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The Development of a Maternal & Child Health Training Manual for Safe Mothers, Safe Babies (SAFE) Community Group Members in Iganga, Uganda: A Special Studies Project

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An abstract of
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Abstract

The Development of a Maternal & Child Health Training Manual for Safe Mothers, Safe Babies (SAFE) Community Group Members in Iganga, Uganda: A Special Studies Project

By ShaLexus Danzy

Background: Despite improvements, high maternal mortality rates and under 5 mortality rates persists in Uganda. More specifically, In the Eastern Iganga District of Uganda, the utilization of maternal and child health services remains low. Difficult access to quality services, a shortage of trained and motivated health care professionals, and shortages of essential drugs and medicines contribute substantially.

Purpose: The immediate purpose was to develop a 6--session standardized training manual that provided community group members with training on behavior change strategies supporting maternal and child health promotion. The overall goal of this project was to strengthen community group members capacity in maternal and child health promotion strategies in order to motivate community adoption of healthy maternal and child health behaviors.

Methods: The content of the training manual was based on a combination of prior experience implementing trainings with community group members in Iganga, Uganda with Safe Mothers, Safe Babies, requested content from the SAFE community group members as well as SAFE staff, key-informant interviews, and informal discussions.

Results: The development of the standardized training manual resulted in a 6-session weekly training with content focused on maternal and child health practices. Teaching strategies consisted of participatory approaches such as role-playing activities and discussion learning. The manual was revised, and a final was created based on feedback from SAFE staff as well as university faculty.

Discussion: Next steps include piloting the standardized training manual with community group members to revise and polish to ensure the most effective training for the target population. This can be accomplished through collaboration with the community, SAFE staff, and community group members themselves.

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Chapter 1: Introduction

Introduction and Significance

Background

Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries (WHO, 2019). Every year in Uganda 6,000 women die from pregnancy-related causes and 45,000 newborns die from preventable conditions (Sibbald, 2007). Maternal mortality ratio remains high at 343 maternal deaths per 100,000 live births (UNICEF, 2015). For every maternal death in Uganda, at least six survive with chronic and debilitating ill health (Maternal and Child Health: Uganda, 2011).

Children under 5 in Uganda also face troubling health outcomes. The UN Inter-Agency Group for Child Mortality Estimation reported the nation's Under-Five Mortality Rate (U5MR) at 49 per 1,000 live births in 2017 (World Bank, 2017). The Sustainable Development Goals (SDG) are a series of measures to end poverty, protect the planet, and ensure the global well-being of human beings by the year 2030. More specifically, Sustainable Development Goal 3 is the SDG focused on ensuring the lives and promoting the well-being for all at all ages with many targets including the reduction of U5MR. Although this report shows a substantial reduction in U5MR from 187 per 1,000 live births in 1990 to 49 per 1,000 live births in 2017, the nation of Uganda still has much progress to meet SDG 3 target U5MR to at least or as low as 25 per 1,000 live births.

Health systems challenges and poor social determinants of health slow the improvement of women's and children's health (Maternal and Child Health: Uganda, 2011). Difficult access to

quality services, a shortage of trained and motivated health care professionals, and shortages of essential drugs and medicines contribute to high mortality and morbidity rates (Maternal and Child Health: Uganda, 2011). Many of these deaths are preventable if pregnant women and young children can access healthcare quickly when emergency arrives and can be avoided altogether if the household utilized simple yet important practices such as safe water, good nutrition, and regular check-ups when illness is not present.

Uganda's Maternal and Child Health Efforts. Over the past 20 years, Uganda has made significant progress in improving the health of its citizens (Health Policy Project (HPP, 2019). Yet, challenges remain in ensuring that women, children, families, and communities have access to high-quality health services, whether it is safe delivery for pregnant mothers and their newborns or reproductive health counseling and contraceptives for individuals and couples. (HPP, 2019.)

Over the years, quite a few government policy interventions in Uganda aims to specifically improve access and quality of maternal services. A 1995-1996 safe motherhood needs assessment survey was undertaken to inform the program planning for safe motherhood and in 1998 a costing study to determine the financing needs for improved maternal service delivery (Ssengooba, Neema, Mbonye, Sentubwe, and Onama, 2003). Information from both studies informed decisions on establishing a comprehensive training curriculum to expand and integrate midwifery, public health and nursing skills (Ssengoba et al., 2003). The first National Health Policy for Uganda, The Uganda Minimum National Minimum Health Care Package was developed with the overall objective of reducing mortality, morbidity and fertility as well as the

disparities therein by ensuring access to a minimum health care package (Odokonyero et al., 2017). According to Odokonyero et al., "A key feature of the policy included subsidization of designated public health and essential clinical services that have visible consequences for the community" (2017). Gender relations and more specifically gender inequality has been shown to impact maternal and child health and as a result in 2007 the country created the Uganda Gender policy, which intends to empower women in decision making processes as a key development and reduce gender differences in all communities (Mwije, 2012).

Safe Mothers, Safe Babies. Safe Mothers, Safe Babies (SAFE) is an organization that believes that "no woman should die while bringing life into the world, and that no child should die when their life is just beginning (Safe Mothers, Safe Babies, 2008)." Since 2008, SAFE has been committed to addressing this gap by developing an innovative, community-based, and evidence-based model that targets the "Three Delays"—delays in making the decision to seek care, accessing care, and receiving care—to ensure that mothers and children in the first 1,000 days of life lead healthy, empowered lives (Thaddeus and Maine, 1994). The first 1,000 days (conception through the second birthday) is a period of vital development in a child's life. Health and development during these early years can influence health and development for the rest of a person's life. Maternal health, nutrition, and behavior before, during and after birth all relate directly to child health in the first 1000 days, as does maternal caregiving after birth.

In order to address the First Delay in recognizing the need to seek care or making the decision to seek care, SAFE forms community groups to address healthy behavior change. In one region, births to respondents who had been exposed to community group interventions were 1.57

times more likely to have been delivered in a health facility than those who had not after controlling for age, wealth, and educational status (aOR: 1.57, p=0.02). Yet, in the same region, only 1/3 of the population reported being engaged with a community group outreach, and community-generated ideas to improve this number included a more streamlined annual re-training of the community group members. As respected leaders in their communities, SAFE community group members play an important role in all facets and community life. Consequently, creating a training manual will facilitate standardization of the training provided to all SAFE community groups. It is our hope that by training them to understand maternal and child health (MCH) and the decisions that families could make to improve overall health and survival, they will become equipped to provide correct and impactful information to members of their community.

Problem Statement

For Ugandan women, the problem of inaccessible reproductive health services and information has negatively affected and threatened the lives of many Ugandan women and their offspring. The implications of these issues are vast and impact the mother's health and well-being, as well as the child, and the nation of Uganda as a whole.

The need for a maternal and child health targeted training curriculum focusing on information and skills that enable SAFE community group members (CGMs) to better understand, accept, and promote good maternal and child health behaviors at the community level on specific topics such as healthy pregnancy practices and routine care for babies and children under five was identified through various avenues.

Both informal discussions and interviews with several key informants, including community leaders, SAFE CGMs, and women of villages in Eastern Uganda identified specific areas that education was needed.

Purpose Statement

The purpose of this special studies project is to create a maternal and child health training manual for community group members partnering with Safe Mothers, Safe Babies living in eastern Iganga, Uganda. The curriculum was designed to equip CGMs, with the necessary information and skills to better understand, accept, and promote good maternal and child health behaviors at the community level.

