



TRAINING CURRICULUM
Integrated Health Training Package
for Volunteer Social Mobilizers



H2R: Serving Underserved and Hard to Reach Communities

TRAINING CURRICULUM

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INTRODUCTION

▶ About this Manual

In Nigeria, reaching hard-to-reach communities can take a substantial amount of time, distances and climate make frequent engagement challenging, and health needs are many. Yet accessing these communities with the polio vaccine and responding to community health needs is of utmost importance. In response, UNICEF, in collaboration with the WHO, has proposed to bring a larger package of basic health services to these communities that will deliver basic child and maternal health services in addition to the polio vaccine.

This manual is intended to actualize the idea of an integrated health offering. Delivered through and in collaboration with the Ministry of Health, this manual serves as guidance for the delivery of key integrated health messages to those who serve in hard-to-reach communities. Specifically, it is targeted at Volunteer Social Mobilizers (VSMs) and includes a strong focus on the development of Interpersonal Communication (IPC) skills in order to best engage the target populations.

▶ Training Philosophy

The philosophy of this training module is participatory and includes learning-by-doing activities with a focus on adult learning methods that require participation through small and large group discussions, brainstorming, role-play, and practice in the classroom.

▶ Layout/Content of the Manual

The manual is divided into individual sessions that contain notes for the trainer. The notes are a guide to each session and include:

- Objectives of the session
- Time required for the session
- Materials/preparation needed for the session
- Training methods
- Session content

▶ Preparation

To make the best of this manual and conduct effective trainings, trainers are required to:

- 1 Read the manual carefully prior to use.
- 2 Practice activities before conducting them.
- 3 Be prepared prior to the training with handouts (annexed) and training materials.
- 4 Always try to conduct training sessions with fewer than 30 participants.

Modules

No.	Section	Topics to be covered
1.0	Guidance	Process and methodology, participatory approach, cultural sensitivity, group exercises, and role-play
2.0	Social Mobilization	The role of social mobilizers in health promotion
3.0	Training Tips	Review and discussion of training tips
4.0	Behaviour Change Communication	Defining behaviour and Behavior Change Communication
5.0	Developing IPC skills	Communicating and listening effectively
6.0	Basic Rights	Human rights and birth registration
7.0	Polio and OPV	Basic information on polio, the eradication initiative, and OPV
8.0	Polio and IPV	Basic information on polio, the eradication initiative, and IPV
9.0	Health Promotion	Nutrition, Routine Immunization, WASH, Malaria, ARIs, Diarrhoea, Maternal health
10.0	Evaluation	Evaluation
11.0	Closing	Wrap-up
12.0	Annex	



Materials

Session	Activities	Supplies
Session 1 60 minutes	Start-up activities: Registration <ul style="list-style-type: none"> ▪ Introduction ▪ Expectations of the participants ▪ Objectives of the training ▪ Conditions of stay ▪ Ground rules 	Flip chart for writing expectations Flip chart with learning objectives Handout with training schedule
Session 2 45 minutes	Social Mobilization: The role of a social mobilizer	Flip chart for writing expectations Flip chart with learning objectives
Session 3 45 minutes	Training Tips	Flip chart
Session 4 60 minutes	Behavior Change Communication	Flip chart for writing expectations Flip chart with learning objectives
Session 5 60 minutes	Developing IPC skills	Flip chart for writing expectations Flip chart with learning objectives
Session 6 60 minutes	Basic Human Rights/Birth registration	Flip chart for writing expectations Flip chart with learning objectives
Session 7 60 minutes	Polio and OPV	
Session 8 60 minutes	Polio and IPV	
Session 9 90 minutes 60 minutes 60 minutes 60 minutes 90 minutes	Health Promotion <ul style="list-style-type: none"> ▪ Nutrition ▪ Routine Immunization ▪ WASH ▪ ICCM (pneumonia, malaria and diarrhoeal diseases) ▪ Maternal health 	Flipbooks
Session 10 30 minutes	Evaluation	Refer to evaluation form in the manual
Session 11 30 minutes	Wrap-up of workshop	Refer to the manual

SESSION 1 – START-UP ACTIVITIES

SESSION 1.1 – Welcome and Registration

Objective: By the end of the session, the participants will be registered, comfortably seated and at ease.

Time required: 15 minutes

Method: Questions and answers

Materials: None needed

Activities (Instruction to Trainers)

- 1 Arrive at the venue 30 minutes before the participants arrive in order to receive them. Ensure that the seating has been arranged for participatory work.
- 2 Welcome participants and seat them as they come.
- 3 Ensure that all the participants are seated comfortably and announce the coming session.

Annexed tool

Refer to the annex for the pre-training checklist that can be used to assist your preparations.

SESSION 1.2 – Introduction of Participants and Expectations

Objective: By the end of the session, each participant will have introduced himself and stated his expectations.

Time required: 30 minutes

Method: Speech

Materials: Nametags, notebooks and pens

Activities (Instruction to Trainers)

- 1 Greet and welcome the participants and introduce the facilitators.
- 2 Announce the objectives of the session and make sure that they are clear for everyone.
- 3 Ask an already notified person to give a welcome address and to officially open the workshop.
- 4 Ask each participant to introduce herself and her expectations for the workshop. Limit each individual to one (1) minute each.
- 5 Write the expectations of the participants on the flip chart, and at the end of the introduction, summarize the list orally.

Expectations of participants

- Start the session by stating the title of the workshop.
- Ask the participants what they understand from the title and what expectations they have from the workshop. Be prepared for expectations to vary. Some participants will seek information on the subject matter while others will be interested in skills improvement.
- Each participant will write one objective as to what his/her expectation is from the workshop.

On the last day this can be reviewed again to see if participants feel their expectations have been met. If there are participants who cannot read or write the supervisors should record their responses for them.

▶ SESSION 1.3 – Training and Programme Objectives

Objectives

Share the following objectives of the training programme:

- Participants will have a better understanding of polio, OPV, and IPV.
- Participants will understand the concepts of interpersonal communication and their importance in all interactions with communities and partners.
- Participants will have developed and practiced basic skills of interpersonal communication and gained an understanding of their importance in all interactions with communities and partners.
- Participants will be aware of their roles and responsibilities as change agents who can trigger the process of behavior development and change in individuals, families and communities.
- Participants will be better able to carry out individual and group health education sessions in communities, with a focus on communication planning.

Time required

20 minutes

Method

Presentation on flip chart, question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers
- Program card
- Objectives cards

Activities (Instruction to Trainers)

- 1 Post the objectives (previously written on the flip chart) and ask a volunteer to read them out loud.
- 2 Give the participants time to ask questions of clarification and reply to questions asked.
- 3 Review the participants' expectations, identify those which cannot be met during the workshop and give the reasons why not (if they will be met later, explain when).
- 4 Present the workshop program written on the flip chart, answer questions, and make any necessary modifications.

▶ SESSION 1.4 – Conditions of Stay

Objective

By the end of the session, participants are informed of the arrangements for meals and lodging.

Time required: 10 minutes

Method: Presentation

Materials

None needed

Activities (Instruction to Trainers)

- 1 Present the session's objective to the participant and ensure that it's clear for everybody.
- 2 Discuss logistical information (meals, lodging, transport costs, etc.)
- 3 Give time for participants to have any questions clarified.

▶ SESSION 1.5 – Defining Ground Rules

Objective

By the end of the session the participants will have agreed upon and adopted the procedures.

Time required: 15 minutes

Method: Brainstorming

Materials

- Flip chart
- Markers

Activities (Instruction to Trainers)

- 1 Announce the objectives of the session and make sure that everyone understands.
- 2 Ask the participants to identify the behaviors and attitudes that one should adopt for the workshop to be successful.
- 3 Request that a volunteer note down the points on the flip chart, repeat the points one by one, and lead a group discussion of their importance.
- 4 Summarize the points and select a leader who will see to it that the procedures are observed.

Responsibilities

Responsibility	Before Training	During Training	After Training
Trainer	<ul style="list-style-type: none"> ▪ Know the audience (profile of the trainees) [Gender, language, age, social status, etc.] ▪ Review the content of the sessions, time allocated for each session, and adopt/draft case studies accordingly ▪ Select practice activities, training methods, and materials ▪ Confirm the venue, time, and date of the training ▪ Ensure that all the participants are well informed and clear ground rules are set ▪ Think about needed resources 	<ul style="list-style-type: none"> ▪ Respect time ▪ Pitch your presentation to your audience ▪ Be prepared for barriers ▪ Foster trust and respect ▪ Use appropriate language ▪ Use many examples ▪ Create identical situations ▪ Use problem centered training ▪ Keep the momentum 	<ul style="list-style-type: none"> ▪ Mentor trainees ▪ Reinforce behaviours ▪ Plan practice activities ▪ Expect improvement ▪ Encourage experience sharing among trainees ▪ Be realistic ▪ Utilise resources
Trainee	<ul style="list-style-type: none"> ▪ Know the purpose of training ▪ Be motivated to expect that training will help performance 	<ul style="list-style-type: none"> ▪ Respect time ▪ Be active ▪ Know role and responsibilities ▪ Provide feedback 	<ul style="list-style-type: none"> ▪ Know what to expect and how to maintain improved skills ▪ Put into practice the new skills acquired ▪ Be realistic ▪ Be creative ▪ Refer to the training materials and use them

SESSION 2 – HEALTH PROMOTION: Role of a Social Mobilizer

▶ SESSION 2.1 – Role of a Social Mobilizer

Objectives

Share the following objectives of the training programme:

- Participants will discuss the roles and expectations of a social mobilizer in the community and how their work can influence decision makers.
- Participants will discuss what information they seek from the workshop.
- Participants will be introduced to health promotion.

Time required

45 minutes

Method

Presentation on flip chart, question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- 1 Identify one participant to write the responses on the flipchart paper
- 2 Give the participants time to ask questions of clarification and reply to questions asked
- 3 Review the participants' responses and allow them time to understand their roles

Effective social mobilization is critical to ensure that parents and caregivers make an informed decision and accept immunization and other lifesaving interventions for their children. To do so, parents need to receive accurate and timely information about immunization days, the benefits of immunization, and what actions they need to take.

Ask the participants what they consider the role of a social mobilizer to be. Listen to their responses and write them on a flip chart. Encourage discussion.

After discussion, add any of the following that are missing:

- Produce social maps identifying local influencers, partners, and families who do not support or participate in vaccination.
- Interaction with local influencers.
- House to house visits.
- Registration of eligible children for immunization (0-5 years).
- Hold information meetings with local groups.
- Coordinate with immunization teams.
- Coordinate announcements in community centers such as mosques, schools, health centres, markets and tea shops.
- Dialogue with parents and caregivers who are reluctant to immunize.
- Collect data on key campaign indicators.

SESSION 2.2 – Health Promotion

Health promotion is about promoting healthy behaviours and good health. One goal of an effective health worker is to help educate and inform parents on effective health practices.

Ask and discuss

- What do you think is the meaning of health promotion?
- Identify a participant to write the responses on a flip chart and discuss responses with the participants.
- Communication is at the heart of health promotion. It is the day-to-day sharing of ideas, feelings, and information and creates a relationship between individuals that is respectful of each other's ideas and beliefs.

Tips

Some tips on communicating effective health education information include:

- Start from what participants already know.
- Use appropriate words.
- Be encouraging and pleasant.
- Be aware of your non-verbal communication such as gestures and tone of voice. These can positively and negatively affect your audience.

Techniques

- Ask the participants to think of techniques they use when they want to promote key messages in health promotion. This can be done through discussion, stories, activities, role-play, and drama.
- Go through the following techniques and take time asking questions on what needs to be considered in each technique. Encourage the participants to give input.

Health Promotion through discussion

- 1 Brainstorm on social fora and opportunities to initiate group discussion.
 - 2 Discuss how you can steer the conversation in the direction you want to lead it in.
 - 3 Explore using good listening skills.
 - 4 Discuss how best to problem solve.
- Ask the participants for examples they have experienced in their work. The participants can be given tips on all above points as a handout.

