



HEALTHY CHILD UGANDA

Village Health Team Maternal Newborn and Child Health Training Manual

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Acknowledgements

This manual builds on more than a decade of field experience training by a dynamic Healthy Child Uganda (HCU) team. Many sessions and text excerpts derive from past HCU manuals *Community Owned Resource Persons Training Manual* (2008) by Drs. Wotton and Brenner and *Community Development Manual* (2010) by Dr. Wotton. HCU's community training approach continues to be inspired by Kay Wotton who has provided ongoing mentorship to HCU trainers over the years.

This manual was developed by core HCU technical team members. Dr. Jenn Brenner provided overall project direction and design. Ms. Kyomuhangi Teddy, Ms. Kyokushaba Clare and Dr. Sheila Robinson led curriculum and manual development and field testing and implementation. Dr. Charmaine Enns contributed tools and content to MNCH sections and provided technical review. Dr. Dana Boctor and Dr. Oriokot Francis developed content and sessions for the nutrition section. Other main contributors include Mr. Niinsima Richard (nutrition), Ms. Chantale Tippett (nutrition), Dr. Kay Wotton (technical review), Dr. Santorino Data (newborn care), and Ms. Karen Dodge (simple language). Ms. Sarah Topps worked tirelessly to compile this manual. HCU Ugandan director and visionary, Dr. Jerome Kabakyenga continues to provide incredible mentorship and leadership; his ideas and style permeate this document.

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Numerous organizations and individuals have developed and used Community Health Workers (CHW) participatory training exercises for many years in many different countries. The original source for sessions within this manual is sometimes difficult to trace where activities have been adapted and altered many times. Inspiration is drawn from numerous excellent training resources, especially *Training of CHWs* (Uganda Community Based Health Care Association); *Footsteps* (Tearfund International); *A Trainer's Guide to Participatory Learning and Action* (International Institute for Environment and Development); *Tools Together Now* (International HIV/AIDS Alliance) and *Helping Health Workers Learn* (Hesperian Foundation). We are grateful to the following for permission to use and adapt specific material: Christopher Sentogo (Uganda Community Based Health Care Association) for the *Web of Why* and Lyra Srinivasan (Tools for Community Participation) for *Energizers*.

We appreciate ongoing support from HCU partners Mbarara University of Science and Technology, the Canadian Paediatric Society and the University of Calgary. Thanks to generous donors for support of this initiative especially the Department of Foreign Affairs, Trade and Development Canada, Mayfield Rotary (Edmonton, Canada), and individual Canadian donors through the Healthy Generations Foundation and the University of Calgary.

How to Use this Manual

This manual is designed to build health promotion skills and knowledge related to maternal, newborn and child health (MNCH) including nutrition for community health workers (known as village health teams or ‘VHTs’) in Uganda. VHTs are a recognized cadre in Uganda; this training intends to complement their initial training, combining participatory learning methods, expert knowledge, time-tested activities, and ideas and feedback from Ugandan trainers and participants over the past decade. The training aligns with national MNCH and VHT policy and guidelines.

Organization (see Figure 1, page vi): This manual is divided into 5 **sections** which are broad training categories. Each section contains multiple **modules**. There are 15 modules in total, each focusing on one topic area. Each module begins with a content section, which includes the following:



- **Key Messages** listed at the beginning of each module are the main health messages to be shared and reinforced with communities.



- **Role of the VHT** describes activities of a community-based health worker related to each module topic area.



- **Danger Signs** tell us when a child, pregnant woman or mother needs to be taken to a health facility immediately.



- **Questions for Community Discussion** are questions that can be used to begin discussion with people in the villages. Discussion provides an opportunity for the community to reflect on some health issues.

All modules also contain one or more participatory learning **sessions**. A session describes ‘how’ module content can be shared, encouraging better understanding of the topic area as well as development of VHT role-relevant skills. Along with session description you will find an approximate duration for the session, Objectives, Materials, Key Messages, and Preparation instructions.



- **Objectives** describe what the *participant* will be able to do at the end of each session.



- **Materials** lists supplies needed to run the session. For some sessions, **Preparation** instructions are provided to explain what should be prepared the night before the session.



- **Key Messages** include those from the module which should be repeated and reinforced throughout the session.

Each session begins with a *starter*, followed by one or more activities with specific steps. After completing activities, time should be provided for the group **Discussion Questions**. Each session ends with **Check Understanding** and **Summarize Key Messages**.



- **Discussion Questions** encourage group discussion following session activities.



- **Check Understanding** involves questions posed by the facilitator to find out what participants have learned.



- **Summarize Key Messages** is a final review opportunity for most important messages related to that module.

Appendices at the end of this manual include additional information such as recipes, checklists, and a list of energizer games.

Preparing for Success: As a trainer you have received basic training in facilitation skills. Before doing a session, read through the module. Remind yourself of **Key Messages**, **Danger Signs**, the **Role of the VHT** and other information on the topic. Follow any steps listed under **Preparation** and check that you have **Materials** ready. Visualize how you will conduct the session. If possible, arrange to have a fellow trainer assist you. The sessions work best when led by 2 trainers using the local language. After the session, share feedback about what works, what didn't and how to improve the session next time. Keep notes on what went well and what you would like to change.

When doing role plays, remember to keep them short. Give participants time to discuss the role plays and bring out the lessons. When using stories, practice and prepare them in advance so you do not read them. At the end of each session, you will find one or more **Discussion Questions** to ask in the large group. These can also be used in the community or in VHT meetings.

All training sessions use participatory learning techniques. Skills for passing on the information can be practiced at the same time as the information is learned. The information on each topic focuses on disease prevention, health education and health promotion messages for use in rural Africa. Ways to include everyone in the community in maternal and child health activities are suggested.

There is a suggested schedule included in this manual (Figure 2, page vii). The sessions can also be used one at a time during community meetings, in classrooms, at Child Health Days, or in the field. Repetitions are used to enforce key messages, but sessions can be selected to create a shorter or longer course, if desired. Many activities can be adapted for different MNCH or non-MNCH content. Most sessions have been designed so that they can be done in 30 to 60 minutes.

As a staff member in a health unit, use your training skills whenever you can. Continue to emphasize the **Key Messages** at monthly meetings with the VHT and with patients too. Build VHT skills and knowledge by including training at every monthly meeting.

Thank you for choosing to use this manual. We hope that it has helped you to run a successful training program. We welcome your comments and suggestions.
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Figure 1 - Training Manual Organization Table

Section	Module	Session	Page	Format
Engaging Communities	Working with Communities	Community Challenges	5	Story, Cooperation Donkeys
		Preparing a Community Action Plan	7	Action Plan Preparation
		Preparing a Community Emergency Transport Plan (CETP)	9	Discussion, CETP Mapping
		Planning a Child Health Day	11	Dotmocracy, Health Talk
		Home Visiting Practice	13	Home Visits, Debrief
	Engaging Men, Women and Families	Gender Roles and Needs	16	Task Posters
		Vulnerable Women	18	Community of 5, Small Groups
Family and Community Decision-Making		19	Discussion	
Promoting Healthy Pregnancies	Antenatal Care	Healthy Pregnancy Practices	24	Role Play, 3 Card Sort, Discussion
		Pregnancy Danger Signs	29	Role Play
		Birth Preparedness	31	Web of Why
		Antenatal Home Visiting	34	Role Plays
Caring for Postnatal Mothers and Newborns	Post Natal Care	Healthy Post Natal Practices	39	Story, 3 Card Sort
		Post Natal Mother Danger Signs	44	Role Play
		Post Natal Home Visiting	46	Role Play, Active Listening
	Newborn Care	Caring for a Newborn	51	Role Play, Kangaroo Care Practice, Ball Toss
	Family Planning	Family Planning	56	The Seed Game, Discussion
Understanding Common Childhood Illnesses	Malaria	Preventing Malaria	61	ITN Hanging, Discussion
		Health Talks	63	Health Talk, Discussion
	Diarrhea	Preventing Diarrhea	68	Build a Tippy Tap
		Preparing ORS	70	ORS Skin Pinch Test, Demonstration
		Feeding a Sick Child	72	Counselling, Role Play
	Cough	Cough in Children	77	Health Talk
		General U5 Danger Signs	79	Song, Poem, or Game
Nutrition Through the Life Cycle	Healthy Nutrition	A Balanced Diet	83	Food Sort, Ideal Meal, Food Group Energizer
		Local Nutrition Issues	85	Small Group Discussion
		Seasonal Calendars	87	Calendar Preparation
		Kitchen Gardens	89	Discussion
	The Cycle of Good Nutrition	The First 1000 Days	93	Songs, Stories
	Breastfeeding	Exclusive Breastfeeding	99	Discussion, Role Play, Breastfeeding Demonstration
	Complimentary Feeding	Making Enriched Porridge	103	Discussion, Porridge Preparation
	Growth Monitoring and Malnutrition	Identifying Malnutrition	110	MUAC Measurement, Counselling, Role Play, Oedema Check
		Nutrition Counselling	113	Story, Counselling Cards

Figure 2

Sample Schedule: 5 Day Mixed MNCH + Nutrition

Time	Day 1	Day 2	Day 3	Day 4	Day 5
8:30 – 10:30	Introductions/Expectations Purpose	Recap of Day 1, Agenda for Day 2 (15 min)	Recap of Day 2, Agenda for Day 3 (15 min)	Recap Day 3, Agenda for Day 4 (15 min)	Recap of Day 4, Agenda for Day 5 (15 min)
	MNCH Experiences (30 min)	Vulnerable Women (45 min)	Community Challenges (45 min)	A Balanced Diet (60 min)	Seasonal Calendars (60 min)
	Gender Needs (45 min)	Exclusive Breastfeeding (60 min)	Preventing Malaria (30 min) Health Talks (30 min)	Local Nutrition Issues (45 min)	Kitchen Gardens (45 min)
Tea Break 10:30 – 11:00					
11:00 – 13:00	Healthy Pregnancy Practices (60 min)	Post Natal Mother Danger Signs (45 min)	Cough in Children (30 min)	The First 1000 Days (60 min)	Identifying Malnutrition (60 min)
	Birth Preparedness (90 min)	Caring for a Newborn (60 min)	Preventing Diarrhea (45 min)	General U5 Danger Signs (30 min)	Nutrition Counselling (60 min)
			Preparing ORS (45 min)		
Lunch 13:00 – 14:00					
14:00 – 16:30	Pregnancy Danger Signs (45 min)	Post Natal Home Visiting (45 min)	Home Visiting Practice (150 min)	Making Enriched Porridge (80 min)	Preparing a Community Action Plan (60 min)
	Antenatal Home Visiting (45 min)	Family Planning (60 min)	<i>Remind participants to bring foods for balanced diet and porridge making...</i>	Feeding a Sick Child (45 min)	Planning a Child Health Day (60 min)
	Healthy Post Natal Practices (60 min)	Family and Community Decision-Making (45 min)		<i>Preparing a CETP (60 min) optional</i>	Feedback and Close (30 min)

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Working with Communities



KEY MESSAGES

- VHTs are a link between the village and the health system.
- VHTs and local leaders improve health for pregnant women and children in their communities.
- Home visits support and educate pregnant women and families with young children.
- Community Emergency Transport Plans save lives of pregnant women and children.
- Engage communities in planning for their own health.



ROLES OF THE VHT

- Register all pregnant women and children under 5 years old in the village.
- Provide health education and health promotion regarding mother and child health to community members.
- Help communities to understand and solve their health problems.
- Visit homes regularly during pregnancy and after birth.
- Support and mobilize communities for action planning, transport planning and Child Health Days.

What is the role of a VHT in a community?

A VHT talks with the people in their community about how to keep pregnant women and children healthy. A VHT encourages and supports people in the village in practices that make children healthy.

The first role of the VHT is to register all families in the village with children under 5 years of age. VHTs are a link between the village and the local health centre. After their training, a VHT is able to provide better information and support to families of children with illnesses.

What are the challenges?

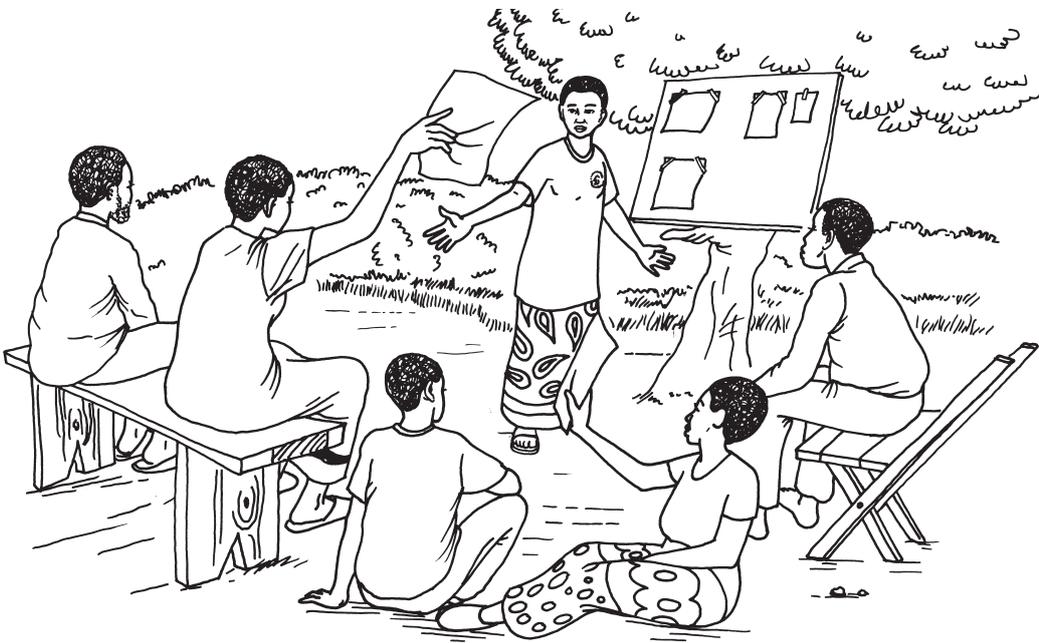
Sometimes engaging men and women in a community for mother and child health promotion is challenging. For some families, you only need to remind them about an immunization day or Child Health Day, for example. For other families, you need many visits and discussions. A VHT is understanding and supportive of families who have not yet accepted health promotion activities.



How does a VHT engage communities?

VHTs work closely with local leaders to engage communities. A VHT uses drama, songs, stories and activities to make health messages interesting and increase the likelihood of remembering messages. Community members are often open to new ideas after a significant event such as a serious illness in a child. After the serious situation has passed, people may be more open to making changes. VHTs look for these times, called “teachable moments”, and use them to advantage. For example, families who refuse immunization may agree to have their children immunized during a measles outbreak.

When we know what is happening in our communities, efforts of VHTs and local leaders can be directed for best results. When we start a journey, it is important have an idea of where we are going. If we don't know where we are going, we may not know when we arrive. To make change, we need to work together. We also need to have a goal. From time to time we may change our goal. A community action plan helps people in the community agree on what we want to accomplish and to set goals together.



Community Action Plans help to organize activities, responsibilities and timelines and track progress toward shared MNCH goals with the community.

A Community Action Plan

- Helps a community plan for the future.
- Sets goals for the community, like women and child health.
 - Has goals agreed on by community members.
 - Focuses on specific activities that can be achieved.
- Needs review each year by community members including local leaders.



Healthy mothers have healthy babies. To make motherhood safer, the whole community, young and old, male and female, needs to learn about pregnancy and childbirth. When danger signs in pregnancy appear, a woman may not be able to take action or make decisions by herself. She needs other people to ensure she gets the treatment she needs. Rapid action can save the life of a mother and baby.

3 Delays

1. Deciding to get care.
2. Organizing transport.
3. Providing proper services when a pregnant woman reaches the facility.

