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# STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND THE NYUNGWE NATIONAL PARK PROGRAM – NYUNGWE NZIZA

## HEALTH COMPONENT FINAL REPORT



**MAY 2012**

This publication was produced for review by the United States Agency for International Development. It was prepared by Jhpiego for DAI.

# **STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND THE NYUNGWE NATIONAL PARK PROGRAM – NYUNGWE NZIZA**

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Finally, we would like to acknowledge the dedicated and hard-working DAI-Jhpiego (based in Rwanda-Kigali) and DAI-Jhpiego (Home offices). We commend them for their efforts to make this project a success and help catalyze sustainable development in Rwanda.

# ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ANICO	Animateurs de Conservation
BCC	Behavior Change Communication
COP	Chief of Party
COTR	Contracting Officer Representative
DAI	Development Alternatives Inc.
EDPRS	Economic development and poverty reduction strategy
FP/RH	Family planning, Reproductive health
FP	Family Planning
FY	Fiscal Year
GOR	Government of Rwanda
HIV	Human Immunodeficiency virus
IHWANN	Improving Health in Workplaces around Nyungwe National Park
MNH	Maternal and Neonatal health
MOH	Ministry of Health
NNP	Nyungwe National Park
PE	Peer Educators
PHE	Population Health Environment
PIR	Project Intermediate Result
RDB	Rwanda Development Board
SO	Strategic Objective
STI	Sexually Transmitted Infection
TOT	Training of Trainers
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WCS	Wildlife Conservation Society

# EXECUTIVE SUMMARY

## INTRODUCTION TO THE NYUNGWE NZIZA PROJECT

Building on past support and in collaboration with the Government of Rwanda (GOR), USAID/Rwanda's five-year program combines two projects, Strengthening Sustainable Ecotourism in and around Nyungwe National Park (SSENNP) Program, known in Kinyarwanda as “Nyungwe Nziza” or “Beautiful Nyungwe,” and the Wildlife Conservation Society (WCS)-implemented “Sustain the Biodiversity Conservation in Nyungwe National Park” into one collective, synergistic effort with the common goal of *accelerating rural economic growth and improving biodiversity conservation in and around Rwanda's Nyungwe Forest National Park*.

Through Nyungwe Nziza, USAID intends to transform Nyungwe National Park (NNP) into a viable ecotourism destination, generating sustainable and equitable income for local communities and as many other stakeholders as possible including private investors, creating employment for surrounding communities, thus providing economic incentives to conserve the rich biodiversity of the Park. The focus of the project is two-fold: inclusive ecotourism development for the benefit of local communities surrounding the park and leveraging private sector investment in the management, construction, and maintenance of new and existing park infrastructure. The objectives of the project are to:

- Help the Rwanda Development Board (RDB) transform NNP into a viable ecotourism destination;
- Generate sustainable and equitable income for local communities and other stakeholders;
- Create employment for surrounding communities;
- Provide economic incentives to conserve the rich biodiversity of the Park;
- Protect and improve the health status of the local population living around the Park to help ensure the long-term economic viability of the ecotourism industry in the region; and
- Help local communities to manage their natural resources in ways that improve their health and livelihood even as they protect the environment and Nyungwe's biodiversity

To address these last two objectives, DAI collaborated with Jhpiego to implement the Project's health component – “Protecting the Public's Health in and around the Park” - from October 2010 to February 2012. Jhpiego operated as a subcontractor to DAI to implement the program, in collaboration with the Government of Rwanda (through tea estate and RDB staff), and with the Wildlife Conservation Society (WCS).

Although a number of activities were designed to support Health Component objectives, in June 2010, DAI and Jhpiego were informed by USAID that there would be no additional funding for the Health Component after the \$300,000 allocated for year one. In July 2010, DAI and Jhpiego met with USAID to discuss possible activities that could be undertaken with obligated funds. Based on this discussion a proposal focusing on “Improved Workplace Health Programs and Messaging around Nyungwe National Park” was submitted to USAID in October 2010 and approved the same month. Although this proposal contained many of the originally proposed activities under the Health Component, the scope of the effort was greatly reduced and limited primarily to tea estates and Nyungwe Nziza-supported communities.

## STRATEGIES AND INNOVATIONS

Nyungwe Nziza project/DAI-Jhpiego supported peer education from tea estates, RDB and WCS staff through training to provide messages of comprehensive services for maternal and child health, sexual and reproductive health, including family planning (FP), HIV/AIDS, STI services, malaria and rabies. Also the health component was indirectly working with community health workers from health centers (Kitabi, Gisakura and Gihundwe health centers) to facilitate linkage between tea estates and health facilities.

With sustainability a key to the project's approach to health and development, Jhpiego-DAI supported a model in which community-based health promotion interventions were designed within and coordinated by public health structures. This was an innovative strategy, given that many traditional community outreach and educational activities operate outside of the formal health system.

At the heart of this program were the tea estates and Peer Educators (PEs) they deploy. PEs were the main interface between the tea estates, RDB, WCS and the staff in and around NNP. After being trained, their scope of work was to promote awareness and healthy workplaces, such as tea estates and the Park Service. Activities were coordinated by the Health Component Lead and master trainers. As a result, the master trainers and PEs' capacity was built to coordinate health education, outreach, and home-based care within the communities they serve. This innovative strategy empowered the PEs from workplaces (tea estates, RDB and WCS) to manage activities being implemented in their coverage zones and, ultimately, improves the coordination of interventions supported by a wide variety of local and international stakeholders.

DAI-Jhpiego/Nyungwe Nziza Project encouraged a participatory approach to health promotion and healthcare in line with the GOR's Economic Development and Poverty Reduction Strategy (EDPRS) and health policies promoting access to community healthcare, especially preventive services and early diagnosis, care, and treatment.

## ACTIVITIES AND ACCOMPLISHMENTS

Over the life of the project, we partnered with a governmental institution (RDB), an international institution (WCS), three private tea companies (Kitabi, Gisakura and Gisovu) and one government tea factory (Shagasha). Through partnerships with these implementing agencies, 231 participants (comprised of healthcare providers, CHWs, and PEs) received training in the provision of education pertaining to variety of integrated health topics, such as sexual and reproductive health (including FP, STI, and HIV/AIDS services); maternal and child health, including antenatal care (ANC), nutrition, infection/disease prevention; malaria, rabies, hygiene; environmental health; and biodiversity conservation.

The trained healthcare providers, CHWs, and PEs were equipped with information, education, and communication (IEC) training manuals which they used as tools during sensitization meetings. The PEs promoted health awareness and behavior change in workplaces during outreach activities, and periodic educational campaigns (through VCT Campaigns organized with tea estates). Also they shared information through one-on-one interactions and group IEC sessions among their peers in workplaces, including the Park Service and tea factories in NNP's buffer zone. The project reached around **35,859**

people with a range of health messages. This includes tea estate staff, tea estate cooperative members, private tea farmers (the villageois), RDB and WCS. In addition to ongoing health education and service delivery, DAI-Jhpiego participated in and contributed to a number of community-based health initiatives to respond to their particular needs and concerns. These included support of a **mobile voluntary counseling and testing event** within tea factories, RDB and WCS and an **integrated health and anti-rabies campaign** with the Rwanda Development Board/NNP in 23 sectors surrounding NNP.

## LESSONS LEARNED AND RECOMMENDATIONS

Linking interventions from the various PHE sectors can be more cost-effective and have greater impact than implementing activities separately. But the Nyungwe Nziza/Health component demonstrated that integration is challenging and must be approached strategically from the outset—as early as the design and partnership formation phase.

Another important lesson is that FP should be the core health initiative into which other health activities are integrated. FP should serve as the hub that links all three components of PHE programs. This approach aligns with Rwanda’s national development objectives, which cite control of population growth as a key development strategy and recognize environmental protection—particularly ecotourism—as an engine of economic development.

## CONCLUSION

Given the increasing global interest in factors that contribute to environmental degradation and poor public health, as well as interest in PHE for community development, the implementation of Nyungwe Nziza proved to be both timely and informative. Its accomplishments, partnerships, and lessons learned have much to offer future PHE initiatives.

# CHAPTER I: INTRODUCTION

## PROJECT IDENTIFICATION

Jhpiego, in its role as a DAI subcontractor, was the lead on the implementation of health activities, which contributed to the following project outputs:

- Work with employers to develop “healthy workplaces”
- Set up linkages for workplace care and treatment in coordination with employers

The health component within DAI worked with employers of the tea estates to develop a comprehensive health program that included HIV/AIDS prevention & treatment, sexually transmitted infection (STI) awareness, family planning (FP), malaria prevention and treatment, maternal/new born health (MNH) and rabies prevention. Under the AID-696-C-10-00002 contract, the project focused on about 18,000 people in four tea estates located in four sectors (Kitabi, Bushekeri, Giheke and Twumba) and in four districts (Nyamagabe, Nyamasheke, Rusizi and Karongi). The project also worked with the Wildlife Conservation Society (WCS) and Rwanda Development Board (RDB) staff located in Nyungwe National Park and tea farmers within the community through their cooperatives. The project was implemented from October 2010 through October 2011 when the Health Component Lead joined the team, but four contract modifications have been done under this contract in order to achieve the project objectives and goals.

The project team included the Jhpiego’s Senior Program Manager, the Jhpiego/Rwanda Country Director who gave technical assistance and guidance to the team, the Health Component Lead who was located full time in DAI’s office, and Jhpiego’s Human Resource Manager who was charged part-time to the project and gave some technical assistance regarding financial issues before she was appointed to Financial and Administrative Manager.

## PROJECT CONTEXT

The project aimed to bring both economic and ecological benefits to the NNP and its surrounding areas through ecotourism development, biodiversity conservation and the improvement of the health status of the local population living around the Park. However, given the reduction in the Health Component’s budget, the project decided to focus on workplaces for two reasons:

1. Even if there is no specific policy on health, particularly HIV/AIDS, in workplaces within the Rwandan Ministry of Health, the study on violence conducted in 2007 in Rwandan workplaces showed that 39% of workers had experienced some form of workplace violence with verbal abuse being the most prevalent form (27%). Other forms of workplace violence included bullying (16%), sexual harassment (7%), physical assault (4%) and sexual assault (2%). The most important risk factors for workplace violence included gender inequality, the lack of a culture of mutual respect, the level of workplace and community insecurity, and the absence and non-application of workplace policies. These kinds of abuse and violence can lead to infection of

HIV/AIDS. The study also concluded that workplace violence affects psychological health, energy level, absenteeism, performance, productivity and interpersonal relations<sup>1</sup>. Evidence suggests that workplace programs reduce healthcare costs and improve employee productivity<sup>2</sup>. Workplace policies provide a foundation for standard behavior of all employees with regard to disease, especially those that carry a stigma, and provide guidance to supervisors and managers, and helps employees living with disease to know about their health rights. In the case of HIV/AIDS, for example, when employees understand their company's confidentiality policy, and what support and care they will receive, they are more likely to come forward for voluntary testing, assist the company in planning for HIV/AIDS and manage its impact; and

2. Workplaces, along with Nyungwe Nziza-supported cooperatives (many of whom also work for the tea estates), offer somewhat "receptive" audiences for delivering integrated population, health and environment (PHE) messages and training.

## PROJECT OBJECTIVES, DELIVERABLES, AND GOALS

The health component's specific aims were:

- To reduce the rate of transmission of sexually transmitted infections (STI), including HIV
- To improve reproductive health (RH), maternal and child health (MCH)
- To increase family planning (FP) uptake and improve the delivery of FP services
- To help promote biodiversity conservation and environmental protection (in an integrated/PHE fashion)
- To strengthen communication and understanding of health issues within the local community and its health centers

## PROJECT APPROACH

The underlying philosophy was to take an integrated PHE approach to meeting work place and targeted community needs for family planning, basic health, and environmental management in a comprehensive and coordinated manner. PHE projects can play an important role in areas such as Nyungwe where population growth place pressures on the environment; where degraded natural resources impact the health and livelihoods of local communities; and where a lack of health services, especially family planning and reproductive health impacts people's health and well-being.

The project was essentially designed to: 1) address the multiple health-related threats within workplaces, both direct and indirect that Rwanda's workplaces face; and 2) use workplaces and targeted communities as a vehicle for delivering PHE messages and training.

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<sup>1</sup> Capacity project, 2010

<sup>2</sup> Angela M. Downey, and David J. Sharp, 2007.

Jhpiego-DAI employed an integrated approach to build capacity, provide services, and deliver strategic behavior communication in the following areas:

- Development of healthy workplace policies
- HIV/AIDS and other STIs
- RH/FP
- MCH
- Malaria and Rabies
- Environmental protection and biodiversity conservation

Each of these technical areas is described in the sections below. It should be noted that most trainings and outreach sessions covered a combination of these topics (except the health workplace policy) and emphasized the relationship between public health and environmental health.

## **PROJECT MANAGEMENT**

### **Project Team**

One local staff member worked full time on the health component within DAI: A Health Component Lead. The Health Component Lead was located full-time within the DAI office in Kigali and made frequent visits to the field. He received support from Jhpiego-Rwanda office and from the Jhpiego's Senior Program Manager who was the direct Supervisor. He also received guidance and support from the DAI office in Kigali. It was originally planned to hire a Health Component Field Coordinator to be located at the DAI office in Kitabi, but with the reduction in the Health Component's scope and budget, this position was not filled.

### **Counterparts**

Jhpiego worked directly with tea estate stakeholders to support community based healthcare activities that addressed both District and GOR priorities and responded to local needs while remaining within the project mandate. Among others, the Nyungwe Nziza-Health Component Lead collaborated with Rwanda Development Board (RDB) and Wildlife Conservation Society (WCS).

# CHAPTER II: BEST PRACTICES AND LESSONS LEARNED

## A. BEST PRACTICES

HIV/AIDS and other diseases are not only a threat to the health of individuals, but are also a threat to social and economic development of a country. Tea estates, as other workplaces, are negatively impacted by the disease burden. It is in employer's best interest to help keep workers and their families healthy. In light of this, the project worked in conjunction with tea estates to develop an innovative approach to keeping their workers healthy. Key elements of this approach are:

1. Developing a healthy workplace policy using a participatory approach.
2. Creating an infrastructure at each workplace that is sustainable. Elements of this infrastructure include:
  - a) Peer educators - With training, peer educators can serve as a resource and change agent for their colleagues on a broad number of health related topics such as HIV/AIDS, MNH, FP/RH, malaria, rabies and environment protection. The peer educators reach these populations through small group sessions and one-on-one conversations.
  - b) b. Linking to services. By engaging managers and peer educators as referral points, the project effectively linked these individuals to the available services in the area. Another way the project engaged with the health service sector was to hold VCT campaigns in the tea estates in collaboration with health centers surrounding Nyungwe National park (Kitabi, Gisakura, Giheke and Kibogora Health Centers). During these campaigns over 2,500 staff were confidentially tested and counseled on HIV/AIDS.



**Figure 1: HIV pre-test counseling with a staff member from Shagasha Tea Factory**

3. Tailoring messages to the audience. The initial curriculum design was informed by the baseline survey results. Subsequently the curriculum was field tested and further refined to include activities to address superstitions and traditional beliefs. Throughout the life of the program and after each training, the curriculum was further tweaked to include nuances that the trainers encountered. It was envisioned that the curriculum be a *‘living document’* rather than a final document because behavior change is complex and entails getting to the *‘heart’* of people which can take years. For example, many public health campaigns send targeted messages about the benefit of child spacing. However, few campaigns address the reasons why people do not use contraceptives. Beyond availability, trainers found that a widespread distortion and misrepresentation of information regarding contraceptives. On a broad scale, it is believed that contraceptives lead to nausea and cause women to be promiscuous. Furthermore many participants believed that some family planning methods can cause mortality or uterine abscess.

*“As I know the role of family planning and know that health providers can manage all FP side effects, I can now use them. Also I can’t still believe that it is a sin to use FP methods,”* participant from Pentecost church

## B. LESSONS LEARNED

- During different activities we realized that male involvement was extremely important for decisions pertaining to MNH and FP, as is parental involvement in the sexual and reproductive health of children. Therefore male involvement must be a priority for all health programs. More efforts are also needed to encourage parent-child communication about sexual and reproductive health as well. PEs should spread messages that are tailored to the local context or the situation at hand. They should share information that is personalized and includes life examples. Finally they should provide feasible strategies and offer plausible alternatives when encouraging behavior change.
- There was a gap between health facilities and workplaces; the collaboration between health center authorities and DAI-Jhpiego tried to address this challenge. Linkages must continue between health based services and workplaces or community based activities to ensure a continuum of prevention -to care -to treatment- to mitigation. Referral networks were an essential component of service delivery and regular beneficiaries’ supervision was an important aspect of program planning and coordination.

*“For now as I know the role of FP and how family planning methods work into the body, I can use modern FP methods and sensitize my neighbors and friends to use FP methods. Also I will be among the people who help the health facilities to combat rumors and misunderstanding regarding FP,”* Training Participant

- Workplace programs were highly appreciated at all levels especially programs which address health problems. However, accountability towards workers is still a very nascent concept. Still, collaboration, which is an example of effective coordination between an organization and a stakeholder to ensure a continuum of services for the workplace staff, is not flawless as managers do not always prioritize health activities over the undertakings that pertain to their business.
- Public health programs are important within workplaces but they require a large input from the project in order to make them sustainable. Constant and regular communication and visits were crucial to attain the project objectives.
- Coordination, communication and collaboration among consortium partners can be accomplished more effectively if the partners either locate offices near one another or perhaps even in the same building. To ensure highly- integrated interventions and to maximize outcomes, it is also critical for all consortium partners to reach a common understanding of how to begin integration upon start-up. They should also clarify the roles and responsibilities early so that the competencies and strengths of each partner can be leveraged. Such delineation can help aid in good communication between implementing organizations.

## C. RESOURCES AND TOOLS

Throughout the LOP, different resources have been used. With support from the nearby health centers, through materials and staff, VCT campaigns have been conducted.

During our IEC sensitizations, we borrowed some IEC materials (boxes of pictures for FP/reproductive health, HIV/AIDS, MNH) to use in health facilities for illustration and clarification on different technical areas.

A data collection tool was designed to collect data from peer educators. It was requested that educators submit their reports monthly but due to time constraints, they did not always have time to do sensitizations on different health topics.

### List of tools and deliverables

- Baseline survey
- Pre and post tests
- Integrated Health Curriculum
- Trainers Guide
- Integrated Health Curriculum Power Point
- Kitabi Healthy Workplace Policy
- Shagasha Healthy Workplace Policy
- Gisakura Healthy Workplace Policy
- Gisovu Healthy Workplace Policy
- Rwanda Development Board (RDB) Healthy Workplace Policy

## CHAPTER III: TARGETS AND RESULTS

INDICATOR	CUMULATIVE TARGET YEAR 2	PROGRESS TOWARDS TARGETS
<b>COMPONENT TWO: PROTECTING THE PUBLIC'S HEALTH IN AND AROUND THE PARK</b>		
<b>STRATEGIC OBJECTIVE 6: INCREASED USE OF COMMUNITY HEALTH SERVICES INCLUDING HIV/AIDS</b>		
<b>Intermediate Results IR : 6.1 Improved quality of community health services</b>		
<b>PIR 6.1.1: Improved Training/Training-of-Trainers Programs for Community Health Workers</b>		
<i>Indicator 6.1.1.1</i> : Master trainers trained in giving messages and referring women for family planning/reproductive health (FP/RH), HIV/AIDS prevention approaches, antenatal care (ANC), maternal and child health (MCH)	15	<b>Achieved:</b> 15 Master trainers were trained in May 2011; two Master trainers from each tea factory (Kitabi, Gisakura, Shagasha and Gisovu), eight staff from tea estates, four people in charge of Community Health Workers from Kitabi, Gisakura, Gihundwe and Twumba health centers, two private trainers (teachers from the Institute of Nursing and Midwifery who were helping during training of peer educators) and one staff from RDB.
<i>Indicator 6.1.1.2</i> : Community health workers (CHW)/health providers trained by master trainers in the above public health topic areas	20	<b>Achieved:</b> The community health workers, health providers and peer educators have been trained together and were trained in maternal/child health (MCH), HIV/AIDS, family planning/reproductive health (FP/HR), rabies and malaria.
<b>PIR 6.1.2 : Expanded Capacity and Improved Access to Diversified Health Products and Services</b>		
<i>Indicator 6.1.2.1</i> : Number of individuals trained in maternal and nutritional health	15	<b>Achieved:</b> During the above training of trainers, the 15 Masters Trainers were also trained in maternal and nutritional health.
<b>IR 6.2: Enhanced knowledge and self efficacy for better health practices</b>		
<b>PIR 6.2.3: Improved alternative channels for messaging and health service provision</b>		
<i>Indicator 6.2.3.1</i> : Number of individuals reached with HIV/AIDS prevention interventions	7,000	<b>Achieved:</b> By the LOP a total of 15090 people (7162 men and 7928 women) were reached with HIV/AIDS messages (abstinences, being faithful and condom use).
<i>Indicator 6.2.3.2</i> : Number of people that have seen or heard a USG-supported family planning message outside of health clinics and facilities."	7,000	<b>Achieved:</b> A total of 10832 people were reached at the end of the LOP, 4402 were men and 6430 were women.
<b>LINKING COMPONENT ONE AND TWO: POPULATION, HEALTH AND ENVIRONMENT (PHE) INDICATORS</b>		
<i>PHE 1</i> : Number of PHE educational sessions provided in targeted communities	5	<b>Achieved:</b> Through different sensitization meetings within the community and with Nyungwe Nziza-supported cooperatives - Cyamudongo and Banda where integrated PHE messages and information were given in addition to sensitization on family

INDICATOR	CUMULATIVE TARGET YEAR 2	PROGRESS TOWARDS TARGETS
		planning and HIV/AIDS issues, the PHE target has been met.

## INTERPRETATION OF RESULTS

### Targets Met or Exceeded

All targets were met and some targets were exceeded (including HIV/AIDS and FP) due to trainings of tea estate cooperatives and VCT campaigns. These activities increased the number of people who were likely to be reached.

### Targets not met

All targets have been met.

### Cross-cutting Issues

Certain activities cut across the Health Component and affect activities to a greater or lesser degree. These include gender integration and general hygiene:

- Gender integration.** Nyungwe Nziza’s Health Component was in line with the Rwandan National Gender Policy (NGP). The design of the project and subsequent implementation accounted for some of the factors contributing to inequities. These included addressing unwanted pregnancies, cultural norms; mitigating the effects of HIV/AIDS on women by teaching prevention including negotiating condom use, encouraging increased male involvement in maternal and child health (MCH), FP/RH, prevention of mother-to-child transmission programs (PMTCT) and antenatal care (ANC). These activities focused on the mainstreaming of gender into all the training modules and providing linkages for women to services;
- Hygiene.** General hygiene issues were integrated into nearly every training course conducted by the Health Component. Particular emphasis was placed on how to treat water, how to prevent diseases through improved hygiene, and the reduction of disease transmission between animals and human beings, through improved hygiene.

# CHAPTER IV: IMPACT

## BROAD RESULTS AND IMPACT

Peer education, coordinated by Jhpiego staff, addressed the workplace population with messaging related to FP/RH, STI including HIV/AIDS, MCH, malaria, rabies and environmental protection. Different opportunities were used during the PEs' activities to discuss the messaging with staff. These opportunities included: tea weighing, meetings at the tea estates or during the general assembly of tea estates cooperatives. These opportunities were also applicable as well at RDB and WCS.

