Community-Based Approach to Child Survival

Catchment Area Planning and Action
Module 1: Routine Immunization

State Ministry of Health

BASICS II / Nigeria
Community-Based Approach to Child Survival

Catchment Area Planning and Action Module- 1)
Routine Immunization

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Cover: BASICS II/Nigeria, photographer Tony Mokwe. A health worker administering DPT-1 vaccine to a baby at a health facility in Aba, Abia State, Nigeria.

BASICS II

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Acronyms

CAPA – Catchment Area Planning and Action

LGA – Local Government Area

PHC – Primary Health Centre
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acronyms</td>
<td>iv</td>
</tr>
<tr>
<td></td>
<td>Preface</td>
<td>vi</td>
</tr>
<tr>
<td></td>
<td>Objective of the module</td>
<td>vi</td>
</tr>
<tr>
<td></td>
<td>Methodology</td>
<td>vi</td>
</tr>
<tr>
<td>SESSION 1</td>
<td>Know your community</td>
<td>1</td>
</tr>
<tr>
<td>SESSION 2</td>
<td>Why involve different persons?</td>
<td>8</td>
</tr>
<tr>
<td>SESSION 3</td>
<td>The state of our children’s health</td>
<td>13</td>
</tr>
<tr>
<td>SESSION 4</td>
<td>What do we want for the health of our children?</td>
<td>16</td>
</tr>
<tr>
<td>SESSION 5</td>
<td>Take participants through the immunization schedule, explaining the need for each vaccine</td>
<td>19</td>
</tr>
<tr>
<td>SESSION 6</td>
<td>Set immunization objectives</td>
<td>26</td>
</tr>
<tr>
<td>SESSION 7</td>
<td>Number of children immunized in the family and its effects on the community</td>
<td>29</td>
</tr>
<tr>
<td>SESSION 8</td>
<td>Reasons why very few children in the community are immunized</td>
<td>32</td>
</tr>
<tr>
<td>SESSION 9</td>
<td>Identify solutions to the problems</td>
<td>35</td>
</tr>
<tr>
<td>SESSION 10</td>
<td>Plan activities</td>
<td>38</td>
</tr>
<tr>
<td>SESSION 11</td>
<td>Develop a work plan</td>
<td>42</td>
</tr>
<tr>
<td>SESSION 12</td>
<td>Plan how to start</td>
<td>47</td>
</tr>
<tr>
<td>SESSION 13</td>
<td>Plan assessment of the implementation of Catchment Area Planning and Action</td>
<td>50</td>
</tr>
</tbody>
</table>
This Catchment Area Planning and Action module was developed to assist communities in planning and implementing activities in order to improve child survival in their communities. It is intended as a guide for facilitators to help local groups design interventions that address specific child health problems, as well as suggest solutions. Activities that can be carried out at the community level are identified through a work plan for monitoring routine immunizations.

As the module is intended for use at the community level, the writers have avoided the use of jargon, technical terms, and coded words.

Objective of the module

The objective of this module is to facilitate a step-by-step method in which partners can plan child survival activities, with emphasis on increasing the number of infants immunized.

Methodology

The module is made up of 13 sessions that are meant to be covered in three days (eight hours each day). The sessions should follow one another in order to achieve their objectives. The focus is on group discussion and interaction; no lectures are given.

Each session follows the outline below:

- Session title
- Learning objective
- Materials needed
- Pre-session preparation
- Contents
- Activities
- Summary
LEARNING OBJECTIVES

By the end of the session, the participants will:

- Feel more comfortable with each other and with the facilitators
- Have an idea of the size of the area and the population they are to plan for
- Become familiar with the Primary Health Centre (PHC) catchment area
- Identify hard-to-reach areas

MATERIALS

Enlarged detailed map of the Local Government Area (LGA), A4-size map of the PHC catchment area, file jackets, flip chart board, flip chart paper, tape, markers.

PRE-SESSION PREPARATION

- Arrange file jackets with supplies for each participant
- Paste a detailed map of the LGA (showing the PHC catchment areas), as well as the map of the PHC catchment area, on the wall of the meeting place, showing the location of the following:
  - Settlements
  - Community-based organizations and non-governmental organizations
  - Physical barriers, for example riverine areas
  - Other landmarks, for example churches, mosques, schools
- Review and get ready the following statistics and information:
  - Estimated population of both the LGA and the catchment area
  - Estimated number of children under 2 years of age in the catchment area
  - Estimated number of pregnant women and women of reproductive age
  - Number of PHCs and private health facilities in the catchment area
  - Number of traditional birth attendants and voluntary health workers

CONTENTS

1. Introduction
2. Large group discussion
3. Exercise
4. Summary

TOTAL TIME: 90 minutes
1.1 INTRODUCTION

Warmly welcome the participants to the meeting.

Write the learning objectives on a flip chart paper and paste on the wall. Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will:

- Feel more comfortable with each other and with the facilitators
- Have an idea of the size of the area and the population they are to plan for
- Become familiar with PHC catchment area
- Identify hard-to-reach areas

Ask the participants to introduce themselves. Ask them to give the following information:

- Name
- Community from which they come (show on map)
- Community of their nearest neighbors (show on map)
- Community-based or non-governmental organization they represent
- Occupation
- Also ask them to explain why they are attending this meeting

During the introduction, the facilitator moves to the place on the wall where the maps of both the LGA and the catchment area are displayed. Ask some of the participants to point out their communities on the map and to identify major landmarks, for example markets, rivers, schools, churches, and mosques that are close to their settlement. Then remind them to check their A4-size map in their file jacket and make sure that they spot their communities and major landmarks. Encourage them to identify where the PHC is sited and also to identify any missing communities. Make a note of any corrections and comments made.

1.2 LARGE GROUP DISCUSSION

Let the participants locate their catchment area on the LGA map. As they discuss, relate their settlements to the PHC, private health facilities, and the houses of traditional birth attendants on the map in terms of distance and direction. Discuss the details of the maps with the participants, making sure that even the shy ones join in.

Ask the participants the following questions:

- How large is the catchment area shown on the map? [Note: estimated length and breadth]
- How many traditional birth attendants work in this catchment area?
- What is the mother’s/caregiver’s understanding of immunization?
- How many PHCs and private health facilities are in the area? [Note: classify whether government, mission, or private]
- How many people do you think live in the catchment area?
Are there some hard-to-reach areas and hard-to-convince people? If yes, explain.

Are there participants of the catchment area without access to services during certain months of the year, for example flooding?

What is the estimated number of children under 2 years of age in the catchment area?

What is the estimated number of pregnant women in the catchment area each year?

In which parts of the catchment area do the largest number of people live? [Note: Ask the participants to show on the maps where the largest number of people live]

1.3 EXERCISE

Briefly go over the LGA map once more to ensure that the participants understand the major landmarks and are able to identify their catchment area.

