

Training Report

Health, Hygiene, and Nutrition,
7 days Training of the Trainers
25 November- 2nd December 2022, Kundan
Hotel Shikarpur



Trainer and Report By:

Ghulam Mustafa Baloch

EXECUTIVE SUMMARY

07 days capacity building TOT on health, hygiene and nutrient was conducted with community resource persons of district Shikarpur and Kandkot. CRPs (Community Resource Persons) will replicate that learning on community. This TOT was under program of arranged under program of National Poverty Graduation Program (NPGP) was organized by Sindh Rural Support Organization (SRSO) on 25th November to 2nd December 2022 at Kundan Resturant hall Shikarpur. In this event total 25 Community Resource Persons (CRPs) including seven females attended.

This TOT was based on class room/ hall learning. During training, the participants were briefed on program objectives, output and implementation of NPG program and prioritization of Health, Hygiene and Nutrition.

These participants will replicate that training to community. The training event equipped all participants with skills of training with training materials a complete set of pan flax.

As these seven days event was organized for social sector CRPs who will further roll out the field training events on the same topic so detailed discussions, group work and presentation remained focus in the training to develop trainer skills among participants. Overall, training objectives were met amicably; from the reflections of the participants, it was evident that participants were able to grasp the main theme of the training.

Consultant capacity building took the lead in the training and facilitated sessions. SRSO staff arranged and coordinated the event in a highly professional manner in coordination with Training manager Mr. Zubair Soomro and other staff of training session. Mr Ashraf Rahojo and Mr Saleem was provided assistance.

MR Ghulam Mustafa Baloch was lead trainer, he was used his knowledge, skills and experience to deliver and build the capacity of CRPs.

Content:

1. Introduction of SRSO, NPGP.
2. Health and its kinds
3. Hygiene and its kinds
4. Ten Steps of hand wash
5. Methods of cleaning of Drinking Water
6. Open Defecation
7. Construction of filtering
8. Major disease
9. Calculation Expensive on disease
10. Food and nutrition

Training tools, techniques and role of facilitator also was discussed.

Training Report in detail.

The Seven days training was conducted on Health, Hygiene and nutrition with Sindh Rural Support Organizations partner Community local resource persons on November 25 to 2nd Decemeber2022. Venue was Kundan Resturant Shikarpur.

The training manual, Books and 18 Flip charts were also presented.

The overall objectives of workshop were:

- To develop common understanding on Health, Hygiene and nutrition.
- To develop training skills to community resource persons to replicate training at community level.

This training was part of SRSO” s program of NPG (National Poverty Graduation Program)

The training was followed on following agendas:

- Introduction of SRSO.
- Introduction of NPGP.

- Definition of Health, Hygiene and Nutrition
- Situation Analyses of Health, Hygiene and nutrition in the areas.
- Define personal Hygiene, House cleanness and environment of area.
- Discussions to identify the reasons of Open defecation.
- To calculate expenses of construction of toilet against disease on result of open defecations.
- To discuss on the reasons of Dharia and other disease which emerged in the result of unhygienic conditions of area.

Total 25 participants from district Shikarpur and Kandkot was attended this workshop.

Methodology of workshop:

The Methodology was participants centered and different training tools was applied like:

- Brainstorming in plenary
- Group work.
- Round Ribbon exercise
- Role plays
- Demonstrations.
- Lectures
- Training delivery practices.

Day One:

The First Session was Introductory Session, it was started from recitation of Holy Quran. Participant Introduced Himself /Herself, with names, Districts, And Shared Pervious Experienced (if any). Most of Participant was new and they were participated first time.

After introduction of Participant. Facilitator shared two color cards with them and ask them to write their expectations and fair.

The facilitator distributed PRE assessment Form. to ask participant to fill. SRSO Team introduced SRSO and NPGP .

Following expectations and fears were received.

Expectations

To learn about Health, Hygiene and nutrition

Learn New Knowledge and Skills

Learn Training Skills

Career Building.

New Ideas.

Fairs

1. Fairs About Proper Logistic For example residents, Food and others
2. Behavior of trainer
3. Language Issue
4. Difficult timing
5. written Material are available or not due to weather

In next Brainstorming session of the participant, Facilitator said if, we want fulfilled these expectations, we should set some norms; Following Norms:

- No Smoking
- Keep Mobile Silent Mode
- Discuss one by one
- Punctuality and time management
- Respect others Opinion and point of view
- Raise the hand before sharing
- Respect women participation
- Contribute Actually

In the end of this session; facilitator display a chart of objectives and ask participant these objectives can meet with your expectations or not? He also discussed with them, there is way to achieve training objectives; if we follow these norms.

