



# AANCHAL

(Maatri-Shishu Swasthya Pustika)

Training cum Reference Manual for Pregnant & Lactating Women Peers



## ABOUT THE MANUAL

### Q Why has the training manual being developed?

The manual address the important aspects of pregnant and lactating women. These have been designed for peer leaders in simple language with interactive activity based teaching learning methods. They address antenatal care, post-partum care, nutrition, new born care and communication skills. Prevention of diseases and promotion of health among reproductive age group women is basic aim of preparing these modules.

*MAMTA has developed several modules on antenatal, postnatal and nutritional care in the past. With years of experience at the policy making and field level implementation, we came across various gaps in the thematic areas and methodological approaches. Through this manual, we aimed at strengthening the existing maternal and child health components with inclusion of additional thrust areas that need an immediate attention for a healthy and safe motherhood and childhood.*

### Q Why is it important to focus on pregnant and lactating women?

It is important to address the needs of pregnant and lactating women because their health is directly linked with the health of newborn baby. If mother is not healthy before conception and during pregnancy, then it is possible that the baby will also be affected. Health of mother and baby is pillar of healthy family. Since India struggled to meet the targets of Millennium Development Goals (MDGs) to reduce maternal mortality, neonatal mortality and under five mortality, it is important to build community awareness about the needs of woman during pregnancy and lactation.

### Q What are the national strategies and policies for mothers and children?

**As per Millennium development goal 5**, to improve maternal health - target was set as to reduce MMR by Three-four, between 1990 and 2015. In India, current MMR is 140/1 lakh live births and IMR is 40/1 thousand live births. A number of laws have been made for safe abortion services for pregnant women. MTP Act has been made to specify the place and other guidelines where abortion can be conducted. Policies and programmes such as the RMNCH+A, Janani Suraksha Yojana (JSY), Vande matram scheme etc has been framed for welfare of pregnant and lactating mothers. These all have recognised the importance to address their needs and enable them to realise their full potential by making informed and responsible decisions related to their health and well-being. Despite India's commitments and the current cohorts of females being healthier than ever before, vulnerabilities persist.

Under RMNCH+A, following strategies are framed for pregnant and lactating women-

1. Preventive use of folic acid in pre-conception period.
2. Pregnancy testing kits: Nishchay – supplied to all the sub centres and through ASHAs.
3. **Mother and Child Tracking system (MCTS)** – A mechanism that enables service providers to follow-up women and programme managers to monitor service delivery.
4. Line listing of severely anemic women, tracking of pregnant women with severe anemia for treatment and tracking of these women during pregnancy and childbirth must receive high priority.
5. Health facilities located across the health system are now assessed against a minimum benchmark of performance (number of deliveries conducted per month as one of the parameters of service utilisation) and designated as 'delivery points'.
6. Designated as L1, L2 and L3,
  - a **L1:** Minimum **three** normal deliveries per month
  - b **L2:** Minimum **ten** deliveries per month, including management of complications
  - c **L3:** Minimum **twenty to fifty** deliveries per month including **C-section**.
7. **Janani Shishu Suraksha Karyakram (JSSK)** – To reduce out-of-pocket expenses related to maternal and newborn care.
8. **Postnatal home visits** – made by frontline workers irrespective of the place of delivery.
9. **Home-based newborn care scheme** – Launched in 2011 to provide for immediate postnatal care (especially in the cases of home delivery) and essential newborn care to all newborns up to the age of 42 days. Frontline workers (ASHAs) are trained and incentivised to provide special care to

preterms and newborns; they are also trained in identification of illnesses, appropriate care and referral through home visits.

10. **Facility-based newborn care** – Special Newborn Care Units (SNCU)- They have been established at district hospitals and tertiary care hospitals to provide advanced care for sick newborns. They must serve as the referral centre for the entire district. Presently SNCUs are available across half of the districts in the country and more are in the process of being established. The goal is to have one SNCU in each district of the country.
11. **Newborn care corners** are established at delivery points.
12. **Navjaat Shishu Suraksha Karyakram (NSSK)** – Providers are trained in basic newborn care and resuscitation through the saturation of all delivery points with skilled birth attendance and nssk trained personnel and functional newborn care corners are the top most priority under the national programme.

