

Health, Safety, and Nutrition

TRAINING FOR EARLY CHILDHOOD CAREGIVERS AND TEACHERS



MODULE 6 FACILITATOR GUIDE

Health, Safety, and Nutrition

TRAINING FOR EARLY CHILDHOOD CAREGIVERS AND TEACHERS

This guide is part of a series of manuals that focuses on six topics in Early Childhood Development (ECD): different programming approaches, basic concepts, assessments, early childhood environments, children with special needs and child protection, and the health, safety and nutrition of young children. The series was prepared within a three-year CRS-led project called “Strengthening the Capacity of Women Religious in Early Childhood Development,” or “SCORE ECD.” Funded by the Conrad N. Hilton Foundation, the project helps Catholic sisters in Kenya, Malawi, and Zambia in their work with children aged 0-5 years and their families. The project is being implemented from January 2014 to December 2016.

CRS referred to a wide range of documents in preparing this curriculum. Please see “Reference Documents” section in Module 1 facilitator or resource guide for the full list.

Written by Selamawit Tadesse, in cooperation with CRS SCORE ECD team

Edited by David Snyder

Cover photo: Pilarini James, 8 months, is fed by his mother in Chinganga Village near Zomba, Malawi. His mother participates in a CRS project funded by the Hilton Foundation that trains new and expectant mothers in nutrition and hygiene. Sara A. Fajardo/CRS

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Catholic Relief Services
228 West Lexington Street
Baltimore, MD 21201-3443 USA

Table of Contents

FACILITATOR'S GUIDE 6: HEALTH, SAFETY, AND NUTRITION	V
Session topics	v
Session length	v
SESSION 1: HEALTH AND SAFETY OF YOUNG CHILDREN	1
Learning objectives	1
Session outline	1
Materials	1
Session plan and procedure	2
Activity 1. Introduction (30 minutes)	2
Activity 2. Germs and their effects on health (1 hour & 15 minutes)	2
Activity 4: Keeping children safe (45 minutes)	7
Activity 5: Integrated Management of Childhood Illnesses (IMCI): Ideas for working with caregivers (45 minutes)	8
Closure and session evaluation (15 minutes)	11
SESSION 2: GROWTH AND NUTRITION OF YOUNG CHILDREN	13
Learning Objectives	13
CARING FOR THE CHILD'S HEALTHY GROWTH AND DEVELOPMENT: WHO-UNICEF TRAINING MANUAL	13
Closure and Session Evaluation (15 minutes)	13
APPENDIX	15
SESSION 3: CONCLUSION OF TRAINING AND POST-TEST	19
Learning objectives	19
Session outline	19
Materials	19
POST-TEST PLAN AND PROCEDURE	19
Activity 1. Conclusion of the training (30 minutes)	19
Activity 2. Administering the post-test (60 minutes)	19

Facilitator's Guide 6: Health, Safety, and Nutrition

SESSION TOPICS

Session 1: Health and Safety of Young Children

Session 2: Growth and Nutrition of Young Children

Session 3: Conclusion of training and post-test

SESSION LENGTH

Session 1: 4 hours & 15 minutes

Session 2: 1-3 days

Session 3: 1 hour & 30 minutes

Session 1: Health and Safety of Young Children

LEARNING OBJECTIVES

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

- Describe the effects of germs on health.
- Identify ways to prevent germs from spreading among children and adults.
- Describe what “Universal Precautions” means and the need to use universal precautions all the time when dealing with blood and bodily fluids.
- Put measures in place to prevent accidents in and around the home or in school.
- Respond quickly and appropriately to accidents.
- Describe common childhood illnesses and the danger signs of childhood illnesses that require urgent medical attention.
- Identify steps that are helpful to prevent or treat childhood illnesses.

SESSION LENGTH: 4 HOURS & 15 MINUTES

SESSION OUTLINE

ACTIVITY	SUGGESTED TIME
Welcome and introduction	30 minutes
1. Germs and their effects on health	1 hour & 15 minutes
2. Understanding and using “Universal Precautions”	45 minutes
3. Keeping children safe	45 minutes
4. Childhood illnesses: Integrated Management of Childhood Illnesses (IMCI)	45 minutes
5. Closure and session evaluation	15 minutes
Total	4 hours & 15 minutes

MATERIALS

- Name tags and attendance register
- Plastic bags or latex gloves for each participant
- Flip book handout
- A presentation of key points on newsprint or PowerPoint

SESSION PLAN AND PROCEDURE

SESSION ACTIVITIES

Activity 1. Introduction (30 minutes)

- Have the participants sign an attendance register on arrival and provide them with name tags (5 minutes).
- Welcome everyone and open the meeting in an appropriate way, such as with a prayer or a song (10 minutes).
- Play a game or do an icebreaker activity to help the participants relax and get to know each other better (5 minutes).
- Briefly explain *Module 6, Session 1*—its purpose, and what the participants are expected to learn from this session by going through the activities listed under the session outline above (10 minutes).
- Recap the previous modules/sessions (if applicable), and begin session activities.

