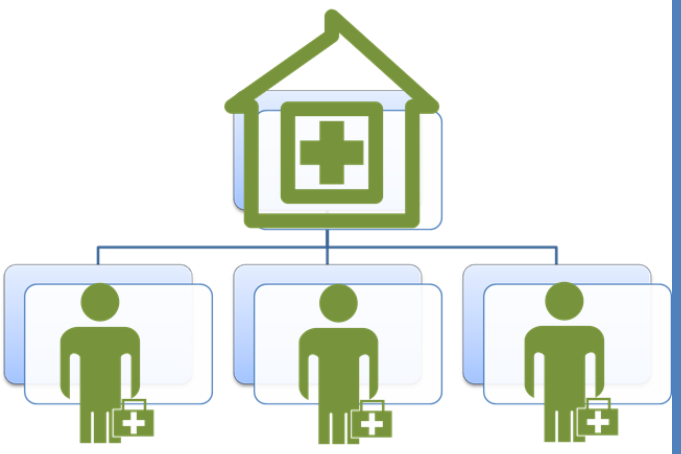
MINISTRY OF HEALTH

HARMONISED COMMUNITY WORKER TRAINING TOOLS



Version 27th June 2019.

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About this training manual

Purpose

This training manual has been developed as a guide for Trainer of Trainers (ToTs) in training Community Workers (CWs) to undertake disease prevention and health promotion through nutrition education, health seeking behavior, vaccination, nutrition assessment, improvements in water and sanitation to care givers and communities in Somalia. The training manual is developed as part of the Joint Resilience Approach, where Ministry of Health, the World Food Program and United Nations Children's Fund are doing extensive community- based work to build household and community resilience and prevent loss of life.

Composition of the training package

- Training manual
- Key messages booklet

Intended use of the manual:

- As a facilitator's guide for the Training of the Trainers (TOT) – i.e. The Ministry of Health Staff, Development partners, other partners working with the community workers.
- As a facilitator's guide for the training of CWs.
- As future reference material for the CWS trainings. The MoH staff and development partners may use this as reference material in supporting and supervising the community workers.

Who is a training facilitator?

- A facilitator is a person who helps the participants learn the skills presented in the course.
- The facilitator spends much of his time in discussions with participants, either individually or in small groups. For facilitators to give enough attention to each participant, a ratio of one facilitator to 5 to 6 participants is desirable.

- The facilitator needs to be very familiar with the materials being taught. It is the facilitators job to give explanations, conduct demonstrations, answer questions, conduct role plays, lead group discussions, and generally give participants any help they need to successfully complete the training.
- A facilitator, is at no time, expected to teach the contents of this training, through formal lectures.

What then does a facilitator do:

1. **A facilitator instructs by:**
   - Making sure that each participant understands how to work through the training materials and understands what is expected in group exercises, group discussions etc.
   - Answering the participants questions as they occur.
   - Explains any information that the participants find confusing and helps him understand the main purpose of each group exercise.
   - The facilitator leads group activities such as group discussions, oral drills, role plays, transect walks therefore ensuring that learning objectives are met.
   - Provides any additional information and explanations to improve skills and understanding.
2. **Motivates by:**
   - Compliments participants on correct answers, improvements or progress.
   - Makes sure that there no major obstacles to learning (such as too much noise, not enough light, phones ringing etc)
3. **You manage by:**
   - Planning ahead and obtaining all supplies/training materials so that they are all available in the classroom/ training venue.
   - Make sure that all group works are efficient and clear as possible.
   - Monitor the progress of each participant and offer additional support when required.

How do you become an efficient facilitator?

- Be attentive to each participant question and needs. Encourage the participants to come to you at any time with questions and comments. Be available during scheduled times.
- Watch the participants as they work, individually and in groups. Offer individual help if you see a participant looking troubled, staring into space, not participating in the group works and missing scheduled lessons. These are clues that the participants may need help.
- Always take time with each participant to answer his questions completely, such that both you and the participants are content.
- Listen to the questions and try to address the participants concerns, rather than giving the correct answer.

Things you must not do as a trainer:

- During the times scheduled for the course activities, do not work on other projects or discuss matters not related to the course.
- During discussions with participants, avoid using facial expressions or making comments that may cause participants to feel embarrassed.
- Do not lecture about the information that the participants are about to be trained on. Give only the introductory explanations as suggested in this guide. Do not give too much information too early, but let the information come out through the group discussions and role plays.
- Do not review text paragraph by paragraph. As necessary, review the highlights of the text during individual feedback or group discussions.
- Avoid being too much of a show man. (enthusiasm to keep the participants awake is great , but learning is most important). As necessary, review the highlights of the text during individual feedback or group discussions.
- Do not talk too much. Allow the participants to do majority of the talking.
- Do not be worried, shy and nervous about what to say. This facilitators guide will help you remember what to say and training methodology you need to use. Just prepare by making use of the training guide.

Target users of the training manual

- Trainer of Trainers for Community Workers
- Health Workers supervising Community Workers.
- Development partners working with Community Workers.

Pre-requisite skills for the participants

- ToTs should be familiar with public health and nutrition issues and have basic facilitation skills.

Sequence of the trainings

1. Training of Trainers by Master Trainers
2. Training of Community Workers by the trainer of trainers

Structure of the training

- The training is organized into lessons, each focused on a specific topic.
- Lesson objectives and outlines are presented at the beginning of each lesson.

- The lessons are designed in different formats including participatory lectures, role plays, drills and demonstrations.
- Some lessons include practical exercises for participants. The practical exercises include individual exercises and group work.
- Most of the lessons include questions to facilitate comprehension by motivating participants to think through specific content covered.

Training Materials

Recommended items to help facilitate training

- Projector for PowerPoint presentation
- Notebook for each participant
- Notebook for each facilitator
- A blank flip chart and flip chart stand to complement the delivery of the presentations:
    - Recording participant answers as they contribute.
    - As a "parking bay" for writing down topics for later discussion including topics related to later lessons or topics that will be discussed at the end of the training, subject to availability of time.

General approach for delivering the lectured sessions

Facilitators are encouraged to take a participatory approach in delivering the lessons. Where applicable, participants may be actively engaged through asking questions for them to contribute before presenting content in the manual. Suggested questions for participants are indicated in the training lessons.

Beginning lessons

At the beginning of each lesson

- State the lesson objectives and outline what the lesson will cover, using the lesson outlines provided at the beginning of each lesson.
- For lessons that start with specific questions or other specific way, instructions for the facilitator are provided at the beginning of the lesson.

Wrapping up lessons

At the end of each lesson

- Summarize the key points using the summaries provided at the end of each lesson.
- Ask if there are any questions relating to the completed lesson and address accordingly.

- For lessons that should be ended with specific questions or other specific way, instructions for the facilitator are provided at the end of each lesson.

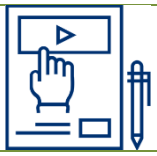
Beginning and ending sections

At the beginning of each section, state the lessons that will be covered by the section as indicated on the training objectives and overview.

At the end of each section

- Inform participants that you have come to the end of the section.
- Review participants' comprehension through guiding them in taking the section review quiz provided at the end of each section. The section review is delivered as follows:
- The facilitator will present the questions to participants such that they can answer as individuals: The exact way through which the questions will be presented will depend on the training environment. The facilitator may:
    - Put up the questions as a PowerPoint presentation slide
    - Put up the questions on a flip-chart page (s), depending on number of participants
    - Issue out printed copies of the questions to each participant
- The exercise should take about five minutes to complete.
- Participants will then be asked to exchange their answers (written in note books) with other participants. The facilitator will then show the flip chart with answers and walk through the answers while participants mark their colleagues work. The facilitator will address any questions raised. In all, the section review exercise should last less than 10 minutes.

Symbols frequently used in this training guide

Symbol	Meaning
	Facilitator's notes Please note: Unlike what's written in regular text, the text written in ***italics*** is for the facilitator/ trainer and is not meant to be read or paraphrased to the participants
	Lesson Objectives / Lesson Outline
	Training materials

	Buzz groups or groups discussions
	Calculation exercise
	Plenary presentation

Beginning the training – Ice breaker

- Begin with local greetings and customs practiced at such meetings.
- Use an ice-breaker topic / exercise to get participants relaxed.

Module 1: Introduction to Health &PHC, Community Health Worker Organization, IPC &HE, Counselling.

Topic 1: Introduction of Program, Status of Health, Major Health issues in the country

Lesson Objectives

By the end of this lesson, participants should be able to:

- State the maternal and child health indicators in the country
- Identify some of the health issues affecting the country of Somalia.

Methodology for the session, facilitators notes: introduction to the program and community organization

- *Present the lesson objectives and then ask participants the following questions to generate a conversation:*
  - *What is the population of Somalia? What are the major health issues of the people of Somalia? How about for the women and children?*
  - *Write the responses on a flip chart paper*
  - *In groups of 5, get the participants to write down their understanding of the term's health?*
  - *Discuss and summarize this session.*

Facilitators notes for the session

Introduction to the program

- Community Workers program has been developed to contribute in improvement of the health situation in the country, premised in the 2015 Somalia Community Health strategy and Essential Package for Health Services.
- The community workers are expected to deliver health prevention and promotion services to their communities therefore building household and community resilience.

Overview of health issues in the country

- Somalia is a country located in the horn of Africa and consists of around 9 million people.
- Two decades of conflict have largely devasted Somalia, including its health sector leaving the country with some of the worst health and nutrition indicators in the world.
- The state of the world's children reports (2016) indicates that Somalia is unlikely to achieve the Sustainable Development Goals by 2030. The number of children who died before their fifth birthday is estimated at 137 per 1,000 live births.
- An estimated 70,000 children die every year before their fifth birthday, with the leading causes of infant and child mortality as illnesses that are preventable: pneumonia (24 percent), diarrhoea (19 percent), measles (12 per cent) and neonatal disorders (17 percent)- State of the world's children report, 2016)
- Maternal Mortality Ratio (MMR) varies in different estimates between 1200 to 1044 per 100,000 live births, also among the highest in the world.
- Only 1 in 4 pregnant women attends antenatal care at least one time out of the recommended 8 focussed ante natal visits.
- About 90% of women deliver at home, therefore they do not receive post- natal care after delivery and new born care is often neglected.
- Majority of Somalia women have undergone Female Genital Mutilation (FGM) which is thought to contribute to a high incidence of haemorrhage and obstructed labour.
- Family planning utilization is very low, resulting to a fertility rate of between 6.2 and 6.7.
- One percent of women using a method of family planning are using modern method.
- Malnutrition is highly prevalent in Somalia, particularly among women and children. According to estimates, 50% of women of children bearing age and 48% of children are suffering from iron deficiency anaemia.
- Global acute malnutrition among children is estimated at between 12 -15% and children who are suffering from Vitamin A deficiency are at 30%. (FSNAU 2019)
- Stunting rates are estimated as high with a burden of 27% (FSNAU 2017)
- There is extreme poverty in Somalia, with large disparities between rural and urban populations.
- Women have significant decision-making powers over use of time and resources and health seeking behaviour for children but the decision of access to health care for women lies with the men.
- Women have far lower level of education, with only a quarter of Somalia women aged 15-24 years being literate (MICS 2006).

- Access to safe drinking water and access to toilet facilities is another big problem, as only 29% of the population have access to an improved source of drinking water and half of the population is living without any kind of toilet facilities.
- This has resulted in high incidence and prevalence of diseases like diarrhoea among children and other water borne diseases in population.

Definition of Health and Primary Health Care (PHC)

Methodology: Facilitators notes for the session

- *Divide the participants into groups of 5?*
- *Tasks of the groups is to discuss the meaning of the word "health" and the term "Primary Health care" and how the community health worker would be involved in promoting health and primary health care in the community.*
- *Let representatives from 2 groups make plenary presentations on the group discussions.*
- *Discuss and summarize*

Facilitators notes for the session

- Health, according to WHO is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
- Primary Health Care (PHC) is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.
- The declaration of the Alma-Ata was adopted at the international conference on PHC in September 1978, which expressed the urgent need for governments, all health and development workers and the world community to protect and promote the health for all people of the world. PHC approach has since been accepted by member countries of the **World Health Organisation** as key to achieving the goal of **HEALTH FOR ALL.**
- Components of PHC agreed by all stakeholders are:
  - ✓ Creating awareness in the community on the prevailing health problems and enabling them to address and control these diseases.
  - ✓ Preventing and controlling locally endemic diseases.
  - ✓ Promoting an adequate supply of safe water and sanitary environment.
  - ✓ Promoting local food production and proper nutrition.
  - ✓ Immunizing against vaccine preventable diseases.
  - ✓ Promoting and providing maternal and child health care, including child spacing.
  - ✓ Providing essential drugs (fundamental to PHC)
  - ✓ Providing appropriate treatment of common disease and minor injuries.
- In Somalia, the concept of PHC is used to overcome inadequate health services through:

- Health education of the community
- By encouraging the community
- Enabling the community

Health Education. It means creating awareness in the community about healthy practices and motivating community to bring changes in their cultural and traditional values towards positive healthy behaviors.

Encouraging community: helping the community to understand the meaning of health, importance of control and prevention of disease, main causes of illness and diseases, role of community in prevention of commo ailments and role of health organizations in control and prevention of diseases.

Enabling community: which includes providing knowledge and skills to community to take care of their health, training of community health workers, formation of health committees and making them functional, linking community with other organizations and resources, act as a bridge between the community and health system.

Topic 2: Scope of work for community workers, Selection Criteria and process of their recruitment.

Lesson Objectives

By the end of this lesson, participants should be able to:

- State the roles and responsibilities of Community workers.
- Identify the selection criteria for the community workers
- Explain the recruitment process of the community workers.

Methodology: Facilitators notes for beginning the session

- *Present the lesson objectives and then ask participants the following questions to generate a conversation:*
  - *What are the participants understanding on the roles and responsibilities of the community workers?*
  - *In groups of 5, then discuss what would be the qualities of the community worker to be able to perform the identified tasks and responsibilities.*
  - *Through question and answer, identify the process that is used for the recruitment of the community workers.*

Facilitators notes for the session

What is a community

- Community can be defined as a group of people living together in an area, having common interests and issues. Community members have common thoughts, ideas, needs and way of living.
- Community members also tend to have common health issues.
- The community worker, who is also part of the community will have a better understanding of the health issues of the community and be in a better position to assist the community in resolving issues using local resources.

Who is a community Worker?

This is defined as member of a target community who has understanding of the issues affecting the community members. The community based worked will serve about (600-1000 persons).

Selection criteria for the community workers

The selected person must come from the community in which he/she is expected to serve in. The key qualities to look for in the selection process must include but must not be limited to the following:

- The persons should be aged 20-45 years.
- The person should be literate, with ability to read and write in Somalia/the person should have intermediate or high school education.
- The person must be resident in the urban community and work in the rural areas as outreach.
- The person must be respected in the community.
- The person must be mentally and physically fit.
- The person should have the ability to use a mobile phone.
- The person must be willing to be trained and to train others.
- The person must be motivated to be a volunteer.
- the person must not be involved in other full-time employment within the community.
- After selection by the community members, this person must also be vetted by the Community Development Committee/ council of elders and the District Health Officer, in conjunction with supporting NGO.

Scope of work for the Community Workers.

- Working for 5 days in a week to reach 90 target households per month and refer them to the primary health unit/ health centres if needed.
- The community worker should be the person that interlinks the community to the primary health unit/ health centres if needed.
- Screening for acute malnutrition by MUAC and testing for edema. The CW refers malnutrition cases as appropriate.
- Conduct house to house visits to follow up nutrition, immunisation and ante-natal care absenteeism, defaulters and non-responders
- Conduct health and nutrition education and counselling, hygiene promotion.
- Undertake health education on family planning and healthy spacing/ timing of pregnancies.

- Raise awareness on Sexually transmitted infections and sexual health and prevention of gender-based violence.
- Establish care groups/ mother support groups overseen by lead mothers
- To participate with each care group, once every two weeks for 2 hours to supervise and oversee the activities of the care groups/ mother support groups.
- Support cooking demonstrations conducted at the community level.
- To maintain all records of their activities with linkage to the health facility/ primary health unit.
- To work and support outreach teams
- To help report any disease outbreaks at the nearest health facility.
- To participate in community development committee meetings.
- To assess/identify and refer children with illnesses to primary health unit/ health centre.
- To provide first aid and refer mental health cases and provide basic psycho-social support.
- To undertake community disease surveillance and create awareness to the community on communicable diseases: TB, Malaria, HIV/AIDS.
- Support community members to adopt healthy attitudes and create health seeking behaviours ad practices.

Management and organization of the community worker

- Either males or females should be considered for the position.
- Community Worker will provide services for around 90 Households, resulting into 8 care groups each comprising of 12 mothers/caregivers where each is a representative of a household. This is taken to mean that 12 households comprise a care group.
- CWs work in an active manner, visiting each care group on a regular basis, proposed to meet each care groups at least once per two weeks for 2 hours.
- The CWs should maintain links with health centres/ Primary health units to ensure clarity in referral points.
- The CW will report on a monthly basis using the DHIS2 through the primary health unit or health facility. They will also report on their day to day work to the community development committee as well as to the relevant supervisor within the supporting Civil Society Organisation /Implementing partner/Cooperating partner.
- Supportive supervision will be provided by the State- Ministries of Health/ Federal- MoH and supporting CSO.

Topic 3: Working with the mother support groups/ care groups

Facilitators notes: Methodology for the session

- *Divide the participants into groups of 5?*
- *Tasks of the groups is to explain their understanding of care groups and the qualities that care group leaders should uphold.*
- *Let representatives from 2 groups make plenary presentations on the group discussions.*
- *Discuss and summarize*

Facilitators notes for the session

Defining care groups:

- This is a group of 10-12 community members, preferable mothers who regularly meet (preferable one time per week for 2 hours) for training, supervision and support in public health promotion activities, including cooking demonstrations, sanitation, child protection and health activities as well as back yard gardening.
- Care groups develop a strong commitment to health activities and find creative solutions to challenges by working together as a group.
- The care groups are led by a lead mother who is selected from among the mothers.

Supervision of Lead Mothers and the various Care Groups.

- The CWs will be supervise the lead mothers and the various care groups.
- Each lead mother will foresee a care group, while each CW will supervise at least 8- 12 lead mothers/ care groups.
- It is envisaged that the care group members will meet once in every two weeks for 2 hours , while the CWs will plan to work with each care group every two weeks for 2 hours.
- The CW will use the developed planning tool to organise their time and sessions that shall be undertaken by every other care group.
- Activities within the care groups shall necessitate behaviour change communication BCC activities on nutrition, health hygiene, pregnancy and care of the new born, issues on teenage health including dangers of FGM, prevention of gender-based violence among others.
- Practical sessions within the care group shall entail cooking demonstrations, Community led total sanitation activities, back yard gardening among others.
- The groups will be supported by the close linkage to the health facilities and the CWs who conduct screening for acute malnutrition, dispensing of nutrition related supplies to care groups and reporting of achievements realised.

Selection criteria of the lead mothers/ lead caregivers

- The lead mother should be experienced in health promotion and nutrition related matters
- Must be willing to be trained in health promotion and nutrition related issues on a need to need basis.
- must be residing within the target community.
- Should be willing to be a volunteer with no incentive attached to the role.
- The lead mother/ caregiver must be willing to conduct house to house visits to mothers/ other caregivers within the care group that require additional support.
- The lead mother should also be willing to participate in care group meetings and work well in coordination with the CWs.

Working with the community development committees

- The CW will be supervised by the CDC as well as the relevant supervisor within the CSO supporting this intervention. The supervisor from the local CSO must be one of the participants in this Trainer of Trainers training.
- Note: the CSO supervisor will also provide on job training to the CW whenever required.

Supervision of the Community Worker

The community worker will be supervised by the community development committee and linked to the primary health unit as well as the relevant supervisor within the LNGO that is supporting the intervention. The supervisor from the local NGO must have been trained in the CWs Trainer of Trainers training.

The health facility and Local NGO staff will also provide on job training to the CBWs whenever required.

Provision of supplies to the Community Worker

Supplies for the community worker that should be replenished every quarter includes: ORS, ZINC, Vitamin A (Retinol) capsules, Micro Nutrient Tablets and Powders that should be administered to needful beneficiaries.

Topic 4: Interpersonal communication

Lesson objectives

By the end of this lesson, participants should be able to:

- State the roles and responsibilities of the CWs in relation to interpersonal communication.
- Demonstrate effective interpersonal communication (IPC) skills and describe the various channels of communication.
- Be able to undertake effective group and personal counseling sessions using IPC
- Pass on information to community workers through health education and IPC

Facilitators notes: Methodology for beginning the session

- *Present the lesson objectives and then ask participants the following questions to generate a conversation:*
  - *What do the participants understand by the term communication and begins by giving the local term for communication?*
  - *Trainer asks, "what are the different channels of communication and how to establish effective communication".*
  - *Trainer then explains in detail the meaning of interpersonal communication and the GATHER principles of interpersonal communication.*
  - *Trainer requests for two persons to undertake a role play as follows:*
    - *Role play 1: Effective interpersonal communication*
    - *Role play 2: Ineffective interpersonal communication*

- *Discuss the 2 role plays and pick out differences and issues that could have been done different in the two role plays.*
- *Ask the participants the definition of the term's interpersonal communication. Through plenary presentation, discuss the GATHER principles of interpersonal communication.*
- *Define counselling and the difference between group and individual counselling using GATHER principles for counselling.*
- *Discuss and summarize this session.*

Facilitators notes for the session

Roles and responsibilities of Community Workers in relation to interpersonal communication.

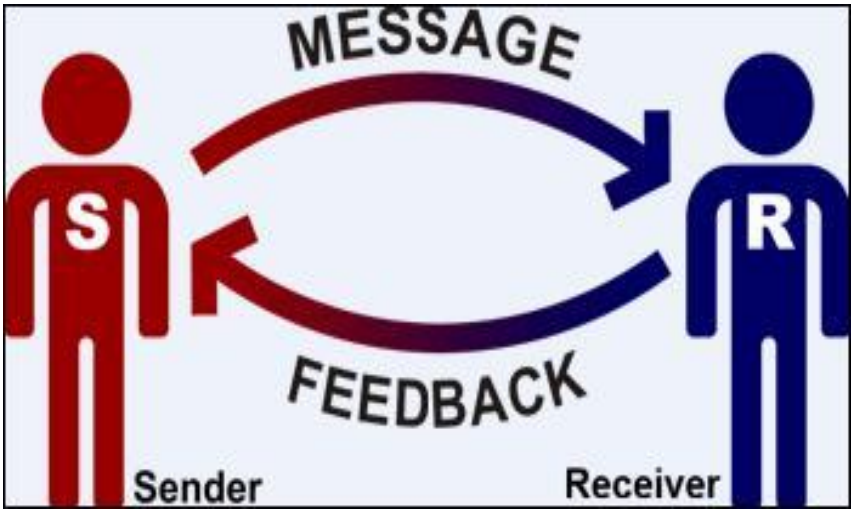
- The Community worker is supposed to maintain effective IPC with other community members.
- For effective IPC, the CW will be expected to collect information from mothers, patients and other community members, for example in case of sick children, she will be expected to obtain information about the illness by asking relevant questions from the mother so that proper treatment can be started, and parents are properly guided.

Facilitators notes : Emphasis notes for the facilitator

- ***Emphasis the definition of communication and key components of communication:***
  - *Communication may be defined as a process of exchange of information, thoughts, feelings or ideas between persons or groups through a common system of verbal (talking), or script (written language), symbols, signs and behavior.*
  - Communication may also be defined as two-way process which involves attempts to understand the thoughts and feelings which the other party is expressing and responding to in a way which is constructive.
- ***Purpose of communication:***
  - Is to create understanding between individuals or parties, give clear instructions or advise, convey message and share ideas.

Components of communication process

a) **Sender**: Person that wants to deliver a message. Example of Message "Ministry of health desire to give a message to mothers to get their children immunized". Sender is ***Ministry of Health***.
b) **Message**: The thought, idea, instruction or advice communicated. Message is ***"get your child immunized".***
c) **Channel of communication**: Means through which the message is conveyed. Eg ***Radio, TV, SMS CW, Nurse etc.***
d) **Receiver:** Individual, party or group to who message is intended to be delivered to ***"Mothers".***
e) **Feedback**: Response from the Receiver.



Defining Interpersonal Communication

- IPC may be defined as the process of exchange of information, views, feelings or ideas from one person to other persons or groups (provision of two- way opportunity) for exchange of information.
- Advantages of IPC:
  - Clarification or additional information about an issue is made possible.
  - IPC is more persuasive for addressing a strongly held practice, attitude or belief.
  - IPC provides an opportunity to model a recommended practice or behaviour in a realistic setting such as an individual's home or community, showing people like target groups engaging in the desired behaviour.
- A good example of IPC is a CW speaking to mothers or group of local women by giving and explaining some health promotion messages.

GATHER principles of Interpersonal Communication (IPC) Skills.

Facilitators notes for guiding the plenary session

- The IPC can be effective with the use of GATHER principles.
- The 6 steps of IPC are explained here:

G	Greet	Greet the client. Provide a favourable/ conducive environment
A	Ask	Ask the client about the current situation, her views and information about the situation
T	Tell	Tell or provide information about different options of the situation.
H	Help	Help the client in selecting the appropriate situations for her.
E	Explain	Explain the full details about the selected options.

	R	Return	Return on the agreed time for follow up.

Explaining the GATHER interpersonal communication process:

GREET:

- Ensures a conducive environment.
- Warmly welcomes the clients
- Show interest in the affairs of the client for example, ask the name of the child, how is she feeling, are the family members okay.
- Maintain a friendly and soft attitude.
- Let the client talk first.
- Show your interest through proper body language such as nodding head etc
- Maintain eye to eye to contact
- Call the care giver by her name
- Say positive comments to the caregiver for example, your baby is well groomed, it is a beautiful day. etc

ASK:

- In order to maintain a positive environment and get more information from the care giver, ask open ended questions
- to obtain the confidence of the client, start with general questions such as, how are you? How is everyone else at home? How is this child?
- Don't ask questions which can be replied in simple "yes" or "no", as they don't provide detailed information.
- Do not ask closed questions such as: are you breastfeeding now? Is the child eating well?
- Instead, ask open ended questions, which start with what, why, where,
    - What is your opinion about this issue?
    - what can we do to improve the situation?
    - Is there any other matter of concern?
- Repeat the caregiver's words with your own words to ensure that there is no misunderstanding.

TELL:

- Some clients have several issues for discussion. Support the client in determining the most important issue. Begin by resolving the most important issue.
- Tell the benefits and drawbacks of various possible solutions and help in clarifying any confusions.
- Prioritise the issues and agree the most important one to begin within.
- Give possible solutions which are suitable according to client's circumstances and are likely to be helpful.

HELP:

- Help the client in reaching the best solution.
- Never impose a solution on the client rather, let the client select the solution which she thinks is best for her

- Find out the possible advantages and disadvantages of every solution.
- Share your knowledge or experience but not impose that the client should adopt what you feel is best for them.
- Bear in mind that some clients may be knowing few possible solutions to the challenges faced.
- Help the client decide herself about the best possible solution.

EXPLAIN:

- When the client has chosen the solution, which conforms to the challenges identified, explain the details related to this solution.
- Explain the details of implementing the selected solution. For example, if the mother is anaemic and decides to take iron rich diet and iron tablets, then you can explain the details of:

- What are possible iron rich foods?
- What is the approximate cost?
- If for example, the animal source protein like meat or liver cannot be afforded frequently, what are the possible alternates (for example green leafy vegetables).
- Regarding iron tablets you should explain: what is the daily dose, how should it be taken, what are the possible side effects, what should be done to minimise these side effects or what to do in case of specific side effects.

- Ask the client to repeat the solution that you have agreed on.
- If there is any confusion, clarify it.

RETURN:

- Details how you follow up the client.
- Clarify the specific schedule or time for the follow up. There should not be a long period between the counselling session and follow up or between two follow ups.
- At the end of each meeting, agree upon the next date of the meeting.
- During the follow up session:

- Act the client to what extent she has been able to act upon the agreed decisions.
- Look for solutions to challenges faced during the implementation of the agreed actions.
- Help the client in reaching to any alternate solutions.
- If the client has been able to follow the agreed solution, praise and encourage her to continue.

Facilitators guidance notes for the role play in buzz groups:

- Facilitators should explain what a role play is, what is expected from the participants to observe and the feedback that will be given:
  - Give the role play script to two volunteers and explain that one person should act as the mother, “Salma” working in her home and the other person will act as the community worker.
  - Give the participants time to prepare and rehearse.
  - Once they are ready, explain the situation to the participants and ask them to watch carefully so that proper feedback is given.
- Questions to participants after the role play:

- As participants to name what was observed to be corrected and what was incorrect and could be done differently.
- Let the discussion continue for about 3-4 minutes.

- Ask participants what should have been the behavior of the community worker? Discussion and summarize the role play.
  - Make similar preparations for role play 2.

Role play 1: (Inappropriate Interpersonal Communication)

Background to the Role Play

This is Ali's house. Ali is a fisherman in Bosaso. He goes for fishing and cleans the fish at home before he takes it to the market. Ali is busy cleaning the fish, so he can dry it. His daughter is helping him with cleaning of the fish. Alis wife is also present in the house doing some household chores. Halima is the community worker of this village and has come for community visit and tell the family the importance of hand washing and how it would benefit the family to start promoting hand washing practise in his home and his children.

Halima enters ALis house without seeking any permission or knocking at the door. She is carrying a register and a pen on her hands. While Mr. Ali is sitting on the floor, Halima draws a chair and sits on it. She is asking questions and is continuously writing in the register. Ali is replying without paying attention. Halima is looking at her watch and seems to be in a hurry. The suggested dialogue for the role play could be as follows:

Halima: *(Halima is knocking at the door).* Ali's wife opens the door and Halima just walks in.
Halima: This is Ali's house I suppose?
Wife: Yes, it is.
Halima: Where is he? *(Halima pushes herself in).*
Wife: Ali is right there sitting on the floor cleaning the fish. His daughter is helping him. He is giving her instruction.
Halima: *(She pulls up a child and sits down).* Ali, I hope you are the one?
Ali: *(Without looking up*). Yes, am Ali. What do you want?
Halima: Why don't you have a hand washing facility at your dilapidated toilet?
Ali: Why should I have one?
Mary: *(She is busy writing in her notebook*). Why? Don't you know that if you and your family don't wash hands after using the toilet, you may fall sick?
Ali: *(Ali continues working).* We are poor. We do not have money to waste on rich people's items like that.
Halima: Rich people? That is the reason why your son died last year. You have such a poor man's mentality, Ali.
Ali: Have you come to insult me in my home?
Halima: No, I came to tell you that you must WASH hands with soap after visiting the toilet. Am off since I have given you the message. Its now up to you. I have already spent so much time here already.

Facilitators notes for the plenary presentation:

- Trainer asks the participants what positive points and what negative issues have been observed in the role play?
- What could have been done differently by Halima?
- What was the conclusion of the visit?
- Do you think Ali and his family will construct and use the hand washing station as a result of Halima's visit?
- Can you identify any GATHER principles taken into consideration in the role play?

Role Play 2: (Appropriate interpersonal communication)

Background to the IPC

Salma is the mother to 8-month-old baby called Habiba. Habiba has been growing well but has frequently developed diarrhoea. Salma lives with her mother in law and her husband Abduaziz.

CW: *Knocks the door and seeks permission,* Salma may I come in?
Salma: *come at the door hurriedly and opens it, come in dear*. I was busy with work. This is why it took me some time to open the door.
CW: This is okey. Good morning, how are you and baby doing?
Salma: Am doing well, thank you for asking. But baby is having loose motions since yesterday, she has become too weak.
CW: No problem, let me see her (examines the child) she is looking very weak but nothing to worry. Her condition is out of danger. She will be alright soon. What are you giving to her?
Salma: I haven't given her any medicine, I have just stopped feeding her to stop the loose motions.
CW: Oh Salma, you should not have stopped feeding. In case of diarrheal, feeding should not be stopped rather you should continue feeding her. Thank God she is not much dehydrated. You should start giving her ORS. Do you know how to prepare ORS?
Salma: I have never prepared it before, but I heard from the health education at the clinic that one packet is dissolved in a jug of water and is given to children during diarrhoea or vomiting episodes.
CW: Ok, just bring some water clean drinking water in a jug, let me show you how to prepare the ORS.
Salma: I have brought water in a bucket, you may add ORS and give it to the baby.
CW: Lets prepare ORS for baby. Now see, I have put 4 glasses of water in the jug, now I will open the ORS pack on pour it in jug, and stir with spoon till whole powder is dissolved. Now give it to the child in small quantity after short intervals particularly after every stool, it can be used within 24 hours after preparation.
Salma: Thank you very much, it is good that now you advise us to manage such illnesses, otherwise we had to travel a long distance to take advise from health centre even for minor problems.
CW: Now there is nothing to worry about, inshalla she will be alright within a few days. You will have to continue giving her ORS and feeding. Can you tell me how to give the ORS?
Salma: I will give small quantities after short intervals, and after every stool, feeding will also be continued.
CW: Good, you are a good mother. Ok, I will come back tomorrow to see the baby. Until then, good bye.

