PROMOTING MATERNAL HEALTH AND PREVENTING OBSTETRIC FISTULA

A TRAINING CURRICULUM FOR COMMUNITY ENGAGEMENT

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OVERVIEW OF THE TRAINING MANUAL

Background

This training manual was developed by EngenderHealth through the Fistula Care project, a five-year initiative funded by the U.S. Agency for International Development (USAID) that aims to prevent and address obstetric fistula. The principal goal of the Fistula Care Project is to reduce the enormous backlog of women awaiting life-altering fistula repair, ensuring that these women receive timely and quality care from trained providers. At the same time, the project works to remove barriers to maternal health services that put women at risk of obstetric fistula.

As part of Fistula Care's efforts to prevent obstetric fistula, EngenderHealth works with local government partners in selected countries to establish or strengthen and support community-level committees and volunteers in promoting maternal health and maternal health care-seeking, to help reduce women's risks of obstetric fistula.

This training manual is designed to complement and reinforce existing training materials for Ward Development committees, community health workers and volunteers (WDC/CHWs).

Training Goal and Objectives

This four-day training workshop is aimed at equipping members of WDC/CHWSs with the knowledge, skills, and tools they will need to promote healthy practices before, during, and after childbirth and to monitor maternal health care–seeking and pregnancy outcomes in their communities.

Specific objectives of the training are to:

- Increase participants' knowledge about maternal health, maternal health risks and the prevention of maternal mortality and morbidity
- Orient participants to a set of tools for raising awareness about maternal health and family planning
- Orient participants to a set of tools for monitoring the use of maternal health and family planning services in their communities
- Equip participants with key skills for promoting and monitoring maternal health in their communities, including communication skills and record-keeping skills

The training focuses on five key problems that contribute to poor maternal health:

- Low use of antenatal care
- Lack of birth preparedness
- Low use of facility delivery
- Low use of family planning
- Low male involvement in maternal health.

During the course of the training, the participants will explore these concerns and will develop action plans that outline specific steps they will take to address these concerns in their own communities.

Training Content

The training workshop is comprised of various skills-building sessions focused on maternal health, birth preparedness, family planning, communication skills and tools, pregnancy monitoring, and record keeping. The main topics and the learning objectives of each session are as follows:

Session	Learning Objectives
Maternal mortality and morbidity (4 hours)	• Explain the concept of maternal health • Identify serious danger signs during pregnancy, delivery, and the period after delivery • Explain the "three delays" that contribute to maternal death and disability • List important actions that can prevent maternal mortality and morbidity • Explain the reasons for home births and their consequences
Birth preparedness and male involvement (3 hours, 45 minutes)	• Explain birth preparedness and list essential birth preparations • Discuss the reasons for and consequences of lack of birth preparedness • Explain the importance of involving male partners in maternal health
Family planning (2 hours, 15 minutes)	• Explain term "family planning" • Explain the benefits of family planning • Describe reproductive intentions and the methods of family planning that are aligned with these preferences
Communication skills for improving maternal health (1 hour, 45 minutes)	• Explain the role of community health workers in promoting and monitoring maternal health • Explain what effective communication means • Discuss key qualities of an effective communicator • Identify barriers to effective communication
Pregnancy monitoring (2 hours, 50 minutes)	• Explain the importance of monitoring pregnancy and maternal health care-seeking at the community level • Demonstrate how to use a register to monitor and document birth preparedness and maternal health care–seeking • Demonstrate how to apply the REDI approach for conducting monitoring visits to promote birth preparedness and skilled care–seeking
Community awareness-raising approaches (3 hours 15 minutes)	• Explain different types of approaches that can be used to promote maternal health, family planning, and male involvement • Demonstrate how to use flipcharts and other pictorial job aids • Demonstrate how to record information on awareness-raising activities
Developing an action plan (1 hour, 45 minutes)	• Develop an WDC/CHWs action plan to address maternal health concerns at the community level

Community Partners Orientation Workshop Agenda

Time	Day 1 FOCUS: PROMOTING HEALTHY PREGNANCIES	Day 2 FOCUS: ENGAGING COMMUNITIES
8:30-9:30	• Welcome & Introductions • Objectives of the workshop • Schedule • Ground rules • Pretest	• Registration • Recap
9:30-10:00	**Role of the CHWs/volunteers in Promoting Healthy Pregnancies** WDC composition and Functions	**Effective Communication** - Characteristics of effective communication - Key messages
10:00 - 11:00	**Understanding the 3 delays** - Overview of maternal health - Danger signs during pregnancy, delivery and after delivery	**EHN Approaches/** 1. Community dialogue/compound M 2. Town hall meetings 3. SWT 4. Community Drama
11:00-11:15	**Tea break**	**Tea break**
11.15-12.30	- The 3 delays **Obstetric Fistula** Causes and consequences Prevention and Treatment	Plenary sessions/ Group work • Home Visiting Practice Using the Home Register and Job aids practice • Community dialogue
12:30-13:30	**Preparing for birth and Male involvement** Healthy Pregnancy practices Birth preparedness Gender mainstreaming (MAP)	Other interventions • Barriers study • transportation mechanism • Screening of fistula clients
13:30-14:30	**Lunch Break**	**Lunch break**
14:30-16:00	**Family planning/Child spacing** Types of family planning methods Aligning family planning to reproductive health intentions Family Planning Seeds Game	Documenting awareness raising activities 1. Attendance sheets 2. FC+ registers **Developing action plans** (Group work)
16:00	**Tea break** **Close**	**Evaluation and Close and tea break**

Training Approach

This guide is designed to help trainers lead a participatory training. It uses brainstorming, discussion, group work, and other adult participatory learning approaches that provide opportunities for learners to reflect on and share their existing knowledge and experiences as they learn new information and skills.

The training guide includes detailed notes for facilitators on the steps involved in each activity. In addition, each module of the training guide includes:

- ***Flipcharts that should be prepared in advance***. These flipcharts contain key information for participants, and they synthesize ideas and concepts that will be shared during brainstorming activities. The flipcharts must be prepared by the trainer in advance, and then presented to the training participants during the course of the relevant session. Be careful not to display flipchart contents too soon during an activity. It is often easiest to arrange all of the flipcharts that will be needed during the day together on one easel, and to use a second easel for recording participants' ideas and contributions.
- ***References/resources for the trainer***. The resources at the end of each module are designed to support the trainer. They can serve as an "aide memoire" to help the trainer make sure that important ideas have been mentioned during brainstorming activities. Other resources can be photocopied and distributed to the training participants during or after the session. The facilitation notes for each activity provide guidance on how these materials should be used.

In planning for and leading this training, trainers should keep in mind the principles of adult learning.[1] Adults learn best when training activities:

- ***Are participatory:*** Adults learn best when they are actively involved in the process of learning. They are more likely to learn and to retain new information when the training creates opportunities for them to practice applying their new knowledge and skills.
- ***Build on the experience of the learners***: It is important to provide adult learners an opportunity to build on their existing perspectives, knowledge and skills, and to share these with other learners. Trainings should enhance learners' existing knowledge and skills and help them link new knowledge to real life contexts.
- ***Are supportive***: To help adults learn, it is important to create a safe and supportive environment for experimenting and practicing new skills. Give participants positive reinforcement, such as praise and encouragement, rather than negative reinforcement, such as criticism. Provide constructive feedback to help participants improve their knowledge and skills.
- ***Are relevant***: Focus on information and skills that are relevant to the activities that training participants will undertake and to the community context in which they will work. Provide opportunities for participants to apply knowledge and skills immediately.

[1] Source: Turner, K., Wegs, C., and Randall-David, B. 2003. *Effective training in reproductive health: Course design and delivery*. Chapel Hill, NC, USA: Ipas.

- ***Foster opportunities for self-directed learning***: Adult learners are accustomed to taking responsibility for their own decisions and actions, including choosing what they want to learn. They learn best when they are treated as active participants in the learning process. Trainers should help them move from the role of dependent learners to self-directed learners.

SESSION 1: WORKSHOP INTRODUCTIONS AND OVERVIEW

Objectives of the Workshop
At the end of the session participants will be able to:
- know other workshop participants by name
- Share individual expectations and describe the workshop objectives
- Agree on and commit to ground rules for the workshop

Activities
Activity 1: Workshop Opening (15 minutes)
Activity 2: Introductions, Expectations and Training Objectives (30 minutes)
Activity 3: Workshop Schedule and Administrative Issues (10 minutes)
Activity 4: Workshop "ground rules" and roles (10 minutes)
Activity 5: Training pretest (30 minutes)

Total time: 30 minutes

Materials needed:
- Flipchart, markers, tape
- Blank cards/sheets of paper for name cards

Advance preparation
- Prepare Flipchart 1A
- Print and photocopy the workshop agenda for distribution during the session
- Print copies of the training pretest (Trainer's Resource 1A) for each participant
- Identify and prepare a speaker to officiate the opening of the training workshop

Flipchart 1A: Training Objectives

- Increase your knowledge about maternal health, maternal health risks and the prevention of maternal mortality and morbidity
- Equip you with skills for promoting and monitoring maternal health in your communities, including communication skills and record-keeping skills
- Orient you to a set of tools for use in raising awareness about maternal health and family planning
- Orient you to a set of tools for monitoring the maternal health and family planning use in your communities.

Activity 1 Workshop Opening

Time required: 10 minutes
Methodology: Plenary remarks

Step 1 Open the workshop with a short speech by an official guest, as appropriate. The short speech should highlight the magnitude of the problem of maternal mortality and morbidity in the country and locality (Nigeria/State), as well as the fact that most deaths and injuries (such as fistula) related to pregnancy and childbirth can be avoided.

Activity 2 Introductions, Expectations and Training Objectives

Time required: 15 minutes
Methodology: Brainstorming, discussion

Step 1 Next lead an icebreaker exercise with participants. Start by asking all participants the following question:

- What type of animal or living creature do you think you are most similar to and why?

Give participants a few moments to reflect on this question and then ask each one to introduce herself/himself by name and to explain which animal or living creature that they think they are most like and why. Write a name card for each participant, and place it in front of her/him.

Step 2 Ask participants to share their expectations for the workshop. Record their responses on flipchart paper. Put a tick mark next to any expectation that is mentioned multiple times to avoid repetition.

Step 3 Explain that the overall purpose of this workshop is to equip participants with the knowledge, skills, and tools needed to raise awareness about maternal health risks, including fistula, in their communities and to promote improved health in their communities.

Present Flipchart 1A and review the objectives of the training. Explain that at the end of the training, members of each WDC/CHWS will work together to develop a simple action plan that outlines specific activities that they will undertake to improve maternal health in their own communities.

Step 4 After reviewing the workshop objectives, return to the list of participant expectations. Discuss any expectations that will not be addressed during the workshop. Ask participants if they have any questions or comments regarding the workshop objectives.

Activity 3 Workshop Schedule and Administrative Issues

Time required: 10 minutes
Methodology: Presentation, discussion

Step 1 Distribute copies of the workshop schedule. Review, in general terms, the plans for each day of the workshop, helping participants understand the order in which the training topics will be discussed.

Emphasize that the workshop requires active participation and a lot of small group work. Stress also that many workshop sessions build on previous sessions and that completing each day's work and assignments will be critical for later sessions.

Step 2 Explain all relevant administrative issues such as accommodation and meals, transport reimbursements, etc.

Activity 4 Workshop "Ground Rules" and Roles

Time required: 10 minutes
Methodology: Brainstorming, discussion

Step 1 Explain to the group that a supportive, friendly, and participatory environment will enhance the workshop discussions and ensure that the workshop provides an opportunity for everyone to build their knowledge and skills.

Step 2 Lead a brainstorming session on the group norms that should be respected throughout the workshop (e.g., rules such as punctuality, respect for others' ideas and points of view, politeness, the need to turn off mobile phones, active participation, etc.). Record participants' responses on flipchart paper and post it on a wall where it can be referred to throughout the duration of the workshop.

Step 3 Agree on roles that are needed to ensure the mutual respect of agreed-upon workshop norms. As applicable, ask for volunteers to serve as the chief wip, timekeeper, someone to energize the group, spiritual leader, etc.

Activity 5 Training Pretest

Time required: 15 minutes
Methodology: Individual work

Step 1 Ask for a volunteer to explain the purpose of taking a "test" at the beginning and end of a training session. Invite ideas from additional participants as needed. Drawing on participants' contributions, explain that the purpose of taking a test at the beginning and end of a training session is to help training facilitators:

- Better understand the knowledge and skills of training participants and adjust the training content accordingly
- Evaluate the effectiveness of the training content in building participants' knowledge and skills.

Emphasize that a pretest or posttest is not used to disqualify anyone from the training, and that no one should feel anxious about either the pretest or the posttest. Encourage participants to simply answer the questions to the best of their ability.

Step 2 To administer the pretest, distribute copies of Trainer's Resource 1A to participants. Slowly read aloud each question and the response options, giving participants a few moments to answer each question before moving on to the next.

Step 3 Collect participants' papers and thank them for their efforts.

Resource 1A: Training Pretest

Name:_____

Ward:_____

Date:_____

1. **List three serious danger signs during pregnancy or childbirth**
   a. _____
   b. _____
   c. _____
2. **List three important birth preparations**
   d. _____
   e. _____
   f. _____
3. **List the 3 delays that put mothers and babies at risk**
   a. _____
   b. _____
   c. _____
4. **Obstetric fistula is an injury during childbirth that causes the woman to leak urine, feces, or both, uncontrollably. Which of the following is the main cause of fistula? (Circle one best answer)**
   a. Poor diet during pregnancy and eating foods that cause the baby to grow too large.
   b. Long labor without skilled maternity care
   c. Witchcraft
   d. Lack of antenatal care during pregnancy
5. **There are many different types of modern family planning methods. Name at least one of each of the following types of methods:**
   a. Short-acting methods: _____
   b. Long-acting methods:_____
   c. Permanent methods:_____

SESSION 2: ROLES OF COMMUNITY PARTNERS IN IMPROVING MATERNAL HEALTH

Learning Objectives

By the end of the session, participants will be able to:

- Explain the role of community partners in promoting and monitoring maternal health
- Roles and responsibilities of WDCs
-

Activities

Activity 1: Role of community partners in Improving Maternal Health at the Community Level (30 minutes)

Activity 2: Roles and responsibilities of the WDCs/VDs

Total Time: -30 minutes

Materials

- Flipcharts, markers, and tape

Advance preparation

- Prepare Flipcharts 2A and 2B.
- Make photocopies of Resource 2A.

