

Strengthening Health Talks

TRAINING MANUAL



Photos: PATH/Evelyn Hockstein

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Introduction

The purpose of this manual is to provide step-by-step instructions to facilitate a half-day training workshop to improve the quality of group counseling sessions and health talks. Although providing individual counseling on infant and young child feeding is ideal, particularly within the context of HIV, it is often unrealistic due to the multiple demands placed on health workers. When conducting observations of health talks and group counseling at facilities, Infant & Young Child Nutrition (IYCN) Project staff repeatedly identified the need to improve their quality. Recognizing that health workers' time is already limited, the workshop described in this manual requires only a few hours and includes content and practical exercises that focus on key changes health workers can make to ensure their health talks are more effective. The learning activities in this manual provide information and practical exercises on adult learning principles, communication and facilitation skills, and planning. This manual can be used with facility or community-based staff who provide group counseling, facilitate health talks, or lead support groups.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of United States Agency for International Development leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy and through the first two years of life.

Training schedule

Topic	Time
Strengthening health talks—introduction	30 minutes
Adult learning overview	30 minutes
Nonverbal communication	30 minutes
Facilitation skills	60 minutes
Using visual aids	90 minutes
Planning a health talk	30 minutes
Facilitation practice	90 minutes
Total time	6 hours

Strengthening health talks—introduction

Objectives

- Describe the purpose of health talks
- List qualities of effective health talks

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Copies of *Handout 1. Health talk observation checklist*

Time: 30 minutes

Activity

Note to facilitator: This is an opportunity to model effective participatory facilitation skills.

1. Facilitate a discussion using the following questions, while another facilitator notes participants' comments on the flip chart:
 - What is the purpose of facilitating health talks?
 - What is the facilitator's role when giving a health talk?
 - Do you think listening to health talks leads to positive changes in behavior? Why or why not?
 - What are the qualities of a good health talk?
 - What are the challenges to facilitating health talks well?
 - How can these challenges be overcome?
 - How can health talks be improved?
2. Distribute copies of *Handout 1. Health talk observation checklist* and review the criteria.
3. Ask a few participants to share their experiences with giving/observing health talks based on the observation checklist. Ask if they think most health talks at their facility would be rated well using this checklist? Why or why not?
4. Explain that during this training, we will talk about how to improve health talks based on the criteria from the observation checklist.

Adult learning overview

Objectives

- List principles of adult learning
- Explain why adult learning principles are important for improving health talk

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Prepared flip chart, on which the principles of adult learning are listed

Adult learning principles

- Dialogue
- Comfort
- Respect
- Praise
- Relevance
- Order and repetition

Time: 30 minutes

Activity

1. Present the following information:

The purpose of a health talk is to share current information, discuss benefits of optimal behaviors and how to overcome common challenges or barriers to these practices, and encourage participants to try new behaviors or continue positive behaviors. It is important that information is shared in a way that encourages participants to learn. How we learn as adults is different from how we learned as children. We will discuss some key adult learning principles to keep in mind as you are facilitating health talks.

2. Explain that for adults, learning is best achieved through **dialogue**. Adults have enough life experience to dialogue with any “teacher” about any subject and will learn best when new information is related to that life experience.

Ask: How can we encourage dialogue/discussion during a health talk? After several participants respond, summarize feedback from the group.

3. Explain that it is also important for people to feel **comfortable** during a health talk, both physically and psychologically.

Ask: How can we make participants feel physically comfortable?

4. After participants discuss, explain that physical surroundings (e.g., temperature, ventilation, overcrowding, and light) can affect learning. Learning is easier when there are no distractions.

Ask: Although we cannot always control our physical surroundings, what can we do to make participants more comfortable physically during a health talk?

5. Ask: What does it mean for participants to be psychologically comfortable? (Comfortable asking questions, sharing experiences, making mistakes; using nonverbal and verbal communication that makes people feel welcome and at ease; etc.)

Ask: How can we make participants feel psychologically comfortable?