Next, tell the participants that it is time for them to draw their own large map of the catchment area. Explain that it will be a contest and that the losing group will have to sing a song. Explain that the maps will be judged by the amount and accuracy of the information provided.

Instructions for group work:

Select an elderly man and an elderly woman among the participants and ask them to join you as judges.

Divide the remaining participants into two equal groups. If the groups are not equal, select one more judge from the larger group.

Give each group two sheets of flip chart paper with the outline of the catchment area drawn on it (oriented to the north). Give each group four markers (blue, green, red, and black). Ask them to draw the settlements, waterways, roads, landmarks, and health facilities in the catchment area. Explain that they can practice on one of the sheets before drawing on the other.

Let the groups know that they have exactly 15 minutes to complete their map. Suggest that they choose a group leader and also one of their members to do the actual drawing. Make sure that they carry along the uneducated participants.

When the instructions are understood, ask the participants to leave their files in the room and to follow a facilitator (one for each group) outside to a designated area. As soon as they are outside, give the groups the signal to start.

Note: The facilitators are only to show the place to work and see that no participant brings their A4 map—the facilitators are NOT to organize the group or give any suggestions.

Instructions for large group:

When the 15 minutes are over, call the groups back into plenary. Hang the two maps side by side. Have each group present and together discuss the two maps until both are understood. They can be modified, if necessary.

Using the accuracy of the information as the criterion, have the two (or three judges) and the facilitator cast secret ballots (write Group “A” or “B” on a piece of paper and throw into a hat).
The group with the highest number of votes wins and gets to have the other group welcome them with a song after lunch.

1.4 SUMMARY

Summarize this session by informing the participants that the activities that have just taken place are important in order to ensure successful planning. It is relevant that the participants know one another and familiarize themselves with the catchment area, the total number of people, and the total number of children. This information will assist them in formulating a plan for their community.
ABIA STATE MINISTRY OF HEALTH

COMMUNITY BASED APPROACH TO CHILD SURVIVAL

COMMUNITY LEADERS AND REPRESENTATIVES FROM CBOs AND NGOs

CATCHMENT AREA PLANNING AND ACTION (CAPA)

Plan

Revise Actions

CAPA COMMITTEE

Take Actions

Self Action

COMMUNITY MEMBERS

GOVERNMENT HEALTH STAFF AND OTHER GOVERNMENT STAFF (eg. COMMUNITY DEVELOPMENT)

PRIVATE PROVIDERS eg. PRIVATE CLINIC STAFF, TBAs AND TRADITIONAL HEALERS

ACTIVITIES

Counseling

Group Education

Traditional Birth Attendants (TBAs)

Traditional Healers

Youth Involvement

Town Announcers

Fairs and Shows

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LAGOS STATE MINISTRY OF HEALTH

COMMUNITY BASED APPROACH TO CHILD SURVIVAL

COMMUNITY LEADERS AND REPRESENTATIVES FROM CSOs AND NGOs

CATCHMENT AREA PLANNING AND ACTION (CAPA)

Plan

Revise Actions

Committee

Take Actions

Self Assess

COMMUNITY MEMBERS

GOVERNMENT HEALTH STAFF AND OTHER GOVERNMENT STAFF (eg. COMMUNITY DEVELOPMENT)

PRIVATE PROVIDERS eg. PRIVATE CLINIC STAFF, TBAS AND TRADITIONAL HEALERS

ACTIVITIES

Counseling

Group Education

Traditional Birth Attendants (TBAs) Traditional Healers

Youth Involvement

Town Criers

Fairs and Shows
LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Explain the need for people from different walks of life to work together in order to solve problems about child health in their community
- Describe the community-based approach to child survival- people in a local area planning and working together to solve a problem using available resources

MATERIALS

Flip chart board, flip chart paper, tape, markers, flip chart illustration of community-based approach (triangle format) or poster.

PRE-SESSION PREPARATION

Make available all the above-listed materials before the presentation

- Identify the people needed for the role-play and brief them on what to do before the session and allow them to practise the role-play until it goes smoothly

CONTENTS

1. Introduction
2. Role-play
3. Orientation on the community-based approach
4. Summary

TOTAL TIME: 60 minutes
2.1 INTRODUCTION
Write the learning objectives on a flip chart paper and paste on the wall.

Start the session by thanking the participants for their active participation in Session 1. Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Explain the need for people from different walks of life to work together in order to solve problems about child health in their community
- Describe the community-based approach to child survival - people in a local area planning and working together to solve a problem using available resources

Explain that the purpose of this session is for participants to:

- Understand the necessity for people from different walks of life to work together in order to solve problems about child health in their community
- Define clearly what is the community-based approach to child survival

Tell them that they are about to watch a role-play and that they should observe closely in order to answer questions afterwards.

2.2 ROLE-PLAY

Note: Arrange the room in such a way that everybody will be able to see and hear what is going on.
In a village called U, Mama E sent her children to F to collect a package from her sister.

**Mama E:** E and N, I want you to go to my sister in F and bring the basket of cassava that she promised to give me and come back in time. Please, run quickly.

**E and N:** We shall pass through the bridge; it is the shortest route to F. (*On their way back, the bridge collapses, throwing E into the river. N races to the village and calls for help.*)

**N:** (*Shouting*) Please come and help, the bridge has broken, E is in the water. (*They all rush to the scene and E is rescued.*)

The community leader, Y, is immediately informed about the incident and calls an emergency meeting to find a permanent solution to the broken bridge.

**Y:** Thank you for answering my call, we thank our God that E did not die in the river today when the bridge broke. We have to repair it before Monday, otherwise our children will not be able to go to school at F and our women will not be able to go to market. It is a big job.

**Elder:** My brothers and sisters, what are we going to do about this? (*People murmuring and agreeing that something must be done immediately.*)

**Y:** For us to rebuild that bridge, we need everybody in this village: carpenters, bricklayers, farmers, the parents of the school children. We need to get the bricklayer to advise on how to make the foundation strong. Our men will go to the bush to cut some big planks. Perhaps the market women can bring refreshment while the men clear away the old bridge. Let’s see the teacher for advice. (*He informs them that he will call a meeting after the bridge is built to talk about maintenance and people nod their heads in confirmation.*) Do we start?

**People:** Yes, we must do it. Everybody is needed to help plan and repair the bridge. Otherwise, the work will be too much. And this time, we must maintain the bridge after we repair it so that this will never happen again. (*More community members are called. Roles are assigned and a time fixed to start.*)

---

**Note:** Use local names where applicable

Ask the participants questions concerning the story, for instance:

- What is the story about?
- Why were different people called to the meeting?
- What lessons can we learn from it?

