

Part 2 Module 2: Activist Training for Monthly Mohallah Sessions

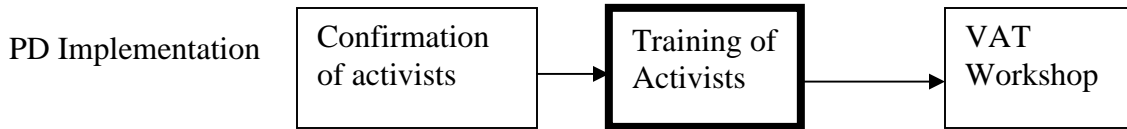


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Session 1: Objectives of Project and Draft of Mohallah Sessions

Competency	At end of session, male & female activists will be able to: <ul style="list-style-type: none"> - Run a monthly mohallah session (mobilize, keep attendance, etc.) - Present new information on maternal & newborn care interactively - Lead discussion of maternal & newborn care issues with villagers
Materials	Flip charts, AF cards, colors pens, stuffed dolls, boxes, handouts
Methods	Brainstorming
Process	<p>1. <u>Introduction and review of project objectives (flip chart)</u></p> <ol style="list-style-type: none"> 1. To reduce maternal and newborn morbidity and mortality in our village 2. To promote positive maternal and newborn care behaviors (including PD behaviors) during pregnancy, labor and delivery, immediately after birth, and in the postpartum period, at the household level 3. To mobilize our community for better maternal and newborn health care <p>2. <u>Activists training objectives (flip chart) :</u> Ask participants :”why are we here?”, then brainstorm on training objectives with participants. On a flip chart write the 3 objectives of the training</p> <ul style="list-style-type: none"> • To disseminate information regarding newborn to all member of the community • To promote the practice of key beneficial maternal & newborn care behaviors at household, especially PD practices to improve mother and newborn health outcomes • To have the skills to carry out mohallah sessions
Helpful hints	<p>Throughout the training of activists, the term “PD” is replaced by the local term “<i>Masali Kahdar</i>” to make the concept accessible to participants. Keep these 2 flip chart on the wall of training room throughout the PD activists training because the objective are reviewed at the beginning of each session.</p>
Process	<p>2. <u>Setting up support groups in mohallah session</u> Ask activists what kind of groups exist in the community (religious, castes, tribes, etc.). Distribute cards or pieces of paper and ask activists to write down what they think a group is (Male) or brainstorm about the characteristics of a</p>

group (Female). Write their findings on the board. Discuss what a group is, explain what support group is and its benefit. Go through the 10 items and explain each in details (See Appendix 4 for details)

Helpful hints

For item # 9: Open to all: Discuss who should participate in a female mohallah sessions: all interested pregnant women, mothers, mother-in-laws, and other interested women (older women, dais, LHW) and male mohallah sessions: all men, fathers, grandfathers, leaders, teachers, religious leaders, traditional healers, etc.

3. Checklist for activists to facilitate a mohallah session

Develop with activists a list of what the steps of the mohallah session are. Review the steps with a flip chart. (See details in Module1 Appendix 5).

Session 2: Newborn Situation, PD concept & PDI Findings Review

Time frame:

Competency	At the end of the session, activists will be able to -Provide information on newborn -Present and discuss the PD concept interactively with villagers - Share the PD behaviors with mohallah attendees.
Materials	Facts and figures about newborn. Conceptual games 1 & 2, PLA activity on newborn mapping Paper and magic markers
Process Helpful Hints	Activity 1: Review of maternal and newborn mortality and morbidity Participants are asked to share their experience with maternal and newborn mortality and morbidity in the last 2 years Review of status of newborn in Pakistan, province and district, causes of newborn morbidity and mortality. (See Appendix for details) Invite a public health provider to share the information on maternal and newborn care, if possible. Activity 2: Orientation to PD with village game Ask 2 PD facilitators to facilitate the game in 2 groups. Use the village game to illustrate the concept of PD. (See conceptual games Appendix 1 for details) Activity 3: Nasserudin story Ask a PD facilitator to volunteer to tells the story of Nasserudin, and