Facilitators notes for guiding plenary presentation

- Trainer asks the participants what positive points have been observed in the second role play?
- Spot the differences between the first role play and the second role play? Which one is likely yield better results?
- Identify the use of the GATHER principles for interpersonal communication in the 2nd role play.
- Do you think Salma will continue to give the child ORS until the diarrhea has stopped?
- Note down important points on the board, of which some of them could be :

- CWs demonstrates courtesy by knocking the door and seeking permission before entering the house.
- She speaks courteously and sympathetically
- She expresses concern and sympathy over Salmas babys illness
- She listens to Salma with attention and consoled her
- Treatment and preventive measures were explained in detail.
- She sets a return day for the next visit.

Technique for Community Workers to establish effective IPC

1. Listen with concentration
2. Assess the situation vigilantly
3. Encourage others
4. Use simple language
5. Give examples during discussion
6. Use body language (non-verbal communication) skilfully
7. Use of supportive material during discussion such as IEC materials
8. Ask open ended questions to get more information

Topic 5: Health Education Techniques including counselling

Lesson objectives

By the end of this lesson, participants should be able to:

- State the roles and responsibilities of CWs in health education and counselling.
- Demonstrate how a community worker can undertake health education.
- State the important tips for the health education session.
- Explain the meaning of counseling.
- Understand the features and steps for group counseling

Methodology: Facilitators notes for beginning the session

- *Present the lesson objectives and then ask participants the following questions to generate a conversation:*
  - *Begin by asking the participants to recap the meaning of the word "health" and "education"*
  - *Therefore, what do we understand by the term's health education.*
  - *Ask, how can the CW impact health education?*
  - *Ask participants to list the principles of adult education?*
  - *Define counselling and the difference between group and individual counselling.*
  - *Discuss and summarize this session.*

Facilitators notes for the session

Roles and responsibilities of Community Workers on health education and counselling

- The CWs will impart health education to the community and persuade them to act upon advice provided.
- The CW will visit households and follow up on the adoption of health practices as taught during the health education sessions.
- On need basis, the CW will undertake individual and group counselling on matters affecting health and nutritional status of children.

Defining health education

Health education: This is the act of creating awareness to people, by persuading them to bring positive change in their individual and collective beliefs and behaviours about health so that they can live a healthy life.

Ways of impacting health education:

a) **Through home visits**: the best place to undertake health education is at the home of the caregiver. The community worker can assess the health status and living conditions of family members through the home visits. She/ he can give advice according to the circumstances and the needs of the clients.

b) **By training other people who can educate others**: The CW can obtain services of other people for assistance in this task. It is important to train capable and influential people in the community (such as members of the community development committee, community health committee or women group, school teachers, religious leaders, students etc) who can in turn impart health education to persons under their influence.

c) **Through group education:** in addition to home visits, another way of health education is through group discussion. We impart health education to a group of people on issues of common interest, such as mother to mother support groups. The principles of adult education should be followed.

Emphasis notes for the facilitators

- ***Ask the participants to list the principles of adult education:***
  - Select a convenient place where all participants can sit comfortably and are able to see each other,
  - Participants should be seated in a semi-circle at the same level.
  - After the CW introduces him/herself, ask all participants to introduce themselves.
  - Ask the participants to elect group leader among themselves who will lead the discussion, you may act as secretary or coordinator.
  - Ask participants to decide about the topic to be discussed as per their identified needs.
  - After introducing the subject, ask the participants to share their views and experiences on it.
  - Focus the discussions on the subject, avoid any unnecessary discussions.
  - Keep on taking note on important points raised during the discussion and take them up when concluding the health education session.
  - Continue giving feedback so that interest of the group is maintained till end (Group training session can be conducted at any public place such as the school, mosque, watering points etc).

d) **Health education sessions in the school:** Health education sessions maybe conducted within the schools. CWs would meet the community education committee members and explain the objectives and estimated time required for the health education session. They should then organise an education session with the concerned teacher. Topics that can be addressed during health education should be relevant for the students, such as menstrual hygiene, hand washing, promotion of dietary diversity.

Important tips for health education sessions:

1. Before holding the health education session: CWs should always write down important points to be discussed before the education session, so that important points are not missed.
2. Only discuss required contents: Give relevant information and focus on the issue. Unnecessary technical details and irrelevant information should be omitted.
3. Provide practical demonstration, use information education materials or give examples.
4. Let the mother/caregiver practice the issue under supervision.

Topic 6: Counselling

Facilitators notes for guiding plenary session

- Ask the participants what they understand by the term counselling?
- Let the trainer write the important points on the board?
- Generate a discussion on the counseling process, its benefits and draw backs
- Discuss the difference between individual and group counselling. Identify the important steps of group counselling.
- Summarize the session

Defining counselling

- **Definition of counselling**: It is a dialogue process or discussion between two or more persons, where information is provided through exchange of views and by discussing different suggestions or options, so that to come to a conclusion about an issue.
- **In the counselling process**, the information is given in such a manner that at the end of session the client (person seeking advice) is able to make a decision. The role of counsellor (person giving advice) is to facilitate the client in reaching a correct decision.

Methods of counselling:

i) **Individual counselling**: This is the process of providing information to one person and enabling him or her to make decision. It's a discussion between two persons and arriving at a decision.

ii) **Group counselling**: It is a discussion among three or more persons on an issue of common interest. One way of doing group counselling is through the constitution of a **"support group".**

Care/ Support Group:

- This is a group of people who have some common interest or issues and they support each other in finding the solution through experience sharing and mutual discussions.
- Some examples of support groups are “mother to mother support groups”, “Group of pregnant ladies” or “Group of lactating mothers” etc.

Positive aspects of care/ support group counselling

- Sharing of issues, knowledge and experiences with each other.
- Helping each other, including identifying and highlighting the issues
- Developing a common strategy or plan to deal with issues
- Group counselling creates self confidence among the participants.

Methodology for the session.

- Ask the participants what the **characteristics of the group counselling are.**
- Listen to the participants and then add the following points:
  - A group may comprise of 3 to 15 participants
  - The group decides about the duration of the discussion/meeting
  - There is no restriction in including new persons in the group counselling session.
  - The group members mutually decide about the date, the venue and time of the meeting
  - The group members themselves decide the topic of discussion for the upcoming meeting based on prevailing health needs.
- **Important points to note for group counselling**
  - Select a proper place for the meeting where all the participants can sit comfortably.
  - The time selected should be convenient for all participants, its best to set time for next group counselling based on mutual agreement.
  - Ask the participants to elect one person (lead mother/lead father) who can facilitate and regulate the group meetings.
  - Select topics according to the need of the participants, take note that one topic should be discussed per group meeting.
  - After introducing the topic, let the participants share their knowledge and experiences. Make use of pictorials, role plays and demonstrations.
  - Keep the discussion on the topic, avoid any conflict or dispute.
  - Keep taking notes of the important points during the discussion, in the end sum up the discussion with the help of these points and conclude the session.
  - Group counselling session can be held at public places such as mosques, school, training centers or community centers.
  - Discuss and summarize this session.

Module 2: Adolescence, Maternal, Reproductive and Neonatal health

Topic 1: Adolescent Issues

Lesson objectives

By the end of this lesson, participants should be able to:

- State the roles and responsibilities of the CWs in relation to adolescent health and adolescent issues
- Explain the consequences of FGM in girls/ women life.
- Identify the benefits of delayed marriages and delaying pregnancies.

- Identify the role of the community worker in discouraging early marriages and pregnancies.
- State the issues to take into consideration when promoting menstrual hygiene.
- Understand the importance of adequate nutrition in the life of adolescent girls.
- Create awareness to women about prevention of breast cancer.

Methodology notes for beginning the session

- *Present the lesson objectives and then begin the session.*
  - *Explain that the CW will work to support activities related to adolescent and pre-pregnant girl.*
  - *Open the session by asking the meaning of the term adolescence? What did they experience when they were of that age? Who told them about changes that happen to adolescents?*
  - *Divide the participants into three groups. Instructions for group work:*
    - ✓ *Ask the groups to identify the physical and emotional changes that occur during adolescence in girls and in boys,*
    - ✓ *Discuss and summarize the group works.*
  - *Discuss and summarize this session.*

Facilitators notes for the session

Roles and responsibilities of CWs on adolescent issues

- The CWs will educate and create awareness to adolescent girls and their mothers/caregivers about changes of adolescent age.
- The CWs will teach the community the importance of nutrition and healthy life of adolescent girls.
- Create awareness among the women and adolescent about prevention of breast cancer.
- The CW will visit households and follow up on the adoption of healthy practices as taught during the health education sessions.

Describing adolescence and its importance.

- It is the period between 10-19 years, the transitory phase between childhood and adulthood, otherwise the time a child changes from a boy to a man and a girl to a woman.
- During adolescence, the boy or girl undergoes various physical, psycho-social and emotional changes which make her/him feel awkward and different from others.
- Some changes during adolescence are visible and some are invisible.
- These changes happen to all girls and boys and they are normal and natural.
- This maturation is called puberty.

Physical changes in adolescents

Physical Changes in Girls	Physical Changes in Boys	Emotional Changes in Boys and Girls:
• Growth spurt occurs • Skin becomes oily • All permanent teeth are in • Underarm hair appears • Breasts develop • Waistline narrows • Hips widen • Long bone growth stops • Pubic hair appears • External genitals enlarge • Ovulation occurs • Menstruation begins • Uterus and ovaries enlarge	• Growth spurt occurs • Skin becomes oily • All permanent teeth are in • Underarm and chest hair appears • Larynx (voice box) enlarges, voice deepens • Facial hair appears • Shoulders broaden • Long bone growth stops • Muscles develop • Pubic hair appears • Penis and testes enlarge • Sperm production begins • Ejaculation occurs	• Increased production of hormones prompts sexual thoughts, daydreams, and fantasies in most young people; there is increased awareness of sexual attraction to the opposite sex • Frequent shift of moods may go through awkward stages, both about their appearance and physical coordination • Becomes self-conscious, sensitive, and worried about their own body changes. • They may make painful comparisons about themselves with their peers.

Topic 2: Prevention of Female Genital Mutilation

Methodology for the session: Facilitators notes

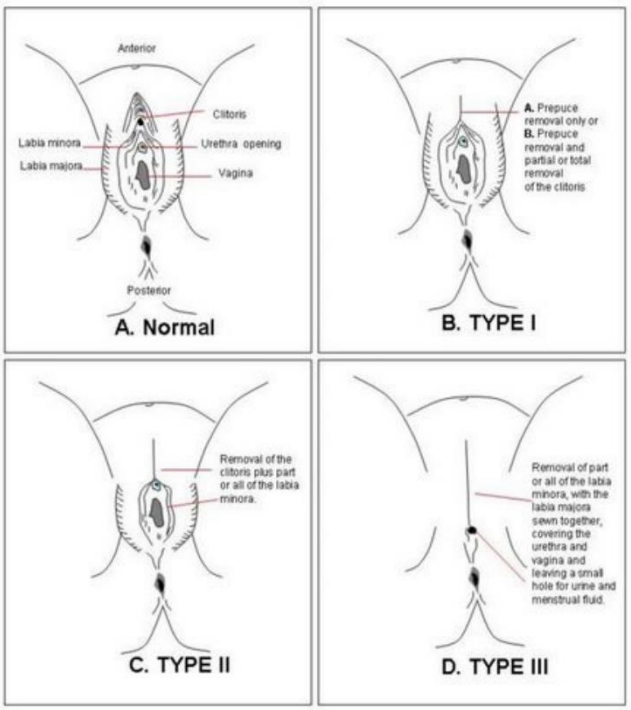
- *Begin the session by asking participants to note the roles and responsibilities of the CWs in prevention of Female Genital Mutilation.*
- *Divide the participants into 3 groups and distribute the printed pictorial on FGM types to the groups. Let each of the groups discuss the type of FGM indicated on the pictorial, including discussions on the consequences of FGM. Let each of the groups make plenary presentations.*
- *Ask which type of FGM is commonly practiced in Somalia. Explain the consequences of FGM, especially the Type 3 FGM which is commonly practiced in Somalia.*
- *Discuss and summarize the session.*

Roles and Responsibilities of Community Workers on prevention of FGM

- Create awareness in the community (targeting men, women and grand-mothers) regarding consequences of FGM on the reproductive life span of a woman.
- Employ the tact of explaining that FGM is not religious and should make use of religious statements why FGM is against Islam.
- To identify women and girls having complications due to FGM and refer.
- Identify circumcisers and inform them about dangers of FGM.
- Provide linkage of circumcisers with other livelihood projects in the community.

Defining FGM:

- Involves partial or total removal of external female genitalia or deliberate injury to female genital organs for cultural or aesthetic reasons
- FGM is performed on girls under 10 years of age and leads to varying amounts of scar formation.
- 3 types of FGM practiced today:
  - **Type I (FGM 1)** - excision of the prepuce, with or without excision of part or all of the clitoris;
  - **Type II (FGM II)** - excision of the clitoris with partial or total excision of the labia minora;
  - **Type III (FGM III)** - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulations)
- In Somalia, the types of FGM most commonly employed are Type 1 and Type 3. The local names for this FGM are Gudniin Fircooni.



Consequences of FGM:

- Severe pain and trauma.
- Excessive bleeding and possible shock or even death
- Difficulty passing urine and urinary infections.
- Chronic pelvic infections, development of cysts, abscesses and genital ulcers
- Excessive scar tissue formation and infection of the reproductive system
- Urinary and menstrual problems, infertility and painful sexual intercourse.
- Complications during child birth since the scar tissue is inelastic and can lead to obstruction during delivery.
- In Africa, it is estimated that 10-20 babies die per 1000 deliveries as a result of the effects of female genital mutilation.

Topic 3: Prevention of early marriages and early pregnancies

Methodology for the session, facilitators notes: Prevention of early marriage and early pregnancies

- *Begin the session by asking participants to note the roles and responsibilities of the CWs in prevention of early pregnancies and early marriages.*
- *Trainer defines who is a minor according to the international convention on the rights of a child.*
- *Ask participants to site examples when minors have been married off in Somalia, either forcefully or willingly.*
- *In groups of 5, participants identify possible dangers of early marriages which most times results into early pregnancies.*
- *Discuss and summarize the session.*

Facilitators notes for the session

Roles and responsibilities of the Community Worker in preventing early marriages and early pregnancies.

- Creating community awareness on consequences of early marriages and pregnancies on the health of the new born child.
- Create community awareness on consequences of early marriages and pregnancies on the health of the young mother.
- Organize support groups that advocate against early marriages.
- Seek for support from chiefs and local administration on prevention of early marriages.

Defining early marriage

- This refers to union with a man or woman before 18 years of age.

The implications of child marriage and early pregnancies are that:

- It denies girls the right to education: once girls get married, they drop out of school.
- Once girl drop out of school, there is decreased economic productivity due to low educational status.
- Early marriage results to losses on benefits of health.
- Results to decreased economic productivity due to low education status.
- Fosters a platform for abuse and slavery.
- Early marriage fosters emotional abuse, due to separation from family and friends.
- Adolescents have a higher risk of dying from maternal causes compared to women in their 20s and 30s. Adolescents under 16 face 4 times risk of maternal death compared to women above 20 years.
- Still birth and death are 50% higher in first week of life for babies born to mothers younger than 20 years, than among babies born to mothers 20-29 years old.

Topic 4: Menstruation and menstrual hygiene

Methodology for the session, facilitators notes: Menstruation and menstrual hygiene

- *Have an open discussion on the concept of menstruation. What is it? How does it occur?*
- *Listen carefully to their answers as many misconceptions regarding menstruation may be highlighted.*
- *Explain the concept of menstruation using simple language.*
- *Through question and answer, ask how girls observe menstrual hygiene in the community.*
- *Divide the participants into 3 groups, with aim to do a participatory methodology - household mapping, where we can get the participants to openly discuss the concept of menstruation.*
- *Ask the participants to make a drawing of a typical household in the community.*
- *Using the drawings, identify/ show places that are important for a girl who is having her menstrual flow and how these areas influence menstrual hygiene.*
- *Through the groups, proceed on to discuss myths and fallacies related to menstruation.*
- *Discuss and summarize this session.*

Facilitators notes for the session

Defining menstruation

- This is the monthly discharge of blood and other waste from the uterus of a non-pregnant women from puberty to menopause.

Menstruation

- A woman is able to become pregnant after she begins having menstrual periods. This usually happens at about 12-14 years of age. This happens after the breasts and the hair on the body begins to grow.
- The monthly cycle starts with the beginning of the menses. After the menses ends, the lining of the womb becomes thicker so that the baby can have a soft nest to grow in, if the woman becomes pregnant that month.
- Half way through the cycle, which is about two weeks after the menses, an egg is released from one of the woman's ovaries and begins to travel down a tube into her womb.
- A woman can become pregnant at this time, if she has sex, as the man's sperm may join with her egg, therefore causing pregnancy.
- However, if there is no pregnancy, the lining of the womb breaks down and menses start, and the egg comes out.
- During menstrual periods, a bloody fluid leaves the womb and passes out through the vagina.
- When a woman becomes pregnant, she stops having a menstrual period.

Duration of normal menstrual cycle.

- A normal period cycle ranges from 25 to 35 days, with a 28-day average.
- The menstrual flow itself can last two to seven days, with an average of 4 days.
- We consider the 1st day of menstrual bleeding as day 1 of your cycle.
- Spotting before the menstrual flow should not be considered the start of the period.

How do girls observe hygiene during the menstrual cycle?

- Bathe daily during menstruation if possible.
- Wear clean underwear.
- Remove armpits and pubic hair regularly.
- Use clean napkins or clean cloth.
- Change the napkins frequently.
- Do not use dirty cloth as it can cause pelvic infection and foul-smelling vaginal discharge and difficulties later in life.

Certain health issues for which referral is needed

- Early start of menstruation (before age of 9 years)
- Menses not started till and after 16 years of age.
- Before and during menses, severe abdominal pain.
- Less blood discharge during menses in the form of spotting, passage of clots.
- Menses that last for less than 3 days and more than 10 days.

Certain fallacies about menstruation

- **Myth**: A woman becomes dirty or untouchable during menstruation.
  Fact: menstruation is a normal phenomenon occurring in all women and the blood that comes out from her body is not dirty.
- **Myth**: One should not take a bath during menstruation
  Fact: As menstruation is a natural phenomenon, there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this period, to avoid infection of the reproductive tract.
- **Myth:** If the hymen is broken, then the girl is not a virgin.
  Fact: This is not true as the hymen can break, even without sexual intercourse, by certain physical activities like sports, exercise, use of internal pads during menstruation. Sometimes the hymen maybe loose or absent and there is not breaking of the hymen.
- **Myth:** It is bad to have sexual fantasies and mood changes during adolescence as it harms later life.
  Fact: sexual fantasies are absolutely normal and harmless emotional changes during adolescence.

Topic 5: Dietary requirements for the adolescent

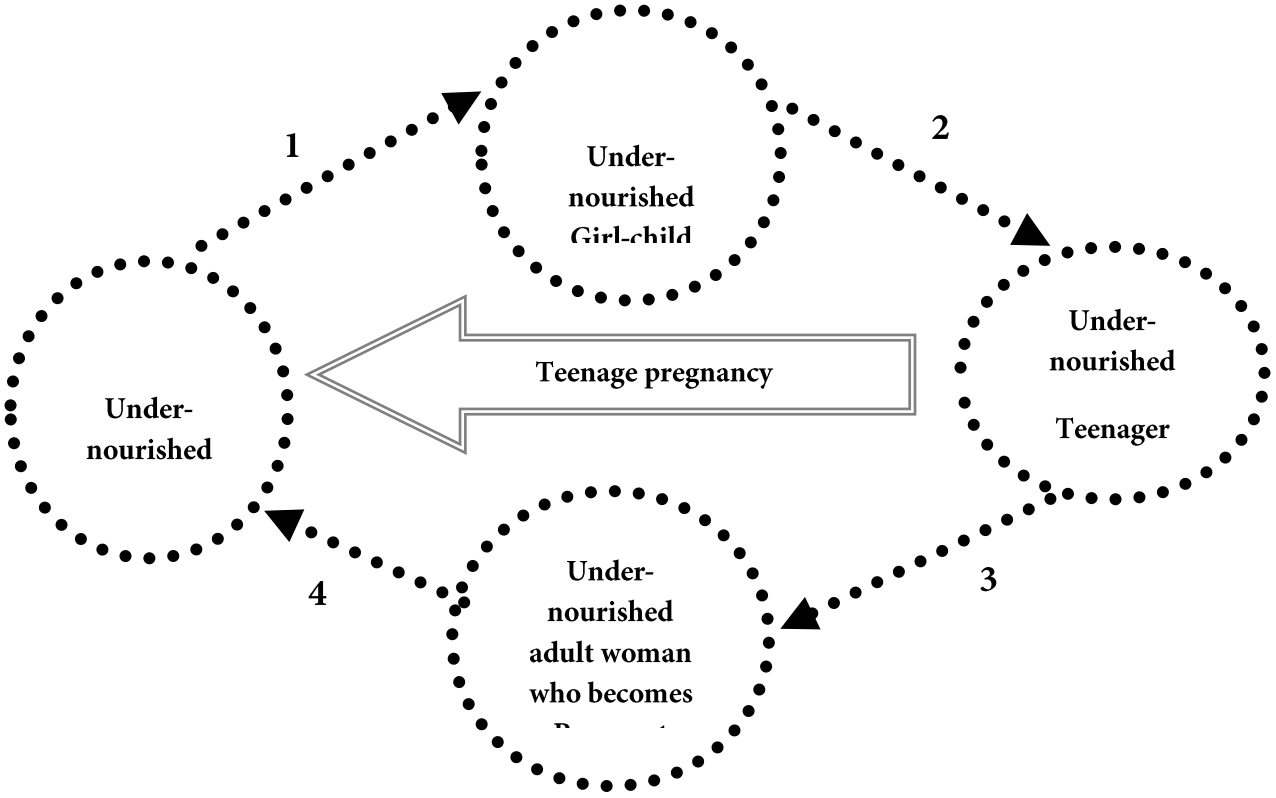
Methodology for the session: Facilitators notes

- *Present the lesson objectives and then begin the session.*
  - *Through question and answer, ask the participants what the consequences are of under nutrition for girls and women.*
  - *Divide the participants into 3 groups, fix 3 flip charts on the wall in different corners. Let each group members rotate as below:*
    - ✓ *On flip chart 1, write topic: actions to break under nutrition cycle for children*
    - ✓ *On flip chart 2: write topic: actions to break under nutrition cycle for adolescent girl*
    - ✓ *On flip chart 3: write topic: actions to break under nutrition cycle for adult women*
  - *Discuss and summarize this session.*

Facilitators notes for the session

Nutrition for adolescent girls

The cycle of malnutrition



Consequences of under nutrition for girls and women

- Poor nutrition increases infection due to weakened immune system.
- Weakness and tiredness lead to lower productivity
- Difficult labour due to small bone structure.
- Increased risk of complication in the mother leading to death during labour and delivery.
- Increased risk of death if mother bleeds during or after delivery.
- Increased risk of giving birth to an underweight child who., if female, will be greater risk of a more difficult labour during her own pregnancy unless the under-nutrition cycle is broken.

Some factors affecting teenage and women's nutrition

- Nutrient intake: beliefs and culture, cravings
- Lack of family planning and child spacing
- Heavy work load
- Consumption of tobacco, khat and caffeine during or immediately after meals.

Note: Teenage mother needs extra care, more food and more rest than an older mother. She needs to nourish her own body which is still growing as well as her growing baby.

Actions to break the under-nutrition cycle for the adolescent boy or girl:

For the teenage girl and boy:

Ensure appropriate growth by:

- Feeding different food groups at each serving. For example:
  - Animal-source foods: flesh foods such as *chicken, fish, liver*, and *eggs* and *milk, and milk products* **1 star***
  - Staples: grains such as *maize, rice millet and sorghum* and roots and tubers such as *cassava, potatoes* **2 stars****
  - Legumes such as *beans, lentils, peas, groundnuts* and seeds such as *sesame* **3 stars*****
  - Vitamin A-rich fruits and vegetables such as *mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato* and *pumpkin*, and other fruits and vegetables such as *banana, pineapple, watermelon, tomatoes, avocado, eggplant* and *cabbage* **4 stars******
- Oil and fat such as oil seeds, margarine, ghee and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
- Increase general food intake. Ensure a diet that primarily relies on fruits and vegetables, whole grains, dairy products, beans, fish, lean meats and foods rich in iron such as liver, offals, kidney lentils etc.
- Encourage consumption of different types if locally available foods as described above.

Other non- food practices to enhance the nutritional status of the adolescent:

- Delay the first pregnancy until her own growth is completed (usually 20 years to 24 years)
- Prevent and seek early treatment of infections.
- Encourage parents to give girls and boys equal access to education- under nutrition decreases when girls/ women receive more education.
- Encourage families to delay marriage for the young girls.
- Avoiding processed/fast foods
- Avoiding intake of coffee and tea with meals
- Encouraging good hygiene practices.
- Encouraging use of Insecticide treated nets (ITNs)

Topic 6: Care of the breasts

Methodology for the session: Facilitators notes

- *Trainer asks participants by show of hands who has undertaken breast examination before? follow up by asking a volunteer to explain the main steps of doing breast examination.*
- *Trainer asks the participants to get into groups of 5.*
- *Trainer distributes pictorials demonstrating the different ways to examine the breasts.*
- *Tasks of the group work is to discuss the different steps for examining the breasts and the symptoms to note.*
- *Discuss and summarize the session.*

Facilitators notes for the session

Role of the community worker:

- CWs will teach women and girls of their community how to examine their breasts regularly after every menstrual cycle so that in case of any abnormality, they can contact their health care provider as soon as possible.
- CWs should teach women and girls in the community:

- ✓ How to examine their breasts soon after the menstrual flow.
- ✓ Explain the importance of early detection or any lump or discharge or abnormality in shape of the breast.
- ✓ Explain the importance of early diagnosis, early treatment and good prognosis if an abnormality is detected.

Care of the breasts

- Cancer cab affect any one at any age but the commonest cancer in women is cancer of breast and cervix (Mouth of uterus).
- Breast cancer has become one of the major causes of morbidity and mortality through out the world. Due to unawareness among masses, early diagnosis of symptoms like change in shape, colour of nipple, and feeling of lump is difficult. By the time it is diagnose, it is too late.
- If women examine their breasts regularly they can identify and detect any change in colour, size and shape.

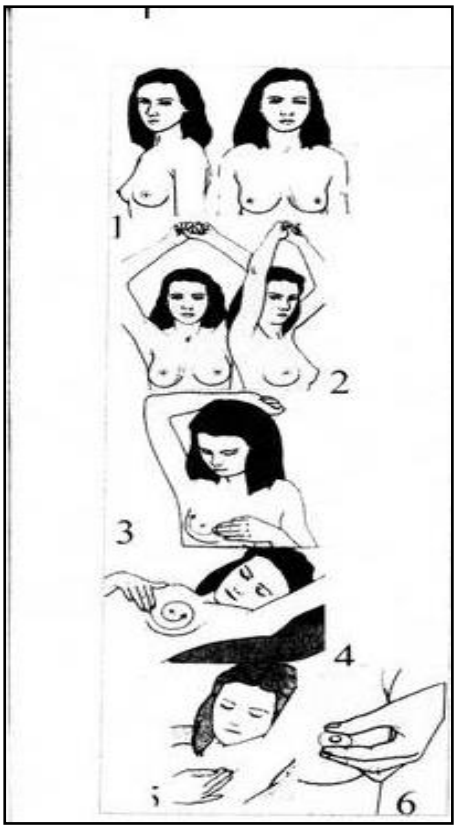
Symptoms to look for in the breasts:

- Changes in the skin of nipples of the breasts like pitting (looking like the skin of orange).
- Note for changes in the colour of the breasts
- Take note of any hard nodule or feeling of lump in any area or whole of the breast.
- Take note of any discharge of blood or pus from the nipple.

How to examine the breasts

- Stand in front of a mirror, drop both arms down wards and see the shape of both breasts. It is very common and normal that one breast looks smaller than the other.
- No raise both arms above the head and again see the shape and size of nipples and breasts. Any swelling and changes to the breasts would be noted easily.

- Now put right hand on head and examine right breast by pressing each part of right breast with the help of palm and fingers of left hand.
- Now repeat the process by placing left hand above the head and examining left breast with palm and fingers of the right hand.
- With this process, any lump can be felt easily, normally no hardness or lump should be felt. You should be aware of the shape and size of your breasts so that change of any kind can be easily noticed.
- Now repeat the process by placing left hand above the head and examining left breast with palm and fingers of right hand.
- Put a pillow under left shoulder and place left arm and hand below head and with help of right palm and fingers examine left breast. Also examine the area between arm pit and breasts.
- Now repeat the same process on other side.
- Now gently press both nipples turn by turn to see any discharge coming out of nipples.



Topic 8: Pregnancy

Lesson Objectives

By the end of this lesson, participants should be able to:

- Understand the relationship between menses and pregnancy
- Identify signs and symptoms of pregnancy
- State the minor problems and danger signs to look out for during pregnancy
- Calculate the Expected Date of Delivery (EDD).
- State the dietary and micro nutrient requirements during the pregnancy period.

Methodology for the session: facilitators notes

- *Present the lesson objectives and then begin the session.*
- *Show the participants a picture of a pregnant woman. Ask the participants to give the local name for pregnancy.*
- *Through question and answer, ask female participants to share their pregnancy experiences.*
- *Go through a body mapping exercise and let the participants identify the changes that take place during pregnancy. Through this participatory activity, also identify*

the signs and symptoms of pregnancy as well as the minor problems during pregnancy and what to do.

- *Discuss and summarize.*

Facilitators notes for the session

How pregnancy takes place

- Fertilization takes place when a male sperm cell meets the female egg.
- Millions of sperm cells are deposited into the vagina during sexual intercourse. If there is a mature egg present, fertilization takes place. Although thousands of sperm maybe present, only one sperm cell can penetrate the egg.
- A sperm can fertilize an egg, up to seven days after intercourse.

Signs and symptoms of pregnancy

- Absent menses.
- Nausea
- Vomiting in the morning
- Frequent urination
- Enlargement of breasts
- Occasional headaches
- Burning pain in the urethra – which maybe occasional.
- Skin becomes shinny
- Enlargement of abdomen after 12 weeks of pregnancy
- Movement of fetus after 20 weeks of pregnancy
- Weight gain after 12 weeks of pregnancy.

Note: if possible, the pregnancy should be confirmed with a urine test.

Minor problems during pregnancy

- **Morning sickness**: a pregnant woman with morning sickness will feel sick and may vomit after eating food and sometimes after drinking fluids. This is common in the mornings but may present any time of the day. Morning sickness often stops by the end of the 3rd or 4th month.
  What to do: eat and drink small amounts often, avoid foods that are oily or have an odour, identify smells that irritate and avoid them if possible, lick a lemon.
- **Swelling of the feet and ankles:** This is common during the last 3 months of pregnancy because of increasing size of the baby.
  What to do: Limited salt intake, advise pregnant woman to lie flat every few hours during the day.
- **Constipation (Difficult passing stool):** Pregnancy makes the bowels work more slowly.

What to do: drink at least eight glasses of water and other liquids each day, get regular exercise, if the woman is taking iron tablets, she should take the tablet ones daily with a fruit or tomatoes, or skip the tablets for a few days.

- **Heart-burn:** Pressure on the abdomen frequently causes heart burn in the last months of pregnancy.
  What to do: Light meals and chewable anti acid for the relief of heartburn symptoms. Avoid spicy foods and do not lie down immediately after meals.
- **Backache:** Women sometimes suffer from backaches towards the end of the pregnancy. Increased pressure and weight of the growing foetus causes backaches. The women leans back to counter the weight of her protruding abdomen, placing a strain on the muscles of her lower back.
  What to do: Daily exercise, such as walking to prevent and ease backaches during pregnancy. Avoid lifting heavy loads if possible. Good posture and light massaging of the lower back are particularly helpful.

Danger signs during pregnancy

Danger signs during pregnancy can be dangerous for the pregnant mother and the unborn baby. Whenever a pregnant woman experiences the below dangers signs, they should seek health care support from a skilled health worker. The danger signs to look out for:

- Abdominal pains.
- High fever
- Swelling of face and arms
- Heavy vaginal bleeding or spotting.
- Severe head ache
- Convulsions
- Loss of consciousness
- Severe vomiting that continues after the 3rd month of pregnancy.

