

# Adult Learning Program

(FCHV to FCHV Approach)

An Innovative Pilot Program of Family Health Division, UNICEF and IRHDTC

SPECIAL ISSUE NEWSLETTER (Volume 1, Issue 2; November, 2012)

## WHAT IS ADULT LEARNING PROGRAM?

Adult Learning Program is an innovative health communication approach for improving community health being implemented in Rasuwa district of Nepal. UNICEF/Nepal and Family Health Division partnered with IRHDTC for the implementation of “Capacity



Community Level Adult Learning Training at Dhaibung VDC, Rasuwa

Development of FCHV using Adult Learning Techniques” aimed at strengthening the Female Community Health Volunteer program to improve maternal and child health and enhance community involvement in primary health care. The approach is based on the social cognitive theory of health promotion. The program utilizes blend of drama and BCC approach to communicate health messages in mothers’ group-

health. The program is aimed at empowering and developing capacity of the FCHV for the promotion of health and healthy behaviors of the mothers and community people with focus on

poor and socially excluded. The objective of the program is to strengthening the capacity of FCHV to communicate effectively in groups using drama approach, counsel using Interpersonal Communication (IPC) skills, identify the community problems through Participatory Rural Appraisal (PRA) techniques and mobilize the mothers’ group- health and community people.

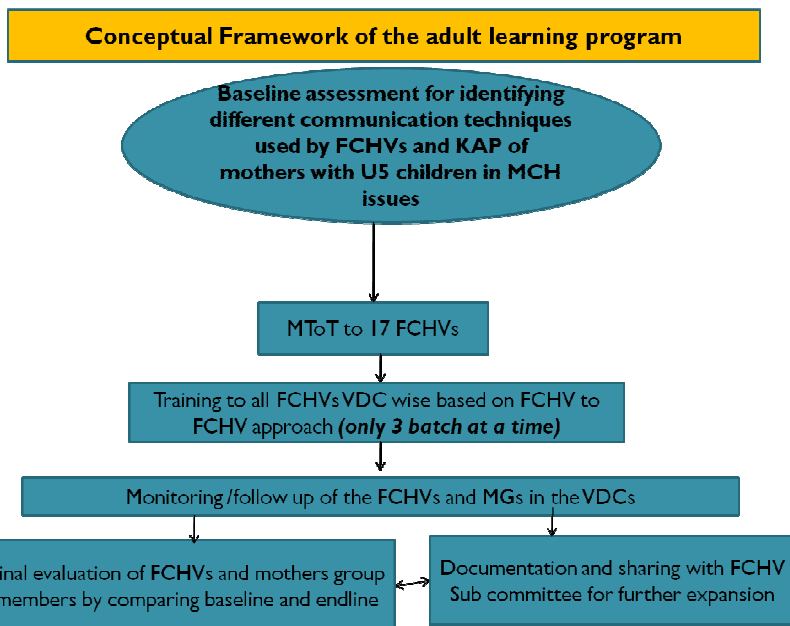
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- **Adult Learning Program:**  
*Achievements and Challenges*
- **Steps of conducting MGM**
- **Qualitative findings**
- **Case study**

# Adult Learning Program

## ACHIEVEMENTS AND CHALLENGES

**INTRODUCTION:** Adult Learning Program (ALP) was envisaged by UNICEF and IRHDTC which was further developed and refined after several rounds of consultative meetings among UNICEF, IRHDTC and FHD. FHD team played significant role in selecting the district, setting up favorable piloting environment at central and district level and actively involved in all the activities of the pilot program throughout the program.



**IMPLEMENTATION:** After the completion of the baseline survey and development of training manuals, IRHDTC conducted MTOT training to 17 active FCHVs from 17 VDCs of Rasuwa District.. The 5 days community level FCHV training commenced from 27 February, 2012 in which the team of 3 MTOT FCHV provided trainings to their colleagues. All health workers were involved in the FCHV training on 4<sup>th</sup> and 5<sup>th</sup> days to provide them basic orientation about the program. A three member support team comprising of 3 best performing FCHV in the community level training was formed in each VDCs for supporting the fellow FCHVs to conduct drama based mothers’ group– health activities after training. Besides this, IRHDTC field and central staffs provided intensive monitoring of FCHV and mothers’ group activities. The IRHDTC and DHO staffs regularly provided technical support visits to various health facilities and mothers’ group– health jointly till August, 2012. The endline survey including small scale qualitative study was conducted in August 2012 for assessing the impact of the program.