All answers should be written on the flip chart board. Afterwards, encourage discussion around the answers until a general conclusion is reached and written on the board. An example of a general
lesson to be learned from this story is:

- It takes many people, with different skills, to work together to solve a problem

Ask the participants how they can relate the lessons from this story to child health problems in the catchment area.

Write their comments on the flip chart board. Highlight those that point to the facts below:

- The problem of child health affects everybody in a community
- The health of children is in the hands of everybody
- Health staff, parents, or leaders cannot solve child health problems alone
- Unless people see the importance of child health and work on the problem together, little progress will be made because no one else will come along and fix things for us
- Once people work together on something, they are not likely to let it spoil in the future; people usually maintain what they do themselves
- Government alone cannot solve the problems of the community

2.3 ORIENTATION ON THE COMMUNITY-BASED APPROACH

The facilitator tries to find out if there are some common projects earlier embarked upon by the people. Get the participants to mention the details of any such projects.

Ask the participants if there have been any community projects in their area. If none, ask if they have any festivals or celebrations that the community plans and carries out together. If any such projects or activities are mentioned, pick one example and ask the participants how they organized it. Write down the key points.

Encourage participants to identify any community health projects they feel that they could embark upon, for example sanitation. Write down their suggestions.

- Encourage the participants to explain why people from different walks of life should participate in the project
- Discuss how co-operation will lead to a successful project
- Discuss why a project lasts longer when many people are involved instead of just one person

The facilitator introduces the concept of the community-based approach and orientates the participants using the triangular partnership illustration. Allow the participants to discuss extensively on the community-based approach. Write down the key points.
2.4 SUMMARY

- Remind the participants about the story of the bridge—that when many people with different skills work together to solve a problem, much can be accomplished.
- Summarize the community-based approach.
LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Recognize the peculiar health problems causing sickness and death
- Understand the causes and effects of common childhood diseases and their prevention
- Understand that routine immunization is the cheapest and most effective prevention against most of those diseases
- Pick immunization as the first point of interest

MATERIALS

Flip chart board, flip chart paper, markers, tape.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation

CONTENTS

1. Introduction
2. Large group discussion
3. Summary

TOTAL TIME: 40 minutes
3.1 INTRODUCTION

Start the session by commending the participants on their good participation in the last session.

Write the learning objectives on a flip chart paper and paste on the wall. Tell them that these are the learning objectives of the session.

By the end of the session, the participants will be able to:

- Recognize the peculiar health problems causing sickness and death
- Understand the causes and effects of common childhood diseases and their prevention
- Understand that routine immunization is the cheapest and most effective prevention against most of those diseases
- Pick immunization as the first point of interest

Ask the participants to suggest a local song on children. Encourage them to stand up and dance for two to three minutes. An example of a local song is given below:

```
If not for my child
Who will give me?
Special wrapper
Who will give me?
Who will give me?
Stockfish
Who will give me?
Food
Who will give me?
```

Ask the participants to explain the meaning of the song. Commend them and confirm that it is only the child that lives who can supply their parents’ needs.

3.2 LARGE GROUP DISCUSSION

Tell the participants that you expect them to talk freely and ensure that they do so.

Make sure that every participant contributes something. During brainstorming, all answers must be written on the flip chart board. Ask the participants the following questions:

- What do we think is wrong with the health of the children in this community now?

Some usual answers may include:

- Too much sickness
- Poor health as a result of poverty
- Too many deaths in infancy

- What are the common diseases that are causing children to fall sick and die in this district?
Some usual answers may include:

- Measles
- Polio
- Diarrhoea
- Malaria
- Tetanus
- Cough
- Tuberculosis
- Superstitious beliefs (like abiku, ogbanje)

Which of the diseases are made worse by poor feeding?

Encourage discussion! At last, put a big BLUE check mark against almost all the diseases listed (poor feeding is a factor in almost all of the diseases).

Which of the diseases above are caused by unsafe drinking water?

After discussion, put a big BLACK check mark against diarrhoea, polio, etc.

Which of the diseases mentioned above could be prevented by immunization?

Encourage discussion! Put a big RED check mark against the immunizable diseases. At this time, add any immunizable diseases left out of the list and let the participants know that, sooner or later, the diseases will affect the children if they are not immunized. Encourage the participants to become more familiar with all the local names of the diseases.

3.3 SUMMARY

Commend the participants on their good participation. Refer to the list of diseases (with the check marks in BLUE, BLACK and RED) and ask them to suggest the major reasons why these diseases occur.

Write their answers on the flip chart board. Lead the discussion about the reasons listed. Highlight issues as below:

- Poverty
- Lack of good food (*lack of proper infant feeding*)
- Lack of good water (*diarrhoea in infants*)
- Dirty environment (*malaria, diarrhoea*)
- Lack of immunization (*serious diseases that can be prevented by immunization*)

Through discussion, guide the participants to see - from the list of diseases, from the colored check marks, and from the reasons highlighted - that lack of immunization and poor feeding are the two reasons why so many children fall sick and die in their communities (as well as all over Nigeria).

Guide the participants to pick immunization as the first point of interest.
LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Express their desires about the health of their children
- Summarize their desires into a working statement (goal)

MATERIALS

Flip chart board, flip chart paper, markers, tape, poster of a healthy child.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation
- Paste the poster of a “healthy child logo” and leave it displayed until the end of all the sessions

CONTENTS

1. Introduction
2. Large group discussion
3. Small group discussion
4. Summary

TOTAL TIME: 60 minutes
4.1. INTRODUCTION

Congratulate the participants and inform them that they are doing very well. Ask any of them to sing a song and teach others to sing it. At other times, it could be a song known to the participants.

Allow the participants to sing it two or three times. If they do not know this song, suggest a well-known local one.

Explain that the purpose of this session is to:

- Decide what the community wants to achieve for the health of their children in this catchment area

Write the learning objectives on a flip char paper and paste on the wall. Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Express their desires about the health of their children
- Summarize their desires into a working statement (goal)

4.2 LARGE GROUP DISCUSSION

Remind the participants about the fact that we all have our desires and interests in life. Tell them that we all have expectations and wishes for our children. Encourage them to talk freely and to discuss their answers in detail. Write down their responses.

What are their desires about the health of their children?

Expected answers may include:

- Our children should be born alive
- Our children should stop dying
- Our children should not fall sick
- Our children should be strong and healthy
- Our children should grow up to be successful in life

4.3 SMALL GROUP DISCUSSION

Break into three small groups using the results of the large group discussion to draft the goal. Merge all their responses into a single goal.

After a good discussion, guide the participants to put their responses together in the following manner

‘ALL CHILDREN SHOULD BE BORN ALIVE AND STAY HEALTHY’
Allow them to explain this phrase in detail and discuss how relevant it is to their communities.

