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CARE GROUP MODULE 1

Introduction to Care Groups and Coronavirus (COVID)
Awareness Lesson Plans

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IMPORTANT ADAPTATIONS FOR PROGRAMMING DURING COVID-19 PANDEMIC

Do not organize large trainings for this curriculum that go against MOH guidelines for how many people may meet at a time during the COVID-19 pandemic. It is a safety measure to avoid the spread.

Care Group Volunteers will be trained and empowered to cascade the messages to the individual households or to individual neighbor circle households, preferably out of doors, or small groups of neighbor circle members, while observing the recommended social distancing.

The meetings, with smaller groups, could, theoretically be shorter, to allow the facilitators/promoters to reach all the Care Groups in a timely fashion. For example, if the group typically meets on the second and fourth Tuesday of each month from 9:30am to 11:30am, one small group could meet from 9:30 to 10:30am and the second small group could meet from 11am to 12pm. This module is just an example and is not official guidance, because every situation is different and you have so many factors to consider.

You should always coordinate with your local Ministry of Health (MOH) and ensure any messages you disseminate reflect the MOH's recommendations and guidelines.

Here is a checklist for Promoters to follow for COVID-19 precautions

- Conduct Care Group Meetings only as recommended by Supervisor/Coordinator (based on local government policies and risk assessments based on international safety regulations).
- Save local Hotline numbers into your phone and share it with your CGVs.
- Utilize social media and mass media as much as possible to transfer important messages and conduct well-being checks with CGVs.
- Realize that this is a frightening and complicated time for everyone so be sure to check in on the morale of CGVs more than usual. Worry less about supervising, and focus more on expressing appreciation and building morale. Be patient during check-in calls and ensure that you answer all of the CGVs questions patiently and thoroughly, even though there is much to do.
- Work with local communities to prepare and maintain handwashing infrastructure. Be sure to involve businesses, community and religious leaders, local and traditional leaders, youth, as well as empowerment groups. Build and maintain handwashing stations at the entrances to buildings (especially clinics), markets, large shops, gathering places, bus/taxi stations if people are mobile, and areas where food is prepared and consumed.
- Find creative ways to explain 'social distancing' or staying 2 meters apart from other people. Explain this might be the same as the length of two wrappers (pagnes, chitengues, zennes (whatever it is called in your country), or imagine there is enough space for two people to stand between you with their arms outstretched, or alternatively, imagine that there is a car or a donkey cart between you and the next person.
- Emphasize handwashing. Keep it simple so that it is done frequently. Focus less on multiple steps, but rather emphasize frequent handwashing with a lot of soap and rubbing to create foam and bubbles for at least 20 seconds.
- Keep an accurate list of myths and misconceptions emanating from your groups to fact check and report back. Ensure that messaging is clear and concise with regard to those myths.
- Keep accurate M&E records to assist in case identification and coordination with local health authorities.

- Work with CGVs to identify vulnerable individuals in their communities and set up social support systems that allow them to stay isolated for their safety. Some examples may include food delivery, shopping, etc. for the elderly or immunocompromised.
- Train according to recommendations for personal safety and risk reduction.
 - Train individually or in small groups. If meeting in-person, meet outside if possible.
 - Maintain a distance of 2m between you and each CGV.
 - Greet in a culturally appropriate manner which does not include contact (putting hand to heart, bowing head, nodding, clasping hands, etc.)
 - Wash your hands with soap for at least 20 seconds before the meeting and provide soap and water for each participant to wash hands.
 - Do not touch your eyes, mouth, nose or face.
 - Demonstrate coughing and sneezing into elbows or a tissue and discard of it properly. Wash your hands after discarding the tissue.
 - Avoid touching surfaces.
 - Focus on symptom awareness, risk reduction, and care seeking.
 - Stay at home if you or someone in your household feels unwell and encourage CGVs to stay at home if they or someone in their household feels unwell – even with a slight fever and cough
 - If you or a CGV have a fever, cough and difficulty breathing call the national hotline and follow their advice with regard to care seeking.
 - Wash hands at the end of the meeting.
- Assist the CGVs in organizing inspiring and entertaining activities which respect safe distancing (Song and dance from each of their yards facing a street, community handwashing at a distance, etc.).

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Games used in some of the lessons are available through the HIV/AIDS Alliance. See below for full details.

- International HIV/AIDS Alliance. (2002). *100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at www.aidsalliance.org.

Citations

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2. Hanold, Mitzi J. (2011) *Essential Hygiene and Malaria Prevention Flipchart*. Washington DC. Food for the Hungry (FH), made possible through a grant provided by the U.S. Agency for International Development, Office of Food for Peace, Bureau of Democracy, Conflict, and Humanitarian Assistance, to the Adventist Development and Relief Agency, under the agreement AID-FFP-A-10-00017. The opinions expressed herein are those of the author and do not necessarily reflect the view of the U.S. Agency for International Development.
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UNDERSTANDING THE LESSON PLAN FORMAT



Each lesson begins with **objectives**. These are the behavior, knowledge, and belief objectives that are covered in the lesson. Most objectives are behavioral objectives written as action statements.

Under the objectives, all of the **materials** needed for the lesson are listed. Some materials, as noted in the lists of needed materials, should be brought by an Activity Leader chosen in each Care Group. See the description of the **activity** sections, below, for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate Care Group Volunteers (CGVs) of the order of the activities. For example, when it's time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue CGVs of the next activity. Review the descriptions below for more information.



The first activity in each lesson is a game or song. Games and songs help the participants to laugh, relax, and prepare for the lesson. Some games review key messages that the participants have already learned.



Attendance and Troubleshooting

Following the game, all Promoters¹ should take attendance. Following attendance, the Promoter follows up with any difficulties that the CGVs had teaching the lessons.

When CGVs are teaching during household visits, this is a good time to review key messages from the lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the lesson. During individual home visits, this can be done one-on-one.

Next the Promoter reads the **story** printed on the flipchart, using the images to share the story, where available. The story in each lesson is followed by discussion questions.

¹ Paid staff are called Promoters. The role of the Promoters is to train CGVs to facilitate lessons with their neighbors.



Ask about Current Practices

Discussion questions are used to discuss the problems faced by the main characters in the module. Use the story and discussion questions to discover the current practices of the women in the group (or the mother being visited during a home visit).



Share the Meaning of Each Picture in the Picture Box

After turning to a new flipchart page, where there's a picture ask, "What do you think these pictures mean?" After the participants respond, explain the captions and key messages written below or next to the pictures. Each picture box may have one or more pictures in it.

The lesson plan may also contain **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.



Activity

Next is an activity. Activities are "hands-on" exercises to help the participants understand and apply what they have learned. Many of these activities require specific materials and preparations.

The **Activity Leader**, chosen in each Care Group, is responsible for organizing materials for each lesson's activity. The Activity Leader meets with the Promoter 10 minutes before **each lesson** to discuss the needed materials for the next lesson's activity. The Activity Leader is responsible to talk with the others (CGVs or neighbors) during "Attendance and Troubleshooting" to organize the materials needed for the next meeting, including asking them to volunteer to bring the items needed for the activity. The Promoter leads the activity, but the Activity Leader supports him/her by organizing the volunteers and aiding the Promoter during the activity.



Discuss Barriers

The Promoter asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the Promoter helps to solve problems and obstacles mentioned. The group may offer information, skills, or tips to help mothers overcome obstacles.



Practice and Coaching

Next is Practice and Coaching. We want to make sure that each CGV understands the material and can present it to her neighbors. The Promoter observes and coaches CGVs as they practice teaching in pairs using the flipcharts.

When CGVs teach their neighbors, they will modify this activity by asking each participant to share the key messages (and practices) that she has learned with the participant next to her. The CGV will go around and listen to each pair, making sure they understood the key messages correctly.



Request Commitments

Finally, the Promoter requests a commitment from each of the participants in the group. It is up to each one of them to make a choice. Do not force anyone to make a commitment if they are not ready.

Italics are used in the learning sessions to indicate tips and instructions to the facilitator. And a question mark (?) is used to indicate questions for discussion.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed 2 ½ hours in length each, though some lessons may take longer than others. The suggested time for each section is listed in the table below, but will vary according to the specific lesson plan used.

Section Name	Time Needed for this Section
Game or Song	5–15 minutes
Attendance and Troubleshooting	5–15 minutes
Story	5 minutes
Ask about Current Practices	10 minutes
Share the Meaning of Each Picture Box	30 minutes
Activity	15–30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
Total:	2–2½ hours

ACRONYMS AND ABBREVIATIONS

CG	Care Group
CGV	Care Group Volunteer
COVID	Coronavirus Disease
MOH	Ministry of Health
WHO	World Health Organization
SBBC	Social and Behavior Change Communication
PPE	Personal Protective Equipment
WR	World Relief

LESSON 1: INTRODUCTION TO CARE GROUPS



Objectives

By the end of this lesson:

- Caregivers will be able to describe the program goal: all parents will take actions to help their children grow tall, strong and healthy.
 - Women will have good nutrition and health while pregnant and give birth to healthy infants.
 - Caregivers² will be able to prepare healthy foods for their children to grow tall and strong.
 - Caregivers will prevent, identify and manage childhood diseases.
 - Caregivers will keep water, food, and bodies clean to prevent illness and disease.
- Care Group Volunteers will meet with the promoter (in the care group) once every two weeks to learn a new lesson.
- Care Group Volunteers will share the same message with her neighbor mothers
- Caregivers will be able to name the SCOPE partner organizations: USAID, World Relief and (name of local CCIH partner).
- Care Group Volunteers will be able to sing the SCOPE Song by heart.
- Caregivers will believe that change is possible.

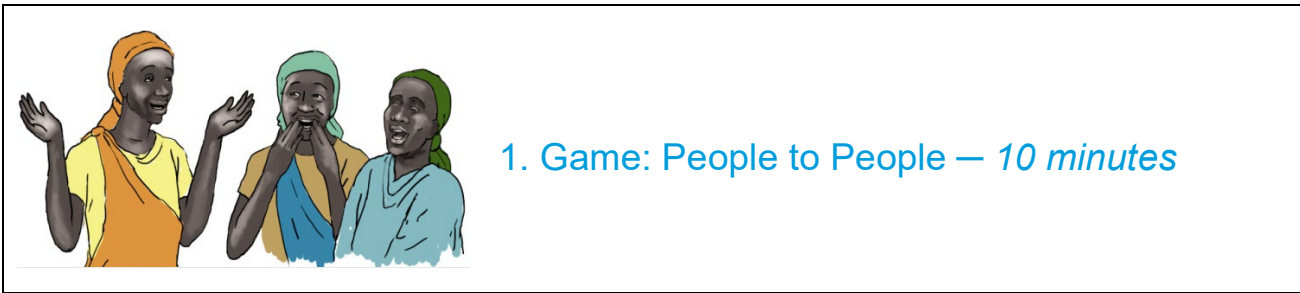
Materials

- Attendance Registers
- Care Group Volunteer Flipchart for the promoter and each Care Group Volunteer

Lesson Summary

- Game: People to People
- Attendance
- Share the story: Healthy Children
- Ask the women about the current health of women and children in the community.
- Share the meaning of each picture on flipchart: SCOPE Goals, Reaching Mothers and Children, and SCOPE Partners.
- Activity: SCOPE Song
- Discuss barriers
- Practice and coaching in pairs
- Request commitments

² The term caregivers refer to all beneficiaries who care and support children in SCOPE (Promoters, Care Group Volunteers, neighbor mothers and their families).

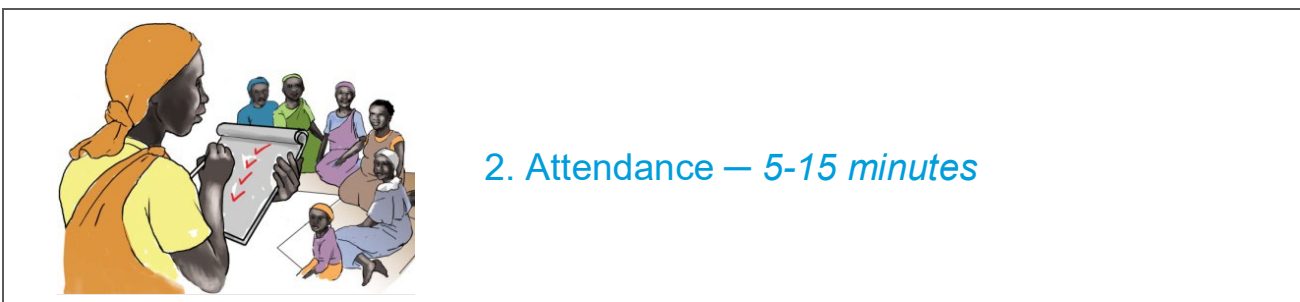


1. Game: People to People — 10 minutes

Note for facilitator: In a context of COVID-19, Ebola or Cholera outbreak, always select games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people’s hands, etc.

1. Ask each woman to find a partner.
2. Ask each woman to face her partner, standing at least 6 feet apart from each other and other pairs.
3. The facilitator calls out body parts such as "touch your nose" or "touch both of your elbows".
4. Participants follow the facilitator’s instruction, facing their partners who are also following the facilitator’s instructions. The facilitator calls out new actions such as "touch your right foot" "raise both arms" etc.
5. When the facilitator calls out, "people to people" everyone must find a new partner (including the facilitator). The person who does not have a partner becomes the new facilitator.
6. The new facilitator begins calling out new actions.
7. Repeat several times until everyone is relaxed and laughing.

Tell participants, "Let’s begin today’s meeting."



2. Attendance — 5-15 minutes

- Take attendance, marking the attendance sheet for those who are present and those who are absent.
- Make sure that each Care Group Volunteer knows the neighbor mothers they will be visiting. They will be sharing the teachings they hear today with these neighbors.
- Answer questions.

3. Story: Healthy Mothers and Children (Picture 1.1) - 15 minutes

Read the story about how SCOPE changed the **Nyanbai’s** community on the flipchart.

Nyanbai says, "Before the program, children in the community were often sick. Many young children died in the first years of life. Because of SCOPE, the community made changes that helped

children to grow and mothers to have safer pregnancies. Now, children were born healthy and are sick less often. Today, children do not struggle, but are healthy and strong in the first years of life.”



4. Ask about Current Practices — 10 minutes

Read the questions on page 4 of the flipchart.

- ? In the story, what problems existed before SCOPE began? How did it change?
- ? How would you describe the current health of mothers and children in our community?
- ? How would life be different if all mothers and children were healthier and stronger?

Ask the first questions to review the changes that occurred in the story.

- Potential responses:
 - Before SCOPE began, children were often sick.
 - Many children died in the first years of life.
 - The community changed because people made changes to help mothers have safer pregnancies and to help children grow healthy and strong.

Ask the second question to discuss the current health of mothers and children in the women’s community.


- Potential responses:
 - Children in South Sudan/Haiti/Malawi/Kenya suffer from frequent sickness such as diarrhea, fever and respiratory infection.
 - Many children die from diseases and sicknesses that could be prevented by simple changes in the household.
 - Many mothers do not attend clinics during pregnancy and are mistreated by health workers if they deliver their babies in the hospital or health center.

Ask the last question to cast a vision for how life could be improved if mothers and children were healthier and did not struggle to live.

- ? Potential responses:
 - Mothers would have safer pregnancies and deliveries.
 - Fewer mothers and children would die during childbirth or immediately after birth.
 - Fewer children would die from sickness.
 - Families could spend less time sick in bed and more time working and enjoying life.
 - If children did not suffer from frequent sickness, families would have more money.

Encourage discussion. Don’t correct “wrong answers.” Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your ideas with the messages on the following pages.”

	<h2>5. Share the Meaning of Each Picture: SCOPE Goals (Picture 1.2) – 10 minutes</h2>
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- Ask the caregivers to describe what they see in the pictures on Picture 1.2.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 1.2 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Mothers will be healthy
 - Women will be healthy and strong during pregnancy.
 - Pregnant mothers will get help quickly when danger signs are seen.
 - Mothers will deliver their babies with a skilled birth attendant at a health facility
 - Mothers will have enough time for their bodies to recover before becoming pregnant again
- Babies will be healthy
 - Babies will be stronger at birth and grow well.
 - Babies will get the nutrition they need from their mother’s breastmilk until they are two years old
- Children will be healthy and strong.
 - Caregivers will get help quickly when danger signs are seen.
 - Caregivers will help children recover quickly from illness.
 - Children will not be too thin or too weak from eating poor foods.
 - Caregivers will prevent diarrhea by practicing frequent hand washing and having a latrine at their home.
 - Children will have more energy and strength

? Are these goals important to you? Why or why not?

Additional Information for the Trainer

Malnutrition

- In Haiti/Kenya/Malawi/South Sudan, ___% of children five years and younger are too short for their age. This is a sign of long-term malnutrition.
- In Haiti/Kenya/Malawi/South Sudan ___% of all children five years or younger are underweight (too thin) for their age.

Maternal, Infant and Child Mortality

- The mortality rate (death rate) for children 12 months and younger is ___ out of every 1,000 live births in Haiti/Kenya/Malawi/South Sudan.
- The mortality rate of mothers during pregnancy or in the postnatal period (within 42 days of birth) in Haiti is 480 out of every 100,000 live births.
- The mortality rate of mothers during pregnancy or in the postnatal period (within 42 days of birth) in Kenya is 342 out of every 100,000 live births.
- The mortality rate of mothers during pregnancy or in the postnatal period (within 42 days of birth) in Malawi is 329 out of every 100,000 live births.
- The mortality rate of mothers during pregnancy or in the postnatal period (within 42 days of birth) in South Sudan is 1,150 out of every 100,000 live births.
- In more developed countries the mortality rates for children 12 months and younger are between 5-10 infant deaths out of every 1,000 live births, and the mortality rate of mothers is between 7-30 out of every 100,000 live births.
- SCOPE will not only increase health care, but also help to reduce the numbers of deaths in mothers, newborn, infants and young children.



6. Share the Meaning of Each Picture: Reaching Mothers and Children (Picture 1.3) – 10 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 1.3.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 1.3 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- To help children grow, we will share messages with women during pregnancy and the first five years of their child's growth.
 - SCOPE helps mothers and infants survive childbirth.
 - SCOPE helps to prevent illness during childhood.
 - SCOPE helps infants to avoid death from sickness.
 - SCOPE children are more likely to grow up into healthy adults.
- SCOPE promoters will share health messages with Care Group Volunteers.

- Every two weeks they will learn a new lesson to help mothers, babies and children grow healthy and strong.
- Care Group Volunteers learn the messages in a small group.
- This group is called a Care Group.
- Care Group Volunteers will share this message with up to 15 of her neighbors.
 - Every two weeks the neighbors will learn a new lesson.
 - The neighbors learn the messages when the Care Group Volunteer comes to visit them at their home.
 - By doing this, Care Group Volunteers make meaningful contributions to improving the health of mothers and children in their communities

? Will you be able to come to meeting every two weeks to hear new messages?