	<p>facilitate the discussion with participants about the meaning of the story regarding the problem of maternal and newborn care.i.e., finding solutions to maternal & newborn care problems right here, within the community. (See conceptual games Appendix 2 for the Nasserudin story)</p>
Process	<p>Activity 4: Newborn situation mapping, mohallah level (See Appendix 3 for details). Invite a PD facilitator to facilitate this activity. This activity has already been carried out during the PD process at community level but is reviewed because it can be used as a monitoring tool at mohallah level.</p>
Helpful Hints	<p>It is easier to use only 3 categories of newborn: healthy babies, sick babies and babies who have died (stillbirth optional) within 40 days after birth. For male mohallah session, it is not necessary to explore signs of sickness during this exercise.</p>
Process	<p>Activity 5: Sharing the PD behaviors Discuss with participants ways to share the PDI findings with the villagers during the mohalla PD sessions, including: Illustrative poster, use of cardboard box for PD house with illustration of PD practices in it, skit or demonstration of practices.</p>
Helpful Hints	<p>Because recalling PD practices will be done throughout the training and during all mohalla sessions, it is useful to have a visual aid to depict them at hand. Also ensure that each activist has a set of all the materials needed to carry out their “<i>Practice Mohalla PD session 1</i>”</p>
Role play or Field practice & feedback session	<p>Activity 6: Activists practice of this session Note: Before session 2, each activist either role play this session with other participants in small groups or go to their mohalla and practice this first session with villagers. Facilitators need to have their observation check list ready. Members of the VAT are invited to observe the practice session as well. A feedback session is organized on the model developed in the previous module to ensure quality of mohallah session.</p>

Session 3: Ante Natal Care & Delivery Preparedness

Competency	<p>At the end of the session, activists will be able to</p> <ul style="list-style-type: none"> - Discuss with mohallah attendee issue relating to safe motherhood - Identify maternal danger signs & prepare a CDK
Materials	Brainstorming, story telling, group work and role-play, Jamila story book

	AF cards. Materials for a Clean Birth Kit bazaar such as: blades, plastic sheets, soaps, bottles, ghutti, dirty knives, powders, <i>gadeila</i> material, soother, talcum powder, plastic sheets, towels, cotton stuffing for <i>gadeila</i> , disinfectant ointments.
Process	<p>Activity 1- Jamila story –</p> <ol style="list-style-type: none"> 1. Brainstorm on problems faced by women during pregnancy and delivery with participants . 2. Tell the Jamila story using the SC/US IEC story-book and ask participants what factors are involved in the death of Jamila, and write them on a flip-chart. For example: she had too many children, anemic, too young when she started child-bearing, and too old at this ninth delivery, didn't have check-up during pregnancy. 3. Have the participants write on a flip-chart what the problem was, who was responsible, and what the solution was. 4. A flip-chart is drawn with the 3 delays (at the home, transport, and hospital), and a discussion on delivery preparedness follows. 5. Trainer divides participants into 2 groups and asks them to choose a leader to lead the group in a discussion on antenatal care and delivery preparedness using the Jamila story.
Helpful Hints	This story raises a great deal of discussion about different RH issues. For example, the issue of Low Birth Weight (LBW) is discussed and a solution found. Participants also discuss issues regarding family planning (access, barriers).
Process	<p>Activity 2: Maternal danger signs during pregnancy</p> <p>Distribute the AF cards to participants and ask them to tell what they know about the danger sign illustrated on the card. Participants, (especially female activists) are encouraged to illustrate what they know with an example from their mohallah. (See appendix 6 for details on danger signs). Danger signs during pregnancy are:</p> <ul style="list-style-type: none"> • Bleeding during pregnancy: If a woman bleeds during pregnancy it might lead her to miscarriage. So, she must be taken immediately to doctor. • Bleeding after delivery: If woman's bleeding does not stop after delivery even then her loss of blood can take her to death within few hours. • Swelling of hands and feet: this symptom during pregnancy implies that her blood pressure is extremely high and it can be life threat to both mother and her unborn child. • Eclampsia: It can also lead to a stillbirth. Thus it should be taken seriously. • Fever after delivery-This symptom implies some severe infection that can be fatal for the mother. • Prolonged labor-Time for the normal labor pains is defined