4.4 SUMMARY

Summarize this session by telling them that we must all be ready to play our roles before our desires can be achieved.
LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Understand the need for immunization
- Understand the immunization schedule
- Appreciate the importance of keeping to, and completing, the immunization schedule
- Take community action to access regular immunization services

MATERIALS

Enlarged immunization schedule and picture of diseases that immunization can prevent, A4-size schedule and picture for each participant, flip chart, flip chart paper, tape, markers.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation
- Paste the immunization schedule on the wall
- Put A4 copies of the schedule and pictures of the diseases that immunization can prevent in the participants’ file jackets
- Display a picture of a healthy baby

CONTENTS

1. Introduction
2. Large group discussion
3. Small group discussion
4. Presentation
5. Illustration
6. Story
7. Summary

TOTAL TIME: 90 minutes
5.1 INTRODUCTION

Start the session by commending the participants on their ability to express their desires for their children.

Write the learning objectives on a flip chart paper and paste on the wall. Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Understand the need for immunization
- Understand the immunization schedule
- Appreciate the importance of keeping to, and completing, the immunization schedule
- Take community action to access regular immunization services

Ask a mother amongst the participants to suggest a local song on immunization that they are familiar with.

Allow them to sing for two to three minutes.

5.2 LARGE GROUP DISCUSSION

Thank the participants and inform them that it is time to talk about what they have identified in Session 3, which is immunization. Let them understand that this session is important and that you expect them to contribute well. Write their answers on the flip chart board and allow each one to be discussed and a general agreement reached.

Note: You have to be careful not to let the discussion get out of hand.

- What do you know about immunization?
- What do you know about the traditional beliefs, taboos, and opinions about immunization?

At the end of the discussion, commend them and guide them to understand what is immunization.

5.3 SMALL GROUP DISCUSSION

Divide participants into groups (allow about five to six persons per group). Ask each group to choose a leader and a reporter who will present their discussion to the large group. Give each group a flip chart paper and markers to record their responses.

- Each group should discuss and list the diseases that they know immunization can prevent (While working on this, tell the participants not to make reference to their file jacket.)
- They should also identify beliefs affecting immunization in their communities and what they can do about them.
5.4 PRESENTATION

Call the group together. Write the number of each group on a piece of paper and put in a container. Allow each group leader to pick one of the pieces of paper. Invite the first group to present. Each group presenter will take their turn to come forward with their flip chart paper and make a presentation. Encourage the participants to clap for each group in turn. After all the presentations, allow the groups to discuss what happened. Write down the key points.

Afterwards, ask the participants what they think they can do about identified beliefs affecting immunization.

Note: Write their responses on the board.

Summarize the discussion and review the points on the flip chart board with the participants (refer to the poster on childhood diseases).

5.5 ILLUSTRATION

Let the participants know that they are doing well. Tell them to clap for themselves. Ask them to take from their files a copy of the picture of the diseases that immunization can prevent. Talk to them briefly about it. Inform them that there are specific immunizations against most of the childhood diseases.
IMMUNIZATION CBC MATERIALS

TETANUS TOXOID SCHEDULE (TT)

<table>
<thead>
<tr>
<th>DOSES</th>
<th>WHEN TO GIVE</th>
<th>PERIOD OF PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>TT 1</td>
<td>At first contact with woman of childbearing age; or as early as possible in pregnancy</td>
<td>None</td>
</tr>
<tr>
<td>TT 2</td>
<td>At least 4 weeks after TT 1</td>
<td>3 Years</td>
</tr>
<tr>
<td>TT 3</td>
<td>At least 6 months after TT 2</td>
<td>5 Years</td>
</tr>
<tr>
<td>TT 4</td>
<td>At least 1 year after TT 3</td>
<td>10 Years</td>
</tr>
<tr>
<td>TT 5</td>
<td>At least 1 year after TT 4</td>
<td>All child bearing years</td>
</tr>
</tbody>
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NOTE:
- IS THE WOMAN AT THE RIGHT AGE FOR TETANUS TOXOID?
  - In Nigeria, child bearing age group includes women in the age group of 15-49.
  - In some cases pregnancy comes before 15 years or after 49 years and as such, any pregnant woman and/or women 15 to 49 years of age would be immunized with TT.

- HOW MANY DOSES SHOULD SHE RECEIVE?
  - 5 doses of tetanus toxoid give protection for at least the childbearing age.

- HOW LONG DOES SHE NEED TO WAIT BEFORE GETTING ANOTHER DOSE?
- See the schedule above for the time you should wait between doses.

---

Immunization:
The sure way to protect our children from Killer Diseases

Immunization Time Table (Schedule)

Mother's, make sure you take TT (Tetanus Toxoid) Immunizations to protect you and your new born from tetanus ('Njushi Aqba').

Parents, take the child to the health centre at least 5 times from birth and before 1 year of age for all the immunizations.

Parents, make sure your child completes the immunization timetable by 1 year of age so that the child will live and be healthy.
# Immunization Schedule

<table>
<thead>
<tr>
<th>Types of Vaccine</th>
<th>Against What Disease</th>
<th>Age Given</th>
<th>Dosage</th>
<th>No. of Doses</th>
<th>Minimum Interval</th>
<th>How Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Tuberculosis</td>
<td>At Birth</td>
<td>3 doses</td>
<td>0.05 mL</td>
<td>4 Doses</td>
<td>Intradermal (Left Upper Arm)</td>
</tr>
<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis, Tetanus</td>
<td>6 Weeks 10 Weeks 14 Weeks</td>
<td>0.5 mL per dose</td>
<td>4 Doses</td>
<td>4 Weeks</td>
<td>Intramuscular (Upper Outer Part Of Thigh)</td>
</tr>
<tr>
<td>Oral Polio</td>
<td>Polio</td>
<td>At Birth 6 Weeks 10 Weeks 14 Weeks</td>
<td>2 or 3 drops per dose</td>
<td>4 Doses</td>
<td>4 Weeks</td>
<td>Oral</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles</td>
<td>9 Months</td>
<td>0.5 mL</td>
<td>1 Dose</td>
<td></td>
<td>Subcutaneous (Left Upper Arm)</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>Yellow Fever</td>
<td>9 Months</td>
<td>0.6 mL</td>
<td>1 Dose</td>
<td></td>
<td>Subcutaneous (Right Upper Arm)</td>
</tr>
<tr>
<td>Tetanus Toxoid</td>
<td>Tetanus</td>
<td></td>
<td>0.5 mL per dose</td>
<td>5 Doses</td>
<td>4 Weeks</td>
<td>Intramuscular (Upper Arm)</td>
</tr>
</tbody>
</table>

For full protection, a child must have these immunizations: 1 dose BCG, 3 doses of DPT, 4 doses of OPV, 1 dose of measles, 1 dose of yellow fever, and 5 doses of tetanus toxoid. Women of reproductive age must have 5 doses of tetanus toxoid.
Show the participants pictures of the diseases that the vaccines can prevent, referring them to their own copies and to the poster on the board. Guide them to identify some of the diseases they had earlier mentioned. Ask them to mention the immunizations they know (list on board).

