

Journey to a Bright Future

Engaging with Communities for Healthy and Happy Families

Facilitator Manual



THE REPUBLIC OF SIERRA LEONE



MINISTRY OF HEALTH AND SANITATION



USAID
FROM THE AMERICAN PEOPLE

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¹ Health Education Division, Directorate of Primary Health Care, Ministry of Health and Sanitation. (2016). *Message Guide for Reproductive, Maternal, Neonatal and Child Health* (Draft Version 1). Freetown, Sierra Leone: Ministry of Health and Sanitation.

² Social Mobilisation Action Consortium (SMAC), & Ministry of Health and Sanitation. (2014). *Community-Led Ebola Action (CLEA) Field Guide for Community Mobilisers. Social Mobilisation Action Consortium (SMAC) Field Guide*.

³ GOAL. (2015). *Community Health Club Facilitator Manual. Phase I Topics: Club formation, basic health concepts, health seeking behaviors, WASH, communicable diseases*.

⁴ Johns Hopkins Center for Communication Programs (CCP) Health Communication Capacity Collaborative (HC3), & Ministry of Health. (2015). *Bridges of Hope Liberia Edition Facilitator's Guide*. Monrovia, Liberia: CCP/HC3.

⁵ Johns Hopkins Center for Communication Programs (CCP) Health Communication Capacity Collaborative (HC3). (2015). *Les Ponts de l'Espoir. Guide du Facilitateur*.

⁶ Tanzania Ministry of Health and Social Welfare, Tanzania Communication and Development Center (TCDC), & Johns Hopkins Center for Communication Programs (CCP). (2015). *Safari ya Mafanikio: Resource kit for participatory community health training. Facilitator's Guide* (Draft 1). Tanzania: CCP.

⁷ Lovich, R., Rubardt, M., Fagan, D., & Powers, M. B. (2005). *Partnership Defined Quality: A tool book for community and health provider collaboration for quality improvement*. New York: Save the Children.

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Introduction

This facilitator manual is part of a set of materials developed for use under the HC3/Sierra Leone project that will be used for training and leading community discussions which complement the HC3/Sierra Leone activities being carried out at the health facility level, as well as through mass media and national level capacity strengthening.

This facilitator manual is for use during the training of community mobilisers and community champions to carry out community discussion sessions based on the various modules in the manual.

The community mobilisers should get a copy of this manual as a reference, but they will follow the associated “Field Guide” as they carry out the sessions. The “Field Guide” contains a one-page summary of the steps in each module as a job aide to remind the mobilisers of each step in the module. Each module contains an ice-breaker, several sets of discussions and activities, and then a wrap-up pledge.

During the training of mobilisers, the words that are written in the manual should be followed as closely as possible, to model the interactive style of discussion that will create the greatest behaviour change. The trainers should have the mobilisers do return demonstrations as much as possible, to ensure that the mobilisers have understood and can carry out the modules as written.

The first round of training should focus on understanding each word of the module, and a second portion should focus on carrying out a module while following the “Field Guide” job aid which lists the steps.

Overall Objectives

By the end of a series of discussions using this facilitator manual, participants will:

- Be motivated to act in ways that help them, their families and their communities to become and remain healthy.
- Have a positive attitude about using preventive and curative health services at the health facility, and feel greater ownership of health services.
- Take steps to improve their home and health facility environment and behaviours, with a special focus on reproductive, maternal, newborn, and child health (RMNCH).

How are these objectives achieved?

When learning, it is said that...

I hear ...

I see ...

I do it / experience it ...

I feel it in my heart...

I forget

I remember

I can apply it practically

I am motivated to do it

- The modules and activities in the facilitator manual involve participants in a way that goes far beyond just discussing and understanding the issues. They create **learning experiences** which ‘touch the heart, not just the head’, and which participants can apply in a practical way to their own health and wellness issues. These activities often begin with a game or discussion that provokes emotions, then a link is made between the activity and a health concept.
- The facilitator manual shows us how what we do now to maintain our health will help us to reach what we want and value in our lives – our goals and dreams. Modules 1 and 2 enable participants to clarify their vision and motivation for the healthy future they want, for themselves, their family, and their community. Module 1 also addresses perceptions and barriers to health facility use, and motivates participants to participate in the health facility makeover. The other modules then include a very brief summary of these visions, or additional motivating emotions, and link the maternal and child health practices and behaviours recommended in the modules to realizing the goals of a healthier, happier community.
- The activities are designed for groups of ideally about 15-25 people, though they can be used effectively with smaller or larger groups, with literate and non-literate participants. If you will be working in larger groups, you should try to split them up into smaller groups of 15-25 people, and you may need extra facilitators. You will need extra time for each module, so that at the end of each activity, you can provide an opportunity for each group to share their key feedback and discuss together as a wider group in the community setting.

MODULE 1: Our Future, Our Community, Our Health Centre

Objectives

By the end of this module, participants will:

- Identify future goals and aspirations for themselves and their families.
- Recognise the importance of planning and taking action to stay healthy and reach their goals.
- Identify barriers to seeking health care.
- Identify aspects of their health facility that they would like to help improve.
- Feel motivated to participate in health facility makeover.

Summary

PART A: CREATING YOUR VISION (20 minutes)

Each participant imagines and discusses in a small group a future vision (represented by an image of a happy family with a nice house) which represents how they would like their life to be in the future.

PART B: WALKING THE PATH TO GET TO YOUR VISION (20 minutes)

Participants try walking on a 'path' (piece of string laid in a winding route on the ground) through the forest of life to reach their 'future destination'. On the way they encounter dangerous animals (e.g. lions, baboons, or crocodiles, played by other participants) who try to make them fall off / step off the path. Discussion identifies what the dangerous animals might represent and how to avoid, prevent or deal with these threats and challenges, so they reach their desired destination.

PART C: WHERE ARE WE NOW AS A COMMUNITY (10 minutes)

Participants take stock of where they are now, post-Ebola, and where they would like to see their community in five years.

PART D: CHOOSING A FOOD VENDOR (5 minutes)

Participants identify what elements are important to their choice.

PART E: THE IDEAL BIRTH (10 minutes)

Participants discuss what elements are important for an ideal birth.

PART F: WHAT CAN WE DO TO IMPROVE OUR FACILITY (25 minutes)

Small group discussion of changes that community members could make themselves to improve their health facility.



Materials

- Laminated card with image of happy family
- Eight metre length of string

Time to complete module

About 1.5 hours

PART A: CREATING YOUR VISION (20 minutes)

Step A1. Introduce the activity

Explain to participants:

- The activities we are about to do will help you, your family and your community to think about and achieve what you most want and value in your life – your goals and dreams.

Step A2. My name is... and I like to...

Use the icebreaker below to get everyone to introduce themselves and the group comfortable with each other in a fun way.

Icebreaker: “My name is... and I like to...” Get everyone to stand up in a circle.

- Ask everyone to think of something they love doing, and an action that goes with it (e.g. playing football, cooking, dancing, eating, sleeping).
- You should step forward and say “My name is ... and I love to ...” (don’t say the word, show the action **with real enthusiasm**), then step back.
- Each person (including facilitators) takes their turn at introducing themselves in this way, making sure everyone guesses each person’s action.

Step A3. Introduce the importance of having a vision for the future, and our ‘future destination’ image

Ask:

- Why is it useful to think about your goals for the future?

Allow participants to respond, then summarize with:

- When someone is very committed to reaching their goal or dream, they don’t let anything stand in their way.
- Their commitment helps them to make good choices since each decision can be made in terms of “Is this helping me achieve my life goals, or not?”

Say to participants:

- For today, we will use a picture to symbolize a vision of a happy future. This may not be your vision of a happy future, but we will use this just to serve as

something to look at.

Show all participants:

- Hold up and walk around with this picture of a happy healthy family in front of a nice looking house.

Ask:

- What do you see? (probe)



Step A4. Give example of Veronica

Example “Veronica” (or another name):

- It is now 2021. My first baby Jonathan is growing up well – he is strong, bright and healthy. Jonathan already started reading when he was five and he is doing well at school.
- My second beautiful baby Grace is two years old now – I got my strength back after giving birth to Jonathan so I had a very healthy pregnancy with Grace.
- Because I am feeling strong and well, my husband and I have worked together to create a little poultry-raising business – we have around a hundred chickens now.
- With the money we have raised, we paid for Jonathan’s school fees, we repaired our roof and I am saving up to buy a bike this year.
- My husband and I sit and talk together to plan our work and our lives together.
- I feel safe, happy and I have a lot of hope for our future and our children’s future success.

Step A5. Participants imagine the future they each want

Now say:

- That was an example of Veronica’s vision of her future dreams and goals.
- But what you each want for your future will be different. So, I want you to:
 - Relax and close your eyes
 - Think for a minute about how you want your life to be in five years.

In a soft, relaxed tone, guide participants to think about how they each want their future to be

- Imagine it is now 2021 and that during the last five years you have achieved everything possible that you wanted. Imagine being there – you are very strong and successful and everything is going well for you.
- What can you see? Who is there with you?
- What can you hear? What are others saying about what you have achieved?

- What are you doing? What skills have you developed?
- How do you feel? What is important to you?
- How would you describe the person you have become?

Step A6. Participants share ideas for the future they each want

Ask participants to pair up with the person sitting next to them.

Say:

- Each of you should take a turn to tell your partner your vision of your life in the future, as though you are already there.
- Each person should start with: “It is now 2021 and my life is What I have achieved is.....”

Give the participants a few minutes to discuss their visions of their futures

Ask a few participants to report to the group:

- How did you feel discussing your vision of the future with others?
- Were there similarities between your vision and the visions of others in your group? You do not need to tell what the visions were.

Summarize with what they said or say:

- Sometimes it feels a bit frightening to imagine a wonderful future, but sometimes it can feel really exciting too.
- Discussing your vision of the future with others allows you to see that others may have similar dreams, or new and different ideas. It can give you the courage to take action.

PART B: WALKING THE PATH TO GET TO YOUR VISION (20 minutes)

Step B1. Lay out the path and get a volunteer who will walk the path

Lay out about eight meters of the string so that it forms a winding path leading to the image of the happy family and house. (You can ask one of the participants to hold up the picture.)

Ask for one volunteer. Then ask the volunteer to stand at the opposite end of the string from the picture.

Say to them:

- Where you are standing represents your life now.
- The string represents your path through the forest of life to reach your goals and dreams, as represented by this image of the happy family.
- To get there you must walk carefully along this path through the forest of life, without falling off the path.

Step B2. Get volunteers to act as the dangerous animals

Ask the group:

- As this person walks the path through the forest, what kind of dangerous animals might they find?

Collect the ideas from the participants about what dangers there are in the forest, and choose some of their examples, including, if not already mentioned, a lion, crocodile, baboon, etc.

Ask for a few other volunteers (4-5) and tell them:

- You will represent some of the threats and challenges to this person on their route through the forest of life to their future destination.
- You can play the role of a crocodile, a lion or baboon, or one of the other dangers mentioned.
- Show me how you would act like a lion, baboon, or crocodile (let them practice making gestures like the animals).
- While the person is firmly on the path, you cannot actually touch them, but you can try to distract and scare them so that they leave or fall off the path.

Step B3. First volunteer walks the path

Say to the first volunteer:

- Now I want you to imagine that your vision of the future is right there where that picture is. I want you to place your vision onto that picture. (Make a gesture as if you are gathering an idea from your head and placing it on the picture.)
- You need to walk like this (show walking heel to toe, following closely along the string)
- Are you ready to walk through the forest of life to achieve your future goals?
- If you manage to get to the end, you should congratulate yourself (show happy gesture, say “Yes I can” or something like that).

Allow the volunteer to try walking the path, with the dangerous animals threatening him or her on the way.

- If they manage to walk the path to the end, get everyone to clap for that person.

Step B4. Invite a few more participants to try walking the path to their future – Manage Time!

Invite others to try walking the path and get a few willing participants to try walking the path.

When someone manages to cross the path, get everyone to clap for that person.

Step B5. Identify what helps participants cross safely

Congratulate those who crossed safely, and ask them:

- What helped you cross safely? What were you focusing on? (If anyone took off their slippers ahead of time, or left their slippers on the path, note that they made a decision to help themselves stay on the path.)

Ask those who fell off:

- What made you fall off? What were you focusing on?

Step B6. Discuss what the destination, the dangerous animals and the path represent

Ask the participants:

- **For you, what does the destination house / family represent?**
For example, it represents the goals and dreams we have for ourselves and our families.
- **What do the crocodile, lion, and baboons represent?**
 - Let participants come up with their own ideas and suggestions.
 - Summarize: These dangerous creatures can represent many different problems and challenges in life, such as economic hardship, loss, illnesses, etc.
- **What does walking carefully on the path represent?**
 - Let participants come up with their own ideas and suggestions.
 - Walking on the path represents ways of avoiding or dealing with these dangers and threats so that you stay healthy and reach the future you want.

Once participants have answered, summarize:

- In your journey through life, it is more helpful to focus on where you want to go to and how you want your future to be.
- If you focus on the problems of life, i.e. the dangerous animals, you are more likely to fall into the problems.

- By planning ahead, we can avoid problems and make choices that help us achieve our goals.
- If you or your children are sick it pulls time and money and energy away from the activities you most want to focus on – business, farm, school, etc.

PART C: WHERE ARE WE NOW AS A COMMUNITY (10 minutes)

Participants take stock of where they are now, post-Ebola, and where they would like to see their community in five years.

Step C1. What we like about our community

Say:

- We have been talking about our hopes and dreams for our family’s future. Now let’s talk about some specific issues that affect us as a community.
- Everyone please stand up in a circle. Let’s each name one thing we like about our community.