**FINDINGS:** The endline survey and qualitative exploration have indicated that the Adult Learning Program has been able to achieve its objective of making mothers more knowledgeable on key health

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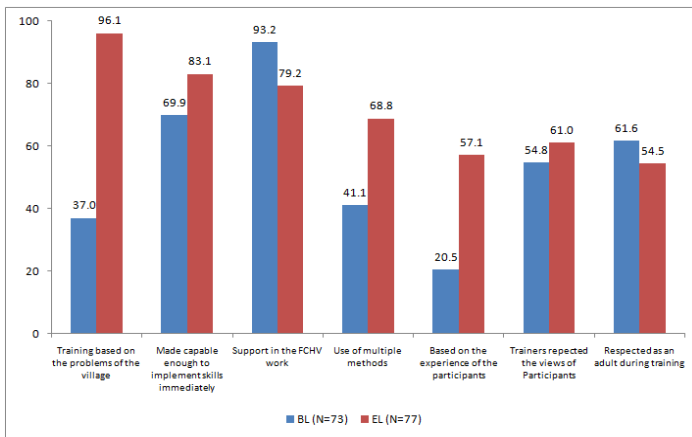
issues. In the study, the endline information were compared with the baseline information on the status of communication ability of FCHV as well as the situation of KAP of mothers with under 5 children before and after the intervention.

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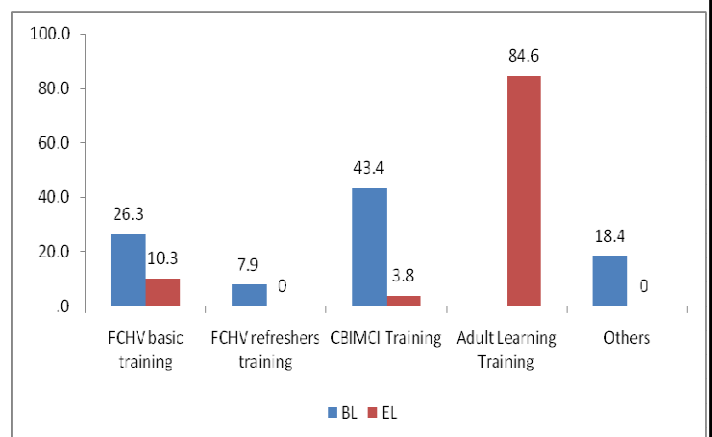
## ACHIEVEMENTS AND CHALLENGES

### FINDINGS (Contd...)

**FCHV Survey:** The findings of the study has indicated that FCHV have liked the Adult Learning Training approach and the training program has been able to successfully enhance the skills of the FCHV to conduct mothers' group– health effectively especially using drama based approach and using BCC materials.

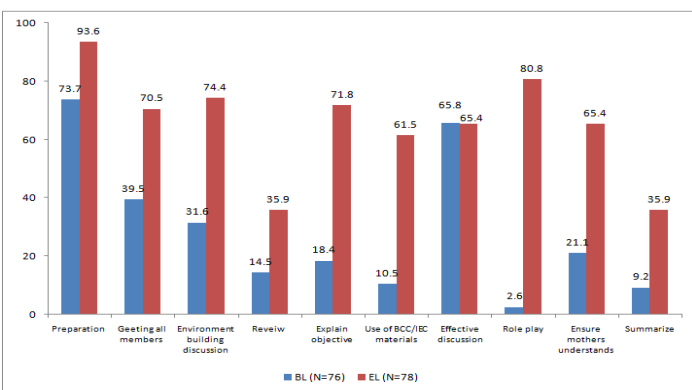


Perception of adult learning technique in the training

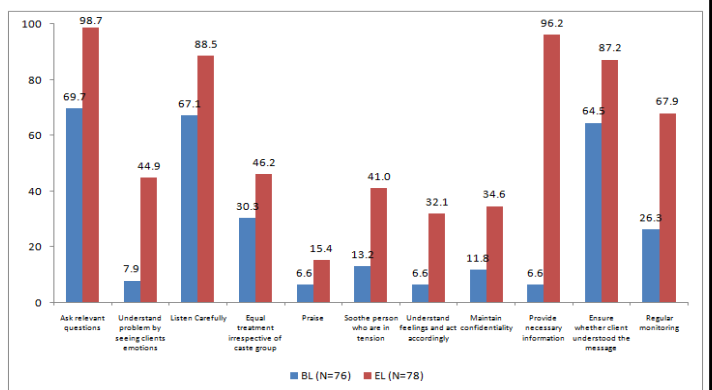


Training most useful and skill oriented

The holistic approach of developing capacity of FCHV for conducting drama, effectively using BCC materials, participatory problem identification and planning and effective counselling has shown some visible impacts such as regularization of mother's group activities, increase in number of mother's group and improvement in knowledge and behaviours of mothers in key MNCH issues (figures in the next page). The training has been found to be very effective and action oriented along with focusing on adult learning principles.