Facilitate them to link the immunizations with the diseases they prevent, for example the one which prevents tetanus toxoid (refer to the list of immunization above).

The list should include the following:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TT</td>
<td>Immunization against tetanus in babies during the first month of life and in pregnant women</td>
</tr>
<tr>
<td>BCG</td>
<td>Immunization against tuberculosis</td>
</tr>
<tr>
<td>OPV</td>
<td>Oral polio vaccines against poliomyelitis (differentiate between routine and supplemental)</td>
</tr>
<tr>
<td>DPT</td>
<td>Immunization against three diseases: diphtheria, whooping cough, and tetanus</td>
</tr>
<tr>
<td>Measles Vaccine</td>
<td>Immunization against measles</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>Immunization against yellow fever</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>Immunization against hepatitis B</td>
</tr>
</tbody>
</table>
Facilitator should call the attention of the participants to the display of an enlarged copy of the schedule on the wall. Ask them to bring out their copies of the immunization schedule from the file jacket. Take the participants through the routine immunization schedule.

Emphasize the need to follow the schedule displayed. (Every child should be immunized and complete the schedule before they reach 1 year of age.)

5.6 STORY

Tell the participants a story of two villages. Tell them to listen carefully because questions will be asked at the end.

There were two neighboring villages. Immunization teams regularly visited the first village and nearly all the children were immunized. The other, a little further away from the health facility, was never visited. One day, there was an outbreak of measles. Nobody came down with the disease in the first village but many children did so in the second village and died right away. Those that survived were weakened and died over the ensuing months.

Ask the following questions:

- Why did measles attack one village but not the other?
- What could the communities do in the second village to prevent future attacks of measles?
- Had there been any outbreak of measles before in their village or in the next village?
- What did they learn from the story?
- What can they do as a community to prevent their own children dying from these diseases?

Note: Write down their answers so that you can remind them of the points made.

Summarize by saying that there is no need to suffer when there is a solution. Let them know that the vaccines come in vials that contain about 20 doses. The problem occurs when only two children come to the health facility to be immunized and the health worker decides to open the vial, wasting an opportunity to immunize eighteen others.

Tell them that the story would have been different if the community was well mobilized, with many children waiting to be immunized.

5.7 SUMMARY

Congratulate them on a job well done and ask them the following questions:

1. What disease does OPV prevent?
2. What diseases does DPT prevent?
3. What is the target group for TT?
4. What month is the measles vaccine given?

Note: Please refer the participants to the schedule on the wall.
LEARNING OBJECTIVE

By the end of the session, the participants will be able to:

- Set clear objectives for immunization

MATERIALS

Flip chart paper, tape, markers.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation

CONTENTS

1. Introduction
2. Story
3. Large group discussion
4. Summary

TOTAL TIME: 40 minutes
6.1 INTRODUCTION

Warmly welcome the participants back from the last session. Remind them that they have been able to come up with a list of immunizations and the diseases they prevent.

Write the learning objective on a flip chart paper and paste on the wall. Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will be able to:

- Set clear objectives for immunization

Start the session with a story. Encourage the participants to listen attentively so that they can answer questions afterwards.

6.2 STORY

Maintain a position that will allow everybody to see and hear what is going on.

Once upon a time, there was a woman called Mama C in a village called A. During a drought, the village river dried up. Mama C had to send her daughter to fetch water from a deep well in another village called U about 1 km away. On her way back, an okada knocked her down. She cried for help and was rescued by one of the villagers on his way to the farm. Mama C waited expectantly for her daughter. After a few hours, she became impatient and decided to trace her to the well. At U, she found her only daughter being treated in the traditional bonesetter’s house. She thanked him and took her daughter home. Later, she related what happened to Papa C and blamed the incident on the lack of drinking water in their village. Papa C took the matter to the next village meeting. A decision was taken that the village should have a source of drinking water within the next two months. They thanked God for preserving the life of C and a deep well was dug. They were all happy because they were able to achieve their objective through community efforts.

6.3 LARGE GROUP DISCUSSION

Let the participants analyze the story and point out which part of it can be referred to as ‘an objective’. Ask them the following questions. (Allow them to give different answers and note the key points on the board. After the exercise, discuss the points and link them with the issue of immunization and the decision to get all their children immunized.)

- How do you feel about the story?
- Has this kind of thing happened before in your village?
- What decision was taken?

Explain to them that such a decision is referred to as an objective. Then, ask the participants what they understand by the word objective. Facilitate them to relate this to solving immunization problems in their community. Ask them to suggest simple objectives for their immunization problems.
List their suggestions on the board and select one or two of them, for example:

‘All pregnant women in this PHC district should be immunized against tetanus before delivery.’

‘All children in this district should be fully immunized before they the age of 1 year’.

6.4 SUMMARY

Summarize by commending them on their ability to form an objective for immunization. Inform them of the need to work towards achieving the objective set, as in the story.
LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a clear understanding of the relationship between the total number of children immunized in the community and the occurrence of common preventable diseases

MATERIALS

Graphs, PHC immunization data, PHC community maps showing service points, flip chart board, flip chart paper, markers, diagrams showing the proportion of children immunized and the total number of children under 1 year of age in the district.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation
- Prepare the venue for the meeting
- Paste the chart, illustration, graphs, and PHC district maps on the wall before the presentation

CONTENTS

1. Introduction
2. Present immunization figures to the participants
3. Large group discussion
4. Summary

TOTAL TIME: 60 minutes
7.1 INTRODUCTION

Start the session by commending the participants on their participation so far. Inform them that it is time to talk about figures and that you expect them to participate fully.

Write the learning objective on a flip chart paper and paste on the wall. Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a clear understanding of the relationship between the total number of children immunized in the community and the occurrence of common preventable diseases

7.2 PRESENT IMMUNIZATION FIGURES TO THE PARTICIPANTS

Present immunization figures to the participants. Tell them the source of the data. Let them know that the figures were collected from the PHC. Explain the figures to them and tell them what they mean. Refer the participants to the illustrations and graphs on the wall. Give enough time for discussion.

7.3 LARGE GROUP DISCUSSION

Ask the following questions and note the answers on the board.

Encourage them to make their contributions in an orderly manner.

- Are you satisfied with the figures shared with you?
- If not, why not? If yes, explain
- What problems can this result lead to in the community?
- Have you seen any child with measles before?
- What does it do to the child?
- If the child recovers, how does it affect them afterwards?
- How does the sickness affect the family?
- How does it affect the community?