Let the participants go around the circle and give their opinions.

Step C2. What we do not like about our community

Say:

- Now let’s each name one thing we do not like about our community.

Let the participants go around the circle and give their opinions.

Step C3. Thinking about who we have lost

Say:

- Now, we are going to answer some questions by sitting down.
- If you know of someone who died of malaria in the last five years, please sit down.

Ask:

- Would you say that is a lot of people in our community who have lost someone to malaria?

Say:

- Now, everyone stand up again. Now I would like you to sit down if you know of someone who died during pregnancy or childbirth in the last 5 years.

Ask:

- Would you say that is a lot of people in our community who have lost someone to pregnancy or childbirth?
- How do you feel about losing this many women – sisters, daughters, wives, friends – during pregnancy and childbirth?

Allow them to discuss.

Step C4. Say that they came together to beat Ebola, they can work together to make other changes.

Say:

- Your community and your district came together to beat Ebola. How did you do it?

Allow them to discuss.

Say:

- The experience with beating Ebola shows that we in our communities can take collective action for the wellbeing of everyone and come out with a victory.
- We are very powerful when we work together. We can use this power to help address other issues such as the high number of women dying in childbirth, or other things we do not like about our community.

PART D: CHOOSING A FOOD VENDOR (5 minutes)

Step D1. Ask for people's preferences in going to food vendor or restaurant

Ask:

- Who here has gone to the market or another town and went to a food vendor or restaurant?
- What are some of the things you consider when choosing where to eat?

If they give a general answer like “good service” ask them what they mean by that- Fast? Friendly? Cheap? Good quality food? They remember your name? Added amenities? Try to get specifics.

Summarize:

- So you want some place clean, friendly, and good quality.

PART E: THE IDEAL BIRTH (10 minutes)

Step E1. What kind of place do you want for an ideal birth?

Say:

- Now we are going to talk about some big life choices like giving birth. It may be a strange experience to be discussing this topic in a group with both men and women. But we all know someone that has died in pregnancy and childbirth.

Ask:

- When you give birth (or when your wife gives birth), you want everything to be the way you want it, right?
- When you are giving birth or your wife/partner is giving birth, how do you want the place they are giving birth to be? Why? (Probe for discussion)
- When you are giving birth or your wife or partner is giving birth, who do you want to help?
- How do you want to be treated (for example, respected, kindly, cared for)?

Step E2. Summarize preferences for labour and delivery

Say:

- So for a food vendor you want to know the place is clean, respectful, quality, good value, and when choosing a place to give birth, we also want a place that is clean, respectful, quality...

PART F: WHAT CAN WE DO TO IMPROVE OUR FACILITY (25 minutes)

Step F1. What do you like about the health facility?

Say:

- So you want a health facility that is clean, with respectful, quality services.

Ask:

- Who can name one thing that you like about your health facility? (Keep them focused on things they like, not things they dislike.)

Step F2. What do you not like about the health facility?

Say:

- So there are some things you like about the health facility

Ask:

- What are some things that you do NOT like about the health facility?

Step F3. What have you done to make your health facility better so far?

Say:

- So you want a health facility that is clean, with respectful, quality services.

Ask:

- What have you all as a community done so far to make the health facility better?

Let them respond.

Step F4. (Small groups) What could the community do to improve the health facility?

Say:

- Let's divide into three groups and brainstorm about what we as a community could do to make our health facility better.
- You have five minutes to come up with at least three ideas for how you, the community members, can make your health facility better – cleaner, more attractive, comfortable, etc. These should be things we can get started on improving our community in the next month with resources we already have available – so, with no extra budget.
- Each group will have two minutes to present their ideas.

Step F5. Groups present their ideas

Say:

- Each group has five minutes to present their ideas of how the community can make the health facility work better for you.

Let them present their ideas without judging or limiting them.

Step F6. Summarize

Summarize the ideas and say:

- We will need to have a good discussion with health staff to better understand their views, priorities, needs and problems, so we can find common ground and work together so that the health centre is a place we can all be proud of. We will also need to talk with the rest of the community to get their ideas, and to decide who can discuss these ideas with the health facility staff.

Step F7. Make a pledge

Say:

- Now I would like each person to say out loud to their neighbour one action they will take in the next week to advance these ideas. This could be as simple as talking with your family members about their ideas to improve the health center, setting a meeting with local leaders to discuss these ideas further, etc.

Let them each say in pairs what they will do in the next week.

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and talk with my family and other community members (let them repeat the phrase)
- to agree on what we can do ourselves to make our health centre a better place (let them repeat the phrase)

Repeat the pledge and thank everyone.

Close with:

- Remember, many hands make light work. Working together, we can make great changes!

MODULE 2: Working with Our Family and Community

Objectives

By the end of this module, participants will:

- Have recognized that collective action and support is necessary for a better future.
- Feel confident in their ability to talk with their families about creating a shared vision to achieve their goals and adopt new, healthy behaviours.
- Feel committed to working on the health facility makeover.

Summary

PART A: ON THE BANK, IN THE RIVER (10 minutes)

Participants experience stigma, and then cooperation and support, through a game.

PART B: REMEMBERING OUR VISION FOR OUR FAMILY (15 minutes)

Participants remind themselves of their vision, and discuss their experience discussing their vision with family members.

PART C: REMEMBERING OUR VISION OF OUR HEALTH CENTRE (20 minutes)

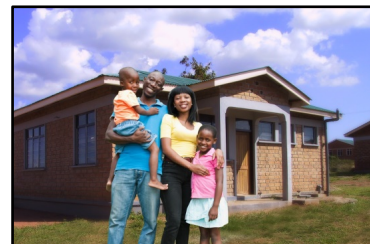
Participants remind themselves of their ideas for how the community could make the health centre better, and discuss their progress on these ideas.

PART D: MY FAMILY'S VISION (15 minutes)

Facilitators do a role play, then participants discuss in small groups how they will go home and talk with their family members about what they have experienced today and how they plan to get their families to work together for a better future.

Materials

- Laminated card with image of happy family with a nice house
- Eight meter length of string



Time to complete module

About 1 hour

PART A: ON THE BANK, IN THE RIVER

Step A1. Play "On the bank, in the river"

Put the eight metre length of string in a straight line on the ground. Ask participants to stand on one side of the string. Then explain and demonstrate the game.

Say:

- Imagine that you are standing on the bank of a river. This string is the river. Sometimes there are lions behind you in the bush, and sometimes there are crocodiles in the river in front of you. To avoid the lions, when I say, 'In the river', immediately jump one step forward over the string 'into the river'. (Demonstrate this.) When I then say, 'On the bank', jump one step back to the bank, to avoid the crocodiles. (Demonstrate this.)
- If, however, I say 'On the bridge', do not move. (Demonstrate this.) If anyone moves when they should not, they will be out from the game, and must sit down. If anyone stands still when they should move, they will also be out of the game.

Start the game. Give the commands quickly. If anyone makes a mistake, ask them to leave the game and sit down. Continue until about half the participants are out.



Photo: Demonstrating and playing 'On the bank, in the river'

Step A2. Debrief and interpret the activity

Ask:

- The person or people who was/were out of the game first: How did that make you feel? Possible responses may be "embarrassed", "angry", and "stigmatized."
- Everyone else: What did we all do as soon as the first people were out? Point out that many people laughed and pointed fingers when the first person had to leave the game.
- Those who later made mistakes and had to leave the game during the next few rounds: How did you feel when, after laughing at the first person to leave the game, you also had to leave the game?

Explain that:

- This game shows us that 'we are all in the same boat'. We are all potentially at risk, so we should not stigmatise or point fingers at those already affected by something – for example, those living with HIV, EVD survivors, bad fortune or illness.
- When we make a mistake, we can feel embarrassed.

- If people laugh and point fingers when people make mistakes, as happened in this game, people may feel shy to try to make their lives better.

Step A3. Repeat with everyone supporting each other

Get everyone to stand up again in a line and to hold hands or link arms (if participants are comfortable to do this), so they are holding and supporting each other.

Say:

- Now we will do this as a team. By holding hands or linking arms, you can now help the people next to you know when to move or not, and they can help you know when to move and when not.

Repeat the commands (but a little slower this time around!):

- In the river ... on the bank ... in the river – on the bridge (trick command, no one should move) in the river (no one should move because they are already in the river) on the bank, etc.

Ask:

- How does it feel to get and give such support instead of laughing and pointing fingers?
- Did holding hands/linking arms helped anyone avoid moving when they should not move?

Say:

- With a supportive community like this, and when we work together, people are more likely to succeed.

PART B: REMEMBERING OUR VISION FOR OUR FAMILY

Step B1. Reminder of family vision from first module

Show happy family image and

Ask:

- Who can remind us what this image represented? (A vision for our family's future)
- Who can remind us what walking the path towards this image represented? (Walking the path through the forest of life, towards our vision)
- Who can remind us what the animals along the path represented? (Dangers, obstacles, fears)



Step B2. Participants remind themselves of what they had envisioned for their family

Say:

- Now I'd like everyone to close their eyes and remember when they created their vision of their family's future.
- If you did not participate in the first module, take this time to think about what you would like your family to be like in five years.

Give them a minute to think.

Ask:

- How do you feel when you think about your family's successful future?

Say:

- Working together with our families and communities, we can have a more successful future.

PART C: REMEMBERING OUR VISION FOR OUR HEALTH CENTRE

Step C1. Reminder of pledge to work on improving health facility

Say:

- During the first module, we discussed things that we the community could do that would make our health centre better. At the end, we asked for each of you to make a pledge that you would do something to work with your community and the health staff to make your health centre a better place. Do you remember?

Ask:

- What were some of the things you suggested that the community could do to make the health centre a better place in the next few months, with local resources?
- Any other ideas of what the community could do to make the health centre a better place in the next few months, with local resources?

Step C2. Summarize suggested actions to improve health facility

Say:

- So, we have several good ideas for how we can help make our health facility look and function better. We can help do a "makeover" on our health facility that will make us proud, and make the health services more attractive and convenient for us.
- These ideas include _____(what they just said in Step C1)

Step C3. Update on progress to improve health facility

Ask:

- Who can tell me something that has been done to make these things happen?
- What have been some of the challenges in making these things happen?

Step C4. (Small Group) Discussion of suggested actions to improve health facility

Say:

- Now let's divide into small groups, one per suggested action, and discuss in your group some ideas for overcoming those challenges, and moving forward these activities. You have five minutes to discuss how we can make these things happen.

Step C5. Report on ideas for follow up on actions to improve health facility

Say:

- Now let's come back together and each group will report their ideas for follow up.

Let them present their ideas.

Step C6. Pledge: Ask for commitments on follow up of actions to improve health facility

Ask:

- Who will pledge that they will take these ideas to the village leadership or the coordinating committee for the health facility "makeover" and help make these things happen?

Say:

- Whoever is willing to pledge their next step, please stand up and say what you will do in the next two weeks to support the health facility makeover.

Have participants clap for the people who made pledges of action.

PART D: MY FAMILY'S VISION (15 minutes)

Step D1. Discussion about having a conversation with their families about their visions for the future

Say:

- We have talked about your vision of a better future for your family, and a vision of a better health facility for your community.

Ask:

- Have you ever discussed with your family what you all want for your future?
- When you go home, do you think it would be good to talk with your family members about some of the ideas and experiences you have just had?

Say:

- It can be difficult to start a conversation about something like this. It may be the first time you have tried to bring up the subject of planning for your family's future.
- We are going to role play one way you might go home and start a conversation with your family members about creating a shared vision for your family's future. This might give you some ideas.

Step D2. (Role play) Demonstrate how to start a conversation with their families about their visions for the future

Role Play by facilitators:

A: Dear, how are you? How was your day?

B: My day was fine – where did you go today?

A: I had a nice experience today. You know Fatoumata the community champion? I was meeting at Fatoumata's house with a group of people from our community and we were imagining our lives in five years time. I was thinking it would be interesting for us to discuss the same thing.

B: What do you mean? Who were these people?

A: Amadou the community mobilizer was there, and some other men and women. We did some games and discussions about what we would like our family's life to be like in five years.

B: That sounds interesting.

A: I was wondering what you think about how you would like our family's life to be in five years. I had some ideas, but I would love to hear your ideas about how you would like our family to be – like our house, our farm, our business, our children, our health.

B: It sounds like a good idea to discuss our goals for the future together.

A: Would you like to discuss some ideas now?

B: Yes, let's think of some things we would like to accomplish in the next five years.

A: Maybe later we could also include our children and other family members in the discussion – they might have ways that they can help.

B: Yes, we will need to work together as a family to achieve a better future.

Step D3. (Small group) Ask participants to role play starting a vision conversation with their families

Say:

- We did a role play of how you might start the conversation. Now I want you to divide into groups of two to role-play how you can start a conversation about your family's future. You have five minutes to discuss and role-play together.

Let participants role play in groups of two.

Step D4. Demonstration of vision conversation role play by two groups of participants

Ask:

- Who can come up and role play how they are going to start the conversation with their family about working together for a better future?

Have two groups of participants come up and role play how they will start the conversation about creating a vision with their families, and applaud them. Make sure one of the groups has the woman starting a conversation with her husband.

Step D5. Summary

Say:

- These activities are focused on thinking about the successful future you want for your family and your community. If you are clearly focused on your goals, this will help you to stay on the path to achieve what you really want in life.

Step D6. Make a pledge

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and ask my family to discuss their goals for the next five years (let them repeat the phrase)
- so we can plan a successful life together (let them repeat the phrase)

- I will also support the work that our community is doing to improve our health centre (let them repeat the phrase)

Repeat the pledge and thank everyone.

