CHAPTER 3

Planning a Training Program

The primary aim of this book is to look at ways of learning, not to discuss the details of a training program. But the way a training course is planned, and by whom, can greatly affect how teaching and learning take place.

Many approaches are possible. But two things are of key importance: 1) **Each training program should be designed according to the special needs and circumstances of the area it serves.** 2) **Each course should be adapted to the experiences and needs of each new group of students.**

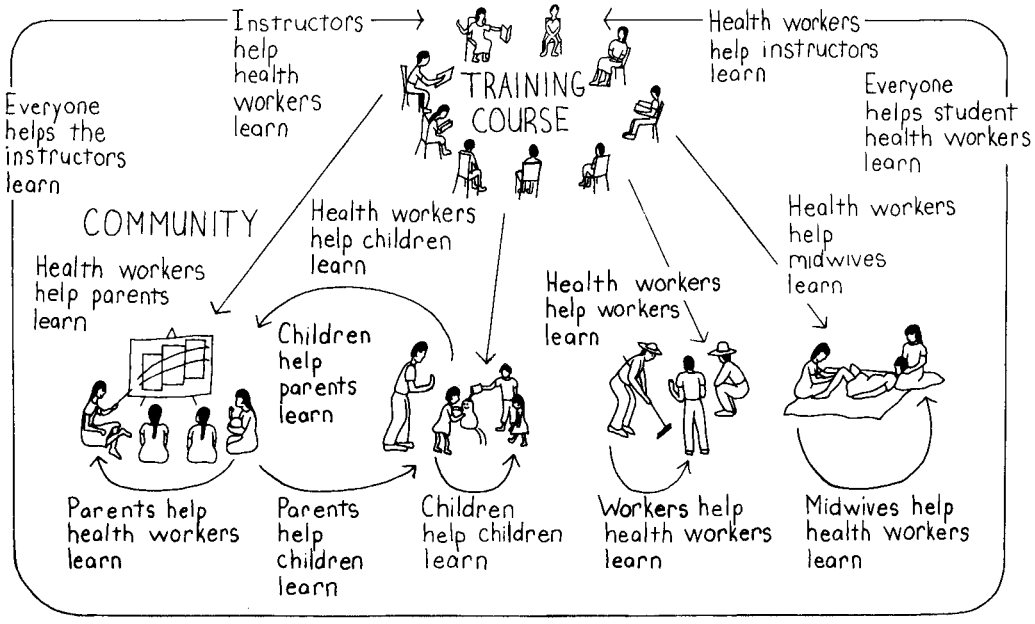
We have reasons for placing this chapter on planning after those on approaches to learning and selection of health workers, instructors, and advisers. The educational approach and the persons involved can affect how course content is decided. For if a 'community-strengthening' approach is taken, **some of the course planning is best done by the participants.**

THE TRAINING COURSE AS PART OF A LARGER LEARNING PROCESS

In this chapter we focus on training courses for health workers. But keep in mind that 'training' takes place in many ways and on many levels.

The training course is—or should be—closely linked with a vital network of continuous learning and teaching that takes place in the community. The diagram below shows some of the possibilities.

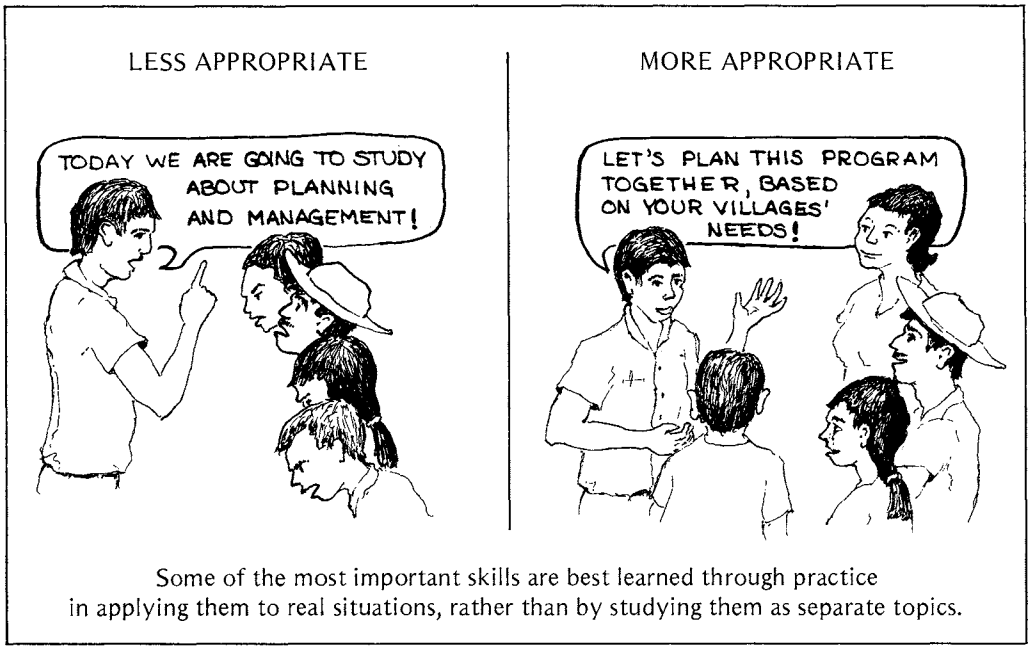
THE NETWORK OF LEARNING FOR COMMUNITY HEALTH



THE IMPORTANCE OF HAVING STUDENTS TAKE PART IN THE PLANNING

The ability to **plan effectively**—to **analyze** and **organize** what needs to be done—is basic to the self-reliance of every individual, family, and community. Planning skills are especially important for health workers who are to become leaders, teachers, and organizers in their communities.

This does not mean that a training program must include special classes on 'planning and management'. Instead, it points to the value of **including the student group in the planning process.**



Some of the most important skills are best learned through practice in applying them to real situations, rather than by studying them as separate topics.

There are several good reasons for including the student health workers in planning the content and organization of their own training:

- Through guided practice **the students learn firsthand about analyzing, planning, and organizing** relevant activities.
- Students become **more deeply involved** in the teaching-learning process.
- They become—and feel—**more equal** to their instructors. This will help them when they begin to plan and teach in their communities. They will be more able to relate to their own people as equals, and to share responsibilities with others.
- Students can help adapt the content of the training program to the problems, needs, and resources within their particular communities. This helps make each training session a new, special, exciting, and **more relevant** experience—for the instructors as well as the students.
- The flexibility and shared responsibility of this approach are basic to achieving community health and **fairer distribution of control.**

A COMMON PROBLEM: PLANNING THINGS BACKWARDS

- Why are so many health worker training courses taught by persons who have no community experience?
- Why do so many instructors give more class time to the study of anatomy and filling out forms than to child diarrhea, nutrition, and teaching methods?
- Why do so many courses fail to prepare health workers to solve many of the basic problems they will face?

The answers to these questions lie in the fact that training programs too often are planned backwards. The time and place are fixed, instructors chosen, and course content decided ***before*** planners consider the special difficulties, resources, customs, and strengths of the people involved. As a result, what is taught does not match either the community's needs or the students' abilities.

Many training programs today teach too much of what matters little—and too little of what matters most. To make things worse, the ***way they teach*** is often as unrelated to people's needs as is the ***subject matter.***

If training is to be appropriate (adapted to people's needs, resources, customs, and abilities), things need to be done the other way around:

1st: Invite the people from the communities that the program will affect to determine and make known their needs.

2nd: Let the people's needs, resources, and abilities determine what should be taught, and to whom.

3rd: Let **what** should be taught, **how,** and to **whom,** determine **who** should teach, **where,** for **how long,** and in **what way.**

This people-centered or 'decentralized' approach to planning can be relatively easy for small programs that are community based. But it may be extremely difficult for a large, regional program. An appropriate approach may still be possible, however, if those in positions of central authority are willing to:

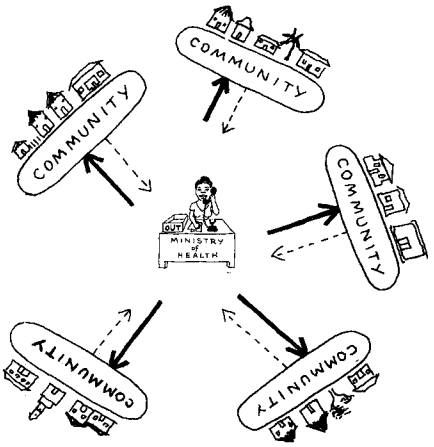
- Permit planning and basic decisions to take place at the community level.
- Act not as a controlling body, but as a center for communications, advice, support, and supply.

} the decentralized or people-centered approach

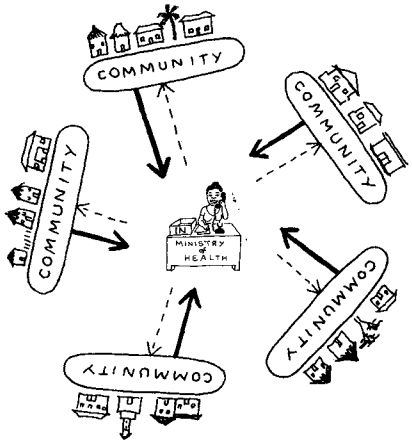
THE DECENTRALIZED APPROACH TO PLANNING

(the solid arrows show the main direction of flow)

The central ministry or program provides most of the supplies, support, and coordination.



The communities provide most of the advice, planning, and control.