Activity 2. Germs and their effects on health (1 hour & 15 minutes)

ACTIVITY 2.A. HAND WASHING AND ITS IMPORTANCE

Preparation

- A presentation of key points on flipchart on the topics *Germs and their effects on health, Hand washing and its importance, and Facilities and materials required for hand washing.*
- Presentation of key points on flipchart on the topics *Brushing teeth, Toilets and latrines, Keeping food safe, and Clean water.*
- Plastic bottles with a screw-on cap of the sort that cool drinks come in and the inside tube from a ball-point pen or some other small, stiff, hollow tube. Bring as many as you can.
- A presentation of key points on a flipchart on the topic *Ideas for working with parents and family caregivers on preventing the spread of diseases.*

Instructions

- Start off by asking the whole group what the word “Germs” means?
- Define the term “Germs” and continue the discussion emphasizing that sanitation and cleanliness is the best way to prevent germs from spreading and every adult has to practice it every day and teach it to young children all the time. Discuss the idea of sanitation and cleanliness using the quizzes below:
 - Read aloud each of the quizzes below and ask the participants to give you the answer. Provide your feedback by using the facilitator’s note below and the information from this session:

NOTE FOR THE FACILITATOR:	Answer key
Quizzes:	True or False?
<p>1. In an ECD center the most important steps caregivers can take to avoid spreading germs and illnesses among children and adults is regularly wiping children’s runny noses.</p>	<p>False Feedback: It is by making sure each child and adult washes his/her hands frequently</p>
<p>2. Children and adults need to learn procedures for proper hand washing.</p>	<p>True Feedback: Show the handout on Activity 2.a. Hand washing procedure illustration and explain the procedures for proper hand washing. Expand ideas by pointing out that caregivers need to make sure that children and adults wash their hands carefully with soap and water by following the four steps recommended by the Centers for Disease Control: 1) make lather with soap and clean water, 2) rub palms, back of hands, and between fingers, 3) rub your hands for 15 seconds, and 4) rinse and dry well.</p>
<p>Choose the correct answer:</p> <p>3. To prevent hands from becoming contaminated with germs while washing at my home or ECD center I will use:</p>	<p>A. A basin of standing water previously used for hand washing B. Running water for hand washing C. Clean water for hand washing D. A, B, and C E. B and C Feedback: The answer is (e) because a basin of standing water previously used by someone is likely to be contaminated with germs.</p>

- Continue the discussion by pointing out that running water and clean water are recommended for hand washing and that facilities for drying hands such as disposable towels or reusable single use towels or roller towels which are regularly washed should be available. If there is no clean dry towel, it is best to air-dry hands. Indicate that since many homes do not have running water, it is best to pour a small amount of water from either a bucket with a tap, which can be turned on and off, or a bucket and pitcher to pour water for rinsing.
- Introduce the tippy-tap and its benefit for hand washing and announce that you will ask everyone to create a tippy-tap. Use the facilitator’s note below for your introduction.

Note for the facilitator: The tippy-tap is a simple device that allows people to wash their hands with very little water. It also allows the user to rub his/her hands together while water runs over them. It is made of materials that are available at no cost in most places and can be put wherever people need to wash their hands; for example, near the cooking stove, at the toilet, or in rural food stores. (CRS Lesotho)

- Explain that the participants can share the idea of using a tippy-tap to caregivers and families whom they are working with and discuss the suggested home visit activities on hand washing by referring to the topic *Ideas for working with parents and family caregivers on preventing the spread of diseases* or using the prepared flipchart presentation.
- *Making a tippy-tap:* Refer the participants to read the instructions in *Resource Guide: Module 6, How to make a plastic tippy-tap.*
- Display the materials for creating the tippy-tap and ask each participant to create one. When they finish their work, let each participant test their tippy-tap and reflect on their experiences. *What did they learn? What can be improved? Do they know*

of other similar devices that people in and around their communities are using for hand washing?