DAI-Jhpiego supported the following activities:

### A. DEVELOPMENT OF HEALTHY WORKPLACE POLICY

A workshop on healthy workplace policies was held in Huye-Rwanda. The purpose of the workshop was to define and describe the need for and key components of healthy workplace policies. In addition, the purpose was to review examples of healthy workplace policies and best practices from around the world, and to have four tea companies and RDB/NNP identify priority health issues affecting their companies and the main obstacles for improving the health of employees both in the workplace and at home. A healthy workplace policy for each tea estate and RDB was developed, which included specific objectives and strategies for effective implementation of those policies. Since adoption of a policy is a long process which includes multiple stakeholders, the policy by project end was not yet adopted but the adoption is imminent. In order to help the adoption process, DAI arranged to have all of the workplace policies translated into French and Kinyarwanda, and these were distributed to workplace policy committees via DAI's Kitabi-based Field Coordinators.



**Figure 3: Group discussion on Healthy Workplace policy**



**Figure 2: Hand washing demonstration**

### B. BUILDING CAPACITIES OF PEER EDUCATORS

Nyungwe Nziza aimed to strengthen the capacity of tea estate peer educators, to conduct outreach activities and to coordinate workplace intervention for HIV/AIDS and other health issues. Thus, DAI-Jhpiego collaborated with the GOR (the Ministry of Health's Community Health Program, the Districts'

AIDS Commissions and Health Departments, plus District Health Centers) to conduct different trainings and workshops for the peer educators who were instrumental in Nyungwe Nziza activities.

### C. DESIGN PEER EDUCATORS TRAINING CURRICULUM AND CONDUCT TRAININGS

During the life of the project, a peer educator training curriculum was designed during the Master Trainers training, and subsequently refined after the training sessions based on trainee comments and input. By the end of July/early August 2011, we began the training of 232 peer educators (111 male and 120 female) from the four tea estates, RDB and WCS. These individuals were trained in sensitizing their peers on maternal health, newborn health, family planning, malaria, rabies and HIV/AIDS.

The general recommendations from the training were:

- Distribute condoms during HIV/ AIDS and family planning sensitization meetings;
- Equip Peer Educators with kits containing visual aids (HIV/AIDS, family planning and MCH), informational pamphlets, condoms and reproductive models to be used as didactic materials while sensitizing their peers;
- Increase the number of peer educators because this can help in increasing the number of people sensitized in different health topics; and
- Provide boots, umbrellas and rain jackets to help them during rainy season. In addition, provide backpacks which can help them carry the materials when they go to sensitize their peers.

### D. ANTI-RABIES CAMPAIGN

Rabies has been a public health problem around Nyungwe National Park for some time. It's against this background that RDB, through its veterinary unit and NNP Management, and in collaboration with —Nyungwe Nziza Project” and local administrative authorities, undertook an anti-rabies campaign in all the sectors bordering the Park. A stakeholder planning workshop was held at Kitabi on January 17, 2011 to brief and agree on the campaign strategy and individual roles and responsibilities. Participants included RDB, the PREDICT project, Nyungwe Nziza, the Rwanda Animal Resources Development Authority (RARDA) and veterinarians from sectors surrounding NNP.

The vaccination campaign started on January 24, 2011 under the supervision of RDB and Nyungwe Nziza Project. The campaign was carried out in 23 Sectors in three Districts; Nyamasheke, Nyaruguru and Nyamagabe. Public sensitization was done in collaboration with the local leaders who aided in informing their constituents about the campaign as well as via announcements in churches, schools and district markets.

The campaign ended on February 8, 2011.



**Figure 4: Participants on rabies campaign workshop**

The vaccination covered 79.6% of the total number of animals reported for the vaccination. The remaining 20.4% were mostly animals that were hidden by their owners and/or owners who failed to bring their animals to the vaccination site. These cases were reported to the local authorities for action.

It should be noted that the additional requests for vaccine in some sectors is a positive sign which suggests that both communities and the local administrative authorities support the campaign and are willing to learn more about the disease and how they can take preventive measures.

## E. SPECIAL EVENTS

As previously mentioned, Jhpiego/DAI in collaboration with tea estates organized VCT campaigns in three tea estates (Kitabi, Gisakura tea companies limited and Shagasha tea factory). This was an opportunity to sensitize tea estate staff on the role of knowing their HIV status and taking responsibility for their reproductive health and role in environment protection.

During mass pre-test counseling Jhpiego staff encouraged participants to use other services offered by health facilities such as FP and health insurance plans. This event served as a good opportunity to reinforce messages on environmental protection and reproductive health.

## F. PROVISION AND DISTRIBUTION OF EQUIPMENTS , SUPPLIES AND MATERIALS

**Table 1: IEC Materials distributed during the life of program**

Organization	Booklets					
	Mother New born Health	TB and Other respiratory diseases	HIV/AIDS	Malaria	Rabies	Disease prevention
Kitabi Tea Company	25	25	25	25	25	25
Gisakura Tea Company	25	25	25	25	25	25
Gisovu Tea Company	15	15	15	15	15	15
Shagasha Tea Factory	15	15	15	15	15	15
WCS	10	10	10	10	10	10
RDB	10	10	10	10	10	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

## G. WORKSHOP, MEETINGS, CONFERENCES PARTICIPATION

1. **The National Pediatric Conference.** The theme of the 2010 conference was “*EDPRS sectors’ response to HIV and AIDS-focus on the Education Sector*”. It provided a platform to discuss key priority actions based on field experiences. It also examined recent scientific research at local, national and global levels for an enhanced evidence based response to the HIV epidemic.

The purpose of the conference was to:

- Review the status of HIV response within the EDPRS (education, agriculture, justice, infrastructure, social protection, youth) sectors and highlight gaps;
- Focus on the education sector and propose concrete actions to address gaps to accelerate the response to HIV and AIDS; and
- Formulate action-oriented recommendations for accelerating HIV response within EDPRS sectors.

The conference provided an excellent opportunity for Nyungwe Nziza to know how we can orient our future activities according to Rwanda priorities.

2. **Nyamasheke District AIDS control commission meeting.** The Nyamasheke District AIDS Control Commission organized a meeting on preparation of world AIDS day. This year's theme was *–Protecting myself and others against HIV is everyone's responsibility. I choose to use CONDOMS.*” During the meeting we were informed that Rwanda has adopted this theme as a national theme and the international theme for World AIDS Day in 2010 will continue to be *—Universal Access and Human Rights*” in order to address the critical need to protect human rights, remove discriminatory laws, and promote access for all to HIV prevention, treatment, care and support. This theme will be promoted under the overall worldwide campaign slogan from the last five years of *–Stop AIDS. Keep the Promise.*
3. Met with USAID's Population Health and Environment (PHE) Technical Advisor and representatives of the MacArthur Foundation to discuss opportunities and challenges in linking our health program with environmental concerns given Nyungwe Nziza's reduced budget and focus.

## H. INSTITUTIONAL CAPACITY-BUILDING

To promote Population Health Environment (PHE), a PHE training workshop was organized in order to build the capacity of Community Health Workers and Conservators Animators (ANICO) to design community-based and integrated approaches to PHE messages. Twenty-five participants attended the workshop (17 men and eight women).

The purpose of the workshop was to:

1. **Explain to the participants the role of environment protection especially for NNP.** The National Forestry Authority (NAFA) District Forest Officer, spoke about the role of environment and why we should protect it. He also explained the role of NNP in regulating the environment. He stated that the integration of health in environment is very important because both environment and health are very important and play a key role in our lives. The person in charge of environment health at Gihundwe Health Center said that the CHWs have an important role in saving people's lives as they meet with a large number of people from different categories. As people who save lives and who give messages on how to save them, the CHW collaboration with ANICOs make a good combination as they are familiar with sensitizing people and have

established trust with them while providing discussion on health and environment issues. ANICOs and CHWs must show how they work together and the importance of their relationship.

2. **Show the importance of giving integrated messages during different sensitizations.** During the training, the role of integrating messages was explained. The participants were informed that when all people surrounding NNP shall know the role of Nyungwe forest to them, then the forest will be well protected and different health-related messages will help those communities to care more about their lives.
3. **Explain the role of family planning in environment protection.** As Rwanda strives to reduce poverty and reach the Millennium Development Goals, it is also focusing on how population growth affects health and development. Rapid population growth makes even modest gains in health, education, and employment difficult to achieve. During the workshop, we explained how high population growth can have an impact on the environment (especially NNP) and the role of CHWs and ANICOs in environment protection and in promoting family planning among the population surrounding the Park. During the workshop we also discussed mother/child health care, as it is among the tasks of the CHWs, and the ANICOs were told that when they are sensitizing people on environment protection they can also include some messages on antenatal care or infant immunization.
4. **Discuss ways by which the ANICOs and CHWs can link their activities.** The linkage of ANICOs and CHWs activities is very crucial in order to achieve PHE objectives because these two cohorts are often very informed and can provide referrals to services. The Project conducted two workshops with ANICOs and CHWs on how CHWs and ANICOs can link their activities. The participants took the opportunity to know and understand each other's responsibilities, and decided that there are several opportunities for joint messaging including collective work at the end of the month, and more collaboration with local authorities in particularly in terms of presenting PHE messages during meetings. As a result of these workshops, the CHWs in collaboration with ANICOs organized three meetings (Busehekeri, Twumba and Kitabi) where they gave integrated PHE messages to participants.

## I. PUBLIC KNOWLEDGE AND ATTITUDES

### Services and education messages

The table below shows the number of participants in training workshops on the provision of services and educational messages pertaining to HIV/AIDS, MNH, FP/RH, malaria, rabies, biodiversity and first aid.

**Table 2: Participants in training workshops on the provision of services and educational messages pertaining to HIV/AIDS, MNH, FP/RH, malaria, rabies, biodiversity and first aid**

Year	Sex	Number of participants by training topics							Training on First Aid
		HIV/AIDS	MNH	FP/RH	Malaria	Rabies	PHE	Healthy workplace policy	
2011	Female	42	42	42	42	42	8	44	
	Male	88	88	88	88	88	17	29	
	Total	135	135	135	135	135	26	73	
2012	Female	33	33	33	33	33		34	12
	Male	64	64	64	64	64		15	21
	Total	97	97	97	97	97		49	33

### HIV/AIDS and Sexually transmitted infections

During the health component activities within DAI-Jhpiego, 248 people were trained on HIV/AIDS-STIs (47 % male, 53% female). This gave them the capacity to sensitize people on IEC messaging that focuses on “safe” and “reducing risk” behaviors such as abstinence, being faithful and condom use.

**Table 3: Training in HIV/AIDS-STIs**

Topic pertaining to IEC sessions (HIV/AIDS-STIs)	Number of people reached		
	2010	2011	2012
Abstinence only	0	1778	576
Abstinence and being faithful	0	3309	1001
Abstinence, being faithful and condom use	0	6418	2008
<b>Total</b>	<b>0</b>	<b>11505</b>	<b>3585</b>

## Family Planning/Reproductive Health

During the life of program, 232 participants benefitted from training on FP/RH (111 male, 121 female). In terms of sensitizations, 10832 people (6430 women, 4402 men) have been reached by PEs through different IEC sessions regarding FP.

## Maternal Newborn health

Figure 5 below shows the number of people reached by PEs with MNH messages. During the visits, the PEs focused on:

- The importance of 4 ANC visits and the presence of a SBA
- The importance of immunization of children under- 5 and consultation when they are sick
- The role of postpartum consultation
- Danger signs in pregnancy

A total of 9512 people were reached through the LOP (5241 women, 4271 male).

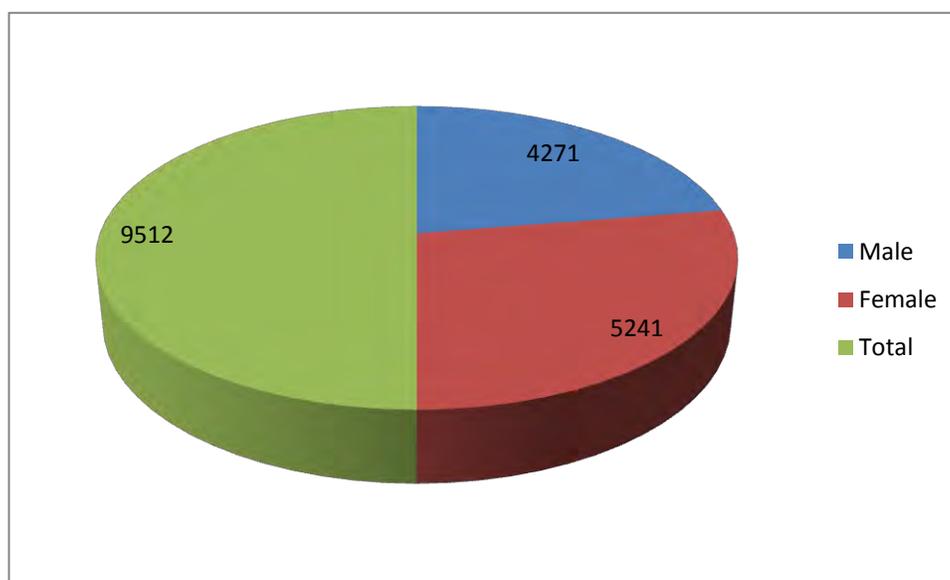


Figure 5: Number of people reached by PEs with MNH messages

## Training on First Aid

Over the life of program, 33 participants from tea estates (21 male, 12 female) were trained in first aid procedures. The purpose of the training was to help tea estate staff to develop basic knowledge on how to manage accidents or other health problems at the workplace.



# ANNEX A: INDICATORS, TARGETS, DELIVERABLES, AND RESULTS

## INDICATORS

Indicators	Q2 (CY 2011)			Q3 (CY 2011)			Q4 (CY 2011)			Q1 (CY 2012)			Total LOP
	M	F	T	M	F	T	M	F	T	M	F	T	
Proportion of people with basic knowledge of key HIV/AIDS prevention, risk behaviors and transmission by beneficiaries in the workplace				2987	3589	<b>6576</b>	2244	2685	<b>4929</b>	1931	1654	<b>3585</b>	<b>15090</b>
Proportion of people with basic knowledge of key maternal health issues (importance of ANC, delivery by skilled attendant and pregnancy dangers signs) by beneficiaries in the workplace				1098	1709	<b>2807</b>	2328	2554	<b>4882</b>	845	978	<b>1823</b>	<b>9512</b>
Proportion of people with basic knowledge of family planning methods (with emphasis on child spacing) by beneficiaries in the workplace				1246	1561	<b>2807</b>	1613	3209	<b>4822</b>	1543	1660	<b>3203</b>	<b>10832</b>
Proportion of people with basic knowledge of zoonotic diseases (specific diseases will be defined in the Q1 of the project) and their prevention by beneficiaries in the workplace				130	119	<b>249</b>	92	64	<b>156</b>				<b>405</b>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5	10	<b>15</b>	42	78	<b>120</b>			<b>0</b>	64	32	97	<b>232</b>
Number of people trained in family planning/reproductive health (FP/RH)	5	10	<b>15</b>	42	78	<b>120</b>			<b>0</b>	64	32	97	<b>231</b>

Indicators	Q2 (CY 2011)			Q3 (CY 2011)			Q4 (CY 2011)			Q1 (CY 2012)			Total LOP
	M	F	T	M	F	T	M	F	T	M	F	T	
Number of individuals trained in sexually transmitted infection (STI) prevention	5	10	15	42	78	120			0	64	32	97	231
Number of people trained in maternal/newborn health	5	10	15	42	78	120				64	32	97	231
Number of individuals trained in making referrals													
Number of individuals trained as master trainers at workplaces	5	10	15										15
Number of individuals trained in first aid										21	12	33	33
Number of workplace care and treatment and/or referral set up	6	4	10										
Number of workplaces with policies in place									5				5
Health workplace policy workshop							44	29	73	34	15	49	122

## DELIVERABLES

BENCHMARK	STATUS
<b>Activity 1: Development of workplace programs and messaging</b>	
Baseline Knowledge Attitudes and Practices (KAP) survey of workplaces conducted and report produced ( <b>April 2011</b> )	<b>Completed.</b> The baseline survey and data compilation have been completed and a final report has been produced.
Workplace policy developed and adapted to the specific workplace context ( <b>May 2011</b> )	<b>Completed:</b> The draft of healthy workplaces policies have been produced and sent to tea managers and these policies are being reviewed by several within the tea estates In order to help the adaption process, DAI arranged to have all of the workplace policies translated into French and Kinyarwanda, and these were distributed to workplace policy committees via DAI's Kitabi-based field coordinators.
Training on health workplace policy ( <b>June 2011</b> )	<b>Completed:</b> A total of 98 tea estate members (management and employees) were trained in how to define, develop and draft health workplace policies that will help to improve the health and wellbeing of employees and their families and the productive effectiveness of the tea companies.
<b>Activity 2: Design peers educators training curriculum and conduct trainings</b>	
Education messages for managers and employees designed ( <b>May 2011</b> )	<b>Completed:</b> The messages have been designed and as the peer educators have been trained; they are now able to deliver messages to managers and employees. Also, we will be organizing additional training sessions with the peer educators in order to strengthen their capacity in the areas of maternal health, malaria, rabies, and HIV/AIDS.
Training of trainers conducted ( <b>June 2011</b> )	<b>Completed:</b> 15 Master trainers were trained in May 2011; two Master trainers from each tea factory (Kitabi, Gisakura, Shagasha and Gisovu), eight staff from tea estates, four people in charge of Community Health Workers from Kitabi, Gisakura, Gihundwe and Twumba health centers, two private trainers and one staff from RDB who will help in training the peers educators from tea estates, RDB and WCS.

BENCHMARK	STATUS
Workplace care and treatment and/or referral set up in at least two workplaces <b>(August 2011)</b>	<b>Completed:</b> After the initial peer educators training, a workplace care and treatment referral system has been established where there are two people (one man and one woman) in each workplace in charge of referring people to health facilities to seek different services. They closely collaborate with CHWs and health providers from the nearest health center.

# **ANNEX B: METHODOLOGY**

## **PROJECT MONITORING AND EVALUATION SYSTEM**

This section describes all key process indicators from the performance monitoring plan (PMP). It also presents graphs that compare annual targets to the actual results for the key performance indicators required by USAID/PEPFAR. For a detailed comparison of actual results and targets for those required indicators, please refer to the tables below.

## **METHODS USED TO ESTIMATE RESULTS OR IMPACT FOR THIS REPORT**

Each month, using a data tool that we designed, we collected data from peer educators that were aggregated by sex. If errors were found on the data collection forms, PEs were contacted for clarification.

# ANNEX C: PROJECT DOCUMENTATION

## REPORTS PROVIDED TO USAID

- Quarterly reports
- Different training reports
- Health baseline survey report
- Trip report for Vanessa Lancaster, Educational Specialist
- Trip report for Tom Kane, Healthy Workplace Policy Consultant

## TRAINING REPORTS

### Section 1: Health and Environment Workshop

#### In-Country Participant Training Data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared By:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** July 30, 2011

**Name of Training:** Health and Environment Messages

**Location:** Bwishyura Sector, Karongi District (Western Province)

**Start Date:** May 23, 2011

**End Date:** May 25, 2011

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objectives of this training was to field test and manual designed to train master trainers on the subjects of adult learning methods, maternal health, newborn health, family planning, malaria, rabies, HIV/AIDS, in order for the master trainers to train peer educators from four tea factories around Nyungwe National park and staff from health centers.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**      Traditional    Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 13, of which, # Men: 5 and # Women: 8

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>GISOVU TEA FACTORY Staff</b>	<b>2</b>	1.MUKAMASABO Chantal 2.MUHAWENIMANA Friedal	
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>GISAKURA TEA FACTORY Staff</b>	<b>3</b>	1.MUKAZI Christine	1.DUSENGIMANA Jean 2.Damascene
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>KITABI TEA FACTORY Staff</b>	<b>2</b>	1.MUKAKARAKE Jacqueline 2.MUKAREMERA Daria	
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>SHAGASHA TEA FACTORY Staff</b>	<b>2</b>	1.UWINEZA Immaculate	1. RUSHAHIGI Innocent
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>GISOVU HEALTH CENTER Staff</b>	<b>1</b>	1.MUHAWENIMA-NA Dancille	
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>KITABI HEALTH CENTER Staff</b>	<b>1</b>		1.NDELIMANA Fidele

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabies	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>TWUMBA HEALTH CENTER Staff</b>	<b>1</b>	1.MUKANKUBITO Beatrice	
Training of trainers on HIV/AIDS Mother –Children Health Reproductive , Health Family Planning , Malaria, Hygiene and Rabie	<b>DAI-Jhpiego</b>	23/05/2011 24/05/2011 25/05/2011	Bwishyura Sector/ Karongi District	<b>RDB Field staff</b>	<b>1</b>		1.NSEKEYIMA-NA Jean de Dieu
<b>TOTAL</b>					<b>13</b>	<b>8</b>	<b>5</b>

## Section 2: PHE Workshop

### In-Country Participant Training Data

**Name of Implementing Partner:** DAI

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK (SSENNP) *Nyungwe Nziza*

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** October 5<sup>th</sup>, 2011

**Name of Training:** Population Health Environment

**Location:** Kamembe Sector, Rusizi District - Western Province

**Start Date:** July 13, 2011      **End Date:** July 14, 2011

#### **Training Program Description:**

*Indicator: Number of people receiving USG supported training in Health and Environment (PHE) messages*

The primary objective of the PHE training workshop was to build capacity to design community-based and integrated PHE approaches among Community Health Workers and Conservators Animators (ANICO) interested in sensitizing an integrated PHE programming.