Following Objectives were shared:

- Define Health, Hygiene and Nutrition
- Define kinds of health, hygiene and sanitation
- Importance of hygiene and sanitation for our health
- Discussion about importance of sanitation, of pregnant and newborn child.
- Discussion on open defecation and its impact on our health.
- Discussion on common diseases in Sindh and its causes and its impact.
- Strengthen capacity of CRPs to replicate these trainings in community.

In last exercise of the day, the participant was divided in three groups. Like; ho jamalo group, julae Lal group, and Moor Tho tittle rarna group for round ribbon exercise.

Facilitator handed three charts. what is health? its kinds, what is hygiene? its kinds, what is sanitation? its kinds.

Facilitator said to them please scroll around the all charts, then shared your points on each chart.

When every group write their points, then display it and present. After completing the presentations of groups, facilitator show them these slides: Before the ending of the day facilitator divided participant in buzz group and ask them to discuss following questions:

- What is important knowledge you get from this training?
- On which point you need further clarity?

Day two:

Day two was started with recitation of Quran. Then facilitator gives the review of previous day.

In Brainstorming Session facilitator repeated about health and its kind, hygiene and its kind, and diet balance.

The next session was about importance of hygiene in Islam, and scientific point of view. The discussion was ended on wrong perception and myth in communities. In the last session facilitator divided participant into union council, and said them to discuss on common diseases, of your respective union council.

Advice of participant that you will also discuss on this issue at night, and share presentation in next morning.

Day three:

This day was started with recitation of holy Quran. Participant gives their presentations. The next session of large discussion was about open defecation. One practical was shared. How a fly contributes dirt in our food and water. participant taken interest and enjoy this practical example. Facilitator said participant to take your chart of diseases and discussed it in same group, what are the reasons, how the dirt was contributed, worse hygiene condition in our houses, in our environment, they contribute these kinds of diseases.

Basically, the exercise was about to analysis the situation of area, the social mapping exercise was also conducted to provide technical assessment to that how you involved in community. when you will conduct the exercise of situation analysis. the next tool was introducing the transect walk, you can practically verify about social mapping and hygienic condition of village. In the end of the day a documentary of village Tando Soomro was also presented. Third day was closed to evaluate.

Day four:

This day was started with recitation of Quran.

Participant was divided in buzz group and asked participant to share important points of yesterday, and any topic which need further clarity.

In next exercise of buzz group in brainstorming session shared status of sanitation, after long discussion, then facilitator said to participant please take previous chart of diseases, and discuss. If anyone who suffered malaria, Diarrhea, motions and vomiting.

So, each group discussed about these common diseases and estimate expenses of treatment. In this one-hour exercise, participant presented chart of expenses. One member of family who suffered in one disease, following cost was estimated.

- Malaria: 25000 to 40000 rupees.
- Diarrhea: 20000 to 40000 rupees.
- Motions and vomiting: 15000 to 30000

In next session of brainstorming in plenary, facilitator said to participant to draw structure of toilet and divided to participant into pairs, to draw a picture of toilet with estimate cost. The participant estimates the cost of toilet was about 10000 to 20000 rupees. Then the facilitator open the discussion, to compare the toilet and disease cost. Toilet is one-time expense, and the disease expenses are continuing. which is the result of open defecation.

The major causes of infant mortality are Diarrhea, the major cause of Diarrhea is dirty environment of home, and surrounding. main reason is open defecation, we can minimize infant mortality to taken following steps

- To construct and utilization of hygienic and clean toilet.
- Wash hands before eat and after using washroom.
- Boil water and keep covered it with a clean cloth
- Do not use smelly, stale and vacuumed food on which flies are sitting.
- Do not allow kid toileted outside because it makes germs and join the food.
- Use Namcol, whenever you have diarrhea.
- If you didn't find namcol at shop, make your own with 4 glasses of boil water, 4 spoon sugar and one spoon salt.

In the end of the day the facilitator asked to the participant to evaluate. what we learn today and on which topic you need further clarity. so, we will discuss tomorrow morning.

