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## **CARE GROUP MODULE 2**

### **Child Health and Integrated Community Case Management**

*Promoter Manual*

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Lessons, stories, and activities in the *Child Health and Integrated Community Case Management Lesson Plan* complement the information provided in *Child Health and Integrated Community Case Management Flipchart*.

## Citations

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2. International HIV/AIDS Alliance. (2002). 100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community. Available at [www.aidsalliance.org](http://www.aidsalliance.org).
3. Hanold, Mitzi J. (2011) Management of Childhood Infections Mother Leader Flipchart. Washington DC. Food for the Hungry (FH), made possible through support provided by the Office of Food for Peace, Bureau of Democracy, Conflict, and Humanitarian Assistance, and the U.S. Agency for International Development under the terms AID-FFP-09-00004-00. 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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7. Hanold, Mitzi J. (2012) Kitchen Gardens and Animal Raising. 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

Lessons, stories, and activities in the *Module 2 Lesson Plan* complement the information provided in *Module 2 Care Group Volunteer Flipchart*. The *Module 2 Lesson Plan* is intended for use by Care Group Promoters when they meet with Care Group Volunteers.



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

**Behavior objectives:** Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

**Belief objectives:** We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making healthy behavior change. In this module we are reinforcing the principle of dominion: the belief that we are able to overcome parasites and germs to prevent and overcome sickness. They are not masters over us; we are masters over them.

**Behavioral determinant objectives:** Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are twelve possible behavioral determinants identified in the Barrier Analysis<sup>1</sup>. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. Materials with an asterisk (\*) should be brought by the Activity Leader selected at the end of Module 1. See 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 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 Care Group Volunteers of the next activity. Review the descriptions below for more information.

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<sup>1</sup> See the [practical guide on conducting a barrier analysis \(fsnnetwork.org\)](https://fsnnetwork.org) for more information. Country specific barrier analysis were not conducted in the Scope countries. Behavioral determinants were added based on our understanding of the situation in SCOPE countries using qualitative and quantitative evidence from SCOPE and extensive programmatic experience.



**Game**

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 Activity Leaders will take attendance. Following attendance, the promoter follows up with any difficulties that the Care Group Volunteers had teaching the previous lessons.<sup>2</sup> When Care Group Volunteers are teaching neighbor groups, this is a good time for to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson.

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



**Ask about Current Practices**

Discussion questions are used to discuss the problems faced by the two main characters in the module (Abuk and Achol). Use the story and discussion questions to find out the current practices of the women in the group.



**Share the Meaning of Each Picture in the Picture Box**

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, explain the captions and key messages written on the back of the flipchart.

The lesson plan also contains **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.

<sup>2</sup> Paid staff are called promoters. The role of the promoters is to train Care Group Volunteers to facilitate lessons with their neighbors. A few exercises (such as the Troubleshooting exercise and the Practice and Coaching exercise) **are only for promoters training Care Group Volunteers**. This exercise does not need to be used by the Care Group Volunteers when sharing with their neighbors.





**Activity**

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

An Activity leader is responsible to organize materials for each lesson’s Activity. The **Activity Leader** meets with the Activity Leader ten 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 (Care Group Volunteers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items. The Activity Leader will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the Activity Leader as needed during the activity.



**Discuss Barriers**

The Activity Leader asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the Activity Leader 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 Care Group Volunteer understands the material and can present it to her neighbors. The promoter observes and coaches Care Group Volunteers as they practice teaching in pairs using the flipcharts.

When Care Group Volunteers teach their neighbors, they will repeat this activity asking each woman to share the key messages (and practices) that she has learned with the woman next to her or with another household member or neighbor if the lesson is being shared in a home visit. The Care Group Volunteer will go around and listen to each pair, making sure they understood the key messages correctly.



**Request Commitments**

Finally, the Activity Leader requests a commitment from each of the women in the group. It is up to each woman 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 two hours in length although some lessons may take longer than others. The suggested time for each section is listed below.

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 Picture 2	10 minutes
Share the Meaning of Picture 3	10 minutes
Share the Meaning of Picture 4	10 minutes
Activity	15-30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
<b>Total</b>	<b>2 – 2 ½ hours</b>

# LESSON 1: DIARRHEA: TRANSMISSION, ORAL REHYDRATION SALT (ORS) AND DANGER SIGNS



## Objectives

By the end of this lesson:

- Caregivers will be able to define diarrhea as watery feces that comes three or more times in one day (24 hours).
- Caregivers will try three new practices (which they are not already doing) to prevent diarrhea in the next two weeks:
  - Put all feces in a latrine or bury it
  - Boil or purify water drinking water
  - Wash hands with soap after defecating or cleaning a child's bottom.
  - Wash hands with soap before preparing foods.
  - Wash hands with soap before eating or helping a child eat
  - Cover prepared foods to keep flies away
  - Wash all vegetables, greens and fruits before eating or adding to stews
- Caregivers will offer ORS to their child every time their child has diarrhea.
  - Mix one liter of boiled or chlorinated water with one packet of ORS. Stir until the ORS dissolves.
  - Offer children 6 months and older about 1/3 of a metal cup every time they have diarrhea (50-100ml).
  - For children less than 6 months, breastfeed more often than normal. If signs of dehydration are seen, take the child to the clinic immediately.
- Caregivers will take a child immediately to the health center if one of the danger signs are seen:
  - If diarrhea lasts more than seven days.<sup>3</sup>
  - If blood is seen in the feces.
  - If the child shows signs of dehydration: the top of the head is sunken, the child's eyes are sunken, heart beats quickly, tired and lacks energy, pinched skin stays pinched for more than a few seconds.
- Caregivers will believe that diarrhea is a serious illness that can quickly result in dehydration, malnutrition and death for infants and children (increased perceived severity).

## Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Piece of cloth to use as a blindfold

<sup>3</sup> Persistent Diarrhea is defined as diarrhea that lasts more than two weeks. For community training, we are encouraging women to go to the health facility if after giving ORS each day, the child's diarrhea still continues for more than seven days.



- A plastic bag with a small hole near the bottom
- A container of water to fill the bag\*
- ORS packets (insert local term for ORS) and a cup (metal/plastic)

## Lesson Summary

- Game: Germ in the Circle
- Attendance and Troubleshooting
- Share the story: Deng Has Diarrhea
- Ask the mothers what they did to help their child recover from his last episode of diarrhea.
- Share the meaning of each picture on flipchart pages 6-11: Diarrhea Defined, Seven Practices that Cause Diarrhea and Diarrhea Danger Signs
- Activity: Dehydration Demonstration
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: Germ in the Circle — 10 minutes

1. Ask the women to stand in a circle. Choose a volunteer to stand in the middle of the circle.
2. Tie a piece of cloth over the volunteer's eyes so they cannot see.
3. Explain: The circle is a compound. The volunteer in the middle is a diarrhea-causing germ. In order to prevent sickness, you want to stay away from the germ!
4. The game begins when "the germ" calls out two women's names from the group.
5. These two women must quietly change places with each other, while keeping away from "the germ." "The germ" tries to touch the players as they pass by listening and reaching out for them.
6. If someone is tagged, they become "the germ" and the game is repeated.
7. Repeat the game so that everyone has a chance to play.

Now that we are energized, let's begin our lesson.

\* Materials with an asterisk should be organized by the Activity Leader.



## 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 Leader<sup>4</sup> 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.

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<sup>4</sup> 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.

### 3. Story: Deng Has Diarrhea (Picture 1.1) – 10 Minutes

- Read the story in section 3 of the flipchart.

Deng had diarrhea yesterday. Today the diarrhea continues. Achol doesn't give him much water because she wants the diarrhea to stop. Deng becomes weaker and weaker. Soon he is too weak to squat and just lies on the ground without moving. Achol says to her mother-in-law, "What should I do? The diarrhea is killing him!"



#### 4. Ask about Current Practices – 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why is the child so weak?
- ? What did Achol do to stop the diarrhea? Was this a good or bad practice?
- ? When your child last had diarrhea, what did you do to help them recover?

- Ask the first question to hear what the women believed caused the child to become weak.
  - We hope the women respond in this way: The child became weak because he lost a lot of liquids from diarrhea. Achol is not giving the child liquids or food and he is becoming dehydrated and weak.
- Ask the second question to hear the mother's opinions about Achol's practice of withholding water.
  - Achol did not give liquids to Deng to stop the diarrhea. This is a BAD practice. Now Deng's illness is getting worse. He is dehydrated. If she does not act quickly, the child will die.
- Ask the last question to hear how the mothers helped their child recover the last time the child had diarrhea.
- **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: Diarrhea Defined (Picture 1.2) – 5 minutes

- Ask the caregivers to describe what they see in picture 1.1.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

### ? What do you think these pictures mean?

- A child who has watery feces three times or more in one day has diarrhea.
  - A child loses water every time he has diarrhea.
  - Like a tree without rain, the body slowly loses strength and life.
  - His skin is shriveled and dry.
  - His eyes are sunken.
  - His body does not have enough water to form tears.
  - If the liquids are not replaced he will quickly die.
- Mix one packet of ORS with four 250ml metal cups of boiled or chlorinated water.
  - Stir until the powder disappears.
  - Unpurified water will make the diarrhea worse.
- Every time child has diarrhea, offer ORS to replace the liquids that have been lost.
  - Offer about 1/3 of the 250 ml metal cup (just under half) to the child every time they have a loose stool.
  - Offer more if the child is still thirsty.
  - Offer extra fluid (food based fluid such as rice water, soup or clean/boiled water) with small sips from cup as much as the child can take.
  - If the child vomits the fluid, wait 10 minutes then continue, but take it slowly until diarrhea stops.
  - If the child is not exclusively breastfed, frequently breastfeed for longer than usual at each feed.

### ? How much ORS should be given to children younger than six months of age?

- None. Only offer breast milk!
- If the diarrhea lasts for more than three days, or the child shows signs of dehydration, go immediately to the health center.

## Additional Information for the Trainer

### Common signs of dehydration

- Signs include: Diarrhea among children; thirsty but children will not say they are thirsty; dry mouth and tongue; urine is dark colored and urinate less than in normal days.

### Breastfed Children

- Exclusively breastfeeding infants have soft, loose feces. This is not diarrhea. However, if a breastfeeding child has soft feces more than once after each feeding; this is diarrhea. Breastfeed more often to replenish all the liquids that are lost.

### Baseline Data: Diarrhea Prevalence<sup>5</sup>


- Thirty-four percent of mothers said that one of their children had diarrhea in the two weeks before the survey.

### ORS

- ORS dosage depends on the weight of the child. Guidelines on how much to give based on the child's weight are as follows:<sup>6</sup>
- Weight: ORS solution per Hour
- <4kg: 15ml
- 4-6 kg: 25 ml
- 6-10 kg: 40 ml
- 10-14 kg: 60 ml
- 14-19 kg: 85 ml
- After 24 hours, throw away any remaining ORS solution. If the child has diarrhea again, make a fresh solution.

### Diarrhea and Malnutrition

- When a child has diarrhea and food intake is decreased, nutrient absorption is slowed as the child's need for nutrients is increased. This causes weight loss and failure to grow. In our country malnutrition is common, which can make diarrhea more severe, last longer and happen more frequently than among well-nourished children.



## 6. Share the Meaning of Each Picture: Practices the Causes of Diarrhea (Picture 1.3) – 5 minutes

- Ask the caregivers to describe what they see in picture 1.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

<sup>5</sup> ADRA International, pg. 15

<sup>6</sup> WHO Guidelines, Management of Diarrhoea

**?** What do you think these pictures mean?

- Defecating in the open air.
  - Feces have germs which cause sickness.
  - Put feces in a latrine or cover it with soil.
- Eating unwashed vegetables, greens and fruit.
  - Germs on foods make us sick when we eat them.
- Not washing hands after defecating or before preparing and eating food.
  - Feces on our hands contaminate everything we touch.
  - Germs on hands contaminate the foods we make.
  - Germs on foods we eat cause sickness.
  - Only soap kills germs and washes off feces on hands.
- Drinking water straight from a river or well.
  - Water must be boiled or cleaned with chlorine before drinking.
  - River or well water has germs which cause sickness.
- Letting flies land on food.
  - Flies land on feces. Feces and other germs stick to their legs and feet.
  - Feces and germs on their legs and feet contaminate foods.
- Cover foods to keep flies away.

**?** If these are “bad practices” what are the “good practices” that prevent diarrhea?

### ***Additional Information to the Trainer***

#### ***Germ Definition***

- A germ is a tiny bacteria (like typhoid and cholera) or virus (like Hepatitis and Rotavirus) that can cause diarrhea and other illnesses.
- Germs are too small to be seen by the human eye.





## 8. Share the Meaning of Each Picture: Diarrhea Danger Signs (Picture 1.4) – 5 minutes

- Ask the caregivers to describe what they see in picture 1.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

### ? What do you think these pictures mean?

- If you see one of these signs, go immediately to the health clinic.
- The top of the head is pressed in like a cup.
- The eyes are sunken.
- Pinched skin stays for more than a few seconds.
- Feces with blood
  - This means the child is bleeding inside their body.
- Diarrhea for more than seven days.<sup>7</sup>
  - Long-lasting diarrhea may need medication to kill the germs causing the diarrhea.

### Pinched Skin

- To check for the stretchiness of the skin, pinch the skin on your own arm and let it go. Watch how quickly it returns to normal. Now pinch the skin on the infant's belly and let it go. If the infant's skin goes back to normal more slowly than yours, the child is dehydrated.
- If a child is severely malnourished, the skin may go back slowly even if the child is not dehydrated.

### Dehydration

- In the early stages of dehydration, there are no signs or symptoms.
- As dehydration increases, signs and symptoms develop. Initially these symptoms include: dry mouth and tongue, thirst, restlessness, sunken eyes, and sunken fontanel (top of the head depresses in infants).

<sup>7</sup> Persistent diarrhea is defined as diarrhea that lasts more than two weeks. However, for this community intervention, we suggest that diarrhea that does not respond to ORS and persists for seven days or more should be considered serious and the child should be taken to the health facility.

- In severe dehydration, these effects become stronger. The child may lose consciousness, may stop urinating, his body may become cold and the pulse (beating blood in the veins) begins to slow. Death follows soon if the child is not given treatment.

### **Diarrhea and Malnutrition**

- If the child is already malnourished, diarrhea can easily cause child death. Normal dehydration signs are not seen in children with marasmus and kwashiorkor. However, these children still show increased thirst, will be lethargic (have no energy to move), and have cool, moist hands and feet.

### **Sunken Fontanel**

- The fontanel is the soft spot on the top of a newborn's head. It is where the bones of his skull have not formed completely. Normally it takes 1-2 years for the soft spot to close completely.



## **9. Activity: Role Play: Dehydration Demonstration – 30 minutes**

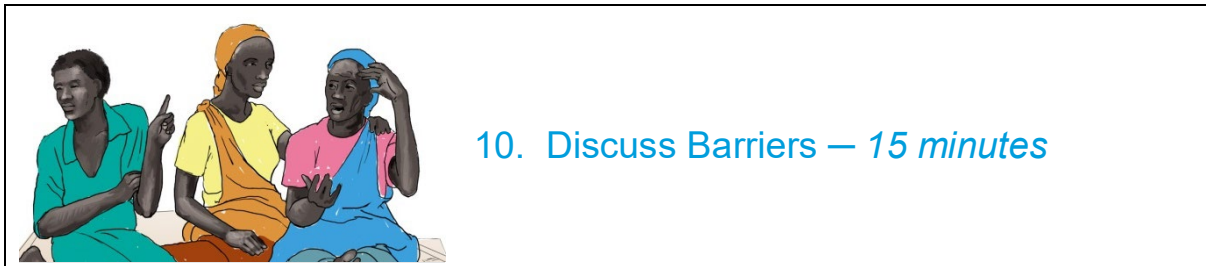
### **Gather these items before you begin:**

- A plastic bag with a small hole near the bottom of the bag.
  - A cup and basin of water to fill the bag
1. Ask a volunteer to hold the hole in the bottom of the bag closed so that no water comes out.
  2. Fill the bag with water so that it is full and round.
  3. Explain:
    - This bag represents a child that breastfeeds many times a day and has enough water in his body. His body is round and full.
    - When we pinch the side of the bag, what happens?
    - It returns to its normal shape.
    - Like this bag when your body has enough water it returns to its normal shape when it is pinched.
  4. Ask each mother to pinch the skin on her arm and watch the skin return. Point out how quickly the skin returns.
  5. Now, ask the volunteer to let out a small amount of water out of the hole in the bag to represent a child with diarrhea or vomiting. Ask her to continue letting out small amounts of water every few seconds until the bag becomes thin and shriveled.
  6. While she is letting the water out, explain:
    - Every time the child urinates, some water is lost from the body.
    - If a child is vomiting, or has diarrhea, water is lost more quickly.
    - When a child loses too much water from diarrhea, or sweating or vomiting they become shriveled and thin like this bag.

- The skin doesn't bounce back like it used to when it is pinched.
- When this happens the child is in great danger. The child needs immediate help or his life is in danger.

**? How can a mother prevent too much water loss?**

- For children under six months of age, offer breast milk every time they have diarrhea. Offer breast milk more often than normal until the child recovers.
  - For children six months and older, offer ORS every time they have a loose stool. Breastfeed more often than normal.
7. Ask the volunteer to hold the hole in the back closed as you refill the bag.
  8. Ask the volunteer to let some water out. Then refill the bag. Continue doing this explaining that every time the child loses water from vomiting or diarrhea, the mother must add more water to the child's body.
    - To prevent dehydration, every time the child loses water, we must replace it.
  9. Answer questions.



**? 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 solutions**

- Mothers may say, "I don't have money to purchase ORS."
  - Facilities supported by UNICEF will provide ORS for free. Go to the clinic and ask for ORS.
  - If the health facility does not have ORS, it can usually be found in local markets or private pharmacies.
- Mothers may say, "If I give more liquids, the diarrhea will increase."
  - Diarrhea may increase temporarily, but it will keep the child alive so that the body can recover.
  - Withholding liquids will cause the body to become dehydrated, increasing the risk of death for the child.
- Mothers may say, "I don't have clean water to prepare ORS."

- Boil water and let it cool. Boiled water is clean.
- Mother might say “it is fine to give sugary drinks such as sodas (coke, fanta, pepsi), tea
  - Sugary drinks, and drinks with caffeine (tea and coffee) will make dehydration worse for your child



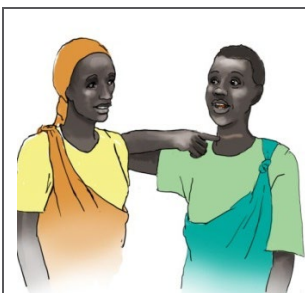
## 11. Practice and Coaching — 20 minutes

### 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.



## 12. 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:

- When my child has diarrhea, I will replace the liquids lost with ORS.
- If I see a diarrhea danger sign I will take my child immediately to the health clinic.
- I will prevent diarrhea by washing my hands and my child's hands before and after eating, preparing foods, then after using the toilet, changing babies' diaper or helping children use the toilet and handling animals.

## LESSON 2: MALARIA: TRANSMISSION AND IMPACT



### Objectives

By the end of this lesson:

- Caregivers will be able to explain the transmission of the malaria parasite.
  - The malaria parasite is carried from the blood of an infected person to a new host (an uninfected person) by a mosquito, and passed on by a bite.
  - Once inside the blood of a new host, the parasite lives and feeds off of the host's blood.
- Caregivers will be able to list those who are most vulnerable to serious illness and the health impact of malaria infection.
  - Babies and small children are at risk of developing severe malaria and quickly dying of disease.
  - Malaria infection in pregnancy causes severe anemia (weak blood) which may lead maternal death before, during or immediately after birth. Babies of mothers who had malaria during pregnancy are more likely to be born too early, too small or dead.
- Caregivers will be able to describe the impact of malaria on food security.
  - Caregivers with malaria may be unable to work, or not have enough energy to provide care and food for the family.
  - Illness reduces the family's financial resources (costs for purchase of drugs, travel to and from the clinic, and loss of caregiver's wages to take care of those who are ill).
  - Preventing illness saves financial resources, time and energy.
- Caregivers will believe that malaria is a serious illness that can quickly result in severe illness and death if left untreated in pregnant women, and children under the age of five (increased perceived severity).<sup>8</sup>
- Caregivers will believe that they have dominion over mosquitoes and malaria; they have the ability to stop mosquitoes (and the parasites they carry) from harming those who are most vulnerable to malaria.

### Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- (optional) Paper and pencil\*

### Lesson Summary

- Game: The Two Mosquitoes
- Attendance and Troubleshooting
- Share the story: Deng Has Fever

<sup>8</sup> Perceived severity is whether or the person believes that the problem (malaria) is very serious.



- Ask the women how they treated their child the last time they had fever.
- Share the meaning of each picture on flipchart: Malaria Transmission, Impact of Malaria: Children and Pregnant Women and The Impact of Malaria: Food Security.
- Activity: The Cost of Malaria
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: The Two Mosquitoes — 10 minutes

1. Ask the women to stand in a circle. The Activity Leader stands with them.
2. There are two mosquitoes in this game. One mosquito makes this noise “Zzzz” and the other mosquito makes this noise “Eeee.”
3. Ask the women to practice saying each mosquito sound.
4. When the Activity Leader says, “Zzzz” everyone must stand on their toes and flap their arms like wings (elbows out). Encourage the women to practice.
5. When the Activity Leader says “Eeee” everyone must stand still, balancing on one leg with arms at their sides. Encourage the women to practice.
6. The object of the game is to do the right action at the right time!
7. The Activity Leader should say “Zzzz” and “Eeee” many times. Say “Zzzz” two or three times in a row to see if the women continue doing the right action.
8. Continue giving several women a chance to be the Activity Leader until everyone is laughing.

Now that we are energized, let’s begin.



### 2. Attendance and Troubleshooting — 10 minutes

#### When Teaching Care Group Volunteers

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor group (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.
- The Promoter helps to solve the problems mentioned.
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader<sup>9</sup> to discuss the needed items for next week's activity and solicit volunteers.

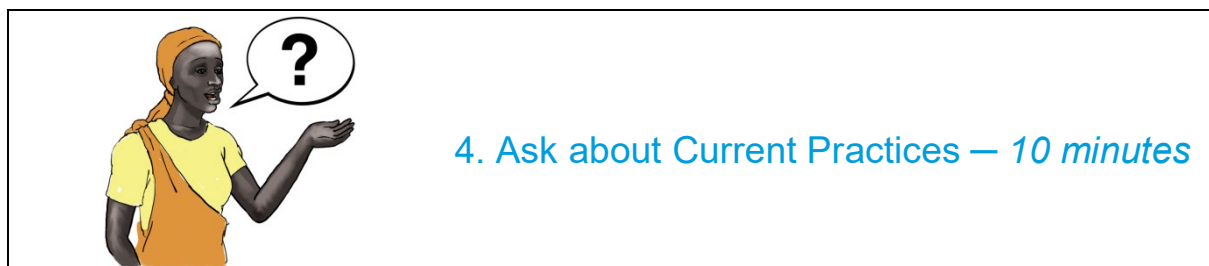
### **When Care Group Volunteers Teach Their Neighbors**

- Care Group Volunteers will take attendance.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.
- Care Group Volunteers 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.