If the mother has any other of the below listed signs and symptoms, she should seek medical attention at the earliest convenience:

- Fluid from the vaginal that smells bad.
- Severe headache
- Anaemia demonstrated by pale eyelids, tongue or palms, weakness and feeling of tiredness, dizziness, especially when getting up from a sitting or lying position and shortness of breath or difficulty in breathing
- Extreme increase in body size
- Very little increase in body size, especially the abdomen.
- Decreased or absent foetal movement.
- Pale inner eyelids, inside of lip, and nails

Topic 9: Ante natal care

Methodology for the session: facilitators notes

- *Review the session objectives and begin the session.*
- *Before this activity, develop a set of 4 to 6 statements of attitudes and beliefs about ante- natal care during pregnancy, for example:*
  - ✓ *Taking drugs such as khat during pregnancy will neither affect the mother or the baby.*
  - ✓ *Only attend ante- natal care at the health facility if only the pregnancy has complications.*
  - ✓ *Micro nutrient tablets given during ante- natal care contribute to the delivery of healthy babies.*
  - ✓ *Attending ante-natal care is a great opportunity to get to know the expected date of delivery and prepare for the baby's arrival.*
- *Draw or write three signs- "I agree", "I disagree" and "I am not sure". Place these signs on walls of training room/ training space.*
- *Read out one of the statements. Ask the participants to go and stand by the sign that says how you feel. For example, if the participants strongly agree with the statement, they should stand by the "I agree sign, if they are unsure, they should stand somewhere in the middle near the "am not sure" sign.*
- *Ask the participants to explain why they are standing by their different signs.*
- *Through question and answer, ask the participants to identify the different activities that happen during ante- natal care.*
- *Feel in any gaps in awareness, while resolving any contraction.*
- *Discuss and summarize the session.*

Facilitators notes for the session

Health practices to be observed by pregnant women

- **Eat a nutritious diet**: This will give strength to the mother, prevent infections and build a healthy baby. Remember that a woman needs to eat for both herself and her baby.
- **use iron and folic acid tablets, multiple micro nutrient tablets or other multi-vitamin pills:** This will make the blood of mother and baby strong.
- **Exercise**: Get some exercise every day but sleep and rest whenever you can. The mother should sleep adequately for 1 hour in the day time and 8-9 hours at night. She should walk for short distances and carry out simple household chores.
- **Hygiene**: a woman should bathe daily and wash/change clothes regularly. She should brush her teeth with toothpaste every day.
- **Medication**: Avoid consuming modern or plant medicines except those prescribed by a health worker.
- **Drugs**: Avoid tobacco, khat or any other drugs. They may harm the baby.
- **Ante natal care at the health center**: visit the health center, at least 4 times during the pregnancy to make sure there are no problems during the pregnancy. It is good to go at least 4 times: at about 4 months, 6 months, during the 8 months and again in the ninth month.

Ante natal care:

- All pregnant women should receive ante- natal care from skilled birth attendants at the health center, so as to maintain health and protect the health of the baby.
- Make at least 4 ante-natal visits to the health facility during the pregnancy. Schedule of the visits, as below:
  - ✓ Make the first visit by the end of the 4th month of pregnancy.
  - ✓ The second visit in the 6th or 7th month of pregnancy.
  - ✓ The third visit in the 8th month of pregnancy.
  - ✓ The fourth visit during the 9th month of pregnancy.

Benefits of antenatal care:

- Complete history is taken to rule out any risk factors.
- The Estimated Date of Delivery (EDD) is estimated.
- Blood test for blood grouping and HB measurement and urine testing are taken.
- Her height and blood pressure and weight will be measured.
- Her abdominal examination to assess fundal height according to age of gestation, fetal lie and presentation and fetal heart sound will be evaluated.
- Tetanus toxoid vaccination is given according to schedule.
- Pregnant women are encouraged to eat a good diet and given micro nutrient tablets to prevent anemia.
- Mothers are informed on the danger signs and what to look out for during pregnancy.
- One dose of Tetanus Toxoid vaccination is given during the pregnancy to protect the newborn child. The vaccine is given between 27 and 36 weeks of pregnancy.

Tetanus Vaccination Schedule and its protective effect

Doses	When to give	Duration of protection
1st Dose	At first contact	No protection
2nd Dose	At least 4 weeks after 1st dose	3 year of protection
3rd Dose	At least 6 months after 2nd dose	5 year of protection
4th Dose	At least 1 year after 3rd dose	10 year of protection
5th Dose	At least 1 year after 4th dose	For ever

Topic 10: Actions to break the malnutrition cycle in pregnancy

Methodology for the session: Facilitators notes

- *Present the lesson objectives and then begin the session.*
- *Use the "giving a case study methodology" for explaining about the vicious cycle of malnutrition.*
- *Ask a participant to read out the case study: Example of case study is below: 15-year-old- Halima was married off to an elderly man of 55 years, based on agreement between families. Halima was lucky to conceive immediately upon marriage. She did not attend any ante-natal care during this pregnancy. At 7 months, she began to experience labor pains and bore a daughter through*

caesarean section who was too small- 1900 gms. Halima had to stay in the hospital for 2 weeks but was discharged when baby had gained enough weigh. After about 7 months, Halima conceived again, this time she attended the ante natal care. Though she fell ill with malaria in the course of her pregnancy she delivered a term baby girl at the end of her pregnancy.

- *Encourage the participants to discuss the case study. some questions for follow up.*
  - ✓ *What are the issues in the case study?*
  - ✓ *What affected or helped Halimas situation?*
  - ✓ *What services are available that have helped Halima in her situation?*
  - ✓ *What support is available that could have helped with the situation?*

Facilitators notes for the session

Actions that break the under-nutrition cycle for the pregnant woman

A. improve women's nutrition and health during pregnancy by:

- Consuming a 4 star diet as illustrated in the diet of adolescent girls above.
- Increasing the food intake of women during pregnancy: eat one extra meal or "snack" (food between meals) each day; during breastfeeding eat 2 extra meals or "snacks" each day.
- Encouraging consumption of different types of locally available foods. All foods are safe to eat during pregnancy and while breastfeeding.
- Eat the best foods available including milk, fresh fruits and vegetables, meat, fish, eggs, grains, beans, etc
- Giving iron/folate supplementation (or other recommended supplements for pregnant women) to the mother as soon as mother knows she is pregnant and continue for at least 3 months **after** delivery of the child.
- Giving vitamin A to the mother within 6 weeks after birth.
- Preventing and seeking early treatment of infections:
  - Completing anti-tetanus immunizations for pregnant women, (5 injections in total)
  - Using of insecticide treated bed nets
  - De-worming and giving anti-malarial drugs to pregnant women between 4th and 6th month of pregnancy.
  - Prevention and education on STI and HIV/AIDS transmission
- Encouraging good hygiene practices.

B. Decrease energy expenditure by:

- Delaying the first pregnancy to 20 years of age or more.
- Encourage families to help with women's workload, especially during late pregnancy.
- Rest more, especially during late pregnancy.

C. Encourage men to participate so that they:

- Accompany their wives/ partners to antenatal care and reminding them to take their iron/folate tablets.
- Provide extra food for their wives /partners during pregnancy and lactation.
- Help with household chores to reduce wives/ partners workload.
- Make arrangements for safe transportation to the health facility (if needed) for birth.
- Encourage their wives/ partners to put their babies to the breast immediately after birth.
- Encourage their wives/partners to give the first thick yellowish milk to babies immediately after birth.
- Provide insecticide treated nets (ITNs) for their families and make sure that their pregnant wives/partners and children under 5 years get to sleep under a mosquito net every night.

Note: HIV and Nutrition

If woman is HIV-infected, she needs extra food to give her more energy. HIV puts an additional strain on her body and may reduce her appetite. Eating a variety of foods is important.

Topic 11: How to calculate the expected date of delivery (EDD)

Methodology for the session: Facilitators notes

- *Review the session objectives*
- *Show the participants how to calculate the expected date of delivery.*
- *Give an opportunity to 4 participants to demonstrate how to calculate the EDD*
- *Give a drill to the participants to calculate the EDD when the Last Menstrual period was:*
  - ✓ *The last menstrual flow of the Habiba was 16th January 2012, what is her expected date of delivery.*
  - ✓ *How about Fatima, whose LMP was 8th September 2017*
  - ✓ *And how about Hamza whose LMP was 11th December 2017*
- *Discuss and summarize this session.*

Facilitators notes for the session

How to calculate the Expected Date of Delivery

- Record the date of the last menstrual period (LMP) and estimate the date of delivery to be 9 months later. Go through the process as below.
  - ✓ Note the first day of the menstrual period
  - ✓ Add nine months and 7 days into it.
  - ✓ The calculated date will be the expected date of delivery.

- Examples: if the woman told that her last menstrual period started on 16th January 2012. Then her EDD will be the 23rd of October 2012.
- The process is: first add 9 months in it and then add 7 days. By adding 9 months in January, it comes to October 2012. By adding 7 days in 16, date comes to 23rd. So the EDD is the 23rd of October 2012.

Note: Sometimes the mother forgets or does not remember the date of her last menses. In such cases ask probing questions and help her to recall the dates of last menses, you can give reference of some local events or occasions of that community and then you can estimate the month of last menstrual period.

Topic 12: Delivery and care of the new-born

Lesson objectives

By the end of this lesson, participants should be able to:

- State the benefits of healthy timing and spacing of pregnancy (HTSP)
- State the danger signs for the mother and baby during delivery.
- Explain the benefits of early initiation of the child to the breast.
- Explain the benefits of exclusive breastfeeding.

Methodology for the session: Facilitators notes

- *Review the session objectives*
- *Ask participants what the role of the CW in relation to the care of the mother and their new born baby.*
- *Distribute pictures of a new born baby with cramped umbilical cord and use this to bring out discussions on issues such as: what care the new born baby requires, how about the mother, what could go wrong if the mother and baby do not receive the required care.*

- *Ask if the practice of early initiation of the child to the breast is practiced, what are some of the benefits of early initiation, what about kangaroo care etc.*
- *Discuss and summarize this session.*

Facilitators notes for the session

Danger signs to look out for in the mother during child birth

Community workers should advise mothers to seek medical care when they present with the following issues during delivery.

- If a mother's water breaks and she in not in labour after 6 hours.
- Labour pains that continue for more than 12 hours.
- After delivery, heavy bleeding (bleeding that soaks more than 2 to 3 pads in 15 minutes)
- If the placenta is not expelled one hour after the birth of the baby.

All the mothers experiencing any of the above conditions should immediately seek care from the health facility.

Role of the community worker in relation to the care of the mother and the new born baby.

- The CW should conduct home visits for the new borns during the following days:
  - ✓ 1st Visit on day one of new-borns life
  - ✓ 2nd visit on day three of the new-born's life
  - ✓ 3rd visit before the end of the first week of the new-born's life.
- During the home visits, the CW should do the following:
  - ✓ Encourage mothers to maintain exclusive breastfeeding and not give pre-lacteals, sugar waters, glucose or other foods. The anti-bodies in breast milk help in the healing process of the umbilical area and preventing any infections.
  - ✓ Encourage parents not to apply any substances to the cord at home and maintain the area clean and dry.
  - ✓ Encourage parents to seek medical attention if there are signs of swelling or redness in the umbilicus region extending beyond 5mm from the umbilicus.
  - ✓ Encourage mothers to seek help if the new born or mother presents with any of the identified danger signs.

Care of the umbilical cord

- Delay cutting of the umbilical cord for 30 minutes after the birth of baby.

- Cut the umbilical cord with a sterile instrument.
- Wash hands with soap and water before and after contact with the umbilical cord.
- Keep the cord dry and clean. Clean water on a cotton swab or clean cloth maybe used to clean gently around the base of the cord. (Alcohol swabs are not recommended).
- Expose the cord to air or cover loosely with clean clothes.
- Fold diaper below the level of the umbilicus.
- Avoid buttons, coins, bandages or binders over the navel.
- Practice 24-hour rooming in, particularly in health care facilities.
- Encourage skin to skin contact with the mother to promote colonization with non-pathogenic bacteria from the mother's skin flora.
- Support early and frequent breastfeeding which provides the new baby with anti-bodies to help fight infections.

Signs of infection in the umbilical cord

- Appears red and swollen around the cord.
- Continues to bleed.
- Oozes yellowing pus.
- Produces a foul- smelling discharge.

Danger signs to look out for in the new born

- A child presenting with any of the danger signs should quickly be rushed to the health facility for skilled health care.
- A very small baby (less than 2500gm or born earlier than 32 weeks).
- New born with an infected umbilical cord.
- A child who is too warm (>38^{0}C) or too cold (< 35.5^{0}C)
- A child who does not breastfeed.
- A new born who vomits everything.
- Many skin pustules.
- Child who does not pass urine or stool in 24 hours.
- A child experiencing convulsions.
- A child who is very sleepy or difficult to wake up.

Benefits of Kangaroo mother care

- Kangaroo mother care (KMC) is the practise of providing continuous skin-to skin contact between mother and baby, therefore ensuring exclusive breastfeeding and early discharge from the hospital.
- Benefits of KMC are around the baby's feeling of safety, warmth and comfort which relate to bonding. As a result, the baby becomes calmer and less stressed therefore impacting on brain and emotional development.
- KMC regulates the baby's heart rate, breathing and temperature.
- KMC improves the child's head circumference, growth and weight.
- It stabilizes their organ function and self-regulation abilities.

- KMC facilitates better sleep patterns.
- Avoids infections.
- Bonding results into more milk production for the mother and thus enabling breastfeeding and improved nutrition for the child.
- The babies are more alert after 6 months and their mothers are more attuned to the infant's cues.
- Mothers enjoy a shorter hospital stay.

Topic 13: Healthy timing and spacing of pregnancy

Methodology for the session: Facilitators notes

- *Review the session objectives*
- *This is a sensitive topic therefore the trainer has to create a positive environment and create a participatory forum.*
- *Begin the session by asking "what is the opinion of the women in the community regarding the number of children they desire to have and why?". Ask "what is the optimal period for child spacing?"*
- *Write down their responses on chart/board and also allow them to discuss in favor or against many or less number of kids. Give the participants 15-20 minutes to discuss the views presented. Do not add your opinion, just listen.*
- *Divide the participants into 3 groups, with the tasks of the groups as below:*

	Benefits of practicing HTSP	***Risks of not practicing HTSP***
New born		
Mothers		
Fathers/family and community		

- *Discuss and summarize.*

Facilitators notes for the session

Healthy Timing and Spacing of Pregnancy

- **Definition:** Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families make an informed decision about the delay of first pregnancy and the spacing or limiting of subsequent pregnancies to achieve the healthiest outcomes for women, new-borns, infants and children within the context of free and informed contraceptive choice taking into account fertility intentions and desired family size, as well as the social and cultural contexts.

Opportunities to deliver the HTSP information:

- During education and counselling that is provided to women during ante-natal visits and post-partum care.
- As part of community-based health education and outreach sessions.

- During mother to mother support group meetings.

BENEFITS OF HTSP	RISKS IF HTSP IS NOT PRACTICED
For the Newborn Child	
• New-borns are more likely to be born strong and healthy. • New-borns may be breastfed for a longer period of time, which allows them to experience the health and nutritional benefits of breastfeeding. • Mother-baby bonding is enhanced by breastfeeding, which facilitates the child's overall development • Mothers who are not caring for another young child under the age of three may be better able to meet the needs of their new-borns.	• Risk of new-born and infant mortality is higher. • There may be a greater chance of a pre-term low-birth-weight baby, or the baby may be born too small for its gestational age. • When breastfeeding stops before six months, the new-born does not experience the health and nutritional benefits of breast milk, and the mother-baby bond may be diminished, which may affect the baby's development.
For the Mother	
• The mother has a reduced risk of complications which are associated with closely spaced pregnancies. • She may have more time to take care of the baby if she does not have to deal with the demands of a new pregnancy. • She may breastfeed longer; longer duration of breastfeeding is linked to a reduced risk of breast and ovarian cancer. • She may be more rested and well-nourished so as to support the next healthy pregnancy. • She may have more time for herself, her children, and her partner, and to participate in educational, economic and social activities • She may have more time to prepare physically, emotionally, and financially for her next pregnancy.	• Women who experience closely spaced pregnancies are: • at increased risk of miscarriage; • more likely to induce an abortion; and • o at greater risk of maternal death.

- During household visits, during screening of children for acute malnutrition etc.

Benefits on the Healthy Timing and Spacing of pregnancy

For Fathers	
• Wife may find more time to be with him, which may contribute to a better relationship. • Expenses associated with a new pregnancy will not be added to the expenses of the last-born child. • More time between births may allow a man time to plan financially and emotionally before the birth of the next child, if the couple plans to have one.	• The stress from closely spaced pregnancies may prevent couples from having a fulfilling relationship. • If the mother is too tired from a new pregnancy and raising an infant, she may not have the time or energy to spend with her partner.
For the Family	
• Families can devote more resources to providing their children with food, clothing, housing, and education.	• A new pregnancy requires money for antenatal care, better nourishment for the mother, savings for the delivery costs and costs associated with the needs of a new baby. • Illness or a need for emergency care is more likely if the woman has closely spaced pregnancies • Unanticipated expenses may lead to difficult financial circumstances or poverty.
For the Community	
• HTSP is associated with reduced risk of death and illnesses among mothers, new borns, infants, and children, which can contribute to reductions in poverty and improvements in the quality of life for the community. • It may relieve the economic, social and environmental pressures from rapidly growing populations.	• Lack of HTSP may result in a poorer quality of life for community residents, including increased medical expenses. • Economic growth may be slower, making it more difficult to achieve improvements in education, environmental quality, and health.

Topic 14: Immunization

Methodology for the session: Facilitators notes

- *Review the session objectives*
- *The trainer begins the session by asking the participants for the local terms used to define immunization.*
- *Divide the participants into 3 groups. Ensure that each group has at-least one person who can read and write.*
- *Explain the lifeline tool method: draw a line on a flip part paper and explain that it represents the life of a healthy 5 years old (from birth to 5 years).*
- *Ask the groups to draw a similar line and identify important events or experiences that should take place along a childs life line.*
- *Go from group to group, bringing out immunization with each group as appropriate.*
- *Groups present their responses to everyone and the other groups comment or raise questions.*
- *The trainer facilitates discussion and questions on immunization and challenges related to it, amongst all participants.*
- *The trainer corrects any wrong information and summarizes by explaining why it is necessary to immunize children at particular times in their lives.*

Facilitators notes for the session

Which are the immunizable diseases:

- Tuberculosis
- Whooping cough
- Tetanus
- Diphtheria
- Hepatitis B
- Yellow fever
- Measles

Immunisation schedule

Ages	***Immunization to be given***
At birth	*BCG, Polio at birth*
At 6 weeks	*PENTA 1, POLIO 1,*
At 10 weeks	*PENTA 2, POLIO 2,*
At 14 weeks	*PENTA 3, POLIO 3 and inactivated polio vaccine (IPV)*
At 6 months	*Yellow fever, vitamin A*
At 9 months	*Measles*
At 18 months	*Measles booster*

Module 3: Nutrition

Topic 1: Nutritional Requirements for the child 0-6 months.

Lesson objectives

By the end of this lesson, participants should be able to:

- Defining nutrition and malnutrition
- Define breastfeeding.
- State the benefits of early initiation of breastfeeding and exclusive breastfeeding.
- State the recommended breastfeeding practices.
- State the common breastfeeding difficulties.

Methodology for the session, Facilitators notes: Exclusive breastfeeding and importance of breastfeeding.

- *Review the objectives of the session.*
- *Divide the participants into 4 groups.*
- *Set out 4 flip charts throughout the room with the following titles:*
  - ✓ *Importance of breastfeeding for the infant*
  - ✓ *Importance of breastfeeding for the mother*
  - ✓ *Importance of breastfeeding for the family.*
  - ✓ *Importance of breastfeeding for the community/nation.*
  - *Each group has 3 minutes at each flip chart to write as many points as they can think of, without repeating those already listed, then the groups rotate to the next flipchart and repeat the exercise.*
  - *Discuss and summarize in large group.*

Defining exclusive breastfeeding:

- Exclusive breastfeeding is giving the infant no other food or drink, not even water, except breast milk (includes milk expressed or from a wet nurse) for 6 months of life.
- Exclusive breastfeeding includes giving oral drops or syrups consisting of vitamins, mineral supplements or medicines are permitted.
- Infants should be exclusively breastfed for 0-6 months (180 days) of life.

Defining artificial feeding

- This refers to feeding of the infant formula feeds with no breast milk.

Bottle feeding

- This refers to feeding of the child with a bottle, what ever is in the bottle.

Pre-lacteals

- Refers to anything given to the new born before introduction of breastmilk. This includes giving of teas, honey, sugar waters given to the infant before introduction of breastmilk.
- Giving pre-lacteals means the child is not receiving colostrum and this could hinder establishment of breastfeeding.

Importance of breastfeeding:

Importance of breastfeeding to the child, mother and to the family.

Breast milk:

- Saves infants' lives. It's a whole food that covers all nutritional needs for the human infant for the 1st six months including water and prevents stunting.
- Is clean, at the right temperature, easy to digest and nutrients are well absorbed.
- Colostrum is the golden first milk, containing antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Helps jaw and teeth developing; suckling develops facial and jaw structure.
- Long- term benefits- reduced risk of obesity and diabetes.
- Frequent skin to skin contacts between mother and infant that leads to bonding, better psychomotor, affective and social development of the infant.

Importance of breastfeeding for the mother:

- Effective contraceptive during first 6 months if mother is breastfeeding day and night and the menses have not returned.
- Islamic religion also expects that mothers breastfeed for 2 years which could translate into child spacing, therefore mother has some more time for her-self, the other children and for the husband.
- Reduces risk of bleeding after delivery. Facilitates expulsion of placenta as babys suckling stimulates uterine contractions.
- Reduces mothers workload (no time involved in buying and preparing formula, boiling water etc)
- Immediate and frequent suckling prevents breast engorgement.
- Prevents breast and uterus cancer.

Importance of breastfeeding to the family

- Mothers and their children are healthier.
- No medical expenses due to sickness that other milks could cause.
- There are no expenses involved in buying other milks, firewood or other fuel to boil water, milk or utensils.
- Births are spaced if the mother is exclusively breastfeeding in the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time involved in purchasing and preparing other milks, collecting water and firewood, and there is less illness-required trips for medical treatment.
- Note: Families need to help mother by helping with non-infant household chores.

Risks of artificial feeding (artificially-fed babies)

Note: the younger the infant is, the greater these risks.

- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Formula has no antibodies to protect against illness; the mother's body makes breast milk with antibodies that protect from the specific illnesses in the mother/child environment
- Don't receive their "first immunization" from the colostrum
- Struggle to digest formula: it is not at all the perfect food for babies
- Frequent diarrhoea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- Greater risk of under nutrition, especially for younger infants
- More likely to get malnourished: family may not be able to afford enough formula
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia
- Poorer bonding between mother and infant, and less secure infant
- Lower scores on intelligence tests and more difficulty learning at school
- More likely to be overweight
- Greater risk of heart disease, diabetes, cancer, asthma and dental decal later in life.

Risks of mixed feeding for the infant

- Have a higher risk of death
- These children are ill more often and more seriously, especially with diarrhoea: due to contaminated milk and water.
- They are more likely to get malnourished: gruel has little nutritional value, formula is often diluted, and both displace the more nutritious breast milk
- Children tend to get less breast milk, because they suckle less and then the mother makes less milk.
- Suffer damage to their fragile guts from even a small amount of anything other than breast milk
- Much more likely to be infected with HIV than exclusively breastfed babies, because their guts are damaged by the other liquids and foods and thus allow the HIV virus to enter more easily.

Recommended breastfeeding practices

1. Place child skin to skin with mother immediately after birth: stimulated bonding or closeness and brain development.
2. Initiate breastfeeding within the first hour of birth: First milk is colostrum and provides the first immunization against many diseases.
3. Breastfeed frequently, both day and night: first few days, the baby may feed 2 to 3 times/day. If baby is still sleepy on day 2, mother may express some colostrum and give it from a cup.
4. Exclusively breastfeed (no other food or drink) from 0 up to 6months: breast milk is all the food baby needs for the first 6 months; do not give anything else including water.

5. Breastfeed frequently, both day and night: Breastfeed at least 8-12 times in a day. The more mother breastfeeds, the more breast milk that is produced.
6. Breastfeed on demand, every time the baby asks to breastfeed: crying is a late sign of hunger. Easily signs that baby wants to breastfeed include restlessness, opening mouth and turning head from side to side, putting tongue in and out and suckling on fingers and fists.
7. Let infant finish one breast and come off by himself before switching to other breast: switching back and forth from one breast prevents the infant from getting the nutritious hind milk.
8. Good positioning and attachment: 4 signs of good attachment: babys body should be straight and facing the breast, baby should be close to the mother, mother should support the baby's whole body, not just the neck and shoulders with her hand and forearm.
9. Continue breastfeeding until 2 years of age or longer:
10. Continue breastfeeding when infant or mother is ill
11. Mother needs to eat and drink to satisfy hunger and thirst: breast milk production is not affected by maternal diet.

Topic 2: Common breast-feeding difficulties

Methodology for the session: Facilitators notes for the session

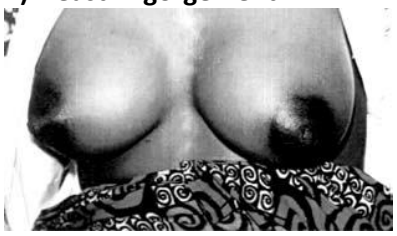
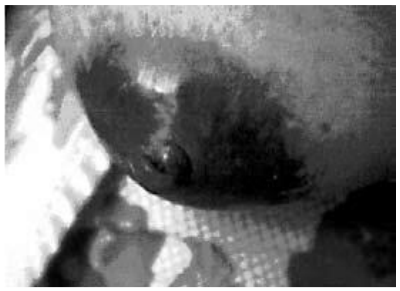
- *Review the objectives of the session.*
- *Prepare 4 flip chart papers, with headlines indicating: breast engorgement, mastitis, sore and cracked nipples and not enough milk.*
- *Through question and answer, get the participants to list the cause of each breastfeeding difficulty and ways to prevent this.*
- *Discuss and summarize the session.*

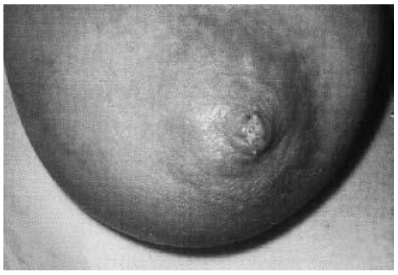
Facilitators for the session

Common breastfeeding difficulties

1. Breast feeding difficulty 1: Childs refusal to breastfeed.
Cause of child's refusal to breastfeed: ❑ Refusal to breastfeed due to bad experiences, such as pressure on the head or change of the taste of the milk due to changes in the taste of the milk (tasting more salty). **What to do:** ❑ Check the baby for any signs of illness that may interfere with feeding, including signs of trush in the mouth. ❑ Refer baby for treatment if ill. ❑ Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast.

- ❑ Allow the baby to try different breastfeeding positions.
- ❑ Do not hold the babys head.
- ❑ Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.
- ❑ Gently touch the babys bottom lip with the nipple until she or he opens mouth wide.
- ❑ Do not force the baby to breastfeed and do not try to force mouth open or pull the babys chin down- this makes the baby to refuse more.
- ❑ Express the milk directly into the babys mouth.
- ❑ Avoid giving the baby bottles with teats or dummies.

Breastfeeding Difficulty	Prevention	What to do
2)Breast Engorgement  Photo by Mwate Chintu **Symptoms:** • Occurs on both breasts • Swelling • Tenderness • Warmth • Slight redness • Pain • Skin shiny, tight and nipple flattened and difficult to attach • Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established)	❑ Put baby skin-to-skin with mother ❑ Start breastfeeding within an hour of birth ❑ Good attachment ❑ Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours Note: on the first day or two baby may only feed 2 to 3 times	❑ Improve attachment ❑ Breastfeed more frequently ❑ Gently stroke breasts to help stimulate milk flow ❑ Press around areola to reduce swelling, to help baby to attach ❑ Offer both breasts ❑ Express milk to relieve pressure until baby can suckle ❑ Apply warm compresses to help the milk flow before expressing ❑ Apply cold compresses to breasts to reduce swelling after expression
3.Sore or Cracked Nipples  Photo by F. Savage King	❑ Good attachment ❑ Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion') ❑ Do not use soap or creams on nipples	❑ Do not stop breastfeeding ❑ Improve attachment making certain baby comes onto the breast from underneath and is held close ❑ Begin to breastfeed on the side that hurts less ❑ Change breastfeeding positions

Symptoms: • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected		❑ Let baby come off breast by him/herself ❑ Apply drops of breast milk to nipples ❑ Do not use soap or cream on nipples ❑ Do not wait until the breast is full to breastfeed ❑ Do not use bottles
4.Plugged Ducts and Mastitis  Photo by F. Savage King **Symptoms of Plugged Ducts:** • Lump, tender, localized redness, feels well, no fever **Symptoms of Mastitis:** • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty	❑ Get support from the family to perform non-infant care chores ❑ Ensure good attachment ❑ Breastfeed on demand, and let infant finish/come off breast by him/herself ❑ Avoid holding the breast in scissors hold ❑ Avoid tight clothing	❑ Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will) ❑ Apply warmth (water, hot towel) ❑ Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast. ❑ Ensure good attachment ❑ For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night ❑ Rest (mother) ❑ Drink more liquids (mother) ❑ If no improvement in 24 hours refer ❑ If mastitis: express if too painful to suckle

Topic 3: Nutritional Requirements for the child 6 months to 24 months

Lesson Objectives

By the end of this lesson, participants should be able to:

- State the benefits of continued breastfeeding from 6 months to 2 years.
- State the recommended complementary feeding practices.

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Ask the participants: How much energy is provided by breast milk for an infant/young child:*
  - *From 0 up to 6 months*
  - *From 6 up to 12 months*
  - *From 12 moths up to 24 months.*
- *Demonstrate the same information using 3 glasses: completely full, half (1/2) full and one third (1/3) filled respectively.*

Facilitators notes for the session

Energy

- From 0 up to 6 months, breast milk supplies all the energy needs of a child.
- From 6 up to 12 months, breast milk continues to supply about half (1/2) the "energy needs" of a child, the other half of "energy needs" must be filled with complementary foods.
- From 12 up t0 24 months, breast milk continues to supply about one third(1/3) the energy needs of a child, the missing energy needs must be filled with complementary foods.
- Besides nutrition, breastfeeding continues to:
  - ✓ Provide protection to the child against many illnesses, and provides closeness, comfort and bonding that helps in development.

Methodology for the session : facilitators notes on session on complementary feeding

- *Review the objectives of the session.*
- *Brainstorm the definition of complementary feeding*
- *Brainstorm with participants the question: what are the characteristics of complementary feeding? What should the food for complementary feeding look like?*
- *Probe until the following characteristics of mentioned: frequency, amount, amount, texture (thickness/consistency), variety (different foods), active and responsive feeding and hygiene.*
- *Discuss and summarize.*

Facilitators notes for the session

Defining complementary feeding

- Complementary feeding means giving other foods in addition to breast milk to an infant older than 6 months
- At 6 months, breast milk or formula alone is no longer sufficient to meet the childs nutritional needs and therefore other foods and liquids should be given along with breast milk.
- The other foods given are called complementary foods.

Characteristics of complementary foods

- Frequency: How often food is given to the child
- Amount: Quantity of the food given
- Texture: How thick/consistency of the food
- Variety: given different types of foods, create a 4 star diet.
- Active: Actively feed the child or responsive feeding
- Hygiene: Observe hygiene and cleanliness.

Recommendations for complementary feeding/ age

Age	**Recommendations**			
	Frequency (per day)	**Amount of food an average child will usually eat at each meal (in addition to breast milk)**	**Texture (thickness/ consistency)**	**Variety**

Age	Recommendations			
Start complementary foods when baby reaches 6 months 	2 to3 meals plus frequent breastfeeds	Start with 2 to 3 tablespoons Start with 'tastes' and gradually increase amount	Thick porridge/pap	Breastfeeding (Breastfeed as often as the child wants) + Animal foods (local examples) + Staples (porridge, other local examples) + Legumes (local examples) + Fruits/ Vegetables (local examples)
From 6 up to 9 months 	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks may be offered	2 to 3 tablespoonfuls per feed Increase gradually to half (½) 250 ml cup/bowl	Thick porridge/pap Mashed/ pureed family foods	
From 9 up to 12 months 	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	Half (½) 250 ml cup/bowl	Finely chopped family foods Finger foods Sliced foods	
From 12 up to 24 months 	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	Three-quarters (¾) to 1 250 ml cup/bowl	Sliced foods Family foods	

Age	Recommendations			
Note: If child is less than 24 months is not breastfed	Add 1 to 2 extra meals 1 to 2 snacks may be offered	Same as above according to age group	Same as above according to age group	Same as above, in addition 1 to 2 cups of milk per day + 2 to 3 cups of extra fluid especially in hot climates
Active/ responsive feeding (alert and responsive to your baby's signs that she or he is ready-to-eat; actively encourage, but don't force your baby to eat)	• Be patient and actively encourage your baby to eat more food • If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else's lap. • Offer new foods several times, children may not like (or accept) new foods in the first few tries. • Feeding times are periods of learning and love. Interact and minimize distraction during feeding. • Do not force feed. • Help your older child eat.			
Hygiene	• Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. • Wash your child's hands with soap before he or she eats.			

Complementary Feeding Difficulties and Consequences for Young Children and Mothers

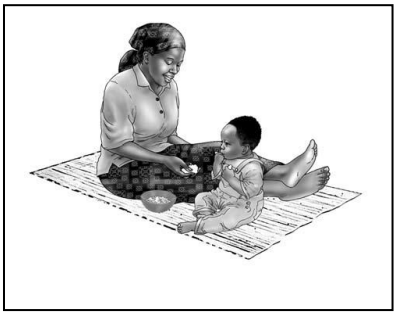
	Young children	Mothers
Difficulties	• Lack of appetite • Premature introduction of complementary foods OR delay in introduction of complementary foods • Delay in introduction of complementary foods • Low feeding frequency • Inadequate amounts served and consumed by young child • Inappropriate thickness • Low nutrient density	• "Not enough" time for preparation of foods • No appropriate storage facilities or space • Lack of resources to buy a variety of food • Not responsive to young child feeding signs • Lack of encouragement to young child • Food taboos

	• Low micronutrient density	• Lacks support for continued breastfeeding
Consequences	• Increase risk of illness • Reduced intake of breast milk • Nutrient deficiencies • Growth restriction • Infection and death • Period of recovery not recognized	• Breastfeeding reduced • Earlier pregnancy • More resources needed for sick child

NOTE: The period between 0 up to 24 months is a window of opportunity. If children become poorly nourished at this age, it will be very hard to catch up later in life.