6. Present the following information:

- It is also important to **respect** participants by appreciating their contributions and life experience. Adults learn best when their experience is acknowledged and new information builds on their past knowledge and experience.
- It is important to **recognize** participants' contributions. Facilitators can praise participants even for small attempts. People need to be sure they are correctly recalling or using information they have learned. Other techniques to help support participants, such as linking what they have said to another example or indicating the importance of what they have said for a situation, can also help participants to feel supported. When you recognize someone for participating, it encourages others to participate as well.
- Adults learn faster when information is **relevant** to them. It can be related to what they already know or can do, when they can see how to immediately use and apply what they have learned, or when they realize that what they are learning will be useful in the future.
- When you are planning your health talk, consider the **order** in which you will present the information. Start with the easiest ideas and build on them. Introduce the most important ones first. Reinforce and **repeat** key messages and information. Remember that people learn faster when information or skills are presented in a structured way.

7. Summarize key responses to reinforce the key points and explain the following:

- Although we will talk about facilitation skills and how adults learn, it is important to remember that giving correct information is usually not enough to change behaviors.
- Knowing what is good for you and doing what is good for you are very different, and while many people may know what is good or recommended, fewer may be willing or able to practice it. For example, most mothers can tell you that exclusive breastfeeding for six months is recommended by health workers, yet most do not practice exclusive breastfeeding.
- Health talks can be a way to share correct information and encourage participants to reflect on the recommended practice and the support they need to try it.

Nonverbal communication

Objectives

- Define nonverbal communication
- Describe helpful and unhelpful types of nonverbal communication

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Four note cards with one of the following words printed on each: happy, sad, angry, scared
- Flip chart prepared with two columns: helpful, unhelpful

Time: 30 minutes

Activity

1. Ask for four volunteers to come to the front of the room. One at a time, give each one a card and ask them to act out the word on the card without talking (pass one of the following cards to each volunteer: bored, interested, shy, excited). Explain to the volunteers that they can only move and use their facial expressions. Ask the other participants to guess what the word is.
2. Explain that how we communicate is more than just how we talk and the words we say. It also includes all the ways we communicate without speaking. This is called nonverbal communication.

Nonverbal communication means showing your attitudes and feelings through how you stand or sit, how you move your body and hands, and your facial expressions; any way you move parts of your body that conveys a message without speaking.

3. Ask: Why is it important to think about our own nonverbal communication when facilitating a health talk?
Ask: What are types of nonverbal communication that are helpful when we are facilitating health talks? Have another facilitator note participants' comments on the flip chart.
4. After participants generate a list, ask: What are types of nonverbal communication that are not helpful?
5. Explain that in addition to paying attention to our own nonverbal communication as facilitators, it is also important to notice participants' nonverbal communication during health talks. What are signs that participants may not be paying attention? What are signs that participants are paying attention?

Optional activity

1. Divide participants into pairs and have one member tell the other a story. The partner who is listening cannot talk but can express interest and understanding without words. After 2–3 minutes, ask participants to switch roles. Give pairs an additional 2–3 minutes to discuss their experience.
2. Facilitate a discussion about participants' experiences:
 - How did you feel?
 - How was it when you switched roles?
 - Was your partner able to communicate without talking?
 - Did you feel that your silent partner helped you?
 - Did you feel that you listened better when you knew that you could not speak?
 - What verbal messages can contradict a nonverbal message? (For example, saying yes while frowning.)
3. Ask participants to list nonverbal behaviors that do and do not lead to good communication. Write responses on the flip chart.