Many deaths in pregnant women occur because of delays in receiving safe care. There are 3 main preventable delays. The **1st Delay** comes in deciding there is an emergency. It can take time for the family to agree to take action. After the decision, there is often delay in referring the woman to a health unit. VHTs can educate community members about Pregnancy Danger Signs. When there are Pregnancy Danger Signs the woman must be taken to the Health Centre immediately.

The **2nd Delay** comes from deciding how to transport the pregnant woman to the health centre and organizing transport. If a community is prepared, money and transport is more quickly available for an emergency. A transport plan makes the difference between life and death.



The **3rd Delay** occurs when the pregnant woman reaches the facility, and there is a delay in providing her with the proper services.

Steps for Community Emergency Transport Planning (CETP)

- Encourage community interest
- Include both women and men
- Determine transport options
- Agree how to fund emergency transport
- Set clear rules for use of transport or emergency funds
- Plan how to manage the funds



QUESTIONS FOR COMMUNITY DISCUSSION

- What are strengths and opportunities in our community?
- What is the role of local leaders in health planning in our community?
- As community members, how could we be more engaged in health planning?

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify ways to engage communities in problem solving for their health.



MATERIALS

- Manila paper, markers, tape
- **Cooperation Donkeys Poster** (page 116)



KEY MESSAGES

- VHTs are a link between the village and the health system.
- VHTs and local leaders improve health for pregnant women and children in their communities.

Community Challenges

Preparation:

Prepare the **Cooperation Donkeys Poster** (page 116).

Starter:

- Ask: *How can communities solve their own problems related to the health of the mother and the child?*
- **Review Key Messages.**

Activity 1:

- Tell Gretty's story to the large group.
- In a large group, ask: *How many delays did you hear in Gretty's Story?*
- Break into small groups.
- Ask small groups to list things that delayed Gretty from getting the care she needed in time.
- Divide the list of things into household and community reasons that caused delays in getting her care.
- Ask 1-2 representatives from each group present to the large group.
- In a large group, ask: *What could the family and community do to not have this happen again?*

Gretty

Gretty is having her first baby. Following custom, she travels to her mother in the 7th month of pregnancy. Pains start early one morning. Her mother puts a mat on the floor. Six neighbors arrive to help. A few hours later, Gretty is in distress. The women think this was because of a spirit. They say a special prayer and carry out a ceremony to protect her. The nearest clinic is 3 kilometers away. The women want her to go there to have her baby. But her parents are worried about the cost. Finally, they decide to go, but they must wait for the husband to come home. Some men agree to carry Gretty to the clinic but the bad roads slow them down. Gretty delivers her baby at the clinic. Gretty and her baby survive.

Activity 2: Cooperation Donkeys

- Ask participants to get into groups of 4-6. Give each group a copy of the **Cooperation Donkeys Poster** (page 116). Ask them to discuss the drawing.
- In a large group, ask: *What is happening here? Why is this happening? How does this make you feel? Have you seen anything like this in your own community? How does this drawing relate to Gretty's Story?*



Discussion Questions

- *How does this drawing relate to communities working together?*
- *Can you think of a time when your community solved a problem together?*
- *What is the role of the VHT in engaging communities to solve their health problems?*



Check Understanding

- *How can communities work together to improve mother and child health?*



Summarize Key Messages

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- List the key points in developing a VHT action plan.
- Describe the role of the VHT in MNCH in the family and the community.
- Actively participate in developing a community action plan.



MATERIALS

- Manila paper, markers, tape
- **Community Action Plan Guidelines Poster**
- MOH VHT Participants Manual (page 97)



KEY MESSAGES

- VHTs are a link between the village and the health system.
- VHTs and local leaders improve health for pregnant women and children in their communities.
- Engage communities in planning for their own health.

Preparing a Community Action Plan

Preparation:

Prepare the **Community Action Plan Guidelines Poster**.

Starter:

- Ask: *What is an action plan? How can a VHT influence mother, baby and child health for families and their community? (antenatal care, post natal care, newborn care, family planning, childhood illnesses, nutrition, kitchen gardens, Child Health Days)*
- **Review Key Messages.**

Activity 1:

- Ask: *What are key points when making a Community Action Plan?*
- Put up the **Community Action Plan Guidelines Poster**. Explain what a goal is and give 1-2 examples. Ask participants for 1-2 examples to check understanding.
- Ask participants to get into their VHT village groups.
- Ask each group to come up with 1 or 2 MNCH goals that relate to specific community needs that they will work with community on for the next year.
- Ask groups to make a VHT Action Plan for the next 3 months (quarter), based on the 1 or 2 goals they came up with.
- Ask each group to present their goals and highlights of the plan back to the large group.
- Explain to participants that they will report progress on their Action Plans at VHT monthly/quarterly meetings.

Community Action Plan Guidelines

Goal?

What will be done?

Who will do it?

When will things be done?

How you will keep track?

Where will it take place?



Discussion Question

- *What is the role of the VHT in developing a community action plan?*



Check Understanding

- *What is the benefit of having a community action plan?*



Summarize Key Messages

Session Time
60 minutes

Optional Session



OBJECTIVES

At the end of this session, the participant will be able to:

- Explain how a CETP contributes to MNCH and why it is a community issue.
- Name the components of a community emergency transport plan.



MATERIALS

- Manila paper, markers, tape
- **Web of Why Poster** (page 32)



KEY MESSAGES

- Community Emergency Transport Plans save lives of pregnant women and children.

Preparing a Community Emergency Transport Plan (CETP)

Preparation:

Prepare the **Web of Why Poster**.

Starter:

- Review the **Web of Why Poster** from Betty's story, Birth Preparedness Session.
- Discuss how a CETP might have helped save "Betty" in the story, or women and children locally.
- Ask participants to recall any local cases of mothers or young children with danger signs who died whose lives might have been saved if transport had been available.
- Identify examples of existing local Community Emergency Transport Plans.
- **Review Key Messages.**

Activity 1:

- In a large group, brainstorm the main components of a CETP.
- Record the components on manila paper.
- Ask questions to draw out other components of a CETP from participants.

Steps for Community Emergency Transport Planning (CETP)

- Encourage community interest
- Include both women and men
- Determine transport options
- Agree how to fund emergency transport
- Set clear rules for use of transport or emergency funds
- Plan how to manage the funds

Activity 2:

- Ask participants to break into small groups.
- Ask each group to draw a map of their parish (on paper or on the ground).
- Ask them to label:
 - Where the health center is
 - Where there are transportation problems
 - Where there are transportation opportunities (i.e. who has a bicycle, bodaboda, motorcycle, etc.)
- After they have labelled these things on their map, each small group will share their map in turn to the large group.
- Discuss what you see in the maps.



Discussion Questions

- *Do you feel your community may benefit from a CETP?*
- *What steps need to be taken?*
- *How would you use mapping to help identify opportunities and problems for the CETP?*
- *What is the role of the VHT for promoting CETP?*



Check Understanding

- *What is the importance of transportation in promoting maternal, newborn, and child health?*



Summarize Key Messages

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Support National Child Health Days.
- Plan and deliver a health talk.



MATERIALS

- Manila paper, markers, tape
- Sticky notes or stickers
- **VHT Child Health Day Checklist** (page 117) – 1 copy for each participant
- **Health Talk Tips Poster**



KEY MESSAGES

- VHTs are a link between the village and the health system.
- VHTs and local leaders improve health for pregnant women and children in their communities.

Planning a Child Health Day

Preparation:

Prepare the **Health Talk Tips Poster**.

Starter:

- Ask: *How does a Child Health Day help children in our communities?*
- **Review Key Messages.**

Activity 1: (Dotmocracy)

- In a large group, ask: *What activities take place on Child Health Days?*
- Ask participants to get into 2 groups.
- Ask them to brainstorm different ways VHTs support Child Health Day and record their ideas on manila paper. For example: *give de-worming tablets, counsel mothers with low weight children, notify teachers about child health day, give a health talk, or organize a demonstration of weaning foods.*
- Ask them if any ideas can be removed or combined.
- Provide each participant 3 sticky notes or stickers. Ask them to vote on the 3 different roles they see as most important for helping make a good Child Health Day by placing one sticky note beside each of their 3 top choices.
- Once all the sticky notes have been placed, count up the sticky notes placed beside each item. Rank the tasks based on highest number of sticky notes. Review the tasks with the highest votes.
- Introduce and distribute the Child Health Day Checklist. Compare it with the manila paper lists and discuss any differences.

Activity 2:

- Ask participants to make 3 groups.
- Assign each group a health promotion topic: Malaria prevention, Diarrhea prevention, and Cough prevention. Each group prepares a short, 2 minute “health talk” using drama, song or other technique that could be presented at a Child Health Day.
- Post the **Health Talk Tips Poster**. Remind groups to consider these tips when preparing their presentation.
- Give groups 10 minutes to prepare their talk.
- Return to large group and present the prepared health talks.

Health Talk Tips

- Use a picture, story, or example
- Use simple words and short sentences
- Speak clearly
- Repeat key points
- Summarize



Discussion Questions

- *How can parish VHTs ensure these tasks are done?*
- *Who else can assist?*



Check Understanding

- *What can we do to support the next Child Health Day in our parish?*
- *What are important tips for health talks?*
- *What activities take place during Child Health Days?*



Summarize Key Messages

Session Time
2 ½ hours



OBJECTIVES

At the end of this session, the participant will be able to:

- Gain skills on how to conduct PNC visits in their local communities.
- Use the VHT Antenatal and Post Natal home visit checklists.



MATERIALS

- **VHT Antenatal Home Visit Checklist** (page 118)
- **VHT Post Natal Home Visit Checklist** (page 119)



KEY MESSAGES

- VHTs are a link between the village and the health system.
- Home visits support and educate pregnant women and families with young children.

Home Visiting Practice

Preparation:

Identify several appropriate homes with a pregnant woman or newborn, who are willing to participate and welcome a VHT group for the antenatal and post natal home visiting practice. The day prior to this session, ask households near the training site for permission to visit. Make 1 copy of the VHT Antenatal Home Visit Checklist and 1 copy of the VHT Post Natal Home Visit Checklist for each participant.

Starter:

- *Ask: How do you find out about new pregnancies or births in your community?*
- **Review Key Messages.**

Activity 1:

- Divide participants into 2 (or more) groups.
- Each group will undertake 1 or more of the 2 practice sessions for a total duration of 90 minutes.
- Groups should meet for 5 minutes before leaving for their field activity to ensure that each group has the appropriate materials and clear roles.

Practice Session 1: (Antenatal Home Visit)

- Group visits a home with a pregnant woman.
- One of the participants conducts a home visit, using active listening skills and the **VHT Antenatal Home Visit Checklist** appropriate for that stage of pregnancy.
- Other participants are observers and follow along silently with the checklist.
- After the visit, the observers provide feedback to the VHT who conducted the home visit.
- As time and available pregnant women permit, other participants may take turns in conducting home visits in other homes.

Practice Session 2: (Post Natal Home Visit)

- Group visits a home with a newly delivered mother.
- One of the participants conducts a home visit, using the **VHT PNC Checklist** appropriate for the number of days after delivery.
- Other participants are observers and follow along silently with the checklist.
- After the visit, the observers provide feedback to the VHT who conducted the home visit.
- As time and available newly delivered mothers permit, other participants may take turns in conducting home visits in other homes.

Activity 2:

- The 2 groups spend 90 minutes in the field with clear instructions about when to return.
- When they return, form a large group at the training site.
- Provide 5 minutes for groups to discuss feedback to individuals who served as interviewers. Then as a large group, report and discuss overall group experiences, and the usefulness of the VHT Antenatal and Post Natal Home Visit checklists.
- As a large group, report and discuss overall group experiences.



Discussion Questions

- *What did you learn from this experience?*
- *What are the cultural beliefs and practices that a VHT should be aware of in order to have a successful home visit?*
- *What is the role of the VHT in antenatal and post natal home visiting?*



Check Understanding

- *What is the importance of home visits?*



Summarize Key Messages

Engaging Men, Women, and Families



KEY MESSAGES

- Engage men and women in decision-making for pregnancy and child health.
- Support vulnerable women during pregnancy and after delivery.



ROLES OF THE VHT

- Identify, support, and advocate for vulnerable women in your community.
- Engage the community in discussions to support the unique health needs of women and men.

Sex is about physical and biological functions that distinguish males from females. Gender is about the social roles assigned to us because of our sex. They include behaviours, expectations, roles, images, and sometimes values and beliefs that are specific to either men or women. Gender roles are different in different cultures. Gendered differences – those that society links with men and women – have no necessary biological component.

Men often make the decisions about transportation and referral in the community. Discussion about pregnancy, childbirth and fast referral for Pregnancy Danger Signs needs to involve men.



The death of a woman due to pregnancy or childbirth affects not only the baby she carries, but also all her children, her husband and the whole community. Discussion

about a mother's death makes a community aware of how important it is to avoid pregnancy deaths. Drama, dance and song about aspects of safe motherhood are good ways to spread these ideas in the community.



QUESTIONS FOR COMMUNITY DISCUSSION

- What are some of the cultural beliefs and practices for men, women and families in pregnancy, delivery and child care in your community?
- How can we encourage male participation in pregnancy, delivery, and childcare?
- How can we improve the well being of vulnerable women in our community?

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- List the needs of women and men in relation to Maternal Newborn and Child Health.



MATERIALS

- Manila paper, markers, tape



KEY MESSAGES

- Involve men, women and families in promoting health in women and children.

Gender Roles and Needs

Starter:

- Ask: *What would you do to improve the health of mothers and children if you were a different gender?*
- **Review Key Messages.**

Activity 1:

- Divide the participants into small groups with both men and women represented and with 1 facilitator in each group.
- Each group chooses a facilitator to record group responses on manila paper.
- Use 2 manila sheets per group. At the top of one sheet, write “MAN”; on the other, write “WOMAN”.
- Ask: *What are a man’s roles related to birth and child rearing? What are a woman’s roles related to birth and child rearing?*
- Emphasize to the group they should discuss who usually does things. Do not decide who can or should do things.
- Record group suggestions on the relevant sheet.
- Ask: *What are men’s needs related to their roles in birth and child rearing? What are women’s needs?*
- Record group suggestions on the relevant sheet.
- In a large group, ask a representative from each small group to present.
- Record these on the appropriate sheets. Ask: *What do you think of these lists? What have you learned from this exercise?*



- Keep the lists of “MAN” and “WOMAN” needs on manila paper from this session for the **Family and Community Decision-Making** session (page 19).



Discussion Questions

- *What do you think about women and men having different needs?*
- *What is the role of the VHT in supporting women and men with their different needs?*



Check Understanding

- *What are the different MNCH needs of men and women and how can they be supported in our communities?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify women in the communities who are at greater risk of disease and poor health.
- Discuss how the community can support vulnerable women.



MATERIALS

- Manila paper, markers, tape



KEY MESSAGES

- Support vulnerable women during pregnancy and after delivery.

Vulnerable Women

Starter: (Community of 5)

- Ask participants to stand in groups of 5.
- Explain that when you call different numbers, they form groups of that size for example, 2, 3, 6. Participants do not move until the number is called.
- Mix up the numbers that you use so that the groups formed are continually broken up. If a participant does not fit in a group, they are out of the game.
- Ask: *How did it feel to belong or be left out of groups when they were formed? Do we have women in our communities who are left out?*
- **Review Key Messages.**

Activity 1:

- Ask participants to get into small groups.
- Provide each group with a marker and manila paper.
- Ask each group to discuss examples of women from their communities who might be considered “at-risk” or “vulnerable”. Record the “types” of women in this “vulnerable” category. Names of specific women need not be written.
- In a large group, ask: *Are there common themes from all groups?*
- Circle the 3 most common “types”.