Activity 1 Role of Volunteers/CHWs in Improving Maternal Health at the Community Level

Time required: 30 minutes

Methodology: Brainstorm, discussion

Step 1 Ask participants what they believe the role of the WDC/CHWS is in relation to improving the health of their communities. Record ideas on flipchart paper.

Step 2 Then distribute copies of Resource 2A, Roles and Responsibilities of WDC/CHWSs.. Lead a discussion about the similarities and differences between the ideas shared by participants and the content of the WDC/CHWS strategy. Explore whether everyone is comfortable and in agreement with the roles and responsibilities of WDC/CHWSs as outlined, and discuss as needed to reach consensus.

Step 3 Show Resource 2B on a flipchart and explain the NPHCDA strategy for each WDC and the need for collaboration with the committee. Discuss similarities with Roles and responsibilities outlined up briefly

Resource 2A: Roles and Responsibilities of the volunteers/CHWs

Specific responsibilities and roles are:

- Mobilization of communities for the utilization of health services
- Health promotion and education
- Home visits: Follow-up of the mothers during pregnancy and following birth and of the newborn for provision of advice, recognition of danger signs and referral
- Follow-up of people who have been discharged from a health facility and those on long-term treatment
- Distribution of health commodities
- Community information management
- Disease surveillance

Resource 2B: Composition and Function of Ward Development Committees

Committee

A committee is a group of people who come together to perform a function or act on an issue of importance or concern. A committee may be established to ensure that diverse points of view and interests are represented on an issue and to undertake complementary actions aimed at addressing the matter of concern

WDC

A Ward Development Committee (WDC) is a committee of indigenous community members coming together with the aim of developing the community more especially on health related issues. WDC is a development committee set up at the ward health level to mobilize political commitment to health service delivery as requisite for social development

Structurally, according to the NPHCDA a Ward Development Committee composed of the following:

- A Ward/Clan Head as Patron
- An elected Chairman
- Secretary,
- Chairmen of village/community development committees,
- Headmaster of school,
- Senior agricultural extension worker,
- Community Development officer,
- Representatives of occupational groups (which includes VHW/TBA)
- NGO/International Organizations, Religious Groups, Women and Youth groups, chairmen of patent medicine and store dealers, traditional healers)
- Heads of facilities in the area.

Functionally, each Ward Development Committee is responsible for the following:

- Identification of health and social needs of the Ward and planning solutions.

- Mobilization of resources (human and material)
- Supervision, monitoring and evaluation of health activities in the Ward
- Mobilization for community participation in health, and other health related programs
- Liaison with Government, NGO and other partners in the implementation of health programs
- Forwarding plans from villages and the wards to LGA/PHC Development Committee and providing feedback
- Supervision and support to TBA/VHW/CHEWs
- Support the establishment of health facilities and overseeing their functions at ward

SESSION 3: OVERVIEW OF MATERNAL HEALTH

Learning Objectives

By the end of the session, participants will be able to:

- Explain the concept of maternal death
- discuss serious danger signs during pregnancy, delivery, and the period after delivery
- Explain the "three delays" that contribute to maternal death and disability
- List important actions that can help prevent maternal mortality and morbidity
- List the reasons for home births and the consequences

Activities

Activity 1: Defining Maternal Health (10 minutes)
Activity 2: Defining a Maternal Death and Recognizing Danger Signs (20 minutes)
Activity 3: Understanding the "Three Delays" (30 minutes)
Activity 4: Understanding Obstetric Fistula (30 minutes)
Activity 5: Essential Actions for Maternal Health (30 minutes)
Activity 6: Exploring Factors Contributing to Homebirths (30 minutes)

Total Time: 2.30 hours

Materials

- Flipchart, markers, tape

Advance Preparation

- Prepare flipcharts 3A, 3B, 3C, 3D, 3E.
- Make copies of Resource 2B into small cards, one for each participant.
- Print and photocopy Resources 3C, 3D, and 3E to distribute during the session. If possible, laminate copies of Resource 3D, and 3E.

Flipchart 3A: Objectives of the Session

By the end of the session, you will be able to:

- Define maternal health
- Explain the definition of a maternal death
- List serious danger signs during pregnancy, delivery and the period after delivery
- Explain the "three delays" that contribute to maternal death and disability
- List important actions that can help prevent maternal mortality and morbidity
- List the reasons for home births and the potential consequences

Flipchart 3B: Definition of Maternal Health

Maternal health refers to a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" throughout pregnancy, childbirth and the six-week period after delivery.

Flipchart 3C: Definition of Maternal Death

A maternal death is the death of a woman while she is pregnant or within 42 days of the termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Flipchart 3D: Danger Signs

DURING PREGNANCY
Bleeding
Strong abdominal pain
Fever
Dizziness
Pallor of the eyes and/or the palms of the hands
Swelling of the face, hands and/or feet
The baby stops moving

DURING DELIVERY
Bleeding
Labor that lasts more than 12 hours
Appearance of the umbilical cord or any part of the baby before the head

AFTER DELIVERY
Heavy bleeding
Fever
Persistent headaches
Bad-smelling vaginal discharge

Flipchart 3E: The Three Delays

- Delay in recognizing complications and deciding to seek care
- Delay in reaching a health facility where care is available
- Delay in receiving care at a health facility

Activity 1 Defining Maternal Health

Time required: 10 minutes
Methodology: Brainstorming, discussion

Step 1 Review the objectives for the session (Flipchart 3A) and confirm that they are understood.

Step 2 Ask participants to share their thoughts about what the term "maternal health" means. Record their ideas on flipchart paper.

Step 3 Summarize the key elements of maternal health that participants have offered, and then present the definition of maternal health (Flipchart 3B). Emphasize that maternal health refers to the three periods of pregnancy, childbirth, and the period after delivery (the postpartum period); it is not simply at the time of delivery. Discuss as needed to ensure that everyone feels comfortable with and can agree on the definition of maternal health.

Activity 2 Defining a Maternal Death and Recognizing Danger Signs

Time required: 20 minutes
Methodology: Brainstorming, discussion

Step 1 Invite participants to share their ideas about the definition of maternal death by posing the following questions:

- According to you, what constitutes a maternal death?
- Does the death of any mother constitute a maternal death? Why or why not?

Step 2 Next, present the definition of a maternal death (Flipchart 3C). Emphasize that the reference period for a maternal death is the same as in the definition of maternal health – that is, throughout pregnancy, childbirth and the six weeks after delivery. Invite and address questions from participants.

Step 3 Explain that most of the complications that because maternal deaths have warning signs, and that recognizing danger signs is important if maternal deaths are to be prevented.

Conduct a brainstorming session on danger signs **during pregnancy**. Record participants' responses on flipchart paper. Then, ask participants to reflect on the danger signs **during childbirth and the six weeks after delivery** and record the responses, using additional sheets of flipchart paper, as needed.

Present the danger signs during pregnancy, childbirth and six weeks after delivery (Flipchart 3D). Compare the danger signs mentioned by the participants with those on Flipchart 3D. Discuss and clarify any danger sign on Flipchart 3D that was not identified by the participants.

Next ask participants to reflect on whether any of the danger signs on Flipchart 2D are commonly usually perceived as "normal" by people in their

communities, or that are attributed to non-medical causes (e.g., witchcraft, violation of taboos, mistakes or sins committed by the woman, etc.). Discuss each danger sign listed in Flipchart 3D and how it is normally perceived in the community.

Conclude the discussion by emphasizing that the complications that kill women during pregnancy tend to occur suddenly, often with little warning. While most maternal deaths are preventable, it is vital for women, families and communities to recognize danger signs and the importance of immediately seeking professional care from a health provider.

Congratulate participants on their work and distribute copies of the Resource 3A (Chart 2 from the MOH's WDC/CHWS Picture Book: ***Danger Signs During Pregnancy***) as a quick reference on life-threatening danger signs.

Activity 3 Understanding the Three Delays

Time required: 30 minutes
Methodology: Case study, brainstorming, discussion

Step 1 Explain that most maternal deaths are the stories of various delays. Explain that you are going to share the story of a maternal death and that you want participants to listen carefully for the different types of delays that contribute to Mrs. X's death.

Read the case study (Resource 3B) and afterwards lead a discussion about what delays contributed to Mrs. X's death. Record participants' observations on flipchart paper. As needed, supplement their responses with other delays from the case study.

Step 2 Next, synthesize participants' ideas by presenting Flipchart 3E and explaining that there are three main types of delays that contribute to maternal deaths (Flipchart 3E):

- Delays in recognizing complications and deciding to seek care
- Delays in reaching a health facility where care is available
- Delays in receiving care at the health facility

Many deaths in pregnant women occur because of delays in receiving safe care. The **1st Delay** comes in deciding there is an emergency. It can take time for the family to agree to take action. After the decision, there is often delay in referring the woman to a health unit. Educate community members about Pregnancy Danger Signs. When there are Pregnancy Danger Signs the woman must be taken to the Health Centre immediately.

The **2nd Delay** comes from deciding how to transport the pregnant woman to the health centre and organizing transport. If a community is prepared, money and transport is more quickly available for an emergency. A transport plan makes the difference between life and death.

The **3rd Delay** occurs when the pregnant woman reaches the facility, and there is a delay in providing her with the proper services.

QUESTIONS FOR COMMUNITY DISCUSSION

What are strengths and opportunities in our community?
What is the role of local leaders in health planning in our community?
As community members, how could we be more engaged in health planning?

Activity 4 Understanding Obstetric Fistula

Time required: 30 minutes
Methodology: Brainstorming, discussion

Step 1 Introduce the activity by explaining that in addition to maternal death, pregnancy and childbirth complications can also result in disabilities for women. Distribute to each participant a copy of the image in Resource 3C (photocopy and cut into small cards in advance). Ask participants to individually reflect on what the image shows and discuss the following questions with them:

- What is the woman's problem?
- What do you think caused this problem?
- How could this problem be prevented?

Step 2 Using participants' responses, explain what an obstetric fistula is. Clarify and address any misconceptions voiced by participants about the causes of obstetric fistula (obstructed and prolonged labor) and about how the problem can be prevented (timely access to caesarean delivery services).

Step 3 Explore any questions that participants have about obstetric fistula, its causes, and how it can be prevented and treated. Distribute copies of Resource 3D as a reference. Wrap up by emphasizing that fistula is a devastating condition that can be prevented when women, their families, and communities are aware of the dangers of prolonged labor and when women have access to skilled maternity care and emergency care when labor lasts too long.

Activity 5 Essential Actions for Safe Motherhood

Time required: 30 minutes
Methodology: Small group work, presentations, discussion

Step 1 Ask for a volunteer to remind the group what is meant by the term "maternal health." As needed, refer back to Flipchart 3B.

Step 2 Next, explain that participants will work in small groups to discuss and identify what women should do stay healthy during pregnancy, childbirth, and the period after delivery. Divide participants into three (3) groups, and assign each group one of the three periods: pregnancy, delivery, and postpartum.

Give each group flipchart paper and a marker and ask them to make a list of all the things they think women should do to stay healthy and to avoid problems during pregnancy, delivery, and after delivery.

Give each group 105 minutes for the activity, and circulate among them to monitor their progress, provide guidance, or answer questions.

Step 2 After 10 minutes, ask each group to present their work, starting with the period of pregnancy. After a group has presented their list of healthy practices, discuss each action listed, and provide clarification, as needed to address any misperceptions. Explore whether anyone from the other two groups wants to add any practices to the list, and supplement the responses, as appropriate, drawing on the information in Resource 3E. Wrap up by emphasizing the importance of the practices listed in Resource 3E and marking a star (*) next to these practices on the posted flipchart.

Repeat the same process in reviewing healthy practices and behaviors during childbirth and during the postpartum period.

Wrap up the activity by distributing copies of Resource 3E, and by inviting and addressing any questions that participants may have.

Activity 6 Exploring Factors prevent delivery at health facility?

Time required: 30 minutes
Methodology: Brainstorming, discussion

Step 1 Explain that this activity will focus on exploring the causes and consequences of home delivery. Read aloud the story of Nakku (Resource 3F), and then use the discussion questions to facilitate an exchange of ideas and perspectives on home delivery (25 minutes).

Step 2 Next, explain that participants will work together, using a method called the "problem tree," to explore both the causes and consequences of giving birth at home without skilled maternity care. Ask whether anyone in the group is familiar with the problem tree method. As appropriate, invite a volunteer to explain the approach, or introduce the method by explaining that a problem tree is simply a visual way to explore and identify the root causes of a problem, as well as the consequences of the problem.