## **3. Story: Deng Has a Fever (Picture 2.1) — 10 minutes**

- Read the story in section 3 of the flipchart.

Deng is not feeling well. Achol uses the back of her hand to compare the warmth of Deng's forehead to her own. His skin is very hot. Is fever serious? Achol can't remember. She asks her husband to look on the model family poster. "Fever is a danger sign!" he says pointing to the chart. "We must go the health clinic without waiting another minute!"



- Read the questions in section 4 of the flipchart.

<sup>9</sup> 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.

- ? What causes fever?
- ? Is fever a serious disease/sickness for children? Why?
- ? What did you do the last time your child had fever?

- Ask the first question to discover the women's beliefs about the cause of fever.
  - In South Sudan, malaria is prevalent and often the cause of fever. However, fever can accompany many other infections including ear infections, respiratory infections and meningitis.
- Ask the second question to find out their beliefs about the severity of fever (malaria) for children.
  - Without treatment, malaria can kill a child in a few days. For children who have never had malaria, the infection becomes severe very quickly.
- Ask the last question to find out how the women responded the last time their child had fever.
- **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: Malaria Transmission (Picture 2.2) – 5 minutes

- Ask the caregivers to describe what they see in picture 2.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

- Mosquitoes breed in standing water.
  - Rainy season brings mosquitoes.
  - The mosquito lays hundreds of eggs in water.
  - Hundreds of new mosquitoes are born each week during rainy season.
- Fever is often the first sign of malaria.

- Mosquitoes carry the sickness malaria.
  - Mosquitoes give malaria when they bite.
  - The mosquitoes gave this child malaria.
- Mosquitoes pick up the sickness from someone who is already sick with malaria. They carry the sickness to others.
    - Mosquitoes that carry malaria are active at night and when the sun is low in the sky.
    - The mosquito took blood from the sick child.
    - After one week, the mosquito carries malaria to a new house.
    - The mosquito carries the sickness to others.
- ?** How can you stop malaria from affecting your family?
- Making sure that everyone sleeps under a mosquito net each night.

### Additional Information for the Trainer

#### Anopheles mosquitoes

- Malaria is carried only by the female Anopheles mosquito. Anopheles can easily be identified by the way they carry their back legs up in the air.
- Some mosquitoes are active during the day. Anopheles mosquitoes are most active at dusk, dawn and during the night.
- Mosquitoes that spread malaria also lay eggs in water around the home. It is always good to clear out water from flower pots, ditches, plastic containers and drainage. Empty out puddles, and cover container where water is stored so that mosquito eggs do not get to hatch.

#### Transmission

- When the anopheles bites a person with malaria, the infected blood is transferred into the body of the mosquito.
- The parasite breeds in the blood of the mosquito.
- When the mosquito feeds on another person, the malaria parasites are transferred to the new person through mosquito saliva.



### 6. Share the Meaning of Each Picture: Impact of Malaria: Children and Pregnant Women (Picture 2.3) — 5 minutes

- Ask the caregivers to describe what they see in picture 2.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.
- Use this page to discuss the dangers of letting fever continue without treatment.

**?** What do you think these pictures mean?

- Untreated malaria can kill an infant in one or two days. If the child has fever, go immediately to the clinic.
  - Children's bodies are not able to fight malaria.
  - They develop severe malaria quickly.
  - These parents waited before taking the child to the clinic.
  - The child died.
- In pregnancy, malaria causes weak blood. It increases the risk of the mother dying in childbirth.
  - Weak blood (anemia) makes women very weak.
  - It increases the length of labor and bleeding during delivery.
  - If a woman loses too much blood, she will not survive.
  - Weak blood can cause still birth, miscarriage, and low birth weight of the baby.
  - This mother died with her child during delivery.

**?** Do you know mothers who have struggled with malaria during pregnancy? Tell me about their story.

**?** How can a pregnant woman avoid malaria?

- Sleep under mosquito net each night.
- Seeking early treatment for malaria in pregnancy protects pregnant women and your unborn child from the dangerous impacts of malaria
- Visit the health center for malaria treatment to keep malaria away during pregnancy.

### **Additional Information for the Trainer**

#### **Child Death**

- For children under five years of age (worldwide), malaria is the fourth largest cause of death. One out of every three children (under age five) who becomes ill with malaria will die.
- Due to malaria during pregnancy, 11 million pregnant women delivered about 872,000 children with low birthweight in Africa (WHO 2019).

#### **Malaria in Pregnancy**

- Malaria is the cause of 10% of all maternal deaths and 60% of stillbirths.
- Malaria causes anemia, which is harmful during pregnancy and for the small children. Anemia due to malaria during pregnancy will cause babies to be born too soon, too small or still birth and can make bleeding during birth which is dangerous. Women with severe anemia are 3.5 times more likely to die during pregnancy and childbirth than women without anemia.<sup>10</sup>

<sup>10</sup> 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.

- World malaria report reveals about 11 million pregnancies are exposed to malaria infection in sub-Saharan African (WHO 2019)

### Immunity

- Many adults get malaria. Some have malaria several times a year without serious illness. They have developed some immunity (resistance) against the sickness and may become ill, but will rarely die. Their body has seen the parasite before and has made an internal medicine to combat the sickness.
- Pregnancy reduces the immunity of women increasing the risk for severe illness.
- Infants have little or no immunity and are at high risk of severe malaria and death.

### Additional Data on Malaria Prevalence

- Women are more likely to get sick than men, in fact nearly twice as likely to have experienced malaria, fever, worms, or diarrhea.
- Nearly six out of every ten women had fever or malaria in the two weeks prior to the TANGO/ADRA survey; another thirty percent had diarrhea.<sup>11</sup>



## 7. Share the Meaning of Each Picture: Impact of Malaria: Food Security (Picture 2.4) – 5 minutes

- Ask the caregivers to describe what they see in picture 2.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

**?** What do you think these pictures mean?

- Workers with malaria have little energy. They are not able to work long hours.
  - Anemia (weak blood) makes them weak and tired.
  - Malaria reduces a worker's productivity.
- Frequent malaria makes life difficult. Caregivers must pay for medicine and spend time caring for sick children.
  - Treating malaria can be expensive.
  - A child may have malaria several times a year.
  - Malaria reduces the time families can work.
  - Sick family members need care while they are recovering.

**?** Do you believe you can prevent malaria in your home? Why?

<sup>11</sup> TANGO International, pg. 24.





What can we do to reduce malaria sickness and death?

### **Additional Information for the Trainer**

#### **Economic Growth**

- The annual economic growth of malaria-endemic countries is 1.3% lower than non malaria-endemic ones.
- According to estimates, sub-Saharan Africa's Gross Domestic Product (GDP) would be 32% higher today if malaria had been eliminated 35 years ago.<sup>12</sup> The Global Malaria report states that a 10% reduction in malaria disease is associated with a 0.3% rise in annual gross domestic product (GDP).
- Household heads in South Sudan reported that they lost an average of 31 work days (for men) and 52 work days (for women) because of illness and disease in the previous year.



### **8. Activity: The Cost of Malaria – 30 minutes**

1. Choose a literate mother to help write down the costs for each item below. She can write on paper, or in the sand.
2. Ask the mothers how much money is needed to care for malaria. If mothers give different costs for an item, use the most common amount mentioned.
  - a. What is the cost for one trip to the clinic?
  - b. What is the cost of one malaria treatment?
  - c. What is the cost of the extra food needed to help the child recover during and after illness (a total of three weeks)?
  - d. Do you lose income from caring for a sick child? How much money is lost if you miss one week's work in your field?
    - i. For example, if I can't work in my field for one week, some of my crops may rot. I will not be able to sell them in the market. How much money do I lose?
  - e. Write down other costs mentioned by the mothers.
  - f. Add all of the costs together to get the total cost of one child's malaria.
3. Ask, how often does a child have fever in one year?
  - a. Multiply the total cost by this number.
  - b. This is the "price" of caring for one child's malaria in one year.

<sup>12</sup> WHO, 2000. *Economic costs of malaria are many times higher than previously estimated*. Press release: African Summit on Roll Back Malaria, Abuja, Nigeria. WHO/28. Available at: <http://www.malaria.org>. Accessed November 2011.

4. Now discuss child health. What is the cost of caring for a healthy child?
  - a. Do you need medication for a healthy child? (no)
  - b. Do you have to feed a healthy child extra snacks to help them recover? (no)
  - c. Do you lose income caring for a healthy child? (no)
5. Compare the “price” of sickness to the “price” of health. Which costs more, sickness or health?
6. Reinforce the principle that a small amount of prevention saves a lot of money that would have been needed for treatment. Being healthy saves money. Sickness increases poverty.
7. Ask, do you believe it is possible to prevent malaria? Encourage discussion.
  - a. We were not meant to suffer and die from illness. We can take steps to prevent illness so we can live a healthy life.
  - b. We will learn more about malaria prevention at our next meeting.



## 9. Discuss Barriers – 15 minutes

**?** 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.*



## 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 and discuss how they might adapt the activity to do during a household visit.

### 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

**?** 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 commit to tell others how malaria is spread.
- I commit to protecting my children from malaria by letting them sleep under a mosquito net.
- I commit to take action to prevent loss of work from malaria; I will talk with my husband about purchasing another mosquito net.

# LESSON 3: MALARIA: DANGER SIGNS, CARE AND TREATMENT



## Objectives

By the end of this lesson:

- Caregivers will take children to the clinic at the first sign of fever.
  - Receiving immediate treatment reduces the risk of death, days of malaria and the chances of a mosquito transmitting the malaria infection to others in the family.
  - Caregivers will take children to the clinic when any other malaria signs are seen: chills or sweating, inability to eat or drink, headache, vomiting, and convulsions.
- Caregivers will give the first line of malaria treatment (Artemisinin-based combination therapy) exactly as recommended by the health worker.
- Keep a child with fever cool by wrapping them in wet cloth to reduce the chance of convulsions.
- Offer breast milk and more fluids than normal to children during illness, encouraging the child to eat and drink even if they are not hungry.
- Caregivers will make an emergency plan so they know what to do if their child becomes seriously ill.
- Caregivers will increase the positive beliefs about mosquito nets by discussing the advantages of net use for families (positive attributes).
- Caregivers will believe that they have power over malaria; they have the information, tools, and ability to prevent infection and care for those who are ill.

## Materials

- Attendance Registers
- Care Group Volunteer Flipchart

## Lesson Summary

- Game: Mosquito Count
- Attendance and Troubleshooting
- Share the story: Advantages of the Mosquito Net
- Ask the women to discuss the advantages of using a mosquito net
- Share the meaning of each picture on flipchart Lesson 3: signs of malaria infection, treatment with ACT and caring for children with fever.
- Activity: Making an Emergency Plan
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



## 1. Game: Mosquito Count — 10 minutes

1. Ask the women to sit or stand in a circle. The Activity Leader stands with them too.
2. The group will count, in turn, around the circle. Start at 1 and continue until 25 or above (depending on the literacy of the participants).
3. Anyone who has a 5 or 0 in their number must say MOSQUITO instead of saying the number. For example, 1, 2, 3, 4, MOSQUITO, 6, 7, 8, 9, MOSQUITO, 11... etc.
4. Every time someone says MOSQUITO, everyone must wave their arms as if they are trying to swat a mosquito.
5. Encourage the women to count quickly. Those who make mistakes will leave the circle.
6. Continue until only one winner is left.
7. Repeat several times until everyone is laughing.

Now that we are energized, let's begin our lesson.



## 2. Attendance and Troubleshooting — 15 minutes

### When Teaching Care Group Volunteers

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor group (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.
- The Promoter helps to solve the problems mentioned.
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.

- Promoter asks the group's Activity Leader<sup>13</sup> to discuss the needed items for next week's activity and solicit volunteers.


### When Care Group Volunteers Teach Their Neighbors

- Care Group Volunteers will take attendance.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.
- Care Group Volunteers 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.

## 3. Story: Advantages of Mosquito Net (Picture 3.1) — 10 minutes

- Read the story in section 3 of the flipchart.

Achol listened to the advice of Abuk. She and her husband saved money each week to purchase a mosquito net. The children love to sleep under a mosquito net. "It keeps off the flies," says Deng. "I don't have mosquito bites," says Deng's sister. "I don't wake up itching," says the daughter. "Yes," says Achol's husband. "And we are happy knowing you are safe from malaria."



### 4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 the flipchart.

- ? Why did Achol and her husband buy another net?
- ? What are the advantages of sleeping under a net mentioned by the children?
- ? What are some of the advantages for YOU of sleeping under a mosquito net?

- Ask the first question to review the reasons why Achol bought a new net.
  - We hope the women respond the following way: Achol had only one net and someone was always left sleeping in the open each night. She wanted

<sup>13</sup> 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.



everyone to be protected and saved money so the children and adults would each have their own net.

- Ask the second question to review the advantages of mosquito net use mentioned in the story.
  - The children mentioned the following advantages: 1) it keeps the flies away 2) it prevents mosquito bites and itching 3) it prevents malaria and 4) makes Achol and her husband happy that the children are safe.
- Ask the last question to review advantages of mosquito nets that they women have discovered.
  - *Reinforce the advantages mentioned by the women. Include health and non-health related advantages. (For example, our neighbors think we are wealthy when they see we have two mosquito nets in our home). Use these reasons to encourage others in the group to try using mosquito nets.*
  - *Advantages might include: we save money that we would have used to treat malaria. Mosquito nets prevent loss of work – because we are healthier throughout the year.*
- Ask the last question to review advantages that the women in your group have
- **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: Signs of Malaria Infection (Picture 3.2) – 5 minutes

- Ask the caregivers to describe what they see in picture 3.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5

**?** What do you think these pictures mean?

- If you see any of these signs, immediately take the child to the clinic.
- Fever
  - Place the back of the hand lightly on your child's forehead.
  - Put the back of your other hand on your forehead.
  - If the child's skin feels hotter than your skin, take the child to the clinic.
- Chills, sweating or headache
- Vomiting
- Convulsions
- Refusing to eat or drink

- Take the child on the same day that you see the sign.
- Treatment shortens the days of sickness.
- Treatment helps the body recover.
- Treatment prevents malaria death.

**?** Do you know children in the community who have died from malaria?

**?** How can you prevent this from happening to your children?

- Remember the signs of malaria.
- Take the child to the clinic at the first sign of fever.
- Make sure the child sleeps under a net each night.

### Additional Information for the Trainer

#### Symptoms

- The first signs of malaria are often fever, chills and headache which occur 10 to 15 days after the bite.
- The fever may last hours or days. Finally the person begins to sweat and the fever goes down. The person feels weak for several days.
- Other symptoms can include nausea, vomiting, diarrhea, anemia and jaundice (yellow coloring in the eyes)
- Some malaria symptoms occur in cycles causing fever to reoccur every few days (every 48 or 72 hours). Malaria caused by the parasite falciparum does not occur in cycles.
- If you or a family member (especially children under five) comes with a fever or other malaria symptoms, go to the nearest health care facility or visit CHW to receive care within 24 hours. They will help you receive treatment quickly and avoid complications or/and even prevent deaths from this treatable disease.



### 6. Share the Meaning of Each Picture: Malaria Testing and Treatment (Picture 3.3) – 5 minutes

- Ask the caregivers to describe what they see in picture 3.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

**?** What do you think these pictures mean?

- Malaria is diagnosed by a CHW or at a health facility with a rapid test of the blood to determine if malaria is present.
  - These tests are important to get the right treatment and recover fully.
  - A trained health care provider will provide treatment based on the test result.
- ACT<sup>14</sup> is the best treatment for malaria.
  - ACT cures malaria quickly.
  - Avoid paracetamol and quinine.
  - Paracetamol and quinine are not strong enough to cure malaria.
- Give all the malaria treatment exactly as recommended by the health worker.
  - Even if the child is feeling better, continue with the malaria treatment until all of the pills are gone.
  - If you only give half of the medicine the malaria will return much stronger than before.
- Return quickly to the clinic if the fever does not go away within one day.
  - ACT acts very quickly.
  - The child may have more than one infection requiring special care.

### **Additional Information for the Trainer**

#### **Drug Origin**

- Artemisinin is an herbal extract from a plant called sweet wormwood (*Artemisia Annua* L). The plant has been used for centuries to kill parasites. The herbal extract is used in combination with several other drugs to overcome the risk of drug resistance.

#### **Drug Resistance**

- Drug resistance is caused by a combination of factors including the overuse of antibiotic drugs as well as patients who do not take the full course of antibiotics as prescribed by the health worker.
- With “incomplete treatment,” some parasites survive and are able to build resistance against the drug. Future treatments become less effective.

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<sup>14</sup> ACT stands for Artemisinin-based Combination Therapies.



## 7. Share the Meaning of Each Picture: Caring for Children with Fever (Picture 3.4) – 5 minutes

- Ask the caregivers to describe what they see in picture 3.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

### ? What do you think these pictures mean?

- If the child's body is too hot with fever, the child may have convulsions. Keep the child cool with a wet cloth.
  - Keeping the body cool prevents convulsions.
  - Wrap infants in a wet cloth at the first sign of fever.
  - Wrap them in a wet cloth as you carry them to the clinic.
  - Place wet towels on the head of older children.
- Offer breast milk and more fluids than normal during illness.
  - Fever and sweating cause a child to lose a lot of water.
  - Offer fluids to replace water lost from the body.
  - Breastfeed a child more often during sickness.
- Encourage sick children to eat and drink even if they are not hungry.
  - Sick children may not feel hungry.
  - Continue offering food and snacks to help them gain strength lost from sickness.
  - Do not force the child to eat, encourage them gently.

### Additional Information for the Trainer

#### Fever

- Fever could be caused by pneumonia or diarrheal disease. Sometimes children are sick with two illnesses at one time, and will have confusing symptoms. Going to the clinic is the best way to verify the cause of illness.



## 8. Activity: Making an Emergency Plan — 30 minutes

1. Ask the women, “If your child became sick right now, would you be able to leave immediately for the clinic? What things would you need to do first?” Use the following questions to encourage discussion.
  - a. Would you need to ask your spouse for money?
  - b. Would you need to get permission from your spouse to go to the clinic?
  - c. Would you need to find someone to watch the other children?
2. Caregivers need a plan for child emergencies. Just as each woman needs an ORS packet in her home in case a child has diarrhea, caregivers need a plan in case a child needs to be taken quickly to the clinic.
3. Discuss things that the women could do to plan for an emergency. Add any of the following items that are not mentioned.
  - a. Talk with your spouse or family members about the need for an emergency plan.
  - b. Talk with your spouse or family members about setting aside money for a child emergency where transportation and medication are needed.
  - c. (If appropriate) Ask for permission from your spouse and other family members to take the child to the clinic if any danger signs are seen.
  - d. Locate the nearest health post and the fastest transportation route.
  - e. Locate a pharmacy where medications can be bought including malaria medication.
  - f. Ask a neighbor or relative if they would be willing to watch your children in an emergency.
4. Ask the women to choose three things they can do to prepare for an emergency.

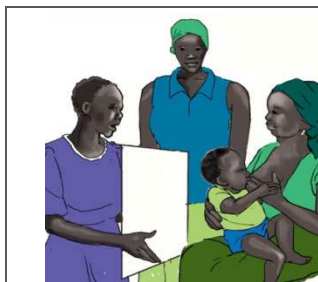


## 9. Discuss Barriers — 15 minutes

**?** 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.*



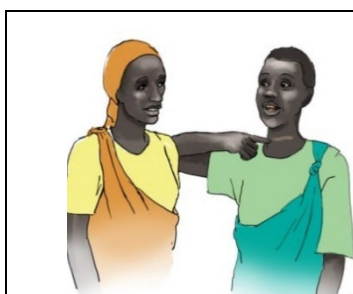
## 10. Practice and Coaching — 20 minutes

### **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

**?** 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 on the same day if they have a fever.
- I will talk with my spouse about putting aside money for emergency treatment.

- When my child has a fever, I will wrap them in a wet cloth to keep them cool on the way to the clinic.



# LESSON 4: MALARIA PREVENTION: ITNS, IPTS AND REMOVAL OF BREEDING SITES



## Objectives

By the end of this lesson:

- Caregivers will ensure that children less than five years of age sleep under a mosquito net each night to reduce the risk of being bitten by mosquitoes.
- Pregnant women will sleep under a mosquito net each night to reduce the risk of being bitten by mosquitoes.
- Caregivers will properly hang insecticide treated mosquito nets in their house to reduce the number of mosquitoes.
  - When only one net is available, caregivers will prioritize the most vulnerable to infection and death for use of the net each night.
- Caregivers will ensure that pregnant women in high transmission areas receive intermittent preventative treatment (IPT) after the fourth month of pregnancy (once the second trimester begins) with at least two doses of sulfadoxine-pyrimethamine (SP).<sup>15</sup>
- Caregivers will remove malaria breeding sites around their house and in their community.
  - They will fill puddles with rocks and pebbles, removing standing water in old buckets, tires and cans.
  - Bury or burn trash that traps water.
  - Dig drainage rows to disperse pools of standing water.
- Caregivers will believe that have the confidence, time and skills needed to prevent malaria (increased self-efficacy).
- 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
- Leaves, pebbles, a small bucket of sand, or other available items for the game.
- Two different types of malaria nets; bring one example of each.\*
- A home where the group can practice hanging mosquito nets.\*

## Lesson Summary

- Game: The Mosquito Game
- Attendance and Troubleshooting
- Share the story: Who Sleeps Under the Net
- Ask the women who slept under a net last night in their home.

<sup>15</sup> A maximum of three doses. WHO Malaria Guidelines

- Share the meaning of each picture on flipchart Lesson 3: Prevent Malaria with ITNs, IPT for Pregnant women and Prevent Malaria: Reducing breeding sites.
- Activity: Net Hanging
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments



### 1. Game: The Mosquito Game — 10 minutes

1. Ask for two volunteers (Volunteers 1 and 2).
2. Give Volunteer 1 a handful of leaves, pebbles, or sand.
3. Give Volunteer 2 nothing.
4. Tell the group that the leaves or pebbles represent the malaria sickness. The two volunteers represent mosquitoes.
5. The mosquitoes will fly around the group and bite participants by gently pinching them.
6. Participants should try to avoid being bitten.
7. When Volunteer 1 bites, she will give the woman a leaf which represents malaria.
8. If Volunteer 2 bites someone with a leaf, Volunteer 2 will begin carrying malaria too (she will pick up a pile of leaves).
9. Volunteer 2 then begins spreading malaria just like Volunteer 1.
10. Continue playing until many people have malaria.

*Explain: It was easy to tell which mosquito was carrying malaria, but in real life we cannot tell which mosquitoes carry malaria. Let's try the game again.*

11. Ask for two new volunteers.
12. Whisper to the volunteers – tell one she carries malaria and one that she does not carry malaria, but they must keep it a secret.
13. Play the game again. After a few minutes stop the game.
14. Tell the group which mosquito had malaria.
15. Ask everyone who was bitten by that mosquito to raise her hand.
16. Ask if any of them were bitten by the second mosquito after being bitten by the first one.
17. Try to figure out when the second mosquito began to carry malaria and who among the group would have been infected.
18. It will be near impossible to remember in what order everyone was bitten.
19. Use a Tippy Tap to let everyone wash their hands after playing.