Discussion Questions

- *How can households and communities support vulnerable women?*
- *Can you provide any successful examples?*
- *What is the role of the VHT?*



Check Understanding

- *Who are women in the communities who are considered to be vulnerable?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify family and community roles in maternal and child health and emergency transport.



MATERIALS

- Manila paper, markers, tape
- “MAN” and “WOMAN” sheets from Gender Needs session (page 16)
- **Family and Community Posters**



KEY MESSAGES

- Engage men and women in decision-making for pregnancy and child health.

Family and Community Decision-Making

Preparation:

Put up the “MAN” and “WOMAN” manila sheets from the **Gender Needs** session. Prepare the **Family and Community Posters**.

Starter:

- In the large group, ask: *Can you think of a time when a family or a community has helped a mother or child with a health problem?*
- **Review Key Messages.**

Activity 1:

- In a large group, review the “MAN” and “WOMAN” sheets. Review female risks during pregnancy, delivery, and childcare. Highlight special needs for adolescent mothers and other vulnerable women.

Activity 2:

- Divide participants into 2 groups.
- Give 1 group the **Family Poster** and the other group the **Community Poster**.
- Ask each group to discuss the questions on their poster.
- In the large group, ask each small group to present a summary of their discussion.

Family

- How is the decision made about where a birth will occur?
- How and when are transport decisions made when an emergency arises with a pregnant woman or child?
- How does a woman, her husband, and other family members contribute to these decisions?

Community

- Who has access to a vehicle (car, motorcycle, bicycle) in the community?
- Is there a role for community discussions and planning about emergency transport?
- What actions can our community take to ensure women and child health and safe transport?



Discussion Questions

- *What actions can the community take to ensure health and safety of mothers and children?*
- *What is the role of the VHT in family or community decision-making?*



Check Understanding

- *How can families and communities help with planning and decision-making that will protect the health of mothers and children?*



Summarize Key Messages

Antenatal Care (ANC)



KEY MESSAGES

- Attend Antenatal Clinic 4 or more times during each pregnancy.
- Visit Antenatal Clinic when 1 menstrual period has been missed, or as soon as a woman knows she is pregnant.
- Eat a balanced diet and get more rest than usual during pregnancy.
- Sleep under an insecticide-treated net during pregnancy.
- Prepare a birth plan including a transport plan to the Health Centre for delivery or emergencies.
- VHTs visit a woman twice during each pregnancy.
- Take a pregnant woman with danger signs to the health centre immediately.



ROLES OF THE VHT

- Encourage the community to support pregnant women.
- Visit pregnant women at least two times; 1st visit as soon as you confirm she is pregnant and 2nd visit in the sixth month of pregnancy.
- Use the ANC checklist when visiting pregnant women, and involve the spouse and close family members.
- Encourage pregnant women to attend Antenatal Clinic.
- Discuss breastfeeding, nutrition and using an insecticide-treated net with pregnant women.
- Encourage a pregnant woman and her partner to prepare a birth plan and a birth kit.
- Refer a pregnant woman with Dangers Signs to the Health Centre immediately.



PREGNANCY DANGER SIGNS

- Vaginal bleeding
- Fever
- Severe headache
- Blurred vision
- Swelling of fingers, face or legs
- Convulsions
- Severe pain in the lower part of the belly
- Water breaks before time due to deliver
- Prolonged labour over 12 hours
- Severe or continuous vomiting



Most women in Africa work hard and long hours, from early in the morning until late at night. Women clean, collect water, plant, cook, and care for children. A pregnant woman needs extra rest, a balanced diet and effective antenatal care. A pregnant woman is looking after 2 people, herself and the baby.

Pregnant mothers need to eat a balanced diet. A balanced diet helps the baby grow stronger and helps to prevent illness. Weak mothers produce low weight babies. A balanced diet includes lots of fruit, vegetables and animal foods especially meat, fish, and eggs. Pregnant women should use iodized salt and drink plenty of water. Encourage pregnant women to eat extra small meals each day such as bananas and groundnuts. Women need to take one iron pill a day during pregnancy.



Pregnant women are more at risk from malaria and should sleep under an insecticide-treated net. If a woman gets malaria or a fever when pregnant, she must get treatment immediately. Antenatal Clinic also offers counselling and testing for HIV. If a pregnant woman is HIV positive, drugs can be given to benefit both the mother and her newborn.

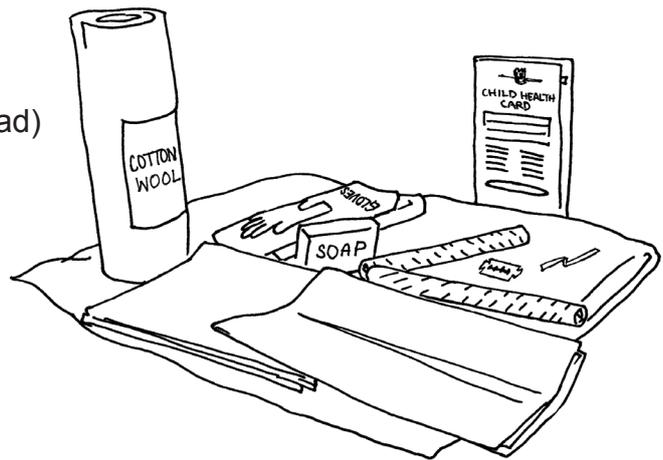
A pregnant woman needs to attend Antenatal Clinic at least 4 times during each pregnancy. She should start attending antenatal clinic after she has missed 1 menstrual period, or as soon as she knows she is pregnant. Antenatal care includes checking pregnancy weight and blood pressure checks, medicine for malaria, tetanus immunization and counselling. A pregnant woman being up to date with her own tetanus immunization will protect both the mother and newborn against tetanus. Health staff at the Antenatal Clinic can help a woman estimate her expected date of delivery. A woman should know her expected delivery date to help with planning. A woman who knows what to expect is better prepared. She has prepared for her delivery and is more likely to have a successful delivery. VHTs may make motherhood safer by knowing the Pregnancy Danger Signs.

Pregnant women need to prepare for delivery, and have a birth plan. This means every pregnant woman should have supplies prepared for delivery. She and her husband should know where she intends to deliver. They should also plan how she will be transported when labour starts or if an emergency arises prior to delivery time. She should also know who will look after her other children while she is away. Every household needs to have an emergency transport plan for a pregnant woman.

A VHT can help make sure that every pregnant woman has a birth plan. A birth plan includes having a Mama Kit with the supplies needed for safe delivery. If no Mama Kit is available, the VHT can advise the mother to prepare a clean tie, rubber gloves, a dry blanket, a clean blade, and some cloths. The safest place for delivery is at a Health Centre. At a Health Centre, a skilled birth attendant can support the birth and help if there are problems with the mother or baby with the mother or baby. A pregnant woman and husband should be planning in advance where delivery will occur and how to organize and fund transport. She should also know who will look after other children while she is away.

Mama Kit Contents

- Plastic sheeting (2 ½ metres)
- Razor blades
- Cotton wool (gauze pad)
- Soap
- Surgical gloves (2 pairs)
- Cord ties
- Sanitary pads
- A dry blanket
- Child Health Card



QUESTIONS FOR COMMUNITY DISCUSSION

- How do women prepare for pregnancy in our community?
- How can communities assist women in pregnancy?
- What are some local customs around pregnancy and birth in our village?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Counsel mothers about healthy pregnancy practices.



MATERIALS

- **Antenatal Practices 3 Card Sort Cards** (pages 26-28)
- MOH Antenatal Care Card



KEY MESSAGES

- Attend Antenatal Clinic 4 or more times during each pregnancy.
- Visit Antenatal Clinic when 1 menstrual period has been missed, or as soon as a woman knows she is pregnant.
- Eat a balanced diet and get more rest than usual during pregnancy.
- Sleep under an insecticide-treated net during pregnancy.
- Take a pregnant woman with danger signs to the Health Centre immediately.

Healthy Pregnancy Practices

Preparation:

Prepare 1 package of **Antenatal Practices 3 Card Sort Cards** for each group of 5 participants.

Starter:

- 2 facilitators role play Sylvia's story.
- In a large group, discuss participant impressions.
Ask: Are there situations like Sylvia's story in our communities? What are the key healthy pregnancy practices you heard from the story?
- **Review Key Messages.**

Sylvia

Sylvia is 27 years old and is pregnant with her 3rd child. She visits her VHT who advises her to attend ANC at the Health Centre, which she does. The midwife advises Sylvia about key healthy pregnancy practices and Pregnancy Danger Signs. One morning, Sylvia develops a very severe headache. Her VHT helps organize transport to the Health Centre immediately. Sylvia is met there by a health worker, who checks her and gives treatment. When labour starts, Sylvia goes to the Health Centre where she delivers a healthy baby!

Activity 1: (3 Card Sort)

- Ask participants to get into small groups of 5.
- Give each group a package of **Antenatal Practices 3 Card Sort Cards**.
- Ask the groups to sort the cards into 3 categories: good, bad, and neutral pregnancy practices, based on their experience in their communities.
- After the groups have discussed and decided the category for each image, have the groups lay their cards on the ground in those categories.
- As a large group, visit each group's cards in turn. The host group will present their categories and why they chose to put each card there.
- In a large group, ask participants to discuss the issues.
- Ask participants to sort and discuss "good practice" cards into the Role of the VHT, Role of the Health Facility and the roles for Both.

Activity 2:

- Show the government ANC card. Highlight where the date of delivery and ANC visit dates are recorded on the card.
- Discuss ANC available at local health facilities.



Discussion Questions

- *In your community, are there healthy pregnancy practices?*
- *Which health centres offer ANC?*
- *What should a pregnant woman expect?*
- *What is the role of the VHT in promoting healthy (good) pregnancy practices?*



Check Understanding

- *How many times should a pregnant woman go for ANC?*
- *When should these visits occur?*



Summarize Key Messages

Antenatal Practices 3 Card Sort Cards



ANC



ANC



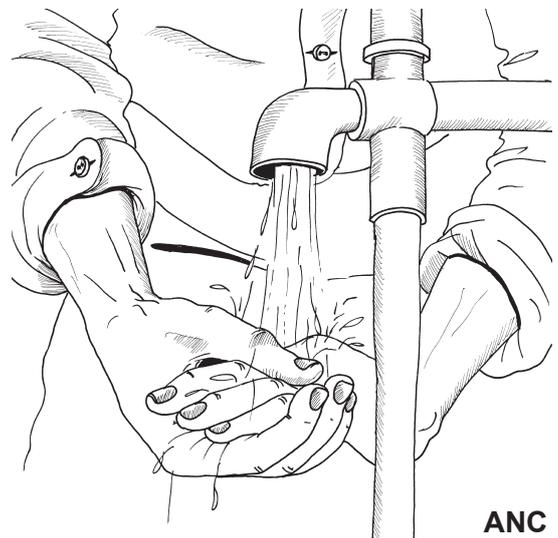
ANC



ANC

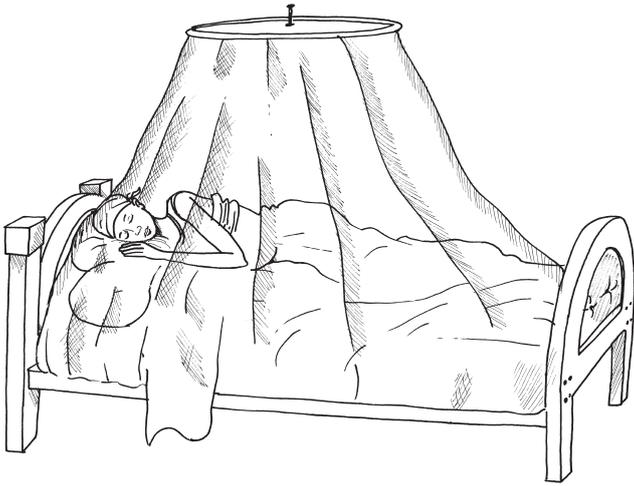


ANC



ANC

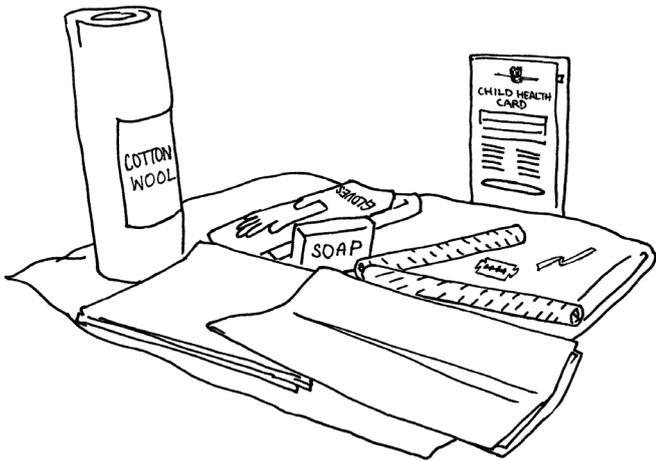
Antenatal Practices 3 Card Sort Cards



ANC



ANC



ANC



ANC



ANC



ANC



GOOD

NEUTRAL

ANC

ANC



BAD

**Role
of the
VHT**

ANC

ANC



**Role of
the Health
Facility**

Both

ANC

ANC

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify Pregnancy Danger Signs.



MATERIALS

- Manila paper, markers, tape
- VHT Job Aid
- **Pregnancy Danger Signs Poster**



KEY MESSAGES

- Take a pregnant woman with danger signs to the health centre immediately.

Pregnancy Danger Signs

Preparation:

Prepare a **Pregnancy Danger Signs Poster**.

Starter:

- Show the VHT Job Aid **Danger Signs During Pregnancy list**. Post the **Pregnancy Danger Signs Poster**.
- **Review Key Messages**.

Pregnancy Danger Signs

- Vaginal bleeding
- Fever
- Severe headache
- Blurred vision
- Swelling of fingers, face or legs
- Convulsions
- Severe pain in the lower part of the belly
- Water breaks before time due to deliver
- Prolonged labour over 12 hours
- Severe or continuous vomiting

Activity 1:

- Ask participants to make small groups of 4-6.
- Ask each group to prepare a 3-minute role play, song, poem or story highlighting the Pregnancy Danger Signs.
- Each group presents to the larger group.
- After each presentation, the larger group discusses the issues posed.



Discussion Question

- *What is the role of the VHT?*



Check Understanding

- *What are the danger signs during pregnancy?*
- *What should you do if you see a pregnant woman with any of the danger signs?*



Summarize Key Messages

Session Time
90 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Explain the need for a birth plan.
- Identify the components of a birth plan.



MATERIALS

- Manila paper, markers, tape
- Mama Kit
- MOH Birth Plan Card
- **Birth Plan Components Poster**



KEY MESSAGES

- Prepare a birth plan including a transport plan to the Health Centre for delivery or emergencies.

Birth Preparedness

Preparation:

Prepare the **Birth Plan Components Poster**. Obtain at least 1 Mama Kit and 1 MOH Birth Plan Card.