#### **Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**       Traditional     Distance Learning (internet)

#### **Training Provider:**

Name:

1. Abdul Karim Utazirubanda, Health Component Lead (DAI/Jhpiego)
2. Roger Hategekimana (RDB)

Address: Kigali

State/Country: Rwanda

**Beneficiaries:**

Total number of trainees: **25** of which, # Men: **17** and # Women: **8**

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	BENEFICIARIES	NUMBER	PARTICIPANT TRAINEES	
			FEMALE	MALE
Workshop on population health environment	Conservators Animators and Community Health Workers from NKUNGU Sector	6	-SHIRIMPUMU Marie Chantal -NKUNZURWANDA Devota	-NSENGIYUMVA Job -NIYETEGEKA Etienne -MUGEMANGABO Charles -HABIMANA Philémon
	Conservators Animators and Community Health Workers from BUSHEKERI Sector	5	-BAKOMEZA Antoinette	-MUREKEZI Anastase -BUNANI Zabioni -UMWANZAVUGAYE Frederic -BISENGIMANA Joseph
	Conservators Animators and Community Health Workers from KITABI Sector	6	-MUKAGATARE Marceline	-NAHAYO Jean Pierre -MANIRIHO Thadee -NDABARAMIYE Frodouard -HABIMANA Jean Marie Vianney -MUNYANSHOGORE Jean Pierre
	Conservators Animators and Community Health Workers from TWUMBA Sector	5	-UWAMUNGU Beatrice -UWIRAGIYE Azera	-MBARUBUKEYE Gaspard -NDATIMANA Jeanson -MUSHIMIYIMANA Jean
	Conservators Animators and Community Health Workers from KAMEMBE Sector	2	-NYIRAKAMANA Berthilde	-SIBOMANA Dieudonne
	Conservators Animators and Community Health Workers from GIHUNDWE Sector	1	-MUKAMANA Valencia	
	<b>TOTAL</b>		<b>25</b>	<b>8</b>

### Section 3: Tea estate Cooperatives members training on HIV/AIDS, MNH, FP/RH, malaria and Rabies

#### In-Country Participant Training Data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** January 23, 2012

**Name of Training:** Tea estate Cooperatives members on HIV/AIDS, MNH, FP/RH, Malaria and Rabies

**Location:** Kamembe, Rusizi District (Western Province)

**Start Date:** January 9<sup>th</sup>, 2012

**End Date:** January 14<sup>th</sup>, 2012

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objective of this training was to train peer educators from tea estates cooperative members who will be sensitizing their colleagues in HIV/AIDS, Mother new born health, Family Planning/Reproductive Health, Malaria and Rabies, also help them to seek services to health facilities.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: **48**, of which, # Men: **32** and # Women: **16**

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Tea estate Cooperatives members training on HIV/AIDS, MNH, FP/RH, malaria and rabies	DAI-Jhpiego	January 9 <sup>th</sup> - 14 <sup>th</sup> 2012	Rusizi-Western Province	Tea estate cooperatives members from Kitabi, Gisakura, Shagasha and Gisovu Tea estates.	49	1.Mukambanda Philomene 2.Rukururu Alice 3.Ntizanyibagirwa Diane 4.Mukankusi Therese 5.Nyiraneza Florence 6. Umuhorakeye Jeanne 7.Nyiraneza Brigitte 8.Nyamugasa Anastasie 9.Nyirabashumba Didacienne 10. Kampire Julienne 11. Mukamusoni Patricie 12.Nyirazaninka Jacqueline 13.Kankindi Rozariya 14.Nyiramuganda Marta 15.Mukabeza Christine 16. Umuhorakeye Jeanne	1.Bagambiki R. Fred 2.Nsabimana Pascal 3.Surwumwe Cyprien 4.Kanzeguhera Andre 5.Bihoyiki Jean Damascene 6.Bimenyimana Jean Damascene 7. Munyarukiko Evariste 8.Niyitegeka Venuste 9.Afadhali Jean Pierre 10.Twagirayezu Deogratias 11.Kabengera Jean Bosco 12.Higiro Yves 13.Nzabahimna Alphonse 14.Mapfunda Isaie 15.Rutayisire J.D 16.Bikari Innocent 17.Ngendahayo Balthazar 18.Nyonambaza Tharcisse 19.Usabimana Malachie 20.Twizerimana Alexandre

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							21.Ngezahayo Theoneste 22.Sesatare Jean Pierre 23.Nibongiro Evariste 24.Niyifasha Zacharie 25.Hitimana Jean 26.Karaza Michel 27.Habimana Faustin 28.Ntihenda Ferdinand 29.Twagirimana Innocent 30.Nteziryayo Martin 31. Ngiruwonsanga Noel 32.Muhashyi Onesphore

## Section 4: Tea estates Cooperatives members training on HIV/AIDS, MNH, FP/RH, malaria and Rabies

### In-Country Participant Training Data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** October 5<sup>th</sup>, 2011

**Name of Training:** Peer Educators training on Mother New born Health (MNH), Family Planning and Reproductive Health (FP/RH), HIV/AIDS, malaria and rabies

**Location:** Bwishyura Sector, Karongi District (Western Province)

**Start Date:** July 31<sup>st</sup>, 2011

**End Date:** September 2<sup>nd</sup>, 2011

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:** The main objective of this training was to train peer educators who will be sensitizing their colleagues in Mother new born health, Family Planning, and Reproductive Health and help them to seek services to health facilities.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 120, of which, # Men: 78 and # Women: 42

**LIST OF BENEFICIARIES**

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENEFICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Peer educators training on MNH,FP/RH,HIV-AIDS,MALARIA and RABIES	DAI-Jhpiego	July 31,2011 to August 5,2011	Rusizi, Kamembe	-Tea factories staff from Gisakura,Kitabi, Shagasha,Gisovu -RDB field staff -WCS field staff -Health centers staff	46	-Mukamana Joyeuse -Ayishakiye Josiane -Uwimana Immaculee -Uwamahoro Margerite -Mukanoheri Yvonne -Nyirangirimana Adele -Icyitegetse Rose -Uwiragiye Seraphina -Mukaremera Francine -Mukagatare Marceline -Nayino Marie Rose -Nibishaka Ida -Ntihanabayo Stella -Mushiyimana Josephine -Musabyimana Goreti -Mukakarake Jacqueline	-Karega Pascal -Nsekeyimana Jean de Dieu -Nshimiyimana Joseph -Ndatimana Modeste -Ndayabaje Eric -Mugabo Francois -Musengamana Valens -Nsengimana Pascal -Ntigurirwa Theoneste -Mushimiyimana Jean Claude -Ndabaramye Froduard -Ndushabandi Oreste -Nsengiyumva Valens -Rwabigwi Pascal -Nkundukoreza Oreste -Ntabangayimana Celestin -Bizimuremyi Mugabe Marcel -Ntahovumkiye Etienne -Mbarushimana Alexis -Magirirane Epimaque -Ntabanganyimana Martin -Dushimimana Vianney

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENEFICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							-Nzabitegeka Vedaste -Musirikari Sylvain -Munyemana Martin -Uwayezu Jean Damascene -Nizeyimana Eugene -Ntirivamunda Celestin -Dushimimana Lambert -Igirukwayo Aime
Peer educators training on MNH,FP/RH,HIV-AIDS,MALARIA and RABIES	<b>DAI-Jhpiego</b>	August 8,2011 to August 13,2011	Rusizi, Kamembe	-Tea factories staff from Gisakura,Kitabi, Shagasha,Gisovu -RDB field staff -WCS field staff -Health centers staff	36	-Mukarutamu Mediatrice -Uwamaliya Joxime -Uwambaje Berthe -Ndalibumbye Godebertha -Mukamana Sylvie -Bankundiye Florence -Mukamusoni Cecile  -Uwizera Julienne -Nyiransaba Jeanne -Umuhoza Elizabeth -Umutoni Clementine	-Mbonyikindi Sulemani -Ntihobose Froduard -Nzabarankize Samusoni -Nsengumuremyi -Komezusenge -Harerimana Raphael -Kumbwimana Vedaste -Tumukunde Damascene -Kwitonda Jotham  -Rutabayiro Benoit -Nkundakundiye Martin -Ngendahayo Gratien -Musonera Prosper -Hacineza Emanuel -Bizimana Fidele -Bisengimana Elysee -Habimana Didier

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENEFICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							-Uwimana Prudence -Ngayabahiga Ferdinand -Semahoro Innocent -Ntakirutimana Xavier -Rukondo Eugene -Mukora Thadhee -Baritonda Venuste -Ngirababyeyi Venerand
Peer educators training on MNH,FP/RH,HIV-AIDS,MALARIA and RABIES	<b>DAI-Jhpiego</b>	August 29,2011 to September 2 <sup>nd</sup> , 2011	Rusizi District, Kamembe Sector	-Tea factories staff from Gisakura,Kitabi, Shagasha,Gisovu -RDB field staff -WCS field staff -Health centers staff	38	-Nyiramana Esther - Nyiransabimana -Nyiramugisha -Nyiraneza Philomene -Nyiramfashijwe nimana -Mubekije Daphrosa -Mukarugamba Apolline -Tuyisenge Pelagie -Ndagijimana Grace -Mugisha Clementine -Irafasha Donata -Nizabanze Consolee	-Zirandoleri Modeste -Hakizimana Alphonse -Habimana Jean -Kabalisa Emmanuel -Turikunkuko Bernard -Bizimaziki Innocent -Bivugire Nepo -Musafili Venuste -Nyirababyeyi Oscar -Nsengiyumva Straton -Dusabimana Israel -Kwizera Jean MV -Uwamungu J.Leonard -Nzabahimana - Rukazambuga Ezzechiel -Muzigura Gerin -Twagirayezu Vianney -Habimana Jean Pierre -Tuyishime Emmanuel

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENEFICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
						-Uwiringiyimana -Mukamana Esperance -Uwiragiye Jeanne	-Nikuze Galican -Nsanzabaganwa Eugene -Mazimpaka Jean Paul -Mwangaza Jean de Dieu
<b>TOTAL</b>					<b>120</b>	<b>42</b>	<b>78</b>

## Section 5: Healthy workplace policy workshop

### In-Country Participant Training Data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** December 14, 2011

**Name of Training:** Health Workplace policy workshop

**Location:** Ngoma, Huye District (Southern Province)

**Start Date:** December 7<sup>th</sup>, 2011

**End Date:** December 9<sup>th</sup>, 2011

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objective of this workshop was to define, develop and draft health workplace policy for selected tea companies and cooperatives near Nyungwe National park that will help to improve the health and wellbeing of employees and their families and the productive effectiveness of the tea companies.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 120, of which, # Men: 78 and # Women: 42

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Health workplace policy workshop	DAI-Jhpiego	December 7 <sup>th</sup> – December 9 <sup>th</sup> 2011	Huye-Southern Province	-Tea factories staff from Gisakura,Kitabi, Shagasha and Gisovu -RDB field staff -WCS field staff	28	1.Mugorewase Salama 2.Rukururu Alice 3.Mukaremera Francine 4.Dusabamahoro Alphonsine 5.Nduwayezu Marie 6.Mukankusi Consolee 7.Mukagasana Marguerite.	1.Rwanyange Rober 2.MujyambereDamsc en 4.Ngiryambonye Elie 5.TwizeyimanaProtogene 7.Theogene Mugwiza 8.Habiyaremye Etiene 9.Bikabarabandi Theoneste 10.Twagirayezu Vianney 11.Munezero Ephreme 12.Kanyesigye Emmanuel 13.Rusagara Andre 14.Ntabanganyimana Martin 15.Ndayisabye Anselme 16.Kanyandekwe Samson 17.Kayigema Alphonse 18.Ngendahayo Flavien 19,Ntare Nicolas 20.Bigirushaka Emile

## Section 6: Healthy Workplace policy dissemination workshop

### In-Country Participant Training Data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** January 23, 2012

**Name of Training:** Healthy Workplace policy dissemination workshop

**Location:** Kamembe, Rusizi District (Western Province)

**Start Date:** January 4th, 2012

**End Date:** January 7<sup>th</sup>, 2012

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objective of this workshop was to disseminate the healthy workplace policy to selected tea companies and cooperatives near Nyungwe National park that will help to improve the health and wellbeing of employees and their families and the productive effectiveness of the tea companies.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 49, of which, # Men: 34 and # Women: 15

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
Healthy workplace policy dissemination workshop	DAI-Jhpiego	January 4 <sup>th</sup> -7 <sup>th</sup> 2012	Rusizi- Western Province	-Tea factories staff from Gisakura,Kitabi, Shagasha and Gisovu -RDB field staff -WCS field staff	49	1.Nduwayezu Marie 2.Kabagwira Marie Florence 3.Kanyange Eugenie 4.Mugorewase Betty 5.Bwanakeye Felicitee 6.Uwifashije Esther 7.Bagwaneza Martine 8.Byukusenge Pascaline 9.Mukamurigo Therese 10.Uwimana Oliva 11.Musasangohe Concessa 12.Mukandutiye Perpetue 13.Nyiramuyaga 14.Nyirabajyamber e Donatha 15.Munganyinka Speciose	1.Niyonteze Fidele 2.Bahinyuza Francois 3.Mucyura Gabriel 4.Ndindabahizi Melchior 5.Nsaznumuhire Jean 6.Kazubwenge Leopold 7.Twagirayezu Vianney 8.Nsabimana Gaetan 9.Habuwemeye Frederic 10.Gakwaya Jean Bosco 11.horaningoga Emmanuel 12.Musabirema Marc 13.Harerimana Raphael 14.Nsanzabandi Theo 15.Ngiryambonye Elie

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							16.Rushahigi Innocent 17.Kabirigi Samuel 18.Minani Evariste 19.Habimana Damien 20.Munyenkaka Innocent 21.Bazumutima Samuel 22.Karara Martin 23.Nsengimana Francois 24.Bushishi Marc 25.Rwabuhungu Fidele 26.Kurujyishuri Augustin 27. Munyaburanga Manasse 28. Nyandwi Joel 29. Kayiranga Theoneste 30. Mbarubukeye Leon 31.Havugimana Mathiew 32.Ngirente Celestin 33.Niyitegeka Samuel

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							34.Maniraho Emmanuel

## Section 7: Health Workplace policy workshop

### In-country Participant training data

**Name of Implementing Partner:** DAI –NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** December 27<sup>th</sup>, 2011

**Name of Training:** Health Workplace policy workshop

**Location:** Kamembe, Rusizi District (Western Province)

**Start Date:** December 20<sup>th</sup>, 2011

**End Date:** December 22<sup>nd</sup>, 2011

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objective of this workshop was to disseminate the health workplace policy to the tea factories, WCS and RDB staffs and get their feedback from this in order to get a final healthy workplace policy document.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 49, of which, # Men: 27 and # Women: 22

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEE	BENEFICIARIES	
						FEMALE	MALE
Health workplace policy dissemination workshop	DAI-Jhpiego	December 20 <sup>th</sup> - Dec.22nd 2011	Huye-Southern Province	-Tea factories staff from Gisakura,Kitabi, Shagasha and Gisovu -RDB field staff -WCS field staff	49	1.Uwizeye Odette 2.Mujawamariya Drocelle 3.Mukaniyigena Florence 4.Uwera Francoise 5.Uwingeneye Claudine 6.Pesina Francine 7. Kabera Clarisse 8. Mukakarake Jacqueline 9. Mukasangwa Jacqueline 10.Mukankuliza Ladegonde 11.Mutezimana Jacqueline 12.Mukayiranga Theodosie 13.Mukamugema Hyacinthe 14.Mukaburanga Epiphanie 15. Dusabe Denyse 16. Mukazi Christine	1.Hakizimana Fidele 2. Nsanzamahoro Francois 3.Ndeze Vincent 4.Nshimiyimana Innocent 5.Gafurabo Theodomile 6.Hazagayimana Papias 7.Hakizimana Janvier 8.Rwabiti Jean Baptiste 9. Ntahondi Felicien 10.Ndayishimiye 11.Niyibizi Joseph 12.Rusagara Andre 13.Nsabimana Francois 14.Trwarabonye Straton 15.Manirakiza Rodrigue 16. Nsengumuremyi Anastase 17.Hategekimana Dominique 18. Uzayisenga Ernest 19.Nzeyimana J.Paul 20.Gasiro Charles

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE/ PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEE	BENEFICIARIES	
						FEMALE	MALE
						17.Mbatezumuby eyi 18.Nyiranzabonimana 19.Mutesi Pascaline 20. Ayinkamiye Bernadette 21. Ingabire Marie Claudine 22.Mukasine Francoise	21.Ntare Nicholas 22. Uwishya Frederic 23. Muyenzi Lambert 24.Nshogozabahizi Felicien 25. Mudahindurwa Sosthene 26.Ntuyahaga Emmanuel 27. Nsengiyumva Fabien
<b>TOTAL</b>					<b>49</b>	22	27

## Section 8: First Aid training

### In-Country Participant Training Data

**Name of Implementing Partner:** DAI–NYUNGWE NZIZA and JHPIEGO

**Project/Activity Name:** STRENGTHENING SUSTAINABLE ECOTOURISM IN AND AROUND NYUNGWE NATIONAL PARK

**Prepared by:** Abdul Karim Utazirubanda, Health Component Lead

**Date Prepared:** February 16<sup>th</sup>, 2012

**Name of Training:** First Aid training

**Location:** Kamembe, Rusizi District (Western Province)

**Start Date:** February 14<sup>th</sup>, 2012

**End Date:** February 16<sup>th</sup>, 2012

**Training Program Description: Number of people receiving USG supported training in Health and Environment (PHE) messages:**

The main objective of this training was to build capacity of tea estates staff in first aid, in order to get knowledge on how to help their peers when they have some problems concerning accident or other problems which can occur while working.

**Training Type (check box (es) that applies):**

Seminar     Workshop     Conference     On-the-job Training     Supervision Tour

**Method of Training (check box (es) that applies):**     Traditional     Distance Learning (internet)

**Training Provider:**

Name: DAI-Jhpiego Rwanda

Address: Kigali

State/Country: Kigali-Rwanda

**Beneficiaries:** Total number of trainees: 44, of which, # Men:    and # Women:

## LIST OF BENEFICIARIES

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
First Aid Training	DAI-Jhpiego	Feb 14 <sup>th</sup> – Feb 16 <sup>th</sup> 2012	Rusizi- Western Province	-Tea estates staff from Gisakura, Kitabi, Shagasha, Gisovu and tea estates cooperatives members.	33	1.Ernestine Mberetsimana 2.Jolly Claudine Ingabire 3.Immaculee Mukamazimpaka 4.Beatrice Mutumwinka 5.Ange Nyinawumuntu 6.Laurence Mukantwali 7.Berthe Uwambaje 8.Daphrose Muberejiki 9.Florence Nyiraneza 10.Leoncie Munganyinka 11.Jacqueline Uwurukundo 12. Alphonsine Twagirayesu	1.Andre Rusagara 2.Sia Mukunzi 3.Aimable Mutuyimana 4.Eric Kubumwe 5.Emmanuel Mugenzi 6.Gedeon Mwangura 7.Elisa Ntabanganyimana 8.Fabien Nzamwita 9.Protogene Nzeyimana 10.Juvenal Habarurema 11.Nzabahimana 12.Emmanuel Katararwa 13.Musabyimana 14.Emmanuel Nkundabanyanga 15.Samuel Shiramakenga 16.Valens Niyirema 17.Jean Pierre Hategekimana 18.Emmanuel Dushimimana 19.Twagirumikiza Clement 20.Muhinda Vincent

TOPIC OF TRAINING	TRAINING PROVIDER/ TRAINER	DATE /PERIOD	PLACE	BENE-FICIARIES	NUMBER OF TRAINEES	BENEFICIARIES	
						FEMALE	MALE
							21.Damascene Munyabarambe
<b>TOTAL</b>					<b>33</b>	12	21

**TRAINING OF MASTER TRAINERS: MANUAL & CURRICULUM**

**TRAINING OF MASTER TRAINERS: MANUAL & CURRICULUM**

**IMPROVING HEALTH IN WORKPLACES AROUND**

**NYUNGWE NATIONAL PARK**

## **ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
DAI	Development Alternatives, Inc.
IHWANN	Improving Health in Workplaces around Nyungwe National Park
TOT	Training of Trainers
USAID	United State Agency for International Development

## OVERVIEW

### BEFORE STARTING THIS TRAINING PROGRAM

Welcome to Improving Health in Workplaces Around Nyungwe National Park (IHWANNP)! This training course, developed specifically for trainers of peer educators, offers a different kind of learning experience. First of all, it is based on the assumption that people participate in training courses because they:

- Are **interested** in the topic.
- Wish to **improve** their knowledge and values of health and their own care, and assist others who wish to improve their knowledge and values of health care.
- Desire to be **actively involved** in course activities.

The training approach used in this course stresses the importance of understanding whole health care and the impact proper healthcare seeking behavior has on physical and economic wellbeing. This course offers engaging lessons and activities that promote learning and behavior change (BC) based on principles of adult learning and theory.

## **ADULT LEARNING AND BEHAVIOR CHANGE (BC)**

### **CHANGE AS AN OUTCOME OF TRAINING PROGRAMS**

**Learning** can be defined as a change in behavior, perceptions, insights, attitudes, or any combination of these that can be repeated when the need is aroused.

Training programs bring change in thinking and behavior as a result. Through acquiring new knowledge and examining personal values and beliefs, adults will respond to the world around them in different ways (Cafferella, 2002).

In order to facilitate learning and change, trainers should understand the major principles of adult learning (Knowles, 1980) that are used in the Improving Health in Workplaces around Nyungwe National Park course.

- ▶ Adults have a need to know why.
- ▶ Adults have a self-concept.
- ▶ Adults have rich backgrounds and experience and much to contribute.
- ▶ Adults are ready to learn things that can help them cope with daily life.
- ▶ Adults are willing to devote energy to things that will help them.
- ▶ Adults prefer to be actively involved in the learning process rather than passive recipients of knowledge.
- ▶ Adults are more receptive to learning in environments in which they feel respected, accepted, and supported.

### **BEHAVIOR CHANGE THROUGH TRANSFORMATIVE LEARNING**

Transformative learning is basically facilitating a participant's grasp of new perceptions that leads to changes in behavior. The transformative learning process is based on three dimensions of perspective transformation: psychological (changes in understanding of self), convictional (revision of belief systems), and behavioral (changes in lifestyle) (Taylor, 1998). In order for people to change their self-understanding they must first examine their personal values and beliefs (Mezirow, 1995). Facilitators want to focus on the following key points of transformative learning:

- ▶ Asking questions that encourage participants to reflect on their current attitudes and practices as well as developing an understanding of their community's point of view.
- ▶ Reflection to help participants recognize relationships between themselves and their workplace, family, and church communities.
- ▶ Establishing critical relationship connections to their health with their role in community helps participants understand the positive impacts their health seeking behavior has on the community and within a larger global context (Sims & Sinclair, 2008).

- ▶ By reflecting on what a participant knows and connecting new information and experiences, the participant revises what they know and uses that new meaning as a guide to future action or behavior. (Merriam et. al, 2007).

## **DURING THE PROGRAM**

To ensure participants feel respected, accepted, and supported:

- ▶ Be sensitive to participant verbal and nonverbal responses and needs and be willing to modify objectives, content and techniques based on those needs.
- ▶ Invite participants to use their experiences to serve as resource persons.
- ▶ Ask participants to provide feedback on how the sessions are going and make appropriate changes.
- ▶ Ask participants to reflect on what they have learned and develop specific application plans.
- ▶ Respect participant confidentiality by not sharing private discussions or questions asked privately unless participant says you may.
- ▶ Encourage participants to be tolerant.

## **AFTER THE PROGRAM**

- ▶ Follow up with participants to help them reflect on what they learned.
- ▶ Assist those who do not find the strategies taught useful and choose alternative ones.
- ▶ Encourage learners to serve as mentors to each other in applying what they have learned.

## **KEY FEATURES OF EFFECTIVE TRAINING**

### **YOUR ROLE AS A FACILITATOR**

A facilitator for this course might be a person from outside a teaching institution, such as a trainer from the ministry of education, ministry of health, community health worker, or a peer educator. Your primary responsibilities as a facilitator include:

- ▶ Being a course matter expert in and champion for effective teaching.
- ▶ Being familiar with the content of this learning package (including all of the activities).
- ▶ Establishing an environment that builds trust and care to facilitate development of sensitive relationships among participants (Tayler, 1998).
- ▶ Link explanations to prior experience of participants to guide them to become critically aware of what has been taken for granted about one's own learning.
- ▶ Facilitate discussion and activities such as simulations, games, and role-plays to create a transformative learning experience (Mackeracher, 2004).

- ▶ Planning and conducting IHWANNP programs based on the modules in the Course Handbook.
- ▶ Observing, teaching, and providing feedback on participant performance.

Before you begin working with participants, it is recommended that you complete the learning activities in the Course Handbook. This means reading the modules in the Course Handbook and completing the learning exercises. Becoming familiar with the content will help you become a more effective facilitator. Partaking in the *IHWANNP Training-of-Mastertrainer* or *IHWANNP Training-of-Trainer* program meets this recommendation.

When you begin this course with the participants, it is recommended that you review and discuss all aspects of the course.

Topics to discuss include:

- ▶ Which learning activities the participants will do, and when (e.g., the dates, objectives, and syllabus of the course).
- ▶ How and when the participants can contact you.
- ▶ How and when to assess progress and provide mutual feedback.

You should also discuss and be available to:

- ▶ Answer questions and provide guidance
- ▶ Demonstrate effective teaching skills
- ▶ Observe their needs
- ▶ Provide feedback as participants engage in activities.

## **TEACHING/LEARNING METHODS**

The learning methods used in this course include:

- ▶ Facilitation of large and small-group discussions and reflections.
- ▶ Facilitation of large and small-group activities.
- ▶ Meetings with the participants to provide and receive feedback on workshop progress.

# INTRODUCTION

## COURSE OBJECTIVES

This training course is designed to provide peer educators of tea farmers in Rwanda with new knowledge of prevalent causes and prevention of disease and benefits of health and hygiene care. Training emphasizes active participation and respect for participant background.

The course provides four outcomes:

1. Effective training of trainer skill development and practice.
2. Up-to-date knowledge about disease prevention, health, and hygiene care.
3. Opportunities for participants to share knowledge and experience.
4. Engagement in activities that make the learning experience relevant.