7.4 SUMMARY

Briefly summarize:

- The current low level of immunization in their community
- If it continues, there may be an outbreak of disease in the community which could lead to death of more children
- The community will become poorer, having spent a lot of its money treating sick children with the parents having no time to work
After the contributions, the facilitator should emphasize the need for every child to be fully immunized – tell them clearly that this will stop disease transmission and reduce occurrence.
LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Recognize the reasons why few children are immunized in their community
- Put the reasons in broad categories for attention and improvement

MATERIALS

Flip chart board, flip chart paper, markers, tape.

PRE-SESSION PREPARATION

- Make available all the above-listed materials before the presentation

CONTENTS

1. Introduction
2. Small group discussion
3. Large group discussion
4. Summary

TOTAL TIME: 60 minutes
8.1 INTRODUCTION

Start this session with a review of last session because the two are related. Inform the participants that you expect them to participate as well as they have been doing so far.

Write the learning objectives on a flip chart and paste on the wall. Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will be able to:

- Recognize the reasons why few children are immunized in their community
- Put the reasons in broad categories for attention and improvement

8.2 SMALL GROUP DISCUSSION

Break into three smaller groups. Tell each group to appoint a leader and a reporter who will record their discussions and report back to the larger group when they finish. Give them instructions on their assignment. Give flip chart paper to each group and tell them to write down their answers.

Why are few children fully immunized in the community?

Encourage the participants to mention various problems. These can be categorized under the following:

- Availability - lack of things that will enable the service to be rendered
- Accessibility – no nearby PHC
- Utilization - people reluctant to use the existing PHC

Examples of such problems could be:

- No vaccines in the health facility
- No syringes
- Health workers do not respect us
- Clinic too far from the village
- I do not know anything about immunization
- My child had an abscess after the last immunization
- Immunization makes my child sick
- My child had measles even after they were immunized
- My husband will not allow me to take my children to the PHC because the herbalist has already injected them
- My husband said that immunization is a form of family planning

8.3 LARGE GROUP DISCUSSION

End the small group discussion session by calling the groups together. Welcome the participants back. Tell them that they will present their work using the play way method. Let them know that the
problems will be categorized after the presentation.

- Using the play way method, let the first group present their list of problems, one by one
- Let all the groups stand by their flip charts and, as the first group presents, the others indicate by a show of hands that they have similar problems listed while their reporter ticks
- The next group presents the problems not mentioned by earlier groups until all the problems listed have been identified
- This process continues
- Add to the first group presentation all the other problems not ticked by the other groups
- Discuss each problem with examples

The facilitator introduces the three categories.

- Encourage the participants to organize the problems under the four categories
- Discuss them with the participants

8.4 SUMMARY

Summarize this session by explaining that the categories will assist them in finding appropriate solutions in the next session, and will make their work easier.
LEARNING OBJECTIVE

By the end of this session, the participants will be able to:

- Suggest possible solutions to the problems categorized in the earlier session

MATERIALS

Flip chart board, flip chart paper, markers, tape.

PRE-SESSION PREPARATION

- Make available all the above-listed items before the presentation

CONTENTS

1. Introduction
2. Small group discussion
3. Large group discussion
4. Summary

TOTAL TIME: 60 minutes
9.1 INTRODUCTION

Congratulate the group on their ability to categorize the problems but tell them that doing so without finding the appropriate solutions is itself another problem.

Tell them to be ready to suggest solutions to problems categorized in the last session.

Write the learning objective on a flip chart paper and paste on the wall. Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will be able to:

- Suggest possible solutions to the problems categorized in the earlier session

9.2 SMALL GROUP DISCUSSION

Before the participants go back to their group, take them through a solution to one of the problems. Afterwards, allow them to go back to their former groups in order to find solutions to the problems.

Take the first problem: availability

- Allow participants to brainstorm on possible solutions. As they do so and answers are agreed upon, write them down and then repeat for the next three so that each group will have an example to follow while doing the rest of their work

Tabulate problems and their solutions, for example encourage participants to discuss and provide practical solutions. Below are examples that will assist the group.

CATEGORY 1: AVAILABILITY

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No vaccine in the PHC</td>
<td>Community people conduct advocacy visit to the PHC coordinator and the LGA chairperson</td>
</tr>
<tr>
<td>No syringes</td>
<td>Advocacy visit to the PHC coordinator and the National Programme on Immunisation manager</td>
</tr>
<tr>
<td>Staff do not come regularly</td>
<td>Hold a meeting with the health workers to discuss their problems</td>
</tr>
</tbody>
</table>
 CATEGORY 2: ACCESSIBILITY

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC too far from the village</td>
<td>Establish new outreach centers</td>
</tr>
<tr>
<td>PHC on the other side of the river</td>
<td>Organize outreach centres and collaborate with boat drivers’ associations</td>
</tr>
</tbody>
</table>

 CATEGORY 3: UTILIZATION

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband will not allow me to take the baby to the clinic</td>
<td>Organize a village meeting to educate members</td>
</tr>
<tr>
<td>Immunization makes my child sick</td>
<td>Community health education</td>
</tr>
</tbody>
</table>

9.3 LARGE GROUP DISCUSSION

Bring the participants together after the small group discussion. Allow each group to present and encourage detailed discussions until a general agreement is reached.

9.4 SUMMARY

Summarize the activities for this session, commend the participants on a good job, and remind them that they are gradually gathering information that will assist them in planning activities for the immunization of their children.
LEARNING OBJECTIVE

By the end of the session, the participants will be able to:

- Plan activities for the solutions they listed in the previous session

MATERIALS

Flip chart board, flip chart paper, markers, tape.

PRE-SESSION PREPARATION

- Make available all the above-listed items before the presentation

CONTENTS

1. Introduction
2. Small group discussion
3. Large group discussion
4. Summary

TOTAL TIME: 60 minutes
10.1 INTRODUCTION

Write the learning objective on a flip chart paper and paste on the wall. Let the participants know that they are doing well. Review the problems and solutions identified during the last session.

Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will be able to:

- Plan activities for the solutions they listed in the last session

10.2 SMALL GROUP DISCUSSION

Inform them that, after identifying and discussing solutions, there is a need to plan activities for them. Break into three new groups. Give one category of problems and its solutions to each group.

Work them through at least one example for each category. Examples given in the table below illustrate the process. Encourage them to plan activities that are possible within available resources. Remind the participants that they are planning for the whole of the catchment area.