Facilitation skills

Objectives

- Describe facilitation skills to encourage participation
- Differentiate between open and closed questions
- Identify words that are judgmental
- Define active listening

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Prepared flip chart with judging words
- Copies of *Handout 2. Encouraging participation*
- Copies of *Handout 3. Facilitation tips*

Time: 60 minutes

Activity

1. Explain that asking participants questions during a health talk is an important way to engage participants and promote dialogue. Ideally, participants are listening and reflecting on the information that is being shared during a health talk. Asking effective questions can encourage participation and reflection.
2. Present the following information:
 - Questions can either be open-ended or closed.
 - Open-ended questions encourage answers that go beyond one word, to disclose feelings, actions, reactions, and knowledge.
Examples include:
 - Questions that begin with what, how, where, and why.
 - What do you think about...? How do you feel about...? Can you tell me more about...?
 - Closed questions encourage short responses or yes/no answers. They do not encourage participants to expand on the subject. Examples include questions that begin with do you, did you, how many...?
 - Open questions are usually the most helpful. To answer them, participants must give you some information.
 - Closed questions are usually less helpful and do not encourage discussion. They tell participants the answer that you expect, and can be answered with yes or no.

3. Present the prepared flip chart with the closed questions. Explain that you will read the questions aloud and you would like for volunteers to suggest how to make each question open-ended. Read each question one at a time and allow participants to discuss and agree on a better way to ask it.

- Do you breastfeed your baby?
- Is exclusive breastfeeding for six months good for babies’ health?
- Does your baby eat enough complementary foods?
- Do you give fruit to your child often?

4. Explain that it is important to show that you are listening when participants ask a question, answer a question, or share an experience.

Ask: As a facilitator, what are ways to show that you are listening and interested? Have another facilitator write participants’ responses on the flip chart. Participants may mention: look at the speaker, nod, smile, say ‘Aha’, ‘Mmm’, etc.

5. Explain that many women are uncomfortable talking during a health talk because they are afraid they will be judged or say something “wrong.” What are examples of ways that health workers may be judgmental? Encourage participants to share experiences.

6. Present the following:

- The words we use when talking with mothers and families are important.
- ‘Judging words’ are words like: right, wrong, well, badly, good, enough, properly.
- For example, do not ask: “Are you feeding your child properly?” Instead, ask: “How are you feeding your child?”
- Mothers may use judging words about their own situation. You may sometimes need to use them yourself, especially the positive ones, when you are building a participant’s confidence. But practice avoiding these words as much as possible, unless there is a really important reason to use one.
- Judging questions are often closed questions. Using open questions often helps to avoid using a judging word.

7. On a prepared flip chart, display the following and explain that these are different categories of judging words.

Well good bad badly	Normal correct proper right wrong	Enough adequate inadequate satisfied plenty of sufficient	Problem fail failure succeed success
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8. Ask: In addition to judging words, are there ways that people show judgment through nonverbal communication? Allow participants to discuss. They may mention staring in shock or shaking their head disapprovingly. Explain that avoiding judgment is important in both verbal and nonverbal communication.
9. Ask: What do we mean when we say that active listening is important when facilitating a health talk? Encourage participants to define active listening and discuss why it is important.
10. Explain that in order to improve the quality of health talks, we need to think about our facilitation skills as well as practice them. Ideally, the facilitator should build interest first, then ensure understanding of key messages and information, involve participants in the discussion, and reinforce what has been presented. We can review ways to do this in Handouts 2 and 3 (distribute copies of both handouts). Ask if participants have any questions.

Using visual aids

Objectives

- Describe ways to use visual aids effectively
- List questions that correspond to each step of Think→Feel→Do when using a counseling card with a group
- Use Think→Feel→Do to facilitate a health talk with a counseling card

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Counseling cards or other visual aids that demonstrate optimal infant and young child feeding practices
- Copies of *Handout 4: Using a counseling card with a group*
- Copies of *Handout 5: Observation checklist for using a counseling card with a group*
- Prepared flip chart: Think→Feel→Do
- Prepared flip chart: Observation checklist for using a counseling card with a group

Time: 90 minutes

Activity

1. Ask participants to list different visual aids they can use during their health talks. Ensure that all the following are mentioned:

Non-projected	Projected	Audio/Visual
Chalkboard Flip chart Printed materials Models Handouts	Overhead projector Slides	Television Video Radio

2. Facilitate a discussion about participants' experiences using visual aids during health talks using the following questions:
 - Have you used visual aids during a health talk?
 - What kinds of visual aids have you used?
 - How have you used them?
 - What are the benefits of using visual aids? Are there disadvantages?
 - What are the challenges to using visual aids well?
 - What are some tips for using visual aids effectively?