<p>Helpful Hints</p> <p>Helpful Hints</p> <p>Helpful Hints</p>	<p>between 8 to 10 hours. Beyond this period the woman must be taken to the hospital immediately.</p> <p>Cards are highly appreciated by the female participants. You may want to photocopies them to be used by female activists in their own mohalla sessions.</p> <p>The cards may be too sensitive to show in an all-male group, but male activists want to keep them to remind themselves about the danger signs (the cards show a pregnant women in various states of danger, e.g. with blood coming down her legs)</p> <p>Activity 3- Bazaar for Clean Birth Kit (CBK). (See Appendix 1) Assign some responsibility to PD facilitators to organize the CBK bazaar.</p> <p>This is a very interactive and fun exercise, which helps participants learn by doing. Give participants ample time to “purchase” and discuss their individual CBK. If participants choose ‘wrong’ items – soother and talc or ointment, it gives the trainer an opportunity to explain the negative effects of these or other items on the healing of the umbilical cord. After the game, reviews the PD practices relevant to delivery preparedness.</p> <p><u>Homework for females activists only:</u> <i>Practicing a PD behavior, making gadeilas or birth cushions made of clean rags at home.</i></p> <p>Activity 4. TT video – (during training only) After watching this video, participants brainstorm about why the baby died of tetanus, giving all the different reasons (the father and mother-in-law didn’t listen to the mother and allow her to go for an ANC check-up, it might have been a dirty delivery, when they saw the danger sign they didn’t act quick enough).</p> <p>The different schedules of TT vaccination may be very difficult to understand (two shots in the 7th and 8th month during each pregnancy or three shots, or five shots for life-long protection etc). Develop a simple visual aid to show the different options and their advantages. Ensure that the final message the PD activists will give the villagers is clear and simple.</p>
<p>Role play or Field practice & feedback session</p>	<p>Note: Before session 3, each activist either role play this session with other participants in small groups or go to their mohalla and practice this first session with villagers. Facilitators need to have their observation check list ready. Members of the VAT are invited to observe the practice session as well.</p> <p>A feedback session is organized on the model developed in the previous module to ensure quality of mohallah session.</p>

Session 4: Labor & Delivery care, immediate post-partum care of newborn

<p>Competency</p> <p>Materials</p>	<p>At the end of the session, activists will be able to:</p> <ul style="list-style-type: none"> -Explain the 3 cleans to mohallah attendees - Role-play a delivery with participants (female only) <p>Home made stuffed dolls, items from the “bazaar”</p>
<p>Process</p> <p>Helpful Hints</p>	<p>Activity 1- The 3 Clean:</p> <ol style="list-style-type: none"> 1. The trainer brainstorms with participants about the 3 cleans (and components of them) and the 4 warms. 2. Then the trainer writes them on flip-charts, and tests the participants on each point they had to remember. (See Appendix 5: For curriculum & more details). 3. The trainer reviews the PD practices relevant to this topic. <p>Although this session covers the same topics as in the previous session, repetition works well, and telling the same information in different ways helps the participants internalize it.</p> <p>Activity 2 - Role-play of delivery (Women’s only): Using the stuffed doll, women enact the delivery so that they can practice performing the three cleans and four warms.</p> <p>When asked if they could role-play a delivery in a <i>mohalla</i> session, the women said they could, but only if it was the third or fourth <i>mohalla</i> session and they had gotten to know the other participants first. The unmarried women could help the married women to do this role-play, but not do it themselves.</p>
<p>Process</p>	<p>Activity 3: Immediate post-partum care of newborn (female only)</p> <p>Discuss with activists the different steps and activities involved in immediate post-partum care of newborn.</p> <p>Ask participants to demonstrate how they take care of newborn with manipulation of a stuffed doll.</p> <p>Demonstrate the different steps and activities with explanation for each step. Ask volunteers to demonstrate again. (Refer to Appendix 2 for details)</p>
<p>Role play or Field practice & feedback session</p>	<p>Note: Before session 4, each activist either role play this session with other participants in small groups or go to their mohalla and practice this first session with villagers. Facilitators need to have their observation check list ready. Members of the VHC are invited to observe the practice session as well.</p>

