

**MATERNAL AND CHILD HEALTH
TRAINING SEMINAR CURRICULUM
10TH-11TH FEBRUARY 2007**

FOR

**COMMUNITY HEALTH WORKERS
RMF-HOAP OUTREACH COMMUNITY
PROGRAM
A PILOT PROJECT**

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Venue: **RMF-HOAP Healthcare Unit,
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Pakistan**

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AIMS OF MCH TRAINING SEMINAR

The aims of this program are:

- To provide an opportunity for sharing ideas, experiences and expectations from the RMF-HOAP primary health care unit.
- To provide a safe learning environment for developing new skills, generating new ideas, exploring sensitive issues and building self confidence.
- To develop an awareness of the needs of the family, with particular emphasis on women and children.
- To create awareness of and establish the LHVs as the First level Care Providers of MCH services available in the union councils of Talhatta and Shawal Muizullah
- To develop the importance of MCH services in a community and to enable LHVs to deal more effectively, with increased understanding of the families and the community.
- To collect a baseline data of our target groups with the help of Community Health Workers (CHW)
- To generate and foster a spirit of self-reliance of the individual, the family unit and the community as a whole.
- To generate a perceived need for continuing health education and promotion.

LEARNING OUTCOMES

By the end of the training seminar, the participants will be able to perform competently by:

- Developing confidence and an increased awareness of their own role of a Community Health Worker as an integral part of the network of the MCH delivery services in the union councils of Talhatta and Shawal Muizullah.
- Communicating effectively at all levels with clients, families and the community.

- Developing skills and knowledge to disseminate health education, report and record, identify and refer potential health risks.
- Providing a fully comprehensive network to the MCH services at the RMF-HOAP Healthcare Unit to meet the needs of the client and the community.

DURATION:

The duration will be as follows:

Saturday: 11.00 a.m. to 6.00 p.m.

Sunday: 8.00 a.m. to 6.00 p.m.

The total teaching hours will be 14 ¼ hours exclusive of lunch and tea breaks.

Timetable:

Time	Saturday
11.00-11.30	Recitation /welcome Introduction and an overview of the workshop and objectives
11.30-12.30	Sharing Experiences and expectations
12.30-1.30	<i>Lunch</i>
1.30-2.15	Importance of spacing for the collective health of the family.
2.15-3.00	Counseling Techniques
3.00-5.00	Methods of contraception- Temporary methods and permanent methods <i>Tea break at 4.00</i>
5.00-5.45	Reporting and recording of baseline data using family register
5.45-6.00	Review and feedback
6.15	CLOSE

Time	Sunday
8.00 -8.30	Introduction to maternal health.
8.30-9.00	Preconception.
9.00-10.30	Ante-natal care
10.30-10.45	<i>Tea break</i>
10.45-12.00	Delivery care
12.00-1.00	Post-natal care maternal
1.00-2.00	<i>Lunch</i>
2.00-3.00	Care of Newborn, healthy/sick; identification of high risk neonates and their proper referral
3.00-4.00	Breastfeeding - promoting the benefits of exclusive breast feeding including the importance of colostrum, proper method of breastfeeding,

	basic nutrition of lactating mother, balanced diet, maternal problems related to breastfeeding and their management protocols.
4.00-4.15	Tea break
4.15-5.00	Infant Nutrition – weaning time frames with corresponding diet from 6 to 12 months, balanced diet with examples of recipes
5.00-5.30	Introduction to EPI/schedule
5.30-6.00	Review, feedback and final evaluation

DISTRIBUTION OF TEACHING HOURS

TOPIC	HOURS
Introduction and overview of aims and objectives	$\frac{1}{2}$
Sharing Experiences and expectations	1
Importance of spacing children for the collective health of family	$\frac{3}{4}$
Counseling techniques and communication skills	$\frac{3}{4}$
Methods of contraception	$1\frac{3}{4}$
HMIS and MCH reporting and recording	$\frac{3}{4}$
Review and feedback	$\frac{1}{4}$
Introduction to maternal health	$\frac{1}{2}$
Pre-conception	$\frac{1}{2}$
Ante-natal care	$1\frac{1}{2}$
Delivery care	$1\frac{1}{4}$
Post natal care	1
Care of new born	1
Breastfeeding	1
Infant nutrition	$\frac{3}{4}$
Introduction to EPI	$\frac{1}{2}$
Review, feedback and evaluation.	$\frac{1}{2}$
Total hours	$14\frac{1}{4}$

NUMBER AND SELECTION OF PARTICIPANTS:

A total of 30 women have been identified from several villages surrounding the RMF-HOAP healthcare unit. A team of about 3-4 women represent each village. The team consists of 1-2 young, married, literate women who will be trained as the main CHW and two influential, elderly women, who will facilitate the ground activities of the CHWs within the households of their villages.