When groups are very large, central planning-and-control very easily becomes rigid, bureaucratic, change resistant, and corrupt. **Planning-and-control has more chance of being appropriate, flexible, and responsive to human needs when it takes place in groups that are small enough for everyone to know each other.**

DECIDING HOW MUCH TO PLAN IN ADVANCE AND HOW MUCH TO PLAN DURING THE COURSE

As we have noted, it is advisable to leave some of the planning of a training course until after it begins. This allows the course content to be planned or modified according to the students' interests, experiences, needs, and capabilities.

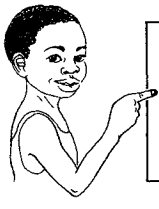
Clearly, however, some planning must be done in advance. Someone has to make decisions about **why, when, where, with whom,** and **for whom** the training will take place. **Resources** and **needs** must also be considered. And certain **preparations** need to be made.

On the next four pages (**3**-5 to **3**-8) we present an outline of IMPORTANT CONSIDERATIONS FOR OVERALL COURSE PLANNING. It includes:

Section A: Planning to be done before the training course begins

Section B: Continued planning after the training course begins

Section C: Planning and programming after the course is completed



Note: The outline to follow is intended as a sort of checklist and question raiser. You do not have to read it in detail as you read through this chapter. Refer to it as you need to when planning a course.

IMPORTANT CONSIDERATIONS FOR OVERALL COURSE PLANNING

A. Planning to be done before the training course begins:

1. FIRST CONSIDERATIONS— PURPOSES AND QUESTIONS

- Whose needs will the training program be primarily designed to meet?
- Will it only **extend** the existing health system, or will it help to **change** it?
- How much will it prepare the health worker to understand and deal with the social (economic, cultural, political) causes of ill health?
- Will it make the poor more **dependent,** or help them to be more **self-reliant?** Will it promote or resist social change?
- What are the general goals and objectives of the program? (To express goals in terms of numbers and dates is probably unwise at this stage. Why?)
- Who is (or should be) involved in all these decisions?

2. OBSERVATION OF NEEDS AND RESOURCES

(Talking with a few observant persons from the area can often provide more useful information than a census or elaborate 'community diagnosis', at far lower cost, more quickly, and with less abuse.)

Information worth considering:

- Common health problems: how frequent and how serious?
- Causes of main problems: physical and social, coming from inside and outside the community.
- People's attitudes, traditions, and concerns.
- Resources: human, physical, economic, from inside and outside the area.
- Characteristics of possible health workers: age, experience, education, interest, etc.
- Possible choices of instructors and training organizers.
- Possible sources of funding and assistance. (Which are more appropriate?)
- Reports and experiences of other programs.
- Obstacles: certain, likely, and possible.

3. EARLY DECISIONS— Who? Where? How many? When?

- **Selection of health workers:** by the community, by the health program, or by both? (How can selection of a health worker be a learning experience for the community?)
- **Selection of instructors and advisers:**
  - How much understanding and respect do they have for village people? Do they treat them as equals?
  - How committed are they to working toward social change?
  - Do they have the necessary knowledge and skills (public health, education, group dynamics, community organization, medicine, etc.) or are they willing to learn?

- **Location:**
  - Where will the training take place? Near or far? Village or city? Why?
  - Where will everyone eat and sleep? In hotels? In special facilities? With village families?

  (How can these decisions influence what they will learn?)
- **Numbers:** How many students will take part in the training course? (Beyond 12 or 15, quality of training usually decreases. This must be weighed against the need to train more health workers.)
- **Timing:**
  - How long will the training course last?
  - What time of year is best?

    (Consider how these decisions may affect who can take part in the course.)
  - Will the training be done in one continuous stretch, or be divided into short blocks so that students can return home (and practice what they have learned) between sessions?

  (Whose needs and opinions should be considered in answering these questions?)
- **Funding:**
  - From where? How much money should come from outside the local area?
  - What are the interests of possible funding groups?
  - What are the advantages and disadvantages of asking communities to pay part of the cost of training their health worker?
  - How can costs be kept low? How much is needed?
- **Follow-up and support:**
  - What opportunities may there be for continued learning or training after the course is over?
  - What kind of support or supervision will the health workers receive?

  (Why is it important to consider follow-up before the training program begins?)

4. ANALYSIS OF PRIORITIES
(deciding what is most important)

Problems can be compared by considering the following:

- How common are they?
- How serious are they?
- How contagious are they?
- How much concern do people feel about them?
- How much do they affect other problems?
- How much could a community health worker do about them in terms of . . .
  - diagnosis and treatment?
  - referral, when needed?
  - prevention?
  - education of local people?
  - community action?
- How easy or difficult will it be to teach a health worker to take safe, responsible action with respect to the problem?

Then group the problems according to their relative importance, or ***priority,*** and decide which ones to include in the course. (Be sure to include common social problems that affect health—such as drinking, overuse and misuse of medicines, local forms of exploitation of the poor, and misuse of resources—as well as physical diseases.)

5. RE-EXAMINING OBJECTIVES

- In view of the information you have gathered and analyzed, how can the training program be best designed . . .
  - so that it prepares health workers to help the people in their villages solve their problems and needs?
  - so that it is adapted to fit the particular strengths and weaknesses of the students?

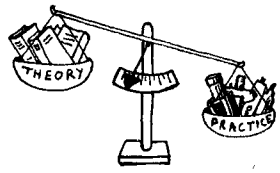
6. ORGANIZING STUDY MATERIAL FOR APPROPRIATE LEARNING

- What general subject areas and specific topics might be taught in order to prepare students to act upon the important problems and needs in their communities?
- How many hours of organized study time will there be during the course?
- How much time is needed to adequately cover each topic?
- How can the time available be best divided among the different topics, according to their priority?
- Which topics are best approached through classroom learning, through practice (in clinic, community, or field), or a combination?

(At this point, some program planners make a list for each subject area, stating exactly what the health workers should know and be able to do. What are the strengths and weaknesses of this approach? See Chapter 5.)

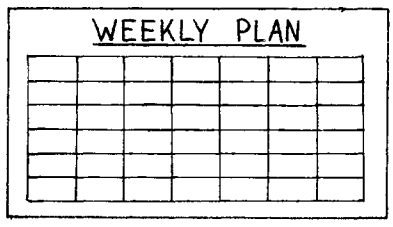
7. PLANNING FOR BALANCE

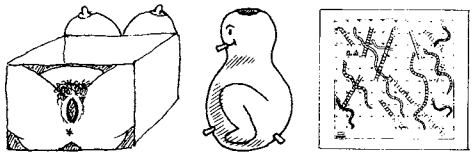
- How can the subject matter be approached so as to maintain an appropriate balance between . . .
  - classwork and practical experience?
  - learning in the training center and learning in the community?
  - preventive and curative health care?
  - physical and social causes of ill health?
  - the needs of the poor and the requirements of those in positions of control?
  - caution and innovation?
  - health skills, teaching skills, and leadership skills?
  - work and play?



8. PREPARING A ROUGH TIMETABLE OR CLASS SCHEDULE
(without details, to be changed later)

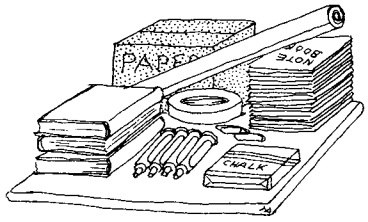
- How can different subjects and topics be arranged, according to hours, days, and weeks, so that . . .
  - there is enough variety to keep the students interested (for example, classwork alternating with farm work, community action, and learning of practical skills)?
  - related subjects are scheduled close together or in a logical order?
  - more difficult subjects come early in the day, and more fun subjects later (when people are tired)?
  - all key subject matter is included?
  - high-priority subjects are given more emphasis in the training course?
  - skills and knowledge needed for immediate use and practice are learned early (for example, learning about medical history, physical exams, preventive advice, Road to Health charts)?
- How can study time and free time be best arranged to meet students' and instructors' needs?
- How can the schedule be kept open and flexible enough to allow for unplanned learning opportunities and special needs as they arise? (It helps to leave the last week of the course unscheduled, to allow for review and for making up 'displaced classes'.)
- How can the schedule be presented in a clear, simple form that can be easily seen and understood by students and instructors?





9. PLANNING APPROPRIATE TEACHING METHODS AND AIDS

- What teaching approach is best suited to persons who are more used to learning from experience than from lectures and books?
- What approaches to learning will help the health worker be an effective teacher in his community?
- What attitudes on the part of the teacher will encourage the health worker to share knowledge gladly and treat others as equals?
- What teaching methods might aid the health worker in helping community people to become more confident and self-reliant?
- What teaching aids can be used that will lead the health worker to make and invent teaching aids after returning to his village?
- What approach to learning will best prepare the health worker to help his people understand and work together to solve their biggest problems?
- What approach to health problems will enable the health worker to learn how to approach the solving of other community problems?
- What can be done to ensure that all learning is related to important needs?
- How can classwork be made more friendly and fun?
- How can tests and exams be presented so that students use them to help each other rather than to compete? How can tests and exams be used to judge the instructor as well as the students?



10. GETTING READY AND OBTAINING SUPPLIES

- What preparations are needed before the course begins? (transportation, eating and sleeping arrangements, study area, wash area, etc.)
- What furnishings and teaching materials are needed to begin? (benches, blackboard, etc.)
- What can be done if some of these are not ready on time?

11. DETAILED PLANNING OF ACTIVITIES AND CLASSES FOR THE BEGINNING OF THE COURSE

- How many days of classes and activities should be planned in detail before the course begins?
- Why is it important that the details of all the classes and activities ***not*** be planned in advance?