We can't tell which mosquitoes are carrying malaria, but we can prevent them from biting! Today we will focus on prevention.



## 2. Attendance and Troubleshooting — 15 minutes

### When Teaching Care Group Volunteers

- Promoter fills out attendance sheets for each Care Group Volunteer and neighbor group (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.
- The Promoter helps to solve the problems mentioned.
- Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader<sup>16</sup> to discuss the needed items for next week's activity and solicit volunteers.

### When Care Group Volunteers Teach Their Neighbors

- Care Group Volunteers will take attendance.
- Care Group Volunteers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.
- Care Group Volunteers 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.

## 3. Story: Who Sleeps Under the Net (Picture 4.1) — 10 minutes

- Read the story in section 3 of the flipchart.

Achol goes to visit Abuk. Achol tells her about Deng's visit to the clinic. "Is he sleeping under a mosquito net each night?" Abuk asks. "No," says Achol. "We don't have enough money for a mosquito net. Besides, Deng is taking malaria medication. Why does he need to sleep under a net?"

<sup>16</sup> 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.



#### 4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Who should sleep under the net each night?
- ? What should Achol do to help her family?
- ? Who slept under a net last night in your house?

- Ask the first question to discuss which family members should sleep under the net each night.
  - We hope the women respond that if there is only one net, then it is most important for pregnant women and children to sleep under the net. However, everyone in the household should sleep under a net. More nets should be purchased so everyone can sleep under a net.
- Ask the second question to discuss ways that Achol can help prevent malaria in her home.
  - Deng should sleep under a net so that his malaria sickness will not be passed to others in the family and community through mosquito bites.
  - Achol should talk with her husband about ways to save money to buy another mosquito net.
- Ask the last question to find out who slept under a mosquito net last night for each 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: Prevent Malaria with Insecticide Treated Nets (Picture 4.2) — 5 minutes

- Ask the caregivers to describe what they see in picture 4.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.
- Ask the question at the bottom of the page to reinforce that malaria prevention can save money.
- Refer to the Activity from Lesson two for more information about saving money with prevention.

### ? What do you think these pictures mean?

- Those with malaria should sleep under a net to prevent mosquitoes from carrying the sickness to others.
  - If mosquitoes can't bite a sick person, they can't spread malaria.
- An Insecticide treated Net (ITN) prevents bites. It kills mosquitoes that land on the net.
  - Hanging a net reduces the number mosquitoes in your house and in the community.
- Fathers, mothers, pregnant women and children should all sleep under a bed net to prevent malaria.
  - If you only have one net, children under age five and pregnant women should sleep under the net together.
  - Save money to purchase more nets so that everyone can be protected.

### ? How can buying a mosquito net SAVE money for the future?

- If the family has less sickness, they will work more and earn more money.
- Children will be sick less and need less medication.
- Preventing malaria will save money.

## Additional Information for the Trainer

### Effectiveness of ITNs

- A study in Kenya showed that women who slept under ITNs every night during their first four pregnancies had 25% fewer underweight or premature babies compared to women who did not sleep under ITNs.

- ITNs are not harmful to babies, children or adults.
- Bed nets (treated or untreated) are safe, and work only if there are no tears or holes, or if they are quickly repaired.

#### *Malaria Prevention Baseline Data*

- Fifteen percent of the respondents said their households have mosquito nets. Only 7% of currently pregnant women are using mosquito net 80% of the time.
- During their most recent pregnancy, 32% of women say they used mosquito net. Of these women, 58% responded they did so all the time, while 30% said some of the time.

#### *Untreated Nets*

- An old treated net, or one that has been washed many times, no longer contains the chemicals to kill mosquitoes. However, it still protects from bites at night.
- Some mosquito nets are not treated with insecticide. They don't kill mosquitoes but still protect the family from bites. If ITNs are not available, an untreated net is recommended.



### 6. Share the Meaning of Each Picture: Intermittent Preventative Treatment for Pregnant Women (Picture 4.3) – 5 minutes

- Ask the caregivers to describe what they see in picture 4.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

#### **?** What do you think these pictures mean?

- To prevent illness and death, take at least two (three if possible) malaria treatments during pregnancy – during the fourth and seventh month of pregnancy.
  - The pills reduce the malaria sickness in your body.
  - Take the treatment even if you do not see signs of malaria.
  - This keeps your blood and your baby healthy.
  - At four months of pregnancy, the belly begins to extend and the mother begins to feel movement inside the belly.
  - The second treatment is taken in the seventh month of pregnancy.

- If you are pregnant and see signs of malaria, go immediately to the health center for treatment.
  - Treat the illness early to hurry recovery.
  - Remember, malaria causes weak blood during pregnancy.
  - Treat sickness early to prevent illness and death.

- ?** How can malaria pills help the family to be healthier and happier?
- Mother and infant will need less care and medication.
  - Mother will be healthier during pregnancy.
  - Mother and infant will survive delivery.

### ***Additional Information for the Trainer***

#### ***Intermittent preventive Treatment (IPT) Dosage***

- Treatments should be given at least one month apart. The recommended dosage is a single dose of sulfadoxine-pyrimethamine from 2<sup>nd</sup> trimester as part of antenatal care.
- Women should receive the treatment without being tested; it is safe and recommended for all pregnant women in malaria endemic regions.
- In countries with high malaria cases, malaria is a major cause of anemia among pregnant women.

#### ***Placenta***

- Malaria treatment clears parasites from the mother's placenta. The placenta is the membrane in the mother's body that provides nourishment and blood for the growing fetus.
- By keeping the number of parasites low in the body, the mother and infant are protected from severe illness and anemia.

#### ***Effectiveness***

- A study in Malawi showed a 13% reduction in the number of low birth weight infants for women receiving IPT.

#### ***IPT Baseline<sup>17</sup>***

- Only 13% of mothers of children under two years of age received intermittent preventive treatment (IPT) for malaria during the most recent pregnancy.

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<sup>17</sup>ADRA International, pg. 15-16.





## 7. Share the Meaning of Each Picture: Prevent Malaria: Reduce Breeding Sites (Picture 4.4) – 20 minutes

- Ask the caregivers to describe what they see in picture 4.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

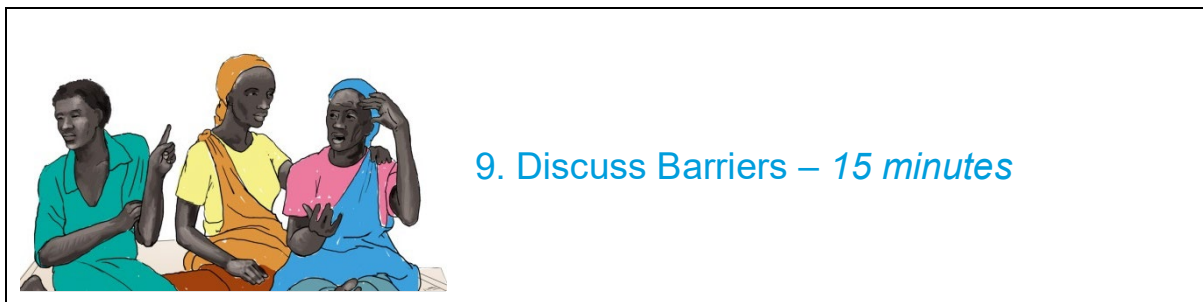
- Mosquitoes breed in standing water.
  - They lay eggs in the water.
  - We can reduce malaria, by reducing the places mosquitoes lay eggs.
- Dig drainage rows to disperse pools of standing water.
  - Create drainage ditches or rock piles under Tippy Taps and around community water supplies to prevent puddles from forming.
- Empty buckets, cups, bottles and cans. Store them upside down.
  - Put lids on buckets or water containers to keep our rain water and insects.
- Bury or burn old trash, tires and cans that trap water.
- Inside the home or yard, regularly change the water in dishes for livestock or chickens.



## 8. Activity: Hanging a Net – 30 minutes

1. Show the women a bednet available from the local market or health facility.
2. Demonstrate how to hang the net in a grass house, as well as outside using sticks to support the net.
  - a. Use the ties to connect to the ceiling or wall with nails, hooks or wire.

- b. It should be hung so the person inside has room to move freely without hitting the net.
  - c. Leave about 20 cm to tuck under the sleeping mat so that those inside are completely enclosed.
  - d. If hanging the net for yourself, leave one corner of the net untucked so that you can easily enter the net when climbing into bed. Once you enter the net, carefully lift the sleeping mat and tuck the remaining corner of the net underneath. To exit, lift the corner of your sleeping mat, untuck the net and crawl out.
3. Discuss ways they can add more nails, hooks or wire inside the home to hang the net.
4. If people sleep outside, discuss ways to hang the net so that the person is completely enclosed and has room to move freely.
5. Demonstrate how to hang the net during the day.
  - a. To avoid rips and tears by children or others walking by the net, tie it into a loose knot or toss the bottom of the net over one of the ties so that it is off the ground and out of reach of small children.
  - b. Reinforce the importance of leaving the net hanging during the day. Even mosquitoes that land on an ITN will be killed by the repellent.
6. Untie the nets, and let the women in the group practice hanging the net again as necessary.



**?** 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**

- Mothers may say, "Sleeping under a bed net is too hot."
  - Encourage mothers to sleep outside where it is cooler (tying the net under a tree or propping up the net with sticks).
  - Sleeping under a net is much cooler than having a fever!
  - Even if it seems warmer under a net, your body will adjust to the heat after a few nights.
  - Also, sleeping under a net will prevent you from having to miss many days of work for malaria.

- Mothers may ask, “How often should I wash the net?”
  - Wash the net whenever you feel that it needs to be cleaned.
- Mothers may say, “Tucking the net in makes holes in the net!”
  - Stitch closed any tears in the net with needle and thread.
  - Place a piece of material over the rough places on your mat to prevent tears when tucking in the net.
- Mothers may say, “My net isn’t treated.”
  - Even if your net is not treated, it will prevent mosquitoes from biting you during your sleep.
  - Sleep under a net, even if the treatment is old or the net has been washed many times.



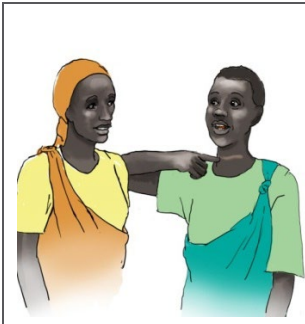
## 10. Practice and Coaching — 20 minutes

### 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

**?** 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 commit to hanging an ITN in our home to kill mosquitoes.
- I commit to saving money to buy more mosquito nets so everyone in our home can sleep under a net each and every night.
- I commit to making sure my children sleep under a mosquito net EACH and EVERY night.
- I commit to sleeping under a mosquito net EACH and EVERY night to prevent malaria.

## LESSON 5: PNEUMONIA PREVENTION

### Objectives



By the end of the lesson:

- Caregivers will take their child to the health center if they see one of the danger signs for pneumonia (severe chest infection):
  - Fast breathing: the child breathes quickly like he has just run a race.
  - Chest in-drawing: the chest sinks below the ribs when the child breathes in.
- Caregivers will exclusively breastfeed their child from birth to six months of age and continue breastfeeding until the child is at least two years of age to prevent pneumonia.
- Caregivers will wash their hand and their child's hands especially before eating or preparing foods and after going to the latrine or cleaning a child's feces. Hand washing prevents pneumonia.
- Caregivers will keep children away from smoke by sending them outside when cooking and keeping them away from those who are smoking tobacco.
- Caregivers will reduce indoor smoke by opening windows and doors and adding new windows to let smoke.

### Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- (optional) seven rocks or beans\*
- (optional) clock, watch or cell phone\*

### Lesson Summary

- Game: Cough, Sneeze, Sniff
- Attendance and Troubleshooting
- Share the story and ask about current behaviors: Something is Wrong
- Show pictures and share key message on flipchart Lesson 5: Pneumonia Danger Signs, Pneumonia Prevention and Indoor Smoke
- Activity: Fast Breathing
- Discuss Barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine commitments and behaviors related to the previous lesson.



## 1. Game: Cough, Sneeze, Sniff – 10 minutes

1. Ask the women to sit in a circle, with only three women on each mat. (Each group of three must have a mat.)
2. The Activity Leader stands in the middle of the circle and assigns each woman a sound. Woman 1 is a sneeze, woman 2 is a sniff, woman 3 is a cough, woman 4 is a sneeze, and woman 5 is a sniff, etc. each woman has a sound.
3. The Activity Leader makes a sound (a sniff, cough, or sneeze) and all of the women who were assigned that sound must stand and sit on a new mat with two other women. (Remember only three women can sit on each mat). The Activity Leader will also move quickly to sit on a mat where there is an open seat.
  - a. For example, if the Activity Leader sneezes, all of the sneezes must get up and move to a new place. The Activity Leader in the middle will sit in one of the open places.
4. One person will not have a seat – that person becomes the new Activity Leader.
5. The new Activity Leader stands in the middle of the circle and makes a sound (a sneeze, sniff or cough) and again the people in that group must find a new seat that is open.
6. Repeat the game so that everyone has a chance to move, make noise, and laugh.

Now that we are energized, let's begin our lesson.



## 2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Care Group Volunteer.
2. Promoter asks if any of the Care Group Volunteers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.
4. Promoter thanks all of the Care Group Volunteers for their hard work and encourages them to continue.

5. Promoter asks the group's Activity Leader<sup>18</sup> to discuss the needed items for next week's activity and solicit volunteers.

### 3. Story: Something is Wrong (Picture 5.1) – 10 minutes

- Read the story in section 3 of the flipchart.

The rainy season comes and Biguvu begins coughing. His nose is full of thick yellow liquid. After a few days, Barumwete notices that his chest darkens and seems to collapse every time he breathes. She quickly calls her daughter and compares the way their chests move when they breathe. "Something is wrong, she says, we must take Biguvu to the health center!"



### 4. Ask about Current Practices – 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What is the danger sign that Barumwete notices?
- ? What causes this sickness?
- ? Has your child ever had this trouble? Tell us about it.

- Ask the first question to review the danger sign seen by Barumwete.
  - Barumwete noticed that the child's chest seemed to collapse every time he breathed. She compares the child's chest when breathing to her daughter's chest when breathing. She notices that "something is wrong."
  - If a mother notices that "something is wrong" or unusual, this is a danger sign.
- Ask the second question to hear what the women believe causes the chest to collapse.
  - If a child has a severe chest infection, one of the danger signs is chest in-drawing. This means that the chest, just under the ribs sinks in as the child breathes in. This is a sign of severe chest infection (pneumonia).
  - It is caused by germs that get into the nose or throat. This type of infection is more common when the temperatures are cool.
- Ask the last question to hear how stories from the women about how they treated their child with this illness.
  - If the child has pneumonia, he needs to go immediately to the health center for antibiotic treatment.

<sup>18</sup> 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.



- **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: Pneumonia Danger Signs (Picture 5.2) — 5 minutes

- Ask the caregivers to describe what they see in picture 5.2.

Explain:

- Share the key messages using flipcharts section 5.
- Use the captions on the flipchart to remind you which images represent each point.

- Fast breathing is a sign of pneumonia.
  - The child breaths quickly like he has just run a race.
  - The child is not breathing as he normally does.
  - Pneumonia is a sickness in the child's chest.
- Chest in-drawing is a sign of pneumonia.
  - Look just below the child's ribs.
  - The chest sinks when the child breathes in.
  - The child's chest does not move the way it normally does.
- If you see one of these signs, go immediately to the health center.
  - Many children die when pneumonia is not treated quickly.
  - Go to the health center on the same day.
  - Do not wait for the child to recover.
  - The child needs medication to overcome pneumonia.

## Additional Information for the Trainer

### Chest In-drawing

- Mild chest in-drawing is normal in young infants because their chest bones are soft. However, severe chest in-drawing (very deep and easy to see) is a sign of pneumonia.
- Chest in-drawing occurs when the effort the child needs to breathe in is much greater than normal.
- In normal breathing, the upper and lower abdomen move OUT when the child breathes in. If the lower abdomen (just under the ribs) goes in when the child breathes in, this is chest in-drawing.
- If chest in-drawing is seen only when the child cries or is feeding, this is not a danger sign. If only the soft tissue between the right and left ribs goes in when the child breathes, this is not a danger sign.
- Fever, cough, green mucus in child's coughs and difficulty in breathing and making grunting noise when breathing are among those signs of pneumonia. Please remove if these are included in any other session.

### Child Mortality

- Worldwide, pneumonia kills more children than any other illness – more than AIDS, malaria, and measles combined.
- Twenty percent of all deaths in children under age five are from respiratory infection (pneumonia, bronchiolitis and bronchitis). Most of these deaths (18% of the 20%) are from pneumonia.

### Baseline Data – Cough

- In total, 90% of infants had a cough with rapid or difficulty breathing. Thirty three percent of mothers reported chest problems or obstructed nasal passages.
- Of all the infants who had rapid breathing, around 50% of them were taken to a health provider.



## 6. Share the Meaning of Each Picture: Pneumonia Prevention (Picture 5.3) – 5 minutes

- Ask the caregivers to describe what they see in picture 5.3.

### Explain

- Share the key messages using flipcharts section 6.
- Use the captions on the flipchart to remind you which images represent each point.

- Wash your hands and your child's hands with soap to prevent pneumonia.

- Soap kills germs on hands.
- Families that wash their hands with soap have less sickness.
- Give only breast milk for the child's first six months to prevent pneumonia.
  - A child who drinks water and eats other foods before six months of age is more likely to die from pneumonia.
  - Children who are not exclusively breastfed have pneumonia more often.
  - Continue breastfeeding for two or more years.
  - If a breastfed child gets pneumonia, it will be easier for the child to recover.



When should we wash our hands?

- Before and after eating
- Before preparing food
- After using the latrine
- After cleaning a child's feces

### Additional Information for the Trainer

#### Number of Infections

- Children are more susceptible to respiratory infections than adults. The average child will have 3-8 respiratory infections a year.
- Prevention practices greatly reduce the number of infections per year.

#### Exclusive Breastfeeding

- Exclusive Breastfeeding can reduce the rate of pneumonia among infants by 15-23%.<sup>19</sup>

#### Hand washing

- In a recent study, children younger than 5 years in households that received soap and hand washing promotion had a 50% lower incidence of pneumonia and 53% lower incidence of diarrhea than households that did not have soap.<sup>20</sup>



### 7. Share the Meaning of Each Picture: Indoor Smoke (Picture 5.4) – 5 minutes

<sup>19</sup> Niessen L W, Hove ten AC, Hilderink HH, W3ber M, Mulholland K, Ezzati M. *Comparative Impact Assessment of child pneumonia interventions*. Bull World Health Organ. 2009; 87 (6):472-8.

<sup>20</sup> Luby, Stephen P., Mubina Agboatwalla, Daniel R Feikin, John Painter, Ward Billhimer MS, Arshad Altaf, Robert M Hoekstra. *Effect of hand washing on child health: a randomized controlled trial*. The Lancet. Vol 366, July 16, 2005 Available: [http://www.aku.edu/CHS/pdf/SoapHealth\\_ARI\\_Lancet\\_Man.pdf](http://www.aku.edu/CHS/pdf/SoapHealth_ARI_Lancet_Man.pdf)

- Ask the caregivers to describe what they see in picture 5.4.

#### Explain

- Share the key messages using flipcharts section 7.
- Use the captions on the flipchart to remind you which images represent each point.

- Cook outside or in a cooking house, separate from the house where you sleep.
  - Only sit in the cooking house while preparing food.
  - Smoke from the cooking fire stays in the room.
  - Breathing smoke causes coughing and infection.
- Keep children away from the cooking house.
  - Children develop chest infections easier than adults.
- Do not smoke, especially near children.
  - Tobacco causes infections in the nose, throat and chest.
  - Smoking while breastfeeding is dangerous to the child.
  - Keep children away from anyone who is smoking.
  - If you must smoke, smoke outside away from the house where you sleep.



What do you think about these teachings? How can you apply them to your house?

### **Additional Information for the Trainer**

#### **Pollution and Respiratory Infections**

- Inhaling indoor smoke doubles the risk of pneumonia and other respiratory infections among children younger than five years of age.
- Women exposed to indoor smoke are three times more likely to suffer from chronic bronchitis or emphysema, than women who cook with electricity, gas or other cleaner fuels.
- Using coal doubles the risk of lung cancer, particularly among women.<sup>21</sup>

#### **Ventilation**

- By enlarging eaves (vents along the top of the wall) in a traditional house in Kenya, smoke particles in the air were reduced by 60%.<sup>46</sup>

#### **Tobacco Smoke**

- Infants whose mothers smoke are 50% more likely to have severe respiratory infection during their first year when compared to infants with nonsmoking mothers.

<sup>21</sup> Fuel for Life: Household Energy and Health WHO (2006)

- Infants whose mothers smoke in the same room have a 56% higher risk of having severe respiratory infection compared to infants whose mothers smoke in a separate room.<sup>22</sup>



## 8. Activity: Fast Breathing – 15 minutes

### Materials

- A watch or cell phone that shows seconds.
- Seven small rocks or beans

### Activity

- Help mothers to identify fast breathing and lower chest in-drawing by reviewing the definitions and examining children in the group.
- Chest In-drawing:
  - Review the definition: the skin around the bottom of the ribs goes in when the child breathes in.
  - Ask the mothers to lift the shirts of their children under the age of five. Identify when the children are breathing in.
  - Watch their chest move in and out.

? Do any of the children have chest in-drawing?

? Ask the mothers to point to the part of the chest where they are watching for chest in-drawing.

- **Fast Breathing**

- Review the definition: the child is breathing faster than normal. His breath is fast like a child that has been running.
- Tell the mothers to look and listen for fast breathing when a child is resting. If the child is breathing fast only when crying or excited, this is not fast breathing.
- To determine if a child is breathing fast, find a healthy child within six months of age of your child and see if they are breathing at the same speed. Note: The normal rate of breathing changes with age.
- A health worker can identify fast breathing using a watch and counting the child's breath. If a mother notices that her child is breathing fast as if he has been running, she should take the child to the health center.

<sup>22</sup> Blizzard, L.; Ponsonby, A.; Dwyer, T.; Venn, A.; Cochrane, J.A., Parental smoking and infant respiratory infection: how important is not smoking in the same room with the baby? American Journal of Public Health 93(3): 482-488, March 2003.

### Optional Activity: Breath Counting

*Encourage mothers to go directly to the health center if they suspect fast breathing. However, if they live near the promoter, they can ask the promoter to count the breaths first to confirm the child has pneumonia. This simple explanation will help mothers and promoters to easily identify fast breathing.*

1. Choose two volunteers and a child younger than 24 months. (Make sure the child is calm. If the child begins to cry or struggle, his breaths cannot be counted.)
2. Ask one of the volunteers to lift the child's shirt and watch the child's breathing. Ask her to practice counting breaths. She counts every time the chest moves out when the child breaths.
3. Ask the second volunteer to look at the seconds and minutes on the watch (or cell phone). She needs to announce the time, explaining when the minute begins (seconds are at 00) and when the minute ends (seconds are at 60).