Helpful Hints	<ul style="list-style-type: none"> • It is a complete diet in itself • It develops a strong affiliation between child and mother • Colostrum contains antibodies that are essential for curing newborns of diseases <p>Activity 3: Tips for breastfeeding (For the female group only) (See Appendix 4 for list of tips and messages on breastfeeding) Amama.</p> <p>Ensure that local expressions and proverbs used by PD mother-in-laws, TBAs or women are used to promote use of colostrums, initiation of breastfeeding, exclusive breastfeeding, etc.).</p> <p>Participants said they can all use the cards in their own <i>mohalla</i> sessions (including males).</p>
Role Play	This session can be role-played by female activists only, using a stuff doll For positioning of the newborn for optimum breastfeeding.

Session 6: Routine and Special Postpartum Care of Newborn and Mother

Competency	<p>At the end of the session, activists will be able to:</p> <ul style="list-style-type: none"> - Explain newborn danger signs and demonstrate special care of newborn - Lead a discussion on the role of father in maternal and newborn care
Materials	2 baskets (red & green), several decks of 17 cards with 11 illustrations of newborn danger signs and 6 illustrations of non-danger signs. Stuffed dolls including a LBW stuffed doll.
Process	<p><u>Activity 1: Danger Sign Game –</u></p> <ol style="list-style-type: none"> 1. Place a red and a green basket in front of the participants, and give them 17 cards. Each card has a newborn sign on it (11 danger signs, and 6 non-danger signs). 2. Ask participants to place the danger signs in the red basket, and the non-danger signs in the green basket. 3. After this is done in a group, each participant is given his/her own set, and asked to put the cards in the right basket as fast as possible. 4. Trainer explains which disease each danger sign is related to. <p><u>Activity 2: Role play of timely seeking help</u> The trainer asks for 3 volunteers to leave the room and prepare for a role play from a prepared scenario. Example of such scenario: <i>The family recognizes that the baby is having difficulty in breathing. The</i></p>

	<p><i>mother-in-law, tries some home made remedies i.e. massage of eggs yolk on baby's chest and wrapping of the baby's chest with cloth. No improvement is experienced. The father examines the baby's chest and notices the in-drawing of the rib cage, and recognizes that this is pneumonia. He immediately tells his mother that they should not delay a single minute and take the baby to a skilled health care provider, as it is pneumonia, which is very dangerous for newborn. He arranges for a vehicle and takes his baby to the doctor.</i></p> <p>After the role-play, the trainer explains the importance of timely recognition of danger signs and timely seeking of care from a skilled health care provider. Both male and female do this role-play with a lot of interest.</p>
Helpful Hints	<p>The trainer invites individual participants to share an experience with timely or delayed care seeking. The trainer leads a discussion on what could have been done differently in case of delayed care seeking.</p>
Process	<p><u>Activity 3: Special care of LBW baby with LBW stuffed dolls</u></p> <ol style="list-style-type: none"> 1. Trainer brainstorms on what are the special needs of a LBW baby 2. Trainer reviews tips for care of LBW (See Appendix 6B for details). 3. Trainer invites some participants to role play care of LBW with the following scenario. <p><i>Third baby was born to Mr. Ijaz. The family is not happy over the birth, as they are concerned over the size & weight of the baby, which is very small. The mother of the baby recognizes that it is a special baby, who needs a special care. She knew all the care required for a small or LBW baby. She kept the baby warm by wrapping the baby with warm cloths. Her husband kept the room warm by burning the fire. She breast-fed her child after small intervals and gave nothing else beside the breastmilk. After one-month's intensive care the baby got normal and healthy.</i></p> <p>Note: Role plays or case studies can be developed from PD inquiries. Ensure that villagers names are withheld to secure their privacy.</p> <p>After the role-play, the trainer explained that LBW babies require intensive care and should not be treated as other babies treated.</p> <p><u>Activity 4: Dealing with birth asphyxia</u></p> <ol style="list-style-type: none"> 1. Trainer asks participants what they think should be done when a newborn cannot breathe (brainstorming) 2. Trainer reviews the proper techniques for newborn resuscitation using the stuffed doll
Helpful Hints	<p>Male activists are encouraged to role play while all female activists do the role play.</p> <p>Note: Practicing newborn resuscitation requires close attention since it</p>