Begin by drawing the trunk of the tree and labeling it with the problem, "home delivery." Next, lead a brainstorming on the causes of the problem—i.e., factors that lead women to deliver at home without skilled maternity care. Probe and refer to the discussion about Nakku, as needed, to help participants identify and specify a complete list of factors that contribute to home delivery, such as:

- Lack of information about risks during delivery
- Lack of information about the benefits of skilled maternity care during delivery
- Beliefs or taboos related to delivery

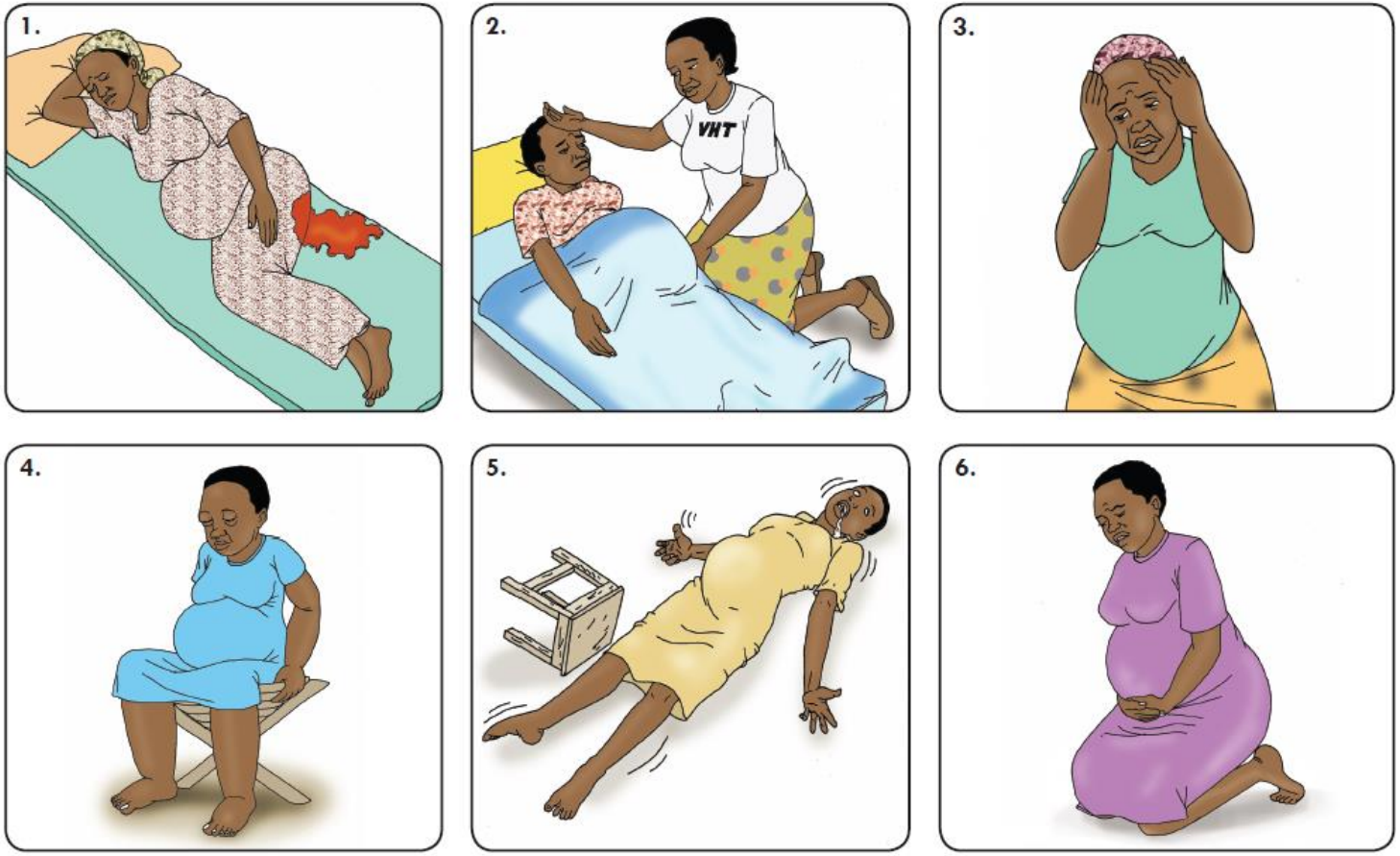
- Traditional practices and preferences related to childbirth
- Geographic barriers and transport problems
- Concerns related to the quality of care available
- Poverty and financial barriers

Write each of the causes identified below the trunk of the tree, among the roots. These are the roots of the problem.

Step 3 Next, focus on the consequences of women's non-use of skilled maternity care during delivery. Probe, as needed, to help participants identify a full list of possible consequences, for the woman, her living children, her family, and the community. Write each of the identified consequences above the trunk of the tree, among the branches.

Step 4 Wrap up the session by thanking participants for their efforts. Explain that later during the workshop, each WDC/CHWS will discuss the problem tree further and the specific factors contributing to low use of skilled maternity care in their own community so that they can identify priorities for action. Post the problem tree on a wall of the room for reference. Distribute copies of Resource 3F (Nakku's Story) to each participant, explaining that this story could be used to lead a community discussion about the importance of delivering at a health facility.

Resource 3A: Danger Signs during Pregnancy[2]



[2] Source: Uganda Ministry of Health. 2010. VOLUNTEERWDC/CHWS Job Aid on Maternal and Newborn Health.

Resource 3B: Why Did Mrs. X Die?

The case of one woman dying in childbirth

By age 25, Mrs. X had five living children and was pregnant with her sixth child. She had never had problems during her previous pregnancies, but in the seventh month of her current pregnancy, she started to experience swelling of her hands, feet, and face. Her mother-in-law told her that such swelling was caused by eating and drinking too much during pregnancy and advised her to not drink so much. The swelling continued, however, and Mrs. X began to develop severe headaches and problems with her vision. Although such signs are very dangerous, Mrs. X did not know this, and she did not seek any medical care.

At the beginning of her eighth month of pregnancy, Mrs. X began "to fit" (i.e., to have convulsions). Worried that she had been cursed or bewitched, her mother-in-law first called the village healer. After several hours of trying to dispel the evil spirit that was afflicting Mrs. X, he called for his sister, a village birth attendant, to help. She tried to give Mrs. X some herbal "teas," but after several hours, she advised that another birth attendant, who had been "trained" should be called.

When the second birth attendant finally came, she advised the family that Mrs. X should be taken to the hospital because her problem was very serious. Mr. X had no money and no transport, so the family used a hammock to carry Mrs. X to the health post, which was a half km away. Upon reaching the health post, the family met the nurse who advised them to quickly take Mrs. X to the hospital for treatment. She explained that she did not have the skills or the medicines needed to treat Mrs. X's problem, and she scolded the family for wasting time and not taking Mrs. X straight to the hospital. Mr. X returned home and spent several hours trying to get help from neighbors and friends. Even after mobilizing money from friends and neighbors, it then took Mr. X several more hours to find transport, as the only car owner nearby was concerned that Mrs. X would die in his vehicle since the hospital was a good two hours' drive from their community.

Finally, Mrs. X reached the hospital at around midnight. The staff admitted her immediately, but it took several hours for them to begin administering drugs to lower her dangerously high blood pressure. At 4:00 am, the hospital staff decided that she needed an operation to deliver the baby, but neither the surgeon nor the anesthetist were available until 10:00 am.

Finally, at about 11:00 am, the operation was performed. However, Mrs. X died during the operation. The cause of death was determined to be eclampsia (dangerously high blood pressure).

Resource 3C: Information about Fistula

What is fistula? A fistula is an abnormal hole between a woman's birth canal and bladder and/or rectum that causes her to leak urine and/or feces uncontrollably.

What causes fistula? Most fistulae are caused by prolonged and difficult childbirth lasting more than 12 hours. The pressure of the baby's head can injure the tissue in the birth canal and create a hole between the birth canal and the bladder, the rectum, or both at once. The hole causes continuous and uncontrollable leakage of urine, feces or both. Fistula can also be caused by violent rape or other forms of sexual violence. It can additionally occur accidentally during surgery.

Who is at risk of fistula? **Any woman could be at risk of fistula during delivery if she is not assisted by a skilled health care provider** who can recognize complications quickly and take action. However, women who give birth before age 20 are at greatest risk of fistula. Their bones surrounding the birth canal may not be sufficiently developed to allow the baby to pass through. Poor nutrition during a girl's childhood can also cause stunted growth and increase her risk for fistula.

What are the consequences of fistula?

Women with fistula face a number of hardships. Their baby usually dies because of the difficult labor that caused the fistula. Women with fistula may be abandoned by their husbands. They may also be rejected by their family and community members because of the smell and leaking of urine and/or feces. Many women with fistula live in poverty, with little access to the social support or the medical care they need.

Can fistula be prevented? **YES!** Almost all obstetric fistula can be prevented if women have access to skilled maternity care during pregnancy and childbirth. To prevent fistula, it is important for a woman and her partner to:

- **Seek antenatal care at least four times during pregnancy.** Antenatal care is important to monitor the health of the woman and the baby. During these visits, skilled health care providers can identify problems that could endanger the woman and/or baby.
- **Plan ahead to give birth at a health facility with the help of a skilled health care provider**. Prepare for the birth by setting aside funds and arranging transport.
- **Use family planning to avoid risky, early pregnancy.** Family planning helps women and couples decide the number of children that they want and the timing of births.

Other important actions to prevent fistula:

- Ensure that girl children have enough food and a nutritious diet, so that their bodies grow well and fully.
- Ensure that girls complete school to help them avoid early marriage and pregnancy.
- Delay girls' marriage and pregnancy until they are at least 18 years old.
- Promote equitable gender norms and empower women to make decisions about their reproductive health and well-being

Can fistula be treated? **YES!** Most cases of fistula can be repaired by specially trained surgeons. The majority of women who receive correct medical treatment stop leaking urine and/or feces.

Resource 3D: Essential Actions for Safe-Guarding Maternal Health

DURING PREGNANCY	DURING CHILDBIRTH	AFTER DELIVERY
• Seek antenatal care early during pregnancy. Four antenatal care visits are recommended. • Get vaccinated against tetanus. • Prevent malaria by sleeping under an insecticide treated net and taking preventive malaria medications. • Eat a nutritious diet. • Get adequate rest and avoid strenuous workload. • Prepare for childbirth. • Learn about danger signs during pregnancy, delivery, and the period after delivery.	• Deliver at a health facility with a skilled/qualified health care provider. • Seek help quickly if complications arise.	• Ensure both the mother and the newborn have a check-up during the six weeks after delivery. • Ensure that the mother eats a good, nutritious diet. • Avoid putting anything into the vaginal passage and avoid sexual intercourse until bleeding has stopped. • Ensure that the mother has sufficient rest and avoids strenuous work.

Resource 3E: Nakku's Story

1. NAKKU'S STORY (5 minutes)

Nakku is 28 years old and is nine months pregnant with her third child. She has not gone for any antenatal check-up during this pregnancy because the health center is far away, and her mother-in-law and husband both advised her it was not necessary, since she had no problems with her two previous deliveries. One evening, when her husband had travelled outside of the area for business, she starts feeling labor pains. Her pains continue all the next day and through the following night, but she does not deliver. On the second morning, her mother-in-law, Nabiryo, calls for a traditional birth attendant (TBA), who gives some herbs, which make the contractions stronger, but Nakku still does not deliver. As the sun begins to set again, the TBA says that Nakku must have committed some sin, such as adultery, which is preventing the baby from coming out. Although Nakku is barely conscious, the TBA insists that she must confess her sins in order to deliver. Nabiryo is very concerned and does not know what to do. The health center is far away. There is no transport and no money. Nakku's husband is not due to return home for another two days, and there is no way to contact him.

2. <u>EXCHANGE OF KNOWLEDGE AND IDEAS</u> (20 minutes)

- **What would you advise Nabiryo, Nakku's mother-in-law, to do in this situation?** *Probe to encourage an exchange of ideas about what Nabiryo should do.*
- **To your knowledge, how long should labor last? How long is too long?**
- **What are the possible consequences of prolonged labor for the mother? For the baby?**
- **What would women in your own community say are the benefits of delivering at home? The risks?**
- **What are the serious danger signs during delivery?** *Facilitate an exchange of ideas about danger signs during delivery.*
- **What should be done when a woman experiences any of these problems?** *Facilitate an exchange of ideas about when medical care should be sought and where to go.*
- **How common is it in your community for people to believe that complications during delivery are caused by faults committed by the mother? What is the best way to combat these myths?**
- **In your community, what factors make it difficult for a woman like Nakku to access maternal health services during delivery?** *Probe to identify a range of challenges, including: distance, cost, traditional beliefs and customs, concerns about the quality of health services, etc.*

SESSION 4: Birth Preparedness and Male Involvement

Learning Objectives

By the end of the session, participants will be able to:

- Define birth preparedness and list essential birth preparations
- Cite the causes and consequences of non-preparation for childbirth
- Explain the importance of involving male partners in maternal health

Activities

Activity 1: Healthy Pregnancy practices (15minutes)

Activity 2: Defining Birth Preparedness (15 minutes)

Activity 3: Exploring Causes and Consequences of Low Male Involvement in Maternal Health (15 minutes)

Activity 4: Gender roles

Total time: 1 hour

Materials

- Flipchart paper, markers, tape

Advance preparation

- Prepare Flipcharts 4A, 4B, and 4C
- Make copies of Resources 4A and 4B for each participant. If possible, laminate copies of Resource 4A and 4B.

Flipchart 4A: Session Objectives

By the end of the session, you will be able to:

- Define preparation for childbirth and list essential preparations for delivery
- List causes and consequences of non-preparation for childbirth in their communities
- Describe and refute cultural barriers and behaviors that prevent or discourage households from preparing for childbirth
- Explain the importance of involving male partners in maternal health

Flipchart 4B: Defining Preparation for Childbirth

Preparation for childbirth is the advanced planning and preparation for a safe delivery that:

- Helps ensure women's access to a health facility during delivery
- Helps to reduce life-threatening delays when emergency complications arise

Flipchart 4C: Essential Elements of Birth Preparedness

1. Discuss and decide on the place of delivery with husband and other family members
2. Discuss what items are needed for childbirth
3. Make arrangements for transport to the place of delivery (day or night)
4. Plan for emergencies—know where to go in the event of complications and how to get there, and identify a potential blood donor
5. Save money for the costs of the delivery, as well as the costs of seeking care for any complication
6. Plan for a check-up for mother and baby after delivery

Activity 1: Healthy Pregnancy Practices

Prepare participants. 1 package of Antenatal Practices 3 Card Sort Cards for each group of 5

Activity 1: **(3 Card Sort)**

Ask participants to get into small groups of 5.

Give each group a package of **Antenatal Practices 3 Card Sort Cards**.

Ask the groups to sort the cards into 3 categories: good, bad, and neutral pregnancy practices, based on their experience in their communities.

After the groups have discussed and decided the category for each image, have the groups lay their cards on the ground in those categories.

As a large group, visit each group's cards in turn. The host group will present their categories and why they chose to put each card there.

In a large group, ask participants to discuss the issues.

Ask participants to sort and discuss "good practice" cards into the Role of the VOLUNTEER, Role of the Health Facility and the roles for Both.

KEY MESSAGES

- Attend Antenatal Clinic 4 or more times during each pregnancy.
- Visit Antenatal Clinic when 1 menstrual period has been missed, or as soon as a woman knows she is pregnant.
- Eat a balanced diet and get more rest than usual during pregnancy.
- Sleep under an insecticide-treated net during pregnancy.
- Take a pregnant woman with danger signs to the Health Centre immediately.

Discussion Questions

In your community, are there healthy pregnancy practices?
Which health centres offer ANC?
What should a pregnant woman expect?
What is the role of the VOLUNTEER in promoting healthy (good) pregnancy practices?

Check Understanding

How many times should a pregnant woman go for ANC?
When should these visits occur?

Activity 2: Birth Preparedness

Time required: 15 minutes
Methodology: Brainstorming, discussion

Step 1 Present the objectives of the session (Flipchart 4A), and confirm that they are understood.

Step 2 Ask participants to define the term "birth preparedness" and note their responses on flipchart paper. Drawing on the participants' ideas, post Flipchart 4B and present the definition of birth preparedness.

Step 3 Lead a brainstorming session on important elements of birth preparedness. Record participants' responses on flipchart paper, placing a star (*) beside responses that are mentioned more than once.

