Training in Community-Directed Intervention to Address Malaria in Pregnancy
Facilitators’ Guide
Version 2
The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project is an innovative, community-based approach that aims to dramatically increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial treatment, thus saving the lives of thousands of mothers and newborns.

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## Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ACT</td>
<td>artemisinin-based combination therapy</td>
</tr>
<tr>
<td>ANC</td>
<td>antenatal care</td>
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<tr>
<td>CDI</td>
<td>community-directed intervention</td>
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<tr>
<td>CHW</td>
<td>community health worker</td>
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<tr>
<td>c-IPTp</td>
<td>community-directed intermittent preventive treatment in pregnancy</td>
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<tr>
<td>DSA</td>
<td>daily subsistence allowance</td>
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<tr>
<td>govt.</td>
<td>government</td>
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<tr>
<td>HCW</td>
<td>health care worker</td>
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<td>IEC</td>
<td>information, education, and communication</td>
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<tr>
<td>IPTp</td>
<td>intermittent preventive treatment in pregnancy</td>
</tr>
<tr>
<td>ITN</td>
<td>insecticide-treated bed net</td>
</tr>
<tr>
<td>LLIN</td>
<td>long-lasting insecticidal net</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td>MiP</td>
<td>malaria in pregnancy</td>
</tr>
<tr>
<td>MOV</td>
<td>means of verification</td>
</tr>
<tr>
<td>RDT</td>
<td>rapid diagnostic test</td>
</tr>
<tr>
<td>SBCC</td>
<td>social and behavior change communication</td>
</tr>
<tr>
<td>SP</td>
<td>sulfadoxine-pyrimethamine</td>
</tr>
<tr>
<td>SSA</td>
<td>sub-Saharan Africa</td>
</tr>
<tr>
<td>TIPTOP</td>
<td>Transforming Intermittent Preventive Treatment for Optimal Pregnancy</td>
</tr>
<tr>
<td>VI</td>
<td>verifiable indicator</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Acknowledgments

This training program has been adapted from a program funded by the ExxonMobil Foundation that aimed to provide community-directed interventions (CDIs) to combat malaria in pregnancy. The program took place in several local government areas (districts) in highly malaria-endemic areas of Akwa Ibom State, Nigeria. The original modules focused on:

- Provision of intermittent preventive treatment in pregnancy (IPTp) of malaria
- Acquisition and use of insecticide-treated bed nets
- Malaria case management

Later, with additional support from Ellicott Dredges, a company based in Baltimore, Maryland, the training curriculum was expanded to include integrated community case management of common and febrile illnesses, including malaria, pneumonia, and diarrhea.

Based on this experience, Jhpiego was asked by the World Bank Malaria Booster Program to assist the National Malaria Control Programme in Nigeria in training teams in seven focal states on the principles and processes of CDI as a means of delivering integrated community case management. As a consequence of that experience, the basic technical modules were expanded with more information on the processes of establishing and sustaining CDIs. Finally, the Targeted States High Impact Project, the United States Agency for International Development’s maternal and child health/reproductive health bilateral project, asked Jhpiego to provide technical assistance and training to local governments in rolling out CDIs in its focal states.

Unitaid recently awarded a grant to a consortium of partners led by Jhpiego to further explore the CDI process for the delivery of quality-assured sulfadoxine-pyrimethamine for IPTp using existing national systems. This 5-year project will be implemented in four sub-Saharan African countries: Democratic Republic of the Congo, Madagascar, Mozambique, and Nigeria. The training program was once again modified, this time to focus on community IPTp delivered to complement health facility–based antenatal care in the context of the 2016 WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience.
Introduction

In sub-Saharan Africa (SSA), annually over 25 million pregnant women are exposed to infection from malaria (Desai et al. 2007). An estimated 10,000 pregnant women and up to 200,000 newborns die from malaria in pregnancy (MiP), primarily due to the infection from *Plasmodium falciparum* parasites transmitted through mosquito bites (Dellicour et al. 2010). Furthermore, recent data indicate that up to 20% of stillbirths in SSA are attributable to MiP (Lawn et al. 2016).

In 2012, the World Health Organization (WHO) updated its policy to promote initiation of intermittent preventive treatment in pregnancy (IPTp) for malaria with the antimalarial medication sulfadoxine-pyrimethamine (SP) as early as possible in the second trimester, along with the use of insecticide-treated bed nets (ITNs) and effective case management (WHO 2013). The primary indicator for the prevention of MiP was also updated to measure coverage of three doses of IPTp with SP (WHO 2013). In 2015, WHO affirmed the effectiveness of IPTp with SP, even in areas where malaria is resistant to SP (WHO 2015). However, in spite of its proven effectiveness, access to the medication has been limited in many countries with a medium to high prevalence of malaria.

Despite growing parasite resistance to SP in some areas (Flegg et al. 2013), IPTp with SP remains a highly cost-effective, lifesaving strategy to prevent the adverse effects of MiP in the vast majority of pregnant women in SSA. Recent estimates indicate that a full course of IPTp with SP decreases the incidence of low-birthweight babies by 43%, severe maternal anemia by 38%, and perinatal mortality by 27% among women experiencing their first or second pregnancies (Roll Back Malaria Partnership 2014). It is also one of the few health interventions that peer-reviewed evidence has shown reduces neonatal mortality (Menéndez et al. 2010; Sicuri et al. 2010). Delivery of IPTp requires a functioning antenatal care (ANC) platform and access to quality-assured SP.

TIPTOP’s role

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project aims to significantly reduce incidence of MiP. This 5-year project funded by Unitaid will increase pregnant women’s access to lifesaving quality-assured SP at monthly intervals during pregnancy. The TIPTOP project will drive impact in target countries to help governments increase access to this cost-effective intervention, leading to better maternal and newborn health outcomes.
The TIPTOP project approach is simple and innovative. TIPTOP uses the community-directed intervention (CDI) approach—where community members take the lead in delivering an intervention in their own community—to introduce community-level distribution of quality-assured SP and expand ANC attendance. The project, managed and implemented by Jhpiego, will substantially reduce missed opportunities for eligible pregnant women to receive SP by helping to reach those most vulnerable in four African countries: Democratic Republic of the Congo, Madagascar, Mozambique, and Nigeria (Figure 1).

Jhpiego is collaborating to achieve the desired project results with:

- Barcelona Institute for Global Health as research and evaluation lead
- WHO
- Medicines for Malaria Venture

The TIPTOP approach is designed for sustainability: Project success will be realized when countries are able to scale up this community-based model. TIPTOP will support ministries of health and coordinate closely with key stakeholders supporting MiP implementation in each country to create a platform for long-term success.

The 5-year landmark project will:

- Generate evidence to inform change in policy recommendations across SSA for the WHO.
- Introduce and set the stage for scale-up of community-directed intermittent preventive treatment in pregnancy (c-IPTp) with quality-assured SP.
- Introduce and increase demand for quality-assured SP.

**Why CDI?**

To achieve the objectives of the TIPTOP project and ensure wide coverage, as well as community ownership and sustainability of the program, an approach was needed that strengthens the community to participate in the project’s implementation. The CDI approach enables communities to organize and direct for themselves the delivery of health services—including the distribution of health commodities—with guidance from the government health service. The African Programme for Onchocerciasis Control first used the CDI approach (WHO 2018). When the approach was found to be successful, other programs adopted it for the delivery of other health interventions, including guinea worm control, distribution of ITNs, vitamin A distribution, immunization programs, and scale-up activities to control tuberculosis. The CDI approach encourages communities to take ownership of planning and decision-making for the whole service delivery process in order to achieve sustainability. This training program shows how to use a CDI approach to strengthen essential health service interventions that combat MiP.
How to use this guide

This facilitators’ guide should be used in conjunction with the 14 training modules (PowerPoint presentations) that make up the CDI training curriculum. The curriculum was created for use in a 3- to 5-day workshop. The 14 lesson plans in this guide give training facilitators guidance and instructions for planning and conducting each of the workshop modules. Before beginning a CDI workshop, facilitators should read through the lesson plan and PowerPoint presentation for each module they plan to use.

A preliminary training needs assessment of the target participants—which could be part of a wider rapid health facility assessment—will provide useful information for the customization of an appropriate curriculum. The modules may be adapted to the local or national context, as needed, and contents should be harmonized with any existing MiP learning materials to promote the country’s ownership. They may also be translated to the appropriate training language. In addition, the lesson plans for the modules are basic outlines and can be adapted as needed to the local context.
Workshop overview

Competency-based training approach

Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes, and skills needed to carry out a procedure or activity. The emphasis is on the learner’s acquisition of knowledge, attitudes, and skills, rather than just on learning information. Competency in the new skill or activity is assessed objectively through evaluation of the learner’s performance.

For competency-based training to be successful, the clinical skill or activity being taught must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called standardization. Once a procedure such as conducting a focused ANC visit has been standardized, competency-based learning guides and evaluation checklists can be developed to make learning the necessary steps or tasks easier and evaluating the learner’s performance more objective.

An essential component of competency-based training is coaching. The classroom or clinical facilitator first explains a skill or activity and then demonstrates it using an anatomic model or other training aid. Once the procedure has been demonstrated and discussed, the facilitator observes and interacts with learners to guide them in learning the skill or activity, monitoring their progress and helping them acquire the necessary skills.

The coaching process ensures that the learner receives feedback at various points in the learning process:

- **Before practice**—The facilitator and learners meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be emphasized during the session.

- **During practice**—The facilitator observes, coaches, and provides feedback to the learner as the learner performs the steps/tasks outlined in the learning guide.

- **After practice**—Immediately after practice, the facilitator uses the learning guide to discuss the strengths of the learner’s performance and offer specific suggestions for improvement.

The CDI approach stresses building competency not only of individual community health workers (CHWs), but of the community itself in managing its health programs. Therefore, it is important to envision learning for CDI as something that starts with the first contact health care workers (HCWs) have with the community and continues through the selection and training of CHWs and committee members on to follow-up supportive supervision and community problem-solving. Appendix A lists suggested post-training follow-up and actions.

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* For simplicity’s sake, this document uses the term CHW to name the person who identifies and counsels pregnant women and distributes commodities to them. Depending on the community, CHWs may also be known as community implementers, volunteers, distributors, or nominees, or community-directed distributors.
Syllabus

This workshop and the related materials are intended to be used in a cascade fashion. Members of national CDI facilitation teams can use the workshop curriculum to train subnational CDI facilitators, who in turn can use the materials when they conduct training for district CDI facilitation teams. Once the district teams have learned the CDI approach, they will use the workshop curriculum to train and guide health facility staff and facility-level CDI focal persons, who can then adapt the materials for community-level training activities.

Goals

The goal of the workshop is to give CDI facilitation teams, CDI focal persons, facility-based HCWs, and CHWs the knowledge, skills, and attitudes they need to effectively provide services at the community level using the CDI approach and/or to train a critical mass of lower-level implementers.

Expected outcomes

- Action plans illustrating how the learners will strengthen essential health services using the CDI approach (see Appendix B for a sample annual action plan)
- A strategy development document
- A cadre of core CDI implementers (CHWs) with the most up-to-date knowledge, skills, and attitudes for using CDI

Learning objectives

The learners in this workshop are CDI facilitation teams at the national, subnational, district, and health facility levels and CHWs. Some of the modules will help the learners understand the process of setting up systems for c-IPTp. Other modules are geared to the technical content that will be passed on to CHWs.