Additional Information for the Trainer

Children 2 years and younger

- The largest increase in malnutrition (poor nutrition) occurs between 6 and 24 months of age.
- Six months marks the age when most mothers add foods to the infant’s diet. It is during this time that infants begin to experience diarrhea more frequently. Frequent diarrhea often results in malnutrition.
- By targeting children under age two, we can greatly reduce child illness and death.



7. Share the Meaning of Each Picture SCOPE Partners (Picture 1.4) – 10 minutes

- *Ask the caregivers to describe what they see in the pictures on Picture 1.4.*
- *Affirm their responses.*
- *Share the meaning of each picture using flipcharts Picture 1.4 and the questions that go with it on the page before.*
- *Use the captions on the flipchart to remind you which images represent each point.*

? What do you think these pictures mean?

- This program is your program. You are the ones who help mothers, babies and children to grow healthy and strong.
 - Together we can help children overcome illness.
 - Together we can help mothers have safer pregnancies.
 - Together we can help children to grow tall and strong.
 - Together we can help make changes in our community.

- You will be well known in the surrounding region for the changes you have brought to the community.
- The SCOPE program is partnering in the community with community leaders, Care Groups, faith leaders, and families to take action together to reduce illness and death among women and children.
- The SCOPE program is funded by the US government (USAID).
 - They will provide training and materials to help Care Group Volunteers share messages with others.



8. Activity: SCOPE Song – 15 minutes

Health Managers: Below is a song which describes the goals of SCOPE in English. Please develop a local song in local languages, adapting the text below as necessary.

Sample song:

*We will take action so that our mothers, babies and children will grow
Healthy and strong.
With good food and care, and good hygiene our children will grow
We can do it, we can change our community
I can change and I can help my neighbors to change
SCOPE is our future, a strong and healthy future
We will take action so that our mothers, babies and children will grow
Healthy and strong.*

For example (NAME OF LANGUAGE):

Country teams to add translation to local language here

- *Practice the SCOPE Song with the women in your group.*
- *Sing it several times so that they learn the words.*
- *Challenge the women to learn the song and share it with those who ask about the program.*



9. Discuss Barriers – 15 minutes

? Do you agree to work with the SCOPE staff to reach this goal? Is there anything that might prevent you from helping the community to reach this goal?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have about the program goals. Together they should try to find solutions to these worries and problems. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible concerns and possible solutions:

- Care Group Volunteers may be concerned that SCOPE staff will not stay in the community to support them forever. What will the mothers do when the program is over?
 - *Care Group Volunteers will be trained so they do not need to rely on SCOPE staff to do their work.*
 - *After four years, Care Group Volunteers will be fully trained to teach and train new Care Group Volunteers.*
 - *By working with the Ministry of Health and local government offices now, we can build a strong program that will last for many generations.*
- Care Group Volunteers may want to be paid for their work.
 - *SCOPE trains women to be strong teachers and trainers.*
 - *As a Care Group Volunteer, you will not receive money or payment.*
 - *However, your skills will make you well known in the community.*
 - *These skills may help you to find work in the future.*
- The neighbor mothers are too busy to attend meetings or receive a visit at their home.
 - *Encourage Care Group Volunteers to arrange a time to visit that agrees with each neighbor mother.*
 - *Keep the visits short so that women can attend the visit and also complete their work.*



10. Practice and Coaching – 20 minutes

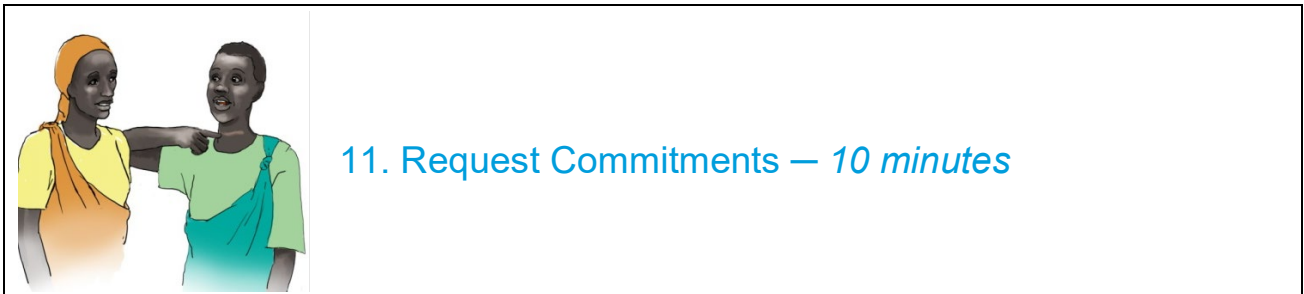
For Care Group Volunteer Groups

- *Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.*
- *Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.*
- *After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.*
- *The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.*

- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



? Are you willing to commit to working with SCOPE to help children grow tall, strong and healthy?

Ask each mother to say aloud the commitment that she is making.

For example:

- I commit to working with the SCOPE partners so that mothers, babies and children grow healthy and strong.
- I commit to reaching pregnant mothers and mothers with children younger than 5 years of age.
- I commit to helping bring changes in the community.

LESSON 2: TEACHING TECHNIQUES

Lessons 2 and 3 are specifically for the training of Care Group Volunteers. You may choose not to share lessons 2 and 3 with the neighbor mothers. However, sharing all lessons may encourage greater support from the community.



Objectives

By the end of this lesson:

- Care Group Volunteers will be able to identify the picture that represents “**games**” and begin each lesson with a game or energizing activity.
- Care Group Volunteers will be able to identify the picture that represents “**attendance**” and will take attendance at each group meeting.
 - They will remember the names of mothers who miss the group meetings and call them to a second meeting or visit them in their homes sharing the health teaching that they missed.
 - Care Group Volunteers will give a verbal report of the names of women in their neighbor group who did not hear the teaching of the last lesson. These are women who did hear the teaching in their home (or attend the group meeting if Country office is adapting this way).
- Care Group Volunteers will share a story at the beginning of each lesson about Nyanbai or Nyanpiet.
- Care Group Volunteers will be able to identify the picture that represents “**asking about current practices**” and will use the story to ask the women in the group about their current practices. They will listen to the women’s answers without judging or criticizing.
- Care Group Volunteers will be able to identify the picture that represents “**share the meaning of each picture**” and will explain the key messages for each picture when teaching others.
- Care Group Volunteers will be able to identify the picture that represents “**activity**” and will use the activity demonstrated by the promoter (song, demonstration or discussion) to review the new practices with their neighbor groups.
- Care Group Volunteers will be able to identify the picture that represents “**discuss barriers.**” They will find out obstacles or problems that might prevent women in the neighbor groups from trying these new practices and help them to overcome these problems.
- Care Group Volunteers will be able to identify the picture that represents “**request Commitments.**” They will ask each woman in the neighbor group to make a commitment to one of the new practices she has heard in the lesson. Each mother makes her own commitment based on the things that she wants to change in her home.

Materials

- Attendance Registers
- Two copies of the role play at the end of this lesson
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Making Eyeglasses
- Attendance and Troubleshooting
- Share the story: Teaching for Change
- Ask about current practices
- Share the meaning of each picture on flipchart: Games, Attendance and Stories; Practices, Pictures and Activities; Barriers and Commitments.
- Activity: Role Play
- Discuss barriers
- Practice and Coaching in pairs
- Request commitments



1. Game: Making Eyeglasses – 10 minutes

Note for facilitator: In a context of COVID-19, Ebola or Cholera outbreak, always select (or adapt) games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people's hands, etc.

We will begin with a game.³ You have to follow my directions. If you follow them, just as I say, you will make a pair of eye glasses with your hands. Let's work together to see if you can make them.

I will tell you what to do, but you must do it on your own. I won't answer questions, or tell you if you are doing it right. You must listen.

Explain the following steps.

1. Press and hold the tips of your thumb and first finger together on each hand. Your fingers should form two small circles on each hand.
2. Keep your fingers pressed together. Now touch the two circles together from each hand so that they are joined in front of you.
3. Next touch your remaining six fingers under your chin, so that the palms of your hands are facing away from you.
4. Keeping your fingers under your chin, move the palms of your hands towards your eyebrows, until you can lay your thumbs across your eyebrows.

? How did you do? Let's try it again. This time I will SHOW you.

³ The game is used to demonstrate the importance of using activities and demonstrations to help people learn new practices. Talking about change is not enough. Care Group Volunteers must also teach skills and show women how to do the new practices. This game can be substituted with another game as needed. However, make sure that the new game includes the same learning lesson.

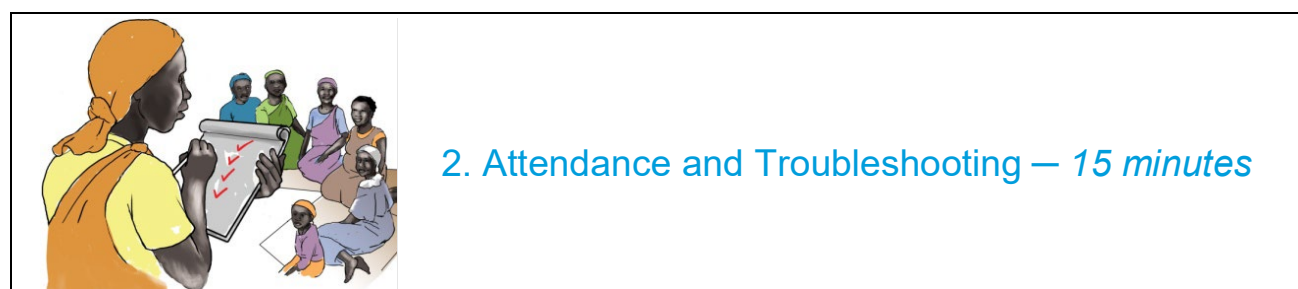
Read the same instructions again. Answer questions. Help those who are having trouble. Show them with your hands what they should do for each step.



? What can we learn from this exercise?

- Encourage discussion.
- Some potential answers:
 - People learn best when they can see and hear how to do a new thing.
 - People learn best when they practice the new thing with someone who has done it before.
 - The best way to teach others is to try the new practice yourself.
 - Then you will know how to help others to try the new practice too.

Tell participants, “Let’s begin today’s meeting.”



When teaching Care Group Volunteers:

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor women (beneficiary group).
- Promoter fills out vital events mentioned by each Care Group Volunteer (new births, new pregnancies, and mother and child deaths).
- Promoter asks if any of the Care Group Volunteers had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.

- Promoter asks the group's Activity Leader⁴ to discuss the needed items for next week's activity and solicit volunteers.

When Care Group Volunteers teach their Neighbors:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Teaching for Change (Picture 2.1) – 10 minutes

Read the story on the flipchart.

Nyanbai's granddaughter says, "How did the community change?" Nyanbai says, "I learned new things from the SCOPE promoter. I asked questions about my neighbor's practices. I encouraged my neighbors to try new things. I made changes in my own home."



4. Ask about Current Practices – 10 minutes

Read the questions on page 12 of the flipchart.

- ?** How did Nyanbai help the women change?
- Ask this question to review the story.
 - Possible answers:
 - Nyanbai helped others to change by asking questions.
 - She encouraged them to talk about the things that they did at home.
 - Nyanbai made changes in her own house and encouraged others to make those changes too.
- ?** How do these things help others to change?
- Ask the second question to find out their beliefs about the effectiveness of these methods.
 - Possible answers:
 - If we make changes at home, it will be easier to help others to change.
 - If I and my children are healthier it will encourage others to try the new practices too.

⁴ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- Asking questions about neighbor's practices will help them to realize the things that need to improve in their own home.

? Have you ever taught an adult a new skill? How did you teach them?

- *Ask the last question to listen to methods that they use to teach others.*
- *Reinforce positive teaching practices mentioned.*
- Possible answers:
 - Some women may use stories or songs to teach others.
 - Some women may work side by side with the person they are teaching to help them learn.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Games, Attendance and Stories (Picture 2.2) – 10 minutes

- *Ask the caregivers to describe what they see in the pictures on Picture 2.2.*
- *Affirm their responses.*
- *Share the meaning of each picture using flipcharts Picture 2.2 and the questions that go with it on the page before.*
- *Use the captions on the flipchart to remind you which images represent each point.*

? What do you think these pictures mean?

- Begin each household visit or meeting with a game or song.
 - When you see this image on the back of the flipchart, it is time for a game or a song.
 - If you are meeting with a group of mothers, Repeat the game that you learned from the promoter.
- Take attendance at each visit.
 - When you see this image on the back of the flipchart, it is time to take attendance.
 - Remember who you visited with the lesson.
 - Remember the women who you were not able to visit.
 - Tell the promoter the attendance at the next meeting.

- Each lesson begins with a story about Nyanpiet or her neighbor Nyanbai. Use the flipchart pictures to tell their story.
 - Nyanbai will show us healthy behaviors.
 - Nyanpiet has never heard the SCOPE teachings before.
 - She will learn from Nyanbai and try new things.

Ask the women to find the small images for games and attendance on the BACK of their flipchart.

Ask the women to find Nyanpiet and Nyanbai in the large pictures on their flipchart.



6. Share the Meaning of Each Picture: Practices, Pictures and Activities (Picture 2.3) – 10 minutes

- *Ask the caregivers to describe what they see in the pictures on Picture 2.3.*
- *Affirm their responses.*
- *Share the meaning of each picture using flipcharts Picture 2.3 and the questions that go with it on the page before.*
- *Use the captions on the flipchart to remind you which images represent each point.*

? What do you think these pictures mean?

- Use the story to ask about the women about current practices.
 - If you are sharing a story about hand washing ask, “How often do you wash your hands?”
 - If you are sharing a story about wearing a mask, ask, “Do you wear a mask to cover your nose and mouth when you are in crowded places?”
 - Listen to their responses. Do not correct them.
 - Let everyone share their thoughts.
- Share the meaning of each picture on the flipchart.
 - When you see this image on the back of the flipchart, it is time to share the meaning of the flipchart pictures.
 - Show the women the new flipchart pictures.
 - Ask the women, “What do you think these images mean?”
 - Affirm those who answer.
 - Explain the key message or meaning of each image.
- Do an activity with the women to help them understand the lesson.
 - When you see this picture on the back of the flipchart, repeat the activity that the promoter showed you.

- In this picture, the women are making porridge.
- Activities may be a cooking lesson, a role play, a song, or a discussion.

Ask the women to find the small images for asking about current practices; sharing the meaning of each picture; and the activity on the **BACK** of their flipchart.

Additional Information for the Trainer

Ask about Current Practices

- If the facilitator discovers that all of the learners are already practicing the new behavior, the facilitator does not need to spend much time explaining the behavior and giving reasons for change.
- Based on the women’s responses during the discussion questions, the facilitator will adapt the messages so they are relevant to the group.



7. Share the Meaning of Each Picture: Barriers and Commitments (Picture 2.4) – 10 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 2.4.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 2.4 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Discuss barriers, problems and concerns the women have about the new practices.
 - Ask, “Is there anything that might prevent you from trying these new practices?”
 - Find ways to help the women overcome these barriers.
 - For example, “You said that you don’t have a mask to wear when you are in crowded places, can you make one out of your head wrapper?”
 - You said you don’t know how to make a face mask, “Can I show you now?”
- Ask each woman to make a commitment to try one of the new practices.
 - For example, one mother might commit to buy a cloth face mask for each member of her family older than five years.
 - Another mother might commit to save money to purchase face masks for her family.
 - Another mother might commit to making her own masks to protect herself and her family from getting Covid-19 in a crowded space.
 - Each mother can choose her own commitment.

? Look for these two images on the back of your flipchart. Do you see them?

Additional Information to the Trainer

Commitments

- Many studies have shown that if learners make a verbal commitment in front of others, they are more likely to remember the commitment and actually follow-through on the commitment.
- By allowing the learners to make their own commitments, they take responsibility and set goals that are relevant to their own experience.



8. Activity: Role Play – 15 minutes

Ask each Care Group Volunteer to look at the back of the first page for Lesson 1.

? What is the first thing that she should do?

- Answer: Game
- *Point to the image of the game*

? What should you do next?

- Answer: Attendance

Continue walking them through each step of the lesson by following the small pictures on the back of the flipchart. Explain to the Care Group Volunteers that these small images are clues to help them remember what to do next.


Now let's watch a role play to see what happens when a Care Group Volunteer visits a mother in her home.

- Ask for two volunteers to act out the role play at the end of this lesson with you.
- Give one copy of the role play to each volunteer. For a low-literate audience, ask one literate volunteer (or the promoter) to read the role play. Each volunteer should listen and then act out each sentence after it is read. Adapt as needed.
- After the role play, read the discussion questions below.

? What did you learn from this role play?

- *Encourage discussion. Add any of the following points that are not mentioned.*
 - The Care Group Volunteer should go to the mother's home to visit and teach her the lesson every time she has learned a new lesson from the Care Group.
 - The Care Group Volunteer repeats what the mother said in a different way (paraphrasing). This helps to clarify and confirm what the mother has said.

- The Care Group Volunteer did not force the mother to make a commitment. She mentioned the benefits of trying the new practice.
- The Care Group Volunteer helped the women overcome their doubts or barriers.
- She asked: “What do you think about this lesson? Is there anything that might make it difficult for you to only give breast milk for the first six months?”
- She suggested: “The nurse at the health post can read the growth chart and show you that the child is growing well.”
- She asked the mother to make a commitment and asked her about commitments she made the last time they met.
 - She said: “Would you be willing to commit to exclusively breastfeed your infant until six months, and then begin slowly adding foods?”
 - Examine: You said that you would commit to putting the newborn child to the breast immediately after she was born. Did you do that?



9. Discuss Barriers — 15 minutes


? Is there anything that might prevent you from using these new teaching techniques?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about these teaching techniques. Together they should try to find solutions to these worries and problems. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible concerns and possible solutions:

- Some mothers may fear that there are too many pictures to remember.
 - Encourage her to practice using the steps.
 - Encourage her to memorize the pictures.
 - Remind her that with practice, she will be able to succeed.



10. Practice and Coaching — 20 minutes


For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.

- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Are you willing to commit to teaching others in this way?

Ask mothers to give a verbal declaration of the commitment that they will make. For example:

- I will begin each lesson with a game.
- I commit to keeping track of all the mothers that I visit with the lessons.
- I commit to following these steps when I teach a lesson.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Role Play: Barriers and Commitments

Additional Information for the Trainer: *This role play will only be used with Care Group Volunteers and does not need to be shared with neighbor groups.*

Setup: *The Care Group Volunteer goes to her home to share the messages from the flipchart. The promoter will act as the Care Group Volunteer and sit together with the two volunteers (Mother and Mother-in-Law) during the role play.*

Explain: *The Care Group Volunteer is sitting with a mother in her home. She has just shared messages about breastfeeding with the mother and her mother-in-law. (She has already taken attendance, asked about current practices and shown all of the flipchart pages.) Listen to how the Care Group Volunteer discusses barriers and requests a commitment.*

Care Group Volunteer: What do you think about this lesson? Is there anything that might make it difficult for you to exclusively breastfeed for the first six months of your child's life?