Explain:

- The first volunteer will begin counting breaths when the mother with the clock tells her to start.
- She will count aloud, every time the child inhales. The other mothers in the group will count with her. In her hand she will hold 7 rocks.
- She will count breaths (inhalations) in groups of ten. As soon as she reaches 10, she places one rock on the ground. She continues counting beginning with 1 and counting to 10 again. Every time she reaches 10, she places one rock on the ground.
- When the 60 seconds (1 minute) is over, she counts the number of rocks on the ground. (She does not place any more rocks on the ground unless she has reached 10 breaths when the minute has changed.)
- When the mothers are finished use the chart below to determine if the child is breathing too fast for his or her age.
- If the child has fast breathing based on their age, she should take the child immediately to the health clinic.

CHILD'S AGE	FAST BREATHING
Birth – 1 month <sup>23</sup>	6 or more rocks (60 breaths)
2 months – 11 months	5 or more rocks (50 breaths)
12 months - 60 months	4 or more rocks (40 breaths)

<sup>23</sup> Use this breathing rate for children up until the last day before they turn 2 months old. The day they turn 2 months old, they should use the breathing rates for the 2-24 month old child.



## 9. Discuss Barriers — 15 minutes

- ? What do you think about these ideas? Is there anything that might prevent you from completing all of your responsibilities?

*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 this solution.*



## 10. Practice and Coaching — 20 minutes

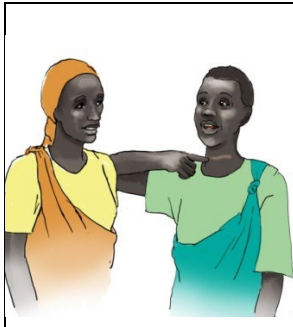
### **For Care Group Volunteer Groups**

- 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 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 will take my child for treatment if I see fast breathing or chest in-drawing.
- I commit to washing my hands and my child's hands before eating, before preparing foods and after using the latrine.
- I commit to sending children outside when I am cooking to prevent pneumonia.
- I commit not to smoke tobacco while holding my child.

### Examine

*Ask each Mother one-on-one about her commitments.*

? What was your commitment at the last lesson?

? Have you kept that commitment? How – what did you do?

- Did anyone (husband, 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?

*Finally ask each mother one on one about her practices in the last two weeks:*

- What have you done in the last two weeks to prevent diarrhea?
- What are the danger signs of severe diarrhea? Did you child have signs of severe diarrhea in the last two weeks?
- What will you do if you see these signs?

## LESSON 6: IMPORTANCE OF CLINICAL SERVICES



### Objectives

By the end of the lesson:

- Caregivers will take their children two years of age and younger for growth monitoring each month.
- Caregivers will be able to interpret their child's growth line on the chart.
- Caregivers will take their children to the clinic at 6 weeks, 10 weeks, 14 weeks and 9 months for immunizations to prevent severe childhood illness.
- Caregivers will take their children for deworming at the beginning of 12 months of age.
- Caregivers will examine their child's health card to see which vaccinations have been given and which ones are missing.

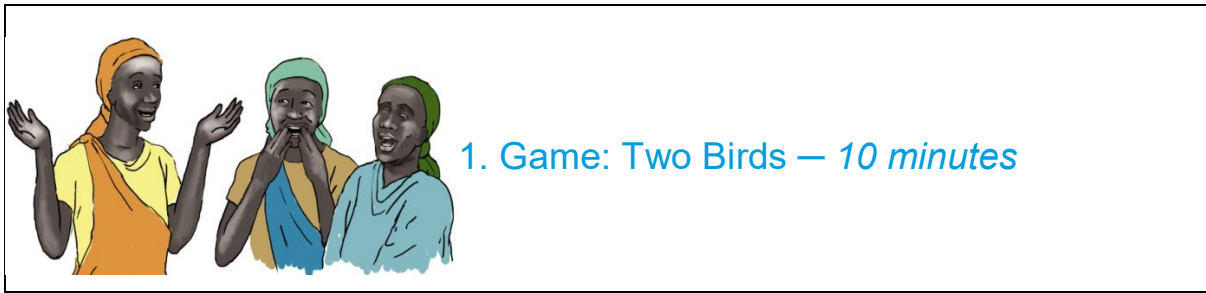
### Materials

- Attendance Register
- Flipchart
- Child Health Cards (for each mother)
- Growth Charts –at least one each of male and female child

### Lesson Summary

*All of the activities below should be included in the lesson whether one is training a promoter, a Volunteer or a mother in the community.*

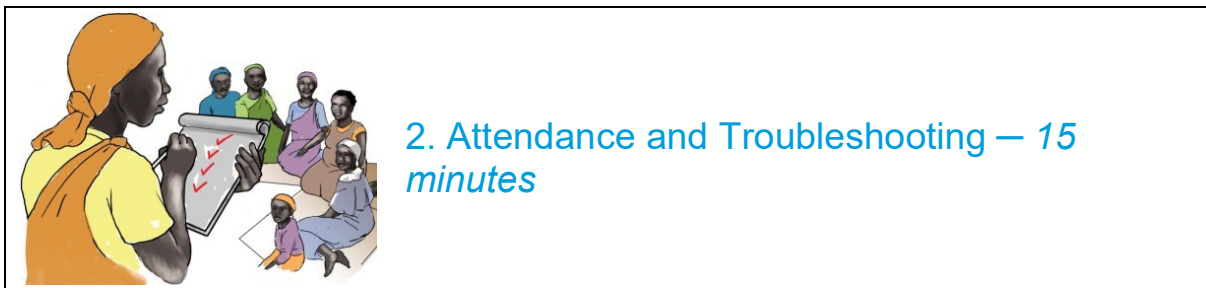
- Game: Two Birds
- Attendance and Troubleshooting
- Ask about Current Practices
- Share the Meaning of Each Picture using lesson 6.
- Activity: Growth Charts and Cards
- Discuss Barriers
- Practice and Coaching in pairs
- Request a Commitment



## 1. Game: Two Birds — 10 minutes

1. Ask everyone to imagine two birds. One calls 'prrr' and the other calls 'pukuto.'
2. If the Activity Leader calls out 'prrr' all the participants need to stand on their toes and move their elbows out to the side as if they were a bird ruffling its wings.
3. If the Activity Leader calls 'pukuto' everyone must stay still and not move a feather.
4. After everyone understands, begin calling out the sounds of the two birds.
5. Call out 'prrr' several times in a row to see if everyone continues moving.
6. Continue until everyone is laughing.

Now that we are energized, let's begin today's meeting.



## 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 Leader<sup>24</sup> 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. Ask about Current Practices — 10 minutes

- Read the questions in section 3.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. These questions are for discussion, not for teaching.

**?** What services are available at the health facility to help you know if your child is growing well?

**?** When was the last time you took your child for growth monitoring? What did you learn about your child's growth?

**?** How often do you take your child for vaccinations?

- Ask the first question to hear the participants' knowledge about growth monitoring and other services provided to help mother's monitor their child's growth. (Vitamin A and deworming would be other services that facilities provide to help children grow well.)
- Ask the second question to find out how often the participants take their children for growth monitoring.
- Ask the last question to hear the participants' practices related to vaccinations.
- After the participants answer the last question, show the image on the flipchart, saying "Let compare your ideas with today's lesson."

<sup>24</sup> 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.



#### 4. Share the Meaning of Each Picture: Growth Monitoring and Promotion (Picture 6.1) – 10 minutes

- Ask the caregivers to describe what they see in picture 6.1.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 4.

**Take your children two years and younger for growth monitoring each month to make sure they are growing well.**

- The health worker measures the child's height and weight.
- The health worker will let the mother know if the child is growing well or is falling behind.
- The health worker gives advice to help children who are falling behind.
- Mothers, ask the health worker if you have questions about your child's growth.

**?**

Should you take a sick child for growth monitoring?

- Yes. Ask the health worker for advice on helping the child recover.
- Health workers can refer very sick children to a hospital or special clinic.

**?**

How often should a 3 year old child be taken for growth monitoring?

- Take older children (ages 2-5) for growth monitoring every three months.

**?**

Is monitoring of child growth commonly practiced in your locality? If not, why?

#### **Additional Information for the Trainer**

##### **GMP Activities**

- *In addition to the measurement mentioned above, children may also receive vaccinations, Vitamin A, nutrition supplements, and/or deworming medication during growth monitoring visits.*



### 5. Share the Meaning of Each Picture: Understanding the Growth Chart (Picture 6.2) — 10 minutes

- Ask the caregivers to describe what they see in picture 6.2.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 5.

**When the child's growth line stays above the green line marked with zero, the child is growing well.**

- The green line marks the weight of healthy children.
- If the child's line stays close to or above the green line, the child is growing well.
- The growth line may dip below the green line when the child is sick.
- Mothers must act quickly to help the child gain weight after sickness.

**When the child's growth line drops below the green line marked with zero, talk to the health worker about ways to help the child improve.**

- Diarrhea and sickness may cause the child's growth to slow down or stop.
- If the child does not gain weight for several months, his physical and mental growth will suffer.
- Talk with a health worker to get advice to help the child recover.

? Where do you take your child for growth monitoring?

? When was the last time your child was measured?

### Additional Information for the Trainer

#### Child Growth

- Offering your child the appropriate foods is essential for them to grow to their full potential. Between birth and two years of age is the time when the most growth is seen.
- If the child, however, is sick, often their growth slows and with severe illness may even stop. After a child reaches 2 years of age, it is very difficult for them to regain what they have lost in the first two years of development.<sup>25</sup>

#### The Growth Line

- A child whose growth line is rising more slowly than the reference curve has growth faltering. He is not gaining enough weight. He is not getting enough food or not receiving nutritious food.
- A child whose line is flat (the line does not rise or fall) is not gaining weight.

<sup>25</sup> PAHO/WHO, *Guiding principles*, 20.

- A line that drops usually shows illness. The child has stopped growing and is losing weight. These children need treatment and should be given additional breast milk and a variety of foods (for children 6 months of age and older) to help them recover and catch up.
- Children whose line rises faster than the reference curve are gaining more weight than most other children. This is a good sign of a child recovering from sickness. If they are above the reference curve for many months, it is a sign of obesity (gaining too much weight).



## 6. Share the Meaning of Each Picture: Child Vaccinations and Deworming (Picture 6.3) — 10 minutes

- Ask the caregivers to describe what they see in picture 6.3.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 6.

**Take your child to the health clinic for vaccinations as a newborn, at 6 weeks, 10 weeks, 14 weeks and 9 months.**

- Vaccinations protect your child from killer diseases.
- Children who are vaccinated are sick less often.
- Vaccinations protect children from sickness and death.

**Beginning at 12 months of age, children should receive a deworming medicine every six months.**

- A child with worms has bloated stomach or may have a stomach ache for days, poor appetite and poor growth.
- Treating children for worms prevents malnutrition and will help children to grow well and do well in school.
- If you are not sure if your child has been treated for worms, ask the health worker at your next visit.

**?** What are some reasons that mothers do not take their children to receive vaccinations or deworming?

**?** Does your child have all of his vaccinations? Why or why not?

## Additional Information for the Trainer

### Practices in Amhara<sup>26</sup>

- Only one out of four (26%) children 1-2 years of age has received all basic vaccinations. One in ten children 1-2 years of age has not received any vaccinations. These unvaccinated children are at severe risk of sickness and death.<sup>27</sup>
- In Ethiopia, the vaccination policy calls for BCG vaccine at birth, three doses of DPT vaccine given at 4, 8, and 12 weeks of age, four doses of polio vaccine given approximately at 0-2, 4, 8 and 12 weeks of age and measles vaccine at 9 months of age. It is also suggested to have three PCV doses at 6, 10 and 14 weeks.

### Vaccinations during infancy

- Vaccinations are developed for severe illnesses that are known to disable and kill children. Caregivers (husband, grandmother) can play an influential role in getting a child vaccinated.
- BCG prevents tuberculosis. Children with tuberculosis (TB) do not usually show symptoms. However, TB may appear in other adults in the household including persistent fever, night sweating, fatigue and weight loss. The person might have coughing with mucus and blood.
- The DPT vaccine prevents diphtheria, pertussis and tetanus.
- Diphtheria causes a blockage in the throat, difficulty breathing, high fever, swollen glands, and swelling of the heart.
- Pertussis causes uncontrollable coughing for two months or more, vomiting and seizures in young children.
- Tetanus causes stiffness of the neck, jaw, and muscles causing muscle spasms, spasms of the jaw called lockjaw, difficulty swallowing and irritability.
- Polio causes swelling in the brain and spinal cord leading to paralysis (loss of use of the limbs), deformity, or death.
- Measles causes a high fever, cough, a dripping nose and an itchy rash that covers the entire body.
- PCV prevents pneumococcal disease. This disease causes rapid breathing, chest pain, cough, fever and chills, vomiting and reduced eating and drinking. The infections can also lead to brain swelling, loss of hearing, and death.
- Hib protects children against germs that cause diseases such as pneumonia, skin and bone infection, meningitis and other serious illness.

### Immunizations

- Scientists take a small sample of the disease-causing germ and weaken it (or kill it) with heat or chemicals. This weak germ is inserted into the body by vaccination. The body reacts to this weakened or killed germ by producing germ-fighters that learn to fight and overcome the weakened germ.
- When the child comes into contact with full strength germs in their environment, their body is able to swiftly kill the germ and prevent sickness.

### Deworming

- All faeces, even a child's faeces, are full of germs and worms that can cause disease. Most children have worms and some can be seen in the feces. Small worms are not visible to the eyes.
- Deworming children will reduce parasite infections in others in the family.

<sup>26</sup> Central Statistical Agency (Ethiopia) and ICF International, *Ethiopia DHS*, 135.

<sup>27</sup> Central Statistical Agency (Ethiopia) and ICF International, *Ethiopia DHS*, 138.





## 7. Activity: Growth Charts and Cards – 20 minutes

### Materials

- Three growth charts
- Ask each person attending to bring the health cards for all of their children two years and younger.

### Understanding the Vaccination Cards

Ask each participant to look at one their child's vaccination cards. Point out which spaces on the child's vaccination card should be marked for each of the following age groups:

1. Newborns should have the BCG at birth. Point out the place where BCG is marked on the vaccination card.
2. At three months (12 weeks), the child should have four polio vaccinations and three DPT vaccinations. Point out the places where these vaccinations are marked. Each of these vaccinations is given four weeks apart.
3. At nine months, the child should have a measles vaccination. Point out the place on the vaccination card where a child of nine months should have a marking.
4. Encourage mothers to go to the health facility for vaccinations if their card does not have the correct markings.
5. For example, if a participant has a 10 month old with only one vaccination, they should take the child immediately to the clinic to complete the missing vaccinations.

### Understanding the Growth Chart

1. Divide the participants into three groups. Give each group one growth chart.
2. Ask the small groups to review the chart and identify the following things.
  - a. The broad road on the chart
  - b. The child's growth line on the chart
  - c. The dots on the chart which show how often the mother has had the child weighed and measured.
3. Ask the following questions.

**?** Are the dots equally spaced?

- *If the dots are equally spaced apart it shows the child has been regularly weighed and measured.*
- *If some dots are close together and some dots are far apart, it shows the child has not been weighed and measured regularly.*
- *Each time the child is weighed and measured, the health worker adds a dot and extends the line.*

**?** Has the line stayed the same, gone up, or gone down?

**?** What does this mean?

? What do you think the caregivers of this child should do to help their child improve?

- Add any of the following which are not mentioned:
  - Exclusively breastfeed until six months.
  - If they have stopped breastfeeding before 24 months, start again.
  - If they are giving foods before six months, stop and return to exclusively breastfeeding.
  - Do not give beer or coffee to infants.
  - Make sure your child receives all of his vaccinations.
- Remind the participants about the place and frequency for growth monitoring and promotion.
  - Each month for children 0 to 23 months
  - Every three months for children 24 to 60 months.



### Activity B: Measuring Growth Using MUAC – 30 minutes

*Note: for training Volunteers only, not included in household visits*

Say:

- Middle Upper Arm Circumference (MUAC) is used to identify children at risk of acute malnutrition by measuring the circumference of the upper arm and comparing it to an established cutoff for malnutrition. In SCOPE, Care Group Volunteers will conduct monthly screening using MUAC of all children under 5 years during their regular household visits. This way they can screen for nutritional status for timely identification and referral for treatment before the onset of severe medical complications that are harder to treat. **This does not replace Growth Monitoring and Promotion sessions** but is in addition to it to make sure that children are screened regularly and CHWs are able to provide appropriate follow up.
- Screening should be conducted by trained volunteers after providing counseling on nutrition at the community level. The screening activities should be considered as a regular activities during the planned home visit beginning with Lesson 6.
- Facilitator: Strongly consider inviting a health worker (health facility staff, CHW) who is experienced in MUAC to train SCOPE staff, promoters and Care Groups in their meetings on how to measure MUAC. Specific information and instructions for MUAC Screening can be found on a separate page at the end of this lesson entitled “Guidance on Mid Upper Arm Circumference (MUAC) Screening At Community Level By Volunteer.”
- After Promoters and Care Group Volunteers have been trained on MUAC, share the following information:

### Where and when should screening should be done by Care Group Volunteers?

- House-to-house (e.g. during home visits/follow up)
- Children aged 6 to 59 months.
- Volunteer will conduct monthly screening of children 6-59 months using MUAC tape and identify children with potential moderate acute malnutrition (MAM) (yellow) and severe acute malnutrition (SAM) (red) cases using the color coded register at the end of the flipchart. Volunteers will mark in their registers the total number of children age 6-59 months in the house who measured green, yellow or red.
- Volunteer will follow up with all the identified children with possible MAM and SAM cases, and ensure they are visiting health and nutrition sites for treatment.
- Volunteers will share information they have gathered in their registers on yellow and red cases during their Care Group meetings to discuss with their fellow volunteers and Promoter.



### Practice

- Have participants form groups of 3 people to practice taking MUAC measurements of the same child. Each participant should practice taking MUAC multiple times and should compare their results with others in their group to make sure that everyone is doing it correctly and getting the same measurement.
- The Promoter and CHW should watch, correct, and help Care Group Volunteers who are having trouble.



### 8. 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.



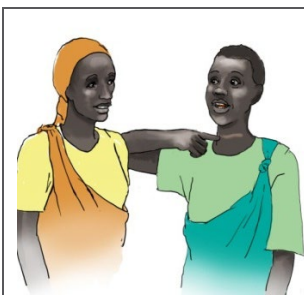
## 9. Practice and Coaching — 20 minutes

### *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.



## 10. Request Commitments — 10 minutes

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

*Ask each mother (or volunteer) to say aloud a new commitment that she (or he) will make today. Each person can choose the commitment that is most important to them.*

*For example:*

- I will take (or encourage my wife to take) the children for growth monitoring each month.
- I will look the child's growth chart so that I know how the child is growing.
- If my child is not growing well, I will ask (or encourage my wife to ask) the health worker for advice on how to help the child improve.
- I will take (or encourage my wife to take) the children for vaccinations as a newborn, and returning every four weeks for polio and DPT by 12 weeks, and a measles vaccination at 9 months.

# GUIDANCE ON MID UPPER ARM CIRCUMFERENCE (MUAC) SCREENING AT COMMUNITY LEVEL BY VOLUNTEER

## Volunteer to follow below steps

- Take information on age, and gender of a child.
- Children under five years old should be measured using MUAC tape to accurately determine if they have acute malnutrition. The tape should be tied around the mid arm of the child and the color which shows below cutoffs for MUAC as:
  - **Green** (green color) MUAC > 12.5cm shows the child is not malnourished.
  - **Yellow** (yellow color) MUAC  $\geq 11.5$  and < 12.5cm shows the child has moderate acute malnutrition (MAM) - which means they are moderately malnourished.
  - **Red** (red color) MUAC < 11.5 cm shows the child has severe acute malnutrition (SAM), which means that they are severely malnourished and need to be referred and treated at health facility.

Note: The children whose arm measurement are found yellow and red, volunteer will refer to CHW or nearest health facility for further health assessment.

## What are the steps for taking MUAC measurement?

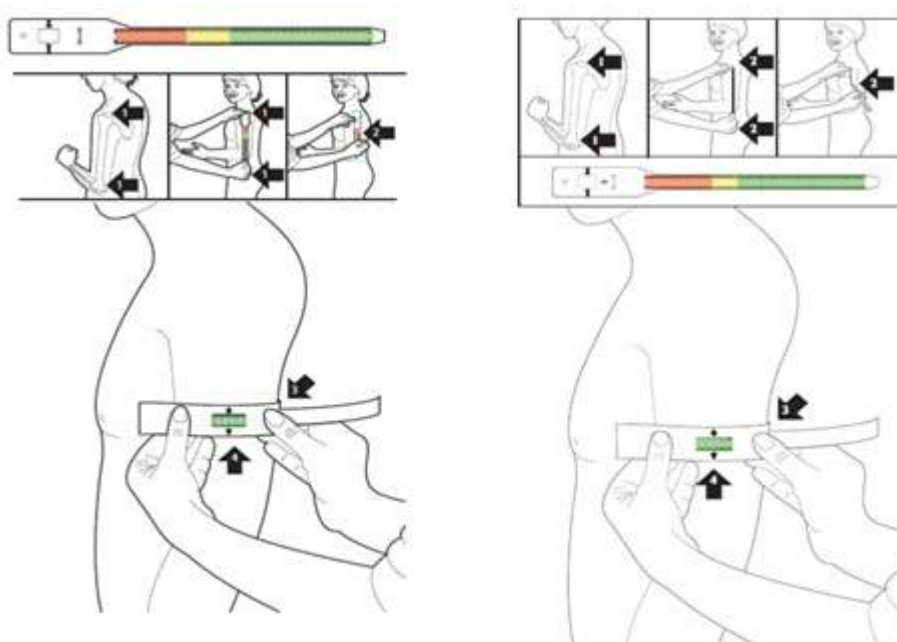


Figure 1: MUAC measurement

- Locate the correct point for measurement of MUAC, ask the mother or caregiver to flex child's elbow at 90 degree.
- Locate the tip of the shoulder and elbow.
- Determine and mark the mid-point between the tip of the shoulder and elbow. This can be done by measuring the distance between the tip of the shoulder and the elbow using a MUAC tape and divide by two (midpoint). Mark the midpoint with a pen.
- Ask the mother/caregiver to relax the child's arm, place the MUAC tape around the mid point (at the marked area). Ensure the tape fits well (not too tight or loose) and read the measurement.



- Record the MUAC measurement to the nearest 0.1 cm and the color code (green, yellow or red).
- You can repeat the measurement to ensure accuracy.

### Where and when should screening should be done by Care Group Volunteers?

- House-to-house (e.g. during home visits/follow up)
- Children aged 6 to 59 months.
- Volunteer will conduct monthly screening of children 6-59 months using MUAC tape and identify children with potential moderate acute malnutrition (MAM) (yellow) and severe acute malnutrition (SAM) (red) cases using the color coded register at the end of the flipchart. Volunteers will mark in their registers the total number of children age 6-59 months in the house who measured green, yellow or red.
- Volunteer will follow up with all the identified children with possible MAM and SAM cases, and ensure they are visiting health and nutrition sites for treatment.
- Volunteers will share information they have gathered in their registers on yellow and red cases during their Care Group meetings to discuss with their fellow volunteers and Promoter.