By the end of the workshop, the learners will be able to:

1. Define community participation.
2. Explain the value and benefit of community involvement in health programs.
3. Identify and define community structures (e.g., kin groups, hamlets).
4. Identify the various volunteer community health agents and their roles.
5. Describe the community social and economic factors that affect health.
6. List community resource persons who can be involved in control of MiP.
7. Describe community-level prevention methods.
8. Describe updated WHO guidelines for ANC
9. Apply the CDI approach to prevent MiP.
10. Use effective teaching skills to build CHWs’ capacity.
11. Demonstrate recording and reporting skills for community data.

General objectives for training CHWs

After learning to organize CDI, the CDI facilitation teams will help communities recruit CHWs for training. The training facilitators will then organize training sessions in which they train CHWs to:

1. Mobilize their community to use the interventions at their ANC clinic and related services (laboratory tests, health education) at the health facility.
2. Provide information about prevention and control of MiP.
3. Identify pregnant women in the community and approach them for c-IPTp.
4. Conduct home visits to provide IPTp with SP.
5. Refer pregnant women to the ANC clinic for comprehensive ANC services.
6. Refer pregnant women with fever for assessment and treatment of malaria and other illnesses at the health facility.
7. Keep records of malaria prevention and control activities in the community.
8. Manage commodities supplied for use in the community.

Training contents

The workshop curriculum is designed to ensure that CDI focal persons guide CHWs in the implementation of their community tasks. As shown in Table 1, the applicable modules for CHW training are the introductory module and Modules 1–9, while the introductory module and Modules 1–14 are applicable for training facility-based CDI focal persons (e.g., HCWs in ANC) or focal persons. In addition, in countries where CHWs are allowed to do more, some of the modules for HCWs can be adapted for the CHWs (e.g., the Social and Behavior Change Communication module or the Supply Chain Management module). If the CHWs selected for training have a low literacy level, the language used in the content can be further simplified to facilitate understanding.

A sample training schedule is shown in Table 2. When planning the workshop schedule, be sure to allot time for evaluations (see Appendix C). Pre-tests may be taken as part of registration. Post-tests and workshop evaluations should be administered near the end of the workshop but before learners depart. For example, training facilitators might give the post-test just before lunch on the final day of the workshop and score them during lunch, so that they can be handed back to the learners before the end of the workshop. Evaluations can be given to the learners to fill out during lunch.
On the afternoon of the final training day, HCWs (CDI focal persons who will act as training facilitators for CHWs) should be assisted to draw up their step-down training plans while CHWs should be assisted to draw up their implementation action plans.

Table 1. Overview of training modules

<table>
<thead>
<tr>
<th>Audience</th>
<th>Module number</th>
<th>Module title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory module</td>
<td>Overview of Community-Directed Intermittent Treatment in Pregnancy Workshop</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Overview of Global Recommendations for Antenatal Care for a Positive Pregnancy Experience</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Importance of Malaria in Pregnancy (MiP)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The Community-Directed Intervention (CDI) Process</td>
<td></td>
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<tr>
<td>4</td>
<td>Role of the Community-Directed Intervention (CDI) Focal Person</td>
<td></td>
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<tr>
<td>5</td>
<td>Mapping Community Structures, Networks, and Organizations</td>
<td></td>
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<tr>
<td>6</td>
<td>Applying Community-Directed Intervention (CDI) to Intermittent Preventive Treatment in Pregnancy (IPTp)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Applying Community-Directed Intervention (CDI) to Insecticide-Treated Bed Nets (ITNs)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Basic Monitoring and Evaluation (M&amp;E) for Control of Malaria in Pregnancy</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A Review of Effective Teaching Skills</td>
<td></td>
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<tr>
<td>11</td>
<td>Introduction to Health Services Supervision</td>
<td></td>
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<tr>
<td>12</td>
<td>Supply Chain Management for Community-Directed Interventions (CDIs)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Roles of District Community-Directed Intervention (CDI) Team Members</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Social and Behavior Change Communication (SBCC)</td>
<td></td>
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</tbody>
</table>

Table 2. Sample training schedule

<table>
<thead>
<tr>
<th>Session</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning 1</td>
<td>Introductory module</td>
<td>Module 3: CDI, Part II</td>
<td>Module 7: CDI and insecticide-treated bed nets</td>
<td>Module 10: Effective teaching skills, Part III</td>
<td>Module 14: Social and behavior change communication (120 min)</td>
</tr>
<tr>
<td>~09:00–11:00</td>
<td>Module 1: Antenatal care, Part I</td>
<td>Module 4: CDI focal person, Part I</td>
<td>Module 8: Monitoring and evaluation, Part I</td>
<td>Module 11: Health services supervision, Part I</td>
<td>Review</td>
</tr>
</tbody>
</table>
## Training/learning methods and materials

### Learning methods

The following learning methods are used for this workshop:

- Illustrated lectures
- Large and small group discussions
- Role-plays
- Group activities
Learning materials

The following workshop learning materials are used along with this guide:

- National guidelines for prevention and control of MiP, if available
- *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience* (2016)
- *Community Intermittent Preventive Treatment for Malaria in Pregnancy: Implementation Guide*
- PowerPoint presentations in standalone modules that can be adapted to the country setting and translated as needed
- Handouts of the PowerPoints, which facilitators can create as needed for each training cohort
- *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart*
- Materials for demonstration and practice exercises:
  - Long-lasting insecticidal nets or ITNs and hanging kits
  - Cups for drinkable water
  - Soap for handwashing
  - Samples of medicines, such as:
    - Branded packs of quality-assured SP
    - Iron and folic acid tablets
    - Artemisinin-based combination therapies adult packs
- Samples of data collection tools, such as:
  - Facility service statistics registers
  - Patient cards and case notes/record booklets
  - Community registers
  - Tally sheets

Additional reference materials recommended for further reading can be found in Appendix D.
# Workshop logistics

## Learner selection

### CDI facilitation teams and focal persons

Subnational facilitation teams should be interdisciplinary, involving staff from relevant sections of ministries of health and other health agencies, including those focused on maternal and child health, malaria control, pharmacy, and monitoring and evaluation. The teams can also include representatives of nongovernmental organizations, implementing partners, and donor agencies (e.g., President’s Malaria Initiative; Global Fund to Fight AIDS, Tuberculosis and Malaria; WHO; UNICEF). Teams may consist of 10–15 people. Later, they will divide the districts in their subnational areas and provide cycles of training at district level.

District CDI facilitation teams also should reflect the multiple disciplines involved in running quality maternity care interventions. District teams are responsible for training staff from the health facilities in their areas. The facilitation team initially trains most or all of the staff on the technical updates needed to manage basic malaria control and health issues covered under MiP. After this general training, the team may ask facilities to nominate one or two staff members for additional training to serve as CDI focal persons and be responsible for rolling out CDI in their surrounding communities.

### CHWs

Ideally, communities should select their own CHWs. This will foster program ownership by the community and commitment of their selected CHWs. Communities should be encouraged to develop selection criteria (in addition to the basic criteria, listed in the *Community Intermittent Preventive Treatment for Malaria in Pregnancy: Implementation Guide*) that will ensure that they select people they can rely on and respect. Communities might consider factors such as age, gender mix, duration of residence, ability to read and write in the local language, and quality of character (e.g., trustworthiness).

Communities should select the number of CHWs that will meet their needs. For example, they may decide that they need a female CHW to deliver MiP interventions or child illness case management, while a male could distribute bed nets or other supplies. If the training is held close to the villages where the CHWs live, the cost of training will be similar regardless of the number of CHWs trained.
Workshop duration

- 3–5 days of training will be needed for the CDI facilitation teams at each geographic level, including the CDI focal persons. CHW training can be spread out over time for the convenience of both facilitators and CHWs (e.g., by offering a series of CHW training sessions at weekly intervals).

- The training can be divided into a CDI organizational workshop and an MiP technical update workshop, if this makes the training more convenient for the learners. For example, Modules 3–7 and 13 mainly address CDI, while Modules 1, 2, and 8–12 are more suited to technical training. As much as possible, these materials should be harmonized with existing MiP training materials in the country. It is anticipated that facility-based HCWs in the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project districts would have undergone previous trainings in the prevention and control of MiP. However, an update or refresher training may be necessary to share the 2016 WHO Recommendations on Antenatal Care, since ANC is the platform for key MiP interventions.

Suggested CDI workshop composition

- 20–25 learners
- 4–5 facilitators

Note: Larger workshops provide less opportunity for trainee participation. Depending on the number of learners, the facilitation team may need to hold more than one workshop to accommodate them all.
# Lesson plans

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory module</td>
<td>Overview of Community-Directed Intermittent Treatment in Pregnancy Workshop</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

## Learning objectives

By the end of this module, learners will:
- Get to know each other
- List the goal of the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project and the workshop learning objectives
- Discuss the workshop schedule and learning materials
- List expected outcomes of the workshop
- Identify skills they wish to share with others
- Decide on the workshop norms

## Methods and activities

### PowerPoint presentation and discussion

### Interactive group exercises

**Icebreaker**

Duration: 5 minutes. Provide instructions for the "Paired introductions" activity and facilitate the activity.

### Brainstorming

- Brainstorm on learners’ workshop expectations and write their responses on the prepared flip chart paper.
- Brainstorm workshop norms and write learners’ suggestions on prepared flip chart paper.

Be sure to cover all of the following topics

- Learning objectives for this module
- The Transforming Intermittent Preventive Treatment for Optimal Pregnancy project’s goal and learning objectives of the workshop
- Learners’ expectations
- Workshop structure and modules
- Target audience for the modules
- Workshop materials
- Workshop norms
- Workshop evaluation (see Appendix C)

## Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Prepared flip chart papers:
  - Learners’ expectations
  - Workshop norms
- Marker pens
- Instructions for “Paired Introductions” (see Introductory module PowerPoint)
- List of fruits with names split in two (see sample list at Appendix E)

## Summarize key points
# Module 1

**Overview of Global Recommendations for Antenatal Care for a Positive Pregnancy Experience**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>Overview of Global Recommendations for Antenatal Care for a Positive Pregnancy Experience</td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

## Learning objectives

By the end of this module, learners will be able to:

- Recognize pregnant women in the community
- Assess gestational age in pregnant women*
- Educate pregnant women about the benefits of antenatal care (ANC)
- Describe recommended timings for ANC visits
- Enumerate the nutritional recommendations for quality ANC
- List recommended approaches for maternal and fetal assessment in pregnancy*
- Describe recommended preventive measures for best pregnancy outcome
- List interventions for common physiological symptoms in pregnancy*
- Describe health system interventions to improve ANC utilization and quality*

## Methods and activities

### PowerPoint presentation and discussion

### Interactive group exercises

**Brainstorming**

Ask participants to tell you how they know that a woman is pregnant. List responses on flip chart.