Health Promotion through stories

- 1 Stories develop communication and listening skills.
 - 2 Stories are a good way to introduce health messages and promote discussion.
 - 3 Stories create an interactive participatory environment and raise questions.
- Ask the participants for examples they have experienced in their work.

Health Promotion through interactive activity

- 1 Using flip charts and visual aids helps promote practical skills including problem solving and critical thinking.
 - 2 Images provoke thought and discussion.
 - 3 Images convey messages.
- Ask the participants for examples they have experienced in their work.

Health Promotion through role-play

- Role-play helps one understand other people's feelings and how they act.
- Ask the participants for examples they have experienced in their work.

Health Promotion through drama and demonstration

- 1 Drama is entertaining, educational, and good for large groups.
- 2 Demonstrations help transfer new skills such as hand washing with soap, breastfeeding, and preparation of ORS.
 - Ask the participants for examples they have experienced in their work.

Discussion

Health Promotion requires effective communication. Introduce the following (NB: this will be covered in-depth in session 5.0)

- **Greet:** Greet everyone according to local traditions whenever you visit a household. Be informal but respectful during discussion.
- **Ask and allow:** the mother or caregiver to talk. Wait until she opens up to give more specific answers.
- **Answer:** Be prepared to answer potentially difficult questions and tackle fears.
- **Help facilitate and encourage:** Help individuals overcome personal fears. Engage local leaders and elders to take an active role in convincing family members to change behaviour.
- **Explain:** Use IEC materials (flip charts, cards) as well as local examples.
- **Repeat your visit:** You can win trust with repeated visits; however, this may not always work if the issues raised are not being resolved. Maintain records of what individuals say and feel.

Ask the participants to list basic communication skills and write them on the flipchart

- Start with local greeting. Be friendly.
- Speak clearly – use the local language.
- Explain your role and reason for the visit.
- Be patient.
- Ask for any questions.
- Listen to the clients.

Have the participants act out a small role-play based on the discussion. Identify two participants to monitor and note down key points to present later.

SESSION 3 – TRAINING TIPS

▶ SESSION 3.1 – Objectives

Objectives

Share the following objective of the training programme:

- To review training tips that trainers will be able to use while conducting training sessions.

Time required

45 minutes

Method

Discussion and role-play

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Introduce training reminders/techniques.
- Include a role-play exercise to help reinforce the reminders.
- Give the participants time to ask questions for clarification and reply to questions asked.
- Summarize the lesson.

▶ SESSION 3.2 – A Six-Step Revision for Effective Facilitation

For effective facilitation, remember to engage the participants. Use the following six points to help with preparations. Remember to introduce them in a participatory manner; do not lecture.

- 1 Planning
- 2 Clarity
- 3 Engagement
- 4 Reinforcement
- 5 Assessment
- 6 Recap

Planning

- Know the training agenda, objectives, methodology, materials and time allocated for sessions and breaks. The methodology should be interactive.
- Know the target audience that you will be training. Is it homogenous or a mixed audience? Are there language barriers and/or cultural norms to observe? Be prepared to balance culture with IPC skills.
- Set aside adequate time to plan and seek assistance from co-trainers.

Clarity

- Be clear about the expected outcome of your training and how you will evaluate success.
- Know your subject, and present it to your audience in simple terms. Plan to have small, easily understood units of ideas. Use numbers and visual aids where possible. Keep presentations short and help participants clarify their contributions.

Engagement

- Listen to the voices of participants and collect their field experiences into a knowledge pool. Explore the use of tools such as role-play, demonstration, group work, exercises, energisers, field trips, and problem based learning (PBL).
- Respect every participant's opinions and emotions. If you notice that some participants look withdrawn, pull them into the discussion.
- Look out for those participants who do not talk, don't ask questions and are reluctant to interact. Involve them and give them a responsibility for example, to be the monitor of an activity. Let them present their notes. This will help break the barrier and make them more comfortable in the group.

Reinforcement

- Use different means to help participants retain the knowledge they gain (e.g. through sharing examples, experiences and PBL).
- Explore ways to assess each participant's knowledge during the training. Distribute a VIPP card among all and let them write the key words/learning. This may differ from the final evaluation that should be administered at the end of the training to determine what worked and what did not.

Recap

- Always recap what you have taught. However, let the participants give their views and then complete the discussion with your own conclusions. A simple numbered list should suffice.

Role-play

- End the session with role-play as a warm up. Make sure to involve all participants.



▶ SESSION 3.3 – GATHER Approach

Remind the participants that the focus during trainings will be the principal six IPC skills. These skills will be explained more in depth in the IPC section of the manual. They are:

GATHER

- Greet
- Ask
- Tell
- Help in the decision-making
- Explain
- Return

Discuss the following sections on what would occur at the different stages of the GATHER approach. Ask for actions at each step and create a dialogue with the participants.

Greet – action:

- When you visit a household, greet everyone according to local cultural traditions.
- Introduce yourself, what you do, and the purpose of your visit
- Your actions also convey messages; have a smile on your face!

Ask – action:

- Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- Be patient and answer all their questions and concerns. You can come back with more information if required.
- Ask questions in the household i.e. children's general health, age, vaccination status. Listen to them, how they express themselves, and encourage them to talk.
- Keep your body language positive, sit on the same level as them.
- Keep eye contact.

Tell – action:

- Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- Do not pretend to know everything and if you do not know, tell them you will return with the correct information. Keep your word.

Help – action:

- In order to change behaviour, parents and caregivers need support and encouragement besides information. Help them to overcome personal fear or beliefs and overcome religious or social beliefs.

Explain – action:

- Where possible, use IEC materials (flipbooks, visual cards, SMS platforms) for higher retention.
- Use local examples, language and stories. Use videos from your mobile phone if possible.

Repeat – action:

- Repeated visits wins trust and are especially effective during campaigns.

SESSION 4 – INTRODUCTION TO BEHAVIOUR CHANGE

▶ SESSION 4.1 – Objectives

Objective

Share the following objectives of the training programme:

- To understand the components of behaviour change and behaviour change communication.

This will include explaining the steps of behaviour change, and how to use and apply different steps in different situations.

Time Required

2 hours

Method

Presentation on flip chart, group work, discussions

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Introduce BCC methods and actions (through a question and answer session).
- Divide the room into small groups for group exercise.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Allow each group to present their findings in a plenary discussion to include all participants.
- Summarize the lesson.

▶ SESSION: 4.2 – Defining Behaviour Change Communication

Explain the following definitions of BCC to the participants.

Definition (BCC)

Behaviour change communication is a process of an intervention between individuals or a community or society where one develops communication strategies to promote positive behaviours.

For this, individuals need to have a supportive environment where they can sustain behavioural outcomes.

Behaviour change targets are specific and will vary from group to group. However, just providing information to a target audience does not typically lead to behaviour change.

However, if we create a supportive environment and teach through information and communication, then we can be successful with the targeted group.

BCC helps to deal with community and group related problems and is an effective strategy for community mobilization to achieve sustainable development.

SESSION 4.3 – Discussion

Work in plenary form and have the participants give examples on the following:

- QUESTION: Give examples of what you understand is the meaning of behaviour
- QUESTION: What are the steps that can help change behaviour?

Lead the conversation and write the examples on a flip chart.

Guidance

Behaviour can be defined as the way one acts or conducts oneself. Many behaviours determine health outcomes.

Change in behaviour may involve the following steps: (Discuss this with the group)

Steps	Examples
Knowledge (Heard about it)	<ul style="list-style-type: none"> ▪ Can recall specific messages ▪ Can understand what the messages mean ▪ Can name products, methods, or other practices
Approval (Thinking about it)	<ul style="list-style-type: none"> ▪ Respond favourably to messages ▪ Discusses messages or issues among personal network (family, friends)
Intention (Trying it out)	<ul style="list-style-type: none"> ▪ Recognize that health practices can meet personal needs ▪ Consult with health care providers ▪ Have the intention to practice the behaviour at some time
Practice (Continue to do and maintain the behaviour)	<ul style="list-style-type: none"> ▪ Go to a health care provider for information and services ▪ Choose a method, practice or begin it ▪ Continue use
Advocate	<ul style="list-style-type: none"> ▪ They experience and acknowledge the benefits of the practice ▪ They advocate the practice to others ▪ They support programmes in the community

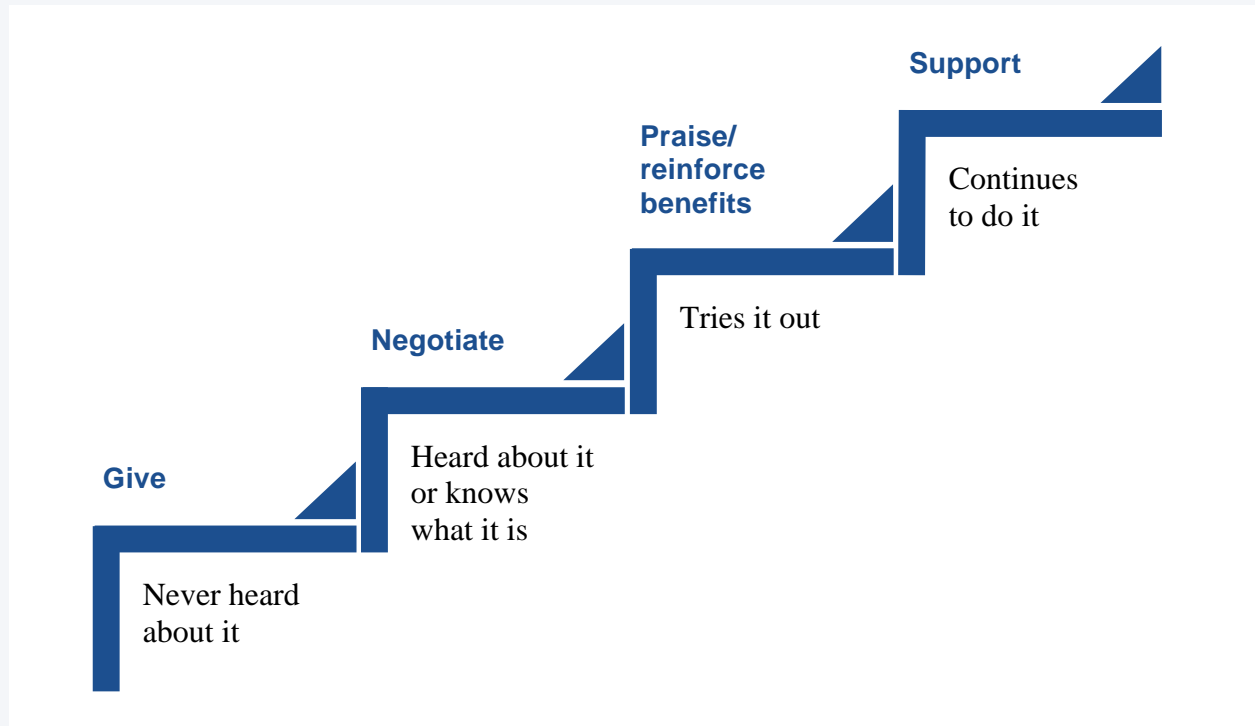
SESSION 4.4 – Group Work

Thought process	Actions
Think of a behaviour that you have changed or are in the process of changing	Form small groups (3-5) and discuss the behaviours you were thinking of changing
Thank about what made you change this behaviour.	Explain the behaviours you discussed and what factors made you change (be sure to include how long it took).
Was it difficult or easy?	<i>* Point out examples to show how slowly or rapidly the change occurred.</i>

Positive behaviour change	Outcomes
Vaccination of babies / children	i.e. Healthy children, disease reduction, etc.
Stop smoking	
Visit a health clinic during pregnancy	
<i>* Have the group come up with examples</i>	

Behaviour change steps

Discuss the following steps with the participants. Draw them out on a flipchart and ask for examples of what you would do at each stage.



Note

It is important to note that BCC requires communication not just for knowledge. BCC is listening, understanding, and then negotiating and addressing barriers in order to affect long-term positive health behaviours.