Definition of Terms

Curriculum: a set of courses constituting an area of specialization (Merriam Webster Dictionary, 2019)

Education: the knowledge and development resulting from the process of being educated. (Merriam Webster Dictionary, 2019)

Manual: a book that is conveniently handled. (Merriam Webster Dictionary, 2019)

Maternal Death: the death of a woman while pregnant or within 42 days of 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. (WHO, 2019)

Maternal Mortality Rate (MMR): the number of maternal deaths per 100,000 live births. (WHO, 2019)

Training: the skill, knowledge, or experience acquired by one that trains (Merriam Webster Dictionary, 2019)

Under Five Mortality Rate (U5MR): the probability of dying between birth and exactly five years of age expressed per 1,000 live births. (UNICEF, 2019)

Women of Reproductive Age: women of aged 15-49 (WHO, 2019)

Abbreviations

CHW/CHWs: Community health worker/s

CGM/CGMs: Community group member/s

MCH: Maternal and Child Health

MOH: Ministry of Health

SAFE: Safe Mothers, Safe Babies

SDG: Sustainable Development Goal

VHT: Village Health Team

WHO: World Health Organization

Chapter 2: Review of Literature

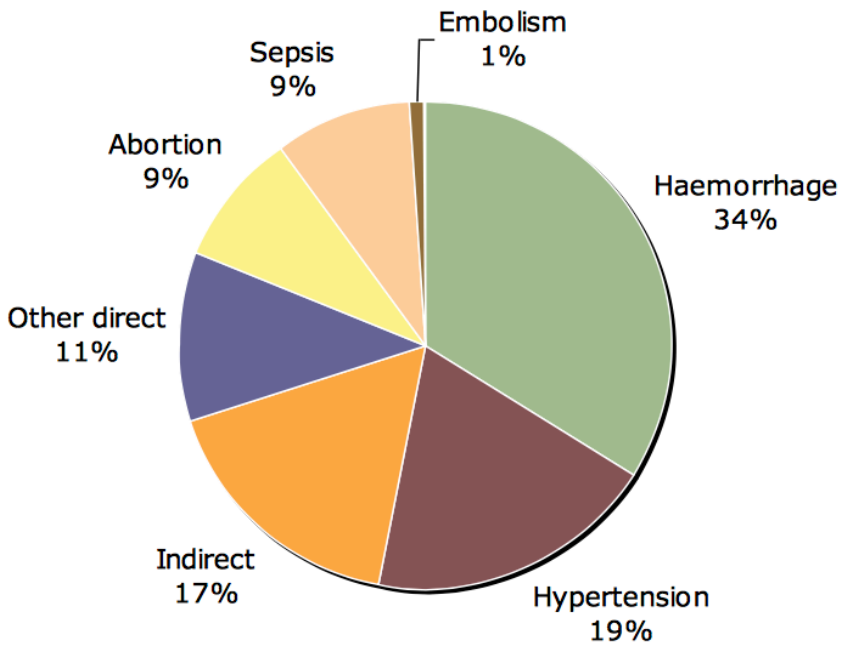
This special studies projects seeks to address the issues of formal training of maternal and child health promotion among community group members partnering with SAFE. In creating this manual, three main concepts were explored: the maternal mortality and under five mortality rate crises, the importance of community health workers, and components necessary for development of this manual.

MCH Globally

According to WHO, maternal and child health refers to the health of women and children during many processes. These include pregnancy, childbirth, and the postpartum period. Various causes of morbidity and mortality include hemorrhage, infection, high-blood pressure, unsafe abortion, obstructed labor, and other multi-faceted and complex issues following birth (WHO Africa, 2019). Many achievements of sexual and reproductive health have been attained, and significant progress in maternal, newborn, and child health in recent decades. Between 1990 and 2015, the global mortality rate for children under the age of 5 years, drastically dropped by 53%. This was from 90.6 deaths per 1,000 live births in 1990, to 42.5 in 2015. Maternal mortality is also on the global decline. However, despite major progress in maternal and child health, mortality rates still remain high in many low-and-middle income countries (LMICs). In 2015, about 303,000 women died due to various complications from pregnancy and childbirth, and globally, an estimated 5.9 million children under the age of 5 die each year, with 2.7 of those children dying within the first month of life. Approximately 99% of all global newborn deaths

occur in LMICs, and maternal mortality rates are shown to be concentrated in sub-Saharan Africa. In this region, it is found that maternal mortality rates for those who are living under the poverty line, living in rural areas, and have low-levels of education are doubled. As for children, those living in low-income countries are three times more likely to die before they're 5 years of age. While pneumonia, diarrhea, and malaria drive early childhood deaths globally, undernutrition is the primary underlying cause of 3.5 million maternal and child deaths each year. And although maternal mortality is caused primarily by medical issues such as preeclampsia and hemorrhaging, a large proportion of maternal deaths can be attributed to limited access to skilled care during the process of giving birth, and the period of postpartum (Lassi, Khumar, & Bhutta, 2016.)

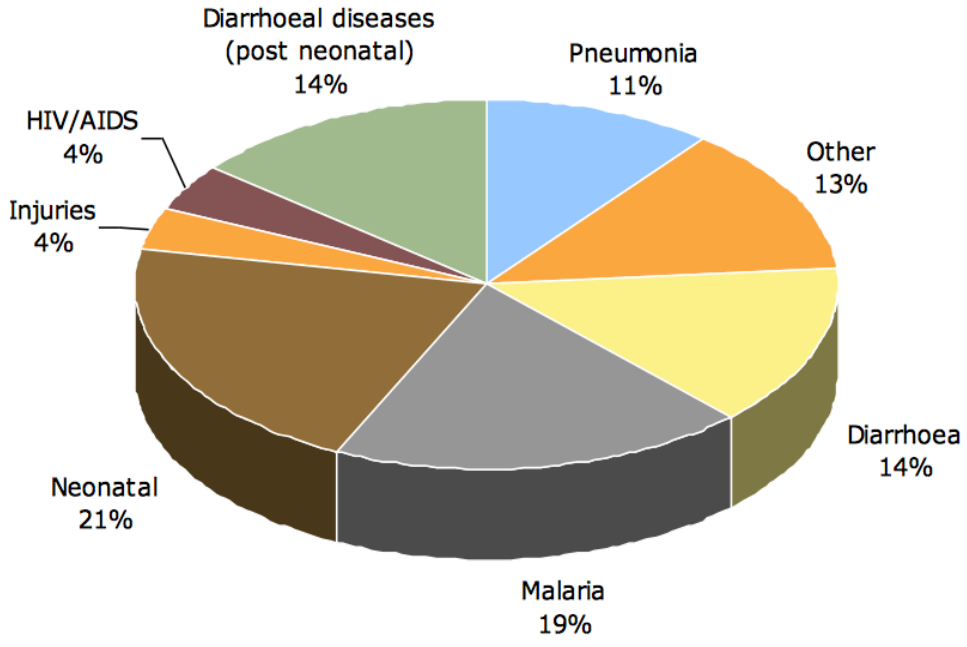
Figure 1. Leading causes of maternal mortality: Regional estimates for sub-Saharan Africa (*Maternal and Child Health Uganda, 2008*)



MCH in Uganda

Uganda is located in the Nile basin of Eastern Africa. According to WHO, it has the 20th highest maternal mortality rates and had the 15th highest infant mortality rates in the world (Child Family Health International [CFHI], 2019.) Over 5,000 thousand women in Uganda die each year from maternal related deaths (Muheirwe & Nuhu, 2018). With that, it is estimated that only 30% of women give birth in settings in which trained health professionals are present. High incidences of malnutrition, anemia, HIV/AIDS, and other diseases causes many pregnant women to often have high risk of complicated births that lead to illness or death. Children under 5 are also at high risk of contracting preventable diseases, and suffering from malnutrition (CFHI, 2019).

Figure 2. Under-5 Mortality by Cause of Death in Uganda (*Maternal and Child Health Uganda, 2008*)



As a response, the Ugandan government has implemented and developed various strategies to meet the Sustainable Development Goals for maternal health, and in order to show its commitment to improving MCH. Safe Motherhood Program was implemented in 2001 to ensure that no woman or newborn dies or gets injured due to pregnancy and/or childbirth. Additionally, the Health Sector Strategy Plan was put in place by the government in order to prioritize MCH and strategize in ways to reduce MCH mortality as well (Muheirwe & Nuhu, 2018). This strategy includes a number of initiatives such as the inclusion of a supportive community network of traditional birth attendants, and the work to strengthen referral systems. Additionally, in response to women who are disadvantaged socio-economically, the government adopted a national gender policy in 1997 in order to empower women in decision-making processes. In 2010, the Global Strategy for Women's and Children's Health was launched and Uganda made commitments to ensure and increase in comprehensive emergency obstetric and newborn care, increase focus in antenatal care with emphasis on HIV transmission and treatment, and to ensure that at least 80% of children under 5 with diarrhea, pneumonia or malaria get access to oral rehydration salts and zinc within 24 hours, and to improve immunization coverage. According to WHO, although Uganda is one of the ten countries globally that is contributing high MCH mortality rates, as of 2011 it has been off track with its proposed MCH commitments. A major and particular problem that is central to the contribution of high MCH mortality rates is the health worker gap, especially those at the community level. Uganda has a shortfall of 2,000 midwives. And this is not due to the lack of trained workers, but due to government restrictions on the recruitment of health workers (Maternal and Child Health: Uganda, 2011).