MODULE 3: Maternal Health

Objectives

By the end of this module, participants will:

- Feel motivated to help reduce maternal mortality.
- Understand the importance of giving birth in a health facility.
- List the elements of a birth plan.
- Know danger signs of pregnancy and the importance of seeking help.
- Commit to talking with family members about safe motherhood.

Summary

PART A: FOLLOW UP ON FAMILY CONVERSATION (10 minutes)

Participants discuss their experience talking with their family about a shared vision.

PART B: FOLLOW UP ON HEALTH FACILITY MAKEOVER (10 minutes)

Participants discuss their experience working on their health facility makeover.

PART C: WHO GETS TO LIVE? (10 minutes)

Each participant imagines their first or next child or grandchild as a happy healthy one year old girl. A quick but sobering module makes the high rate of maternal mortality in Sierra Leone seem more immediate, and provides a motivating focus for all the other modules and for taking action to address health issues during pregnancy, birth and childhood.

PART D: MAKING A BIRTH PLAN (15 minutes)

Small group discussion about what to say to Fanta and Aminata, two women with challenges planning where to give birth.

PART E: DANGER SIGNS DURING PREGNANCY (10 minutes)

Participants act out and list danger signs during pregnancy.

PART F: COMMITTING TO ACTION (5 minutes)

Participants choose an action and make a pledge.

Materials

- Laminated card with image of a happy family with a nice house



Time to complete module

About 1 hour

PART A: FOLLOW UP ON FAMILY CONVERSATION (10 minutes)

Step A1. Do fun icebreaker

This could be 'All those born in January, stand up, stand up' or another one that does not require spelling.

Step A2. Ask for people's experiences of going home to talk with their families about making a family vision

Hold up the image of the happy family and say:

- After our last module, we asked participants to go home and talk with their families about making a shared family vision of what their successful future would look like.

Ask:

- Is there anyone who was able to go home and have a conversation with their family about creating a shared family vision for the future?
- What was easy and what was hard in talking with your family about your goals for the future?

Step A3. Ask who was not able to hold this family conversation and why

Ask:

- If there was anyone who came to the last module but was not able to have this conversation with their family, can they say why they did not?
- Do others in the group have ideas for overcoming those challenges?

PART B: FOLLOW UP ON CONTRIBUTION TO HEALTH FACILITY MAKEOVER (10 minutes)

Step B1. Ask for update on progress with health facility makeover

Say:

- Last time we were together, we talked about how the community can help make the health centre a better place. We had lots of ideas, and several people pledged that they would follow up on some of these activities.

Ask:

- Who can tell me what progress has been made on these ideas?
- What are some challenges?
- What ideas does the group have for overcoming these challenges?

PART C: WHO GETS TO LIVE (10 minutes)

Step C1. Imagine your next child as a healthy one year old

Ask:

- Who already has children?
- What is it like when you have a healthy one year old?

Hold your arms as though you are carrying a young child. Go up to a co-facilitator or one of the participants and show them your imaginary baby, and say:

- Look at my healthy, happy baby girl Rose. She is so clever and is so curious and bright. I feel so proud seeing my child grow and develop, and I am proud of all the work we have done to ensure our child has the best start for a successful life. We have had to change the way we do some things and it was hard to do things that other people didn't really understand or approve of. For example, when I talked to my child when she was just born, people thought I was crazy. But now they see how bright and clever my child is, they see I was doing a good thing.

Ask the participants to stand in a circle. Count how many people there are. You are looking to find multiples of about 15.

Assign the number of daughters each person should imagine they have. If you have 15 people or more, each person only needs one daughter. If you have less than 15 people, each person should imagine they have two daughters.

Say:

- Let's all stand up and imagine that you are holding a healthy one year old baby girl in your arms-imagine this is your next child, or next grandchild.

Let them act out holding a baby.

Say:

- Give your baby a name. Show your neighbour your one-year-old girl and explain to the other person how you feel being a proud parent or grandparent, and what you want for your baby girl.

Let them name their baby girls and show each other their babies.

Step C2. Choose who gets to live

Say:

- Now, in Sierra Leone these days, a girl has about a one in 16 chance of dying from pregnancy and childbirth during her lifetime. This means that for every 16 women, one of them will die because of a problem in pregnancy or delivery.
- We have around 16 baby girls here – which of you would like your daughter to die because she did not have a healthy pregnancy or a safe delivery?

Give them a minute to think about it and respond.

Say:

- Thousands of women are dying in Sierra Leone during pregnancy and childbirth, and they die for several reasons including:
 - because they delayed making the decision to seek help in time
 - they made the decision to seek help but didn't reach care in time
 - they sought care in time but the health facility was unable to save them

Say:

- Let's make sure we all understand what pregnant women and their families need to do to give women the best possible chance of a healthy pregnancy, a successful delivery, and a happy healthy smart and strong child.

PART D: MAKING A BIRTH PLAN (15 minutes)

Step D1. Story of Fanta and Aminata (can be done as a role play or story)

Say:

- I am going to tell you the story of Fanta and Aminata. After I tell the story, we are going to discuss it in small groups.

Fanta and Aminata have been friends since they were very young. They went to school together, they got married at the same time, and they are both expecting their first babies in a few months.

Fanta and Aminata see each other at the market and start discussing their upcoming deliveries.

Fanta says: I have been going for antenatal visits and I am feeling very strong and healthy. I think I want to deliver at home the traditional way, with my grandmother and the village midwife, even though we don't live too far from the clinic. The village midwife delivered me and all my brothers and sisters, so I feel very safe delivering at home with her help. She is much nicer than the nurses at the health centre.

Aminata says: I understand you feel more comfortable staying at home, but I think I want to go to the health centre for my delivery. I know that giving birth at the clinic can save me and my baby's life because the clinic is very clean, and the trained health workers can give us immediate treatment or referral if there are any problems. But the clinic is far from where we live, and I don't have any money to pay for transport or for care.

Step D2. (Small groups) What would you say to Fanta? What would you say to Aminata?

Say:

- Let's divide into small groups and discuss what you would say to
 - Fanta, who wants to deliver at home where she feels more comfortable
 - Aminata, who wants to give birth in the health facility, but she is worried about the distance and how to pay for care.
- You have five minutes to discuss, then we will come back together and role play our ideas.

Step D3. Small groups role play back what they would say to Fanta and Aminata

Ask each group to role play their ideas of what to say to Fanta and Aminata.

(For example, Fanta, I think you should do xyz, because xyz.)

Ideas of what to say to Fanta: Sometimes things can go wrong when you are in labour or giving birth, so it's best to go to the clinic for delivery where the clean facilities and trained staff can ensure the safest birth for you. Your first birth can be more dangerous, so it is particularly important to go to the clinic for delivery. You can ask the village midwife to accompany you to the clinic when she feels the labour pains coming. Your grandmother can also accompany you and make sure that you feel comfortable and are treated well.

Ideas of what to say to Aminata: Because you live far from the clinic, you might consider going to stay with family near the health clinic a few days or even a week before your due date. This way you can take your time to get there, and you won't have to pay for emergency transport. In the months that remain, perhaps you can talk with your family members to have them contribute money to make sure you have enough for transport and other needs when your delivery time comes. This is better than having them contribute to pay for a funeral.

Step D4. Summarize: Planning ahead for the birth

Say:

- For a safe and healthy delivery, the husband/partner and family should plan together for the coming of the baby by preparing every needed item for a normal delivery, and in case of an emergency when things must happen very quickly.
- Prepare for the baby by:
 - Setting aside transport money to get to the health facility for the delivery
 - Setting aside money to pay for any extra expenses during the delivery
 - Arranging who will provide transport to the health facility/clinic
 - Arranging who will accompany you to the health facility/clinic
 - Arranging who will stay at home to look after the family
 - Preparing a bag with food, soap and clothes for the mother and clothes, blanket, and oil for the baby
- It is important to plan and make decisions early in case the husband/partner or family decision maker is away during the birth. If the woman is unable to get to the clinic quickly and safely when in labour, this can be very dangerous and stressful. Making a birth plan in advance with your partner reduces the stress, worries and risks around birth.

PART E: DANGER SIGNS DURING PREGNANCY (10 minutes)

Step E1. Concept of danger signs in a pregnant woman

Say:

- We have been talking about planning to go to the health facility for delivery. When are some other times a pregnant woman needs to go to the health facility?

Let them answer. Possible responses might be: for antenatal care visits, if she is not feeling well, and so on.

Say:

- That is right, pregnant women should go to the health facility at least four times during pregnancy to get their health checked and to make sure they get their medicine, tablets to make their blood rich, protection against malaria, and other important services that will keep them strong and healthy and ready to deliver a healthy baby.
- They should also go if they are feeling unwell or see one of the danger signs of pregnancy.

Step E2. Acting out danger signs in a pregnant woman

Say:

- We are talking about the danger signs of pregnancy. These are things that a pregnant woman might experience which mean she should go straight to the nearest clinic or hospital.

Say:

- Let's all stand up. Each of you should think of a danger sign during pregnancy, and an action to demonstrate the danger sign.
- For example, if you think that dizziness is a danger sign during pregnancy, when it is your turn, you should demonstrate feeling dizzy and have the group guess what danger sign you are acting out.

Have the participants take turns acting out danger signs in pregnancy.

Step E3. Summarize key danger signs in a pregnant woman

Say:

- There are many things that a pregnant woman can suffer from, including nausea, vomiting, feeling tired, which are normal parts of pregnancy. But a pregnant woman should go immediately to the health clinic if she has
 - Fever
 - Bleeding from private parts or leaking of fluids ("water burse") during the pregnancy
 - Swelling in hands, face and/or feet
 - Convulsions/fits
 - Fainting or dizziness
 - Severe headache or blurred vision
 - Severe lower belly or waist pain

Say:

- It is very important to watch for danger signs in a pregnant woman, and it is even more important to act as soon as you see a danger sign. Every pregnant woman should have a birth plan, but she should also have an emergency plan of what to do and where to go if she experiences any danger signs during her pregnancy.

PART F: COMMITTING TO ACTION (5 minutes)

Step F1. Choose an action

Say:

- None of us want our sisters, wives, daughters to die during pregnancy and childbirth.

- Please turn to your neighbour and talk for five minutes about what actions you could take to ensure that women seek help in time if they are having danger signs, and that they reach the facility in time to give birth safely with skilled care.

Let them discuss and then ask each pair to choose one action they will take in the next week to move their family and community towards this goal of reducing maternal deaths. (This could be as simple as talking with their family members about danger signs, or helping someone who is pregnant make a birth plan including an emergency plan, etc.).

Each person should say out loud the action that they commit to for the next week.

Step F2. Make a pledge

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and ask my family to discuss what we can do (let them repeat the phrase)
- to make sure that none of our sisters/wives/daughters/cousins die during pregnancy or childbirth (let them repeat the phrase)

Repeat the pledge and thank everyone.

MODULE 4: Keeping Mothers and Babies Healthy through Family Planning

Objectives

By the end of this module, participants will be more likely to:

- Know the healthiest time to become pregnant (after age 20 and at least 2 years after the birth of the last child).
- Discuss and decide with their partner if and when they are ready to have children, and which family planning method to use in order to have children when they are ready.
- Seek additional, accurate information on family planning.

Summary

PART A: ICEBREAKER AND FOLLOW UP ON PLEDGE FOR MATERNAL HEALTH (10 minutes)

Participants are asked if they talked with their families about taking action to reduce maternal deaths.

PART B: PLANTING MAIZE (10 minutes)

Three participants are each invited to plant 10 maize seeds either at the right time and correctly spaced, at the right time but too close together, or too early. This is then used a metaphor to introduce family planning concepts, especially family planning's importance for the health of the mother and child.

PART C: ECONOMIC BENEFITS OF FAMILY PLANNING (10 minutes)

Three 'couples' (pairs of participants) are given the same number of materials (representing family income) to look after the clothing, food, medical and educational needs of their three, six, or eight children. The exercise explores their feelings about having enough resources to look after all their children's needs.

PART D: METHODS OF FAMILY PLANNING (10 minutes)

This part summarizes the range of family planning methods that couples can choose from, and the need to get detailed information and support from health facility staff to choose which option is best for them.

PART E: WHAT DO YOU THINK ABOUT FAMILY PLANNING? (15 minutes)

After a statement read by the facilitator, participants move to positions according to whether they agree, disagree or are neutral. Their reasons for this choice are discussed and the issue clarified.

PART F: COMMITTING TO ACTION (5 minutes)

Participants are invited to make a commitment to talking with their partner about family planning.

Materials

- 30 Maize seeds (or something to represent maize seeds such as pebbles)
- Three boxes of matches, each with 15 match sticks inside (or 45 small sticks, stones, beans, leaves or other items, sorted into three sets of 15)

Time to complete module

About 1 hour

PART A: FOLLOW UP ON PLEDGE FOR MATERNAL HEALTH

Step A1. Introduction/ice breaker fun game

Whatever song, dance or exercise can help people get into a relaxed fun mood.

Step A2. Follow up on actions participants pledged to do last module

Say:

- Last module, we pledged we would go home and talk with our families about what we can do to reduce the number of women who die during pregnancy and childbirth.

Ask:

- Is there anyone who was able to go home and have a conversation with their family about reducing the number of women who die during pregnancy and childbirth?
- What was easy and what was hard in talking with your family about your goals for the future?

PART B: PLANTING MAIZE

Step B1. What we understand by Family Planning – a definition

Ask participants what they know and understand about family planning.

Allow them to discuss, then clarify with this definition:

- Family planning is when a couple decides if and when they want to have children, how many children they want to have, and how much time to leave between each pregnancy.
- Family planning is not just about how many children you want to have, it is also about protecting women and children's health.