SESSION 5 – INTERPERSONAL COMMUNICATION

▶ SESSION 5.1 – Skills for Interpersonal Communication

Objective

Share the following objectives of the training programme:

- Participants will be able to define the concepts and process of IPC.
- Participants will discuss approaches to IPC.
- Participants will be able to demonstrate skills in IPC and identify opportunities in IPC.
- Participants will know the three main components of IPC processes that should be used when working with people in the community.

Time required

Two hours

Method

Presentation on flip chart, question and answer session

Materials:

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Discussion and group work using key messages and available IEC tools.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Review the participants' responses and allow them time to understand their roles.



▶ SESSION 5.2 – Communication

DEFINE: What is communication?

- Write the responses from the participants on a flip chart. Encourage input.
- Communication is an exchange of views and ideas. Communication can be verbal and non-verbal such as body language, eye contact, and sign language.

ASK: Where and why is communication necessary?

- Encourage discussion. Let the participants give their personal examples.
- Communication is necessary in every step of life. It helps express: needs, reactions, and expectations.
- In health, communication helps record a patient's history, understand the problem, and helps patients understand the problem while also helping caregivers understand patients' perspectives.
- Communication provides educational information, gives feedback, and helps in negotiating solutions.

Types of communication

ASK: Have a discussion with the participants on the different ways a person can communicate a message. Write the responses on the flipchart.

- 1 Non-verbal communication
- 2 Verbal communication
 - Body movement, posture, gesture
 - Touch – cultural, age, relationship
 - How you say something – moan, yawn, can be verbal or non-verbal
 - Hearing impaired
 - Preconceived ideas, wandering thoughts
 - Misunderstandings
 - Smell

Exercise

ASK: For verbal communication, what are things to be considered to be an effective communicator in health promotion?

In health, communication is a two-way process – a health counsellor has to be a good sender and a good receiver.

As a sender, you need to:	As a receiver, you need to:
<ul style="list-style-type: none">▪ Have full attention▪ Speak loud and clear▪ Make sure the message is easily understood▪ Explain technical terms	<ul style="list-style-type: none">▪ Encourage the client to speak openly▪ Give full attention▪ Listen carefully▪ Make sure the message is understood▪ Take all questions seriously and answer as well as you can

ASK: What are examples of non-verbal communication using body language and why is it important to think about it culturally?

Recognizes cultural differences	Examples (NB: This is a discussion session. Have the group give examples of each category)
Appearance and dress	Note the way they dress – separation male and females, is it a status symbol, religious, age?
Body movement	Attitudes towards people. Do they face and lean towards each other; do they tap fingers, or cross arms?
Posture	Bowing and slouching. Do they sit with their legs crossed, or show you the soles of their feet?
Facial expressions	Smiling, crying, showing anger. Is the expression exaggerated?
Eye contact	Direct eye-to-eye contact? Avoid eye contact?
Touch	Some cultures touch, some don't, dependent too on gender

SESSION 5.3 – Defining Interpersonal Communication (IPC)

Ask: the following questions to the participants. Create dialogue and encourage them to answer.

What is Interpersonal Communication?

Face to face communication, speaking one on one.

What is one-way communication?

Only one person speaks and does not allow the other person to talk. (Not an effective type of communication).

What is two-way communication?

Where two or more people discuss an issue, create dialogue and exchange ideas.

You should use your listening skills and ask questions that are open-ended in order to make the parents and caregivers of children want to talk more.

Importance of IPC

- IPC provides a two-way opportunity for exchange of information. One individual can get clarification or additional information about an innovation from another individual.
- IPC is more persuasive for addressing a strongly held practice, attitude or belief.
- IPC provides an opportunity to model a recommended practice or behaviour in a realistic setting such as an individual's home or community, showing people like them engaging in desired activities.

DISCUSSION: Three components of IPC

Explain

The following are the three main components of interpersonal communication that should be used when working with people in the community:

Write the following on the white board or flip chart:

- 1 Building rapport and creating a caring environment.
- 2 Gathering information: questioning and listening.
- 3 Counselling and sharing information.

Explain

The three parts are inter-related and skills are used to build on each other.

- 1 *Building rapport*: It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen (remember body language).
- 2 *Gathering information*: Is important because it helps the health workers assess the situation and decide what the problem is.
- 3 *Counselling and sharing information*: Helps parents learn about what they need to do to take care of the child and how to provide good health care.

Annexed tool

Refer to the annex for the Interpersonal Communication Skills Checklist that can be used to assist you with your work.

SESSION 5.4 – The GATHER Approach (in detail)

6 IPC SKILLS

- Greet
- Ask
- Tell
- Help in the decision-making
- Explain
- Return

Discuss the following sections on what would occur at the different stages of the GATHER approach. Ask for actions at each step and create dialogue with the participants.

Greet – action:

- When you visit a household, greet everyone according to the cultural traditions.
- Introduce yourself, what you do, and the purpose of your visit.

Ask – action:

- Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- Ask questions in the household i.e. children's general health, age, vaccination status, number of children in the house from birth – 15 years of age.
- Listen to them, how they express themselves, encourage them to talk.
- Keep your body language positive, sit on the same level as them.
- Keep eye contact.
- Give time, do not hurry.
- Ask open ended questions which will allow people to share more information in detail. Use the what, why, how, where, when, and how question starters.
- Respect all opinions at all times. Stay patient.

Tell – action:

- Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- Do not pretend to know everything and if you do not know, tell them you will return with the correct information.

Help – action:

- In order to change behaviour, parents and caregivers need support and encouragement besides information. Help them to overcome personal fear or beliefs, and overcome religious or social beliefs.

Explain – action:

- Where possible, use IEC materials (flipbooks, visual cards, SMS platforms) for higher retention.
- Use local examples, language and stories.

Repeat – action:

- Repeated visits wins trust and are especially effective during campaigns.

▶ SESSION 5.5 – How to Ask Questions

The following small exercise will be used to help health workers develop questioning skills and to know how and when to use them appropriately. The exercise will help probe questions.

Discussion

Listen to the following two questions:

- 1 How old is your son?
- 2 Can you tell me how much your son eats in a day?

ASK: Can you tell me the difference between the two questions?

Listen and encourage answers.

Discuss

The first question has a specific answer. It is a number that does not require much detail. This is a closed question with very specific information. This is called a closed question. This type of question can have only a limited (usually yes or no) answer.

The second question can vary and is longer. Today he drank milk, he ate some bread, a banana, and rice. This answer is based on a parent's experience and provides more information. This is called an open-ended question. This question can be used to probe answers.

Exercise

Discuss some answers regarding polio to better understand how open-ended and closed questions are used and when they can be used:

Question	Answer	Reason type of question
Is your child under five years of age	Yes	Closed – it is a very specific answer (you cannot probe)
Is there a cure for polio?	No	Closed – is very specific (yes or no)
What do you know about polio?	–	Open ended
Why do you think vaccinations are important for your baby?	–	Open ended

Refer back to sessions 3.1 and 5.1 where Polio and IPV messages can be used to practice how to ask questions, probe, counsel, and share information.

▶ SESSION 5.6 – Addressing Refusals

This session will be conducted via group exercise.

Discussion

ASK: What are some core reasons for refusals?

Write the answers on the board. Encourage the participants to give reasons that they can think of.

Some examples of refusals can be:

- Religion
- Political refusals
- Misconceptions and myths
- Mistrust of health workers
- Too many campaigns in a short period of time

Discussion

Have you wondered if you are the best person to address this family's concerns, and if so, whether you have the right profile? Discuss with the group examples used to profile such as language, cultural background, gender, and religion. If you determine you're not the best person to address the family's needs, think about who would be and how you can be involved.

Exercise

Divide the room into small groups of 3-5 people, and have them pick an example of a refusal. Have the groups develop a short conversation on the refusal and how they will communicate with the caregiver to change the refusal.

Have the groups present their session in front of the class for discussion.

Exercise

This exercise is developed to help give participants the opportunity to practice their IPC skills on polio and the introduction of IPV. Depending on the size of the class, divide the participants into groups of 5-8.

- 1 Have the groups role-play an exercise based on one of the topics below:
 - Refusal due to religion
 - Family does not know about the polio vaccine
 - Refusal due to too many campaigns
- 2 Have the groups role-play their exercise in front of the class. The rest of the teams should take notes on their IPC and communication skills (GATHER approach), and their use of open and closed questions. Every participant should have a chance to role-play.

At the end of each session, feedback should be given to the groups.

SESSION 6 – BASIC RIGHTS AND BIRTH REGISTRATION

▶ SESSION 6.1 – Human Rights

The following session should be conducted as a discussion. Ask the participants the following questions and give them time to respond. Record their answers on a flip chart.

ASK: What do we mean by human rights?

ANSWER: All people have the right to not be discriminated against, regardless of their race, colour, religion, gender (if they are girls or boys) or origin (where and to whom they were born).

ASK: Do children and youth have the same rights as adults?

ANSWER: All children and youth have rights at all times. They have the right to be free from hunger, safe from abuse, have their voices heard, the right to play, the right to an education, and the right to make decisions. Children and youth also have the right to be protected from violence and conflict, sexual abuse, disease, harmful traditional practices, and abduction.

ASK: Young people can often be ignored or excluded. What are some examples of how communities can make sure that children are included?

ANSWER: You can: teach children to learn to play together; invite people to eat together, spend time speaking with someone who seems lonely; and try to understand people who are different from you. If someone is struggling with issues, ask if you can help them.

ASK: What does the Government do to protect you?

ANSWER: A Government makes sure your rights are protected, especially when you are most vulnerable. You have the right to be protected from: punishment, abduction, early marriage, and disease. Children also have the right to continue going to school.

ASK: What are examples of situations when children and youth become more vulnerable?

ANSWER: Boys can be recruited to become child soldiers or forced to work at a young age to help support the family. Girls can be taken out of school to help with the family's responsibilities at home. A person with a disability may not be included in regular activities because they are different. Displaced people coming from a different place might be excluded in a community.

ASK: What are some of the ways we can work to protect the rights of a child?

ANSWER: Parents should spend time talking to their children and teach them about their rights. In addition, children should remain in school so that they can learn and best prepare for the future.

Instruction for facilitator: Encourage the participants to give relevant examples from their own experience. Ask one of the participants to note down the discussion.

SESSION 6.2 – Birth Registration

The following session will be conducted as a discussion. Ask the participants the following questions and give them time to respond. Write the answers on a flip chart.

ASK: What is birth registration?

ANSWER: Birth registration is the official recording of a child's birth by the State. It is a permanent and official record of a child's existence. Birth registration is part of an effective civil registration system that acknowledges the person's existence before the law, establishes family ties and tracks the major events of an individual's life, from live birth to marriage and death.

ASK: Why is birth registration important?

ANSWER: Birth registration matters because it is proof of a person's place of birth, which can be a crucial element in determining citizenship and nationality. Birth registration can give one the rights to benefits and also helps to protect children from exploitation and violence. Apart from being the first legal acknowledgement of a child's existence, the registration of births is fundamental to the realization of a number of rights and practical needs including:

- Providing access to health care
- Providing access to immunization
- Ensuring that children enroll in school at the right age
- Enforcing laws relating to minimum age for employment and strengthening efforts to prevent child labour
- Effectively countering the problem of girls forced into marriage before they are legally eligible
- Ensuring that children in conflict with the law are given special protection, and not treated (legally and practically) as adults
- Protecting young people from under-age military service
- Protecting children who are trafficked, and who are eventually repatriated and reunited with family members
- Getting a passport, opening a bank account, obtaining credit, voting and finding employment

Birth Registration Procedures

This session is a review of birth registration procedures. Have the participants share their knowledge of birth registration, including formal requirements related to reporting birth and time within which birth ought to be legally registered.

Discuss any other agents involved in birth registration and possible steps that could undermine the process as well as having the participants identify their solutions.

SESSION 7 – BASIC INFORMATION ON POLIO

▶ SESSION 7.1 – Objectives

Share the following objectives of the training programme

- 1 Participants will discuss the basic information on polio
- 2 Participants will discuss frequently asked questions about polio.