Observation of counseling skill of FCHV



Knowledge of conducting mothers' group meeting

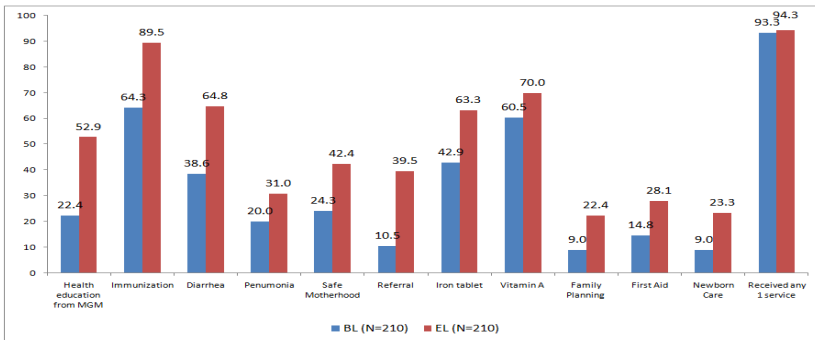
There was a significant improvement in interpersonal communication and mothers' group– health meeting conduction skills of FCHV as shown above.

# Adult Learning Program

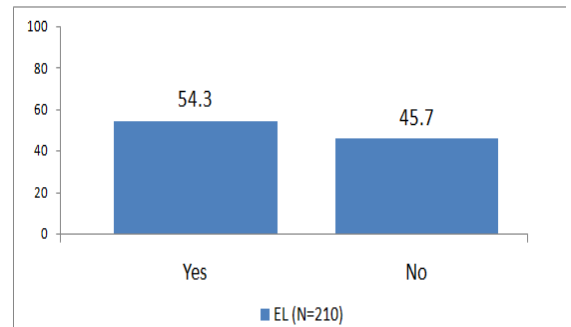
## ACHIEVEMENTS AND CHALLENGES

### FINDINGS (Contd...)

**Mother's Survey:** Mother's survey has indicated that there has been increase in mother's group activity and hence improvement in knowledge and practice related to key MNCH issues. Services rendered by FCHV have increased related to immunization, diarrhoea and safe motherhood. There were significant proportion of mothers who had watched drama shown by FCHV during the program.

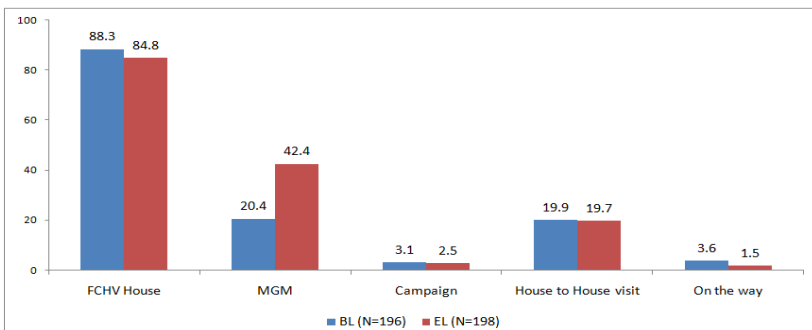


Services received from FCHV

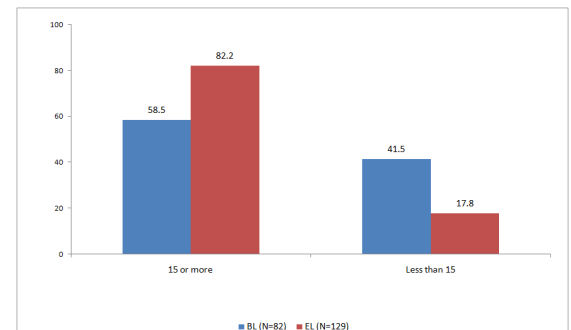


Mothers who watched drama

The increase in mother's group activity has been depicted by increase in average number of attendance in mother's group– health meeting (increased by 23%) and mother's group meeting (increased by 22%) as the place of receipt of services. (shown below)