Recommended complementary feeding practices

Definition: Active/responsive feeding is being alert and responsive to your baby's signs that she or he is ready-to-eat; actively encourage, but don't force your baby to eat.



Importance of active feeding:
When feeding him/herself, a child may not eat enough. He or she is easily distracted. Therefore the young child needs help. When a child does not eat enough, he or she will become malnourished.

on is that children must always eats from his/her own plate (it must always to known how much food that the child is

with the child, be patient and actively encourage him/her to eat.

od the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure the food goes into his/her mouth.

father/caregiver can use her fingers (after washing) to feed child.

child as soon as he or she starts to show early signs of hunger. If your young child refuses to eat, encourage him/her dly; try holding the child in your lap during feeding.

he child in "play" trying to make the eating session a happy and learning experience…not just an eating experience.

should eat in his/her usual setting.

as possible, the child should eat with the family in order to create an atmosphere promoting his/her psycho-affective ment.

er child eat.

sist if the child does not want to eat. Do not force feed.

ld refuses to eat, wait or put it off until later.

ive child too much drink before or during meals.

ulate the child when he or she eats.

Parents, family members (older children), child caretakers can participate in active/responsive feeding.

Topic 4: Nutrition and Nutritional assessment for children

Lesson Objectives

By the end of this lesson, participants should be able to:

- *Explain the importance of growth assessment.*
- *State the causes of malnutrition.*
- *Identify malnourished children using the MUAC tapes.*
- *State the difference between marasmus and kwashiorkor and its management.*

Methodology for the session: Facilitators notes.

- *Review the objectives of the session.*
- *Ask the participants to explain their understanding of the term nutrition? Wait for their replies and then move forward.*
- *Ask, how does nutrition impact on health status?*
- *Explain the different concepts of nutrition.*
- *Ask, for the names of different types of nutrients and their function.*
- *Show different pictures of healthy and malnourished children.*

Facilitators notes for the session

Defining nutrition:

- Nutrition is the study of foods and how our body uses these foods. These foods are made of substances called nutrients and out body uses these substances for growth, development and proper functioning of our body systems. There are different types of food nutrients:
  - ✓ **Proteins**: Helps the body to grow, they are body building foods.
  - ✓ **Carbohydrates**: Give the body energy (strength) to work. These are energy giving foods.
  - ✓ **Fats**: They give energy and strength, so we can work hard.
  - ✓ **Minerals**: they perform different functions like building strong bones and for proper function of the brain. Some minerals are used to make hormones or maintain a normal heart beat. Examples of minerals are: calcium, phosphorous, zinc etc.
  - ✓ **Vitamins**: these are needed in small quantities to sustain life. We get vitamins from food, because the human body either does or does not produce enough of the vitamins required by the body.
  - ✓ **Water:** Our bodies, the cells, organs and tissues require water to regulate its temperature and maintain other bodily functions. The body loses water through breathing, sweating, digestion. We rehydrate by drinking fluids and eating foods that contain water.

Topic 5: Understanding malnutrition

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Ask for the local name of malnutrition*
- *Divide the participants into 4 groups. Ask the groups to discuss signs of malnutrition, causes of malnutrition and how to prevent malnutrition. Make plenary presentations.*
- *Request 3 volunteers to demonstrate use of MUAC. Discuss the process of undertaking MUAC assessments. Undertake a field visit if possible to a health facility to assess for screening of acute malnutrition and all treatment carried out for acute malnutrition, including nutrition and HIV*
- *Through plenary session, ask participants how to feed a sick child while discussing the relation between nutrition and illness.*
- *Summarize the session*

Facilitators notes for the session

Malnutrition:

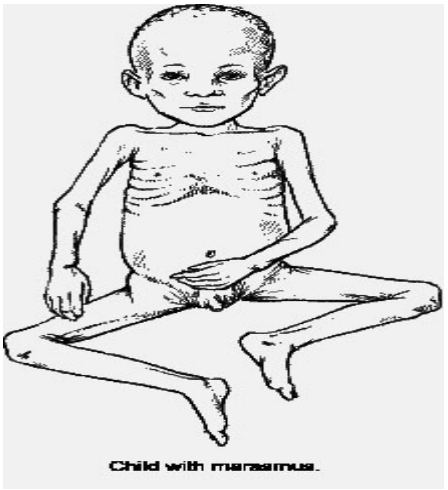
Defining malnutrition: This is the state when the body does not have enough nutritional requirements (under nutrition) or excess of the required nutrients (over- nutrition).

Classification of malnutrition:

a) Marasmus : This result due to food in-security and lack of awareness about healthy nutritonal practices. This is a severe deficiency of nearly all nutrients.

Signs of marasmus

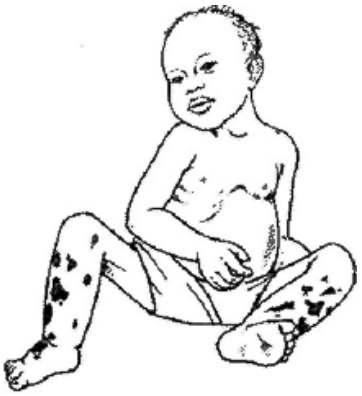
- Poor growth. Extensive tissue and muscle wasting.
- Child looks emaciated.
- Dry skin.
- Loose skin folds hanging over the buttocks and armpit. Loose skin (on lifting) Loose skin around the buttocks (buggy pants)
- Drastic loss in body weight.
- Child is fretful, irritable, and voraciously hungry.
- Prominent belly in contrast t body.
- Face has characteristic simian (Monkey- like) appearance.



Child with marasmus.

b) **Kwashiorkor**. This is a condition occurring due to diet deficient in calories and proteins.

Indications of Kwashiorkor (Wet malnutrition):



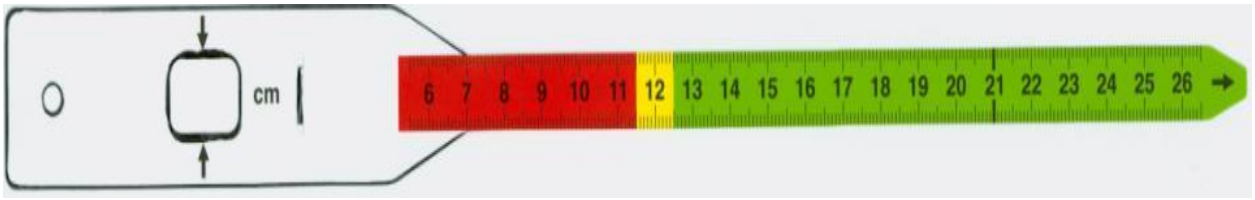
- Presence of bilateral pitting edema poor growth, wasting of muscles
- Hair changes (brownish, scanty, straight)
- Skin changes (dermatosis)
- A large, protuberant belly
- Anemia, diarrhea and often evidence of other micronutrient deficiencies.
- Old rashes or dark spots are often seen on the abdomen of children with kwashiorkor

Screening for acute malnutrition

1. Middle-Upper Arm Circumference (MUAC) for children 6-59 months: suitable for children 6-59 months

Measurements results are as follows:

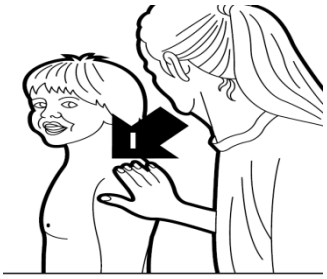
- **Well-nourished child:** Green MUAC, 12.5 cm or more
- **Moderate Malnutrition:** Yellow MUAC, 11.5 --- 12.5 cm
- **Severe Malnutrition:** RED MUAC 11.5cm or less



Steps for taking the MUAC measurement of a child

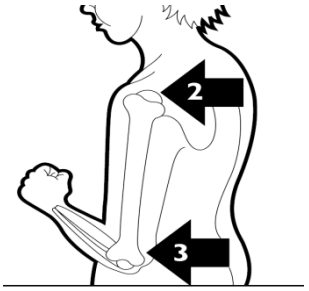
- Explain the procedure to the child's mother or care giver
- Ask the mother to remove extra clothing that may cover the child's left arm

- Bend the left arm at 90 degrees to the body

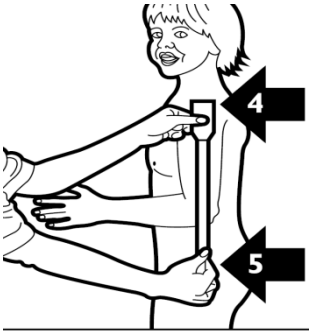


1. Locate tip of shoulder

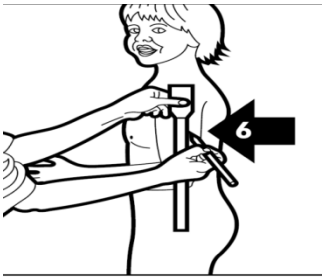
- Place a measuring tape along the upper arm and find the mid-point of the upper arm. The mid-point is between the tip of the shoulder and the elbow. Mark the mid-point with a pen
- Straighten the child's arm and wrap the tape around the arm at midpoint.
- Inspect the tension of the tape on the child's arm.
- Record MUAC measurement to the nearest 0.1cm



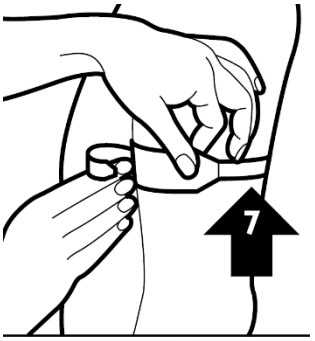
2. Tip of shoulder
3. Tip of elbow



4. Place tape at tip of shoulder
5. Pull tape past tip of bent elbow



6. Mark midpoint



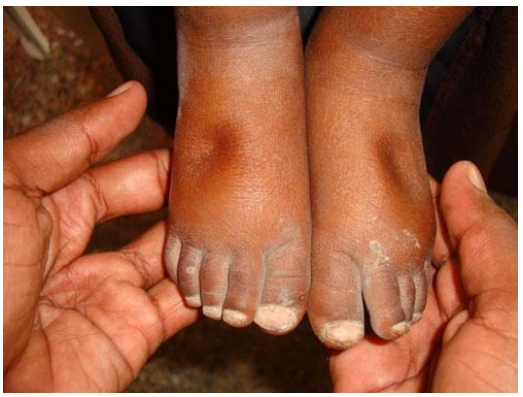
7. Correct tape tension

Nutritional edema:

Nutritional edema is the retention of water in the tissues of body. It's a sign of kwashiorkor. Children presenting with edema must be referred to nearest health center.

- To diagnose edema, normal thumb pressure is applied to tops of feet for 3 seconds. Count one thousand and one, one thousand and two, one thousand and three in English.
- If edema is present, an impression remains for some time.
- Edema should be observed in both feet.

Child is at high risk of mortality and need to be treated in health center immediately



Topic 6: Nutrition Treatment: Create awareness on Ready To Use Therapeutic Food (RuTF), Ready to Use Supplementary Food (RuSF) and follow up of defaulters.

Lesson Objectives

By the end of this lesson, participants should be able to:

- *Describe the usage and handling of RUTF*
- *Describe the usage of RuSF*
- *Describe the usage of the corn soya blend*
- *Explain the procedure of following up nutrition defaulters.*
- *Discuss and summarize the session*

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Bring sachets of RUTF and RUSF into the training room.*
- *Divide the participants into 4 groups. The tasks of the groups as follows:*
  - ❑ *Group 1 explains how RUTF is used by the child who is malnourished and how it should be stored.*
  - ❑ *Group 2 explains how RUSF is used by the child who is malnourished and how it should be stored at household level.*
  - ❑ *Group 3 explains how to use the Corn Soya Blend for the malnourished and how it should be cooked at the household level.*
  - ❑ *Group 4 discusses how a community worker undertakes defaulter tracing at community level.*
- *Let each group make a plenary presentation of their discussions. Trainer fills in gaps of the required information.*
- *Discuss and summarize the session.*

Facilitators notes for the session Trainers notes

Ready to Use Therapeutic Food

Ready-to-Use Therapeutic Food (RUTF)is an energy-dense mineral and vitamin-enriched RuTF, specifically designed to treat Severe Acute Malnutrition without medical complications at the community level. RUTF is given over a period of approximately eight weeks until the child recovers. During treatment, the child will need no other foods other than breastmilk

How to use and store RUTF at the household level

- A child enrolled in a OTP program, receives RUTF such as plumpy nut because he/she is sick.
- This therapeutic treatment must not be shared among other members of the family,but must be used ONLY by the child in the nutrition treatment program.
- This child is more at risk of death from other illness, than a child who is not malnourished.
- During treatment, the child will require no other additional food rather than breastmilk.
- The care taker should wash her hands and the childs hands and face before feeding the RUTF.
- To prevent the child from choking, a generous amount of clean water must always be given to the child with RuTF soon, after breastfeeding. If the child is still breastfeeding.
- If any RuTF remains after the child finishes eating, the remaining amount in the sachet should be kept from the next feed or the pot should be covered. The tops of the sachet should be rolled for safety.
- RUTF should be kept in a secure place and out of reach of children in the house, as well as away from the sun to preserve nutrients.
- Empty sachets should be kept and presented at each visit during the distribution.

Ready to use supplementary food

Ready-to-Use Supplementary Food (RuSF) is an energy-dense mineral and vitamin-enriched RUF, specifically designed to treat Moderate Acute Malnutrition at the community level. RUSF is given over a period of approximately 4 months until a child recovers, in addition to the child's family foods.

How to use and store RuSF at the household level

- A child enrolled into the nutrition program with Moderate Acute Malnutrition receives Ready to Use Foods (RuF) like plumpy sup and plumpy Doz because he or she is ill or at risk of illness.
- The special products are only for the child enrolled in the program and should not be shared among other members of the family.
- If the enrolled child does not take the ENTIRE amount of the prescribed food, he/she could become more ill or even die.
- RUF should be provided to the child in addition to breastfeeding and complementary food. RUF should be given soon after breastfeeding if the child breastfeeds. RUF should always be given before any other complementary food or family food and should be given to the child in small amounts and frequently. A balanced, nutritious meal can be given after the correct amount of RUSF has been eaten.
- The caretaker should wash her hands and the child's hands and face before feeding RUF.
- To prevent the child from choking, a generous amount of clean water must always be given to the child with the RUF, at least 1 cup (100ml) of clean treated water for each dose. If choking persists the child should be taken to the nearest health facility.
- If any RUF remains after the child finishes eating, the remaining amount in the sachet should be kept for the next feed or the pot should be covered. The top of the sachet should be rolled down for safety.
- RUF should be kept in a secure place and out of reach of children in the house and should be kept away from the sun to preserve nutrients.

- Empty sachets should be kept and presented at each visit to the distribution center.

Procedure on cooking demonstration using the cooking Corn Soya Blend

- Corn Soya Blend Plus(CSB+) is a fortified blended food made of maize and soya flour, vitamins and minerals .
- It is a product, that is given to pregnant and lactating women. It is pre-cooked but it is not an instant product. It should be cooked for 10 minutes, but not longer.
- Before starting to cook the CSB+, wash your hands thoroughly and ensure the water used to prepare the porridge is safe.
- The ration of the water to CSB + is 4:1 for example, 4 cups of water should be added to 1 cup of CSB flour.
- First mix a small amount of CSB+ with some cold water to make a paste, then add the rest of the water and bring to a boil for 10 minutes.
- To increase the energy density and taste of the CWB+ porridge, seasonal fruits and vegetables, milk powder, oil and/or nuts can be added.

How the Community Worker conducts follow up of nutrition defaulters.

- A child is classed as defaulter in a nutrition program after three (3) consecutive absences from treatment follow up.
- Conduct community mobilisation and create awareness on the importance of the nutrition treatment program through the religious leaders, at watering points, in the market etc.
- Identify all the children within catchment location/households that are malnourished. Undertake follow up of this child at least 1 time in 2 weeks.
- Educate caregivers, on the importance of timely nutrition treatment.

Topic 7: Micro nutrient supplementation including Vitamin A Supplementation (VAS), Micro Nutrient Powders (MNPs) and Micro Nutrient Tablets (MNTS)

Lesson Objectives

By the end of this lesson, participants should be able to:

- Explain meaning of micro nutrient supplementation, name the strategies for supplementation used in Somalia.
- Know the essential micro nutrients (Vitamin A, Iron, Vitamin D, Zinc supplementation) and consequences of their deficiencies.
- Describe causes of Vitamin A deficiency, State signs and symptoms of vitamin A deficiency
- Describe iron deficiency disorder and the sources of iron
- Explain what micro nutrient tablets are, who is eligible for micro nutrient tablets and benefits of using the micro nutrient tablets.
- Explain the importance of zinc supplementation in diarrhea management.
- Create awareness among community members on prevention of micro nutrient deficiencies.

Methodology for the session: Facilitators notes

- Present the lesson objectives and ask participants the following questions:
- What are micro nutrients? Who can give us examples of micro nutrient deficiencies and how to prevent them?
- What causes micro nutrient deficiencies?
- Discuss and summarize the session.

Facilitators notes for the session

What is micro nutrient and micro nutrient supplementation?

- Micro nutrients are nutrients that the body needs in small amounts. Even though they are needed only in small amounts, these substances are essential to life and enable the body to produce vital substances essential to the human body for proper growth and development. As tiny as the amounts are, however, the consequences of their absence are severe.
- Micro nutrient supplementation program is a strategy to deliver micro nutrient services to deserving populations.

Strategies for micro nutrient supplementation

1. **Vitamin A supplementation** for children 6-59 months and post-partum women
2. **Home fortification (micro nutrient powders):** these are multiple micro nutrient powders packed in sachets and provide to mothers and caregivers for addition to food/ meals for the children 6-23 months
3. **Multiple micro nutrient tablets** for pregnant women
4. **Zinc supplementation** for the management of diarrhoea in children.
5. **Food fortification:** systematically adding key micro nutrients to selected staple foods that high-risk groups frequently consume. This is not yet done systematically in Somalia.

Cause of micro nutrient deficiencies

- Insufficient dietary intake
- Malabsorption
- Diarrhea
- Impaired storage and altered metabolism of micronutrients.

Types of micro nutrient deficiencies and their implications.

According to WHO< 19% of the 10.8 million child deaths globally a year are attributable to iodine, iron, vitamin A and ZINC deficiencies. Recent estimates indicate that fortification or supplementation with iron, Vitamin A, and ZINC are among the most cost-effective interventions available.

- Iron deficiency anaemia: it affects more than 2 billion people worldwide. This is responsible for anaemia in adolescents, women and children.
- Vitamin A deficiency disorder: This affects immunity, harms the eyes, increases predisposition to diarrhoea, measles and malaria therefore increasing childhood mortality.
- Vitamin D deficiency
- Zinc deficiency.
- Iodine deficiency disorder: this has been linked to intra-uterine brain damage and possible foetal wastage. However, iodine deficiency is not of public health concern in Somalia.

Facilitators notes for beginning the sessions: Iron Deficiency Anaemia

- *Present the lesson objectives and ask participants the following questions:*
- *Ask participants, to list the groups of people who are at risk of iron deficiency anaemia?*
- *Divide the participants into 5 groups, ask them to identify the symptoms of anaemia, side effects of anemia and foods that are rich in iron.*
- *Discuss and summarize the session.*

Trainers notes

What is iron deficiency anemia

- Iron is an essential element in the diet. It helps to form the red pigment/color in the blood, which carries oxygen throughout the body.
- iron from animal sources is more readily utilized by our bodies than those from plant sources.
- The presence of vitamin C in the meal enhance the body ability to absorb iron.
- Lack of iron in the body results into anaemia.

Who is at risk of getting anemia

- Pregnant and lactating mothers
- Low birth weight and preterm babies.
- Malnourished mothers and children.
- Adolescent girls after menstrual flow
- People living with intestinal worms
- Blood loss during accidents and disorders of the gastro intestinal tract can also lead to deficiency.

Effects of anemia in pregnancy

- Anemia affects health and growth of children.
- Affects health and growth of children.
- Mothers have poor health and low performance levels.
- Anaemic mothers give birth to low birth weight babies.
- Anaemic mothers have a high risk of having complications and death during pregnancy, delivery and post delivery period.

Signs and symptoms of anemia

- Pale skin
- Pale gums, inner eyelids, fingernail beds and palmer.
- Rapid heart rate
- Ankle swelling in the last stage.
- Rapid heart rate.
- Breathlessness
- Fatigue

How to prevent anaemia

- Have a diet rich in iron:
  - ✓ Dietary sources: Liver, organ meats and poultry. Dried beans and vegetables are best plant sources, followed by dried fruits, nuts, and whole grain breads and cereals.
  - ✓ Additional source of iron provide iron and folic acid tablets regularly to adolescent girls, pregnant and lactating mothers.
- For additional source of iron, supplements such as iron and folic acid tablets, micro nutrient tablets should regularly taken by pregnant and lactating mothers.

Facilitators notes for the sessions: Vitamin A supplementation

- Present the lesson objectives and ask participants the following questions:
- What is micro nutrient supplementation, and which are some of the strategies in use Somalia?
- What is vitamin A?
- What are some of the sources of vitamin A?
- *Write onto the flip chart the sources of vitamin A as identified by participants, discuss the importance of Vitamin A Supplementation and the VAS schedule.*

Trainers notes

What is micro nutrient supplementation?

- Micro nutrient supplementation program is a strategy to deliver micro nutrient services to children below 5 years and to pregnant and lactating women.

Strategies for micro nutrient supplementation

6. **Vitamin A supplementation** for children 6-59 months and post-partum women
7. **Home fortification (micro nutrient powders):** these are multiple micro nutrient powders packed in sachets and provide to mothers and caregivers for addition to food/ meals for the children 6-23 months
8. **Multiple micro nutrient tablets** for pregnant women
9. **Zinc supplementation** for the management of diarrhoea in children.
10. **Food fortification:** systematically adding key micro nutrients to selected staple foods that high-risk groups frequently consume. This is not yet done systematically in Somalia.

What is vitamin A?

Vitamin A is one of the key micronutrients required by the human body, especially in young children. It plays a role in growth and development, preventing childhood illnesses and promoting good eyesight.

Functions of vitamin A

a) Immunity / general disease prevention:
   - Promotes healthy skin that serves as a protective barrier against disease causing antigens
   - Promotes healthy skins that serves a protective barrier against disease- causing antigens.
   - Promotes normal functioning of other cells in the body that are important for fighting diseases.
   - Strengthens the immune systems against colds, flu and intestinal infections like diarrhea.

b) Vitamin A for growth and development
   - Contributes to the development of bones and teeth.

c) Physical appearance
   - Promotes healthy looking skin and may prevent skin problems such as acne
   - Promotes healthy wrinkle-free skin, and helps remove age spots
   - Promotes healthy hair and nails.

d) Eyesight related functions
   - Counteracts night blindness and weak eye sight
   - Protects against common eye disorders such as cataracts.

e) Reproduction
   - Promotes normal working of both male and female reproductive systems

Sources of Vitamin A

- Breast milk is a source of Vitamin A for infants but is an inadequate source beyond 6 months of age.
- Older children and adult as well, obtain vitamin A through dietary intake.
- Some animal products, fruits and vegetables contain high amounts of Vitamin A.

Some **animal products** including:

- Liver
- Milk
- Cheese
- Eggs

Some **fruit** and **vegetables** including:

- Many dark green leafy vegetables (e.g. spinach)
- Orange vegetables (e.g. carrots, yellow fresh sweet potatoes)
- Many orange-yellow fruits (e.g. **ripe** mangoes)

Causes of Vitamin A deficiency

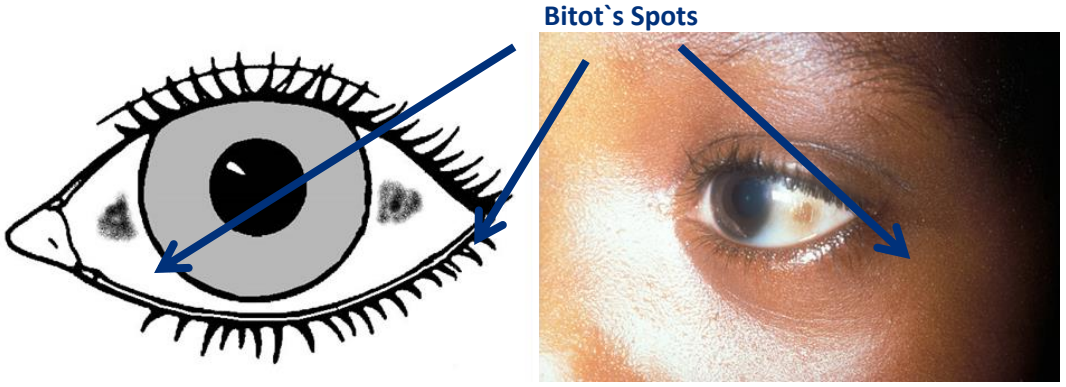
- Chronically insufficient intake of Vitamin A leads to a condition called Vitamin A Deficiency (VAD) which causes health problems.
- In infants aged below 6 months, VAD may result from inadequate breastmilk.
- In older children and adults. VAD results from the chronic lack of vitamin A in one's diet.
- VAD is a common problem in areas where people rely solely on fruit and vegetables for Vitamin A. Vitamin A from fruits and vegetables needs to be converted to the form found in animals and this may sometimes not do well by the body.

Signs and symptoms of VAD

a) Eye- related signs and symptoms

- Poor adaptation to darkness - night blindness
- Bitot's spots - oval, triangular or irregular foamy patches on the white of the eye
- Blindness due to structural damage to the retino

Bitot`s spots



b) Skin-related signs and symptoms

- Dry skin and hair
- Anaemia (signs may include yellow eyes)

c) Other general signs and symptoms

- Reduced immunity resulting in increased susceptibility to illness (e.g. measles, diarrhoea)
- Prolonged illness – child takes relatively long time to recover from illness

- Failure to meet physiologic needs such as supporting tissue growth, normal metabolism
- Higher risk for death.

Prevention and control of VAD

Measures that can be taken for both prevention (before it occurs) and control (after it has already occurred) of VAD include the following:

a) Breast-feeding:

- Vitamin A from breastmilk is sufficient for children aged below 6 months.
- Children older than 6 months require more nutrients and need complimentary foods to get sufficient nutrients including vitamin A.
- After 6 months, children should receive the Vitamin A capsule.

b) Dietary Diversification

- A diverse (balanced) diet is encouraged for provision of micronutrients including vitamin A.
- However, the required food stuff may not be available in the settings that are hardest hit by the vitamin A deficiency challenge and associated disease burden.

c) Alternative sources of vitamin A

1. Micro nutrient powders

- A more recent intervention through which powders containing micronutrients including vitamin A are added to food at home before consumption.
- The 15 sachets of MNPS used per month provide 50% of the child`s recommended micronutrient intake for the month.[1]

2. Vitamin A supplementation

VAS for children 6-59 months

- Vitamin A supplementation (VAS) delivers high-dose capsules once every 6 months to children aged 6-59 months.
  - Children aged 6-11 months receive blue capsules (100,000 IU).
  - Children aged 12-59 months receive red capsules (200,000 IU).

[1] Guidelines for Micronutrient Supplementation using Micronutrient Powders in Complementary Feeding, MoHCC Zimbabwe and UNICEF, 2017?

	VAS for post-partum women ▪ VAS provided as a single dose of 200,000 IU within the first 6 weeks of delivery.	

Topic 8: Home fortification using micro nutrient powders

Methodology for the session : Facilitators notes

- *Show participants sachets of MNPS…*
- *Ask, what is the purpose of MNPS and what is the justification.*
- *Divide the participants into groups of 5, task is each group to explain the procedure of using the MNP.*
- *Allow 2 groups to make the plenary presentations with inputs from the rest of the participants.*
- *Explain the minor side effects of using MNPs.*
- *Introduce the aspect of micro nutrient tablets, who is eligible and benefits of using micro nutrient tablets.*
- *Discuss and summarize the session*

Trainers notes

Defining home fortification using micro nutrient powders

- Micro nutrient powders (MNPs) are conveniently packages, powdered vitamin and minerals that be added directly to semi-solid cooked food that are prepared for young children.
- MNPs are aimed at complementing the micro nutrients from the diet.
- MNPS have been proven effective in reducing most micro nutrient deficiencies, eg reduce anaemia in children by 30% and iron deficiency by 50%.

Purpose and justification for MNPS

- MNPs are recommended if complementary foods do not provide enough essential nutrients. This occurs when one or more of the following conditions apply:
  - ✓ Food diversity is low: due to limited availability or affordability (Minimum Acceptable Diet in Somalia is 9%[2])
  - ✓ Complementary foods prepared for the small child do not have enough nutrient content and are of low density: example starch based diet, that is liquid.
  - ✓ The bioavailability of micro nutrients is low due to absorption inhibitors in diet (fiber, phytate) particularly in plant-based food sources.

[2] FSNAU (2017) special study report No. VII 71 issued 13th April 2017: 2016 Somalia IYCN assessment.

Target population, recommended dosage and exclusion criteria

Target Population

- **Target population** is children 6-23 months. Note; the exclusion criteria.

Recommended dosage

- **Dosage is** 15 sachets per month - use 1 sachet every other day
- Each child should be given a full sachet of MNP and not share the contents with other children
- Each child should use a full packet of the MNPS onto their food and should not be shared with the rest of the family/ other children.

Exclusion Criteria

- Severely malnourished children (MUAC<11.5cm and or presence of bilateral edema).
- Children with SAM should be referred to the nearest health facility for treatment using the standards protocol for malnutrition.
- Moderately malnourished children who are receiving treatment according to the standards treatment protocols.
- MNPs should be discontinued until the child has been discharged from therapeutic treatment program and is no longer receiving RUTF or RUSF
- Severely sick children (eg malaria, high fever, pneumonia) should be referred for inpatient treatment.

Facilitators notes for the session: procedure for using the MNPS at household level

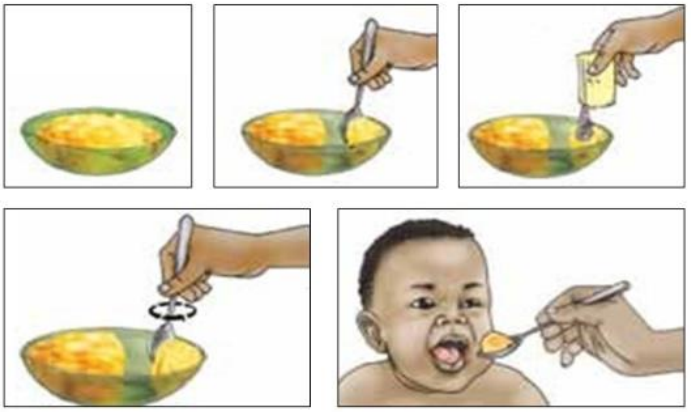
Group discussion

- *Divide the participants into groups of 5*
- *Group task is discussion on using of MNPS*
- *Allow 2 groups to make plenary presentations.*
- *Summarize the group presentations.*

Explain the procedure of using the micro nutrient powders

- Wash your hands with clean water and soap before handling food.

- Prepare cooked food- thick porridge, mashed potatoes, or any other soft or mushy semi solid or solid food
- Make sure that the food is not too hot, but it is at a ready-to-eat-temperature.
- Separate a small portion of the soft or mushy semi-solid or solid cooked food within the child's bowl.
- Pour the entire contents of one sachet of MNPS into the small portion of food.
- Mix the sachet contents and the small portion of food well.



- Give the child the small portion of food mixed with MNPS to finish, and then feed the child the rest of the food.

Facilitator's emphasis notes

Emphasis important of using MNPS

- *Do not add the MNPS to hot food: if the food is hot, the iron in the MNPS will change the color and taste of the food.*
- *Do not add the MNPS to any liquids (water, tea or watery porridge).*
- *Do not share the food to which MNPS were added with other household members since the amount of minerals and vitamins in a single package of MNPS is just right amount for one child.*
- *The food mixed with MNPS should be eaten within 30 minutes because the vitamins and minerals in the MNPS will cause the food to noticeably darken.*
- *Tea should be avoided 30 minutes before or after consumption of food containing micro nutrient supplements.*
- *Summarize the key points learnt from this lesson*

Potential side effects of MNPs

- Side effects of MNPS are minimal, although they could include: darkening of the stool, constipation, or mild diarrhoea.
- Ensure that caregivers are aware that the side effects will subside in due coz. If they do not subside, caregiver should bring the child to the health facility.
- Note that MNPS, do not cause fever in children. If there is fever, discontinue the MNPs and bring the child to the health facility.

Facilitator's notes: Supplementation using Zinc during diarrhea episodes

- *Show sample of ZINC supplements to participants.*
- *Ask who has seen or used the zinc tablets before.*
- *Through question and answer, discuss the dosage for zinc in children during diarrhea.*
- *Discuss and summarize the session*

Trainers notes

Zinc supplementation for children during diarrhea

- Zinc supplementation is provided to children under 5 years only in diarrhoea occurrences through hospitals, MCH centres and health posts.
- The use of ZINC during diarrhoea episodes for 10-14 days reduces the duration and severity of diarrheal episodes.
- Use of ZINC can help prevent new episodes of diarrheal for up to 3 months.