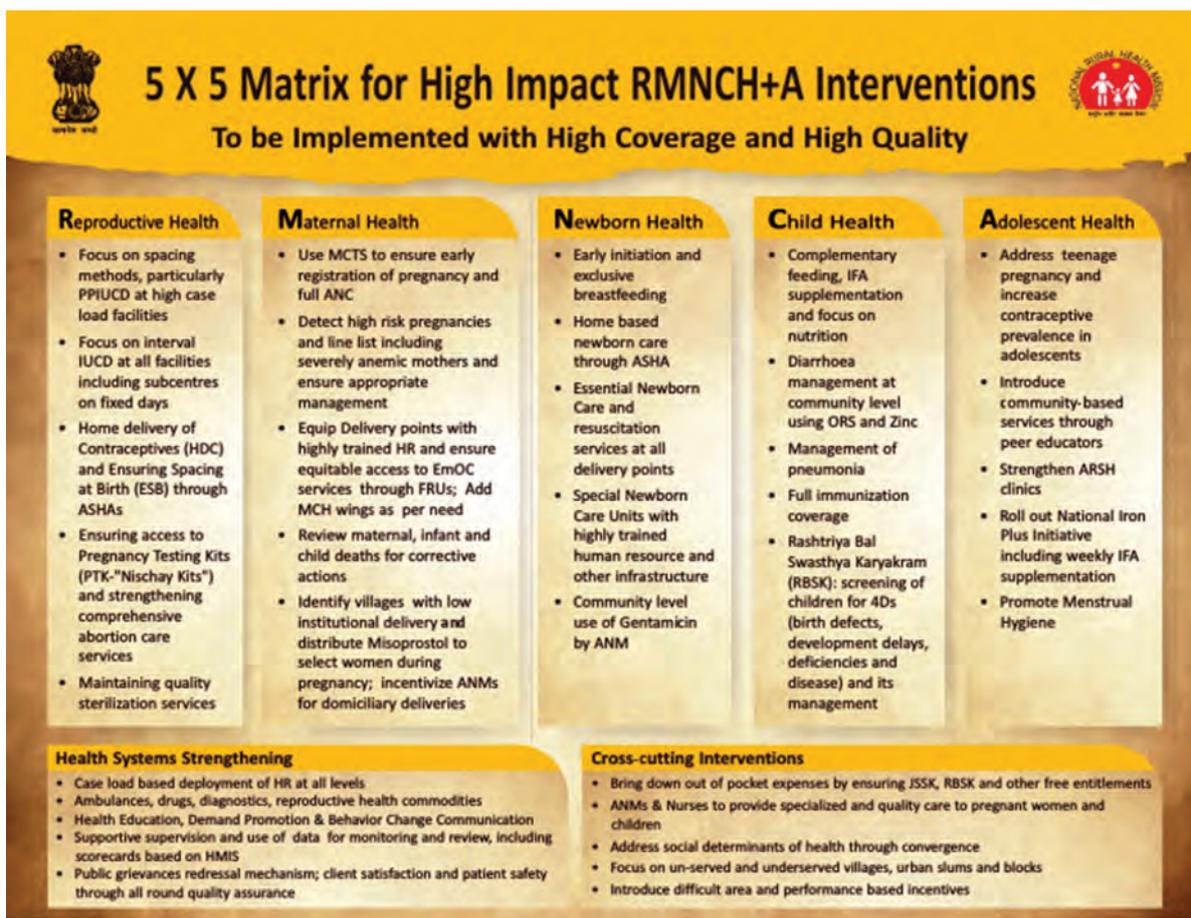


FIG 1. RMNCH+A strategy of National Health Mission

### Sustainable Development Goals (SDGs)

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development adopted by world leaders in the September 2015 UN Summit— officially came into force. Over the next fifteen years, with these new goals that universally apply to all, countries will mobilize efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind.