# LESSON 7: COMPLEMENTARY FEEDING: 6-23 MONTHS



## Objectives

By the end of this lesson:

- Women will continue to breastfeed their child until they reach at least 24 months.
- At six months of age, caregivers will begin offering thick porridge after breastfeeding.
- Caregivers will offer three spoonfuls of thick porridge or well mashed foods at each feeding starting at six months and increasing to 3 cups as the child's hunger grows.<sup>28</sup>
- When a child reaches 9 months, caregivers will offer up to two coffee cups of food at each feeding, four times a day. (This includes 2-3 hot meals and 1-2 uncooked snacks each day.)
- At 12 months of age, caregivers will offer 3 cups of food five times a day. (This includes family foods 2-3 times a day and 2-3 snacks each day).
- Caregivers will prepare foods to help the child grow healthy and strong:
  - Offering deep green, red and orange foods to prevent sickness. These foods are rich in vitamin A.
  - Offering meat, eggs, poultry and fish for strong bones and strong blood. These foods are rich in protein (body building foods) and rich in iron (to make strong blood).
- Caregivers will actively feed children, encouraging them to eat. They will feed while looking into their face, using songs and words of encouragement to help the child to eat.
- Caregivers will believe that their spouses would support them in offering their child food from each of the three food groups each day (increased social norms).<sup>29</sup>
- Caregivers will believe that with their current finances, skills and time, they are able to prepare meals that contain at least one food from each food group.<sup>30</sup>
- Caregivers will believe that even a poor caregiver can feed their child from the three food groups each day - even a caregiver who lives in a place with no market.<sup>31</sup>

## Materials

- Attendance Register
- Flipchart
- 1-2 coffee cups (cup that holds about 60 ml)
- A pot or bucket
- 1000 ml of soil (about 17 level coffee cups of soil)

<sup>28</sup> WHO recommends 187ml or 3 coffee cups by the time children reach 12-23 months.

<sup>29</sup> Social Norms: If women believe that their husband supports them in feeding their child from each food group, they are more likely to try it.

<sup>30</sup> Self efficacy: If caregivers are confident that they are able with their current finances, knowledge and skills to offer food from each of the three food groups to their child, they are more likely to try it.

<sup>31</sup> Perceived Barriers: Caregivers who believe poverty prevents them from succeeding are less likely to even try the practice.



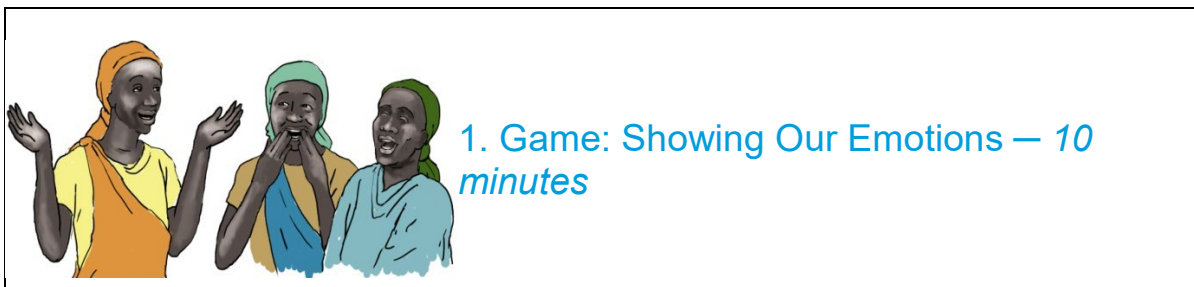
## Lesson Summary

*All of the activities below should be included in the lesson whether one is training a Promoter, a Volunteer or a Mother Group.*

- Game: Showing our Emotions
- Attendance and Troubleshooting
- Ask about Current Practices
- Share the Meaning of Each Picture in Lesson 7.
- Activity: A Child's Stomach
- Discuss Barriers
- Practice and Coaching in pairs
- Request a Commitment

## Additional Information for the Trainer

- It is common for young girls and older siblings to feed young children. If the mother shares this responsibility with a family member or young caregiver, they should also come to hear the teaching.
- Encourage the Volunteer and mothers to bring these “young caretakers” to the monthly meeting to participate in the sessions.
- It is essential that those feeding the children learn along with those in the group.

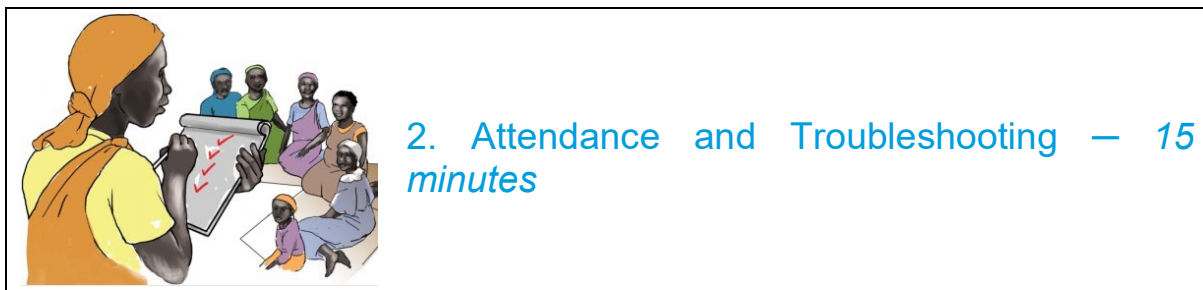


1. Choose one volunteer.
2. Ask the volunteer to stand at a distance so they cannot hear what the others discuss.
3. Once the volunteer walks away, the group chooses a descriptive word that describes how someone acts, such as happy, sad, patient, kind, angry, or joyful.
4. When they have chosen a descriptive word, ask the volunteer to return.
5. The volunteer gives them one action to perform such as talking, jumping, singing, hauling water, preparing injera, washing clothes, etc.
6. The group pretends to do this action using the descriptive word they have chosen. The volunteer must guess what the descriptive word is that they are showing.
7. For example if the group decides that their word is angry, and the volunteer says, “washing,” the participants in the group must pretend to wash clothes in an angry way.
8. The volunteer tries to guess the attitude that they are showing. If they guesses correctly, they joins the group and another volunteer is chosen.
9. If the Volunteer cannot guess, she (or he) gives a new action and continues guessing.
10. Allow several participants to be a volunteer. Use new descriptive words and activities for each volunteer.

**? How can feelings affect our behaviors?**

- The way we do things can help us do things well, or it can prevent us from completing a task.
- We may be doing something helpful (like breastfeeding or feeding an infant) but do it in an angry or frustrated way. This can prevent the infant from feeding well. It can prevent the infant from trying new things.
- As mothers we need to watch the way that we act when caring and feeding our infants. Our attitudes affect the way our child grows.

Now that we are energized, let's begin our lesson.



**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 Leader<sup>32</sup> to discuss the needed items for next week's activity and solicit volunteers.

<sup>32</sup> 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.

### 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. Ask about Current Practices — 10 minutes

- Read the questions below.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. These questions are for discussion, not for teaching.

- ? When did you begin offering your children foods and liquids?
- ? How often do you feed a child 1-2 years of age? Why?
- ? Which special foods do you offer your child to build strong bones, muscles, prevent illness and give them energy?

- Ask the first question to hear the participants' practices for offering first foods to their children.
- Ask the second question to hear participants' ideas about how often a child 12-24 months of age should be fed and the reasons for the number of times a child is fed each day.
- Ask the last question to hear about the participants' practices related to offering foods from the four different food groups.
- After the participants answer the last question, show the image on the flipchart, saying "Let's begin today's teaching."



#### 4. Share the Meaning of Each Picture: Consistency of Foods as Children Grow (Picture 7.1) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.1.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 4.

- At six months of age, offer thick porridge after breastfeeding.
  - Breast milk is still the most important source of food for infants.
  - Breast milk helps protect children from sickness
  - Breast milk is better than goat's milk, cow's milk or water.
  - Breastfeed whenever the child asks for it.
  - Always breastfeed before giving foods until the child reaches 12 months.
  - At six months, the child needs food in addition to breast milk to help the body grow.
  - Continue to breastfeed for two or more years
- Prepare porridge with teff, corn, wheat, oat, barley or pumpkin. Add oil after cooking.
  - Grains give the child energy.
  - Add breast milk to porridge to encourage the infant to eat.
- At nine months of age, offer small pieces of chopped or chunky food.
  - Chunky foods help the child to learn to chew.
  - Encourage the child to pick up foods with his or her fingers.
  - Pieces should be small so they won't cause choking.

? What was the first food you offered to your child?

? At what age did you begin offering foods to your child?

? How did you prepare the food for your child yesterday?

? What foods can you prepare tomorrow to help your child learn to chew and eat with his fingers?

## Additional Information for the Trainer

### Active Feeding

- Offer foods slowly, introducing a new food each week.
- Feed slowly and patiently, and encourage children to eat, but do not force them. If children refuse a food, try a different food.
- Feed the child in a quiet place. Talk to child during feeding, looking into their eyes and encouraging them to eat with words and songs.

### Thick Porridge and Mashed Foods

- The transition from breast milk to porridge will be difficult. The first week of introducing foods will be an experiment for both the mother and infant.
- The first week, start with liquid that is thicker than breastmilk, but not as thick as butter. Offer this each day. By the second week, the food should be as thick as butter.
- By the end of the child's sixth month, the food should be thick enough so that it can be fed by hand. If using a spoon, it should not drip off the spoon.
- The thicker the food, the more nutrients that it holds for the child.
- Once the child is able to eat the thick porridge easily, continue with this thick porridge in addition to offering mashed foods like mashed carrot, mashed potato, or mashed fruit at every meal.

### Lumpy Foods

- If thick, lumpy foods are not given by ten months, studies have shown that the child will have feeding difficulties later in life.<sup>33</sup>
- Offering chopped or chunky foods increases the likelihood of the child receiving a higher amount of nutrients, as compared to thin, watery porridges.<sup>34</sup>

### Small foods

- Foods should be small, smaller than the width of your finger so it will easily pass down their throat.

### Animal Milk

- Cow's milk does not have much iron. A child that drinks cow's milk instead of breast milk is at risk of anemia (weak blood).
- Goat's milk is high in sodium (like cow's milk) and is very high in chloride and potassium, which puts stress on the infant's kidneys. This can cause internal bleeding and can result in anemia and poor growth.
- Goat milk is also deficient in folic acid, which can lead to anemia.<sup>35</sup>
- Breast milk is specifically designed for the growing needs of children. It is recommended over cow and goat's milk for the first two years of the child's life.

### Nutrients Defined

- Foods are made of many small particles (or parts). Nutrients are the particles that strengthen the body, repair damage and give energy.
- Some food has more nutrients than others. These foods are nutrient-rich.
- Other foods are nutrient-poor. They do not have many particles that are helpful for the body.

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<sup>33</sup> PAHO/WHO, *Guiding principles*, 20.

<sup>34</sup> Ibid., 22-23.

<sup>35</sup> Bonyata, *Is it safe to use Cow's Milk*.



### 5. Share the Meaning of Each Picture: Quantity and Frequency of Feeding (Picture 7.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.2
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 5.

#### **For Children 6-8 months:**

- Offer thick porridge three times a day after breastfeeding.
- Offer porridge in the morning, at noon and in the evening. Feed infants slowly and patiently.
- Encourage them to eat, but do not force them.
- Prepare thick porridge that is thick and smooth.
- Prepare porridge that is smooth and thick like honey.
- Thin porridge will slip out of the child's mouth.
- Chunky porridge may block the child's throat.
- Soft, thick porridge stays in the mouth and provides enough food for the child.

#### **For Children 9-11 Months:**

- After breastfeeding, offer food four times a day.
  - Offer chunky porridge and finely chopped foods.
  - Always breastfeed before offering foods.
  - Offer snacks once or twice a day.
  - Snacks are foods that are eaten between hot meals.
  - If the child is still hungry, offer more foods.

#### **For Children 12-24 Months:**

- For children one to two years old, offer food five times a day.
  - Offer porridge once or twice a day.
  - Offer family foods two or three times a day.
  - Offer one or two snacks each day.
  - Offer snacks like avocado, mango, papaya, banana, bread, or boiled potato.
  - If the child is still hungry, offer more food.
- Chop or mash foods which are difficult to chew and swallow.
  - Cut meat into small pieces.
  - Chop, pound or mash foods that might cause choking.

#### **For all children: Feed children from a separate cup**

? How many times did you feed your child yesterday?

? What (snacks) foods did you give your child in between hot meals?

### **Additional Information for the Trainer**

#### **Infants Meal**

- Porridge does not need to be given at every meal if the child is able to eat mashed foods easily.
- Offer mashed banana, mango, papaya, chick peas or other mashed foods.

#### **Three Small Cups of Food**

- Start at six months by offering only one spoonful three times a day.
- Even if the child refuses it during one meal, offer it again at the next meal.
- Continue offering one spoonful three times a day until the child accepts the food.
- Increase up to three small cups of food as the child's hunger grows.
- Feed until the child is full. Do not force the child to eat all of the food if the child loses interest.
- As the child is being introduced to solid foods (6-8 months), the child is not able to eat family foods and must eat foods that are prepared especially for the child.

#### **Separate Cup**

- Always feed the child from separate plate. It will help the caregiver to see how much the child eats.
- The caregiver can encourage the child to eat more if she sees he is not eating enough.
- Feed the child from a separate cup or plate from six months to 24 months of age.
- Putting aside foods in a child's bowl will also prevent adults from eating the foods prepared for the child.

#### **Negative Cultural Practices and Food Taboos**

- Eating snacks may also be considered taboo when all foods are commonly shared in the family.
- Encourage discussion of these taboo practices which contribute to child malnutrition.
- Are certain cultural practices helping or hindering the growth of children?
- Encourage culturally appropriate ways to honor tradition, but also ensure that the infants and young children are protected from harm.

#### **Breastfeeding**

- Breast milk provides one half or more of a child's energy needs between 6 months and 1 year.
- Children breastfeed less often when foods are given. Breastfeed often and always BEFORE giving foods until the child reaches one year old help children stay healthy. When the child is 1-2 years old, they need the nutrients from the foods more than the breastmilk and foods should be fed first. This way the child fills his belly with food before adding breastmilk.
- Children who breastfed each day have fewer illnesses than those who are not breastfed. They recover from illness more quickly and are less likely to die from illness.<sup>36</sup>

#### **Water**

- Offer breast milk to quench the child's thirst. Only offer water that is boiled or chlorinated.

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<sup>36</sup> WHO. *Infant and Young Child Feeding*, 20.

- In the rural communities 91% of households do not treat their drinking water.<sup>37</sup> Offering this unpurified water to young children increases diarrhea and the risk of dehydration and death. Always treat water before offering it to children.

#### *Feeding Practices in Ethiopia*<sup>38</sup>

- According to the World Health Organization, an infant needs to be fed at least four of the seven major food groups to stay healthy.
- Only 4% of children 6-24 months were eating 4 or more food groups. Only 3% were eating the amount required for their age group.
- None of the caregivers were offering both the variety of foods needed at the appropriate number of times each day!
- To learn more about the eight food groups, see additional notes to the facilitator under 'Increased Food Variety' section.



### 6. Share the Meaning of Each Picture: Increased Food Variety (Picture 7.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.3.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 6.

- Add new foods to the child's porridge.
  - Plain porridge and oil gives energy to the child.
  - Adding other foods will help the child grow well.
- Offer liver, meat, eggs, poultry and fish for strong bones and strong blood.
  - These foods are rich in iron and protein.
  - Iron helps to build strong blood.
  - Protein helps to build strong muscles and bones.
  - Add a sprinkle of iodized salt to family foods.
- Add eggs, beans and lentils to build strong muscles and bones.
  - Pound or mash beans and lentils before adding it to porridge.
  - These foods contain protein which helps children to grow tall and strong.
- Offer your child red, orange and deep green foods to prevent sickness.
  - Offer carrot, pumpkin, dark green leaves, mango, and papaya.

<sup>37</sup> Ethiopia Demographic and Health Survey (2011). Page 14.

<sup>38</sup> USAID, *Baseline*, 52-53.



- These foods have Vitamin A.
- Vitamin A protects against illness.
- What other foods are needed to help children grow?
  - Energy foods like butter, oil, sugar, maize and other grains.
  - Beans and lentils.
  - Fruits like watermelon and guava.
- ? Which of these foods can you add to your child's meal tomorrow to help your child grow?

### **Additional Information for the Trainer**

#### **Strong Blood / Iron**

- Iron is a mineral (or nutrient) found in food that helps to build strong blood. Iron helps the body to carry oxygen from the air that we breathe to the brain, muscles and disease fighting parts of the body. Without enough oxygen, the body organs suffer.
- Children 6-24 months need 21 mg of iron per day. The following list gives you the amount of iron per 100 grams: chicken heart (28 mg); green peas (18mg); small dried fish (9 mg) and amaranth leaves (9 mg).
- Meat is not recommended for children 6-8 months of age because it is tough and difficult for children to chew and swallow. As children learn to chew, caregivers can offer small amounts of meat or other animal products. Doing this each week is the best way to prevent low iron.

#### **Anemia Prevalence**

- More than four in ten Ethiopian children (44 percent) are anemic.
- Anemia prevalence is highest among children age 9-11 months (73%).<sup>39</sup>

#### **Strong Muscles and Bones / Protein**

- Only 1 in four children (24%) 6-24 months are eating legumes and nuts; only 3% are eating meat, poultry and fish, 7% are eating eggs and 12% eating other dairy products.<sup>40</sup>
- Three out of four children are not eating foods for strong blood, muscles and bones each day.

#### **Protecting Foods / Micronutrients**

- Fruits and vegetables contain minerals and other nutrients that help children grow healthy and strong. Vitamin A protects children from illness and reduces the number of days of illness.
- In FH regions, only 8% are eating Vitamin A rich foods, fruits and vegetables. This means that 92% of children are not receiving the nutrients they need to prevent illness.

#### **Four Food Groups**

- Breastfed children 6-23 months should receive animal-source foods and vitamin A-rich fruits and vegetables daily.

<sup>39</sup> Central Statistical Agency (Ethiopia) and ICF International, *Ethiopia DHS*, 173.

<sup>40</sup> USAID, *Baseline*, 52.

- Four food groups are considered the minimum acceptable number of food groups for breastfed infants. This is based on a total of eight food groups including: 1) Grains, roots, tubers, 2) Legumes or nuts, 3) Meat, poultry, fish 4) Eggs 5) Dairy products, 6) Vitamin A rich foods, 7) Other fruits and vegetables, and 8) Breastmilk.<sup>41</sup>
- In our flipcharts, we have chosen four groups to make it easier for participants to remember. Caregivers should offer 2 or more food from each food group daily.

### *Cooked Meals and Snacks*

- Encourage caregivers to offer snacks that DO NOT require cooking.
- Offering five cooked meals to the infant each day is neither practical nor helpful for the infant.
- Encourage uncooked snacks in between hot meals. Coffee is not a snack and should never be offered to children.

### *Child Growth*

- As the infant grows the amount of blood, muscle and bone in the body increases. Extra iron is needed to keep the child's blood strong.
- Body building foods (protein) are needed for healthy growth of bone and muscle.
- Children under 12 months of age need 14 mg of protein each day. The following foods show the amount of protein for 100 grams: cowpeas (80 mg), lentils (28 mg), groundnuts (23 mg) and fish (22 mg).
- Plant foods do not contain enough nutrients to meet the child's needs for growth. Add meat, poultry, fish and eggs to foods as much as possible to prevent malnutrition.

### *Tea and sugary drinks for children*

- Tea and coffee prevent the body from absorbing iron for healthy bones and blood. To help children grow well, do not give them tea or coffee or water mixed with herbs.
- Drinks with a lot of sugar should also be avoided. They offer very little nutrition and decrease the child's appetite for more nutritious foods.<sup>42</sup>

### *What is malnutrition?*

Malnutrition is poor health caused by not eating enough foods, or eating foods that are poor in nutritional quality. Malnutrition can also be caused by disease which does not allow food (or nutrients) to be absorbed in the body.



## **7. Activity: A Child's Stomach – 15 minutes**

*Before the activity begins, gather the following items:*

- 1-2 coffee cups (cup that holds about 60 ml)
- A pot or bucket

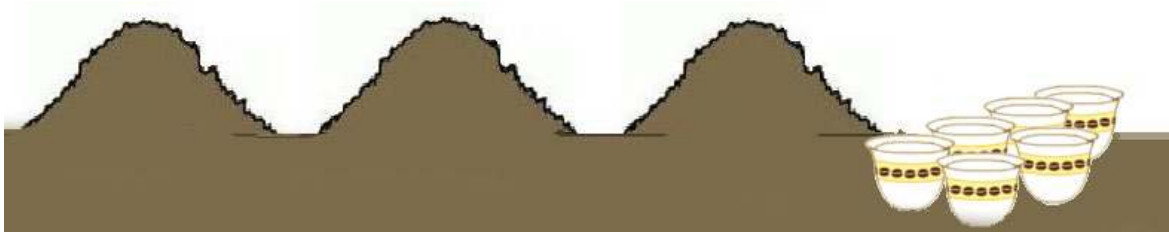
<sup>41</sup> WHO Guidelines for measuring infant and young child feeding

<sup>42</sup> PAHO/WHO, Guiding principles for complementary feeding, 24.

- 1000 ml of soil (about 17 level coffee cups of soil)

### Activity

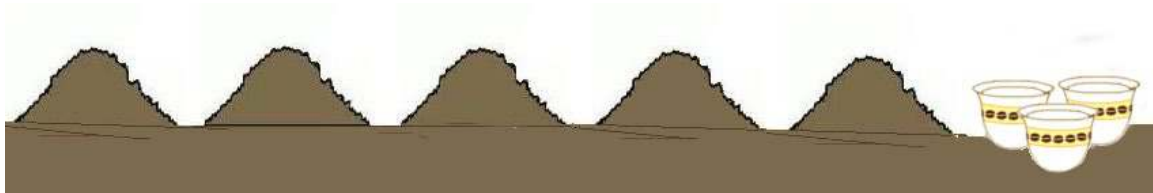
1. Show the bucket or pot filled with 1000ml of soil
2. This soil represents the amount of food that a healthy one year old child needs each day to be healthy and strong.
3. Pour the soil into three piles on the ground. Explain that each of these piles is almost six cups of food.



? Can a child one year old (12 month old) eat six cups of food at each feeding?

4. Explain: No. Six cups is too much for a one-year-old child (12 months) to eat at one time.
5. Ask the participants to divide the soil into smaller portions – the amount that a one-year-old child could eat at one sitting.
6. After they choose the amount the amount of food that can be eaten by a one year old child, ask them to repeat the same sized pile until they have used all of the soil in the bucket. Each pile represents a meal given to the child.
7. Allow several minutes for mothers to discuss and divide the soil into equal piles until they are happy with their answer.

? How many portions did you choose?



- The only way a one year old child can get the 1000ml of food is if he eats small portions (200 ml at each feed); about three heaping cups of food five times a day. This way, a child is able to fill his stomach, but also eat enough each day to be healthy and strong.