Step B2. Maize Seeds Game – timing and spacing

Ask for a participant to come forward to the front of the training area. Give them about 10 maize seeds, and say to them:

- I have given you some maize seeds to plant. You wait to plant the seeds in the correct season, and you space the seeds correctly in two rows, following the recommended measurements for the gap between one seed and the next one.

Allow the first participant to start “planting”.

Ask a second participant to come forward. Give them about 10 maize seeds, and say to them:

- I have given you some maize seeds to plant. You also plant the seeds in the correct season. You plant them carefully and neatly, but much closer together than the recommended spacing.

Allow the second participant to start “planting” their seeds.

Ask a third participant to come forward. Give them about 10 maize seeds, and say to them:

- I have given you some maize seeds to plant. However you are impatient. You do not wait for the correct season to plant them, so there are no rains when they start growing. Plant your seeds on the ground quickly, but with proper spacing.

Allow the third participant to quickly “plant” their seeds.

Step B3. Questions and discussion about the Maize Seeds Game, interpreted in relation to Healthy Timing and Spacing of Pregnancy

The facilitator asks the following questions about what will happen in each case. After each question, let the participants give their answers and then compare them and if necessary add the ideas in the answers given below.

Ask:

- What do you think what will happen with the seeds of maize planted in the right season, with the recommended spacing?

Answer: They will grow well – yields should be good.

Ask:

- What do you think what will happen with the seeds of maize planted in the right season, but too close together?

Answer: They may start growing ok, but then start to choke each other and stunt the growth, development and reduce the yields.

Ask:

- How is this like family planning? What is the potential impact on the children and the mother if the mother gives birth to children with a short spacing/time between them?

Answer: If you space your children, they are more likely to develop healthily. To have the best chance of a healthy child and a problem-free pregnancy and birth, it is best to wait at least 24 months after successfully giving birth to one child before becoming pregnant with the next child. When pregnancies are closer together (e.g. less than 24 months from the last live birth to the next pregnancy):

- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.
- There is a slightly higher chance of the mother dying in pregnancy.
- Leaving 2 years between each pregnancy helps families because it gives the mother more time to recover so she is stronger and has more time to breastfeed and care for each child

Step B4. Questions and discussion about the Maize Seeds Game, interpreted in relation to pregnancy during adolescence / before age 20

Ask:

- What about the third farmer- what will happen if the maize seed is planted too early, before the rainy season?

Answer: The young plants may dry out before the rains start.

Ask:

- How does this relate to Family Planning?

Answer: The environment – the dry soil before the rains (or young woman’s body) is not fully ready to support the healthy development of the young maize plant (or baby). When first pregnancies occur to adolescents less than 18 years old:

- Adolescents have higher risk of dangerous illness during pregnancy, and of difficult and dangerous problems during labour.
- Newborns may die, be born too soon, too small, or with a low birth weight.

Step B5. Summarize Healthy Timing and Spacing of Pregnancy

Say:

- We have been discussing issues around Healthy Timing and Spacing of Pregnancy. This can be summarised as achieving the best health outcomes for mothers and children by avoiding pregnancies which are:

- **Too close together** (less than 24 months between a live birth and the next pregnancy)
 - **Too soon** (before age 20)
 - **Too late** (after age 35)
 - **Too many** (too many children all together)
- Helping women time the birth of their first child, and have enough time in between births, helps makes sure that both the mother and her children will have a happy healthy life.

PART C. ECONOMIC BENEFITS OF FAMILY PLANNING

Step C1. Explain the game and organise the ‘families’

Ask participants to play another game to find out more benefits of family planning. Ask for eight volunteers and pair them to make three couples, each to act as the ‘parents’ of a family with children. Allocate roles of both a mother and father for each family.

Tell the first parent or couple:

You are parent(s) of Family A. You have three children. Here they are!

EITHER: Get three participants to join them as their ‘children’.

OR: Give them three maize seeds to represent their children.

Tell the second parent or couple:

You are parent(s) of Family B. You have six children. Here they are!

EITHER: Get six participants to join them as their ‘children’.

OR: Give them six maize seeds to represent their children.

Tell the third parent or couple:

You are parent(s) of Family C. You have eight children. Here they are!

EITHER: Get eight participants to join them as their ‘children’.

OR: Give them eight maize seeds to represent their children.

Clarify that all the families have a mix of boys and girls.

Ask the remaining participants to divide up and observe one of the families.



Where possible, it is best to use participants to be the ‘children’. However you need a total of 22 participants (6 ‘parents’ and 16 ‘children’) to fill all the roles. If you have less than 22 participants, you will need to represent at least some children as maize seeds.

Step C2. Provide and allocate materials representing family income for children's needs

Give to the 'parents' of each family a matchbox with 15 matches inside (or 15 other objects such as small sticks, leaves, stones or beans).

Explain:

- Each family has 15 items that represent the family income available to meet the basic needs of their children such as clothing, food, school fees and medical care.
 - **Clothing** costs one stick for each child
 - **Food** costs one stick for each child
 - **Medical** care cost one stick for each child
 - **Education** needs one stick for each child
- As parents of these children, you have five minutes to discuss and decide how you will allocate your available income between your children. Your children can also share with you their suggestions for how to allocate your income (the matchsticks) to cover food, clothes, medical care and/or school fees/education.

The other participants observe the 'family discussions'.

Step C3. Discuss the decisions made about allocating income and feelings arising from the activity

Ask the parents of each 'family' (starting with family A, then B, then C) in turn to explain to everyone else:

- How did you decide to allocate your income (the 15 sticks) to your children?
- How did you feel doing this exercise?

Point out how family A (with three children) probably finished the exercise very quickly and easily as they had enough income / sticks to cover all the basic needs of all their children.

Discuss the challenges and dilemmas faced by families B and C in deciding what to do or miss for each child, as they did not have enough resources to cover all the needs of all their children.

Ask:

- Did both 'parents' discuss and reach agreement on how to allocate the limited resources to their children?

Emphasise the importance of both parents being involved in discussions and decisions around family planning and resource allocation.

Ask the observers:

- Which family would you like to belong to?

Step C4. Discuss what they have learnt from this activity and summarise the benefits of family planning

Ask and discuss:

- What have you learnt from this activity?

Summarize the economic benefits of Family Planning, including:

- Family planning helps you to ensure you have enough resources to care well for your children.
- Family planning helps reduce the family burden and stress caused by having to care for many children.
- Family planning reduces the health risks to both the mother and the child so they can be more productive and successful.

PART D: METHODS OF FAMILY PLANNING

Step D1. Clarify the right to family planning

Explain to participants that:

- Every person has the right to plan the number of children that they want and when they want to have them. We will now briefly summarize different methods of family planning that you can choose from. However, to get detailed information on the different options, you should go to a health facility.

Step D2. Ask about and summarize contraceptive methods

Say:

- We are not going to discuss in detail the different methods of family planning- this is information you should get from the health clinic. We will just list the family planning or contraceptive methods which are widely available in Sierra Leone.

Ask:

- Who can name one contraceptive method?
- Can anyone else name another contraceptive method?

Summarize using table on the next page.

Summary of Contraceptive Methods Commonly Available in Sierra Leone

- A contraceptive is a medicine or device used to prevent pregnancy. There are many different contraceptive methods – but only the condom can prevent HIV and other STIs as well as pregnancy.
- You and your partner can choose different kinds of family planning methods at the clinic/health facility to space the birth of your children and avoid unwanted pregnancies. You can choose methods that are short term, long term, or permanent. Some of these methods are:
 - Injectable (injections)
 - Implants (capitan band)
 - Condoms (one foot socks)
 - Pills (tablets)
 - IUD (coil)
 - Vasectomy (permanent method for men)
 - Tubal ligation (permanent method for women)
- Men use some of these methods, like condoms, and others are used by women, like the pill, IUD, female condom, injectable, and implants.
- With short and long term methods you can get pregnant again when you stop using the method. You use short and long term methods to space between pregnancies.
- You should choose a permanent method when you have had the total number of children you want.

Step D3. Clarify that participants should go (as a couple if possible) to a health facility for detailed information and advice on which contraceptive option would suit them best.

Say:

- Details of the different contraceptive options are available at your local health facility, including how each method works, its advantages and disadvantages. Go to your local health facility to learn more about the methods and to decide which one is best for you. If you are married or in a long-term relationship, it is much better to go together as couple, so that you can discuss and decide together which option is best for you and your family.

PART E: WHAT DO YOU THINK ABOUT FAMILY PLANNING?

Step E1. Create positions for agree, neutral, and disagree

Say:

- I have chosen three different areas that will represent agree, neutral, and disagree.

Step E2. Explain what will happen

Explain that you are going to read out some statements. After each statement, participants should move to the area that reflects their opinion (agree, neutral, or disagree), and discuss.

Emphasize that there are no right or wrong answers, and that this activity is about hearing different points of view.

Step E3. Read out a statement, have participants move and discuss the issues

Read out one of the statements, and have participants move to the area that best reflects their personal view.

Ask some of those that agree, disagree, and are neutral to give reasons for their opinion.

Use the talking points below to enhance the discussion, clarify any questions, and/or address any issues that were not discussed.

After the discussion, invite participants to change position if the discussion has led to them changing their opinion on this topic.

Step E4. Repeat Step E3 for each of the other statements

Statement 1: While a woman is breastfeeding a new baby, it is necessary to use contraceptives to prevent getting pregnant again.

Breastfeeding may suppress ovulation and therefore reduce the chance of falling pregnant. However it is still very possible and quite often happens that a woman falls pregnant again while breastfeeding, even soon after the birth. Therefore contraception should start soon as a couple start having sex again after the birth of their child, and should be continued until the couple are ready to conceive their next child.

Statement 2: The use of contraceptives goes against the will of God

Suggest that all major religions support taking care and responsibility for our families.

Statement 3: Husbands are mostly against family planning, it is the women who want to reduce or space births.

Statement 4: If a woman uses family planning methods, she might have affairs with other men

Statement 5: Family planning methods have dangerous side effects

Say:

- Please raise your hand if you know of someone who died during pregnancy and childbirth.
- Please raise your hand if you know of someone who died from using family planning methods.
- Although there are sometimes some small side effects of family planning, the side effects of an unplanned, unwanted or even any pregnancy can be far more dangerous.

PART F: COMMITTING TO ACTION

Step F1. Choose an action

Say:

- None of us want our sisters, wives, daughters to die during pregnancy and childbirth. We know that healthy timing and spacing of pregnancy can help protect the health of women and their children.
- Sometimes women are too shy to talk about sensitive topics like “mammy en daddy bizness” or family planning, so it is important that men start conversations about them too.
- Please turn to your neighbour and talk for five minutes about what actions you could take to learn more about family planning methods, or to discuss with your partner when you would like to have your next child or how many children you would like to have.

Step F2. Make a pledge

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and discuss and decide with my partner (let them repeat the phrase)
- how many more children we want to have (let them repeat the phrase)
- and when we want to have the next one (let them repeat the phrase)

Repeat the pledge and thank everyone.

MODULE 5: Newborn and Child Health

Objectives

By the end of this module, participants will be more likely to:

- Value the investment in their child's first 1000 days
- Feel motivated and confident to care for their newborn and young child
- Ensure their child receives all the needed care during the first 1000 days of life

Summary

PART A: REMEMBERING OUR VISION OF OUR FAMILY'S SUCCESSFUL FUTURE (10 minutes)

Participants review and discuss their progress towards their vision of the future

PART B: WINDOWS OF OPPORTUNITY (10 minutes)

Participants discuss the concept of windows of opportunity

PART C: THE 1000 MOST CRITICAL DAYS IN LIFE (10 minutes)

Participants learn about the importance of the first 1000 days for a child's success.

PART D: SMART HEALTHY AND STRONG SONG CONTEST (25 minutes)

Participants discuss in small groups what they can do to ensure children grow smart healthy and strong, and make up a song about it.

PART E: COMMITTING TO ACTION (5 minutes)

Materials

- Laminated card with image of happy family with a nice house



Time to complete module

About 1 hour

PART A: REMEMBERING OUR VISION OF OUR FAMILY'S SUCCESSFUL FUTURE (10 minutes)

Step A1. Ask for people's experiences of creating a vision for their family's future

Point at the 'happy family' A4 laminated picture, and ask:

- Who remembers what this image symbolized?
- Who participated in the exercise where we all created a vision for our family's future and walked the path to our destination of success?
- How do you feel when you look at this image?



Step A2. Reviewing who gets to live

Hold your arms as though you are carrying a young child.

Say:

- Remember how we imagined a point in the future when your next (or your first) child (or grandchild) is one year old and healthy and happy? We talked about feeling proud of being good parents, and proud of our happy healthy children.

Ask:

- How did you feel when we did the exercise called "who gets to live"? Turn to your neighbour and discuss for one minute.

Step A3. Follow up on actions on family planning

Say:

- After last module, we asked participants to talk with their family about family planning.

Ask:

- Did anyone talk to their family about family planning?
- Did anyone talk to their family or friends about the maize game? About the matchstick game?
- What was difficult about talking with your family about family planning?
- Do others in the group have ideas for overcoming those challenges?

Say:

- As we discussed before, there are many things both men and women can do to

ensure that their baby develops smart healthy and strong throughout pregnancy, birth and childhood.

PART B: WINDOWS OF OPPORTUNITY (10 minutes)

Step B1. Introduce the concept – when should you repair a leaking roof?

Ask:

- If there is a hole in the roof of your house, when should you repair it?

Let the participants respond.

Say:

- Yes, in general it is best to repair the roof before the rainy season begins, and before the holes get too big.