### Paired exercises

- **Duration:** 10 minutes. Ask participants to pair off and brainstorm: Why do some pregnant women fail to attend ANC clinics and/or deliver outside health facilities?
- **Duration:** 10 minutes. Have learners pair off. In each pair, one learner should use the Nägele rule to calculate expected date of delivery and gestational age, while the other learner uses a pregnancy wheel. How do their results compare?*

## Be sure to cover all of the following topics

- Learning objectives
- How pregnancy is diagnosed (symptoms, examination findings, laboratory and ultrasound tests)
- The benefits of ANC
- Women’s desire for a positive pregnancy experience
- Goals of ANC
- Recommended nutritional interventions in pregnancy
- Recommendations for maternal and fetal assessments*
- Preventive measures in pregnancy including prevention of malaria in pregnancy
- Interventions for common physiological symptoms in pregnancy*
- Health systems interventions to improve ANC utilization and quality, including timing of ANC visits and contacts*
- Ways of calculating expected date of delivery and gestational age *

## Summarize key points

* For health care workers only
Session | Title | Time needed
--- | --- | ---
Module 2 | Importance of Malaria in Pregnancy (MiP) | 120 minutes

**Learning objectives**

By the end of this module, learners will be able to:
- Describe the global burden of MiP
- Enumerate the adverse effects of MiP
- List the recommended approaches to prevent MiP
- Counsel pregnant women about MiP

**Methods and activities**

### PowerPoint presentation and discussion

### Interactive group exercises

#### Brainstorming

Why is it important to prevent MiP? Ask participants to:
- Describe how malaria is transmitted from person to person
- Describe how malaria affects pregnancy

Record answers on flip chart and facilitate a discussion.

### Role-play

- Facilitators should role-play an interpersonal communication (IPC) session between a community health worker (CHW) and a client using the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project’s *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart* while participants follow with a copy of the checklist for counseling.
- Next, divide participants into groups of three (one to role-play the client, one to be the CHW, and the third to observe the interaction between the client and the CHW using a checklist).
- Facilitators should observe participants’ counseling practice sessions using the counseling checklist.
- Facilitate a feedback session on lessons learned.

**Be sure to cover all of the following topics**
- Learning objectives
- The global malaria belt
- Effects of malaria on pregnant women
- Effects of malaria on the fetus and newborn
- Effects of malaria on communities
- Co-infection of malaria with HIV during pregnancy
- World Health Organization recommendations for control of MiP

**Materials/resources**

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Role-play instructions (at left)
- *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart* (at least one for every three learners)
- Copies of the counseling checklist (see Appendix F) (at least one for each learner and facilitator)

**Summarize key points**
### Module 3: The Community-Directed Intervention (CDI) Process

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 3</td>
<td>The Community-Directed Intervention (CDI) Process</td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

#### Learning objectives

By the end of this module, learners will be able to:
- Define the CDI approach
- Describe program coverage benefits of using CDI
- Explain the role of the health facility in the CDI process
- Outline the steps to establish a CDI program
- List key approaches in gaining community commitment for a CDI program
- Describe the steps in selecting and training community health workers
- Explain how CDI can be adapted for use in controlling malaria in pregnancy

#### Methods and activities | Materials/resources
---|---
**PowerPoint presentation and discussion**

**Interactive group exercise**

*Role-play*

Divide the class into four or five groups. Each group will perform a role-play about approaching a community to introduce a CDI program for malaria control:
- The first and second groups will perform a role-play about the community entry meeting with the community gatekeepers.
- The remaining groups will perform a role-play about holding the CDI orientation and facilitation meeting.

**Be sure to cover all of the following topics**

- Learning objectives
- What is CDI?
- CDI and onchocerciasis
- Benefits of CDI
- Expanding beyond ivermectin
- Lessons learned in a CDI approach
- Start-up components of a CDI approach
- Approaching the health service
- Roles for the health service
- Approaching the community
- Roles for the community
- Discussing and gaining commitment to community roles
- Training health care providers for their roles
- Training community health workers (see job aids in Appendix G)
- Major interventions for malaria in pregnancy
- Delivering key health education messages about intermittent preventive treatment in pregnancy to the community

**Summarize key points**

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Role-play instructions (at left)
**Session** | **Title** | **Time needed**  
--- | --- | ---  
Module 4 | Role of the Community-Directed Intervention (CDI) Focal Person | 120 minutes  

### Learning objectives

By the end of this module, learners will be able to:
- Define who may be a CDI focal person
- Describe the roles of the CDI focal person
- Explain how the health facility as a whole supports the CDI focal person and CDI activities

### Methods and activities

**PowerPoint presentation and discussion**

**Interactive group exercises**

**Brainstorming**

Before, starting the session, ask learners:
- Why do we need a CDI focal person?
- What do you think are the duties of a CDI focal person?

Write their responses on flip chart paper.

**Summary discussion**

- Who can be a CDI focal person?
- What are the roles of the CDI focal person based at the frontline health facility?
- How can the health facility support the CDI focal person?

**Be sure to cover all of the following topics**

- Learning objectives
- Why do we need a CDI focal person?
- Who can be a CDI focal person?
- Key duties of a CDI focal person
- Mobilizing the community
- Supervising preparation for CDI
- Training the community health workers (CHWs)
- Supervising CHWs
- Coordinating supplies*
- Coordinating partners
- Monitoring and evaluation
- Role of health facility

**Summarize key points**

*Facilitator: See Module 12 PowerPoint presentation and lesson plan for information CHWs need to know about supply chain management. Adapt relevant content to be delivered to CHWs as part of this session.

### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
### Session Title Time needed

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 5</td>
<td>Mapping Community Structures, Networks, and Organizations</td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

#### Learning objectives

By the end of this module, learners will be able to:
- Define the term "community" in the context of "community-directed interventions"
- Describe the purpose of community mapping in building support and solving problems
- Explain the value of involving community members in mapping their own community
- List the steps and activities needed to map the organizations and resources in a community
- Facilitate a community census
- Use and update the village register of pregnant women

#### Methods and activities

<table>
<thead>
<tr>
<th>PowerPoint presentation and discussion</th>
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</thead>
<tbody>
<tr>
<td>Interactive group exercises</td>
</tr>
<tr>
<td><strong>Brainstorming</strong></td>
</tr>
<tr>
<td>Have the learners list characteristics of rural vs. urban communities.</td>
</tr>
</tbody>
</table>

**Group exercise**

Divide participants into groups of five or six. Ask each group to complete the mapping results chart for malaria in pregnancy. Assign one facilitator to each group to help learners draw a community map showing identified resources. Each group will select a representative to present the group’s work to the rest of the class.

**Discussion**

What community resources would we need to find and map for other health issues? Chart the results of the discussion.

**Be sure to cover all of the following topics**
- Learning objectives
- Community mapping
- Components of mapping
- Resource and social mapping
- Why social mapping is important
- Charting the mapping results
- Using social mapping information
- Factors that influence what community looks like
- Rural and urban communities

**Summarize key points**

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Pencils
- Copies for each learner of mapping results chart
- Village register of pregnant women
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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</thead>
<tbody>
<tr>
<td>Module 6</td>
<td>Applying Community-Directed Intervention (CDI) to Intermittent Preventive Treatment in Pregnancy (IPTp)</td>
<td>105 minutes</td>
</tr>
</tbody>
</table>

**Learning objectives**

By the end of this module, learners will be able to:
- Describe their country’s specific malaria data
- Describe the basis for IPTp and the use of sulfadoxine-pyrimethamine (SP) for IPTp
- Identify special IPTp target groups
- State the difference between chemoprophylaxis and IPTp
- Describe the benefits of IPTp
- Identify who should be given IPTp
- Identify who should not be given IPTp
- Describe when and how to give IPTp

**Methods and activities**

**PowerPoint presentation and discussion**

**Interactive group exercise**

**Role-play**

Have the learners practice administering IPTp using the steps outlined in the job aids for providing IPTp with SP (Appendix G).

**Be sure to cover all of the following topics**

- Learning objectives
- Overview of malaria illness in your country
- Special target groups for control of malaria
- World Health Organization’s IPTp recommendations
- The use of SP for IPTp
- The difference between chemoprophylaxis and IPTp
- Delivering IPTp through CDI
- Health education on IPTp
- Why is malaria education important during pregnancy?
- Benefits of IPTp
- Deciding who should receive IPTp
- Deciding who should not receive IPTp
- How to give IPTp

**Summarize key points**

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- For each role-play group:
  - Copies of Appendix G job aids and Appendix H patient education handouts
  - Pregnancy wheels
  - Doses of SP
  - Clean water and cups
  - Antenatal care appointment cards
  - Community health worker registers
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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</thead>
<tbody>
<tr>
<td>Module 7</td>
<td>Applying Community-Directed Intervention (CDI) to Insecticide-Treated Bed Nets (ITNs)</td>
<td>90 minutes</td>
</tr>
</tbody>
</table>

### Learning objectives

By the end of this module, learners will be able to:

- Explain how to obtain and safely maintain stocks of ITNs or long-lasting insecticidal nets (LLINs)
- Estimate ITN/LLIN needs based on community census
- Discuss the importance of making sure that all women of reproductive age have and use an ITN/LLIN so that they will be protected at the beginning of their next pregnancy
- Discuss the need to encourage pregnant women to collect and use ITNs/LLINs as soon as they realize they are pregnant
- Discuss the need to educate community members on the importance of sleeping inside ITNs/LLINs every night (especially for children and pregnant women)
- Outline the process of teaching community members how to use the nets
- Discuss the importance of community health workers following up to encourage continued ITN/LLIN use

### Methods and activities

#### PowerPoint presentation and discussion

#### Interactive group exercise

*Demonstration*

Demonstrate hanging a net over a sleeping area. Have learners practice net hanging. (Four learners act as net posts.)

Be sure to cover all of the following topics

- Learning objectives
- Comparison of treated and untreated nets
- Obtaining and safely maintaining stocks of ITNs/LLINs based on community census estimates
- Making home visits
- Educating community members on the value of nets
- Benefits of ITNs/LLINs
- Encouraging net use early in pregnancy
- Educating community members on hanging nets, using nets consistently, and maintaining nets
- Ensuring correct net use

#### Summarize key points

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- A bed and mattress or sleeping mat
- An ITN or LLIN
- Net hangers, ropes, and/or sticks
- Nails and hammers
- Nail removers
## Learning objectives

By the end of this module, learners will be able to:
- Define “community-based information system” (CBIS) and state why such a system is important
- Describe the importance of recordkeeping
- Define basic M&E concepts and state the differences between monitoring and evaluation*
- State why M&E is important in programming
- Differentiate between data and information
- Describe the qualities of good data
- Identify sources of data (facility and community)
- Demonstrate how to fill out the community health worker (CHW) register and the referral form

*Health care workers only

## Methods and activities

### PowerPoint presentation and discussion

### Interactive group exercises

### Brainstorming

What are the differences between monitoring and evaluation?

### Demonstration

How to fill the data collection tools for community-directed intermittent preventive treatment in pregnancy (c-IPTp)

### Practice session

Have learners fill out the tools for capturing community-based data:
- CHW register
- CHW monthly tally sheet
- Referral form

---

### Be sure to cover all of the following topics

- Learning objectives
- Community-based information systems and different types of information that can be reported and collected from community level
- Definition of recordkeeping and why it is important
- The importance of data reporting
- Why M&E is important in programming
- Things that can be monitored and things that can be evaluated
- Differences between monitoring and evaluation
- The definition of data, why data are important, and who is responsible for data
- The qualities of good data
- Data flow processes under the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project (per country)
- How to complete data collection tools for c-IPTp
- Tracking performance with the data use poster for c-IPTp

### Summarize key points

---

### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- A copy for each learner of:
  - CHW daily register
  - CHW monthly tally sheet
  - Referral form
  - Four or five copies of data use poster (enough for groups of learners to share; see Appendix I)
## Module 9

### Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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</thead>
<tbody>
<tr>
<td>Module 9</td>
<td>Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

### Learning objectives

By the end of this module, learners will be able to:

- Describe Unitaid and what it does
- Describe the TIPTOP project

### Methods and activities

**PowerPoint presentation and discussion**

**Interactive group exercise**

**Brainstorming**

Ask participants if any of them has heard of the word Unitaid. If yes, what can they say about the organization?