CATEGORY 1: AVAILABILITY

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
</tr>
</thead>
</table>
| No vaccine in the PHC   | Advocacy visit to the PHC coordinator and the LGA chairperson | • Organize a community meeting to review the vaccine situation  
• Agree to conduct advocacy visit to the LGA  
• Fix a tentative date  
• Appoint one person to follow up with the LGA to secure a date  
• Plan and consider the points to discuss  
• Select representatives  
• Conduct an advocacy visit  
• Report back to the Catchment Area Planning and Action (CAPA) committee |

| Staff do not come to work regularly | Meet with the health workers | • At CAPA committee meeting, discuss the problem of health workers not coming regularly  
• Fix a date to hold a meeting with the staff  
• Confirm date with the staff  
• Hold the meeting and allow staff to present their problems  
• Discuss and find solution to their problems  
• Watch to see changes  
• Review the situation at the CAPA committee meeting |
## CATEGORY 2: ACCESSIBILITY

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
</tr>
</thead>
</table>
| PHC too far from the village | Establish new outreach centres | • Organize a meeting to review status of service delivery  
• Discuss the establishment of new outreach centers and their number  
• Identify possible locations  
• Identify number of health workers needed  
• Prepare the identified locations  
• Work with LGA for coordination  
• Develop a timetable for visits  
• Commence immunization activities |
| PHC on the other side of the river | • Establish outreach centers  
• Collaborate with boat drivers’ association | • Organize a meeting to review the difficulty in getting immunization services  
• Discuss probable methods of transportation  
• Select the appropriate method  
• Collaborate with identified transport associations in the community  
• Plan with the transport associations to assist in the movement of staff and vaccines  
• Inform the LGA of the transport arrangement  
• Commence immunization activities |

## CATEGORY 3: UTILIZATION

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
</tr>
</thead>
</table>
| My husband will not allow me to take the baby to the PHC | Organize a village meeting to educate community members | • Hold a CAPA committee meeting to discuss problems and plan to meet the PHC coordinator  
• Meet the Medical Officer of Health/Head of Department of Health and agree on a date for the community health education  
• Inform the community leaders about the program  
• Arrange with the community leaders to mobilize the community  
• Organize a community health talk  
• Conduct a community health talk  
• Monitor attendance at the PHC for any improvement  
• Review the situation at the CAPA committee meeting |
10.3 LARGE GROUP DISCUSSION

Call the four groups together and present their work to the large group.

- Discuss each presentation and ensure that the participants cheer each group
- Make the necessary corrections

10.4 SUMMARY

Commend the groups on their contributions and encourage them to see all the activities developed as joint activities for the catchment area.
LEARNING OBJECTIVES

By the end of the session, the participants will be able to ensure that:

- Each activity will have a responsible person in charge
- Each activity will have a time frame during which it will be conducted
- Each activity will identify the required resources

MATERIALS

Flip chart board, flip chart, markers.

PRE-SESSION PREPARATION

- Make available all the above-listed items before the presentation

CONTENTS

1. Introduction
2. Large group discussion
3. Summary

TOTAL TIME: 60 minutes
11.1 INTRODUCTION

Thank the participants for their contributions. Inform them that they did a good job in the earlier session.

It is now time to identify responsible persons in order to coordinate each activity highlighted and fix a possible time frame and the resources for each one.

Write the learning objectives on a flip chart paper and paste on the wall.

Tell them that these are the learning objectives of the session.

LEARNING OBJECTIVES

By the end of the session, the participants will be able to ensure that:

- Each activity will have a responsible person in charge
- Each activity will have a time frame during which it will be conducted
- Each activity will identify the required resources

11.2 LARGE GROUP DISCUSSION

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
<th>RESPONSIBLE PERSONS</th>
<th>TIME FRAME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>No vaccine in the PHC</td>
<td>Advocacy visit to the PHC coordinator and the LGA chairperson</td>
<td>• Organize a community meeting to review the vaccine situation&lt;br&gt;• Agree to conduct an advocacy visit&lt;br&gt;• Fix a tentative date&lt;br&gt;• Appoint one person to follow up with the LGA to secure a date&lt;br&gt;• Plan and discuss the points to be raised&lt;br&gt;• Select representatives&lt;br&gt;• Conduct an advocacy visit&lt;br&gt;• Report back to the CAPA committee</td>
<td>Chairperson/secretary of CAPA committee&lt;br&gt;Chairperson/secretary&lt;br&gt;Secretary&lt;br&gt;Chairperson/secretary&lt;br&gt;Chairperson/secretary&lt;br&gt;Selected representatives and community leaders&lt;br&gt;CAPA committee&lt;br&gt;CAPA committee&lt;br&gt;CAPA committee</td>
<td>04/03/2002</td>
<td>Space&lt;br&gt;Transportation&lt;br&gt;Transportation</td>
</tr>
<tr>
<td>PROBLEM</td>
<td>SOLUTION</td>
<td>ACTIVITIES</td>
<td>RESPONSIBLE PERSONS</td>
<td>TIME FRAME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Staff do not come regularly</td>
<td>Meet with health workers</td>
<td>• At CAPA committee meeting, discuss the problem of staff not coming regularly</td>
<td>Chairperson/secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fix a date to hold a meeting with the staff</td>
<td>Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Confirm date with the staff</td>
<td>Chairperson/secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hold the meeting and allow the staff to present their problems</td>
<td>CAPA committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss and find solution to them</td>
<td>CAPA committee secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continue to monitor to see changes</td>
<td>CAPA committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review situation at the CAPA committee meeting</td>
<td>CAPA committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHC too far from our village</td>
<td>Establish new outreach centres</td>
<td>• Organise a meeting to review status of service delivery</td>
<td>Chairman/secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss the establishment of new outreach centers and the number</td>
<td>CAPA committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify possible locations</td>
<td>CAPA committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify the number of health workers needed</td>
<td>CAPA committee/health workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepare the identified locations</td>
<td>Selected reps. Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Request the LGA coordination</td>
<td>CAPA committee/health workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop a timetable for visits</td>
<td>CAPA committee/health workers</td>
<td></td>
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<td></td>
<td></td>
<td>• Commence immunization activities</td>
<td>CAPA committee/health workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resources:
- Space
- Furniture etc.
- Transportation
- Logistics
<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
<th>RESPONSIBLE PERSONS</th>
<th>TIME FRAME</th>
<th>RESOURCES</th>
</tr>
</thead>
</table>
| PHC on the other side of the river | Organize outreach centers | • Organize a meeting to review the unavailability of immunization  
• Discuss probable methods of transportation  
• Select an appropriate method  
• Collaborate with identified transport associations in the community  
• Plan with the transport associations to assist in the movement of staff and vaccines  
• Inform LGA of the transport arrangement  
• Commence immunization activities | Chairman/secretary  
CAPA committee  
CAPA committee selected reps  
CAPA committee/health workers  
CAPA committee/health workers  
CAPA committee/health workers | Transportation |
<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>SOLUTION</th>
<th>ACTIVITIES</th>
<th>RESPONSIBLE PERSONS</th>
<th>TIME FRAME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband will not allow me to take the baby to the PHC</td>
<td>Organize village meeting to educate members</td>
<td>• Hold CAPA committee meeting to discuss problems and plan to meet the PHC coordinator</td>
<td>Chairperson/secretary</td>
<td></td>
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<td></td>
<td></td>
<td>• Meet the PHC coordinator and organize a date for the community health education</td>
<td>Secretary</td>
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<tr>
<td></td>
<td></td>
<td>• Inform the community leader about the program</td>
<td>Chairperson/secretary</td>
<td></td>
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<td></td>
<td></td>
<td>• Arrange with the community leaders and community-based organizations to mobilize the community</td>
<td>CAPA committee</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Organize a community health talk</td>
<td></td>
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<td></td>
<td></td>
<td>• Monitor attendance at the PHC to watch for changes</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Review the situation at the CAPA committee meeting</td>
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</tr>
</tbody>
</table>