Dosages of ZINC:

- Children under 6 months old = ½ tablet (10mg) zinc for 10-14days
- Children over 6 months old = 1 tablet (20 mg) zinc for 10-14 days

Facilitator's notes: Multiple Micro Nutrient Tablets for PLW

- *Show sample of MNT supplements to participants.*
- *Ask who has seen or used the MNTs before*
- *Through question and answer, discuss the usage and benefits of MNTs*
- *Discuss any potential side effects and how to manage the side effects*
- *Discuss and summarize the session*

Trainers notes

Multiple micro nutrient tablets for PLW

- During times of pregnancy and lactation, multiple micro nutrient deficiencies co-exist hence the need to provide Micro nutrient tablets.
- MNTs are provided to pregnant and lactating women for the prevention of micro nutrient deficiencies.

Dosage of micro nutrient tablets

- The pregnant woman is given 1 table daily for the duration of pregnancy while the lactating mother is provided with 1 tablet until the infant is 6 months.
- The tablets are provided through MCH clinics- health centers, health posts, mobile teams, outreach programs (health/EPI/Nutrition), hospitals and also through TSFP nutrition programs.

Side effects of iron and folic acid and how to manage the side effects

- Nausea
- Constipation,
- Diarrhea,
- Stomach cramps, or upset stomach may occur.

These effects are usually temporary and may disappear as your body adjusts to the supplementation.

Topic 9: Dietary Diversification

Lesson Objectives

By the end of this lesson, participants should be able to:

- *Explain the concept of diet diversification.*
- *State the importance of a diverse diet across the life span.*
- *Understand how to compile a diverse diet.*

Methodology for the session: Facilitators notes

- *Trainer begins the session by asking the participants what they understand by the terms diversified diet.*
- *Trainer then divides the participants into groups of 4.*
- *Trainer distributes a set of sorting cards, with different food items to each of the groups.*
- *The task of each of the groups to is to categorize the foods into the possible different food classes.*
- *Ask the participants to come up with a days menu, including breakfast, lunch and dinner while ensuring that the meals are balanced. The menus should be stuck on walls using masking tape.*
- *Groups make plenary presentations*
- *Discuss and summarize the session.*

Trainers notes

Diversified diet:

- This is a meal composed of all nutrients ie carbohydrates, proteins, vitamins and minerals in the right quality and quantity. It is a meal composed of all the nutrients i.e. carbohydrates, proteins, vitamins and minerals in the right quality and quantity.
- a nutritious meals provides nutrients for body building, maintenance, protection against infections and diseases and for provision of energy.

Different food groups.

1. ***Body building foods :***

- These are foods that are rich in protein and sometimes referred to as body building foods, examples are meat, beans, fish, chicken, milk and eggs.

2. ***Energy giving foods***

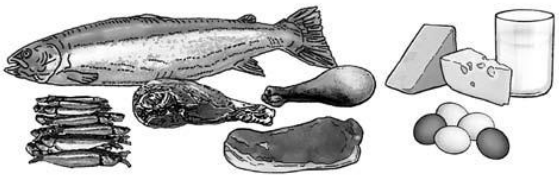
- These are foods which contain large quantities of carbohydrates and fats, examples are sorghum, maize, bananas, potatoes, vegetables and animal fat and oils.
- These foods provide energy to our bodies to enable us to carry out daily activities like working, thinking, running , talking and even enabling the heart to beat.
- The fats in the body are also useful for protecting the organs of the body like the heart and kidney.
- Fats are also useful for giving us warmth since they are stored under the skin.

Protective foods

- The nutrients that protect the body against infections and fight diseases are called vitamins and minerals.
- Examples of food sources include fruits and vegetables.

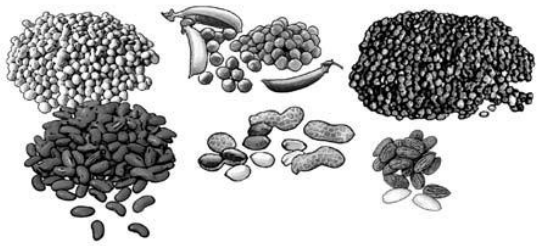
How to compile a diverse diet – using the 4-star classification

- *Feed different food groups at each serving. For example:*
  - ✓ *Animal- source foods: flesh foods such as chicken, fish, liver, eggs and milk, milk and milk products* ***1 star* (note: animal foods should also be started at 6 months for children).***



  - ✓ *Staples: grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava, potatoes* ***2 stars ****

  - ✓ *Legumes such as beans, lentils, peas, ground nuts and seeds such as sesame* ***3 stars ****



  - ✓ *Vitamin A- rich fruits and vegetables such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin, and other fruits and vegetables such as banana, pineapple, water melon, tomatoes,*

avocado, eggplant and cabbage ***4 stars **** (Note: foods may be added in a different order to create a 4 star food/diet)***

- ✓ *Oil and fat such as oil seeds, margarine, ghee and butter added to vegetables and other foods will improve the absorption of some vitamin and provide extra energy. Only small amounts of oil are required per day.*

Topic 10: Community Led cooking demonstrations

Lesson objectives

By the end of this lesson, participants should be able to:

- *State the prior preparations to take into consideration before undertaking cooking demonstrations.*
- *Describe the process of undertaking cooking demonstrations at community level.*
- *Explain how to prepare corn soya blend at the household level.*

Methodology for the session: Facilitators notes

- *Review the objectives of the session*
- *Describe the process to conduct a cooking demonstration at the community level, giving a focus on dietary diversity and use of a 4-star diet.*
- *Through question and answer, discuss the process of cooking the corn soya blend (CSB).*
- *Discuss and summarize the session.*

Facilitators notes for the session

Criterion to emphasize for complementary feeding during the cooking demonstrations

- **Diversity**: Diverse diet including foods in season, vegetables and fruits, proteins and carbohydrates.
- **Hygiene:** Take into consideration cleanliness, hand washing when preparing, cooking and feeding children. Hand washing with soap is critical.
- **Density of the foods**: foods should be thick enough, not watery and should not fall freely from the spoon.
- **Quantity:** this is the amount of food to be eaten by the child with relation to age.
- **Frequency:** This related to the number of times the child should be fed with relation to their age.

Duration and Venue for the cooking demonstration

- It should not take more than 1 hour.
- Should be conducted in one of the homes of the participating mothers, either in the homes of the lead mothers or the participating mothers.
- Ensure to use utensils and other cooking dishes that are used locally within the community.

Procedure for the cooking demonstrations: Prior to the cooking demonstrations

- Cereals can be pre-boiled before the cooking session begins.
- Ensure that participants are aware of the venue and the mother who is hosting them for the days cooking demonstration.
- Collect all the necessary cooking ingredients for the days activity (its highly recommended that the food cooked is adequate enough to be shared out among the children; thus the quantity in the recipe should be in consideration of the number of participating children). However, children can also just have a taste if the food is limited.
- Encourage each of the mothers to bring with them, feeding bowls for use with their own children.
- Put together cooking materials such as firewood, water and also dishes including cooking pots, plates, spoons, knives etc.
- Include items that enhance hygiene such as soap, dish washing scouring pads, water.
- Sweep the cooking area and keep it clean.
- Se the cooking fire in advance. To save on time, it is good to have some water boiling, mainly to be used for drinking when cooled, by the children and care givers.
- Also set up mats where the mothers will seat/lay their children to sleep.

Procedure for the cooking demonstrations: During the actual day

1. **Selection of the meals to cook**
   - Begin the cooking session by going through a health education session. During the health education session, discuss the menu of the day and the nutritive value of the chosen recipe of the day.
   - Emphasize on the importance of cooking a 4 star diet (including animal source foods, grains or tubers, legumes and fruits/vegetables).
   - Ensure that the session is as participatory as possible- participation from all the mothers present.
2. **Hygiene during food preparation and other handling practices**
   - Set up a hand washing area. This could be a simple leaking container, with water and soap hang near the cooking area.
   - Emphasize the importance of observing good hygiene during food preparation (this includes washing of hands with soap and water before cooking and before feeding the children. Also washing hands after using the latrine or after changing the children's diapers, helping with toileting etc). Always wash fruits and vegetables before cooking and before eating.
   - Keep food covered when you are not working on it to prevent flies.
   - Gather the rubbish together in a container/waste bin and throw it away from the cooking area.
3. **The actual food preparation process**
   - Begin by cleaning all the utensils. This should be followed by the actual food preparation. The food preparation steps are as follows;

Food washing area (cleaning area)

Preparation/cutting area (separating area)

Cooking area.

   - Continue with interactive health education sessions as the food is cooking.
   - When the food is ready, share it out among the participating children. Food should be kept covered and be eaten hot: thus if some portions are already cold, reheat.
   - If there are micro nutrient powders, ensure that the children eligible practise using the MNPS during the community led cooking demonstration.
   - Engage the group in the importance of interactive feeding for the children: children should not be coerced or forced to eat. Feeding times should be fun times. Each child should be fed from its own bowl, so that the caregiver is able to know how much the child has eaten.
   - Discuss the menu and venue for the next cooking session. Clean up, ready for departure.

Procedure on cooking demonstration using the cooking Corn Soya Blend

- Before starting to cook the CSB+, wash your hands thoroughly and ensure the water used to prepare the porridge is safe.
- The ration of the water to CSB + is 4:1 for example, 4 cups of water should be added to 1 cup of CSB flour.
- First mix a small amount of CSB+ with some cold water to make a paste, then add the rest of the water and bring to a boil for 10 minutes.
- To increase the energy density and taste of the CWB+ porridge, seasonal fruits and vegetables, milk powder, oil and/or nuts can be added.

Topic 11: Nutrition and HIV and TB

Lesson Objectives

By the end of this lesson, participants should be able to:

- *State the ways to block the transmission routes of HIV and TB*
- *Describe the link between HIV and malnutrition*
- *State the nutritional requirements for being living HIV and TB*

Methodology for the session: Facilitators notes

- *Review the objectives of the session*
- *Through question and answer, ask participants what is the local name of HIV? What about TB?*
- *Divide participants into 4 groups. Let the 2 groups, describe methods of transmission of HIV and how to prevent transmission while the other 2 groups describe how TB is transmitted and how to block transmission routes.*
- *Ask participants to describe the link between TB and nutrition.*
- *Ask participants to describe the link between HIV and nutrition.*
- *Discuss and summarize the session.*

Facilitators notes for the session

What is Tuberculosis (TB)

- Tuberculosis (TB) is a fatal communicable disease that can affect almost an y part if the body but it mainly causes infection of the lungs. It is caused by a bacterial micro-organism, that is present in the sputum of the patient and droplets which spreads in the air whenever the patient coughs.

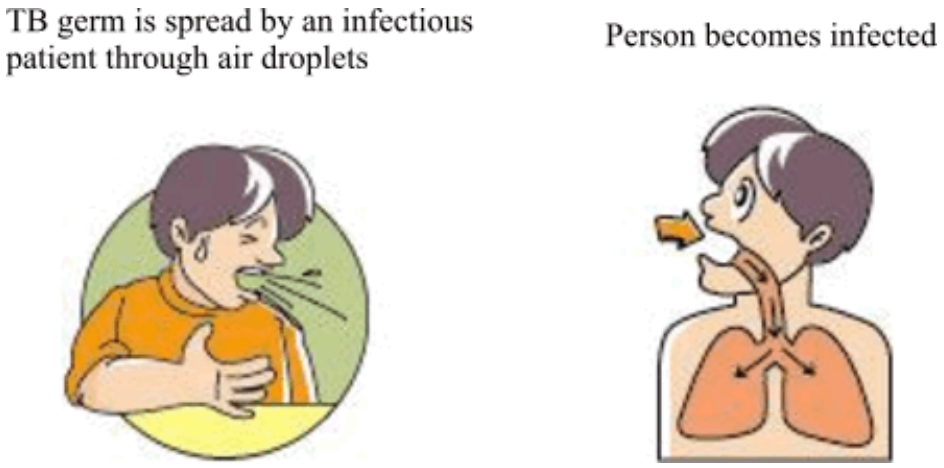
- TB can be treated, cured and be prevented if persons at risk take certain drugs for a specific period of time.
- TB is highly prevalent among Somalis, as it is estimated that out of every 100,000somalia, 123 persons are suffering from this disease and every year, around 25,000 new cases are reported.

Symptoms of TB

- Persistent cough (suspect TB if the cough persists for more than 3 weeks).
- Presence of a blood-stained sputum
- loss of body weight
- afternoon fever
- sweating in the night
- loss of appetite

How is TB transmitted

- TB is an airborne disease.
- When a TB patient coughs or sneezes, small droplets containing the germs is generated and spread in the air.
- When another person breaths in these small air droplets, he can be infected.
- Prolonged exposure to germs is however, required for the disease to be transmitted.



Important tips for the prevention of TB

- Get BCG vaccination for the new-borns and children aged under 15 years who have never received BCG vaccination before.
- Go for early testing, diagnosis and treatment of TB
- Early contact examination.
- Lead a happy life.

- Get adequate rest
- Eat a balanced diet
- Get adequate exercise and fresh air.
- Practise good personal hygiene.

Important recommendations for TB patients

- TB is not curable; however, the treatment is lengthy.
- Try to take medicine under observation of some treatment supported (DOTS strategy).
- All medicines should be taken simultaneously.
- Try to take the medicine under observation of some treatment supporter (DOTS strategy).
- Take all medicine simultaneously
- Do not stop treatment until advised by the doctor
- Cover your mouth with handkerchief while coughing or sneezing
- Avoid smoking
- Get sputum test on 5^{th} and 7^{th} or 8^{th} month after commencing treatment.
- Ensure regular follow up and abide by the instruction of the doctor.
- The mother can continue breastfeeding during treatment
- There is need to take high protein diet.

Link between nutrition and TB

- There is a two-way link, between malnutrition and TB. Malnutrition makes TB worse and TB makes malnutrition worse.
- Most individuals with active TB experience weight loss. Weight loss among people with TB can be caused by several factors, including reduced food intake due to loss of appetite, nausea and abdominal pains.
- Under nutrition weakens the body's ability to fight disease. Therefore, under nutrition increases the likelihood that latent TB will develop into active TB disease.
- Note: although there is a clear link between active TB and under nutrition, in no way way does malnutrition or under nutrition cause TB on its own.
- TB is only caused by TB bacteria.
- A person with TB should aim to have three meals and three snack each day to increase the amount of food they eat.

What is HIV/AIDS:

- HIV: stands for Human Immunodeficiency Virus. This is a virus that affects the immune system, our bodies defence mechanism.
- AIDS: stands for Acquired Immune Deficiency Syndrome. This describes a set of symptoms and illnesses that happen at the final stage of HIV infection, if the HIV infection is left untreated.

- Many AIDS deaths result from pneumonia, tuberculosis or diarrhoea; Death is not caused by HIV itself but by one or more of these infections.

How is HIV transmitted

- The disease is transmitted from one patient to another through the following means:
- Unprotected sexual intercourse (vaginal or anal) with an infected person.
- Transfusion of contaminated blood.
- The sharing of contaminated needles, syringes or other sharp instruments such as surgical instruments, shaving blades or razors, instruments used for tattooing or pricking ears, nose or dental instruments etc
- The transmission of the virus between mother and her baby during pregnancy through the placenta, or during delivery in case of some injury or through the breast milk.

How HIV is not transmitted

- There are some common wrong perceptions about the transmission of AIDS which need to be countered.
- It is important that CWs and other health professionals educate the community about the activities which have no risk of HIV transmission, which would contribute to reducing the stigma associated with HIV.
- Activities that have no risk of HIV transmission include:
    - ✓ Shaking of hands
    - ✓ Hugging or embracing
    - ✓ Touching
    - ✓ Sharing of utensils
    - ✓ Other contact, such as sharing of toilets etc
    - ✓ Mosquito bite
    - ✓ Using common swimming pool
    - ✓ Eating together
    - ✓ When looking after patients, injury from sharps should be avoided.

Who should get the HIV/AIDS test done

- People having extra marital sex relations, or multiple sex partners.
- Homosexuals
- The person who has been transfused with non tested blood or its components.
- Injectable drugs users
- The drug user who has used the syringe of other users.
- The people suffering from any other sexually transmitted disease.
- The children born to HIV positive mothers
- The person who has utilized syringe or any other sharp of HIV positive person.

Symptoms:

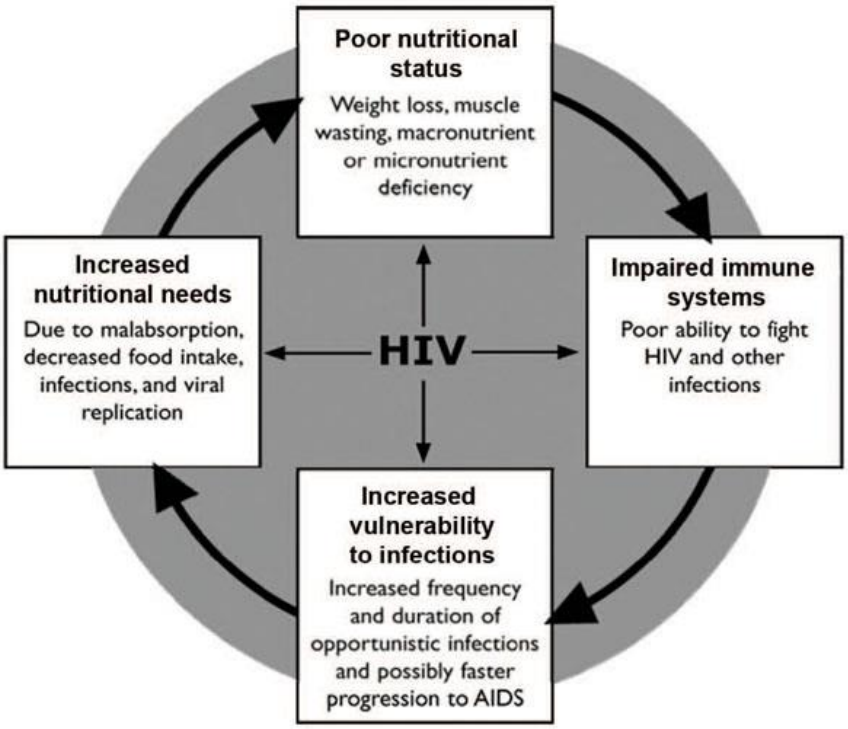
- Initially there may be mild symptoms such as common cold which is unnoticed at early stages, followed by a symptoms free period during which disease is fully advanced.
- During advanced stage of the disease, there will be rapid weight loss, more than 10% in short period of time.
- Diarrheal persisting for more than one month.
- Fever persisting for more than one month
- Chronic cough
- Big red rush on the body.

Protection against HIV/AIDS

- Avoid extra marital sex relations
- Always use new disposable syringe for injections.
- Never share the syringe and needle used by drug addicts.
- Blood transfusion should be done only when unavoidable. In that case, only use the blood screened for HIV and Hepatitis.
- Blood components should also be screened for HIV and hepatitis before transfusion.
- HIV positive mothers should be advised appropriately by health care workers on how to prevent transmission.

Link between HIV/AIDS and Nutrition

- There is a close relationship between HIV, malnutrition and other infections. HIV compromises nutritional status, and poor nutrition further weakens the immune system, increasing susceptibility to opportunistic infections.
- HIV infection destroys the immune system, leading to recurrent opportunistic infections, debilitation and death. Opportunistic infections compromise on nutritional status resulting into under nutrition.
- The cycle of HIV and malnutrition is as below.



- HIV can cause or worsen undernutrition by making the person to lose appetite and want to reduce their food intake, at the same time as their body has increased energy requirements in an attempt to fight infections.
- HIV may make absorption of energy and other nutrients less efficient. Undernutrition further weakens the immune, increasing the risk of infection and worsening the diseases impact.

Food by Prescription for HIV or TB affected persons

- The following patients are entitled for enrolment to the Food by Prescription program:
  - ✓ Malnourished TB patients on Directly Observed Therapy (DOTS) Short Course treatment.
  - ✓ All malnourished HIV patients (those on treatment and those not on treatment as well as pregnant and lactating women).
- The admission criteria into the nutrition treatment is as follows:

TB Patients	All TB patients on DOTS course with BMI < 18.5
	All pregnant (2nd Trimester) or lactating women (child<6 months) on DOTS course with MUAC <23 cm
HIV Patients	All non- pregnant, non-lactating adults living with HIV with BMI < 18.5
	All pregnant (2nd trimester) or lactating women (child <6 months) living with HIV with MUAC <23 cm

Module 4: child health

Topic 1: Malaria

Lesson objectives

By the end of this lesson, participants should be able to:

- Gain understanding on how childhood diseases- malaria, diarrhea, respiratory distress, worms, measles and worms can be prevented.
- Describe the different signs and symptoms of various childhood diseases.
- State the danger signs to look out for children during illness.

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Through question and answer, ask what is the somali name for the malaria?*
- *Ask participants to list the signs and symptoms of malaria, note down the identified signs and symptoms of flip chart paper while filling the gaps.*
- *Request 2 participants to demonstrate use of mosquito net. One participant sleeps on a mat covered by a mosquito net and other person lies on the mat uncovered.*
- *Ask who is likely to be eaten by crawling insects, mosquitoes and other crawling insects.*
- *Ask for the methods to prevent malaria.*
- *Discuss and summarize the session.*

Facilitators notes for the session

Malaria is transmitted through the bite of a mosquito. Common signs and symptoms of malaria:

- Head ache
- Back pain
- Sweating
- Diarrhea
- Fever
- Back pain
- Nausea
- Fever with chills
- Joint pains
- Body weakness

- In-case the child has any of the above signs and symptoms, refer the child to the health facility for treatment.

Methods of malaria prevention

- Clearing bushes and grasses around the living areas.
- Gathering and burning rubbish in garbage pits
- Covering hollow pits that can be potential breeding sites for mosquitoes.
- Adequate lighting in living houses.
- Sleeping under treated mosquito nets
- Prompt treatment when you suspect malaria.

Topic 2: Respiratory Stress

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Ask participants to explain their understanding of respiratory infections.*
- *Ask participants to list the signs and symptoms of respiratory infections and how to prevent them.*
- *Discuss when to refer children for treatment.*
- *Discuss and summarize the session.*

Facilitators notes for the session

What is respiratory infections/ distress:

- This is infection of the nose and chest that affects the throat, sinuses, nose and ears.

Mode of spread for respiratory infections

- Spreads to others through sneezing, coughing, shaking hands, sharing feeding utensils.

What are the symptoms of respiratory infections

- Sneezing, runny nose and nasal congestion
- Itching ears
- Fever
- Headache
- Scratchy or sore throat
- Waterly eyes
- Slight fever
- Fatigue

- Loss of appetite

How to prevent respiratory infections?

- Turn away from others and use protective clothing such as handkerchief when you cough or sneeze.
- Wash your hands with soap after coughing, sneezing or blowing your nose.
- Wash your hands with soap before shaking hands with other people, before touching food, dishes, glasses, silverware or table napkins.
- Clean all utensils before using, especially those cups used by some one with a cough or a flu.
- Avoid close contact with others for the first two to four days.
- Keep your hands away from your nose and mouth.

How do I protect children from getting respiratory infections?

- Exclusively breastfeed all children below 6 months,
- Ensure all children between 6 -59 months receive Vitamin A supplementation every 6 months.
- Eat a healthy and diverse diet, and plenty of fruits rich in Vitamin C such as oranges, pineapples, apples, lemons etc.

How to manage respiratory infections at the community level

- Continue breastfeeding the child as well as provision of a diversified diet.
- Keep yourself and the baby warm
- Take plenty of rest
- Drink warm fluids
- Do not smoke.
- Drink warm fluids.

Topic 3: Diarrheal and vomiting

Methodology for the session: Facilitators notes

- *Ask participants for the local name of diarrhea. What about vomiting*
- *Through question and answer, ask for definition of diarrhea disease.*
- *The trainer then defines diarrhea*
- *Divide the participants into 4 groups. Distribute a set of the F diagram tools to each of the groups.*
- *Instruction for each of the groups is to create the F diagram using the set of tools.*
- *Let the groups do a plenary presentation of each of the group findings.*
- *Ask for the local name of dehydration, explain that what kills is dehydration.*
- *Discuss role of ORS and ZINC in diarrhea management. Conduct demonstrations on the use of ORS and ZINC.*

- *Discuss and summarize the session.*

Facilitators notes for the session

Defining diarrhoea:

- It is a fecal oral disease.
- Defined as the passage of three of more watery stools in a day or within 24 hours.

Causes of diarrhea:

- Oral consumption of fecal matter and other types of dirt exposing one to bacteria and viruses.

Methods of prevention of diarrhea

- Hand washing with soap or ash at critical times (after using the toilet, after helping the child in toileting, before cooking or before handling food items, after sweeping, after handling domestic animals etc).
- Safe water handling including water treatment
- Safe food handling
- Use of latrines and other methods of fecal matter disposal.

How to protect children from diarrhoea

- Exclusively breastfeed all children less than 6 months.
- Provide diverse diet during complementary feeding.
- Vitamin A supplementation every 6 months.

Signs of severe dehydration

- Thirst is often a first, early sign of dehydration
- Little or no urine output. Often the urine will be dark yellow.
- Sudden weight loss
- Dry mouth
- Sunken tearless eyes
- Sagging of the “soft spot” on child’s head.

Management of diarrhea at the community level

- Improved care seeking and referral
- Case management at the community level using ORS and ZINC.
- Continue feeding and/ or breastfeeding the child.

Key points on ORS preparation procedures.

- ORS must only be prepared with clean boiled and cooled water
- Never add ORS to milk, soup, fruit juice or soft drinks
- Do not add sugar to ORS
- ORS mixture should only be used for 24 hours. After, discard remainder and prepare some more.
- Breastfeeding should complement the use of ORS.

How to prepare ORS
1. *Get a sachet of ORS. ORS sachets are usually available from health centres, and pharmacies.* 2. *Wash hands thoroughly with soap and water* 3. *Put the contents of the sachet into a clean container* 4. *Add 1 litre of safe water (water that has been treated or boiled). You can measure a litre of water, with 1 litre bottle of water or 4 steel glasses of water commonly available in Somalia.* 5. *Encourage the sick person to sip frequently the ORS. Give ORS after every loose stool and continue to breastfeed for the breastfeeding child.* 6. *Discontinue giving the child ORS when the diarrhoea stops.* ***Note: what kills a child who has diarrhoea is dehydration. The role of ORS is to prevent dehydration. Drink! Drink! Drink!***

Benefits of ZINC in the management of diarrhoea

- use of zinc during diarrhea episodes for 10-14 days reduces the duration and severity of diarrhea episodes.
- Continue giving the child zinc treatment until the child has finished the dosage.
- Use of zinc reduces the duration and severity of diarrhea.
- Zinc protects one from getting diarrhea for up to 3 months.

Dosages of ZINC

- Children under 6 months old = ½ tablet (10mg) ZINC for 10-14 days
- Children over 6 months old= 1 tablet (20mg) zinc for 10-14 days.

Topic 4: Polio

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Ask what causes polio disease and how it is spread.*
- *Request 4-5 volunteers to step out of the room, informing them that they will be invited inside the room after a few minutes.*

- *Ask other participants to hold hands tightly, and not allow the chain to be broken. Group should demonstrate ways to keep the chain strong and durable.*
- *Volunteers should get back into the room and wrestle with the participants, with the aim to break the chain. Areas where the chain is broken indicate areas of weakness and depict unvaccinated children.*
- *Facilitate asks the participants outside the training venue to return and attempts to break the chain created by the participants who are holding hands.*
- *After the exercise, facilitate the session by explaining that, polio affects weak and vulnerable immune system, thus making the means of preventing polio important.*
- *Through question and answer, discuss the polio transmission routes and methods of prevention.*
- *Discuss and summarize the session.*

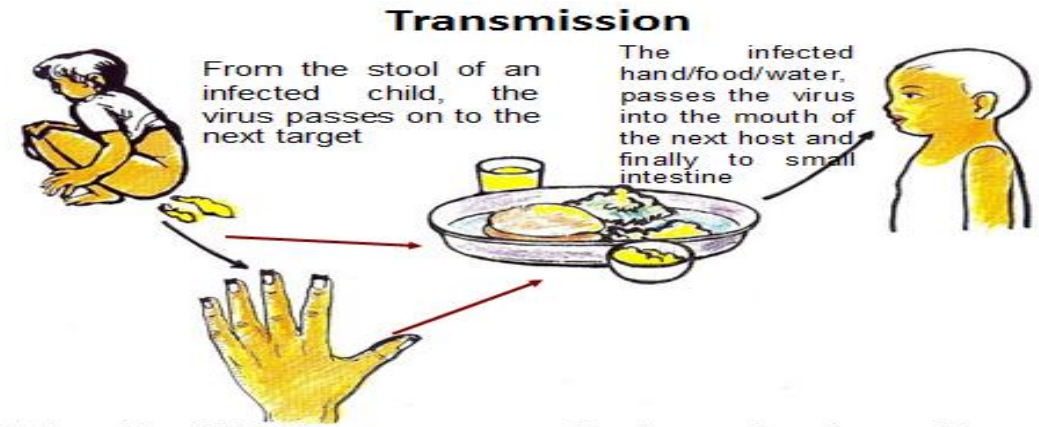
Facilitators notes for the session

What is polio:

- Incurable paralytic diseases that affect children under 5 years due to their low immunity. In rare occasions, affect adults with lowered immunity.

Transmission routes of polio

- Transmitted from infected fecal matter through hands, water or food into the human body via mouth and makes its way into the small intestines where it multiplies.



Infected hands/food/water passes polio virus under favuorable conditions to the next host.

Methods of preventing polio

- The oral polio vaccine and inactivated polio vaccine remains the best way to prevent polio. All children under 5 years must receive the polio vaccine. This includes sleeping children, new born children as well as any sick children.
- Receiving polio vaccine does not make the sick children, more sick!

- Exclusive breastfeeding also prevents polio by boosting the childs immunity as well as limiting exposure of the child to the virus since chances of fecal contamination are minimal.
- Good hygiene practices act by blocking the contamination routes of infection, by reducing the chances of polio transmission. This includes:
  - ✓ Hand washing with soap and water after assisting the child in toileting.
  - ✓ Washing hands with soap and water after using the latrine.
  - ✓ Washing hands with soap and water before eating/ handling food and food items.
  - ✓ Treating all water before drinking.
  - ✓ Dispose all children's decal matter in a latrine or burry it.

Signs and symptoms of polio

- Paralysis
- Fatigue
- Sudden onset of fever and headache.
- Vomiting
- Muscle ache
- Tension in the neck

Topic 5: Measles

Methodology for the session: Facilitators notes

- *Review the objectives of the session.*
- *Begin by asking the participants who has seen a case of measles in the community.*
- *Facilitate this session by telling a story about a child with measles, the progression of the measles disease and things that a parent will have to do when nursing a child with measles.*
- *Then ask, what are the symptoms of measles and how do we prevent it.*
- *Discuss and summarize the session.*

Facilitators notes for the session

What is measles?

- Measles is a viral disease, characterized by red rash, fever and a runny nose.
- It is an endemic disease, meaning that it is continually present in a community and many people will develop resistance due to exposure.
- After a person gets sick with measles, they gain immunity for the rest of their life.
- They are unlikely to contract measles for a second time in their lives.

Transmission routes of measles:

Measles infection spreads through:

- Measles is spread when an infected person talks, breathes, coughs or sneezes tiny particles containing infectious agents into the air. The infectious agents are breathed in by another person and may cause the disease.
- Physical contact with an infected person through hand shaking, tissues and other soiled articles by nose and throat and nose discharges.
- Being near infected people if they cough or sneeze
- Touching a surface that has infected droplets of mucus and then putting fingers into the mouth or rubbing the nose or eyes.
- The virus remains active on an object for 2 hours.

Signs and symptoms of measles

Early signs and symptoms include:

- Fever
- Tiredness
- Cough
- Sore throat
- Runny nose
- Sore eyes
- Photophobia (discomfort when looking at light)
- The symptoms worsen over 3 to 5 days, then a rash begins on the head and over the next day or two spreads down the entire body.
- The rash lasts 4 to 7 days. The measles illness lasts about 10 days. The cough maybe the last symptoms to disappear.
- Measles is often a severe disease, frequently followed by middle ear infection. Brain infection occurs in some of the cases, often resulting in death or permanent brain damage.

Treatment for measles.

- There is no specific anti-viral treatment for measles.
- Treatment for the symptoms includes drinking plenty of fluids and paracetamol for the high fever.
- Aspirin should not be given to children under 12 years unless specifically recommended by a doctor.
- Complications may require an antibiotic treatment.

How to prevent measles

- Measles is best prevented by vaccination. According to the Somalia vaccination policy, children are vaccinated at 9 months and given a booster at 18 months.
- Almost all people who have 2 doses of the measles vaccine will be protected.
- Infants less than 6 months old and in contact with measles, should be referred to the health facility for more support.

- Exclude the person with measles from childcare, pre- school, school and work for at least 4 days after the onset of the rash.