**Be sure to cover all of the following topics**

- Learning objectives
- TIPTOP project:
  - Rationale
  - Countries
  - Goal and expected outcomes
  - Description of outputs, activities, and assumptions
  - Implementation strategy, preconditions, and timelines
  - Stakeholder engagement
  - External communication approach
  - Transition and scale-up strategy

### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens

### Summarize key points
## Session Title Time needed

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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</thead>
<tbody>
<tr>
<td>Module 10</td>
<td>A Review of Effective Teaching Skills</td>
<td>175 minutes</td>
</tr>
</tbody>
</table>

### Learning objectives

By the end of this module, learners will be able to:
- List principles and components of adult education to be used in training community health workers
- Describe a conducive learning environment that enables active skills practice and learning
- Identify locally appropriate learning aids
- Provide examples of interactive training methods and experiences
- Explain the need to monitor, evaluate, and revise training

### Methods and activities

#### PowerPoint presentation and discussion

#### Interactive group exercises

**Paired exercise**

Ask participants to pair off. Assign each pair an adult learning principle. Have members of each pair work together to explain the meaning of their assigned term in the context of adult learning principles.

**Practice session**

Plan practical opportunities for learners (focal persons for community-directed intervention) to develop sample community health worker learning sessions based on the teaching skills presented in this module.

**Paired exercise**

Duration: 10 minutes. Ask participants to pair off. Have each pair write one Level 1 and three Level 2 objectives for a malaria in pregnancy training.

**Brainstorming**

How can we make the environment conducive to learning and enable active skills practice?

**Practice session**

If time permits, allow learners to develop training topics and present/facilitate individually for 5 minutes. Have other students act as observers using the classroom skills checklists and provide feedback based on the observation.

### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Classroom skills checklists (see Appendix J)
## Module 10, continued

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<th>Materials/resources</th>
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<td>• Learning objectives for this module</td>
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<tr>
<td>• Time to practice</td>
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<tr>
<td>• Components of effective training:</td>
<td></td>
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<tr>
<td>- Foundations for educating health providers</td>
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<tr>
<td>- How to develop objectives for learning</td>
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<tr>
<td>- Planning for teaching</td>
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<tr>
<td>- Preparing the learning environment</td>
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<td>- Preparing and using teaching aids</td>
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<tr>
<td>- Using locally available materials</td>
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<tr>
<td>- Delivering an interactive presentation</td>
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<td>- How to facilitate group learning</td>
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<tr>
<td>- Monitoring and revising teaching</td>
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<tr>
<td>- How to facilitate the development of health care delivery skills</td>
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<tr>
<td>- Managing clinical practice</td>
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<tr>
<td>- How to prepare and use knowledge and skills assessments</td>
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</table>

**Summarize key points**
Module 11 Introduction to Health Services Supervision

Learning objectives

By the end of this module, learners will be able to:

- Differentiate between traditional and supportive supervision
- Define supervision
- Describe who may be a supervisor and the supervisor’s responsibilities
- Describe the skills and personal characteristics expected of a supervisor
- Define desired performance
- Assess current level of performance
- State the relationship between training and supervision
- Describe the use of checklists during supervision and assessment for quality improvement
- Describe the process of root cause analysis and selection of problem-solving interventions
- Develop action plans to address root causes of gaps in performance

Methods and activities

PowerPoint presentation and discussion

Interactive group exercises

Brainstorming
Discuss who is a traditional supervisor and who is a supportive supervisor. After brainstorming ask learners: In your own words, what do you understand by supervision?

Practice session
Pass around copies of the supervisory tools used in the country and talk about them. Practice using the tools and the sample supervision checklists (see Appendixes K and L).

Paired exercise
Duration: 15 minutes. Working in pairs, complete a hypothetical action plan to address the root causes of the example performance gap.

Be sure to cover all of the following topics

- Learning objectives
- Traditional versus supportive supervision
- Definition of supervision
- The two locations supervision of community-directed interventions takes place
- Who is a supervisor?
- Internal versus external supervision
- Responsibilities of a supervisor
- Skills required for supportive supervision
- Supervisors’ personal characteristics
- Role of supervision in performance and quality improvement
- Performance improvement framework
- Desired performance (using the performance improvement framework to discuss)
- How to assess performance
- Relationship between training and supervision
- Supervisory tools (show examples and how to use them)

Summarize key points

Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Copies of supervisory tools used in your country, as well as copies for each learner of Appendixes K and L
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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<tbody>
<tr>
<td>Module 12</td>
<td>Supply Chain Management for Community-Directed Interventions (CDIs)</td>
<td>105 minutes</td>
</tr>
</tbody>
</table>

### Learning objectives

By the end of this module, learners will be able to:

- Describe the processes of procuring and storing antimalarial drugs
- Explain how to estimate their community’s commodity needs*
- Outline the stock recording method and reporting format*
- Describe the distribution process for antimalarial medicines and other malaria commodities (e.g., insecticide-treated bed nets and long-lasting insecticidal nets, rapid diagnostic tests)
- State how to monitor and report adverse drug reactions*
- Discuss the role of patent medicine vendors in malaria commodity management

*For community health workers as well as CDI focal persons

### Methods and activities

#### PowerPoint presentation and discussion

**Interactive group exercises**

Facilitator, suggested activities:

- With slide “Commodities reach consumers,” present a chart that shows movement of malaria and other commodities for integrated community case management in your country so that they finally reach community health workers/villages.
- With slide “Identify and coordinate sources of supplies and funding,” present details from your own country.
- With slide “Sample road map country summary,” use the sample data (shown in the slide) as an example or, preferably, use similar data from your country.

**Be sure to cover all of the following topics**

- Learning objectives
- Malaria drug procurement and supply chain
- Estimation and forecasting of antimalarial commodities
- Introduction of forms to account for antimalarial drugs
- The CDI distribution process
- Community preparation
- Maintaining stocks
- Storage
- Monitoring, reporting, and referral of adverse events

#### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- CHW kits/project bags for your country. These may include:
  - Sulfadoxine-pyrimethamine supplies
  - Registers
  - *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart*
  - Community counseling card (see Appendix M)

### Summarize key points
### Learning objectives

By the end of this module, learners will be able to:
- Describe district core CDI team members and their roles
- Explain the division of labor among various core CDI team members
- Define a program coordinator and a facilitator—who they are and what they do
- Describe components of a work plan and its development process

### Methods and activities

**PowerPoint presentation and discussion**

**Interactive group exercises**

**Small group discussion**

Have learners divide into groups and discuss the following:
- Tasks for program coordinator
- Tasks for behavior change communication and mobilization
- Procurement, logistics, and supplies tasks
- Facilitation tasks
- Monitoring and evaluation tasks

Each group should choose a representative to present its answers to the rest of the class. Facilitator, summarize their findings and fill in any gaps.

**Brainstorming and small group discussion**

As a class, brainstorm a list of key activities needed to implement CDI in the district. Divide learners into groups by district to produce a draft work plan for their district. Come together as a class to share and use feedback from learners to improve the work plans. After the training is over, learners should revise the plan again as needed at their home facility.

**Summary discussion**

- Who should be members of the district CDI team?
- What are the different roles for team members to perform?
- For each role mentioned, what are examples of tasks for the people in those roles?
- What are the components of our district work plans?

### Materials/resources

- Multimedia equipment
- PowerPoint presentation and handouts
- Flip chart stand and paper
- Marker pens
- Copies of the work plan template for each learner
Module 13, continued

<table>
<thead>
<tr>
<th>Methods and activities</th>
<th>Materials/resources</th>
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<tr>
<td>• Learning objectives</td>
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<tr>
<td>• Identification of people who could constitute district core CDI teams</td>
<td></td>
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<tr>
<td>• Training for district core CDI teams</td>
<td></td>
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<tr>
<td>• How to involve all trained district members</td>
<td></td>
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<tr>
<td>• Division of labor among team members</td>
<td></td>
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<tr>
<td>• Program coordination tasks</td>
<td></td>
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<tr>
<td>• Tasks for behavior change communication and mobilization</td>
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<tr>
<td>• Tasks for procurement, logistics, and supplies</td>
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<tr>
<td>• Facilitation tasks</td>
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<tr>
<td>• Tasks for monitoring, evaluation, and documentation</td>
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<tr>
<td>• How to develop a work plan using the sample template</td>
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Summarize key points
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time needed</th>
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<tbody>
<tr>
<td>Module 14</td>
<td>Social and Behavior Change Communication (SBCC)</td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

**Learning objectives**

By the end of this module, learners will be able to:

- Identify reasons why people change or do not change behavior easily
- Define SBCC
- Differentiate between SBCC and information, education, and communication (IEC)
- Discuss:
  - Basic SBCC concepts and methods
  - Key messages related to community-directed intermittent preventive treatment in pregnancy that can be promoted through SBCC
  - Ways to use SBCC to promote acceptance of community-directed intermittent preventive treatment in pregnancy among target audiences, such as:
    - Policymakers
    - Frontline health care providers
    - Community members

**Methods and activities**

**PowerPoint presentation and discussion**

**Interactive group exercises**

**Brainstorming**

Ask participants:
- How can people avoid getting malaria?
- Are people behaving in these ways?

**Paired exercise**

Duration: 5 minutes. Ask participants to pair off and list ways of creating a supportive environment for appropriate health behavior.

**Discussion**

Discuss local terms for malaria and common physiological symptoms in pregnancy.

**Be sure to cover all of the following topics**

- Learning objectives
- Reasons why people change or do not change behavior easily
- Definitions of IEC and SBCC
- Difference between IEC and SBCC
- Examples of ways of creating a supportive environment for appropriate health behavior
- The SBCC process
- SBCC and malaria
- What SBCC can do
- Local terms for malaria and common physiological symptoms in pregnancy
- Why we need to test women with fever for diseases other than malaria
- Basic SBCC methods

**Summarize the key points**
Appendix A. Post-training follow-up and action

A more detailed list of roles and responsibilities is included in the *Community Intermittent Preventive Treatment for Malaria in Pregnancy: Implementation Guide*.

**Post-training tasks for community-directed intervention (CDI) facilitation team members and CDI focal persons**

1. Establish a system for stocking quality-assured sulfadoxine-pyrimethamine (SP) in the district/facility.
2. List and map the villages in the facility catchment areas.
3. Reach out to communities to explain CDI and facilitate selection of community health workers (CHWs).
4. Help communities conduct a census of pregnant women for commodity estimation.
5. Organize CHW training that is accessible and convenient for all.
6. Set up a monitoring and evaluation system to guarantee smooth and accurate data flow and reporting from village to facility to district.
7. Organize regular (usually monthly) CHW meetings at the health facility for continuing education, reporting, and restocking of quality-assured SP.
8. Conduct on-the-job supportive supervision of CHWs.

**Post-training jobs/tasks for CHWs**

**Conduct home visits and referrals**

1. Identify and visit pregnant women and encourage them to register for and attend antenatal care (ANC) and to deliver at the facility.
2. Check to see if antenatal records are up to date and encourage families to receive comprehensive ANC at health facilities.
3. Encourage women who have delivered outside of the health facility to go to the postnatal clinic so that they and their babies can receive proper care (ask their reasons for delivering outside the facility and report the reasons to the CDI focal person).
Provide home-based services

1. Distribute insecticide-treated bed nets or long-lasting insecticidal nets (ITNs/LLINs) where available, assist household members with hanging bed nets and/or ensure that they have hung the nets correctly, and ensure that they know to sleep inside the nets every night.