### 11.3 SUMMARY

Facilitator commends the participants for their contributions so far, then talks more on the need for the members that have been assigned different activities to ensure that they carry them out according to the schedule. This will help the district to achieve it’s plan.
LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a step-by-step process of carrying out the plan

MATERIALS

Flip chart board, flip chart paper, tape, markers.

PRE-SESSION PREPARATION

- Make available all the above-listed items before the presentation

CONTENTS

1. Introduction
2. Story
3. Large group discussion
4. Summary

TOTAL TIME: 60 minutes
12 INTRODUCTION

The facilitator should commend the participants for their contributions in the earlier sessions and inform them that, if one has a good plan but does not start, the plan itself may fail.

Write the learning objective on a flip chart paper and paste on the wall. Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a step-by-step process of carrying out the plan

Tell them that they are going to listen to a story. Tell them to pay close attention.

12.2 STORY

Mazi A bought a piece of land and instructed the architect to draw the plan of a storey building. The plan came out and he kept it neatly in his drawer. When challenged by his friends about still being a tenant after 20 years, he quickly replied with joy that he was already a landlord. When asked for the location of the house, he brought out his plan and said, ‘I am already a landlord, only I have not started building.’ His friends asked: ‘How soon is soon?’ Mazi A told them he could only start the building when he has ₦500 thousand. His friends explained to him that starting a building does not require so much money. Mazi A then realized his folly and decided to start by the end of that month.

12.3 LARGE GROUP DISCUSSION

Let the participants analyze the story and relate it to their own planned activities. Draw up an agenda with them on how to start what they have planned.

- Remind the participants that not all community groups/leaders took part in the writing of this plan
- Ask the participants to suggest ways of involving other groups and leaders in the community
Note: This may include doing the following:

- Organize a big community meeting to disseminate information
- Share information and plan with traditional rulers and opinion leaders
- Select CAPA committee members to share information and plan with identified groups not represented on the committee

- Remind the participants to share information with the associations they represent
- Ask the participants to suggest ways of carrying along the groups they represent

  - Each CAPA committee member representing a group will choose a date, time, and venue for the information sharing
  - Information sharing can take place at the group’s regular meeting
  - CAPA committee members can jointly share information with their community
  - The identified person must allow their group members to contribute and pass their comments on the issue at hand; such comments should be brought back to the next CAPA committee meeting (feedback)
  - Fix a date for the CAPA committee to meet and start implementation

12.4 SUMMARY

Facilitator reminds the participants of the need to be committed to their promise of sharing information with the groups they represent.
LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a simple way of assessing the progress of the implementation of CAPA

MATERIALS

Flip chart board, flip chart paper, markers, graph.

PRE-SESSION PREPARATION

- Make available all the above listed items a day before the presentation

CONTENTS

1. Introduction
2. Story
3. Large group discussion
4. Election to CAPA committee executive
5. Summary

TOTAL TIME: 90 minutes
13.1 INTRODUCTION

Write the learning objective on a flip chart paper and paste on the wall. Tell them that this is the learning objective of the session.

LEARNING OBJECTIVE

By the end of the session, the participants will:

- Have a simple way of assessing the progress of the implementation of CAPA

Once again, congratulate the participants on a job well done.

13.2 STORY

A man had a bag full of money.
He told his three children to take money from the bag any time they needed.

Month after month, the children dipped their hands into the bag to take money and every one was happy. No person was put in charge of checking how the money was being spent. By and by, the bag became empty and, of course, the father became so poor that refilling the bag became impossible.

Very soon, the whole family fell into poverty.

After analyzing the story, let them understand that, as they begin to carry out activities, there must be a way of checking whether they are going according to plan. Ask them who or which set of people they think should play this role in their district.

At the end of different suggestions, lead them to pick the CAPA committee as the people who will monitor the progress of the planned activities.

13.3 LARGE GROUP DISCUSSION

Ask the participants to suggest ways in which the CAPA committee can implement the plan.

Some usual answers may include:

- By regular visits to the PHC
- By the team going through the PHC records periodically
- By the team considering the PHC report at their monthly meeting
- By doing occasional self-assessment of themselves (use checklist)
By having community assessment of the implementation carried out annually
By discussing and agreeing to use the graph every month in order to monitor progress
By asking the participants to make a list of what to see and do during their visit to the PHC, which should be at least monthly
By asking about the welfare of the PHC staff
By asking whether there are any problems
By signing the visitors’ book
By examining the graph on the wall
By monitoring the vaccine supply/cold chain

Afterwards, ask them the following questions and relate these questions to the graph used in Session 7. Explain the meaning of the graph, giving practical examples of how it can be used to measure their progress.

- How can we know that increasing numbers of children are being immunized?
- How are we sure that children who start immunization complete it?
- How do we know that activities planned by the groups for the month were carried out?

Encourage each of the participants to track five newborns over the next twelve months.

### 13.4 Election to CAPA committee executive

Ask the participants the question, ‘Who will be responsible for calling the meetings of the committee.’ The likely answer will be, ‘We need leaders.’ Let them know that it is therefore necessary to conduct a democratic election through voting. The participants will choose whether it is an open or a secret ballot.

Conduct an election to the CAPA committee executive positions. These may include: chairperson, vice chairperson, secretary, assistant secretary, public relations officer, welfare officer, financial secretary, and treasurer.

Write the positions on the flip chart board and ask for nominations. Write down the names of those nominated for each position. Let the participants elect returning officers to work with who will count the votes while the facilitators coordinate.

The group should also agree on the tenure of the leadership. Write down their answers.

At the end of the election, thank the participants for their good conduct of the election and wish them well. Let the chairperson give an acceptance speech on behalf of all the executive committee members and tell the participants what they hope to achieve on child survival activities during their tenure. Emphasize teamwork.

### 13.5 SUMMARY

Summarize by thanking the whole group on their participation. Tell them that you appreciate their responses and their concentration. Remind them that the work has just begun and that it is everybody’s responsibility to try and keep to promises made. Inform them that they will soon be called for another meeting to begin the program.