Time Required

60 minutes

Method

Question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers):

- Write the responses on the flipchart paper.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Review the participants' responses and allow them time to ask questions.

Involve a volunteer in this activity to help in writing.

Write the word “POLIO” on the flip chart and seek responses from the participants on what immediately comes to their mind when they hear the word “POLIO.” Write down the responses on the flip chart. This will give the facilitator an understanding of what the participants know, which myths are prevalent, and any misconceptions that are forefront in participants' minds.

▶ SESSION 7.2 – Discussion

Facilitate discussion to cover the following FAQs on polio.

- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions and make sure the information is understood.
- 2 The question and answer sessions should be conducted in a dialogue manner.
- 3 Listen to the responses, encourage others to add in information. Promote dialogue.
- 4 Ask for examples of situations the participants may encounter with caregivers and how they responded.
- 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
- 6 Identify participants who are quiet and encourage them to interact.
- 7 Remind the participants to be respectful of their peers' answers.

► Polio and OPV FAQ

What is polio?

Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system. Poliomyelitis can cause paralysis and even death. There are 3 types of the polio virus – type 1, type 2, and type 3. All types cause paralysis, which is incurable.

Who is most at risk of getting polio?

The polio virus can affect anyone who has not been fully immunized; however, children under 5 years of age are particularly vulnerable. It can also affect adolescents and adults.

How is polio transmitted?

The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus. The virus multiplies in the intestines and is passed through faeces.

What are the symptoms of polio?

Fever, fatigue, headache, vomiting, stiffness in the neck, pain in the limbs, and weakness in the limbs

What are the signs of polio?

If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then community leaders and health authorities should be informed immediately.

Is there a cure for polio?

No, there is no cure for polio.

Can polio be prevented?

Yes, polio can be prevented by immunizing a child with a vaccine.

What is OPV?

OPV is a polio vaccine that protects people against three types of the polio virus that can cause poliomyelitis.

Why are children given oral polio vaccines?

Polio vaccine is the only protection against polio, a paralyzing disease for which there is no cure. It is essential that every child under five is immunized against polio.

Does the oral polio vaccine have any side effects?

The oral polio vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It has been used all over the world to protect children against polio, saving at least 5 million children from permanent paralysis by polio.

Is it safe to administer multiple doses of OPV to children?

Yes, it is safe to administer multiple doses of polio vaccine to children. The vaccine is designed to be administered multiple times to ensure full protection. Each additional dose further strengthens a child's immunity level against polio.

How many doses of OPV does a child need before they are protected?

OPV needs to be administered multiple times to be fully effective. The number of doses it takes to immunize a child depends entirely on the child's health and nutritional status. Until a child is fully immunized he/she is still at risk from polio. This just emphasizes the need to ensure that all children are immunized during every round of National Immunization Days. Every missed child is a place for the poliovirus to hide.

Is OPV safe for sick children and newborns?

Yes. OPV is safe to be given to sick children. In fact it is particularly critical that sick children and newborn babies are immunized because their immunity levels are lower than other children.

Will OPV also protect against other diseases?

Mothers and caretakers should remember that the Oral Polio Vaccine (OPV) is not a vaccination or treatment for other childhood illnesses. Parents should ensure their children are routinely immunized against all common childhood diseases.

Is _____ the only country with polio?

No. Polio still exists in a few countries – but it almost gone from the world. In 1988, governments launched the Global Polio Eradication Initiative to banish polio to the history books. Immunization campaigns have reduced polio cases worldwide by over 99 per cent. Today there are only three countries that have never stopped local polio transmission: Nigeria, Pakistan and Afghanistan. Several other countries have eliminated poliovirus by immunizing all children many times. But because the poliovirus remains in Nigeria, Pakistan and Afghanistan, it has travelled and infected children in some of their neighbouring countries.

What is the Government doing to protect children against polio?

The Government is working with UNICEF and the WHO in conducting National and sub-National Immunization Days (NIDs) to immunize ALL children under 5 years with oral polio vaccine and also through routine immunization. In addition to UNICEF, WHO, and several international and local agencies are helping the government to plan and run the immunization drives with an emphasis to reach the poorest and most marginalized children. These children are the most vulnerable and least likely to be immunized.

It is important that all children under five be vaccinated every time a campaign is held, and sometimes even older age groups may need to be vaccinated. Plus all children must take all routine vaccines including Polio vaccines.

ASK: In your area, where would you find the most underserved children?

Give the participants time to answer and guide them.

- It could be geographic – nomadic, peri-urban
- It could be due to economics – wealthy or poor
- It could be due to social and cultural issues – religion

What are National Immunization Days (NIDs)?

National Immunization Days (NIDs) are days set aside all over the nation to immunize ALL children less than five years against polio, usually using the oral polio vaccine. Vaccinators will come to the community bringing polio vaccine for every child under five years of age. It is critical during NIDs that parents ensure EVERY child or person in targeted age groups receives the vaccine on those days.

Do sick children need to be vaccinated too during NIDs?

Yes.

If a child received a polio vaccine does during an NID, do they still get a dose during an RI?
Yes.

How long will we continue to have these campaigns?

These campaigns will continue as long as polio is still a threat.

Should a child receive OPV during polio campaigns and routine immunization?

Yes. Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. It takes multiple doses of OPV to achieve full immunity against polio.

Why should children be immunized again and again?

If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) will give valuable additional immunity against polio.

SESSION 7.3 – Exercise

- 1 Have the participants break off into groups of three. Have the participants use the messages to practice dialogue together taking turns asking questions and responding.
- 2 Walk around and observe the groups. Help facilitate the exercise.
- 3 At the end of the session, have the participants discuss any problem they may have encountered or where additional clarification is needed.

SESSION 8 – INACTIVATED POLIOVIRUS VACCINE (IPV)

SESSION 8.1 – Objectives

Share the following objectives of the training programme:

- Participants will discuss the basic information on IPV.
- Participants will discuss frequently asked questions about IPV and practice IPC skills.

Time Required

60 minutes

Method

Question and answer session (dialogue)

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Write the responses on the flipchart paper.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Review the participants' responses and allow them time to ask questions.

SESSION 8.2 – Discussion

Facilitate discussion to cover the following key messages for IPV. The discussion will begin with a review of polio and OPV, and will lead into IPV.

- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions and make sure the information is understood.
- 2 The question and answer sessions should be conducted in a dialogue manner.
- 3 Listen to the responses, encourage others to add in information. Promote dialogue.
- 4 Ask for examples of situations the participants may encounter with caregivers and how they responded.
- 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
- 6 Identify participants who are quiet and encourage them to interact.
- 7 Remind the participants to be respectful of their peers' answers.

Inactivated Poliovirus Vaccine (IPV)

IPV supporting messages have been created to assist frontline health workers and social mobilizers in talking to parents and caregivers of children about the introduction of IPV. These supporting messages take into account the education and literacy level of the health worker, and therefore have been simplified to contain important messaging – without the complexity of explaining tOPV/bOPV and VDPVS, and VAPP.

Polio and IPV FAQ

What is polio?

Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system. Poliomyelitis can cause paralysis and even death. There are 3 types of the polio virus – type 1, type 2, and type 3. All types cause paralysis which is incurable.

Who is most at risk of getting polio?

The polio virus can affect anyone who has not been fully immunized; however, children under 5 years of age are particularly vulnerable. It can also affect adolescents and adults.

How is polio transmitted?

The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus. The virus multiplies in the intestines and is passed through faeces.

What are the symptoms of polio?

Fever, fatigue, headache, vomiting, stiffness in the neck, pain in the limbs, and weakness in the limbs.

What are the signs of polio?

If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then community leaders and health authorities should be informed immediately.

Is there a cure for polio?

No, there is no cure for polio.

Can polio be prevented?

Yes, polio can be prevented by immunizing a child with vaccines. The two vaccinations that are used together are:

- *Oral Polio Vaccine (OPV)* – that is taken orally as drops and can be easily administered. It does not require a trained health worker. OPV is still the main preventive measure against polio.
- *Inactivated Polio Vaccine (IPV)* – that is given through an injection by a trained health worker. IPV does not replace the OPV vaccine, but is used with OPV to strengthen a child's immune system and protect them from polio.

Each country has its own immunization schedules. Countries might have OPV or IPV alone or a combined schedule. By 2016, all countries will have introduced at least one dose of IPV. It is important to realize that in MANY countries, only OPV is being used and IPV won't be introduced or even used in any way before 2015.

What is OPV?

OPV is a polio vaccine that protects people against three types of the polio virus that can cause poliomyelitis.

What is IPV?

IPV is an effective vaccine used to help protect children from and ultimately eradicate polio. IPV is administered through an injection. IPV does not replace the OPV vaccine.

Why will a child need both OPV and IPV?

IPV when used together with OPV provides additional protection to children from polio, and it helps strengthen a child's immune system.

What are the advantages of using IPV?

IPV is safe and helps to increase a child's immunity thereby protecting them from polio. IPV is given as an injection rather than orally and provides an immunity boost, especially when used in combination with OPV.

What is the best age for a child to receive OPV and then IPV?

Children are most vulnerable to disease at a young age, therefore, getting them vaccinated against polio before they reach 2 months, (even at birth), and every time OPV is offered will provide them with the most protection. IPV is the most effective when children are between 14 weeks and six months.

Is it safe for a child to have three vaccine injections at the same time and what are the advantages?

Yes, many years of monitoring children in many countries that have received multiple injections in one visit have shown that it is safe to have multiple vaccination injections. The IPV vaccine is effective when taken alone or with other vaccinations and does not affect a child's immune system if taken with other vaccines.

Spreading out vaccines leaves children unprotected for a longer time, whereas giving a child multiple vaccines during the same visit allows your child to be immunized as soon as possible. Also, getting two or more injections leads to fewer vaccination visits to the health facility.

Will the child experience discomfort and can there be bad effects from receiving IPV?

The discomfort from the vaccine is very brief and sometimes children don't even notice the pain caused by subsequent vaccines.

After the vaccine, there might be a little bit of redness, the skin may feel tender or the child may have a low grade fever.

SESSION 8.3 – Exercise

- 1 Have the participants break off into groups of three. Have the participants use the messages to practice dialogue together taking turns asking questions and responding.
- 2 Walk around and observe the groups. Designate three observers to help facilitate this activity. Help facilitate the exercise.

At the end of the session, have the participants discuss any problem they may have encountered of where additional clarification is needed.

SESSION 9 – HEALTH PROMOTION

▶ SESSION 9.1 – Increasing Knowledge of Nutrition

Objectives

Share the following objectives of the training programme:

- Participants will increase their knowledge on key nutrition messages.
- Participants will be able to promote key nutrition messages.

Time required

150 minutes total (2 ½ hours)

Method

Discussion with flipbook with question and answer session

Materials

Flipbook or flash cards

Activities (Instruction to Trainers)

- This will be a discussion with group work using key messages and available IEC tools.
 - Give the participants time to ask questions for clarification and reply to questions asked.
 - Review the participants' responses and allow them time to understand their roles.
- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time answering the questions. Make sure the information is understood.
 - 2 Try to ensure that the question and answer sessions are conducted in a dialogue manner. Do not lecture. Make it a conversation.
 - 3 Listen to the responses and encourage others to add information. Promote dialogue.
 - 4 Ask for examples of situations the participants have encountered with caregivers and how they responded?
 - 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
 - 6 Identify participants who are quiet and encourage them to interact.
 - 7 Remind the participants to be respectful of their peers' answers.

Discussion: Local beliefs and practices (15 minutes)

Facilitate the discussion to begin with local beliefs and practices on breastfeeding. Ask the participants to discuss and explain from their experience:

- How mothers in the communities feed their newborns
- Any beliefs or perceptions that exist about colostrum
- Whether mothers initiate breast feeding within the first 30 minutes of birth
- See if the participants can explain the difference between exclusive and complementary feeding.

Discussion: Key messages about nutrition (60 minutes)

Explain to the participants that you will review the following key messages with them. This session will be conducted in a question and dialogue session.