Mother-in-Law: I have heard from your story that Nyanbai gave her child only breast milk until he was six months old. Then at six months she added foods. I have never heard such teaching before.

Mother to Mother-in-Law: You are right; we have never heard such teaching. It's true that infants don't need other foods or drink before they are six months old. Even some women in our villages wait to give food until the child is six months old.

Mother-in-Law: Yes. Some women say that giving food earlier gives the child diarrhea.

Care Group Volunteer: So it sounds like although many mothers give foods early, some wait to give foods to prevent the child from getting illnesses.

Mother-in-Law and Mother: Yes

Care Group Volunteer: What do you think? Do you think it is possible that waiting to give foods or drink might prevent illness?

Mother: It may be true. I have heard your teaching and Nyanbai's story. She is very wise and her children are much stronger than the other mothers. How can we be sure that our children are growing well with just breast milk?

Care Group Volunteer: The nurse at the health post can read the growth chart and show you that the child is growing well. Would you be willing to commit to trying to exclusively breastfeed your infant until six months, and then begin adding foods?

Mother: Yes, it is possible. We will talk to our family and make a decision with them before your next visit.

Care Group Volunteer: Okay. I will ask you at my next visit. Now let's examine what you have done since my last visit. You said that you would commit to putting the newborn child to the breast immediately after she was born. Did you do that?

Mother: Yes, I made the commitment and I followed through. Look. She is very strong and healthy now.

Care Group Volunteer: That is wonderful. You are trying new things. I can even see that you child is happy and healthy too.

Mother-in-Law and Mother: *Thank the Care Group Volunteer for coming.*

Care Group Volunteer: *Schedule a time for her next visit. Remind her of the next under five clinic happening in her community (if it is that month). Encourage her to come. Depart.*

LESSON 3: MONITORING GROUPS AND WATCHING FOR CHANGE

Lessons 2 and 3 are specifically for the training of Care Group Volunteers. You may choose not to share lessons 2 and 3 with the neighbor mothers. However, sharing all lessons may encourage greater support from the community.



Objectives

By the end of this lesson:

- Care Group Volunteers will share a new lesson with their neighbor mothers once every two weeks.
- Care Group Volunteers are responsible to visit at least four and not more than 14 pregnant mothers or mothers with children less than 5 years old. Care Group Volunteers will remember and report any women in their neighbor group who did not hear the teaching during a home visit.
- Care Group Volunteers will graduate mothers who are no longer pregnant or do not have a child younger than 5 years of age. New mothers that are pregnant or have children younger than 5 years of age will be added to the group.
- When Care Group Volunteers visit each neighbor household, they will ask about the family's health and document changes in the children's health. They will give suggestions as needed to help the mother make changes at home.
 - The family health information includes child sicknesses, new pregnancies, maternal deaths and deaths of children younger than 5 years of age.
 - Care Group Volunteers will report this information to the promoter at each meeting during the time of Attendance and Troubleshooting.
- Care Group Volunteers will watch for changes in the health of their neighbor mothers and the health of their own children and celebrate this progress with others.
- Care Group Volunteers will believe that change is possible.

Materials

- Attendance Registers
- Two copies of the role play at the end of this lesson
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Stew
- Attendance and Troubleshooting
- Share the story: Watching Child Growth
- Ask about current practices to monitor children's growth
- Share the meaning of each picture on flipchart: Watching Illnesses, Pregnancies and Death; Watching Neighbor mothers; and Sharing Progress with Others.
- Activity: Role Play on Reporting

- Discuss barriers
- Practice and Coaching in pairs
- Request commitments



1. Game: Stew – 10 minutes

Note for facilitator: *In a context of COVID-19, Ebola or Cholera outbreak, always select (or adapt) games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people’s hands, etc.*

1. Divide the women into three or four groups of foods. Give each group a name of a vegetable used in a stew such as tomatoes, greens, okra, fish or lentils.
2. The women should sit in chairs (or on mats) in a circle, mixing with other groups so they are not sitting next to someone from their food group. The facilitator stands in the center of the circle and shouts out the name of one of the foods.
3. All of the women in this food group must change places with one another. The facilitator tries to take one of their places as they move, leaving one woman without a seat. She becomes the new facilitator.
4. The new facilitator stands in the middles and shouts another food group and the women in this group change places with each other while she tries to steal one of their seats.
5. If someone says, ‘stew’ all women have to change seats.
6. Continue until everyone is laughing.

Tell participants, “Now that we are energized and ready for our lesson, let’s begin!”



2. Attendance and Troubleshooting – 15 minutes

When teaching Care Group Volunteers:

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor women (beneficiary group).
- Promoter fills out vital events mentioned by each Care Group Volunteer (new births, new pregnancies, and mother and child deaths).
- Promoter asks if any of the Care Group Volunteers had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick

unless they have Personal Protective Equipment (PPE).

- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader⁵ to discuss the needed items for next week's activity and solicit volunteers.

When Care Group Volunteers teach their Neighbors:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Watching Child Growth (Picture 3.1) – 10 minutes

Read the story on the flipchart.

The old woman, Nyanbai explains, "Our care group wanted to see if these new practices helped our children to grow. We took our children to the health clinic every month to be measured and weighed. Pregnant women went every three months to the clinic to have their belly measured. We were encouraged. Even small changes helped our children to grow. It encouraged us to keep working."



4. Ask about Current Practices – 10 minutes

Read the questions on page 20 of the flipchart.

- ? Why did the women decide to watch their children's growth?
- ? How did watching growth encourage them to continue?
 - Ask the first two questions to review the messages from the story.
 - Possible responses:
 - The women wanted to see if the new teachings made changes in their children's growth.


⁵ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- They wanted to see if the teachings were true – they could really make our children taller, stronger and healthier.
- The women were encouraged. The children and pregnant women were growing very well. The health workers showed them that these mothers, babies and children were much stronger and healthier since the program began.

- ?** With your last child, what did you do to make sure they were growing well?
- Ask this question to find out how women currently monitor their child's growth.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Watching Illness, Pregnancies and Deaths (Picture 3.2) – 10 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 3.2.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 3.2 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- When you visit each neighbor for the lesson, ask them about the family's health.
 - This child has a fever.
 - Nyanbai tells her to go immediately to the health center.
 - Refer families to the community health worker or health center to treat illnesses.
- Report sicknesses, deaths, and new pregnancies to the promoter.
 - Share the information you hear from your neighbor mothers with the promoter.
 - The promoter will share this information with the local clinics and Ministry of Health.
 - This information will help Care Group Volunteers understand the needs in the community.

? How could this information help you to be a better Care Group Volunteer?

- You will know the needs of the people in the community.
- You can ask the promoter for help to prevent these illnesses.
- You will learn the danger signs and be able to refer severe illnesses to the clinic.



6. Share the Meaning of Each Picture: Watching Neighbor Groups (Picture 3.3) – 10 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 3.3.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 3.3 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Care Group Volunteers will meet with 4 to 14 women in their homes.
 - Meet with each mother twice each month.
 - Share the same teachings that you hear from the promoter.
 - Invite husbands, children and others to listen.
 - If you have more than 14 mothers to visit, talk with your promoter.
- Women who are not pregnant and do not have children less than five years will graduate.
 - In order to reach our goal, we must teach only pregnant women and children younger than 5 years.
 - New mothers can join the group of mothers that you visit.
 - Care Group Volunteers can continue to volunteer even if they are not pregnant or do not have children younger than 5 years.
- New pregnant women will join the group.
 - The three women with older children graduated.
 - Three new pregnant women join the group.
 - The group remains the same size.

Additional information for the trainer

Graduation

- When children turn 5 years old, the mothers must graduate from the program, unless they are a Care Group Volunteer or are pregnant. Care Group Volunteers are encouraged to continue volunteering.
- Non-pregnant neighbor mothers with older children will graduate but may continue attending care group meetings if they would like. Graduated neighbor mothers will not receive home visits and their attendance will not be tracked on the Care Group Registers.

Small Groups

- Groups larger than 14 women make it difficult for the Care Group Volunteer to visit everyone every two weeks. By keeping the groups small, it is easier for the Leader Mother to make time for house visits.



7. Share the Meaning of Each Picture: Sharing Progress with Others (Picture 3.4) – 10 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 3.4.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 3.4 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Watch for changes in the mothers and children's health. Celebrate the small changes you see.
 - Sharing will encourage us to continue.
 - It may take many years to reach our goal of all mothers, babies and children growing healthy and strong.
 - Celebrate the small changes to encourage us to keep going.
- Share stories of changes in mother and child health with the community.
- Share stories of the changes in mother and child health with the Ministry of Health.

? How will we know if the change is good?

- If sickness decreases, it will encourage us.
- If our children are still very sick and not growing, we will need to work harder to bring changes.



8. Activity: Role Play – 15-30 minutes


Additional Information for the Trainer: This role play will only be used with Care Group Volunteers and does not need to be shared with neighbor groups.

1. Ask for three volunteers to act out the role play at the end of this lesson with you.

2. Give one copy of the role play to each volunteer.
3. For low literate audience, consider reading the role play aloud. Each volunteer should listen and then act out each sentence after it is read.
4. After the role play is finished ask the following questions.

? What did you see in this presentation?

- Encourage discussion. Add any of the following points that are not mentioned by the mothers:
 - Care Group Volunteers are responsible to report the attendance of the women they have visited at each care group meeting.
 - The Promoter asks about problems with the meetings, and helps the mothers to find solutions.
 - If there are problems encouraging a new practice a few suggestions are given:
 - Ask other Care Group Volunteers what they have done to help mothers change.
 - Speak with other members in the household about the new practices.
 - Have caregivers who are practicing the healthy practice come and share their experiences with the mother.
 - Seek support from community leaders regarding the new behaviors.
 - The Care Group Volunteers should report changes in the numbers of women they are visiting as well as any new births, deaths or pregnancies that occurred among their group members.




9. Discuss Barriers – 15 minutes

? Is there anything that might stop you from watching for change and sharing the progress with others?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these messages. Together they should try to find solutions to these worries and problems. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.



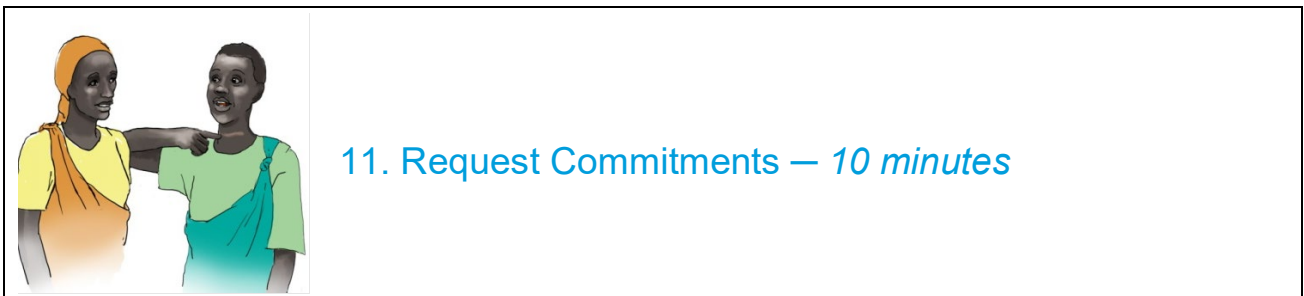
10. Practice and Coaching – 20 minutes

For Care Groups:

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.
-



- **?** Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say out loud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to watching for change in the growth of my children.
- I commit to making sure that only pregnant mothers or women with children younger than 5 years join my roster of households to visit.
- I commit to visiting each neighbor's house twice every month with the lessons we learn in our Care Group meetings.

- **?** What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Role Play: Reporting to the Care Group

Additional Information for the Trainer: *This role play will only be used with Care Group Volunteers and does not need to be repeated with neighbor mothers. The underline, slanted text explains the actions of the actors. The words in normal font should be said aloud.*

Setup: You need three volunteers each with a copy of the role play. The volunteer Care Group Volunteers should sit in a small circle in front of the Promoter (just as they would sit in a care group meeting). The Promoter should be sitting with an attendance register and pen on her lap. A flipchart is sitting nearby.

Explain: *This role play is a care group meeting between the promoter and a group of Leader Mothers. After the attendance each week, I will ask about the family health any troubles you have had in your groups. We will begin following this example at our next meeting.*

Explain that the role play begins after the game has finished.

Promoter: Since we have already had our game, let's begin with attendance.

Promoter looks at his register and calls the name of the first Care Group Volunteer (CGV 1).

Care Group Volunteer 1: Yes, I am here.

The promoter makes a mark in the register. He then calls the name of CGV 2.

Care Group Volunteer 2: Yes

The promoter makes a mark in the register. He then calls the name of CGV 3.

Care Group Volunteer 3: Yes

The promoter makes a mark in the register. He then calls the name of CGV 4.

Care Group Volunteer 3: She could not make it to today's meeting.

The promoter makes a mark in the register. The promoter then turns to the Mother Beneficiary List in his register for CGV 1.

Promoter: Let's review the attendance and health of women and children in your neighbor groups.

The promoter calls the name of Care Group Volunteer 1.

Care Group Volunteer 1: I visited with everyone (...she lists 10 neighbor mothers' names) except Achol. She was away visiting relatives. So I did not see her. She returned this week. I will teach both lessons to her during the next two weeks.

Promoter: You visited all mothers, except Achol. You plan to teach her both lessons at your next meeting.

The promoter makes 11 marks on the register.

Care Group Volunteer 1: Yes. There are no new births, deaths or pregnancies for the women in my group.

Promoter: You said that none of the women in your group had any new health events to report.

Care Group Volunteer 1: Yes

The promoter looks at her register and calls the name of Care Group Volunteer 2.

Promoter: Please tell me the names of the women who you visited.

Care Group Volunteer 2: I met with all of my neighbors (*she lists eight names*).

The promoter makes eight marks on the register.

Promoter: You taught lessons to all of your mothers. What about Abuk? You did not mention her name.

Care Group Volunteer 2: Abuk has moved away. She no longer comes to my meetings.

The promoter makes a mark on the register next to Abuk's name.

Promoter: You only have eight neighbors in your group now since Abuk has left.

Care Group Volunteer 2: Yes.

Promoter: Do you have any new births, pregnancies, or deaths to report?

Care Group Volunteer 2: Yes, Anyang is pregnant.

Promoter: Anyang is pregnant. Ok I will mark that on the register. Is there anything else to report?

Care Group Volunteer 2: No, that is all.

Promoter makes a mark on the register.

The promoter calls the name of Care Group Volunteer 3.

Care Group Volunteer 3: I was only able to visit half of the mothers this time.

Leader Mother 3: You know that it is your responsibility to visit each mother. You must make sure that you teach all of the mothers that you are given.

Care Group Volunteer 3: Yes. I know.

Promoter: Please tell me which neighbors you visited.

Care Group Volunteer 3 lists four names of women from her neighbor group.

The promoter repeats the names of the four women and makes three marks in the register.

Promoter: Do you have any new births, pregnancies or deaths to report?

Care Group Volunteer 3: No there are no changes in the health of my neighbor group.

Promoter: Ok. No changes.

The promoter makes a mark in the register.

Promoter: Let's talk after the lesson about meeting with the rest of your neighbors. I can help you with some ideas for meeting with the mothers. It is important that you visit all mothers.

Care Group Volunteer 3: Yes. Let us talk after the lesson. I do not want to be replaced.

Promoter: Ok, we will talk at the end of the lesson. Now that we have taken attendance, tell me about your meetings. How did your visits go? Did the women understand the teachings on exclusive breastfeeding?

Care Group Volunteer 1: Many people here believe that water and other foods must be given to the infant when they are born. Some mothers did not want to commit to changing their ways. They found the teaching very difficult.

Promoter: You were teaching about breastfeeding and some mothers had trouble accepting the message. What did you do?

Care Group Volunteer 1: I told them that it was okay if they did not feel ready to make a commitment to exclusive breastfeeding. I told them that I would continue meeting with them, and that they could talk to other mothers and make a decision later.

Promoter: (*Speaking to Care Group Volunteer 2 and 3*) Did any of you have these troubles?

Care Group Volunteer 2: Yes, one mother in my group is giving water and other foods to her infant before it is time. So I asked about the health of her infant. Her infant had been very sick. I asked her to try breastfeeding only to see if her infant's health and weight improves. She said she would try it.

Promoter: So, you asked the mother to try out the new practice, and see if the baby's health improved. That is a very good idea. [*Turning to Care Group Volunteer 1*] You may consider giving this same advice to the woman you mentioned the next time that you meet.

Care Group Volunteer 1: Yes, I will try that. I will also see if I can get other mothers who exclusively breastfeed to talk with her. When she hears from these mothers and sees the health of their infants, she may be ready to listen.

Promoter: You may also speak to the others in her household, the mother-in-laws and the husband if they will listen. Once the whole family understands it may be easier for the mother to try something new.

Care Group Volunteer 3: Yes. That is good. Several other family members joined when I met with the mothers. It was very helpful.

Promoter: [*To Care Group Volunteer 3*] Yes, it is very good that you are encouraging others to join. [*To the group*] Any other problems?

Care Group Volunteer 2: The mothers that I met with were very happy with this information. They said that it was so good and they wished that they had known sooner.

Promoter: Good. Yes, as we continue to share with women in our community, we hope that they too will share with their neighbors and that many children will be healthy and strong. Ok. Let's begin the lesson.

LESSON 4: HAND WASHING AND TIPPY TAP CONSTRUCTION



Objectives

By the end of this lesson:

- Caregivers will wash their hands (and their child's hands) with soap or ash at the appropriate times:
 - Before preparing or eating food, or feeding children
 - After defecating, using a latrine or cleaning up child feces
- Caregivers will wash their hands appropriately (with soap or ash):
 - Wet hands and soap with water.
 - Rub hands with soap until a lather forms, rubbing hands and lathering for 30 seconds.
 - Rinse off the hands with water. Shake water from hands to dry.
- Caregivers will make a hand washing station outside of their latrine.⁶
- Caregivers will believe that they have dominion over the earth; they have the tools, information and ability to care for and protect the health of their child.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Materials to build a Tippy Tap:^{*}
 - ½ meter of string or rope
 - A 5-liter plastic container
 - A nail and candle (or fire)
 - Rock / small stones
 - Soap
 - Three sticks: two Y-shaped branches and one straight branch^{*}
- Water to fill the Tippy Tap

Lesson Summary

- Game: Germs and Soap
- Attendance and Troubleshooting
- Share the story: The Family Has Diarrhea
- Ask the women when (and why) they washed their hands this morning.
- Share the meaning of each picture on flipchart: When to Wash Hands; How to Wash Hands and Making a Tippy Tap.
- Activity: Build a Tippy Tap with the women in your group.
- Discuss Barriers

⁶ The Tippy Tap will be encouraged throughout this lesson to conserve water and make hand washing easy for family members.