	<p>could be potentially fatal for the newborn if not practice properly. (David input here)</p>
<p>Process</p>	<p><u>Activity 5- Role of father in maternal and newborn care</u> The trainer invites participants to make a list of activities the father (husband) usually performs during the antenatal and postpartum period regarding the mother and the newborn.</p> <p>The trainer reviews the PDI findings relating to the role of father in maternal & newborn care in the village and discuss these uncommon behaviors (attentiveness to wellbeing of pregnant woman- special diet and rest, reduced workload for the lactating mother, etc..) with participants</p> <p>The trainer uses the AF cards covering the importance of diet of lactating mother i.e. three meals, two snacks, milk, fruit etc. He discusses all the messages on the card regarding maternal diet in detail with the participants</p> <p><u>Activity 6 (male activists training only) Role play by trainers depicting a newborn with its parents and the mother in law.</u> The role-play shows the father trying to talk to the wife, holding the baby, giving special care to the wife, and convincing the mother-in-law that he should be involved in the whole process. It also shows the father objecting to ghutti, and insisting on the mother’s milk only. .</p>
<p>Helpful hints</p>	<p><u>Feedback:</u> Men like this role-play. Some participants said they could actually perform in public, with other participants (bearded – therefore quite respected).</p> <p><u>Optional- Activity 7- Video community drama</u> (training only) produced by SC/US’, which also depicts the importance of a supportive male role.</p> <p>Closing ceremony</p> <p>Lighting the candle – This exercise demonstrates how knowledge can be shared between participants, without anyone losing anything. One participant has a lit candle, and lights another person’s candle, who then lights another and so on. Participants are encouraged to make a short statement about the training.</p>

Appendix 1 : Make Believe Bazaar for Clean Birth Kit (CBK)

With Whom: PD activists (training) , Men and women (mohalla PD sessions), TBAs, LHW

Materials: Ahead of time purchase a few sample of the following items: blades, plastic sheets, soaps, bottles, ghutti, dirty knives, powders, *gadeila* material, soother, talcum powder, plastic sheets, towels, cotton stuffing for *gadeila*, disinfectant ointments.

Time frame: 45 minutes

Steps:

1. Build a bazaar on the side of the training room. In this bazaar are various items mentioned above.
2. When the discussion comes to clean birth kits and delivery preparedness, asks participants to “go’ to the bazaar for a cup of tea.
3. Direct participants to buy what they consider to be necessary for a clean birth kit.
4. Have each participant show his/her purchase for their CBK to each other and discussed what they had bought.
5. Ask participants to validate their purchase and corrects wrong choices with an explanation

Appendix 2: “3 Clean” and “4 Warm” practices

1. “Three Cleans” for the delivery:

- Clean place: the place of delivery should be neat and clean like there should not be any dirt or dung at the place of delivery; a clean bed sheet and plastic sheet should be used.
- Clean hands for the birth attendant: the hands should be washed with soap **before** conducting the delivery.
- Clean cut: the umbilical cord must be cut by a clean or sterilized sharp instrument such as new razor blade.