Step 4 Building on participants' contributions, present the six elements of birth preparation (Flipchart 4C) and compare them with participants' responses. Discuss each element of birth preparedness, and what it entails.

Next, remind participants of the "three delays" (delay in making a decision to seek care, delay in reaching a health facility, and delay in receiving care at the health facility). Lead a discussion about how each element of birth preparedness can help a woman avoid one or more of the three delays.

Encourage the participants to ask questions. Wrap up by emphasizing the importance of birth preparedness for reducing the three delays that contribute to maternal deaths. Distribute copies of Resource 4A as a job aid to help participants remember and explain the essential elements of birth preparedness.

Activity 3 Importance of Male Involvement in Maternal Health

Time required: 10 minutes
Methodology: Brainstorming, discussion, small group work

Step 1 Ask participants whether men in their communities are generally involved in maternal health issues or not. Facilitate a brief discussion (5 minutes), inviting participants to share their perspectives on what happens in their communities.

Step 2 Next, explain that you want to share the story of Nasiche. Read Nasiche's story (Resource 4C) aloud slowly to the group. After reading the story, ask participants to reflect on how the husband's lack of involvement in discussions about family planning and maternal health influenced Nasiche's fate. Lead a brainstorm on the consequences of low male involvement in maternal health that they see in Nasiche's story. Record their observations on flipchart paper.

Step 3 Next, explain that you want each WDC/CHWS to work together to draw their own "problem tree" for low male involvement in maternal health issues. Give

each WDC/CHWS some flipchart paper and ask them to start by drawing the trunk of the tree, labeling it "LOW MALE INVOLVEMENT IN MATERNAL HEALTH." Then ask participants to discuss and identify the consequences they see in their own communities for the health of women, children and families, and to add these to the branches of the tree.

After 10 minutes, ask each group to start discussing the underlying causes of the problem in their own communities and to add these causes as the "roots" of their problem tree. Give participants about 15 minutes to finish their problem trees, circulating to help address questions.

Step 4 Next, ask each WDC/CHWS to post their problem tree on the walls of the room, and explain that participants will do a "gallery walk", with each group moving to look at and discuss the problem trees developed by at least two other WDC/CHWSs. Explain that after posting their own problem tree on the wall, members of one WDC/CHWS should move to the problem tree developed by another group and should discuss together the similarities and differences between the problem trees. After five minutes, ask participants to shift again, with each WDC/CHWS looking at the problem tree developed by a different group.

Step 5 After five minutes, ask each WDC/CHWS to return to their own problem tree and to discuss whether there are any additional consequences or causes (branches or roots) that they want to add to their tree, based on their discussion of other WDC/CHWSs' trees. Give each group 10 minutes to complete their problem tree.

Step 6 Ask participants to rejoin in plenary and invite volunteers to share their observations on the most important causes of low male involvement in maternal health that they see in their communities. Record their ideas on flipchart paper, in a column on the left side of the paper. Then lead a brainstorm on what can be done to address these causes, and record these ideas in a second column on the right.

Step 7 Wrap up the session by congratulating participants for their ideas and contributions. Explain that each group should keep the "problem tree" they developed and that when they develop an action plan at the end of the training the group should think about how best to adapt Nasiche's story and use the problem tree to help other members of their communities understand the importance of male involvement in maternal health issues.

Activity 4: Gender Roles and Needs

Starter:

Ask: *What would you do to improve the health of mothers and children if you were a different gender?*

Activity 1: Divide the participants into small groups with both men and women represented and with 1 facilitator in each group.

Each group chooses a facilitator to record group responses on manila paper.

Use 2 manila sheets per group. At the top of one sheet, write "MAN"; on the other, write "WOMAN".

Ask: *What are a man's roles related to birth and child rearing? What are a woman's roles related to birth and child rearing?*

Emphasize to the group they should discuss who usually does things. Do not decide who can or should do things.

Record group suggestions on the relevant sheet.

Ask: *What are men's needs related to their roles in birth and child rearing? What are women's needs?*

Record group suggestions on the relevant sheet.

In a large group, ask a representative from each small group to present.

Record these on the appropriate sheets. Ask: What do you think of these lists? What have you learned from this exercise?

KEY MESSAGES

Involve men, women and families in promoting health in women and children.

Discussion Questions

What do you think about women and men having different needs?
What is the role of the VOLUNTEER in supporting women and men with their different needs?

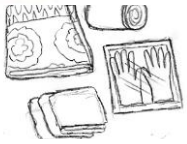
Resource 4A: Essential Elements of Birth Preparedness[3]

PREPARING FOR CHILDBIRTH SAVES THE LIVES OF WOMEN AND THEIR BABIES
What Can Couples Do to Make Childbirth Safe?

Preparing for childbirth is important to ensure that pregnant women can deliver safely. Important birth preparations that every couple should make for childbirth are:

1. **Discuss and decide where to give birth**. Delivering at a health facility with a skilled provider is safest because complications can arise suddenly, without warning. As soon as a woman becomes pregnant, she and her partner should begin to discuss and agree together about the safest place for delivery.

2. **Discuss what items will be needed for the delivery and for the newborn baby**. Ask for advice during antenatal care what items will be needed during delivery. Find out how much these items will cost.



3. **Plan for transport**. Make a plan for how you will reach the health center during labor—whether it is during the day or during the night. What form of transport will you use?

   How much will it cost?

4. **Plan for emergencies.** Complications during pregnancy and childbirth can arise suddenly, without warning. Ask for advice during antenatal care about where to go if you have complications. Discuss with your partner how to get there and how much money would be required for transport. Identify a blood donor in case of need.

5. **Set aside money for delivery**. Taking into account the items needed for delivery, the cost of transport, and any emergency needs, make a plan with your partner how to save the money needed for delivery. Set aside some money every month.

6. **Plan for a check-up for the mother and baby in the first week after delivery to be sure that both are healthy.** If either the mother or baby is unwell, seek care immediately.

Most pregnancies last 40 weeks—enough time for every couple to prepare for childbirth, which will help ensure that pregnancy ends with a healthy mother and a healthy baby.

MEN PLAY A KEY ROLE IN THE START OF EVERY PREGNANCY —
AND IN MAKING SURE THAT EVERY PREGNANCY ENDS WITH A HEALTHY MOTHER AND BABY.

[3] Images adapted from Family Care International's *Skilled Care During Childbirth: A Flipchart. Nairobi, 2004.*

Resource 4B: Acanit's story

1. ACANIT'S STORY (5 minutes)

Acanit is pregnant for the third time. She recently heard about the importance of preparing for birth from a community agent. She never prepared for her two previous deliveries, though both times she experienced complications and faced difficulty reaching a health facility. She thinks that preparing for birth might be a good idea, but she does not know how to discuss the issue with her husband and her in-laws who hold very traditional beliefs. She can just imagine her mother-in-law saying, "Do not try to interfere with God's preparations by making your own" and "You cannot prepare for a baby who is not yet born."

1. EXCHANGE OF KNOWLEDGE AND IDEAS (20 minutes)

- **Acanit thinks that preparing for childbirth has benefits. What are the advantages of preparing for childbirth in your view?**
- **Which preparations should women and their families make for childbirth? Which preparations are most important for ensuring that women can deliver safely?**
- **In your community, what traditional beliefs and social norms discourage women and their families from preparing for childbirth?**
- **If Acanit were your neighbor, how would you advise her to talk with her husband and in-laws?**
- **If a woman's husband and family members are opposed to any type of preparation for birth, what would you advise her to do?**

Resource 4C: Nasiche's Story

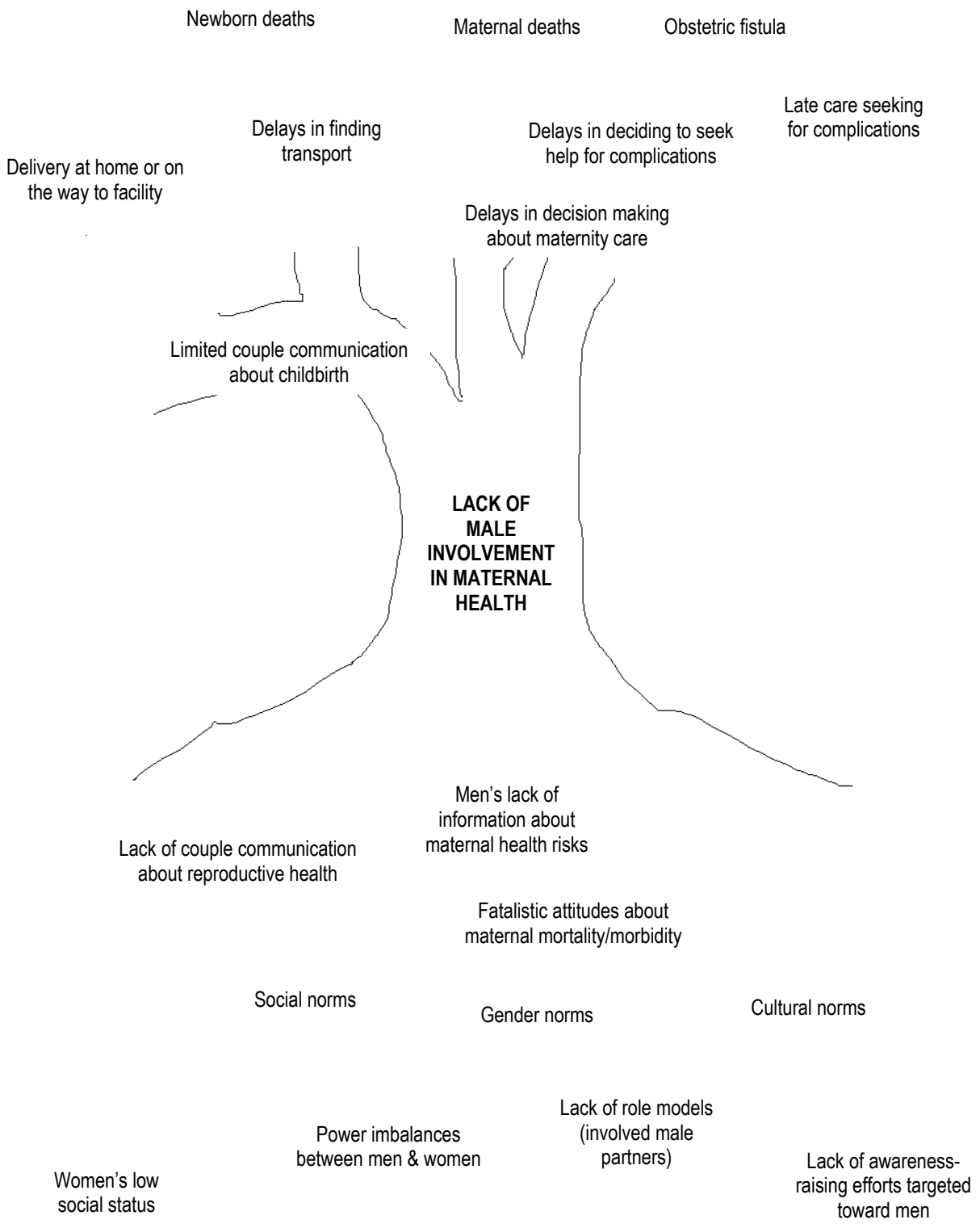
Nasiche was married at age 22 to Okello, a poor farmer. Shortly after they married, the rains failed, and all their crops withered and died. As Okello's savings were quickly depleted, Nasiche thought about using family planning to delay a first pregnancy, but she did not know how to raise the issue with Okello.

As she was trying to think how best to talk to Okello about family planning, Nasiche realized that she was already pregnant. She could not find the words to tell Okello. After five months, Okello asked her if she was expecting, and when she said yes, he told her that he would send for his mother to advise her. Okello's mother told Nasiche to go to the health center to get an ANC/Mother's Card, and said that she would send a traditional birth attendant (TBA) to help Nasiche deliver when the time came.

When her labor pains started a few months later, Nasiche was not certain what to do, and told no one. She felt pains all day, and only told Okello at night when he returned home. He said it was best to wait until morning, when he would send for his mother. The next day, around midday, Okello's mother arrived with a TBA. The TBA made some herbal teas to help speed up the delivery, but when night fell, Nasiche still had not delivered. The TBA stayed with Nasiche all night, and the next day, advised that another TBA be consulted since the labor was taking long. A second TBA came, and she gave Nasiche some more traditional medicines, but by evening, Nasiche had not delivered, and both TBAs advised that Nasiche be taken to the hospital. It was already dark, and there was no transport, so Okello decided it was best to wait until morning.

By morning, Nasiche was so weak she could not stand. Okello ran to neighbors and friends to borrow money and find transport. They finally reached the hospital at midday, and the midwife said that Nasiche would have to have an operation as soon as the doctor was available. Late in the afternoon, Nasiche was taken to the operating theater, but she died during the operation. The doctor said that Nasiche was too weak and had been brought to the hospital too late.

Resource 4D: Sample Problem Tree: Lack of Male Involvement



SESSION 5: FAMILY PLANNING

Learning Objectives
By the end of the session, participants will be able to:
- Define the term, "family planning"
- Explain the benefits of family planning
- Define reproductive intentions and the methods of family planning that are aligned with these preferences

Activities
Activity 1: Definition of Family Planning (10 minutes)
Activity 2: Benefits of Using Family Planning (15 minutes)
Activity 3: Types of Family Planning Methods (20 minutes)
Activity 4: Aligning Family Planning with Reproductive Intentions (15 minutes)

Total Time: 1 hour

Materials
- Flipcharts, markers and tape
- Blank colored cards/sheets of paper (green and red)

Advance preparation
- Prepare flipcharts 5A, 5B, 5C
- Make copies of Resource 5A for each participant
- Print copies of the Ministry of Health's Family Planning Methods Flipchart for each participant.

Flipchart 5A: Session Objectives

By the end of the session, you will be able to:

- Define the term, family planning
- Explain the benefits of family planning
- List the short-acting, long-acting, and permanent methods of family planning

Flipchart 5B: Definition of Family Planning

Family planning is a means for a couple to have children when they choose, to have as many as they want, to space births, or to decide not to have any more children**.**

Flipchart 5C: Terms for Describing Reproductive Intentions

DELAYERS: A “delayer” is someone who wants to delay the first birth.
SPACERS: A “spacer” is someone who wants to wait at least two years before having another birth.
LIMITERS: A “limiter” is someone who does not want to have any more children.

Activity 1 What is Family Planning?

Time required: 10 minutes
Methodology: Brainstorming, discussion

Step 1 Review the objectives for the session (Flipchart 5A), and confirm that they are understood.