^{*} Materials with an asterisk should be organized by the Activity Leader.

- Practice and Coaching in pairs
- Request Commitments



1. Game: Germs and Soap — 10 minutes

Note for facilitator: In a context of COVID-19, Ebola or Cholera outbreak, always select (or adapt) games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people's hands, etc.

1. Ask the women to stand in a circle.
2. Tell each woman to look around and silently (secretly) choose another woman in the group. Ask each woman to raise their hand when they have chosen someone. Explain that this person represents a germ. They should try to stay as far away as possible from this person.
3. Ask each woman to look around and silently choose another woman in the group. Ask each woman to raise her hand when she has chosen someone else. Explain that this person represents a bar of soap. You should try to stand as close as possible to this person (soap). Soap protects you from germs.
4. Start the game. Tell the women to move quickly towards the “soap” but also at the same time try to move away from the “germ.”
5. (Optional) After a few minutes, reverse the game. Tell them that the first person they chose is now the “soap” and they should try to stand by them – while the second person is now the “germ.”
6. After a few minutes when everyone is laughing, end the game.

Tell participants, “Let’s begin today’s lesson.”



2. Attendance and Troubleshooting – 15 minutes

When teaching Care Group Volunteers:

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor women (beneficiary group).
- Promoter fills out vital events mentioned by each Care Group Volunteer (new births, new pregnancies, and mother and child deaths).
- Promoter asks if any of the Care Group Volunteers had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick

unless they have Personal Protective Equipment (PPE).

- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader⁷ to discuss the needed items for next week's activity and solicit volunteers.

When Care Group Volunteers teach their Neighbors:

Note: For this lesson, Care Group Volunteers may want to set a time for all the neighbor mothers that they visit to come and hear the lesson together. This way the mothers only need to source materials and build one Tippy Tap together as a group, and the Care Group Volunteer can still manage the time commitment.

- Care Group Volunteers will take attendance.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.
- Care Group Volunteer asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers. (Applicable if Lesson 5 to be done in a group rather than household visits, which is allowable)

3. Story: The Family Has Diarrhea (Picture 4.1) – 10 minutes

Read the story on the flipchart.

Achol's oldest son did not wash his hands after he left the latrine. While his mother wasn't looking, he grabbed some of the food out of the bowl. When they all sat down to eat, Achol asked, "Did you wash your hands?" "No," they replied. They dipped their hands into a bucket one by one to wash. That night the family began to get stomach aches. Soon they were all running to the latrine.



4. Ask about Current Practices – 10 minutes

Read the questions on page 28 of the flipchart.

- ? What caused the stomach pains and diarrhea?
 - Ask this question to find out what the women believe caused the diarrhea.

⁷ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- We hope they respond in this way: Achol's son did not wash his hands after using the latrine. Feces on his hand were mixed into the food. Feces have germs which cause sickness when eaten.

? What could Achol have done to prevent this problem?

- *Ask this question to find out what the women believe Achol could have done to prevent the problem.*
- We hope they respond in this way: She could have set up a hand washing station next to the latrine to remind her children to wash. She should have used soap to help the family wash hands. She should have poured water over everyone's hands, lathered them with soap and then poured CLEAN water over the hands to rinse them. When everyone dips dirty hands into one bowl, they spread germs to each other and the hands do not get clean.

? When did you wash your hands today?

- *Ask this question to find out the times that the women in your group washed their hands before coming to the group.*

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: When to Wash Hands (Picture 4.2) – 5 minutes

- *Ask the caregivers to describe what they see in the pictures on Picture 4.2.*
- *Affirm their responses.*
- *Share the meaning of each picture using flipcharts Picture 4.2 and the questions that go with it on the page before.*
- *Use the captions on the flipchart to remind you which images represent each point.*

What do you think these pictures?

- Wash hands with soap or ash:
 - Before preparing food
 - Before eating
 - After using the latrine
 - After cleaning a child's bottom
- Help children to wash hands at these times too.
- Germs on hands cause sickness.
- Only soap kills germs.

? Name some other times when we should wash your hands.

- Before breastfeeding
- After caring for someone who is sick
- Before and after helping someone with an injury
- Before helping a mother give birth
- Before holding a newborn baby
- After handling money

Additional Information for the Trainer

Definitions

- A germ is a tiny bacteria or virus that causes disease. Germs are so small they cannot be seen with your eyes.

Effectiveness

- Manufactured soap and water is the best and most effective way to kill germs. If soap is not available, ashes can be used.

Birth Attendants

- A study showed that where birth attendants and mothers washed hands before handling newborn children – the children had a 41% lower illness rate compared to newborns where the mother and birth attendant did not wash hands.⁸

Baseline Data Water Treatment⁹

- Eighty six percent (86%) of households interviewed said that they do not treat their water before drinking. The remaining households use sedimentation (5.3%), straining through cloth (4.5%) and boiling (3%).

Baseline Data Soap Use

- Of all South Sudan respondents interviewed¹⁰, 35% said they had soap in their homes; only 42% of those with soap had used it in the 24 hours before the survey.
- When asked the most important times for hand washing 66% mentioned washings hand with soap or ash before preparing food, less than half (47%) mentioned before feeding their children and after cleaning a child that has defecated.



6. Share the Meaning of Each Picture: How to Wash (Picture 4.3) – 5 minutes

⁸ Rhee V. et al. 2008. "Maternal and birth Attendant Hand Washing and Neonatal Mortality in Southern Nepal." Archives of Pediatrics & Adolescent Medicine. Vol 162 (No. 7), pp 603-608. July 2008

⁹ ADRA International, pg. 17.

¹⁰ ADRA International, pg. 17.

- Ask the caregivers to describe what they see in the pictures on Picture 4.3.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 4.3 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Wet your hands and the soap or ash with water.
 - Use a cup to pour water over both hands.
 - Use ash from the fire if you do not have soap.
 - Ash and soap kill germs on hands.
- Scrub your fingers, knuckles and wrists.
 - Rub your hands together so the soap lathers.
 - Scrub your hands for at least 30 seconds.
- Pour clean water over your hands to rinse off the soap.
 - Use a cup to pour water over both hands.
 - NEVER wash and rinse your hands in one basin.
 - Dirty water will spread germs to everyone who dips their hands in the water.
- Wring your hands to dry. Shake the water off your hands.
 - If you use a towel, wash the towel every few days.
 - A wet towel can gather germs and put them back onto your hands.

Additional Information for the Trainer

Hand Washing Prevents Diarrhea

- Hand washing with soap is the most cost-effective intervention to prevent death and disease from diarrhea.¹¹
- Hand washing before eating, preparing food and after using the toilet can reduce diarrhea in children by 50 percent.¹²

Germs on Towels

- Germs grow and multiply quickly on damp surfaces and fabrics. Towels for drying hands should be avoided, unless washed frequently (every few days).
- Hang the towel on a tree limb or rack in the sun after each use. The sunlight and heat from the sun kills the bacteria and virus as the towel dries.

¹¹ Cairncross, S. Valdmanis V. 2006. *Water Supply, Sanitation and Hygiene Promotion. Chapter 41. Disease Control Priorities in Developing Countries. Second Edition.* Edt. Jameson et al 2006. The World Bank. Washington DC: National Institutes of Health.

¹² Curtis, V., and S. Cairncross. 2003. "Effect of Washing Hands with Soap on Diarrhea Risk in the Community: A Systematic Review." *Lancet Infectious Diseases* 3: 275–81.



7. Share the Meaning of Each Picture: Making a Tippy Tap (Picture 4.4) – 20 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 4.4.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 4.4 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.
- Every time this lesson is taught make a tippy Tap following the instructions given. See the Activity below for more information.
- It is best if all Tippy Taps are made from locally available materials (like gourds or discarded plastic containers) but can also be made from purchased 5L plastic jugs.

? What do you think these pictures mean?

- With a hot nail, make holes in the soap container, the lid and the side of the plastic water container.
 - Make one hole in the center of the 5-liter container's lid.
 - Make one hole 12 cm down and off-center from the container's spout.
 - Make two holes in the top of the plastic soap container.
- Near the latrine, make the frame for the Tippy Tap using three branches and rocks.
 - Plant two Y shaped sticks in the ground about waist high.
 - Hang the 5-liter container on a straight stick.
 - Hang the straight stick on the two Y-shaped sticks.
- Use string to hang the soap container and the foot pedal.
 - Hang string over the straight stick. Tie the ends of the string onto the soap container. Place a bar of soap in the container.
 - Push string through the hole in the lid. Tie a knot.
 - Screw the lid onto the 5-liter container.
 - Tie the end of the string from the lid onto the end of a stick for the foot pedal.
 - The Tippy Tap should be upright when you release the foot pedal.
 - When you step on the foot pedal, the water container should lean over onto its side.
 - Shorten the string until the foot pedal works well.

Additional Information for the Trainer

Water Conservation

- Tippy Taps use less water than traditional basin hand washing methods. Tippy Taps also make it easier for an individual to wash hands when no one else is there to pour water for them.

Tippy Tap containers

- Rinse and clean the 5-liter container well. Do not use pesticide containers for the Tippy Tap. The pesticide will damage hands and cause sickness.

Off Center Hole

- If the center is placed in the middle of the containers side, the string from the foot pedal will get in the way when washing hands. By making the hole off-center, the water pours to one side out of the way of the string.

Twelve Centimeters (12 cm)

- Twelve centimeters is approximately one and ½ finger's length down from the lid. Use this guidance to help women make the hole in the proper place.

Soap Options

- Soap can be kept in a tin nailed to the top of the Tippy Tap frame if desired. Make many holes in the bottom of the tin to let water drain out of the tin when it rains. Put a cover on the tin during rainy season to protect the soap.

Rocks under the Tippy Tap

- Without rocks, the area will become muddy. Puddles encourage mosquitoes to lay eggs and can increase malaria in the area. The rocks prevent puddles from forming.
- Encourage families to plant a seedling for a fruit tree under the tippy tap. This way it can be watered regularly using the water from handwashing and can eventually be a source of nutrients for the family. This way you can also see whether tippy taps are being used by the status of the seedling (whether it is observed to be healthy and growing when households are visited)



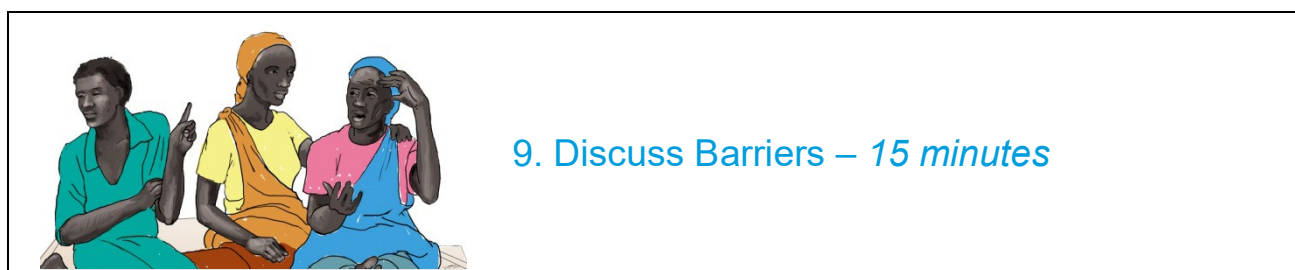
8. Activity: Building a Tippy Tap – 30 minutes

Materials needed:

- Two branches (1 ½ meter long) with Y-shaped ends,
- two sticks (1 meter long),
- rope or string (1.5 meters in length),
- a 5-10 Liter plastic container,
- a nail,
- a candle,
- soap and a small plastic container or tin for the soap,
- some rocks to place under the Tippy Tap.

Instructions:

- *Every time this lesson is taught build a Tippy Tap with the women. If one woman has all of the materials, she can volunteer her supplies so that the Tippy Tap is constructed in her compound. Otherwise, the women can each contribute some of the materials and the tippy Tap can be placed in a public space.*
- *After completing the Tippy Tap construction, fill it with water.*
- *Ask each woman in the group to wash her hands using the Tippy Tap.*
- *Follow the pattern below:*
- *Put your foot on the stick, tipping the Tippy Tap container.*
- *The water will begin to trickle out of the hole.*
- *Wet your hands and the soap.*
- *Take your foot off the stick to stop the water.*
- *Begin rubbing hands, scrubbing between fingers until the soap is in a thick lather up to the wrists.*
- *Put your foot on the stick, tipping the Tippy Tap container.*
- *Use the water from the hole to rinse soapy hands.*
- *Answer questions.*



? Is there anything that might prevent you from trying these new practices?


Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible concerns and possible solutions:

- If I don't have a latrine, where do I put the Tippy Tap?
 - *Place the Tippy Tap near the location where you plan to build the latrine.*
 - *If you do not have money to build the latrine now, place the tippy Tap near the place where you prepare food or your family eats. This way, it will remind people to wash hands prior to eating.*
- We don't have enough water for a Tippy Tap?
 - *The Tippy Tap saves water. If you use a bucket for hand washing you will use much MORE water than if you use a Tippy Tap.*
- Mothers may say, "I can't afford soap for hand washing."
 - *Ash can be used if you do not have soap.*
 - *However, if you want to reduce sickness, then you need to find a way to save money to purchase soap.*

- Encourage mothers to consider using money from the savings groups they may be a part of to purchase ORS, soap and other supplies to keep the family healthy.




10. Practice and Coaching – 20 minutes

For Care Groups:

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



11. Request Commitments – 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will build a Tippy Tap next to my latrine.
- I will talk to my husband about getting string and rope for the Tippy Tap.
- I will wash my hands before preparing foods, before eating, after using the latrine and after washing my child's bottom.
- I will teach my children how to wash their hands using the Tippy Tap.

LESSON 5: FECES DISPOSAL, IMPROVED LATRINES AND DEWORMING



Objectives

By the end of this lesson:

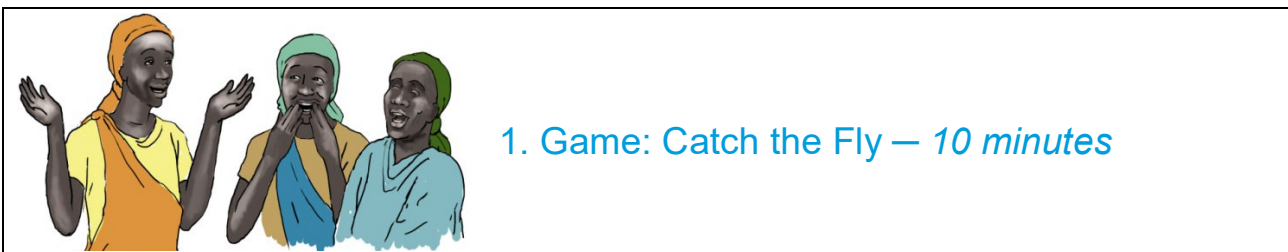
- Caregivers will dispose of child feces in a latrine or in a hole dug in the ground and covered with soil.
 - If a young child defecates into a container, caregivers will wash the container and their hands with soap after the feces are disposed.
 - Caregivers will immediately wash the child's hands with soap after the child defecates or uses the latrine.
- Caregivers will be able to construct (with the help of others in the community) an improved pit latrine for their family.
 - The latrine has a roof that protects the latrine from rain.
 - The latrine has walls so that people can use the latrine in privacy.
 - The latrine has a lid that covers the pit to keep flies and rain water from entering the latrine.
 - The pit is at least 20 meters downhill from water sources.
 - The latrine has a Tippy Tap hanging nearby.
- Caregivers will take children to the clinic for deworming medication every six months beginning at twelve months of age. If worms are seen in child's feces, caregivers will take the child to the health clinic for another dose of deworming medication.
- Caregivers will believe that they have dominion over worms and parasites; they have the tools, information and ability to protect the health of their child from diseases caused by feces.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Catch the Fly
- Attendance and Troubleshooting
- Share the story: Feces in the Compound
- Ask each woman where her household defecates.
- Share the meaning of each picture on flipchart: An Improved Latrine, Disposing Child Feces and Deworming Children and Pregnant women.
- Activity: Village Feces Walk
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments

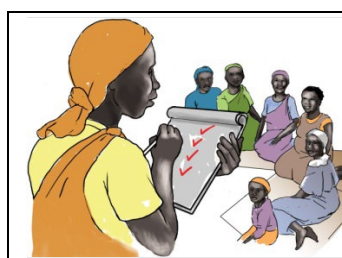


1. Game: Catch the Fly – 10 minutes

Note for facilitator: In a context of COVID-19, Ebola or Cholera outbreak, always select games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people’s hands, etc.

1. Ask all of the women to stand with a partner, facing each other.
2. One woman (Woman A) holds her left hand open palm up towards her partner (Woman B).
3. Woman B touches the fingertip of her right index (pointing) finger, into the left palm of Woman A.
4. Explain: In this game Woman B’s fingertip is a fly which is trying to land quickly onto the palm of Woman A and then fly off again. The fly should hover over the Woman A’s palm and then try to land and fly away without being caught by Woman A.
5. Woman A will try to catch your finger by closing her left hand on your finger when it lands on her palm. She must keep her hand open and only close it quickly to try to catch the fly, opening it again if she misses.
6. See how many times Woman B can land without being caught.
7. When everyone understands the instructions, say, “Go.”
8. Switch partners after a few minutes.
9. Continue for several minutes until everyone is laughing.

Tell participants, “Now that we are energized and ready for our lesson, let’s begin!”



2. Attendance and Troubleshooting – 15 minutes

When teaching Care Group Volunteers:

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor women (beneficiary group).
- Promoter fills out vital events mentioned by each Care Group Volunteer (new births, new pregnancies, and mother and child deaths).
- Promoter asks if any of the Care Group Volunteers had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.

- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader¹³ to discuss the needed items for next week's activity and solicit volunteers.

When Care Group Volunteers teach their Neighbors:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Feces in the Compound (Picture 5.1) – 10 minutes

Read the story on page 29 of the flipchart.

Achol goes to a community meeting. At the meeting, Achol hears an important woman speak about keeping the community clean. In the afternoon, the community leaders walk around the community. They stop at Achol's yard. The woman from the meeting points to the feces in Achol's yard. "Whose compound is this one? Don't they have a latrine? There are feces everywhere." Achol suddenly notices the feces too.



4. Ask about Current Practices – 10 minutes

Read the questions on page 36 of the flipchart.