## LEARNING OBJECTIVES

The participants will:

1. Explore training of trainer techniques.
2. Practice developing and presenting course material.
3. Identify new sources of information about prevention of disease and health care options (for example from people, community health workers, work supervisors, books).
4. Discuss current knowledge about health care and reflect upon how to use this knowledge in their everyday lives.
5. Discuss barriers to obtaining healthcare.
6. Creatively explore and provide ideas for how to overcome barriers to obtaining healthcare.
7. Share feelings about experiencing the IHWANNP Program and discuss how taking part in program activities has affected them personally.

This course differs from traditional courses in several ways:

- ▶ Participants will engage in short presentations followed by hands-on development and delivery of material. Each trainer will deliver portions of course content throughout the week of training.
- ▶ During the morning of the first day, the participant's knowledge is assessed using a Precourse Questionnaire to determine their individual and group knowledge about training, health, HIV/AIDS and healthcare seeking behavior.
- ▶ Classroom sessions focus on engaging in activities that implement newly learned skills, reflecting

on personal values, and allowing for creative expression.

- ▶ Progress in knowledge-based learning and presenter effectiveness is measured before, during, and after the course using standardized assessments (the Pre-Course Questionnaire, Mid-course Questionnaire, and Post-Course Questionnaire).
- ▶ Trainer self-evaluation and participant evaluation are conducted at several points to ensure the effectiveness of the program and delivery.

## **COMPONENTS OF THE IMPROVING HEALTH IN WORKPLACES PACKAGE**

### **COURSE LOGISTICS**

This course involves discussions, completing activities, undertaking small-group work, and receiving guidance and feedback from you. The course also includes opportunities to share knowledge and prior training and health care experiences.

The participants are responsible for moving through the various learning activities at the schedule established. You will help guide the participants, answer questions, and facilitate their activities.

To help guide the participants, there is a series of learning activities in the Course Handbook. The activities are steps that connect discussion content from the Course Presentation.

The IHWANNP program is built around using the following components:

- A **training-of-mastertrainer manual**, which includes handouts, questionnaire answer keys and detailed information for conducting the course.
- A **course presentation** (flipchart or PowerPoint).
- **Well-designed teaching aids and audiovisual materials**, such as anatomic models and other training aids.
- Performance evaluation.

## **COURSE ACTIVITIES**

The activities in this course are exercises that the participants complete with each of the modules in the Course Handbook. The activities are designed to engage participants and make the learning experience meaningful.

## **METHODS OF EVALUATION**

You will evaluate participant progress through observation of activity performance and answers given during discussion. The pre- and post-test questionnaire will act as an assessment of what has been learned as well as an evaluation of the trainer's method of presentation. At the end of each module you will ask participants in writing to rate the day on a scale of 1-7 with 7 being the highest, and offer one statement about what they liked most about the module and what needs improvement.

## **COURSE HANDOUTS**

### **Part 1: Training-the trainer handouts**

0-1 Table Tent (*Name Plates for the table*), 1 page

1-1 Agenda Review, 1 page

1-2 Understand Adult Principles Activity, 1 page

1-3 Adult Learning Principles, 1 page

1-4 Adult Learning Answer Their Questions Activity, 1 page

1-5 Presentation Tools Demonstration, 1 page

1-6 Skills Preparation, 1 page

1-7 Design a Presentation, 3 pages

1-8 Training Feedback Checklist, 2 pages, (*copy 4-5 pages per group member*)

1-9 Questions, Questions, From All Perspectives, 1 page

### **Part 2: Understanding whole health handouts**

2-2 Hand Washing Log, 2 pages

### **Part 3: Animal transference/maternal health handouts**

3-1 Skills Preparation, 1 page

3-2 Design Presentation, 3 pages

3-3 Training Feedback Checklist, 2 pages (*copy 4-5 copies of both pages per group member*)

## Part 4: HIV/AIDS TB/respiratory illness handouts

4-3 Action Plan, 1 page

4-4 Congratulations To Me, 2 pages

### Activities (1 copy needed for facilitator ONLY, no additional copies for participants)

2-1 Disease Activity Cards, 2 pages

Activity 4-1 Plus, Minus, Condom Activity, 2 pages

Activity 4-2 Risky Behavior Activity, 10 pages

## USING THE IMPROVING HEALTH IN THE WORKPLACE PACKAGE

The **training-of-master trainer manual** contains the same material as the course handbook for participants as well as material for the trainer. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key, and all handouts to be distributed during the course.

All training activities will be conducted in an interactive, participatory manner. This requires the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a procedure. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

**In summary**, the approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. It requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it is competency-based. This means that evaluation is based on **how well** the participant performs activities, not just on **how much** has been learned. Thus by the time the trainer evaluates each participant's knowledge and values, **every** participant should be able to understand what has been presented and perform activities competently.

### COURSE SCHEDULE

The length of the course is 4 1/2 days. The first four days are 8.5 hours, with two 15-minute breaks and a 1-hour lunch. The fifth day is 4 hours with one 15 minute break. Note that the course schedule is based on the course outline and that changes or modifications to one should be reflected in the other.

The course schedule presented here is a time line and flow of the training to be delivered. It presents the objectives for facilitating participant learning throughout the program.

TIME	Day 1	Day 2	Day 3	Day 4	Day 5
2 hrs	<b>Topic 1</b> Introduction  <b>Topic 2</b> Ice Breaker Activity  <b>Topic 3</b> Pre-Test  <b>Topic 4</b> Goals and Objectives	<b>Topic 1</b> Warm-up,  Review Previous Day  <b>Topic 2</b> Whole Health Value  <b>Topic 3</b> Preventable Disease	<b>Topic 1</b> Warm-up,  Review Previous Day  <b>Topic 2</b> Transfer of Disease through Animals  <b>Topic 3</b> Prevent and Treat Malaria and Rabies	<b>Topic 1</b> Warm-up,  Review Previous Day  <b>Topic 2</b> HIV/AIDS Prevention	<b>Topic 1</b> Warm-up,  Review Previous Day  <b>Topic 2</b> Discuss Population Health Environment  <b>Topic 3</b> Post-Test  Course Evaluation
Tea: 15 min					
1 hr 45 min	<b>Topic 1</b> What Does a Trainer Do?  <b>Topic 2</b> Adult Learning Principles  <b>Topic 3</b> Using Visual Aids	<b>Topic 1</b> Diarrhea and Dehydration	<b>Topic 1</b> Maternal Health Care	<b>Topic 1</b> Risky Behavior  <b>Topic 2</b> Condom Negotiation	Graduation Ceremony  (End of Day)
Lunch: 12:00 - 1:00					
2 hrs	<b>Topic 1</b> Skill Practice	<b>Topic 1</b> Disease Transference  <b>Topic 2</b> Hand Washing  <b>Topic 3</b> Food Prep	<b>Topic 1</b> Danger Signs in Pregnancy and Post-Partum	<b>Topic 1</b> Stigma  <b>Topic 2</b> HIV and Your Rights  <b>Topic 3</b> Treatment	

TIME	Day 1	Day 2	Day 3	Day 4	Day 5
Break: 15 min					
1 hr 30 min	<b>Topic 1</b> Skill Delivery	<b>Topic 1</b> Reflect on what we do as Trainers	<b>Topic 1</b> Skill Practice Preparation and Delivery	<b>Topic 1</b> Mother to Child Transmission (PMTCT)  <b>Topic 2</b> TB  <b>Topic 3</b> Other Respiratory Illnesses	
15 min	Review, Evaluate and Enhance	Review, Evaluate and Enhance	Review, Evaluate and Enhance	Reflect, Build Action Plan	

## COURSE OUTLINE

The course outline presented here is a model plan of the training to be delivered. It presents enabling objectives needed to accomplish the participant learning objectives described in the course syllabus. For each enabling objective there are suggestions regarding appropriate learning activities, resources, and materials needed. The trainer may develop other practice activities, case studies, role plays, or other learning situations specific to the country or group of participants.

The course outline is divided into four columns:

- **Time.** This section of the outline indicates the approximate amount of time to be devoted to each learning activity.
- **Objective.** This column lists the sequence of training.
- **Activities.** This column lists the learning activities associated with the corresponding content. Because the objectives outline the sequence of training, the objectives are presented here in order. Training methods are described within each activity section. The combination of the objectives and activities (introductory activities, small-group exercises, etc.) outlines the **flow** of training.
- **Materials.** The fourth column in the course outline lists the resources and materials needed to support the learning activities.

Note that the course schedule is based on the course outline and that changes or modifications to one should be reflected in the other.

## ALL MATERIALS NEEDED FOR WORKSHOP

<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Sponsoring organization banners</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Crayons or Colored Pencils (for each group)</li> <li>✓ Pencils</li> <li>✓ Post-it Notes (paper and tape fine too)</li> <li>✓ Play-doh (tactile relief balls would be ok)</li> <li>✓ Markers</li> <li>✓ Flipcharts (5 for trainer, and 1 for each group of 4 participants)</li> <li>✓ Hand Wash Station</li> <li>✓ Water for Hand Wash Station</li> <li>✓ Soap For Hand Wash Station</li> <li>✓ Paper Towels for Hand Wash Station</li> <li>✓ Trash Bin for Hand Wash Station</li> </ul>	<ul style="list-style-type: none"> <li>✓ Half Sheets of Paper (enough for each participant times the number of modules used)</li> <li>✓ Small Ball to Toss</li> <li>✓ Oral Rehydration Solution</li> <li>✓ Spoon</li> <li>✓ Water</li> <li>✓ Clean Jug</li> <li>✓ 1 Liter Bottle</li> <li>✓ Tape</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> </ul>
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## Day 1: Module 1 - Focus On Training and Skill Practice

ALL Materials Needed for Module 1		
<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Sponsoring organization banners</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Crayons</li> <li>✓ Pencils</li> <li>✓ Post-it Notes</li> <li>✓ Play-doh (tactile relief balls would be ok)</li> <li>✓ Markers</li> <li>✓ Flipcharts (5, one for trainer, and 1 for each group of 4 participants)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Note cards</li> <li>✓ Tape</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> <li>✓ Handouts 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 1-8, 1-9</li> </ul>

**Topic:** Introduction to the five-day course "Improving Health in Workplaces Around Nyungwe National Park". Focus on training the master trainer. Master Trainer skill preparation and practice.

**At the end of this session the participants will be able to:**

1. Understand the purpose of the course and get to know each of their peers.
2. Identify the course expectations, those of their peers, and of the trainers.
3. Evaluate their level of pre course knowledge.
4. Discuss what a trainer does.
5. Use adult learning principles in presentation delivery.
6. Use visual aids properly when presenting material.
7. Design a short presentation incorporating elements of effective presentation techniques.
8. Deliver a presentation incorporating adult learning principles.
9. Handle different questions presented during presentations.
10. Enhance presentation skills based on group evaluation.
11. Use adult learning principles in presentation delivery.

<b>Module 1</b>			
<b>Focus on Training and Skill Practice</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
<b>35 min</b>	Welcome speeches and presentations of trainers; create name tags to be placed on table; icebreaker	<b><i>Icebreaker Activity</i></b>  Draw a picture of what they like to focus on for fun on the back of their folded name tag, suggest they may use crayons if they wish, give them 3-5 Minutes, then spend 15-20 minutes discussing each person's 'fun' thing and introduction.	Tables, chairs, water, glasses, sponsoring organization banners, computer electronics systems, data show, multimedia, lights, air-conditioner or heat, good physical environment, Handout 0-1(table name tags), crayons, pencils
<b>10 min</b>	Agenda and Objective Review	Review Handout 1-1 and slides for agenda and objectives.	Handout 1-1
<b>20 min</b>	Precourse Questionnaire	<b><i>Precourse Questionnaire</i></b>  Conduct Precourse Questionnaire to learn the participants' knowledge base (what they already know).	Precourse Questionnaire, Pencils
<b>20 min</b>	Establish Ground Rules	<b><i>Establish Ground Rules</i></b>  Identify participant expectations of the program. Brainstorm and establish ground rules. Write them on chart paper and tape to the wall.  Show participants Magnifying Glass Visual (drawing on flipchart paper of a magnifying glass). Tape it to wall and let them know they can attach Post-it notes for you there.	Flipchart Paper, Markers, Tape, Magnifying Glass Visual to tape on wall, Post-it Notes
<b>15 min</b>	<b><i>BREAK</i></b>	<b><i>BREAK</i></b>	<i>Coffee, tea, water, cups, cookies, napkins</i>
<b>40 min</b>	Adult Learning Principles	Distribute Handout 1-3 participants to read over while you present the next 3 slides.  <b><i>Adult Learning Activity</i></b>	Handout 1-3, Handout 1-4, Pencils

<b>Module 1</b>			
<b>Focus on Training and Skill Practice</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
		Distribute Handout 1-4. Have participants find a partner, if it's an odd group one may team up in a group of three. They are to choose an adult learning principle and take 10 minutes to discuss how they would incorporate that principle in a delivery of material. At the end they will share their ideas with the whole group (10 minutes).	
<b>35 min</b>	The Use of Visual Aids	<b><i>The Use of Visual Aids Activity</i></b>  Divide participants into groups of 4-5. Have the groups select visual aid materials or equipment used for the course. Prepare a short presentation of all the things that could be done incorrectly using their chosen visual aid material (15 minutes). They will share their skit with the whole group (10 minutes).	Handout 1-5, Flipcharts, or PowerPoint, Paper (that may be used as handouts for the activity).
<b>60 min</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<b>120 min</b>	Skill Practice Delivery	<b><i>Skill Practice Delivery Activity</i></b>  Using <b>Handout 1-8</b> , each group participant will decide what feedback he or she would like to receive from the group.  Remind presenters to ask before their presentation if they seek specific feedback.  <b><i>Let each group decide when to take a 15-minute break that won't interrupt any participant's presentation.</i></b>  Point out that Play-Doh (if available) has been added to each table as an item that helps release energy and nervousness if anyone would like to use it.  Taking turns, each participant presents their presentation to their group. (10 minutes.)  During the small group presentations, walk from group to group to ensure they stay on	Handout 1-7 completed, Handout  1-8, Flipcharts (and/or Handouts participants have developed), Play-Doh (if available)

<b>Module 1</b>			
<b>Focus on Training and Skill Practice</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
		schedule and offer help.	
<b>10 min</b>	Hands On Skill Practice (Homework)	<p><b><i>Hands On Skill Practice (Homework)</i></b></p> <p>There are 16 Homework Topic Packets. Each participant will receive a different topic that is identical to the Improving Health Care course. On the designated day the topic is scheduled for presentation, the participant will deliver that portion of the course.</p> <p>Go over the assignment and have participants sign their names to the topic and day in which they will present.</p>	Homework Topic Packets, Flipchart Paper with the title "Improving Health Care Course" taped to wall, Pencils, Tape
<b>5 min</b>	Closing a Training Session		
<b>20 min</b>	Focus on What's Happening	<p><b><i>Focus on What's Happening Activity (Evaluate/Enhance)</i></b></p> <p>Ask participants to find a partner and share the most interesting thing they learned today.</p> <p>Ask participants to rate the day using an index card, on a scale of 1-7 (1 is low, 7 is high), and add one statement about why they rated the day as they did (You can compile these scores after they leave and create a graph on a flipchart page. Share the results with the participants at the beginning of the next day).</p>	Note Cards or Half Sheets of Paper, Pencils
<b>Total Time: 8 Hours 35 Minutes</b>			

## Day 2: Module 2 - Whole Health, Preventable Diseases, Transference, Behavior, Hand Washing, Food Preparation

ALL Materials Needed for Module 2		
<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Small ball to toss</li> <li>✓ Pencils</li> <li>✓ Markers</li> <li>✓ Flipcharts (5, one for trainer, and 1 for each group of 4 participants)</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> </ul>	<ul style="list-style-type: none"> <li>✓ Oral Rehydration Solution</li> <li>✓ Spoon</li> <li>✓ Water</li> <li>✓ Clean Jug</li> <li>✓ 1 Liter Bottle</li> <li>✓ Hand washing station</li> <li>✓ Bucket for hand washing station</li> <li>✓ Soap for hands</li> <li>✓ Towels for drying hands</li> <li>✓ Trash bin for discarded hand towels</li> <li>✓ Activity 2-1 Disease Activity</li> <li>✓ Handout 2-2 Hand Washing Log</li> </ul>

**Topic** Whole Health, Disease Awareness, Transference, and Behavior; Hand Washing to Prevent Transference, Food Preparation to Prevent Transference.

**At the end of this session the participants will be able to:**

1. Understand the value of whole health.
2. Identify transferable diseases.
3. Discuss methods of prevention regarding disease transference.
4. Demonstrate proper hand washing.
5. Discuss food preparation techniques to avoid disease transference.

<b>Module 2</b>			
<b>Whole Health, Preventable Diseases, Disease Transference, Behavior, Hand Washing, Food Preparation</b>			
<b>Time</b>	<b>Objectives</b>	<b>Activity</b>	<b>Materials Needed</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
<b>35 min</b>	Preventable Disease Role Play Activity	<p><b><i>Preventable Disease Role Play</i></b></p> <p>Give out the card set for „common diseases’ (<b><i>Handout 2-1</i></b> cut out into cards)</p> <p>Select a person to be a nurse and have him or her sit in the middle of the room while everyone pretends they are at a clinic.</p> <p>Ask each person with a card to approach the nurse and act out the illness and explain to the nurse his/her symptoms.</p> <p>The nurse must flip the card over and diagnose the illness and tell the person what options he/she has for treatment.</p> <p>Each time ask everyone: „Do you think this disease is preventable?’</p> <ul style="list-style-type: none"> <li>• If it CAN be prevented, ask the patient to return to her place</li> <li>• If it is NOT preventable, ask the patient to remain in the clinic</li> </ul> <p>Count how many remain in the clinic.</p> <p>Discuss how most diseases are preventable.</p> <p>Conclude activity by showing if everyone could prevent these diseases, the clinics would be empty and people would save a lot of money.</p>	<b>Handout 2-1 Preventable Disease Cards</b> (cut out)
<b>15 min</b>	<b><i>BREAK</i></b>	<b><i>BREAK</i></b>	<i>Coffee, tea, water, cups, cookies, napkins</i>

<b>Module 2</b>			
<b>Whole Health, Preventable Diseases, Disease Transference, Behavior, Hand Washing, Food Preparation</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
<b>30 min</b>	Treating Dehydration Activity	<p><b>Treating Dehydration Activity</b></p> <p>Treating an infant or child with dehydration from diarrhea needs to be done as soon as it happens.</p> <p>Oral Rehydration Solution (ORS) can be obtained ANY time from Community Volunteer Workers.</p> <p><b>PREPARING ORS:</b></p> <p>Wash bottle with soap and water</p> <p>Boil water to rolling boil for at least 6 minutes and leave to cool.</p> <p>Measure one liter of boiled water using the bottle.</p> <p>Stir until ORS is dissolved.</p> <p>Keep the bottle closed when not use.</p>	Oral Rehydration Solution, spoon, 1 liter bottle, clean jug
<b>60 min</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<b>20 min</b>	Hand Shake Activity	<p>Choose 4 people to line up in the front of the room.</p> <p>The rest of the participants write on square of paper a disease they have or something they just did without washing their hands (for example you may write “I just went to the restroom and didn’t wash my hands).</p> <p>Once you’ve written on your square, shake hands with the four volunteers.</p> <p>Once everyone has shaken hands go around room and ask people to read slip of paper.</p>	Squares of paper, Pencils
<b>30 min</b>	Hand Washing Activity	Demonstrate each of these steps as you talk the group through it.	Hand Washing Station, Bucket, Soap, Water, Paper Towels, Trash Bin

<b>Module 2</b> <b>Whole Health, Preventable Diseases, Disease Transference, Behavior, Hand Washing, Food Preparation</b>			
Time (1)	Objectives (2)	Activity (3)	Materials Needed (4)
		<p>At Step 3, sing “Rwanda Nziza” or the “ABC’s”. Explain that these songs are the perfect length to sing in our heads or out loud while washing our hands.</p> <p>Have each person line up to wash their hands.</p> <p>Make sure you emphasize that this same process can be done when they teach their children, friends, and neighbors.</p>	
15 min	<b>BREAK</b>	<b>BREAK</b>	<i>Coffee, tea, water, cups, cookies, napkins</i>
20 min	Evaluation	<p><b><i>Focus on What's Happening Activity (Evaluate/Enhance)</i></b></p> <p>Ask participants to find a partner and share the most interesting thing they learned today.</p> <p>Ask participants to rate the day using an index card, on a scale of 1-7 (1 is low, 7 is high), and add one statement about why they rated the day as they did (You can compile these scores after they leave and create a graph on a flipchart page. Share the results with the participants at the beginning of the next day).</p>	Note cards or half sheets of paper, pencils
<b>Total Time: 8 Hours 35 Minutes</b>			

## Day 3: module 3 - Animal Transference, Malaria, Rabies, Maternal Health

ALL Materials Needed for Module 3		
<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Sponsoring organization banners</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Crayons or colored pencils (for each group)</li> <li>✓ Pencils</li> <li>✓ Markers</li> <li>✓ Flipchart (for presenter and flipchart paper for participants to design posters in groups)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Half Sheets of Paper</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> </ul>

<p><b>Topic</b> Transference of disease through animals, primarily malaria and rabies; discuss Maternal Health.</p>
<p><b>At the end of this session the participants will be able to:</b></p> <ol style="list-style-type: none"> <li>1. Understand transference of disease through animals.</li> <li>2. Identify ways to prevent and treat malaria and rabies.</li> <li>3. Discuss Maternal Health Care.</li> <li>4. Identify danger signs during and after pregnancy.</li> <li>5. Identify the course expectations, those of their peers, and of the trainers.</li> <li>6. Evaluate health care seeking behavior barriers.</li> <li>7. Discuss newborn care.</li> <li>8. Practice trainer skills.</li> </ol>

<b>Module 3</b>			
<b>Animal Transference, Malaria, Rabies, Maternal Health</b>			
<b>Time</b>	<b>Objectives</b>	<b>Activity</b>	<b>Materials Needed</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
<b>35 min</b>	Malaria Postcard Activity	<p><b>Participants will:</b></p> <p>Pretend you are a foreign traveler visiting Rwanda.</p> <p>Design a postcard to send a friend. Don't forget to incorporate a picture of something you've experienced on your trip. (10 min)</p> <p>On the postcard include:</p> <ul style="list-style-type: none"> <li>- 3 ways you are avoiding risk of catching malaria</li> <li>-1 person you've taught to wash hands</li> <li>-1 thing new you've learned about health care</li> <li>-1 new thing you've learned about training adults</li> </ul> <p>Hand postcard to facilitator (the postmaster) when done.</p> <p>Facilitator will pass postcards out randomly.</p> <p>Participants will share the postcard received with the rest of the group.</p>	Half Sheets of Paper, Crayons or Colored Pencils
<b>20 min</b>	Rabies Radio Announcement Activity	<p><b>Participants will:</b></p> <p>In groups or independently write a short radio announcement to inform children of the risks of rabies and what they can do to prevent it.</p>	Paper, pencils
<b>15 min</b>	<b>BREAK</b>	<b>BREAK</b>	<i>Coffee, tea, water, cups, cookies, napkins</i>
<b>25 min</b>	Maternal Health Poster	<p><b>Participants Will:</b></p> <p>In groups of 3 develop an informational maternal health poster to either present at a training session, hang in a health facility, or display at a tea farm for workers.</p> <p>Incorporate the importance of a woman</p>	Flipchart Paper, Markers, Crayons or Colored Pencils