Breastfeeding within 30 minutes of Birth

ASK: Why is it important to place a newborn baby on the mother's chest right after the baby is born?

ANSWER: It promotes skin-to-skin contact and keeps the baby warm.

ASK: Why is it important to start breastfeeding within half an hour after the baby is born?

ANSWER: It stimulates the production of milk. It allows the baby to get the full nutrition it needs to stay healthy. Breastfeeding also helps promote a bond between a mother and child. It keeps the baby free of infections because a mother's milk is safe.

EXPLAIN: Let's talk about a few more benefits of breastfeeding. Breastfeeding is good for the mother because it helps her womb return to its normal size, expel placenta, and reduces blood loss.

ASK: What do you think about the first milk a mother produces right after birth?

ANSWER: The first milk a mother produces is called colostrum. It appears thick and yellow and helps protect babies from many diseases. The colostrum is very nutritious, improves the baby's growth and development, and protects the child against infections. Colostrum should always be fed to the baby.

EXPLAIN: Let us discuss myths about the first milk (colostrum):

- The first milk a mother produces is not dirty milk. It should not be expressed. It is yellow because it contains food and special nutrients the baby needs.
- Colostrum does not cause diarrhoea.
- This first yellow milk is natural and will help the baby expel its first faeces.



Exclusive Breast Feeding

ASK: What do we mean by exclusive breastfeeding?

ANSWER: Exclusive breastfeeding means that your child is only fed breast milk. Your baby does not receive any water, food, or any liquids with the exception of medicines for the first six months.

ASK: Why is it important to only feed your baby breast milk from birth to six months of age?

ANSWER: Breast milk is the best food a baby will ever have. Feeding a baby only breast milk for the first six months of life (this means no water or other liquids) will help it grow to be healthy and strong. If you give your baby water or other liquids you may make the baby sick with diarrhoea. Breast milk contains all the nourishment and nutrients that the baby requires and will help protect the baby from disease.

Exclusive Breast Feeding (continued)

ASK: When it is very hot, does a baby under six months of age need extra liquids besides breast milk?

ANSWER: No. 75% of breast milk is water and you do not need to give a baby more liquids. Giving a baby other liquids such as water might make the baby sick as water might be dirty. Also, babies have small stomachs and if filled with water, the baby will not have room to drink breast milk and get the nutrients from the mother's milk it needs to grow healthy.



Complementary Feeding

ASK: What do we mean by complementary feeding?

ANSWER: Complementary feeding is a combination of breast milk and food to give the baby more energy.

ASK: Why is six months of age an important time to introduce other foods to a baby as breastfeeding is continued?

ANSWER: Even though breast milk will continue to be the main food throughout the baby's first year and protect the child against illness, it cannot meet all the nutritional needs for growth and development to help the infant grow strong and healthy after the baby is 6 months old.

EXPLAIN: Early breastfeeding means stopping before a baby is six months of age. This is not good for a baby's nutrition.

- At six months of age, mothers and caregivers should introduce soft, nutritious foods to babies.
- Even when babies begin to eat food, breast milk is still necessary and is an important source of nutrition, energy, and protein.
- Mothers should continue to breast feed the baby on demand until two years of age.

Frequency

Small children have small stomachs and need to be fed many times during the day depending on what foods they are eating. If the food is light they will eat more often. If the food is heavy they will eat less often. Feed small children small meals (three to five meals a day). A mother does not need to cook more frequently than that. Cooked food can be put aside and kept in a clean and dry place.

Quantity

As a baby grows, the mother will continue breastfeeding and will increase the amount and frequency of feedings. This will ensure that the child gets enough food to gain energy and grow.

Consistency

- Soft, thin porridge is usually the first food given to a baby, typically at six to twelve months.
- Porridge can be fed 2-3 times a day and it is a good food to introduce for a baby to grow healthy and strong. A variety of foods can be used to make porridge including potatoes, millet, and maize meal.
- The porridge should be made thicker as the baby grows older. Later, foods that are thicker in consistency such as mashed beans, potatoes, rice, soups, and peanut butter can be introduced as well. After semi-solid foods are introduced, the baby can move on to foods eaten by the family.
- At first, a baby may need time to get used to eating food other than breast milk. Be patient, and take enough time to feed them.

Quality

High quality food ensures good health and allows the baby to develop optimally.

Food Variety

Encourage breastfeeding until at least two years of age. In addition, from 7-24 months, make sure each child has a balanced diet that consists of these categories:

- *Carbohydrates* – such as cassava, potatoes, maize, millet, rice, bread
- *Proteins* – such as meat, fish, milk, eggs, peanut butter
- *Vegetables* – such as greens and tomatoes
- *Legumes* – such as beans, lentils, peas, groundnuts and seeds (sesame)
- *Fruits* - such as mangoes, bananas, avocados, pineapples, and oranges
- *Fats and oils* – such as butter, ghee, coconut oil, ground nut oil
- *Vitamin A rich foods* – such as papaya, dark greens, pumpkin, eggplants, carrots

Micronutrients

ASK: What are nutrients and where can we find nutrients?

ANSWER: Nutrients are chemicals that help growth and help the body stay strong and healthy. Nutrients are found in a variety of foods and in vitamin tablets.

EXPLAIN: Vitamins are important for a child's health. Vitamin A helps a child grow well, build strong bones, and helps fight illnesses such as diarrhoea and infections. Vitamin A also keeps eyes healthy.

- Children over six months of age need a diet rich in vitamin A. The following foods are good to eat to get vitamin A: Milk, fish, meat, eggs, oranges, and green vegetables. In addition to these natural sources of vitamin A, give a child vitamin A at least two times a year.
- Children over six months also need iron-rich foods to help prevent physical and mental disability. The following foods are a good source of iron: Meat, eggs, fish, and fruit.
- Iodine is important to help prevent learning disabilities in children. Use iodized salt instead of regular salt when pregnant and in children's food.
- Finally, folic acid is important to promote good growth. Feed children foods rich in folic acid such as oranges and greens.

Deworming

ASK: How are worms transmitted?

ANSWER: Worms are a common infection. They are transmitted through eggs present in human faeces which contaminates the soil in areas where sanitation is poor. The most common one are roundworms, whipworms, and hookworms.

ASK: What are the signs if a child has worms?

ANSWER: Some of the signs are abdominal pain, diarrhoea, weakness, and loss of appetite. From some worms, a child can also have bleeding. Worms can also cause anaemia which prevents the body from absorbing vitamin A. You can treat worms by giving a child deworming tablets.

Feeding a Child When Sick

Encourage children to eat while sick. Even if appetite is low, children need to continue to eat in order to continue to grow.

When a child specifically has diarrhoea, fluid and frequency of feedings must be increased because diarrhoea can kill a child by draining too much fluid out of the child's body through watery stool.

Feeding a Child When Sick (continued)

ASK: Should a mother stop breastfeeding a child when it has diarrhoea?

ANSWER: No, the mother should continue to breastfeed. Breast milk provides nutritious food that is easy to eat for the baby and will help an ill child who has no appetite. Breastfeeding can also help reduce the seriousness and frequency of diarrhoea.

ASK: What do you do when a child has diarrhoea?

ANSWER: If a child has diarrhoea, give the child liquids to help prevent dehydration.

If the child cannot be seen by a health care worker or clinic right away, make a simple ORS solution (oral rehydration solution) at home and feed it to the child to keep it hydrated:

- Water – 1 Liter (about six small glasses). Use clean water. Boil and cool the water.
- Salt – 1/2 teaspoon
- Sugar – 6 teaspoons

Mix the ingredients together and feed the child as much of this solution as the child wants (after it has had diarrhoea).

If a health care worker gives you ORS tablets, feed the sick child according to the instructions given to you. If the diarrhoea has blood in it, take the child to a health care facility. Do not delay in seeking help.

EXPLAIN: Diarrhoea is a dangerous disease.

- Diarrhoea can kill a child by draining liquid from its body. Keep children well hydrated and take the child to a health care facility within 24 hours.
- If a child is dehydrated with severe or persistent diarrhoea, ORS recommended by a health care worker should be used.
- Do not medicate a child according to traditional methods in the case of diarrhoea.

Good Hygiene

ACTION: It is important to remember to do the following when feeding a baby. Good hygiene is important to avoid diarrhoea and other illnesses.

- Wash your hands with soap and water before preparing foods and feeding a baby.
- Wash your hands and a baby's hands before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning a baby's bottom.
- Feed a baby using clean hands, clean utensils, and clean cups.
- Use a clean cup or spoon to give foods or liquids to a baby.
- Store the foods to be given to the baby in a safe clean space.

Role-play: Using the key messages with flip books (60 minutes)

Have the participants divide into groups of three. Have the participants use the messages to practice dialogue, taking turns asking questions and responding.

Walk around and observe the groups. Designate three observers for this activity. Help facilitate the exercise. Give tips and feedback as needed.

Wrap-up

At the end of the session, have the participants discuss any problem they may have encountered. Ask for questions and give additional clarification as needed.

▶ SESSION 9.2: Increasing Knowledge of Routine Immunization

Objectives

Share the following objectives of the training programme:

- Participants will increase their knowledge on key vaccinations for infants and children.
- Participants will be able to promote key routine immunization messages.

Time required

45 minutes

Method

Discussion with flipbook and question and answer session

Materials

Flipbook or flash cards

Activities (Instruction to Trainers)

- Discussion and group work using key messages and available IEC tools.
 - Give the participants time to ask questions for clarification and reply to questions asked.
 - Review the participants' responses and allow them time to understand their roles.
- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time answering the questions. Make sure the information is understood.
 - 2 Try to ensure that the question and answer sessions are conducted in a dialogue manner. Do not lecture. Make it a conversation.
 - 3 Listen to the responses and encourage others to add information. Promote dialogue.
 - 4 Ask for examples of situations the participants have encountered with caregivers and how they responded.
 - 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
 - 6 Identify participants who are quiet and encourage them to interact.
 - 7 Remind the participants to be respectful of their peers' answers.

Discussion

Facilitate the discussion to begin with what immunization is and why it is important to start the immunization of infants right at birth.

Discussion: Routine Immunization Key Messages

Explain to the participants that you will review the following key messages with them.

This session will be conducted in a question and dialogue session.

ASK: What is immunization?

ANSWER: Immunization is a way to protect the human body against infectious diseases through vaccination.

ASK: What is routine immunization?

ANSWER: Routine immunization is a schedule of immunizations for infants and young children that protects them against diseases such as measles, Poliomyelitis, Diphtheria, Pertussis (whooping cough), Tetanus, and childhood Tuberculosis (T.B.). Most immunization programs are free.

ASK: When should an infant's immunization begin?

ANSWER: The following vaccinations are recommended for children:

Discussion: Routine Immunization Key Messages (continued)

When	Vaccinations recommended		
At birth	BCG	Polio	HepB1
At 6 weeks	Polio 1	DPT1, HepB2	Penta1
At 10 weeks	Polio 2	DPT2	Penta2
At 14 weeks	Polio 3	DPT3 HepB3	Penta3
At 9 months	Measles	Yellow Fever	Vitamin A

ASK: What should you do if a baby's vaccinations were not started at birth?

ANSWER: It is always best to follow the ideal vaccination schedule. Even if the schedule has not been started in time, begin immediately. The baby will not be denied vaccinations. Try to 'catch-up' and finish the full immunization set before the baby is one year of age.

Discussion

After the injection, your baby might have some pain at the site of the injection or may even develop a slight fever. After the measles vaccination, you baby might develop a slight rash. This is normal.

Role-play: Using the key messages and flip books (20 minutes)

- 1 Have the participants divide into groups of three. Have the participants use the messages to practice dialogue, taking turns asking questions and responding.
- 2 Walk around and observe the groups. Designate three observers for this activity. Help facilitate the exercise. Give tips and feedback as needed.

Wrap-up

At the end of the session, have the participants discuss any problem they may have encountered. Ask for questions and give additional clarification as needed.