? Why is Achol embarrassed?

- Ask the first question to discuss the story and Achol's embarrassment.
- We hope the mothers respond in the way: Achol is embarrassed because a community leader has come to her compound and shamed her by pointing to the feces in her compound. Achol knew that there were feces in the compound, but she did not think this was bad. This morning she heard a presentation in the community about hygiene. She realizes that she needs to make a change.

¹³ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

? Where do most people defecate?

- Ask this question to let the women discuss where most people defecate in the community.
- Possible answers:
 - Some may defecate behind a row of bushes or trees.
 - Some women may have a latrine.
 - Others may defecate in their compound or in a designated area in the community.

? Where does your family defecate?

- Ask the last question to hear about the practices of the women in your group.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: An Improved Latrine (Picture 5.2) – 5 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 5.2.
- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 5.2 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Flies breed in open latrines.
 - This latrine has no roof, door or lid.
 - There is no place to wash hands.
 - Unwashed hands (dirty hands) will spread germs to others.
 - Flies will carry germs to others.
- A covered latrine keeps flies away. Washing hands with soap or ash kills germs.
 - The latrine floor is a hard slab.
 - The lid keeps flies from breeding in the pit.
 - The Tippy Tap reminds people to wash hands with soap or ash.

- A covered latrine with a roof and door is protected from rain and wind.
 - The latrine has a roof and door to keep out dust and rain.
 - The Tippy Tap reminds people to wash hands with soap or ash.
 - The smiling face tells us this latrine has the fewest germs.
 - Inside there is a broom for cleaning the floor, water for cleaning yourself and ash to throw into the pit.
 - Sprinkle a handful of ash into the latrine after each use to reduce smell.

Additional Information for the Trainer

Baseline Data

- Of the South Sudanese households interviewed at the baseline¹⁴, 66% said they defecated in the open field or bush.

Flood and Rain Water

- During rainy season, diarrhea episodes often increase as flood waters wash through latrines and carry germs into all water sources. Build latrines on high ground which does not flood.
- Construct the hole and lid to your latrine to prevent rain water from entering the latrine and filling it with water.

Water Table

- In areas with high water tables, dig shallow latrines on elevated ground. If the pit begins to fill with ground water, the pit has been dug too deep. Move to higher elevation.
- In areas where the water table is near or at ground level, raised latrines need to be constructed out of a material that prevents the latrine water from entering the ground water and floodwaters from entering the latrine.



6. Share the Meaning of Each Picture: Improving Feces Disposal (Picture 5.3) – 5 minutes

- Ask the caregivers to describe what they see in the pictures on picture 5.3.
- Affirm their responses.
- Share the meaning of each picture using flipcharts picture 5.3 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

¹⁴ ADRA International, pg. 16-17.

? What do you think these pictures mean?

- Feces in the yard spread germs to others.
 - Flies will come to feed on the feces (bad).
 - Animals will feed on the feces (bad).
 - Worms in feces can crawl into the soil and infect others (bad).
- Bury feces away from the house to keep flies away.
 - The mother buries the child's feces to keep away flies (good).
 - The child and mother have no place to wash hands (bad).
 - This is better than leaving feces in the yard.
 - The sad face tells us that this still attracts flies and germs are now covering the woman's broom.
- Throwing feces into a latrine protects others from germs.
 - The feces is far away from the house.
 - Animal and children will not step in feces that is in the latrine.
 - Worms in feces will not infect others.
 - The smiling face shows us this is the best way to get rid of feces.

? Which one of these pictures looks like the method that you use?

? How can you improve the way you dispose of child feces?

Additional Information for the Trainer

Bacteria

- There are good and bad bacteria, just as there are good and bad (poisonous) plants. We have good bacteria inside our stomach that helps to break down and digest foods. Without these bacteria we would not survive.
- There are also small amounts of bad bacteria (poisons) in our stomach and intestine. If there are too many bad bacteria in our stomach and intestines (by ingesting too many germs), sickness develops.
- The bad bacteria attack the cells that make up our intestines, destroying them and causing inflammation, diarrhea and other symptoms.
- Both the good and bad bacteria are excreted with our feces.



7. Share the Meaning of Each Picture: Deworming Children and Pregnant Women (Picture 5.4) – 5 minutes

- Ask the caregivers to describe what they see in the pictures on Picture 5.4.

- Affirm their responses.
- Share the meaning of each picture using flipcharts Picture 5.4 and the questions that go with it on the page before.
- Use the captions on the flipchart to remind you which images represent each point.

? What do you think these pictures mean?

- Pregnant women, take a deworming pill in the fourth month of pregnancy.
 - Worms cause weak blood (anemia) in pregnancy.
 - Women who take deworming pills have healthier pregnancies and infants.
 - When a pregnant woman's belly begins to show and she feels movement inside, three months have passed.
- Beginning at the child's first birthday, give a deworming pill every six months.
 - Most children have worms and don't know it.
 - Worms prevent children from growing well.
 - Worms give children weak blood.

? Why are worms harmful?

- Worms steal food and blood from the body and can cause many health problems.
- Worms increase malnutrition.
- Worms can cause health problems, difficulty in breathing, and swollen belly needing medical help.

? How can mothers and infants protect themselves from worms?

- Wash hands after using the latrine or cleaning a child's bottom.
- Always use a latrine.

Additional Information for the Trainer

Symptoms

Children with worms often have a round, bloated stomach. After taking the medication, the worms die and are excreted within two or three days.

School Age Children

- Worm load (number of worms) is usually highest in school-age children. Deworming every six months should be continued until worm load is no longer an issue for the child.

Pregnancy and Anemia

- Pregnant women may have worms and not know it. Worms cause anemia. Women with severe anemia are 3.5 times more likely to die during pregnancy and childbirth than women without anemia.¹⁵

¹⁵ Brabin, B. J., Hakimi, M., and Pelletier, D. (2001). An analysis of anemia and pregnancy related maternal mortality. *Journal of Nutrition*, 131(2S-2), 604S–614S.

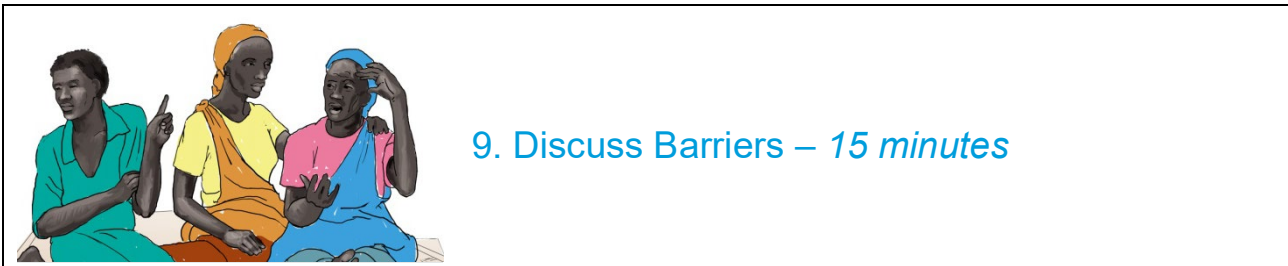


8. Activity: Village Feces Walk – 30 minutes

- Visit the households of some of the women in your group.
- Ask them to take you to the places where people defecate. If the households use an open area for defecation, walk to this area.
- Spend as much time as possible in the open defecation areas asking questions. People will become very uncomfortable standing with the open defecation and smell. The longer you are able to stand and ask questions about the feces the better. This will trigger them to take action and increase the social pressure for others to change too.¹⁶
- Ask the following questions.

- ? Where do women defecate? Men? Children? The ill?
- ? Ask the children in the group, where do you defecate?
- ? Are there rules about where people can defecate in your village? Do people follow these rules? What happens if they don't follow the rules?
- ? *Pointing to fresh feces ask, do you see any living things on the feces (mosquitoes, flies, maggots, insects, etc)? Are these the same flies that land on your food? Do you think they carry feces with them into your house?*
- ? Do all the feces look the same? Why not?" Point out the number of watery feces in the area.
 - Draw attention to the chickens and other animals that are eating or lying near the feces.
 - Visit several latrines on your way.
- ? Are the people using the latrine? Why not? Is it clean? Does it have a lid? Does it have a hand washing station?
 - Ask the women to discuss what they have learned from the village walk.

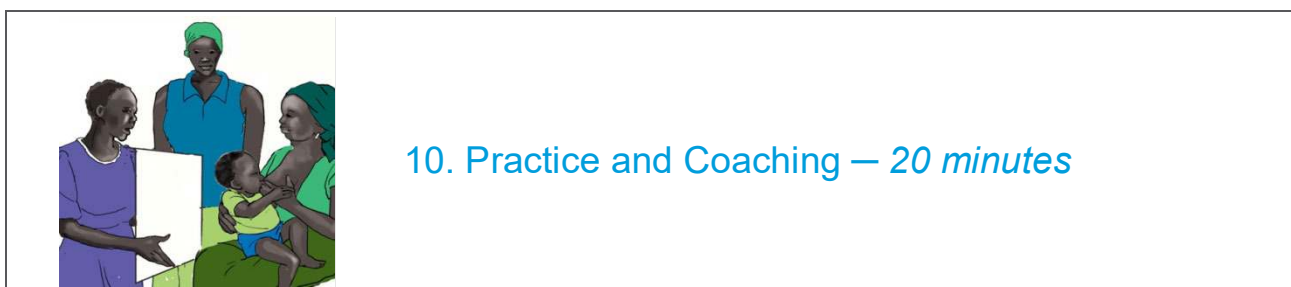
¹⁶ Activity adapted from Kamal kar and Robert Chambers' *Handbook on Community-Led Total Sanitation*. Plan UK and the Institute of Development Studies. Available: <http://plan-international.org>



? Is there anything that might prevent you from trying the new practices we have discussed?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

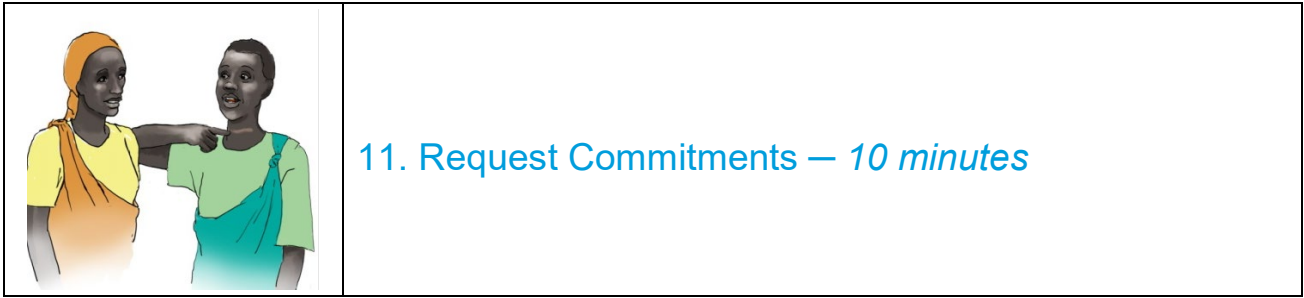


For Care Groups:

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



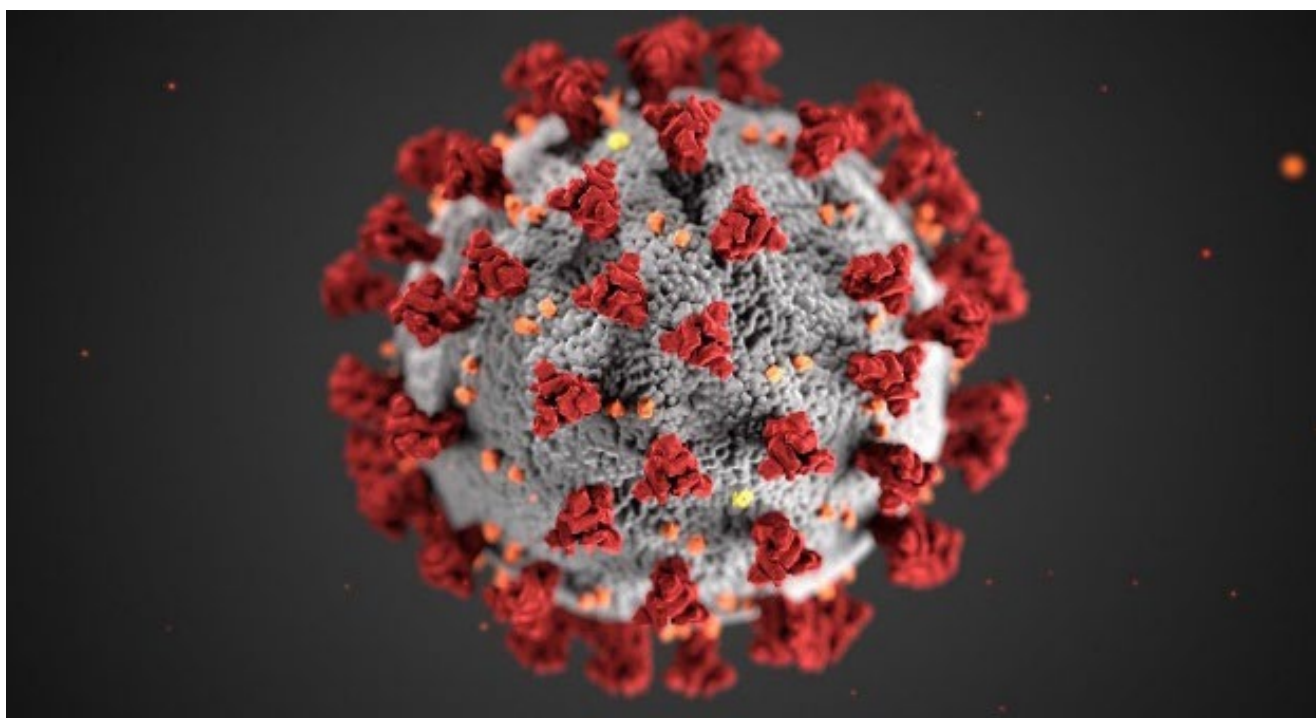
? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will take my child to the clinic for a deworming pill every six months.
- I will take a deworming pill in the fourth month of pregnancy.
- I will talk with the men in my compound about building a latrine.
- I will talk to the village council about the problem of open defecation in our village and work with them to find a solution for the disposal of feces.

CORONAVIRUS DISEASE (COVID-19): LESSON PLANS 6-9



Care Group Volunteers will be trained and empowered to cascade the COVID-19 messages to individual households, preferably out of doors, while observing the recommended social distancing.

The Care Group meetings, with smaller groups, could, theoretically be shorter, to allow the facilitators/promoters to reach all the Care Groups in a timely fashion. For example, if the group typically meets on the second and fourth Tuesday of each month from 9:30am to 11:30am, one small group could meet from 9:30 to 10:30am and the second small group could meet from 11am to 12pm.

This module is just an example and is not official guidance, because every situation is different and you have so many factors to consider. If you do decide to use this lesson, please adapt it as you see fit for your context.

You should always coordinate with your local Ministry of Health (MOH) and ensure any messages you disseminate reflect your MOH's recommendations and guidelines.

Do not organize massive training with several groups at a time. Facilitators should train 1 Care Group at a time, practicing social distance even if it takes more time to train every one. It is a safety measure to avoid the spread.

LESSON 6: WHAT IS CORONAVIRUS?



Objectives

By the end of this lesson, CGV, mothers and caregivers will be able to describe:

- The nature of Coronavirus Disease
- What the community can do to prevent an outbreak or spread of the virus
- How to identify symptoms of Coronavirus and when to seek treatment

Materials

- Attendance registers
- Care Group Volunteer flipchart

Lesson Summary

- Game: [Zip, Zap, Zop](#)
- Attendance and troubleshooting
- Share the story: Aminata Hears about Coronavirus
- Ask about current practices
- Share the meaning of each picture box in the flipchart:
 - How Coronavirus is Spread
 - Care Groups can Fight Coronavirus
 - Simple Things to Do to Prevent Spread of Coronavirus: Hand Washing and Good Hygiene
 - Simple Things to Do to Prevent the Spread of Coronavirus: COVID-19 handshake
- Activity: Safe Greetings
- Discuss barriers
- Practice and coaching in pairs
- Request commitments

*The Promoter should arrive at the training venue at least 45 to 30 mins before the session starts. As participants start arriving Promoter makes sure that they seat at least one meter from each other and wearing a cloth face covering. Promoter should explain briefly that this is for their safety. **Without physical contact**, welcome the participants to the session. This means no hand shaking, no hugs, or any type of physical embrace. Using the “safe greeting,” invite **each participant to wash hands with soap - before entering the training room/place**. Ask participants to stand in a circle, at least **1 meter**¹⁷ from each other (Depending on the distance your Ministry of Health recommends), and explain the rules.*

¹⁷ World Health Organization recommends a distance of at least one meter.



1. Game: Zip, Zap, Zop – 10 minutes

Note for facilitator: In a context of COVID-19, Ebola or Cholera outbreak, always select games with no physical contact, games that do not involve touching other people, including no hand shaking, or touching other people's hands, etc.

Explain the following:

1. The game name is Zip, Zap, Zop.
2. The first player claps their hands saying “**Zip**”, and points at another player in the circle.
3. The player that was pointed to must immediately clap and point at someone else in the circle (including the previous player), saying “**Zap**”.
4. The third player continues the pattern, this time using the word “**Zop**”.
5. The participants continue until the Zip, Zap, Zop goes smoothly around the group.
6. Tell participants, “Now that we are energized, let's begin our lesson.”

Tell participants, “Now that we are energized and ready for our lesson, let's begin!”



2. Attendance and Troubleshooting – 15 minutes

The Promoter checks that there are no more than 25 participants attending the session in total.

Note for facilitator: CGVs are to do home visits only (not gathering all mothers together) per regular CG protocol, this also minimizes group gatherings at the community level

- Take attendance, marking the attendance sheet for the Care Group Volunteers who are present and those who are absent.
- Then mark the Neighbor Mother attendance register, reading off each neighbor group mother's name, marking whether they received the lesson based on the Care Group Volunteer report.
- The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
- The Promoter should ask about any newly orphaned children and any community members with signs and symptoms of Coronavirus, described later in this lesson.
- The Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - a. Reinforce that CGVs need to protect themselves from the disease when making home

visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).

- b. Tell participants: We already know about washing our hands with soap. Other ways of protecting ourselves during an outbreak will be taught in today's lesson and again in the lessons in the next few weeks.
- The Promoter offers advice on how to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- Thank all of the Care Group Volunteers for their hard work and encourage them to continue.

When Care Group Volunteers teach their Neighbors:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

? What was your commitment at the last lesson? Have you been able to keep that commitment?

? What did you do?

- Did anyone (spouse, grandmother, or children) interfere or tell you not to follow your commitments? Tell the story of what happened.
- What factors (people, events, or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

The Promoter thanks all of the CGVs for their hard work and encourages them to continue.