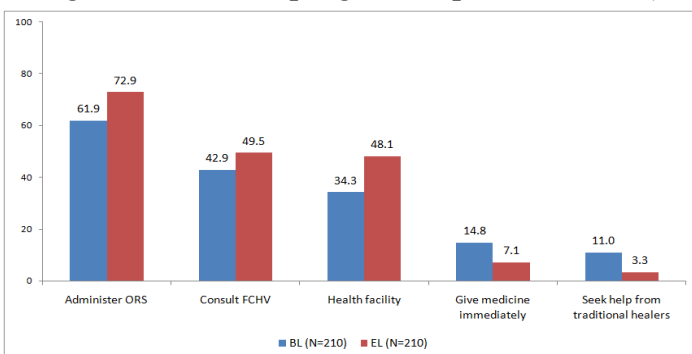


Place of receipt of services

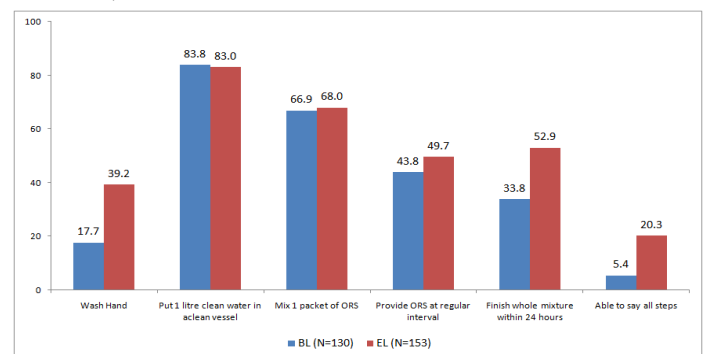


Average number of attendance in a group

There has been significant improvement in knowledge related to diarrhoea along with its prevention using ORS after the program implementation (shown below).



Action taken when child suffer from diarrhea



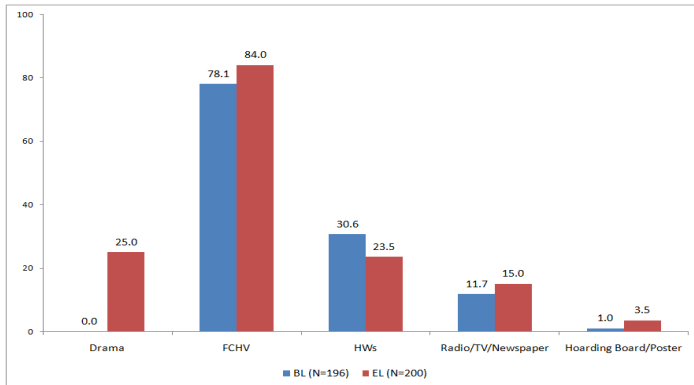
Able to say all steps of ORS preparation

# Adult Learning Program

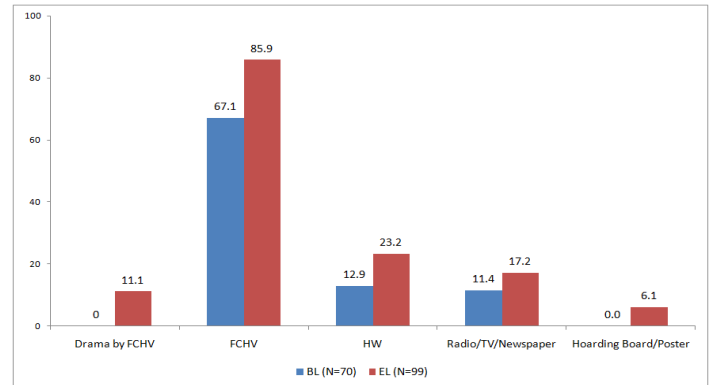
## ACHIEVEMENTS AND CHALLENGES

### Mother's Survey (Contd...)

Drama shown by FCHV has been one of the key source of health information. In addition, proportion of mothers saying FCHV as source of health information has also significantly increased.