2. “Four Warmth” for immediate care of the newborn:

To maintain the body temperature of a newborn the following is needed

- Warm room: the delivery room should be kept warm so as to help the newborn maintaining its temperature.
- Warm surface: the newborn should be put down on a soft and warm place right after birth: cushion like *Gadeyia* should be made to place the baby immediately after the delivery.
- Warm clothes: the baby should be wrapped in warm clothes urgently after its birth.
- Warm body contact: put the baby close to mother’s body to keep it warm as the body of the mother is the warmest place for a baby.

Appendix 3 A: Maternal danger signs

Period	Maternal danger signs
Antenatal	Bleeding Swelling of hands and face Convulsion Headache Difficulty breathing Fever
Labor & delivery	Labor for > 24 hours first delivery Labor for > 12 hours for all other deliveries Excessive blood loss Convulsions Fever, chills Mal-presentations (anything other than head first) Retained placenta Foul-smelling discharge
Post-partum	Bleeding Fever, (puerperal sepsis) Chills Foul-smelling discharge Convulsions

Appendix 3B: Exploring Danger Signs with AF Cards

1. Explain the participants that they will be learning how to use these Asia Foundation danger signs cards. It will help them to counsel mothers and fathers in their communities. Hold up the cards for participants to see. Point out that there are pictures and text on each card.
2. Say that the colorful drawings are designed to help the mothers understand and remember what they are talking about.
3. Divide the participants into small groups and give each group a set of counseling cards of danger signs.
4. Ask the members of each group to take turns reading to each other the text on the material until all have been read. Add that as each participant reads the messages to his/her group, they should also explain to the group the pictures on the front of the card. If he/she has a problem, the other members of the group may help her.
5. When all the groups have finished reading out the material, call participants together and ask the participants:
 - What they think about the cards?
 - How these will be helpful during the sessions?

Appendix 4 Tips for Breastfeeding **Amama to finish**

Advantages of breastfeeding for the mother:

- It helps in the expulsion of placenta soon after the delivery
- It prevents Breast cancer
- It prevents mother from immediate pregnancy
- It is available all the time etc.

Advantages of Breastfeeding for the newborn.:

- It is safe and free of germs
- It is in right composition and ideal temperature that is required by the child
- It is a complete diet in itself
- It develops a strong affiliation between child and mother
- Colostrum contains antibodies that are essential for curing newborns of diseases

Appendix 5: Newborn Danger signs

Period	Newborn danger signs
Immediate postpartum	<ol style="list-style-type: none"> 1. Not breathing right after birth (i.e., birth asphyxia) 2. Too small at birth (i.e., low birth weight due to prematurity)
Postpartum period	<ol style="list-style-type: none"> 3. Signs of possible infection: <ul style="list-style-type: none"> Hypothermia Inability to suck Convulsions Difficult or fast breathing Cyanosis or blueness of lips or skin Fever No crying Purulent discharge from eye Purulent discharge from umbilical cord Vomiting

Newborn Danger Sign Game

1. Place a red and a green basket in front of the participants, and give them 17 cards. Each card had a newborn sign on it (11 danger signs, and 6 non-danger signs).

2. Ask participants in a group to place the danger signs in the red basket, and the non-danger signs in the green basket.

The 11 danger signs are : inflamed cord, fever, convulsions, difficulty in breathing, baby is too small, bluish skin and lips, inability to suck and not responding to stimuli, no crying, vomiting and diarrhea, pus from the eyes.

The non-danger signs included the baby hiccupping, and a large baby.

3. Repeat exercise with individual participants. Each participant is given his/her own set with 2 baskets, and asked to put the cards into the right baskets very fast.