Day five:

Day was started with recitation of holy Quran and the facilitator review the previous day in buzz group.

In next exercise the facilitator divided participant in three groups, and given following tasks to each group:

Group one: what is the role of gender discrimination in maternal and infant motility?

Group two: what is the role of early child marriage infant and motility?

Group three: what is the role of lacking medical facilities and hygienic conditions?

All three groups give their presentation and facilitator summarize the session with following points:

- Boys' and girls' marriages before 18 years have some natural issues, and some constitutional issue according to Sindh government, if anybody who did this they will be convicted according to the law. Pakistan and many others countries who faced these kinds of circumstances.
- Every 15 to 19 years of girls, as ratio of 1 to 6, one girl is married according to survey of (population and health of 2006-2007).
- The time of pregnancy under 15 years girls have more chances of death, rather than 20 years of girls. (UNICEF 2007)
- According to WHO, Pakistan has 11 rating country, where girls give birth of child in 15 to 19 years, more than 6 million women.

After the presentation of participant, the facilitator asked question with them what is business they answered differently and facilitator replied it is so simple definition, business means (investment for profit) so, you can ask to parents, what do you want in children boy or girl? Mostly parents replied boy, because he will be look after our older age. Daughters will marriage and go her home. she will be only consumer in our family. in shape of son, we are investing to

secure our future. Basically, this is root cause of gender discrimination. Do your things this perception we were discrimination on food and other things.

Quate: "Protection is better than treatment". No doubt there are minimum facilities. Gian ologist, Trained, TBAS, lack of maternity homes and others. But the main cause is lacking of awareness, there are many myths. No doubt pregnant women need double nutritional food, with complete indicates like; calcium's, vitamins, protein etc.

Our next session is about nutritional, in round ribbon exercise the facilitator divide participant in three groups, and hanged three charts on wall like what is nutrition? Why we need nutrition?

What is the nutritional need for pregnant women? When groups were competed, and all groups presented their charts.

What is nutrition? What is the difference between nutrition and food?

Food is basically for our hunger, and nutrition gives energy to our body, muscle, make strong our bones, basic nutrition for our body, which protect our body. Use vegetables, fruits in our daily life.

Nutritional need for pregnant women: Pregnant and breastfeeding women, need more than three times food. She must use of milk, juices and vegetables in their food. She used salad too, for protein use fish, milk, chicken.

Day Six:

Day six was started with training skills, each participants selected topic and given time for preparation. Any participant facilitated their session, participants collectively given feedback on following points as:

Sound, involvement of participants, grip on contents, method used, manage participants and body language with eye content, movements etc.

Facilitator also given feedback to each participant. The practice repeated twice.

Day Seven:

Mostly the last day was about declaring the results on following grade as:

Grade-A (High ranking) B, B+ and C, C was lowest remaining grade was appropriate. In the end of day and last exercise was certificate distributions.

Pre and post Assessments:

Q1: Objective of Healthy Person?

1. Heavy Weight Person
2. Access of Food
3. A person with physically, mentally, Spiritually, without any diseases.

Q2: The main Reasons of Health and Hygiene?

1. Laziness
2. Personal domestic and hygienic condition
3. Lack corporation of government

Q3: What are the reasons of 3lacs 64 thousand children died before the age of five?

1. Road accident
2. Lack of Doctors
3. Lack of awareness on health and Hygiene

Q4: what are the major reasons and diarrheic and motions?

1. Lack of food
2. Pollution, not washing hand proper, open defecation
3. Incompetent government

Q5: Best means of Balance of diet?

1. Accesses of meat
2. Complete diet which has provide energy and fulfill all component.
3. Eliminate Hunger

Q6: The Accusation nutrition of a Pregnant Women?

1. Complete and balance of Diet
2. Avoid to food
3. Minimum food

Q7: Diet of New Born Child is?

1. Baby milk of market
2. Milk before sleeping
3. Minimum 12 times mothers milk every day

Q8: Diet and Balance nutrition means?

1. Maximum meat
2. Food to fulfil to protein, vitamins, carbohydrates
3. Food with butter

Q9: The reasons of night blindness?

1. Lack of vitamins
2. Less lighting
3. Careless

Q10: Reasons OF Malaria?

1. Less drinking water
2. Mosquitos
3. unavailability of doctors

Q11: According to Sindh marriage retirant act of children is?