3. After participants have discussed, present the following information:
 - Visual aids help to emphasize what is being discussed, reinforce key messages, improve understanding, and capture participants' attention.
 - Visual aids can increase participants' interest in a health talk.
 - When using visual aids, participants use more than one sense at the same time, so they are more likely to understand and remember what is being presented. Some people remember what they hear and some people remember what they see, but most people remember best what they see and hear. Visual aids can help guide participants to focus their attention on the content that you want to emphasize.
 - Facilitators can also use visual aids to help them follow their plan for the health talk.

4. Present the following tips for using visual aids:
 - Select and use visual aids that support the key message(s).
 - Make sure the visual aid can be seen by all participants.
 - Talk to and look at the participants, not to the aid. Avoid turning your back to the participants.
 - Only show/present the visual aid when it is related to the topic being discussed. (Do not have it displayed throughout the entire health talk.)
 - Introduce the visual aid and explain the content when you first show it. As soon as you show people something, they will look at it, even when you are talking about something else. Do not make them divide their attention. Check with participants to be sure they understand what your visual aid is supposed to illustrate. Do not assume they will immediately understand it.
 - When you finish with the aid, remove it, cover it, or put it down, so that it is out of sight.

Using a counseling card during a health talk

5. Introduce how to use a counseling card with a group by presenting the flip chart prepared with "Think→Feel→Do." Distribute copies of *Handout 4. Using a counseling card with a group* and *Handout 5: Observation checklist for using a counseling card with a group*. Explain the following:
 - Think→Feel→Do is a way to remember the process for asking questions/facilitating a discussion around a counseling card or other image that demonstrates an optimal behavior.
 - These questions help to engage participants with the content and encourage them to think about how they could try this behavior.
 - Encouraging participants to think about, reflect on, and plan how to do a behavior increases the likelihood that they will try it.

6. Provide a short demonstration on how to use Think→Feel→Do during a health talk with a counseling card. After the demonstration, facilitate a discussion on the demonstration, using a flip chart with the observation checklist.
7. Divide participants into groups of five to practice facilitating a health talk using the counseling card of their choice. Ask them to take turns being observers, facilitators, and participants, so they can practice at least twice. Ask observers to use the observation checklist to provide feedback to the “facilitators.” Allow two 10-minute periods for each practice session.
8. After participants have had a chance to practice, invite them back to plenary and facilitate a discussion about their experience using, participating in, and observing a health talk with the Think→Feel→Do checklist:
 - What went well? What was a challenge?
 - What suggestions do you have to strengthen this process?
 - Will you be able to use the questions from Think→Feel→Do in future health talks? Can you share specific examples of how you will use this?

Planning a health talk

Objectives

- Plan the order for a health topic
- List the benefits of covering only one or two topics in detail

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Prepared flip chart with the illustration on health talk content (copied from the following page)