The SDGs build on the success of the Millennium Development Goals (MDGs) and aim to go further to end all forms of poverty. The new goals are unique in that they call for action by all countries, poor, rich and middle-income to promote prosperity while protecting the planet. Building on the MDGs, the SDGs propose to end poverty and deprivation in all forms, leaving no one behind, while making development economically, socially and environmentally sustainable.

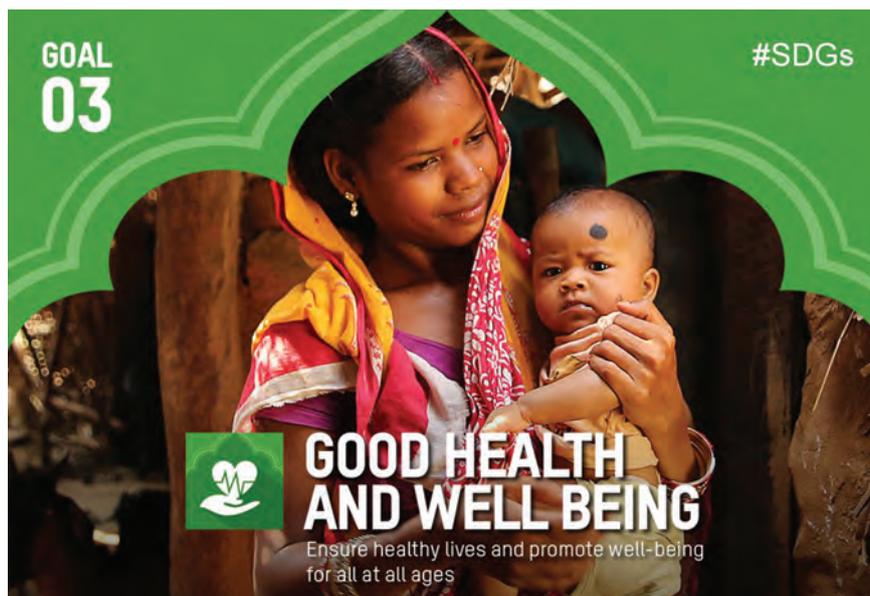
Maternal mortality has fallen by almost 50 per cent since 1990. In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds. Only half of women in developing regions receive the recommended amount of health care they need.

## Targets

- a By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- b By 2030, end preventable deaths of newborns and children under-5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

## Q Who are the target readers for this manual?

These modules developed for peer leaders at community level so as to build awareness and to facilitate working at grass root level. Community is most important stakeholder in the whole healthcare delivery system. Thus it is crucial to have some responsible peer leaders from the community who can facilitate delivery of health care services at beneficiary level.



Source: <http://www.in.undp.org/content/india/en/home/post-2015/sdg-overview.html>

**FIG 2.** Sustainable development goal 3

It is more relevant for disadvantaged groups like rural and urban slums residents who do have limited access to health care services. Any grass root level health worker like ASHA, ANM can also refer to these modules for skill building. Service providers can get help from these modules by knowing the basics of peer leaders and help them to clear the doubts of peer leaders.

## Q Why was the peer leader approach adopted?

Currently we are lacking in evidence based policy making, involvement of community in policy making and implementation of effective intervention for pregnant and lactating women.

Effective strategy would be inter-sectoral coordination, strengthening of primary health care services, involvement of community and family in decision making and empowering females themselves. Benefit of involving community in the decision making will help to frame cost efficient and effective interventions at community level. This is why the approach of peer leaders has been chosen because they are chosen from community itself. They know the attitude, beliefs, and prevalent socio-cultural practices of the community. This manual has been prepared in such a language that it will be helpful in any setting – rural, urban or slum. Although modules are existing for RMNCH+A, this module has been designed in modification to make it easier for peer leaders and training them. They will supplement the existing modules for RMNCH+A. These are user friendly and mostly self explanatory with a number of diagrams and is activities based.