Starter:

- Tell Betty's Story to the participants in a large group.
- **Review Key Messages.**

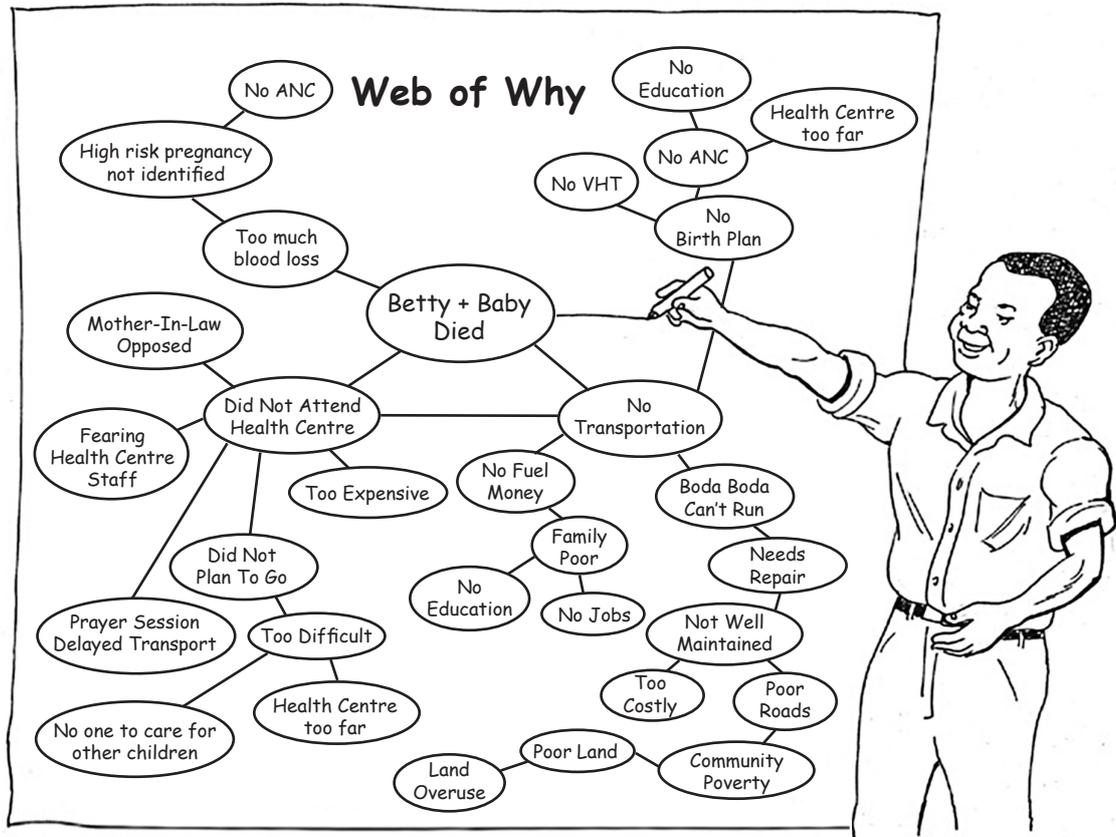
Betty

Betty is in the last month of pregnancy. She begins to have on and off bleeding. She knows that bleeding is a danger sign and she should go to the Health Centre. After resting a while, the bleeding stops. The Health Centre is 10 km away, down a bad road. Betty's husband asks a neighbour with a boda boda for help but there is no fuel. Betty's daughter asks some nearby matooke trucks for help but they refuse. Neighbours gather to pray for Betty. Her bleeding and pains become worse. The next morning, both Betty and baby are dead.

Activity 1: (Web of Why)

- *Ask: How do you feel about Betty's Story? What happened to Betty and her baby? (Betty and her baby died.)*
- Write it in a circle in the middle of the paper.
- *Ask: But why did Betty and her child die? Write the answers in circles linked to the centre circle.*
- For each of the first responses, *Ask: But why did this happen?* This will produce a number of additional reasons linked to each of the primary causes. Explain that webbing helps to identify the root causes and the links between them. To web you need to keep asking, "*But Why?*" for every cause you name. Asking: "*But Why?*" will move you deeper. Knowing the problems helps us find the most helpful plan to use in solving them.
- Ask participants: *What are the root causes for Betty and her child dying?*
- Discuss the 3 main delays in seeking help in emergencies.

Note to Facilitator: Keep the Manila paper web created during this session for the Community Emergency Transport Plan session.



Activity 2:

- In a large group, discuss birth preparedness. Ask: *Who has heard of a birth plan? What is it? Why do we make a birth plan?*
- Divide participants into 3 groups. Assign each group one of the following 3 questions:
 1. *What is a Mama Kit?*
 2. *What are the components of a birth plan?*
 3. *How is a husband involved in birth planning?*
- Discuss the assigned question in a small group.
- In a large group, present and discuss.
- Put up and review the **Birth Plan Components Poster** and show the birth plan cards.
- Show a Mama Kit.

Birth Plan Components

- Make a Mama Kit
- Identify Health Centre for delivery
- Prepare a transport plan
- Ask for family support
- Prepare personal effects for both mother & baby (include a warm blanket)
- PMTCT (if required)
- Family Planning



Discussion Questions

- *What are some local customs around birth in our communities?*
- *How do families prepare for birth during pregnancy in our community?*
- *What is the role of the VHT in birth preparedness?*



Check Understanding

- *What are the components of a birth plan?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Use the VHT Antenatal Home Visit Checklist during home visits.
- Use active listening skills.



MATERIALS

- Manila paper, markers, tape
- **VHT Antenatal Home Visit Checklist** (page 118)
- **Active Listening Tips Poster**



KEY MESSAGES

- Attend Antenatal Clinic 4 or more times during each pregnancy.
- VHTs visit a woman twice during each pregnancy.
- Take a pregnant woman with any danger signs to the Health Centre immediately.

Antenatal Home Visiting

Preparation:

Prepare the **Active Listening Tips Poster**. Make 1 copy of the **VHT Antenatal Home Visit Checklist** for each participant.

Active Listening Tips

1. Watch
2. Don't interrupt
3. Repeat
4. Check with them
5. Ask open questions

More details on active listening in the appendix.

Starter: (Good/Bad Role Play)

- In a large group, 2 trainers act out a 2-minute role play where 1 is a health worker with poor listening skills and 1 is a pregnant woman seeking advice.
- Following the role play, ask participants about the communication, how the pregnant woman felt, and what went wrong.
- **Review Key Messages.**

Activity 1:

- Post **Active Listening Tips Poster** and review key points.
- 2 trainers act out the 2-minute role play again with the same roles, using the VHT Antenatal Home Visit Checklist, but this time the health worker demonstrates good active listening skills.
- Debrief in large group. Ask participant to comment on how well the active listening skills were used.

Activity 2:

- Provide **VHT Antenatal Home Visit Checklist** to each participant.
- Review the checklist as a large group.
- Put participants into pairs. For 5 minutes, 1 participant role plays a pregnant woman and 1 role plays a VHT. The VHT is visiting the pregnant woman at home, 3 months into her pregnancy. The VHT uses the antenatal checklist and good “Active Listening” skills.
- Ask participants to change roles for another 5-minute role play. This time the woman is 6 months pregnant.
- Ask 2 volunteers to do a demonstration of the role play for the large group.
- In the large group, ask: *What they have learned about active listening? What are the most important things to emphasize to a pregnant woman during a home visit?*



Discussion Questions

- *What are the roles of VHTs during an antenatal visit?*
- *What are the skills that a VHT should use during an antenatal visit?*



Check Understanding

- *What are the key things a VHT should discuss during an antenatal home visit?*



Summarize Key Messages

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Post Natal Care (PNC)



KEY MESSAGES

- Begin breastfeeding within 1 hour after birth.
- Breastfeed babies exclusively (without giving anything else including water) for 6 months.
- Mother and newborn visit the Health Centre 3 times after delivery: within 24 hours, at 6 days, and at 6 weeks.
- After home birth, mother and newborn visit the Health Centre as soon as possible.
- Mother and newborn sleep under an insecticide-treated net.
- Take a post natal mother or newborn with any danger sign to the Health Centre immediately.



ROLES OF THE VHT

- Visit a post natal mother and newborn as soon as possible after birth.
- Check a post natal mother and newborn for danger signs.
- Encourage a post natal mother and newborn to attend post natal care at the Health Centre.
- Encourage exclusive breastfeeding, good nutrition for mother, and use of insecticide-treated nets.
- Encourage a couple to discuss family planning with a health worker.
- Refer a post natal mother or newborn with any danger sign to the Health Centre immediately.



POST NATAL MOTHER DANGER SIGNS

- Excessive vaginal bleeding
- High temperature
- Severe headache or dizziness
- Swollen feet, hands and face
- Fits or convulsions
- Paleness or feeling very tired
- Severe pain in the belly

Take a post natal mother with a danger sign to the health centre immediately.

Some women are especially vulnerable after birth and need extra care. Women who had difficult labour, required C-section, or had much bleeding during delivery require extra support. Visit small newborns, pre-term babies, and twins more often following delivery. Communities and VHTs can also provide extra support for very poor mothers, mothers who are sick, and mothers without husbands. A VHT supports mothers and babies through home visiting.

VHT Post Natal Home Visiting

Visit every mother and newborn 3 or more times after delivery. Use the VHT Post Natal Home Visit Checklist at each visit:

- **1st visit:** On the 1st day when the woman delivers at home.
- **2nd visit:** On the 3rd day after delivery.
- **3rd visit:** On the 7th day after delivery.

Advise the husband and other family members that the mother should attend 3 check ups with her newborn at the health centre.

Post Natal Health Centre Checkup

It is important for a mother and newborn to make 3 post natal visits to the Health Centre because different services are provided at each visit:

- **1st visit:** Immediately after birth (within 6 hours if delivered in health centre, within 24 hours if delivered at home).
- **2nd visit:** 6 days after birth.
- **3rd visit:** 6 weeks after birth.



QUESTIONS FOR COMMUNITY DISCUSSION

- How can communities help post natal mothers and newborns?
- What are some of the cultural practices that happen in our communities during post natal period?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify healthy post natal practices.



MATERIALS

- **Post Natal Practices 3 Card Sort Cards** (pages 41-43)
- MOH Child Health Card



KEY MESSAGES

- Begin breastfeeding within 1 hour after birth.
- Mother and baby visit the Health Centre 3 times after delivery: within 24 hours, at 6 days, and at 6 weeks.
- After home birth, mother and newborn visit the Health Centre as soon as possible.
- Mother and baby sleep under an insecticide-treated net.
- Take a post natal mother or newborn with any danger sign to the Health Centre immediately.

Healthy Post Natal Practices

Preparation:

Prepare 1 package of **Post Natal Practices 3 Card Sort Cards** for each group of 5 participants.

Starter:

- Tell Jackline's story to participants in a large group.
- Ask: *How do you feel about Jackline's Story? What have you heard from this story?*
- **Review Key Messages.**

Jackline

Jackline is 30 years old. She lives far from the main road. Yesterday, she delivered her baby at home. During the visit today, the VHT advises her to attend post natal care at the Health Centre. When she and her husband arrive at the Health Centre, a nurse checks Jackline and baby. Her new baby is breastfeeding well, has no danger signs, weighs 3.2 kg and receives immunization. The parents are proud to have a new Child Health Card to take home. The nurse advises them on family planning options and Jackline and her husband choose an injection. This injection is given at the Health Centre during Jackline's third post natal visit 6 weeks after delivery.

Activity 1: (3 Card Sort)

- Ask participants to get into small groups of 5.
- Give each group a package of **Post Natal Practices 3 Card Sort Cards**.
- Ask the groups to sort the cards into 3 categories: good, bad, and neutral post natal care practices, based on their experience in their communities.
- After the groups have discussed and decided the categories for each image, have the groups lay their cards on the ground in those categories.
- Ask participants to visit each group in turn. The host group will present their categories and why they chose to put each card there.
- In a large group, ask participants to discuss the issues.

(continued on next page)

- In a large group, ask participants to look at the good post natal care practices sort and discuss the role of the VHT, the role of the health facility and how they work together.

Activity 2:

- Show a Child Health Card to the group. Highlight where key information is recorded, including weights and immunizations on the card.
- Discuss PNC available at local health facilities.



Discussion Questions

- *What is the importance of doing post natal visits at a Health Centre?*
- *Which health centres offer PNC?*
- *How many times should a mother and newborn attend PNC? When?*
- *What are some of the cultural practices that happen in our communities during the post natal period?*
- *What is the role of the VHT in promoting good post natal care practices?*



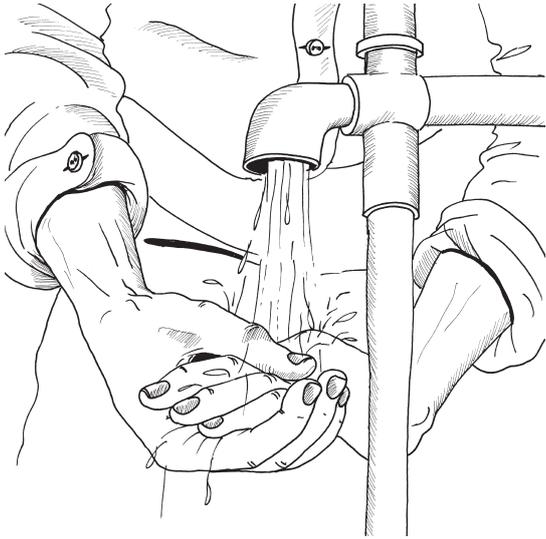
Check Understanding

- *How many times should a mother visit a health centre?*



Summarize Key Messages

Post Natal Practices 3 Card Sort Cards



PNC



PNC



PNC



PNC



PNC

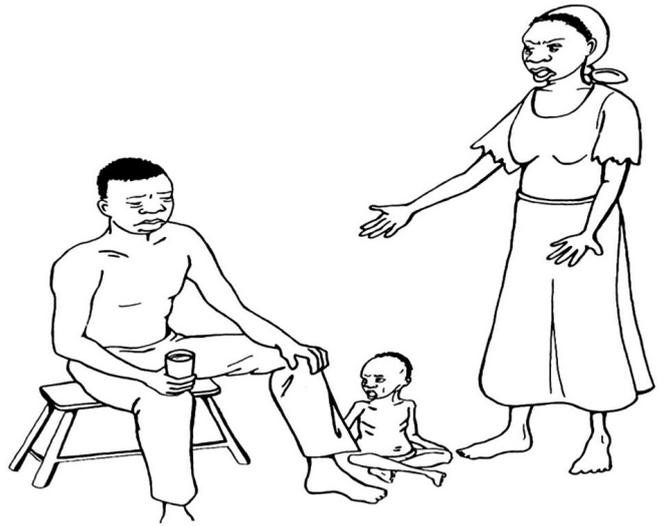


PNC

Post Natal Practices 3 Card Sort Cards



PNC



PNC



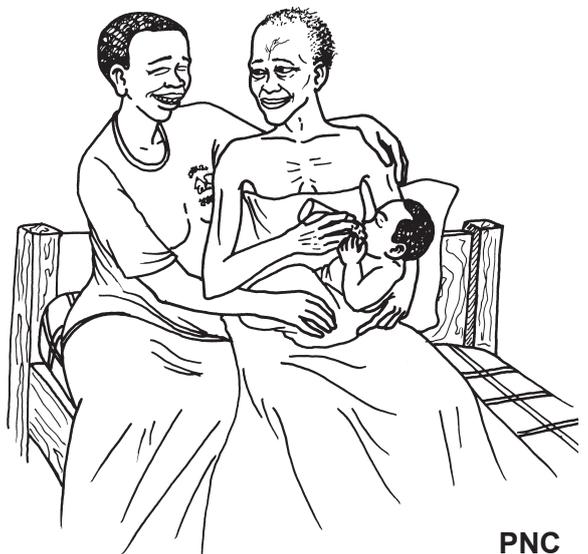
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PNC



GOOD

NEUTRAL

PNC

PNC



BAD

**Role
of the
VHT**

PNC

PNC



**Role of
the Health
Facility**

Both

PNC

PNC

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify Post Natal Mother Danger Signs.



MATERIALS

- Manila paper, markers, tape
- VHT Participant Manual
- VHT Job Aid
- **Post Natal Mother Danger Signs Poster**



KEY MESSAGES

- Take a post natal mother or newborn with any danger sign to the Health Centre immediately.