Facilitators emphasizes notes for the session

- *Emphasize that a child with the following signs and symptoms of measles should be immediately referred to the health facility for further advise and treatment.*
  - ✓ *Fever*
  - ✓ *Tiredness*
  - ✓ *Cough*
  - ✓ *Sore throat*
  - ✓ *Runny nose*
  - ✓ *Sore eyes*
  - ✓ *Photo phobia (discomfort when looking at light)*
  - ✓ *In the 3rd -5th day, a rash that begin on the head and over the next day or two days, spreads down the entire body.*

Topic 6: Danger signs in children and when to refer children

Facilitators notes for the session: Danger signs in children and when to refer children

- *Review the objectives of the session.*
- *Ask the participants, what does the term "danger signs mean"*
- *Using previously printed pictorials, discuss the different danger signs in groups and when to refer children for treatment.*
- *Discuss and summarize the session.*

Facilitators notes for the session

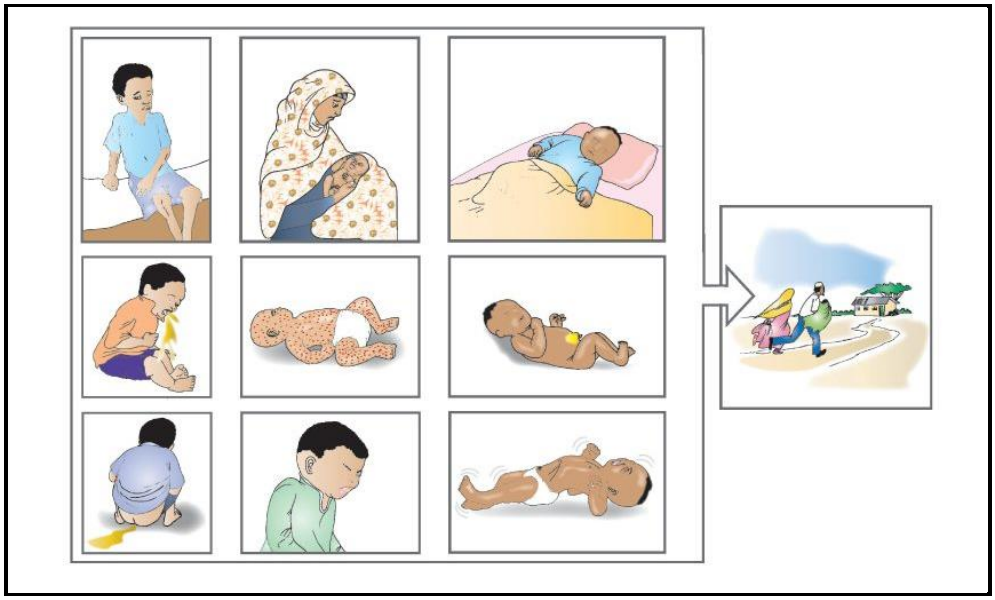
Definition of danger signs;

- Danger signs are signs used by integrated community case management practitioners to identify children who need to be referred urgently to hospital for treatment.
- Whenever a child is assessed for treatment, nurses assess for danger signs first.

The general danger signs for children

Whenever a child has any of the below danger signs, they should be referred to the hospital for specialised treatment:

- Diarrheal that has been on- going for 14 days or more.
- Blood in stool
- Fever that lasts for more than 7 days
- Cough for 14 days or more
- Convulsions present in current illness
- Not able to drink or breastfeed
- Child that vomits everything
- Child that is unusually sleepy or difficult to wake up.
- Child with a RED MUAC tape
- Swelling on both feet.
- A child with umbilical cord that oozes with mucus, indicating an infection.



Topic 7: Relationship between nutrition and illness.

Lesson Objectives

By the end of this lesson, participants should be able to:

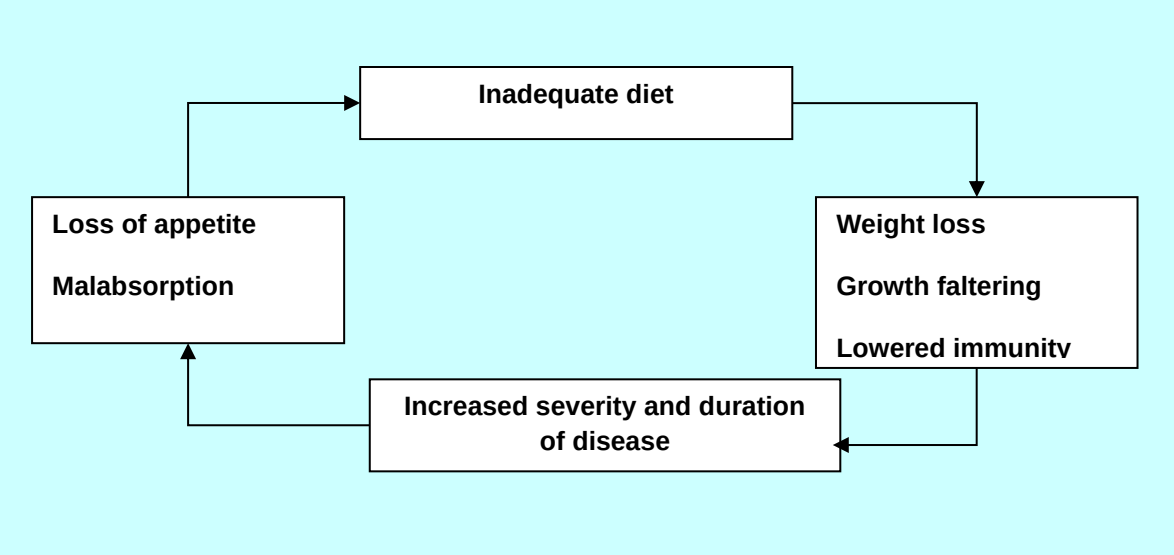
- *Describe the relationship between nutrition and illness.*
- *Explain the process of feeding children during illnesses and recovery*

Methodology for the session : Facilitators notes

- ❑ *Review the objectives of the session.*
- ❑ *Begin the session by asking participants if any one is aware of the infection-malnutrition cycle.*
- ❑ *Trainer draws the infection – malnutrition cycle on flip chart paper*
- ❑ *Trainer explains how different diseases relate with ones nutritional status and the increased risk to malnutrition*
- ❑ *Discuss and summarize the session.*

Facilitators notes for the session

The infection-malnutrition cycle[3]



Disease	***Impact of malnutrition on disease***	***Impact of infectious disease on nutritional status***
Diarrhoea or dysentery (e.g. shigellosis)	• Increased duration • Increased severity • Increased risk of dying	• Malabsorption • Appetite loss
Acute Respiratory Tract Infections	• Increased severity • Increased risk of dying	• Appetite loss • Increased metabolic rate resulting in muscle breakdown.
Measles	• Increased duration	• Appetite loss • Decreased levels of plasma vitamin A

[3] Based on malnutrition and infection - a review- Nutrition policy discussion paper No5. ACC/SCN June 93

	• Increased severity, especially if deficient in vitamin A • Increased risk of dying	• Prolonged *immune suppression* resulting in increased risk of ARI and diarrhoea • Increased metabolic rate resulting in muscle breakdown. • Loss of proteins into the gut
Malaria	• Some evidence of increased severity in deficiencies of vitamin A and zinc	• Appetite loss • Increased metabolic rate • Destruction of red blood corpuscles leading to *anaemia* • Impaired foetal development, low birth weight

Thus, *Relationship between feeding and illness*

- A sick child (diarrhoea, ARI, measles, fever) usually does not feel like eating.
- But he or she needs even more strength to fight sickness.
- Strength comes from the food he or she eats.
- If the child does not eat or breastfeed during sickness, he or she will take more time to recover.
- The child is more likely to suffer long-term sickness and malnutrition that may result in a physical or intellectual disability. The child takes more time to recover, or the child's condition may worsen; he or she might even die.
- Therefore, it is very important to encourage the sick child to continue to breastfeed or drink fluids and eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

Facilitators notes for this session: Feeding of children during illness.

- ❑ *Review the objectives of the session.*
- ❑ *Begin by asking participants: who has more nutritional requirements, a sick child or a child who is not sick.*
- ❑ *Explain that nutritional requirements of a sick person are greater than those of a healthy person.*
- ❑ *Set up 2 flip charts throughout the room and divide participants into 2 groups: each group will spend 3 minutes at each flip chart answering the following:*
  - *How to feed sick children less than 6 months during illness.*
  - *How to feed sick children older than 6 months after illness*
  - *The group do not repeat the dame information, but only add new information.*
  - *After a few minutes, rotate the groups.*
  - *Discuss and summarize the session.*

Facilitators notes for the session

Feeding of the sick child less than 6 months of age

- Breastfeed more frequently during illness, including during diarrhea to help the baby fight sickness, reduce weight loss and recover more quickly.
- Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he/she takes the breast again.
- Give baby only breast milk and medicines recommended by your doctor/health care provided.
- If your baby is too weak to suckle, express breast milk to give to the baby. This will help to keep the milk supply and prevent breast difficulties
- After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.
- When a mother is sick, she should continue to breast feed the baby.
- Most times, sick mothers will need extra food and support during breastfeeding sessions of sick children.

Feeding of the sick child older than 6 months of age

- Babies require more food and liquids while they are sick.
- Is your baby appetite is decreased, encourage him or her to eat small frequent meals?
- If your babys appetite is decreased, encourage him or her to eat small one additional meals of solid food each day during the following two weeks.
- This will help your child to regain weight she has lost and make up for the missed growth.
- Even when a mother is sick, she should continue to breastfeed her baby. She may need extra food and support during this time.
- Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, to prevent wright loss and to recover more quickly.

Module 5: Community Level Interventions

Topic 1: Control and Prevention of Community Common Ailments

Lesson objectives

- *After this session the Community Worker will be able to know:*
- *What are the common ailments prevailing in the region.*
- *Roles and responsibilities of Community Worker in prevention and treatment of these ailments.*
- *Rapid Diagnostic Test (RDT)*
- *Symptoms and Sings of some common ailments.*
- *Mode of spread of common ailments*
- *Management of ailments at community level*
-

Methodology for the session:

- *Inform the participants that now we will discuss some common ailments present in community.*
- *Start session by generating a discussion about common ailment, ask following questions*
- *What common ailments are prevalent in your area?*
- *Make a list of the replies given by the participants.*
- *What are the possible consequences of these diseases in the community?*
- *What are the general preventive measures for these diseases?*
- *Note down the important points on board.*
- *Role of community in prevention and control of common ailments.*

Facilitators notes for this session

- There are some health problems widely prevalent in the community. These can be managed and prevented by simple and easy measures, but due to ignorance they may result in complications. In case of complications the patient:
    - May require a long and expensive treatment
    - May be unable to perform normal duties
    - Suffer from permanent disability
    - Family may suffer financial issues
    - Other family members may get infected
    - Even death may occur.

- Some times the disease spreads in community rapidly and acquires a shape of epidemic.

- Hence it is important to educate the community about the ways and means of prevention and control of these ailments and to manage them at early stage to avoid complications. Community Worker can play very important role in this regard.

Roles and responsibilities of Community Worker:

- To raise awareness in the community for prevention of common ailments at household and community level and provide proper guidance.
- To work with community to deal with diseases like malaria, TB, Hepatitis and HIV/AIDs.
- To manage or refer any person suffering from common ailments.
- To dispense the provided medicines among patients as per guidelines.
- To guide the community regarding proper use of medicines.
- Follow up of all cases in the community.
- To record and report the activities on prescribed tools as per guidelines.

Topic 2: Hygiene and Sanitation

Lesson objectives

- *At the end of this unit the Community Worker S will be able to know about:*
- *What is meant by hygiene and sanitation.*
- *What health problems can arise due to poor hygiene and sanitation.*
- *What is the status of these conditions among Somalis.*
- *How can the community improve this status on self help basis.*

Methodology for the session: Facilitators notes

- *Inform the participants that now we will discuss about hygiene and sanitation. Start the session with discussion, by asking questions such as*
- *What do you understand by hygiene and sanitation?*
- *What is their importance in relation to health?*
- *How can you facilitate the community n this regard?*
- *Note the important points on board.*
- *Now ask them the read the relevant portion of the manual*
- *Once reading is completed carry out question and answer session to clarify any confusion.*
- *How can Community Worker facilitate the community in this regard.*

Facilitators notes for this session

- Many diseases occur and spread due to bad hygiene and sanitary conditions.

- Among them water born diseases, infestation by worms and skin infections are very common.
- According to survey reports water borne diseases are a huge problem for the Somali population.
- Very small proportion of the Somali population has access to an improved source of drinking water.
- Most of the Somali population is living without any type of toilet facilities. This is a very grim situation however much can be done to improve the situation by adopting simple hygiene and sanitary measures at personal and community level.
- Community awareness and motivation to address the issues on self help basis is a key in this regard. The Community Worker can play a vital role in this regard.

Roles and Responsibilities of Community Worker:

- To provide information about the importance measures for personal hygiene and sanitation.
- To inform community about the preventive measures which can be adopted on self help basis at personal and community level.
- To facilitate people in improving the sanitary conditions of the area.

Hygiene Promotion

a) Hand washing:

- Cleanliness protects your health.

Most of the personal work is done by hands hence hands can easily become dirty and contaminated which can be source of many diseases.

- Therefore it is important to keep the hands clean by frequently washing hands particularly before preparing food, eating and after coming from toilet or cleaning children.

When to wash hands?

- ❑ Coming back to home from market, office or fields.
- ❑ Immediately after gardening, farming or handling cattle and other pets.
- ❑ Before and after taking meals and feeding children.
- ❑ After using toilet.
- ❑ After cleaning children.
- ❑ After doing usual household activities such as dusting, sweeping etc.
- ❑ Before cooking and preparing food.

Instructions for facilitators

- *Ask some of the participants to describe the proper way to wash hands.*
- *The other participants may give feedback.*
- *Then conduct a demonstration to clarify the proper way of washing hands.*
- *Ask 1-2 participants to repeat the demonstrations while the other participants to observe carefully for feedback later on.*
- *Generate discussion to clarify any confusion.*

How to wash hands?

- Things required

- Water
- Soap
- Clean tower

Critical times for hand washing:

- Before eating and preparing food
- After defecation
- After cleaning the faeces of a child
- After taking care of someone with diarrhoea
- Before breastfeeding and feeding the children
- After handling animals.

Hand washing steps:

STEP 1: wet hands with running water.
STEP 2: Apply Soap
STEP 3: Rub your hands vigorously to produce foam. DO not forget to rub the back of hands, between finger, under finger nails and wrists
STEP 4: Do not forget to clean nails
STEP 5: Rinse away all the soap
STEP 6: Dry hands completely

b) SANITATION

Session Objectives:

- *After this session the Community Worker will be able to know about:*
- *How to educate community use of latrine*
- *How to construct a pit latrine*

Instructions for trainers:

- *Ask the participants what are the common types of latrines in your area.*
- *How latrines are constructed in your house and other houses in your community*
- *What are the harms defecating in open fields?*
- *Note down important points on board.*
- *Ask participants to read the relevant portion of the manual.*
- *After reading conduct discussion and question answer session to clarify any confusion*
- *safe disposal of garbage*

Facilitators notes for this session

Back ground information

- People use different methods for defecation. Some defeacate in open field, others use latrine.
- Worldwide 2.6 billion people live without access to effective latrines. This contributes heavily to the widespread incidence of water-borne diseases, which kill a child every 15 seconds.
- Passsing stools in open field is not safe as it provides a breading place for house flis and many other insects.
- It is also a source of infections as many germs grow in stools.insects sitting over it can carry these germs and transmit it to other places and eating items on which they sit. If stools are passed near a water source it may get access to water and pollute it causing many water borne diseases.
- Hence it is always advisable to avoid defecation in open places and use latrines for this purpoes.

Advantages of using latrines

- They confine the excreta at a specific place
- Prevent access of flies and other insects to excreta
- Keep the environment clean
- Prevent contamination of water, fields and our food.

c) Community Led Total Sanitation (CLTS)

Learning Objective:

- *Participants gain an understanding on the relationship between fecal matter and diarrhea disease and therefore how to stop open defecation.*
- *Training materials: sorting cards for open defecation, previously prepared table on the comparison of community led total sanitation and traditional latrine construction approach.*

Training Methods:

- *Ask for the local name for human fecal matter?*
- *Ask, which is the more dangerous fecal matter when consumed by human beings: fecal matter of children or that of adults.*
- *Distributing sorting cards on open defecation and ask the participants if the practice is common in the community.*
- *Ask what are some of the diseases that arise from consumption of human fecal matter?*
- *Tell participants that CLTS is about discouraging open defecation by working to have free open defecation communities. Discuss the previously prepared table on comparison of CLTS and the traditional latrine construction approach.*
- *Explain the triggers for open defecation. Divide the participants into 3 groups. Task of each of the groups is discussing some of the triggers that would discourage open defecation at the community level. Summarize the session.*

Facilitators notes for the session

Diseases that arise from contamination of fecal matter.

- Cholera- Most dangerous of all fecal related diseases which is able to kill very fast inf left untreated.
- Diarrhea
- Dysentery
- Typhoid
- Worms.

Advantages of Community Led Total Sanitation (CLTS)

- A community-driven approach does not require high subsidies, but it does need greater understanding of the individual and collective 'triggers' or factors that motivate people to change their perceptions about the need for safe sanitation.
- The shifts in mindsets and practices required by a participatory approach to total sanitation can be summarized as:
  1. From teaching and educating to facilitating communities' own analysis.
  2. From 'we must provide toilets' to 'communities can do it'.
  3. From 'we persuade and do it' to 'we motivate communities to take independent decisions and action'.
  4. From top-down standard designs to bottom-up innovations ('they design').
  5. From hardware support to supporting people and processes (adapted from Kar 2005).

How is CLTS different from other traditional focused approach to toilet construction

Elements	Traditional Approach	Community-driven Total Sanitation
Focus	Latrine construction	Stopping open defecation
Technology	One fixed model	Menu of options
Motivation	Individual subsidy	Igniting behavior change through self realization of harmful effects of open defecation
Financial	Individual upfront hardware subsidy given	Subsidy as incentive routed through collectives
Monitoring	Focus on number of toilets constructed	Focus on meeting ODF outcome at community level
Outcome	Increase in number of latrines	Sustained behavior change and open defecation free villages
Impact	Negligible; high cost	High; at lower cost

Triggering Behavior Change

Key Messages

Supply-driven approaches assume that if people are better informed, they will change their behavior.

By contrast, community-led total sanitation relies on the triggering approach which seeks to identify the triggers or factors that motivate people to change their behavior.

Triggers can work on individuals or collectively, but the latter is more sustainable as it generates social pressure to prevent individuals from reverting to ingrained habits.

Toilet Construction-driven Approach	Triggering Behavior Change
Assumes that if people are better educated or informed, they will change their behavior.	Seeks to 'find out' what causes people to change their behavior.
Has a predetermined set of core messages.	Innovates to establish core messages driven by local factors.
Has a predetermined approach of who does what and how.	Allows plenty of freedom as to 'who does what' in each particular context.

Source: Kumar, 2004.

Types of Triggers

a) Individual Triggers

- Shame (amongst women when 'watched' by passers-by or among men – 'how can you allow the women of your house to publicly defecate in the open when people may be watching?').
- Safety of children and elderly against falling down during rainy season or night-time.
- Fear (of darkness, wild animals, loss of money due to medical expenses, etc.).
- Prestige (when guests from urban areas visit, families feel embarrassed at being unable to provide adequate toilet facilities).
- Convenience (for the elderly, infirm, pregnant ladies and children, during bad weather or sickness).

b) Community Triggers

- Situations that concern and affect a community as a whole, thus prompting every member within it to change a behavior that is collectively perceived as hazardous.
- When the community realizes that their health is at stake due to their own habit or the habit of others to defecate in the open, the community collectively resolves to change its behavior.

The role of the community worker in Community Led Total Sanitation

- Creating awareness to the community members on CLTS
- Community mobilization activities for CLTS
- Must participate in CLTS training at the community level
- Be a keen observer of the community on Open Defecation free process and report accordingly.

Promotion of Safe Hygiene and Sanitation Practices at the Community level

Hand washing at critical times.

Learning Objective:

Participants are aware of the critical times for hand washing

Training Methods:

- *Introduce the session.*
- *Divide participants into 4 groups. Distribute sorting cards to the groups and ask the participants to sort the cards into those that depict hand washing before activity, after and not sure.*
- *Each group makes a plenary presentation of their piles and explains reasons for the choices made.*
- *Demonstrate how to make a tippy tap hand washing station.*
- *Volunteers demonstrate appropriate hand washing procedures.*

Facilitators notes for the session

Critical times for hand washing:

- Before eating and preparing food
- After defecation
- After cleaning the faeces of a child
- After taking care of someone with diarrhoea
- Before breastfeeding and feeding the children
- After handling animals.

Hand washing steps:

STEP 1: wet hands with running water.
STEP 2: Apply Soap
STEP 3: Rub your hands vigorously to produce foam. DO not forget to rub the back of hands, between finger, under finger nails and wrists
STEP 4: Do not forget to clean nails
STEP 5: Rinse away all the soap
STEP 6: Dry hands completely

Water treatment at household level

Training Methods:

- *Introduce the session.*
- *Hang three different pieces of flip chart paper marked as: contaminated at source, contaminated during transportation and contaminated during storage.*
- *Divide the participants into 3 groups to identify how water gets contaminated at source, during transportation and during storage.*
- *Make plenary presentations of the group findings.*
- *Discuss water treatment methods most applicable in Somali, including boiling, chemical treatment using Aqua tabs and sodis.*

Facilitators notes for the session

Activities that communicate water and key times when water may get contaminated:

- At the source: from contaminated wells; pollution from human activity. For example, washing clothes, defecating/urinating upstream, dumping rubbish in or around the water source, grazing animals near the water source, latrines that are not correctly spaced from the water source or agricultural chemicals;
- During transportation: rolling jericans; dirty containers such as rarely-washed ox/buffalo/donkey cart barrels; leaking pipes; and
- During storage and at point of use: storage in containers that allow for re-contamination – e.g. by dipping hands into containers; using dirty utensils to draw water; contamination by household animals such as chickens and goats.

Different water treatment methods

1. Using Aqua tabs in the household level

- Get clear water in a 20 liter container. Put the aqua tab in water in the clean water container.
- Stir the water with a clean utensil or shake the storage container. Do not touch the water with your hands.
- Leave the water for 30 minutes. If the water has smell of chlorine, it is safe to drink. If no smell, add another table and wait for an hour.
- Water is safe to drink for 24 hours.

2. Using Solar disinfection

- This is treatment of water using the rays of the *SUN.*
- Requirements and procedure:

- *Choose a PET[4] bottle eg clear juice bottles or bluish mineral water bottles (Maximum 2 liters).*
- *Do not use coloured bottles (blue, green, brown etc), damaged bottles or heavily scratched bottles.*
- Wash bottle thoroughly with soap and water for the first use.
- Use the clearest water that you can find. Fill the bottle to ¾ full. Shake bottle for 20 seconds.
- Fill the bottle completely with water and lay down the SODIS bottle in the sun on top surface eg on your roof.
- Expose bottles to the sun for the whole day. Avoid shades.

[4] PET: This refers to polyethylene terephthalate- It's a form of polyester, moulded into plastic bottles and containers for packaging foods and beverages

3. Boiling Water

- Put clear water in a sufuria.
- Light the fire
- Boil the water until it comes into a roll
- Remove water from the fire and cover to cool.
- Store the water into a clean, thin necked container for drinking.

4. Personal Hygiene

- **Brushing teeth:** Brushing teeth is very important as it clears any particles in mouth and between the teeth. If these particles are not removed germs grow in them resulting in bad smell in mouth and many diseases. So teeth should be brushed according to local customs at least twice a day that is in the morning and before going to bed. It is a common observation that people brush teeth in morning but usually don't do it before going to bed at night. It is very important as if teeth are not cleaned before bed the particles may stay for whole night.
- Similarly cleaning hair and combing at least once a day is very important. If it is not done lice may grow in hair causing many diseases.
- **Nail cutting**: if nails are not cut regularly, dust and germs may accumulate beneath them, which easily get access to the body and cause diseases. Hence it is essential that nails are cut regularly at least once every 15 days.
- **Taking bath:** Taking bath regularly is another important activity of personal hygiene. Take frequent baths as far as possible (once every day or on alternate days) particularly during summer. Use clean water and soap for this purpose. Bathing in ponds of stagnant water is not a healthy practice as it may contaminate skin and can result in health issues particularly skin diseases. Bathing with clean water and soap removes germs and sweat from skin, which not only gives a pleasant and fresh feeling but also protects from diseases.
- **Cleaning of clothes**: Just like our body our clothes also get dirty due to daily activities and dust in the environment therefore washing clothes is also very important. Wash clothes with soap and water and dry them in sunlight. In this way the clothes are not only cleaned but many germs are killed.

5. **Cleaning of the house :** It is also important to keep house clean. Bed sheets should be changed and washed regularly, similarly the floor and other objects should be cleaned daily. The domestic garbage should be kept in covered containers which ultimately should be stored in community filth depots

Safe food handling

Training Methods:

- *Introduce the session.*
- *Ask to participants to name diseases that possible arise from eating dirty or contaminated of food.*
- *Explain that food may get contaminated at the source, during transportation and cooking or during storage and eating*
- *Divide the participants into 3 groups. Let the groups identify activities that contaminate the foods at the source, during transportation and cooking or during storage and eating. Each of the groups should also identify activities that minimize the contamination of the good. Make plenary presentations*
- *Through plenary session, discuss signs that can be used to identify safe and unsafe foods. Also discuss how to prepare food for children and for sick persons.*
- *Summarize the session.*

Facilitators notes for the session

Key messages on safe food handling:

- *Wash your hands* with soap and water.
- *Eat meals soon after they are cooked*, so that bacteria have little time to multiply.
- *Use a toilet and keep it clean*. If children defaecate on the ground, put faeces into the toilet and wash your hands.
- *Keep food covered*, especially cooked food and food for children, so that dust and flies cannot touch it.
- *Cook food thoroughly* to kill harmful microorganisms and parasites.

Buying food and ready-to-eat snacks/meals

- Buy fresh foods especially milk, fish, and meat on the day they will be eaten (unless refrigerated).
- Check for the danger signs as indicated above
- Buy ready-to-eat food from vendors who protect their foods from flies, dust, etc., and whose food is freshly prepared.

Storing food

- Keep fresh food cool:
  - put in a clean container and cover with a wet cloth (the evaporating water cools the food); or if one has a refrigerator,
  - Store in a refrigerator. Cold foods should be kept at 8^{o}C or below (hot foods at 70^{o}C or above).
- Cover foods and store in a cool airy place protected from pests;
- Ensure flours, legumes, and oil seeds are well dried, and keep in a cool dry place protected from pests;
- Use foods in the order they have been bought to avoid spoilage;

- Do not store foods directly on the floor; and
- Keep ready-to-eat meals in a cool place.

Preparing food

- Wash hands with soap and water ;
- Wash fruit (and other food eaten raw) in clean water;
- Prepare food on a clean table, and clean it afterwards so that it does not attract pests.
- Cut meat into small pieces so that it cooks to the middle;
- Prevent cross contamination between foods by separating meat, poultry, and fish/seafoods from other foods, and washing hands and cutting boards/utensils after preparing them;
- Do not cough, spit, or scratch, pick your nose, or lick your fingers when preparing food;
- Do not handle food if you have open wounds, cuts, sores, or fever. Cover wounds and cuts;
- Boil milk that has not been pasteurized, sterilized or soured;
- Cook food sufficiently to kill microorganisms. Eggs: white and yolk are firm; fish is opaque and flaky; meat, poultry and offal – blood is dark and solid;
- If you keep cooked food:
    - cover and keep cool – or refrigerated;
    - if reheated, cook until all the food is boiling hot; and
- Clean utensils thoroughly with soap and clean water; dry on a rack – if possible in the sun (which kills micro-organisms). Cover with a cloth if it is dusty.

Preparing food for children

- Add milk, egg or sugar to a child's porridge just before feeding, so bacteria have less time to multiply; and
- Mix dry powdered milk directly into food. Do not mix with water, or feed from a feeding bottle. Bacteria multiply quickly in liquid milk.

Food preparation and sick people

- Thoroughly wash utensils used by sick people; and
- If possible, sick people should not prepare food for others.

Signs of unsafe foods

Type of food	**Sign food may be unsafe**
Cereals	Weevils, signs of pest damage. Dirty; looks/smell damp or mouldy; flour is lumpy. Packaging is torn or open.
Starchy roots	Soft, sprouting, bruised or damaged; rotten spots. mouldy parts
Legumes and nuts	Weevils or dirt; look/ smell damp or mouldy; wrinkled.
Vegetables and fruits	Wilted, too soft, rotten spots, bruised. From source using pesticides and contaminated water. Vendor sprinkles with contaminated water.

Meat and offal	Bad smell or colour; brown spots. No inspection stamp.
Meat products (sausages, pies)	Bad smell and after 'sell-by' date.
Poultry	Bad smell, torn skin and old feathers.
Fish	Dull eyes, loose scales, brown gills and/or bad smell.
Milk and milk products	Smells bad; is/has been exposed to sun, dirt, or flies. Package leaking or bulging.
Milk products	Mouldy, bad smell.
Eggs	Dirty, cracked. Make a sound when shaken. Floats on water.
Fats and oils	Smells rancid.
Canned foods	Can is swollen, rusty or damaged; food has leaked out; food looks, smells or tastes bad. Any of these signs means the food may be *very poisonous.*
Advise people to check 'use-by' dates on labels and not to buy foods after these dates. Encourage them to buy from vendors and shops that store and display food hygienically.	

Topic 3: Sexually Transmitted Diseases (STDs)

Lesson Objectives

- *After this session the participants will be able to know:*
  - *What are STDs*
  - *Commonly prevalent STDs in the country.*
  - *How they are transmitted.*
  - *Prevention of transmission*
  - *Role and responsibilities of Community Worker*

Instructions for trainers:

- *Inform the participants that now we will have an orientation about Sexually Transmitted Diseases*
- *Ask the participants to read the relevant portion of manual.*
- *Then discuss the important points*

Facilitators notes for the session

Introduction:

- As the name indicates that Sexually Transmitted Diseases (STDs) are infections which can be transmitted through sexual contact.

- They can be present both in males and females, and transmitted to other partner. If untreated they can lead to various complications particularly among women.
- They can infect the child during pregnancy, child birth and breast feeding. It is important from health education perspective that every body should now that he/she can be infected from these diseases and they are contagious diseases transmitted thourgh sexual contact

Roles and Responsibilities of Community Worker:

- Aware the community about what are STDs
- How STDs are transmitted
- Educate the community regarding preventive measures to control spread of STDs
- Suspect and refer patients to health center for diagnosis and treatment.
- Persuade the patient to complete treatment as prescribed by physician

Commonly Prevalent STDs:

- Trichomoniasis
- Ghonorreoa
- Syhpilis
- HerpisGenitalis
- Viral Hepatitis
- HIV/AIDs

Prevention:

- Immediately consult doctor and get proper treatment.
- Adopt preventive measures such as use of condoms
- Treat both partners simultaneously
- Avoid extramarital sex.
- Maintain personnel hygiene particularly genital region.

Common symptoms:

- Burning sensation in passing urine.
- Discharge from urethra
- Foul smelling discharge from vagina
- Itching in perineal region
- Swelling
- Pain or heaviness in lower abdomen or genital region in women.

What to do?

In case of complaint of any of the above-mentioned symptom, refer the case immediately.

Topic 4: Hepatitis

Lesson objectives

- *After this session the participants will be able to know*
- *What is hepatitis*
- *Role and responsibilities of Community Worker*
- *Symptoms of hepatitis*
- *How it is transmitted.*

Instructions for trainers:

- *Ask Community Worker have seen any patient suffering from Hepatitis. If yes ask them to narrate their observations.*
- *Discuss important points.*
- *Ask the participants to read the relevant portion of manual.*
- *Then discuss the important points*
- *Prevention of transmission*

Facilitators notes for the session

Introduction:

Inflammation of the liver that sometimes causes permanent damage. Hepatitis may be caused by viruses or by medicines or alcohol. Hepatitis has the following forms:

Hepatitis A: A virus most often spread by unclean food and water.

Hepatitis B: A virus commonly spread by sexual intercourse or blood transfusion, or from mother to newborn at birth. Another way it spreads is by using a needle that was used by an infected person. Hepatitis B is more common and much more easily spread than the AIDS virus and may lead to cirrhosis and liver cancer.

Hepatitis C: A virus spread by blood transfusion and possibly by sexual intercourse or sharing needles with infected people. Hepatitis C may lead to cirrhosis and liver cancer. Hepatitis C used to be called non-A, non-B hepatitis.

Roles and Responsibilities of Community Worker:

- ❑ Aware the community about what is Hepatitis
- ❑ How Hepatitis is transmitted
- ❑ Risk free activities
- ❑ Educate the community regarding preventive measures to control spread of Hepatitis
- ❑ Suspect and refer patients to health center for diagnosis and treatment.
- ❑ Persuade the patient to complete treatment as prescribed by physician

Symptoms:

- Persistent Indigestion
- Yellow colored skin and eyes (Jaundice)
- Collection of fluid in abdomen
- Anaemia
- Many other complications.

How to prevent?

- Always use safe drinking water
- If ever required, use only the screened blood or components of transfusion.
- Always use new disposable syringe for injection
- Any- body suffering from jaundice should be referred for consultation and treatment.
- Get immunized against hepatitis.