2. If allowed, provide doses of quality-assured SP for intermittent preventive treatment in pregnancy to eligible pregnant women starting at 13 weeks (if certain of gestational age) or after quickening, which usually occurs around 16 weeks gestation.

3. Ask family members about current illnesses.

4. In countries where CHWs have been trained to conduct rapid diagnostic tests (RDTs), administer RDTs for people who complain of fever.

5. In countries where allowed, CHWs can treat people with positive RDT results with artemisinin-based combination therapy.

Keep accurate records

1. Keep records of all women and households visited and all services delivered.

2. Record all diagnostic tests performed and treatments provided to pregnant women.

3. Keep CHW register and village register of pregnant women up to date with new pregnancies and deliveries.

4. Submit monthly reports to the CDI focal person at their supervising health facility.

5. Attend monthly meetings with the CDI focal person to provide feedback from the community and to share challenges and success stories.

Hold community meetings (or orient community leaders to hold meetings)

1. Provide community health education to promote ANC and postnatal care, malaria prevention during pregnancy, health facility deliveries, immunizations, and other health services.

2. Encourage community members to ensure that pregnant women and their families sleep inside ITNs/LLINs every night.

3. Collect feedback from the community about local health facilities’ services (to give to the facilities).

Collect and safely maintain health commodities and supplies

1. Collect and sign for all health commodities and supplies (ITNs/LLINs, SP, artemisinin-based combination therapy) from the supervising health facility.

2. Report availability of the collected commodities to the community elders.

3. Keep custody of commodities and supplies for use by community members.

4. Submit a monthly account to the CDI focal person at the supervising health facility for all dispensed health commodities and supplies.
Appendix B. Sample annual action plan

Team member names:

Geographic area:

Date:

Based on what you learned during this workshop, please develop a plan that you can use to rollout community-directed intervention (CDI)/community health worker (CHW) training and implementation over the next year. Use the instructions and template (Table B1) below and the example (Table B2) that follows to guide you in developing your own plan.

Instructions for completing an action plan

First, identify goals for the plan. Some sample goals are listed below. You may have others that are relevant to your setting. Add the goals to your plan, leaving ample space for listing activities and other information related to each goal.

Sample goals

- Mobilize support for CDI implementation among state-level Roll Back Malaria partners within, and beyond, the state ministry of health
- Design and implement training to impart CDI training and planning skills to local government areas
- Design, develop, and facilitate training for districts to implement CDI within their health facility catchment areas
- Design, develop, and facilitate training for frontline health facilities to implement CDI in the communities within their health facility catchment areas
### Table B1. Action plan template

<table>
<thead>
<tr>
<th>Activity</th>
<th>Targets</th>
<th>Inputs/resources</th>
<th>Quarters of year</th>
<th>Description/ means of verification (MOV)</th>
<th>Verifiable indicator (VI)</th>
<th>Responsible person(s)</th>
<th>Cost</th>
</tr>
</thead>
</table>

**Goal 1:**

**Goal 2:**

**Goal 3:**

After identifying and listing your goals, add the following information in the corresponding column under each goal:

1. **Activity**: State the activity that will be undertaken to convert input to output.
2. **Targets**: State the target population or cadre of providers, or other activity beneficiary.
3. **Inputs/resources**: State the space, time, materials, equipment, finances, etc., that will be put into the activity (e.g., hall rental, 3 days of time for each facilitator/learner, stationery for printing training manuals, flip chart paper and stand, participants’ daily subsistence allowance [DSA], hotel accommodations and transportation).
4. **Quarters of the year**: Using your expected target date for completion of the goal, indicate the quarter(s) in which each activity will be completed. Be careful: completion of one activity might affect others.
5. **MOV**: State the means that will be used to verify whether the activity has been completed. The source of this information should be identified before the activity is implemented.
6. **VI**: State a parameter for measuring performance of the activity. (Using the example above, VIs would include (1) the number of trainings conducted and (2) the number of CDI focal persons trained on case management of malaria, counseling and adverse reactions, and so on.)
7. **Responsible person(s)**: Indicate who is responsible/accountable for driving and/or completing the activity.
8. **Cost**: State the estimated or actual cost of the activity, taking into account all subcosts of the activity.
Table B2 shows an example of a completed action plan for achieving a single program goal.

**Table B2. Sample action plan**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Targets</th>
<th>Inputs/ resources</th>
<th>Quarters of year</th>
<th>Description/ MOV</th>
<th>VI</th>
<th>Responsible person(s)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Provide training on CDI skills at district, health facility, and community levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Train facility-based CDI focal persons on:** | Facility-based CDI focal persons | • DSA  
• Per diems/travel funds  
• Logistics  | x     | Attendance list  
Report of training |    |                        | National malaria control program | $160,000   |
| Case management of malaria and referrals     |         |                           |                  |                  |    |                        |            |
| Community-directed intermittent preventive treatment in pregnancy (c-IPTp) of malaria |         |                           |                  |                  |    |                        |            |
| Counseling on drug adherence and adverse reactions to sulfadoxine-pyrimethamine |         |                           |                  |                  |    |                        |            |
| Supportive supervision and one-on-one mentoring at facility level |         |                           |                  |                  |    |                        |            |
| On-the-job training to address challenges   |         |                           |                  |                  |    |                        |            |
| Coordinating community meetings             |         |                           |                  |                  |    |                        |            |

Legend:
- DSA: District Supervisory Authority
- Per diems/travel funds
- Logistics
- Attendance list
- Report of training
- No. of trainings conducted
- No. of CDI focal persons trained on:
  - Case management of malaria
  - c-IPTp of malaria
  - Counseling
  - Detection of adverse reactions to sulfadoxine-pyrimethamine

Cost: $160,000
<table>
<thead>
<tr>
<th>Activity</th>
<th>Targets</th>
<th>Inputs/ resources</th>
<th>Quarters of year</th>
<th>Description/ MOV</th>
<th>VI</th>
<th>Responsible person(s)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Train CHWs on:</strong> Identification of pregnant women eligible for c-IPTp</td>
<td>CHWs</td>
<td>DSA, Per diems/travel funds, Logistics</td>
<td>x x x</td>
<td>Attendance list, Report of training</td>
<td>No. of trainings conducted, No. of CHWs trained on identification and assessment of pregnant women for c-IPTp</td>
<td>Government (govt.) agency for malaria control, Implementing agency</td>
<td>$186,000</td>
</tr>
<tr>
<td>Use of insecticide-treated bed nets and long-lasting insecticidal nets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentoring (one on one) at community level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-the-job training Community meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Training in production of communication materials</strong></td>
<td>Journalists</td>
<td>DSA, Per diems/travel funds, Logistics</td>
<td>x x</td>
<td>Attendance list, Report of training</td>
<td>No. of trainings conducted, No. of journalists trained</td>
<td>Govt. agency for malaria control, Implementing agency</td>
<td>$17,000</td>
</tr>
<tr>
<td><strong>Conduct training on monitoring and evaluation for facility-based CDI focal persons and CHWs</strong></td>
<td>Facility-based CDI focal persons CHWs</td>
<td>DSA, Per diems/travel funds, Logistics</td>
<td>x x</td>
<td>Attendance list, Report of training</td>
<td>No of trainings conducted, No of CDI focal persons trained, No. of CHWs trained</td>
<td>Govt. agency for malaria control, Implementing agency</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Biannual training of advocacy and mobilization committee members</strong></td>
<td>Advocacy and mobilization committee members</td>
<td>DSA, Per diems/travel funds, Logistics</td>
<td>x x</td>
<td>Attendance lists, Reports and documentation</td>
<td>No. of trainings conducted, No of mobilization committee members trained</td>
<td>Govt. agency for malaria control, Implementing agency</td>
<td>$5,800</td>
</tr>
</tbody>
</table>
Appendix C. Evaluation

Several evaluation mechanisms can be used with this training program. This chapter includes:

- An overview of evaluation
- A sample pre-/post-test of simple knowledge
- A community-directed intervention (CDI) workshop evaluation form

Overview of evaluation

Supportive supervision of learners

CDI includes a supportive supervision process to ensure that learners receive feedback regarding their performance. Supportive supervision checklists are available in Appendixes K and L. Supportive supervision can be provided before, during, and after training as well as on the job. For example:

- **Before training/practice:** The facilitator administers questions to learners before the session to review their knowledge of the task, including the steps that will be emphasized during the session.

- **During training/practice:** The facilitator observes, asks questions related to the module or developed ahead of the session, and provides feedback to the learner as the learner performs the steps/task.

- **After training/practice:** Immediately after the session, the facilitator uses questions related to the module or developed ahead of the session to discuss the strengths of the learner’s performance and offer specific suggestions for improvement.

There are also three set occasions when community health workers (CHWs) receive supportive supervision after they complete the workshop training:

1. The CDI focal person will facilitate the monthly meetings with CHWs at the health facilities (see Appendix L for monthly supportive supervision checklist).

2. The CDI focal person will be visited by CHW supervisors from the district health office to review the project and then they will jointly visit the CHWs in the community.

3. The CHW supervisors from the district health office will embark on a quarterly supportive supervision visit to all CHWs in a community.
**Evaluation of the training workshop**

Typically, workshops are evaluated using a questionnaire administered to learners at the end of the workshop. However, training facilitators can also use ongoing evaluation measures such as the following:

- **Wishes and pluses:** At the beginning of each day, conduct a brainstorming session in which learners list what they wish had been done better and what they believe was a plus about the previous day. The training team can review these regularly and make improvements.

- **Focus group discussion:** Conduct one or two concurrent focus group discussions with about five or six learners each to elicit their feedback on both the workshop content and methods. This feedback will be especially important if the training facilitators will be repeating the training in additional districts.

- **Brief questionnaire:** At the end of each day distribute a one-page form that simply asks learners to (1) list two to three main new ideas they learned that day, (2) say what they liked about the workshop, and (3) mention what could be improved the next day.

- **Learners assess facilitators:** At the end of the training, learners use questionnaires to provide feedback to the facilitators on their performance.

**EVALUATION METHODS AND ACTIVITIES**

To accomplish the set objectives, the following methods of evaluation are suggested:

- Use of pre- and post-test questions to assess knowledge, skills, and competence before and after training/practice
- Use of questions and answers during training and practice sessions to provide feedback
- Use of questionnaires to assess facilitators’ performance and organization and to provide feedback
- Use of checklists to assess performance standard such as retention of knowledge and skills.

Use assessment at each level to provide feedback and ensure that learners improve at the next level.

**EVALUATION MATERIALS/RESOURCES**

- Pre- and post-test questionnaires
- Checklists
- Questionnaires to assess facilitators/organization of the training
Pre- and post-tests for applying CDI to malaria control

Sample questions

PART A: MULTIPLE CHOICE

Instruction: Circle the appropriate answer to each question.