The Promoter encourages CGVs to have a sense of pride that they are protecting their communities from the Coronavirus by reinforcing messages and commitments, such as hand washing with soap and prompt care seeking at a health facility when they have symptoms.

When CGVs teach their neighbor group:

- The CGV takes attendance.
- The CGV asks about new births, pregnancies, mother and child deaths, and illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility. (In future meetings, CGVs will start asking additional questions at each meeting with their neighbor mothers. CGVs will ask about any newly orphaned children and about the signs and symptoms of any illnesses that family members have in order to identify illnesses that match the signs and symptoms of the Coronavirus, but without alarming a family.)
- The CGV asks the mothers to review the key practices from the last lesson.
- The CGV asks the neighbor mothers about their commitments from the last meeting and follows up with those that had difficulty trying out new practices.

3. Story: Aminata hears about the Coronavirus Disease (Picture 6.1) – 10 minutes

Read the story about Aminata in the box below:

Aminata lives in a small village and is terribly scared by the stories going around about this deadly disease called Coronavirus. Everyone is talking about it and how horrible it is. Aminata has heard different stories about it and is not sure which ones to believe. People are passing along stories about Coronavirus, but cannot agree on how it is passed from one person to another, what can be done for a person who gets it, or the reason why people are getting the disease. Aminata is confused and does not know what to believe, and even wonders if Coronavirus is real, after all.



4. Ask about Current Practices – 10 minutes

Read the questions in the box below.

- ? What has Aminata heard about Coronavirus disease? What have you heard about it?
 - Ask the first question to hear what community members are saying about Coronavirus (e.g., where it comes from, how it's spread), both accurate and inaccurate information

- ? How are people in our community reacting to what they hear? What actions are they taking, if any?
 - Ask this question to find out what actions – positive or negative – the community is taking.

Encourage people to discuss what they have heard. Don't correct or affirm "wrong answers" yet. Emphasize that misinformation can spread easily in situations with a new disease, especially when people are scared. If anyone asks if a response is correct, do not teach, but answer with, "We will see." Encourage them to be skeptical about what they hear about Coronavirus from others, especially from people that are not public health workers, until they have completed their training.

After the participants answer the questions, say, "Let's compare what you've heard with this information from health experts."



5. Share the Meaning of Each Picture: How Coronavirus is Spread (Picture 6.2) – 5 minutes

Share the information in the box below.

What is presently known is that Coronavirus is spread from person to person.

- Between people who are in close contact with one another (within about less than 1 meter).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some spread is possible before people show symptoms; there have been reports of this occurring with this coronavirus, but this is not thought to be the main way the virus spreads.
- People are most contagious when they are most symptomatic (the sickest).
- Coronavirus is not spread by mosquitoes, vaccines, governments, witchcraft or curses.
- At this point, there is no Coronavirus vaccine that is available to the general public in any country.
- Even if a safe and effective vaccine is made available to people, many of the control measures that we will talk about below will be helpful in preventing the spread of other dangerous diseases

Signs/Symptoms of Coronavirus:

- **Note:** A sign is something that someone can see or feel in another person, like a fever, hiccups, or vomiting. A symptom is something that a person feels, like a headache or belly pain.
- Common signs and symptoms of Coronavirus resemble those of other common diseases such as influenza or malaria: **fever, chills, dry cough, tiredness, and shortness of breath.** These symptoms may appear 2-14 days after exposure. Some people have one or more of symptoms: muscle or body aches, **sore throat, diarrhea, runny nose loss of taste/smell, rash on skin, nausea and vomiting,**
- The person should go to health facility immediately, if following sign/symptom are seen: difficulty breathing, chest pain or pressure, bluish lips or face, inability to wake or stay awake or confused.
- More rarely, the disease can be serious and even fatal. Older people, and people with other medical conditions (such as asthma, diabetes, heart disease, TB and HIV), are more vulnerable to becoming severely ill.

Facilitate a short discussion by asking participants the following questions:

- ? What is surprising or new to you about how Coronavirus spreads and its signs and symptoms?
- ? What questions do you have about how Coronavirus spreads or its signs and symptoms?



6. Key Messages: Care Groups Can Help Fight Coronavirus – 5 minutes

- Ask the participants what healthy practices they have learned in the past that might help their community fight Coronavirus.
- Read the bold text in the box below.

Communities with strong trust and confidence in each other can help each other avoid Coronavirus.

- Care Groups help build trust and confidence.
- The Care Group Volunteer can help you avoid Coronavirus and know what to do if Coronavirus cases are ever found in your community.
- The Care Group Volunteer is linked to the local health facility and community leaders and can provide information and skills to fight the disease if it ever comes to our community.



7. Share the Meaning of Each Picture Simple Things To Do To Prevent the Spread of Coronavirus (Picture 6.3) – 5 minutes

- If available, show pictures of good hygiene and proper handwashing and ask the participants to describe what they see
- Read the bold text in the box below.

Practicing good hygiene behaviors can help fight Coronavirus and other diseases.

- You already have learned many of these behaviors in past Care Group lessons: hand washing with soap, using latrines and disposing of children's stools properly, purifying water, and cooking foods well.
- We can help others in our community by gently sharing with them how these behaviors can protect us all by lowering the spread of Coronavirus and other diseases.

Practicing safe greeting

- Coronavirus is spread from one person to another through simple contact such as handshakes and hugs through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself and

others, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water.

- Encouraging others to minimize contact with a “COVID-19 Handshake” and a safe hug (hugging yourself) can be an easy way to keep your community safe from Coronavirus.

Facilitate a short discussion by asking participants these questions:

- ? What strikes you about these actions?
- ? How do you think people will respond when you teach them these behaviors?



8. Discussion: What if someone in the community is sick? — 10 minutes

Care Group Volunteers can help by identifying sick people and ensuring that they get the care they need.

- Volunteers visit their Neighbor Mothers regularly and are likely to be the first to know if a person is sick
- If you find someone who is sick with signs of Coronavirus, report to the Promoter, but do not alarm the family by telling them that the person has Coronavirus. If no cases of Coronavirus have been reported in the country, it is likely that the symptoms of the sick person will be due to another cause and not Coronavirus. But, knowing people who are sick can help identify a case of Coronavirus if one does occur.
- We can work with and support the Ministry of Health and health workers by trying to prevent the spread of Coronavirus.
- We also can encourage cooperation between traditional leaders and public health officials, since they all work for the common good of our community.

- ? Ask participants: how do you feel about your role as a Care Group Volunteer in identifying sick people and helping them to get care?



9. Activity: Safe Greetings — 30 minutes



- Tell participants, “We are going to review and role play some of what we have learned today. I’m going to give you the beginning of a sentence and ask you to complete it:
 - Coronavirus is...
 - Coronavirus signs and symptoms include...
 - To prevent Coronavirus, we should...”
- Tell participants, “Coronavirus is a deadly virus, which is too small to see with our bare eyes. It causes variety of illness and passed from a sick person to others by sneezing, coughing, physical touch such as greetings like shaking hands, hugging, touching surfaces/objects with the virus/germs and then touching your eyes, nose or mouth. Our hands touch many different areas and can pick up viruses. Contaminated hands can pass the virus to your eyes, nose or mouth. From there the virus can enter the body and make you sick.
- To prevent from getting the virus, we need to change the way we interact with the people we meet in our everyday life. It may feel silly to practice protective measures, especially when you are not sick.
- Then tell participants, “Now let’s spend some time to role play how we can greet the people we are around during the Coronavirus outbreak, without making risky body contact.”
- *Ask for two volunteers to demonstrate:*
 - *How to give a “Coronavirus (COVID-19) handshake”*
 - *How to hug without making body contact, by crossing your arms across one’s hands over one’s own heart or chest*
- *After the volunteers have demonstrated this, ask participants to get into groups of two or three. Ask them to think of a situation/scenario where they would usually/naturally shake hands or hug to greet or show affection. Scenarios could include:*
 - *A visitor walks into the house excited to see you*
 - *A child is sick at home*
 - *You are walking by the road and you meet someone you know*
- *Ask the participants to role play greeting or showing affection in the scenarios they came up with, but using the “Corona virus (COVID-19) handshake” instead of the usual way they would greet or show affection in those scenarios.*
- *When the role playing is complete, explain that greeting or “hugging” our loved ones in such a manner can feel awkward, but it helps reduce transmission of the Coronavirus during an outbreak.*

? “How easy or hard will it be for our community to adopt this greeting during a Coronavirus outbreak?”



10. Discuss Barriers — 15 minutes

? What things might prevent you from trying these new practices during an outbreak of Coronavirus?

Ask each participant to talk to the person seated closest for the next 5 minutes and share barriers they may face and concerns about the new teaching. Together, they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask them to share what they have discussed.

Help find solutions to their barriers and information to help with their concerns. If one participant offers a good solution to another participant's concern, praise her and encourage others to consider this solution, as well.

? What might prevent you from hand washing your hands with soap frequently?

- Possible Concerns and possible solutions
 - There is no money to buy soap.
 - Talk about options to buy cheaper soap, such as washing powder, or to use wood ash or chlorine solution, if available.
 - It is hard to remember to wash hands with soap.
 - Talk about ways to remember when to wash your hands with soap, such as assembling a hand washing station, building a Tippy Tap, learning a song, putting up a poster, and others.
 - Explain that it can be helpful to have more than one hand washing station to help you remember to wash hands. For example, building a Tippy Tap near the latrine (or having a simple bucket and scoop hand washing station), and another station outside the door to the house.

? How can we greet people or care for our family without touching?

- Possible concerns and possible solutions
 - My in-laws will be offended if I do not allow them to hug my children.
 - Talk about ways to show respect while practicing safe greetings.



11. Practice and Coaching — 20 minutes

For Care Groups:

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.
- person what new things they will do in their home or neighborhood based on this new teaching.



12. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each participant to say out loud one or more commitments that they will make today. No one should be pushed to make a particular commitment, but rather commit to something that they feel they can do, that today's lesson has inspired them to do.

For example:

- I commit to washing my hands with soap and water frequently throughout the day.
- I commit to reporting all illnesses that could be Coronavirus to the Promoter or community leader.

LESSON 7: HOW IS CORONAVIRUS SPREAD?



Objectives

By the end of the lesson, CGV, mothers and caregivers will be able to:

- Describe what Coronavirus is and list the signs and symptoms
- Explain what happens to a person when they get sick with Coronavirus
- Share with someone else where to get accurate information about Coronavirus in their community and what to do if they suspect Coronavirus in their household

Materials

- Attendance registers
- Care Group Volunteer flipchart

Lesson Summary

- Game: Body Writing
- Attendance and troubleshooting
- Share the story: Two Sisters get Coronavirus
- Ask about current practices
- Share the following:
 - Coronavirus can be fatal but early healthcare can help you survive
 - Coronavirus spreads from person to person
 - How do you know it is Coronavirus? What do you do next?
- Activity: Hand washing song
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Body Writing – 10 minutes

- Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his/her name with several body parts.
- Or, as an alternative to writing their name, they may draw a picture in the air of an animal or object they like, for example, a flower or bird.

Tell participants, “Now that we are energized, let’s begin our lesson.”



2. Attendance and Troubleshooting – 15 minutes

When teaching Care Group Volunteers (CGVs; Care Group Volunteers):

- Take attendance, marking the attendance sheet for the Care Group Volunteers who are present and those who are absent.
- Then mark the Neighbor Mother attendance register, reading off each neighbor group mother’s name, marking whether they received the lesson based on the Care Group Volunteer report.
- The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
- The Promoter should ask about any newly orphaned children and any community members with signs and symptoms of Coronavirus, described later in this lesson.
- The Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - a. Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
 - b. Tell participants: We already know about washing our hands with soap. Other ways of protecting ourselves during an outbreak will be taught in today’s lesson and again in the lessons in the next few weeks.
- The Promoter offers advice on how to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices

? What was your commitment at the last lesson? Have you kept that commitment?

? What did you do?

- Did anyone (spouse, grandmother, or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- What factors (people, events, or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

- The Promoter thanks all of the CGVs for their hard work and encourages them to continue. CGVs should have a sense of pride that they are protecting their communities from Coronavirus by reinforcing messages and commitments such as hand washing and prompt care seeking at a health facility when someone is sick.
- The Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity (if any) and solicit volunteers. (**Note:** Extra materials are needed for Lesson 8:

facemask, water in bottles, Jik, Soapy water, cloth/rags)

When CGVs teach their neighbor mothers:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- In addition, the CGV needs to start asking new questions at each meeting with their neighbor mothers, including about any newly orphaned children and about the signs and symptoms of any illnesses that family members have (in order to identify illnesses that match the signs and symptoms of Coronavirus), but without alarming the family.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Two Sisters get Coronavirus (Picture 7.1) – 10 minutes

Read the story in the box below:

One morning, Elena woke up feeling unwell. She was coughing and her body felt weak. "It's probably just a common cold," she thought. But, she was very scared because she had heard about Coronavirus affecting people in other parts of the country. By early that evening, she had a high fever.

Her sister Grace came by to visit her, as she routinely does. "You don't look well. Are you alright?" she asked. Grace could see sweat on Elena's forehead and, naturally, she touched it to feel if she had a fever. Elena's body was very warm! "I think you should go to the hospital. What if it's Coronavirus? They are having cases of that in other provinces," Grace added. "No, I think it's just a little malaria. I will take some tablets. They say there is no cure for Coronavirus after all," Elena replied.

Even though she was feeling a lot worse later that evening, Elena continued to prepare dinner for her family. When her son, Zomo, got home, Elena was extremely weak and was having difficulty breathing. "I think we should go to the hospital," Zomo said. "Why would you take me to the hospital when there's never medicine at the hospital? I'm not going! Let's eat and go to bed," Elena responded with resentment.

In the morning, Zomo left for school, but soon got a message that his mother had died at home. He rushed home and found his father kneeling next to his mother's body, hugging her and crying. Zomo cried, too.

Soon after the burial, Zomo, his dad, and his Aunt Grace had the same symptoms as Elena. They all went to the hospital where they got treated and, after two weeks, got completely well.



4. Ask about Current Practices – 10 minutes

Read the questions in the box below:

- ? What are some of the symptoms of Coronavirus? What symptoms did Elena have?
 - Ask this question to hear what participants remember about coronavirus symptoms.
- ? What have you heard about how Coronavirus is transmitted?
 - Ask the second question to hear what participants remember about modes of Coronavirus transmission.
- ? What things can you do to protect yourself and others from Coronavirus? How do you think Zomo, his dad, and his aunt Grace got infected?
 - Ask the last question to hear what participants remember about what they can do to protect themselves and others from contracting Coronavirus.

Encourage discussion. Allow participants to help each other remember key points from the previous lesson. Correct and remind them of what they learned as necessary.

After the participants answer the last question, tell them we will learn more about Coronavirus in this lesson, focusing on one of the most important things we can do to prevent the disease from spreading.



5. Share the Meaning of Each Picture: Coronavirus is Dangerous: Signs/Symptom (Picture 7.2-7.3) – 5 minutes

Read the bold text in the box below.

Coronavirus is a dangerous disease that spreads fast and has killed millions of people that have gotten it.

- It is transmitted when person with coronavirus breaths, coughs or sneezed near you and the respiratory droplet enter the body through the mouth, nose or eyes.
- It is also likely that virus can be spread by touching surface by an infected person, then touching your eyes, nose or mouth.
- Most of the people that get Coronavirus survive with immediate and proper health care,

but many do not despite best efforts. With early detection and good care, many more people may survive. You can make the difference.

- People can have corona virus and might not show any symptoms and not know it can transmit the virus to others.

Symptoms of Coronavirus include coughing, tiredness, high fever and difficulty breathing

- Common signs usually include a fever, chills, dry cough, weakness and fatigue
- Some people have body aches, sore throats diarrhea, nausea and vomiting, headache and loss of taste or smell
- Severe cases include difficulty breathing and shortness of breath, persistent pain or pressure on the chest, confusion, bluish lips or face and loss of speech or movement

? Have you ever seen someone with these signs or symptoms?

? What are some other sicknesses that have similar signs?

? How can you know if someone with these symptoms has Coronavirus or one of the other diseases?

Explain:

- *Health workers with the right equipment and supplies can do these tests and tell you whether it is Coronavirus.*
- *The only way to know about the spread of cases of Coronavirus in your country is through an official government announcement. Do not rely on rumors or hearsay. People like to tell stories to get other people excited about scary things, but rumors can cause a lot of harm. Only listen to information on Coronavirus from trusted sources, such as the Ministry of Health, other government ministries (that are working with international agencies), and organizations that are working with the Ministry of Health.*



6. Share the Meaning of Each Picture: Getting Coronavirus from People without Symptoms (Picture 7.4) – 10 minutes

? *What do you see in this picture?*

? *What do you think this picture means?*

Say:

Affected people are more contagious when they are the sickest.

But don't judge by appearance. You may be contaminated by a person you think is healthy.

- Some propagations are possible long before the people show symptoms;
- Many affected people have inconspicuous symptoms, especially in the early stages of the disease.

- You can get COVID-19 from someone who has a mild cough that or one that doesn't feel sick.

Observe these strict measures to protect yourself and others: hand washing, risk free greetings, wearing a mask in public places, and staying more than one meter away from anyone outside of your family.

We will follow the measures announced by our government to protect us and our families.



7. Activity: Hand Washing Song (Picture 7.5) – 30 minutes



Tell participants, “Today we are going to do some activities to help us think more about how to protect ourselves from Coronavirus and other diseases. Let’s review the times we should wash our hands with soap and the best way to wash our hands. We will go around the circle and each share one important time to wash our hands.”

Make sure all the critical times are covered, including after touching or caring for a person who is sick. Have someone demonstrate how they will wash their hands and for how long, while singing the Hand Washing Song or other well- known song that lasts at least 20 seconds, if no Hand Washing Song has been developed in your area.

? *Ask if anyone has any questions before moving on.*

Sample Hand Washing Song

We will take action so that Coronavirus can stay away. Away from our homes.

Away from our community.

Away from our children – our future!

With good hygiene

and good practices our community will be safe. We can do it; we can change our community.

I can change and I can help my neighbors to change. We will take action so that Coronavirus can stay away!

- Practice the song with the community health workers/agents (if they attend the meeting), CGVs, and women in your group. Sing it several times so they learn the words.
- Challenge each participant to learn the song and share it with those that ask about the program.



8. Discuss Barriers – 15 minutes

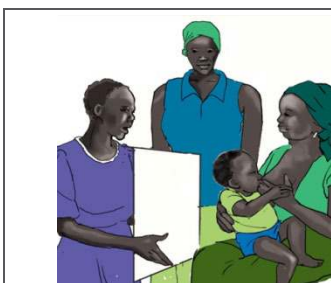
? What might prevent you from trying these new practices?