Role of Community Worker:

The Community Worker can play important role in control of hepatitis in the community by raising awareness about

- ❑ Use of safe drinking water
- ❑ Use of new disposable syringe for injection
- ❑ Avoiding addiction
- ❑ Avoiding unnecessary blood transfusion and use of screened blood if required.
- ❑ Early diagnosis and proper treatment

Topic 5: Mental Health

Session Objectives:

- *At the end of the session, Community Worker will be able to:*
  - *Understand the concept of mental health.*
  - *Identify the symptoms of mental health in adults and children.*
  - *Provide psychosocial support to the effected population.*
  - *Respond appropriately to people experiencing symptoms of mental disorders.*

- *Ask the participants that all of you are psychological well ,"how do you differ from psychological un well person. After listening to their answers then ask "what do they understand with the term mental health". Write answers on board and then through interactive lecture clear their concepts.*
- *Then ask about the causes of mental diseases and its type. Take help of a volunteer to write answers and then ask participants to read the relevant portion from book.*
- *Refer people experiencing possible mental disorders for appropriate services.*

Facilitator's Notes for the session

Introduction

- Health is defined as "a state of complete physical, mental and social well-being, and not just the absence of disease". Mental health is an integral component of public health, and includes how we behave, think and feel, as well as how we communicate with family members and the community.
- A person in good mental health respects himself and others. He is happy in himself and gives happiness and satisfaction to others around him. He enjoys work and the company of people. Such a person contributes to the lives of his family, friends and community. Mental health includes being aware of one's own and others' capabilities and limitations. A mentally healthy person respects socio-cultural values and is satisfied with his role in life while striving to realize his potential to the full.
- A number of factors including the way that children are brought up, the experiences they have at school and in the community, and the life-styles prevalent at home and in the community shape the mental health of the individual. These influences are also important in causing physical and mental health problems.

Educating the community about mental health issues.

a) Important messages for education of the family

- Five messages for the family are:

i) Children copy their parents. Parents should be consistent in words and deeds. For example, when parents instruct their children not to smoke, they should set a consistent example by not smoking themselves.

ii) Instead of beating or ridiculing the child, parents should explain and set clear limits on what is acceptable. This promotes tolerance to accept points of view that are different from their own, and prevent the child modelling his behaviour on physical aggression.

iii) Give your children time and attention for your own and your childrens mental health.

iv) Keep a gap of three years between one child birth and the next. This gives time for the mother to devote her strength and energy to the upbringing of her children.

v) Marriages with blood relations will increase the risk of mental health problems in the children.

b) Important messages for the school:

- School can help children learn academic skills (such reading and writing) and how to get along well with other children and adults. It is important for the school to provide an atmosphere that children find welcoming in which they will learn.
- This applies to all children, especially those who are less gifted or disabled. It can be easy to ignore or ridicule a child in class who is less able. This may result in him losing confidence, not learning or not going to school. Just the same as at home, children learn

best when they are praised and encouraged, and when their questions are encouraged and answered clearly and positively.

- For children over twelve, the class-room environment deteriorates if the class size goes over 25 to 35. The teacher has to spend too much time keeping control of the class and disciplining, so does not have time to spend teaching.
- The fastest period of growth, development and learning is in the younger child. Therefore, the younger children can be influenced even more than older children by the school environment. Ideally, the class size should be less than 25 for younger children.
- 3 messages for the schools are:
    i) Encouragement and praise promotes learning, while physical punishment never helps to teach new skills. Do not use physical punishment as a teaching aid.
    ii) Children have different capabilities. Some body less gifted academically, may be gifted in other ways (eg blind people often have excellent hearing and people with weak legs have well developed bodies). Educate children to maximise their potential.
    iii) Class sizes of 25 to 35 helps to improve the performance of children . when there are more children in the class, their learning, creativity and enjoyment is reduced.

c) Important messages for the community

Important messages for the community:

- It is commonly believed that physical and mental health problems are fundamentally different and that mental health problems cannot be treated. It must be stressed that effective treatments are available for most mental health problems, just as is the case for physical problems.
- Proper and early treatment improves recovery, and enables the person to perform his or her duties at home, in their job or in society. Mental health problems are not caused by weakness and cannot be overcome by will-power. Just the same as a physical injury needs proper cleaning and dressing to heal well, so people with mental health problems can recover more quickly with proper treatment.
- The five important messages for the community are:
    i) Mental health problems are not caused by, witchcraft, possession, evil eye.
    ii) Mental health problems are common. People with weak, evil, immoral or a bad omen for the family.
    iii) Mental health problems, like physical health problems are treatable.
    iv) People who have suffered mental health problems can carry out their social and occupational responsibilities, like other people with proper treatment.
    v) Mental health problems are common. People with me weak, evil, immoral or a bad omen for the family.
- Take note that:

Mental health problems are like physical problems. They are neither caused by witchcraft, possession, evil eye, nor are they contagious. Do not laugh at somebody's disability.

Mental health problems:

- It is important to stress that all of us experience pleasant and unpleasant emotions during our day to day life.
- These emotions include elation, depression, anger, anxiety and fear. These emotions are usually in response to our experiences. They usually last a few minutes or a few hours depending on the situation and our interpretation of it. If these become excessive or stay for a long time, and affect our thinking, behaviour, relationships with family and friends and ability to work, then they are called mental health problems. Physical symptoms are an integral part of the way we experience emotions. For example, When we are under stress (eg. when someone threatens to assault us) we experience unpleasant emotions which can cause bodily changes such as butterflies in the stomach, a pounding heart, sweating, dry mouth, jellylegs or muscular tension. People who have a persistent mental health problem often suffer from distressing physical symptoms such as aches or pains, tiredness or gas formation. These can be a great worry to the person, and are usually the first thing they complain about.
- People are usually surprised to learn just how common mental health problems are. People with a mental health problem often suffer in silence because of negative attitudes about mental health problems. But if asked, they are relieved to be able to express the way they feel. Surveys that have gone to local communities and asked individual people about mental health problems have shown that, at one time, about one in every 20 people are suffering with a mental health problem. This means that in a lady health worker's group of 1,000 people, there are likely to be about 50 people suffering with a mental health problem at any time.

The causes of mental health problems

When most people go through stressful events (for example: the death of a loved one, divorce, separation, loss of job, or physical health problems) they experience distress. This distress may last for a few weeks to a few months, requiring help from family, friends or a community worker.

There are some people who are more likely to suffer from a mental health problem when they experience a stressful event:

- ❑ Persons who are brought up in families where parents do not provide love and attention.
- ❑ Families in which there is abuse of drugs, violence or crimes.
- ❑ Persons brought up by parents who have mental health problems.
- ❑ Persons who are ridiculed or Discriminated against because they have a physical disability (for example: poor eyesight or lameness) or are slow at school or because of their beliefs or belonging to a particular group.
- ❑ Children who are exploited in child labor.
- ❑ Persons who have not been immunized.
- ❑ Persons who have suffered head injury, febrile fits as a child, or infections that damage the brain.
- ❑ Persons born to mothers who took medicine during pregnancy, or who had difficult or long labor.

- ❑ Persons having chronic physical problems like heart diseases, cancer, diabetes and hypertension etc
- ❑ Persons with poor nutrition, worm infestation, or lack of iodine.
- ❑ Expectant mothers and/or mothers who have delivered in the last three months. poverty;
- ❑ Persons who have no defined role or support in the community leading to social isolation.

First steps towards an individual with a mental health problem

As Community Worker, you need to control your feelings, as almost all, despite their problem, can understand you and express this understanding in their attitudes. For example, if you express understanding and concern towards them, they will reciprocate.

Remember that like all human beings these individuals also have their likes and dislikes and these should be treated with the respect they deserve. Do not presume and be dismissive.

You should talk with the person with care and consideration. Do not be judgmental or critical of the feelings and thoughts being expressed by the person, although it is not necessary that you should agree with everything he says. Try to gain his trust by ensuring him of confidentiality, and make him understand that you are there to help him. It is essential that you talk to the relatives as well to have clear understanding of the problem.

Remember:

- Do not make any promises to the person or his relatives, saying you do everything for them.
- Do not make the decisions for the person and the family. For example, if you are asked whether marriage would help, your job is simply to give factual information.
- Do not criticize or blame either the person or their relatives.
- Do not behave as if you are an extra-ordinary person or an angel. Be professional.
- Make sure that relatives are involved in important decisions about referral, treatment and care.

Questions that are commonly asked about mental health problems

Q. Are mental health problems inherited from parent to child?

The chances that a child born to a parent with a mental health problem will have a similar problem are slightly increased compared with the general population. Other factors like upbringing, schooling and life-style can help them have a healthy and happy life.

Q. Are mental health problems treatable?

Yes, mental health problems are treatable in the vast majority of cases. Treatment should be sought early and from a properly qualified person.

Q. Is it necessary to keep people with mental health problems in hospital? No, it is not necessary, the majority of people can be treated at home or in the community, with the help of their relatives , and guidance of a qualified person.

Q. Can marriage cure mental health problems?
You should not make this decision for the family. Marriage cannot cure mental illness. However, people who have had mental health problems can have a happy married life.

Q. Do alcohol and drugs cause mental health problems?
Yes, alcohol and drugs can cause mental health problems, and they can lead to a diminution of brain tissue.

Q. Can people who have had mental health problems take on their previous responsibilities after treatment?
In most cases they can work under supervision while under treatment, but after treatment they can work like anyone else.

Five common mental health problems

The five common mental health problems are: **depression, epilepsy, psychosis, drug dependence and mental retardation.**
These have been selected because they are common, they can be effectively treated, there is public concern about them or because people suffering from them function less well in the family, social and occupational aspects of their lives.

For each of these disorders, the manual describes the main symptoms by which the health worker may suspect that the person has a mental health problem, and instructions about what the health worker should do when she recognizes these symptoms.

- **Depression**

Recognition
The core symptom of depression is low mood, which can lead to the person losing interest in day to day activities and social withdrawal, decreased sleep, loss of appetite, gas / golaformation, aches and pains, loss of energy and sudden loss of functions like speech, vision or movement.

What to do
If you find two or more of the above symptoms, you should:
Encourage the person to talk about their problems by listening in a concerned manner
- Express your concern, and instillhopefulness
- Reassure the person and the family that it is a mental health problem that is treatable

If the symptoms continue for more than two weeks, refer the person and their family to the nearest health centre.

In case of suicidal ideas or suicide attempt,
immediately refer to the health facility

Make sure that the person and their family understand that the medicines prescribed by the doctor need to be taken regularly, and that they attend for follow-up with the doctor**.**

Dealing with the suicidal person
If a person tells you that he intends to commit suicide or is fed up with his life, take him seriously.
Be gentle and concerned while inquiring about hisintentions and reasons.
Get a family member to be with all the time, and to take him to nearest health facility as soon as possible.

Questions that are commonly asked about depression

Q. Why does depression occur?
Depression can have many causes. It may follow physical health problems, bereavement, childbirth, problems at home or at work, or other stressful events. Experiences in childhood, at school or in the community may make some people more susceptible to develop mental health problems when under stress. However, sometimes depression occurs when there is be no identifiable stress.

Q. What is the treatment for depression?
People with depression benefit from being given time and opportunity to talk about their feelings. If the depression has occurred as the result of stress, then reduction of the stress is usually helpful. The doctor will prescribe antidepressant tablets if appropriate. Antidepressant drugs do not work immediately. Sleep tends to be the first symptom to improve, but there is usually a delay of about two weeks before other symptoms start to improve. It is important to encourage the person to take the antidepressant through this period, and reassure them that the delay before improvement is typical. The doctor will say how long treatment will continue, and it often needs to be continued for a period of weeks or months even after the person has made a good recovery. Antidepressant drugs are not addictive.

Q. Can the person get depression again?
The outlook for depression is good and most people make a full recovery. However, it may happen again in the future, particularly if the person experiences similar stress to that which triggered this episode of depression. There are a few individuals who are very susceptible to depression, and experience recurrent episodes of depression.

- **Epilepsy**

Recognition
Epilepsy is a condition caused by "short circuiting" of the brain. An epileptic fit lasts for two to five minutes during which the person loses consciousness, makes jerky movements of the limbs, become incontinent and may have injuries including biting the tongue. Afterwards the person has no memory of the fit.

What to do

- If you see somebody having an epileptic fit, you should remove sharp objects from the vicinity, and move the person away from dangers like a fire, pond or well.
- Do no put fluid or food into the person's mouth.
- Do not try to hold or tie down the person.
- When the fit stops, put the person on their side to avoid inhalation of secretions, and refer to a health facility for further management.

If somebody is having continuous fits, refer the person to the nearest health centre **immediately** for further management.

Make sure that the person and their family understand that the medicines prescribed by the doctor need to be taken regularly for at least three years after their last fit, and that they attend for follow-up with the doctor.

People who suffer from epilepsy can work,
marry and have children if they
take medicines regularly.

In cases where the fits occur only with fever, use cold sponging and paracetamol (given at a time when the person is not actually having a fit) to reduce fever. Refer to the health centre for management of fever.

Questions that are commonly asked about epilepsy

Q. Can epilepsy be transmitted from one person to another?
No, you can not catch epilepsy from someone who has epileptic fits. Handling people during fits will not transmit epilepsy to other people.

Q. Is epilepsy caused by bad spirits?
No, it is caused by electrical activity in the brain, when there is "short circuiting" of the brain.

Q. Are effective drugs for epilepsy available?
Yes, very effective drugs are available. They can be prescribed by the doctor at the local health facility.

Q. Does every person who has epilepsy need to go to a specialist?
It is not necessary for every person with epilepsy to go to a specialist. A number of people can be treated by the doctor at the nearest health centre.

Q. Should the person eat some particular diet or avoid some food items? There is no need to take any precautions regarding diet.

Q. Can a person who has epilepsy marry and have children? When the fits are controlled, the person can marry and have children. Women of childbearing age should consult their doctor before using medicines. Women taking tablets for epilepsy should consult their doctor before becoming pregnant.

- **Psychosis**

Recognition

Psychosis is a serious disturbance of thinking and feeling resulting in being suspicious, hearing voices, talking too much or not making sense, claiming to have extraordinary talents, neglecting to look after oneself, or being unexpectedly aggressive, abusive or overactive. Psychosis can come on gradually or suddenly. It effects young people, and sometimes women shortly after childbirth.

What to do

- Make sure the person does not abuse any drugs, for example cannabis.
- Refer to the nearest health facility
- Make sure that the person is not beaten up or chained. If the person is aggressive and restraint is necessary, use a blanket or a sheet to immobilize the person, and refer immediately to the nearest health facility.

Educate the family members that these symptoms are due to a mental health problem and should be dealt with by the doctor, not by faith healers.

Follow-up the person and make sure that the person and their family understand that the medicines prescribed by the doctor need to be taken regularly, and that they attend for follow-up with the doctor. ,

When these symptoms appear in the post-natal period:

- Talk to the husband and family members to arrange for the mother to be taken to the nearest health facility
  The baby should only be separated from the mother, if she is violent or aggressive. The mother can continue to breast feed, even when she is receiving medicine for psychosis.
- Ensure that somebody is continuously available to ensure that the baby is taken care of until the mother can take full responsibility

Dealing with an excited person

Do not argue or criticise the person, it will excite him further.
Maintain a safe distance (2-3 metres), and if possible have a colleague or family member with you.
Talk with the person calmly and reassuringly, enquire about what is worrying or upsetting him. Do not insist on answers if he refuses or appears to be more excited by your questions.
Involve a family member whom he trusts to get him to see a doctor.

'Dealing with a suspicious person

Do not make fun of his suspicions, and do not tellhimthat his thoughts are wrong or baseless.

Be honest, open and friendly towards him.

Do not lie to him and do not hide facts from him.

Be careful, and follow the instructions given above for dealing with an excited person.

- **Drug dependence**

Drug dependence is increasing among young people in urban and rural areas. The most common drug being abused in Pakistan is heroin.

Recognition

Habitual drug users activities focus on acquiring and taking drug(s). They take less interest in their usual activities, and become more quarrelsome, prone to accidents and involved in petty crime. There is a decline in their physical health with and increased risk of tuberculosis, cancer, hepatitis and AIDS.

If a person who is drug dependent suddenly stops taking the drug(s), their body reacts to missing the drug with symptoms of withdrawal. Withdrawal symptoms can include sleeplessness, aches and pains, vomiting and diarrhoea, running nose, watering eyes, tremors, restlessness and agitation.

What to do

Motivate the person and their family to seek help from the health facility, by educating them about the hazards of drug abuse, such as increased risk of tuberculosis, cancer, hepatitis and AIDS.

When the person returns from the health facility, educate them and their family that it is important to break contact with their drug using peer group. This process will be helped if they can take up new regular work, and build a new group of friends.

Questions that are commonly asked about drug dependence

Q. Why do people become dependent on drugs?

Most people dependent on drugs are adolescents and young adults. This is a period of life when they are inclined to experiment and rebel against authority. Also it is a time when people are more responsive to peer pressure, this can lead to trying out drugs for fun which can become a habit. Smoking is frequently the first step to drug dependence.

0. Can a drug addict be treated?

Treatment depends on the motivation of the individual and the support available from family and friends. In most cases it can be a lengthy process with frequent relapses. The important thing to remember is not to give up on the person.

❑ **Mental retardation**

Recognition

Severe mental retardation can be recognized in young children because they are unable to sit, walk and talk by four years of age.

A child with moderate mental retardation starts to sit, walk and talk at least one year later than other children.

A mildly mentally retarded child's ability to sit, walk and talk is slightly delayed, and they have difficulty keeping pace with their peers in school. Their speech and behaviour are like a younger child.

What to do

Refer to the health facility if:

- The child develops epileptic fits
- The childhas physical deformities or disabilities, for example poorly developed hands or feet or blindness.
- The child develops behavioral problems, such as violence, fire setting, stealing, and indecent exposure.

If the child is severely mentally retarded, refer to special centers, such as the Institute of Handicapped.

Topic 5: COMMON PARASITES

Session Objectives:

After this session the participants will be able to know:

- *What are common parasites prevailing in community.*
- *How they are spread and how their spread can be prevented.*
- *Ask the participants about their experience or observations about any of common parasites like head lice, intestinal worms or scabies.*
- *Note important points on board*
- *Ask participants to read the relevant portion of the manual*
- *Organize question and answer session and to clarify any confusion*
- *What are roles and responsibilities of Community Worker in prevention of these parasites.*

Facilitators notes for the session

Roles and responsibilities of Community Worker:

- ❑ To educate the community about the cause of infestation from common parasites.
- ❑ To educate about preventive measures.
- ❑ To treat or refer cases as per directions

Head Lice:

- You must have seen people with lice in head. They stay in hair and cause itching.
- They are spread from one person to other particularly among family members and other contacts.
- They are produced due to poor hygienic conditions. Daily hair washing and bathing can help in getting rid of these parasites.
- Lice can be killed by applying anti lice lotion on head according to advice of doctor. The egg stay stuck to scalp and should be cleaned.

Lice Prevention

- Brush your hair daily.
- Families are encouraged to look for lice routinely because it can recur.
- Wash clothes, bed linens, combs, and brushes to prevent recurrence

Intestinal Worms:

Now we will discuss another very common health issue caused by parasites i.e. intestinal worms. There are various type of intestinal worms which vary in size from 2 cm to 1 meter. Most of them enter the body due to poor hygienic conditions. Hence it is important to maintain good personal hygiene. It is one of the basic responsibilities of Community Worker to educate the community about hygiene and cleanliness.

Types of intestinal worms:

There are various kinds of intestinal worms some of the commonly found worms are:

- **Tape worms:**
  They are long worms just like the measuring tape used by tailors, they may be as long as 1meter in length. Their parts are excreted in stools as small seeds.

- **Thread worms:**
  They are also called Pin worms. They are small in size, thin whitish worms just like thread whitish in color and usually reside near the peri anal region particularly in children. They cause itching around anal region particularly during night.

- **Hook worms:**
  They are also small worms around 2 cm in size and reside attached with inner surface of intestine, Usually excreted with stools. They suck blood hence prolonged infestation may cause anemia.

- **Round worms:**
  They are medium sized worms size ranging from 3 to 12 cm, whitish or pinkish in colour they resemble the common earth worms and are excreted with stools.

Symptoms:

You might have suffered from infestations from any of these worms or have seen some patients in family or community. So you may be familiar with the common symptoms of infestation. Some of the common symptoms are:

- Heaviness or fullness or stomach
- Irritability
- Colicky pain in abdomen. This pain starts with less intensity which gradually increases and then subsides to reappear after some times.

- Sometimes they may cause intestinal obstruction.

Mode of Spread:

- The worms stay and lay eggs in the intestine. The eggs are excreted with stools and when one cleans or washes after defecation, worms easily stuck with hands. If the hands are not properly washed with soap and water the eggs stay on them and re enter the body while eating. If such person touches other persons or shakes hand the eggs may stick with this person and can enter his body.
- If the stools are not flushed away and remain uncovered the house flies sit on it and eggs are stuck with their legs. When these flies sit on some other objects particularly eating items like sweets, fruits and vegetables and enter the body when such things are eaten without washing. If the fields are irrigated with water contaminated with stools, the eggs gets attached with the vegetables grown in.
- The hook worm may also enter the body through the feet skin from where they enter the blood and ultimately reaches intestines, hence moving bare footed particularly in fields should be avoided.

How to Protect?

- The best and simplest way to prevent the spread of intestinal worms is to wash hands with soap and water after using toilet, as the chemicals in soap kill the eggs of worms. In this way you not only protect yourself from re infestation but can also prevent spread to others by shaking hands or touching objects
- Hands should also be washed before handling the food items or eating so that if there are eggs of worms they are killed or washed away
- The stools should be flushed away or kept covered so to avoid flies sitting on it. Similarly the food items should also be kept covered.
- If the fruits and vegetables are eaten raw they should be thoroughly washed before consumption.
- Maintain personal hygiene and cleanliness of surroundings is the best and simple way of preventing spread of worms.
- Avoid moving bare footed particularly in fields. It is commonly observed that children play bare footed due to which the Hook worms easily enter their body. They should be asked to wear shoes.
- Luckily the worm infestation can be prevented easily by taking de worming tablets. In many countries (including Somalia) children of 1-5 years of age are de wormed in mass campaign after every six months. So ensure that every child of this age group in your community takes de worming tablet during these campaigns

Topic 6: Scabies

Session objectives:

- *After this session the participant will be able to know:*
  - *What is scabies*
  - *Role and responsibilities of Community Worker*
  - *Symptoms of scabies*
  - *How it is transmitted.*

Instructions for trainers:

- *Ask Community Worker if any of them has ever suffered from scabies, if yes ask her to share experience particularly the symptoms*
- *If none of Community Worker has personal experience ask them if they have seen any patient of scabies in family or community. Ask them to narrate their observations.*
- *Discuss important points.*
- *Ask the participants to read the relevant portion of manual.*
- *Then discuss the important points*
- *Prevention of transmission*
- *Treatment of scabies.*

Facilitators notes for the session

Roles and Responsibilities of Community Worker:

- Aware the community regarding preventive measures to control spread of scabies
- Identify and manage scabies

What is Scabies?

Scabies is a skin disease caused by an organism called mite. Symptoms appear from two to six weeks after exposure. Itching all over body specially in body folds is a common symptom. An indication of scabies is if other members of household are experiencing the same symptoms.

Symptoms and Signs

- Symptoms include severe and continuous itching, allover the body particularly in the creases/folds of the body such as between the fingers and toes, the buttocks, the elbows, the waist area, the genital area, and under the breasts in women. The face, neck, palms, soles and lips are usually not affected, except in infants or very young children Itching occur .especially at night.

- The skin may show signs of small insect-type bites, or the lesions may look like pimples.

- The skin may also be red or have sores due to scratching of the area. A burrow (a short S-shaped track) indicates the mite's movement under the skin) may also be visible. Burrows may be small enough to be overlooked. Thus, scabies also should be considered whenever there is intense itching without an obvious rash, bite, or burrow.

Scabies Prevention

- It is difficult to prevent scabies.

- If a person is known to have scabies, they should not have close skin-to-skin contact with others until they have been treated.

- If one member of a household has scabies, all other household members, sexual partners, and close contacts should be treated simultaneously.

- Clothing, towels, and bedding from an affected person should be washed in hot water and dried in a dryer or by iron. If an article cannot be washed this way, it can be stored away from human contact for three days to eliminate mites.

- In the hospital, staff should use gloves and gowns when treating patients who have a suspicious rash and itching.

Self-Care at Home

- Although you cannot cure a case of scabies without prescription medication from a doctor, there are certain things you can do at home to keep from reinfesting yourself or your family.
- Wash all clothing, towels, and bed linens that you have used in the last three days. Use hot water. You should use the dryer at high heat (Iron the clothes) rather than air drying.
- Since the mites can survive on nonliving objects for several days, place the objects that are not machine washable (such as coats and stuffed toys) into a bag and store for a week.
- Thoroughly vacuum your rugs, furniture, bedding, and car interior and throw the vacuum-cleaner bag away when finished.
- Try to avoid scratching. Keep any open sores clean.
- Refer the pregnant, breastfeeding mothers to health center for consultation.

Topic 7: SAFE DRINKING WATER

Session Objectives:

- *After this session the participants will be able to know:*
  - *What are the different sources of drinking water.*

- **Instructions for trainers:**

- *Ask the participants*
- *What are the common sources of drinking water in your area.*
- *How water is stored in your house and other houses in your community*
- *What are the harms of drinking unsafe water?*
- *How unsafe water can be made safe for drinking?*
- *Note down important points on board.*
- *Ask participants to read the relevant portion of the manual.*
- *After reading conduct discussion and question answer session to clarify any confusion*
- *How the unsafe water can be made safe for drinking.*

Facilitators notes for the session

Introduction:

Water is an essential item to maintain life. Water is required not only for drinking by human beings but is also required for animals, growing crops, washing, cleaning and so on. There are many regions in the world including our county where water is not available in sufficient quantity. Further, sometimes due to drought there is acute and severe shortage of water which leads to spread of many diseases, shortage of crops/ food and livestock, leading to death of many people .

Our country has also suffered from such situation in recent past.Hence availability of water in adequate quantity is essential to maintain life. It is also important that the water used for drinking and cooking should be safe and clean as use of unsafe water may cause many diseases.

Roles and Responsibilities of Community Worker:

- To aware the community about importance of using safe drinking water.
- To educate about the methods of making water safe for drinking
- To inform the community about safe storage of drinking water at house.

Sources of Water:

i) Well:

A deep well can be a good source of clean water. Some important points of properly constructed well are given below.

- To keep it clean it is essential that it should be at least 3 meters deep and at least 30 meters away from garbage depot or toilets etc.

- The inner walls should be bricked and there should be a protective wall above ground surface to prevent access of any impurities and accidents. A cemented platform should be built around it to keep clean.
- Well should be covered.
- The utensils used for taking out water and the rope should be kept clean
- It is better to install a hand pump above the well to take out water

ii) Spring:

At many places particularly in hilly areas it is difficult to dig wells, in these areas people use the water from natural springs. While using this water it should be ensured that this water is coming from spring and not from canal. Springs are also good source of safe water, however many impurities may pollute water in its course. Hence it is important to prevent it from pollution or to make water safe before drinking.

In order to conserve this water,

- it should be dug till source to carry the water up to population through a pipe.
- At this point a tank with bricked or cemented walls should be constructed to store water.
- The tank should be covered and an outlet may be provided .
- In addition there should be a pipe for over flow in case of excessive water.
- There should be arrangement of periodic cleaning of this tank.

iii) Canal or River/ Ponds:

Many of us use the water from river, canal or ponds. These sources may be polluted hence we have to be careful while using water from these sources as they are also used for swimming, washing clothes, drinking by animals and disposal of excreta.Using this water with out treatment can be dangerous as it may cause many diseases like diarrhea, dysentery, hepatitis, cholera etc. It is better to collect water from upsteam so that imurities are minimum.

iv) Tube well, Hand Pump and Piped Water:

These are usually safe sources of water, how ever it should be ensured that water does not get polluted during transportation or storage.

vi) Making water Safe:

The water collected from canals, streams or ponds should be made safe before using. At home first of all remove the impurities like mud, by filtering it and then boil it or add purifications substance like chlorine tablets.

Storage at Home:

The water should be stored at home with prope care to avoid pollution. Following measures may be taken.

- If there are overhead tanks they should be cleaned periodically.
- The water containers should be kept covered.
- A separate mug (preferabally with long handle) should be used to take out water from container.

Topic 8: FIRST AID

Objectives:

- *After this session the participants will be able to know:*
- *What are the common emergency situation encountered in the community*
- *What are common causes and symptoms*
- *How to manage them at community level and when to refer*
- *How to prevent such incidences*

Trainers notes:

- *Inform the participants that now we will discuss certain common emergency situations arising in the community and how to deal with them.*
- *Ask the participants have you ever suffered or seen any emergency situation in family or community*
- *Ask them to share their experience/ observations about what was done*
- *Now ask the participants to read the relevant portions of the manual*
- *Ask them to read different situations one by one*
- *After reading of every topic generate discussion and conduct questions and answer session to clarify any confusion about the topic.*
- *Move to next topic only when you are satisfied that the participants have clear understanding of the subject*
- *What are roles and responsibilities of Community Worker*

Facilitators notes for the session

Roles and Responsibilities of Community Worker :

- Create awareness to the community about emergency situations.
- Create awareness to the community on how to prevent common injuries.
- Facilitate the community in managing the emergency by providing first aid.
- Refer emergency cases as soon as possible whenever required.

BURNS:

- Burns destroy skin, which can lead to losing heat as well as losing important bodily fluids. In addition, burns can make one susceptible to infection. While minor burns on fingers and hands are not terribly dangerous, burns on even relatively small areas of skin are capable of developing serious complications.

What to Do?

- Stop the burning process. Cool the burned area with cold running water for several minutes. Minor burns can be cooled with tap water over the sink. Don't be afraid to rinse bigger burns with a hose outside. Don't spray severe burns with high pressure, just let the water run over the burned area for as long as you can.

If an ambulance is coming, continue running water over the burned area until the ambulance arrives.

- Look for blistering, sloughing, or charred (blackened) skin.

Blistering or sloughing (skin coming off) means the top layer of skin is completely damaged and infections are likely. Here is a picture of burned skin coming off.

If the blistered or charred skin is all the way around a wrist, arm, leg or ankle; or it covers most of a foot or hand; call emergency service immediately. Also call emergency if the burn is around the mouth, nose or eyes, or on the genitalia.

- Minor burns with reddened skin and no blisters may be treated with a topical burn ointment or spray to reduce pain.

Cool water (not ice cold or warm) may also help to relief pain.

- Pain relievers like Paracetamol can be used for the pain of a mild burn (typically redness only). If stronger pain relief is needed, call a doctor or go to the emergency department.
- **DO NOT APPLY BUTTER OR OIL TO ANY BURN!** Butter or oil will trap heat and make the burn deeper over time.

Tips:

- While the burn is healing, wear loose natural clothing like cottons. Harsher fabrics will irritate the skin even more.
- Burns destroy skin and the loss of skin can lead to infection, dehydration and hypothermia (loss of body heat). Make sure that burn victims get emergency medical help if experiencing any of the following:
- dizziness or confusion
- weakness
- fever or chills
- shivering
- cold sweats

Bleeding:

Regardless how severe, all bleeding can be controlled. If left uncontrolled, bleeding may lead to shockor even death. Most bleeding can be stopped before the ambulance arrives at the scene. While you're performing the steps for controlling bleeding, you should also be calling for an ambulance to respond. Bleeding control is only part of the management.

The first step in controlling a bleeding wound is to plug the hole. Blood needs to clot in order to start the healing process and stop the bleeding. Blood will not coagulate if it is flowing.
Put pressure directly on the wound. If you have some type of gauze, use it. Gauze pads hold the blood on the wound and helps in clotting. If you don't have gauze, use clean cloth .
If the gauze or cloth soaks through with blood, add another layer. Never take off the gauze. Peeling blood soaked gauze off a wound removes clotting and encourages bleeding to resume.
Once bleeding is controlled, take steps to treat the victim for shock.

Apply Pressure Elevate above heart level Use pressure point

N.B. Despite all efforts if bleeding continues immediately refer.

Suffocation (Asphyxia)

Suffocation or Asphyxia is a condition in which the lungs do not get sufficient air for breathing. If this continues for some minutes breathing and heart action stops and death occurs.

Causes

- **Conditions affecting the air passage**

- Spasm
- Food going down the wrong way into the air passage.
- Water getting into the air passage, as in drowning.
- Irritant gases (coal gas, motor-exhaust fumes, smoke, sewer and granary has, gas in deep unused wells.) getting into the air passage.
- Bronchial Asthma.

- **Obstruction**

- Mass of food or foreign body such as artificial teeth etc in the air passage.
- Tongue falling back in an unconscious patient.
- Swelling of tissues of the throat and as a result of scalding (boiling water) or injury, burns and corrosive.

- **Compression**

  - Tying a rope or scarf tightly around the neck causing strangulation.
  - Hanging or throttling (applying pressure with fingers on the wind pipe).
  - Smothering like overlaying an infant: and unconscious person lying face downwards on a pillow, or plastic bags, or sheets covering face completely for some time.

d) Conditions affecting the Respiratory Mechanism.

- Epilepsy, tetanus, rabies etc.
- Nerve diseases causing paralysis of chest wall or diaphragm

e) Conditions affecting respiratory centre

- Morphine, barbiturates (Sleeping tablets):
- Electric Shock, Stroke
- Compression of the Chest
- Fall of earth or sand in mines, quarries, pits or compression by grain in a silo, or big beams and/or pillars in house-collapse.
- Crushing against a wall or other barrier or pressure in a crowd.
- Lack of Oxygen at high altitudes with low atmospheric pressure, where acclimatization – (gradual ascent) is necessary.

Signs and symptoms

Phase I

- Rate of breathing increases
  - Breath gets shorter
  - Veins of the neck become swollen
  - Face, Lips, nails, fingers and toes turn blue.
  - Pulse gets faster and feebler

Phase II

- Consciousness is lost totally or partially.
- Froth may appear at the mouth and nostrils.
- Fits may occur.