MCH in Iganga

Map 1. District Map of Uganda (*Uganda Demographic and Health Survey 2011, 2012*)

According to the World Bank (2009), the Iganga District located in eastern Uganda had one of the highest rates of maternal mortality, and with a population of about 900,000 people in the 1980's. In Iganga District, the infant mortality rate is more at 120 per 1,000 births, which happens to be a ratio that has been stagnant for years. According to further research conducted within the district, most newborns die within the first week of birth. This is due to various reasons, which include infection, respiratory distress, or prematurity complications. Many of

these these deaths are preventable, given basic health educations and increased access to adequate healthcare resources (Uganda Village Project [UVP], 2009). According to the Ugandan Demographic and Health Survey (2012), 91% of pregnant women in the eastern central region of the country had attended at least one antenatal care visit, yet only 29% had postnatal checkup. Additionally, only 24.5% of women in this area received postnatal care within the first two days after birth (Uganda Demographic and Health Survey, 2011). Additionally, research in Eastern Uganda shows that prenatal care is more utilized than delivery and postnatal care. It is unsure why this may be, and ways in which to decrease the frequencies of women receiving care at delivery and after (Izudi & Amongin, 2015).

Community Health Workers

CHWs Globally

A critical shortage in the health workforce of many low-and-middle income countries poses a significant challenge to the achievement of the Sustainable Development Goals. Consequently, increased attention is placed on the potential of community health workers (CHWs) to expand access to essential health services. The term CHW is broad and can be defined in many ways. CHWs encompass a wide range of characteristics such as paid and unpaid, professional and lay, experienced and inexperienced, including traditional birth attendants, village health workers, peer supporters, community volunteers and health extension workers who are trained to some extent but do not possess a formal professional certificate (Global Health Workforce Alliance [GHWA], 2011). Based on certain assumptions, CHW programmes in Ethiopia, Indonesia, and Kenya are found to be cost-effective and coverage of

essential health services is improving with the help of CHWs. Additionally, researchers conclude CHWs possess potential to increase the uptake of health services providing good value for money for donors and governments in LMICs.

In 2007, the WHO commissioned a review of the feasibility and effectiveness of community health worker programmes as a follow-up to the World Health Report 2006: Working for Health. The review found CHWs can make a valuable contribution to community development and, more specifically can improve access to and coverage of communities with basic health services (Lehmann & Sanders, 2007). Lastly, the report places a significance on carefully selecting, training and supporting CHWs for them to make an effective contribution.

Safe Mothers, Safe Babies CGMs

"Safe Mothers, Safe Babies (SAFE) is a global health organization dedicated to reducing maternal and child mortality in the Eastern Uganda District of Iganga. They work with communities to improve health outcomes for pregnant women, new mothers, and their young children. With a keen focus on the three delays of maternal and child survival, SAFE ensures that mothers and children lead healthy lives in the first 1,000 days of life (Safe Mothers, Safe Babies [SAFE], 2019). SAFE addresses the first delay by engagement of women and men of Iganga through community groups. SAFE CGMs serve a key role in the community partners project of SAFE. At present, 11 community groups in three regions of Iganga District create culturally-sensitive outreach education through various methods such as dramas and songs that are performed in the communities where community group members live. They receive some training in maternal and child health, but they would benefit from further training and education

on effective maternal and child practices and strategies to promote healthy behavior change within their community. Consequently, they will then be properly equipped to impact community health outcomes affected by health choices. SAFE CGMs advantage of familiarity with community norms, culture, networks, traditions, and beliefs coupled with their ability to be easily mobilized to take health behavior messages to community members makes them an invaluable asset to the success of SAFE as well as the country of Uganda. Maternal and child health trainings have been conducted in the past with SAFE CGMs however, a lack of standardized and consistent training results in many CGMS not receiving the comprehensive training they so desperately need to efficiently and effectively carry out their roles.

Adult Education and Training

Importance of Training CHWs

WHO suggests for CHWs to fulfill their role successfully, they require regular training and supervision. Furthermore, when provided with correct resources, training, and support, CHWs have proven improve health outcomes and accessibility to basic services (Donovan, Donovan, Kuhn, Sachs, & Winters, 2017). An important element found to be imperative to improving CHW retention is access to basic training. Training of CHWs is one of the key aspects that generally seeks to develop knowledge and skills related to specific tasks and to increase CHWs' capacity to communicate with and serve local people (Javanparast et al.; 2012). Many approaches exist on how to train CHWs to fit the needs of both the CHWs as well as the population they are serving. For instance, trainings can be short, long term, or recurring, use various teaching methods, and be targeted to an array of health topics. A 2014 study conducted in Eastern Uganda examined the perceptions of community members' experiences of CHWs

around promoting maternal and newborn care practices (Okuga, Kemigisa, Namutamba, Namazzi, & Waisa, 2014). The study's findings indicate factors that positively influenced CHWs include being selected by and trained in the community; being trained in problem-solving skills; and being deployed immediately after training with participation of local leaders (Okuga et al., 2014).

Adult Learning Theory

SAFE CGMs are comprised of adult learners and the utilization of the adult learning theory is imperative to developing a training manual geared towards adult learners. Adult learning theories or andragogy is based on six key principles and provides insight into how adults learn. Additionally, it can help instructors be more effective in their practice and more responsive to the needs of the learners they serve (Teaching Excellency in Adults Literacy Center [TEAL], 2011). Because adult participants bring their previous experiences into a learning experience, it is important to develop a comprehensive training that allows participants to assist in developing and directing their learning experience. Various methods can be used to reach adult learners such as role play, group discussions, demonstrations or simulations, and involving learners in case studies (Centers for Disease Control and Prevention [CDC], 2018). The final training manual incorporated the adult learning theory in various sessions and activities.

Community Participation

Participatory Action

Community mobilization through women's groups using the participatory learning and action strategy has proved to successfully refuse the prevalence of adverse health outcomes in Bangladesh, India, Nepal, and Malawi. This strategy offers a method of health promotion by carefully guiding participants through stages of identifying and prioritizing issues and further, designing strategies to combat those issues. This drives the point of the need for creating people-centered health services, which is a key goal in global health. These services are oriented around the needs and preferences of users rather than diseases. This requirement of community partnerships can help make health services and health professionals more responsive to the needs of their clients and the wider community. WHO recommends community participation in quality improvement processes for maternal care services and in program planning and implementation, to improve MCH. There are various participatory approaches when working with communities; one being organic in which communities organize and conduct, as opposed to induced participation that is put on externally stimulated (Marston et al., 2016). Participation by members of underserved communities allows them the platform to be mediators and ultimately blooms culturally-appropriate MCH services. It further strengthens efforts, relationships, and builds dialogue between communities and providers about required care (Marston et al., 2016).

Conclusion

Understanding the barriers to healthy maternal and child practices is imperative for understanding how to effectively target interventions to address it. The expense of women's and children's health is not merely just a cost, but an investment that directly contributes to the well-being of families, communities, and to a nation's socio-economic development.

Chapter 3: Methods

Needs Assessment

The need for the development of a maternal and child health training manual specifically targeted for SAFE community group members was identified through various avenues. Although no formal needs assessment was conducted, the need for a standardized training was readily identified by key community informants including health navigators partnering with Safe Mothers, Safe Babies (SAFE), leaders and translators of SAFE, and from community group members themselves.

Throughout my time in Uganda, there were several instances of members within the community group as well as in the community reporting to myself of being unaware of healthy pregnancy practices, proper nutrition, as well as routine care for newborns and children. They expressed they felt an importance to be properly trained on these topics, so they could feel secure in making decisions for themselves and their families, as well when educating the people of their community.

Most importantly, one-on-one informal key informant interviews were conducted with several CGMs of SAFE, including two community group leaders and one male CGM who also served as a village health team (VHT) worker with the Ministry of Health (MOH). Questions for these discussions included:

- What does maternal and child health mean to you?
- What are barriers to good maternal and child health in your community?

- What topics do you believe should be included in the SAFE training manual for community group members?
- How would you like for the actual training sessions be taught?
    - What teaching methods work best?
    - How long do you think the trainings should be?

Every individual interviewed expressed a need and desire for more maternal and child health training. Topics they identified as a priority were routine health care for pregnant women and newborns, along with proper nutrition education. Additionally, individuals expressed a need for men to be educated on these topics as men play a major role in the decision-making process in Uganda. Many individuals stated interactive methods and visual aids would be best to facilitate the trainings.

After my experience in working on the community partners project with SAFE in Uganda in the summer of 2018, it was proposed that I develop a standardized training manual for community group members. Due to my background in sexual and reproductive health and maternal and health, along with my experience working with CGMs I was asked to develop the first standardized SAFE training manual in response to the needs of the community.