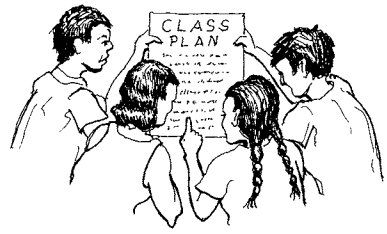
B. Continued planning after the training course begins:

12. INVOLVING STUDENTS IN PLANNING THE COURSE CONTENT (based on their experience and the needs in their communities)

- Why is it important that the students take part in planning the course?
- How can the students' participation in planning help them to learn about . . .
  - examining and analyzing the needs in their communities?
  - recognizing both the strengths and the weaknesses of their people's customs?
  - ways to plan and organize a learning group?
  - the value of learning by doing, and of respecting and building on their own experiences?
  - shared decision making?

13. REVISING THE PLAN OF STUDIES (COURSE CONTENT) ACCORDING TO STUDENT SUGGESTIONS

- To what extent do the priorities determined by the students, according to problems and needs in their own villages, correspond to those already considered by the instructors and planners? (How do you explain the similarities and differences?)
- How important is it to revise the course plans in order to better meet the concerns and expressed needs of the student group?

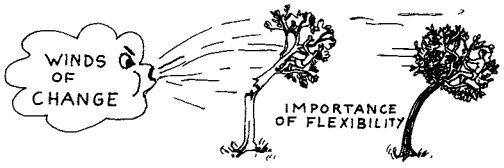


14. PREPARING INDIVIDUAL CLASSES AND ACTIVITIES

- How detailed should class plans be?
- How far in advance should a class or activity be planned? Why?
- Is it helpful to use a particular outline or formula for preparing a class? If so, what should it include?
- Can each class or activity be planned to include . . .
  - all of the basic points to be learned or considered?
  - active student participation and interaction?
  - use of appropriate learning aids?
  - opportunities for the students to explore questions and discover answers for themselves?
  - practice in solving problems similar to those health workers will meet in their work?
  - a chance for students to summarize what they have learned and to ask questions?
- To what extent can students take part in the preparation of classes and of teaching aids? (Is this important? Why?)

15. CONTINUED REVISION OF THE SCHEDULE—to make room for new ideas, learning opportunities, needs, and problems as they arise

- What are the advantages and disadvantages to keeping the program open and flexible? (How might this influence a health worker's ability to work toward, or tolerate, change in his or her community?)



16. EVALUATION DURING THE TRAINING PROGRAM—to consider how it might be improved (see Chapter 9)

- In what ways can this be done?
- Who should be involved?
- What is the value of . . .
  - round-table discussions in which all students and staff have a chance to express their feelings about the program and each other?
  - similar discussions with members of the community where the training program takes place?
  - tests and exams?
  - setting specific goals and seeing if they are met?
- If evaluation studies (informal or formal, ongoing or final) are made, what can be done to help assure that results are useful and will be used?

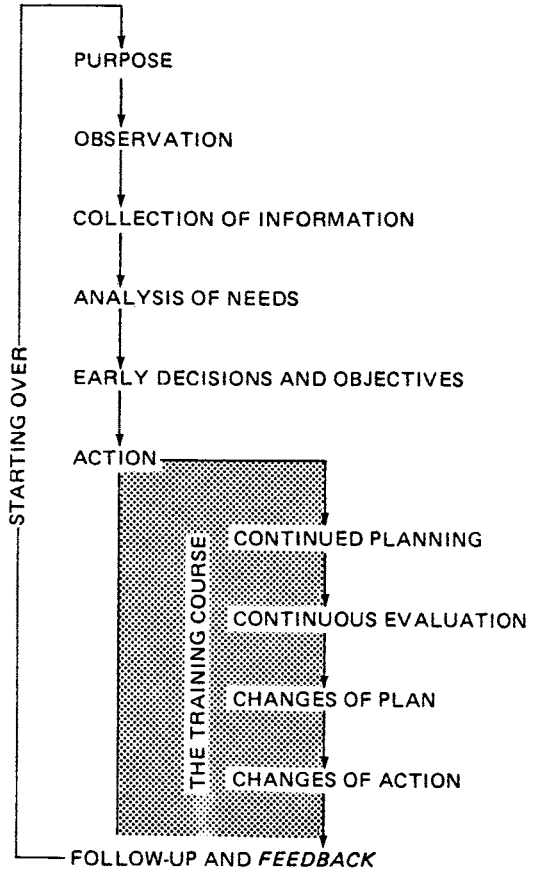
C. Planning and programming after the course is completed:

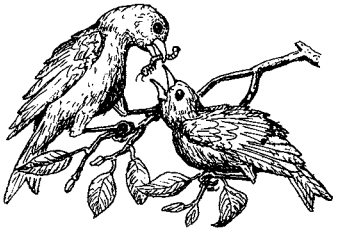
17. FOLLOW-UP AND *FEEDBACK** (see Chapter 10)

- How can a supportive learning situation be continued between instructors and students, and among the students themselves, once the training course is completed?
- How can the following be involved in supporting the health worker:
  - members of the community (a health committee)?
  - other health workers?
  - program instructors, leaders, and advisers?
  - other support groups and referral centers?
- How can the experiences, successes, and difficulties of the health workers in their communities be recorded and used to make the next training course better than the last? (Can this be done so that health workers know they are contributing, rather than being judged?)

18. STARTING OVER

The whole process is repeated:





**FEEDBACK:* helpful ideas and suggestions sent back to planners or instructors by health workers.

EARLY DECISIONS

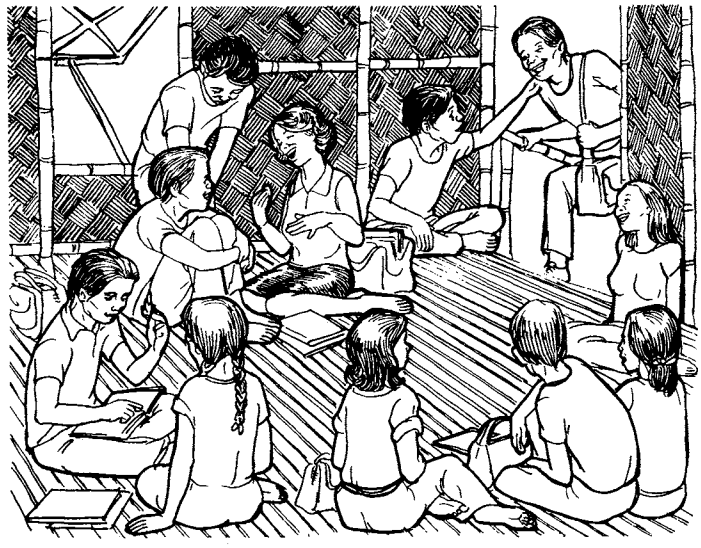
Location of training

It is best if training takes place in a situation close to that where health workers will work. Closeness in distance is convenient. But closeness in terms of community setting is essential. **Village health workers are best trained in a village.** That way, they can practice solving problems and carrying out activities under conditions much like those in their own communities.

If possible, training should take place in a village with a health center where students can gain clinical experience. It helps if the health center is run by experienced local health workers, and has strong community participation. **A small community-based health center is usually far more appropriate for training villagers than a large clinic or hospital** (see page 8-4). The closer the situation of learning to the situation in which health workers will later work, the better.

For the same reasons, it is important that the building in which training takes place—and even the furniture, if any—be similar to those in the villages of the health workers.

In this book and in *Where There Is No Doctor,* we often show drawings of health workers-in-training sitting on chairs or benches. That is because people customarily make and use such furniture in the villages of Latin America where we work. But in areas where people traditionally sit on the ground during meetings and discussions, it makes sense that the same traditions be observed in the training course.



In places where villagers traditionally sit on the floor, it is appropriate that the training course follow the same custom. This drawing is from *Ang Maayong Lawas Maagum,* a Philippine equivalent of *Where There Is No Doctor.*

In the same way, there are advantages to having health workers live with families in the community rather than staying in a separate 'dormitory'. This is discussed further in Chapter 6.

Numbers

LESS APPROPRIATE

MORE APPROPRIATE

Many programs have found that from 12 to 15 is a good number of students for a course. A group this size is large enough for discussions to be exciting, but small enough so that everyone can take part.

Timing

1. Continuous — 2 to 3 months →

Some training courses are taught in one continuous block of time. Two to three months is the average length of such a course. This is usually long enough for health workers to learn the basic skills needed for primary care. Yet it is short enough so that villagers with families and responsibilities at home can (sometimes) afford the time away.

2. Short blocks of training alternating with practice — 2 weeks → 2 weeks → 2 weeks →

Other training courses are taught in a series of shorter blocks of time. Health workers may train for blocks of 2 weeks, separated by periods of 1 or 2 months in which they return to their villages to practice. This way health workers are not apart from their families for so long at one time, and they have a chance to put into practice what they have learned. The experience they gain and the problems they meet in their village work add meaning and direction to their continued training. However, if health workers must come a long distance by foot or on muleback, training in short blocks may not be practical.

3. One day a week — 1 day → 1 day → 1 day → 1 day → 1 day → etc.

The Chimaltenango Development Program in Guatemala has health workers train for 1 day a week as long as they continue their community health work. This means that the health workers continually increase their knowledge and skills. It also allows continual close relations and sharing of ideas within the group. The more experienced health workers lead most of the training sessions. Clearly, this sort of weekly training is only possible where health workers live nearby or where public transportation is adequate.

Combination: Any combination of these plans is possible—for example, a 2-week initial course followed by training one day a week, or a 1-month course with follow-up training every 3 months.