? What if the mother chooses to only feed her child two or three times each day? What will happen?

### Explain

- Children this age need 1000 ml of food each day. If a mother only feeds her child two or three times, the child will not get enough food. He will not grow well. He will become malnourished.
- Offer a 12 month old child a little less than one full cup at 12 months, but feed the child five times each day.

- As the child's appetite increases, add to the cup so the child is satisfied after each feeding. By 18 months, you child will probably be able to eat a full cup (1, five times a day).

? How confident do you feel that you could offer your child food this many times a day?

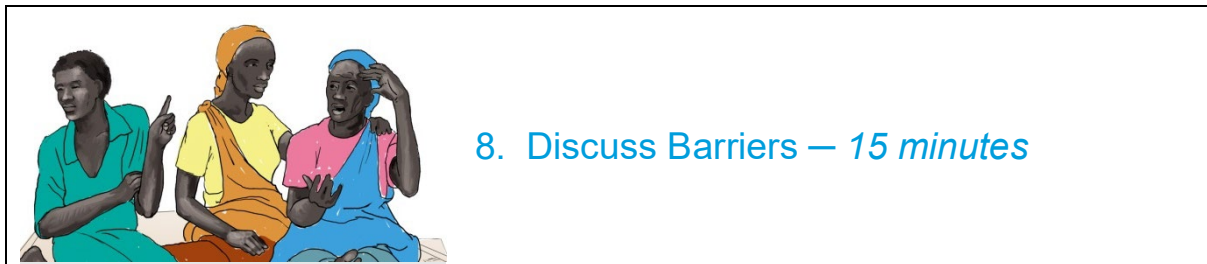
*For those who feel confident ask:*

- ? What are the things that make you confident in your ability to feed your child five times each day?
- ? Who are the people that you think will support you feeding your child five times each day?

*For those who do not feel very confident ask:*

- ? What would help to improve your confidence? Are there certain skills that you would need to learn? Or foods that you need to plant? What are they?
- ? Are there some people who would be willing to help you get these skills (or find the things you need)? Who are those people?

*Review the reasons mentioned for the participants' confidence. Encourage everyone that offering food many times a day is possible and they others in the group will support them as they try new practices in their lives (increasing social norms).*



- ? 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.*

### **Possible concerns**

*It is taboo to feed my child when the rest of the family is not eating.*

- Encourage participants to think of examples in nature where the young need more care than the old. (For example young seeds need more water for growth than old plants.

New transplants need more water than seeds that have been in the ground for several weeks...)

- Challenge them to talk with their spouses and other family members about the needs of the child. Challenge the family to make a decision to prioritize the needs of the child over social norms. Many husbands support women by bringing home a variety of foods from the market, offering additional foods to children, knowing the children will escape malnutrition and poverty.
- Encourage participants in the community to talk to the elders and other village leaders about the problems with this taboo and the importance of changing the social norm.
- Encourage the group to continue discussing even after the meeting to find a solution.

*It is too expensive for us to buy foods from each food group every week.*

- Encourage families to start small gardens next to their house in which to grow at least two fruits, two vegetables and two grains.
- Encourage other participants to share how they grow food in small gardens to help supplement their family foods each day.
- A sack garden (soil put inside a burlap or rice sack) is a simple way to have a garden that does not require much water. Cut holes in the sides and plant seeds there, watering the top of the sack each day.
- Encourage families to buy one or two chickens and breed them for meat and eggs.

*I am poor and cannot feed my child foods from each food group (perceived barrier).*

- Many husbands support their wives in feeding from each food group (increasing perceived social norms). Work together to grow foods from each food group and find ways to purchase one or two chickens to help provide meat and eggs.

*We only eat once or twice a day. How can I feed my child four times each day?*

- Remember to include uncooked snacks or foods such as banana, papaya, or groundnuts (mashed), which can be eaten between meals.
- We do NOT want women to cook four meals. As children get older they can eat the normal family foods (1-2 times each day) and add uncooked snacks (2-3 times a day).
- Being poor does not mean that your child must eat poorly. Many participants in this community are poor, but they are able to take small steps to protect their child from malnutrition.
- Seek out women whose children are healthy. Ask them to help you make small changes to help your children improve.



## 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

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

*Ask each mother (or Volunteer) to say aloud a new commitment that she (or he) will make today. Each person can choose the commitment that is most important to them.*

*The participants do NOT need to choose a commitment from the list below. Ask first what commitments they would like to make. If they need help, read one or two of the commitments below to guide them.*

For example:

- I will offer (or encourage my wife to offer) thick porridge and mashed foods to my infant starting at six months.
- I will offer (or encourage my wife to offer) foods to infants 6-8 months of age three times a day after breastfeeding.
- I will breastfeed (or encourage my wife to breastfeed) day and night whenever the child shows signs of hunger.
- I will offer (or encourage my wife to offer) chunky foods and finger foods to my 9-11 month old child.
- I will offer (or encourage my wife to offer) chopped and finger foods to help the child learn to chew.
- I will offer (or encourage my wife to offer) the 1-2 year old child 2-3 hot meals (family foods) and 2-3 snacks each day.
- I will offer (or encourage my wife to offer) a variety of foods to my child to build strong bones, blood and muscles and prevent sickness.

- I will offer (or encourage my wife to offer) liver, meat and eggs, poultry and fish to help the child grow strong bones and muscles.
- I will offer (or encourage my wife to offer) red, orange and deep green foods to prevent sickness.

## LESSON 8: HYGIENE AND FOOD PREPARATION



### Objectives

By the end of this lesson:

- Caregivers will wash their hands with soap or ash after using the latrine and cleaning the child's bottom.
- Caregivers will wash hands with soap and water before preparing foods and eating (and help their child wash hands with soap also).
- Caregivers will cook family foods and leftover foods until they are hot throughout.
- Caregivers will wash dishes with soap and let them dry in the hot sun before putting away.
- Caregivers will believe that their family members and neighbors will support them in washing their child's hands with soap (increased social norms).<sup>43</sup>
- Caregivers will be able to sing the hand washing song to remind them of the most important times to wash hands (increased cues for action)<sup>44</sup>
- Caregivers will believe that washing their child's hands with soap will improve the child's health (perceived benefits).<sup>45</sup>
- Caregivers will believe that even a busy caregiver, or one with not much water, can wash their child's hands with soap at the appropriate times (overcoming perceived barriers).<sup>46</sup>

### Materials

- Attendance Register
- Flipchart
- Fabric to use as blindfold (one for each pair)\*
- A tippy Tap or basin to practice hand washing \*
- Soap and water for hand washing\*

### Lesson Summary

*All of the activities below should be included in the lesson whether one is training a Promoter, a Volunteer or mothers in the community.*

- Game: Blindfolded Pairs
- Attendance and Troubleshooting
- Ask about Current Practices
- Share the Meaning of Each Picture on Lesson 8 flipcharts.

<sup>43</sup> Social Norms is a determinant in Barrier Analysis. If caregivers believe that their family members and neighbors would support them if they wash their child's hands with soap, they are more likely to try it.

<sup>44</sup> Cues for Action: If caregivers remember to wash their child's hands at the right times, they will be more likely to do it.

<sup>45</sup> Perceived benefits: If caregivers believe that they can overcome the obstacles they face (lack of time and little water) they will be more likely to try washing their child's hands with soap.

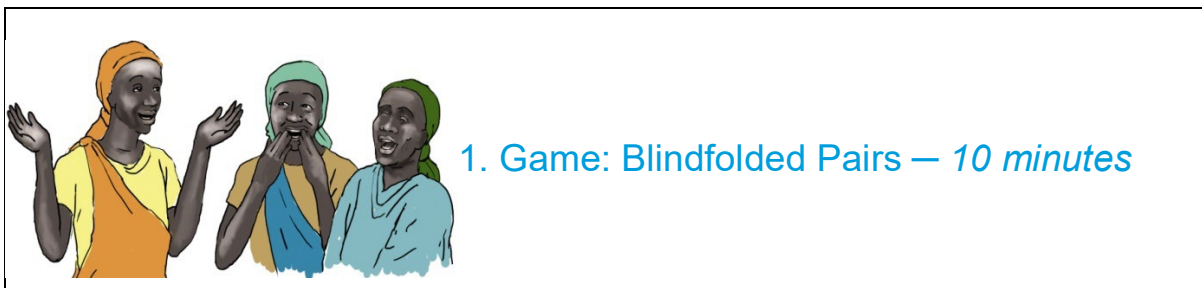
<sup>46</sup> Perceived Barriers: Caregivers who believe poverty prevents them from succeeding are less likely to even try the practice.



- Activity: Hand Washing Song
- Discuss Barriers
- Practice and Coaching in pairs
- Request a Commitment

### **Additional Information for the Trainer**

- This lesson builds on lessons in Module 1 on handwashing and hygiene practices. This gives you an opportunity to understand whether Volunteers and households are practicing these behaviors and extends this understanding to food preparation practices.
- Encourage the Care Group Volunteers and mothers to bring the “young caretakers” who watch their child to the meeting to participate in the sessions.



- An obstacle course is set for everyone to see (place chairs, or mats, or other people in the path to the other side). An ending line or “target” is identified on the opposite side of the room.
- Participants split into pairs. One of the pair ties fabric around their head covering their eyes (or closes their eyes tightly) so they cannot see.
- The other member of the pair now gives advice and direction to their partner to help them to get safely to the other side of the room.

? What helped you to get to the other side? If you tried to cross the room without any help, would it be difficult for you? Encourage discussion.

? What can we learn from this game?

- As we teach, we need to guide those who are “following unhealthy practices” or “blindfolded.”
- We need to encourage others and support them, (not force them) to make changes in their lives.

As mothers (and fathers) we need to guide infants toward healthy eating practices. We must encourage them to try new things and eat foods that are healthy for them.



## 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 Leader<sup>47</sup> 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.

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<sup>47</sup> 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.



### 3. Ask about Current Practices — 10 minutes

- Read the questions below. This section can help review what mothers learned in Module 1.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. These questions are for discussion, not for teaching.

- ? Have you washed your hands yet today? Why or why not?
- ? What do you use to wash your hands? Soap or something else? Tell me about it.
- ? Who in your family or community supports you (or would be happy if) you washed your child's hand with soap?

- Ask the first question to hear the participants' current knowledge of the purpose of hand washing. This can help you to see whether the behaviors from the hygiene lesson in Module 1 are being practiced.
- Ask the second question to hear about the participants' current hand washing practices.
  - Listen for the reasons why they have not washed their hands today. Remember to discuss these barriers during the lesson, helping participants to overcome the obstacles that prevent them from hand washing.
- Ask the last question to hear names of people in the participants' family or community that would support them (or be happy if) they washed their child's hands with soap.
  - Reinforce that there are a large number of people who believe hand washing with soap is important.
  - Reinforce the family members (spouses and other relatives) that would support the participants.
  - Knowing that others in the community would be supportive of the new practice will help the participants try it (increased social norms).
  - After the participants answer the last question, show the image on the flipchart, saying "Let compare your ideas with today's lesson."



#### 4. Share the Meaning of Each Picture: Hand Washing After Cleaning Feces (Picture 8.1) — 10 minutes

- Ask the caregivers to describe what they see in picture 8.1.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 4.

- Wash hand with soap or ash after using the latrine.
    - Feces have germs which cause sickness.
    - Feces on hands can cause sickness to you and your children.
    - Only soap or ash kills germs on hands.
  - Wash hands with soap or ash after cleaning a child's bottom.
    - Child feces also has germs which can cause sickness.
    - Feces on your hands contaminate everything that you touch.
    - Always wash with soap or ash after cleaning up feces or urine.
- ? What did you use this morning to wash your hands?
- ? What can mothers do to remember to wash hands after using the latrine or cleaning a child's bottom?

#### Additional Information for the Trainer

- In rural Ethiopia some of the biggest killers of young children are respiratory infections and diarrhea. Both could be prevented by hand washing with soap.

#### Hand Washing and Child Health

- Hand washing with soap can reduce diarrhea by 45%.<sup>48</sup> It is estimated that 1.4 million child deaths could be prevented each year by hand washing with soap.<sup>49</sup>

#### Hand Washing Stations in Amhara

- Only 4% of households with children 0-23 months have water with soap available at a place in their home for hand washing.
- Ninety-three percent (93%) of households did not have soap in the house

<sup>48</sup> Luby, S. P., Agboatwalla, M., Painter J., Altaf, A., Billhimer, W., Keswick, N. and Hoekstra, R.M. (2006). Combining drinking water treatment and handwashing for diarrhoea prevention, a cluster randomised controlled trial. *Tropical Medicine and International Health*, 11(4), 479-489.

<sup>49</sup> Curtis, V and Cairncross, S. (2003). Effect of washing hands with soap on diarrhea risk in the community: a systematic review. *The Lancet infectious diseases*, 3, 275-281

- This means that nearly all caregivers (and their children) are contaminating food and water used by the family with feces.
- To learn more about the effects of eating feces, review Module 1, lessons 4-5.



### 5. Share the Meaning of Each Picture: : Preparing Family and Child Foods (Picture 8.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.2.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 5.

- Wash hands with soap before preparing foods for the family.
  - Germs on hands contaminate the foods we touch.
  - Germs on hands contaminate the foods we prepare for our families to eat.
  - If you do not have soap, use ash.
- Help children to wash their hands with soap and water before eating.
  - Eating with dirty hands causes sickness.
  - Soap kills germs on hands.
  - Make sure that all family members wash with soap and water before eating.

? If a family doesn't have soap, what can be used to wash hands?

? When did you wash your hands this morning?

? What did you use to wash your hands?

### Additional Information for the Trainer

#### Hand washing Practices in Amhara

- Of those washing their hands, 80% mentioned hand washing before feeding the child or eating, 70% mentioned prior to preparing food, 58% mentioned after going to the toilet, 36% mentioned prior to breastfeeding, only 19% mentioned after changing diapers or cleaning feces.
- To learn more about hand washing and hygiene, review Module 1, lessons 4 and 5.

#### Hand Washing and Child Feeding

- For caretakers who feed their child using their hands it is essential to wash with soap.

- For mothers who have a young girl or sibling feed the infant, she must ensure the child caretaker knows how to wash with soap scrubbing between her fingers and under her nails before feeding.
- Feeding without washing with soap increases the risk of diarrhea and dehydration.



## 6. Share the Meaning of Each Picture: Heating, Serving and Cleaning Dishes (Picture 8.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.3.
- Read the captions on the flipchart out loud.
- Share the Meaning of Each Picture using flipchart section 6.

- Cook family foods and leftover foods until they are hot throughout.
  - Eat cooked foods right away.
  - Cook stored food until it boils to a maximum point before serving it.
  - As leftover foods cool, germs multiply.
  - Heat leftover meats and liquids until they are hot to the maximum point.
- Clean dishes after eating. Let them dry in the hot sun.
  - The heat from the sun helps to dry dishes quickly.
  - The heat kills germs left on the dishes.
  - Cover clean dishes to keep flies away.

### Additional Information for the Trainer

#### Hot and Cold Foods

- Always offer hot porridge to children. Germs (things that cause sickness) multiply as the porridge cools. Cold porridge may cause severe illness for young children.
- Prepare cooked snacks like egg, potato and pumpkin in the morning. Offer them to children within 2-3 hours. The longer the mother waits, the more likely it will bring sickness.

#### Raw Meat

- Raw meat can contain bacteria that cause diarrhea and abdominal pain.
- Never give raw meat to a child under two years of age as they are at higher risk of infection and death. Cooking meat until it is hot throughout is the best way to kill bacteria in meat.



## 7. Activity: Hand Washing Song – 15 minutes

*Health Managers: Develop a song with the promoters and volunteers. Include the words in the lesson plan. The song should last 30 seconds and include details about when to wash and how to wash.<sup>50</sup>*

### Song Example

I wash his hands before my child eats.  
 I wash his hands after he (or she) visits the latrine  
 I wash after cleaning his (or her) feces  
 I wash before preparing food.  
 - Chorus

I rub between his (her) fingers  
 I rub under his (her) fingernails  
 I rub his palms and wrists  
 I rinse and let the air dry his hands  
 - Chorus

Chorus:  
 Washing with soap keeps my child healthy.  
 I wash with soap.  
 I wash a long time.  
 I wash because I love my child.

- Practice the Hand Washing Song with the Volunteers (and mothers).
- Explain the following:
  - Each person in your home should learn the song and sing it while rubbing and scrubbing their hands.
  - In order to kill all the germs, hands need to be scrubbed and rubbed for at least 30 seconds. To help us remember to scrub and rub our hands for 30 seconds we have a song to sing.
  - When the song is finished, it is time to stop scrubbing and rinse.
- Use the song to reinforce that hand washing with soap will improve the child's health: reducing diarrhea, respiratory infection and other illnesses (increased perceived benefits).
- Remind the participants to teach others so that everyone will remember how and when to wash hands (increased cues for action).
- After learning the song, practice washing and scrubbing their hands while singing.
  - Make sure they wet their hands and put soap on their hands BEFORE they begin singing the song.
  - When the song is done, they are ready to rinse the soap off their hands.

<sup>50</sup> The song may be the same as the one sung in Module 1: Introduction to Care Groups and Coronavirus Prevention





## 8. Discuss Barriers —15 minutes

**?** Do you agree to work with the promoter and Care Group 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 Barriers (overcoming perceived obstacles)**

- I don't have soap<sup>51</sup>
  - If you do not have soap, use ash or other local cleaning agents. Scrubbing your hands prior to eating with these cleaning agents is not as good as soap, but it is better than not scrubbing at all.
  - Considering traveling to the nearest town to buy soap and selling it for a small profit to others in the group who are not able to travel.
  - Is there someone in the community who knows how to make soap? Encourage them to make soap for the community, selling it at a fair price.
- We don't have a lot of water to use for hand washing
  - You can wash your hands using only a small amount of water if you make a Tippy Tap out of a plastic bottle or bucket. By using a nail to pierce a very small hole as a spout, you will save water and be able to wash without wasting it.
  - To learn more about Tippy Taps, see Lesson 4 of Module 1, Hand Washing and Tippy Tap Construction.
- We have trouble remembering to wash hands.
  - Teach your children the hand washing song.
  - Teach them to sing the song and wash before each meal.
  - Place a hand washing station, like the Tippy Tap, next to the latrine or the place where family meals are eaten.

<sup>51</sup> Help caregivers find ways to overcome the water and soap shortage. Discuss places where soap is available and can be purchased.



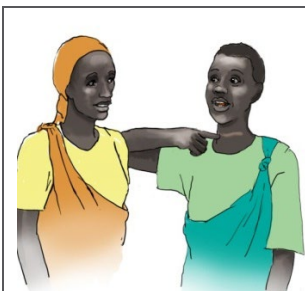
## 9. Practice and Coaching — 20 minutes

### 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.



## 10. Request Commitments — 10 minutes

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

*Ask each mother (or Volunteer) to say aloud a new commitment that they will make today. Each person can choose the commitment that is most important to them. Remember, these are only suggestions. Offer suggestions only if participants are unable to come up with their own commitment.*

***For example***

- I will wash my (or encourage my wife to wash her) hands before preparing family foods or snacks.
- I will wash (or encourage my wife to wash) the child's hands with soap or ash and water before eating.
- I will cook foods until they are hot throughout before offering them to my child and family.
- I will clean (or encourage my wife to clean) the dishes after eating and let them dry in the hot sun to kill germs.

# LESSON 9: PROPER FEEDING OF SICK CHILDREN



## Objectives

By the end of this lesson:

- Caregivers will encourage sick children to eat, even when the child does not feel hungry to help them recover quickly.
  - Use songs and games to encourage the child to eat.
  - Talk encouragingly to the child, looking into their eyes.
  - Offer favorite foods to the child to encourage them to eat.
  - Offer soft foods and mashed foods which are easier for the child to swallow and digest.
  - Feed the child when others are eating so they will be encouraged to eat.
- Caregivers will offer an additional snack and additional breast milk feeds each day: 1) when the child is ill to help them recover and 2) for two weeks after the child has recovered.
- Caregivers will train older siblings and others in the family how to encourage a child to eat even when they are not hungry.
- Caregivers will believe that not helping a sick child to eat, offering them food and liquids frequently, may lead to malnutrition and even death.

## Materials

- Attendance Registers
- Care Group Volunteer Flipchart

## Lesson Summary

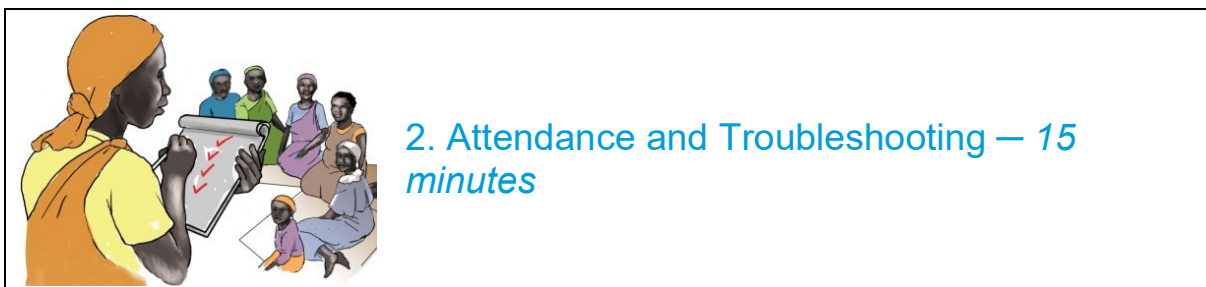
- Game: Taxi Rides
- Attendance and Troubleshooting
- Share the story and ask about current behaviors: Teach Others to Help
- Show pictures and share key message in flipchart Lesson 9: Hunger and Malnutrition, Ways to Encourage Eating, Additional Snacks and Breastfeeding
- Activity: Good and Bad Practices
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine commitments from the previous lesson



## 1. Game: Taxi Rides — 10 minutes

1. *Divide the women into small groups with an equal number of women in each group. There should be at least three groups.*
2. *Each group should choose one taxi driver who "sits up front." The others pretend to climb in the back behind the driver. The "driver" drives and moves in and out of the other groups of people. The others in the car must follow her.*
3. *The Activity Leader calls out a new number. The women must quickly make new taxis with that number of people inside the car. Some women may have to find a new car. Once a car is full with the number given by the Activity Leader, the driver must quickly drive away. Women who are not in a car with the correct number must leave the game.*
4. *The Activity Leader continues to call out new numbers. The women must quickly make new taxis with that number. Those who are not able to enter a taxi (or if a taxi does not have the correct number) must wait on the side of the "road" until a new number is called.*
5. *Continue using new numbers until everyone is laughing.*

Now that we are energized, let's begin today's meeting.



## 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 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 Leader<sup>52</sup> 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. Share the Meaning of Each Picture: Teach Others to Help (Picture 9.1) – 10 minutes**

- Read the story on section 3 of the flipchart.

Karorero and Biguvu both become ill. While Karorero rests her mother-in-law feeds Biguvu. The mother-in-law explains to the grandchildren, “I have seen children lose too much weight from a very small sickness and die. To help your brother recover and be healthy, we must encourage him to eat. “I will hold him on my lap, says the oldest daughter.” The mother-in-law feeds Biguvu while singing to the child softly. Together, they help Biguvu to eat all of the food on his plate.