Training Manual Development

I developed the maternal and child health training manual for SAFE CGMs with the help of several public health faculty and the founder of SAFE. I based the design of my training manual on other works: first, a manual produced by The Earth Institute at Columbia University

and the Millennium Villages Project, and second, a manual produced by USAID and piloted in Yemen and Kenya by the ESD project and in Nigeria by Pathfinder International.

The target audience of the training manual is SAFE community group members. The curriculum consists of # sessions to be taught 1-2 hours weekly. There is a pre-test/post-test intended to be administered at the beginning and end of the training series to measure impact of the training on participant's MCH knowledge. Additionally, two evaluations were developed to assess the impact of the training. The session evaluation is created to provide daily feedback to the trainer(s) of each session, who will be able to use feedback to make necessary adjustments in future training sessions. The final evaluation assesses participants thoughts on the overall training including environment as well as content covered.

Institutional Review Board Approval

A proposal to the Institutional Review Board (IRB) was submitted in the development of this project. The IRB determined no review is required for this project because it is a special studies project that does not involve a clinical investigation or research of human subjects.

Training Manual Revisions

I revised the training curriculum based on feedback received from professors and the SAFE staff. Revisions ranged from simple grammatical errors, to the adjustment of deleting or adding participatory learning activities. The final revised curriculum can be found in the appendix of this thesis.

Chapter 4: Results

Training Manual

The final content of the training manual includes 7 sessions, with one additional session to take place at a CGM home/meeting to plan ways that the curriculum can be implemented. The series of weekly sessions ranges from 90-120 minutes in length. The following is an overview of each session:

- ***Session 1: Welcome and Overview-***The following session is a total of 90 minutes which introduces the training, its importance, as well as the goals and objectives. During this session, participants are able to familiarize themselves with the trainer(s) as well as the other participants within the community group. Lastly, this session gives an overview of the entire training schedule and expectations, as well as ground rules and housekeeping information for all training sessions. Class objectives are met by facilitated icebreakers and interactive activities and discussions.

- ***Session 2: CGMs Working in the Community-*** This 90-minute session objectives are to enlighten CGMs of their roles in promoting maternal and child health among their community and assists them in forming strategies to do so among their community and individual families utilizing the Three Delays Model. Session objectives are accomplished through facilitated discussion, mini-lecture, and mini case study.

· ***Session 3: Gender Relationships in the Community-*** This 90-minute session focuses on the gender roles and norms within the community. Furthermore, it allows CGMs to discuss how gender roles affect maternal and child health and how they can support both genders in promoting healthy practices. The session consists mostly of discussion-based learning with a role play activity at the end to reiterate key messages and objectives.

· ***Session 4: SAFE Motherhood-*** This 90-minute session focuses on the safe parenthood and more specifically, the components of safe maternity and the male role in promoting it and how CGMs can encourage safe practices within their community. Session objectives are accomplished through discussion-based learning along with interactive learning activities. A unique component of this session is the use of having a local midwife to co-facilitate session.

· ***Session 5: SAFE Child-*** This 120-minute session consists of mini-lecture, facilitated discussion, and a participatory activity around the well-being of children. It contains information on good nutrition and how to recognize under 5 danger signs. The following session is an in-depth session and uses many examples that are pertinent to the community of Iganga.

· ***Session 6: Final Session-*** The following 90-minute session is the conclusion of the training. During this session participants will take the post-knowledge to test to assess their learning throughout the training. Additionally, CGMs share their feedback on the overall training and provide insight on best practices moving forward. The final session concludes with a certificate ceremony acknowledging CGMs participation as well as their capabilities to promote maternal and child health within their community.

Chapter 5: Discussion

Strengths and Limitations

Strengths. There were several strengths to this special studies project. First and foremost, the collaboration with Safe Mothers, Safe Babies staff and community group members themselves in the creation of this training manual was imperative to cultivating a standardized manual that is both relevant and culturally competent. Additionally, the topics covered in the training curriculum are informed by CGMs themselves as well as SAFE staff. Not to mention, input from faculty with a background in maternal and child health assisted in ensuring all curriculum components were accurate.

Questions asked during the key informant interviews and informal discussions focused on best practices for adult learners. All interviewees emphasized the importance of participatory teaching strategies and its effectiveness for the participant to retain information. The SAFE CGM training manual sessions incorporates these teaching strategies that are recommended by both SAFE and adult education experts. Particularly, role-play activities were recommended to be utilized in the training manual because CGMs expressed "they felt most comfortable educating their community when using art such as dramas to learn from" (Personal Communication, Summer 2018).

Limitations. Despite the positive aspects of the special studies project, there are also some drawbacks. Firstly, due to constraints such as time and lack of human resources, the training curriculum has not been be piloted among SAFE CGMs to evaluate possible changes that may

need to be made in order to improve the training manual. Although, literature supports that the training of community group members at the community level positively affects maternal and child health in developing countries, we can't state the creation of this training manual has done the same due to the lack of piloting at this time of submission. Therefore, in regard to the evaluation of this curriculum, it is not safe to say that the training manual has been impactful. However, the training manual was designed from other works that have been shown to be successful in improving maternal and child health outcomes in developing countries. Additionally, because the training manual was specifically created to the needs of SAFE CGMs in Eastern Iganga, Uganda, this training curriculum cannot be generalized to other groups as their experiences and health beliefs may be extensively different from those of Ugandans.

SAFE CGM Training Manual: Next Steps

Piloting the training manual among SAFE community group members for further revisions of the manual is the recommended initial step. Therefore, the training manual will be submitted to SAFE staff who will conduct pilot testing, revisions, as well as translations of the manual. The use of the pre/post-test knowledge tests, session evaluation forms, and final evaluation form will aid in improving the CGM training manual for future trainings. Allowing CGMs to give feedback will allow for the refining of the manual and increase its effectiveness as well as the efficacy of CGMs to promote maternal and child health within their community.

Conclusion

Developing a maternal and child health training manual that is both relevant and culturally competent for SAFE community group members at times was difficult but insightful and rewarding. The intended goals of the training manual were to raise the capacity and leadership of CGMs to improve maternal and child health by supporting families and communities in improving health behaviors and preparedness and promote awareness to the importance of CGMs influence on health in the community, especially maternal and child health, for improved family unity, productivity, and survival. Additionally, SAFE believes that "no woman should die while bringing life into the world, and that no child should die when his/her life is beginning." It is my desire this training manual will help SAFE accomplish this vision by effectively carrying out its intended goals and as a result improve the overall health and well-being of Eastern Uganda.

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Appendix:

Mobilizing SAFE Community Group Members for Maternal and Child Health Promotion at the Community Level:

A Training Manual Created by ShaLexus Danzy for

Safe Mothers, Safe Babies

SAFE COMMUNITY GROUP MEMBERS PROMOTING MATERNAL AND CHILD HEALTH AT THE COMMUNITY LEVEL

TRAINING MANUAL

SAFE MOTHERS SAFE BABIES

About This Trainer's Manual

Welcome to the Safe Mothers, Safe Babies Community Group Members Training Manual. This training manual was developed to strengthen the Safe Mothers, Safe Babies Community Partners Project.

BACKGROUND

Every year in Uganda 6,000 women die from pregnancy-related causes and 45,000 newborns die from preventable conditions. Many of these deaths are preventable if pregnant women and young children can access healthcare quickly when emergency arrives and can be avoided altogether if the household utilized simple yet important practices such as safe water, good nutrition, and regular check-ups when illness is not present. These interventions are not costly, however the deaths of women and children continues to be an issue in Uganda, hurting Ugandan families and communities, as well as the nation as a whole.

As admired and respected leaders among their community, SAFE community group members (CGMs) play an important role in all facets of family and community life. People listen to CGMs and for this reason, we are seeking their help and partnership. It is our hope that by training them to understand maternal and child health (MCH) and the decisions that families could make to improve overall health and survival, that they will become equipped to provide important and correct information to members of their community.

For this very reason, we have requested you to train CGMs through this training program, entitled *Mobilizing SAFE Community Group Members for Maternal and Child Health Promotion at the Community Level*. This 6-session training curriculum is designed to equip CGMs, with the necessary information and skills to better understand, accept, and promote good maternal and child health behaviors at the community level.

TRAINING OVERVIEW

The following training is based on several other examples that were integrated and adapted by Safe Mothers, Safe Babies to be relevant to the local context of Iganga, Uganda.

