU-SIVELY BREASTFED	A2 COMPLEMENTARY FEEDING		B1 Children Weighed First Time Ever	CHILDREN WEIGHED PREVIOUSLY		B1+B2+B3 TOTAL CHILDREN WEIGHED	CHILDREN WEIGHED			ALL CHILDREN WEIGHED				CHILDREN BELOW BOTTOM LINE C	REGULAR MONITORING				CHILDREN BELOW BOTTOM LINE			
		<6 Months	>6 months		B2 IRREG MONIT-ORING	B3 REGULAR MONIT-ORING		B3.1 Gaining Weight	B3.2 No change in weight	B3.3 Losing Weight	0-5 Months	6-11 Months	12-23 Months	24-35 Months		0-5 Months	6-11 Months	12-23 Months	24-35 Month	0-5 Months	6-11 Months	12-23 Months	24-35 Month
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

ANNEX X

QUESTIONNAIRE OF EVALUATION FOR NUTRITION MODULES

COMPARISON OF THE TWO NUTRITION MODULES (%)

H = HOR. ZONAL V = VERTICAL

S/No.	CONTENTS	WELL TREATED		PARTIALLY TREATED		NOT TREATED	
		H	V	H	V	H	V
1.	Definition of Nutrition	95.8	20.8	4.2	45.8	—	—
2.	Importance of Nutrition	83.3	37.5	16.7	25	—	12.5
3.	Define Food	75	20.8	25	54.1	—	16.7
4.	Define adequate and nutritious diet	95.8	29.2	4.2	37.5	—	12.5
5.	State the components of a balanced diet	87.5	33.3	12.5	45.8	—	8.3
6.	State relationship between nutrition and diseases	83.3	37.5	16.7	41.7	—	12.5
7.	Community mobilization	75	33.3	16.7	29.2	8.3	25
8.	Nutrition Education	66.7	33.3	29.2	37.5	4.2	12.5
9.	Food demonstration Session	66.7	37.5	33.3	37.5	—	8.3
10.	Diet During Pregnancy	79.2	25	16.7	54.1	4.2	8.3
11.	Effects of poor diet in pregnancy	87.5	—	12.5	—	—	87.5
12.	Diet during lactation	100	12.5	—	8.3	—	75
13.	Problems of pregnancy	95.8	4.2	4.2	8.3	—	83.3
14.	Dealing with the problems	95.8	12.5	4.2	4.2	—	75
15.	Traditional practices and taboos affecting nutrition	95.8	8.3	4.2	4.2	—	87.5
16.	Contents of Breastfeeding	91.7	25	8.3	16.7	—	50
17.	Importance and advice on breast-feeding	91.7	20.8	8.3	8.3	—	66.7
18.	Initiation of breastfeeding	95.8	12.5	4.2	20.8	—	62.5
19.	Assist mother to maintain adequate breastmilk flow	95.8	12.5	4.2	33.3	—	45.8
20.	Other factors which may lead to reduction of milk production	95.8	8.3	4.2	12.5	—	75
21.	Traditional practices and taboos affecting breastfeeding	95.8	8.3	4.2	29.2	—	58.3
22.	Problems of mixed feeding	83.3	8.3	12.5	20.8	4.2	62.5
23.	Personal Hygiene	91.7	4.2	8.3	8.3	—	83.3
24.	Care of the breast	95.8	8.3	4.2	8.3	—	75
25.	Diet of lactating mother	91.7	12.5	8.3	8.3	—	79.2

		H	V	H	V	H	V
26.	Baby friendly Initiative [BHFI]	91.7	8.3	4.2	12.5	4.2	70.8
27.	Prevention of pregnancy while lactating	95.8	4.2	4.2	16.7	—	62.5
28.	L A M	100	—	—	4.2	—	91.7
29.	Engorged breast	100	—	—	16.7	—	75
30.	Breast Problems	100	—	—	12.5	—	83.3
31.	Feedings separated infants	100	—	—	4.2	—	91.7
32.	Re-lactation	91.7	8.3	8.3	4.2	—	83.3
33.	Feeding of Motherless Babies	87.5	4.2	12.5	—	—	91.7
34.	Breastfeeding Twins	95.8	—	4.2	4.2	—	91.7
35.	Counselling on Bottle feeding	91.7	4.2	8.3	20.8	—	79.2
36.	Optimal Infant Feeding	91.7	29.2	8.3	16.7	—	45.8
37.	Definition of Complementary Feeding	95.8	8.3	4.2	8.3	—	79.2
38.	Complementary Foods and Quantity for different ages: 6 - 2 years	91.7	29.2	8.3	12.5	—	54.1
39.	Preparation of complementary foods and feeding of infants	91.7	16.7	8.3	—	—	75
40.	Adequate diet for different ages from 0 - 2 years	91.7	45.8	8.3	12.5	—	33.3
41.	feeding of the ill child	91.7	12.5	8.3	8.3	—	70.8
42.	Dangers of forced feeding	79.2	8.3	20.8	8.3	—	75
43.	Assessment of children's diet	83.3	8.3	16.7	16.7	—	66.7
44.	Signs and symptoms of common nutritional disorders	91.7	41.7	8.3	8.3	—	41.7
45.	Management of nutritional disorders	91.7	33.3	—	8.3	—	50
46.	Prevention of nutritional disorders	87.5	16.7	4.3	12.5	—	62.5
47.	Assessing food situation in the community	87.5	8.3	12.5	12.5	—	75
48.	Assessing the adequacy of the infant/child feeding practices in the community	95.8	8.3	4.1	16.7	—	70.8
49.	Mobilization	91.7	4.2	8.3	8.3	—	83.3
50.	Ways of promoting food production	95.8	8.3	4.2	12.5	—	70.8
51.	Production of foodstuff for complementing feeding	91.7	12.5	8.3	4.2	—	75