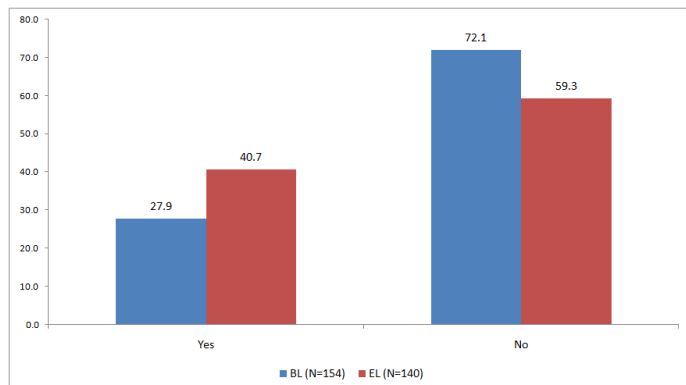


Source of information related to diarrhea

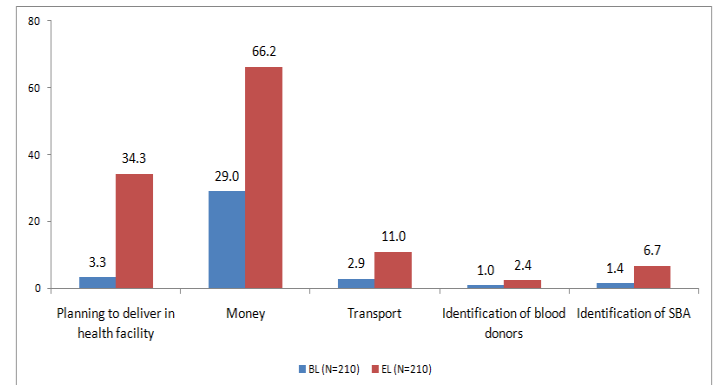


Source of Info about Exclusive Breastfeeding

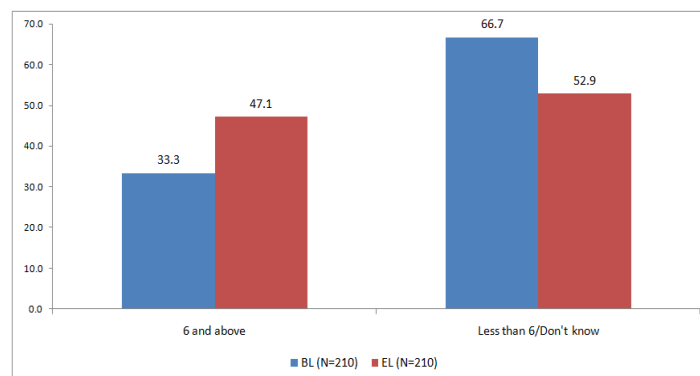
In case of maternal health, the knowledge about ANC, institutional delivery and PNC have increased but the practice has not improved significantly (figure not shown). Presence of FCHV during home delivery, practice of birth preparedness and exclusive breastfeeding have increased significantly in the endline compared to the baseline.



Presence of FCHV during home delivery



Birth preparedness practices



Practice of Exclusive Breastfeeding

# Adult Learning Program

## ACHIEVEMENTS AND CHALLENGES

**CHALLENGES:** Every innovative and pilot endeavor has challenges for effective implementation of the program. One of the key challenges felt by during the program was that not all FCHV have developed same level of competency in conducting drama based mother’s group– health meeting. In some case, mothers group– health meetings were not regularly held especially in the upper region of Rasuwa. Due to the limited financial and human resource of District Health Office, ensuring regular monitoring and supervision, refreshers training and other support are also some of the key challenges.



BCC Counseling to mother’s group members after showing drama related to danger signs during pregnancy



Group of mothers showing “MURTINATAK” (statue drama to FCHV)

**CONCLUSION AND RECOMMENDATION:** To conclude, the program have shown positive effects in promoting health of the mother and child. In remote districts like Rasuwa, the program has potentiality to raise awareness through “drama” where there is lack of health awareness and potentiality of strong community mobilization. DHO, FHD, UNICEF and IRHDTC was committed in the effective implementation of the pilot program and contribute in the improvement of maternal and child health through strengthening mothers’ group– health activities and introducing innovative activities such as FCHV to FCHV training approach, PRA, peer based

monitoring and support mechanism. It is highly recommended that government scale up such innovative health communication program. Another way may be to integrate major approaches of the program (drama, PRA) into the existing FCHV basic training manuals and other related programs. The learning from the program will definitely help to further strengthen the FCHV program and its aim of improving maternal and child health.



FCHV using social map for identifying beneficiaries

## STEPS OF CONDUCTING MOTHER'S GROUP- HEALTH MEETING (in ALP)

Basically, FCHV have to conduct mothers' group- health meeting in seven key steps as shown in the hand chart alongside. In the first step, FCHV thinks about scenario related to a health issue. She then develops a plot prior to mothers' group- health meeting and ascertain how many actors will be required for the drama. On the day of the meeting, she welcomes all participants, arranges mother so that all can view the drama. She selects some of her colleagues and shares her plot with them. She assigns roles to the selected mothers.