The literacy criteria for the CHW are the ability to read and write Urdu with ease. This usually requires a basic education till class 8.

The CHW will be given the tools for recording and reporting as well as the contents of the training seminar. They will report to the LHVs in the OPD at the healthcare unit, Talhatta.

EVALUATION:

Time is allocated throughout the training seminar for evaluation and review. This includes evaluation of the training process, content and facilitation.

Tools of evaluation will be a Daily Learning Log and Personal Action Plan, composed of seven open ended questions to be completed by the participants. This will be used in conjunction with a check list to be completed by the review group facilitator.

At the end of the seminar, a final evaluation will be made in form of a more participatory approach using participants' comments and discussion as in a 'Talking Wall' exercise.

A non-obligatory program evaluation proforma will also be used to improve future training seminars on other areas of the Outreach Community Programs.

TEACHING TECHNIQUES;

Introduction of seminar and conclusion review will be based on a Freiran approach strategy where participants will be encouraged to voice their views. The rest of the seminar will use a combination of didactic and Socratic methods of health education.

The didactic methods will employ the following tools:

- Posters and photographs
- Charts
- Pamphlets for distribution
- Booklets
- Models
- White board and markers

For Socratic methods the following techniques will be used:

- Group discussions
- Brainstorming
- Role playing
- Demonstrations

SESSION OUTLINES

1. *Sharing experiences and expectations*

This session is an informal session to enable each participant to have the opportunity to share and discuss their experiences, problems and expectations with colleagues and facilitators. It will allow participants to express their ideas, opinions and viewpoints while providing an ideal environment for the facilitators and participants to get to know each other.

The facilitator will also use this opportunity to assess the participant's levels of interest, motivation and health related problems faced in their daily live

2. *Importance of spacing children for the collective health of the family*

Narrative approach of teaching will be adopted where a comparative story will emphasize on the numerous and multi-level advantages of spacing and limiting the number of children. The advantages are enumerated in terms of health of mother, health of child, economic benefits and marital harmony within the family.

The theme of the story will be the emphasis on the impact it will have on the overall family health, community health and prosperity in the present and on the future generations.

3. *Counseling Techniques and Communication Skills*

Participants will be introduced to both verbal and non verbal types of communication skills.

They will then be trained in family planning counseling techniques. These techniques help influence the clients to make informed and voluntary decisions about their family size. Role playing will be adopted.

The GATHER technique will be used.

- G- Greet the client in a friendly and respectful manner
- A- Ask the client of her experience, expectations, and concerns
- T- Tell the client about the different methods
- H- Help the client in making decision
- E- Explain the client how to use the method chosen by the client
- R- Return visit and follow up of the client.

Importance of confidentiality, privacy, a non-judgmental approach and culturally appropriate language will be stressed upon.

4. *Methods of Contraception*

Temporary and permanent methods of contraception will be introduced.

Temporary methods will include both hormonal and non-hormonal. Each method will be discussed in detailed terms of its mode of utility, mode of action, precautionary measures, management of side effects/complications followed by frequently asked, culturally sensitive, questions and answers. Charts, poster and samples will be used as demonstrations.

The permanent methods will also be discussed briefly with emphasis on its applicability in different life stages.

5. *HMIS and MCH reporting and recording*

In this practical hands-on session, participants will be encouraged to understand and appreciate the importance of accurate, objective record keeping and reporting.

Skills in collecting information, preparing and presenting reliable records and reports will be developed. Introduction to the tools of record keeping will be made, especially the HMIS for all MCH activities at the RMF-HOAP healthcare unit.

They will also be able to use the records to ensure appropriate action and follow up.

6. *Introduction to Maternal Health*

Maternal health refers to the promotive, preventive, curative and rehabilitative healthcare of mothers, keeping in view the high maternal mortality and morbidity rates in Pakistan.