<b>Module 3</b>			
<b>Animal Transference, Malaria, Rabies, Maternal Health</b>			
<b>Time</b>	<b>Objectives</b>	<b>Activity</b>	<b>Materials Needed</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
		<p>making decisions about maternal care.</p> <p>Incorporate important key messages about family planning and birth spacing.</p> <p>Incorporate anything else important that we discussed.</p> <p>Use colors and variety in your poster to stimulate adult learning.</p> <p>Each group will present their poster.</p>	
<b>60 min</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<b>40 min</b>	Skill Practice Preparation	<p><b>Skill Practice Preparation Activity</b></p> <p>Divide participants into groups of 4.</p> <p>Assign one flipchart to each group. They will not need to remove pages from flipchart.</p> <p>They may design the presentation on <b>Handout 3-2</b> provided. If they want to transfer their presentation to Flipchart pages they may do so to incorporate at least one visual support. If they want to read from the presentation handout that is fine too, but they must develop a handout or some visual for the group.</p> <p>Ask for absolute silence during the preparation time; anyone who needs to speak with someone should leave the room to do so.</p> <p>While individuals are working, walk around quietly to answer individual questions.</p>	Handout 3-1 Handout 3-1, Paper, Pencils Flipcharts, Markers, Handouts (created by participants for the activity), Flipcharts (one for each group)
<b>40min</b>	Skill Practice Delivery	<p><b>Skill Practice Delivery Activity</b></p> <p>Using <b>Handout 3-3</b>, each group participant will decide what feedback he or she would like to receive from the group.</p> <p>Remind presenters to ask before their</p>	Handout 3-2 completed, Handout 3-3 (3 copies for each participant), Flipcharts and/or Handouts participants have

<b>Module 3</b>			
<b>Animal Transference, Malaria, Rabies, Maternal Health</b>			
<b>Time</b>	<b>Objectives</b>	<b>Activity</b>	<b>Materials Needed</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
		<p>presentation if they seek specific feedback.</p> <p>Point out that Play-Doh (if available) has been added to each table as an item that helps release energy and nervousness if anyone would like to use it.</p> <p>Taking turns, each participant gives their presentation to their group. (10 minutes)</p> <p>During the small group presentations, walk from group to group to ensure they stay on schedule and offer help.</p>	developed
<b>15 min</b>	Focus on What's Happening	<p><b><i>Focus on What's Happening Activity (Evaluate/Enhance)</i></b></p> <p>Ask participants to find a partner and share the most interesting thing they learned today.</p> <p>Ask participants to rate the day using an index card, on a scale of 1-7 (1 is low, 7 is high), and add one statement about why they rated the day as they did (You can compile these scores after they leave and create a graph on a flipchart page. Share the results with the participants at the beginning of the next day).</p>	Note Cards or Half Sheets of Paper, Pencils
<b>Total Time: 8 Hours 35 Minutes</b>			

## Day 4: Module 4 - HIV/AIDS, TB, and Respiratory Illnesses

ALL Materials Needed for Day 4		
<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Sponsoring organization banners</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Crayons or Colored Pencils</li> <li>✓ Pencils</li> <li>✓ Post-it Notes</li> <li>✓ Markers</li> <li>✓ Flipcharts</li> </ul>	<ul style="list-style-type: none"> <li>✓ Note cards</li> <li>✓ Tape</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> <li>✓ Activity 4-1</li> <li>✓ Activity 4-2</li> <li>✓ Handout 4-3</li> <li>✓ Handout 4-4</li> </ul>

<p><b>Topic</b> HIV/AIDS prevention, treatment, and stigma; discuss TB and respiratory illness.</p>
<p><b>At the end of this session the participants will be able to:</b></p> <ol style="list-style-type: none"> <li>1. Understand how to catch and not catch HIV/AIDS.</li> <li>2. Identify methods of prevention.</li> <li>3. Define condom negotiation skills.</li> <li>4. Discuss HIV/AIDS stigma.</li> <li>5. Understand TB and Respiratory Illness.</li> <li>6. Evaluate goals and create action plans.</li> </ol>

Module 4			
HIV/AIDS, TB and Respiratory Illnesses			
Time (1)	Objectives (2)	Activity (3)	Materials Needed (4)
20 min	Spread of HIV Activity	<p>Have each participant take one of the folded slips of paper, including you.</p> <p>Ask the participants to shake hands randomly with one or two other people.</p> <p>Now ask all the people with a “+” to move to one side.</p> <p>Ask the rest of the members with a “Condom” to move to another side.</p> <p>Ask everyone to raise their hand if they shook hands with the people who had a piece of paper with a “+” on it.</p> <p>Of those people who raised their hands, if they had a piece of paper with “condom” on it, tell them to remain in place.</p> <p>If they had a “-“ on it then ask them to join those who are “+”. Ask the negatives if they shook hands with those people who just joined the + group. If they did, tell them to join the positive group. Ask again if any people who have a negative sign shook hands with those who just joined positive group.</p> <p>If they did, ask them to join the positive group. Explain that 170,000 Rwandans are HIV positive.</p> <p><b>Ask:</b> Can someone explain how HIV and AIDS can spread in a community of negative people?</p> <p>(wait for responses)</p> <p>-If one unprotected person gives it to another, and another gives to 2 people and so on, it can spread very quickly!</p> <p><b>Ask:</b> How condoms protect from contracting HIV and AIDS?</p>	Activity 4-1 cut up

<b>Module 4</b>			
<b>HIV/AIDS, TB and Respiratory Illnesses</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
		(wait for responses)  -Condoms block fluids from mixing.	
<b>15 min</b>	<b>BREAK</b>	<b>BREAK</b>	<i>Coffee, tea, water, cups, cookies, napkins</i>
<b>20 min</b>	Where's the Training Focus?	<p>Have 25 pieces of paper each with a different risk behavior written on it (see Activity 4-2 handout</p> <p>Then have three larger pieces of paper, one with “<b>High Risk</b>” on it, another with “<b>Low Risk</b>” on it and the last with “<b>No Risk</b>”.</p> <p>Hand out the 25 pieces of paper to everyone in the group.</p> <p>Each person should have one piece of paper, if there are extra papers give some people two pieces of paper.</p> <p>Have everyone form a circle and place the larger pieces of paper with (“High Risk”, “Low Risk”, and “No Risk”) in the middle of the circle.</p> <p>Each person will place their behavior paper on the “Risk” paper in the middle where they think the behavior belongs. For example: If you have “Sex without a condom” then you would put it on the “High Risk” paper in the middle.</p> <p>As people put their behavior paper on the risk paper in the middle have them explain why they put it there.</p> <p>Correct and give additional information where necessary.</p> <p>Use this game as an opportunity for a group discussion on different behaviors.</p> <p>Tell the group that this exercise was</p>	Activity 4-2 cut up, HIGH, LOW, NO RISK papers spread on floor

<b>Module 4</b>			
<b>HIV/AIDS, TB and Respiratory Illnesses</b>			
<b>Time</b> <b>(1)</b>	<b>Objectives</b> <b>(2)</b>	<b>Activity</b> <b>(3)</b>	<b>Materials Needed</b> <b>(4)</b>
		intended to get them thinking, talking and moving around issues of risk-taking and relationships, sex and HIV.	
<b>60 min</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
20 min	Goal Keeper	<p>Create a goal area.</p> <p>Participants will try and make goals and goalie will block the ball.</p> <p>Let participants play for about 10 minutes while you keep score of which diseases are winning.</p> <p>After 10 minutes ask the goalie to sit out.</p> <p>Let participants shoot goals for about 5 more minutes while you keep track of which diseases are winning.</p> <p>Have everyone sit back down while you explain that the immune system acts like a goalie in a game. When it is there and strong fewer diseases can get in. When the immune system is gone every disease can get in. When a person has AIDS, the immune system is gone, just like when you asked the goalie to sit out. With all of the diseases in the world getting into a person's body, the person is going to die. If a person takes antiretrovirals EVERY day they lower the risk of getting AIDS and losing their immune system.</p> <p>Antiretrovirals help keep the Goalie strong and on the team!</p>	10 Pieces of Paper, Large Paper Clips, Pencils or Markers
15 min	<b>BREAK</b>	<b>BREAK</b>	<i>Coffee, tea, water, cups, cookies, napkins</i>

<b>Module 4</b>			
<b>HIV/AIDS, TB and Respiratory Illnesses</b>			
<b>Time (1)</b>	<b>Objectives (2)</b>	<b>Activity (3)</b>	<b>Materials Needed (4)</b>
45 min	What's Important For You Activity	<p>Go to the expectation flipchart page that is hanging on the wall. Ask if you have fulfilled all of their expectations (of course, you have completed each of them or have a plan to do so). Respond to questions or concerns (10 Minutes)</p> <p>Capture your thoughts about the week on Action Plan Handout and create a personal action plan (20 minutes)</p> <p>When you see most people have completed their action plans, give a one-minute warning and ask them to find someone with whom they would like to work one last time. Ask participants to work in pairs or trios to share their action plans and to obtain additional ideas for strategies. Tell participants they will have 15 minutes.</p>	Handout 4-3, Pencils
15 min	Congratulations to Me Activity	<p>We often leave a learning situation with good intentions to change our behavior, but when we return to life, we have to attend to other demands. So we put what we've learned on the shelf and forget our good intentions.</p> <p>We have a plan to remind you of your good intentions.</p> <p>Take 10 minutes to fill in the blanks on the Congratulations to Me handout; Identify at least two things you'd like to accomplish within the two-month time period.</p> <p>Use crayons to decorate your card.</p> <p>While participants are decorating their cards, hand an envelope to each person.</p> <p>Once participants have completed the cards, ask them to self-address the envelopes and place the cards inside.</p>	Handout 4-4, Pencils, Crayons or Colored Pencils

**Module 4**  
**HIV/AIDS, TB and Respiratory Illnesses**

<b>Time (1)</b>	<b>Objectives (2)</b>	<b>Activity (3)</b>	<b>Materials Needed (4)</b>
		<p>Tell them that you will mail the cards back in six to eight weeks to remind them of what they wanted to do.</p> <p>Collect the cards for future mailing. As the last few participants complete their cards, ask for volunteers to share the things they will focus on once they return to work.</p>	

**Total Time: 8 Hours 35 Minutes**

## Day 5: Module 5 - GRADUATION!

ALL Materials Needed for Day 5		
<ul style="list-style-type: none"> <li>✓ Tables and chairs</li> <li>✓ Sponsoring organization banners</li> <li>✓ Computer electronic system</li> <li>✓ Data Show</li> <li>✓ Multimedia</li> <li>✓ Lights</li> <li>✓ Air-conditioner or heat, good physical environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Crayons</li> <li>✓ Pencils</li> <li>✓ Markers</li> <li>✓ Flipchart</li> <li>✓ Graduation Certificates</li> <li>✓ Post-Assessment Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>✓ Half Sheets of Paper</li> <li>✓ Tape</li> <li>✓ Water</li> <li>✓ Coffee</li> <li>✓ Tea</li> <li>✓ Cups</li> <li>✓ Cookies</li> <li>✓ Napkins</li> </ul>

**Topic:** Conclusion of the five-day course "Improving Health in Workplaces Around Nyungwe National Park". Review of adult education principles.

**At the end of this session the participants will be able to:**

1. Review the purpose of the course.
2. Evaluate their level of post course knowledge.
3. Review adult learning principles in presentation delivery.

Module 5 Graduation!			
Time (1)	Content (2)	Activity (3)	Material Needed (4)
30 min	Post Assessment Questionnaire	Administer Post-Assessment Questionnaire	Post Assessment Questionnaire
15 min	<b>BREAK</b>	<b>BREAK</b>	<i>Coffee, tea, water, cups, cookies, napkins</i>

<b>Module 5 Graduation!</b>			
<b>Time (1)</b>	<b>Content (2)</b>	<b>Activity (3)</b>	<b>Material Needed (4)</b>
15 min	Focus on What's Happening	<p><b><i>Focus on What's Happening Activity (Evaluate/Enhance)</i></b></p> <p>Ask participants to find a partner and share the most interesting thing they learned today.</p> <p>Ask participants to rate the day using an index card, on a scale of 1-7 (1 is low, 7 is high), and add one statement about why they rated the day as they did. Share the results with the participants.</p>	Note Cards or Half Sheets of Paper, Pencils
	Graduation Activity	<p>Have participants form a circle in the middle of the room.</p> <p>Pass out the certificates at random and ask each person to check to be sure the certificate he or she is holding does NOT have his or her name on it.</p> <p>Start with one person and ask him or her to present the certificate to the person whose name is on it, offer congratulations, and give the individual a personal "wish of focus" related perhaps to something that happened during the training. For example, one participant might say, "Congratulations, Rhea, you are a great listener, and I hope that you will be able to focus on gaining more confidence." You may also suggest a future predictions focus, like, "Mason, I predict that in five years you will be the Community Health Center Director!"</p> <p>Once all certificates have been distributed, do the pledge on the next slide, wish the participants well and stand at the door to say good-bye to everyone.</p>	Graduation Certificates
	<b>END</b>	<b>OF</b>	<b>COURSE</b>
<b>Total Time: 4 Hours</b>			

## **COURSE HANDOUTS/ACTIVITIES**

### **MODULE 1 TRAINING-THE TRAINER HANDOUTS**

- 0-1 Table Tent (*Name Plates for the table*), 1 page
- 1-1 Agenda Review, 1 page
- 1-2 Understand Adult Principles Activity, 1 page
- 1-3 Adult Learning Principles, 1 page
- 1-4 Adult Learning Answer Their Questions Activity, 1 page
- 1-5 Presentation Tools Demonstration, 1 page
- 1-6 Skills Preparation, 1 page
- 1-7 Design a Presentation, 3 pages
- 1-8 Training Feedback Checklist, 2 pages, (*copy 4-5 pages per group member*)
- 1-9 Questions, Questions, From All Perspectives, 1 page

### **MODULE 2 UNDERSTANDING WHOLE HEALTH HANDOUTS**

- 2-2 Hand Washing Log, 2 pages

### **MODULE 3 ANIMAL TRANSFERENCE/MATERNAL HEALTH HANDOUTS**

- 3-1 Skills Preparation, 1 page
- 3-2 Design Presentation, 3 pages
- 3-3 Training Feedback Checklist, 2 pages (*copy 4-5 copies of both pages per group member*)

### **MODULE 4 HIV/AIDS TB/RESPIRATORY ILLNESS HANDOUTS**

- 4-3 Action Plan, 1 page
- 4-4 Congratulations To Me, 2 pages

### **ACTIVITIES** (*1 copy needed for facilitator ONLY, no additional copies for participants*)

#### Module 2

- Activity 2-1 Disease Activity Cards, 2 pages

#### Module 4

- Activity 4-1 Plus, Minus, Condom Activity, 2 pages
- Activity 4-2 Risky Behavior Activity, 10 pages

## **HANDOUT 1-1. AGENDA REVIEW**

### **DAY 1: TRAINING THE TRAINER**

Introduction  
What Does a Trainer Do?  
Adult Learning Principles  
Skills Practice  
Evaluate and Enhance

### **DAY 2: WHOLE HEALTH**

Hand Washing and Food Preparation  
Behavior

### **DAY 3: ANIMAL TO HUMAN ILLNESSES**

Malaria  
Rabies  
Maternal Health

### **DAY 4** HIV/AIDS

TB and Respiratory Illnesses

### **DAY 5** Rwanda Development Board Speaker

Post-Questionnaire  
Graduation!

## **TRAIN-THE-TRAINER OBJECTIVES**

The purpose of the train-the-trainer workshop is to make sure that you will be able to discuss strategies and techniques to use in adult education and be able to

- use a different learning activities
- create a positive learning environment
- explain what is meant by adult learning theory
- show how to use visual aids
- describe the value of whole health care
- discuss maternal health, malaria, rabies, TB, and HIV/AIDS
- talk about behavior change, barriers, and stigma

**HANDOUT 1-2. UNDERSTAND ADULT LEARNING PRINCIPLES**

Think of one thing you learned in the past two months and why you learned it.

List it here:

**1. I learned**

.....  
.....

**because**

.....

**What did you find out about the way you learn?**

.....  
.....

## HANDOUT 1-3. ADULT LEARNING PRINCIPLES

Seven Keys to Adult Learning:

1. Adults have a *need to know* why they should learn something. Participants need to know how this information and content will affect them and why they should care.
2. Adults enter any learning situation with a *self-concept* of themselves as responsible grown-ups. As trainers, we must help adults figure out their needs and direct their own learning experience.
3. Adults come to a learning opportunity with a wealth of *experience* and a great deal to contribute. Trainers will be more successful if they find ways to build on and make use of adults' hard-earned experience.
4. Adults have a strong *readiness to learn* those things that will help them cope with daily life effectively. Training that relates directly to situations adults face will be viewed as more relevant.
5. Adults are willing to devote energy to learning those things that they believe will *help them* perform a task or solve a problem. Trainers who determine needs and interests, and then develop content in response to these needs, will be most helpful to adult learners.
6. Adults are receptive to learning when they feel *respected, accepted, and supported*. Trainers who create a safe course room allow adults to be themselves.
7. Adults prefer to be actively involved in learning. Trainers who use adult learner's experience while discussing information are *involving them*. Providing activities that *allow them to come up* with their own answers also keep adults involved in learning.

These keys to learning prompt participants to ask themselves when entering a training session:

- Why do I need to know this?
- Will I be able to make some decisions?
- Why am I here? What do they think they can teach me?
- How will this make my life easier?
- Do I want to learn this? How will it help me?
- Will what I say be respected and confidential?
- Will I be allowed to be myself?

Knowles, M.S. (1980). *The modern practice of adult education: Andragogy versus pedagogy*. New York: Cambridge Books

## HANDOUT 1-4. ADULT LEARNING ANSWER THEIR QUESTIONS ACTIVITY

As trainers, we must address the questions our learners have—not in words, but in the actions that occur as the result of a good training design or training delivery. What can you do as you design or deliver training that will address these questions and deal with your participants' concerns? **Choose at least one question below** and identify how you would incorporate it into your delivery of material.

<i>Questions</i>	<i>Incorporate in Delivery</i>
Why do I need to know this?	
Will I be able to make some decisions?	
Why am I here?	
How will this make my life easier?	
Do I want to learn this? How will it help me?	
Will what I say be respected and confidential?	
Will I be allowed to be myself?	

## HANDOUT 1-5. PRESENTATION TOOLS DEMONSTRATION

In groups of 4-5 develop a short presentation that shows all the things you could do incorrectly with a visual aid you choose.

- LCD Projector
- Whiteboard
- Flipchart
- Handouts
- DVD player/Movies
- Other

**What can you do for your "presenting with visual aids incorrectly skit"?**

.....

.....

<b>Visual Aid</b>	<b>Tips for Using Correctly</b>
<b>LCD Projector</b>	
<b>Whiteboard</b>	
<b>Flipcharts</b>	
<b>Participant Handouts, Manuals</b>	
<b>DVD, Movies</b>	
<b>Others</b>	

## HANDOUT 1-6. SKILL PRACTICE DELIVERY PREPARATION

Practice makes permanent! If you want to learn a skill, you need to practice. For example to learn about the game of soccer, you can do these things:

- Read a brochure about the rules and how to keep score.
- Read a book about the history of soccer.
- Talk to someone about where the big tournaments are held.
- Watch a demonstration on a DVD for the proper way to guard the ball.
- Observe several soccer matches to learn where the players stand.
- Practice kicking the ball against a wall to learn foot coordination.

All of these things are helpful, but to learn the game of soccer, you really need to play the game and practice. Let's take some time now to practice the game of training in groups of 4-5:

- Select a topic. You may use your own or choose one of the examples: building a fire, doing a kind of dance, making a favorite meal, ride a bike.
- Prepare a 5-10-minute presentation based on your topic.
- Think about the seven key adult principles and how you will use them to present.
- Write in a learning objective, or what you hope the group will learn.
- Write in interaction and participation (for example, an activity or a few questions).
- Plan to use at least one visual aid support (for example flipchart or handouts).
- Using **Handout 1-8**, decide what kind of feedback you would like to receive.
- Tell the rest of your group before your presentation so they may tell you what they have observed.
- Your trainer has supplies for you such as flipcharts, index cards, paper, or markers.

You have 40 minutes to prepare.

Sousa, D. (2006). How the brain learns. 3rd ed. Thousand Oaks, CA: Corwin.

**HANDOUT 1-7. DESIGN A PRESENTATION**

- Select a topic. You may use your own or choose one of the examples: *building a fire, doing a kind of dance, making a favorite meal, ride a bike.*
- Think about the **seven key adult principles** and how you will use them to present.
- Prepare a 5-10-minute presentation based on your topic.
- Write in learning objectives, or what you hope the group will learn.
- Write in interaction and participation (for example, an activity or a few questions).
- Plan to use at least one visual aid support (for example flipchart or handouts).
- Using **Handout 1-8**, decide what kind of feedback you would like to receive.
- Tell the rest of your group before your presentation so they may tell you what they have observed.

Your trainer has supplies for you such as flipcharts, index cards, paper, or markers.

**Title/Introduction (how will you open the presentation? Icebreaker?)**

.....

.....

**Objectives (what you want us to learn from your presentation)**

.....

.....

**HANDOUT 1-7. DESIGN A PRESENTATION, P. 2 OF 3**

**Body (information that helps meet the Objective)**

- 
- 

**Activity or Questions (a way to get the group interacting with your ideas)**

- 
- 

**HANDOUT 1-7. DESIGN A PRESENTATION, P. 3 OF 3**

**Conclusion (wrap-up. Think about what you talked about in the body and recap some of the objectives you hope you met).**

- 
- 

**Think about it, did you:**

**Use adult principles? Which ones?**

**Use at least one visual aid? Which one?**

## HANDOUT 1-8. TRAINING/FACILITATING CHECKLIST

Use this checklist to provide feedback to your colleagues. Consider it a guide only. You are not expected to respond to every item for every person.

SKILLS	COMMENTS
<p><b>How effectively did the trainer...</b></p> <p><b>Facilitate Learning:</b>            Provide an effective introduction?            Get the group interacting?            Use a visual aid skillfully?            Use a good pace?            Summarize the activities?            Stay focused on the topic?</p> <p><b>Create a Positive Learning Environment:</b>            Make the learning interesting?            Use relevant examples?            Provide honest feedback?            Handle incorrect answers from the group?</p> <p><b>Encourage Participation:</b>            Establish positive relationship with the group?            Make eye contact with all participants?            Appear relaxed and pleasant?            Use encouraging body language?            Provide reinforcement for participation?            Show non-judgmental behavior?</p> <p><b>Communicate Content and Process:</b>            Organized delivery?            Summarize clearly?            Encourage questions?            Listen well?            Speak clearly?            Speak loudly enough for everyone to hear?            Use appropriate humor?            Deliver constructive feedback?</p> <p><b>ENSURE LEARNING OUTCOMES:</b>            Provide time for Questions and Answers?            Encourage how to use the information?            Use relevant examples?</p>	
<p><b>Establish Credibility:</b>            Show understanding of the content?</p>	

<b>SKILLS</b>	<b>COMMENTS</b>
Display confidence? Maintain composure? Describe personal experiences? Answer questions?  <b>Additional Comments?</b>	

## **Handout 1-9. Questions, Questions, From All Perspectives**

### **GETTING PARTICIPANTS TO ASK QUESTIONS**

- Tell the group you encourage all questions
- Stop at natural points in your presentation and ask for questions
- Pause long enough for participants to formulate questions.
- Give signals such as, "Let's pause here so you can ask questions." Then wait for questions.
- Watch for facial expressions; if a participant looks like he/she doesn't understand, stop and ask if he/she has a question.
- Allow time for participants to ask questions privately. They may be too shy to ask in front of the group.

### **TIPS FOR ASKING QUESTIONS**

- Plan some questions in advance.
- Increase participation by including questions early in the session.
- Know why you are including questions: to create discussion, introduce controversy, correct response, review information, or hear comments.
- Keep questions short.
- Know whether you want opinions or information.
- If asking a direct question, say the participant's name first, and then ask the question.
- Pause for answers.
- Use follow-up questions to further clarify the initial response.
- If response was not focused, rephrase it.

### **TIPS FOR ANSWERING QUESTIONS**

- Have an idea of what might be asked.
- Inform the group of your expectations early in the session.
- Restate the question asked to make sure everyone heard and understood the question.
- Ask for clarification if you don't understand what was asked.
- Be brief.
- "I don't know, but I will find out," is a perfectly good response.
- Redirect questions or encourage other responses from the group.
- If the question is not relevant, invite the participant to discuss it at a break.
- Avoid showing your feelings to a hostile questioner.
- Reword hostile questions.
- Include the entire audience in your response with body position and eye contact

**Handout 2-2. Hand Washing Log (Copy 1 log of 2 pages for each participant)**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Instructions: Complete this form immediately BEFORE washing hands. Please follow procedures we discussed in our workshop.