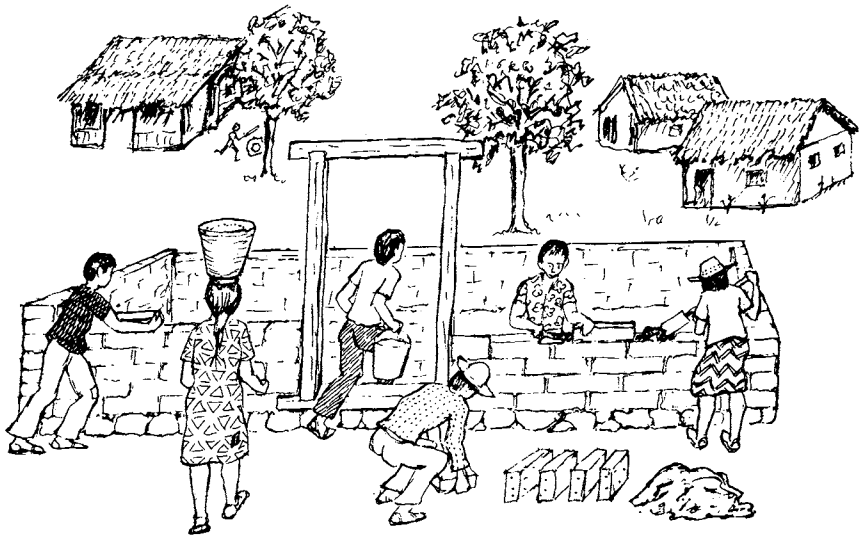
Time of year: For health workers who are also farmers, certain times of year will be convenient for training, while others will be impossible. It is important that villagers be consulted about what time of year to have the training course, and whether training would be more convenient in one continuous period or in shorter blocks of time.

Funding

Most training courses we know about depend on funding from sources outside the area being served. The amount of outside funding varies greatly from program to program. As a general rule, **the more modest the funding, the more appropriate the training.**

The struggle to manage with very limited outside funding can be a valuable learning experience for those involved in a training program. It helps bring the program closer to the reality of the people it serves, and closer to the community as a whole.

For example, a community-based training program in Nuevo Leon, Mexico was begun with very little money. The students and instructors started by building their own mud-brick training center with the help of local villagers.



Later, when outside funding was stopped, the staff and students began raising goats and other animals, and opened a small butcher shop. Their struggle to survive economically brought the community and the health program closer together. When we visited, we were struck by the close, caring relationships between people in the village and participants in the training program.

Outside funding often means outside control. Therefore, it is usually wise to **allow no more than half the funding for a health or development activity to come from outside the area served.** If at least half the funding is provided locally, there is more of a chance that control of the program will also be local. Then, in a very real way, the program will belong to the people.

In Project Piaxtla, Mexico, each village that sends a student to the training course is encouraged to pay half of his or her living expenses during training. Other programs in Central America organize villagers to help with their health worker's farming or other work while he is away at training. This helps the village feel more responsibility for its health worker. And it helps the health worker feel more responsible to his village.

MAKING A ROUGH PLAN OF COURSE CONTENT

Before the training course begins, it helps to make a rough plan of what the course might cover—even though this may later be changed with help from the student group. As much as possible, the plan should be based on the needs of both the communities and the students. But the strengths, talents, and resources of the students and their communities also need to be taken into account.

CONSIDER PEOPLE'S STRENGTHS AS WELL AS THEIR NEEDS.

SUGGESTED STEPS FOR PLANNING THE COURSE CONTENT

1. **List the main problems** that affect the local people's health and well-being.
2. Try to **determine which problems are most important to the people** (priorities in the community).
3. **Decide which problems should be included and which should be emphasized in the course** (priorities for the course). To do this, consider local factors as well as the probable strengths and limitations of the health workers.
4. **List the areas of knowledge and the skills health workers will need** in order to help people solve their more important problems. Arrange these into groups or subjects for active, problem-solving study.
5. Given the length of the course, **consider how much time may be needed** for each subject or study area.
6. For each subject, try to **balance discussion-type learning (classes) with learning by doing (practice).** Also seek a balance between curative, preventive, and teaching skills, physical work, and play.
7. **Make up a rough course plan,** including timetables for each week (but not in great detail, as these will probably be changed with the students' help).
8. **Prepare detailed plans for at least the first few days.**

In the rest of this chapter, we discuss these steps in greater detail. You may find these planning suggestions useful at 3 stages:

- before the course, to help instructors draw up a general course plan,
- during the course, to help the instructors and students adapt the course according to needs in their communities, and
- after the course, to help health workers and people in their communities plan activities according to their needs.

Step 1. Looking at and listing needs

To help a group of health workers (or villagers) plan a course of study or action according to their needs, the first step is to have them look carefully at their recent problems.

Ask each person to speak of his own problems and needs, both big and small. Someone can write the list on the blackboard or a large sheet of paper.

Ask questions that call for specific answers, so that people discuss problems from their own experiences.

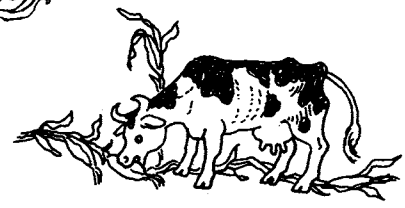
LESS APPROPRIATE– too vague	MORE APPROPRIATE– specific
What are the worst problems of people in your village?	*What is the worst problem your family had this year?*

Although the focus will be on health problems, encourage people to mention other problems and concerns that also relate to health or well-being:

"Our chickens died."

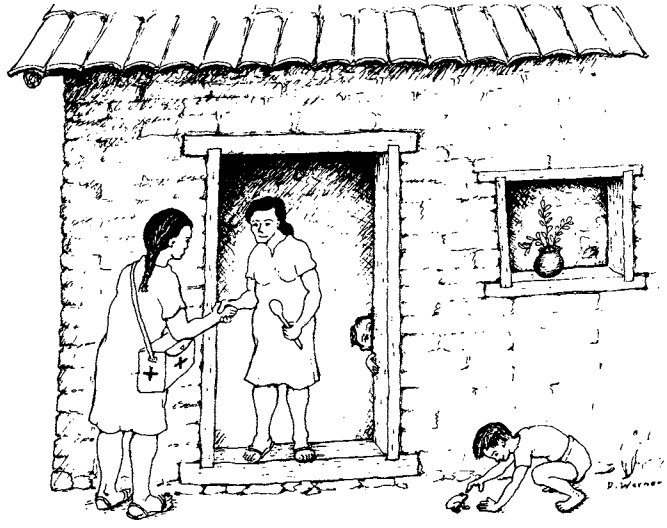
"The crops failed."

"We had to sell our land to pay our debts."



"My neighbor let his cows loose in my cornfield."

Before deciding which health problems to begin discussing in class, one training program in the Philippines has the health workers visit different homes in the village. During these visits, they ask people what they feel to be their biggest problems and needs. This way the community's wishes are brought into the training and planning from the start.



Talk to people about their problems and needs from the very start of training.

Step 2. Considering the relative importance of the different problems the group has listed

This can be done in several ways, some simpler, some more complete.

One way is to make a chart on a blackboard or a large piece of paper. Have the group discuss **how common** and **how serious** they feel each problem to be. Then mark from 1 plus (+) to 5 pluses (+++++) in each column, like this:

PROBLEM	HOW COMMON	HOW SERIOUS	HOW IMPORTANT
Babies have diarrhea	+++++	++++	9
Children have worms	++ ++	++	6
Children very thin	+++ ++	+++	7
Skin sores	++ +++	+	6
Toothaches	++	+++	5
Chickens died	++ +	+++	6
Too far to water	++ +++	++	7
Fever and chills	+++	++++	7
Fathers often drunk	+++	++++	
Crops failed	+++	+++++	
Food in store too costly	++++	+++++	
Heart attacks	+	++++	
Women pale and weak	+++	+++	
Problems after birth	++	++++	
Measles	++	+++	
Common colds	+++++	+	

+ not very common (or serious)
+ + somewhat common (or serious)
+ + + common (or serious)
+ + + + very common (or serious)
+ + + + + extremely common (or serious)

By considering both **how common** and **how serious** a problem is, the students can get an idea of its **relative importance in the community.** To help in this, they can add up the plus marks for each problem.

Ask the group which problem appears to be most important. (In this case it is diarrhea, with 9 pluses.) Then, which are next in importance? (Those with 8 pluses. Which are they?) And so on.

A more complete way to look at the relative importance of problems is to consider the following 4 questions for each problem:

1. How **COMMON** is the problem in the community?

2. How **SERIOUS** are the effects on individuals, families, communities?

3. Is it **CONTAGIOUS?** (Does it spread to other people?)

4. Is it **CHRONIC?** (Does it last a long time?)

Again, plus marks can be used to add up the results. But a more fun way that gets everyone involved is to use cut-out symbols:

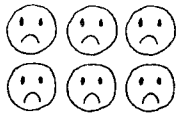
SKULLS mean SERIOUS.

big skulls: EXTREMELY SERIOUS (deadly)

middle-sized skulls: VERY SERIOUS

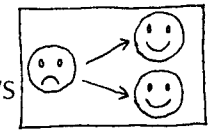
small skulls: SERIOUS

SAD FACES



mean COMMON. The more common a problem is, the more faces you put next to it.

FACES WITH ARROWS



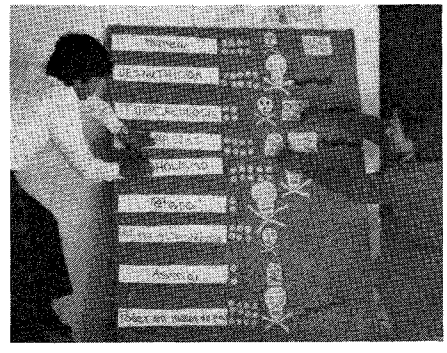
mean CONTAGIOUS (the illness spreads from one person to others).