1. What is the minimum recommended number of antenatal contacts for pregnant women?
   a. 4
   b. 6
   c. 8
   d. 10
   e. 12

2. Malaria in pregnancy can cause the following except:
   a. Fetal macrosomia
   b. Severe maternal anemia
   c. Stillbirth
   d. Maternal death
   e. All of the above

3. The recommended interventions for the control of malaria in pregnancy include:
   a. Sleeping under insecticidal nets
   b. Taking at least three monthly doses of intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP)
   c. Case management of malaria fever
   d. All of the above
   e. None of the above

4. The following are recommended for pregnant women except:
   a. Elemental iron 30–60 mg orally taken daily
   b. Folic acid 5 mg orally taken daily
   c. One ultrasound examination before 24 weeks of pregnancy
   d. At least three monthly doses of IPTp with SP
   e. None of the above

5. What is CDI in the context of public health?
   a. Community drug initiative
   b. Community-directed intervention
   c. Community does it
   d. Clinical diagnosis of infection
   e. None of the above
6. CDI happens when:
   a. Communities are given a health program
   b. Communities take charge of distributing health commodities themselves, with guidance from the health service
   c. Communities are directed on how to distribute health commodities
   d. All of the above
   e. None of the above

7. All of the following are recognized signs and symptoms of mild malaria, except one. Can you identify the incorrect one?
   a. Hotness of the body
   b. Weakness of the joints
   c. Bitterness of the tongue
   d. Lack of consciousness
   e. Body pains

8. What is the correct meaning of RDT?
   a. Rapid direct treatment
   b. Response-directed therapy
   c. Rapid diagnostic test
   d. Requiring direct treatment
   e. None of the above

9. How soon in pregnancy can the first dose of IPTp be given?
   a. 13 weeks
   b. 16 weeks
   c. 20 weeks
   d. 24 weeks
   e. None of the above

PART B: TRUE OR FALSE

<table>
<thead>
<tr>
<th></th>
<th>Instructions: In the space provided, print a capital T if the statement is true and a capital F if the statement is false.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Monitoring is a continuous systematic process of collecting, analyzing, and using information to track the efficiency with which a program is achieving its goals and objectives.</td>
</tr>
<tr>
<td>11.</td>
<td>You should record services provided by community health workers when you are less busy.</td>
</tr>
<tr>
<td>12.</td>
<td>Pregnant women should be given the first dose of SP only when the baby has started moving in the womb.</td>
</tr>
<tr>
<td>13.</td>
<td>If a pregnant woman was given a sulfa-containing drug 2 weeks ago, she can be given the next dose of IPTp immediately.</td>
</tr>
<tr>
<td>14.</td>
<td>Insecticide-treated nets reduce the number of mosquitoes in the house, both inside and outside the net.</td>
</tr>
<tr>
<td>15.</td>
<td>Pregnant women taking co-trimoxazole should discontinue it immediately so that they can receive IPTp with SP.</td>
</tr>
</tbody>
</table>
Answers to sample questions

PART A: MULTIPLE CHOICE

Instruction: Circle the appropriate answer to each question.

1. What is the minimum recommended number of antenatal contacts for pregnant women?
   a. 4
   b. 6
   c. 8
   d. 10
   e. 12

2. Malaria in pregnancy can cause the following except:
   a. Fetal macrosomia
   b. Severe maternal anemia
   c. Stillbirth
   d. Maternal death
   e. All of the above

3. The recommended interventions for the control of malaria in pregnancy include:
   a. Sleeping under insecticidal nets
   b. Taking at least three monthly doses of intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP)
   c. Case management of malaria fever
   d. All of the above
   e. None of the above

4. The following are recommended for pregnant women except:
   a. Elemental iron 30–60 mg orally taken daily
   b. Folic acid 5 mg orally taken daily
   c. One ultrasound examination before 24 weeks of pregnancy
   d. At least three monthly doses of IPTp with SP
   e. None of the above

5. What is CDI in the context of public health?
   a. Community drug initiative
   b. Community-directed intervention
   c. Community does it
   d. Clinical diagnosis of infection
   e. None of the above

6. CDI happens when:
   a. Communities are given a health program
   b. Communities take charge of distributing health commodities themselves, with guidance from the health service
   c. Communities are directed on how to distribute health commodities
   d. All of the above
   e. None of the above
7. All of the following are recognized signs and symptoms of mild malaria, except one. Can you identify the incorrect one?  
   a. Hotness of the body  
   b. Weakness of the joints  
   c. Bitterness of the tongue  
   d. **Lack of consciousness**  
   e. Body pains  

8. What is the correct meaning of RDT?  
   a. Rapid direct treatment  
   b. Response-directed therapy  
   c. **Rapid diagnostic test**  
   d. Requiring direct treatment  
   e. None of the above  

9. How soon in pregnancy can the first dose of IPTp be given?  
   a. **13 weeks**  
   b. 16 weeks  
   c. 20 weeks  
   d. 24 weeks  
   e. None of the above  

**PART B: TRUE OR FALSE**  

<table>
<thead>
<tr>
<th>Statement</th>
<th>True/False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring is a continuous systematic process of collecting, analyzing, and using information to track the efficiency with which a program is achieving its goals and objectives.</td>
<td>T</td>
</tr>
<tr>
<td>You should record services provided by community health workers when you are less busy.</td>
<td>F</td>
</tr>
<tr>
<td>Pregnant women should be given the first dose of SP only when the baby has started moving in the womb.</td>
<td>F</td>
</tr>
<tr>
<td>If a pregnant woman was given a sulfa-containing drug 2 weeks ago, she can be given the next dose of IPTp immediately.</td>
<td>F</td>
</tr>
<tr>
<td>Insecticide-treated nets reduce the number of mosquitoes in the house, both inside and outside the net.</td>
<td>T</td>
</tr>
<tr>
<td>Pregnant women taking co-trimoxazole should discontinue it immediately so that they can receive IPTp with SP.</td>
<td>F</td>
</tr>
</tbody>
</table>
Community-directed intervention workshop evaluation

To be completed by learners.

Please rate the workshop components using the following scale:

<table>
<thead>
<tr>
<th>Workshop component</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The pre-test questionnaire helped me to study more effectively.</td>
<td></td>
</tr>
<tr>
<td>2. The trainers used a variety of training methods (lectures, role-plays, group discussions, games, and so on).</td>
<td></td>
</tr>
<tr>
<td>3. The small group activities, role-plays, and games contributed significantly to my learning about applying community-directed intervention to malaria control.</td>
<td></td>
</tr>
<tr>
<td>4. The trainers clearly stated the learning objectives.</td>
<td></td>
</tr>
<tr>
<td>5. The trainers communicated clearly and effectively.</td>
<td></td>
</tr>
<tr>
<td>6. The trainers asked questions and involved me in the sessions.</td>
<td></td>
</tr>
<tr>
<td>7. The trainers used a variety of audio-visual materials (flip chart, printed or projected presentation, handouts, and so on).</td>
<td></td>
</tr>
<tr>
<td>8. There was sufficient time scheduled for practicing hands-on experience, exercises, and skills.</td>
<td></td>
</tr>
<tr>
<td>9. The information presented in the workshop was mostly new to me.</td>
<td></td>
</tr>
<tr>
<td>10. The sessions were well organized.</td>
<td></td>
</tr>
<tr>
<td>11. The workshop has made me feel more competent or skillful at my work.</td>
<td></td>
</tr>
<tr>
<td>12a. Health care workers: I feel confident that I have learned enough to train others to provide malaria prevention and treatment in the community.</td>
<td></td>
</tr>
<tr>
<td>12b. Community health workers: I feel confident that I have learned enough to teach others how to prevent and address malaria in the community.</td>
<td></td>
</tr>
</tbody>
</table>
Additional comments (use reverse side if needed)

1. What are the three major things you learned in this workshop?

2. What topics, if any, should be added (and why) to improve the workshop?

3. What topics, if any, should be omitted (and why) to improve the workshop?

4. The workshop length was (circle one):
   a. Too long
   b. Just right
   c. Too short
Appendix D. Recommended further reading


Appendix E. Sample split fruit names for “Paired introductions”

<table>
<thead>
<tr>
<th>Split fruit names</th>
<th>Split fruit names</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAN</td>
<td>GO</td>
</tr>
<tr>
<td>STRAW</td>
<td>BERRY</td>
</tr>
<tr>
<td>ORA</td>
<td>NGE</td>
</tr>
<tr>
<td>PAW</td>
<td>PAW</td>
</tr>
<tr>
<td>AVO</td>
<td>CADO</td>
</tr>
<tr>
<td>COC</td>
<td>ONUT</td>
</tr>
<tr>
<td>GRA</td>
<td>PE</td>
</tr>
<tr>
<td>PINE</td>
<td>APPLE</td>
</tr>
<tr>
<td>PEA</td>
<td>CH</td>
</tr>
<tr>
<td>LI</td>
<td>ME</td>
</tr>
<tr>
<td>PE</td>
<td>AR</td>
</tr>
</tbody>
</table>
Appendix F. Checklist for counseling

Place a “Y” in the case column if the step is performed satisfactorily, an “N” if it is not performed satisfactorily, or an “N/O” if it is not observed.

- **Satisfactory**: Performs the step according to the standard procedure or guidelines
- **Unsatisfactory**: Performs the step but does not meet standard procedure or guidelines
- **Not observed**: Step not performed by learner during evaluation by trainer

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the head of the family agrees, uses the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project’s <em>Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart</em> to educate the pregnant woman and her family members about the effects of malaria in pregnancy.</td>
<td></td>
</tr>
<tr>
<td>1. Counsels about the benefits of antenatal care for all women, including:</td>
<td></td>
</tr>
<tr>
<td>• Monitoring the health of the woman</td>
<td></td>
</tr>
<tr>
<td>• Provision of medicine to strengthen the blood</td>
<td></td>
</tr>
<tr>
<td>• Advising on the use of monthly (at least three doses) intermittent preventive treatment in pregnancy starting from 13+ weeks of pregnancy</td>
<td></td>
</tr>
<tr>
<td>• Advising on sleeping inside an insecticide-treated bed net or long-lasting insecticidal net</td>
<td></td>
</tr>
<tr>
<td>• Deworming in pregnancy</td>
<td></td>
</tr>
<tr>
<td>• Testing for other diseases</td>
<td></td>
</tr>
<tr>
<td>• Monitoring the growth of the baby</td>
<td></td>
</tr>
<tr>
<td>• Checking how baby is lying in the womb</td>
<td></td>
</tr>
<tr>
<td>2. Counsels about the benefits of using insecticide-treated bed nets and long-lasting insecticidal nets, including:</td>
<td></td>
</tr>
<tr>
<td>• Prevents mosquito bites, repels and kills mosquitoes</td>
<td></td>
</tr>
<tr>
<td>• Repels and kills other insects too</td>
<td></td>
</tr>
<tr>
<td>• Is safe for pregnant women and babies</td>
<td></td>
</tr>
<tr>
<td>• Helps people to sleep better</td>
<td></td>
</tr>
<tr>
<td>• Promotes growth and development of the fetus and newborn</td>
<td></td>
</tr>
<tr>
<td>• Protects pregnant women against malaria, resulting in less:</td>
<td></td>
</tr>
<tr>
<td>• Low blood (anemia)</td>
<td></td>
</tr>
<tr>
<td>• Premature labor</td>
<td></td>
</tr>
<tr>
<td>• Low-birthweight babies</td>
<td></td>
</tr>
<tr>
<td>• Miscarriages</td>
<td></td>
</tr>
<tr>
<td>• Risk of stillbirths</td>
<td></td>
</tr>
<tr>
<td>• Maternal and newborn death</td>
<td></td>
</tr>
</tbody>
</table>
3. Counsels about the benefits of intermittent preventive treatment in pregnancy, including:
- Protects pregnant women from malaria by removing the parasites (germs) from the blood and placenta
- Reduces occurrence of anemia in pregnant women
- Reduces incidence of low-birthweight babies
- Reduces occurrence of other malaria-related complications
- Reviews record of previous visits to the area (where applicable)

Counsels on importance of prompt diagnosis and treatment of malaria using artemisinin-based combination therapies (ACTs):

4. Counsels on diagnosis:
- Check for malaria fever by touching the chest or body with the back of a hand to feel for hotness (body temperature equal to or higher than 37.5°C)
- If hot, your health care provider will conduct a rapid diagnostic test (if available) for malaria
- If the result is positive, you will be given an antimalarial medicine (ACT) which you will swallow with water

5. Counsels on use of ACT:
- Shows the client the appropriate ACT packet
- Asks the client what they see
- Points out the days and doses
- Explains the importance of taking all of the medicine over the next 3 days
- Asks client if they will have any problem taking the drugs correctly and explains what to do if so

6. If rapid diagnostic test result is negative, manages fever according to the national guideline
Appendix G. Job aids for providing intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP)
Appendix H. Patient education handout

If you get fever or signs of malaria, seek diagnosis immediately and, if tested positive for malaria, take effective treatment.