Ask:

- If we wait too late to repair the roof and the rainy season begins, what would happen to the things inside our house?

Let the participants respond.

Say:

- Yes, the leaking roof could ruin our furniture, our clothes, our tools, or our stored food. The roof could collapse and force us to find another place to live.

Step B2. The right moment to use fertilizer

Ask:

- Have you heard people talking about ways to increase agricultural productivity?

Let the participants respond.

Say:

- We know that if we take care of our crops well, using improved techniques and materials, they will grow and produce well, and we will get more sacks of maize or beans per hectare.

Ask:

- Are there critical times in growing maize or tomatoes or other crops when you must ensure there is enough water or fertilizer at a specific time, or you won't have a good harvest?

Let the participants respond.

Step B3. The right moment to work with cement

Ask:

- Who here has worked with cement?

Let the participants respond.

Ask:

- Once you have mixed the cement with water, can you just leave it and come back later to work with it, or do you have just a certain time when it's still soft, after which the cement has hardened permanently?

Let the participants respond.

Say:

- These are examples of windows of opportunity – a time to do something when it is most effective, and if you wait too long, the chance is gone. You must act at the right time or you won't succeed.
- We can use the same ideas with our children – we need to invest in the very best care, before and after they are born, in order to ensure that they grow up to be smart, healthy and strong.

PART C: THE MOST IMPORTANT DAYS IN A LIFE (10 minutes)

Step C1. Explain that the child's window of opportunity is during its first 1000 days

Ask:

- Who can give me their idea of the most important days of your life?

Let the participants respond. They might say your birth, your marriage, when you get a job, when you enter or finish school, when you have a baby, etc.

Say:

- These are all very important days in a life, but I will tell you about some other very important days. Just as there are improved agricultural techniques, which help us have better agricultural productivity, we know from research that for children to achieve their best future, we must take extra good care of them during the period we call the '1000 most critical days'.
- This includes the nine months of pregnancy, while their brains and bodies are developing in the mother's womb, and the first two years of life, when the baby's

body and brain are growing most rapidly. So these are some of the most important days of a person's life, and they can affect their success.

Step C2. We must invest heavily in the child during that first 1000 days or it may be too late

Say:

- From the beginning of the pregnancy to the age of two years, we must make a big effort so the child gets the right feeding, care and attention to help its brain and body grow smart, strong and healthy.
- If we miss this chance for body and brain development, the child can't fully catch up later and has less chance of being smart healthy and strong.
- Just like with crops, if they suffer from drought, or not enough fertilizer, or too much disease early in their growth, they will never produce well.
- Scientists have learned that we can't wait for a child to go to school for their brain to develop – we must ensure that the cement has all the right ingredients, and it is well-formed, before it is too late and the cement has hardened.

Step C3. Overview of successfully caring for a child during the 1000 days

Say:

- The good news is that there are some simple ways to ensure your child grows and develops well. There are many families in our community who are successfully feeding and caring for their children with the same level of resources that you have.
- A growth chart gives us information on how well the child is doing. Growth is a good reflection of a child's health, because healthy children tend to grow well and sick children do not. Keeping your child healthy and well-nourished is the best investment for their success.
- Babies' brains are growing very fast every day. They grow and learn the most when they receive affection, attention and stimulation in addition to good nutrition and proper health care.
- One of the most important things mothers and fathers can do to help their baby learn and develop is talk to her a lot. Babies understand language long before they can use it to speak. Describe what you are doing and name things the child can see.
- For example, while preparing food, a mother could say to her baby "Look, baby, I am making dinner for the family. See the green pumpkin leaves? One, two, three, four, five green pumpkin leaves into the pot." Talking to your child, even if she is too young to understand everything, helps the child learn and feel loved and happy.
- Singing songs and playing games, like peekaboo, with your child helps stimulate her brain.

- All the members of your household can help your baby to play and explore. This helps baby learn and develop socially, emotionally, physically and intellectually, and get the very best start to life.

Step C4. Importance of mother's health for success of the child

Ask:

- If a young child's mother is sick, or pregnant, while that child is still in its critical window of 1000 days, can the mother give that child the best care for its success?
- What happens to a child's health if their mother dies while giving birth, or at any time when they are young? What are the chances for success for that child?

Say:

- As we saw in previous activities, there are many mothers in our community who are dying during pregnancy and childbirth. That is a loss to their whole family, and a threat to their whole family's success.

PART D: SMART, HEALTHY AND STRONG SONG CONTEST (25 minutes)

Step D1. (Small group discussion) What we can do for smart healthy and strong

Say:

- Let's divide into small groups and discuss what we in our community can do to ensure that all our children get the care they need to grow up smart, healthy and strong, to make us proud and successful! You have five minutes to discuss.

Step D2. (Small group discussion, continued) Make up a smart healthy and strong song

Say:

- Now I want each group to make up a short song about helping our children grow up smart, healthy and strong. You have five minutes to make up a song and practice it, then each small group will sing their song for the whole group.

Step D3. Each group sings their own smart healthy and strong song

Say:

- Now I want each group to sing their smart, healthy and strong song.

Let each group sing their smart healthy and strong song.

Step D4. The group chooses which they think is the best song

Say:

- Now let's choose which of the songs we would like to all sing together.
- Each group, please sing just the first line of your song, and the participants will move over to the group whose song they want to sing.
- You can vote for your group's song, or you can vote for another group's song by moving to their group

Let the participants identify the song they would like to sing together.

Step D5. The group all sings the favourite song together

Say:

- Now let's ask the group to teach us their song, and then we will sing it together.

Let the participants learn to sing the song together.

Step D6. Making an improved smart healthy and strong song

Say:

- If you want, you can work together later to use the best parts from each song to make an even better smart healthy and strong song for your community.

PART E: COMMITTING TO ACTION (5 minutes)

Step E1. Choose an action

Say:

- All of us want our children to grow up smart, healthy and strong. We know that the first 1000 days of a child's life is a critical window of opportunity that we must not waste.
- We can work together to ensure that children get the care they need so they grow up smart, healthy and strong.
- Please turn to your neighbour and talk for one minute about what actions you could take for your own or others' children so that they grow smart, healthy and strong.

Step E2. Make a pledge

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and sing our smart healthy and strong song (let them repeat the phrase)
- with my family and neighbours (let them repeat the phrase)

Repeat the pledge and thank everyone.

Module 6: Malaria Cause and Prevention

Objectives

By the end of this module, participants will:

- Be clear that malaria is transmitted to humans only by mosquitos biting them.
- Understand the most important ways to prevent malaria, including sleeping under Insecticide Treated Nets (ITNs), avoiding contact with mosquitoes, and managing the environment to reduce mosquito reproduction.
- Use, care for and repair their ITNs appropriately.
- Believe they can help reduce malaria prevalence in Sierra Leone.

Summary

PART A: REVIEW (10 minutes)

Follow up on Smart Healthy and Strong song, and health facility makeover.

PART B: UNDERSTANDING MALARIA (10 minutes)

This section uses drama to clarify understanding of malaria – what it is, how it is transmitted, its signs and symptoms. It also covers the importance of going early to get tested and treated for malaria.

PART C: WAYS TO PREVENT MALARIA (10 minutes)

Participants identify the various options for malaria prevention.

PART D: INSECTICIDE-TREATED NETS (ITNs) BENEFITS AND USE (10 minutes)

Participants explain the benefits and use of the most effective and crucial way to prevent malaria – by using ITNs.

PART E: ROLE PLAY ON ITN USE AND REPAIR (10 minutes)

Role play illustrates net use and repair.

PART F: COMMITTING TO ACTION (5 minutes)

Participants pledge to take action.

Time to complete module

About 1 hour

PART A: REVIEW (10 minutes)

Step A1. Follow up on the Smart Healthy and Strong song

Ask:

- Did anyone go home and sing the Smart Healthy and Strong song with their families?
- Did anyone make an improved version of the song?
- How did you feel singing your own Smart Healthy and Strong song?
- Would you like to sing the Smart Healthy and Strong song together?

Have them sing it together and applaud.

Step A2. Update on progress to improve health facility

Say:

- We have been talking about how our community could help make our health facility a better place.

Ask:

- Who can tell me something that has been done to make these things happen?
- What have been some of the challenges in making these things happen?
- What can we do to help solve some of these problems?

PART B: UNDERSTANDING MALARIA (10 minutes)

Step B1. Participants' experience and perceptions of malaria

Ask:

- What has been your experience with malaria? Please turn to your neighbour and discuss for two minutes.

Let participants share experiences for two minutes.

Say:

- We have been talking about our experiences with malaria, its signs and symptoms, its treatment, etc.
- Here is a summary of the signs and symptoms of malaria:
 - Body hotness or fever
 - Sweating
 - Feeling cold and shivering

- Headache, body pains or joint pains
- Feeling like vomiting or vomiting
- Not feeling hungry
- Dizziness
- Here is a summary of the signs and symptoms of severe, life-threatening malaria:
 - Unable to drink water (in children, this includes inability to breastfeed)
 - Vomits everything
 - Drowsiness or unconsciousness
 - Convulsions
 - Anaemia
 - Extreme weakness

Step B2. Beliefs about what causes malaria

Ask:

- What are some of the different things you have heard people say are the causes of malaria?

Let the participants give their answers.

Misconceptions: Some people may believe that drinking beer causes malaria. This is not true, but if the beer drinking is happening at night, then the drinkers may be exposing themselves to malaria-causing mosquitoes, leading them to believe that it is the beer that is at fault.

Some may believe that malaria is caused by the change in seasons when the rains begin. Again, there is an indirect link – since the rainy season usually creates more breeding ground in the form of clean standing water, it is true that there may be more mosquitoes, increasing the chances of being bitten during this time. But it is not the season itself that causes malaria, and you can definitely still get it even when it is dry.

Step B3. Role play Monica Mosquito transmits malaria parasites

Use the notes below to have the participants act out malaria transmission, to clarify that the only way malaria is transmitted is through bites from the female *anopheles* mosquito.

Malaria Transmission Role-Play: Monica Mosquito, Parry, Larry and Barry

Say:

- Malaria is an infectious disease, which means that it can spread from one person to another. But the only way it can spread from one person to another is through the bite of a mosquito.

Ask for one volunteer to act like a mosquito, buzzing and flapping her wings.

Say:

- Here is Monica Mosquito
- The malaria parasite is like a tiny worm that lives in and feeds on the blood of an infected person.

Ask a volunteer to act like a person with malaria with headache, fever, and chills.

Say:

- Here is Anthony. He has malaria and is feeling really terrible. The malaria parasites are in his blood and are making him sick. The malaria parasites are too small to see with your eyes but here we will pretend we can see them.

Ask three volunteers to act like malaria parasites, curled up small and wiggling their fingers near their face, staying very close to Anthony.

Say:

- Here are three malaria parasites, Larry, Parry, and Barry. They like to live in your blood and make you sick.
- When a mosquito bites an infected person, it sucks up some blood, including the malaria-causing parasite in the blood.

Ask Monica mosquito to act like she is biting the sick person, and ask parasites Parry and Larry to now go with Monica Mosquito, while parasite Barry stays with Anthony the sick person.

Ask a volunteer to act like a person in good health, reading a book in bed.

Say:

- Here is Dora. She is feeling fine, but she doesn't like to sleep under a mosquito net. Monica the mosquito will be happy to find her!

Say:

- Later, Monica the mosquito bites Dora and drinks her blood.

Ask Monica to go with Parry and Larry parasites to "bite" Dora, and tell parasite Parry to stay with Dora, while Larry stays with Monica Mosquito.

Say:

- When Monica bites Dora, Parry the malaria parasite enters Dora's blood, which will make her ill with malaria. It takes between 7-20 days after being bitten to start showing signs of malaria.

Ask Dora to start looking like she is sick, and ask Parry to start running around Dora and waving his arms like a victory dance.

Ask:

- Now, who would like Monica and Larry to come bite them?

Ask Monica and Larry to go together to try to “infect” other participants for just a minute.

Step B4. Debriefing the role play about malaria transmission

Ask:

- So who can tell us what happened in this role play?

Let people answer.

Ask if needed for clarification:

- Who was Monica (point at her)? (The mosquito who transmits malaria.)
- Who was Anthony (point at him)? (The person who is sick with malaria.)
- Who were Parry, Larry and Barry (point at them)? (The malaria parasites in the blood of Anthony, the sick person.)
- Who was Dora? (The well person who was bitten by Monica Mosquito, who brought the malaria parasites from Anthony and made her sick.)

Summarize:

- Malaria is only transmitted by mosquitoes, from a sick person to another person.
- Some people worry that mosquitos can carry other diseases like HIV and Ebola.
- Mosquitos cannot transmit HIV and Ebola, but they can carry Dengue fever and other bad diseases, so we don't like them at all!

Step B5. Clarify that fever is a symptom of various illnesses, and that malaria testing is the only way to know that it is malaria and not another illness

Ask:

- What are the names used in your community for malaria?

Say:

- Often when we say a person is malaria, we are using the word malaria to mean fever.
- Fever is one of the symptoms of malaria, but it is also a sign of many other illnesses.
- Malaria is a disease that causes fever, but it can be confused with other diseases that also cause fever.

Ask:

- What are some other diseases that cause fever?

Let them give their ideas such as Ebola, typhoid, pneumonia, flu, infections.

Say:

- Only a malaria test can show whether a fever is malaria or some other disease.