Post Natal Mother Danger Signs

Preparation:

Prepare the **Post Natal Mother Danger Signs Poster**.

Starter:

- Ask participants to get into pairs. In pairs, participants take turns listing a single danger sign for a post natal mother until they can't name any more.
- In a large group, ask participants to list the danger signs, and write down their answers on manila paper until the list is complete.
- Put up the **Post Natal Mother Danger Signs Poster**.
- Compare poster with the Post Natal Mother Danger Signs in the VHT Participant Manual or Job Aid.
- **Review Key Messages.**

Post Natal Mother Danger Signs

- Excessive vaginal bleeding
- Fever
- Severe headache or dizziness
- Swollen feet, hands and face
- Fits or convulsions
- Paleness or feeling very tired
- Severe pain in the belly

Activity 1:

- Put participants into groups of 4-6.
- Ask the groups to develop and present a 3-minute role play, song or riddle, highlighting the danger signs for the post natal mother from the job aid. Role plays should be short and open-ended but may create a discussion question.
- Move around and assist groups with riddles, songs, or role plays that set up a situation to be discussed.
- In a large group, ask each small group to present.
- After each role play, song or riddle, the group leads a short discussion with the participants.



Discussion Question

- *What is the role of the VHT?*



Check Understanding

- Ask participants to mention one of the danger signs for post natal mothers. Continue until all of the danger signs have been represented.



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Make post natal home visits.
- Use the post natal checklist during home visits.
- Demonstrate active listening skills.



MATERIALS

- Manila paper, markers, tape
- **VHT Post Natal Home Visit Checklist** (page 119)
- **Active Listening Tips Poster**



KEY MESSAGES

- Begin breastfeeding within 1 hour of birth.
- Mother and newborn visit the Health Centre 3 times after delivery: within 24 hours, at 6 days, and at 6 weeks.
- After home birth, mother and newborn visit the Health Centre as soon as possible.
- Mother and newborn sleep under an insecticide-treated net.
- Take a post natal mother or newborn with any danger sign to the Health Centre immediately.

Post Natal Home Visiting

Preparation:

Prepare the **Active Listening Tips Poster**. Make 1 copy of the **VHT Post Natal Home Visit Checklist** for each participant.

Active Listening Tips

1. Watch
2. Don't interrupt
3. Repeat
4. Check with them
5. Ask open questions

More details on active listening are in the appendix.

Starter:

- 2 trainers act out a role play where 1 is a health worker with poor listening skills and 1 is a post natal mother seeking advice. Present to large group.
- Following the role play, ask participants about the communication, how the post natal mother felt, and what went wrong.
- **Review Key Messages.**

Activity 1:

- Post **Active Listening Tips Poster** and review key points.
- 2 trainers do a role play demonstrating how to use the VHT Post Natal Home Visit Checklist using good Active Listening skills.
- Debrief in large group. Ask participants to comment on how well the active listening skills were used.

Activity 2: (Active Listening)

- Provide **VHT Post Natal Home Visit Checklist** to each participant.
- Review the checklist as a large group.
- Ask participants to get into pairs. 1 participant role plays a post natal mother and 1 role plays a VHT. The VHT is visiting the mother at home 6 hours after a home delivery. The VHT uses the Post Natal Home Visit Checklist and good “Active Listening” skills.
- Ask participants to change roles. This time, the “mother” role plays a woman who delivered a baby at the Health Centre 6 days ago. The VHT uses the Post Natal Home Visit Checklist and good “Active Listening” skills.
- Ask 2 volunteers to do a demonstration of the role play for the large group.
- In the large group, ask: *What have they learned in this exercise about active listening and about giving health education? What are the most important things to emphasize to a post natal mother?*



Discussion Questions

- *What is the role of the VHT during a post natal home visit?*
- *What are the skills that a VHT should use during a post natal home visit?*



Check Understanding

- *What are the key things a VHT should discuss during a post natal home visit?*



Summarize Key Messages

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Newborn Care



KEY MESSAGES

- Breastfeeding helps a baby stay healthy and grow well.
- Begin breastfeeding within 1 hour of birth.
- Breastfeed babies exclusively (without giving anything else including water) for 6 months.
- Keep a newborn warm and dry.
- Sleep under an insecticide-treated net.
- After home birth, mother and newborn visit the Health Centre as soon as possible.
- Take a newborn with a danger sign to the Health Centre immediately.

ROLES OF THE VHT

- Encourage mothers to start breastfeeding early and keep babies warm.
- Visit newborn babies and mothers 3 times within the 1st week of life.
- Encourage mothers to go to the Health Centre soon after home birth for weighing and immunization.
- Support mothers with small, preterm or sick babies by visiting more often.
- Refer a sick newborn to the Health Centre immediately.



NEWBORN DANGER SIGNS

- Poor breastfeeding
- Fever
- Fast or difficult breathing
- Very sleepy, drowsy or unconscious
- Convulsions and fits
- Cord redness, bleeding or pus
- Very small size
- Vomiting everything



For all newborns, keep the cord clean and dry. Do not add any other substances to the cord. Keep newborns warm. Wrap the newborn in clean, dry, cloth. Place the baby skin to skin on the chest or belly of the mother (“Kangaroo Care”). Bathe a newborn 24 hours after birth. Bathing too early exposes the newborn to the cold.



Images modified from the Ugandan Ministry of Health VHT Participants Manual

The best food for a baby is breast milk. Begin breastfeeding within 1 hour after birth. Give only breast milk, without cow's milk, water or other liquids, until the baby is 6 months old. Breastfeed a newborn 10-12 times every 24 hours.

Newborn babies need special care in the first month of life. A health worker or VHT can help the mother prepare for and care for her newborn. Newborn babies account for almost one-half of all deaths among children under 5. Newborn babies may suffer from prematurity, low birth weight, problems with breastfeeding, infection and birth trauma. Take a newborn delivered at home to the Health Centre within 24 hours for immunization and weighing.

A VHT can help a post natal mother care for a newborn at home. The VHT can help the mother decide when a newborn should be taken to the Health Centre. A mother who has recently delivered may not be able to walk a long way with a sick baby. A VHT can refer a mother to take a sick newborn to the Health Centre.

A small or preterm baby requires special care. Keep a small or preterm baby warm using skin to skin contact ("Kangaroo Care). Breastfeed a small baby more often. If born at home, take a small or preterm baby to the Health Centre for assessment. If a small or preterm baby is not feeding well, refer the baby to the Health Centre immediately.

Newborn danger signs differ from those of older children. A sleepy newborn who feeds poorly is sick. A newborn with any fever is sick. A newborn who is well at birth but stops feeding in the 1st or 2nd week of life is sick. Watch newborns for poor feeding, fever, skin sores, eye discharge, and cord that is red or has pus. Refer a newborn with a danger sign to the Health Centre immediately.

QUESTIONS FOR COMMUNITY DISCUSSION

- How can communities help post natal mothers and newborns?



Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify Newborn Danger Signs.
- Demonstrate the steps of Kangaroo Care.



MATERIALS

- Manila paper, markers, tape
- VHT Job Aid
- **Newborn Danger Signs Poster**
- MOH VHT Participant Manual (page 72)
- **Kangaroo Care Checklist Poster** (page 52)
- Dolls (brought by VHTs)
- Wraps (brought by VHTs)
- Ball



KEY MESSAGES

- Breastfeeding helps a baby stay healthy and grow well.
- Begin breastfeeding within 1 hour of birth.
- Exclusively breastfeed babies for 6 months.
- Keep a newborn warm and dry.
- Sleep under an insecticide-treated net.
- After home birth, mother and newborn visit the Health Centre as soon as possible.
- Take a newborn with a danger sign to the Health Centre immediately.

Caring for a Newborn

Preparation:

The day before this session, ask the VHTs to bring dolls and wraps to practice with. Prepare the **Newborn Danger Signs Poster** and **Kangaroo Care Checklist Poster**.

Starter:

- Ask: *Who is a newborn? What are the immediate newborn care steps? (See page 72 of the MOH VHT Participants Manual)*
- **Review Key Messages.**

Activity 1:

- Put up **Newborn Danger Signs Poster** and review VHT Job Aid.
- Put participants into groups of 4-6.
- Ask the groups to develop and present a 3-minute role play, poem or song using the Newborn Danger Signs.
- Role plays should be short and open-ended but need to create a discussion question.
- Move around the room to assist groups with songs, poems, or role plays that set up a situation to be discussed.
- After all the groups have presented, discuss in the large group.

Newborn Danger Signs

- Poor breastfeeding
- Fever
- Fast or difficult breathing
- Very sleepy, drowsy or unconscious
- Convulsions and fits
- Cord redness, bleeding or pus
- Very small size
- Vomiting everything

Kangaroo Care Checklist

- Baby is upright between the mother's breasts.
- Baby is chest to chest with their head turned to the side.
- Baby's hips are in frog position with flexed arms.
- Baby is secured by tying on the mother's chest using wrap.
- Baby is breathing well.
- Diaper area is covered with a small cloth (can be removed when soiled).
- Check baby's hands and feet are warm to touch every time baby feeds.

Activity 2:

- In a large group, ask: *How do we care for very small babies?*
- When Kangaroo Care is mentioned, put up the **Kangaroo Care Checklist Poster**.
- Demonstrate skin to skin (Kangaroo Care) to the large group, reviewing each step on the poster. Clearly explain proper positioning.
- Put participants into groups of 3-4.
- Ask groups to practice Kangaroo Care with a doll and wrap. Ensure correct positioning.
- Remind participants that it is very important to provide Kangaroo Care care for a small or preterm baby 24 hours a day. Alternate positions can be used if the mother does not want the cord to touch her skin.



Discussion Questions

- *What is the role of the VHT during newborn home visits?*
- *Why do newborns need special care?*



Check Understanding

- (Ball Toss) Facilitator throws a ball to a VHT who then says a Newborn Danger Sign. The VHT passes the ball to another person who says a different danger sign, etc. until all the danger signs are identified.



Summarize Key Messages

Family Planning



KEY MESSAGES

- Families decide when to have children and how many children to have.
- Planning their family helps parents ensure they can provide food, clothes, shelter, and school fees for all their children.
- Women need a year or 2 to build up their strength between babies.
- Health Centres offer family planning information and services.
- Family planning is safe.



ROLES OF THE VHT

- Discuss with couples the benefits of spacing children.
- Suggest where couples can receive family planning services.

The role of a VHT is not to know everything there is to know about family planning. The role of a VHT is to be able to discuss family planning openly and respectfully while actively listening to people and providing information where they can.

What is family planning?

Family planning means choosing when to have children and how many children to have. Family planning is not about limiting the number of children in a family. A couple can have as many children as they want using family planning.

For example, by planning children at least 2 years apart, a mother can regain her strength. With 2 years between each child, a woman can build up her energy, her blood and her bones so she is healthy and not anemic. A strong and healthy mother has a healthier pregnancy, a healthier baby and better bonding with the child. Spacing children allows each child the best possible start in life.

What are the benefits of spacing children?

- Mothers who rest between pregnancies improve their muscle tone.
- The chance of a mother's death during pregnancy is reduced when the mother has time to recover.
- When births are spaced 2 years apart, each baby can be breast fed for 2 years. Breastfeeding is the best and safest way to feed a baby until the age of 2.
- Mothers and fathers have more time and energy to spend with each child in their early years. The first years of life are important preparation for the rest of life.

When we talk to people about family planning we need to be sensitive. Family planning involves people's private lives. We need to be knowledgeable and to have good counselling skills. Encourage the participation of both husband and wife in the decision about family planning. Men appreciate the opportunity to talk about family planning with other men.



What should the VHT do?

- Tell people where they can get family planning advice. When we talk to people about family planning we need to be sensitive because it involves people's private lives.
- Encourage the participation of both husband and wife in the decision about family planning.
- Help people with questions they have.
- Learn about the different methods of family planning to assist people in their choices. Many families agree that spacing their family is wise. The first step in family planning is getting good information. With good information a couple can decide on the method that works best for them. Family planning works best when the man and woman make the decision together.
- Promote education about family planning. Often women feel they are unable to access the family planning they already want and need. A VHT does not need to convince people about family planning. A VHT helps people get the information they want.
- Know what family planning services are available to women locally. Most Health Centres have family planning clinics on specific days. Talk with the health staff at the local Health Centre to find out when and what services are available. Knowing this information will allow you to assist women in your village.



What are the methods of family planning?

There are many different methods of family planning available. When people choose a family planning method, they ask questions:

- How well does the method prevent pregnancy?
- How much will it cost?
- How easy is it to use?
- Where can I get it?
- What problems might the method cause?

Family planning methods include:

- Birth control pill
- Injection
- Implant
- Intrauterine device
- Rhythm method

Permanent methods of preventing pregnancy are only for people who are sure they do not want any more children. Permanent methods include:

- Tubal ligation for women
- Vasectomy for men



QUESTIONS FOR COMMUNITY DISCUSSION

- What methods of child spacing do people know?
- How do couples make the decision about how many children to have?
- How can people get information about family planning?
- What are the advantages of having children spaced apart? What are the disadvantages?
- What are common beliefs about family planning?
- How can we involve men in talking about family planning?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify the benefits of family planning.
- Locate family planning information and services.



MATERIALS

- Seeds or stones (2 per participant)
- Basket
- **Family Planning Questions Cards** (page 58)



KEY MESSAGES

- Families decide when to have children and how many children to have.
- Planning their family helps parents ensure they can provide food, clothes, shelter, and school fees for all their children.
- Women need a year or 2 to build up their strength between babies.
- Health Centres offer family planning information.
- Family planning is safe.

Family Planning

Preparation:

Prepare 1 package of **Family Planning Questions Cards** for each group of 8-10 people.

Starter:

- In a large group, ask: *What is family planning?*
- Give a definition of family planning. (Definition: *Family planning means choosing when to have children and how many children to have. Family planning is not about limiting the number of children in a family. A couple can have as many children as they want using family planning.*)
- **Review Key Messages.**

Activity 1: (The Seed Game)

- Give each participant 2 seeds.
- Start a discussion about what the benefits of family planning are.
- Each time a person speaks they put a seed into a basket. Continue until everyone has used his or her 2 seeds. They only speak if they can provide a seed. *This ensures that each person has the chance to speak and no one monopolizes the discussion. This makes people more comfortable and able to talk in a group.*

Activity 2:

- In a large group, explain that you will be discussing Family Planning in small groups.
- Indicate that the questions will be open. Advise them that you want to hear their views about Family Planning. Answers to the questions are not right or wrong.
- Ask participants to break into 5 groups.
- Select 1 question for each group to discuss from the Open Questions on Family Planning (page 58).
- Bring participants back to the large group and have them present their question and what they have discussed.
- Ask other participants to share their comments and contributions for each question.



Discussion Questions

- *What are myths around family planning in your community?*
- *What is the role of the VHT in family planning?*



Check Understanding

- *What are the benefits of family planning?*



Summarize Key Messages

Family Planning Question Cards

How can people in your area get information about family planning?

Family Planning

What methods of family planning are available to people in your village?

Family Planning

How do men get information about family planning? When do women discuss such matters? When is family planning discussed with men and women together?

Family Planning

What are the myths about family planning in your community?

Family Planning

When are couples most interested in family planning information?

Family Planning



Malaria



KEY MESSAGES

- Malaria kills.
- Malaria is spread by mosquito bites.
- Children and pregnant women need to sleep under an insecticide-treated net.
- Give extra fluids to a child with high fever and seek care at the Health Centre immediately.



ROLES OF THE VHT

- Teach parents that a child with fever needs early treatment.
- Encourage parents to feed child with fever more fluids and breast milk.
- Encourage children and pregnant women to sleep under insecticide-treated nets.
- Encourage your community to remove bushes and standing water near homes.
- Check for proper hanging insecticide-treated net during home visiting.
- Recognize a child with danger signs who might have malaria.
- Refer a newborn with fever to the Health Centre immediately.