Note: Even after breathing has stopped the heart may continue to beat for ten to twelve minutes. In such cases it is possible to restore breathing by artificial respiration, and bring the casualty back to life.

Management

The important things to do are:

- Remove the cause if possible or remove the casualty from the cause.
- Ensure an open airway to allow the air to reach the lungs.
- Place the individual on his back.
- Support the nape of the neck on your palm and press the head backwards.
- Then press the angle of the jaw forward from behind. This will extend the head on the neck and lift the tongue clear off the airway.
- If the airway is opened by this method the individual gasps and starts to breathe.
- Give three to four inflations to the lungs to facilitate breathing by mouth-to-mouth method.
- If the heart is beating, carotid pulse can be felt at the base of neck. (Pulse at wrist may not be felt).
- Continue to ventilate the lungs until breathing becomes normal.
- Prevent damage to the brain and other vital organs (which will occur due to the lack of oxygen) apply artificial respiration to ensure prompt ventilation of the lungs, and if necessary, do external cardiac compression.
- Continue artificial respiration until natural breathing is restored it may be necessary to continue for a long time unless a doctor advises to stop in case of doubt you should rather continue longer than stop early. Take help from others in case of need.
- Keep the body warm using light blankets.
- Provide shelter to the casualty (at least with an umbrella)

Fractured Bone:

How To Deal With A Broken Bone

Fractures are broken bones and when they are not treated properly, can lead to total disability or even death. The good thing is that they can usually be treated so that there is a complete recovery. Recovery is usually dependent upon the first aid the victim received before being moved. The basic first aid technique used for managing a broken bone is to immobilize the joints above and below any fracture

Is The Bone Broken?

Assessment of the injury is an essential part of administering first aid. Here are 6 signs of a broken bone.

- Swelling
- Pain
- Difficulty in moving the injured part.
- A bone fragment is protruding through the skin.
- Misalignment or deformity of the injured part.
- Deep, sharp pain when the victim attempts to move the part

What to Do?

- **Stay Safe!** The victim was injured somehow. Don't get hurt the same way. Follow precautions and wear personal protective equipment if you have it.
- If the foot or hand at the end of the injured extremity is cold or blue, **call emergency services immediately!**
- Do NOT straighten the extremity if it is deformed - keep it in the position found.
- Stabilize the extremity. Use padding to keep it immobile.
- Put ice on the injury. Never put the ice directly on the skin - put it in a bag first. After holding ice on the injury for about 20 minutes, take it off for 20 minutes.
- Elevate the extremity to reduce swelling.
- Give pain killers.
- Refer as soon as possible.

SNAKE BITE:

Snake bites can be deadly. It's important to react quickly. If emergency medical services can be reached, request help urgently. If in a remote area, getting the victim to medical care is vital.

- **Safety first!** Get away from the snake. That's probably why it bit in the first place. Follow precautions and wear personal protective equipment if you have it.
- **Call emergency service immediately!** Waiting until the pain may lead to permanent tissue damage.
- **Do not elevate**. Keep the bite below the level of the heart.
- Wash the area with warm water and soap.
- Remove constricting clothing and jewelry from the extremity. The area may swell and constricting items will cause tissue death.
- If the snake is an elapid species (coral snakes and cobras), wrap the extremity with an elastic pressure bandage. Start from the point closest to the heart and wrap towards the fingers or toes. Continue to keep the bite lower than the heart.

Some Important Points.

- **NO CUTTING & SUCKING!** Cutting into the wound will just create infections.
- An ounce of prevention is worth a ton of first aid:
- Wear long pants and boots taller than the ankle.
- Avoid tall bushes and deep, deep crack on grounds.
- Make plenty of noise and vibration while walking.
- Do not approach snakes, avoid them.

- Do not expect rattlesnakes to make any noises.

If the snake is dead, bringing it to the hospital is appropriate. Be careful, dead snakes can reflexively bite for up to an hour. If possible take picture of the snake - even with a cell phone - will help medical crews identify the animal.

Rattlesnakes are pit vipers, identified by dents in the side of their heads that look like ears. Coral snakes are small with bands of red bordered by pale yellow or white. Cobras have hoods that spread behind their heads.

Medical staff in areas prone to snake bites can often identify the animal just from the wound. Pit vipers have two fangs and the bite often has two small holes. Coral snakes have small mouths full of teeth with rows of small puncture wounds.

POISONING:

- Poisons are substances that cause injury, illness or death
- These events are caused by a chemical activity in the cells
- Poisons can be injected, inhaled or swallowed
- Poisoning should be suspected if a person is sick for unknown reason
- Poor ventilation can aggravate Inhalation poisoning .
- First aid is critical in saving the life of victims

Causes:

- Medication
- Drug overdose
- Occupational exposure
- Cleaning detergents/paints
- Carbon mono oxide gas from furnace, heaters
- Insecticides
- Certain cosmetics
- Certain household plants, animals
- Food poisoning

Symptoms

- Blue lips
- Skin Rashes
- Difficulty in breathing
- Diarrhea
- Vomiting/Nausea
- Fever
- Head ache
- Giddiness/drowsiness
- Double vision

- Abdominal/chest pain
- Palpitations/Irritability
- Loss of appetite/bladder control
- Numbness (tingling sensation)
- Muscle twitching
- Seizures/fits
- Weakness
- Loss of consciousness

Treatment

Seek immediate medical help, meanwhile,

- Try and identify the poison if possible
- Check for signs like burns around mouth, breathing difficulty or vomiting
- Induce vomiting if poison swallowed
- In case of convulsions, protect the person from self injury
- If the vomit falls on the skin, wash it thoroughly
- Position the victim on the left till medical help arrives

For inhalation poisoning

- Seek immediate emergency help
- Get help before you attempt to rescue others
- Hold a wet cloth to cover your nose and mouth
- Open all the doors and windows
- Take deep breaths before you begin the rescue
- Avoid lighting a match
- Check the patient's breathing
- Give artificial respiration if necessary
- If the patient vomits, take steps to prevent choking

Steps to Avoid

- Avoid giving an unconscious victim anything orally
- Do not induce vomiting unless told by a medical personnel
- Do not give any medication to the victim unless directed by a doctor
- Do not neutralize the poison with limejuice/honey

Prevention

- Store medicines, cleaning detergents, mosquito repellants and paints carefully
- Keep all potentially poisonous substances out of children's reach
- Label the poisons in your house
- Avoid keeping poisonous plants in or around house
- Take care while eating products such as berries, roots or mushrooms
- Teach children the need to exercise caution

FEVER:

- Fever is higher-than-normal body temperature (Normal temparature-37^{0}C or 98.6^{0}F)
- Indicates an abnormal process in the body
- Fever is a symptom and not disease
- Low grade fever: 98.8^{0}F to 100.8^{0}F
- Mild to moderate: 101^{0}F to 103^{0}F
- High fever: 104^{0}F and above

Causes

- Infection
- Hot weather
- Childhood immunization
- Bacterial/viral infection
- Spending much time in sun
- Allergy to medication / food

Symptoms

- Hot flushed face
- Lack of interest in food
- Nausea
- Vomiting
- Head and body ache
- Constipation
- Diarrhea

High fever maybe associated with -

- Delirium
- Convulsion

Treatment

- Monitor temperature using a thermometer
- Remove the excess clothing
- Keep the person in a cool place
- Give a sponge bath in luke warm water
- Give plenty of fluids
- Give prescribed doses of Paracetamol
- Do not wrap the person in blankets / warm clothing

Refer in case of

- Irregular breathing
- Stiff neck
- Confusion
- Rashes
- Persistent sore throat
- Vomiting
- Diarrhea
- Painful urination

- Convulsions

Foreign Object in Eye:

- Any object that lodges itself in the eye
- Small objects will be washed out by tears / blinking
- Others need medical attention

Causes

- Dust
- Debris
- Sand
- Eye lash
- Make up
- Flying objects like glass

Symptoms

- Redness
- Itching
- Irritation
- Pain
- Sensitivity to bright light
- Blurry vision
- Excessive watering

Treatment

- Wash hands before helping the victim
- Seat the person in a lighted area
- Gently examine the eye
- Pull lower eyelid downward
- Ask the person to look upward
- Then hold upper eyelid while person looks down
- If object is floating try flush it out with water
- Otherwise, touch the object with wet cotton bud
- Object should cling to the cotton bud
- If object is removed, flush eyes with saline/warm water
- If object cannot be removed, see a doctor
- If object is embedded, do not touch
- Cover the eyes with paper cups and tape it or cover with piece of clean cloth (colored)
- Consult doctor immediately

Steps to Avoid

- Avoid rubbing eyes
- Do not remove an embedded object
- Do not try to remove a large object

Refer

- When the object cannot be removed

- When object is embedded
- When the person's vision is affected
- When the scratching sensation persists
- When pain persists even after removing object

Foreign Object in Ear:

- Any outside object lodged inside ear canal
- Not dislodged easily

Causes

- Cotton swab or tooth pick etc. used for cleaning
- Accidental, especially among children
- An insect that may have crept into the ear

Symptoms

- Feeling of uneasiness/ discomfort
- Pain
- Dizziness/Giddiness
- Infection
- Discharge/blood oozing from ear
- Dry cough, occasionally
- Insect may bite/cause tickling sensation

Treatment

- If object is protruding, use tweezers to remove
- If object is small, shake head with ear facing downward
- If it is insect, turn head to place affected ear upward
- Place few drops of mineral oil/baby oil inside ear
- Flush the insect out using clean water
- Use oil only in case of insect, otherwise it may lead to swelling
- Seek medical help if required

Steps to Avoid

- Do not push your finger into the ear
- Do not strike the head to dislodge object
- Do not shake a child to remove object
- Do not try to remove object on your own
- Do not block any discharge from ear
- Do not try to clean the ears

Refer

- If the object is not soft
- If the object cannot be removed easily

Prevention

- Avoid using objects like tissues/ tooth pick to clean ears
- Do not place anything inside ear without consulting doctor

- Monitor children's actions

Foreign Object in Nose:

- Any outside object inserted into nose
- Usually children are the affected during play, they insert small objects into nostrils

Causes

- Food particles
- Erasers
- Dried seeds
- Objects, like crayons
- Beads
- Buttons

Symptoms

- Irritation
- Infection
- Foul smelling / bloody discharge from nose
- Breathing difficulty

Treatment

- The person must be urged to breathe through mouth
- The person should avoid breathing with force
- Close the unaffected nostril
- Blow out gently through the affected nostril
- Get medical aid if this method fails

Steps to Avoid

- Do not probe an object which is not seen
- Do not probe an object that is not easy to grasp
- Do not blow nose too hard
- Do not use sharp instruments to remove the object

Refer

- When the object cannot be removed
- When the victim suffers from infection

Prognosis

- No problem expected once the object is removed

Prevention

- Children must be trained not to put objects in body openings
- Small objects must be kept out of reach of children

Topic 9: Screening for Poor vision and Hearing:

Objectives:

- *After this session the Community Worker will be able to know:*
- *The importance of screening during school health session*
- *How to conduct screening for poor vision*
- *How to conduct screening for poor hearing*

Trainers notes

- *Ask the participant if any of them has seen a vision testing chart.*
- *If any of the participants is using glasses ask her to share with others how her vision was checked by the doctor.*
- *Now show the vision checking (Tumbling E chart) to participants and explain it.*
- *Ask the participants to read the relevant portion of the manual.*
- *Once the reading is completed conduct a demonstration to explain the process of vision testing*
- *Ask some of the participants to explain and demonstrate the process*
- *In the end organize Q&A session to clarify any confusion*

Facilitators notes for the session

Introduction:

Poor vision and hearing among children is one of the public health issues all over the world particularly in the developing countries. If these problems are not detected and corrected it not only impair the normal activities during the current phase of life such but may also lead to complications in future life. Hence it is important to recognize these problems at the earliest and take steps to rectify them. Screening of school children can provide a good opportunity to detect these problems. The Community Worker can do it with simple test and with the help of school teachers and refer such cases to health center for further management.

Screening for Poor Vision

Signs of poor vision:

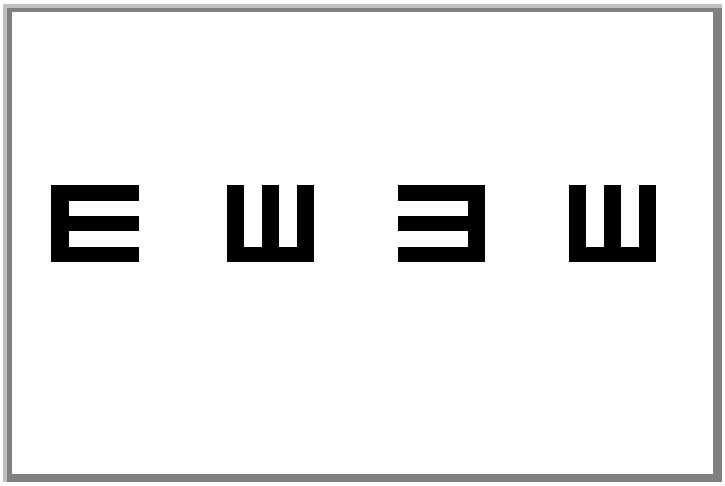
A child with poor vision can have any of the following symptoms:

- Squinting, closing or covering one eye
- Holding a book close to the face
- Headache, nausea or dizziness

- Lack of confidence/ concentration
- Tilting the head to one side
- Frequent daydreaming
- Using a finger as a place mark while reading
- Low performance in studies
- Rubbing eyes repeatedly.

During the school health education session the Community Worker should discuss with the teacher to identify the children having any of the above symptoms.

Vision testing in children is the process of detecting vision problems and is undertaken to improve prognosis and reduce disability. In order to detect any vision problem the Community Worker should perform vision testing of all the school children at least once every year.



For this test a simple vision testing chart which can be hanged on wall is required. There are various types of vision testing charts, many charts have 7 lines of word with different sizes, however for convenience of Community Worker a simple chart having the word 'E' in different directions (up, down, left, right) will be used, the Community Worker can decide about vision by asking the client to tell the direction of the word 'E' You might have seen the card being used by health professionals, specimen is given below.

Process:

- Hang the chart at a proper place and height on a wall.
- There should be adequate light at the place where vision is being tested**.**
- Ask the student to stand at a distance of 6 meter from the chart, the level of chart should be at eyelevel of the student.
- Ask the student to cover one eye and see at chart through one eye

- Ask the student to tell the direction of E one by one, if he/she can tell correct directions of at least three Es, the vision is normal, if he/she tells correct direction of less than three Es there may be problem.
- Repeat the process with the other eye.
- If there is problem in any ye refer the child to health center for further management.
- Maintain the record of all children for future reference**.**

(Note: if the child is already using glasses the test should be done with glasses on).

Poor Hearing:

Poor hearing is another common problem in children, early detection and referral can help in preventing many complications. Poor hearing can be due to many causes some of the causes are enlisted below:

- Family history of risk factors.
- History of frequent ear problems in infancy and preschool period.
- History of allergic responses affecting the ear, nose and throat.

A child with poor hearing may have following symptoms:

- limited, poor, or no speech
- is usually inattentive in class
- Is weak in learning
- Often asks to repeat question or to increase increases the volume.
- fails to respond to conversation-level speech or answers inappropriately to speech

During the visit to school the Community Worker should talk to teacher for identification of any student having the above mentioned symptoms and should refer such children to health center for further management.

Module 6: Reporting

Lesson Objectives

By the end of this lesson, participants should be able to:

- *Explain the benefits of submitting timely and quality reports.*
- *To able to demonstrate the recording and submission of the reporting tools by the Community Worker.*
- *Link the community worker reporting tools into the health facility management information system.*

Methodology for the session: Facilitators notes.

- *Review the objectives of the session.*
- *Explain that each Community Worker is expected to have a record of all the households that exist within a given location with specific population, children less than 5 years and the number of pregnant and lactating women. A community worker support 90-100 households.*
- *discuss the reporting channels through the MoH systems/ health facility and submission to development partners.*
- *Explain that the population information shall be recorded in the community register, which is expected to be retained at the community level.*
- *Discuss the process of community mapping and how to undertake the development of a community register.*
- *Explain that the community register is for each location and should be maintained at the community level.*
- *Discuss the process of filling in identified reporting tools based on the community worker scope of work:*
  - *Development of community register*
  - *0-5-year-old reporting register.*
  - *Pregnant and lactating women register.*
  - *Filling in the referral slips.*

Facilitators notes for the session

How will the community worker undertake data collection?

- The community worker will visit each and every household in the community per month to collect basic information, to provide health promotion, screen children for acute malnutrition and other childhood diseases as well as create awareness about other public health issues in the community.
- Within the first week of every month, the Community worker will submit her activity monthly report to the health centre and a copy to the supporting implementing partner.
- It is expected that the focal person at the health centre will collect activity monthly reports of all CWs attached to the health facility and compile it into the health facility monthly report.

- The health facility monthly report is then submitted to the District/ Regional office by the end of the 2nd week of each month.

Topic 1: Filling in the Community Chart

- The purpose of the community chart is to have basic information about population.
- The chart will be displayed at the community workers house. The chart should be updated after collecting information from the family register.
- The information recorded in the community register should include:
    1. **Total number of families.**
    2. **Demographic information:**
        a) **Total registered population**: Add total population in the family register. Whenever a new person enters a family or migrated or dies, it will be added or subtracted accordingly.
        b) **Under 1 year**: All children who are under 1 year age in the relevant month.
        c) **1-5 years:** All such children who are above 1 year and less than 5 years of age.
        d) **15-49 years of age**: All females between the ages of 15-49 years of age in the relevant month.
        e) **Eligible couples**: All married couples in which wifes age is between 15-49 years.
    3. **Live Births**: In the relevant month, number of live births in a community. Babies who have taken just one breath will be considered.
    4. **Total new registrations in a month**: people migrated in like women after they got married or families that shifted to a different community as well as live births that will new registration.
    5. **Total migrations out of the community in a month**: In a month total number of registered persons that migrated out of the community.
    6. **Total Deaths. (Inclusive of infant deaths).** Out of registered population, number of deaths inclusive of infant deaths.
    7. **Infant Deaths.** Number of death of children under 1 year of age, including neonates deaths as well.
    8. **Maternal Death**. No. of maternal deaths occurring during 1st day of conception till 42 days of delivery from any complication of pregnancy and delivery. Accidental deaths are not included in maternal deaths**.**
    9. **Source of drinking water.** Write no. of families in relevant columns of sources of drinking water like No. of families using tap water. No. of families using well water as source of drinking water.
    10. **Toilet Facilities.** Write no. of families in relevant columns of having piot latrine improved ventilated or other sources etc.
    11. **Health Committee Members.** Write names of members of health committee.
    12. **Women Group.** Write names of member of Women Group.

Community Chart

Name of CW_____ID Code of CW_____
Name of the Location_____ CBW phone_____
District/Region_____

Basic Information	Jan	Feb	March	April	May	June	July	Aug.	Oct.	Nov,	Dec.	Total
Total No. of Registered Families												
Demographic Information												
Total No. under 1-year children												
Total No. 1-5 year aged children												
Total No.15-49-year-old women												
Total live births.												
Total newly registered persons												
Total persons migrated out												
Total deaths (including deaths under 1 yr.)												
Deaths Of children under 1 year of age												
Total Maternal deaths												
Sources of Drinking Water												
Tap water												
Shallow water												
Rain water harvesting (Baraket)												
Ponds/ stream/ river												
Toilet Facilities												
Pit latrine Improved ventilated												
Others												

Community Development Committee Members _____

Mother to Mother support group members _____

Exercise – Filling of the Community Chart.

- The community worker began working in her community in 2018. At the time, she registered 86 households with 430 population. At the inception of her work, she has 7 children under 1 year old and 39 children aged between 1-5 years. At the end of the second month, 2 live births took place and 3 children celebrated their first birthday. In this month, she has a total of 183 women aged 15-49 years whereas married women were 120.
- In April 2018, one woman died during still birth delivery. In a family of11 members, their son and daughter in law with two children under five began to cook separately.
- In May 2018, 3 live births were recorded, and 4 kids celebrated their 5th birthday. Two families with 9 and 6 members respectively moved to some other place. In both these families there were 3 married two 15 years old girls and 2 under 1 child were included.
- In June 2018, two weddings took place, the girl of Family 20 married to her cousin and moved to his house located in the same village whereas one girl after marriage moved to the city.
- In July, one healthy birth took place while one 9 months old child died due to measles. A 15-year-old boy drowned in canal and died.
- In the community workers village, only 10 houses have a pit latrine with improved ventilation while all remaining do not have any sort of toilet facility in their houses. The same 10 houses use boring water for drinking while the rest use canal water for all purposes.
- Please fill in this information in the community chart provided.

Topic 2: Pregnant/ lactating women's register

Register all pregnant women of your community. One row will be for one pregnant woman. With the outcome of pregnancy, the woman will automatically be removed from the list.

1. **In first two columns write profile of pregnant woman**, her name along with husband's name and family number.
2. **TT Immunization status.** There are two columns for immunization status as two shots of TT should be given during pregnancy at least 4 weeks apart. Whenever a woman receives a shot, write date in the relevant column.
3. **Expected Date of Delivery**. Calculate the EDD from LMP and write in this column.
4. **Antenatal check up by Skilled Birth Attendant (SBA)**. A pregnant lady must have at least 4 ANC check-ups by any SBA (public or private). Whenever she is checked by a SBA write the date in the relevant column. If throughout her pregnancy she does not have any check-up by SBA, leave the columns blank.
5. **Delivered by**: Write the profession/relation of the person who has delivered the case like doctor, nurse, midwife, lady health visitor or by any unskilled person like Traditional Birth Attendant (relatives--- mother-in-law, sister, and neighbour.)
6. **Pregnancy Outcome**. Live birth still birth or miscarriage.
7. **Remarks**. If necessary, write remarks related to pregnancy and delivery condition.
8. **Skilled Birth Attendant**s- Lady Doctor, Midwife, LHV, Nurse.

Pregnant /Lactating Woman Reporting forms

Name of CW_____ ID Code of CW_____ Name of the Location_____
CW phone number_____ District/Region_____
Note: The follow up of pregnant / lactating women require to be conducted every 3 months.

Date of first contact with CBW	Profile				Pregnancy /Lactation						Health Promotion	Referral
	HH No	Head of HH Name	Mothers (ID)	Mothers Name	TT Immunization 0 = Not Given 1 = TT1 2 = TT2	MNT 1 = Yes 2 = No	EDD (D/M/Y)	Antenatal Check-up 0 = No Visit 1 = 1st Visit 2 = 2nd Visits 3 = 3rd Visits 4 = 4th Visit	Place of Delivery 1 = Health Facility 2 = Home (TBA) 3 = Home (Relatives)	Outcome 1= Live Birth 2 = Still Birth 3 = Miscarriage	IYCF Session 1 = Yes 2 = No	Referral 1.Yes 2. No
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Exercise on the pregnant/lactating women form

- The Community Worker visited a recently delivered case of family No. 25 on 5th August.2012. Summaya is a 26-year-old lady and gave birth to a baby boy in health centre. Her delivery was conducted by community health workers of the health centre. She regularly visited the health center for ANC where her first check-up was done on 11th January2nd on 3rd March 3rd visit was on 15th May and 4th on 22nd July,2018. First TT vaccine was given to her on 3rd March and 2nd on 15th May,2018.
- During her visit to Family No.93, she came to know that Aisha w/o Muhammad Tayyab is pregnant. Her LMP was 17th May2012. The community worker advised her to go for ante natal checks by the skilled health worker at the health facility and also to take a diverse diet.
- The Community Worker also visited family No. 43, where Aafya w/o Ahmed, because her 6 months old pregnancy was aborted on 27th July 2018. Whereas her EDD was 29th October,2018. She has visited health centre for ANC only once in May 2018.
- Aayana, a 27-year-old lady of Family No.123 is also pregnant. This is her 2nd pregnancy and her LMP was 12th March,2018. She visited health centre a day before where 1st TT vaccine was given, and ANC was done by the community health workers. She is satisfied with the behaviour and attitude of health centre staff.
- Please fill in this information in the pregnant and lactating women's diary.

Topic 3: 0-5-year-old Treatment and screening register

- Procedure of the filling the 0-5-year-old treatment and screening register:
- As soon as you provide services and follow up to the target persons in the community, immediately fill in the register.
- Every time, fill the column of the date, full name of the child, family number and age in months if less than 59 months. Also mention gender of the children (M for Male and F for Female).
- Fill in the sections as indicated, including access to vaccination services, if the child has had diarrhea etc.
- In the malnutrition column, after assessing the child with MUAC tape, if the measurement falls under “Red” or “Yellow” or “Green” tick the relevant column.
- If the child is ill with other diseases, tick referral and indicate the suspected disease in the referral column.

Reporting Forms of Under 5 Year Olds Data in the Location

1. Name of CW_____ ID Code of CW_____ Name of the Location_____
2. CW phone number_____ District/Region_____

Date of contact with Child	Child's Profile					Immunization			Diarrhea Management		Nutrition Status				Suppl	Health Educate	Referral
	HH No.	Name of HH Head	Child's ID No.	Child's Name	Age (Mnth)	BCG & Polio-0 1=Yes 2= No	PENTA/POLIO 0 = Not Given 1= Penta/Polio 1 2 = Penta/Polio 2 3 = Penta/Polio 3	Measles 1 = Yes 2 = No	Reported 1 = Yes 2 = No	Treatment 0 = None 1 = ORS/Zinc 2 = ORS 3 = Zinc	MUAC 0 = Not Screened 1 = Red 2 =Yellow 3 = Green	Edema 0 = Not Screened 1 = Yes 2 = No	Child referred 1.Yes 2.No	Outcome 1.on Treatment 2.Cured 3.Defaulted 4.Relapse	MNPS 1.Yes 2.No	Key messages to caregiver 1.Yes 2. No.	If child is referred: **1.Yes** **2. No**

Exercise on the 0-5-year-old register.

- The community worker visited Aminas house who is house number 32 on 12th September 2018 who has a baby Isaack who is 9 months and gave health education on how to feed Issack on a balanced and nutritious diet. She then screened Isaack and found that Isaack had a yellow MUAC.
- On the same day, Abida brought her 8 months old daughter Ayanna to her house with the complaint of diarrhea. The community worker assessed the child and found Ayanna to have diarrhea . The community workers gave Abida 2 sachets of ORS and 10 Zinc tablets and told mother the method of preparing and giving ORS and Zn to the baby. She also advised mother to continue breast feeding and soft diet. She briefed mother about danger signs of diarrhea and to keep an eye on her condition.
- on 13th of September, the community worker visited house no 40, for health education and check on the immunization status for 10 week old Razzaq. She advised that Razzaq be taken to the health facility for the penta 3 vaccine.
- Please fill this information in the treatment register.

Topic 3 : Consolidated CW Report to the Health facility

Topic 4: Referral Slips

- Whenever the community worker refers a patient, she will require a referral slip. The referral slip has three portions and slips are in form of a referral slip pad
- For referral of a case, the CW has to fill all of the three portions.

- Portion 1: Remains with the CW for her records
- Remaining 2 portions: are handed over to the patient. One portion will be kept for record of health facility, and the second feedback portion will be filled by the health center staff after service provision and hand it over to the patient to be brought back to the CW for her record.

Portion -1 (For Record)

- **Patient's Name.** Write name of patient in this column.
- **Age**. Age in years.
- **Family No.** Write the family number allotted to patient's family in the Family Register.
- **Address of patient**. Write complete address of patient.
- **Reasons of referral**. Write the complaints or symptoms for which patient is being referred.
- **Name of Referral Health Center**. Write name of referral health center.

- **Community Workers Name.** The referring Community Worker will write her name.
- **Signatures of Community Worker .** The referring CW will put her signature in this line.
- **Date**. Write date of referral in this line.

Portion-2 (For patient)

- **Patient's Name.** Write name of patient in this column.
- **Age**. Age in years.
- **Family No.** Write the family number allotted to patient's family in the Family Register.
- **Address of patient**. Write complete address of patient.
- **Reasons of referral**. Write the complaints or symptoms for which patient is being referred.
- **Name of Referral Health Center**. Write name of referral health center.
- **Community Workers Name.** The referring Community Worker will write her name.
- **Signatures of Community Worker.** The referring Community Worker will put her signature in this line.
- **Date**. Write date of referral in this line.

Portion- 3(Feedback).

The health center staff will fill the relevant portion of the slip and give it back to patient.

- **Patient's Name.** Write name of patient in this column.
- **Age**. Age in years.
- **Family No.** Write the family number allotted to patient's family in the Family Register.
- **Name of Referring Community Worker.** Write name of referring Community Worker.
- **OPD No.** The health center staff will write here the OPD no. from their OPD Register.
- **Reasons of referral**. The health center staff will write the complaints or symptoms for which patient has come.
- **Treatment/ Services provided**. The health center staff will write the treatment or advice given to the patient.
- **Further Advice Given**. For home care and directions for taking medicines may be mentioned in this line.
- **Name and Signature of Health Care Provider**. The health care ;provider will write his name and put his signatures.
- **Name of Health Center**. Write name of referral health center.
- **Date**. Write date on which patient is examined.

REFERRAL SLIP(For Record)	REFERRAL SLIP(For Patient)	REFERRAL SLIP(Feed Back)
Name of patient---------- **Age**--------- **Gender**_____ **Family No.**---------- **Patient's Address**…… …… …… **Reasons of referral**---------- ---------- ---------- **Name of Referral Health Center**. ---------- **CWs Name.** ---------- **CWs Signatures.** ---------- - **Date**. ----------	**Name of patient**---------- **Age**--------- **Gender**_____ **Family No.**---------- **Patient's Address**…… … …… …… **Reasons of referral**---------- ---------- ---------- **Name of Referral Health Center**. ---------- **CWs Name.** ---------- **Signatures of CWs.**---------- **Date**. ----------	**Patient's Name.**---------- **Age**.------- **Gender**_____ **Family No**.------- **Name of Referring CWs Name**.---------- **OPD No.** ---------- ---------- **Reasons of referral**. ---------- ---------- **Treatment/ Services provided**. …… …… ……. **Further Advice Given**. …… **Name and Signature of Health Care Provider** …….. **Name of Health Center**. -------- Date. ----------
Instructions for Community Workers After providing required treatment to the patient, fill this portion of slip and refer the patient to the appropriate health center/hospital along with the next 2 portions of referral slip. **Instructions for Health Center Staff.** Keep this portion of slip for record of health center	**Instructions for Community Workers** After providing required treatment to the patient, fill this portion of slip and refer the patient to the appropriate health center/hospital along with the portions of referral slip. **Instructions for Health center Staff** Keep this portion of slip for record of health center. .	**Instructions for Health Center Staff.** After providing service to the patient, fill this portion and hand it over to patient to be given to community workers for her record. **Instructions for community workers** Guide the patient according to health center's directions and follow up the case

Referral Slip

Module 7: Action Plan from the Training and Post Training

Lesson Objectives

By the end of this lesson, participants should be able to:

- *Develop and action plan detailing the capacity development plan per district/ implementing partner after the harmonized CW training.*

Methodology for the session: Facilitators notes.

- *Review the objectives of the session.*
- *Divide the participants into the districts and implementing partners that they represent.*
- *Task each of the district representatives/ implementing partners to discuss and prepare an action plan that details, CW training plan, number of CWs to be trained, location, supportive supervision exercise indicating the persons responsible for each task and the tentative plan.*
- *Each district representative/ implementing partner makes a plenary presentation of their discussion.*
- *Through a plenary session, discuss a capacity development plan for the districts ToTs on the harmonized public health package; schedule the trainings on quarterly basis, indicating approximate dates and location.*
- *Conduct evaluation for the training: the written post training assessment and a non-written assessment through buzz group. Find out, what the participants like most and least about the methodologies used in the training, what about the training materials, what session they found most useful and suggestions to improve this training.*
- *Discus and wrap up the training.*

Facilitators notes for the session

Post -assessment: What do we know after the training?

#		Yes	No	Don't know
1.	An early marriage resulting into early pregnancy is one of the contributing factors to child deaths in Somalia.			

#		Yes	No	Don't know
2.	Iron Deficiency Anaemia in mothers can be prevented by consumption of Multiple Micronutrient tablets beginning early in the pregnancy.			
3.	An infant aged 6 up to 9 months needs to eat at least 3 times a day in addition to breastfeeding.			
4.	Sleeping under a mosquito net is not an effective way of preventing malaria.			
5.	Zinc and ORS are used in the management of diarrhoeal disease. Should a baby with diarrhoeal continue to be given zinc for ten days even if the diarrhoeal disease has stopped.			
6.	Bleeding or spotting is one of the danger signs in pregnancy and a pregnant mother with such a danger sign should immediately seek medical attention.			
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	Polio is a dangerous disease that causes irreversible damage yet it can be prevented through immunisation.			
10.	Children below 1 year should never be dewormed			
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.			
12.	A young child (aged 6 up to 24 months) should not be given animal foods such as eggs and meat.			
13.	A mother with a new born baby should ensure that her baby's umbilical cord is wiped with clean water and salt at least two times in a day.			
14.	All pregnant women should know their HIV status so as to be able to make wise decisions on prevention of Mother to Child Transmission of the HIV virus.			
15.	Men play an important role in the health and well-being of their families.			
16.	A pregnant woman should have at least 4 antenatal visits			

#		Yes	No	Don't know
17.	The four critical times to wash hands to avoid falling sick include: d) Before going to the latrine e) Before changing the babies nappies f) After eating food g) After handling food and food items			