SESSION 9.3: Increasing Knowledge of WASH

Objectives

Share the following objectives of the training programme:

- Participants will increase their knowledge on key sanitation and hygiene messages.
- Participants will be able to promote key WASH messages.

Time required

45 minutes

Method

Discussion with flipbook and question and answer session.

Materials

Flipbook or flash cards

Activities (Instruction to Trainers)

- This session will consist of discussion and group work using key messages and available IEC tools.
- Give the participants time to ask questions for clarification and reply to questions asked.
- Review the participants' responses and allow them time to understand their roles.

Activities (continued)

- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time answering the questions. Make sure the information is understood.
- 2 Try to ensure that the question and answer sessions are conducted in a dialogue manner. Do not lecture. Make it a conversation.
- 3 Listen to the responses and encourage others to add information. Promote dialogue.
- 4 Ask for examples of situations the participants have encountered with caregivers and how they responded.
- 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
- 6 Identify participants who are quiet and encourage them to interact.
- 7 Remind the participants to be respectful of their peers' answers.

Discussion: Local practices

Facilitate the discussion to begin with why practicing good hand washing is necessary for good hygiene. Have the participants explain when it is important to wash hands.

Discussion: WASH Key Messages

Explain to the participants that you will review the following key messages with them. This session will be conducted in a question and dialogue session.

Discussion

Let the group take some time to discuss the meaning of 'water', 'safe water', 'safe sanitation', 'bad hygiene', and 'good hygiene'.



ASK: How can unsafe water and bad hygiene cause disease, malnutrition, and death?

ANSWER: Let the group discuss and understand that disease, malnutrition, and deaths among children are caused by:

- Lack of safe and adequate drinking water
- Lack of safe sanitation and a safe environment
- Lack of good personal hygiene (if you do not wash your hands before breastfeeding, or preparing food)
- Use this time to further discuss the previous health modules discussed and how sanitation and hygiene can affect one's health.

DISCUSSION: Let the group think of examples where community practices can lead to poor sanitation. Examples include:

- Open defecation can get into water sources where people drink.
- In some communities, safe water sources are not separated from unsafe sources.
- Some communities allow stagnant water to stay, which creates a breeding ground for mosquitoes.

ASK: What things can you do to practice good hygiene?

ANSWER: Take care of your body to make sure it stays clean:

- Make sure you live in a clean area
- Protect your water and keep it safe to drink
- Keep the cooking area clean
- Good hygiene practices are to:
 - Wash your hands many times throughout the day with soap and clean water.
 - Treat your drinking water to kill any germs.
 - Store your water in a safe and clean place.
 - Make sure that the area you prepare your food in is clean.
 - Use a toilet or pit latrine.

ASK: Why is it important to encourage the hand washing?

ANSWER: Washing your hands is good hygiene and it helps prevent illness such as diarrhoea.

EXPLAIN: It is important to wash your hands properly with soap and water before preparing foods, eating, and after you use the toilet.

- Water with hand washing alone cannot remove all the dirt on your hands and kill germs that cause infections or disease such as diarrhoea.
- Washing your hands with soap and water is the best way to get rid of germs. Faeces carry germs and makes people sick and children's stool carries germs which make people sick too.

ACTION: Remind your audience about the message they are taking home:

Practice good hygiene to prevent diarrhoea.

- Wash your hands before: cooking food, feeding a baby or children, eating
- Wash your hands after: using the toilet, cleaning a baby or children, disposal of a child's faeces
- Defecate in a toilet or pit latrine
- All faeces should be disposed of safely in a pit latrine or toilet
- Be aware of germs. Dirty food and drinks contain germs that breed and multiply fast in many foods especially meat, milk, fish, and cooked foods. Germs are also found in dirty water, dirty environments, and utensils and can give a child diarrhoea

EXPLAIN: Clean water should be used for preparing food. Keep the water safe by covering it. It is also important to use clean utensils to feed babies and children. Children should wash their hands with soap and water before they eat.

ACTION: Remind your audience about the message they are taking home:

- Keep foods away from dust and flies.
- Keep all dishes and utensils that you use for your child very clean.
- When possible, use clean boiled water for your baby's food.
- Keep water in clean and covered containers.

Role-play: Using the key messages and flip books (20 minutes)

- 1 Have the participants divide into groups of three. Have the participants use the messages to practice dialogue, taking turns asking questions and responding.
- 2 Walk around and observe the groups. Designate three observers for this activity. Help facilitate the exercise. Give tips and feedback as needed.

Wrap-up

At the end of the session, have the participants discuss any problem they may have encountered. Ask for questions and give additional clarification as needed.

SESSION 9.4: Increasing Knowledge of Malaria, ARIs and Diarrhoeal Disease

Objectives

Share the following objectives of the training programme:

- 1 Participants will increase their knowledge on malaria, acute respiratory infections, and oral rehydration salts.
- 2 Participants will be able to promote key messages.

Time required

60 minutes

Method

Discussion with flipbook and question and answer session

Materials

Flipbook or flash cards

Activities (Instruction to Trainers)

- This session will consist of discussion and group work using key messages and available IEC tools.
 - Give the participants time to ask questions for clarification and reply to questions asked.
 - Review the participants' responses and allow them time to understand their roles.
- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time answering the questions. Make sure the information is understood.
 - 2 Try to ensure that the question and answer sessions are conducted in a dialogue manner. Do not lecture. Make it a conversation.
 - 3 Listen to the responses and encourage others to add information. Promote dialogue.
 - 4 Ask for examples of situations the participants have encountered with caregivers and how they responded.
 - 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
 - 6 Identify participants who are quiet and encourage them to interact.
 - 7 Remind the participants to be respectful of their peers' answers.

Discussion: Local Practices

Facilitate the discussion to begin with why it is important to sleep under a mosquito net, and steps to take when a child has diarrhoea.

Discussion: Key Messages

Explain to the participants that you will review the following key messages with them. This session will be conducted in a question and dialogue session.

Oral Rehydration Salts (ORS)

ASK: What do you do when a child has diarrhoea?

ANSWER: If a child has diarrhoea, give the child liquids to help prevent dehydration and weakness.

If you cannot go see a health care worker or clinic right away, make a simple ORS solution (oral rehydration solution) at home and feed it to the child:

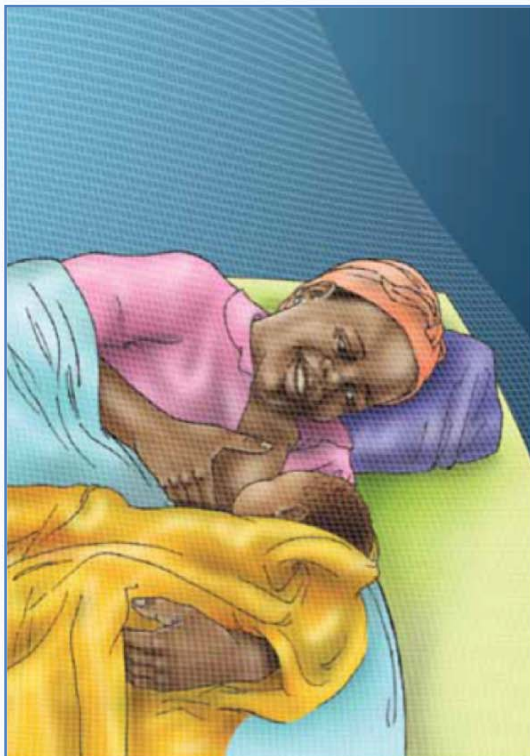
- Water – 1Liter (about 6 small glasses). Use clean water. Boil and cool the water and add:
- Salt – ½ teaspoon and
- Sugar – 6 teaspoons

Mix the ingredients together and feed the child as much of this solution as the child wants, after it has had diarrhoea.

If a health care worker gives you ORS sachets, feed the sick child according to the instructions given to you by the health care worker (6 Sudanese cups of clean water to 1 sachet of ORS). If the child's diarrhoea has blood in it, take the child to a health care facility. Do not delay in seeking medical help.

EXPLAIN: Diarrhoea is a dangerous disease.

- Diarrhoea can kill a child by draining liquid and nutrients from the body. Keep children well hydrated and take a sick child to a health care facility within 24 hours.
- If a child is dehydrated with severe or persistent diarrhoea, ORS recommended by a health care worker should be used. Do not self-medicate a child with traditional medicine.



Malaria

ASK: Where does malaria come from?

ANSWER: Malaria is transmitted only from the mosquito. If you are bitten by a mosquito, it can give you malaria. However, it is important to protect yourself from 7:00 pm especially if you are sitting outside.

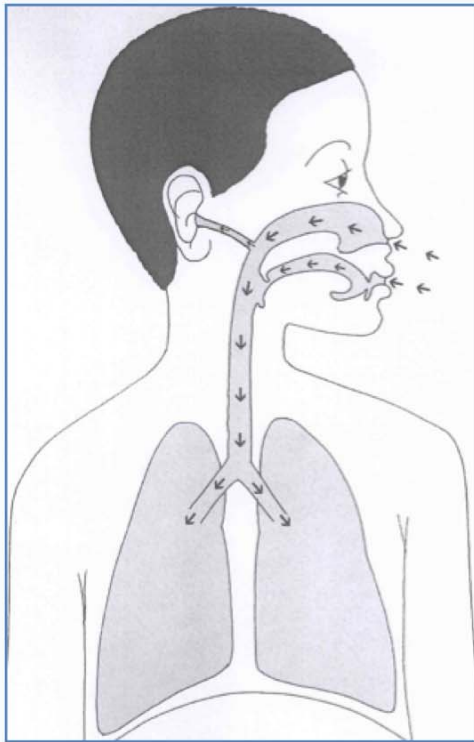
ASK: Who can get malaria?

ANSWER: Everyone can get malaria. However, pregnant woman and children under the age of five are the most vulnerable.

ASK: What is the best way to prevent malaria?

ANSWER: The best way to prevent malaria is to sleep under an insecticide treated mosquito net.

ACTION: Sleep under an insecticide treated mosquito net. If a child is suffering from a fever, go to a health centre within 24 hours especially for children under the age of five.



Acute Respiratory Infection (ARI)

DISCUSSION: An Acute Respiratory Infection (ARI) can last for 14-21 days. This infection is in the nose, the throat, the back of the mouth, and the lungs and can also affect the ears. Go over the diagram and point out the areas affected.

ASK: How do you get an ARI?

ANSWER: A child becomes sick with an ARI from germs in droplets in the air from someone who is sick and has coughed. ARIs can also be transmitted by touching something that a person who is sick with an ARI coughed on such as clothing, cups, or utensils.

ASK: What are some of the signs you might see in a child that has an ARI?

ANSWER: The nose will either run or it may be blocked.

DISCUSSION: When a child has an ARI and also has difficulty breathing, or might breathe very fast, we call this pneumonia.

ASK: What are some of the symptoms a child will have if it has pneumonia?

ANSWER: When a child has pneumonia, it will also have: fever, fast breathing, convulsions (fits), will be unable to drink or be breastfed, will feel tired and weak, will vomit, and can produce sounds from the chest while breathing.

DISCUSSION: Help the child by soothing the throat with warm fluids such as lemon, tea, honey, breast milk, or fresh fruit juice.

ACTION: If there is no improvement in the child's condition and it has a continuous cough, take the child to a health facility to be tested for other diseases such as asthma or tuberculosis.

Role-play: Using the key messages and flip books (20 minutes)

- 1 Have the participants divide into groups of three. Have the participants use the messages to practice dialogue, taking turns asking questions and responding.
- 2 Walk around and observe the groups. Designate three observers for this activity. Help facilitate the exercise. Give tips and feedback as needed.

Wrap-up

At the end of the session, have the participants discuss any problem they may have encountered. Ask for questions and give additional clarification as needed.

SESSION 9.5: Increasing Knowledge of Maternal Health

Objectives

Share the following objectives of the training programme:

- Participants will increase their knowledge of maternal health (ANC, PNC, PMTCT, family planning, and birth spacing).
- Participants will be able to promote key maternal health messages.