LONG ARROW

means CHRONIC (the problem is long lasting).

These symbols can be made of flannel or soft cloth, to be used on a 'flannel-board' (see p. **11**-16). First, have the group members draw them and cut them out. They will need at least:

100 sad faces
15 skulls
15 faces with arrows
10 long arrows

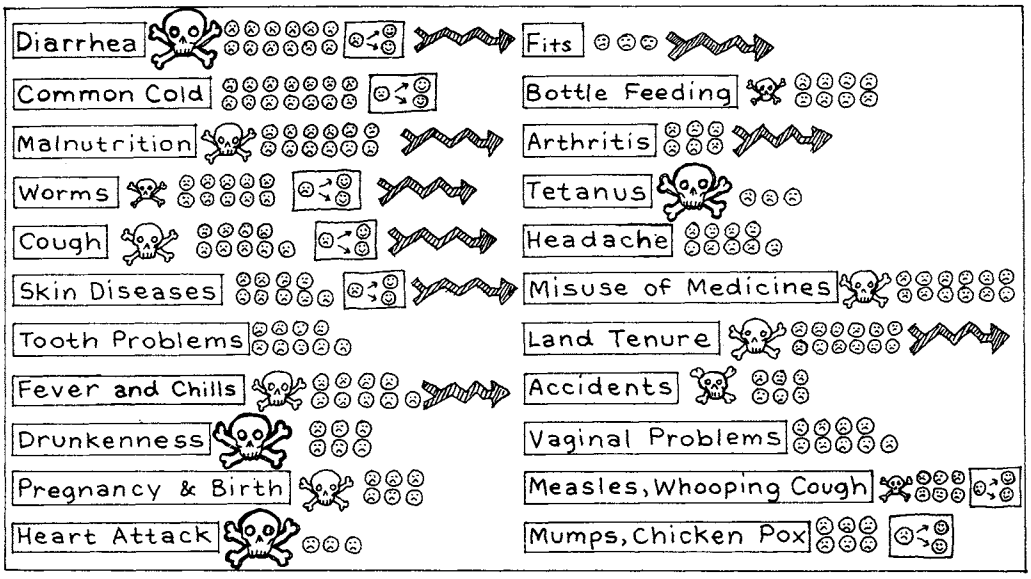


Use a different color for each symbol.

Now write the name of each problem on a strip of paper or cloth. Attach these strips to the flannel-board.

Then discuss the problems one by one. Have students come forward and place the symbols they think fit each problem.

When they are done, the flannel-board could look something like this:



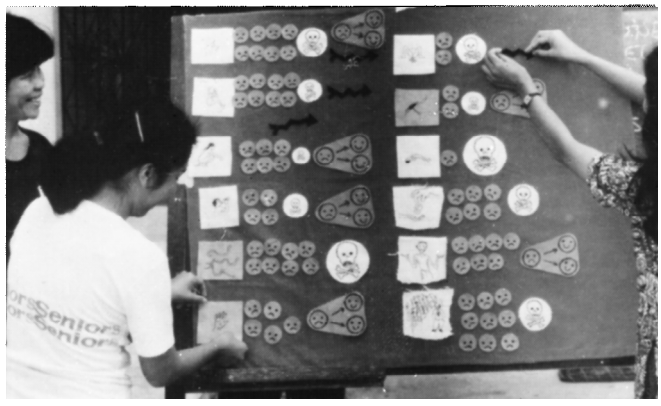
Let the students argue about how many sad faces to put up for 'cough' as compared to 'diarrhea', or whether 'drunkenness' is contagious or not. This will get them thinking and talking about the problems in their villages.

There may be differences of opinion, especially if the health workers come from different areas. For example, in Project Piaxtla in Mexico, some health workers come from hot, lowland villages where diarrhea, hookworm, and typhoid are more common. Others come from mountain villages where colds, bronchitis, and pneumonia are more common. So health workers will discover that problems and needs vary from village to village.

For those who cannot read:

Health workers can use these same methods with persons who cannot read. To show the problems, they can use simple drawings instead of words. Once the drawings are explained, people rarely forget what they represent.

Here is an example:→



Can you identify each problem?

Step 3. Determining priorities for what to cover in the course

After looking at the relative importance, or priority, of the different problems found in the students' communities, the instructors need to consider how much emphasis, or priority, should be given to each of these problems in the course.

To do this, you can again make a chart. But this time ask some additional questions about each problem. For example:

- Are local people concerned about the problem?
- How much does it affect other health problems?
- What is the possibility for teaching effectively about the problem?
- How much would community health workers be likely to do to correct the problem, if taught?

Mark your answers with pluses (+++++) on a blackboard or a sheet of paper.

PROBLEM	HOW COMMON	HOW SERIOUS	PEOPLE'S CONCERN	HOW MUCH IT AFFECTS OTHER HEALTH PROBLEMS	POSSIBILITY FOR TEACHING PREVENTION OR TREATMENT	HOW MUCH CHW COULD OR WOULD DO ABOUT IT IF TAUGHT	IMPORTANCE TO BE GIVEN IN COURSE
Diarrhea	++++	++++	+++	++	++++	++++	21
Malnutrition	++++	+++	++	++++	++++	++++	21
Worms	++++	++	++++	++	++++	++++	20
Cough							
Common Cold	++++	+	++++	+	++	++	14
Pneumonia	++	+++	++	++	+++	+++++	16
Tuberculosis	++	+++++	+++	+++	++++	++++	20
Skin Diseases	+++	+	+++	+	+++	++++	15
Stomach ache	+++	++	+++	+	++	+++	14
Tooth problems	+++	+	+	+++	+++	++++	15
Fever	+++	++	+++	+++	++++	+++++	19
Drunkenness	++	+++	++++	++++	+	+	15
Pregnancy & Birth	++	++	++	++++	+++	+++++	17
Heart Attack	+	++	++	+	++	+	9
Epilepsy	+	++	+	+	++	+	8
Bottle Feeding	+++	+++	+	++++	++++	++++	18
Tetanus	+	+++++	+++	+	++++	++++	15
Headache	+++	+	+	+	++	+	9
Misuse of medicine	++++	+++	0	+++	++++	++++	16
Land tenure	++++	+++++	+++++	++++	++++	+?	21
Accidents	++	+++	+++	++	+++	+++	16
Vaginal Problems	+++	+	++	++	+++	+++	14
Measles	++	++++	++	+++	+++	+++	17
Whooping Cough	++	+++	+++	++	+++	+++	16

Add up the plus marks for each problem to judge its relative importance for inclusion or emphasis in the course.

Suggestion: When working with a group of health workers you may **not** want to use this chart. It may be too complicated. Perhaps you will want to just discuss the 6 questions it considers.

Step 4. Listing appropriate areas of study

After looking carefully at the problems you want to cover in the course (based on people's needs), the next step is to consider:

What skills, knowledge, and practice will health workers need to help people solve these problems?

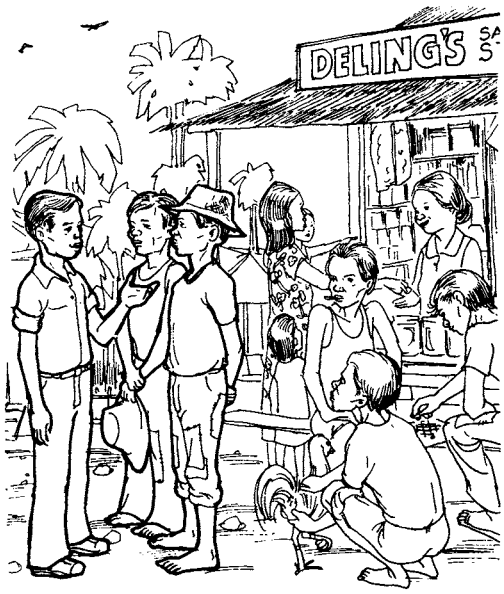
The skills and knowledge health workers need to learn should be carefully analyzed (see Task Analysis, pages **5**-7 to **5**-9). Skills in both curative and preventive medicine will be important. But so will skills—and practice—in community organizing, teaching (of both adults and children), problem analysis, record keeping, and so on. Some programs include certain agricultural skills, veterinary skills, and even basic dentistry.

One of the most important areas of study for health workers concerns the way people relate to each other: Why people act and do things as they do! So health worker training should include learning about 'group dynamics', and even 'consciousness raising' or 'building social awareness'.

Based on the priorities of local problems, **list all the different areas of learning** or activity you think should be covered in the course. The subjects chosen must be realistic in terms of needs, resources, and time available for training. Then **arrange these subjects in sensible groups or 'areas of study'.** It will help if you organize these into 3 general categories:

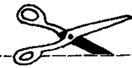
- PREVENTIVE
- CURATIVE
- COMMUNITY OR SOCIAL

One community-based program in the Philippines spends more than half of training time helping health workers to gain an understanding of 'what makes people tick'.



Drawing by Lino C. Montebon in *Ang Maayong Lawas Maagum,* a Philippine equivalent of *Where There Is No Doctor.*

On the next page is an example of a blank **worksheet for planning the content of a training course.** This kind of sheet has been used by Project Piaxtla in Mexico. Following the blank worksheet is a copy of the same sheet with a list of possible study areas for health worker training. You are welcome to use this as a checklist. But probably you will want to omit some items and add others, according to your local situation.



Cut out and use as needed.