Step 2 Ask participants to spend a few moments reflecting, individually, about what the term "Family Planning" means. After a few minutes, invite them to share their perspectives on what it means. Record their ideas on flipchart paper.

Step 3 Summarize the discussion and highlight key elements from the ideas that have been shared. Next present the definition of family planning (Flipchart 5B). Discuss as needed to ensure that everyone feels comfortable and can agree on the definition of family planning.

Activity 2 Benefits of Using Family Planning

Time required: 15 minutes
Methodology: Brainstorming, discussion

Step 1 Distribute the blank green and red cards/sheets of colored paper to participants. Explain that they will use the green cards to write down all the benefits of using family planning that they can think of and that they will use the red cards to write down any disadvantages or costs of **not** using family planning.

Step 2 Give participants five minutes to reflect individually and write their responses down on the green and red cards. Next, invite participants to share their green cards with the group. Ask participants to read aloud their green cards, and to post them on one wall of the room. Discuss the benefits identified and group similar ideas together to reduce duplication among the green cards.

Repeat the same process for the red cards.

Step 3 Next, ask participants to reflect on their own communities and which of the benefits of family planning they think matter most to women and men in their own community.

Step 4 Wrap up the discussion by referring back to Flipchart 3B (the definition of maternal health). Explain that while the definition of maternal health and the training thus far have focused narrowly on the period of pregnancy, childbirth, and six weeks after delivery, the periods before pregnancy and between pregnancies also influence maternal health. As needed, emphasize that early pregnancy and frequent pregnancy carry high risks for the health of both women and their babies. As such, using family planning to delay pregnancies and to space them properly can play an important role in improving the health of mothers and their children.

Activity 3 Family Planning Methods

Time required: 20 minutes
Methodology: Small group work, Brainstorming and discussion

Step 1 Ask participants to list the different modern family planning methods that are available in their community. Record their responses on flipchart paper.

Next, ask participants what other modern methods are available at higher-level health facilities (e.g., health centers and hospitals). Probe as needed to help participants identify the following methods: IUDs, Implants, female sterilization, and male sterilization (vasectomy).

Step 2 Next divide participants into six groups. Assign each group one of the following contraceptive methods: condoms, pills, injections, implants, IUDs, female sterilization, male sterilization.

Explain that you want each group to spend 5–10 minutes discussing the method they have been assigned and sharing what they know about it—specifically:

- What the method is.
- What the benefits or advantages of the method are.
- What side effects they have heard of.

After 10 minutes, distribute copies of Resource 5A to each group (1 per participant). Ask participants to spend another 5 minutes reviewing and discussing the information on their method.

Step 3 Ask for a representative from each group to summarize their group's discussion. Ask each group to briefly (for about three minutes) explain what family planning method they discussed and to describe its most important benefits. Invite additional suggestions and inputs on each method, and provide correct information or clarifications, as needed, before moving on to the next method.

Step 4 Congratulate participants on their group work and emphasize that collectively, they know a lot about family planning. Wrap up the activity by explaining that you would like each person to reflect on the session and to identify something new they learned about a contraceptive method. Invite volunteers to share something they learned.

Activity 4 Aligning Family Planning Methods with Reproductive Intentions

Time required: 15 minutes
Methodology: Brainstorming, discussion

Step 1 Explain that the ages of 15 to 49 are considered the "reproductive years" for most women and couples. Ask participants to reflect on how an individual's preferences and desires related to childbearing might change during the course of their reproductive years. Ask for volunteers to share their thoughts on what a typical individual might desire in terms of childbearing during the course of this period. Building on participants' ideas, post Flipchart 5C and explain the three

terms are commonly used to describe individuals' and couples' reproductive intentions:

- Delayers
- Spacers
- Limiters

Step 2 Next, explain that different methods of family planning are suited for different reproductive intentions. Remind participants of the six family planning methods they discussed in small groups during the previous activity, and ask for volunteers to share their ideas about which methods are best suited for DELAYERS. Discuss participants' contributions as needed to reach a consensus, and record on flipchart paper.

Step 3 Repeat the same process to explore which methods are aligned with the childbearing desires of SPACERS and LIMITERS, and record participants' ideas on flipchart paper. As needed, emphasize that some methods (such as IUDs or implants) could be suitable for both DELAYERS and SPACERS, as well as for LIMITERS.

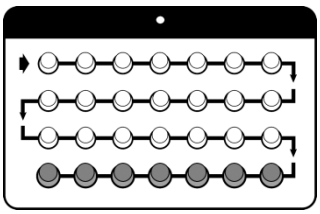
Step 4 Invite and address any questions. Then, distribute copies of the Ministry of Health's Family Planning Methods Flipchart to all participants, explaining that they can use it as a resource or reference in their future work. Provide a brief overview of the flipchart, its contents, and how the information is organized. Call attention to the summary of methods on page 6–7, where methods are grouped according to their duration of action (short-acting, long-acting, or permanent). Explain that when informing women and couples about family planning, it is very important to understand what their childbearing preferences or intentions are and to be able to provide information on the methods that are most in line with those intentions. Ask participants to review the flipchart during the evening as homework.

Resource 5A: Family Planning Methods

Using family planning is important for ensuring the health of women and their children. Women and men have a range of choices for planning their families, including short-acting, long-acting, and permanent methods.

SHORT-ACTING METHODS OF FAMILY PLANNING provide protection against pregnancy for a short period of time. They are best for women who might want to become pregnant within a year or two.

CONTRACEPTIVE PILLS are taken every day to prevent pregnancy. They are most effective if taken at the same time every day.



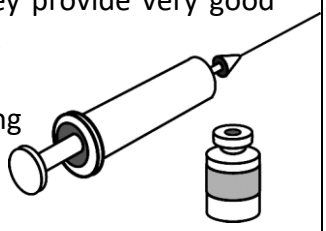
KEY BENEFITS

- Pills are very effective in preventing pregnancy when they are taken daily.
- They can be used by women who want to wait a relatively short time before becoming pregnant.

SIDE-EFFECTS

- Pills may cause irregular bleeding, nausea, mild headaches and breast tenderness during the first 3–4 months of use. Some women gain weight.

INJECTIONS are given every three months to prevent pregnancy. They provide very good protection against pregnancy if a woman returns for injections on time.



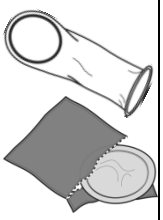
KEY BENEFITS

- The injection is very private. No one else can know that you are using it.
- One injection protects against pregnancy for three months.

SIDE EFFECTS

- Changes in monthly bleeding may occur. Some women gain weight.

CONDOMS (male and female) are used during sexual intercourse. They must be used every time a couple has sex. To use condoms effectively, couples must discuss and agree to use condoms every time they have sex.

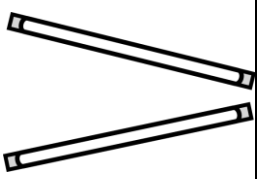


KEY BENEFITS

- Condoms provide protection against HIV and other sexually transmitted infections, in addition to protection against pregnancy.

LONG-ACTING METHODS OF FAMILY PLANNING provide protection against pregnancy for a long period —anywhere from 3 to 12 years of protection. They generally have fewer side effects than many short-acting methods. Long-acting methods are the best method for women who do not want to have a pregnancy any time soon or who may want to stop childbearing. However, if a couple decides that they want to have another pregnancy, fertility quickly returns with these methods.

IMPLANTS: Implants are small rods that are placed under the skin in a woman's upper arm. They can be removed at any time by a trained health care professional.



KEY BENEFITs

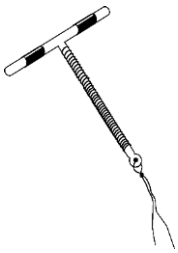
- Implants prevent pregnancy for 3 to 7 years, depending on the type.
- They are a very effective method of family planning.

SIDE-EFFECTS

- Irregular bleeding, including longer menstrual periods, infrequent periods or lighter periods. Most bleeding irregularities stop within the first year.
- Headaches, abdominal pain, or breast tenderness.

LONG-ACTING METHODS (Continued).

The IUD is a small device placed inside the womb by a trained health care professional.



KEY BENEFITs

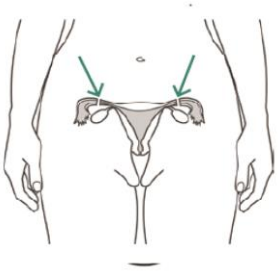
- The IUD is a very effective method of FP and is effective immediately after insertion.
- It is long-lasting (effective for up to 12 years), and it is a very private method.
- It is reversible, and fertility returns immediately upon its removal.
- The IUD has no further costs after it is inserted.
- The user does not have to do anything once the IUD is inserted.

SIDE-EFFECTS

- Irregular and/or heavy monthly bleeding can occur. Cramps/pain may also be felt during monthly bleeding.
- Bleeding irregularities and side effects usually become less noticeable after 3–6 months of use.

PERMANENT METHODS OF FAMILY PLANNING provide permanent, life-long protection against pregnancy. They are very effective and very safe. They have the fewest side effects of any method. They are suitable for couples who have agreed that they do not want to have any more children.

FEMALE STERILIZATION involves making a small cut in the abdomen to cut the tubes that allow an egg to be released each month into the uterus. Female sterilization is very effective in preventing pregnancy, and it does not have any hormonal side effects, such as changes in menstrual bleeding, weight gain, etc.



KEY BENEFITS

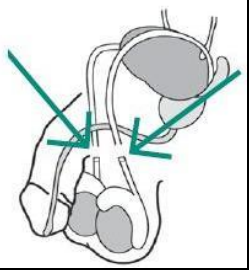
- Female sterilization is safe, permanent, and convenient.
- It prevents pregnancy for a lifetime and helps the user to avoid the risk of pregnancy and its complications.
- Female sterilization has fewer side effects than many methods for women.
- It can increase the enjoyment and frequency of sex.
- Other health benefits for women are that female sterilization may help protect against pelvic inflammatory disease and ovarian cancer.

MALE STERILIZATION (vasectomy) is a minor surgical procedure that involves closing off the tubes that carry sperm in order to keep sperm out of semen. After vasectomy, a man will continue to ejaculate, but he cannot make a woman pregnant because his semen does not contain sperm. Vasectomy does not affect a man's sex drive or his sexual functioning.

KEY BENEFITs

- Vasectomy is safe, permanent, and convenient.
- It protects unwanted pregnancy for life.
- It has fewer side effects and complications than many contraceptive methods for women.

- The man takes responsibility for contraception, taking the burden off the woman.
- Male sterilization can increase the enjoyment and frequency of sex.



SESSION 6: Communication Skills for Improving Maternal Health

Learning Objectives

By the end of the session, participants will be able to:

- Explain the role of WDC/CHWSs in promoting and monitoring maternal health
- Define effective communication
- List and explain key qualities of an effective communicator
- List barriers to effective communication

Activities

Activity 1: Definition of Effective Communication (15 minutes)
Activity 2: Characteristics of a Good Communicator (30 minutes)
Activity 3: FC+ key messages (15 minutes)

Total Time: 1 hours

Materials

- Flipcharts, markers, and tape

Advance preparation

- Prepare Flipcharts 6A and 6B.
- Make photocopies of Resource 6A.

Flipchart 6A: Session Objectives

By the end of the session, you will be able to:

- Explain FC+ key messages
- Define effective communication
- Explain the importance of good interpersonal communication skills, and the key qualities of a good communicator
- List barriers to effective communication

Flipchart 6B: What is Effective Communication?

Effective communication is a two-way process of sharing information in order to explain new ideas, create a common understanding, and persuade people to take action.

Activity 1 What is Effective Communication?

Time required: 15 minutes
Methodology: Brainstorming, discussion

Step 1 Lead a brainstorming session about what the term "effective communication" means. Ask participants to try to avoid repeating what someone else has already said, and record their ideas on flipchart paper.

Step 2 Synthesize the key ideas shared by participants. Then post Flipchart 5B and present the definition of effective communication. Compare the definition to the participants' ideas and discuss similarities and differences. Wrap up the activity by emphasizing that effective communication is not a "one-way" flow of information from an "expert" to a "listener." Rather, it is an exchange of information, ideas, and perspectives between people that creates a common understanding.

Activity 2 Characteristics of a Good Communicator

Time required: 30 minutes
Methodology: Brainstorming, discussion

Step 1 Lead a brainstorming session on the qualities of a good communicator. Encourage participants to think about someone they know or a person whom they have observed to be a good communicator. Ask them to describe the qualities that good communicators possess, and record their responses on flipchart paper. Invite participants to explain and demonstrate what they mean by the characteristics they mention (body language and nonverbal cues). As needed, supplement participants' contributions with other key qualities of a good communicator (see Resource 6B).

Step 2 Explain that one of the most important skills of a good communicator is having "active listening" skills. Ask if anyone has heard of the term "active listening" and invite volunteers to share ideas about what the term means. As needed, explain that active listening means demonstrating through words, sounds and body language that you are listening closely to someone who is speaking. Ask participants to demonstrate forms of active listening, and record the different forms of active listening on flipchart paper. As needed, provide additional examples from Resource 6C, discussing and demonstrating each before moving on to the next.

Step 3 Next, explain that a good communicator is aware of and constantly alert to potential barriers to good communication. Invite participants to share their ideas about possible barriers to communication. Record their ideas on flipchart paper, and supplement their contributions with communication barriers from Resource

6D as needed. After listing and discussing each communication barrier, ask participants to suggest ways of addressing or overcoming each of the identified barriers.

Step 4 Wrap up the session by asking participants to take a few moments to reflect on what they have learned about communication, and what they think is most important for their efforts to conduct pregnancy monitoring and awareness-raising activities to promote maternal health. Ask participants to share one important thing they learned during this session and how they will apply it.

Activity 3 FC+ key messages

Time required: 10 minutes
Methodology: discussion

Step 1 Then distribute copies of Resource 6A, FC+ key messages and discuss as needed to reach consensus.