4. Explain which disease each danger sign is related to.

Appendix 6 A: Normal Post partum care of the Newborn

From “Live-saving skills”. ACNM 1998

1. The cord. The cord should be kept as dry as possible. It may be swabbed with soap and water to help keep it clean. It can be covered or left uncovered depending on the practice in your area. It is important to keep the cord very clean. The cord normally falls off in 5 to 10 days. In case of any discharge and foul smell go to the health provider immediately.

2. The eyes.. The baby’s eyes should be wiped with a clean cotton cloth or gauze. This prevents infection from germs which may cause blindness.

3. The skin. At birth there is a sticky cream called vernix which covers the newborn’s whole body. It may be left to come off gradually. In general the skin should be kept clean. It may be washed with clear, warm water and patted gently about 12 hours after birth. A slight yellowing of the skin is normal around the third or fourth day. It disappears within a week. It should not be confused with the more serious form of jaundice, which starts on the first or second day may be seen in the eyes, bottom of feet, and the palms of the hands. The baby with serious jaundice must be taken to a doctor right away. Jaundice is often an early sign of sepsis or blood incompatibility.

4. The first stools. The first stools (bowel movements-meconium) the baby passes are blackish in color. The color of the stools changes to yellow within 2 or 3 days .If the stools become watery, dark green, contain mucus or are explosive (gas), the baby is very sick and should be taken to a doctor right way.

5. Sucking. Give the breast to the newborn as soon as possible after birth. Let the mother hold the baby close to keep the baby warm. The baby may be alert with a strong sucking reflex or may need to be helped to suck (especially LBW babies). Sucking is good for the newborn and mother. It makes a mother stimulate the production of oxytocin which helps to deliver the placenta and prevent too much bleeding in the mother.

6. The colostrum. In the first few days, the mother’s breast secrete colostrum, a thick, colorless fluid. As the baby sucks, the colostrum gives it protection from infection. Babies who take their mother’s colostrum have fewer infections during the first 6 months of life. Colostrum is rich in antibodies from the mother and in protein. It is important that the baby take this rich and protective fluid.

7. Breastfeeding on demand. The baby should feed whenever it wants from birth, for as long as it wants. Frequent feeding and sucking stimulates the production of prolactin, which helps the milk come in sooner. Demand feeding prevents many problems, such as breasts engorgement. Mothers should be encouraged to give both breasts at each feeding.

Appendix 6 B: Special care of the newborn

Low Birth Weight Newborn:

- ❑ Extra care for warmth: extra clothing; double wrap, including head; close body contact with mother or other caregiver (modified Kangaroo); delay first bath for at least one full day
- ❑ Extra care in feeding: breastfeeding every 2 hours until baby gets bigger; consider modified spoon-feeding of expressed breast milk for those with weak sucking
- ❑ Extra care against infection: everyone wash hands before handling the LBW; those, including, family, who are ill (ARI, diarrhea, skin infection, etc.) should avoid contact with the baby
- ❑ Extra care to detect and evaluate danger signs

Birth Asphyxia:

- ❑ Immediate Action: No delay in looking for help from someone else.
- ❑ Dry baby and turn him on his side and briskly rub his back to help him start breathing
- ❑ If necessary, provide a few breaths (from resuscitator's mouth and cheeks only!) as mouth-to-mouth or mouth-to-nose resuscitation

Infections (cord, ARI):