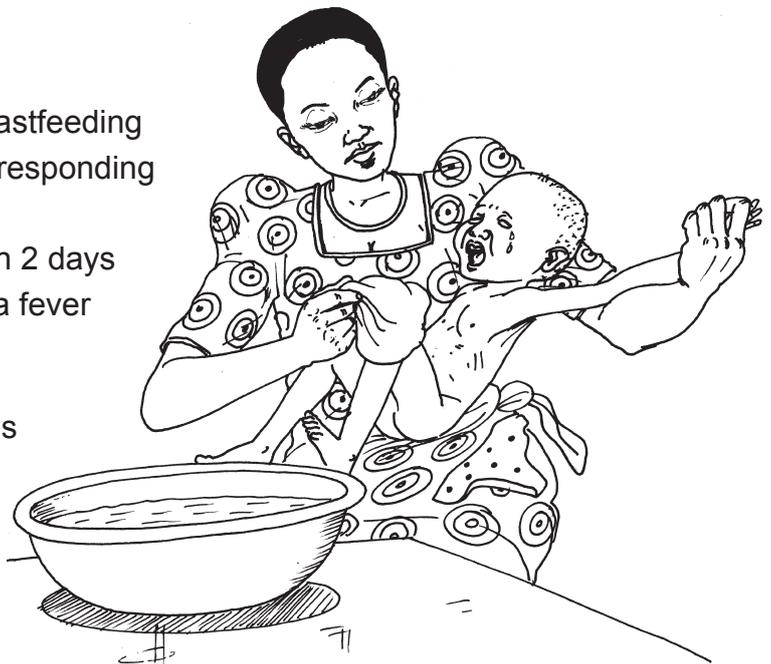
DANGER SIGNS

- Convulsions
- Not drinking or breastfeeding
- Very sleepy or not responding
- Stiff neck
- Fever for more than 2 days
- Any newborn with a fever

What is Malaria?

Malaria is a disease that is passed from one person to another by mosquito bites. Malaria kills many children in Uganda. It causes serious problems for children and pregnant women.

Mosquitoes usually bite at night. Men and non-pregnant women may also get malaria but they usually recover.



How to Prevent Malaria

Children and pregnant women should sleep under insecticide-treated nets. Even if they sleep on the floor, children and pregnant women should sleep under nets. Nets are safe for children. The many, tiny holes let air in so a child can breathe easily. Treat the net with insecticide to make it better at keeping mosquitoes out.

For best effect, insecticide-treated nets need to be re-treated with insecticide every year. The insecticide is often sold with the net. Read the instructions on the insecticide-treated net for information about how and when to treat it.



Close the doors and windows before dark to keep mosquitoes out of the house. Keep the area around a home free of bushes and standing water to stop mosquitoes from increasing. Wear long sleeves at night to avoid being bitten.

Malaria Symptoms in Children

Children have fevers for many reasons. All high fever in children should be treated as malaria because malaria is common and malaria can kill children. A child with malaria may also have:

- Headache
- General weakness
- Joint and body pains
- Loss of appetite
- Diarrhea
- Vomiting

Treatment for Children

- Give a child with fever as much fluid or breast milk as he or she will take.
- Cool a child by removing his/her clothes. Wipe a child with a cloth dipped in water to help cool him/her.
- Take a child with fever to the Health Centre for treatment.
- The danger signs for a child with fever are convulsions, not drinking or breastfeeding well, very sleepy or not responding, a stiff neck and fever for more than 2 days after treatment is given. Take any child with a danger sign to the Health Centre immediately.

QUESTIONS FOR COMMUNITY DISCUSSION

- How big is the problem of malaria in our village?
- How can our village get insecticide-treated nets?
- How can we replace insecticide-treated nets?



Session Time
30 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Correctly use an insecticide-treated net.
- Identify danger signs in a child with fever.



MATERIALS

- Manila paper, markers, tape
- Insecticide-treated net
- **Malaria Danger Signs Poster**



KEY MESSAGES

- Malaria kills.
- Malaria is spread by mosquito bites.
- Children and pregnant women need to sleep under an insecticide-treated net.
- Give extra fluids to a child with high fever and seek care at the Health Centre immediately.

Preventing Malaria

Preparation:

Prepare the **Malaria Danger Signs Poster**.

Starter:

- Show an insecticide-treated net. Ask: *What is it used for?*
- **Review Key Messages.**

Activity 1:

- In a large group, ask: *Who should use an insecticide-treated net? Who is most at risk? How else can malaria be prevented?*
- In a large group, brainstorm the danger signs of malaria.
- Put up the **Malaria Danger Signs Poster** and review with the group.

Malaria Danger Signs

- Convulsions
- Not drinking or breastfeeding
- Very sleepy or not responding
- Stiff neck
- Fever for more than 2 days
- Any newborn with a fever

Activity 2:

- In a large group, ask 1-2 volunteers to demonstrate the correct use of an insecticide-treated net and how to take care of it properly. Guide the volunteers to do a proper demonstration.



Discussion Questions

- *Why is malaria a problem?*
- *What do community members think about insecticide-treated nets?*
- *What is the role of the VHT in malaria prevention?*



Check Understanding

- *How can we prevent malaria in our families and our communities?*
- *What are the danger signs of malaria?*
- *Which child with fever needs to be taken immediately to the Health Centre?*



Summarize Key Messages

Session Time
30 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Give health talks.
- Give appropriate and helpful feedback.



MATERIALS

- Manila paper, markers, tape
- **Malaria Danger Signs Poster** (page 61)
- **Health Talk Tips Poster**
- **Guidelines for Feedback Poster**



KEY MESSAGES

- Malaria kills
- Give extra fluids to a child with high fever and seek care at the Health Centre immediately.

Health Talks

Preparation:

Find the **Malaria Danger Signs Poster** from Preventing Malaria session. Prepare the **Health Talk Tips** and **Guidelines for Feedback Posters**.

Starter:

- Ask: *When and where can we give health talks?*
- **Review Key Messages.**

Activity 1:

- Put up the **Health Talk Tips Poster**. The 5 tips listed on the poster help people remember health messages.
- In a large group, review the information.



Health Talk Tips

- Use a picture, story, or example
- Use simple words and short sentences
- Speak clearly
- Repeat key points
- Summarize

The skills we use in giving health talks are built with practice. We improve the way we give health messages by having others watch us and give feedback, and listening carefully to others and giving them feedback.

Activity 2:

- Post the **Malaria Danger Signs Poster** from Preventing Malaria session. (see page 61)
- Review the Malaria Danger Signs Poster with the group.

(continued on next page)

Guidelines for Feedback

- Give positive comments first. Say what you liked and why. Say what worked well.
- Make suggestions about how to improve the talk.
- Make comments about what information was shared (content) and how it was shared (process).
- Be specific. General comments, such as, "It was good" or "I liked it" are not as helpful as, "I liked the way you summarized at the end."

- Ask 2 people to role play a VHT who visits a mother during malaria season. The VHT talks with the mother about how to prevent malaria.
- Stop them after 2 minutes.
- Post the **Guidelines for Feedback Poster**.
- Ask someone to use the poster to give feedback.
- Break the group into pairs. 1 participant role plays a parent of a child with fever and 1 role plays a VHT. The VHT discusses Malaria Danger Signs (page 61) with the parent for 2 minutes.
- Ask the "parent" to give feedback to the "VHT" about the counselling session using the Giving Feedback Guidelines Poster.
- Ask participants to change roles and repeat for "malaria prevention" advice.



Discussion Questions

- *Can you think of any other topics you could do a health talk for?*
- *How could you promote your health talk?*
- *What should you do if someone asks a question during your health talk that you don't have the answer for?*
- *Who else can help you to deliver a health talk?*



Check Understanding

- *How are health talks helpful in promoting health?*
- *What are the important issues to consider when giving a health talk?*



Summarize Key Messages

Diarrhea



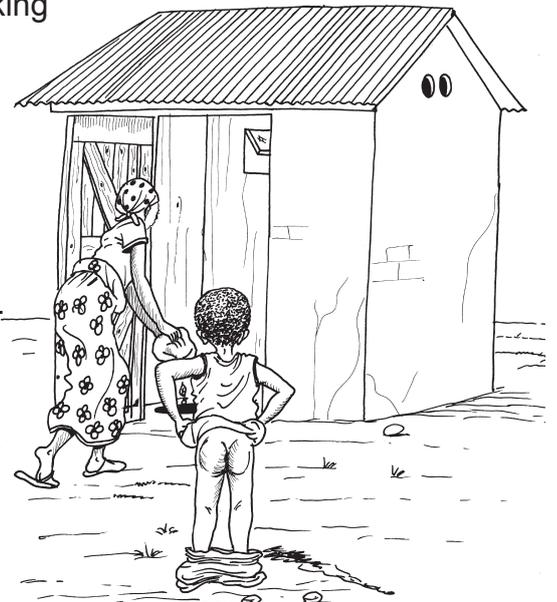
KEY MESSAGES

- Diarrhea can lead to dehydration and death.
- Put child and adult feces in a latrine.
- Wash hands with soap after defecation, before preparing meals and before feeding children.
- Boil water before drinking.
- Continue to feed a sick child.
- Give extra breast milk or fluids, extra food and extra love to a sick child.
- Use ORS and Zinc to treat diarrhea. Keep 2 ORS packets at home.



ROLES OF THE VHT

- Encourage hand washing with soap after defecation, before preparing meals and before feeding children.
- Educate families about boiling drinking water.
- Motivate people to build and use latrines.
- Demonstrate how to mix and give ORS to a child with diarrhea.
- Keep extra ORS packets at home.
- Recognize a child with dehydration.



DANGER SIGNS

- Blood in stool
- Not drinking or breastfeeding
- Very sleepy, not responding
- Vomits everything
- Diarrhea for 7 days or more



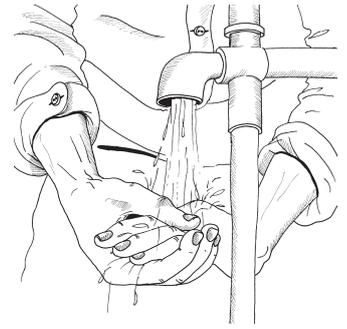
Diarrhea Causes (4Fs)

Diarrhea is caused by germs that can be passed from one person to another.

- **Feces** carry germs. Even feces of small children can cause illness.
- **Flies** pick up germs from feces and spread them.
- **Food:** Flies land on food.
- **Fingers:** When preparing and eating food, germs get passed to the next person when people do not wash their hands.

How to Prevent Diarrhea

Washing hands with soap and water removes germs, leaving hands clean. Wash hands after using a latrine, before preparing food, before feeding a baby and after cleaning a child's bottom. Feces contain germs that can cause illness. Even feces of small children can cause illness. Dispose of all feces, including child feces, in latrines. Using a latrine will keep the compound free from germs.



How to Prevent Dehydration

Diarrhea usually gets better on its own without medicine. A child who has diarrhea loses water in the feces. A child who does not get enough fluid to replace what is lost in diarrhea can die of dehydration. To prevent dehydration, a child with diarrhea needs to receive extra fluids in small frequent feeds. A breastfeeding child needs to breastfeed more times in a day. Give a child with diarrhea Oral Rehydration Solution (ORS) and continue feeding.

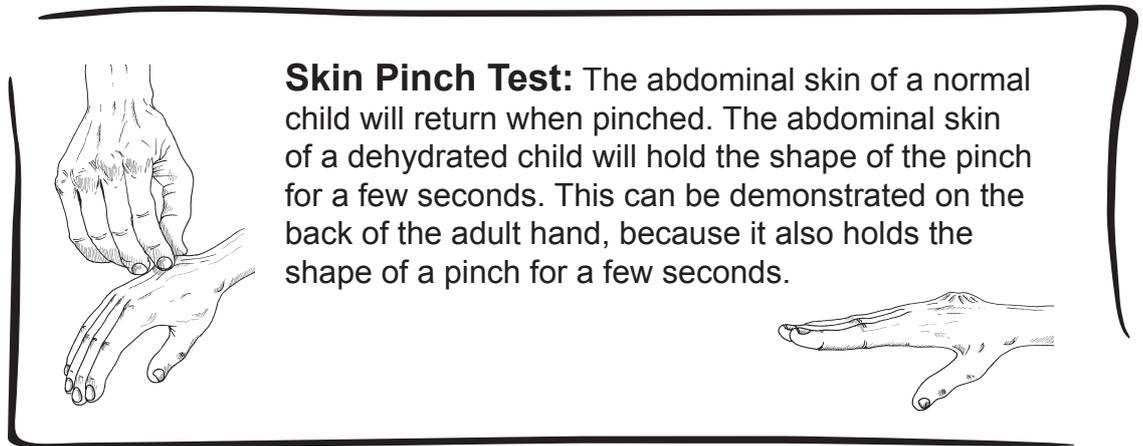
Steps to Make Oral Rehydration Solution

- Wash hands
- Add 2 Tumpeco mugs of safe water
- Add ORS packet and stir
- Taste solution

Give a child with diarrhea extra fluids and feed more frequently until diarrhea stops. Oral Rehydration Solution (ORS) is good for a child with diarrhea because it moves from the stomach into the rest of the body quickly. Oral Rehydration Solution can be made with one packet of ORS mixed with 2 Tumpeco mugs (or 1 litre) of drinking water. Encourage parents to keep 2 packets of ORS in the home so it is available when children get diarrhea.

Always taste the ORS before giving to the child. ORS should not taste more salty than tears. Feed ORS or other fluids often to a child with diarrhea. Feed small sips from a cup, spoon or rolled banana leaf. Give small amounts of liquids every few minutes by cup or spoon. When a child is very dehydrated she may not want to drink and will be sleepy. Sit with the child and offer small sips of oral rehydration fluid from a cup every few minutes to make sure the child gets enough liquid. Continue to feed the child with Oral Rehydration Solution in small, frequent amounts until diarrhea stops.





Skin Pinch Test: The abdominal skin of a normal child will return when pinched. The abdominal skin of a dehydrated child will hold the shape of the pinch for a few seconds. This can be demonstrated on the back of the adult hand, because it also holds the shape of a pinch for a few seconds.

A child with dehydration has a dry mouth, sunken eyes, dry skin and dark yellow urine. To check if the skin of a child is dry, gently pinch together the child's skin on the abdomen. The wrinkle in the child's skin will stay for a few seconds if the skin when it is dry. This can be seen on the back of an adult's hand where the skin is dry. A child's skin should not be dry.

Feeding a Sick Child

Continue to feed a sick child. A child with illness or diarrhea needs extra nutrition. When a child is ill, give extra breastfeeding, extra drinks, extra food and extra love. Breastfeed more often, day and night. Offer older children feeds more often. Give ORS to a child with diarrhea.

4 Extras

- Extra Breastfeeding
- Extra Drinks
- Extra Food
- Extra Love

Give any child with dehydration ORS or breast milk immediately. Watch for danger signs of sleepiness, vomiting everything, not drinking, blood in the stool, or diarrhea lasting 7 days or more. Take a child with a danger sign to the Health Centre immediately.



QUESTIONS FOR COMMUNITY DISCUSSION

- How is diarrhea a problem with our children?
- How is diarrhea treated in our village?
- What can we do to prevent diarrhea in our community?

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify the causes and prevention of diarrhea.
- Gain skills in constructing a Tippy Tap.



MATERIALS

- Manila paper, markers, tape
- 2 Jerry Cans (3L)
- Pieces of wood (8 to 10)
- Rope, Soap
- Matches, Candle, Nail
- **Diarrhea Danger Signs Poster**



KEY MESSAGES

- Put child and adult feces in a latrine.
- Wash hands with soap after defecation, before preparing meals and before feeding children.
- Boil water before drinking.