Ask each participant to talk to someone sitting closest to them for the next 5 minutes. They should share barriers they may face and concerns about the new teaching. Together they should try to find solutions to the barriers and information that helps with their concerns. After 5 minutes, ask them to share what they have discussed.

Help find solutions to their barriers and information to help with their concerns. If a participant offers a good solution to another participant's concern, praise her and encourage others to consider this solution, as well.

Possible Concerns:

- What if I do not have access to any reliable information?
- What if the symptoms are from something else, not Coronavirus?



9. Practice and Coaching – 20 minutes


For Care Groups:

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.

- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



10. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each participant to say aloud one or more commitments. No one should be pushed to make a particular commitment, but rather commit to something that they feel they can do, that they are inspired to do by today's lesson.

For example:

- I commit to being aware of the signs and symptoms people have in my community and teaching others what signs to look for.
- I commit to sharing truths from official sources about Coronavirus, not myths or rumors.
- I commit to doing my best to protect myself, my family, and the community from Coronavirus by washing my hands well and teaching others to do so.

LESSON 8: PREVENTING CORONAVIRUS WITH FACE MASKS AND PROVIDING HOME BASED CARE FOR PEOPLE WITH CORONAVIRUS



Objectives

By the end of the lesson, CGV, mothers and caregivers will be able to:

- Understand the importance of wearing a face covering and how to properly wear one
- Understand the actions and precautions required for home-based care
- Create messages to help combat specific rumors
- Develop strategies for any new rumors they hear

Materials

- Attendance registers
- Lesson
- Plan/Flipchart
- Paper and pencil
- Handwashing station
- Facemask
- Water in bottles
- Jik
- Soapy water
- Cloth/rags

Lesson Summary

- Game
- Introduction
- Story
- Key Messages
- Activity
- Wrap Up

Key Messages

- It is important for a facemask to be worn correctly.
- Fever is the most common symptom of coronavirus
- Watch for danger signs of coronavirus and contact the MoH they appear
- Once the sick person has had no fever for 72 hours, their symptoms have improved and at least 7 days have passed since their symptoms appeared, they can leave their “sick room”
- Rumors and misinformation can cause harmful practices.

- It is important to get information from trusted sources.

Prevention Procedures: What Can You Do?

Additional information for Trainer

- *Please refer to Important Notes for Promoters on page 3 to remember lesson procedures*
Frequently asked questions and misconceptions about coronavirus

If you only have one bedroom, what are some ways you can isolate and care for the sick person with corona virus or those with symptoms at home? If the person who is sick does not have an extra room to isolate alone in, instruct them to:

- Person with coronavirus or with symptoms should stay isolated in well airy (ventilated room with open window)
- Prioritize keeping those who are elderly (ages 60 and older) and those who have medical condition isolated from person with corona virus or with symptoms
- Keep 2 meters distance from person with coronavirus. Person caring him/her should limit the length of time they spend to avoid risk of transmission.
- Minimize time with other family members as much as possible
- visitor in your house should not be allowed until the person with coronavirus is completely recovered.
- Keep rooms well ventilated
- Handwashing station and soap should be available and wash hands frequently
- Person with coronavirus should wear mask when around with other member of the family. Wear a face mask while caring him/her
- Avoid touching surfaces, and wipe down surfaces they must touch with disinfectant
- Use dedicated eating utensils for the person with coronavirus or symptoms, these items should be cleaned with soap and water. Dispose your own personal waste – clothes, gloves, mask etc. and wash hands immediately.

Note to facilitator on home care

- Select a caregiver who is in good health and has no other chronic health problem such as high blood pressure, HIV, TB, diabetes, lung or heart problem (including age) and can follow safe practice protective strictly
- Limit only one person taking care to the person with corona virus
- The person with coronavirus should rest and receive healthy food and drink plenty of water or other fluid and use container that are separate from the other family members.

Management of non-severe case with coronavirus (Note that these do not cure corona virus. Person with the symptoms still needs to contact the nearest health facility). If a person is sick with:

- Fever: Use cool cloths for feeling too hot, or a blanket for chills.
- Cough: Cough medicines do not cure a cough and are best avoided. Gargling with warm saltwater several times a day may help. Breathing steam by covering your head with a towel over a pan of hot water may help.
- Chest pain: A heating pad (cloth dipped in hot water and then wrung out) on your chest may lessen pain.


- For difficulty breathing: Breathing steam (see cough, above) and drinking warm fluids may help lessen mucus in the lungs and help open airways. Black tea may also help. Do not smoke or be around smoke.

Where can I get correct and up-to-date information about coronavirus?

- Ask your Care Group facilitator
- Ask the staff at your local health post

Information to help address common rumors in your country.

- There is not anything you can drink or eat to prevent or treat coronavirus. For example, drinking any of the following **does not** cure or prevent coronavirus: Alcohol, tea, orange or lemon juice, or chloroquine/antimalarials.
- Coronavirus does not have a cure yet, people with coronavirus get better over time with rest, drinking enough water, and eating nutritious foods like fruits, vegetables and meat. Those with severe symptoms receive support at the hospital.
- Most people with coronavirus will live.
- Some people who get coronavirus will not show any symptoms.
- Everyone has the same risk of getting coronavirus. Elderly people and those who already have illnesses such as HIV, Tuberculosis, diabetes or heart conditions, are more likely to have severe symptoms.
- Bugs and insects cannot transmit coronavirus.
- Soap and water, sanitizer and disinfectant kill the virus. The virus is not killed by weather.




1. Game: How to NOT Wear a Facemask (Picture 8.1) – 5-15 minutes

- *Facilitator will need a facemask*
- *Facilitator faces away from participants and adjusts her facemask so that she is wearing it incorrectly (see examples below)*
- *Participants guess what she is doing wrong.*
- *Congratulate the participant who guesses it correctly and ask the group why it is wrong*
 - *For example: a nose that is uncovered does not catch the germs from sneezes*
- *The facilitator adjusts her mask to fit the next example.*
- *Participants guess how she is wearing her mask incorrectly.*
- *Repeat to cover each of the 7 examples below. Facilitator can add in their own ideas as well.*
- *Once all examples have been covered, use the pictures on the next page and review all 7 ways NOT to wear a mask.*



Explain: It is important to wear a facemask correctly. When we wear a facemask incorrectly it does not provide protection.

Tell participants, “Now that we are energized and ready for our lesson, let’s begin!”



2. Attendance and Review – 5-15 minutes

When teaching Care Group Volunteers (CGVs; Care Group Volunteers):

- Take attendance, marking the attendance sheet for the Care Group Volunteers who are present and those who are absent.
- Then mark the Neighbor Mother attendance register, reading off each neighbor group mother’s name, marking whether they received the lesson based on the Care Group Volunteer report.
- The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
- The Promoter should ask about any newly orphaned children and any community members with signs and symptoms of Coronavirus, described later in this lesson.
- The Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - a. Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
 - b. Tell participants: We already know about washing our hands with soap. Other ways of protecting ourselves during an outbreak will be taught in today’s lesson and again in the lessons in the next few weeks.
- The Promoter offers advice on how to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.

? What should you do if someone in your home has mild coronavirus symptoms? Call on 3 or more people to respond

? If a mother is ill, what should she do when she breastfeeds? Possible responses: mother should wash hands before breastfeeding, mother should wear mask, mother should continue to breastfeed even if sick

- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices*
- *The Promoter thanks all of the CGVs for their hard work and encourages them to continue. CGVs should have a sense of pride that they are protecting their communities from Coronavirus by reinforcing messages and commitments such as hand washing and prompt care seeking at a health facility when someone is sick.*
- *The Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (if any) and solicit volunteers.*

When CGVs teach their neighbor mothers:

- *Care Group Volunteers will mark which neighbor they are visiting on their register.*
- *Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.*
- *In addition, the CGV needs to start asking new questions at each meeting with their neighbor mothers, including about any newly orphaned children and about the signs and symptoms of any illnesses that family members have (in order to identify illnesses that match the signs and symptoms of Coronavirus), but without alarming the family.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Caring for Julius (Picture 8.2) – 5 minutes

Read the story from the box below:

Caro's husband Julius is ill. He has a fever and cough and so they think he could be ill with coronavirus. Caro is caring for Julius at home.

As she usual, she makes sure that her husband has plenty to eat and clean water to drink. At her home she is also doing many new things to keep herself and her children safe from his illness.

Julius stays in his room and rests during the day. He only leaves to use the bathroom. Julius even eats in bed! Every day, Caro puts on a mask and cleans his room and the surfaces of the house with a mix of jik and water.

Caro used jugs in her home and laundry detergent to make soapy water for hand washing in the kitchen and by the door of her home.

Every day she checks on Julius. Over the past week his cough has improved, and his fever has gone away. Caro wonders when life can return to normal in their home.

Read the questions below.

Encourage discussion: Do not correct "wrong answers." Let everyone give an opinion. This section is for discussion, not for teaching.



4. Ask about Current Practices – 10 minutes

- ? What is Caro doing to help Julius recover?
- ? What is Caro doing to keep herself and her children safe from getting sick?



5. Key Messages: Review of Key Coronavirus Messages (8.3) – 10 minutes

- ? What do you see in the picture?
- ? What do you think these pictures mean?

Read the following box:

When suspected coronavirus being managed at home it is important to watch for danger signs. If seen, contact the Ministry of Health hotline.

- Difficulty breathing and shortness of breath.
 - *Example, running out of breath while walking or eating.*
- New confusion or inability to arouse
 - *Example: extreme fatigue, difficulty in carrying out daily tasks due to confusion and general exhaustion*
- Persistent chest pain/tightness
 - *Example: Feeling as though someone is pressing on your chest*
- Bluish lips or face

Those who are over age 65 or those who have an illness like HIV, respiratory illness or weakened immune systems are most at risk to become severely ill if they get coronavirus

- The Ministry of Health should be contacted, even if these people only have fever and mild symptoms.


Ministry of Health Hotlines

Information should be added in alignment with ministry of health guidance

- ? If someone in your home has a fever and a cough, what should you do?
- ? How does that change if that person is elderly?
- ? If you think someone in your home has coronavirus and you do not have a phone to contact the Ministry of Health hotline, what should you do?

Note for facilitator regardless of coronavirus status:

- Pregnant mother should continue to go for antenatal care (ANC) visits and health facility for safe delivery and care for her child.
- Breastfeeding and skin to skin contact between mother and her child will protect against child illness, death and other infectious diseases. Mother and her child should not be separated unless if a mother is too sick to take care of her child.
- Mother should initiate and continue to breastfeed her child. There is no evidence that suggests virus transmission through breastmilk.
- Newborn and infants are at low risk of getting corona virus.



6. Key Messages: Home Isolation (Picture 8.4) – 10 minutes

- ? What do you see in the picture?
- ? What do you think these pictures mean?

Read the following box:

Reduce the risk of infecting others in the home by isolating the person who is ill to one room.

- The person who is ill should wear a mask especially when around others or when in shared spaces
- They should wash their hands before leaving their room to prevent spreading germs outside their room.

Be aware of where the sick person is spreading germs, and when you are touching their germs.

- Germs are released when we cough, sneeze and speak and can travel up to 6 meters!
- Germs land on surfaces and can be picked up when we touch the surfaces such as laundry, tables, money, and doors.
- Wash hands with soap often and after contact with the person who is ill
- Disinfect the home daily with bleach and water mixture.

When someone in the household is ill, the entire household should stay home and away from other people for 14 days.

- If you must leave the house, wear a mask, maintain distance from others and wash hands often.

If person who is ill is not able to be tested for coronavirus, they should isolate from the rest of the household until all 3 conditions are met. When they meet all three conditions, they are likely no longer contagious:

- The person who is ill has no fever for 3 days, **AND**
- At least 1 week has passed since they first became ill, **AND**
- Other symptoms have improved.

? If you only have one bedroom, what are some ways you can you isolate the sick person?

? How do you know when the person who was ill is no longer contagious?

? What would be your needs if your household had to quarantine? How can the community support the needs of those who are in quarantine in their homes?



7. Key Messages: Handling Rumors and Misinformation (Picture 8.5) – 10 minutes

? What do you see in the picture?

? What do you think these pictures mean?

Read the following box:

People learn from things they read, see, and hear. We learn a lot from each other and through media, such as radio and Facebook.

- We are both affected by rumors and help spread rumors

Rumors and misinformation can cause fear and harmful practices.

- For example, if someone is ill and believes that herbs cure coronavirus, they may break quarantine and infect others.
- For example, if someone believes drinking alcohol will keep them safe from coronavirus, they may drink too much alcohol and put themselves at risk.

It is important to be sure that any information you share is correct, especially when it concerns health.

- What you say matters and people, especially your children, learn from you.
- It's ok to say "I don't know" or "Let me find out and let you know"
- Before sharing information, ask yourself if you are certain it is true

- ? What are some good sources of health information? Why?
- ? What are some bad sources of health information? Why?
- ? What are some rumors or bad information you have heard about coronavirus? (See *additional training section for information to combat some local rumors*)
- ? What are some ways we respond to rumors/bad information the next time we hear it in our communities?



8. Activity: Let's Make Disinfectant — 15-30 minutes

Materials needed:

- Small bottle or bag of bleach (look for 3.5% sodium hypochlorite)
- Teaspoon (or way to measure 5mL)
- Each participant will need 1 bottle of water (does **not** need to be clean water)
- Soapy water
- Clothes/rags

Explain: Pre-made disinfectant sprays from the store can be expensive. You can make a disinfectant solution for less at home that is just as effective. Today we are going to go over how to disinfect surfaces in the home and make our own sanitizer.

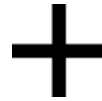
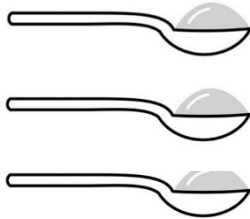
Instructions:

- Wet rag with soapy water
- Wash surface of item
- Let it sit for at least a minute while we make our detergent mixture
- The jik mixture **must be made fresh every day**, so it's best to make a little at a time.
- Add 3 teaspoons (15mL) of jik for every 500 mL of water.
- 1L bottle add 6 teaspoons (30mL); and 1.5L bottle add 9 teaspoons.
- Wet rag with bleach mixture and wipe down surface

Things to keep in mind:

- This sanitizer is not for skin and should only be used to clean surfaces in our homes.

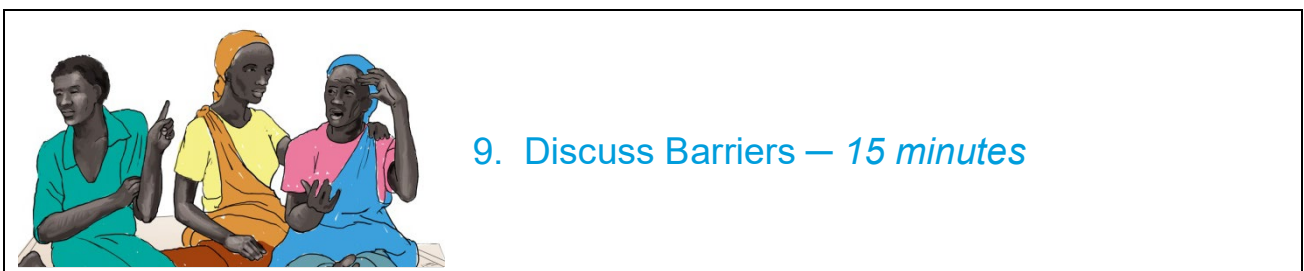
- If possible, wear gloves. If there are no gloves, wash hands with soap and water after sanitizing home.
- Do not mix bleach/jik with anything besides water.



Jik (3.5%)

15

500 ML



Discuss barriers and solutions:

- ? What do you think about the health practices we just saw?
- ? Is there anything that might prevent you from trying these new health practices?
- ? What are some solutions?

Note for Facilitator: Skip this section in Neighbor Group instruction.

For Care Groups:

- Form pairs and practice teaching the lesson. Be sure to maintain 1-2 meters' distance in pairs.
 - Request Commitment & Sing Commitment Song
 - Set next meeting date
 - Thank participants for their time
 - Next meeting planning
 - Share next meeting date
 - Share next meeting spot
 - Wash hands with soap before leaving meeting

For Neighbor Groups:

- Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



10. Request Commitments — 10 minutes

- *Request Commitment*
- *Set next meeting date*
- *Thank participants for their time*

Next meeting planning

- *Share next meeting date*
- *Share next meeting spot*

Wash hands with soap before leaving meeting

LESSON 9: ACCESSING HEALTH SERVICES DURING CORONAVIRUS



Objectives

By the end of the lesson, CGV, mothers and caregivers will be able to:

- feel motivated to seek routine health services for themselves and their children.
- Understand how social distancing impacts the spread of disease in their communities
- Be able to adequately respond to common rumors/misinformation

Materials

- Attendance registers
- Game
- Lesson
- Plan/Flipchart
- Paper and pencil
- Handwashing station
- Facemask
- Water
- 3-4 bowls

Lesson Summary

- Game
- Introduction
- Story
- Key Messages
- Activity
- Wrap Up

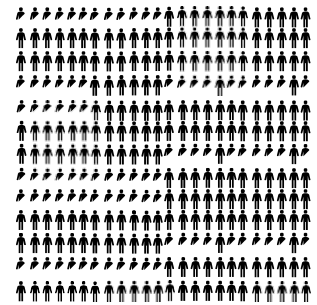
Key Messages


- Families should continue to seek routine health services
- Social distancing and mask wearing are important for preventing the transmission of coronavirus from person to person.
- Common coronavirus symptoms are similar to malaria, TB and flu.
- Seek help immediately if you have difficulty breathing, chest pain or pressure or loss of speech or movement.

New Procedures (Picture 9.1)

- *Please refer to Facilitator notes for lesson procedures in context of COVID-19*
- *All participants should wash hands prior to lesson*

- Demonstrate safe greetings (no physical contact)
- Demonstrate safe spacing of 1-2 meter between people





1. Game: Who is at Most Risk? — 10 minutes

Wash hands before playing game.

Set up: Facemasks, 3-4 bowls of water with a clean spoon for each. If spoons are not available, add disinfectant to water to prevent transfer of germs when flicking water.

- Break the group into pairs of 2
- Form two lines with pairs facing each other.
- Assign one line to be “those with coronavirus” and the other line to be “healthy”
- Assign each person in the “coronavirus” line to have either mask or bowl of water
- (the water represents germs)
- Assign each person in the “healthy” line to stay as they were in the line or step back, so they are 2 meters away from their partner.
- Once everyone is set up tell those with the bowls of water that they have 10 seconds to flick water on their partner.