Appendix 7: Lessons Learned from PD Activists Training

- Activists can develop their own action plan for their mohallah PD session. After each session the SC PD team facilitated the activist (both male and female) to develop action plan for PD Mohalla session which were regularly conducted by them and monitored by a SC PD staff.
- PD training organized at the village level worked very well. It developed the ownership of activists in the process and enhanced their interest and participation in the activity.
- Another major lesson learnt was that the PD training was organized in the village instead of SC office, which worked very well. It gave the activists ownership of the process and enhanced their participation in it. The training was carried out on weekly basis, covering 6 topics in 4 weeks, which developed coordination between SC staff and community activists and strengthened the interest and participation of the community people in PD.
- Rotation of venue for the training sessions within the village fosters activists and villagers ownership of the project. It also promotes better participation of community members in the mohallah PD sessions.
- The community was mobilized by observing their friends (PD activists) enthusiastically participating in PD training sessions. This enhanced the participation in mohalla PD sessions, which were conducted by the PD activists.
- Time of the training was scheduled with consultation of activists (men). The evening time suited them and ensured their participation in the training.
- Training should be organized at a socially accepted places i.e. Hujra or a health facility. Some time due to caste differences or personal clashes people are not willing to participate at certain places.
- Inviting some health providers as resource persons in PD training sessions especially for some technical topics such as r Breastfeeding boosted the interest of the participants.
- For community members especially, it is important to have one simple message about TT vaccination.

Appendix 8: Messages for the Mohallah Sessions

Messages from PDs and information dissemination
<ul style="list-style-type: none"> • TT protects both the mother and the baby
<ul style="list-style-type: none"> • Danger signs can mean that a life-threatening problem is present • Any pregnant women can have these danger signs: see list • Any women in labor can have these danger signs: see list • Any postpartum women can have these danger signs: see list
<ul style="list-style-type: none"> • When a danger sign is present, survival can be threatened quickly • Your family is key to helping you • If you have a danger sign, your family must take you without delay to XXX, a facility that can help you.
<ul style="list-style-type: none"> • Prepare ahead of time because labor can begin suddenly • Prepare ahead of time because danger signs can develop suddenly
<ul style="list-style-type: none"> • Remember that you need to “eat for two” during pregnancy • If you restrict your diet, your baby may be weak and unhealthy.
<ul style="list-style-type: none"> • Provide clean surface, soap and clean razor blade • Ask the birth attendant to scrub her hands with soap and water before touching you
<ul style="list-style-type: none"> • Do not place baby on the floor/ground • Wrap and dry the baby immediately, even before the cord is cut or the placenta is delivered
<ul style="list-style-type: none"> • Colostrum is “natural ghutti”, Colostrum is clean and safe • It is like the baby’s first immunization • When your newborn sucks your colostrum, your milk comes in quicker and in greater amounts • Immediate breastfeeding reduces mother’s bleeding
<ul style="list-style-type: none"> • Breastmilk is a complete food for your newborn. It is clean, warm, and tasty. • Breastmilk prevents disease. • Breastmilk is all the food needed by your baby for the first 6 months.
<ul style="list-style-type: none"> • Remember that you need to “eat for two” during lactation
<ul style="list-style-type: none"> • Mothers need rest after delivery to care for their newborn and regain their strength.
<ul style="list-style-type: none"> • Danger signs can mean that a life-threatening problem is present • Any newborn can have these danger signs: (see list)
<ul style="list-style-type: none"> • Newborns who do not breathe or cry immediately after birth can get very sick or die. • If you see that the newborn is not breathing, do NOT go and find someone else to double check.
<ul style="list-style-type: none"> • If the newborn is not breathing, immediately dry him and rub his/her back briskly to help him start breathing • If the newborn is not breathing, do not seek care anywhere else. Help him NOW.
<ul style="list-style-type: none"> • Some newborns are much smaller than normal because they are born too soon or did not grow well. • Very small newborns must be recognized quickly because they need special care right away.
<ul style="list-style-type: none"> • The small baby gets cold easily so doubly wrap him until he gets bigger • postpone his first bath for at least a full day. • It has a small stomach, so feed him every two hours until he gets bigger • It can get infection more easily, so everyone who touches him should wash their hands until he gets bigger • It can get infection more easily, so watch for danger signs (below)
<ul style="list-style-type: none"> • Danger signs can mean that a life-threatening problem is present • When a danger sign is present, survival can be threatened quickly • Mother’s husband and mother-in-law can help the baby receive care quickly • Seek care without delay from XXX, a facility that can save your baby.