Training Goals

The goals of the training are to:

- Draw attention to the important opportunity provided by SAFE to CGMs to influence health in the community, especially maternal and child health, for improved family unity, productivity, and survival.
- Raise the capacity and leadership of CGMs to improve maternal and child health by supporting families and communities in improving health behaviors and preparedness.

Training Objectives

At the end of the training, participants will be able to:

- Define MCH and describe its components, including safe motherhood, child survival and identifying danger signs
- Dispel myths and misconceptions about MCH and the treatment of MCH problems
- Define the components of the Three Delays Model
- Identify and discourage harmful traditional practices
- Identify gender constraints to MCH
- Identify good nutrition
- Identify ways in which community group members can help mobilize the community around family health and MCH, with a special focus on the Three Delays Model

Training Design

This training manual is based on three other works: first, a manual produced by Healthy Child Uganda for the Village Health Teams Project, and second, a manual produced by USAID and piloted in Yemen and Kenya by the ESD project and in Nigeria by Pathfinder International.

The training curriculum consists of 6 sessions, with 1 added planning session, as follows:
Session 1: Welcome and Overview (1.5 hours)
Session 2: CGMs Working in the Community (1.5 hours)
Session 3: Gender Relationships in the Community (1.5 hours)
Session 4: SAFE Motherhood (1.5 hours)
Session 5: SAFE Child (2.0 hours)
Session 6: Final Session (1.5 hours)

Evaluation

I. Pre- and post- knowledge test: To measure the impact of the training on participant MCH knowledge, a pre/post-training knowledge test is administered at the beginning and end of the training, (see annex #1).

II. Session Evaluation: Participants will provide daily feedback to the trainer(s) of each session, who will then use the feedback to assess participant learning and make adjustments as necessary (see annex #2).

III. Final Evaluation: Participants will assess the overall training including the content and training environment (see annex #3).

How to Use This Manual

The Training Manual is to be utilized as a reference tool for the trainer to facilitate training for SAFE CGMs on family health, MCH, gender, and the Three Delays. It describes basic concepts on these topics utilizing participatory and interactive learning processes to better equip SAFE CGMs to discuss health with their community during outreach events, community gatherings, and individual counseling sessions.

The manual consists of 6 sessions, with one additional session to take place at a CGM home/meeting to plan ways that the curriculum can be implemented. The proposed teaching methods in this guide are intended to be participatory. Session content, suggested timelines, resources, and teaching and learning activities are all included to assist the facilitator. However, it is recommended the facilitator should feel free to adapt content to the training context and specific needs of CGMs.

This training manual has been designed for use by the facilitator and is not intended to be distributed to community group members in this form.

TIPS FOR EFFECTIVE FACILITATION

The following are key points to keep in mind as you prepare and deliver the training:

- Ensure that the size of the training group is not too large.
- Ensure that the training venue can comfortably accommodate all participants.
- Read training sessions beforehand.
- Prepare necessary overheads, flip charts and handouts before next day session.
- Ensure presence of function markers, pens, masking tape, chalk and other equipment.
- Plan for "guest" trainers and co-facilitators for the training, especially people who have technical expertise in the topic areas and who are well-respected by the participants.
- Adapt the training as you progress based on feedback from the participants or lessons learned from implementation.
- Focus the training on helping community group members see their role in mobilizing the community around family health, MCH, gender and reducing the Three Delays.
- The trainees are NOT expected to become experts in these topics or to become health educators.
- Check the "Question Box" at the end of each day and provide a response the next day.

Do's and Dont's of Training

The following "do's and dont's" should ALWAYS be kept in mind by the trainer during any learning session.

DO'S

- Do prepare in advance
- Do maintain good eye contact
- Do involve participants
- Do use visual aids
- Do speak clearly
- Do speak respectfully
- Do speak loudly enough
- Do encourage questions
- Do recap at the end of each session
- Do bridge one topic to the next
- Do encourage participation
- Do write clearly and boldly
- Do summarize
- Do use logical sequencing of topics
- Do use good time management
- Do K.I.S. (Keep It Simple)
- Do give feedback
- Do position visuals so everyone can see them
- Do avoid distracting mannerisms and distraction in the room
- Do be aware of the participants' body language
- Do keep the group focused on the task
- Do provide clear instructions
- Do check to see if your instructions are understood
- Do evaluate as you go
- Do be patient

DON'TS

- Don't talk to the flip chart
- Don't block the visual aids
- Don't stand in one spot; move around the room
- Don't ignore the participants' comments and feedback (verbal and non-verbal)
- Don't read from the curriculum
- Don't shout at the participants
- Don't disrespect any person for their opinion; engage in respectful dialogue

SESSION 1: WELCOME AND OVERVIEW

1.5 HOURS

Specific Learning Objectives:

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

- Be familiar with the trainer(s) and other participants
- Describe the training goals
- Describe the training objectives
- Describe the training schedule
- Generate their own expectations for the training
- Comprehend the training ground rules and housekeeping information

Preparation:

- Prepare name tags
- Print copy of training manual (one/trainer)
- Bring tea/coffee
- Make "QUESTIONS BOX" where participants will be able to share questions anonymously
- Write training goals on flipchart:
- (1) Recognize the great influence as a member of the SAFE Community Group each of us has that can be used to improve the health of families in the community, especially maternal and early child survival.
- (2) We seek to raise our capacity as SAFE Community Group Members to support families and communities to improve maternal and child health.

Training Materials:

- Flipcharts, markers and masking tape
- Pencils/pens
- Overhead projector and computer with PowerPoint presentations
- Copies of the pre-training knowledge test
- Session evaluation form
- Questions Box (described in preparation above)

Activity 1: Introductions and Icebreaker [30 Minutes]

Welcome participants to the session by introducing yourself and briefly presenting the purpose of the session. Choose an "introduction icebreaker" from the list of icebreakers (see annex#4) and conduct a 15 - 30 minute icebreaker.

Activity 2: Pre-training Knowledge Test [30 Minutes]

Explain the rationale for the pre-/post-tests and the workshop evaluations. State that these tools help determine how well the training has been conducted, the learning that has taken place, and how the training can be improved. The tests will be anonymous, so nobody should feel shy or embarrassed, as nobody will know how well any one person did.

Administer the pre-test questionnaire (annex#1) to each participant. Explain to participants that this questionnaire will help the trainer(s) gain better understanding of participants' MCH knowledge, attitudes, and practices so that they can adapt the training. Allow 30 minutes to complete the questionnaires. Inform the participants that they do not need to put their names on the sheets.

Activity 3: Training Goal, Objectives and Schedule [10 minutes]

Post the training goals, objectives and schedule on a flipchart or PowerPoint slides and review them with participants.

Emphasize that the activities and exercises included are used to assist community group members in understanding these topics and to provide them with useful information for informing and educating their communities about MCH.

Briefly review the training schedule and answer any questions participants may have.

Activity 4: Participants' Training Expectations [10 minutes]

After reviewing the training goals, objectives, and schedule, tell participants that you would like them to share their own expectations of the training. Ask questions such as:

- What would you like to get out of this training?
- Is there anything missing from the training agenda that you would like to add?
- Was there anything in the training schedule that was not clear?

Post the answers/expectations where everyone can see them. Periodically review them to ensure coverage. Inform participants that at the end of day you will conduct a brief evaluation on the sessions being discussed (see annex #2).

Activity 5: Setting Ground Rules [5 minutes]

Explain to participants that in order to have an enjoyable and productive training environment, certain 'ground rules' have to be observed. Solicit ideas from them, trying to ensure that the following guidelines are included in the suggestions provided:

- Participants will keep to the training schedule—coming on time to the sessions.
- Participants will respect everyone's opinions and contributions.
- Participants will listen attentively to each other and to the trainer(s).
- Participants will actively participate in discussions and activities.
- Participants will share honestly and respectfully.

Post the rules on the flipchart and leave the flipchart posted for the entire training period for reference.

Activity 6: Housekeeping [5 minutes]

Explain to participants the policies and regulations regarding transport and food provisions and other relevant issues:

- Transport reimbursement will be provided to a maximum of 3,000 shillings per person per session who had to utilize transport to reach the training, so long as the person arrives on time to the session
- Tea and coffee will be provided for each session
- A basic meal (such as rice and beans, chapati, or matoke) will be provided only for sessions that take place during a mealtime or that last longer than 4 hours

Note to the Facilitator

Acknowledge that participants may have many questions that the training may not be able to cover or address in the time available. As the facilitator, you are prepared to help people find answers to their questions, whether directly answering them or referring them to appropriate sources of information.