It includes the life cycle approach of the infant female child, adolescent girl, child-bearing women and post reproductive aged women. A brief introduction to the health promotion of infant female and post reproductive aged women will be made at this stage since the rest of the following sessions will concentrate on the adolescent and child bearing women.

7. *Pre-Conception*

In this session, the adolescence girls' healthcare will be discussed. The topics of health education will include discussion on the natural physiology of the female body from the ages of 9-19 years, menstruation, importance and benefits of personal hygiene during menstruation as well as all the time. The requirements of a balanced, nutritious diet at this life stage with special emphasis on folic acid and vitamins supplements.

The topic of hysteria will also be discussed to give it a medical connotation, refuting the traditional notion of spirits and ghosts. Identification of and referral framework for problems in this age group will be developed.

Also to be discussed will be issues related to Sexually transmitted diseases, including HIV/AIDS and Hepatitis. Consideration will be given to the importance of raising awareness in the community and the necessity for treatments of STDs of both partners. Reproductive health education will be deemed as an integral part of health education of the community

8. *Ante-natal care*

Four main components of ante-natal care will be categorized as follows:

- Introduction to signs and symptoms of normal pregnancy.
- Ante-natal periodic check ups – These will include immunization, health education regarding nutrition, personal hygiene and preparation of the mother-to-be regarding the delivery and care of new-born.
- Recognition of potential candidates of complicated pregnancies.
- Risk assessment and early detection of the danger signs of pregnancy and the crucial importance of timely referral to the MCH OPD.

Knowledge of the two most common complications of pregnancy – anemia with its associated problems and hypertensive disorders.

9. *Delivery care*

Introduction and management of the three stages of labor

- Normal Delivery: Strategies and protocols necessary to achieve a clean and safe normal delivery.
- Identifications of complications: strategies and protocols necessary to identify and timely referrals of complicated delivery including breech pregnancy.
- Identification and critical assessment of the two commonly presented obstetric emergencies- hemorrhage and eclamptic fits. Knowledge of obstetric first aid and referral protocols.

Participants are encouraged to develop an appreciation of a collaborative approach to MCH care at all stages and importance of timely referral protocols.

10. *Post-natal care*

The five main components of post-natal care are:

- Routine check of mother and baby.

- Care of breasts and establishment of breastfeeding
- Nutrition of mother and child
- Post natal health education with emphasis on reproductive health.

The participants will learn the early identification of fever in the puerperium, particularly puerperal sepsis with timely referral protocols.

11. Care of the new born

Protocols for management and care of the newborn are defined according to health status of the new born.

- Management and care of the healthy newborn
- Management and care of a sick newborn including identification and referral framework of low birth-weight baby and neonatal infections.

Local protocols for management of congenital malformations will be outlined and referral framework defined

12. Breastfeeding

This session will concentrate on promoting the benefits of exclusive breast feeding including the important role of colostrums with the proper method of breastfeeding.

The particular nutritional needs of a lactating mother will be discussed. A list of appropriate foods for achieving a balanced diet as well as supplementary feeding of infant.

Maternal problems related to breastfeeding and their management protocols.

13. Infant nutrition

The importance of a balanced diet at this early stage of life will be stressed. Introduction to all the food groups and their specific benefits to different aspects of body growth.

Stages of weaning the infant from exclusive breast feeding, semi-solid to solid diet with time frames from 6 to 12 months. Corresponding recipes will be taught with their actual methods of preparation and use of appropriate utensils, mode of feeding infant by observing hygienic techniques to foster a healthy baby.

14. Introduction to EPI

Expanded Program of Immunization will be introduced in basic layman terms to the CHWs.

The importance and details of the six vaccines of preventable diseases and their timetable of administration will be taught. Motivation of the client and the community to avail the EPI services will form the theme of the session.

INDICATORS FOR OUTCOMES OF PROGRAM:

Since it is a pilot project, only indicators for proximal outcomes can be used. These include:

1. The number of pregnant females reporting to the MCH OPD for immunization,
2. The number of pregnant females reporting to OPD for ante-natal check ups
3. The number of complicated pregnancies referred to OPD well in time.
4. The number of females seeking family planning services at MCH OPD
5. The number of contraceptive materials utilized in OPD
6. Utilization/distribution of folic acid/multivitamins from OPD

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