Preventing Diarrhea

Preparation:

Ensure all the materials to build a Tippy Tap are available. Place materials in the location where the Tippy Tap will be built. Prepare the **Diarrhea Danger Signs Poster**.

Starter:

- In a large group, ask: *What is diarrhea?*
- **Review Key Messages.**

Activity 1:

- Ask participants to get into small groups. Ask them to discuss how germs causing diarrhea are spread **4 F's (Flies, Feces, Food, Fingers)** and what can be done to prevent diarrhea.
- In a large group, ask 1-2 representatives to present what they discussed.
- Put up **Diarrhea Danger Signs Poster** and review it with participants.

Diarrhea Danger Signs

- Blood in stool
- Not drinking or breastfeeding
- Very sleepy, not responding
- Vomits everything
- Diarrhea for 7 days or more

Activity 2: (Build a Tippy Tap)

- Demonstrate the steps to construct a Tippy Tap.
- In a large group, ask: *What is the role of the VHT in promoting the Tippy Tap? What is the role of the VHT in preventing of diarrhea?*

Tippy Taps

In places where water is far away, people are unable to wash regularly. One way to use less water is with a Tippy Tap. A Tippy Tap can be made for school classrooms with a gourd or a plastic jug. Each morning, one child fills the Tippy Tap. The Tippy Tap saves water. Each child gets a small handful of water, enough to wash their face, hands, and eyes. Tippy Taps can also save water at home.

Building a Tippy Tap

- Find or build something to hang the Tippy Tap from (like a tree branch). Make sure that the supporting structure is at least as high as your shoulder.
- Light the candle and use it to heat the tip of the nail. Use the hot nail to make 2 holes in the plastic jug – 1 for water to come out and 1 for air to go in.
- Make a hole in the soap and tie the soap to a rope or string.
- Fill the plastic jug with water and hang the jug and the soap.
- Attach a rope to the plastic jug for tipping it down.
- Attach the other end of the tipping rope to a foot lever stick.



Discussion Questions

- *Where would be a good location to build a Tippy Tap?*
- *What is the role of the VHT in promoting the use of Tippy Taps?*

Check Understanding

- *What are the danger signs for diarrhea?*
- *What is a Tippy Tap used for?*

Summarize Key Messages



Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Prepare and administer ORS.
- Know the steps to doing a demonstration.



MATERIALS

- Manila paper, markers, tape
- ORS packets, 2 Tumpeco mugs, pot or jug, spoon
- Safe drinking water
- **How to do a Demonstration Poster**
- **Steps to Make and Administer ORS Poster**



KEY MESSAGES

- Diarrhea can lead to dehydration and death.
- Continue to feed a sick child.
- Give extra breast milk or fluids, extra food, and extra love to a sick child.
- Use ORS and Zinc to treat diarrhea. Keep 2 ORS packets at home.

Preparing ORS

Preparation:

Collect the materials for the ORS demonstration. Prepare the **How to do a Demonstration Poster** and the **Steps to Make and Administer ORS Poster**.

Starter:

- Brainstorm as a large group: *What are some things to look for in dehydrated children suffering from diarrhea (Sunken eyes, dry skin and dark yellow urine)?*
- Explain that dehydration is the result of losing water through diarrhea, and that it is important to rehydrate to stay healthy.
- Demonstrate how to assess dehydration in a child using a skin pinch test (see page 67).
- **Review Key Messages.**

Activity 1:

- Put up the **How to do a Demonstration Poster**.

How to do a Demonstration:

- Collect equipment in advance. Include enough for everyone to do a return demonstration.
- Post steps and read to the group at the demonstration start.
- Do the demonstration correctly.
- Check for understanding.
- Have each participant repeat the demonstration.

Steps to Make and Administer ORS

- Wash hands.
- Add 2 Tumpeco mugs of safe water into a clean container.
- Add ORS packet and stir.
- Taste solution.
- Advise mother to provide small sips of ORS to sick child every few minutes.
- Advise mother to keep each prepared ORS for only 24 hours.

Activity 2:

- Put up the **Steps to Make and Administer ORS Poster**.
- Demonstrate ORS Preparation. This can be used in a child with diarrhea to prevent and treat dehydration. Prepare 1 Litre of ORS using an ORS packet. Follow the steps listed on the poster.
- Ask volunteers to demonstrate how to prepare ORS and to administer.



Discussion Questions

- *When a child has diarrhea, what extra care do they need?*
- *What is the role of the VHT?*



Check Understanding

- *How do children get diarrhea?*
- *How many ORS packets are added?*
- *How much water is needed?*
- *How do you administer ORS to the child with diarrhea?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Gain skills in advising parents of a sick child about feeding.



MATERIALS

- **Feeding a Sick Child Role Play Cards**



KEY MESSAGES

- Continue to feed a sick child.
- Give extra breast milk or fluids, extra food and extra love to a sick child.
- Use ORS and Zinc to treat diarrhea. Keep 2 ORS packets at home.

Feeding a Sick Child

Preparation:

Prepare the **Feeding a Sick Child Role Play Cards**.

Starter:

- In the large group, ask: *How do parents usually feed a child when they are sick? How should a parent feed a sick child?*
- **Review Key Messages.**

Activity 1: (Counselling Role Play)

- Divide participants into 3 groups.
- Give each group 1 scenario **Feeding a Sick Child Card** to role play. Have each group develop a counselling role play. Groups choose 1 participant to play a VHT and 1 or 2 to act as the parent(s) of the sick child. Other group members observe and provide feedback.
- Ask the small groups to present the role plays to the large group.
- Review the key messages to families and use local foods as examples.



Discussion Questions

- *How should a 3 year old with cough be fed?*
- *What should be given a young baby sick with diarrhea?*
- *What is the role of the VHT in caring for a sick child?*



Check Understanding

- *What are the 4 extras a mother should consider in feeding sick child?*



Summarize Key Messages

Feeding a Sick Child Role Play Cards

Scenario 1:

Sam is age 18 months. He is taking tablets for malaria given by a nurse from the Health Centre. He is not feeling well, and not taking fluids well.

Key points:

The 4 Extras (breastfeeding, drinks, food, love). Continue to breastfeed a sick infant. Take a baby who is too weak to breastfeed to the Health Centre immediately.

Feeding a Sick Child

Scenario 2:

Jamima is a 1-year-old girl with diarrhea. Her mother has stopped breastfeeding since she thinks breastfeeding was causing the diarrhea to get worse.

Key points:

Give breastmilk to a child with diarrhea more often. Give a child with diarrhea ORS. Continue to feed a child with diarrhea. Continue to breastfeed a sick infant. Take a baby who is too weak to breastfeed to the Health Centre immediately.

Feeding a Sick Child

Scenario 3:

James is a 3-month old boy recovering from cough. A relative tells his mother to give him local porridge to help him recover.

Key points:

Infants should continue to be breastfed exclusively for 6 months. Breastfeed more often, day and night. An infant under 6 months does not need porridge. Continue to breastfeed a sick infant. Take a baby who is too weak to breastfeed to the Health Centre immediately.

Feeding a Sick Child



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Cough



KEY MESSAGES

- Children have coughs and runny noses that are not serious.
- Continue breastfeeding an infant with cough.
- Continue feeding a child with cough and give them more liquids.
- Immunize a child on time. Start at birth.
- Take a child with fast or difficult breathing to the Health Centre immediately.
- Take a child with a high fever and cough for more than 2 days to the Health Centre immediately.
- Take a child with a danger signs to the Health Centre immediately.



ROLES OF THE VHT

- Educate parents about cough and its danger signs.
- Ensure children in your community receive Vitamin A every 6 months. Start when the child is 6 months old.
- Encourage parents to feed their children foods containing Vitamin A, such as brightly coloured vegetables.
- Refer a child with cough to the Health Centre immediately if they have a Cough Danger Sign.



DANGER SIGNS

- Fast breathing
- Difficult breathing
- Not able to drink
- Very sleepy, not responding
- High fever for more than 2 days

Coughs are common in children. A cough, cold and runny nose often come together in children. Continue to breastfeed a baby with a cough. Give fluids to an older child with a cough.

At home, treat cough or sore throat with drinks that soothe the throat and reduce cough, for example, passion fruit juice, orange juice, soup, water with lemon, water with honey, or water with mashed avocado.



Some coughs become chest infections called pneumonia. A child with pneumonia often will not eat or drink. A child with pneumonia has fast breathing, fever and is very sick. Fast and difficult breathing are danger signs in children. Take a child with a danger sign to Health Centre immediately.

A child with a cough and fever for more than 2 days may be getting pneumonia. Take a child with a fever and cough for more than 2 days to the Health Centre. If a cough in a child lasts for more than 4 weeks, take the child to the Health Centre as he or she may have tuberculosis (TB).

Vitamin A helps to prevent chest infections and pneumonia. Make sure all children receive Vitamin A drops every 6 months. Give children foods that contain Vitamin A such as liver, carrots, pawpaw, pumpkin and green leafy vegetables.



QUESTIONS FOR COMMUNITY DISCUSSION

- How do people manage cough in our village?
- What do people in our village do for a cough?
- What did our mothers do for cough?

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- List the danger signs in a child with cough.
- Give a health talk.



MATERIALS

- Manila paper, markers, tape
- **Cough Danger Signs Poster**



KEY MESSAGES

- Children have coughs and runny noses that are not serious.
- Continue breastfeeding an infant with cough.
- Continue feeding a child with cough and give them more liquids.
- Immunize a child on time. Start at birth.
- Take a child with fast or difficult breathing to the Health Centre immediately.
- Take a child with a high fever and cough for more than 2 days to the Health Centre immediately.

Cough in Children

Preparation:

Prepare the **Cough Danger Signs Poster**. Identify 1 participant to assist at the front of the room during the starter.

Starter:

- Invite the chosen participant to come up to the front of the class (and cough). Ask the other participants what has happened.
- **Review Key Messages.**

Activity 1:

- In a large group, discuss how to treat common cough at home.
- Brainstorm the danger signs of cough.
- Put up the **Cough Danger Signs Poster** and review.
- Divide participants into small groups. Each group will have 10 minutes to develop a role play, song, or poem on the cough danger signs.
- Ask each small group to present to the large group.

Cough Danger Signs

- Fast or difficult breathing
- Not able to drink
- Very sleepy, not responding
- High fever for more than 2 days



Discussion Question

- *When should a parent of a child with cough seek medical advice?*
- *How should one care for a sick child with common cough?*
- *What is the role of the VHT in helping children with cough in the community?*



Check Understanding

- Ask 1 participant to list the danger signs of cough.



Summarize Key Messages

Session Time
30 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify U5 danger signs.



MATERIALS

- Manila paper, markers, tape
- **U5 Danger Signs Poster**



KEY MESSAGES

- Take a child with danger signs to the Health Centre immediately.

General Under Five (U5) Danger Signs

Preparation:

Prepare the **U5 Danger Signs Poster**.

Starter:

- In the large group, ask: *Have you seen very sick young children in your community or family? What signs of illness did they show?*
- **Review Key Messages.**

Activity 1:

- Post the **U5 Danger Signs Poster**.
- Review each sign and explain its assessment to the group.
- Break into small groups. Each group prepares a song, poem, or game to highlight danger signs and presents back to the large group.

U5 Danger Signs

- Unable to eat or drink anything
- Vomits everything
- Convulsions
- Very sleepy, weak or unconscious
- Fast and difficult breathing
- Cough for 14 days or more
- Fever for 7 days or more
- Diarrhea for 7 days or more
- Blood in stool
- Fever in newborn less than one month old
- Too thin - red on MUAC strips
- Swelling of the feet (oedema)



Discussion Question

- *What is the role of the VHT in identifying young children with danger signs?*



Check Understanding

- Ask each participant to name one U5 Danger Sign.



Summarize Key Messages

Healthy Nutrition



KEY MESSAGES

- Healthy food keeps a child healthy, strong and smart.
- Healthy eating protects a child from illness.
- Include Energy Giving, Body Building and Protecting foods at every meal.
- Feed a child 3 times a day, plus breast milk.
- Feed a child who does not breastfeed 5 times a day.
- More colour means more nutrition.



ROLES OF THE VHT

- Educate families about the 3 food groups.
- Educate families about child feeding and practices.
- Encourage kitchen gardens.
- Role model good nutrition at own home.

Food is important to keep women and children healthy. Healthy nutrition means eating enough food, eating a variety of food, and preparing food safely. A child with good nutrition can learn and grow and appears healthy. Good nutrition protects from illness. Include **Energy Giving**, **Body Building** and **Protecting** food at every meal.

3 Food Groups

Energy Giving → cereals (millet, maize (posho), rice, wheat, sorghum, rice), bread, matooke (green banana), roots and tubers (yam, cassava, irish potato, sweet potato), yellow banana.

Body Building → vegetables (beans, ground nuts, soybeans, simsim, peas), animal foods (meat (beef, pork, mutton, goat), milk, eggs, liver, fish (mukene), flying ants, grasshoppers).

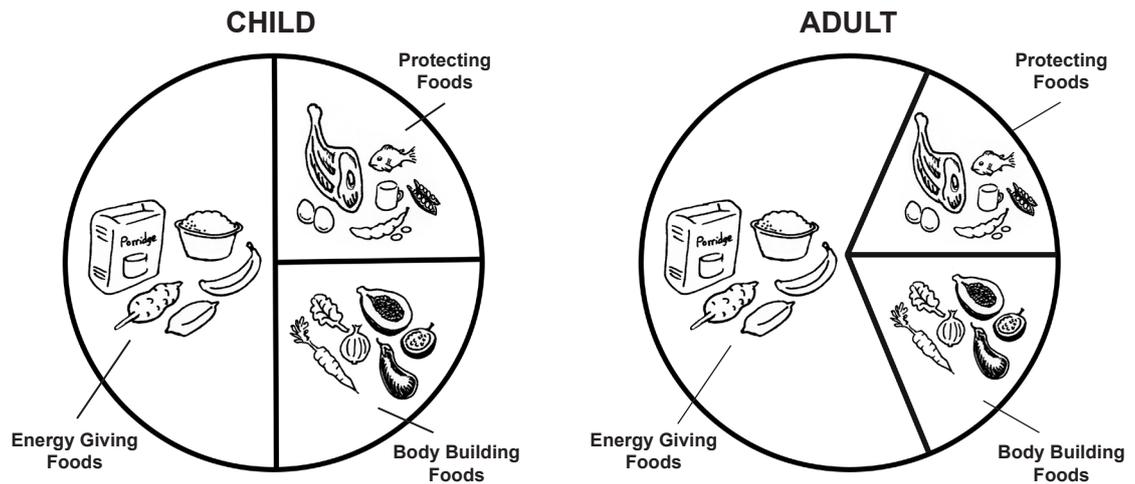
Protecting → dodo (greens), carrots, pumpkin, onion, cassava leaves, eggplant, cabbage, nakati, bugga, malakwang, orange sweet potato, fruits (pineapple, passion fruit, mango, tomato, pawpaw).

Give a child food from all 3 food groups. Add a spoon of fat or oil to each plate. Feed a child foods of many colours like green, orange and yellow to help learning and protect from blindness and illness. Use salt with added iodine to protect from goitre. Foods from kitchen gardens add variety for good nutrition. Gardens grow colourful foods at home. Use rinse water for kitchen gardens.

Energy Giving foods like matooke, cassava and posho are popular in Uganda. Meals often include much Energy Giving food with little Body Building or Protecting foods. Add vegetables, fruits, beans, groundnuts, egg, mukene or meat. A plate with MORE COLOURS is more BALANCED and more NUTRITIOUS.

Serve an adult Energy Giving foods with some Protecting and Body Building foods at each meal. Serve a child at least half a plate of Protecting and Body Building foods.