Participant Name		Time	Before Starting	Before Eating	After
Restroom	After Handling	Other	Workshop	Food	
Soiled Items					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Handout 3-2. Skill Practice Delivery Preparation**

Practice makes permanent! If you want to learn a skill, you need to practice. For example to learn about the game of soccer, you can do these things:

- Read a brochure about the rules and how to keep score.
- Read a book about the history of soccer.
- Talk to someone about where the big tournaments are held.
- Watch a demonstration on a DVD for the proper way to guard the ball.
- Observe several soccer matches to learn where the players stand.
- Practice kicking the ball against a wall to learn foot coordination.

All of these things are helpful, but to learn the game of soccer, you really need to play the game and practice. Let's take some time now to practice the game of training in groups of 4-5:

- Select a topic. You may use your own or choose one of the examples: building a fire, doing a kind of dance, making a favorite meal, ride a bike.
- Prepare a 5-10-minute presentation based on your topic.
- Think about the seven key adult principles and how you will use them to present.
- Write in a learning objective, or what you hope the group will learn.
- Write in interaction and participation (for example, an activity or a few questions).
- Plan to use at least one visual aid support (for example flipchart or handouts).
- Using **Handout 3-3**, decide what kind of feedback you would like to receive.
- Tell the rest of your group before your presentation so they may tell you what they have observed.
- Your trainer has supplies for you such as flipcharts, index cards, paper, or markers.

You have 40 minutes to prepare.

Sousa, D. (2006). How the brain learns. 3rd ed. Thousand Oaks, CA: Corwin.

### Handout 3-2. Design A Presentation

- Select a topic. You may use your own or choose one of the examples: *building a fire, doing a kind of dance, making a favorite meal, ride a bike.*
- Think about the **seven key adult principles** and how you will use them to present.
- Prepare a 5-10-minute presentation based on your topic.
- Write in learning objectives, or what you hope the group will learn.
- Write in interaction and participation (for example, an activity or a few questions).
- Plan to use at least one visual aid support (for example flipchart or handouts).
- Using **Handout 3-3**, decide what kind of feedback you would like to receive.
- Tell the rest of your group before your presentation so they may tell you what they have observed.

Your trainer has supplies for you such as flipcharts, index cards, paper, or markers.

.....

Title/Introduction (how will you open the presentation? Icebreaker?)

.....

**Objectives (what you want us to learn from your presentation)**

.....

**Handout 3-2. Design A Presentation, p. 2 of 3**

Body (information that helps meet the Objective)

.....

.....

Activity or Questions (a way to get the group interacting with your ideas)

.....

.....

**Handout 3-2. Design A Presentation, p. 3 of 3**

Conclusion (wrap-up. Think about what you talked about in the body and recap some of the objectives you hope you met).

.....

.....

Think about it, did you:

Use adult principles? Which ones?

Use at least one visual aid? Which one?

### Handout 3-3. Training/Facilitating Checklist

Use this checklist to provide feedback to your colleagues. Consider it a guide only. You are not expected to respond to every item for every person.

SKILLS	COMMENTS
<p><b>How effectively did the trainer...</b></p> <p><b>Facilitate Learning:</b>            Provide an effective introduction?            Get the group interacting?            Use a visual aid skillfully?            Use a good pace?            Summarize the activities?            Stay focused on the topic?</p> <p><b>Create a Positive Learning Environment:</b>            Make the learning interesting?            Use relevant examples?            Provide honest feedback?            Handle incorrect answers from the group?</p> <p><b>Encourage Participation:</b>            Establish positive relationship with the group?            Make eye contact with all participants?            Appear relaxed and pleasant?            Use encouraging body language?            Provide reinforcement for participation?            Show non-judgmental behavior?</p> <p><b>Communicate Content and Process:</b>            Organized delivery?            Summarize clearly?            Encourage questions?            Listen well?            Speak clearly?            Speak loudly enough for everyone to hear?            Use appropriate humor?            Deliver constructive feedback?</p> <p><b>ENSURE LEARNING OUTCOMES:</b>            Provide time for Questions and Answers?            Encourage how to use the information?            Use relevant examples?</p>	
<p><b>Establish Credibility:</b></p>	

SKILLS	COMMENTS
Show understanding of the content? Display confidence? Maintain composure? Describe personal experiences? Answer questions?  <b>Additional Comments?</b>	

**Handout 4-3. Action Plan**

1. Evaluate what you have learned this week about effective training skills and what you still need to learn. Summarize those items here.

.....

.....

2. What are the most important things you have learned about training?

.....

.....

3. What are the most important things you have learned about yourself?

.....

.....

4. What will you implement or change as a result of what you have learned? Capture your ideas in this action plan.

<b>Objectives</b>	<b>Strategies</b>	<b>Who Will Help Me</b>	<b>Resources Required</b>	<b>Review Date</b>

**Handout 4-4. Congratulations to Me!**

1. Design a congratulations card for yourself (see next page). Focus on how you will answer these questions two months from now:

- What will you have accomplished based on the Master Train-the-Trainer session?

.....

.....

- What goals have you completed?

.....

.....

- What have you done that deserves congratulations?

.....

.....

2. Review your action plan to identify something that you want to focus on doing better. List here.

.....

.....

3. Complete your card:

- Use markers or crayons to decorate your card on the next page.
- Sign your card and insert it in the envelope.
- Address it to yourself, and we will mail it back for your review in eight weeks.

**Handout 4-4 Congratulations to Me!, *continued***

Congratulations \_\_\_\_\_

(your name)

It is so exciting that you have

\_\_\_\_\_

and

\_\_\_\_\_

Keep up the Great Work!

## ACTIVITIES

(One Copy of Each Page for Trainer, No Copies for Participants)

### *Handout 2-1, Cut Out into Small Cards*

#### **COMMON DISEASE CARDS(Ikarita**

**y' Ibimenyesto by'indwara muri rusange)**

Cut out cards for activity 2- or print on business cards

#### **HIV/AIDS**

*Symptom(Ibimenyetso):*

(HIV) fever, swollen glands , sore throat, rash

(AIDS) fever, swollen glands, weight loss, weakness

#### **Sida**

*HIV: Ibimenyetso:Umuriro, kubyimba amatakara, kubabara mumuhogo, kwishimagaurakwishimagura, umuriro*

#### **Rabies: Ibisazi by'imbwa**

*Symptom (Ibimenyesto):*

(early) fever(kugira umuriro), headache(kubabara Headache , stiff neck , fever, confusion umutwe), weakness(Gucika ingufu)

(late) anxiety(kugira ubwoba), hallucinations, increase in saliva(kugira macandwe menshi)

#### **Hepatitis (Umwijima)**

*Symptoms:*

Aches (kumera nabi), fever, nausea, diarrhea,

loss of appetite

*Ibimenyetso:*

*Gukubara umutwe, umuriro, kubabara umutwe, umuriro*

#### **Malaria (Marariya)**

*Symptom(ibimenyetso):*

Fever(Umuriro), aches (kumera nabi), headache(kubabara umutwe), dehydration(kubura amazi mumubiri), jaundice (guhinduka umhondo-amaso, uruhu)

#### **Meningitis (Mugiga)**

*Symptom:*

Headache , stiff neck , fever, confusion

Vomiting(kuruka), drowsiness

*Ibimenyetso:* kubabara umutwe, kubabara

ibikanu umuriro kubura uhwenge kuruka

## **Pneumonia (Umusonga)**

### **Symptom:**

Cough, chest pain, f, difficulty breathing

**Ibimenyetso:** gukorora, kubabara mugatuza, umuriro, kunanirwa guhumeka

## **Tuberculosis (TB: Igituntu)**

**Symptom(ibimenyesto):** high fever, weight loss, night sweats, loss of appetite

**Ibimenyetso:** umuriro mwinshi, guta ibiro, kubira ibyuya nijoro uryamye, kunanirwa kurya

## • **Mental Illness (Indwara zo mumutwe)**

### • **Symptom(Ibimenyetso):**

• Feeling sad and down (Kugira agahinda cyane),

## • **Diarrhea(Guhitwa)**

### • **Symptom:**

• Loose watery stools, weakness

• **Ibimenyesto:** Kwituma amazi, gucika intege

## • **CARD FOR FACILITATOR:**

• **If you have any symptoms—**Niba ufite kimwe muri

• ibi bimenyesto—

• **like these people, go to the Health Center—**

• **(Card for Facilitator continued)**

• **What do you think will happen if the muganga Utekereza ko bizagenda bite niba muganga.....**

• **or umuforomo learns about your disease--indwara--early enough?**

• **You will probably recover--gukira-- and hopefully**

## **Diabetes**

### ***Symptom:***

Frequent urination(kunyara buri kanya), unusual thirst(kugira inyota bidasanzwe), unusual weight loss(kunanuka bidasanzwe)

## **Epilepsy (Igicuri)**

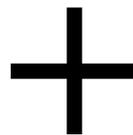
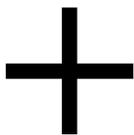
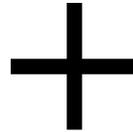
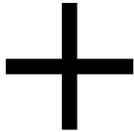
### ***Symptom:***

Convulsions(seizures, unusual staring

***Ibimenyetso:*** kugagara, gukanura amaso

**Activity 4-1 Plus, Minus, Condom**

**Cut out and fold each slip of paper (cut out the plus signs, the minus signs, the word condom) and follow Spread of HIV Activity**





**Condom**

**Condom**

**Condom**

**Condom**

**Condom**

**Condom**

## **Activity 4-2 Risky Behavior**

### Risky Behavior Handout Answers for Facilitator/Trainer

- Sex without a condom

**Answer:** High Risk

- Having an injection from a doctor or nurse

**Answer:** No Risk

- Being drunk while having sex

**Answer:** High Risk

- Having sex with more than one partner

**Answer:** High Risk

- Deep kissing

**Answer:** No Risk

- Taking care of someone with HIV

**Answer:** No Risk

- Hugging someone who has AIDS

**Answer:** No Risk

- Travelling away from home

**Answer:** Can be High Risk if you have unprotected sex with multiple partners or No Risk if you remain faithful to your regular partner back home

- Anal sex without a condom

**Answer:** High Risk

- Being bitten by a mosquito

**Answer:** No Risk

- Woman taking oral contraceptive pills and not insisting that her partner use a condom

**Answer:** High Risk

- HIV+ person wanting to have a baby

**Answer:** High Risk

- Not using a condom when having sex with your “sugar daddy”

**Answer:** High Risk

- Only having sex with your faithful/regular uninfected partner

**Answer:** No Risk

- Using petroleum jelly or oil or shea butter to lubricate your condom

**Answer:** High Risk

- Washing your condom after you use it and using it again

**Answer:** High Risk

- Letting your children play with children who are HIV+ or have an HIV+ parent

**Answer:** No Risk

- Sharing a razor with someone

**Answer:** Low Risk

- Using a public toilet

**Answer:** No Risk

- Buying food from someone who has HIV

**Answer:** No Risk

- Using a condom with your regular spouse but not when having sex with someone else

**Answer:** High Risk

Donating Blood

**Answer:** No Risk

#### **Activity 4-1 Risky Behavior, continue**

##### **Cut out each phrase for Activity**

- Sex without a condom
- Having an injection from a doctor or nurse
- Being drunk while having sex
- Having sex with more than one partner
- Deep kissing

- Taking care of someone with HIV
- Hugging someone who has AIDS
- Traveling away from home
- Anal sex without a condom
- Being bitten by a mosquito
- Woman taking oral contraceptive pills and not insisting that her partner use a condom
- HIV+ person wanting to have a baby
- Not using a condom when having sex with your “sugar daddy”
- Only having sex with your faithful/regular uninfected partner
- Using petroleum jelly or oil or shea butter to lubricate your condom
- Washing your condom after you use it and using it again
- Letting your children play with children who are HIV+ or have an HIV+parent
- Sharing a razor with someone
- Using a public toilet
- Buying food from someone who has HIV
- Using a condom with your regular spouse but not when having sex with someone else

- Donating Blood

HIGH RISK

LOW RISK

NO RISK

# HEALTHY WORK PLACE POLICIES

## GISOVU HEALTHY WORKPLACE POLICY

### **Gisovu Tea Company LTD:**

#### **Mission Statement:**

*The mission of the Health workplace policy of Gisovu Tea Company LTD is to ensure a healthy, satisfied and productive workforce, by enhancing the health and well-being of employees of the Gisovu Tea Company through the provision of credible health information, resources that enable them to take charge of their own health, and a work environment that facilitates the making of healthy choices for all employees.*

#### **Key Objectives and Specific Strategies**

The following are the healthy workplace objectives that the Company would like to achieve during the first two years of implementation of the Healthy Workplace Policy. Each objective is following by specific strategies and activities recommended by HWPCC to achieve these objectives. The HWP objectives and strategies are based on a health needs assessment conducted with a sample of the Company's managers and day workers, and they address the priority health needs and health issues identified, and incorporate evidenced-based international best practices for effectively addressing health issues in the workplace.

**Objective 1:** Increase knowledge of tea factory staff on HIV/AIDS transmission and prevention.

#### **Strategies:**

- ✓ Establish a Club for HIV/AIDS information, prevention, and support at the tea factory;
- ✓ Sensitize tea estate employees about HIV/AIDS through information and activities provided through Club
- ✓ Sensitize tea estate employees on the ABC approach for HIV/AIDS prevention (i.e., messages of abstinence, being faithful to one partner, and using condoms)
- ✓ Sensitize tea estate employees about health, social and economic consequences of HIV/AIDS

**Objective 2:** Sensitize Gisovu Tea estate employees on good hygiene practices and prevention of diseases caused by poor hygiene.

#### **Strategies:**

- ✓ Teach tea factory employees about basic hygiene and sanitation (water treating, hand washing, hygiene of the body, clothes, and in food preparation)
- ✓ Sensitize tea factory employees about importance of hygiene in latrines, composts, and teach them how to separate and properly dispose of waste.
- ✓ Sensitize the tea factory employees on how to protect themselves when they are using factory chemicals and insecticides.

**Objective 3:** Sensitize Gisovu tea estate employees about family planning/reproductive health

**Strategies:**

- ✓ Initiate a peer education program in the tea factory about family planning
- ✓ Transmit knowledge about different family planning methods available for use in Rwanda;
- ✓ Collaborate with health facilities in improving employees knowledge about family planning/reproductive health issues, by providing employees family planning informational materials, practical instructions on use of methods, and contraceptives or make referrals to health facilities for clinical FP and RH services;
- ✓ Sensitize employees about the potential health and economic consequences of not practicing family planning or not using effective family planning methods.

**Policy Implementation Plan:** (The detailed HWP Implementation Plan will be completed after review, revision and finalization of the draft HWP document).

The detailed implementation plan (or action plan) will provide detailed on the implementation of the various components of Healthy Workplace Policy for the first one to two years, including timelines and budgets for specific HWP strategies and activities to be carried out in the first year. The implementation plan will include indicators and targets to be achieved under each activity, and identify the persons responsible for implementation, the human, logistical, and financial resources required for successful implementation (e.g., technical assistance experts, training materials, health informational materials, any ICT equipment, health and hygiene, supplies, commodities, and/or safety or medical equipment that may be required for specific health activities conducted at the workplace, and internal and/or external funds). A monitoring and evaluation plan will be included in the implementation plan, including details on the indicators to be used to measure progress and results in achieving the healthy workplace policy objectives. (To be developed and finalized after draft Healthy Workplace Policy draft document has been reviewed, revised and finalized).

**Senior Management Commitment:**

The Gisovu Tea Company is committed to providing a healthy, safe and supportive workplace which will enhance employee health and job satisfaction, and enable employees to contribute most effectively in their roles as workers for the company.

The senior management is fully committed to support the effective and sustained implementation of this Health Workplace Policy for the benefit of all employees, using a participatory process and with mechanisms for regular monitoring and evaluation for continual improvement.

**Healthy Workplace Policy Coordinating Committee (HWPCC)**

A Healthy Workplace Policy Coordinating Committee (HWPCC) will be formed to oversee design, implementation, monitoring, and evaluation of the Healthy Workplace Policy for Gisovu Tea Company. This Committee should be formulated prior to the implementation of the policy. The Committee will have the responsibility of making-decisions concerning the design, implementation, evaluation and

improvement of the policy and implementation plan, based on feedback provided by staff at all levels, technical input from outside health organizations, and financial considerations.

The Coordinating Committee will be composed of representatives of both the full-time and casual staff, and include both male and female members. The Company Senior Manager, and either the Human Resource or Finance Manager will serve on Committee, and at least two casual workers (volunteers) will also serve on the Committee. If the Company has a health professional or trained peer educators on staff, at least one of these staff members may also be asked to serve on the Coordinating Committee.

### **Proposed membership of HWPCC:**

#### **Gisovu HWPCC (8 persons)**

1. Director of Company
2. Admin Staff (HR or Finance Officer)
3. Admin Health Provider
4. Floor Maintenance representative
5. Tea Making Services representative
6. Casual plantation worker (F)
7. Casual plantation worker (F)
8. Casual plantation worker (M)

### **Responsibilities of Employees/Workers:**

All workers/employees are encouraged to play an active role in making the Healthy Workplace Policy a success in improving the health and well-being of employees and their families. All employees have a responsibility to:

- Fully understand and discuss the policy
- Comply with the policy while completing work-related duties
- Inform a supervisor or manager if aware that policy is not being followed.

### **Responsibilities of Managers:**

Company managers have a responsibility to:

- Support the Healthy Workplace Policy and ensure that all workers, contractors and volunteers are made aware of this policy at the time of induction
- Create a workplace culture that is supportive of healthy choices
- Manage the implementation and review of this policy at regular intervals (working with the HWPCC)

### **Communication of Workplace Policy:**

All workers will receive a copy of workplace policies during the induction process and have the policy verbally explained to them (especially for illiterate employees). The Company's Healthy Workplace Policies will be made easily accessible to all members of the company. Employees will be given regular

opportunities to provide oral or written feedback to the Coordinating Committee about relevant health issues and problems in the implementation of the Health Workplace Policy. Employees will also be informed when a particular work or health activity aligns with a relevant workplace health policy.

### **Employee Recognition and Incentives**

The purpose of employee recognition, rewards and incentives is to enhance motivation for participation by employees. Employees participating in healthy workplace activities will be eligible for recognition and incentives. This may be done by issuing participant certificates; prizes for participation and achievements; or providing random —dooprizes” to randomly selected participants

### **Monitoring and Evaluation of Healthy Workplace Policy:**

The Healthy Workplace Policy Coordinating Committee (HWPCC) will be responsible ensuring that the implementation of the HWP is monitored regularly and evaluated in terms of progress and results in achieving the specific objectives and targets. Measurable indicators for each of the objectives will be tracked and qualitative feedback from employees will be solicited on a regular basis. The monitoring and evaluation data will be used by the HWPCC to make decisions to help improve the Company’s HWP, and to document successes and lessons learned for the future. New feedback from employees and additional information from international experience and best practices could lead to the introduction of new strategies in the future to further support the Company’s efforts to create a healthy workplace environment and improve the health, satisfaction and productivity of all employees. The HWPCC will review the Healthy Workplace Policy annually to see if any changes are necessary

### **Guiding Principles of the Healthy Workplace Policy:**

- ✓ **Evidence-based:** The components of the strategy are based upon evidence of what has worked in other similar areas and an evaluation component will be included to allow the organization to critically reflect on process, impact and cost-effectiveness.
- ✓ **Sustainable:** Components of the strategy are selected both on the evidence of effectiveness and the potential for sustained impact over the long term. Activities that are integrated with existing strategies, opportunities and existing infrastructure are prioritized. A key focus is on health, environmental and policy changes where the costs are low and their impact and sustainability high.
- ✓ **Participatory:** Involving all company staff (management and workers) and stakeholders in development, implementation and evaluation to enhance the likelihood of adoption and implementation and effectiveness.
- ✓ **Voluntary:** Although all employees are encouraged to fully participate in healthy workplace policy activities, such as health education, training and health screenings, and prevention and treatment services that may be offered by the company, employees’ participation is on a

voluntary basis. It is up to each employee to select the specific HWP activities they wish to participate in.

- ✓ **Non-discrimination:** People with physical disabilities or HIV or AIDS are entitled to the same rights, benefits and opportunities as those with other serious or chronic illnesses, for example in relation to absenteeism or assessment. Through education and counseling, the company aims to prevent stigmatization of those with such conditions, and will not condone any form of discrimination.
- ✓ **Fair Employment:** Employment practices comply with local laws and regulations where applicable. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion. The company will offer employment opportunities for qualified persons with disabilities who are capable of performing the required work tasks.
- ✓ **Confidentiality:** The Company will protect the confidentiality of employees' medical information. An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counseling providers. HIV testing that is carried out for clinical purposes should be performed with the appropriate pre and post test counseling; results will remain confidential. Voluntary testing will be approached the same way.

#### **Management Signoff on Healthy Workplace Policy:**

This policy has been reviewed in accordance with all guidelines:

Signature:

Management position:

Date:

Date when Healthy Workplace Policy will be in Effect:

#### **Gisovu Tea Company LTD**

##### **Proposed Next Steps:**

- The next step of the Gisovu HWP group will be to report back to the company on workshop activities and achievements, and provide the senior management with an overview of HWP and the draft HWP document with proposed objectives and strategies for implementation:
- Those aspects of the HWP to be implemented first will be those strategies and activities that do not require or require only minimal outside technical and/or financial assistance. The first activities the Gisovu HWP group recommended to start working on soon after returning to the Company include: (1) finalizing the HWP Coordinating Committee membership and defining roles and responsibilities; planning and conducting a session to explain HWP to employees, planning a session of health education in collaboration with health facilities, plan timeframe for implementation, monitoring and follow-up of the HWP;

- Following the launching of the HWP it is likely that the following activities will be undertaken very soon: (1) Setting up a Club for AIDS information and support; and (2) Creating a team of trained public health Peer Educators;
- If the Company can obtain additional outside financial and technical support, they will implement other components and strategies of the HWP action plan, with the technical assistance of health experts from collaborating health centers and/or health NGOs: Some of the priority procurements would be adequate supply of condoms, possibly oral contraceptives, health IEC and behavioral change communication materials on the identified priority health issues in the workplace, and supplemental hygiene materials (disinfectant, clean water supply system). Outside health experts will be needed to train PEs and to instruct other employees on specific priority health topics.