- Follow the discussion by pointing out that in addition to hand washing, **brushing teeth, keeping toilets and latrines clean, keeping food safe, using clean water, and “Universal Precautions”** can all prevent illnesses. Use the prepared key points and present information on these topics. Elaborate further on the ideas by discussing **“Universal Precautions”** in *Activity 3* below:

ACTIVITY 2.A. HANDOUT: HAND WASHING PROCEDURE ILLUSTRATION

SOURCE: CRS, INDIA, TRAINING MANUAL

Figure 3. Hand washing procedures



Procedure 1
Wet hands and wrists.
Apply soap.



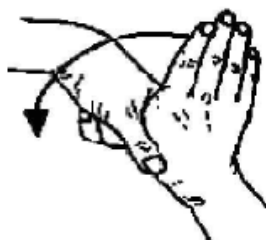
Procedure 2
Right palm over left,
left over right.



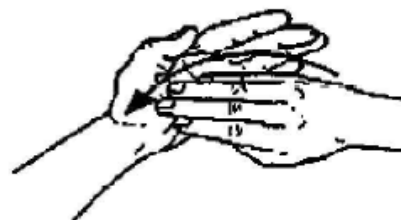
Procedure 3
Palm to palm,
fingers interlaced



Procedure 4
Back fingers to opposing
fingers interlocked.



Procedure 5
Rotational rubbing of right
thumb clasped in left palm
and vice versa.



Procedure 6
Rotational rubbing backwards
and forwards with tops of
fingers and thumb of right
hand in left and vice versa

Note: Repeat procedures 1-6 until the hands are clean. Rinse hands and pat dry.

Source: World Health Organization. Regional Office for Western Pacific. *Interim guidelines for national SARS preparedness*. Manila: WHO, 2003, page 45.

Activity 3. “Universal Precautions” (45 minutes)

Preparation

- A presentation of key points on “Universal Precautions.” Use the information in the session and prepare a flipchart or PowerPoint presentation.
- Bring plastic bags or gloves for each participant.

Instructions

- Ask the participants to exchange ideas with a partner on the question: *What do you do at home if a family member cuts himself or herself?* Encourage each pair to share their ideas with the whole group.
- Ask the whole group what the term “Universal Precautions” means. After the participants’ feedback, give a presentation on “Universal Precautions” using the information in the session. Use prepared news print or PowerPoint to go through the key points.

Hands-on activity

- Give each participant a glove or a plastic bag and ask them to fit it over their right hand.
- Say that you will call out different situations. As each situation is called out, the participants should think about whether it is necessary to wear the glove or not in that situation, as it will protect them from HIV. If they feel they should wear the glove, they should raise their hand with the glove. If they do not think it necessary to wear the glove, they should raise their left hand—the hand without the glove. If there are differences in opinions, open the floor for reflective discussions.
- Call out different scenarios:
 - Blowing a child’s nose
 - Dressing a wound
 - Washing dinner plates
 - Cleaning up a blood spill
 - Changing diapers/nappies
 - Hugging a child
- Conclude the session by explaining that we don’t know when someone is infected with HIV just by looking at them. It is very important to always remember that HIV is carried through blood and that we need to treat all blood as if it is infected with HIV. This means being extra careful.

Activity 4: Keeping children safe (45 minutes)



Make your home safe.

Preparation

- A presentation of key points on the topic *Keeping children safe: Safety precautions*, including the idea of “Stranger Danger”
- A presentation on *Helping young children who are hurt*
- The picture entitled *Make your home safe*

Instructions

- Use the message of the picture *Make your home safe* to start a discussion on safety in the home. Ask the whole group to observe the picture and provide their opinion on:
 - What is happening in the picture?
 - What are the characters doing?
 - Why do the characters do that?
- Divide the participants into **five small groups** and ask the groups to share their ideas on the question: *What are the precautions that can be put in place in children’s homes to keep them safe?*
- Have the groups present their ideas. Add any points not mentioned using the prepared information on the topic *Safety precautions*, including the idea of “Stranger Danger.”
- Continue the discussion by asking the groups to share their ideas on the question: *What kinds of accidents happen most often to children in your community?*
- Add any information from the session, if needed, and proceed to the role-play below.