WORKSHEET FOR PLANNING THE CONTENT OF A TRAINING COURSE

estimated hours: ______
hours available: ______
estimate must be lowered by: ______ hours

Total hours of course time available: ___ hours per day x ___ days = ______ hours

SUBJECT UNDER CONSIDERATION	ESTIMATED HOURS NEEDED	RELATIVE PRIORITY (+ to +++++)	ADJUSTED NUMBER OF HOURS	CLASSROOM STUDY	PRACTICAL ACTIVITY	NOTES:

WORKSHEET FOR PLANNING THE CONTENT OF A TRAINING COURSE

estimated hours: _____
hours available: _____

Total hours of course time available: ___ hours per day x ___ days = _____ hours

estimate must be lowered by: _____ hours

SUBJECT UNDER CONSIDERATION	ESTIMATED HOURS NEEDED	RELATIVE PRIORITY (+ to +++++)	ADJUSTED NUMBER OF HOURS	CLASSROOM STUDY	PRACTICAL ACTIVITY	NOTES:
PREVENTION						
Mother/child health						
Nutrition						
Agricultural work						
Hygiene and sanitation						
Vaccines						
Prenatal care & childbirth						
Family Planning						
DIAGNOSIS AND TREATMENT						
History & physical exam						
Care of the sick						
(Anatomy and physiology)						
Diagnosis, treatment, and prevention						
Medical emergencies						
Clinical practice						
Use & misuse of medicines						
Use of book(s)						
Limits and referral						
Record keeping						
Treatment techniques						
COMMUNITY AND SOCIAL						
Awareness raising						
Community development and health						
Group dynamics						
(Role plays)						
Teaching methods and aids						
Teaching practice						
Leadership						
(Planning and management)						
Home visits						
Finding out needs						
Village theater, etc.						
Round-table discussion						
Games and sports						
Tests and evaluation						
Review and make-up time						

Step 5. Consider how much time to allow for each area of study

This can be done using the same worksheet. As an example of how to do it, see the next page.

- First, figure out the total number of hours of study time for the whole course. Write the sum at the top of the sheet, beside "total hours of course time available." (A two-month intensive course at 8 hours a day, 6 days a week, would have 384 hours available.)

- Then, in the column for ESTIMATED HOURS NEEDED, write the number of hours you think will be needed to cover each subject. Keep in mind the total hours of course time.

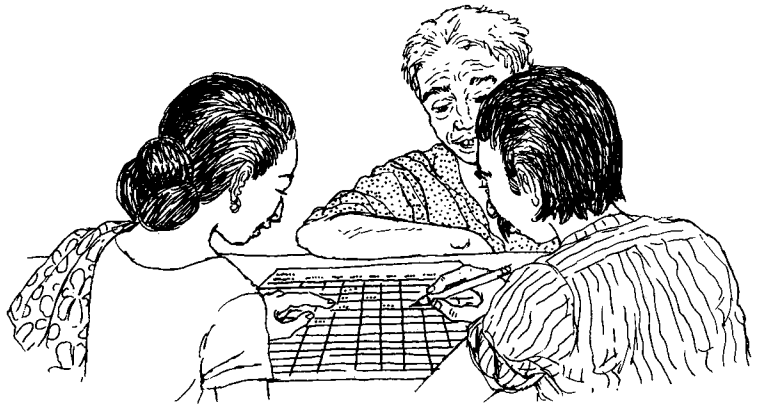
- When you have filled in the estimated hours for each subject, add them up and compare your total with the "total hours available." (See the upper right corner of the chart.) Subtract to find the difference. This lets you know how many hours you need to add or subtract from different subjects. But before making these adjustments . . .

- Fill in the third column, RELATIVE PRIORITY, using information from your previous studies (steps 2 and 3). This will help you to make study time adjustments according to priority of needs.

- Now adjust the hours for different subjects until the total equals the number of hours available. (Be sure to allow time for review and missed classes.)

Note: Not all of the subjects for study will require separate class time. Some can be included within other subjects. For example, we suggest that 'anatomy' not be taught as a separate subject, but that it be included as needed when studying specific health problems. Subjects that do not require separate hours can be written in parentheses (like this).

Some subjects with scheduled hours can also, in part, be covered in classes on related subjects. For example, preventive measures like hygiene and sanitation can be reviewed during classes covering specific illnesses. Physical exam, history taking, and the correct use of medicines can be reinforced during the daily clinical practice.



WORKSHEET FOR PLANNING THE CONTENT OF A TRAINING COURSE

estimated hours: 537
hours available: 384

Total hours of course time available: 8 hours per day x 48 days = 384 hours

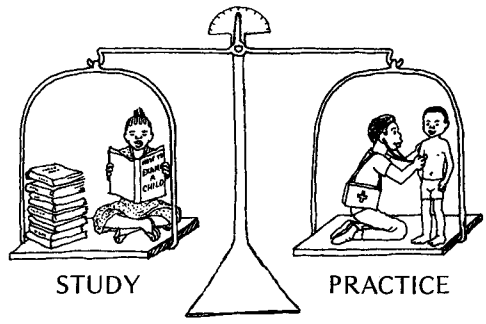
estimate must be lowered by: 153 hours

SUBJECT UNDER CONSIDERATION	ESTIMATED HOURS NEEDED	RELATIVE PRIORITY (+ to +++++)	ADJUSTED NUMBER OF HOURS	CLASSROOM STUDY	PRACTICAL ACTIVITY	NOTES:
PREVENTION						
Mother/child health	10 +	+++++	8 +			
Nutrition	10 +	+++++	7 +			
Agricultural work	24	+++	12			
Hygiene and sanitation	10	+++++	8 +			
Vaccines	5	++++	4			
Prenatal care & childbirth	5	+++	3			
Family Planning	3	++	2			
DIAGNOSIS AND TREATMENT						
History & physical exam	6 +	+++++	5 +			
Care of the sick	3 +	++++	2 ++			
(Anatomy and physiology)	0 +	+	0 +			
Diagnosis, treatment, and prevention	100	+++++	70 +			
Medical emergencies	10	++++	6 +			
Clinical practice	100	+++++	80 +			
Use & misuse of medicines	5 +	+++++	4 +			
Use of book(s)	16 +	+++++	14 +			
Limits and referral	2	++++	1 +			
Record keeping	3	++	1 +			
Treatment techniques	3	++++	3 +			
COMMUNITY AND SOCIAL						
Awareness raising	10 +	+++++	8 +			
Community development and health	10	+++++	8 +			
Group dynamics	2 +	++++	1 +			
(Role plays)	0 +	++++	0 +			
Teaching methods and aids	6 +	+++++	8 +			
Teaching practice	10	+++++	8 +			
Leadership	2	+++	1 +			
(Planning and management)	0 +	+++	0 +			
Home visits	24	+++++	16 +			
Finding out needs	6 +	++++	4 +			
Village theater, etc.	20	+++	12 +			
Round-table discussion	16	++++	8			
Games and sports	48	+++	12 ++			
Tests and evaluation	12	++++	12 +			
Review and make-up time	56	+++++	56			
	537		384			

Step 6. Balancing the course content

A training course needs to be balanced in both content and learning methods.

- **Try for a balance between preventive, curative, and community or social aspects of health care.** Add up the hours in each of these 3 areas. Consider if the balance is appropriate in terms of the people's needs and concerns. Adjust the hours if necessary.



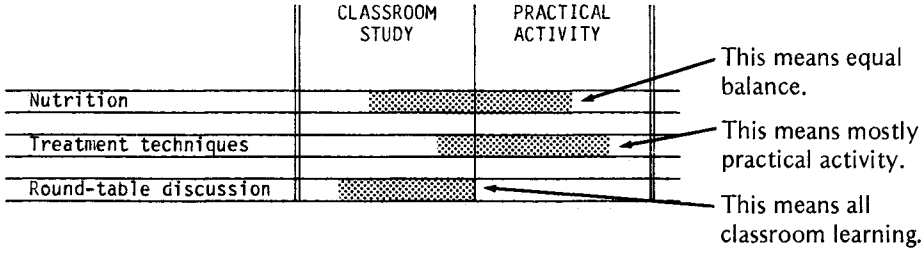
- **Balance discussion-type learning (classwork) with learning by doing (practice), physical work, and play.**

More and more programs are realizing the importance of learning by doing. Increasing emphasis is being placed on activities in the community, in the clinic, in schools, and in the fields as a part of health worker training. Even classwork—some of which remains necessary—can involve a great deal of active practice in using skills and solving problems.

Many programs also are recognizing the importance of physical work and play as a part of health worker training. Physical work serves many purposes—especially if it is health related (gardening, digging latrines, building equipment). It provides a change of pace. It keeps health workers close to the land and the working people. It helps them learn new agricultural or building skills. And in some projects, the health workers' daily farm work produces food that helps make the training program self-sufficient.

Learning through games and play is especially important for occasions when health workers work with children.

To plan a balance between classroom study and practical activity, you can use the same worksheet as before. Go down the list of subjects, marking the balance you think is appropriate for each one. You can do it this way:



After marking each subject, look at the overall balance. If too much time is given to classwork, try to think of ways more learning can take place through practice and experience.