Step B6. Emphasize the importance of going to a health facility for testing if you have fever, within the first 24 hours (one day) of symptoms starting

Say:

- The first and most important sign of malaria is fever. If left untreated, malaria can kill very rapidly – especially in more vulnerable populations like pregnant women, children under five years old and people living with HIV/AIDS.
- **Within one day of noticing the first signs and symptoms that might be malaria, go to the health facility to check if you have malaria. Only a trained health provider can tell you for sure. Don't wait until the disease becomes severe!**
 - If the fever is confirmed as malaria, start the ACT treatment immediately. The best treatment is treatment provided by CHWs or health workers at the facility.
 - If test results show that you do not have malaria, the health service provider will do other tests to find out the cause of your symptoms (fever) and give you the correct treatment.

PART C: WAYS TO PREVENT MALARIA (10 minutes)

Step C1: Identify the key ways of preventing malaria

Say:

- Malaria prevention means keeping mosquitoes from biting humans.
- What methods do you know for keeping mosquitoes from biting people?

Ensure that all the methods in the box below are covered.

Malaria Prevention Methods and How They Work

(If time is an issue could reduce here and just focus on the best method – nets and environmental sanitation – both free.)

- **Using Insecticide-Treated Nets (ITNs)**
How it works: These are better than plain mosquito nets because in addition to providing a barrier between you and the mosquito, they repel and kill malaria transmitting mosquitoes.

- **Wearing protective clothing in the evening**
How it works: Mosquitos have a harder time biting you through pants, socks or long sleeves.
- **Using mosquito repellent sprays and lotions**
How it works: Mosquito repellent spray or lotion can be sprayed or applied to onto arms, legs and other exposed areas of skin to stop mosquitoes from biting.
- **Mosquito coils**
How it works: The smoke from burning mosquito coils repels mosquitos.
- **Putting screens on windows, doors and other openings**
How it works: Prevents mosquitoes from entering the house and biting humans
- **Environmental sanitation**
How it works: Mosquitoes that carry malaria lay their eggs in pools of water where the water is fresh, standing still or moving slowly. If you fill up the holes which may hold water and cover water containers, you reduce the number of mosquitoes and thus reduce the number of bites that could cause malaria.

Step C2: Sleeping under an ITN is the best way of preventing malaria

Say:

- Of all these methods, Insecticide Treated Nets (ITNs) are by far the best! Even if you use any other methods, you should ALSO use a net every night.
- Nearly all the ITNs now supplied in Sierra Leone are **long-lasting nets**: These do not need re-treatment even if they are washed. They have been made with special material that has been embedded with the insecticide to kill and repel mosquitoes. They should last for five years, if looked after well.

PART D: ITN BENEFITS AND USE (10 minutes)

Step D1: Explain about ITNs to someone from Washington DC

Say:

- Imagine that I have just arrived with my family from Washington DC (where there is no malaria) to live in Sierra Leone. I know nothing about ITNs. Explain to me what I need to know about ITNs, how and where to get them, how many I need, how to make most effective use of them to prevent malaria, and what are their benefits.
- I will ask each person to tell me one thing about ITNs and then I will move to the next person.

Let each person say just one thing, then move to the next person. If that person cannot think of anything to add, move to the next person. Continue until nobody else can think of anything.

Step D2: Summarize ITN use and benefits

Summarize participant ideas, and bring out any points that have not been mentioned.

Benefits of ITNs:

- A good night's sleep without the annoyance of mosquitoes or other unwanted creatures like spiders or bees.
- They provide physical protection from mosquito bites, and the insecticide in ITNs kills and repels mosquitoes.
- More ITNs means fewer mosquitoes, including fewer infected, dangerous mosquitoes, and fewer bites! The amount of malaria in communities throughout Sierra Leone is reducing because more people are sleeping under ITNs.
- ITNs are the most effective way to prevent malaria. Used properly they can cut the number of malaria cases in half!

How to make most effective use of ITNs for best protection:

1. Obtain enough insecticide treated mosquito nets for your family.

- If possible, get enough mosquito nets for all the members of your family. If you sleep under an ITN, it will assure you not only a comfortable sleep, but also protection against malaria. Purchasing an ITN is not expensive compared to the cost you will incur once one of your family members is sick from malaria.

2. Make sure mosquitoes cannot get in.

- Tuck the net under mattress or sleeping mat properly.
- Check regularly that there are no holes in your net.

3. Look after and repair your net.

- Fix even small holes in the net as soon as they appear, to make sure that mosquitos cannot get in. You can tie, patch or stitch holes in nets.
- Fold or tie net away when not in use to keep out of reach of children. When you tie your net every morning, your house looks neat.
- Let the big sister/brother tuck/untuck/fold to avoid damaging the net.
- Wash nets only when dirty and no more than once every three months, wash gently with mild soap.

4. Sleep under the insecticide treated mosquito net EVERY night.

- If there is only one net in the home, ensure that children under five and pregnant women sleep under it.

5. Use nets all year-round.

- Malaria mosquitoes are clever – they sneak into your house late at night when you do not see them and think you are safe without a net.
- Because the parasite needs time inside the mosquito, it's the older mosquitoes that are the most dangerous; so they can still be around even after the rains have ended and the other mosquitoes have reduced in numbers.

6. Have everyone use an ITN.

- The more ITNs in a neighbourhood, the more mosquitoes will die.
- If everyone is using an ITN, there are fewer people with parasites available to infect the mosquitoes, and fewer of the bites that do happen will be dangerous.

PART E: ROLE PLAY ON ITN USE AND REPAIR (10 minutes)

Step E1. Priority populations for ITN use

Say:

- As we discussed, sleeping under an ITN every night is essential to prevent malaria. Sleeping under an ITN every night is especially important for pregnant women and young children under age five, since these groups are more likely to die if they have malaria.

Step E2. Put Baby Betty to bed

Ask for two volunteers. One will play the father, Frank, and one will play Baby Betty.

Have Frank “put Baby Betty to bed” by pretending to carry the baby and put the baby down on a chair or on the ground. Baby Betty should pretend to sleep. Frank can go sit down.

Step E3. Put participant mosquito net around Baby Betty

Ask for all the other participants, except for one, to come and stand in a circle around the sleeping baby.

Say:

- You represent the mosquito net which surrounds Baby Betty's bed and keeps Baby Betty safe from mosquitos that carry malaria.
- You should hold hands and surround Baby Betty's bed completely, so there are no gaps or 'holes' in the net and Baby Betty is completely protected from mosquitos.

Step E4. Have mosquito try to get into Baby Betty’s net

Ask:

- What do mosquitos like to do? (They like to bite you to drink blood.)

Ask the remaining participant to represent a malaria-carrying mosquito.

Ask the volunteer to make a buzzing sound and flap their “wings” and try to get inside Baby Betty’s ITN - but the participant net has no holes so the mosquito can’t get in.

Step E5. A hole appears in Baby Betty’s net

Now say to two participants standing at the top corner of the bed:

- You are the part of the net that touches the corner of the bed, and there is a nail there that has made a hole. So you should let go of your hands so there is a gap or hole in the net.

Step E6. Mosquito gets through the hole into Baby Betty’s net and bites her

Ask the mosquito what she would like to do if she finds a hole in the net – she should go in and touch (i.e. bite) Baby Betty.

Step E7. Participants suggest what Father should do to keep Baby Betty safe

Ask:

What must Baby Betty’s father Frank do?

When someone suggests repairing it by stitching, tying or patching it, ask Frank to repair the net by stitching it up.

Ask the participants who dropped their hands to sew themselves back together so that once again so they form a tight wall around the ‘bed’.

Step E8. Mosquito can’t get into the repaired net and bite Baby Betty

Now ask the ‘Mosquito’ to try again to get through the ‘net’. This time they should not be able to penetrate the net.

Say:

- A mosquito can get through even a small hole or tear in the net, so it is very

important to look after the net, check regularly for holes, and to repair even small holes as soon as you find them, before they get any bigger.

PART F: COMMITTING TO ACTION (5 minutes)

Step F1. Would you like malaria to continue in your community, or end?

Say:

- As we discussed, malaria is one of the biggest causes of illness and death in your community. Malaria is so common that many people think it cannot be avoided. This is not true. Malaria can be prevented and cured!
- Efforts to prevent malaria have already resulted in a big decrease in the amount of malaria in Sierra Leone, and it is realistic to look to a future as a virtually malaria-free community.
- Can you imagine a time where no one would get malaria? It is possible!
- Would you like for malaria to be finished in your community?
- To achieve this requires the active participation from everyone in the community to use the malaria prevention measures that we discussed in this module.

Step F2. Choose an action

- Ask participants to discuss with their neighbour for one minute about what action they will take when they get home to make sure that their family is protected from malaria

Step F3. Make a pledge

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and make sure that my family (let them repeat the phrase)
- is all sleeping under a mosquito net every night (let them repeat the phrase)

Repeat the pledge and thank everyone.

MODULE 7: Pneumonia, Diarrhoea, and Handwashing with Soap

Objectives

By the end of this module, participants will:

- Know the symptoms and transmission of pneumonia in children
- Understand the importance of seeking care for signs of pneumonia
- Know how to prevent pneumonia
- Know the symptoms and transmission of diarrhoea in children
- Understand the importance of seeking care for diarrhoea and dehydration
- Know how to prevent diarrhoea
- Have new ideas on how to set up a handwashing station

Summary

PART A: ICEBREAKER AND REVIEW OF MALARIA (5 minutes)

Follow up of actions at home to protect family from malaria.

PART B: PNEUMONIA TRANSMISSION, PREVENTION AND TREATMENT (15 minutes)

Demonstration of transmission through coughing/sneezing, signs, care seeking.

PART C: DIARRHOEA TRANSMISSION, PREVENTION AND TREATMENT (15 minutes)

Discussion of prevention, dehydration, and oral rehydration salts/solution (ORS).

PART D: HANDWASHING WITH SOAP TO PREVENT PNEUMONIA AND DIARRHOEA (20 minutes)

Small group discussion of how to facilitate handwashing with soap in their homes.

PART E: PLEDGE FOR ACTION (5 minutes)

Participants pledge to take specific action to help ensure their families wash their hands with soap at key moments.

Materials

- Plastic bag to blow up to illustrate lungs

PART A: ICEBREAKER AND REVIEW OF MALARIA PREVENTION (5 minutes)

Step A1. Icebreaker: Smart Healthy and Strong Song

Ask the participants to sing the Smart Healthy and Strong song.

Step A2. Review of malaria prevention pledge

Say:

- At the end of our last module, we asked participants to go home and take one action to help protect their family against malaria.

Ask:

- Did anyone tell friends or family about Monica the mosquito and the parasites Parry and Larry who made Dora sick?
- Did anyone tell friends or family about the game where the mosquito tried to get through the hole in the ITN to bite Baby Betty?
- Did anyone do something to protect their family against malaria? What was it?
- What were some of the challenges you encountered?
- Do others in the group have ideas for overcoming those challenges?

PART B: PNEUMONIA (15 minutes)

Step B1. The body's respiratory (breathing) system

Ask participants to point to their bodies and show the nose, throat, windpipe, and lungs.

Explain/demonstrate how when you breathe in, air goes through your nose and mouth, down the wind pipe, and into the lungs.

- Ask all participants to take a deep breath in, noticing how their chest rises and falls. Explain that lungs are like bags that fill with air as you breathe in and out.
- Take a used water sachet or small plastic bag and blow into it to inflate it, then suck it out, showing how a lung works, or use your hands in front of your chest to show smaller lungs expanding as you inhale, contracting when you exhale.

Say:

- We need air to live.

Step B2. Respiratory illnesses

Explain that there are many kinds of respiratory illnesses, but some, like colds and pneumonia, are infections from germs that get into your nose and throat.

Ask:

- When we have a cold/sore throat, where does this affect? Ask participants to show on their bodies (it should affect the nasal cavity and throat). In general, colds are annoying but not dangerous. Flu is another illness that makes us cough.

Explain that serious infections of the respiratory system – especially when the infection gets into the lungs – is a major cause of death in children. Explain that babies, small children and people with weakened immune systems (such as old people or those with HIV/AIDS) are particularly at risk of pneumonia.

- Pneumonia is a dangerous respiratory sickness that makes it difficult for the baby to breathe.

Step B3. Transmission of respiratory illness

Ask:

- How can infections pass from one person to another?
Answer: Many ways, depending on the infection. Malaria is passed through a mosquito bite, but many other infections like cold, flu, pneumonia, diarrhoea and Ebola are passed by contact with fluid from another person's body.)

Ask a person to pretend to cough, another one to pretend to sneeze, and another to pretend to wipe their nose.

- What happens? (There is fluid sprayed in the air, and fluid on their hands.)

Explain that some of the germs that are causing illness in the throat, nose or lungs leave our body when we sneeze, cough or blow our nose – they are in the fluids we send out.

Step B4: Avoiding spreading germs that cause cold, flu and pneumonia

Ask three volunteers to stand, and act out the three ways of sneezing/coughing – into the air, into the hand, into the elbow.

Ask:

- Which one is better to prevent disease?
- Is it good to sneeze onto your hands?
- Is it good to sneeze into the air?
- Do we touch people and food with our hands?
- Do we touch people and food with our elbow?

Ask all participants to stand up, and practice sneezing/coughing into their elbow five times.

Step B5. Other ways to prevent pneumonia

Explain:

- To help protect your children from pneumonia,
 - Carry the child for all marklate visits on time

- Keep children away from smoky fires
- Wash your hands frequently with soap
- Don't use the same rag to clear snot from many children's noses

Step B6. Symptoms and treatment of pneumonia

Point to your body, and explain/show how pneumonia is an infection that passes through the nose or mouth, down the wind pipe, and into the lungs. It causes an infection in the lower lungs that stop them working properly. They can fill a little with fluid, stopping air getting in to all areas of the lungs, and making it hard to breathe.