Time required

150 minutes (2 ½ hours)

Method

Discussion with flipbook and question and answer session

Materials

Flipbook or flash cards

Activities (Instruction to Trainers)

- This session consists of discussion and group work using key messages and available IEC tools.
 - Give the participants time to ask questions for clarification and reply to questions asked.
 - Review the participants' responses and allow them time to understand their roles.
- 1 This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time answering the questions. Make sure the information is understood.
 - 2 Try to ensure that the question and answer sessions are conducted in a dialogue manner. Do not lecture. Make it a conversation.
 - 3 Listen to the responses and encourage others to add information. Promote dialogue.
 - 4 Ask for examples of situations the participants have encountered with caregivers and how they responded.
 - 5 Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
 - 6 Identify participants who are quiet and encourage them to interact.
 - 7 Remind the participants to be respectful of their peers' answers.

Discussion: Local Practices

Facilitate the discussion to begin with what is meant by maternal health.

Discussion: Key Messages

Explain to the participants that you will review the following key messages with them. This session will be conducted in a question and dialogue session.



ASK: What is antenatal and postnatal care?

ANSWER: It is the care and concern for the treatment of an unborn child and of pregnant women before (antenatal) and after (postnatal) birth.

DISCUSSION: Antenatal clinics are for pregnant women to go to in order to be able get a physical check-up, supplemental vitamins, reproductive and nutrition education, clean delivery kits, and immunization for tetanus toxoid. Antenatal clinics also contain a Prevention of Mother to Child Transmission (PMTCT) section that offers group education, HIV Testing, counselling, and screening for other sexually transmitted disease.

ASK: How often should a woman visit a health facility when she is pregnant?

ANSWER: During pregnancy, it is important to visit a

health facility at least four times so that a trained health worker can make sure there are no problems and handle any situations that might arise. A pregnant woman should get the first visit for antenatal care within the first three months of her pregnancy.

DISCUSSION: Visiting a health care worker helps build understanding for the changes happening to the body while pregnant and the problems that can occur during pregnancy.

DISCUSSION: Sometimes, a pregnant woman does not visit the antenatal clinic or hospital. Yet doing so best protects her health and the health of her child.

ASK: What do you think are some good reasons to visit an antenatal clinic?

ANSWER: A health worker can give a woman medications, vitamins, and support such as:

- Iron folate to prevent anaemia
- Anti-malaria pills to prevent malaria
- Mosquito nets to protect against malaria
- A health care worker can also monitor blood pressure (which helps prevent danger) and distribute home delivery kits that can be used if mothers cannot make it to the hospital to deliver their baby.

DISCUSSION: Health care workers are trained and skilled to help during pregnancy. Hospitals and health centres have the proper equipment to help with delivery. Health care workers can help educate and share information on better nutrition during and after pregnancy. Yet, many women do not go to a health facility to have their baby delivered by a trained doctor, nurse, or midwife.

ASK: What are some of the fears that prevent mothers from going to a health facility for a safe delivery?

ANSWER: Some women are afraid of being examined by a man. Some women are afraid of having an operation (caesarean section). Some parents and mothers in-law have control over where a pregnant woman will deliver the baby. Some members of some communities criticize women who use health facilities. Others may be concerned about the cost of delivery at a health facility.

ASK: Why is it important to deliver a baby in a health facility?

ANSWER: It is better to deliver a baby at a health facility because delivery at home can be risky and put the mother and baby in danger. At a health facility, a trained health worker – doctor, nurse, or midwife – will help ensure the baby is delivered safely. It has the medical supplies and equipment necessary to handle an emergency during delivery.

ASK: What are some of the reasons delivering a baby at home can be dangerous?

ANSWER: Delivery at home can be dangerous because of unclean conditions and because there is no trained health worker to help take care of problems.

DISCUSSION: Let us discuss some problems that can happen during delivery and why it is important to be at a health care centre where you can get help. Problems include:

- High blood pressure (signs are swelling of the legs)
- Too much bleeding after the delivery
- Obstructed labour
- Tearing of the vagina
- The baby may need immediate medical attention after delivery

ACTION: Ensure that all pregnant women go to a health facility as soon as labour starts.

DISCUSSION: Complications may occur before labour begins. A pregnant woman should go to the hospital or health facility straight away if she has:

- Lower abdominal pain
- Severe pain in the head
- Bleeding from the vagina
- Her body feels warmer than usual/she has a high fever

DISCUSSION: How family members can help during pregnancy:

- 1 Accompany pregnant women to the health facility for antenatal visits and to learn about pregnancy risks in order to help identify danger signs.
- 2 Family members should take their pregnant women to the health facility to deliver babies in a safe environment.
- 3 Family members can help support women after delivery by making sure they get nutritious food to help stay strong and to keep the breast milk flowing.
- 4 Family members can help new mothers by giving them support with their work at home so that they can get rest.

ASK: Why should a woman visit the health care facility after the baby is born?

ANSWER: After delivery of a baby, a health care worker will check the health of the mother and the baby. A health worker will give the mother more supplements to stay healthy as well as her TT vaccination. This ensures the health of both mother and child.

Prevention of Mother to Child Transmission (PMTCT) and HIV/AIDS

ASK: What is HIV and what is AIDS?

ANSWER: HIV is the Human Immunodeficiency Virus that causes AIDs. HIV is a virus such as the flu. It is important to know that HIV can be prevented, but cannot yet be cured.

ASK: What is AIDS?

ANSWER: AIDS is Acquired Immuno Deficiency Syndrome that is the late stage of HIV infection when people's bodies become weak and they cannot fight infections.

ASK: Is there a cure for AIDS?

ANSWER: There is no cure for AIDS. However, people can still live a healthy life if they are treated.

ASK: How do most people get infected with HIV?

DISCUSSION: Leave some time to discuss routes of transmission before sharing the answer.

ANSWER: Most people are infected with HIV when they have sex without using a condom, share needles to inject drugs or medicines, or share sharp instruments. HIV can also be passed from an HIV infected mother to her baby during pregnancy or breast-feeding.

ASK: What are some mistaken beliefs on how HIV can be spread?

DISCUSSION: Leave some time to discuss mistaken beliefs before you share additional answers.

ANSWER: Some people think you can get HIV from sharing food, mosquito bites, witchcraft, or that it is a disease of foreigners. None of these are true. Even a healthy looking person can be infected with HIV.

ASK: What are some ways that you cannot get infected with HIV?

ANSWER: Some examples of how you cannot get infected with HIV are by living with someone who is infected, sharing a cup, holding a person's hand, hugging, or kissing.

ASK: What is risky (dangerous) behaviour?

ANSWER: Risky behaviour is conducting oneself in an unsafe manner that can lead to dangerous consequences.

ASK: What are some examples of things that lead to risky sexual behaviour?

ANSWER: Taking drugs or alcohol, smoking, peer pressure, having sex with someone who is older than you, or having unprotected sex with multiple partners.

ASK: What does it mean to abstain from having sex?

ANSWER: Abstain means to choose to go without. When you abstain from having sex, you make the choice to go without sex.

ASK: What are some ways you can abstain from having sex when you are in a situation where someone is trying to persuade you to have sex?

ANSWER: If you are talking about sex and do not want to have sex, be strong, respectful, and stay firm in your decision. Try to keep out of a situation that makes you weak such as being alone and in a private place with someone who might pressure you. Take responsibility for your choices.

PMTCT

ASK: What is PMTCT?

ANSWER: PMTCT stands for Prevention of Mother to Child Transmission. Antenatal clinics also contain a section in the clinic called Prevention of Mother to Child Transmission that offers group education, HIV testing, counselling, and screening for other sexually transmitted diseases.

ASK: What do we mean by to “know your status”?

ANSWER: To know your status is to know the physical state of your body at that moment. In HIV awareness, to know your status is to know if you are HIV positive or negative at that moment.

ASK: Why is it important to know your status?

ANSWER: It is important to know your HIV status so that you can protect yourself and your partner. If you are HIV positive and know your status you can seek medical attention to help you stay strong and not infect others.

ACTION: If you are pregnant and HIV positive, inform a health care worker as soon as you reach a health facility for a safe delivery and in order to reduce the risk of mother to child transmission.

ASK: What is an STI?

ANSWER: An STI is a sexually transmitted infection that is spread person to person during sexual contact. If a person has an STI it can be cured.

ASK: What are some of the dangers of an STI when not treated?

ANSWER: STIs can cause an infection in a person’s reproductive tract and can lead to infertility. STIs can also affect pregnancy and cause low birth weight of new-born babies, stillbirths and even maternal mortality. If not treated, STIs can lead to diseases such as cervical cancer.

DISCUSSION: Let us discuss some of the signs of an STI and how to avoid getting HIV.

Signs of an STI are pain and burning when you urinate, open sores in the genital area, itching, lower abdominal pain, and blood in the urine.

Some ways you can avoid getting an STI are:

- Choose not to have sex
- Have only one partner and be faithful to that partner
- Use a condom every time you have sex
- Do not share needles or sharp instruments

ASK: Why is it important to learn about an STI when teaching about HIV and AIDS?

ANSWER: Usually if a person has an STI, then they are at a higher risk of getting HIV because of their social behaviour.

ASK: What do we mean by the A, B, and C HIV Prevention Models?

ANSWER:

- A is for abstinence. If you are not able to abstain then use B.
- B is to be faithful to your partner. If you are not able to be faithful to your partner, then use C.
- C is the consistent use of condoms.

ASK: What is a condom?

ANSWER: A condom is a thin rubber sheath used during sexual intercourse to prevent a pregnancy and the transmission of STIs including HIV. There are two types of condoms; one made for a man's body and one made for a woman's body.

DISCUSSION: Culture is an important part of what makes a society special. However, it is important to remember that some cultural practices can be harmful in spreading HIV.

It is also important to remember that with cultural practices, all people have the right to make choices.

ASK: Can you think of some examples of where cultural practices may be harmful in spreading HIV?

ANSWER: Leave some time to discuss how cultural practices may be harmful before you share additional answers.

- Early marriage of young girls usually to older men who have already been exposed to multiple partners
- Wife inheritance to a brother of a husband that can expose the woman or man to HIV through sexual contact
- Polygamy and having multiple partners outside of marriage
- Not being circumcised (this increases the chance for males to acquire HIV from a female partner)
- Sharing the same instruments such as needles, blades, and knives for cutting or body tattooing and circumcision that can expose a person to infected blood from an HIV positive person

ASK: What is a blood transfusion?

ANSWER: A blood transfusion is the transfer of blood from one person into another person to help save their life.

ACTION: It is important to remember that blood used for transfusions are first tested for HIV. It is important to avoid sharing any skin piercing instruments such as needles, syringes, blades, and knives.

Voluntary Counselling and Testing (VCT)

ASK: What is Voluntary Counselling and Testing (VCT)?

ANSWER: Voluntary counselling and testing is the process by which an individual goes for counselling in order to be informed on whether they want to take the HIV test. Voluntary counselling can be a mix of pre and post testing. All counselling is strictly private between the person being tested and the health worker.

ASK: What are the advantages of voluntary counselling and testing?

ANSWER: VCT allows you to make decisions to take care of yourself and those around you. You can develop a social and emotional support system. You can make informed decisions and inform your partner and prevent them from getting infected.

DISCUSSION: At pre-testing, a person will be informed about what happens when you are tested and are either HIV positive or HIV negative, risky behaviour and how HIV can be transmitted. It is important to remember that all persons who do not want to be tested have the right to refuse to be tested.

DISCUSSION: At post-testing, a person will be told about: their test results (whether they are positive or negative). They will also discuss with the health worker how they feel about the results and how to protect themselves and the health of others. This is a time for counselling, reflection, and the next course of action.

ASK: What if a person did test positive with HIV? What are the benefits of knowing? How can that help them live a safe and healthy life?

ANSWER: There are numerous benefits including: an improved ability to cope with the disease, better care and treatment, reducing the risk of mother to child transmission, and greater involvement with others also living with HIV and AIDS.

Pregnancy and Malaria

ASK: How does a person get malaria and why is this very dangerous when you are pregnant?