WORKSHEET FOR PLANNING THE CONTENT OF A TRAINING COURSE

estimated hours: 537
hours available: 384

Total hours of course time available: 8 hours per day x 48 days = 384 hours

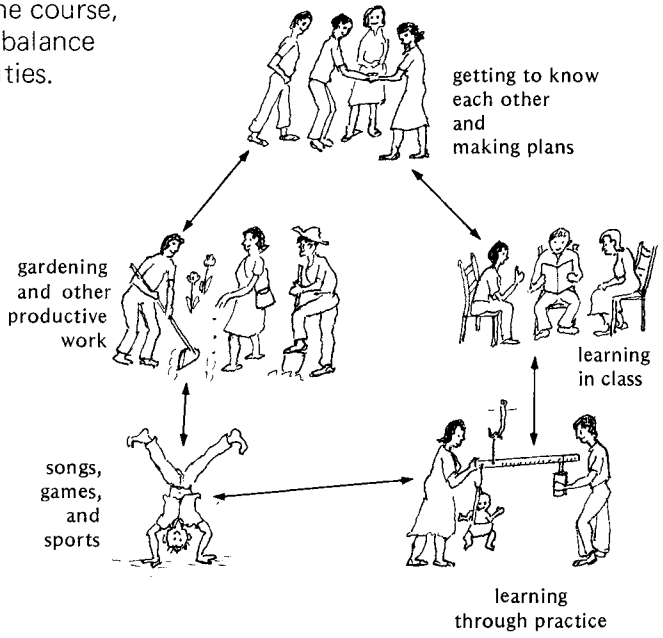
estimate must be lowered by: 153 hours

SUBJECT UNDER CONSIDERATION	ESTIMATED HOURS NEEDED	RELATIVE PRIORITY (+ to +++++)	ADJUSTED NUMBER OF HOURS	CLASSROOM STUDY	PRACTICAL ACTIVITY	NOTES:
PREVENTION						
Mother/child health	10 +	+++++	8 +			includes monthly baby-weighing
Nutrition	10 +	+++++	7 +			includes some practice cooking
Agricultural work	24	+++	12			plus early morning before class
Hygiene and sanitation	10	+++++	8 +			plus time for building latrines and wells
Vaccines	5	++++	4			includes vaccinating children
Prenatal care & childbirth	5	+++	3			also attend births with midwives
Family Planning	3	++	2			
DIAGNOSIS AND TREATMENT						
History & physical exam	6 +	+++++	5 +			
Care of the sick	3 +	++++	2 ++			also attend emergencies
(Anatomy and physiology)	0 +	+	0 +			to be integrated with other classes
Diagnosis, treatment, and prevention	100	+++++	70 +			details on other sheet
Medical emergencies	10	++++	6 +			
Clinical practice	100	+++++	80 +			
Use & misuse of medicines	5 +	+++++	4 +			
Use of book(s)	16 +	+++++	14 +			twice each week
Limits and referral	2	++++	1 +			
Record keeping	3	++	1 +			
Treatment techniques	3	++++	3 +			
COMMUNITY AND SOCIAL						
Awareness raising	10 +	+++++	8 +			
Community development and health	10	+++++	8 +			
Group dynamics	2 +	++++	1 +			
(Role plays)	0 +	++++	0 +			on many subjects
Teaching methods and aids	6 +	+++++	8 +			
Teaching practice	10	+++++	8 +			with schoolchildren and adults
Leadership	2	+++	1 +			
(Planning and management)	0 +	+++	0 +			
Home visits	24	+++++	16 +			every Saturday morning
Finding out needs	6 +	++++	4 +			
Village theater, etc.	20	+++	12 +			planning and practice time
Round-table discussion	16	++++	8			
Games and sports	48	+++	12 ++			include more outside of class time
Tests and evaluation	12	++++	12 +			every Friday morning
Review and make-up time	56	+++++	56			one hour a week plus the last week
	537		384			

PLANNING A BALANCE OF LEARNING ACTIVITIES

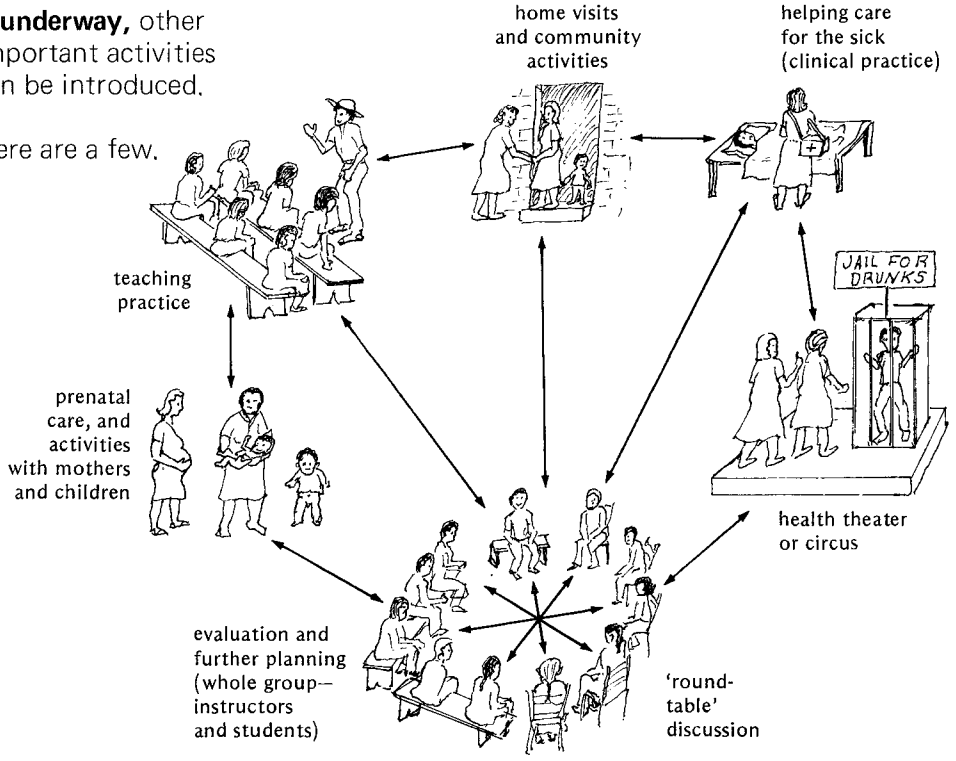
From the first day of the course, it is a good idea to have a balance of different learning activities.

At first, getting to know each other will be very important. So are discussions about health, well-being, and the goals of the program. But the learning of specific skills should also begin at once. Productive work like gardening is important, too. And don't forget games, songs, and sports.



After the course is underway, other important activities can be introduced.

Here are a few.



Step 7. Preparing a timetable and making the weekly schedules

Once the overall content for the course is decided, you can plan the classes and other activities on a week-by-week basis. It helps if you copy blank planning sheets similar to the one on page **3**-29, but adapted to your needs. The larger the planning sheet, the more details can be written in later. You can make a large one by joining 2 sheets together. Each week the plan can be posted for students to see. Following the blank weekly schedule is an example of one that was filled out and used during a training course in Project Piaxtla, Mexico.

In preparing a weekly timetable, think about how to best use the hours of the day. Plan your schedule according to the local rhythm of life: the hours when people usually wake up, work, eat meals, rest, and so on. Try to include a variety of activities during each day, to avoid doing the same kind of thing for too long. You may also want to allow a few minutes between classes for relaxing or quick games. When planning times, be sure to get the suggestions and agreement of the students and the families with whom they are staying.

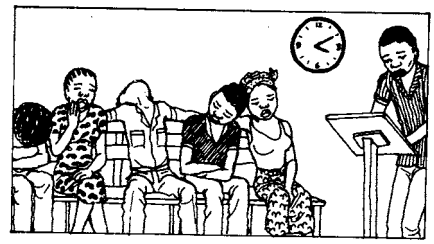
Now consider **which** subjects should be taught **when.** Here are some ideas based on our own experience:

Which time of day is best for what?

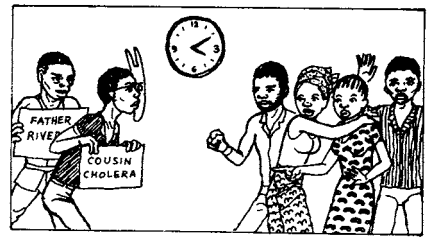
- Early morning hours, before the day is hot, are good for gardening and physical work.
- The morning is also a good time for classes on serious subjects that require thoughtful study. Everyone is fresh and eager to learn at this hour.
- The afternoon, when students are tired, is a good time for active discussions, role playing, and projects like making teaching materials.
- Evenings are best for slide and video presentations, and for meetings with community persons who may be busy all day.

Be sure afternoon classes have plenty of action.

NOT APPROPRIATE



APPROPRIATE



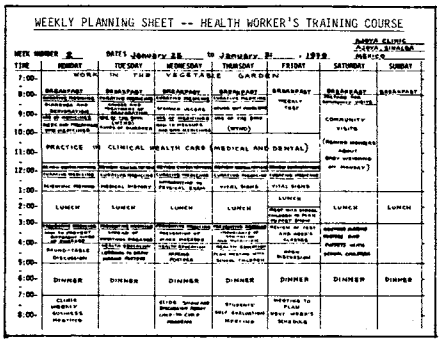
Every day? Or once or twice a week?

- Subjects such as curative-and-preventive medicine and clinical practice, which cover a great deal of material and require a lot of time, are best included every day.
- Skills such as using a reference book *(Where There Is No Doctor)* or using medicines correctly are best taught once or twice a week—in such a way that they reinforce other subjects the students are learning.
- Review sessions should follow consultations or exams as soon as possible.
- Community visits should be scheduled for times when people are likely to be at home—a couple of evenings each week or on a weekend morning.

At the beginning of the training course? Or near the end?

- Knowledge and skills needed to examine, care for, and give advice to people who are sick should be covered at the beginning of the course. See page **8**-5.
- Teaching in the community and putting on village theater shows are good activities for later in the course, when students have more knowledge and self-confidence. But be sure to plan and practice for these well in advance.

Before the course begins (or shortly after, so as to include student suggestions), **make rough weekly plans for the whole course.** This helps ensure that you allow time for everything you intend to include. It is easy to run out of time before all the important material has been covered!


WEEKLY PLANNING SHEET -- HEALTH WORKER'S TRAINING COURSE

When making an early plan of the whole course, you do not need to fill in many details. Later, during the course, the instructors can meet with the student planning committee (see p. **4**-14) each week to prepare a more detailed plan for the following week. Be sure you schedule a regular time for this planning, too.