ROLE-PLAY: PROCEDURES FOR DEALING WITH ACCIDENTS

- Keep the five small groups and give each of the groups a different scenario.
- Have the groups discuss and then prepare a role-play to demonstrate what they would do, for example, if:
 - A child chokes on a piece of food
 - A child knocks a pot of hot fat off the stove onto his/her arm

- A child cuts his/her foot on a piece of glass
- A child swallows paraffin
- A child falls from a tree and cannot move his/her leg
- Have the groups present their role-plays. Discuss whether the action taken was appropriate.
- Summarize the main ideas with a presentation of what to do when accidents happen using the information in this session on *How to help children who are hurt*, from:
 - Serious fall or injury
 - Burns
 - Choking
 - Poisoning

Activity 5: Integrated Management of Childhood Illnesses (IMCI): Ideas for working with caregivers (45 minutes)

Preparation

- Prepare key points on the topic *Childhood illnesses: Integrated Management of Childhood Illnesses (IMCI)*
- Prepare a package of Oral Rehydration Salts (ORS), one liter of boiled water, and sugar to demonstrate to the participants how to make ORS. Write the instruction: *How to make ORS using sugar, salt, and water* on a flipchart.

INSTRUCTION: HOW TO MAKE ORS USING SUGAR, SALT, AND WATER

1. Clean water - one liter—five cupfuls (each cup about 200 ml.)
2. Sugar - Six level teaspoons
3. Salt - Half a level teaspoon
4. Stir the mixture until the sugar dissolves.

Instructions

- Start off by asking the participants: *How do you know when a child is sick and what steps do you take?*
- List the participants' answers on a flipchart and point out that many children die of illnesses that could have been prevented if detected earlier. But parents and family caregivers often do not know that their child is seriously ill and do not take him/her to get treatment before it is too late. Talk about the various **danger signs** that parents and family caregivers need to learn so they will know when a child needs to receive immediate and urgent medical help.
- Give a presentation on *urgent warning signs* using the prepared key points on *Childhood illnesses: Integrated Management of Childhood Illnesses (IMCI)*. Discuss diarrhea and fever and ask the participants if they know how to treat diarrhea and fever in children, then present information on *How to treat diarrhea and fever in children*.

- Point out that to treat diarrhea they can use ORS, which is a special drink that caregivers can give to the child when he/she has diarrhea. It is made of sugar, water, and salt and it helps to stop dehydration when a child has diarrhea. Point out that it is important to make sure the child does not dehydrate, otherwise he/she can die in as little as six hours from loss of water and salts.
- Display the items (salt, water, and sugar) on a table; hang the flipchart with the instructions on how to make ORS.
- Ask a volunteer to follow the instruction and make ORS or show the participants yourself how to make ORS. Explain the steps to follow when providing ORS to treat children who are dehydrated:
 - Give the ORS with a spoon to the child until he/she is rehydrated (e.g., they urinate or cry with tears).
 - Once hydrated, give ORS after each defecation until the diarrhea stops.
 - Give more food and breastfeeding to the child.
 - Seek care at the nearest point of care.
- Ask the participants to reflect about what they have learned and continue to discuss immunization and its significant importance in the prevention of childhood illnesses and death. Use the facilitator's note below or prepare your own presentation points using the information from this session.

NOTE FOR THE FACILITATOR: IMMUNIZATIONS

From birth, it is important to protect children against dangerous childhood illnesses that can cause death. Immunizations fight off diseases such as the ones shown in the table and bullet points below:

Vaccine	Age				
	Birth	6 weeks	10 weeks	14 weeks	9 months
BCG	x				
Oral polio	x	x	x	x	
DTP		x	x	x	
Hepatitis B	Scheme A ^a	x	x	x	
	Scheme B ^a		x	x	
<i>Haemophilus influenzae</i> type b		x	x	x	
Yellow fever					x ^b
Measles					x ^c

Adapted from UNICEF Zambia: *Integrated Management Of Childhood Illness Caring For The Child's Healthy Growth And Development*.

- Whooping cough
- Tetanus
- Diphtheria
- Hib infection, which causes meningitis
- Hepatitis B, which cause liver damage
- Measles
- Tuberculosis
- Polio
- Pneumococo, which causes pneumonia
- Rota virus, which causes diarrhea

It is important that every child is immunized and **completes the full immunization schedule according to each country policy** or the vaccines may not work. The schedule for immunization is as follows:

- At birth: BCG and polio
- 6 weeks: DPT, polio, Hib, and Hepatitis B (these schemes vary by country)
- 10 weeks: DPT, polio, Hib, and Hepatitis B
- 14 weeks: DPT, polio, Hib, and Hepatitis B
- 9 months: Measles
- 18 months: DPT, polio, and measles

Conclude by emphasizing that childhood illnesses and death in young children can be prevented by taking a variety of measures. The most important measures are keeping germs from spreading by washing hands frequently, keeping food safe, applying “Universal Precautions,” using clean water (free of germs) for drinking, and preventing children from childhood injuries such as burns, choking, poisoning, falls. Treating children who have fever and diarrhea and making sure each child completes all of the required immunizations saves children from dying.