<sup>52</sup> 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.



#### 4. Ask about Current Practices — 10 minutes

- Read the questions section 4 of the flipchart.

- ? What is Karorero's mother-in-law doing to help Biguvu recover?
- ? Is this good advice? Why?
- ? What do you do when your child has lost his hunger?

- Ask the first question to review the story:
  - We hope participants answer in this way: She is helping Biguvu to eat even though he is not hungry. The young girl is holding the child on her lap and the mother-in-law is singing to him.
- Ask the second question to hear the women's opinion of the practice of feeding a child even when they are not hungry.<sup>53</sup>
  - This is a very good practice. It will help Biguvu gain strength, recover quickly and be healthy.
- Ask the last question to hear how the mothers currently respond when their child has lost his appetite.
  - We hope that they offer favorite foods, soft foods and liquids to encourage the child to eat, even when they are not hungry.
- **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."



#### 5. Share the Meaning of Each Picture: Hunger and Malnutrition (Picture 9.2) — 5 minutes

- Ask the caregivers to describe what they see in picture 9.2.

<sup>53</sup> Use this story to increase the belief that in-laws would approve and support women to encourage their child to eat even if the child is not hungry.



- Share the key messages using flipchart section 5.
- Use the captions on the flipchart to remind you which images represent each point.

- During illness children lose their appetite.
    - Children may not show that they are hungry.
    - Children may not have enough energy to eat on their own.
  - Encourage children to eat even when they don't seem hungry.
    - Use songs and games to encourage them to eat.
    - Offer favorite foods to encourage the child to eat.
    - Offer soups and porridges which are easy for the child to eat.
  - Children who are not encouraged to eat will become malnourished.
    - Children who are not encouraged to eat will eat little.
    - A child who eats little grows weak. He loses his appetite.
    - Children, who are scolded or beaten for not eating, will not grow well.
    - Children who are not helped to eat will lose weight.
- ?** Why do some parents scold children when they don't eat?
- ?** How does scolding and beating the child affect their growth?
- The child is frightened and discouraged.
  - The child's body is stressed and more likely to become sick.
  - The child eats less and loses weight.

### **Additional Information for the Trainer**

#### **Local Determinants of Malnutrition Finding**

- SCOPE Baseline data shows that moderate to severe malnutrition, diarrhea and fever are prevalent in the project area.
- Malnourished children were four times more likely to have been hit or spanked in the past week.



### **6. Share the Meaning of Each Picture: Ways to Encourage Eating (Picture 9.3) – 5 minutes**

- Ask the caregivers to describe what they see in picture 9.3.
- Share the key messages using flipchart section 6.

- Use the captions on the flipchart to remind you which images represent each point.

- Offer favorite foods.
  - Favorite foods encourage the child to eat.
  - Mix favorite foods with other foods to encourage eating.
- Offer thick soups, porridges and mashed foods.
  - Mashed foods and soup don't require much chewing.
  - Soup and porridge are easy for children to eat.
  - Thick soups and porridges contain more food than watery soups and porridges.
- Feed the child when others are eating.
  - Watching others eat will encourage children to eat.
  - Sitting with others will help them feel more comfortable.



If the mother is sick, how can she ensure that others will also take care of her children this way?

- Share these messages with others that care for children.
- Teach older siblings how to care for sick children.



## 7. Share the Meaning of Each Picture: Additional Snacks and Breastfeeding (Picture 9.4) – 5 minutes

- Ask the caregivers to describe what they see in picture 9.4.
- Share the key messages using flipchart section 7.
- Use the captions on the flipchart to remind you which images represent each point.

- During illness and for two weeks after a sick child recovers from the illness, breastfeed the child more often than normal.
  - Sick children often eat and drink less during illness.
  - Encourage them to breastfeed often.
  - Breast milk helps the child gain strength.
- Offer one additional snack each day to a sick child during illness and for two weeks after the child recovers.

- Additional foods and liquids prevent malnutrition.
- Additional foods and liquids help the child grow strong and gain weight.
- Encourage the child to eat, do not force them.



What types of foods should be given to help children recover?

- Offer foods from each of the four food groups.
- Offer organ meats, taro and foods to prevent illness.

## Additional Information for the Trainer

### Food Groups

- The groups are the body building group (legumes and proteins), the protecting groups (1. Vitamin A-rich fruits and vegetables and 2. All other fruits and vegetables) and the energy group (oils and sugars, tubers and cereals). Family foods should contain one or more food from each category each day.
- Unicef 2018 report suggests: 3 in 4 children do not eat foods from the minimum number of food group. Children aged 9-11 months are getting less diversified foods as compared to children 12-23 months old in Eastern Africa.

### Foods to Offer during Sickness

- Organ meats provide vitamin A, protein and iron for strong blood, muscles and bones. Children who eat taro in the Local Determinants of Malnutrition study were healthier than children who did not eat taro.

### Malnutrition and Death

- Diarrhea is more likely to cause death in children who are malnourished. Research has shown, however that if the child is offered foods and liquids often during illness, the negative consequences of diarrhea can be reduced.<sup>54</sup>

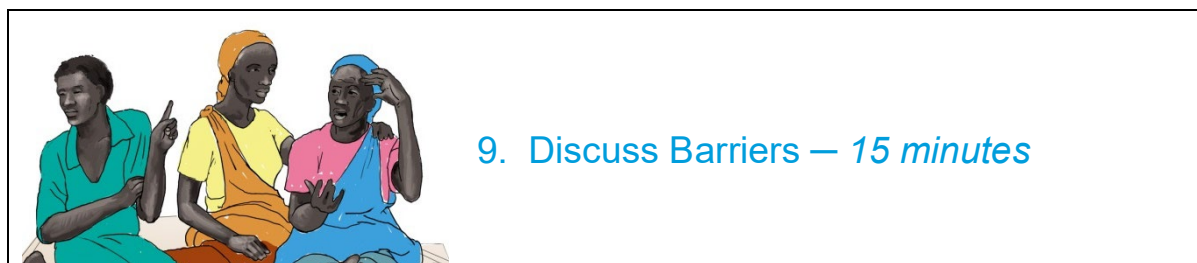


## 8. Activity: Good and Bad Practices – 30 minutes

1. Review the practices discussed in the lesson to encourage sick children to eat.
2. Ask each woman to talk with one woman sitting nearby. They should think of two **NEW** practices (not discussed in the flipchart) that a mother can use to encourage her sick child to eat.
3. Discuss the ideas mentioned by the women in a large group.
4. Summarize the good practices mentioned by the women.
5. Now ask each woman to talk with one woman sitting nearby. They should think of two practices that should NOT be used with a sick child.
6. Discuss the ideas mentioned by the women in the large group.

<sup>54</sup> MOST, 2005.

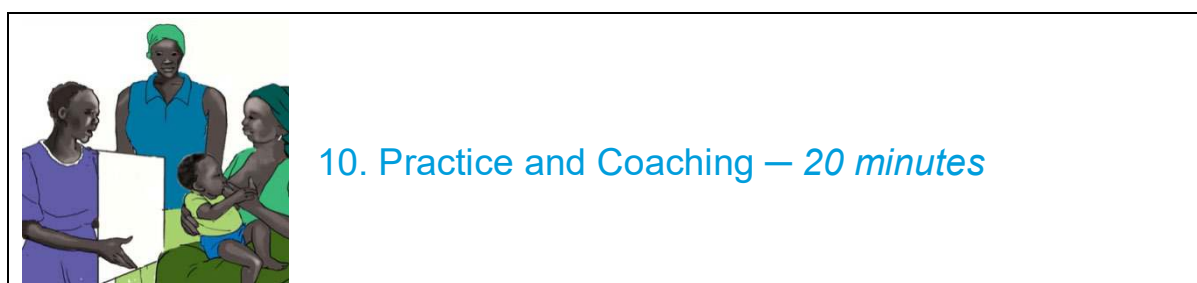
7. Reinforce how these practices are harmful and can discourage the child, add stress and cause malnutrition.
8. Ask the women who else in their household helps to feed children. Encourage mothers to share these new teachings with others who take care of the children.
9. Answer questions.



? What do you think about these ideas? Is there anything that might prevent you from completing all of your responsibilities?

*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 this solution.*

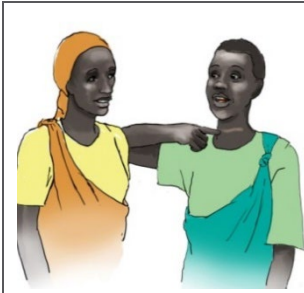


### **For Care Group Volunteer Groups**

- 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 — 2 minutes

- ?** 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 will encourage my child to eat even when she is not hungry.
- I will breastfeed my child more often than normal when they are sick and for two weeks after they have recovered.
- I will offer thick soups, thick porridges, and favorite foods to my sick child.
- I will offer foods from each of the three food groups to my sick child.

## LESSON 10: RECIPES FOR CHILD FEEDING

### Objectives



By the end of this lesson:

- Caregivers will be able to prepare thick nutritious porridge for children 6 months of age.
- Caregivers will be able to prepare chopped, nutritious family foods for children 1-2 years of age.
- Caregivers will believe that with their current finances, skills and time, they are able to prepare meals that contain at least one food from each food group (increased perceived self efficacy).<sup>55</sup>

*Please note that this lesson is best done when gathering all the mothers that a Care Group Volunteer visits together so that they may prepare foods as a group and all contribute to the foods for the shared recipes.*

### Materials

- Attendance Register
- Flipchart
- Foods for cooking (see pages that follow for list of foods)\*
- Pots and pans and fire for preparing foods\*
- Utensils and bowls for each mother and child to try the recipe\*

### Lesson Summary

*All of the activities below should be included in the lesson whether one is training a Promoter, a Volunteer or a mother in the community.*

- Game: Injera Count
- Attendance and Troubleshooting
- Ask about Current Practices
- Activity: Cooking Demonstrations using flipchart pages 28-31
- Discuss Barriers
- Practice and Coaching in pairs
- Request a Commitment

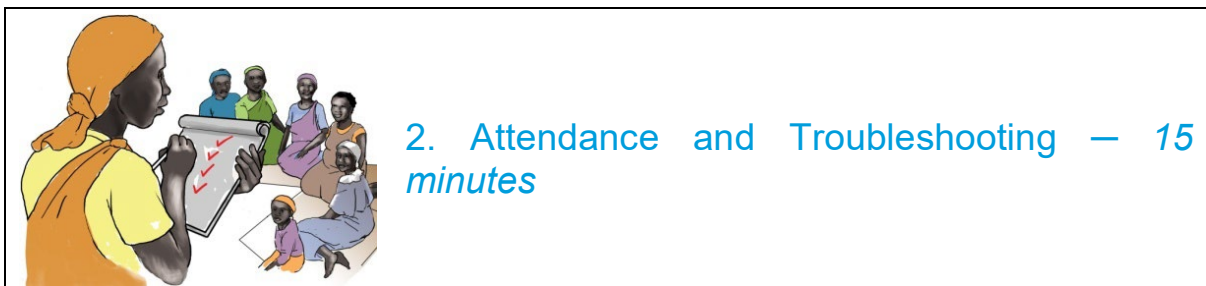
<sup>55</sup> Self efficacy is a determinant in Barrier Analysis. If caregivers are confident that they are able with their current finances, knowledge and skills to offer food from each of the three food groups to their child, they are more likely to try it.



## 1. Game: Injera Count — 10 minutes

- Ask the participants to sit or stand in a circle. The Activity Leader stands with them too.
- The group will count, in turn, around the circle. Start at 1 and continue until 25 or above (depending on the literacy of the participants).
- Anyone who has a 5 or 0 in their number must say INJERA instead of the number. For example, 1, 2, 3, 4, INJERA, 6, 7, 8, 9, INJERA, 11... etc.
- Every time someone says INJERA, everyone must wave their arms in the air.
- Encourage the participants to count quickly.
- When someone makes a mistake, start the counting again with the next person starting over with 1.
- Repeat several times until everyone is laughing.

Now that we are energized, let's begin our 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 Leader<sup>56</sup> 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. Ask about Current Practices — 10 minutes

- Read the questions below.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. These questions are for discussion, not for teaching.

- ?** Have you been successful in preparing complementary foods that include foods from all four food groups? Tell me about it.
  - ?** Which food group do you find is the hardest to include in the foods each day? Why?
  - ?** What tips have you learned about preparing complementary foods that could help others?

- Ask the first question to hear the progress of the participants in the group as they try to prepare nutritious complementary foods.

<sup>56</sup> 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.

- As needed, remind them of the four food groups and the importance of including 2 or more foods from each category in foods given to children each day.
- Ask the second question to hear about the areas where the participants need the most guidance.
  - Remember to help them overcome these barriers throughout the teaching, and at the end in the discussing barriers section.
- Ask the last question to hear the participants' tips (or innovative ideas) that have helped them to prepare complementary foods.
- After the participants answer the last question, show the image on the flipchart, saying "Let compare your ideas with today's lesson."



#### 4. Activity: Food Demonstration – 60 minutes

- Using the recipes from the flipchart, demonstrate how to prepare each recipe.
- Point out which foods belong to each category as you prepare the foods (pointing out energy foods, protecting foods (vitamin A-rich fruits and vegetables and other fruits and vegetables) and body building foods). Each recipe should include one or more food from each food category.
- When one food group is missing, encourage snacks in between these meals from these food categories.

#### Foods for Children 6-11 Months - 10 minutes

- Use the illustrations in picture 10.1 and the recipes in section 4 to guide you as you demonstrate how to prepare the recipe.
- Point out the three food groups as you work with the participants to prepare the complementary foods.

*A child 6-8 months of age can be fed with thick porridge or mashed foods, three times a day in addition to breast milk. Children 9-11 months of age can also be given lumpy and chopped foods. The following table lists food stuffs from which the complementary food can be prepared for children at 6 months of age. The following table lists food stuffs from which the complementary food can be prepared*

FOOD STUFFS	AMOUNT
Barley/corn/Teff/wheat/sorghum flour	Half cup of coffee
Peas/beans/chickpeas flour	One tea spoon full
Small size carrot	One

Tomato	One
Milk	Half cup of coffee
Butter/edible oil	Two tea spoon full
Water	Three cup of coffee
Iodized salt	For a flavor
Intermediate size Banana	One

#### *Method of preparation*

- Mix the flour of the barley or the corn with that of the peas or beans
- Add some water and milk on the mixed flour and cook it altogether
- Boil the tomato, peel it off and cut it into pieces
- Wash the carrot, peel it off, cut it into pieces, boil it and grind it
- Add the ground carrot, tomato and butter/edible oil on the porridge in the cooking pan, stir it and cook it well
- Add the iodized salt for a flavor
- Take out the pan let it cool down make it ready to be served and the child to eat and feed her/him with patience

#### *Banana for the child's supper*

- Wash the banana and peel it off
- Put the banana in clean cup and mash it using the spoon.
- Spoon feed the child

#### *Additional Information for the Trainer*

##### *Four Food Groups*

- Grains such as barley, corn, teff, wheat, sorghum and butter and edible oil provide energy for the child.
- Animal foods and beans provide protein for body building.
- Carrot is rich in Vitamin A and part of the protecting food group. Iodized salt helps the child's brain develop.
- Tomato and banana are part of the protecting food group.

##### *Porridge and Mashed Foods*

- Thick porridge is recommended as the first food given to infants at six months. Do not add much water.
- Porridge should be thick enough to be fed by hand.
- As soon as the child is able to eat the porridge easily, begin offering mashed foods instead of porridge. It provides greater nutrition.
- See Lesson 7 (Complementary Feeding) for more information.

#### *Preparation for Complementary Food for Children 1-2 years - 10 minutes*

- Use the illustrations in picture 10.1 and the recipes in section 4 to guide you as you demonstrate how to prepare this recipe.
- Point out the four food groups as you work with the participants to prepare the complementary foods.

A child 12-24 months of age can be fed with family foods and finely chopped foods five times a day in addition to breast milk. The following table lists food stuffs which the complementary food can be prepared.

*The following table lists food stuffs from which the complementary food can be prepared*

NECESSARY FOOD STUFFS	AMOUNT
Barley/corn/Teff/wheat/sorghum flour	Half cup of coffee
Kale	One leaf
Egg	One
Small sized tomato	One
Milk	Half cup of coffee
Butter/edible oil	Two tea spoon full
Water	Four cup of coffee
Iodized salt	For flavor
Ripened Papaya	Half or intermediate sized Papaya

#### *Method of preparation <sup>57</sup>*

- Mix the flour of the barley or the corn with that of the peas or beans
- Add some water and milk on the mixed flour and cook it altogether
- Boil the tomato, peel it off and cut it into pieces
- Wash the carrot, peel it off, cut it into pieces, boil it and grind it
- Add the ground carrot, tomato and butter/edible oil on the porridge in the cooking pan, stir it and cook it well
- Add the iodized salt for a flavor
- Take out the pan; let it cool down; make it ready to be served and the child to eat and feed her/him with patience

#### *Papaya supper for the child*

- Wash the papaya, cut it open, get rid of the seed, cut it into pieces and feed the child
- Children's food can be prepared from food stuffs like Potatoes, "Injera", Meat and Water melon or any other locally available food resources

#### *Additional Information for the Trainer*

##### *Four Food Groups*

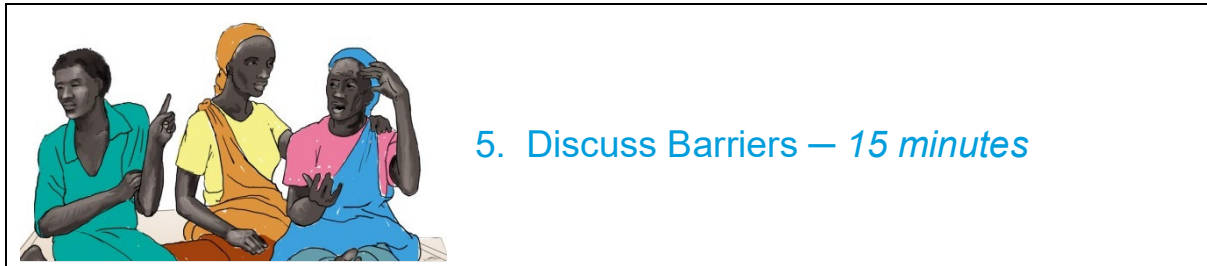
- Grains such as barley, corn, teff, wheat, sorghum and butter and edible oil provide energy for the child.

<sup>57</sup> Encourage them to make the food thick, using chopped kale and chunky foods (chopped carrot). At this age, ground foods are not recommended; thick, chunky foods help the child's jaw and muscles develop. Remember that a snack (papaya) is a second meal so this receipt actually shows two of the 5 meals.

- Kale is rich in Vitamin A and part of the protecting food group. Iodized salt helps the child's brain develop.
- Papaya and tomato are part of the protecting food group.

#### Watery Foods

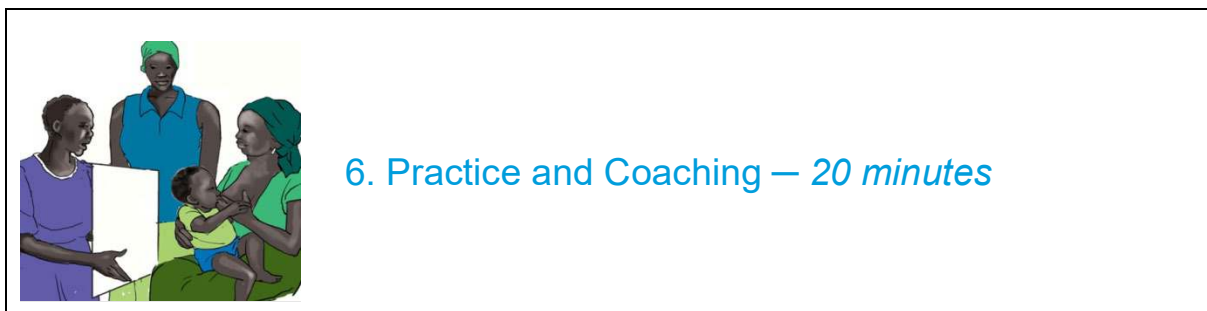
- It is better to feed the child chopped or mashed foods than thinning the food with water.
- Remember, offering chopped or chunky foods increases the likelihood of the child receiving a higher amount of nutrients, as compared to thin, watery porridges.
- See Lesson 8 for more information.



? 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.*



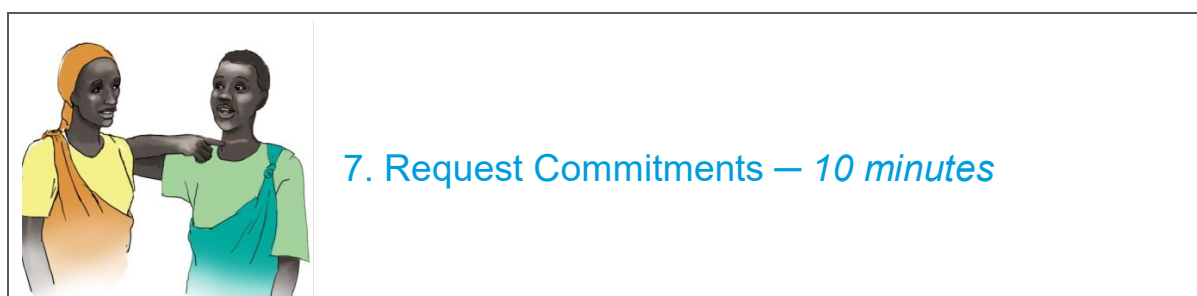
#### For Care Group Volunteer Groups

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

*Ask each mother (or Volunteer) to say aloud a new commitment that they will make today. Each person can choose the commitment that is most important to them.*

### **For example**

- I will try out one of these recipes for my child next week.
- I will make sure to offer my child one or more foods from each of the three foods groups each day.
- I will commit to growing new foods to add to my child's diet so he will stay healthy and escape malnutrition.

# LESSON 11: BENEFITS OF HOME FOOD PRODUCTION



By the end of this lesson:

- Caregivers will be able to list the benefits of producing their own food at home with a kitchen garden and small animals.
  - Caregivers are able to provide fruit, vegetables and meat for the family all year long even when food (in the market) is scarce.
  - Caregivers are able to eat a variety of foods each week to keep their family healthy and strong (and prevent malnutrition).
  - Caregivers are able to multiply their savings by breeding small animals for food and money.
- Caregivers will list the benefits to them personally of producing their own food at home.