In the second step, she presents a statue drama in which the actors are placed like a statue in front of the mothers' group- health in a meaningful way. The statue drama will be indicating about a health problem in form of facial expression and still actions. The FCHV asks mothers' group- health what does they see in the presentation, what are each actors trying to do and what health problem is it trying to show? In the third step, FCHV will modify the statue as per the advice from the participants to make the statue presentation more clear and effectively deliver the intended health message. Eventually, the FCHV praise all for active participation and dismantles the statue presentation. In the fourth step, the drama is shown based on the statue presentation. The drama is generally based on the common health problems and plots are also thought based on local cultural practices. In most of the dramas, the drama is stopped (fifth step) as per planned in a deadlock (For example, in a drama of diarrhea, the mother-in-law may be demanding the child be treated by Traditional healers while mother may want to treat the child in local health facility). The audience are then asked whether such practices are prevalent in the community or not? What should be done in that case?, etc. When an audience advice something, the drama is conducted as per advice. If the deadlock persists, the advice of other audience is followed. It is expected that some audience will give a correct advice and eventually the drama will end providing positive message about the health issue.

In the sixth step, BCC materials such as flip chart, posters, book, etc. is used to educate mothers related to the health issues shown in the drama. This helps in further reinforcing the health message gained from drama. In the final step, the mothers' group- health plan to disseminate the message learnt in the drama through participatory planning. This helps in spreading message to those mothers who could not participate in the mothers group as well.



## QUALITATIVE STUDY FINDINGS

Qualitative analysis were also done to complement the findings of the endline survey. Data collected were based on in-depth interview with mothers with U5 children and FCHV, focused group discussion with mothers' group— health members and key informant interview with local stakeholders. In general, there was good perception of mothers towards the new approach. Mothers shared that nowadays, there was regular conduction of drama based meetings, and that it also provided opportunity for interaction, self participation, and sharing of health problems and discussion about the solutions. Mothers also said that drama has helped them change their behaviour on health issues, like- reduction in belief towards traditional healers and motivated them to utilize modern health care services. There had been great support by local leaders and health workers for revitalizing mothers' group activities. Local leaders and key informants had shown interest in the new approach and gracefully accepted and support the new approach. The qualitative findings have supported the fact that mothers' number in the meetings have increased and mothers have become more knowledgeable on key health issues and are inclined towards positive behaviour change.



Focused Group Discussion with mothers group-health of Bhorle-1

## CASE STUDY

(Chesangmo Lama, Syafru-3)

Namaskar, I am Chesangmo Lama from Syafru VDC. I wanted to share with you all about the recent developments in mother's group— health meeting. Mothers' Group— Health, nowadays, is entirely new and the group has been functioning very effectively; the new drama based method has added new reason to reunite and regularly conduct the mother's group— health meeting. This also provides an opportunity for interaction. Many mothers are unable to say about their problems but when we see those problems (even hidden one i.e. having unprotected sex, uterine prolapse symptoms, etc) through drama, mothers tell their problem and then we discuss as most of us have similar problems. Once, I saw drama on family planning method which clearly showed husband and mother-in-law have important role in family planning decisions. Only the effort of women/mother is insufficient. After the drama, I discussed with my husband and mother-in-law about the drama and its message.

All agreed to support and spread knowledge about family planning and its benefits. Luckily, I have only two child and I am planning to adopt permanent FP method. Similarly, discussion about menstrual hygiene and uterine prolapse were beneficial during mothers' group— health meeting and I will try my best to adopt healthy behaviour for my own health which of course will save a lot of money.

## POPULAR QUOTES DURING ENDLINE

“त्याहाँ नाटक मात्र हैन ज्ञान बोलेको थियो ।”

“कान नसुन्नेले पनि नाटक हेरेर बुझ्छ ।”

“मेरो बच्चाको स्वास्थ्यको लागि हो, पछि सम्म पनि नाटकमा देखाएको कुरा सम्भन सक्छु ।”

“I initially has lost my elder daughter due to pneumonia. So, the whole event (*referring to dram*) was emotional for me. I felt that I learnt a lot and I am sure that same event will not happen again to my other children.”

“The meeting has now become very entertaining and functional. Initially, it was just like teaching a child in the school.”

Any queries and suggestion should be forwarded to the following address:

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