## **GISAKURA HEALTHY WORKPLACE POLICY**

### **Healthy Workplace Policy**

#### **Gisakura Tea Company LTD:**

#### **Mission Statement:**

*The mission of the Health workplace policy of Gisakura Tea Company LTD is to ensure a healthy, satisfied and productive workforce, by enhancing the health and well-being of employees of the Gisakura Tea Company through the provision of credible health information, resources that enable them to take charge of their own health, and a work environment that facilitates the making of healthy choices for all employees.*

#### **Key Objectives and Specific Strategies**

The following are the healthy workplace objectives that the Company would like to achieve during the first two years of implementation of the Healthy Workplace Policy. Each objective is followed by specific strategies and activities recommended by HWPC to achieve these objectives. The HWP objectives and strategies are based on a health needs assessment conducted with a sample of the Company's managers and day workers, and they address the priority health needs and health issues identified, and incorporate evidenced-based international best practices for effectively addressing health issues in the workplace. *(Note: For all of the objectives and strategies mentioned below, it will be necessary to specify in the Policy Implementation Plan (see below) precisely who will do the sensitizing, training and service provision activities for the employees (e.g., Peer educators, CHWs, or other outside health experts from NGOs or MOH). It is also important to specify what methods of communication, training and skills building will be used and the IEC/BCC materials and other supplies and equipment needed, if any.)*

**Objective 1:** Improve employee's knowledge about HIV/AIDS and reduce the prevalence of sexual transmitted diseases, e.g.: HIV/AIDS and others STIs

#### **Strategies**

- ✓ Formation of HIV/AIDS Club for information, prevention and support at the workplace;
- ✓ Mobilization and sensitization of the people about how they can prevent the spread of HIV/AIDS;
- ✓ Sensitization of employees about the ABC message for HIV/AIDS prevention: abstinence, being faithful to one partner, and use of condoms to prevent HIV infections.
- ✓ Provision of supplies and equipment necessary to avoid continuing infections of HIV/AIDS, e.g., provide condoms in the workplace, ARV treatment to employees with HIV/AIDSs, HIV/AIDS screening and referrals for VCT;

**Objective 2:** Increase staff knowledge about family planning methods and services available

**Strategies**

- ✓ Sensitization of employees about importance of family planning, from the mother and fathers perspective, and to improve family health, economic circumstances and social-well being;
- ✓ Encourage staff to visit medical centers for providing condoms, other family planning methods, and other FP counseling resources and services
- ✓ Invite family planning experts to train employees about family planning

**Objective 3:** Improve employees' knowledge and hygiene behavior to reduce the prevalence of diseases caused by poor personal hygiene

**Strategies**

- ✓ Trainings about importance of proper personal hygiene, e.g. proper hand washing
- ✓ Providing equipment concerning proper hygiene for example liquid soaps and toilet papers, disinfectant;
- ✓ Establishing hand washing stations and —*Cum ikirenge*” in different locations at the workplace;
- ✓ Encouraging people to dig pit latrines, especially in the tea plantations, forest work areas and at their family homes as well;
- ✓ Encouraging all the workers with in the factory and also those working outside the factory to have and dust bins (waste despoil containers), both mobile and immobile, depending on where there are
- ✓ Providing arbandazole and mebendazole to reduce worms and other parasites in employees; and offer these medications periodically to employees, at least every three months in a year;
- ✓ Recruit skilled public health trainers to train the company peer educators and general employees about proper hygiene practices in food preparation and in the kitchen and during meals

**Objective 4:** Reduce the incidence of accidents to employees, especially in the factory and forest work areas

**Strategies**

- ✓ Provision or procurement of necessary equipment necessary to avoid accidents at the workplace: For example, providing gloves, dust masks, protective (welding) glasses, protective bars and rails on factory machines to prevent injuries to machine operators, etc.
- ✓ Mobilization of the employees about of the people they can avoid accidents, and this would include the formation of factory safety groups (anti-accident groups) and teaching employees how to use fire extinguishers; and how to evacuate the factory in the case of fire or other emergency;
- ✓ Establishing a fire alarm or accident alert bell, e.g., installing connected fire detectors throughout the factory;
- ✓ Support and require first aid programs and train first aid teams both within the factory and among forest and tea plantation workers outside the factory.

**Objective 5:** Increase employees' knowledge and capacity to prevent malaria at the workplace and at home, and improve their capacity to obtain proper treatment for malaria cases, through a Workplace Campaign to Fight Against Malaria):

**Strategies**

- ✓ Mobilization of all workers and other residents living around the factory to develop and implement an action plan to fight against malaria, for example, removing stagnant water around the workplace and around employees homes and communities, cutting bushes around factory building and employee homes, supplying and consistent use of mosquito nets, and spraying insecticides to kill mosquitoes during the high risk seasons;
- ✓ Improve employees' knowledge about ways to prevent malaria, signs and symptoms of malaria, and proper treatment and medicines for malaria cases. This includes providing referral information and encouraging employees to visit trained health providers when they have any symptoms of malaria.

**Policy Implementation Plan:** (The detailed HWP Implementation Plan will be completed after review, revision and finalization of the draft HWP document).

The detailed implementation plan (or action plan) will provide detailed on the implementation of the various components of Healthy Workplace Policy for the first one to two years, including timelines and budgets for specific HWP strategies and activities to be carried out in the first year. The implementation plan will include indicators and targets to be achieved under each activity, and identify the persons responsible for implementation, the human, logistical, and financial resources required for successful implementation (e.g., technical assistance experts, training materials, health informational materials, any ICT equipment, health and hygiene, supplies, commodities, and/or safety or medical equipment that may be required for specific health activities conducted at the workplace, and internal and/or external funds). A monitoring and evaluation plan will be included in the implementation plan, including details on the indicators to be used to measure progress and results in achieving the healthy workplace policy objectives. *(To be developed and finalized after draft Healthy Workplace Policy draft document has been reviewed, revised and finalized).*

**Senior Management Commitment:**

The Gisakura Tea Company is committed to providing a healthy, safe and supportive workplace which will enhance employee health and job satisfaction, and enable employees to contribute most effectively in their roles as workers for the company.

The senior management is fully committed to support the effective and sustained implementation of this Health Workplace Policy for the benefit of all employees, using a participatory process and with mechanisms for regular monitoring and evaluation for continual improvement.

## **Healthy Workplace Policy Coordinating Committee (HWPCC)**

A Healthy Workplace Policy Coordinating Committee (HWPCC) will be formed to oversee design, implementation, monitoring, and evaluation of the Healthy Workplace Policy for Gisakura Tea Company. This Committee should be formulated prior to the implementation of the policy. The Committee will have the responsibility of making-decisions concerning the design, implementation, evaluation and improvement of the policy and implementation plan, based on feedback provided by staff at all levels, technical input from outside health organizations, and financial considerations.

The Coordinating Committee will be composed of representatives of both the full-time and casual staff, and include both male and female members. The Company Senior Manager, and either the Human Resource or Finance Manager will serve on Committee, and at least two casual workers (volunteers) will also serve on the Committee. If the Company has a health professional or trained peer educators on staff, at least one of these staff members may also be asked to serve on the Coordinating Committee.

### **Proposed membership of HWPCC:**

#### **Gisakura HWPCC (9 persons) (There are two cooperatives and a factory)**

1. Director of Tea Company
2. Head of Finance and Finance, of Tea Company
3. Tea Maker (250 people)
4. Causal Workers (female)
5. Causal Workers (female)
6. Cooperative Manager
7. Cooperative President
8. Cooperative Manager
9. Cooperative President

### **Responsibilities of Employees/Workers:**

All workers/employees are encouraged to play an active role in making the Healthy Workplace Policy a success in improving the health and well-being of employees and their families. All employees have a responsibility to:

- Fully understand and discuss the policy
- Comply with the policy while completing work-related duties
- Inform a supervisor or manager if aware that policy is not being followed.

### **Responsibilities of Managers:**

Company managers have a responsibility to:

- Support the Healthy Workplace Policy and ensure that all workers, contractors and volunteers are made aware of this policy at the time of induction
- Create a workplace culture that is supportive of healthy choices

- Manage the implementation and review of this policy at regular intervals (working with the HWPCC)

### **Communication of Workplace Policy:**

All workers will receive a copy of workplace policies during the induction process and have the policy verbally explained to them (especially for illiterate employees). The Company's Healthy Workplace Policies will be made easily accessible to all members of the company. Employees will be given regular opportunities to provide oral or written feedback to the Coordinating Committee about relevant health issues and problems in the implementation of the Health Workplace Policy. Employees will also be informed when a particular work or health activity aligns with a relevant workplace health policy.

### **Employee Recognition and Incentives**

The purpose of employee recognition, rewards and incentives is to enhance motivation for participation by employees. Employees participating in healthy workplace activities will be eligible for recognition and incentives. This may be done by issuing participant certificates; prizes for participation and achievements; or providing random —dooprizes” to randomly selected participants

### **Monitoring and Evaluation of Healthy Workplace Policy:**

The Healthy Workplace Policy Coordinating Committee (HWPCC) will be responsible ensuring that the implementation of the HWP is monitored regularly and evaluated in terms of progress and results in achieving the specific objectives and targets. Measurable indicators for each of the objectives will be tracked and qualitative feedback from employees will be solicited on a regular basis. The monitoring and evaluation data will be used by the HWPCC to make decisions to help improve the Company's HWP, and to document successes and lessons learned for the future. New feedback from employees and additional information from international experience and best practices could lead to the introduction of new strategies in the future to further support the Company's efforts to create a healthy workplace environment and improve the health, satisfaction and productivity of all employees. The HWPCC will review the Healthy Workplace Policy annually to see if any changes are necessary

### **Guiding Principles of the Healthy Workplace Policy:**

- ✓ **Evidence-based:** The components of the strategy are based upon evidence of what has worked in other similar areas and an evaluation component will be included to allow the organization to critically reflect on process, impact and cost-effectiveness.
- ✓ **Sustainable:** Components of the strategy are selected both on the evidence of effectiveness and the potential for sustained impact over the long term. HWP activities that are integrated with existing strategies, opportunities and existing infrastructure are given priority. A key focus is on health, environmental and policy changes where the costs are low and their impact and sustainability high.

- ✓ **Participatory:** Involving all company staff (management and workers) and stakeholders in development, implementation and evaluation to enhance the likelihood of adoption and implementation and effectiveness.
- ✓ **Voluntary:** Although all employees are encouraged to fully participate in healthy workplace policy activities, such as health education, training and health screenings, and prevention and treatment services that may be offered by the company, employees' participation is on a voluntary basis. It is up to each employee to select the specific HWP activities they wish to participate in.
- ✓ **Non-discrimination:** People with physical disabilities or HIV or AIDS are entitled to the same rights, benefits and opportunities as those with other serious or chronic illnesses, for example in relation to absenteeism or assessment. Through education and counseling, the company aims to prevent stigmatization of those with such conditions, and will not condone any form of discrimination.
- ✓ **Fair Employment:** Employment practices comply with local laws and regulations where applicable. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion. The company will offer employment opportunities for qualified persons with disabilities who are capable of performing the required work tasks.
- ✓ **Confidentiality:** The Company will protect the confidentiality of employees' medical information. An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counseling providers. HIV testing that is carried out for clinical purposes should be performed with the appropriate pre and post test counseling; results will remain confidential. Voluntary testing will be approached the same way.

**Management Signoff on Healthy Workplace Policy:**

This policy has been reviewed in accordance with all guidelines:

Signature:

Management position:

Date:

Date when Healthy Workplace Policy will be in Effect:

## Summary of Gisakura's Planned Next Steps (in finalizing and implementing the Healthy Workplace Policy)

### Proposed Next Steps:

- The Gisakura group said that once the HWP for the Company is finalized and approved, they will initiate some public health activities that the company can start doing on their own (without outside financial and/or limited technical support). However, there are other proposed strategies that they will definitely need outside assistance (TA, funds, supplies);
- For Objective 1 of their HWP, the next steps proposed are: (1) Set up AIDS Club, (2) search for employees who want to be members of the club, (3) decide where to locate it. For capacity building they need outside TA and materials on TOT, condoms, penis models, books on health topics (that can be read);
- For Objective 2: improving FP knowledge and access to services, the Gisakura group felt they could not do much on their own. They need outside help from medical centers and maybe NGOs for FP TOT, and they need appropriate FP materials for the workplace;
- For Objective 3: Improving hygiene, the Gisakura group said they could begin on their own by providing some basic messages on good hygiene, e.g., encouraging people to build pit latrines, encouraging people to use dust bins at the workplace and home, hand washing, etc.;
- The Gisakura group stated that they will need outside technical assistance for TOT hygiene training for peer educators, and possibly some financial support for ensuring adequate supplies for disinfectants for ensuring hygienic work conditions at the factory; They will also outside need assistance on hygiene issues for employees working or living in the people in the forest;
- The next step for implementing Objective 4: Preventing accidents, would be to receive training on how to teach employees and their families about accident prevention at work and home, and to obtain more safety materials at the factory (reading glasses, gloves can be provided by the company), e.g., get fire detectors for factory, fire extinguishers, and conduct efforts to prevent electrical fires or man-made fires;
- For Objective: 5: Prevention of malaria, because up to 10-20 percent people have malaria and need to go to the medical center, the next step will be to mobilize the employees on malaria prevention and treatment (e.g., help people remove stagnant water, bushes around homes and to use mosquito nets, and insecticide, and make referrals on where employees with malaria can go for effective treatment and obtain correct medications). When employees have malaria already, the Company would like to encourage them to go to a medical center and assist them in this process to the extent possible. The company will not be able to supply mosquito nets to all employees and their families (they can be expensive - 4000 Fr) and the Company will need outside help for this; they also need adequate supply of insecticides, and need outside expert training on malaria prevention and treatment.

## KITABI HEALTHY WORKPLACE POLICY

### Kitabi Tea Company LTD:

#### Mission Statement:

*The mission of the Health workplace policy of Kitabi Tea Company LTD is to ensure a healthy, satisfied and productive workforce, by enhancing the health and well-being of employees of the Kitabi Tea Company through the provision of credible health information, resources that enable them to take charge of their own health, and a work environment that facilitates the making of healthy choices for all employees.*

#### Key Objectives and Specific Strategies

The following are the healthy workplace objectives that the Company would like to achieve during the first two years of implementation of the Healthy Workplace Policy. Each objective is followed by specific strategies and activities recommended by HWPCC to achieve these objectives. The HWP objectives and strategies are based on a health needs assessment conducted with a sample of the Company's managers and day workers, and they address the priority health needs and health issues identified, and incorporate evidenced-based international best practices for effectively addressing health issues in the workplace.

**Objective 1:** Facilitate employees and employers access to family planning information and services.

#### Strategy:

Providing Health Education at the work place about Family Planning and its benefits (reduction of maternal mortality, reduction of poverty) by using family health workers with family planning expertise (e.g., nurses from the government health center from or from NGOs).

*(Note: In the Policy Implementation Plan (see below) specify specifically how each strategy and activity will be carried out and by whom, when, and what materials are required for the activity (e.g., Are pamphlets, posters, condom demonstration models and/or instructors needed such as Peer education; staff nurse; visiting CHW or other outside expert, or supplies such as hygiene materials, safety equipment, condoms, other contraceptives, vitamins, health screening and testing materials, etc); Are different materials required for highly literate and low literate employees; Efforts will be made to adapt existing best practices, health messages and health informational materials that are already developed for use in the Company's HWP activities and interventions.)*

**Objective 2:** Facilitate both employees and employers access on HIV/AIDS prevention information and improve access to related prevention, screening, testing, and treatment services.

**Strategies:**

- ✓ Providing Health Education on HIV/AIDS their causes, routes of transmission, prevention and treatment and its socioeconomic impact by looking to health providers;
- ✓ Avail at work place HIV/AIDS services on screening (VCT services) in collaboration of Health facilities and others donors. (In the Implementation Plan specify how and who will carry out this strategy; Will there be collaboration with local health centers, laboratories, or health NGOs? Will testing be done at the workplace or will referrals be made to VCT centers; How will confidentiality of HIV status of employees be ensured at the workplace?);
- ✓ Plan of campaign on abstinence, condom use and remaining faithful to one partner (ABC);
- ✓ Make condoms available to employees (free of charge or at a nominal price) in specific areas in the workplace.

**Objective 3:** Identify and put into action measures for prevention of diseases caused by poor hygiene.

**Strategies:**

- ✓ Providing Health Education on benefit of best practice with hygiene (BCC). (Specify in the Policy Implementation Plan how this will be done and who will be responsible for carrying out this activity);
- ✓ Having periodical session on hands washing;
- ✓ Ensure that workplace WCs (latrines) and other water supply sources (kandagira ukarabe) have adequate supply of soap for employee hand washing before and after work activities, eating, and use of the WC/latrines or as needed.

**Objective 4:** Identify key factors of malnutrition and support activities to improve the nutritional status of employees and their families in the community.

**Strategies:**

- ✓ Providing information to employee on how they may create other generating income activities (saving cooperatives, cultivating vegetables and fruits at home or at the workplace) (Note: livelihoods training may be required from health NGOs)
- ✓ Teach employees the benefits of having a kitchen garden (akarima ki gikoni) for increasing income, and for improving family nutrition and food security
- ✓ Having some theoretical and practical session for education on the preparation of good and balanced diet.

**Objective 5:** Provide employees access to information and services for respiratory diseases. (*Instruct on prevention of respiratory infections, on clinic and home-based treatment of RIs; provide protective masks, gloves, encourage good hygienic practices, and other treatment information and make referrals for health services for employees needing clinical care*)

**Strategies:**

- ✓ Provision of sufficient numbers of hygiene materials for prevention such as protective masks, gloves, etc. *(Determine how much will this cost and a find a sustainable who to pay for these materials)*
- ✓ Provide milk and vitamin supplemental support for employees who work in areas at risk places of respiratory infections. *(Provide rationale for nutritional support to boost immune system and reduce risk of respiratory infections. Specify in which workplaces this support will be provided (e.g., in the factory only, where workers are exposed to dust, or working in close proximity to each other?) and specify the estimated costs, sustainable funding plan, and monitoring plan for this activity? (Factory). Is a different strategy needed for different types of respiratory infections (e.g., those caused by factory dust, TB, influenza virus, AIDS?) (What about provision of ciproflaxin for treatment; make referrals to collaborating local health facilities for proper treatment, etc)*
- ✓ Provision of information on prevention and treatment measures for respiratory illness to both infected and non-infected employees, including information on prevention measures in the work place and in the homes/communities *(e.g., promoting good hygienic practices, such as covering mouth when coughing or sneezing, proper hand-washing, encouraging social distancing during infectious disease outbreaks offering health screenings, flu vaccine, antibiotics, antiviral medication);*
- ✓ Facilitate those who have acquired respiratory infections in their accessing prompt and appropriate treatment. *(For TB this requires special follow-up and good treatment management, e.g., following DOTS regimen for TB, and specifying where treatment is provided? For influenza (antiviral medicines), ARI, pneumonia (antibiotics) Specify who provides treatment, where, and what medicines).*

**Policy Implementation Plan:** (The detailed HWP Implementation Plan will be completed after review, revision and finalization of the draft HWP document).

The detailed implementation plan (or action plan) will provide detailed on the implementation of the various components of Healthy Workplace Policy for the first one to two years, including timelines and budgets for specific HWP strategies and activities to be carried out in the first year. The implementation plan will include indicators and targets to be achieved under each activity, and identify the persons responsible for implementation, the human, logistical, and financial resources required for successful implementation (e.g., technical assistance experts, training materials, health informational materials, any ICT equipment, health and hygiene, supplies, commodities, and/or safety or medical equipment that may be required for specific health activities conducted at the workplace, and internal and/or external funds). A monitoring and evaluation plan will be included in the implementation plan, including details on the indicators to be used to measure progress and results in achieving the healthy workplace policy objectives. (To be developed and finalized after draft Healthy Workplace Policy draft document has been reviewed, revised and finalized).

### **Senior Management Commitment:**

The Kitabi Tea Company is committed to providing a healthy, safe and supportive workplace which will enhance employee health and job satisfaction, and enable employees to contribute most effectively in their roles as workers for the company.

The senior management is fully committed to support the effective and sustained implementation of this Health Workplace Policy for the benefit of all employees, using a participatory process and with mechanisms for regular monitoring and evaluation for continual improvement.

### **Healthy Workplace Policy Coordinating Committee (HWPCC)**

A Healthy Workplace Policy Coordinating Committee (HWPCC) will be formed to oversee design, implementation, monitoring, and evaluation of the Healthy Workplace Policy for Kitabi Tea Company. This Committee should be formulated prior to the implementation of the policy. The Committee will have the responsibility of making decisions concerning the design, implementation, evaluation and improvement of the policy and implementation plan, based on feedback provided by staff at all levels, technical input from outside health organizations, and financial considerations.

The Coordinating Committee will be composed of representatives of both the full-time and casual staff, and include both male and female members. The Company Senior Manager, and either the Human Resource or Finance Manager will serve on Committee, and at least two casual workers (volunteers) will also serve on the Committee. If the Company has a health professional or trained peer educators on staff, at least one of these staff members may also be asked to serve on the Coordinating Committee.

### **Proposed membership of HWPCC:**

#### **Kitabi HWPCC: (9 persons)**

1. HR Manager
2. Central Secretary (F)
3. Store Keeper (20)
4. Tea Maker
5. Casual plantation worker (M)
6. Casual plantation worker (F)
7. Manger of Cooperative
8. Agronome Head (F)
9. Agronome from Cooperative (M)

### **Responsibilities of Employees/Workers:**

All workers/employees are encouraged to play an active role in making the Healthy Workplace Policy a success in improving the health and well-being of employees and their families. All employees have a responsibility to:

- Fully understand and discuss the policy

- Comply with the policy while completing work-related duties
- Inform a supervisor or manager if aware that policy is not being followed.

### **Responsibilities of Managers:**

Company managers have a responsibility to:

- Support the Healthy Workplace Policy and ensure that all workers, contractors and volunteers are made aware of this policy at the time of induction
- Create a workplace culture that is supportive of healthy choices
- Manage the implementation and review of this policy at regular intervals (working with the HWPCC)

### **Communication of Workplace Policy:**

All workers will receive a copy of workplace policies during the induction process and have the policy verbally explained to them (especially for illiterate employees). The Company's Healthy Workplace Policies will be made easily accessible to all members of the company. Employees will be given regular opportunities to provide oral or written feedback to the Coordinating Committee about relevant health issues and problems in the implementation of the Health Workplace Policy. Employees will also be informed when a particular work or health activity aligns with a relevant workplace health policy.

### **Employee Recognition and Incentives**

The purpose of employee recognition, rewards and incentives is to enhance motivation for participation by employees. Employees participating in healthy workplace activities will be eligible for recognition and incentives. This may be done by issuing participant certificates; prizes for participation and achievements; or providing random —dooprizes” to randomly selected participants

### **Monitoring and Evaluation of Healthy Workplace Policy:**

The Healthy Workplace Policy Coordinating Committee (HWPCC) will be responsible ensuring that the implementation of the HWP is monitored regularly and evaluated in terms of progress and results in achieving the specific objectives and targets. Measurable indicators for each of the objectives will be tracked and qualitative feedback from employees will be solicited on a regular basis. The monitoring and evaluation data will be used by the HWPCC to make decisions to help improve the Company's HWP, and to document successes and lessons learned for the future. New feedback from employees and additional information from international experience and best practices could lead to the introduction of new strategies in the future to further support the Company's efforts to create a healthy workplace environment and improve the health, satisfaction and productivity of all employees. The HWPCC will review the Healthy Workplace Policy annually to see if any changes are necessary

## Guiding Principles of the Healthy Workplace Policy:

- ✓ **Evidence-based:** The components of the strategy are based upon evidence of what has worked in other similar areas and an evaluation component will be included to allow the organization to critically reflect on process, impact and cost-effectiveness.
- ✓ **Sustainable:** Components of the strategy are selected both on the evidence of effectiveness and the potential for sustained impact over the long term. Activities that are integrated with existing strategies, opportunities and existing infrastructure are given priority. A key focus is on health, environmental and policy changes where the costs are low and their impact and sustainability high.
- ✓ **Participatory:** Involving all company staff (management and workers) and stakeholders in development, implementation and evaluation to enhance the likelihood of adoption and implementation and effectiveness.
- ✓ **Voluntary:** Although all employees are encouraged to fully participate in healthy workplace policy activities, such as health education, training and health screenings, and prevention and treatment services that may be offered by the company, employees' participation is on a voluntary basis. It is up to each employee to select the specific HWP activities they wish to participate in.
- ✓ **Non-discrimination:** People with physical disabilities or HIV or AIDS are entitled to the same rights, benefits and opportunities as those with other serious or chronic illnesses, for example in relation to absenteeism or assessment. Through education and counseling, the company aims to prevent stigmatization of those with such conditions, and will not condone any form of discrimination.
- ✓ **Fair Employment:** Employment practices comply with local laws and regulations where applicable. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion. The company will offer employment opportunities for qualified persons with disabilities who are capable of performing the required work tasks.
- ✓ **Confidentiality:** The Company will protect the confidentiality of employees' medical information. An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counseling providers. HIV testing that is carried out for clinical purposes should be performed with the appropriate pre and post test counseling; results will remain confidential. Voluntary testing will be approached the same way.