Time: 30 minutes

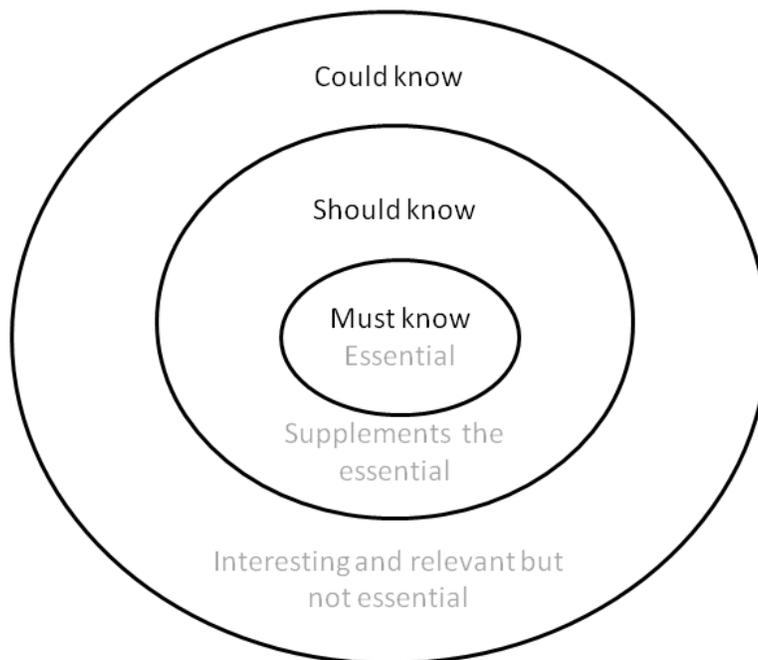
Activity

1. Explain that in order for health talks to be effective, only one or two topics should be discussed. Ask: Do you think this is possible? Why or why not? Encourage participants to discuss and then summarize the main points they raised.
2. It is important to plan what you will say and how you will say it. As you are planning, it is important to keep in mind the needs and interests of the audience and to plan your talk accordingly.

Ask: How do you currently prepare for your health talks? What tools do you use? What would help you to feel better prepared for a health talk? Summarize the main points raised by participants.
3. Explain that it is important to decide on a topic and then to ask yourself the following questions:
 - What do I want the participants to learn about this topic? What is the goal of this talk?
 - What is the most appropriate sequence of information?
 - What are the related key messages?
4. Present the following suggestions for planning a health talk on the topic:
 - Begin with an introduction.
 - Include possible questions to be asked.
 - Include examples.
 - Include stories.

- Prioritize the content in terms of importance and relevance (as shown in the illustration below and on the flip chart).
- Allocate a specific time to each part of the content.
- Bring the session to a conclusion.
- Offer referrals based on participants' needs.

Deciding on health talk content



From: LINKAGES. TOT in Training Methodologies and Principles of Adult Learning. Washington: AED; 2005.

5. Ideally, health talks should be facilitated by two facilitators, one who will lead the talk and another who will provide individual support to participants before, during, and after the training. Ask: Does anyone currently have a co-facilitator to play this role?
6. Explain that before starting a health talk, there are things you can do at the beginning to understand the needs of the individual participants, for example:
 - Before the start of the session, quickly review child health cards (if mothers have them) and refer mothers with children who either have not gained weight or have lost weight.
 - Ask if they have any specific infant feeding questions.
 - Ask yes/no questions about which topics they would like to hear more information (e.g., maternal nutrition, general breastfeeding, breastfeeding issues, how to prepare

complementary foods, which foods to feed their child, feeding during illness, breastfeeding cessation, etc.).

- Ask a series of nonintrusive questions. They may answer by raising their hands or by answering individually (if appropriate). Potential questions:
 - What is the age of your youngest child?
 - Are you breastfeeding?
 - What kinds of foods are you feeding your child?
 - How often are you feeding your child other foods?
 - Does anyone have questions about advice you have received on infant feeding?
 - Any other questions? (Ask this throughout the session.)
 - Explain that if the group is large, it may be more appropriate to ask yes/no questions and ask participants to raise their hands if yes. For example:
 - Raise your hand if your child is less than 6 months old.
 - Raise your hand if your child is 6 to 12 months old; etc.
 - Raise your hand if you are breastfeeding your child.
7. Ask: Are there any other techniques or questions you ask to learn about the participants at your health talks?
8. Explain that after each health talk, it is important to refer participants to appropriate facility and community-based services:
- Encourage participants to speak with you or another facilitator in private afterward if they have concerns they do not want to share with the group.
 - Know what support and services are available in the facility and the community so you can make referrals.
 - If the meeting takes place at a health facility, try to time it so members can seek services after the meeting.
 - Seek support and input from your colleagues and other experts on topics that you are unsure about, uncomfortable with, or are beyond your area of expertise.