Inform participants that a "question box" will be available to them. Participants can write down questions or concerns that they were not comfortable asking in a particular session. If you use a "question box", check the box at the end of each day and provide a response at the next session.

SESSION 2: CGMS WORKING IN THE COMMUNITY

1.5 HOURS

Specific Learning Objectives:

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

- Describe their role in promoting maternal and child health among their community
- Describe strategies for promoting maternal and child health among their community and individual families
- Describe the Three Delays and identify examples of each

Preparation: Write the following on a flipchart (individual sheets):

- Write "Role of the CGM in Promoting Good Maternal and Child Health" at the top of a sheet
- Write "Challenges of Promoting Maternal and Child Health" at the top of a sheet

Training Materials:

- Flipcharts, markers and masking tape
- Pencils/pens
- Copies of the pre-training knowledge test
- Story of Essie
- Session feedback evaluation form
- Question Box

Activity 1: Discussion and Mini-Lecture on the CGM's Role in Promoting Maternal and Child Health [30 minutes]

- Ask the participants what they think the role of the CGM should be in promoting maternal and child health?
- Ask the participants what they think are some challenges of promoting maternal and child health?

Write participant responses on the corresponding flipchart sheet.

CGMs' Role in Empowering the Ugandan Family

The family is the basic unity of Ugandan society. Therefore, taking care of it and strengthening it is the responsibility of all institutions, and first and foremost, it is the responsibility of CGMs. CGMs play a crucial role in spreading awareness regarding parental roles in our contemporary world, which is witnessing rapid changes in living patterns, some of which may have positive or negative effects on the quality of our lives

Activity 2: THREE DELAYS Discussion [15 minutes]

Many deaths in pregnant women occur because of delays in receiving safe care. There are 3 main preventable delays.

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. VHTs can 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 center 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.

Activity 3: Discover the Delay [30 minutes]

- Break participant into small groups.
- Read aloud the story of Essie (See handouts for session 2)
- Ask small groups to list things that delayed Essie from getting the care she needed in time.
- Divide the list of things into household and community reasons that caused delays in getting her care.
- Ask 1-2 representatives from each group present to the large group.
- In a large group, ask: *What could the family and community do to not have this happen again?*

Final Activity: Session Feedback [10 minutes]

- Ask for any last questions about the material covered in class.
- Remind participants to write down questions or concerns for the "question box" that they were not comfortable asking in the session.
- Fill out the session evaluation for feedback on today's session. (See Annex #2)

References

Teddy, Clare, Robinson, & Brenner. (2015). *Village health Team Maternal Newborn and Child Health Training Manual. Mbarara, Uganda:* Healthy Child Uganda. https://www.healthynewbornnetwork.org/hnn-content/uploads/VHT-MNCH-Training-Manual_2.pdf

HANDOUTS FOR SESSION 2: CGMS WORKING WITH THE COMMUNITY

Story of Essie

Essie is having her first baby. Following custom, she travels to her mother in the 7th month of pregnancy. Pains start early one morning. Her mother puts a mat on the floor. Six neighbors arrive to help. A few hours later, Essie is in distress. The women think this was because of a spirit. They say a special prayer and carry out a ceremony to protect her. The nearest clinic is 3 kilometers away. The women want her to go there to have her baby. But her parents are worried about the cost. Finally, they decide to go, but they must wait for the husband to come home. Some men agree to carry Essie to the clinic, but the bad roads slow them down. Essie delivers her baby at the clinic. Essie and her baby survive.

SESSION 3: GENDER RELATIONSHIPS IN COMMUNKITY

(1.5 HOURS)

Specific Learning Objectives:

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

- Provide examples of the gender roles and norms within their community
- Identify needs of women and men in relation to maternal and child health and how they can be supported within their community.

Preparation: Write each of these on a separate sheet of flip chart:

- Man Vs. Woman Roles
- Man Vs. Woman Needs
- Prepare a copy of the definitions of "sex" and "gender"

Training materials:

- Flipcharts
- Markers
- Masking Tape
- Session Evaluation Form
- Question Box

Activity 1: Discussion on Definition of Sex and Gender [10 minutes]

- Ask participants what "sex" means
- List participants' responses on flip chart
- Ask participants what "gender" means

This will be the start of identifying and correcting any misconceptions that the participants might have about the difference between sex and gender.

Once they have shared all of their ideas, post the definition of sex and gender on the wall.

Explain to participants the definition of sex is as follows:

"Sex is either of the two major forms of individuals that occur in many species and that are distinguished respectively as female or male especially on the basis of their reproductive organs and structures."

Furthermore, go on to explain, sex is about physical and biological functions that distinguish males from females.

Ask the participants to give their reactions to the sex definition. List the participants' reactions that differ from the definition and explain that you will discuss their differences as the training proceeds.

Explain to participants the definition of gender is as follows:

"Gender is the behavioral, cultural, or psychological traits typically associated with one sex"

Emphasize gender is about the social roles assigned to us because of our sex. They include behaviors, roles, images, and

sometimes values and beliefs that are specific to either men or women.

Ask the participants to give their reactions to the gender definition. List the participants' reactions that differ from the definition and

Activity 2: MAN VS. WOMAN [20 minutes]

· Ask participants "What are a man's roles related to birth and child rearing? What are a woman's roles related to birth and child rearing? "

· Be sure to emphasize the group should be discussing who usually does things and not so much who can or should do things.

· List participants responses on Man Vs. Woman Roles sheet

· Ask participants "What are men's needs related to their roles in birth and child rearing? What are women's needs?

· List participants responses on Man Vs. Woman Needs

· Ask participants "What do you think of these lists? What have you learned from this exercise?

Activity 3: Discussion on Thoughts of Gender Relations and How CGMs Can Support the Different Needs of Women and Men [20 minutes]

Say to the participants: "We will now discuss your thoughts on how you as a CGM can support different needs of both women and men."

Ask the participants "What do you think about women and men having different needs?

Ask participants "What is the role of the CGM in supporting women and men with their different needs?

ACTIVITY 4: Role Play [30 minutes]

Divide participants into small groups with both men and women represented (if possible).

As the facilitator, assign each group a need of either a woman or man related to their roles in birth and child rearing that we discussed and instruct the group to role play how they as CGMs can support the man or woman.

Give participants a minimum of 15 minutes to prepare.

After participants present, ask them to discuss any thoughts or suggestions for activity.

Final Activity: Session Feedback [10 minutes]

- Ask for any last questions about the material covered in class.
- Remind participants to write down questions or concerns for the "question box" that they were not comfortable asking in the session.
- Fill out the session evaluation for feedback on today's session. (See Annex #2)

References

Teddy, Clare, Robinson, & Brenner. (2015). *Village health Team Maternal Newborn and Child Health Training Manual. Mbarara, Uganda:* Healthy Child Uganda. https://www.healthynewbornnetwork.org/hnn-content/uploads/VHT-MNCH-Training-Manual_2.pdf

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SESSION 4: SAFE MOTHERHOOD

1.5 HOURS

Specific Learning Objectives:

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

- Define safe parenthood
- Describe the components of safe motherhood
- Discuss safe maternity in particular, and the male role in promoting it.
- Provide examples on how community group members can promote safe parenthood within their communities

Preparation: Write each of these on a separate sheet of flip chart:

- WHO definition of health
- Components of safe motherhood
- The objectives of the group activity "Safe Motherhood and Our Community"
- The three points that each group should discuss during that activity
- Invite a midwife to accompany you to the training, if you so choose. (Recommended)

Training Materials:

- Flipcharts
- Markers
- Masking tape
- Pencils/pens
- Overhead projector and PowerPoint presentations
- Copies of the pre-training knowledge test
- Session Evaluation Form
- Questions Box

Activity 1: Discussion on Definition of Health and Safe Motherhood [20 minutes]

- Ask the participants what "maternal health" means.
- List participants' responses on flip chart paper.

This will be the start of identifying and correcting the myths and misconceptions that the participants might have about reproductive health.

Once they have shared all of their ideas, post the WHO definition of health on the wall.

Explain the World Health Organization, where experts around the world meet about topics related to health and wellbeing, wrote a definition of "health" that is pertinent to the concept of safe parenthood. Highlight the conference agreements that:

"Health is a state of complete physical, mental, and social well-being—and not merely the absence of disease or infirmity."

Ask the participants to give their reactions to the WHO definition. List the participants' reactions that differ from the definition and explain that you will discuss their differences as the training proceeds.