Protect yourself - and later also your newborn - from malaria by sleeping under a bednet each night.

Take iron and folic acid each day to prevent anaemia.

Usually SP is very well tolerated. If, however, you feel adverse drug reactions, consult your health worker.
IMPORTANT FOR PREGNANT WOMAN

Regularly take SP to protect yourself and your baby from malaria.

- From the 2nd trimester, have regular antenatal care contacts.
- Take a full 3-tablet dose of SP to prevent a malaria infection, starting as early as possible in the second trimester, and at least three times during your pregnancy with individual doses given at least one month apart.

MALARIA-FREE PREGNANCY

<table>
<thead>
<tr>
<th>Months</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SP tablets per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Next appointment dates

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TIPTOP
ADVANCING PREVENTION OF MALARIA IN PREGNANCY
Appendix I. Data use poster

**Table 1:** Monthly number of pregnant women attending ANC1, ANC4 or more, and receiving IPTp1, IPTp2, IPTp3 and IPTp4

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ANC 1</td>
<td></td>
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<tr>
<td>CHW-referred ANC1</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of ANC4 or more contacts</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of IPTp1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of IPTp2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of IPTp3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Number of IPTp4 or more doses</td>
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</tr>
<tr>
<td>% IPTp4 Coverage = (IPTp4/ANC4) x 100</td>
<td></td>
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</tr>
<tr>
<td>% ANC4 or more contacts=ANC5/ANC1 x 100</td>
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</tr>
</tbody>
</table>

**Graph 1:** Monthly IPTp-SP3 Coverage among Pregnant Women at ANC (%)

**Graph 2:** Monthly Antenatal care coverage – Percentage of pregnant women attending 4 ANC Visits or More (%)

**Table 2:** Experience of SP stock-out* within a month in the facility and among CHWs

<table>
<thead>
<tr>
<th>SP Stock Out; Facility and CHWs's</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility stock out in number of days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of CHWs with stock outs (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of CHWs in Catchment Area (B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CHWs with stock out = [A/B]x100</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*If SP is absent for 7 days consecutively in a month, this is considered a stock-out
Appendix J. Classroom skills checklists: facilitation, demonstration, and coaching

Using the checklists

The criteria to evaluate learners are based on the knowledge, attitudes, and skills set forth and practiced during training. In preparing for formal evaluation, learners can familiarize themselves with the content of the checklists by critiquing each other’s facilitation, demonstration, and coaching skills.

When determining competence, the judgment of a skilled trainer is the most important factor. Thus, in the final analysis, the competence with which a task is performed carries more weight than the number of times it is performed. Because the goal of this training is to enable every learner to achieve competency, additional training or practice may be necessary. When you believe, as a qualified trainer, that the learner has achieved the necessary skills, write your initials (e.g., “PJ”) in the bottom row of that checklist’s corresponding case column.
Checklist for effective facilitation skills

Place a “Y” in the case column if the step is performed satisfactorily, an “N” if it is not performed satisfactorily, or an “N/O” if it is not observed.

- **Satisfactory**: Performs the step according to the standard procedure or guidelines
- **Unsatisfactory**: Performs the step but does not meet standard procedure or guidelines
- **Not observed**: Step not performed by learner during evaluation by trainer

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Present an effective introduction.</td>
<td></td>
</tr>
<tr>
<td>2. State the objective(s) as part of the introduction.</td>
<td></td>
</tr>
<tr>
<td>3. Ask questions of the entire group.</td>
<td></td>
</tr>
<tr>
<td>4. Target questions to individuals.</td>
<td></td>
</tr>
<tr>
<td>5. Use learner names.</td>
<td></td>
</tr>
<tr>
<td>6. Provide positive feedback.</td>
<td></td>
</tr>
<tr>
<td>7. Respond to learner questions.</td>
<td></td>
</tr>
<tr>
<td>8. Follow your trainer’s notes or a personalized version of the <em>Training in Community-Directed Intervention to Address Malaria in Pregnancy: Facilitators’ Guide.</em></td>
<td></td>
</tr>
<tr>
<td>9. Maintain eye contact.</td>
<td></td>
</tr>
<tr>
<td>10. Project voice so that all learners can hear.</td>
<td></td>
</tr>
<tr>
<td>11. Move about the room.</td>
<td></td>
</tr>
<tr>
<td>12. Use audio-visuals effectively.</td>
<td></td>
</tr>
<tr>
<td>13. Present an effective summary.</td>
<td></td>
</tr>
</tbody>
</table>

**Skilled delivery of a learning activity**
### Checklist for clinical demonstration skills

Place a “Y” in the case column if the step is performed satisfactorily, an “N” if it is not performed satisfactorily, or an “N/O” if it is not observed.

- **Satisfactory:** Performs the step according to the standard procedure or guidelines
- **Unsatisfactory:** Performs the step but does not meet standard procedure or guidelines
- **Not observed:** Step not performed by learner during evaluation by trainer

<table>
<thead>
<tr>
<th>Case</th>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Present an effective introduction.</td>
</tr>
<tr>
<td></td>
<td>2. State the objective(s) as part of the introduction.</td>
</tr>
<tr>
<td></td>
<td>3. Arrange demonstration area so that learners are able to see each step in the procedure clearly.</td>
</tr>
<tr>
<td></td>
<td>4. Communicate with the model or client during demonstration of the skill/activity.</td>
</tr>
<tr>
<td></td>
<td>5. Ask questions and encourage learners to ask questions.</td>
</tr>
<tr>
<td></td>
<td>6. Demonstrate or simulate appropriate infection prevention practices.</td>
</tr>
<tr>
<td></td>
<td>7. When using model, position model as an actual client.</td>
</tr>
<tr>
<td></td>
<td>8. Maintain eye contact with learners as much as possible.</td>
</tr>
<tr>
<td></td>
<td>9. Project voice so that all learners can hear.</td>
</tr>
<tr>
<td></td>
<td>10. Provide learners opportunities to practice the skill/activity under direct supervision.</td>
</tr>
</tbody>
</table>

**Skilled delivery of a clinical demonstration**

Learner: ___________________________ Date observed: ___________________
## Checklist for clinical coaching skills

Place a “Y” in the case column if the step is performed satisfactorily, an “N” if it is not performed satisfactorily, or an “N/O” if it is not observed.

- **Satisfactory:** Performs the step according to the standard procedure or guidelines
- **Unsatisfactory:** Performs the step but does not meet standard procedure or guidelines
- **Not observed:** Step not performed by learner during evaluation by trainer

<table>
<thead>
<tr>
<th>Learner:</th>
<th>Date observed:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before practice session</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet learner and review previous performance when applicable.</td>
<td></td>
</tr>
<tr>
<td>2. Work with the learner to set specific goals for the practice session.</td>
<td></td>
</tr>
<tr>
<td><strong>During practice session</strong></td>
<td></td>
</tr>
<tr>
<td>1. Observe the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as the learner performs the procedure.</td>
<td></td>
</tr>
<tr>
<td>2. Refer to the task’s checklist or performance standards during observation.</td>
<td></td>
</tr>
<tr>
<td>3. Record notes about learner performance during the observation.</td>
<td></td>
</tr>
<tr>
<td>4. Be sensitive to the client when providing feedback to the learner during a clinical session with clients.</td>
<td></td>
</tr>
<tr>
<td><strong>After-practice feedback</strong></td>
<td></td>
</tr>
<tr>
<td>1. Review notes taken during the practice session.</td>
<td></td>
</tr>
<tr>
<td>2. Greet the learner and ask them to share their perception of the practice session.</td>
<td></td>
</tr>
<tr>
<td>3. Ask the learner to identify those steps performed well.</td>
<td></td>
</tr>
<tr>
<td>4. Ask the learner to identify those steps where performance could be improved.</td>
<td></td>
</tr>
<tr>
<td>5. Provide positive reinforcement and corrective feedback.</td>
<td></td>
</tr>
<tr>
<td>6. Work with the learner to establish goals for the next practice session.</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled delivery of coaching</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K. Checklists for community health workers (CHWs) providing intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp with SP)

Instructions

These checklists can be used:
To help CHWs remember the steps they are to take during home visits
As observation checklists:
  For classroom practice during training
  During supportive supervision in the field

If using as observation checklists, place a “Y” in the case column if the step is performed satisfactorily, an “N” if it is not performed satisfactorily, or an “N/O” if it is not observed.

Satisfactory: Performs the step according to the standard procedure or guidelines
Unsatisfactory: Performs the step but does not meet standard procedure or guidelines
Not observed: Step not performed by participant during observation
Checklist 1: For CHW interaction with pregnant women to give first IPTp dose

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prepare for home visit</strong></td>
<td></td>
</tr>
<tr>
<td>1. Review community map and register of pregnant women.</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Check contents of project bag for completeness:  
  - *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart*  
    [Counseling Flip Chart]  
  - Patient education handouts  
  - Blister packs of quality-assured SP tablets  
  - CHW register  
  - Antenatal care (ANC) cards, appointment cards, and referral forms  
  - Pregnancy wheel  
  - Notebook and pen  
  - Optional: sachets of drinkable water and paper cups |       |
| 3. Review record of previous visits to the area (where applicable). |       |
| 4. Put on branded attire of the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project (T-shirt, cap, etc.). |       |
| **Visit pregnant woman at home** |       |
| 5. Knock on the door of selected household. |       |
| 6. Greet the household member respectfully and kindly. |       |
| 7. Introduce yourself and ask for the head of the household. |       |
| 8. Ask to confirm that there is a pregnant woman in the household. |       |
| 9. Ask head of household for permission to discuss the burden of malaria in pregnancy (MiP) with the pregnant woman and her family. |       |
| **Use the Counseling Flip Chart to counsel on MiP** |       |
| 10. Ask to sit in a convenient spot where all household members can see the Counseling Flip Chart. |       |
| 11. Present the content of the *Counseling Flip Chart*, including:  
  - Effects of malaria on pregnant women and unborn children  
  - Importance of ANC attendance as early as possible before 13 weeks (3 months) of pregnancy  
  - Benefits of comprehensive ANC (nutritional supplements, early detection and management of pre-existing problems, early detection and management of complications of pregnancy, etc.)  
  - Interventions for the prevention and control of MiP:  
    - Sleeping inside an insecticide-treated bed net or long-lasting insecticidal net  
    - Taking a minimum of three doses of IPTp with SP  
    - Prompt diagnosis and treatment of women with symptoms and signs of MiP |       |
| 12. Encourage listeners to ask questions and provide answers. |       |
### FACILITATORS’ GUIDE