Facilitation practice

Objectives

- Facilitate a health talk
- Critique a health talk using the observation checklist

Materials and preparation

- Flip chart
- Marker pens
- Tape
- Copies of *Handout 1. Health talk observation checklist* (distributed during the introduction session)
- Copies of role play scenarios
- Copies of visual aids

Time: 90 minutes

Activity

1. Ask participants to refer to Handout 1 and ask them to provide you with feedback on how you have facilitated this training workshop so far. Encourage them to provide both positive and constructive feedback, as it will help you to improve. Remind participants that no one facilitates perfectly, but with practice, our skills improve.
2. Explain that now they will have a chance to practice facilitating a health talk:
 - Divide participants into groups of seven or eight.
 - Each group will need one “facilitator” and two observers, and the remaining people will be health talk “participants.”
 - Distribute role play scenarios to the “facilitator” and “participants,” and observation checklists to the observers in each group to record their perceptions of the health talk.
 - Explain that each group will have 15 minutes to role play a health talk. The facilitator can choose one of the following topics to discuss:
 - Maternal nutrition.
 - Early initiation (prelacteal feeds).
 - Adequacy of breastmilk (giving water, other foods before 6 months).
 - Perceived insufficient milk.
 - Characteristics of complementary feeding (volume and density).
 - Active feeding.
 - Feeding during/after illness.
 - Distribute counseling cards and key message booklets to the “facilitators” and allow them time to prepare.

3. After the role play, change roles, so other group members have a chance to facilitate a new topic. Distribute new scenarios for “participants” and new observation checklists for observers. If time permits, change roles a third time.
4. After the practice sessions, ask the observers to report their findings to the larger group. Ask the “participants” to share their experiences participating in a health talk.
5. Ask the “facilitators” to share their experiences facilitating. Ask: What went well? What was challenging? What other support do you need?
6. Ask participants to break into small groups of four or five to discuss what they will do differently as a result of this training and to write their responses on a flip chart. After 5-10 minutes, ask each group to post their prepared flip chart on the wall and invite participants to walk around the room to read and reflect on the other groups’ responses.
7. Ask participants to share their reactions to the responses on the flip charts. After several participants have spoken, summarize the responses from the flip charts and participants’ comments.

References

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Health talk practice: Participant role play scenarios

You are the mother of a 5-month-old baby boy. You have been exclusively breastfeeding since he was born and he is growing well. Your mother-in-law had encouraged you to give porridge from 2 months, but you shared the information you learned about breastfeeding at the clinic and now that she sees how healthy your baby is, she has stopped talking about porridge. Your husband came with you to one of your antenatal visits and learned about breastfeeding and has been very supportive; he boasts to the neighbors about how well the baby is growing. Now that your baby is almost 6 months, you are wondering what foods to give and hope to get some suggestions from the clinic. You like to talk about how healthy your baby is and how much you like breastfeeding.

You are the mother of a 2-month-old. You have not gone for antenatal visits because you have been afraid to be tested for HIV; you worry that you may be positive and are afraid that your husband will kick you and the baby out if you are. You know that HIV can be passed through breastmilk, so you give other foods and liquids as often as possible, but still breastfeed in front of your family because you do not want them to suspect anything. Your child has had diarrhea, and when you brought him to be weighed, the nurse told you he is not growing well. You are worried and not sure what to do.

You are the mother of a 9-month-old baby. You breastfed exclusively for six months, and then started to give thin porridge. You give a few spoonfuls of porridge twice a day and still breastfeed, but when your child was weighed last, he had not gained any weight. You do not know what to do since he had grown so well before.

You are the mother of a 2-week-old and you are worried you do not have enough milk. You feel like your baby wants to eat all the time. You had planned to exclusively breastfeed, like your sister, but do not know why your baby is so hungry. You brought the baby to be weighed and the nurse told you he was growing well, but you still do not think you have enough milk and are wondering what else you should give to make your baby happy.