ANSWER: A person gets malaria when they are bitten by a mosquito. The mosquito mainly feeds at night after dark. Getting malaria when pregnant is very dangerous because it can cause anaemia and premature birth.

ASK: How can a pregnant woman protect herself and her unborn child from malaria?

ANSWER: Pregnant women can sleep under an insecticide treated mosquito net and can also take Intermittent Preventive Treatment (IPT) during pregnancy to prevent malaria. This is administered by a health worker during antenatal visits to a clinic.

ACTION: Always sleep under an insecticide treated net especially during pregnancy.

Tetanus Toxoid and Micronutrients

DISCUSSION: Tetanus Toxoid (TT) is a vaccination that is given to help prevent a pregnant woman and her unborn child from getting sick. All women of childbearing age should start the TT series of vaccinations and complete five shots. Pregnant women need to finish a series of three shots during pregnancy and postnatal care. Tetanus vaccinations are available in health clinics and are given by trained health workers.

ASK: What are micronutrients and why do our bodies need them?

ANSWER: Micronutrients are vitamins and minerals that help us stay healthy. You only need to take them in small amounts. Micronutrients also help us have energy, fight off sickness and disease and are important for good maternal health.

DISCUSSION: Pregnant women need to take micronutrients and minerals during pregnancy such as:

- Iron folate – prevents anaemia (anaemia reduces your energy level and makes you tired)
- Folic acid – promotes growth of the baby in the womb

ASK: Where can you get micronutrients when you are pregnant?

ANSWER: You can get micronutrient supplements from your health care worker when you go to the clinic for your antenatal visit. You can also get them from the food you eat.

DISCUSSION: It is also very important for pregnant women to get plenty of rest. Encourage women to talk to their families and get help with household work so that they can take care of themselves and their babies.

ASK: Why is nutrition important for pregnant women?

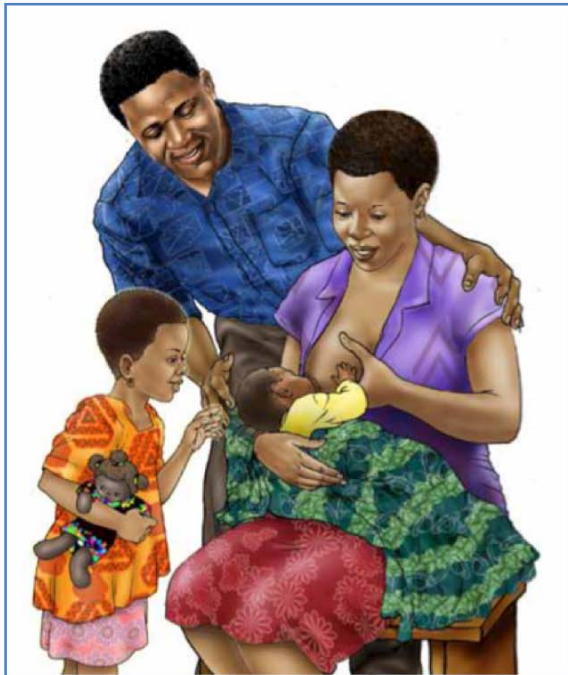
ANSWER: Balanced nutrition makes your body strong, fights infection, prevents anaemia, and keeps your unborn baby healthy. Balanced nutrition also helps produce breast milk and reduces health risks to mother and child.

DISCUSSION: Let us talk about some common foods and the nutrients they contain that can help you stay healthy and strong.

- Iron: meat, liver, wheat flour to make bread, beans, and peas
- Iodine: from iodized salt and fish
- Vitamin A: carrots, leafy greens
- Protein: eggs, fish, breast milk for the baby
- Folic Acid: oranges

ACTION: A pregnant woman needs to eat at least three meals per day and drink plenty of clean water. Eat a balanced diet of body building foods such as meat, milk, eggs, and beans, protective foods such as fruits and vegetables, and energy foods such as rice and potatoes.

ACTION: Practice good hygiene; washing your hands with soap and water and drink clean water.



Family Planning and Birth Spacing

ASK: What are the advantages of planning for your family?

ANSWER: Planning allows a couple to have the number of children they want. It helps ensure that families can afford to meet the costs of their children.

ASK: What is child spacing and how does it benefit you?

ANSWER: Child spacing is deciding when to have children and how many children to have.

It is a family planning method to help couples space their children separated by a couple of years. It helps prevent unwanted pregnancies and helps a woman reduce risks from close pregnancies. Child spacing also allows mothers to spend more time breastfeeding and caring for older children.

DISCUSSION: Let us discuss some traditional or natural methods to help with child spacing.

- *Abstinence* – avoid sex completely
- *Lactational Amenorrhea Method (LAM)* – only feed your child breast milk when it is under six months old and it will help delay your monthly bleeding
- *Protection* – use protection methods such as condoms

ACTION: To stay healthy, try and wait at least two years before trying to get pregnant again.

ASK: What are some of the important reasons girls should not get pregnant before they reach 18 years of age?

ANSWER: Girls younger than 18 have not completed their physical development; this can lead to complications during the pregnancy. In addition, early pregnancy has a higher chance of the mother dying. Being pregnant at a younger age also places young girls at a higher risk of some diseases and infections such as STIs and HIV/AIDS.

ASK: What are some of the advantages of keeping young girls in school longer before they get married and have children?

ANSWER: The more time a girl can stay in school before she starts her family, the better the chances she will have to:

- Have a healthier pregnancy when she is over 18 years of age
- Learn more on how to take care of her child
- Be more economically stable

ACTION: Families need to help their daughters get counselling and learn about sex education, reproductive health, and family life before they become parents. Families also need to feed their daughters a nutritious diet throughout their childhood and teenage years so that when they are over 18 years of age and become pregnant, they will have a safer childbirth and a healthy baby.

Role-play: Using the key messages and flip books (20 minutes)

- 1 Have the participants divide into groups of three. Have the participants use the messages to practice dialogue, taking turns asking questions and responding.
- 2 Walk around and observe the groups. Designate three observers for this activity. Help facilitate the exercise. Give tips and feedback as needed.

Wrap-up

At the end of the session, have the participants discuss any problem they may have encountered. Ask for questions and give additional clarification as needed.

SESSION 10 – EVALUATION

▶ SESSION 10.1 – Facilitator’s Evaluation

After the training session, the lead trainer should fill out the following evaluation form:
How effective were the following sessions of the workshop?

Sessions	Very effective (why)	Average (why)	Not effective (why)
Health promotion			
Human rights			
Behaviour change			
IPC			
OPV/Polio			
IPV/Polio			
Nutrition			
WASH			
ICCM (pneumonia, malaria, diarrhoea)			
Maternal health			

Was there a session you found too technical, not technical enough or that can be strengthened?
(Please explain)

Is there a session that you thought required more time or less? *(Please explain)*

Do you feel that the number of facilitators was adequate for the workshop? *(Please explain)*

How effective were the facilitators for the assigned modules? *(Please explain)*

Where else do you see room for revisions in the training curriculum?

▶ SESSION 10.2 – Participants' Evaluation

Participants may not read and write, therefore, at the end of the workshop, ask the participants the following questions. The results should be based on show of hands.

Which session did you feel was the most informative (technical knowledge)? Please insert the number of participants in the following categories:

Sessions	Very effective (why)	Average (why)	Not effective (why)
Health promotion			
Human rights			
Behaviour change			
IPC			
OPV/Polio			
IPV/Polio			
Nutrition			
WASH			
ICCM (pneumonia, malaria, diarrhoea)			
Maternal health			

How do you feel about the participatory and role-play exercises in the sessions of the workshop?
(Please explain)

In which session would you like to have more participation exercises included? *(Please explain)*

In which session would you like to have fewer participation exercises included? *(Please explain)*

Which sessions do you feel that you require extra training in?

SESSION 11 – WRAP-UP

Objective

Share the following objective of the training programme:

- Close out the training

Time required

30 minutes

Activities (Instruction to Trainers)

Take a moment to ask the participants if there is any unfinished business that needs to be cleared (housekeeping).

Discussion

Give the participants time to ask questions on clarification on the topics covered, and respond to questions asked.

DISCUSSION: Return to Session 1.0

Did the participants feel their expectations for the training have been met?
What components of the workshop would they have preferred to have more time on?



► Pre-Training Preparations Checklist

Nomination

Social mobilizers should be:

- Previously involved in Polio/ routine EPI or any other health related social mobilization
- Resident in the region they are representing
- Committed to actively participate in the training
- Possess some interpersonal communication skills
- Aware that s/he will be fully responsible for implementing social mobilization activities in his/her area of responsibility

Number of Participants per Locality

Determine the number of social mobilizers per area

Arrival/Departure Dates

- Participants from outside the training town should arrive one day before the training.
- All participants should keep time. Absence from any session of the training is strongly discouraged.
- Participants should not leave in the middle of the training or before it is ended.

Payments/Accommodation Arrangements

- Accommodation will be fully covered for those who are outside the town where the training is conducted.
- Transport refund can only be done at the end of the training.
- Payment is done per/attended days.
- Stationery and training materials are provided.

Venue

Please select the venue with the following considerations:

- Quiet/less noisy (far from generator house/parking lot/bar/playground, etc.)
- Enough space for movement
- Enough light
- Enough ventilation
- Tidy
- Convenient group exercise
- Comfortable, quiet and if possible enough distance from the workplace and city center

► Interpersonal Communication Skills Checklist

Checklist prior to visit	Yes	No	Comment
Health Review: key messages to be delivered Are any additional materials needed? (flipbook, cards, etc.)			
During the visit	Yes	No	Comment
Creating a Caring Environment			
Skill: Building Rapport			
Greeting			
Keeps parents relaxed and good use of body language: smile, eye contact			
Soft tone, explains, visits, shows empathy			
Gathering Information			
Skill: Questions and listens			
Uses the appropriate questions and listens Encourages dialogue Makes eye contact, acknowledges Seeks more information (probes) Reflects feelings			
Counseling Effectively			
Skill: Counseling and sharing information			
Asks client's understanding of the vaccine/health topic Discusses and tries to correct any misconceptions or rumours Uses simple and understandable language Asks for any questions or concerns Uses visual aids where needed Asks the client to repeat what she needs to do Summarizes and repeats key information			
During the visit	Yes	No	Comment
Was the visit successful/if not what strategies can be useful? Were the key messages delivered? What did you learn from the visit? Did you complete all the paperwork from the visit?			

Vaccination Chart

The following vaccinations are recommended as per the Ministry of Health. NB: these may vary slightly by region.

Children		Dose	Series	1 st – 2 nd	2 nd – 3 rd	4 th
BCG		As soon as possible after birth	1			
Hepatitis B	Option 1	As soon as possible after birth (<24 hours)	3	4 weeks with DPT ₁	4 weeks with DPT ₃	
	Option 2	As soon as possible after birth (<24 hours)	4	4 weeks with DPT ₁	4 weeks with DPT ₃	4 weeks min. with DPT ₃
Polio	OPV+IPV	6 weeks	4	4 weeks min	4 weeks min	4-8 weeks
	OPV	8 weeks	1-2 IPV 2 OPV	4-8 weeks	4-8 weeks	
	IPV	8 weeks	3	4-8 weeks	4-8 weeks	
DPT		6 weeks min	4 weeks min – 8 weeks	4 weeks min – 8 weeks		
Haemophilus Influenzae type B	Option 1	6 weeks – 59 weeks	3	4 weeks min	4 weeks min	
	Option 2		2-3	8 weeks min if 2 doses 4 weeks if 2 doses	4 weeks if 3 doses	
Pneumococcal	Option 1	6 weeks min	3	4 weeks min	4 weeks	
	Option 2	6 weeks min	2	8 weeks min		
Rotavirus	Rotarix	6 weeks min	2	4 weeks min	4 weeks min	
	Rota Teq	6 weeks min	3	4-10 weeks		
Measles		9 or 12 months (6 weeks minimum)	2	4 weeks min		
Rubella		8-12 months	1			
HPV		As soon as possible from 9 yrs.	2	6 months		