		H	V	H	V	H	V
52.	Relevant Extension Workers	95.8	4.2	4.2	8.3	—	79.2
53.	Method of storage	95.8	14.2	4.2	—	—	91.7
54.	Method of food processing	95.8	—	4.2	—	—	95.8
55.	Methods of food preservation	95.8	—	4.2	—	—	95.8
56.	Production of adequate local foods	100	—	—	—	—	95.8
57.	Nutrition Surveillance	91.7	45.8	8.3	29.2	—	16.7
58.	G M P	87.5	33.3	12.5	8.3	—	50
59.	Steps in GMP	95.8	54.1	4.2	25	—	16.7
60.	Record Keeping	91.7	16.7	—	8.3	—	45.8
61.	M & E	100	16.7	—	8.3	—	66.7
62.	MCH/FP and Nutrition	79.2	4.2	8.3	8.3	12.5	83.3
63.	Formats preferred and why						
64.	Comprehensiveness - which preferred and why						
65.	Clarity which preferred and why						
66.	Assess the different pictograms - relevance to described texts						
67.	Easy to use/easy to follow modules						
68.	Suggestions for a modest design						
69.	Modification for both designs						
70.	How will you do it if it were you designing the modules?						
71.	How will you prefer a module to be designed for your better understanding?						

ADDITIONAL COMMENTS ON THE NUTRITION MODULES (QUESTIONS 63-71).

63) FORMATS PREFERRED AND WHY ?

Twenty-two(91.7%) of the 24 respondents preferred the horizontal module, while only one(4.2%) preferred vertical module.

REASONS FOR PREFERENCE OF THE HORIZONTAL FORMAT :

* More detailed, very simple, well treated, more explanatory, very comprehensive, easier to open and read, objectives and contents well treated, full and more detail, easy and straight forward to use, easy to understand and less strainous, can be seen at a glance, easy to read the way it is tabulated.

64) COMPREHENSIVENESS WHICH PREFERRED AND WHY ?

* 100% Preferred the horizontal for comprehensiveness.

REASONS GIVEN :

* Methods and discussions are well handled, well explained and can be easily understood, detailed, more explanatory, well tabulated and more facts, explainedand designed in a way it could be easily understood, can be used for training successfully, all explanations are detailed, expressions detailed, summarized to the understanding of whoever comes accross it.

65) CLARITY PREFERRED AND WHY :

* 87% (20 OUT OF 23) preferred horizontal for clarity.

REASONS GIVEN :

Horizontal -- clearer, in a tabular form, full of fine illustrations, very acceptable, more explanations than the vertical.

Vertical 13% (3 out of 23) preferred it for clarity.
1) Well laid out-- horizontal has more facts and the contents are compacted.
2) horizontal module needs more clearer pictographs and typographical corrections.
3) The language is simpler and straight forward

- Both should have more communicable pictures.

HORIZONTAL :
Wordings to be bigger.

VERTICAL :
* should be made more detail.
* Horizontal wordings are too small.
* Vertical can be better if put in a horizontal position.

70) HOW WILL YOU DO IT IF IT WERE YOU ?.

* I will do it the horozontal way, but put table and contents and add more pictograms.

* Almost same with few additions.
* I will try and be as simple as much as posible.
* Horizontal with more explantions in a simple way.
* Horizontal more comprehensive, simple and explanatory but modify the pictures to be color and to relate to each items e.g vegetables will be coloured green.
* Horizontal -- Tabulations very good.
* I will lay more emphasis on the horizontal module.
* I will follow the the horizontal module.
* I want it in a booklet form.
* Horizontal paging to be made more appropriate.
* You can see at a glance what you are reading and looking for with the horizontal module.

71) SUGGESTIONS FOR BETTER DESIGNS :

1) Simple, clear, specific and time oriented.
2) No better way.
3) To be more simple.
4) Break the modules in a simple form.
5) I am satisfied.
6) prefer the module to be designed with simple and correct english of which the horizontal module contains more phrases.
7) the horizontal module is my choice and you can easily know the wordings.
8) As in horizontal pattern.
9) Horizontal module is adequate.
10) Bind like a textbook.
11) PREFER IT TO BE TYPED WELL.
12) Horizontal module is my choice one can easily pick out what she wants to read on.

WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multi disciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

National Programs

Nineteen multi disciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.

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