You are the mother of a 1-month-old and your mother-in-law is encouraging you to give your baby porridge because she tells you that breastmilk is not sufficient to meet the baby's needs. She tells you that this is what she did and look at how healthy her son (your husband) is. You want what is best for your baby and you respect and value the advice from your mother in law, but the nurses have told you that you should only breastfeed. You are confused.

You are the mother of a 3-month-old and your husband is recently unemployed. Now there is very little money and you have not been eating well. You have tea in the morning and then the staple at mid-day, but most evenings, you do not eat again. You make sure your older children are able to eat and any food you can get goes to them. You had been exclusively breastfeeding, but now you are worried that your milk is not as good because you do not have enough food yourself to make high-quality milk.

You have a 3-month-old and you need to go back to your job in the factory. You were given maternity leave, but now it is time for you to return to work and your family is depending on your income. You have been exclusively breastfeeding, but now you do not know what to do.

You gave birth at this facility two weeks ago. You have been breastfeeding, but it has been very painful; you even have a cracked nipple. Your baby suckles for a very long time at each feed. You brought your baby to be weighed today, and he does not weigh as much as he did when he was born. You are wondering what to do.

You are a young mother and are very shy. You have a 2-month-old baby and are exclusively breastfeeding. Your husband wants to have many children. Your pregnancy was very difficult and you felt sick and tired during most of it. You would like to wait a while before becoming pregnant again. You have heard that breastfeeding can prevent pregnancy, but you want to know more about how that is possible. You are too shy to ask your question, especially in a group of people you do not know.

You are a pregnant woman and your due date is in four weeks. You have been to only one other antenatal visit. You plan to breastfeed. You will give birth at home, as the health facility is far away. Your mother-in-law has told you about breastfeeding but says it is important to wait until your milk comes in, and that you should give your baby water and throw away the colostrum.

Handout 1. Health talk observation checklist

During the group session, did the counselor?	Yes	No	Comments/ Observations
Speak slowly and clearly (e.g., participants were able to understand the content)			
Encourage participation (e.g., everyone was given an opportunity to speak)			
Keep the discussion focused on the topic			
Maintain an open and nonjudgmental atmosphere (e.g., supported participants when they contributed; did not use judging words)			
Engage in active listening (e.g., did not interrupt and paid attention to questions and comments)			
Create a feeling of safety/comfort (i.e., put participants at ease)			
Promote problem-solving among participants (e.g., asked participants how they would overcome challenges)			
Show empathy, understanding, and caring			
Use welcoming facial expressions and gestures that encouraged participation (e.g., looked at participants, sat at their level, etc.), as appropriate			
Effectively use visual/job aids			
Plan for follow-up of unanswered questions			
Discuss practical solutions and encourage solutions from the group			
Provide up-to-date, accurate information			
Offer referrals appropriately (have this pre-printed if appropriate)			

Handout 2. Encouraging participation

Build interest

1. Lead-off story or interesting visual: Provide a relevant story or visual that captures the audience's attention.
2. Case study: Present a problem around which the health talk will be structured.
3. Question: Ask participants a question (even if they have little prior knowledge) so that they will be motivated to listen for the answer.

Ensure understanding

4. Key messages: Repeat select key messages throughout the talk, as appropriate.
5. Examples: Provide real-life illustrations of the information, and if possible, compare the health talk content to the knowledge and experience that the participants already have.
6. Visuals: Use handouts, posters, counseling cards, and demonstrations that allow participants to see as well as hear what you are saying.

Involve participants during the health talk

7. Ask questions: Interrupt the talk periodically and ask participants to share examples or personal experience related to information presented thus far.
8. Answer questions: Encourage participants to ask questions and share their experiences.

Reinforce the content

9. Application problem: Pose a problem or question for participants to solve based on the information given in the health talk. Ask participants to discuss what prevents people from practicing a recommended behavior using real life examples and how they can be overcome.
10. Participant review: Ask participants to review the contents of the lecture with one another.