**Assess pregnant woman for eligibility to receive the first dose of IPTp with SP (in countries where CHWs are allowed to give medicines)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>**13. Ask the pregnant woman about the date of the first day of her <strong>last normal menstrual period.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>14. Use a pregnancy wheel to determine gestational age (age of pregnancy) if trained to do so. If the woman is 13 weeks pregnant or more, she is eligible for SP.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15. If woman is unsure of her last normal menstrual period, ask if quickening has occurred (i.e., the baby has started to move in the womb) which suggests a pregnancy of 16 or more weeks. If YES, the pregnant woman is eligible for SP.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>16. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>17. Ask if the pregnant woman is taking co-trimoxazole medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>18. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>19. Based on the history taking outlined in Steps 13–18, determine whether woman is eligible for SP at this home visit (≥13 weeks pregnant, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Provide first dose of IPTp with SP to an eligible pregnant woman (in countries where this is allowed)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>21. If pregnant woman agrees, ask her to get a cup of clean drinkable water.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>22. Give woman <strong>three tablets of SP</strong> to swallow.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>23. Observe woman swallowing the SP with water (directly observed therapy).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>24. <strong>Keep the blister packs</strong> of consumed SP in a safe place in your bag.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Provide post-IPTp counseling**

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>25. Advise the woman <strong>not to take folic acid for 7 days</strong> to avoid its interaction with SP. She can resume taking her folic acid after 1 week.</strong></td>
<td></td>
</tr>
<tr>
<td>**26. Remind woman to get her second dose of SP in 4 weeks’ time at the nearest health facility. <strong>Inform her of the date when she should get the next dose.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Carry out documentation**

<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>27. Complete an <strong>ANC card</strong> for the woman indicating first dose of IPTp was given if so. Give the pregnant woman an appointment card to go to the ANC clinic to receive other benefits of comprehensive ANC.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>28. Complete the <strong>CHW register</strong> to indicate first dose of IPTp given (if so), ANC card and appointment card given, and referral form completed and given (if so) to the woman.</strong></td>
<td></td>
</tr>
</tbody>
</table>
29. **Ask woman if she has any questions** and provide answers. If unable to provide an answer, tell woman to ask the health care worker when she gets to the ANC clinic.

30. **Thank the woman and her family** for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.

31. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).

32. Depart from the home.

### Checklist 2: For CHW to conduct a follow-up visit with a registered pregnant woman

**Prepare for follow-up home visit**

1. Review community map and register of pregnant women.

2. Check contents of project bag for completeness:
   - *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers’ Counseling Flip Chart*
   - [Counseling Flip Chart]
   - Patient education handouts
   - Blister packs of quality-assured SP tablets
   - CHW register
   - Antenatal care (ANC) cards, appointment cards, and referral forms
   - Pregnancy wheel
   - Notebook and pen
   - Optional: sachets of drinkable water and paper cups

3. Review record of previous visits to the area.

4. Put on branded attire of the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project (T-shirt, cap, etc.).

**Visit pregnant woman at home**

5. Knock on the door of selected household.

6. Greet the household member respectfully and kindly.

7. Introduce yourself and ask for the head of the household.

8. Ask to confirm that the registered pregnant woman is at home.

9. Ask head of household for permission to follow up with the pregnant woman.

**Assess pregnant woman for eligibility to receive a follow-up dose of IPTp with SP**

10. Ask to see the ANC card of the pregnant woman.

11. Review the ANC card to confirm the number of doses of IPTp with SP the woman has received.

12. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. **If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).**
<table>
<thead>
<tr>
<th>Step</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Ask if the pregnant woman is taking co-trimoxazole medicine. <strong>If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).</strong></td>
<td></td>
</tr>
<tr>
<td>14. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. <strong>If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).</strong></td>
<td></td>
</tr>
<tr>
<td>15. Based on the history taking outlined in Steps 10–14, determine whether the woman is eligible for SP at this home visit (≥13 weeks pregnant, previously received SP dose, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.</td>
<td></td>
</tr>
<tr>
<td><strong>Provide follow-up dose of IPTp with SP to an eligible pregnant woman</strong></td>
<td></td>
</tr>
<tr>
<td>16. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.</td>
<td></td>
</tr>
<tr>
<td>17. If pregnant woman agrees, ask her to get a cup of clean drinkable water.</td>
<td></td>
</tr>
<tr>
<td>18. <strong>Give woman three tablets of SP</strong> to swallow.</td>
<td></td>
</tr>
<tr>
<td>19. Observe woman swallowing the SP with water (directly observed therapy).</td>
<td></td>
</tr>
<tr>
<td>20. <strong>Keep the blister packs</strong> of consumed SP in a safe place in your bag.</td>
<td></td>
</tr>
<tr>
<td><strong>Provide post-IPTp counseling</strong></td>
<td></td>
</tr>
<tr>
<td>21. Advise the woman <strong>not to take folic acid for 7 days</strong> to avoid its interaction with SP. She can resume taking her folic acid after 1 week.</td>
<td></td>
</tr>
<tr>
<td>22. <strong>Remind woman to get her next dose of SP in 4 weeks’ time</strong> at the nearest health facility. <strong>Inform her of the date when she should get the next dose.</strong></td>
<td></td>
</tr>
<tr>
<td>23. <strong>Update the ANC card</strong> for the woman to indicate IPTp with SP dose given.</td>
<td></td>
</tr>
<tr>
<td>24. <strong>Update the CHW register</strong> to indicate IPTp with SP dose given.</td>
<td></td>
</tr>
<tr>
<td>25. Ask woman if she has any questions and provide answers. If unable to provide an answer, tell woman to ask the health care worker at the ANC clinic.</td>
<td></td>
</tr>
<tr>
<td>26. Thank the woman and her family for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.</td>
<td></td>
</tr>
<tr>
<td>27. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).</td>
<td></td>
</tr>
<tr>
<td>28. Depart from the home.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix L. Checklist for monthly supportive supervision of community health workers (CHWs)

This checklist is to be completed during supportive supervisory visits and after a review of CHWs’ registers and forms. The focal person for community-directed intervention should have the CHWs participate in completing the checklist. Do not complete the checklist without first checking your country’s supportive supervision guidelines. The checklist consists of a list of close-ended items (yes and no questions) meant to systematically observe the CHWs’ activities. Provide feedback to the CHWs after administering the checklist.

Name of community: ___________________ District: ________________ Date: __________

Names of focal persons for community-directed intervention and CHWs:

<table>
<thead>
<tr>
<th></th>
<th>Issues/activities</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are CHWs organized into a group?</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Do the CHWs attend monthly meetings with health facility workers?</td>
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<tr>
<td>3</td>
<td>Are CHWs organizing with each other to conduct community outreach and mobilization activities?</td>
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<tr>
<td>4</td>
<td>Do CHWs have copies of the pregnant women register and community mapping results?</td>
<td></td>
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<tr>
<td>5</td>
<td>Do the CHWs lead the community in undertaking periodic mapping/census/registration updates?</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Have the required number of CHWs been trained?</td>
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<tr>
<td>7</td>
<td>Are all trained CHWs working/active on the project?</td>
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<tr>
<td>8</td>
<td>Are CHWs collecting commodities from an agreed-on point?</td>
<td></td>
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<tr>
<td>9</td>
<td>Do CHWs have the required recordkeeping registers?</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>Do CHWs have the required reporting forms?</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Are CHWs skillful in completing the registers?</td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>Are CHWs skillful in completing the monthly summary form?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issues/activities</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>13</td>
<td>Do CHWs have an adequate stock of quality-assured sulfadoxine-pyrimethamine (SP)?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Do CHWs have an adequate stock of insecticide-treated bed nets or long-lasting insecticidal nets?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>Do CHWs have an adequate stock of artemisinin-based combination antimalarial drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Has the community made a decision on mode of distribution?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Has the community made a decision on period of distribution?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Are the knowledge and skills of CHWs on dosing of SP for IPTp adequate?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Do CHWs follow up with pregnant women who are absent for intended home visit? Household that refuse to participate?</td>
<td></td>
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<tr>
<td>20</td>
<td>Do the CHWs refer pregnant women to the health facility?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Do CHWs refer women who have adverse reactions to SP?</td>
<td></td>
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</tbody>
</table>
### Community counseling card

**Every member of your household (especially pregnant women and children under the age of 5 years) must sleep inside an insecticide-treated bed net or long-lasting insecticidal net (ITN/LLIN).**

**Give pregnant woman three sulfadoxine-pyrimethamine tablets monthly beginning from 13+ weeks (or after baby has started moving in her womb) using directly observed therapy.**

**Use artemisinin-based combination therapy (ACT) when you have malaria fever.**

## Community counseling card

<table>
<thead>
<tr>
<th>Antenatal care (at least eight contacts)</th>
<th>ITN/LLIN use</th>
<th>Intermittent preventive treatment in pregnancy</th>
<th>Counsel on prompt diagnosis and treatment (use of ACT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring the health of the woman (e.g., checking blood pressure and testing for anemia [low blood])</td>
<td>Prevents mosquito bites, repels and kills mosquitoes</td>
<td>Protects pregnant women from malaria by removing the parasites (germs) from the blood and placenta</td>
<td>Counsel on diagnosis:</td>
</tr>
<tr>
<td>Provision of medicine to strengthen the blood (iron, folic acid)</td>
<td>Repels and kills other insects too</td>
<td>Reduces occurrence of anemia (low blood) in pregnant women</td>
<td>&lt;b2&gt;Check for malaria fever by touching the chest or body with the back of a hand to feel for hotness (body temperature equal to or higher than 37.5°C)</td>
</tr>
<tr>
<td>Advising on the use of monthly (at least three doses) intermittent preventive treatment in pregnancy starting from 13+ weeks of pregnancy</td>
<td>Is safe for pregnant women and babies</td>
<td>Reduces incidence of low-birthweight babies</td>
<td>If hot, your health care provider will conduct a rapid diagnostic test (if available) for malaria</td>
</tr>
<tr>
<td>Advising on sleeping inside an ITN/LLIN</td>
<td>Helps people to sleep better</td>
<td>Reduces occurrence of other malaria-related complications (e.g., miscarriage, stillbirths, preterm delivery, possible death of the mother)</td>
<td>If the result is positive, you will be given an antimalarial medicine (ACT) which you will swallow with water (b2)</td>
</tr>
<tr>
<td>Deworming in pregnancy</td>
<td>Promotes growth and development of the fetus and newborn</td>
<td>Protects pregnant women against malaria, resulting in less:</td>
<td>Counsel on use of ACT:</td>
</tr>
<tr>
<td>Testing for other diseases (e.g., HIV, syphilis)</td>
<td></td>
<td>- Low blood (anemia)</td>
<td>&lt;b2&gt;Ask the client if they are taking any other medicines</td>
</tr>
<tr>
<td>Monitoring the growth of the baby</td>
<td></td>
<td>- Premature labor</td>
<td>&lt;b2&gt;Remind client that ACT is an important step in their malaria treatment</td>
</tr>
<tr>
<td>Checking how baby is lying in the womb</td>
<td></td>
<td>- Low-birthweight babies</td>
<td>&lt;b2&gt;Keep the client informed of any side effects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Miscarriages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Risk of stillbirths</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Maternal and newborn death</td>
<td></td>
</tr>
</tbody>
</table>

If rapid diagnostic test result is negative, manage fever according to the national guideline.
References