## Q How was the training manual designed?

The modules are designed by taking inputs from experts in the field. Preventive, promotive and curative aspects were added to make it comprehensive for pregnant and lactating females. Field testing has been done and changes incorporated. The modules aims to empower pregnant and lactating women by enhancing knowledge, improving attitude and help them to develop necessary skills. Focus group discussion (FGDs) and in depth interviews were taken from peer leaders before developing the modules in the manual. The modules were

designed accordingly. The trainers for peer leaders have to build their technical knowledge as well as facilitation skills. This is a training-cum-reference manual which means training manual for staff to train peer leaders and also the reference manual for peer leaders to plan, design, monitor and conduct sessions. Two different session plans have been given in the manual (the first session plan is for trainers of peer leaders to use while conducting 4 day workshop and second plan in annexure IV is for peer leaders to refer for conducting BCC sessions). Eight modules in the manual will be covered in 12 sessions by peer leaders.

### Q How to use the manual?

The Manual includes eight modules, divided over four-day training workshop, with exercises ranging in duration from 10 minutes to 20 minutes each. Each session is accompanied by skill based activities to practice the knowledge and skills learnt, which is followed by evaluation to strengthen the confidence level.

Each session includes:

- Learning objectives
- Case studies
- A list of materials needed (including training aids, hand-outs and audiovisual content)
- Time allotted
- Practice session and key messages

Step by step instructions for conducting the training are presented along with the reference hand outs and annexures. The Manual will majorly focus on facilitation skills in view of executing the workshop involving group activities like role plays. Care has been taken to keep the content simple and focused; the manual will be supported with interactive discussions and practice sessions.

### Training method

The training methodology is based on adult learning principles. The methods used in this manual are: brainstorming, lecture, group discussion, role plays, case studies, structured exercises, etc.

### Training materials required

- Participants' manual and related handouts
- Stationary
- Board (optional)
- Colored chits
- Flipcharts (50 pages) and flipchart stands
- Glossy paper and chart papers
- Chalk and sketch pens
- Participants' registration forms (1 per day)
- Game cards
- Flash cards
- Props like food items, sticks, bowls, etc. for live demonstration sessions.

### Evaluation of training: the training follows a 3 step evaluation process

1. Facilitation **skills evaluation**, where in practice sessions on facilitation skills will be evaluated by the trainer at the end of each practice session. This shall help in enhancing the facilitation skills of the participants to be future ready.
2. Pre and post **knowledge evaluation** will evaluate the 4 days master training of peer leaders. This shall be conducted using a small questionnaire provided in annexure V before and at the end of 4 days training. This will measure the degree of improvement in knowledge on the issues. Its done to make training sessions more effective and acceptable for sustained and enhanced retention.
3. Participants' **feedback** will be entertained at the end of the workshop by filling up a feedback form. This will help in assessing the quality and gaps in training workshop for future improvement.

### Responsibilities of participants after receiving the training

After completing the training, the peer leaders should be able to conduct the training by using the activities/ steps of the session and be able to use the training materials (handouts, etc.) related to the issues. The facilitator (project staff) should play the role of a good trainer and motivator. The facilitator should be responsible for managing the training with support from MAMTA staff.

## Peer leader- role in pregnant and lactating women

Peer leaders are selected from the community from where females belong. Since they are of similar age group, they understand the problems and can help them to solve their problems in an effective and feasible way. Females can also discuss their queries easily since they might know them already. It is important because females may find it difficult to open up to any outsider to discuss their problems.