## **Management Signoff on Healthy Workplace Policy:**

This policy has been reviewed in accordance with all guidelines:

Signature:

Management position:

Date:

Date when Healthy Workplace Policy will be in Effect:

## **Summary of Kitabi's Planned Next Steps** (in finalizing and implementing their Healthy Workplace Policies)

### **Proposed Next Steps:**

- The workshop participants representing the Kitabi Tea Company proposed to first provide feedback to the company management on the interesting Healthy Workplace Policy information, training they received during the workshop, and the output of the HWP working sessions for their group; They will begin creating and operationalizing the Company's HWP Coordinating Committee, and prioritize the five HWP objectives identified by the Kitabi Tea Company working group during the workshop.
- The Kitabi group saw Family Planning as their first public health priority, and said they would begin sensitizing all employees on the benefits of FP using Peer Educators and available informational materials produced by the MOH or health NGOs (adapting the contents when necessary for the workplace setting).
- If there is financial support, the Company will need assistance from outside public health experts to build the knowledge, skills and capacity of the company to implement specific workplace health strategies,
- The company may also seek to supply oral contraceptives at the workplace, following the appropriate procedures for screening for contraindications for use of oral contraceptives;
- The group will prioritize their strategies for reducing HIV/AIDS; they will plan a session for VCT screening, and will create an HIV/AIDS club information and support club;
- If there is financial support they would like to procure a sufficient supply condoms (both male and female condoms of high quality);
- Their proposed next steps for Objective 3 on reducing diseases caused by poor hygiene, they would like to begin by having hygiene talks and hold proper hand washing sessions with employees, sensitize staff on how to properly use toilets at company and at home;
- If there is any financial support they, the group also want good, understandable IEC materials to give to clients (pamphlets, posters, messages e.g., like the BP pamphlets on avian influenza/pandemic influenza provided to their employees in Azerbaijan, but on the priority health topics (FP, HIV/AIDS, hygiene) and adapted to local conditions;

- For nutrition/malnutrition issues they will first seek information from available sources about good diet, and teach employees to have a kitchen garden and income generating activities in family;
- They will also advocate for financial support from DAI or other international NGOs and donors to public health information and interventions on prevention and proper treatment of respiratory diseases; e.g., they would like to teach a session for all employees on how viral infections are transmitted and how to prevent transmission;
- The Company would like to increase its capacity to supply mask, gloves, boot and other hygiene protection material to all staff who need and for the entire year;
- They will advocate to the company administration to supply dietary supplements to help prevent respiratory infections;
- If there is financial support they would like to set some health screening capability to see if some employees already infected with certain infectious diseases (e.g., TB, HIV/AIDs, influenza, and other acute respiratory infections) and help employees in seeking health treatment.

## SHAGASHA HEALTHY WORKPLACE POLICY

### Shagasha Tea Factory:

#### Mission Statement:

*The mission of the Health workplace policy of Shagasha Tea Factory is to ensure a healthy, satisfied and productive workforce, by enhancing the health and well-being of employees of the Shagasha Tea Factory through the provision of credible health information, resources that enable them to take charge of their own health, and a work environment that facilitates the making of healthy choices for all employees.*

#### Key Objectives and Specific Strategies

The following are the healthy workplace objectives that the Company would like to achieve during the first two years of implementation of the Healthy Workplace Policy. Each objective is followed by specific strategies and activities recommended by HWPCC to achieve these objectives. The HWP objectives and strategies are based on a health needs assessment conducted with a sample of the Company's managers and day workers, and they address the priority health needs and health issues identified, and incorporate evidenced-based international best practices for effectively addressing health issues in the workplace.

*Note: For all of the objectives and strategies mentioned below, it will be necessary to specify in the Policy Implementation Plan (see below) precisely who will do the sensitizing, training and service provision activities for the employees (e.g., Peer educators, CHWs, or other outside health experts from NGOs or MOH). It is also important to specify what methods of communication, training and skills building will be used and the IEC/BCC materials and other supplies and equipment needed, if any.*

**Objective 1:** Increase employee knowledge about HIV/AIDS prevention and VCT services, and provide support services in the workplace for HIV/AIDS prevention and for destigmatization of people living with HIV/AIDS

#### Strategies

- ✓ Explain the HIV/AIDS main modes of transmission and means of prevention;
- ✓ Sensitize employees about HIV Voluntary Counseling and Testing (VCT) services;
- ✓ Advocate for People Living with HIV/AIDS (PLWHA), and assist employees and their families who are affected by HIV/AIDS;
- ✓ Sensitize factory workers and all tea farmers about avoiding stigma and discrimination against PLWHA;
- ✓ Implement Clubs (at least 3) for HIV/AIDS information, prevention and support services.

**Objective 2:** Improve knowledge about Family planning/Reproductive health

#### Strategies

- ✓ Sensitize tea estate employees on the role of family planning and about different contraceptive methods used in family planning;
- ✓ Sensitize young employees about reproductive health and STIs;

- ✓ Explain how to prevent STIs;
- ✓ Advocate prevention by providing IEC materials, training about condom use and reproductive health using condom demonstration models, anatomy poster, pamphlets, etc.

**Objective 3:** Sensitize tea estate staff on the essentials of good nutrition and a balanced diet.

**Strategies**

- ✓ Explain to tea factory employees about the components of and importance of a balanced diet and good nutrition;
- ✓ Sensitize tea estate employees on how to prepare a balanced diet;
- ✓ Sensitize tea estate employees about kitchen gardens, fruits tree plantation and livestock raising (also chicken and rabbits), and even cows to access to milk

**Objective 4:** Increase knowledge of tea estate employees about good hygienic practices

**Strategies**

- ✓ Sensitize the tea factory staff on good hygiene practices at home and at the workplace;
- ✓ Hand washing sensitization for before and after eating, after using bathrooms or when taking care of their children or preparing food;
- ✓ Sensitize tea estate staff on using hand washing stations

**Policy Implementation Plan:** (The detailed HWP Implementation Plan will be completed after review, revision and finalization of the draft HWP document).

The detailed implementation plan (or action plan) will provide detailed on the implementation of the various components of Healthy Workplace Policy for the first one to two years, including timelines and budgets for specific HWP strategies and activities to be carried out in the first year. The implementation plan will include indicators and targets to be achieved under each activity, and identify the persons responsible for implementation, the human, logistical, and financial resources required for successful implementation (e.g., technical assistance experts, training materials, health informational materials, any ICT equipment, health and hygiene, supplies, commodities, and/or safety or medical equipment that may be required for specific health activities conducted at the workplace, and internal and/or external funds). A monitoring and evaluation plan will be included in the implementation plan, including details on the indicators to be used to measure progress and results in achieving the healthy workplace policy objectives. (To be developed and finalized after draft Healthy Workplace Policy draft document has been reviewed, revised and finalized).

**Senior Management Commitment:**

The Shagasha Tea Factory is committed to providing a healthy, safe and supportive workplace which will enhance employee health and job satisfaction, and enable employees to contribute most effectively in their roles as workers for the company.

The senior management is fully committed to support the effective and sustained implementation of this Health Workplace Policy for the benefit of all employees, using a participatory process and with mechanisms for regular monitoring and evaluation for continual improvement.

### **Healthy Workplace Policy Coordinating Committee (HWPCC)**

A Healthy Workplace Policy Coordinating Committee (HWPCC) will be formed to oversee design, implementation, monitoring, and evaluation of the Healthy Workplace Policy for Tea Factory. This Committee should be formulated prior to the implementation of the policy. The Committee will have the responsibility of making-decisions concerning the design, implementation, evaluation and improvement of the policy and implementation plan, based on feedback provided by staff at all levels, technical input from outside health organizations, and financial considerations.

The Coordinating Committee will be composed of representatives of both the full-time and casual staff, and include both male and female members. The Company Senior Manager, and either the Human Resource or Finance Manager will serve on Committee, and at least two casual workers (volunteers) will also serve on the Committee. If the Company has a health professional or trained peer educators on staff, at least one of these staff members may also be asked to serve on the Coordinating Committee.

### **Proposed membership of the HWP Coordinating Committee:**

#### **Shagasha HWPCC (7)**

1. Director of Company
2. HR Manager of Company
3. Trained Peer Educator (M)
4. Manager of Cooperative 1
5. Manager of Cooperative 2
6. President of Cooperative 1 (casual worker representative) (F)
7. President of Cooperative 2 (casual worker representative) (F)

### **Responsibilities of Employees/Workers:**

All workers/employees are encouraged to play an active role in making the Healthy Workplace Policy a success in improving the health and well-being of employees and their families. All employees have a responsibility to:

- Fully understand and discuss the policy
- Comply with the policy while completing work-related duties
- Inform a supervisor or manager if aware that policy is not being followed.

### **Responsibilities of Managers:**

Company managers have a responsibility to:

- Support the Healthy Workplace Policy and ensure that all workers, contractors and volunteers are made aware of this policy at the time of induction
- Create a workplace culture that is supportive of healthy choices

- Manage the implementation and review of this policy at regular intervals (working with the HWPCC).

### **Communication of Workplace Policy:**

All workers will receive a copy of workplace policies during the induction process and have the policy verbally explained to them (especially for illiterate employees). The Company's Healthy Workplace Policies will be made easily accessible to all members of the company. Employees will be given regular opportunities to provide oral or written feedback to the Coordinating Committee about relevant health issues and problems in the implementation of the Health Workplace Policy. Employees will also be informed when a particular work or health activity aligns with a relevant workplace health policy.

### **Employee Recognition and Incentives**

The purpose of employee recognition, rewards and incentives is to enhance motivation for participation by employees. Employees participating in healthy workplace activities will be eligible for recognition and incentives. This may be done by issuing participant certificates; prizes for participation and achievements; or providing random —dooprizes” to randomly selected participants.

### **Monitoring and Evaluation of Healthy Workplace Policy:**

The Healthy Workplace Policy Coordinating Committee (HWPCC) will be responsible ensuring that the implementation of the HWP is monitored regularly and evaluated in terms of progress and results in achieving the specific objectives and targets. Measurable indicators for each of the objectives will be tracked and qualitative feedback from employees will be solicited on a regular basis. The monitoring and evaluation data will be used by the HWPCC to make decisions to help improve the Company's HWP, and to document successes and lessons learned for the future. New feedback from employees and additional information from international experience and best practices could lead to the introduction of new strategies in the future to further support the Company's efforts to create a healthy workplace environment and improve the health, satisfaction and productivity of all employees. The HWPCC will review the Healthy Workplace Policy annually to see if any changes are necessary.

### **Guiding Principles of the Healthy Workplace Policy:**

- ✓ **Evidence-based:** The components of the strategy are based upon evidence of what has worked in other similar areas and an evaluation component will be included to allow the organization to critically reflect on process, impact and cost-effectiveness.
- ✓ **Sustainable:** Components of the strategy are selected both on the evidence of effectiveness and the potential for sustained impact over the long term. Activities that are integrated with existing strategies, opportunities and existing infrastructure are prioritized. A key focus is on health, environmental and policy changes where the costs are low and their impact and sustainability high.

- ✓ **Participatory:** Involving all company staff (management and workers) and stakeholders in development, implementation and evaluation to enhance the likelihood of adoption and implementation and effectiveness.
- ✓ **Voluntary:** Although all employees are encouraged to fully participate in healthy workplace policy activities, such as health education, training and health screenings, and prevention and treatment services that may be offered by the company, employees' participation is on a voluntary basis. It is up to each employee to select the specific HWP activities they wish to participate in.
- ✓ **Non-discrimination:** People with physical disabilities or HIV or AIDS are entitled to the same rights, benefits and opportunities as those with other serious or chronic illnesses, for example in relation to absenteeism or assessment. Through education and counseling, the company aims to prevent stigmatization of those with such conditions, and will not condone any form of discrimination.
- ✓ **Fair Employment:** Employment practices comply with local laws and regulations where applicable. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion. The company will offer employment opportunities for qualified persons with disabilities who are capable of performing the required work tasks.
- ✓ **Confidentiality:** The Company will protect the confidentiality of employees' medical information. An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counseling providers. HIV testing that is carried out for clinical purposes should be performed with the appropriate pre and post test counseling; results will remain confidential. Voluntary testing will be approached the same way.

**Management Signoff on Healthy Workplace Policy:**

This policy has been reviewed in accordance with all guidelines:

Signature:

Management position:

Date:

Date when Healthy Workplace Policy will be in Effect:

## **Shagasha Tea Factory**

### **Proposed Next Steps:**

- The next steps of the Shagasha HWP working group will be to: (1) Report back to the company on the HWP workshop training; (2) Review and revise the HWP policy; (3) Provide input on forgotten issues into the HWP draft; (4) Prioritize among the HWP objectives and proposed strategies in the HWP draft; (5) Create working groups in the cooperatives for giving health messages; (6) Provide a HWP orientation to all of the cooperative working groups combined together at one time; (7) Mobilize employees on the healthy workplace policy; (8) Plan how the company will advocate to obtain additional financial support;
- Even without outside support, the Shagasha HWP group said they will plan to use the PEs trained by the SSENNP project to provide health messages according to topics identified in the HWP objectives;
- With additional financial and technical support, they will implement other components of the HWP action plan; they plan to buy IEC tools (e. g, penis models, reproductive health models), they also need outside health experts for orienting staff on more technical health topics and accurate and essential health messages concerning prevention and treatment; In addition the Company HWPCC will check on obtaining other forms of non-financial assistance (e.g., transportation support), and close collaboration and coordination with the local health centers.

## RDB HEALTHY WORKPLACE POLICY

### Rwanda Development Board Office at NNP:

#### Mission Statement:

*The mission of the Health workplace policy of RDB/NNP is to ensure a healthy, satisfied and productive workforce, by enhancing the health and well-being of employees of the RDB/NNP through the provision of credible health information, resources that enable them to take charge of their own health, and a work environment that facilitates the making of healthy choices for all employees.*

#### Key Objectives and Specific Strategies

##### RDB/NNP Office

The following are the healthy workplace objectives that the RDB/NNP Office would like to achieve during the first two years of implementation of the Healthy Workplace Policy. Each objective is followed by specific strategies and activities recommended by HWPCC to achieve these objectives. The HWP objectives and strategies are based on a health needs assessment conducted with a sample of the Company's managers and day workers, and they address the priority health needs and health issues identified, and incorporate evidenced-based international best practices for effectively addressing health issues in the workplace.

*(Note: For all of the objectives and strategies mentioned below, it will be necessary to specify in the Policy Implementation Plan (see below) precisely who will do the sensitizing, training and service provision activities for the employees (e.g., Peer educators, CHWs, or other outside health experts from NGOs or MOH). It is also important to specify what methods of communication, training and skills building will be used and the IEC/BCC materials and other supplies and equipment needed, if any.)*

**Objective 1:** Improve knowledge of RDB staff about HIV/AIDS modes of transmission and means of prevention.

##### Strategies

- ✓ Organize sensitization meetings within RDB staff and Nyungwe National Park;
- ✓ Create anti AIDS clubs for staff who work in forest (rangers, trackers and guides);
- ✓ Create some opportunities like meetings and talk about HIV/AIDS;
- ✓ Collaborate with health facilities (also possible NGOs) which can provide some health materials such pamphlets and posters talking on HIV/AIDS.

**Objective 2:** Increase knowledge of RDB staff about family planning and reproductive health issues.

##### Strategies

- ✓ Conduct ongoing sensitization of RDB staff about the role of family planning in ensuring health and economic well-being and about different contraceptive methods used in FP;

- ✓ Liaise with nearest health facilities to have their health staff sensitize RDB/NNP employees on FP/Reproductive health;
- ✓ Make IEC and BCC materials on family planning available to RDP staff at NNP (e.g., pamphlets, and posters, and make condoms available to staff as well.

**Objective 3:** Sensitize RDB staff about interrelationship of population, health and the environment (PHE).

**Strategies**

- ✓ Organize different sensitizations meetings with RDB staffs on the interrelationship of PHE;
- ✓ Explain the role of PHE to RDB staff especially who work direct with the community (*e.g., importance of wildlife conservation, environmental protection, good sanitation, impact of population growth on environment and health and the reduced population growth and smaller healthier families, and risks of animal to human, and human to animal transmission of infectious diseases*)

**Policy Implementation Plan:** (The detailed HWP Implementation Plan will be completed after review, revision and finalization of the draft HWP document).

The detailed implementation plan (or action plan) will provide detailed on the implementation of the various components of Healthy Workplace Policy for the first one to two years, including timelines and budgets for specific HWP strategies and activities to be carried out in the first year. The implementation plan will include indicators and targets to be achieved under each activity, and identify the persons responsible for implementation, the human, logistical, and financial resources required for successful implementation (e.g., technical assistance experts, training materials, health informational materials, any ICT equipment, health and hygiene, supplies, commodities, and/or safety or medical equipment that may be required for specific health activities conducted at the workplace, and internal and/or external funds). A monitoring and evaluation plan will be included in the implementation plan, including details on the indicators to be used to measure progress and results in achieving the healthy workplace policy objectives. (To be developed and finalized after draft Healthy Workplace Policy draft document has been reviewed, revised and finalized).

**Senior Management Commitment:**

The RDB NNP Office is committed to providing a healthy, safe and supportive workplace which will enhance employee health and job satisfaction, and enable employees to contribute most effectively in their roles as workers.

The senior management is fully committed to support the effective and sustained implementation of this Health Workplace Policy for the benefit of all employees, using a participatory process and with mechanisms for regular monitoring and evaluation for continual improvement.

### **Healthy Workplace Policy Coordinating Committee (HWPCC)**

A Healthy Workplace Policy Coordinating Committee (HWPCC) will be formed to oversee design, implementation, monitoring, and evaluation of the Healthy Workplace Policy for the RDB NNP Office and Park staff. This Committee should be formulated prior to the implementation of the policy. The Committee will have the responsibility of making-decisions concerning the design, implementation, evaluation and improvement of the policy and implementation plan, based on feedback provided by staff at all levels, technical input from outside health organizations, and financial considerations.

The Coordinating Committee will be composed of representatives of both the full-time and casual staff, and include both male and female members. The Company Senior Manager, and either the Human Resource or Finance Manager will serve on Committee, and at least two casual workers (volunteers) will also serve on the Committee. If the Company has a health professional or trained peer educators on staff, at least one of these staff members may also be asked to serve on the Coordinating Committee.

### **Proposed membership of HWP Coordinating Committee:**

#### **RDB HWPCC (6) (Nyungwe National Park Office)**

(Note: There are only two females on staff)

1. Director of Park
2. Admin and Finance Director
3. Law Enforcement Department (Manager/Warden)
4. Law Enforcement Department (Ranger)
5. Tourism Department (Manager)
6. Tourism Department (Guide)

### **Responsibilities of Employees/Workers:**

All workers/employees are encouraged to play an active role in making the Healthy Workplace Policy a success in improving the health and well-being of employees and their families. All employees have a responsibility to:

- Fully understand and discuss the policy
- Comply with the policy while completing work-related duties
- Inform a supervisor or manager if aware that policy is not being followed.

### **Responsibilities of Managers:**

Company managers have a responsibility to:

- Support the Healthy Workplace Policy and ensure that all workers, contractors and volunteers are made aware of this policy at the time of induction
- Create a workplace culture that is supportive of healthy choices

- Manage the implementation and review of this policy at regular intervals (working with the HWPCC)

### **Communication of Workplace Policy:**

All workers will receive a copy of workplace policies during the induction process and have the policy verbally explained to them (especially for illiterate employees). The Company's Healthy Workplace Policies will be made easily accessible to all members of the company. Employees will be given regular opportunities to provide oral or written feedback to the Coordinating Committee about relevant health issues and problems in the implementation of the Health Workplace Policy. Employees will also be informed when a particular work or health activity aligns with a relevant workplace health policy.

### **Employee Recognition and Incentives**

The purpose of employee recognition, rewards and incentives is to enhance motivation for participation by employees. Employees participating in healthy workplace activities will be eligible for recognition and incentives. This may be done by issuing participant certificates; prizes for participation and achievements; or providing random —dooprizes” to randomly selected participants

### **Monitoring and Evaluation of Healthy Workplace Policy:**

The Healthy Workplace Policy Coordinating Committee (HWPCC) will be responsible ensuring that the implementation of the HWP is monitored regularly and evaluated in terms of progress and results in achieving the specific objectives and targets. Measurable indicators for each of the objectives will be tracked and qualitative feedback from employees will be solicited on a regular basis. The monitoring and evaluation data will be used by the HWPCC to make decisions to help improve the Company's HWP, and to document successes and lessons learned for the future. New feedback from employees and additional information from international experience and best practices could lead to the introduction of new strategies in the future to further support the Company's efforts to create a healthy workplace environment and improve the health, satisfaction and productivity of all employees. The HWPCC will review the Healthy Workplace Policy annually to see if any changes are necessary

### **Guiding Principles of the Healthy Workplace Policy:**

- ✓ **Evidence-based:** The components of the strategy are based upon evidence of what has worked in other similar areas and an evaluation component will be included to allow the organization to critically reflect on process, impact and cost-effectiveness.
- ✓ **Sustainable:** Components of the strategy are selected both on the evidence of effectiveness and the potential for sustained impact over the long term. Activities that are integrated with existing strategies, opportunities and existing infrastructure are prioritized.
- ✓ A key focus is on health, environmental and policy changes where the costs are low and their impact and sustainability high.

- ✓ **Participatory:** Involving all company staff (management and workers) and stakeholders in development, implementation and evaluation to enhance the likelihood of adoption and implementation and effectiveness.
- ✓ **Voluntary:** Although all employees are encouraged to fully participate in healthy workplace policy activities, such as health education, training and health screenings, and prevention and treatment services that may be offered by the company, employees' participation is on a voluntary basis. It is up to each employee to select the specific HWP activities they wish to participate in.
- ✓ **Non-discrimination:** People with physical disabilities or HIV or AIDS are entitled to the same rights, benefits and opportunities as those with other serious or chronic illnesses, for example in relation to absenteeism or assessment. Through education and counseling, the company aims to prevent stigmatization of those with such conditions, and will not condone any form of discrimination.
- ✓ **Fair Employment:** Employment practices comply with local laws and regulations where applicable. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion. The company will offer employment opportunities for qualified persons with disabilities who are capable of performing the required work tasks.
- ✓ **Confidentiality:** The Company will protect the confidentiality of employees' medical information. An employee who contracts HIV will have no obligation to inform the company but will be encouraged to seek guidance from medical and counseling providers. HIV testing that is carried out for clinical purposes should be performed with the appropriate pre and post test counseling; results will remain confidential. Voluntary testing will be approached the same way.

**Management Signoff on Healthy Workplace Policy:**

This policy has been reviewed in accordance with all guidelines:

Signature:

Management position:

Date:

Date when Healthy Workplace Policy will be in Effect:

## **RDB/NNP**

### **Proposed Next Steps:**

- The RDB/NNP representatives will next report back to the RDB/NNP Officer about the HWP workshop;
- Review the HWP draft document for RDB/NNP Office;
- Finalize and Sign the HWP document;
- They will put into action how they plan collaborate with health facilities to help their employees receive health information and services;
- The Company will establish a Club for HIV/AIDS information and employee support (5% of employees are HIV+). Support HIV+ staff by ensuring medicines and ART is available to them. Make condoms available at various locations in and near the park. These activities may require some financial support for an HIV/AIDS expert to assist them;
- The HWPC will also begin searching for ways to provide transport to bring together employees, who sometimes separated in different work areas, for the purpose of providing them health information and support. This may need some outside financial support for this effort to implement the healthy workplace policy effectively to all employees,
- They would like to obtain, as soon as possible, some of the HWP materials and examples from other countries that were presented at the HWP Dec 7-9, 2011 workshop in Huye District, to help support their work on implementing their HWP and strategies.

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