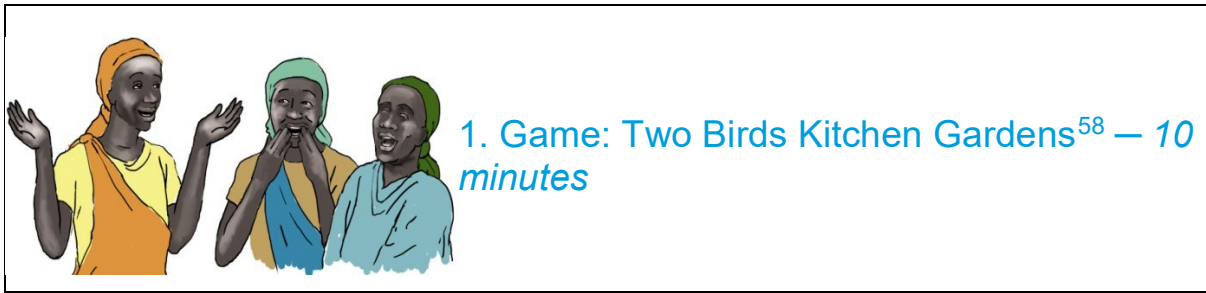
## Materials

- Attendance Registers
- Care Group Volunteer Flipchart

## Lesson Summary

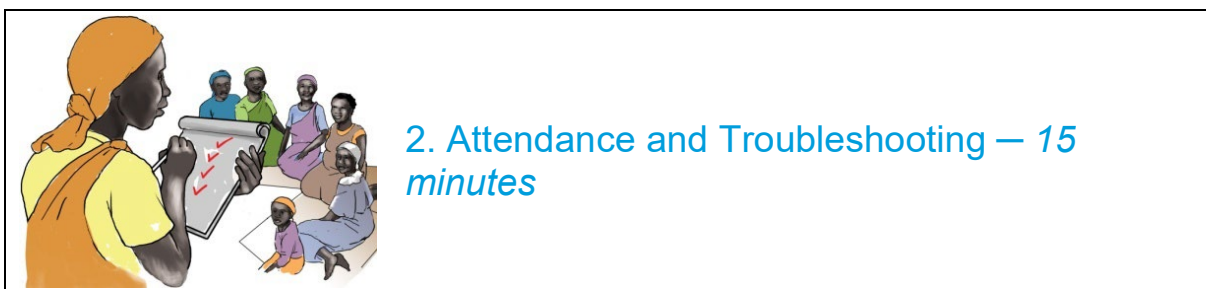
- Game: Kitchen Garden
- Attendance and Troubleshooting
- Share the story: Mama Muzuri's Homestead
- Ask about current practices
- Share the meaning of each picture on in Lesson 11 of the flipchart: Foods to Supplement Hunger, Foods to Prevent Malnutrition and Additional Income for the Family.
- Activity: My Family's Needs
- Discuss Barriers
- Practice and Coaching in pairs
- Request Commitments





- Ask the women to sit in a circle very close together. Each woman in the circle must have a place to sit, with no open spaces between the women. The Activity Leader stands in the middle of the circle.
- The Activity Leader assigns each woman the name of a vegetable. For example, woman 1 is an eggplant, woman 2 is an onion, woman 3 is a tomato, etc. There should be at least 3 women of each vegetable. If there are 6 women or less, use only two vegetables.
- The Activity Leader names one of the vegetables and all of the women in this group must find a new place to sit. If the Activity Leader says, “kitchen garden,” all of the women must move to a new place.
- For example, if the Activity Leader calls out “eggplant,” all of the eggplants must stand and move to a new place. They cannot stay in the same place. The Activity Leader also tries to move to one of the places as the women move. One person will not have a place to sit – that person becomes the new Activity Leader.
- The new Activity Leader stands in the middle of the circle and calls out a new vegetable and again the people in that group must find a new place to sit.
- Repeat the game so that everyone has a chance to move and laugh.

Now that we are energized, let’s begin our lesson.



### **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).

<sup>58</sup> Kitchen Garden is used to describe the small garden a woman keeps next to her house so that she is easily able to take foods from her garden to her kitchen to provide nutritious foods for her family each day.

- 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 Leader<sup>59</sup> 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: Mama Muzuri's Homestead (Picture 11.1) – 10 minutes**

- Read the story in section 3 of the flipchart.

Each morning Mama Muzuri picks greens and vegetables to add to her family foods. Her trees give fruit for her children to eat between meals. Kitchen and garden waste is given to the animals to eat. The family breeds the animals for food and for selling in the market. All year round, they have meat and food to provide for their needs.



## **4. Ask about Current Practices – 10 minutes**

- Read the questions section 4 on of the flipchart.

<sup>59</sup> 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.

- ? What are the things in Mama Muzuri's homestead that help her feed her family?
- ? How is your homestead like Mama Muzuri's? How is it different?
- ? What could you add to your homestead to better provide for your family?

- Ask the first question to reinforce the different things Mama Muzuri is doing to provide for her family.
  - We hope the women respond in this way: She is growing vegetables to add to her family foods.
  - She is raising small animals to eat and to sell.
  - She has fruit trees to provide snacks for her children to eat so they will grow strong and tall.
- Ask the second question to hear the women's opinion of this homestead and how it compares to their own.
- Ask the last question to hear what the women could add to their homestead to make it more like the one in the picture.
- **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."



### 5. Share the Meaning of Each Picture: Foods to Supplement Hunger (Picture 11.2) - 5 minutes

- Ask the caregivers to describe what they see in picture 11.2.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

- Small animals and kitchen gardens provide food for the family all year long.
  - A small garden is easy to water and keep alive during dry season.
  - The garden is planted in stages so it provides a harvest each month.

- Eggs and meat provide food for the family in every season.
- Animals and animal products can be eaten when food is scarce.
- When farmers are planting in the field, foods from the kitchen garden can be eaten at home.
- Planting some vegetables, grains and fruit helps to supplement crops grown in the field.
- If crops fail, vegetables, meat and eggs can be eaten.

? What animals do you keep now? How often do you eat the meat from these animals?

? What foods do you grow at home? How often do you add these foods to your family foods?

### **Additional Information for the Trainer**

#### **Dry Season Gardening**

- Most farmers only plant during one or two rainy seasons. Their fields are too large to water each day to help plants survive the dry season.
- By planting a kitchen garden you can profit from the land near your house. Plants are planted year-round (not in seasons) and provide a harvest each month. The small size of the garden makes it easy for the family to water it each day.



### **6. Share the Meaning of Each Picture: Foods to Prevent Malnutrition (Picture 11.3) - 5 minutes**

- Ask the caregivers to describe what they see in picture 11.3.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

- What do you think these pictures mean?
- Families that eat fruits, vegetables and meat each week have less sickness than families who eat only grains and greens.
  - Fruits and vegetables prevent illness.
    - Foods like sweet potato, carrot, pumpkin, taro, onion greens, amaranth and pumpkin leaves are rich in vitamin A.
    - Oranges, lemons and limes are rich in Vitamin C.
    - Vitamin C helps the body absorb iron for strong blood.
    - Eggs and meat help children to build strong bones and muscles.
    - Eating meat prevents anemia in women and children.
- ? Which of these families looks like your family? Why?
- ? How can a family garden and small animals improve your family life?

### **Additional Information for the Trainer**

#### **Anemia (Iron Deficiency)**

- According to UNICEF in developing countries almost half of all pregnant women and children younger than five years of age do not have enough iron in their body (iron deficiency).
- Children with iron deficiency are at an increased risk of death, blindness and illness (especially measles and diarrhea).
- Iron deficient mothers are more likely to give birth too soon (before the infant is developed), give birth to a child that is too small or a child that will suffer from development problems (infection, learning disabilities, or physical handicaps) and sometimes death.

#### **Child Growth**

- As a child grows the amount of blood, muscle and bone in the body increases. Extra iron is needed to keep the child's blood strong.<sup>60</sup> Body building foods are needed for healthy growth of bone and muscle.<sup>61</sup>
- Offering small amounts of meat or other animal products each week is the best way to prevent anemia.

#### **Vitamin A Foods**

- Children 1-3 years of age need 1,000 IU of vitamin A each day. Listed below are best sources of Vitamin A: orange sweet potato, carrots, liver (offer 100 grams once a week

<sup>60</sup> Children need 11 mg of iron each day. The iron content per 100 grams is listed for the following foods: petit pois (18 mg), pois cajun (15 mg), sesame (15 mg), feuilles de haricot (9 mg), haricot (8 mg).

<sup>61</sup> Children under 12 months of age need 14 mg of protein each day. Protein (body building) content per 100 g: cowpeas (80 mg), soja (34 mg), arachide (23 mg), petit pois (22 mg), haricot (22 mg), pois cajun (20 g) and poisson frais (18 mg). Eggs are not included as a child would need to eat more than one each day to receive enough protein.

to provide for the child's needs), pumpkin, taro leaves, onion tops (100 grams twice a week), amaranth leaves, and pumpkin leaves (offer 100 grams four times a week).<sup>62</sup>



### 7. Share the Meaning of Each Picture: Additional Income for the Family (Picture 11.4) — 5 minutes

- Ask the caregivers to describe what they see in picture 11.4.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

**?** What do you think these pictures mean?

- Breeding small animals increases your wealth.
  - Keeping animals is like putting money in the bank.
  - When the animals give birth, you have twice as much money as you did at the start.
- Small animals can be sold in the market when money is needed at home.
  - Sell additional animals to pay for school fees.
  - Sell additional animals to pay for medicine or health visits.
  - Sell additional animals to buy clothing and shoes.
  - Sell additional animals to add money to your savings.

**?** If you had animals to sell, what would you use the money for?

<sup>62</sup> Children need at least 1,000 IU of Vitamin A each day unless they are already deficient. Listed below are the amounts of vitamin A in each food per 100 grams of the food: orange sweet potato (19,218 IU), carrots (16,706 IU), liver (13,328), pumpkin (4,992), taro leaves (4,238), onion tops (4000), amaranth leaves (2,770) and pumpkin leaves (1600).



## 8. Activity: My Family's Needs – 30 minutes

- ? What additional reasons (not mentioned in the lesson) are benefits of producing your own food?

*For those who do already have a garden or animals at home:*

- ? What do you like most about producing your own food?

*For those who do NOT have a garden or animals at home:*

- ? Which of these reasons (extra income, extra food for healthy families, food all year, etc.) is most important to you? Why?

*Ask those with the most experience to share their experience and advice on the following questions.*

- ? What do we need to do to make food production a success? What actions will help someone breed animals effectively?
- ? How much time does it take each day to make home food production a success?

Remind the women:

- It is important to start with only a few things at a time!
- If you plan to start with a garden, choose 2 or 3 plants to grow the first year.
- If you want to start raising animals, choose one new animal.
- Once you learn how to care for a few things, it will be easier for you to expand and add animals, vegetables and production in future years.



## 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:**

#### **No money to purchase seeds.**

- Explain that in the next lesson we will discuss ways to harvest seeds from fruits and vegetables.
- All Care Group Volunteers and neighbor mothers will receive one fruit seedling this year
- Seeds can be “borrowed” from neighbors this year and paid back once you receive seeds from your first harvest.
- The first garden should be small. Start with a vegetables. As soon as you are able to get more seeds, plant those too. Begin small and keep adding as you are able.



## **10. Practice and Coaching – 20 minutes**

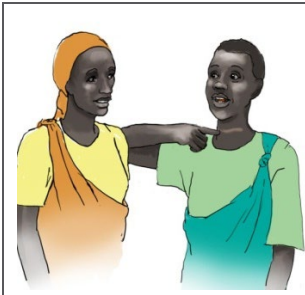
### **For Care Group Volunteer Groups**

- 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

**?** 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 commit to talking with my spouse about making space near our house for a kitchen garden and animal hutch.
- I commit to talk with my neighbors about getting seeds.
- I will start saving money for supplies needed to build an animal hutch or purchase seeds from the market.

# APPENDIX I: PRE/POST TEST

Before and after teaching the materials to staff and trainers (SCOPE supervisors, Promoters), give the posttest to evaluate their comprehension. For those who score less than 75% (23 questions correct), give them more training to help them grasp the key content.

## **Questions from lesson 11. Name four practices that cause diarrhea**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

## **2. How is ORS prepared?**

- a. Mix one packet of ORS with 1 metal cup (250 ml) of water.
- b. Mix one packet of ORS with 2 metal cups (500 ml) of water.
- c. Mix one packet of ORS with 1 liter (4 metal cups) of water.
- d. Mix one packet of ORS with 1 metal cup (250 ml) of breast milk.

## **3. Which of the following are the signs of dehydration?**

- a. Thirsty but your child will not say she/he is thirsty
- b. Dry mouth and tongue
- c. Urine is dark colored and urinates less.

## **4. How much water is mixed with one packet of ORS? \_\_\_\_\_**

## **5. Name two of the danger signs of severe diarrhea.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

## **6. If a child has severe diarrhea what treatment should be given?**

- a. The medicine recommended by the health worker such as ORS and zinc.
- b. Antibiotic medicine
- c. Body building foods (meats, eggs and fish)
- d. Charcoal powder

**Questions from lessons 2, 3 and 4**

**7. How is malaria transmitted? Circle the correct answer.**

- a. Mosquitoes pick up malaria from drinking bad water. They carry the bad water to others.
- b. Malaria is transmitted by drinking dirty water.
- c. Malaria is transmitted from eating bad foods.
- d. Mosquitoes pick up malaria when they bite a person with malaria. They carry the sickness to another person they bite.

**8. Name two negative health impacts that affect pregnant women, children and families with malaria.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**9. Name two things that a family can do to prevent malaria.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**10. Circle true or false to below statement.**

Children with malaria and children without malaria should sleep under a mosquito net every night from getting malaria. **True or False**

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

- a. convulsions
- b. red rash
- c. vomiting
- d. fever

**12. How can you prevent convulsions when your child has fever? Name one thing you can do.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Questions from lessons 5 and 6**

**13. Name the two danger signs of pneumonia (sickness of the chest)**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**14. All of the following practices prevent chest infection except one. Choose the practice that does NOT prevent pneumonia (chest infection)?**

- a. Reducing indoor smoke
- b. Exclusive breastfeeding
- c. Hand washing with soap
- d. Drinking beer

**15. Which of the following is false?**

- a. Children need to receive vaccinations at birth, at six weeks, 10 weeks, 14 weeks and 9 months.
- b. Children who are vaccinated are sick less often.
- c. Vaccinations protect your child from severe illness (diseases that kill).
- d. A vaccinated child will never get sick.

**16. What is the purpose of taking the child for growth monitoring?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**17. Write down at least four of the danger signs that are a signal to take the child to the health facility.**

- a. \_\_\_\_\_.
- b. \_\_\_\_\_.
- c. \_\_\_\_\_.
- d. \_\_\_\_\_.

### **Questions from lesson 7**

**18. Which of the following foods is not recommended for children to eat or drink? Circle that are applicable.**

- a. Tea or other sugary drinks
- b. Dark green, and deep red and orange colored vegetables
- c. Liver, red meat, fish, groundnuts
- d. Grains, cereals, oils and honey

**19. At what age should a mother offer the first foods to a child? Choose one answer from below. Circle the correct answer.**

- a. At birth if the woman does not have enough breast milk
- b. When the child is 3 months of age
- c. When the child is 6 months of age
- d. When the child is 9 months of age
- e. When the child grows his two front teeth

**20. Which of the following correctly describes the first foods that should be given?**

- a. The first food should be small pieces of food which the infant can chew.
- b. The first food should be watery so the child can drink it like breastmilk.
- c. The first food should be consistently smooth and soft enough to feed the child.
- d. The first food should slip off a spoon easily.

**21. Which of the following describes the frequency of food a 9-11-month-old should be offered each day?**

- a. Only family foods, once or twice a day
- b. Three times a day with cooked foods.
- c. Three times a day with uncooked foods like fruits, meat and vegetables.
- d. Two cooked meals and two uncooked snacks each day.
- e. Four cooked meals and one snack

**22. How should the caregiver feed a child 6-8 months of age? Circle each correct answer.**

- a. Encourage the child to eat, using kind words and eye contact.
- b. Feed slowly and patiently, and encourage children to eat, but do not force them.
- c. Wait until the child is hungry, and then offer foods until they are distracted.
- d. Starting at six months, teach the child to feed himself with a spoon.

**23. Which of the following foods should be given to a child? Circle each correct answer. More than one answer may be correct.**

- a. Foods to build strong blood such as meat, fish and peas.
- b. Foods to build strong muscles and bones such as eggs, beans, lentils, groundnut paste and meat.
- c. Foods that contain a sprinkle of iodized salt to build a healthy mind.
- d. Foods that contain Vitamin A such as carrot, liver, kale, pumpkin, amaranth, mango and papaya.

**24. All of the following statements are TRUE, except one. Circle the false statement.**

- a. Children fed with breast milk are healthier and sick less often than children fed with animal milk.
- b. Breast milk is the most important food for children 0-12 months of age.
- c. After 6 months of age, the child should be given foods first and breastfed after feeding.
- d. It is recommended that mothers breastfeed for the first year of life only. Thereafter, water, animal or other liquids should be given instead of breast milk.

**Questions from lessons 8-11**

**25. All of the following statements prevent diarrhea except one. Choose the statement that may cause diarrhea.**

- a. It is all right to offer your child cold, leftover foods from the night before.
- b. Wash your hands with soap after using a latrine.
- c. Heat foods until they are hot throughout.
- d. Wash your child's hands with soap before they begin eating.

**26. Circle True or False to below statement.**

Germes on fingers, hands, uncooked foods and dirty dishes can cause diarrhea when they get in a child's mouth. **True or False**

**27. Which of the following practices HELPS a child to recover from illness quickly?**

- a. Breastfeed the child less often when the child is sick.
- b. Give one additional snack to a child during illness and continue breastfeeding.
- c. Wait until the child is hungry before offering food during illness.
- d. Offer the same amount of foods and liquids during illness.

**28. Circle correct statements**

- a. Porridge does not need to be given at every meal if the child is able to eat mashed foods easily.
- b. Offer mashed banana, mango, papaya, chick peas or other mashed foods.
- c. Chunky food can be offered to 6-month-old child.

**29. Mark incorrect statement.**

- a. If it all right to feed the child with a thin porridge with water.
- b. chopped or chunky food provides higher amount of nutrient to child as compared to watery porridge.

**30. Name two advantages of raising animals at the homestead.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**31. All of the following statements are true except one. Mark the one that is false.**

- a. The purpose of the kitchen garden is to grow cash crops.
- b. Fruits and vegetables contain vitamins and nutrients to prevent sickness.
- c. Eggs and meat provide protein to build strong muscles and bones.
- d. A kitchen garden helps women to provide two or more foods from each food group to her family each day.

## APPENDIX II: PRE/POST TESTS ANSWER KEY

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

### 1. Name four practices that cause diarrhea

*Any four of the following practices are correct:*

- Defecating in the open air.
- Not washing hands after defecating
- Letting flies land on prepared foods.
- Preparing foods without washing hands.
- Drinking water straight from a river or well.
- Eating foods without washing your hands first
- Eating unwashed vegetables, fruits or beans.

### 2. How is ORS prepared?

Mix one packet of ORS with 1 liter (4 metal cups) of water.

### 3. Which of the following are the signs of dehydration?

a, b and d

### 4. How much water is mixed with one packet of ORS?

One liter of water (or four cups of water).

### 5. Name two of the danger signs of severe diarrhea.

*Any two of the following are correct:*

- bloody diarrhea
- diarrhea for more than 14 days
- rice-water diarrhea

### 6. If a child has severe diarrhea what treatment should be given?

a. The medicine recommended by the health worker, ORS and zinc.

### 7. How is malaria transmitted? Circle the correct answer.

Mosquitoes pick up malaria when they bite a person with malaria. They carry the sickness to others they bite.

### 8. Name two negative health impacts that affect pregnant women, children and families with malaria.

*Any two of the following are correct:*

- Mother or child death
- Infants born too early, too small or dead
- Anemia
- Child is sick often
- Child is malnourished
- The family is poor (loss of money from buying medicine or caring for the sick)
- The adults have no energy and are not able to work long hours.

### 9. Name two things that a family can do to prevent malaria.

*Any two of the following are correct:*

- Hang a mosquito net in the home
- Sleep under a mosquito net each night
- At the first sign of malaria, go for treatment

- Reduce breeding sites by turning over buckets and draining pools of water
- Intermittent Preventative Treatment for pregnant women

**10. Circle true or false to below statement.**

**True. Children with malaria and children without malaria should sleep under a mosquito net every night to prevent transmission.**

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

Red rash is not a sign of malaria infection.

**12. 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

**13. Name the two danger signs of pneumonia (sickness of the chest)**

- fast breathing
- chest in-drawing

**14. All of the following practices prevent chest infection except one. Choose the practice that does NOT prevent pneumonia (chest infection)?**

Drinking beer

**15. Which of the following is false?**

A vaccinated child will never get sick.

**16. What is the purpose of taking the child for growth monitoring**

- To measure child's height and weight.
- To know if the child is growing well or is falling behind.
- Get advice on how to help children who are falling behind

**17. Write down at least four of the danger signs that are a signal to take the child to the health facility.**

*Any four of the following are correct.*

- Vomiting
- Fever
- Convulsions
- Unconscious, unresponsive or lethargic
- Child refuses to eat or drink
- Child has a persistent cough or rapid breathing

**18. Which of the following foods is not recommended for children to eat or drink?**

a. Tea and other sugary drinks

**19. At what age should a mother offer the first foods to a child? Choose one answer from below. Circle the correct answer.**

c. When the child is 6 months of age

**20. Which of the following correctly describes the first foods that should be given?**

c. The first food should be consistently smooth and soft enough to feed the child



**21. Which of the following describes the frequency of food a 9-11-month-old should be offered each day?**

- d. Two cooked meals and two uncooked snacks each day.

**22. How should the caregiver feed a child 6-12 months of age.**

- a. Encourage the child to eat, using kind words and eye contact.

**23. Which of the following foods should be given to a child? Circle each correct answer. More than one answer may be correct.**

*All of the following are correct.*

- a. Foods to build strong blood such as meat, fish and peas.
- b. Foods to build strong muscles and bones such as eggs, beans, lentils, groundnut paste and meat.
- c. Foods that contain a sprinkle of iodized salt to build a healthy brain.
- d. Foods that contain vitamin A such as carrot, liver, kale, pumpkin, amaranth, mango and papaya.

**24. All of the following things are TRUE, except one. Choose the false statement.**

- d. It is recommended that mothers breastfeed for the first year of life only. Thereafter, water, animal or other liquids should be given instead of breastmilk.

**25. All of the following statements prevent diarrhea except one. Choose the statement that may cause diarrhea.**

- a. It is all right to offer your child cold, leftover foods from the night before.

**26. Circle true or false to below statement. True.** Germs on fingers, hands, uncooked foods and dirty dishes can cause diarrhea when they get in a child's mouth.

**27. Which of the following practices HELPS a child to recover from illness quickly?**

- b. Give one additional snack to a child during illness and continue breastfeeding.

**28. Circle correct statements**

- d. Porridge does not need to be given at every meal if the child is able to eat mashed foods easily.
- e. Offer mashed banana, mango, papaya, chick peas or other mashed foods.

**29. Mark incorrect statement.**

- a. It is all right to feed the child with a thin porridge with water.

**30. Name two advantages of raising animals at the homestead.**

Any two of the following practices are correct:

- Animals can be eaten when food is scarce
- Animals can be eaten all year long
- Families that eat meat are healthier than families that don't eat meat.
- Breeding animals increases your wealth.
- Breeding animals at home is easy.
- Small animals can be sold when money is needed at home.
- Or other advantages discussed during the lesson.

**31. All of the following statements are true except one. Mark the one that is false.**

- a. The purpose of the kitchen garden is to grow cash crops.