Resource 6A: key messages

Prevention

a. ANC
   - Attending ANC at least 4 times during pregnancy can identify health issues, prevent complications, and prepare the woman for a skilled delivery

b. Birth preparedness
   - Prepare for your birth: plan for hospital delivery, arrange transport, and save for emergencies

c. Hospital delivery/ Skilled Birth Attendance
   - Delivery in the hospital is not a sign of weakness, it is a sign of wisdom in order to save the lives of mothers and babies
   - We do not discourage faith but for safe delivery, have your baby with a skilled birth attendant

d. Prolonged obstructed labor
   - If you are pregnant and have regular abdominal pains, you may be in labor, visit a hospital immediately

e. FP
   - Child spacing services are free and safe, visit your nearest clinic
   - Child spacing reduces unplanned pregnancies, enhances healthy babies and family wellbeing
   - Child spacing does not limit population, it enhances healthy mothers and babies
   - Healthy spacing of pregnancies reduces the chance that newborns are born too soon, too small or with low birth weight
   - Healthy spacing of pregnancies allows men time to prepare themselves emotionally, as well as save money for the next child, if they choose to have one.
   - Discuss and choose a method with your partner, child spacing is a joint responsibility.

f. Fistula
   - Fistula is not caused by witchcrafts and infidelity, it is mainly caused by long and difficult labour.
   - Prolonged difficult labour can result in fistula, go to the hospital as soon as you are in labor.

g. Child marriage
   - Early marriage & delivery can lead to serious complications during pregnancy and labour including fistula. So avoid it!

1. **Treatment**
   - Fistula can be treated and the repair is free
   - Treatment sites information
   - Repaired fistula clients are not different from any woman, they can conceive and deliver again

2. **Rehabilitation and Reintegration**
   - Fistula is not contagious
   - You don't get fistula through physical contact or other interaction with fistula clients, so support them
   - Fistula can be treated. Support your wife and family, do not divorce her because she has fistula.

3. **Respectful maternal care**

- Treat your patient with compassion and respect. They deserve it!

Health care is humane. Treat your patient with empathy

Resource 6B: Qualities of a Good Communicator[4]

- Welcoming
- Respectful, polite and courteous
- Attentive and observant to the reactions and sentiments of other people
- Being a good listener—listening closely to what people say
- Flexible
- Dynamic and engaging
- Creative
- Knowledgeable—knows what he/she is talking about
- Enthusiastic and positive—has a good attitude and is enthusiastic about the topic
- Well-organized
- Sensitive and aware
- Patient
- Available and approachable
- Plans well what to communicate and how
- Confident
- Clear and precise
- Motivating

[4] Adapted from: Le Réseau pour l'Eradication des Fistules et Ministère de la Sante Public, République de Niger. 2008. *Manuel de formation des relais communautaires en santé maternelle et néonatale et en techniques de communication. Niamey;* and Kenya Ministry of Health. 2007. *A Manual for Training Community Health Workers.* Nairobi.

Resource 6C: Active Listening Skills

Eye Contact: Maintaining eye contact with someone who is speaking shows that you are paying attention to them and to what they are saying.

Body Language: Body language sends many messages, through a variety of ways, including:

- *Distance*: Sitting too far away can indicate a lack of interest or concern, and it can make it difficult to maintain eye contact. In addition, sitting too far away can send a message that you feel superior.
- *Posture*: Lean toward the individual/couple to show that you are paying attention.
- *Gestures:* Hand gestures communicate your attitudes toward an individual. Make sure that you do not use gestures that are dismissive or judgmental.
- *Facial expressions*: Like hand gestures, facial expressions reveal attitudes and feelings and will quickly show someone if you are angry or irritated with them. Try to maintain a friendly, positive, open and caring expression on your face.
- *Tone of voice*: Speak clearly in a medium tone so that the individual or couple can hear you. If your voice is too low, they might have trouble hearing you. However, speaking in very high tones might signal anger or irritation.

Using Encouragement: Verbal and non-verbal encouragement can help the individual or couple feel comfortable to express themselves. **Verbal encouragement** includes saying, "Yes," "Go on," "I see," and "mm-hm." Elements of **non-verbal encouragement** includes nodding the head, smiling, maintaining eye contact, and avoiding doing other activities (such as looking through papers, etc.) while the person is speaking.

Reflecting Feelings: When an individual has expressed a feeling (e.g., upset, fear, anxiety, disappointment, sadness, annoyance, etc.) or a fact (e.g., an intention to do something) and then stops speaking, reflection can help the person to continue to speak. For example, you can say: "It seems that you are planning to do XXXX." Reflection shows the individual that you have been listening and paying careful attention. In addition, it provides her/him with an opportunity to correct you if you have misunderstood what she/he was saying.

Asking Questions: The manner in which the facilitator asks questions greatly affects the amount of information provided by participants. When the provider uses **closed-ended questions** (questions that require a "Yes" or a "No" answer), participants are not encouraged to speak. **Open-ended questions** begin with either "How..." or "What..." or "Why" and encourage the individual to give more information.

Paraphrasing: Restate what the individual has said in your own words. This shows that you have been listening and understand what the person is feeling or trying to say, and it also provides a chance for the individual to correct any misunderstandings.

Summarizing: Repeat back the most important and relevant information the individual has told you, while providing new insights and suggesting alternative solutions to the problem or issue that the person is raising. This feedback can help the person see the problem more clearly or from a different angle.

Resource 6D: Barriers to Communication[5]

Common communication barriers include the following:

- **Age or educational status differences:** When the sender and the receiver are of different age groups or social standing, communication may suffer. Older people may not want to listen to a younger person. A businessman from the city may not want to hear what a rural villager has to say.
- **Language and terminology:** The use of language that is not understood by the audience impedes communication. For example, a nurse who uses complicated medical terms in a community health talk may not be understood by villagers with low levels of schooling.
- **Communication overload:** Providing too many messages at one time may be so confusing that people cannot comprehend them.
- **Mistrust:** If the sender or the receiver or both do not trust each other, communication may be delayed or halted.
- **Gender norms:** In some contexts, women may feel uncomfortable addressing men, or men may not be willing to listen to women.
- **Timing:** If the audience does not have time or is preoccupied by other things, it creates a communication barrier.
- **Competition for attention:** Everybody wants to talk, or other distractions interfere with attention.
- **Incomplete messages:** When only part of the message is delivered, either through ignorance or oversight, this causes confusion.
- **Personality traits**: The communicator's mannerisms and personality (e.g., acting superior, negative, timid, etc.) can impede communication.

[5] Adapted from: Kenya Ministry of Health, 2007. *A Manual for Training Community Health Workers*. Nairobi.

SESSION 7: COMMUNITY AWARENESS-RAISING approaches

Learning Objectives
By the end of the session, participants will be able to:
- List approaches that can be used to promote maternal health, family planning, and male involvement
- Demonstrate how to conduct EHN approaches
- Discuss Roles of Religious leaders approaches

Activities
Activity 1: Introduction to Community Awareness-Raising Approaches (10 minutes)
Activity 2: Demonstrate how to conduct EHN approaches (50 minutes)

Total time: 1 hours

Materials
- Flipcharts, markers and tape

Advance Preparation
- Prepare Flipchart 7A
-

Flipchart 7A: Session Objectives

By the end of the session, you will be able to:
- List approaches that can be used in their communities to promote maternal health, family planning, and male involvement

Activity 1: Introduction to Community Awareness–Raising **Approaches**

Time required: 15 minutes
Methodology: Brainstorming, presentation, discussion

Step 1 Present the session objectives (Flipchart 7A), and invite questions.

Step 2 Lead a brainstorming session on the different types of approaches that can be used to raise awareness about health issues at the community level. Invite participants to share the various approaches they have used to raise awareness about health or other community issues. Record their ideas on flipchart paper, and supplement ideas as needed (e.g., health talks using pictorial materials or audio-visual materials, such as videos and cassettes and traditional means of communication, such as drama, dance, song, poetry, and drumming, etc.)

Next, ask participants to reflect on the issues that the training has focused on—maternal health, family planning, and male involvement—and to share their views on what approaches they—as WDC/CHWS members—could use to promote the use of maternal health and family planning services, as well as increased male involvement in these health issues. Record their ideas on flipchart paper, divided into three columns:

Promoting maternal health	Promoting family planning	Promoting male involvement

.

After generating a list of ideas of different approaches, explain that the rest of the session will focus on communication skills and tools that can be used to promote maternal health, family planning, and male involvement through individual and group discussions at the community level.

Resource 7A- participatory community approaches

Community dialogue

Community dialogue aims at establishing a good line of communication within the community and involves them in decision-making. It also helps to improve the skills of the community to identify problems and suggest possible solutions through a consultative process

Objectives:

- To create a forum for reaching a consensus on health issues

Expected outcome:

- Agreed plan of action on addressing issues identified

Steps:

1. WDC/CBO to articulate the issue on project intervention area (maternal health, ANC, fistula, FP, FMC/M,) in the community (***see sample agenda attached for community events***)
2. WDC/CBO to identify a facilitator and a resource person knowledgeable on FC+ intervention
3. Agree on the date and venue for the dialogue
4. Invite targeted audience (between 20, but not more than 40 persons,)
5. Ask participants to introduce themselves
6. Facilitator creates awareness as regards the problem of malaria within the community
7. Using the Community Dialogue Guide, ask the participants to give their own perception of the situation
8. The resource person and the facilitator take time to clarify the perceptions
9. The participants with support of the facilitators and Resource person should Jointly assess the current malaria situation using data from the community
10. Decide on the most suitable options
11. Set objectives as regards the identified issue on malaria control
12. Agree on a consensus for action
13. Develop an Action Plan and assign responsibilities
14. Jointly agree on when to provide feedback.

Notes

- Facilitator must be conversant with the dialogue Guide
- Take attendance during the meeting
- Leverage educational and IEC materials and share to participants at the end of the meeting to take home and share with their neighbours.
- Leverage support from State, LGA, CBOs for all activities. The support could be providing venue for the training,
- Provision of transportation allowance during community dialogues is strongly discourage
- Community Leaders should be encourage to provide simple refreshment during dialogue

Compound Meetings

Compound meetings can be used to create awareness or for entering into dialogue with women irrespective of religion, family background and trade. The compound meeting strategy is derived from the way of life of women in rural communities. Sometimes women spontaneously aggregate in an open space in the home or compound of one of them to chat and discuss issues that are important to them and their community, while assisting their host with some of her out-door chores.

The difference between this compound and the traditional compound meetings is that they are now convened as formal meetings with set dates, time and discussion topics. But it is still done in the traditional atmosphere that resembles the spontaneous version and with lots of helping hands for the host.

Objective

- To create a forum for women to share information, experiences and learn

Expected Outcome

- Identify 'household volunteers, Trained TBAs to join in the campaign and help spread the message

Activities to be carried out by CBO/WDC

Steps

1. Seek the consent of traditional, religious, and opinion leaders both male and female before embarking on the activity
2. Identify a resource person
3. Find out the appropriate venue where women usually gather and where there is a possibility of meeting with them
4. Agree on the date and venue
5. Inform other neighborhood women in the vicinity
6. Identify potential partners to co-organize the event
7. Invite the senior citizens, trained TBAs to talk on their experiences on maternal health services, diagnosis and treatment.
8. At every meeting identify those to assist with logistics arrangements (drinks and light refreshments). This can be rotated

9. Involve the media, if possible

Notes

- Present the key FC+ messages to the participants and call for questions, contributions and comments from the audience
- Share with them information on Fistula, FP and disabuse myths
- Invite one or two of them to give a call to action
- Leverage educational and IEC materials and share to participants at the end of the meeting to take home and share with their neighbors.

Town hall meeting

Town hall meeting is a sensitization meeting where all members of the community are invited including community leaders and political office holders. Audience could be very large depending on how the event has been advertised

Objectives

- Reach a large audience from the community with health information
- Provide opportunity to interact with Policy makers

Expected outcome

- Information and plan on FC+ intervention shared
- Gaps in project intervention identified
- Voices of the community heard

Steps:

1. WDC Steering Committee or WDC, volunteers, TBAs to hold a meeting to agree on the theme/topic. (***see sample agenda attached)***
2. WDC to inform all stakeholders (traditional and religious leaders, policy holders, senior citizens, farmers, market women, women groups, health workers, media, youth and opinion leaders both male and female)
3. Agree on the date and venue
4. Advertise the event widely in public and social gatherings (market place, Ante natal Clinic (ANC), churches and mosques.)
5. The WDC to facilitate engagement of town announcers through traditional leaders.
6. Identify facilitators within the community to coordinate the meeting
7. Identify those to assist with logistics arrangements
8. Draw up a draft program and circulate widely
9. Identify and engage key speakers from the traditional leaders, partners and government
10. Involve the media

Notes

- At the Town Hall Meeting, WDC representative presents key messages to the participants and call for questions, contributions and comments.
- Give a feedback on all data generated and link with community call for action.
- Leverage IEC materials and share to participants at the end of the meeting

Advocacy

Advocacy is a process of engaging individual or groups who have influence on issues that impact on the community

Objective

- To draw the attention of influential individual or group to important malaria issues that affect wellbeing of the community
- To gain the support and commitment of influential individual or groups to improve services and uptake of malaria interventions.

Expected outcome

- Influential individuals or Groups become knowledgeable on current situation on FC+ intervention
- Commitment from the Individual or groups to improve on the FP and fistula prevention situations

Steps:

1. Identify an issue or problem to be addressed
2. Analyze and research the issue (use advocacy tool kit)
3. Develop goals and objectives for your advocacy work.
4. Identify targets : (advocacy targets are either individuals with power and influence that can make a difference on the advocacy issue e.g community and opinion leaders, or groups and institutions that have power to make policy, e.g law makers)
5. Develop messages and identify channels (method) of communication.
6. Identify resources: Depending on alternative strategies chosen, resources need to be identified.
7. CBOs to support WDC in the development of action plan.
8. Implement the plan
9. Review implementation of the action plan.

Community Drama

It is a fictional representation of reality through Long or short plays comedy sketches, serials and documentaries. Drama has enormous potential for health education because the audience can identify with the characters and their problems.

Objective

- Reach a large audience from the community with correct information on fistula and family planning through education and entertainment

Expected outcome

- Increased awareness on FC+ intervention in the community

Steps

1. Agree on the topic
2. Get those who are members of the community to be involved in drama series
3. Develop the scripts using the outline below
    - Audience research and participation
    - Dialogue between performers and technical experts to determine health messages
    - Script development
    - Do a pretest through performance to small audience
    - Dialogue between performers and technical experts to input comment from pre test
    - Do the performance
    - Review/process with audience to check if the message was correctly communicated.

Note

- FC+ will need to provide support at the initial stage of drama development to ensure quality and correct messages.
- WDC/CBO may implement drama directly or build capacity of local drama troupe to develop scripts and perform.
- Organizers should document number of persons reached (male and female), pictures and reports.
- Conduct a knowledge assessment post drama

Home visits

Home visits are important component of community engagement. They help reinforce messages and address myths and misconceptions

Steps

- Greet the household members in local language
- Introduce yourself and why you are in the house
- Wait to be asked to sit down
- Discuss project intervention messages using the job aids (IPC chart)
- Thank the member(s) of the Household

Notes

- If the households members are not at home mark for revisit
- Encourage pregnant women to go for ANC, make birth preparations , hospital delivery and make FP refferals where needed.