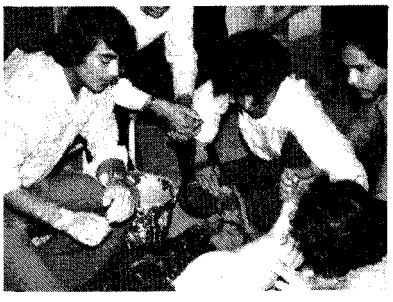
An important suggestion: MAKE YOUR TIMETABLE FLEXIBLE

It often happens that some classes or subjects take longer than planned. Others are poorly or even wrongly taught, or prove especially difficult for students to understand. Such classes may need to be repeated. For this reason, it is wise to leave plenty of extra time for review: about 1 or 2 hours of 'open' time each week, plus several unplanned days at the end of the course.

This open time also allows you to adjust the schedule when classes are missed or postponed. Especially if training takes place in a real-life setting (like a village), **medical emergencies and other unplanned learning opportunities are bound to come up.**

For example, during a training course in Ajoya, Mexico, a class was interrupted when news arrived that a man had broken his leg on a mountain trail. The students and instructor carried the man to the health center on a stretcher, set the broken bone, and put a cast on his leg (see photo).

The interrupted class was given later. This was easy to manage because extra time had been allowed in the schedule.



Do not be afraid to change your plans.

Step 8. Preparing detailed plans for the first few days of the course

This will be discussed in the next chapter.

WEEKLY PLANNING SHEET -- HEALTH WORKER'S TRAINING COURSE

WEEK NUMBER _____ DATES _____ to _____ , _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00-							
8:00-							
9:00-							
10:00-							
11:00-							
12:00-							
1:00-							
2:00-							
3:00-							
4:00-							
5:00-							
6:00-							
7:00-							
8:00-							

WEEKLY PLANNING SHEET -- HEALTH WORKER'S TRAINING COURSE

AJOYA CLINIC
AJOYA, SINALOA
MEXICO

WEEK NUMBER 2 DATES January 25 to January 31 , 1979

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00-	WORK IN THE VEGETABLE GARDEN						
8:00-	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
9:00-	CURATIVE MEDICINE DIARRHEA AND DEHYDRATION USE OF MEDICINES RISKS AND PRECAUTIONS WITH MEDICINES	CURATIVE MEDICINE CAUSES AND TREATMENT OF DEHYDRATION USE OF THE BOOK (WTND) KINDS OF DIARRHEA	CURATIVE MEDICINE STOMACH ULCERS USE OF MEDICINES HOW TO MEASURE AND GIVE MEDICINES	CURATIVE MEDICINE OTHER GUT PROBLEMS USE OF THE BOOK (WTND)	WEEKLY TEST	PREPARE FOR COMMUNITY VISITS COMMUNITY VISITS (REMIND MOTHERS ABOUT BABY WEIGHING ON MONDAY)	
10:00-							
11:00-	PRACTICE IN CLINICAL HEALTH CARE (MEDICAL AND DENTAL)						
12:00-	REVIEW CONSULTATIONS CURATIVE MEDICINE SCIENTIFIC METHOD	REVIEW CONSULTATIONS CURATIVE MEDICINE MEDICAL HISTORY	REVIEW CONSULTATIONS CURATIVE MEDICINE INTRODUCTION TO PHYSICAL EXAM	REVIEW CONSULTATIONS CURATIVE MEDICINE VITAL SIGNS	REVIEW CONSULTATIONS CURATIVE MEDICINE VITAL SIGNS		
1:00-							
2:00-	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH MEET WITH SCHOOL CHILDREN TO PLAN PUPPET SHOW	LUNCH	LUNCH
3:00-	PREVENTIVE MEDICINE HOW TO PREVENT DIFFERENT KINDS OF DISEASES	PREVENTIVE MEDICINE SPREAD OF INFECTIOUS DISEASES	PREVENTIVE MEDICINE PREVENTION OF OTHER DISEASES	PREVENTIVE MEDICINE IMPORTANCE OF SANITATION AND NUTRITION	REVIEW OF TEST AND WEEK'S CLASSES	CONTINUE MAKING POSTERS AND PUPPETS WITH SCHOOL CHILDREN	
4:00-	ROUND-TABLE DISCUSSION	HEALTH EDUCATION LEARNING TO DRAW MAKING POSTERS	HEALTH EDUCATION MAKING POSTERS	HEALTH EDUCATION PLAN MEETING WITH SCHOOL CHILDREN	OPEN DISCUSSION		
5:00-							
6:00-	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
7:00-							
8:00-	CLINIC WEEKLY BUSINESS MEETING		SLIDE SHOW AND DISCUSSION ABOUT CHILD-TO-CHILD PROGRAM	STUDENTS' SELF-EVALUATION MEETING	MEETING TO PLAN NEXT WEEK'S SCHEDULE		

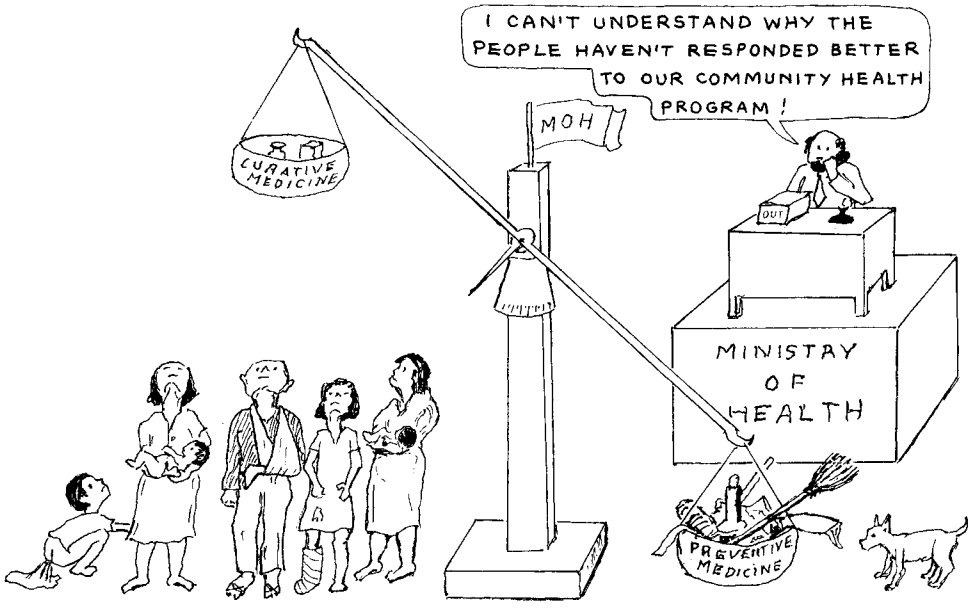
HOW MUCH CURATIVE MEDICINE SHOULD A TRAINING PROGRAM INCLUDE?

If health workers are to win people's confidence and cooperation, they need to START WHERE THE PEOPLE ARE AND BUILD ON THAT.

Prevention may be more important than cure. But not to a mother whose child is sick! Most people feel far more need for curative than preventive medicine. If health workers are to respond to what people want, they must be able to diagnose and treat a wide range of common health problems.

To teach health workers to start out by focusing on prevention can be a big mistake. People do not immediately see the results of preventive work. They will respond more eagerly if health workers begin with curative medicine and use that as a doorway to prevention.

In a community-based program, curative care cannot be separated from prevention. The first leads to the second.



A HEALTHY BALANCE BETWEEN PREVENTIVE AND CURATIVE MEDICINE MUST TAKE INTO CONSIDERATION WHAT THE PEOPLE WANT.

Unfortunately, many programs provide training only in preventive measures and 'health education'. Curative care, if taught, is limited to the treatment of a few 'basic symptoms', using 5 or 6 harmless or unnecessary medicines (see p. **18**-2). Sometimes health workers end up learning less about diagnosis, treatment, and the use of modern medicines than many villagers already know. This so reduces the community's confidence in the health workers that they become less effective even in their preventive work.

A common argument against preparing health workers adequately in curative care is that "It would be dangerous! There is just too much material to cover in a short course."

This is true if training focuses on making the students memorize a lot of detailed facts and information. But if training helps them learn basic skills through role playing and actual practice, it is amazing how quickly they can become effective in a wide range of curative skills. To develop reliable curative ability, training needs to focus on 4 areas of learning:

1. Step-by-step **problem solving** (scientific method).
2. **History taking** and **physical examination** of a sick person.
3. **Practice in using a handbook** to diagnose, treat, and advise people about common problems.
4. **Learning to recognize one's own limits,** and to judge which problems to refer to more highly trained workers.

In our experience in Latin America, **village health workers can, in 2 months of practical training, learn to effectively attend 80 to 90% of the sick people they see.** In time, as they gain experience and receive good follow-up training, they can effectively attend up to 95%. The best health workers learn to work as capably as most doctors, with less misuse of medicines and more preventive education.

WHAT MAKES EFFECTIVE HEALTH WORKERS?

Whether or not health workers develop the skills and understanding to help people meet their needs, on their own terms, depends on many factors:

- They must be carefully selected, preferably by the community.
- Their instructors must be friendly, identify with the poor and with their students, and have a good understanding of human nature.
- Training must be carefully and flexibly planned--according to the needs of the students and their communities.
- Teaching must be appropriate and effective--built around problem solving and practice.
- Follow-up after the training course must be supportive and reliable.

In Chapters 2 and 3, we have looked at the first three factors on the list above. In the next chapters, we will look at others.

But first, it is important to get off to a good start.