CLOSURE AND SESSION EVALUATION (15 MINUTES)

Preparation

Make copies of the *Session Evaluation Form* for each participant [**Note:** Find the *Session Evaluation Form* in the appendix of this guide.]

Instructions

- Summarize what has been covered during the session and ask if there are any questions or anything that is unclear.
- Hand out the *Session Evaluation Form* and ask the participants to 1) conduct a self-assessment of learning, and 2) evaluate the training.
- Read the instructions for the session evaluation to the whole group before the participants begin to complete the form.
- Ask the participants to hand in their completed evaluation form.
- Keep the completed form in a file and give it to the organizer of the training. Close with a song or a prayer.

Session 2: Growth and Nutrition of Young Children


LEARNING OBJECTIVES

- Describe the proper procedure of breastfeeding, exclusive breastfeeding and provision of nutritious complementary foods to children.
- Describe ways to strengthen caregiver-child relationship during child care activities such as breastfeeding and engage children in play, learning and communication.
- Identify nutritious complementary foods for a young child by age.
- Describe when to introduce complementary foods to young children by age, how to prepare the food, how much and how often to offer food and encourage children to eat them
- Use growth chart to counsel a family on progress of child development


CARING FOR THE CHILD'S HEALTHY GROWTH AND DEVELOPMENT: WHO-UNICEF TRAINING MANUAL


This session will be provided using the **WHO-UNICEF Zambia training manual** below. Copies of the training manual accompany this guide. The **session length is approximately 1-3 days**.

Integrated Management of Childhood Illness
Caring for the child's healthy growth and development



A training course for community health workers
Participant Manual 12 September 2012

 **World Health Organization**

unicef 

CLOSURE AND SESSION EVALUATION (15 MINUTES)

Appendix

MODULE 6 SESSION AND TRAINING EVALUATION FORM

This form is for evaluating each session and training of a module. It has two sections:

Section 1: *ECD Knowledge and Skills Self-Evaluation*. This section has a list of knowledge and skills statements by session topics for each module.

Section 2: *Training Evaluation*. This section asks: “What do you like most about the training?” and, “What would you like to change about the training?”

ECD KNOWLEDGE AND SKILLS SELF-EVALUATION

Steps to fill out this section:

Step 1. Write your name, country, congregation/organization, date of training, and whether you have taken an ECD course or courses before this training.

Step 2. Take a moment to reflect and circle the number that represents what you knew *before* the session began.

Step 3. Take a moment to reflect and circle the number that represents what you knew *after* the session ended. Think about three to five changes you will make to improve your interaction with and support for infants, toddlers, and preschoolers based on the training session. List your ideas in the space provided.

MODULE 6: SESSION 1

Step 1

Name _____ Country _____

Congregation/organization _____ Training date _____

I have taken an ECD course/courses before this training **YES** **NO**

Scale 1 = Very low 2 = Low 3 = Neutral 4 = High 5 = Very high										
MODULE 6: SESSION 1—HEALTH AND SAFETY OF YOUNG CHILDREN										
ECD knowledge and skills self-evaluation related to:										
Step 2. Before the training					Circle the number that represents your learning before (Step 2) and after (Step 3) the session.	Step 3. After the training				
1	2	3	4	5	Describing the effects of germs on health	1	2	3	4	5
1	2	3	4	5	Identifying ways to prevent germs from spreading among children and adults	1	2	3	4	5
1	2	3	4	5	Describing what “Universal Precautions” means and its importance for health	1	2	3	4	5
1	2	3	4	5	Applying measures to prevent childhood accidents in and around home or school	1	2	3	4	5
1	2	3	4	5	Responding quickly and appropriately to accidents	1	2	3	4	5
Step 3. After the training										
Think about three to five changes you will try to make to improve your interaction with/support for infants, toddlers, and preschoolers based on the training session, and list them in the space below:										
1.										
2.										
3.										
4.										
5.										