### Qualities of a good peer leader

- 1 A sense of purpose:** The aims and objectives must be clear, target members should be told about them and they should exemplify and uphold them in their own actions.
- 2 Temperance:** A peer leader must strive to maintain a proper balance of emotions; this does not mean that leaders should be dispassionate. Quite the contrary- but there are times for passionate advocacy and times for quiet reflection and reconsideration. Balance is the key.
- 3 Respect:** The dignity of each individual is the concern of any peer leader, and this is preserved by treating all with respect and ensuring they treat one-another similarly, regardless of differences.
- 4 Empowerment:** The more skilled peer leaders are, the more they feel confident in their abilities and competent to make decisions, raise questions, see new possibilities, and disagree respectfully with others.
- 5 Courage:** Peer leaders set direction, not wait for direction to emerge. They have to be willing to follow their convictions.
- 6 Deep commitment:** Peer leaders should have deep commitment to their work and the wellbeing of everyone. It is this deep commitment that makes leadership so challenging, because it requires a commitment.

### Coordination with other health care workers

Since peer leaders are from community itself, they can coordinate well with other workers like ASHA and ANM who are also responsible for health promotion and disease prevention among women. Peer leaders should learn to work as a team and sound communication and coordination should be made between other functionaries like health workers like ANM or medical officer.

### Q Why peer leaders are trained?

The overall aim of training peer leaders is to influence and train mothers with the help of peer leaders who are the individuals who identify themselves as a leader and have gained respect of the fellows. Peer leaders are ones who are positive role models for others. Peer leaders can influence the attitudes and behaviour of others. They can motivate the others to bring a positive change. Skill development occurs best when it is made in form of an activity and is done with peers.

### Q As a peer leader what am I supposed to do?

- 1.** Line listing of pregnant, lactating women (15-49 years) and reaching them irrespective of religion, caste, with the focus on beneficiaries from most marginalised communities in your area with the help of project staff.
- 2.** Make a group of 20-25 women and build rapport with them. This will help you in conducting sessions in a friendly environment.
- 3.** Schedule the dates for your session after discussing microplans with project staff. Inform the group members about the days well in advance. Kindly share contact details, in case any help is needed they might contact you.
- 4.** Conduct sessions as per the module. Help dispelling any myths and misconceptions with regard to health and protection issues during sessions. Ensure privacy and confidentiality about every member.

### Guidance and support for peer leaders

Peer leaders will be supported by out reach workers and supervisors of the project who have been oriented on your role as a peer leader. They will be your mentors. Peer leaders can contact them any time and project staff can be invited also for introductory session with the group. They will help leaders in reaching out to beneficiaries, in provision of safe space in community to conduct sessions, help resolve any problem in carrying out work and ensure correctness of messages. They can help women clarify myths and misconceptions and answer queries. They can also help in providing referrals brought by leaders. Moreover they can contact health workers like ASHA/ANMs or AWWs for technical support or referral.

### Q How to conduct a session in community with peers?

Peer leader to carry out session as formal group session, informal small group interactions and also one to one interactions. Peer leader has to conduct group sessions as given in manual spread over 12 sessions in 3 months duration (one every week). The format of session reporting and the checklist to keep track of topics covered with each peer group has been provided as annexure I and II respectively. The checklist forms have to be filled after conducting session verified by staff. Peer leaders will conduct 2 hour interactive session using the flip books and use this manual as reference in case of doubts or queries or to strengthen the technical knowledge. The session can be conducted at a suitable place in village.

#### 4 Es for peer leaders to remember during sessions:

1. Encourage equal participation and dialogues within groups and resolve conflicts
2. Empathy and patience while conducting session
3. Exercises and energizers based interactive sessions for better learning and remembrance by members
4. Ensure recording of important notes, observations and suggestions from group.

Key **Facilitation skills** that will be ensured through training to prevent **FAIL**ure:

**F**ace the audience while speaking

**F**ocused and to the point

**A**pproach participants to get their attention and solicit response

**A**sk open ended questions to encourage participation

**I**ssue time to think and assimilate the information

**I**nsight and non-judgmental attitude

**L**isten to what participants say

**L**ook into their eyes