1. Less of 5 years
2. Less of 18 years

Q12: Reasons of HIV aids?

1. Pollutant Water
2. Used of unsettles injections
3. Sexual lust

Q13: Please define the role of community resources person?

1. Awareness of clean environment
2. Awareness of Good health
3. Educate to people

PRE-POST TEST ANALYSIS The facilitator conducted the post tests to assess the knowledge of the participants after the training. According to participants feedback the training met its overall objectives amicably. Their knowledge and understanding on the topic of Health, Hygiene and Nutrient has been increased by 78% on average. The result of pre and post-test is below;

7-Day Training of Trainers (TOT) to CRPs HH&N
25th November to 2nd December, 2022

Category Assessment of Training Participants

In overall training activities and presentations on daily basis, make assessment of participants out of 3 points in in following indicators:															
C = 40% and Below			B= 41% - 55%			B+ = 56% - 74%			A = 75% and above						
Sr.	Name	M / F	S/O W/O	District/U C	ASSESSMENT INDICATORS								Total Marks (Out of 24)	%	Category
					Voice Quality & Pitch	Body Language	Confidence Level	Content Knowledge	Control	Time Management	Methodology	Attitude			
					3	3	3	3	3	3	3	3			
1	Asma	F	Mohammad Bux	GHOUSPUR				1	2	2	1	3	14	58	B+
2	Uzma	F	Mohammad Bux	DHRI				2	2	2	1	3	15	63	B+
3	Zhida	F	Mohammad Umar	DUNAPUR				2	2	2	1	3	15	63	B+
4	SAIQA	F	Rafeeqe	Raheema bad				2	2	3	3	3	19	79	A
5	Momal	F	Fahad Ali Wahio	Nim shareef				2	2	2	1	3	15	63	B+
6	Naila	F	Naveed Ali Memon	Nosheroa bad				2	2	3	2	3	20	83	A
7	Prveen	F	Asadullah	Nimshareef				3	2	3	2	3	21	88	A
8	Tanveer Ahned Shah	M	Ahmed Ali Shah	Pir Bux Shujrah				1	2	2	1	3	15	63	B+
9	Roshan Ali Marfani	M	Muhammad Ameen	M Pannah odho				1	1	2	2	3	14	58	B+
10	Abdul Rauf Shah	M	Ghulam Sarwar	Garhi Dekho				1	1	2	2	3	14	58	B+
11	Ayaz Ali Abbasi	M	Mula Bux Abbasi	Dakhan				1	1	2	2	3	14	58	B+
12	Qaimdin Shah	M	Kabir Shah	AKHERA				1	1	2	2	3	15	63	B+
13	Salman Khan	M	Baloch Khan	Akhero				2	1	2	1	2	13	54	B
14	Tufeeq Ahmed	M	Mohammad Rafiq	Lashari				2	2	3	2	3	19	79	A
15	Rabnawaz Aoomro	M	Daim	Habibkot				1	1	2	2	3	15	63	B+
16	Abdul Hussain	M	Saindad	Rasaldar				3	2	2	2	3	18	75	A
17	Zaheer Abbas	M	Zakir Ali	Gaheja				2	2	3	3	3	19	79	A
18	Gul Hassan	M	Ramatullah	Thanhagro				1	1	2	2	3	15	63	B+
19	Zafarullah Samoo	M	Ahmed Yaar					1	2	2	2	3	15	63	B+

20	Ali Raza	M	Mohammad Bux	Shabirabad				2	2	2	3	3	20	83	A
21	Waqar Ahmed	M	Ali Hassan	Dunyapur				2	2	2	3	3	19	79	A
22	Safdar Ali	M	Abdul Fattah	Ghouspur				2	2	2	3	3	20	83	A
23	Ans	M	Manzoor Ahmed	Bahalkhan				1	2	2	2	3	15	63	B+
24	Khadim Hussain	M	Ameer Bux	Zarkhel				1	2	2	2	3	15	63	B+
25	Nasir HAameed	M	Abdul Hameed	Jindo dero				2	2	2	3	3	19	79	A
								1	1	2	1	3	13	54	B
								2	2	3	2	3	18	75	B+
								2	2	2	3	3	19	79	A
								2	1	2	2	3	17	71	B+

District	A Grade			B+ Grade			B Grade			C Grade			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
	4	2	6	13	5	18							13	2	15
													13	0	13
Total															28

Pictorial Gallery