Ask:

- What are the signs of pneumonia? Signs of pneumonia are fast or difficulty breathing, or chest in-pulling.

Answer: Fast, shallow breathing. This is because the lungs are not fully working. This fast shallow breathing would be more than 50 breaths per minute in a child under one year, and more than 40 breaths per minute in a child aged 1-5 years. Stop for a minute, ask someone to time a minute, and ask participants to count how many breaths they/their baby takes.

Explain:

- Sometimes a cold can turn into pneumonia which can threaten a person's life especially if the sick person is a child. Pneumonia needs immediate treatment.
- Early treatment for pneumonia saves lives: take your child to the nearest CHW/health facility/clinic for treatment if he or she has signs of pneumonia- fast or difficult breathing.
- Explain that most cases of pneumonia can be treated with a specific type of antibiotics that the CHW/health facility can provide.

PART C: DIARRHOEA TRANSMISSION, PREVENTION AND TREATMENT (15 minutes)

Step C1. Diarrhoea definition, cause, and effect

Ask:

- Does anyone have or know of a baby that has had diarrhoea (run-belly) that lasted for over a day?

Ask participants to turn to the person sitting next to them and for a few minutes exchange experiences with babies with diarrhoea.

Ask:

- Is this condition (diarrhoea) common in the community?
- Is diarrhoea a problem?

Explain that this module will look at diarrhoea generally, and especially in young children, that is when a baby or small child has had watery stools three or more times in a day, with or without vomiting.

- Diarrhoea is a sickness that can cause children to pass three or more watery stools in less than one day/24 hours.
- Eating or drinking food or water that has dirt or germs in it or with dirty hands causes diarrhoea.
- Diarrhoea can dry out the body, since the person is pooping out so much liquid. Drying out the body (dehydration) can be very dangerous in young children.

Step C2. Diarrhoea treatment

Explain that when a baby has diarrhoea, she loses lots of fluids and nutrients. If these are not replaced, then she may die. Babies' bodies are so small that they can dry out quickly.

Ask:

- How can you replace the fluids and nutrients for a child that is exclusively breastfed? The correct answer is that the child should be breastfed more frequently. No fluids, aside from breast milk, should be given to a child that is exclusively breastfed. The mother must continue to feed the baby breast milk only, as often as the baby will take. If they are not taking on milk, they should be taken urgently to a health facility.

Explain:

- That when a person is losing fluids through diarrhoea, they lose fluids, salts and sugars which are essential to keep our body working.
- That these fluids and nutrients are available in breastmilk for babies, but need to be made for children and adults.

Ask:

- How can you replace fluids for a child over six months, or in an adult? The correct answer is through oral rehydration salts/solution, available from CHWs and health centres.
- Until reaching the health clinic, give fluid regularly and after every watery stool. Good fluids to give are:
 - Breast milk for young babies
 - Oral Rehydration Salts/Solution (ORS) or “Wata meresin”
 - Jelly water, boiled rice water, weak tea, or plain soup

Step C3. Diarrhoea prevention

To prevent diarrhoea, always wash hands with soap and running water (not in a shared basin):

- after using the toilet
- after cleaning the baby's bottom
- before touching food
- before feeding the baby

PART D: HANDWASHING WITH SOAP TO PREVENT PNEUMONIA AND DIARRHOEA (15 minutes)

Step D1. Do you think people wash hands at key moments?

Say:

- We know that there has been a lot of health education about washing hands with soap, especially after the Ebola epidemic.

Ask:

- Who can cite the key moments to wash your hands with soap that we just mentioned in regards to preventing diarrhoea?
- Who can mention other diseases that you can help prevent by washing your hands with soap? (colds, flu, pneumonia, Ebola)
- Do you think there are many people who do not know that you should wash your hands with soap at these key moments?
- Do you think everyone now washes their hands with soap at all the critical times, if they know about its importance?

Step D2. (Small group) Why don't people wash their hands with soap even when they know they should?

Say:

- Now please divide up into groups of 4-5 people.
- In your groups, I'd like you to discuss for five minutes the reasons people do not wash their hands with soap, even when they know they should.

Let them discuss.

Step D3. (Small group) Groups discuss ways that people with few resources have managed to establish handwashing stations or at least have soap and running water available after toilet

Step D4. Groups report on how people have managed to create handwashing stations

Let the groups present their ideas, and summarize.

Step D5. (Small group) How can we make it easier to remember handwashing with soap, and do it consistently?

Say:

- In your group, discuss for five minutes ideas for making soap and running water convenient, visible, secure, and affordable in your home, and how to reinforce your family's habit of washing hands with soap at key times.

Step D6. Groups report on their ideas of how to make soap and running water more available and more used

Let the groups present their ideas, and summarize.

PART E: COMMITTING TO ACTION (5 minutes)

Step E1. Take a step to help your family stay healthy by washing their hands with soap

Each person should turn to their neighbour to discuss for one minute what they will do in the next week to help make sure their family all washes their hands with soap at key moments.

Step E2. Make a pledge to take action for handwashing with soap

Say:

Repeat after me:

- I, _____, will go home today (let them repeat the phrase)
- and make sure that my family (let them repeat the phrase)
- washes their hands with soap at key moments (let them repeat the phrase)

- by doing the following thing: _____ (go around the circle and each person says what they will do)

Repeat the pledge and thank everyone.

MODULE 8: Malaria Treatment and Malaria in Pregnancy

Objectives

By the end of this module, participants will:

- Believe that fever should be tested to see what disease is causing it, to get proper treatment
- Understand the importance of early testing and full treatment of malaria
- Understand the dangerous consequences of getting malaria during pregnancy
- Feel motivated and confident that they can help protect pregnant women from malaria

Summary

PART A: ICEBREAKER AND REVIEW (5 minutes)

Follow up on pledge to make handwashing stations or otherwise encourage hand washing with soap at home.

PART B: DIFFERENT CAUSES OF A FEVER AND WHEN TO GO FOR MALARIA TESTING AND TREATMENT (20 minutes)

This activity demonstrates that there are various diseases in Sierra Leone which can cause a fever, and that it is important to get tested for malaria first, and to take the correct treatment for the cause of the fever – malaria treatment for malaria, typhoid treatment for typhoid, etc.

PART C: ANTIMALARIAL DRUGS AND COMPLETING THE TREATMENT (10 minutes)

This part briefly introduces the current recommended malaria treatment regimen in Sierra Leone, and emphasizes the importance of completing all doses.

PART D: MALARIA IN PREGNANCY (20 minutes)

The story of Joy and Joseph shows the problems posed by malaria in pregnancy, and discussion brings out the key ways to prevent it, including antenatal clinic (ANC) attendance from early in pregnancy, getting three doses of SP during pregnancy, sleeping under a well-maintained ITN every night and early testing for malaria if showing any symptoms.

PART E: TAKING ACTION (5 minutes)

Participants pledge to take action to make sure pregnant women are protected from malaria.

PART A: ICEBREAKER AND REVIEW (5 minutes)

Step A1. Icebreaker

You can use any energizer here – song, dance, stretching, game – that will get participants engaged, relaxed, and energized.

Step A2. Review of actions for handwashing with soap

Say:

- At the end of last module, we asked participants to go home and take one action to encourage hand washing with soap in order to prevent diarrhoea, colds, typhoid, pneumonia, Ebola, and other diseases.

Ask:

- Did anyone do something to ensure their family washes their hands with soap after each use of toilet and before eating or preparing food? What did you do?
- What were some of the challenges you encountered?
- Do others in the group have ideas for overcoming those challenges?

PART B: DIFFERENT CAUSES OF A FEVER AND WHEN TO GO FOR MALARIA TESTING AND TREATMENT (20 minutes)

Step B1. Three participants representing diseases that cause fever touch one participant each

Say:

- We are going to do an activity about the causes of fever, and what to do if you have a fever.

Ask for three volunteers from among the participants to come to the front of the training area.

Explain:

- These three people represent three diseases that can cause a high fever- malaria, typhoid, and Ebola, but I will not tell you which is which.
- These diseases move around your community and may touch you. Malaria is most likely to touch you if you do not sleep under a net every night, or if your net has holes in it.
- Imagine that it is night time, so please close your eyes for one minute. These

diseases will now move around behind the group and each disease will gently touch a different person in the group.

- Each of these three diseases will touch and 'infect' only one person each.

Make sure everyone in the group (except for the three volunteers) has their eyes closed. Get the three volunteers to quietly walk behind the group and each touch a different person on the back. Make sure that each volunteer touches only one person.

Step B2. Ask how participants feel know they have been touched by an unknown disease

Tell everyone to open their eyes again. Ask the three people who were touched to come to the front and ask them:

- Which disease do you think has touched you?
- How do you feel about that?

Step B3. Ask participants to choose how they will deal with their fever

Say to the three volunteers:

- Now it is two weeks later, and you have all three developed a high fever. Very close to your homes is a CHW who provides malaria treatment medicines, but currently cannot offer malaria testing. The nearest health facility takes about an hour to walk there and back. The health facility offers malaria testing and treatment, as well as treatment for other diseases that cause fever.

Ask them:

- What are you going to do?

Allow each 'person with a fever' to each say what they would do. Then ask all the other participants what advice they would give to the three people with a fever.

Step B4. Clarify the consequences of different choices

If one or more of the people with a fever (or any of the participants) says they will go straight to buy and start using malaria treatment medicines, ask, discuss and clarify:

- What would be the consequences if this person actually has malaria?
 - The treatment might help if it is actually a malaria medication, but the malaria treatment medicines supplied may not be as effective as those from a health facility.
- What would be the consequences if this person did not have malaria?
 - The malaria treatment would have no effect at all.
 - It would be a waste of their money.

- It would delay finding out and starting the correct treatment for the disease that is actually causing the fever. This may have severe health consequences, especially if the real cause is typhoid or Ebola.

If one or more of the people with a fever (or any of the participants) says they should go first to the health facility to get tested for malaria, ask, discuss and clarify:

- What would be the consequences if this person actually has malaria?
 - They will take a malaria test that is quick, reliable and accurate.
 - If it is malaria, you can start malaria treatment straight away, knowing that this is definitely the correct treatment.
- What would be the consequences if this person did not have malaria?
 - You would find out quickly that it is not malaria. The test is reliable and you can trust the result.
 - The health workers at the health facility can then diagnose and correctly treat whatever other disease is causing the fever.
 - You do not waste money on treating the wrong disease.

If anyone says they should go wait and see how the fever develops, discuss and clarify that this is very risky. If malaria and some of the other diseases which cause a high fever continue without treatment, they can cause permanent damage or death.

Step B5: Say which person was touched by malaria, which person was touched by typhoid, and which person was touched by Ebola

If one person said they will go for malaria testing, say:

- You were touched by malaria, your malaria test was positive. You were successfully treated with malaria medicine and you are well.

If a second person said they would go for malaria testing, say:

- You were touched by typhoid. Your malaria test was negative, so the health worker looked more and diagnosed you as having typhoid. You were successfully treated with typhoid medicine and you are well.

If the third person also said they would go for malaria testing, say:

- You were touched by Ebola. Your malaria test was negative, so the health worker looked more and suspected you might have Ebola. You were sent to a specialized Ebola Treatment Unit (ETU) and successfully treated for Ebola, and you are well.

If anyone says they would buy medicine at the market, or stay home and use herbs, say:

- You were touched by typhoid (or Ebola) and since you were not properly treated, you have died, and you have also infected your families.

Ask:

- How do you feel about your decision about how to treat your fever?

Thank those who participated and invite them to sit down.

Step B6: Emphasize the importance of early testing and treatment of malaria

Say:

- Early diagnosis and treatment of fever, which can be caused by malaria and other diseases, is important to make sure you are getting the right treatment for the right disease.
- This is important for everyone, but in particular for pregnant women and children under five years. These groups can get malaria more easily than others. There is also a higher risk of malaria quickly becoming severe in these groups – which is why early treatment is particularly important for these groups.
- If someone has shown early symptoms of malaria especially fever, shivering, or head, body or joint aches; particularly an under five child or a pregnant woman, they should attend a health facility the same or next day so that they can get tested and treated if the malaria test result is positive. We also need to watch out for any potential new cases of Ebola.

Step B7: Danger signs in children

Say:

- Any child showing even one of the following danger signs at any time should be taken to the health facility immediately:
 - Unable to drink water (in children, this includes inability to breastfeed)
 - Vomits everything
 - Drowsiness or unconsciousness
 - Convulsions
 - Anaemia
 - Extreme weakness

PART C: ANTIMALARIAL DRUGS AND COMPLETING THE TREATMENT (10 minutes)

Step C1. Malaria treatment and adherence to complete the doses

Say:

- If your malaria test is positive, you will be treated with 'ACTs', a combination therapy drug that combines two other anti-malarial drugs to make the treatment more effective. In Sierra Leone a widely used and very effective ACT to treat malaria is AsAq, which is available from CHWs and at health facilities.
- Malaria medicine must be taken as directed by the health service provider. Make sure you finish all malaria medication as prescribed by the health service provider.

Ask:

- If you are feeling better after one or two doses, why is it so important to finish the prescription?

Answer: If you stop early, before the treatment has worked fully, the malaria may come back, and become resistant to the drugs.

Step C2. Killing the snake

Ask:

- Has anyone here seen a snake being killed?
- Who can act it out for me?

Let them act it out. Hopefully they will show that they hit it many times.

Ask:

- Why did you hit it many times?