Participatory monitoring and evaluation

Introduction

Participatory monitoring and evaluation is a critical aspect of community level interventions. It is a tool deployed to measure program impact, with a view of improving the program.

Objectives of Monitoring and Evaluation

- To correct problems on the field to make sure that the program remains on track
- To assess if program targets are being met and at the right time.
- To kindle the interest of members of the target group and sustain their participation in the program.
- To show evidence of program success and incorporate where necessary lessons learnt into program implementation
- To document the program implementation processes

Resource 7B – Sample community sensitization Agenda

Date/Time	Agenda item	Responsible Person
10.00am-10.05am	Opening prayers	Volunteer
10.05-10.20am	Introduction	ALL
10.20-10.25am	Opening remarks	In-charge PHC
10.25-10.30am	Welcome address	Village head
10.30-10.35am	Objectives of the meeting	CBO/WDC
10.35- 10. 50am	Overview of FC+	CBO
10.50-11.20am	P/OL, Fistula prevention and treatment	Resource person
11.20-11.40am	Family planning / Religious Perspectives – changing misconceptions	Resource person RLAC
11.40- 12.10pm	key messages	CBO/WDC
12.10- 12.40pm	Role of community members in prevention and treatment • Prevention of P/OL • Identification of fistula client and referrals • MAP / in-laws in decision making	CBO/WDC
12.45-1.00pm	Availability of MCH services at the PHC / service utilization	In-charge PHC
1.00-1.15pm	Questions/ Answers	All
1.15- 1.30pm	Refreshment/ Closing remarks	Head WDC

SESSION 8: HOME VISITS/PREGNANCY MONITORING

Learning Objectives

By the end of the session, participants will be able to:

- Explain the importance of monitoring pregnancy and maternal health care-seeking at the community level
- Explain and demonstrate how to use a register to monitor and document birth preparedness and maternal health care–seeking
- Demonstrate the REDI approach for conducting monitoring visits to promote birth preparedness and skilled care–seeking

Activities

Activity 1: Importance of Community-Level Monitoring of Maternal Health (15 minutes)

Activity 2: Using the Home Visit Register (60 minutes)

Activity 3: Using the REDI Approach to Promote Birth Preparedness and Skilled Care–Seeking (15mins)

Total time: 1 hours 30 minutes

Materials

- Flipcharts, markers, and tape
- Blank cards/sheets of paper

Advance Preparation

Prepare Flipcharts 8A, 8B, and 8C.

Make copies of Resources 8A and 8C (Note that each participant will need three (3) copies of Resource 8A).

Flipchart 8A: Session Objectives

By the end of the session, you will be able to:

- Explain the importance of monitoring pregnancy and maternal health care–seeking at the community level
- Explain and demonstrate how to use a register to monitor and document maternal health care–seeking
- Demonstrate the REDI approach for conducting monitoring visits to promote birth preparedness and skilled care–seeking

Flipchart 8B: Important Indicators related to Maternal Health

- Antenatal care coverage: Percentage of new mothers who had at least four ANC check-ups during their pregnancy;
- Birth preparedness: Percentage of new mothers who completed the four important birth preparations (choosing place of delivery; discussing preparations and delivery plans with their partner; setting aside funds and making arrangements for transport to the place of delivery);
- Institutional delivery: Percentage of new mothers who delivered in a health facility;
- Postpartum care: Percentage of new mothers and newborns who attended postpartum care within first week after delivery
- Maternal and newborn deaths: Number of maternal and neonatal deaths.

Flipchart 8C: REDI Approach to Counseling

- Rapport building: Creating a good rapport and a positive atmosphere for open discussion about delivery plans and preparations
- Exploration: Exploring the woman's or the family's situation and the extent of their knowledge about maternal health and their planning/preparation for childbirth, and providing information that addresses their needs
- Decision making: Helping the woman or family identify important decisions that need to be made about delivery and preparation for childbirth
- Implementation: Providing support and guidance to the woman or family on how to act on the decisions that have been made

Activity 1 Importance of Community-Level Monitoring of Maternal Health

Time required: 10 minutes
Methodology: Presentation, group work, discussion

Step 1 Referring back to the WDC/CHWS Roles and Responsibilities (Session 5), call participants' attention to the fact that conducting home visits and following up on the health of women and newborns during and after pregnancy are among the responsibilities of WDC/CHWSs. Ask participants to share their perspectives on why pregnancy monitoring is among the WDC/CHWSs' responsibilities, using the following questions to lead a discussion:

- Why do you think it is important for women and newborns to be visited by WDC/CHWS members?
- How can regular home visits by WDC/CHWSs help improve the health of women and newborns?
- In what ways are WDC/CHWS members better positioned than health facility staff to promote the use of maternal health services, including family planning?

Drawing on participants' ideas, emphasize the following points:

- As members of the community, WDC/CHWSs are best positioned to know which women are pregnant or are new mothers. They have greater access to these women than staff based at health facilities.
- WDC/CHWSs are better positioned to understand the personal, social and logistical barriers that women may face in accessing maternity care or using family planning — and to provide practical advice and peer support to help women overcome these barriers.
- When pregnancy monitoring is conducted at the community level by members of the community, the true picture of maternal health in the community can be documented more completely than in health facility records which do not capture information on those who do not seek services.

Activity 2 Using the Home Visit Register: Introduction and Practice

Time required: 60 minutes
Methodology: Presentation, group work, discussion

Step 1 Explain that the group is now going to focus on what specifically the committees should be monitoring during their visits to pregnant women in the community. Distribute 3 blank copies of the WDC/CHWS home register (Resource 8A) to each participant and explain each column and row in the form, inviting and addressing questions from participants.

Step 2 Read aloud the examples from Resource 8B and ask participants to record the information for each woman on a blank copy of the form. Discuss how they have recorded the information for the first example and invite questions before continuing on to the second and third households.

End the session by emphasizing the following points:

- By conducting home visits to monitor pregnancies and promote the use of maternal health services, the community committees can be instrumental in improving women's preparation for childbirth and use of maternal health services.
- By conducting home visits, committee members will gain expert knowledge of the status of maternal health in their own communities.

Activity 3 Using the REDI Approach to Promote Birth Preparedness and Skilled Care–Seeking

Time required: 20 minutes
Methodology: Role play, discussion, presentation, group work

Step 1 Explain that now that the group has discussed WHAT is involved in pregnancy monitoring, they will talk about HOW such visits can be conducted effectively. Then act out the following short (5 minutes) role play with another facilitator to demonstrate a poor approach to conducting a pregnancy monitoring visit.

ROLE PLAY:

A WDC/CHWS member barges into the house of a pregnant woman and starts interrogating her about her pregnancy. The WDC/CHWS member asks the woman how many times she has gone for antenatal care and then scolds her for having only gone once. Next, the WDC/CHWS member tells the woman that she must deliver at a health facility and asks which one she will go to. When the pregnant woman hesitates and says she does not know where she will deliver because she has not discussed the issue with her husband, the WDC/CHWS member scolds her again, and then starts rapidly listing all the preparations the pregnant woman should make for childbirth, without giving the pregnant woman a chance to talk or ask questions. The WDC/CHWS member then leaves, telling the woman to make sure she has done everything discussed before the next visit.

Step 2 After the role play, lead a discussion about what was wrong with the approach that was just demonstrated by asking the following questions:

- Do you think that approaching a pregnant woman in this way would be effective in getting her to make preparations for childbirth and to deliver in a health facility? Why or why not?
- What was wrong with the way that the WDC/CHWS member entered the household and handled the discussion with the pregnant woman?

Next, ask the participants what would have been a better way to conduct the visit, starting with how the WDC/CHWS member entered the household and began the discussion. Record their ideas on flipchart paper.

Step 3 After appreciating and reinforcing important ideas shared by participants, explain that the "REDI approach" is a step-by-step approach for effective counseling. Post Flipchart 6C and each element of the REDI approach.

Step 4 Next, ask participants to pair up with a partner, and distribute four blank cards/sheets of paper to each pair. Ask each pair to discuss and write down examples of one (1) thing that should be done or discussed during each of the four REDI steps. Give participants five minutes to discuss and write down their examples for each of the REDI steps.

Then ask everyone to stand up and, starting with RAPPORT BUILDING, invite volunteers to read aloud the examples of things that should be done or discussed during this initial step. Post examples in a column on the wall, grouping similar responses together, and discussing responses, as needed, to confirm that they belong under RAPPORT-BUILDING. Next, repeat the same process for EXPLORATION, DECISION-MAKING, and IMPLEMENTATION, discussing responses and ensuring that they are categorized correctly according to the REDI framework. Before moving on, ask participants to look back at the home visit record-keeping format to be sure that nothing has been missed in the EXPLORATION or DECISION-MAKING steps.

Step 5 Explain that as a next step, participants are going to practice following the REDI steps in groups of two. Ask participants to pair up with another member of their WDC/CHWS, and take turns playing the role of a WDC/CHWS member who is conducting a pregnancy monitoring visit to a woman in the community. Encourage participants to refer to the Home Visit Register (Resource 8B) and the birth preparedness resource above (Resource 4A), as helpful, for the role play. Allow 10 minutes for the role play, and then ask that members of each pair switch roles. Circulate among the pairs to observe their progress and to identify strengths and challenges.

Step 6 After 10 minutes, ask everyone to take a break from the role play/practice and lead a discussion around the following questions:

- What worked well?
- What was challenging for you?
- What would you do differently next time?

Add your own observations, giving examples of strengths or weaknesses you observed during the practice sessions, as well as suggestions for improvement.

Step 7 Next, lead a brainstorming session on possible challenges that the village committees could encounter in conducting home visits to monitor pregnancies in their communities. Provide the following examples, as needed, and encourage an exchange of ideas on how best such challenges could be resolved.

- **Example 1**: The woman you want to visit informs you that in her husband's absence, she cannot receive visitors.

- **Example 2**: Tradition forbids any preparation for a birth.

Invite and address questions before closing the session.

Resource 8A: Home Visit Register

HOME VISIT REGISTER

Household Head		State:		LGA:		Month/Year:	

		Include every member of each household									Among pregnant mothers								Referred for complication	Among new mothers			
S/N	Date of Visits	Names of Household members Upper Space: Surname Lower Space: Othernames	Age of Pregnancy	Sex	Visit Type		Pregnancy Status		Family Planning		Number of ANC visits				Birth Preparations made					Place of delivery		Date of delivery	Postpatum Care
					New	Follow-up	Pregnant	Not Pregnant	Told about FP	Referred for FP	1	2	3	4	Discuss with Partner	Facility chosen	Transport arranged	Money saved		Hospital	Home		

INSTRUCTIONS FOR USING THE HOME VISIT REGISTER

RECORDING THE INFORMATION

1. Complete the top portion of the form: Fill in the name of the household head, as well as the state, LGA, and ward name. Record the month and year.
2. Enter names and ages of all women aged 15 to 49 who live in the household. Enter the age of the pregnancy
3. Indicate the type of visit if it is new visit to the household or a revisit
4. Record the date of visit
5. At every visit, explore whether any woman is pregnant. For women who are not pregnancy, explore whether or not they are currently using a modern method of family planning. Use a tick mark (✓) to indicate whether each woman is pregnant or is using a method of family planning. If a woman is not pregnant or is not using a family planning method, leave the space blank. If a woman begins using family planning at any time, use a tick mark (✓) to show that she is a new family planning client
6. For women / mothers who are pregnant, use each visit to check how ANC visits she has attended and what preparations she has made for birth. Use a tick mark (✓) to record each ANC visit and birth preparation made.
7. If you refer any woman for a complication during pregnancy, childbirth or after birth, record the referral with a tick mark (✓)
8. Among mothers who have given birth, record the place of delivery (health center or home) and record the date of delivery.
9. Record whether each new mother and her newborn had a check up within one week of delivery.

MAKING A SUMMARY EACH QUARTER

Each quarter, it is important to summarize your visits to each household. The bottom portion of the form can be used to summarize the most important details about the household.

1. Record the number of women aged 15-49 in the household. Record the total number of referrals you made for family planning and the number of new family planning clients.
2. Record the number of women in the household who were pregnant ***at any time*** during the quarter. If a woman gave birth in the middle of the 3-month period, record her as a pregnant woman.
3. Record the number of deliveries (total) and number of deliveries in a health facility. **Only count deliveries that happened during the three-month period you are summarizing!** If any woman gave birth, record whether she had at least 1 or at least 4 ANC visits (ANC1 or ANC4) and record whether all 4 birth preparations were made. Record the number of checkups for new mothers and their babies (within 1 week after delivery). Record the name and date of any deaths (mothers or newborns).

A HELPFUL TIP: When you summarize the information for each quarter, circle the tick marks (✓) you have counted in your summary for family planning and deliveries. This will help you avoid double-counting the same referrals or new clients when you make your summary during the next quarter.

Resource 8B: Home Visit Record-Keeping Examples

Household 1: Thomas Kalibala's Household

During your 1st visit to this household in January, you find that there are two women between the ages of 15 and 49 living in here, including Sarah, age 38 and her unmarried female relative, Mary, who is 22. Sarah is pregnant for the 5th time, and says she did not plan to go for ANC because she has never had problems in the past. You advise Sarah on the importance of ANC and encourage her to go. You also advise her on the benefits of birth preparedness and encourage her to discuss the issue with her husband.

During your 2nd visit the following month, you find that Sarah has gone for an ANC check-up, where she was advised to deliver at the facility because of her age and number of previous pregnancies. She has not made any birth preparations or discussed it with her husband, so you remind her of the important benefits of birth preparation.

In April, during your 3rd visit, you find that Sarah has gone for another ANC check-up and has discussed the delivery with her husband. They have agreed that she will deliver at the nearby health center, which they can easily reach using a bodaboda [a bicycle taxi]. They have not yet set aside any money for delivery.

Household 2: Ernest Okello's Household

During your first visit, in mid-July, you meet Damalie, age 23. She is eight months pregnant. She has had two ANC check-ups, but has not made any preparations for delivery. You advise her about birth preparedness.

During your 2nd visit in early August, you learn that Damalie went for a 3rd ANC visit, and she has discussed delivery plans with her husband. They have agreed that she should deliver at the hospital since it is her first delivery, and they have set aside money for the delivery and made arrangements with a taxi driver.