Activity 2: Discuss Components of Safe Motherhood Programs [40 minutes]

Say to the participants: "We will know discuss the health of mothers and its importance."

Ask the participants what they think is included in safe motherhood.

When they have finished answering, show them the prepared list of "The Components of Safe Motherhood."

Discuss each component briefly comparing the components with their list for similarities and differences.

The Components of Safe Motherhood:

- A healthy body before conceiving a baby
- Good nutrition and safe water
- Attending antenatal care
- Delivering with a skilled attendant
- Management of pregnancy complications
- Helping a new mother learn to care for her baby
- Prevention and management of reproductive tract infections, including sexually transmitted infections
- Prevention of gender-based violence

Tell participants that you will now discuss together each element of safe motherhood. If you brought a guest midwife to talk about this topic, introduce her now. Discuss each of the points.

Activity 3: Healthy Pregnancy Practices Card Sort [20 minutes]

· Ask participants to get into small groups (no more than 5).

· Give each group a package of antenatal practices sort cards. (See handouts for Session 4)

· 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.

Final Activity: Session Feedback [10 minutes]

- Ask for any last questions about the material covered in class.
- Remind participants to write down questions or concerns for the "question box" that they were not comfortable asking in the session.
- Fill out the session evaluation for feedback on today's session. (See Annex #2)

References

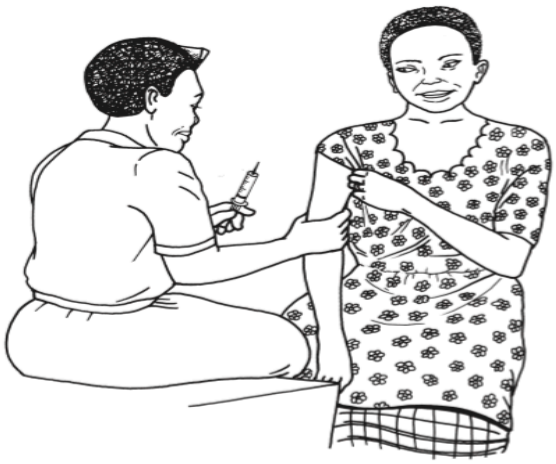
Frequently asked questions. (n.d.). Retrieved April 18, 2019, from https://www.who.int/about/who-we-are/frequently-asked-questions

Teddy, Clare, Robinson, & Brenner. (2015). *Village health Team Maternal Newborn and Child Health Training Manual. Mbarara, Uganda:* Healthy Child Uganda. https://www.healthynewbornnetwork.org/hnn-content/uploads/VHT-MNCH-Training-Manual_2.pdf

HANDOUTS FOR SESSION 4: SAFE MOTHERHOOD

Antenatal Practices 3 Card Sort Cards

ANC



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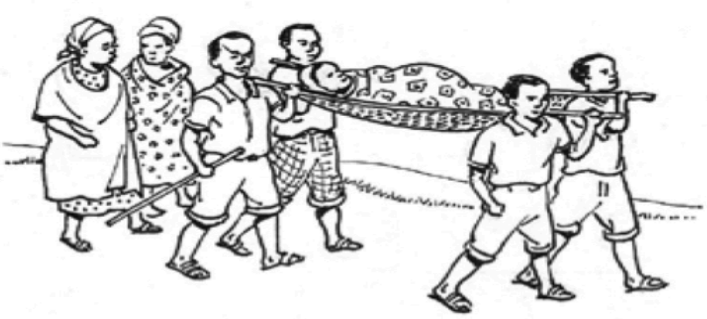

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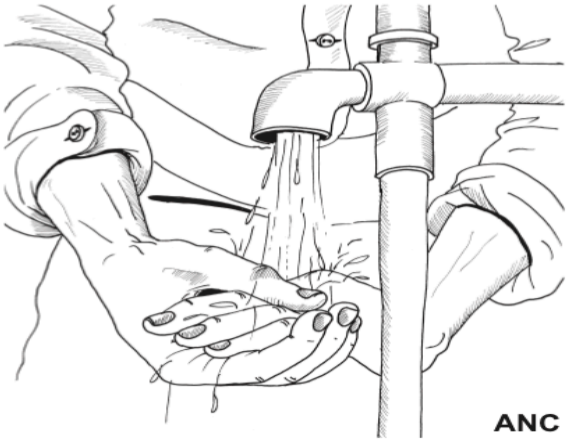

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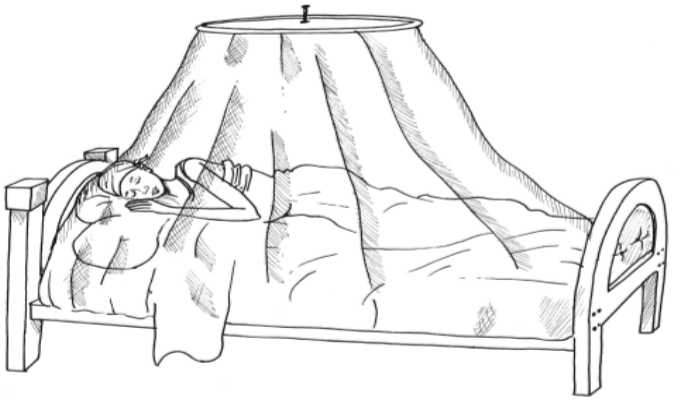
Antenatal Practices 3 Card Sort Cards



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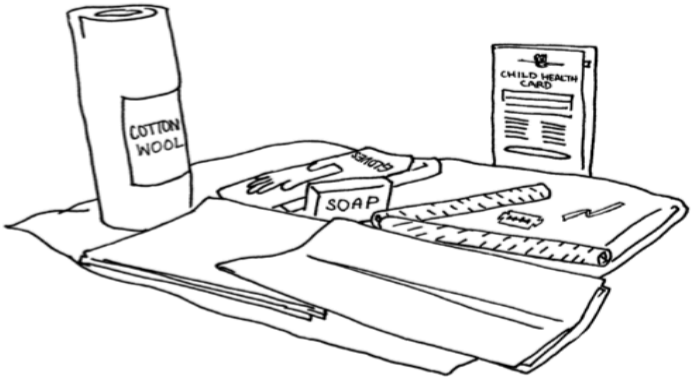

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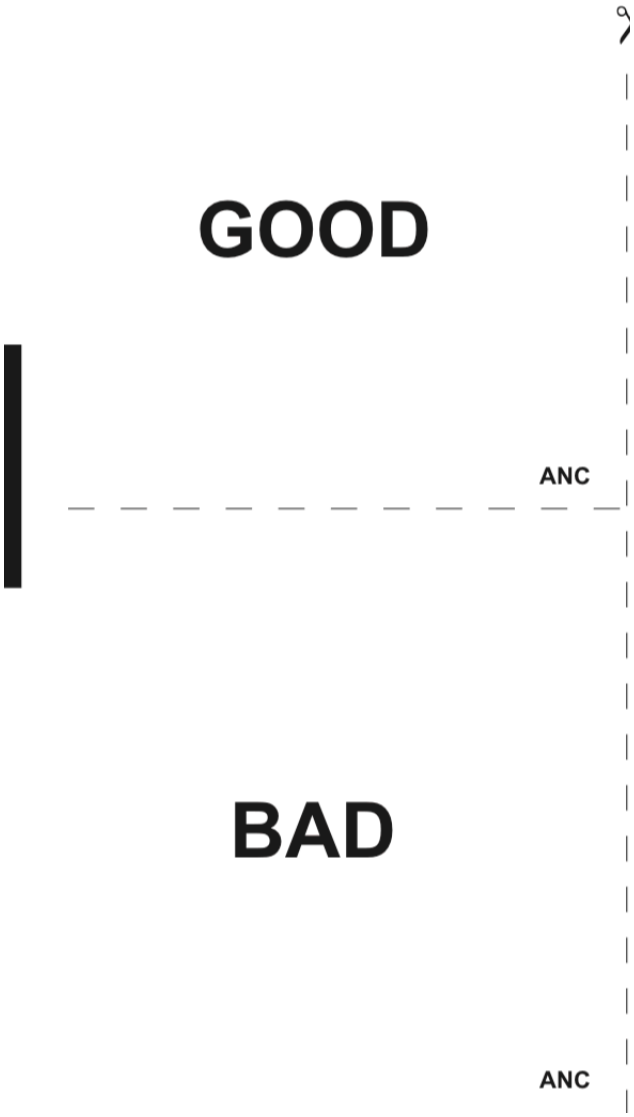

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SESSION 5: SAFE CHILD

2.0 HOURS

Specific Learning Objectives:

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

- Identify general under 5 (U5) Danger Signs
- Identify healthy foods that keeps a child, healthy, strong and smart
- Create a balanced meal with energy giving, body building and protecting foods and educate others on how to do so

Preparation: Write each of these on a separate sheet of flip chart:

- Child (Label at top of sheet) with a large circle below
- Adult (Label at top of sheet) with a large circle

Training materials:

- Flipcharts
- Markers
- Masking Tape
- Under 5 Danger Signs Poster
- Session Evaluation Form
- Question Box

Activity 1: Under 5 Danger Signs [50 minutes]

Start activity by asking participants: Have you seen severely sick young children in your community or within in your family? What signs of illness did they show?