Say:

- When you are killing a snake, you want to be really sure that it is dead, so you hit it many times to be sure. You don't want to find out that you just stunned the snake, and then it can come back and bite you, and it is angry!
- When we are treating malaria, we don't want to just hit it once, with a few doses. We need to keep hitting it for three days, with all the doses, to make sure we have really killed all the malaria parasites.
- In many communities, there are also traditional healers who offer treatment for malaria. However, while beliefs may be strong that such traditional medicines work, they may be used in addition to approved treatment available at health centres and hospitals – and not in place of these treatments!

PART D: MALARIA IN PREGNANCY (20 minutes)

Step D1. Problems caused by malaria in pregnancy – Joy and Joseph’s story

Say:

- We are now going to focus more on malaria in pregnancy. As we said before, malaria affects people of all ages, but it is especially dangerous to young children and pregnant women. Malaria during pregnancy is a threat to both the mother and the unborn baby.
- Let me tell you a story about Joy. She was very happy to be married to Joseph, the man she had loved since she was a young girl. Joseph and Joy were so happy when they found out that Joy was pregnant with their first baby. They knew Joy should go to the clinic for antenatal care, but they thought because she was young, strong and feeling well, she did not need to go until later in the pregnancy.
- One day Joy felt feverish and had a headache. She told Joseph she was worried that she might have malaria because they had not been sleeping under a bed net. She and Joseph decided to go to the clinic right away so Joy could get tested for malaria.
- Just as they were getting ready to go to the clinic, Joy felt pain in her belly, and then warmth and realized she was bleeding heavily. Joy had a miscarriage because of malaria, and lost her first baby.
- They went to the clinic to get her treated, and the nurse told them that malaria was one of the main causes of miscarriages in Sierra Leone.

Step D2. (Small group) Discuss Joy and Joseph’s story

Say:

- Break into small groups. In your groups, discuss Joy and Joseph’s story, then discuss other problems caused by malaria in pregnancy. The group will hear your ideas in few minutes.

After a few minutes, ask for volunteers to share what they discussed. Add any of the points from the box below that are not mentioned during the discussion.

Problems Caused by Malaria in Pregnancy

- Malaria causes problems for the unborn baby and the mother. Some of these problems are:
 - Premature birth (baby born too early)
 - Still birth (baby born dead)
 - Miscarriage (loss of pregnancy)
 - Anaemia and death of mother
 - Low birth weight

- A pregnant woman may have the malaria parasite in her blood but show no signs of malaria. This is because it takes some time for the person with malaria parasites to start showing malaria symptoms. By the time she is showing symptoms, the malaria parasites have infected the placenta already. This is probably what happened to Joy.
- Malaria in pregnancy can also lead to problems for the unborn baby. Malaria can infect the “placenta”. The placenta (afterbirth) is what feeds the baby while it is in its mother’s stomach. This infection can lead to a newborn who is too small and weak. Children who are small or weak at birth are more likely than other children to die in the first year of life.
- Malaria can cause anaemia. Anaemia can make the woman very tired and weak. Severe anaemia kills pregnant women through heart failure, and makes women less able to withstand even moderate blood loss at delivery. This puts the woman at a much greater risk of dying during childbirth.
- Anaemia can also cause children to be born too small and weak.

Step D3. Brainstorm what men and others in the community can do (or do not do) to support a pregnant woman in preventing malaria

Ask for two volunteers and say:

- This is Joy, and she is very happy that after waiting for 6 months after her miscarriage, she is pregnant again. This is Joy’s husband Joseph.

Ask them:

- What can Joseph do to support Joy during her pregnancy? What can community members do to support her?
- What can Joseph do that helps Joy to prevent malaria?
- What might men sometimes do or say that discourages malaria prevention during pregnancy?

The table below gives some ideas to suggest or add if participants do not suggest them:

Things caring partners can do to help	Things careless partners do
<ul style="list-style-type: none"> • Encourage your partner to go to ANC as soon as she suspects she may be pregnant. • For a happy and successful household, attend the clinic with your wife/partner to learn how to help her and your child stay strong and healthy. • Ensure that your pregnant partner sleeps under a net every night. 	<ul style="list-style-type: none"> • Delay or prevent their pregnant partner from going to ANC. • Insist on going only to a traditional healer during pregnancy. • Refuse to provide money or help for transport to go to ANC. • Spend or use emergency transport money put aside for her to get to a

<ul style="list-style-type: none"> • For a happy and healthy household encourage your wife/partner to attend clinic visits before and after birth and talk with her afterward to make sure everything is fine. • Check that the bed net is in good condition, with no holes. Ensure it is repaired or replaced if necessary. • Have a plan in place for getting his partner to the nearest health facility quickly should she have any danger signs. 	<p>health facility quickly in case of danger signs during pregnancy, or during labour.</p>
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Say:

- We know that women should attend to clinic as soon as they discover they are pregnant. However, many women do not attend the clinic as early as suggested. The role men have in the family and community can encourage women to go to the clinic early or discourage it. Men also play a role in how quickly a pregnant woman gets to clinic if she has a fever or other malaria symptoms.

PART E: CALL TO ACTION (5 minutes)

Step E1. Review learning and call to action

Ask:

- Do you think there is something that you can do to ensure that pregnant women that you know are protected against malaria?
- What suggestions do you have for a small, do-able action in the next week for this?

Say:

- Please turn to your neighbour and discuss for one minute your ideas about what you could do to make sure that pregnant women in your community do not suffer the bad effects of malaria.

Step E2. Make a pledge

Say:

- Repeat after me:
- I, _____, will go home today (let them repeat the phrase)
- and discuss with my family and neighbours (let them repeat the phrase)
- what we could do to make sure pregnant women are protected from malaria (let them repeat the phrase)

Repeat the pledge and thank everyone.

MODULE 9: Looking at Our Progress toward Our Vision of the Future

Objectives

By the end of this module, participants will:

- Have re-kindled their motivation to improve their family and community's health status
- Have identified and discussed barriers to change
- Have found support and solutions to overcome barriers

Summary

PART A: REMEMBERING OUR VISIONS FOR OUR FUTURE (15 minutes)

This activity revives motivation by reminding participants of the future they envisioned, and asks them to add to the vision based on what they have discussed in previous modules.

PART B: DISCUSSING ACTIONS TAKEN (15 minutes)

This module has participants remember the various actions they were going to try out after some of the previous modules, and asks them to assess which actions they were able to carry out, which they were not, and why.

PART C: WHAT HAVE WE LEARNT FROM THIS EXPERIENCE? (10 minutes)

Participants discuss the process of change.

PART D: BEING LIKE A PERSON YOU ADMIRE (10 minutes)

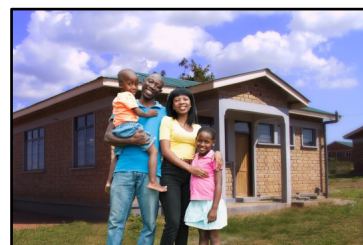
Participants describe someone they admire, and describe themselves using the same words.

PART E: WHERE DO WE GO FROM HERE? (10 minutes)

This module asks participants to brainstorm on how they can work together better to help each other achieve their individual and community goals.

Materials

- Laminated card with image of a happy family with a nice house



PART A: REMEMBERING OUR VISIONS FOR OUR FUTURE (15 minutes)

Step A1. Icebreaker/energizer

You can use any energizer here – song, dance, stretching, game – that will get participants engaged, relaxed, and energized.

Step A2. Participants remind themselves of what they had envisioned for themselves and for their community

Say:

- Now I'd like everyone to close their eyes and remember when they created their vision of their family's future. I will ask some questions and I would like you to think about your answers, but not talk to anyone about them. Just think to yourself.

Ask:

- What were some of the things you dreamed about when you created your vision for the future of your family and your community?
- How did you feel when you talked with someone else about your vision for your future?
- How would you say you have done in making some changes in your life to move towards your goals for the future?
- Have your ideas changed about what you need to do to ensure your family's success in the future since that first time we talked about it?

Step A3. Discuss your progress towards your vision with your neighbour

Say:

- Now I'd like everyone to open their eyes again and talk with their neighbour for five minutes about some of the questions we just thought about.
 - How have your ideas changed about what you need to do to ensure your family's success?
 - How would you say you have done in making some changes in your life to move towards your goals for the future?

Step A4. Ask for a few examples from participants

Say:

- Now I'd like a few volunteers to tell the group how their ideas have changed about what they need to do to ensure their family's success.

Let a few participants speak and thank them.

PART B: DISCUSSING ACTIONS TAKEN (15 minutes)

Step B1. (Small groups) Participants remember what they had planned to do after key modules

Say:

- Now I'd like everyone to open their eyes again and make groups of five or six people to talk about some of our previous modules.

Divide participants into groups of five or six people. At the end of each small group discussion about an individual module, each group should share two or three findings from their group.

MODULE 1

Say:

- During our first module, we discussed things that we the community could that would make our health centre experience better. At the end, we asked for volunteers to work with community leaders and health staff to plan activities that would make the health centre a better place.

Ask:

- Who knows what progress was made?
- What were some of the successes?
- What were some of the challenges?
- Do others in the group have ideas for overcoming those challenges?

Let each group present ideas for overcoming challenges in improving the health facility.

MODULE 2

Say:

- Shared Vision: After our second module, we asked participants to go home and talk with their families about making a shared family vision of what their successful future would look like.

Ask:

- Is there anyone in your group who did that? If so, let the people who tried it talk about what it was like.
- What was easy, what was hard in talking with your family about your goals for the future?

Let each group present ideas for helping families talk about working together for a successful future.

MODULE 8

Say:

- At the end of module eight, we asked participants to go home and take one action to ensure pregnant women that they knew were protected against malaria.

Ask:

- Did anyone do something to protect pregnant women that they knew against malaria? What was it?
- What were some of the challenges you encountered?
- Do others in the group have ideas for overcoming those challenges?
- Did anyone tell a friend or family about comparing killing a snake to finishing your malaria medicine dose?
- Did anyone tell a friend or family member about the story of Joseph and Joy, who had a miscarriage due to malaria?

Let each group present what their experience was in talking with their families about malaria treatment and protecting pregnant women from malaria.

PART C: WHAT HAVE WE LEARNT FROM THIS EXPERIENCE (15 minutes)

Have the participants stay in their small groups and repeat the approach of discussion in small group, reporting out at the end of each step.

Step C1. Summarize what worked and what was hard to do/change/try

Ask:

- Did it seem that some topics were easier to take action about and some were harder?
- Was it easier to try to do things individually or with others/as a community?

Step C2. Review this review. Was it helpful to hear other's experiences?

Ask:

- Was it helpful to review the various topics and action items together?
- What was useful to you during this discussion?
- Did you learn from hearing other people's experiences?

Step C3. Summarize

Say:

- It is not easy to try new things, particularly alone. Change takes time and effort.
- Sharing experiences with others helps to identify solutions.
- Trying again when you don't succeed often leads to success later.

PART D: BEING LIKE A PERSON YOU ADMIRE (10 minutes)

Step D1. Participants think of people they admire, and why

Say to participants:

- Think of at least one person you really admire and respect, who you think 'I would like to be like them in some way'. This could be anyone living or who has passed away:
 - a friend or relative
 - an activist
 - a community or religious leader
 - a sportsperson
 - someone on television, etc.
- Think of why you admire this person.

Give participants a minute to think of their examples.

Step D2. Demonstration of how to make and say an 'identity statement'

Ask one participant:

- Please tell me a person you admire, and why you admire them.

If he says, for example ‘Nelson Mandela, because he was strong and courageous’, say:

- So you admire/want to be like Nelson Mandela, because he was strong and courageous. Now I want you to say ‘I, (their name _____) am strong and courageous!’

Let the participant say ‘I, _____, am strong and courageous!’ (Or whatever words they have used to describe the person they admire.)

Repeat the demonstration with one more participant. If they chose their teacher because he was patient and caring, they should say ‘I, _____(name) am patient and caring!’

Step D3. Participants make their identity statements

Say to participants:

- This is how you make your identity statement!
- Now everyone think of someone they admire, and create your own identity statement (I, _____(name), am _____(whatever the thing is that they admire.)

Step D4. Participants tell each other their identity statements

Tell all participants to:

- Stand up, go to someone else and ask them: ‘Who are you?’
- The other person should reply, ‘I am....’ and give their identity statement (not their name).
- Their partner should repeat it back to them as an affirmation. For example, ‘I am Mary, I am strong and courageous!’ Mary’s partner would say, ‘You are Mary, you are strong and courageous!’
- Then do it the other way round.
- Then find another partner, and repeat this exercise.

Allow time for people to repeat this with four or five different partners.

Step D5. Ask participants how it felt to say something positive about themselves to others

Ask participants:

- How did it feel to say something so positive about yourself to other people?

Step D6. Encourage participants to memorise and keep using their identity statements

Summarize their comments and/or say:

- It can feel strange to say something very nice about yourself to someone else, but it can also make you feel good.
- I would like each of you to memorise your identity statement, and repeat it to yourselves regularly (five times a day).
- You can also make a new one if you need it.
- This will help you keep focused on your future goals.

PART E: WHERE DO WE GO FROM HERE? (15 minutes)

Step E1. (Small group) Where would you like to go from here?

Ask participants to divide into small groups and discuss the follow questions. They have five minutes to discuss:

- How would you say your community has done in making some changes to achieve your dream of a better community for the future?
- What ideas do you have about ways that your community could work together to make your community a healthier more successful place?

Step E2. Groups report their ideas

Ask the groups to come back and give at least three ideas of what the community could do next to make the community a healthier, more successful place.

Step E3. Make a pledge

Ask the participants to repeat after you:

- We, the people of _____ community (have them repeat the phrase)
- pledge that we will continue working together (have them repeat the phrase)
- to make our community and our families happier and more successful (have them repeat the phrase)

Repeat the pledge and thank everyone.