MODULE 6: SESSION 2

Step 1

Name _____ Country _____

Congregation/organization _____ Training date _____

I have taken an ECD course/courses before this training **YES** **NO**

Scale 1 = Very low 2 = Low 3 = Neutral 4 = High 5 = Very high										
MODULE 6: SESSION 2—GROWTH AND NUTRITION OF YOUNG CHILDREN										
ECD knowledge and skills self-evaluation related to:										
Step 2. Before the training					Circle the number that represents your learning before (Step 2) and after (Step 3) the session.	Step 3. After the training				
1	2	3	4	5	Describing the proper procedure of breastfeeding, exclusive breastfeeding, and providing nutritious complementary foods to children and mothers	1	2	3	4	5
1	2	3	4	5	Describing ways of strengthening the caregiver-child relationship during child care activities such as breastfeeding and engaging children in play, learning, and communication	1	2	3	4	5
1	2	3	4	5	Identifying nutritious complementary foods for a young child by age	1	2	3	4	5
1	2	3	4	5	Describing when to introduce complementary foods to young children by age, how to prepare the food, how much and how often to offer food, and encouraging children to eat food	1	2	3	4	5
1	2	3	4	5	Use a growth chart to counsel a family on the progress of child development	1	2	3	4	5
Step 3. After the training										
Think about three to five changes you will try to make to improve your interaction with/support for infants, toddlers, and preschoolers based on the training session, and list them in the space below:										
1.										
2.										
3.										
4.										
5.										

MODULE 6: SESSIONS 1 AND 2 EVALUATION OF THE TRAINING

INSTRUCTION

Step 1. Write the name of the trainer and trainer's organization.

Name of trainer _____

Trainer's organization _____

Step 2. Please provide brief answers to the questions below using a blank sheet of paper.

1. Briefly explain what you liked most about the training.

2. Briefly explain what you would change about the training.

Session 3: Conclusion of Training and Post-test

LEARNING OBJECTIVES

By the end of the pre-posttest the trainer/facilitator will be able to:

- Determine changes in technical Early Childhood Development (ECD) knowledge and skills of trained participants.
- Check and identify trainees' progress and learning needs in ECD and plan next steps for improvement, as appropriate.

SESSION LENGTH: 1 & 30 MINUTES

SESSION OUTLINE

ACTIVITY	SUGGESTED TIME
1. Summary and conclusion of the training	30 minutes
2. Administering the post-test to all of the participants after the training is completed	60 minutes
Total	1 hour & 30 minutes

Note for the facilitator: Administer the post-test immediately after concluding the entire training.

MATERIALS

- A brief presentation on Summary and conclusion of the training on a flipchart or PowerPoint. [**Note:** It is helpful if you use the outline in the introduction section of this curriculum for this activity.]
- A pre-posttest handout per trainee. [**Note:** Find the pre-posttest documents with and without answer keys in the appendix of this guide.]

POST-TEST PLAN AND PROCEDURE

SESSION ACTIVITIES

Activity 1. Conclusion of the training (30 minutes)

- Have the participants submit their training evaluation forms.
- Present a brief summary and conclusion on the entire training in an interactive and participatory fashion. Ask the participants to reflect on what they have learned/covered in this training. After the conclusion, administer the post-test following the below instructions in **Activity 2. Administering the post-test.**

Activity 2. Administering the post-test (60 minutes)

The facilitator will administer the post-test in the following way:

1. Explain to the participants the purpose of the pre-posttest. This test is a way to check trainees' progress and learning needs in ECD. Explain that in order to do this, they would have to take the same test twice, i.e., before and after the training. Remind the participants that they have already completed the pre-test before any of the training activities began.
2. Explain that they will have to complete the same test after they finish the training.
3. Administer the post-test for *one hour*. Prepare a printed copy of the test per participant/trainee.

Important: Remind the participants to write both their *names* and their *number code name*, which they have written on the pre-test. For example, if the participant Mary John has code name number one (1), she will write, **Name: Mary John and Code Name: 1.**

4. Hand out copies of the test and ask all of the participants to first fill out their *name*, *code name* (*the code name is a number assigned to each participant*), *date*, *the name of their congregation*, and *their country*, and to write/check "Pre" or "Post" depending on which test they are taking. Explain that if the trainees have any questions or need clarification on any of the questions, they should not hesitate to ask the training facilitator.
5. Ask all of the participants to carefully read the instructions and answer all questions in *Section 1* (true/false questions) and *Section 2* (multiple choice questions) of the pre-posttest and submit their completed test to the facilitator.

Note for the facilitator: Answer keys

A copy of the pre-posttest that contains the answer keys accompanies this document **and it must be kept in a separate file and be accessible only to the person analyzing the test results. Use code names when analyzing data to maintain participant confidentiality.**



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