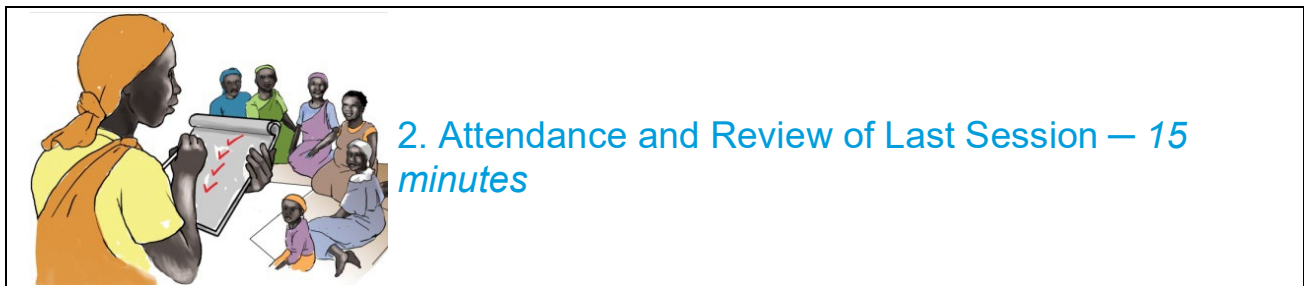
Explain: Coronavirus is spread on the droplets from an infected person when they talk, sing, cough and sneeze. We get infected when we breathe these droplets, or if they get in our eyes, mouth or nose (often from our hands). In this activity, let’s pretend that the water droplets are coronavirus.

Ask:

- ? Who felt the water drops from their partner? Who felt the drops on their face?
- ? Which person in the “healthy” line is the safest? Why?
- ? Which person in the “healthy” line is the most at risk? Why?
- ? What if we played the game again but did not know who was infected and who was healthy. Who would be the safest pair?

? What does this game tell us about the power of face masks and social distancing?

Tell participants, “Now that we are energized and ready for our lesson, let’s begin!”



When teaching Care Group Volunteers (CGVs; Care Group Volunteers):

- Take attendance, marking the attendance sheet for the Care Group Volunteers who are present and those who are absent.
- Then mark the Neighbor Mother attendance register, reading off each neighbor group mother’s name, marking whether they received the lesson based on the Care Group Volunteer report.
- The Promoter fills out vital events mentioned by each CGV (new births, new pregnancies, and mother and child deaths).
- The Promoter should ask about any newly orphaned children and any community members with signs and symptoms of Coronavirus, described later in this lesson.
- The Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - a. Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
 - b. Tell participants: We already know about washing our hands with soap. Other ways of protecting ourselves during an outbreak will be taught in today’s lesson and again in the lessons in the next few weeks.
- The Promoter offers advice on how to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.

? What are some ways to NOT wear a mask?

- Call on 3 or more people to respond

? How do you know when the person who with the symptoms of coronavirus is no longer contagious?

- Possible responses: At least one week has passed since symptoms appeared AND they have not had a fever for a least 3 days, AND their symptoms have improved

- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices
- The Promoter thanks all of the CGVs for their hard work and encourages them to continue. CGVs should have a sense of pride that they are protecting their communities from Coronavirus by reinforcing messages and commitments such as hand washing and prompt care seeking at a health facility when someone is sick.

- Ask the group to select an Activity Leader who will be responsible to coordinate the supplies and preparations for the activities in the next module. She will make sure that each volunteer brings one or more of the needed items for the lesson's activities. She will come to each of Module 2 meetings ten minutes early so the promoter can give her the list of needed items and explain the activity for the next lesson. The Activity Leader will then ask for volunteers who are willing to bring the needed items during the "Attendance and Troubleshooting" section. She will also assist the promoter during the day's activity.
- Explain the needed items for the activity in Lesson 1 of Module 2. Help the Activity Leader to organize these items with the volunteers for the next meeting.

When CGVs teach their neighbor mothers:

- Care Group Volunteers will mark which neighbor they are visiting on their register.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers that they visit and help refer those with severe illness to the local health facility.
- In addition, the CGV needs to start asking new questions at each meeting with their neighbor mothers, including about any newly orphaned children and about the signs and symptoms of any illnesses that family members have (in order to identify illnesses that match the signs and symptoms of Coronavirus), but without alarming the family.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- Care Group Volunteers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story (Picture 9.1) – 5 minutes

Read the following story:

Esther is pregnant with her second child, and she is **very** pregnant. Esther could barely reach her arms around her belly. She knew the baby would come soon.

A few weeks ago, Esther and her CHW made a birth plan together. When her labor pains start, Esther is to go to the health center with her TBA. Together, Esther and her CHW laid out some linens, funds for travel, and some extra clothes for after the delivery to take with her to the clinic. But Esther was worried – what if she cannot find someone to take her to the clinic? What if the clinic is closed or she is turned away because of coronavirus?



4. Ask about Current Practices – 10 minutes

Read the questions below about the story:

- ? Pretend you are Esther's CHW. What would you tell her?
- ? What are some ways that Esther can make sure she gets to the health center for her delivery?

Encourage discussion: Do not correct “wrong answers.” Let everyone give an opinion. This section is for discussion, not for teaching



5. Key Messages: Care Seeking for Mothers and Children (Picture 9.2) – 10 minutes

Ask the following questions:

- ? What do you see in the picture?
- ? What do you think these pictures mean?

Read the following text:

Health facility staff are there and ready to serve you!

- Health staff have the supplies (like masks and sanitizer) to keep you safe during your visit
- Handwashing stations with soap are located at each health center
- Health Centers, Dispensaries and hospitals are still open 24 hours a day, 7 days a week for maternal care.

Women should continue to go to the health facility to receive services

- Services such as antenatal care (ANC), postpartum care, vaccinations and treatment for diseases prevents emergencies and can save your life.
- Family planning to become pregnant or prevent pregnancy is important during this time.

Children should continue to receive vaccinations, growth monitoring checks, deworming, and treatment for illness.

- Children, especially young children, can become ill very quickly – do not delay!
- Seek medical care for danger signs you see in your child – such as diarrhea, difficulty breathing, refusing to eat, feels too hot or too cold, etc.

Practice hygiene and distancing measures to keep yourself and others safe during your visit.

- Wear a mask and wash hands before entering the health facility
- If at all possible, leave other children at home during your visit to the health center

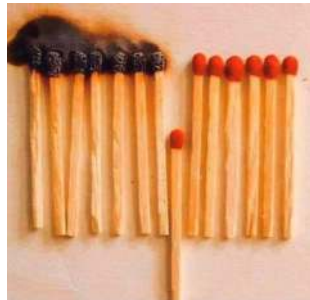
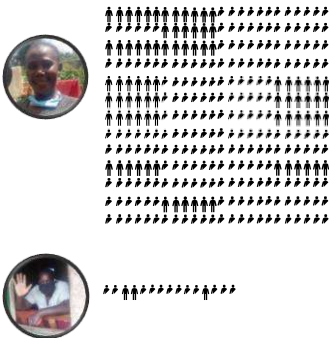
Ask the following questions:

- ? What concerns do you have about going to a health facility?

? How can we overcome those concerns? What solutions or options are available?



6. Key Messages: Importance of Social Distancing (Picture 9.3) – 10 minutes



Ask the following questions:

- ? What do you see in the picture?
- ? What do you think these pictures mean?

Read the following:

One person with coronavirus can spread the virus quickly when they do not avoid contact with others, wear a mask and wash hands.

- With only social distancing you can greatly reduce the number of other people who become infected
- A person with coronavirus can infect up to 406 others in one month's time
- With maintaining a distance of 2 meters, only 15 people become infected with coronavirus in one month.

Be the one who saved all the rest. Coronavirus like the fire spreading down a line of matches. One match was able to stop the fire of coronavirus by moving away from the other matches.

- Coronavirus is passed from person to person on small droplets that come out of our mouths and noses when we talk, yell, sing, cough and sneeze.
- Protect yourself and others from getting coronavirus from others by keeping 2 meters distance and wearing a mask in public and on public transit.
- Keeping yourself safe from coronavirus can help prevent the spread of coronavirus to others in your home and community.

Ask the following questions:

- ? What are some places where there are lot of people? What are some things we can do to keep our distance in these places?
- ? ?What are some other actions that keep us safe from coronavirus?



7. Key Messages: Symptoms and Danger Signs of Coronavirus (Picture 9.4) – 10 minutes



Ask the following questions:

- ? What do you see in the picture?
- ? What do you think these pictures mean?

Share the following information:

Early sign and symptoms of coronavirus resemble other common diseases such as influenza, malaria or TB.

- The most common symptoms for mild cases are fever, dry cough and tiredness.
- Other symptoms include aches/pains, sore throat, diarrhea, headache, runny nose, loss of taste or smell, and a rash or discoloration on skin.

Seek help immediately:

- If you have difficulty breathing, chest pain or pressure, or loss of speech or movement.
- If are over 60 years old and experience a fever plus any other symptom
- If you experience a fever plus one other symptom and have underlying illness, such as HIV, diabetes, heart conditions, TB, malnutrition, chronic lung conditions, kidney disease undergoing dialysis, liver disease, severe obesity



Ministry of Health Hotlines

Information should be added in alignment with ministry of health guidance

After you call the Ministry of Health Hotline a surveillance officer will come to your home to determine if testing is needed and to develop a care plan.

Ask the following questions:

- ? What questions do you have about coronavirus or its symptoms?
- ? What concerns, if any, do you have about calling the Ministry of Health hotline?
- ? What are some solutions to the concerns expressed?



8. Activity: Discussion of Rumors – 15 minutes

Facilitate a discussion about rumors and misinformation in communities. Start with the question below:

- ? Why are rumors and false information on coronavirus dangerous?
- ? Who can we look to for true information?

Discuss each of the common rumors below, show the picture of the rumor and solution when it is discussed. Examples of discussion questions:

- ? Who has heard this information before?
- ? Why might this information be false?
- ? What is something you could say the next time you hear someone share the information?

Share the following information:

Drinking alcohol or *chang'aa* prevents coronavirus (Picture 9.5)

- There is not anything you can drink or eat to prevent coronavirus. To prevent coronavirus, keep 2 meters distance from others, wear a mask and wash your hands.

Everyone coming from the city has coronavirus (Picture 9.6)

- Even though cities often have more cases of coronavirus than rural areas, not everyone from the city has coronavirus. People all over Kenya are working to prevent coronavirus by keeping distance, wearing masks and washing hands. Those from the city are also advised to self-quarantine for 14 days

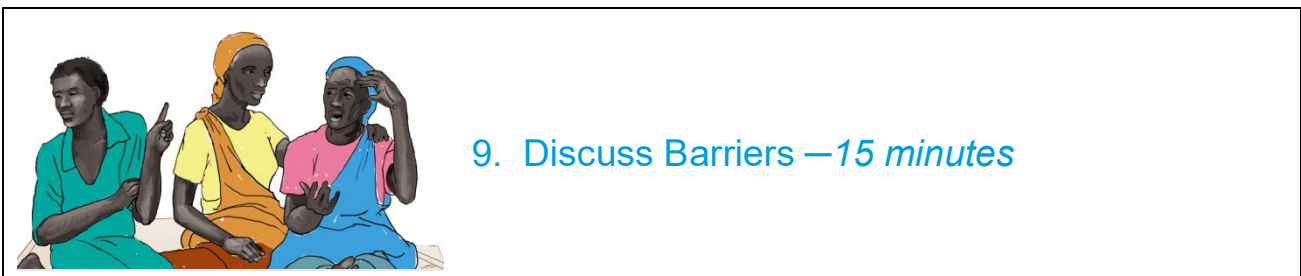
Goods from China carry coronavirus (Picture 9.7)

- Coronavirus germs can live on surfaces for around 3 days. Germs are gone by the time imported goods arrive from China or any other country. If you are concerned about bringing an item in your home, you can easily sanitize with a jik and water mixture

Most people who get coronavirus get sick and die (Picture 9.8)

- Coronavirus is not a death sentence. Most people with coronavirus will live.
- Those most at risk for severe illness and death from coronavirus are those who are over age 60 or who already have illnesses such as HIV, diabetes, heart conditions, TB, malnutrition, chronic lung conditions, kidney disease undergoing dialysis, liver disease, severe obesity

? Are there any other pieces of information that you have heard that you would like to ask about or discuss?



Discuss barriers and solutions:

- ? What are some of the key health practices we discussed today?
- ? What might stop you from wearing a mask?
- ? What might prevent you from keeping 2 meters distance?
- ? What might prevent you from washing your hands with soap?
- ? How can we overcome these barriers? What are some solutions?



10. Practice and Coaching – 20 minutes

For Care Groups:

- *Form pairs and practice teaching the lesson. Be sure to maintain 1-2 meters' distance in pairs.*
 - *Request Commitment & Sing Commitment Song*
 - *Set next meeting date*
 - *Thank participants for their time*
 - *Next meeting planning*
 - *Share next meeting date*
 - *Share next meeting spot*
 - *Wash hands with soap before leaving meeting*

For Neighbor Groups:

- *Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.*



11. Request Commitments and Wrap Up – 10 minutes

PROMOTER PRE AND POST TEST

Promoters Must Pass Post Test Before Leading Care Groups

Lessons 1-3

Questions from each lesson are listed below. Before and after teaching the materials to staff and trainers, give the posttest to evaluate their comprehension. For those who score 75% or less (must have at least 6 correct answers), give them more training to help them understand the information. Trainers should not teach others until they are able to score 75% or better.

1. Fill in the two words which describe the goals of the program below.

The goal of SCOPE is the following: communities will take actions to reduce death and illness among _____ and _____.

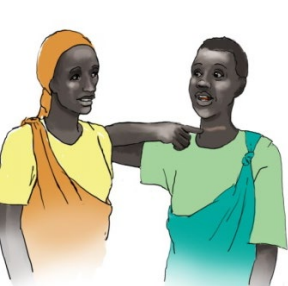
2. Who are the people that SCOPE is targeting with health messages? Circle only ONE answer.

- A. Children under five years of age.
- B. Pregnant Women
- C. Faith leaders
- D. Couples
- E. All of the above.
- F.

3. What should the facilitator do when he (or she) sees this picture?



4. What should the facilitator do when he (or she) sees this picture?



5. How often does the Care Group Volunteer meet with her neighbor group?

6. Once each month the Care Group Volunteer visits each woman from the neighbor group in her home. What does she ask about? _____

Lessons 4 – 5

1. Name **THREE** of the **FOUR** most important times to wash hands.

- A. _____
- B. _____
- C. _____

2. Which of the following statements is **FALSE**? Choose **ONE** statement.

- A. A family should wash and rinse their hands in one water basin before eating.
- B. Use a plastic container that holds at least five liters to make a Tippy Tap.
- C. Hanging a Tippy Tap near the latrine will help people remember to wash their hands after using the latrine.
- D. A Tippy Tap makes hand washing easy and also uses a small amount of water.

3. An improved latrine must have four of the five characteristics below. Choose the statement which is **FALSE** and should not be followed.

- A. Latrines should have a lid that covers the pit to keep out flies and reduce insect breeding.
- B. A latrine should be 20 meters away from lakes, streams and other water sources.
- C. Reduce smell and flies by cleaning the latrine weekly.
- D. A latrine should be close to the well to remind people to wash their hands.
- E. Latrines should have walls for privacy and a roof to keep out the rain.

4. Which of the following statements is **FALSE**? Choose **ONE** statement.

- A. Feces contain germs that have been excreted from the body. Even tiny bits of feces that are left on a child's hands can bring sickness if the feces get into the child's mouth.
- B. If you do not have a latrine, designate an area away from your household. Dig a large hole for the whole family to use. When the hole is filled with feces, cover the hole with dirt.
- C. Immediately dispose of child feces in a latrine or bury in a hole and cover it.
- D. Beginning at 12 months, all children should go the clinic for deworming medication every six months.

Lessons 1-3 Pre and Post Test ANSWERS

1. Fill in the two words which describe the goals of the program below. women (or mothers) and children
2. Who are the people that SCOPE is targeting with health messages? E) All of the above.
3. What should the facilitator do when he (or she) sees this picture?



Ask about the neighbor's current practices. For example, if we are talking about hand washing, ask the neighbors if they wash their hands.

4. What should the facilitator do when he (or she) sees this picture?



Ask each woman to make a commitment to try one of the new practices.

5. How often does the Care Group Volunteer meet with her neighbor group? Twice each month.
6. Once each month the Leader Mother visits each woman from the neighbor group in her home. What does she ask about? the family's health (that is, illness, new pregnancies or deaths)

Lessons 4 – 5 Pre and Post Test - Answers

For those who score less than 75%, give them more training to help them grasp the key content.

1. Name **THREE** of the **FOUR** most important times to wash hands.

Any three of the following are correct:

- wash hands before eating
- wash hands after using the latrine (or throwing away child feces)
- wash hand before preparing (or touching) food
- wash hands of child after they use the latrine
- wash hands of a child before they eat or touch food

2. Which of the following statements is **FALSE**? Choose **ONE** statement.

A. A family should wash and rinse their hands in one water basin before eating. FALSE - The germs will remain in the water basin and will return to the hands when rinsed with the dirty water.

3. An improved latrine must have four of the five characteristics below. Choose the statement which is FALSE and should not be followed.

D. A latrine should be close to the well to remind people to wash their hands. FALSE – A latrine should be placed at least 20 meters AWAY from water sources. Otherwise the feces may sink into the ground and contaminate the water source.

4. Which of the following statements is FALSE? Choose ONE statement.

B. If you do not have a latrine, designate an area away from your household. Dig a large hole for the whole family to use. When the hole is filled with feces, cover the hole with dirt. FALSE – the feces or other waste should be covered immediately. This prevents animals, rodents and flies from spreading the feces in the compound.

5. Choose the sign below that is NOT a sign of malaria infection. Circle your answer.

B. red rash is not a sign of malaria infection.

6. How can you prevent convulsions when your child has fever?

Any of the following answers are correct:

- Keep the child cool by wrapping them in a wet cloth
- Pour cool water on a towel placed around the head or body
- Take the child to the clinic for treatment

FACILITATOR NOTES

RESOURCES

The following resources were used in the development of the Lesson Plans:

- WIRED international. 2020. The Coronavirus Threat: Key Topics in Infection Control. Available at <http://wiredhealthresources.net/mod-seriescoronavirus-infection-control-topics.html>
- World Health Organization. 2020. Coronavirus, Available at https://www.who.int/health-topics/coronavirus#tab=tab_1
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- World Health Organization: Coronavirus disease (COVID-19) technical guidance: Infection prevention and control/WASH. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

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Lesson 8

Game:

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- Copia Maisha Rahisi. Jik Lemon Bleach 250mL. Available at <https://copia.co.ke/product/jik-lemon-bleach-250ml/>. Accessed March 20, 2020.
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- All other pictures provided courtesy of KIKOP, a project of Curamericas Global. Contact information: bmuffoletto@Curamericas.org

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