During your 3rd visit on 30 August, you learn that Damalie went into labor early and delivered at the hospital a few days earlier, on 24 August. She and the baby are fine. You advise the family on the importance of a postpartum check-up

Household 3: William Mirembe's Household

Theopista is nine months pregnant, and has had four ANC check-ups when you first visit the household in mid-August. She and her husband have discussed the delivery and have planned for her to give birth at the nearby health center, which is less than 1 km away. They set aside some money, as advised by the midwife, to be prepared for any complication. Theopista says that she has been having severe headaches for the past few days, and you notice that her hands and feet are very swollen. You advise her to go back to the health center to be examined by the midwife.

During your 2nd visit, two weeks later, you learn that Theopista was referred by the midwife to the hospital for dangerously high blood pressure and she had a cesarean delivery on 30 August, the day after your last visit. Theopista and the baby are doing well, and both have had a follow-up postpartum visit. You advise Theopista on the importance of family planning and good spacing of pregnancies, and you inform her about the IUD which can be used by breast feeding mothers, as early as 6 weeks after delivery.

During your third visit, 6 weeks later, Theopista and the baby are doing well. Theopista went to the health center for information and counseling on family planning, and she decided to have an IUD inserted. She has experienced some cramping, but no major problems.

SECTION 9: AWARENESS-RAISING TOOLS AND RECORD KEEPING

Activity 1 Documenting Awareness-Raising Activities

Time required: 60 minutes
Methodology: Small group work, presentation, discussion

Step 1 Ask for volunteers to share their perspectives on why it would be important to keep a record of the awareness-raising activities that they conduct. Drawing on participants' ideas, explain that recording this information is important for knowing:

- How many activities were conducted to raise awareness about maternal health issues
- How many people have been reached by each activity

Step 2 Next, distribute copies of the WDC/CHWS activity reporting form (Resource 9B) and explain that this form is designed to help them record and keep information on their awareness-raising sessions. Review the top two-thirds of the form in depth (everything except the SUMMARY at the bottom), explaining each column and line. Emphasize the following points:

- The form includes columns for indicating what topics were covered/addressed. If two topics were addressed in a single discussion, both topics can be ticked.
- In counting the number of participants attending a session or activity, only people older than age 10 should be counted. Children ages 10 or younger should not be counted.
- The record-keeping form can be used by WDC/CHWS members individually or collectively to keep track of their activities. If WDC/CHWS members work jointly, they should record their activities on a single form to avoid duplication. If WDC/CHWS members sometimes conduct activities individually, each person should record information on his/her activities on an individual form.
- Space is provided for comments or for noting that an activity is conducted jointly by various members of the WDC/CHWS.

Step 3 Read aloud the following examples, and ask participants to record the information in the blank record-keeping form that they have been given.

- The date is June 1. You and another member of your WDC/CHWS have conducted an awareness-raising session on family planning and male involvement. A total of 15 people participated, including nine (9) women and six (6) men.
- On June 16, you are invited by the pastor to talk about the importance of birth preparedness and male involvement after the Sunday sermon. A total of 44 members of the church attend the discussion, including 18 men and 26 women.

- On July 20, you meet with a group of men at the bodaboda stand and discuss the benefits of family planning with them and the importance of male involvement in maternal health issues. There are 18 men involved in the discussion, along with four small boys who look about 9 or 10 years old.
- On August 5, you and another WDC/CHWS member lead a discussion on the importance of ANC and delivery in a health facility for 40 female members of two community-based organizations.
- On August 17, you lead a discussion on birth preparedness for 45 members of three women's savings groups.

Step 4 Next, explain each field in the bottom part of the record-keeping form (the section entitled "Summary"). Invite and address questions from participants.

Then, ask participants to work in pairs and to spend 10 minutes summarizing the information they recorded in the top part of the form. Circulate among them to observe their progress and to provide guidance, as needed.

Step 5 Ask for volunteers to share what they have recorded in each of the fields in the summary section. Discuss and differences in participants' responses and provide clarification as needed.

Step 6 Next distribute copies of Resource 9C. Explain each column and row in the form and invite questions. Ask for volunteers to explain how the information in the Record-Keeping Form (Resource 9B) should be transferred to this quarterly summary. Invite questions and address any misunderstandings.

Wrap up the session by congratulating participants on all of their hard work.

Activity 2 Using flipcharts and other pictorial job aids effectively

Time required: 90 minutes
Methodology: Brainstorming, presentation, practice/role play, discussion

Step 1 Introduce the activity by noting that while there are many approaches for leading individual and group discussions about health issues, this session will focus on using pictorial flipcharts developed by the Ministry of Health to promote maternal health issues.

First, ask how many participants have previously used a flipchart or picture book in an educational or awareness-raising session. Invite a volunteer to share his/her experience in the effective use of flipcharts.

Step 2 Next, explain that you are going to demonstrate the use of a flipchart. Ask participants to "put themselves in the shoes" of community members for the demonstration. Introduce and lead a participatory discussion using Chart 1 (When does a pregnant woman need care?) in the Ministry of Health's flipchart, following the steps outlined in Resource 9A. After the demonstration, ask participants to share their observations on the approach used.

Step 3 Explain next that participants will work as a pair with another member of their WDC/CHWS to practice using the flipchart. Explain that in this practice session, each participant should start with the same page (Chart 1) and then use the same approach to discuss Chart 2 (Danger Signs During Pregnancy)). Emphasize that the text in the flipchart simply provides factual information for the user's reference and that users of the tool have to think of questions that can be used to encourage their audience to share their knowledge, perspectives and experience. Ask participants to work in pairs, and distribute copies of the flipchart to each participant. Circulate among the groups to observe their strengths and challenges. After 20 minutes, ask participants to share their experiences, using the following questions:

- How easy or difficult did you find it to lead a participatory discussion with your partner?
- What did you feel went well?
- What did you find challenging?

Share observations on the strengths and weaknesses of the session and make practical suggestions to improve the way the sessions are carried out.

Step 4 Next, distribute copies of the Ministry of Health's Family Planning Methods flipchart to each participant. Ask participants to pick a family planning method to discuss with their partner, using the flipchart as a resource/job aid (each member of the pair should pick a different method). Give participants 30 minutes for the activity, and circulate among them to observe their strengths and weaknesses.

Step 5 Ask participants to re-join the plenary session. Lead a discussion about the practice session, asking the following questions:

- How would you compare this flipchart to the first one? What was easier? What was more challenging?
- What is the most important thing that you have learned as you used these two tools?

Share observations on strengths and any recommendations for improving communication skills and use of flipcharts.

Step 6 Next, explain that in this session, participants have practiced using the two tools in one-on-one discussions. Ask participants to share ideas about what they would have to do differently if they were leading a group discussion with either of the two tools. Lead a brainstorm on tips for using the flipcharts effectively in a group session, recording participants' ideas on flipchart paper.

Wrap up the session by distributing copies of Resource 9A and emphasizing the following points:

- In using flipcharts and other pictorial job aids in group sessions, it is very important to move around and ensure that everyone can actually see the images.
- Similarly, it is especially critical to use participatory approaches and avoid lecturing when holding group discussions. Encouraging people to share their own experiences, perspectives, and knowledge will help them understand new information better and remember it after the session. People remain engaged in the session when they have opportunities to contribute their ideas and views.

Resource 9A: Using Flipcharts Effectively[6]

Health education sessions are most effective when participants are given the opportunity to reflect on the topic and express their own knowledge, experiences, and beliefs. Participatory sessions facilitate the comprehension and retention of health education messages. In using health education tools, like flipcharts, it is important to avoid lecturing participants based on the flipchart's content and messages; rather, the flipchart should be used as a tool to stimulate discussion and the exchange of information among participants. Important steps for using flipcharts include:

1. Introduce the subject.
2. Place or hold the flipchart so that the images/illustrations are visible to everyone. Be sure not to block the images from view as you are discussing them.
3. Start by asking participants to look at the image closely and give each person a chance to see it.
4. Ask participants what they see. In their opinion, what does the image show? Allow them time to reflect on the images.
5. Address topics in a logical order.
6. Use questions to encourage participants to share their knowledge and perspectives. Reinforce correct information shared by participants and clarify any misconceptions.
7. Invite questions.
8. In ending a health education session, ask participants to summarize the most important things they learned during the session, and what information they plan to share with someone else. After they have shared what they learned, summarize key points and the most important information that you want them to remember from the flipchart.

[6] Adapted from: Le Réseau pour l'Eradication des Fistules et Ministère de la Sante Public, République de Niger. 2008. *Manuel de formation des relais communautaires en santé maternelle et néonatale et en techniques de communication*. Niamey.

Resource 9B: Record-Keeping Form—Awareness-Raising Activities

COMMUNITY ACTIVITY REGISTER

State: **Reporting Month:** **Year:**

Name of Organization:

S/N	Date (dd/mm/yy)	Name				Topic						Number of participants			Remark
		Community	Ward	LGA	Event	Male Involvement	Child Spacing	Birth Preparedness	Fistula	Pelvic Organ Prolapse	ANC & skilled birth delivery	Male	Female	Total	

Name of Reporting Staff:_____ **Designation:**_____ **Signature:**_____

SESSION 10: DEVELOPING AN ACTION PLAN

Learning Objectives
By the end of the session, participants will be able to:
- Develop a WDC/CHWS Action Plan to address maternal health concerns at the community level

Activities
Activity 1: Developing an Action Plan (75 minutes)
Activity 2: Presentation of Action Plans (30 minutes)

Total time: 1 hour; 45 minutes

Materials needed
- Flipchart paper, markers, tape
- Copies of the action plan template (Resource 10A)

Advance preparations
- Prepare Flipchart 8A
- Make photocopies of the WDC/CHWS Action Plan (Resource 10A)

Activity 1 Developing an Action Plan

Time required: 30 minutes
Methodology: Presentation, discussion, group work

Starter: Ask: *What is an action plan? How can a VOLUNTEER influence mother, baby and child health for families and their community? (antenatal care, family planning)*

Activity 1: Ask: *What are key points when making a Community Action Plan?* Put up the **Community Action Plan sample**. Explain what a goal is and give 1-2 examples. Ask participants for 1-2 examples to check understanding. Ask participants to get into their WDC/CHWS village groups.

Ask each group to come up with 1 or 2 MNCH goals that relate to specific community needs that they will work with community on for the next year.

Ask groups to make a WDC/CHWS Action Plan for the next 3 months (quarter), based on the 1 or 2 goals they came up with. Ask each group to present their goals and highlights of the plan back to the large group.

Explain to participants that they will report progress on their Action Plans at WDC/CHWS monthly/quarterly meetings.

Community Action Plan Guidelines

Goal?

What will be done?

Who will do it?

When will things be done?

How you will keep track?

Where will it take place

Activity 2 Presentation of Action Plans

Time required: 30 minutes
Methodology: Presentation, discussion

Step 1 Ask participants to meet in plenary and have each group quickly share some of the main activities they plan to undertake during the next three months (five minutes). Explain that they should not to share their entire action plan or specific details; just keep the presentation brief.

Step 2 Conclude the activity by congratulating the participants for their work and for the action plans that they developed. Highlight important observations that were made on the action plans, as well as the similarities and differences that you noted.

Step 3 Wrap up the session by explaining plans for follow-up—i.e., when a review meeting will be held to discuss progress in implementing planned activities and to share experiences, challenges, and lessons learned among WDC/CHWSs. Invite and address questions.

Resource 10A: Action Plan

S/N	Activity	Persons responsible	Timeline	Follow up date/ other assumptions

LGA……. Ward……. Contact person…….. Phone No……

Activity 3 Training Posttest and Evaluation

Time required: 30 minutes
Methodology: Individual work

Step 1 Explain to participants that you would like them to complete a training posttest and a training evaluation form. Emphasize that purpose of the posttest is to enable the trainers to evaluate the effectiveness of the training in building participants' knowledge and skills, as well as to identify issues that may need further clarification in subsequent review meetings. Distribute copies of the posttest and administer as the pretest was done, reading aloud each question and its response options.

Step 2 Next, distribute copies of the training evaluation form. Explain that participants' honest feedback on the training is welcome so that future trainings can be improved. Explain that participant feedback is completely anonymous. As with the posttest, read aloud each question and explain, as needed, what is being asked.

Activity 4 Training Closing

Time required: 30 minutes
Methodology: Official remarks, distribute Job aids and record keeping registers

Step 1 Distribute WDC/CHWS Tshirts and bags/tools and close the training in accordance with local protocols and close the training.

Resource 10: Training Posttest

Name:_____

Ward:_____

Date:_____

1. **List three serious danger signs during pregnancy or childbirth**
   a. _____
   b. _____
   c. _____

2. **List three important birth preparations**
   a. _____
   b. _____
   c. _____

3. **List the 3 delays that put mothers and babies at risk**
   d. _____
   e. _____
   f. _____

4. **Obstetric fistula is an injury during childbirth that causes the woman to leak urine, feces, or both, uncontrollably. Which of the following is the main cause of fistula? (Circle one best answer)**
   a. Poor diet during pregnancy and eating foods that cause the baby to grow too large.
   b. Long labor without skilled maternity care
   c. Witchcraft
   d. Lack of antenatal care (ANC) during pregnancy

5. **There are many different types of modern family planning methods. Name at least one of each of the following types of methods:**
   a. Short-acting methods: _____
   b. Long-acting methods:_____
   c. Permanent methods:_____

Resource 9B: Training Evaluation Form

We would like your views on this training. Please **do not** put your name on this form, and answer each question as honestly as possible.

1. Overall, how glad are you that you attended this training? Thick one best answer.

VERY UNHAPPY☹	NEITHER HAPPY NOR UNHAPPY	VERY HAPPY ☺

2. How useful did you find the training content? Thick to rate each of the following topics

	NOT USEFUL AT ALL	SOMEWHAT USEFUL	VERY USEFUL
Danger signs during pregnancy and childbirth			
Birth preparedness			
Family planning			
Male involvement in maternal health			
Fistula			
Role of religious leaders			

3. What aspect of the training was most useful for you, as a Religious leader?

_____

_____

4. Please rate the following aspects of the training, using the scale of 1 (very poor) to 5 (very good) to rate the following:

	Very poor	Poor	Neither Good nor Bad	Good	Very Good
Training facilitators	1	2	3	4	5
Resource materials and tools	1	2	3	4	5
Training venue	1	2	3	4	5
Meals and refreshments	1	2	3	4	5

5. Do have any suggestions for improving this training?

_____

_____

6. Do you have any other comments on the training?

_____