Post U5 Danger Signs Poster (See Handouts for Session 5)

Review each sign listed on poster and explain how to assess each danger sign to the group

Lastly, break participants into smaller groups. Instruct each group to prepare a song or poem to highlight danger signs. (Allow a minimum of 20 minutes to prepare)

Have groups present their pieces to the group.

Activity 2: Discussion of Healthy Nutrition [30 minutes]

Food is important to keep women and children and healthy. Healthy nutrition means eating enough food, a variety of food, and preparing food safely. A child with good nutrition can learn and grow. Additionally, good nutrition protects from illness.

The following are a list of foods that lead to good health.

Energy Giving Foods-- Examples: cereals (millet, maize (posho), rice, wheat), bread, matooke (green banana), roots and tubers (yam, cassava, irish potato, sweet potato), yellow banana.

Body Building-- Examples: vegetables (beans, ground nuts, soybeans, peas), animal foods (meats (beef, pork, goat), milk, eggs, liver, fish)

Protecting-- Examples: Greens, carrots, pumpkin, onion, cassava leaves, eggplant, cabbage orange sweet potato, fruits (pineapple, jackfruit, passion fruit, mango, tomato)

Activity 3: Discussion of Nutrition and a Balanced Diet [10 minutes]

Ask the group: What is nutrition?

Explain WHO's definition states "Nutrition is the intake of food, considered in relation to the body's dietary needs." And "good nutrition" is an adequate well-balanced diet.

Next ask the group: What is a balanced diet?

Explain to participants "A balanced diet is one that gives your body the nutrients it needs to function correctly".

Activity 4: Ideal Meal [20 minutes]

Post flip chart sheet labeled "Child" and also post flip chart sheet labeled "Adult".

Ask participants to imagine each circle on flip chart sheet as a plate or bowl.

Choose 1 participant to use a marker and draw an ideal meal for a child on the circle marked "Child".

Ask another participant to draw an ideal meal on the "Adult" plate.

Guide the other participants to the answers for the next questions. Ask:

- How much of the adult's plate should be filled with each food group?
- How much of the child's plate should be filled with each food group?
- How is a healthy adult plate different from a child's plate?

Final Activity: Session Feedback [10 minutes]

- Ask for any last questions about the material covered in class.
- Remind participants to write down questions or concerns for the "question box" that they were not comfortable asking in the session.
- Fill out the session evaluation for feedback on today's session. (See Annex #)

References

Teddy, Clare, Robinson, & Brenner. (2015). *Village health Team Maternal Newborn and Child Health Training Manual. Mbarara, Uganda:* Healthy Child Uganda. https://www.healthynewbornnetwork.org/hnn-content/uploads/VHT-MNCH-Training-Manual_2.pdf

Balanced Diet: What Is It and How to Achieve It. (n.d.). Retrieved April 19, 2019, from https://www.healthline.com/health/balanced-diet

Nutrition. (2017, October 05). Retrieved April 18, 2019, from https://www.who.int/topics/nutrition/en/

HANDOUTS FOR SESSION 5: SAFE CHILD

UNDER 5 DANGER SIGNS

- Unable to eat or drink anything
- Vomits Everything
- Convulsions
- Very sleepy, weak or unconscious
- Fast and difficult breathing
- Cough for 14 days or more
- Fever for 7 days or more
- Diarrhea for 7 days or more
- Blood in stool
- Fever in newborn less than one month old
- Too thin-read on MUAC strips
- Swelling of the feet (oedema)

SESSION 6: FINAL SESSION

1.5 HOURS

Specific Learning Objectives:

By the end of this session, participants will:

- Take the post-test to assess knowledge
- Complete final evaluation
- Participate in a certificate ceremony

Preparation:

- Fill out certificates for each training participant

Training materials:

- Final Evaluation Form
- Post-test
- Certificates for each participant

Activity 1: Post-Training Knowledge Test [30 minutes]

Administer post-test to each participant.

Assist participants on any questions they may have or read aloud if assistance is needed.

Activity 2: Final Evaluation [30 minutes]

Fill out final evaluation as a group or individually. Facilitator can decide what is best and works for the group as whole.

Activity 3: Certificate Ceremony [30 minutes]

It is recommended to prepare a speech beforehand for ceremony.

Distribute certificates to each participant.

Celebrate over tea and light refreshments.

ANNEX

ANNEX #1

PRE/POST-TEST KNOWLEDGE TEST

1. "Sex" refers to:

A. Physical and biological functions that distinguish males from females
B. Behavioral, cultural, or psychological traits
C. The reason why boys wear blue and girls wear pink

2. "Gender" refers to:

A. The behavioral, cultural, or psychological traits typically associated with one sex
B. A type of male
C. Physical and biological functions that distinguish males from females

3. All the following of Under 5 Danger Signs except:

A. Fast and difficult breathing
B. Swelling of the feet
C. Very sleepy
D. Cough for 7 days
E. Eating regular meals

4. True or False. Healthy nutrition means eating enough food, a variety of food, and preparing food safely

A. True
B. False

5. Energy giving foods consists of all except:

A. Cereals
B. Millet
C. Jackfruit
D. Roots
E. Tubers

6. True or False. Not washing your hands is a good antenatal practice.

A. True
B. False

7. True or False. Blood in stool is not a under 5 danger sign.

A. True
B. False

8. True or False. It is recommended pregnant women to attend at least 4 antenatal care visits.

A. True
B. False

9. Bad antenatal care practices include all except:

A. Sleeping in an insecticide treated bed net
B. Eating a diet that is not diverse
C. Ignoring signs of vaginal bleeding

10. True or False. Delivering with a skill attendant is practicing safe motherhood.

A. True
B. False

11. What is the role of the CGM in supporting women and men with their different needs?

_____
_____
_____
_____
_____

12. **True or False.** The 2nd Delay comes from deciding how to transport the pregnant woman to the health center and organizing transport.

A. True
B. False

13. **True or False.** The 3rd Delay comes in deciding there is an emergency

A. True
B. False

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

A. True
B. False

PRE/POST-TEST KNOWLEDGE TEST ANSWER KEY

1. A
2. A
3. E
4. A
5. C
6. B
7. B
8. A
9. A
10. A
11. Open-ended
12. A
13. B
14. A

ANNEX #2

SESSION EVALUATION FORM

Session #_____

Session Title_____

Note to facilitator: Each session evaluation form should be read aloud by facilitator to participants. Additionally, the facilitator is to record group responses themselves or designate someone to do so.

15. What did you like best about today's class?

16. What did you like least about today's class?

17. What else would you have liked to discuss?

18. Today's class was:

- Too long
- Too short
- Just the right amount time

ANNEX #3

FINAL EVALUATION FORM

1. After receiving this training on a scale of 1 to 10, 1 being not comfortable at all and 10 being very comfortable, how comfortable do you feel promoting maternal and child health messages? Circle answer below:

1 2 3 4 5 6 7 8 9 10

2. What is missing from this training that you feel your community needs?

3. What would you like to see added to this annual training?

4. What do you think needs to be taken out of the training?

5. What was your favorite session? Circle answer below:

1 2 3 4 5 6

6. What was your least favorite session? Circle answer below:

1 2 3 4 5 6

ANNEX #4

ICEBREAKERS

Name Game

- Each person picks an adjective that begins with the same letter as their first name and describes them. For example, Eve is exciting.
- The Trainer starts.
- The person on their right repeats the Trainer's name and adjective and adds his own.
- The next person repeats those coming before her and adds her own.

Why Safe?

- Have participants form a circle.
- Have each participant why they have the desire to work with SAFE.
- The Trainer starts.

THREE is ME

- Have participants form a circle
- Instruct participants to share three words that describe them and how they will use these attributes in their role as a CGM.

Note to facilitator: The mentioned icebreakers are for here for your reference. If there are other icebreakers you would like to use, feel free to do so.