Handout 3. Facilitation tips

Here are eight tips to use as you facilitate a health talk.

1. Paraphrase what a participant has said so that he or she feels understood and so that the other participants can hear a concise summary of what has been said.

So, what you are saying is that it can be difficult to exclusively breastfeed because of all your responsibilities outside of your home.

2. Check your understanding of participants' statements or ask them to clarify what they are saying.

Are you saying that this advice is not realistic? I am not sure that I understand exactly what you meant. Could you please explain it to us again?

3. Compliment an interesting or insightful comment.

That is a good point. I am glad that you brought that to our attention.

4. Elaborate on a participant's contribution to the discussion with examples, or suggest a new way to view the problem.

Your comments also provide an interesting point from the mother's perspective. It could also be useful to consider how a father would view the same situation.

5. Energize a discussion by quickening the pace, using humor, or if necessary, prodding the group for more contributions.

Oh my, we have lots of humble people in this group! Here is a challenge for you. For the next two minutes, let's see how many ways you can think of to increase the amount of animal foods we give to older infants and young children.

6. Disagree (gently) with a participant's comments to stimulate further discussion.

I understand what you are saying, but I am not sure that what you are describing is always the case. Has anyone else had an experience that is different from Mary's?

7. Mediate differences of opinion between participants and relieve any tension.

I can see that Margaret and Mary are not really disagreeing with each other but are just bringing out two different sides of this issue.

8. Pull together ideas, showing their relationship to each other.

As you can see from Susan's and Carole's comments, there are many things we can say to address common myths about giving colostrum. It is important to share correct information with different family members.

Handout 4. Using a counseling card with a group

Think

- What do you think is happening in this picture?
- Is this common in our community?



Feel

- How do you feel about this practice?
- Is this something you would feel comfortable doing?
- Would others support you if you did this?



Do

- Are you willing to try this?
- When will you try?
- How will you do it?

Adapted from: LINKAGES Project. *Behavior Change Communication for Improved Infant Feeding Training of Trainers for Negotiating Sustainable Behavior Change*. Washington, DC: Academy for Educational Development; 2004.

Use the questions below to help participants consider trying a practice shown on a counseling card.

1. THINK

- What do you think is happening in the picture?
- Is this a common practice in our community?
- What is the advantage of doing the action shown in the picture?
- Why is he or she doing this? (When appropriate.)

2. FEEL

- How do you feel about this practice?
- Do you agree with the actions in the picture? Why? Why not?
- Is this something you would feel comfortable doing?
- What would you do in the same situation? Why?
- What difficulties might you experience?

3. DO

Repeat the key messages:

- Are you willing to try this?
- How would you overcome any barriers to trying this?
- When will you try it?
- How will you do it?

Discuss specific actions that participants can try.

Handout 5. Observation checklist for using a counseling card with a group

Introduction	<input type="checkbox"/> Introduces self (name and organization) and puts people at ease <input type="checkbox"/> Shows respect and interest <input type="checkbox"/> Listens and looks attentively <input type="checkbox"/> Shows a counseling card to everyone
THINK	<input type="checkbox"/> Asks who is in the picture and what they are doing <input type="checkbox"/> Asks why they are doing it <input type="checkbox"/> Asks what the benefits are <input type="checkbox"/> Explains the picture and shares the main message
FEEL	<input type="checkbox"/> Asks if participants agree with the practice shown on the card and why or why not <input type="checkbox"/> Asks if participants would feel comfortable doing this practice
DO	<input type="checkbox"/> Repeats the message <input type="checkbox"/> Asks participants if they would be willing to try this practice <input type="checkbox"/> Discusses specific actions that participants can try <input type="checkbox"/> Sets a time for the next meeting and encourages participants to try the new practice and be prepared to talk about how it went
<p>Name one or more things the facilitator did well:</p> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>Recommendations for the facilitator to improve upon for next time (name one important thing):</p> <hr/> <hr/> <hr/> <hr/> <hr/>	