A Balanced Meal



More colour means more nutrition!

Feed a child using his or her own plate. A child may not get enough food if others share the plate. A small child eats slowly. Let them touch and pick up food by themselves. Children will be messy when first starting to feed themselves. Love, patience and encouragement will help them gain skills. Feed a young child food 3 times a day plus breast milk.



QUESTIONS FOR COMMUNITY DISCUSSION

- What foods are commonly served to young children?
- How can we work together to have kitchen gardens?
- What challenges exist in our community for getting a balanced plate for children or adults?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Classify local foods by food groups.
- Explain how to provide healthy nutrition



MATERIALS

- Manila paper, markers, tape
- 3 mats
- A variety of foods brought by participants
(request the day before)



KEY MESSAGES

- Include Energy Giving, Body Building and Protecting foods at every meal.
- More colour means more nutrition.

A Balanced Diet

Preparation:

The day before, ask participants to bring foods from different food groups for a demonstration.

Starter:

- In the large group, ask: *What is nutrition? What is a balanced diet?*
- **Review Key Messages.**

Activity 1: (Food Sort)

- Place 3 mats spaced apart on the floor of the training area.
- Assign each mat to 1 of the 3 food groups.
- Ask participants to place their foods on the food group mat where they think their food best belongs.
- As a large group, walk from one mat to the next. At each mat, discuss the foods placed there.
- Ask: *Do we all agree this is the best mat for this food? Why or why not? What other locally available foods could also be added? What is the importance of this food group?*



Activity 2: (Ideal Meal)

- Post 2 manila sheets on the wall. Write “Child” at the top of one paper and “Adult” at the top of the other. Draw a large circle below each title.
- Ask the participants to imagine that each circle is a plate or bowl.
- Choose 1 participant to use a marker and draw an ideal meal for a child on the circle marked “Child”.
- Ask another participant to draw an ideal meal on the “Adult” plate.
- Guide the other participants to the answers for the next questions. Ask:
 - *How much of the adult’s plate should be filled with each food group?*
 - *How much of the child’s plate should be filled with each food group?*
 - *How is a healthy adult plate different from a child’s plate?*

Activity 3: (Food Group Energizer)

- Explain that the group will play a game, using the 3 food group mats from the first activity (Energy Giving, Body Building, and Protecting).
- Move each mat to a different area (i.e. corners of the room).
- The facilitator names a food.
- Participants move quickly to stand beside the correct mat. Those who delay or go to the wrong place drop out until only 1 person remains.



Discussion Questions

- *Why is it sometimes difficult to eat a balanced diet?*
- *What is the role of the VHT in promoting healthy nutrition?*



Check Understanding

- *What is nutrition?*
- *What are the 3 food groups?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify local nutrition issues for women and children.



MATERIALS

- Manila paper, markers, tape
- **Nutrition Questions Poster**



KEY MESSAGES

- Healthy food keeps a child healthy, strong and smart.
- Healthy eating protects a child from illness.
- Include Energy Giving, Body Building, and Protecting foods at every meal.

Local Nutrition Issues

Preparation:

Prepare the **Nutrition Questions Poster**.

Starter:

- In the large group, ask: *Why is healthy nutrition important for young children?*
- **Review Key Messages.**

Activity 1:

- Break into groups of 4-6 for a 20-minute discussion.
- Put up the **Nutrition Questions Poster**. Ask the groups to discuss nutrition in their community using the Nutrition questions on the poster.
- In the last 5 minutes of discussion, ask each group to select their top 3 nutrition issues.
- Ask 1-2 representatives from each group to present to the large group.
- Discuss how VHTs can help to address the top overall issues.

Nutrition Questions

- What are the main challenges related to nutrition for women and children?
- Do women and children eat food from all 3 food groups? Give reasons why or why not.

Activity 2:

- Discuss community beliefs and practices about nutrition during pregnancy and childhood. For example: Eating posho will make a baby too big. Eating eggplants will cause a rash when the baby is born. Young children should not eat eggs.



Discussion Question

- *How can VHTs help address nutrition issues in our communities?*



Check Understanding

- *What are the common beliefs that affect health and nutrition in our communities?*



Summarize Key Messages

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify seasonal patterns in availability of nutritious foods.
- Plan ways to have all food groups available throughout the year.



MATERIALS

- Manila paper, markers, tape
- **Seasonal Calendar Poster** (blank)



KEY MESSAGES

- Include Energy Giving, Body Building, and Protecting foods at every meal.

Seasonal Calendars

Preparation:

Prepare the **Seasonal Calendar Poster**.

Starter:

- In the large group, ask: *What guides us when to plant what crops in our community?*
- **Review Key Messages.**

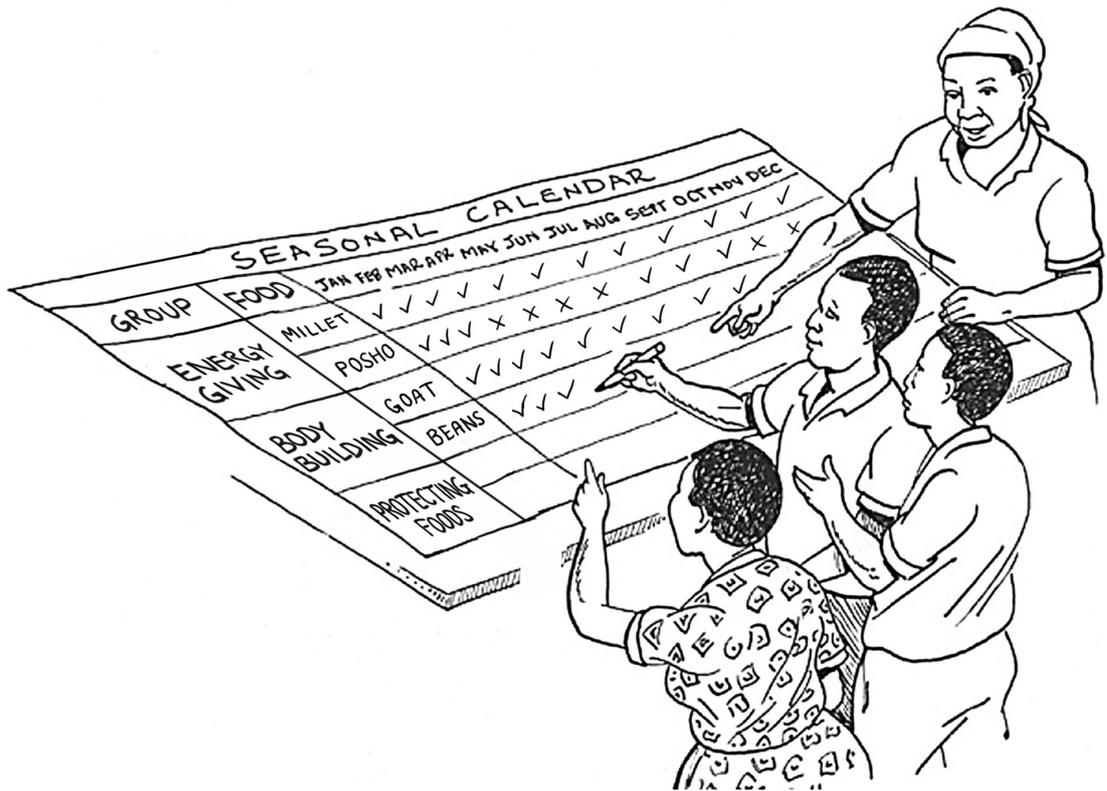
Activity 1:

- Post the **Seasonal Calendar Poster** with months listed along the top and food groups listed along the left side but no foods. Explain how a seasonal calendar works.
- Break participants into groups of 3 or 4.
- Ask each small group to draw their own seasonal calendar. Ask them to include the main food groups on the left side of the calendar line and write foods in each group available locally (from farms or local markets) under each month that they are available. Groups should identify any gaps with a red circle, stone, or other marker.
- In a large group, ask 1-2 representatives from each small group to present their seasonal calendar.

(continued on next page)

Seasonal Calendar Poster

Group	Food	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Energy Giving													
Body Building													
Protecting Foods													



- In a large group, ask:
 - *What did you learn from this exercise?*
 - *What are some of the key foods that are unavailable at particular times in the year?*
 - *What can be done to have all foods available all through the year?*
 - *What role do women play in ensuring nutritious foods for family?*
 - *What role do men play in ensuring nutritious foods for family?*
 - *What is the role of a community in ensuring nutritious foods for families?*



Discussion Questions

- *Why do we have food scarcity in our communities?*
- *What is the role of the VHT in ensuring availability of foods throughout the year?*



Check Understanding

- *How can we use a seasonal calendar as VHTs in our communities?*



Summarize Key Messages

Session Time
45 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- List the benefits of kitchen gardens for women and children.
- Identify ways VHTs can promote kitchen gardens.



KEY MESSAGES

- More colour means more nutrition.

Kitchen Gardens

Starter:

- In the large group, ask: *What are kitchen gardens? Do households in our community have kitchen gardens? What are the biggest challenges for families in creating kitchen gardens? What are the benefits of having kitchen gardens?*
- **Review Key Messages.**

Activity 1:

- Tell participants: Carmine's family has been visited and she does not have a kitchen garden.
- Ask the participants to get into small groups.
- Ask participants to discuss: *What are the opportunities to help Carmine establish a kitchen garden?*
- Ask group representatives to present what they discussed to the large group.



Discussion Question

- *How can a VHT support families to develop kitchen gardens?*



Check Understanding

- *If you were advising a neighbor about the benefits of a kitchen garden, what key messages would you tell her?*
- *What crops might you suggest and why?*



Summarize Key Messages

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The Cycle of Good Nutrition



KEY MESSAGES

- Eat a balanced diet before pregnancy starts.
- Eat extra food each day and a balanced diet during pregnancy and while breastfeeding.



ROLES OF THE VHT

- Educate pregnant and lactating women about healthy eating.

Good nutrition is important when a woman is able to bear children, from first menstruation through menopause. A well-nourished woman can have healthy babies and children. Eating well prevents pregnancy complications.

Eat enough food and eat a balanced diet including all 3 food groups and colorful foods. Drink clean water and eat a healthy diet. Do not lose too much weight or put on too much weight unless pregnant.



The First 1000 Days

The “First 1000 Days” describe a time of critical nutrition in a child’s life. The First 1000 days begins when a woman first becomes pregnant and ends when a child turns 2 years old. During these 1000 days, a child is growing and the brain is forming. Healthy nutrition during these 1000 days means a baby grows bigger and stronger and a mother is stronger and healthier to deliver a baby safely. Good nutrition during the “First 1000 Days” leads to safer delivery, less illness and better brain development. A healthy child will grow to be strong, intelligent and productive in the community, and will have healthier children of her own.

Before Pregnancy

Start eating a healthy diet before pregnancy starts. Baby growth and development begins before a woman knows she is pregnant. Even an adolescent girl or woman who does not plan pregnancy should eat enough and eat a healthy diet in case she becomes pregnant by accident. Take folic acid tablets if you plan to become pregnant.

Pregnancy

Eat more food and good food to keep mother and baby strong during pregnancy. Eat larger servings at each meal. Add healthy snacks between meals. Take iron and folic acid supplements throughout pregnancy. Drink enough safe, clean water. Do not consume alcohol during pregnancy.

After Delivery and During Lactation

Eat healthy food to regain strength and make good quality milk for a new baby. Take a Vitamin A capsule within 2 months of delivery. Take iron tablets for at least 3 months. Drink extra fluids while lactating to produce enough milk for the baby.

Cycle of Poor Nutrition

A poorly nourished woman may have more trouble getting pregnant, more problems during pregnancy, and more trouble delivering the baby. A poorly nourished woman will have a smaller baby. A smaller baby will be more likely to become a malnourished child. A malnourished child may grow up to be a poorly nourished woman with a higher risk of problems with pregnancy and childbirth.

Cycle of Good Nutrition

A well nourished woman is more likely to have an easier time getting pregnant, less problems during pregnancy, and less trouble delivering the baby. A well nourished woman will be more likely to have a normal sized baby. A normal sized baby will be more likely to become a healthy child. A healthy child will be more likely to grow up to be a well nourished woman with a lower risk of problems with pregnancy and childbirth.



QUESTIONS FOR COMMUNITY DISCUSSION

- How balanced is the diet of women in our community?
- What are local beliefs related to nutrition and food for pregnant and lactating women?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify the benefits of good nutrition during the reproductive years for both mother and child.
- Describe the concept of *The First 1000 Days*.
- Explain how the nutrition of a pregnant woman and child impacts the next generation and the community.



MATERIALS

- Manila paper, markers, tape
- **Mother Nutrition Benefits Poster**
- **Child Nutrition Benefits Poster**
- **Susana and Fatima Story Cards**



KEY MESSAGES

- Eat a balanced diet before pregnancy starts.
- Eat extra food each day and a balanced diet during pregnancy and while breastfeeding.

The First 1000 Days

Preparation:

Prepare 1 copy of each of the **Mother Nutrition Benefits** and **Child Nutrition Benefits Posters**. Prepare **Susana and Fatima Story Cards** for each small group of 3-5 participants.

Starter:

- In the large group, ask: *What is The First 1000 Days?*
- **Review Key Messages.**

Activity 1:

- Divide participants into 2 groups.
- Give 1 group the **Mother Nutrition Benefit Poster**, and 1 group the **Child Nutrition Benefits Poster**.
- Each small group will prepare a song on benefits of good nutrition including the key messages.
- Present both songs to the large group.

Mother Nutrition Benefits

- Healthy food keeps a mother healthy, strong and smart.
- Healthy food protects a mother from illness.
- A healthy mother is more likely to have a healthy baby.
- Healthy food will give a mother more energy to look after her child.
- Iodized salt will help prevent goitre.

Child Nutrition Benefits

- Healthy food keeps a child healthy, strong and smart.
- Healthy food protects a child from illness.
- A healthy child is more likely to grow up to be a healthy mother.

Activity 2:

- Put participants into small groups of 3-5 people. Give each group a set of **Susana and Fatima Story Cards** (page 95).
- Tell Susana and Fatima's stories to each group.
- Ask groups to discuss the 2 stories and the impact of each story on their families and the community.
- In a large group, ask: *What do these stories tell us about nutrition impacts from one generation to the next?*

Susana

Susana has very poor nutrition during her pregnancy. She eats mostly matooke. Tell a story about how her poor nutrition affects her baby, and the rest of her children, her health and her grandchildren.

Fatima

Fatima has healthy nutrition during her pregnancy. She eats enough food and enough variety of food. Tell a story about how good nutrition during her pregnancy affects her daughter and son, and grandchildren.



Discussion Questions

- *What are the roles of men and women in promoting healthy nutrition from one generation to another?*
- *What are the roles of VHTs in promoting healthy nutrition from one generation to the next in our communities?*



Check Understanding

- *What are the benefits of good nutrition for a mother and child?*
- *What do we mean by the First 1000 Days?*



Summarize Key Messages



Susana

Susana has very poor nutrition during her pregnancy. She eats mostly matooke. Tell a story about how her poor nutrition affects her baby, and the rest of her children, her health and her grandchildren.

Women's Nutrition

Fatima

Fatima has healthy nutrition during her pregnancy. She eats enough food and enough variety of food. Tell a story about how good nutrition during her pregnancy affects her daughter and son, and grandchildren.



Women's Nutrition



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Breastfeeding



KEY MESSAGES

- Begin breastfeeding within 1 hour after birth.
- Breastfeed babies exclusively (without giving anything else including water) for 6 months.
- Breastfeed a newborn 10-12 times every 24 hours.
- Breastfeed until 2 years old.
- Breastfeeding helps a baby stay healthy and grow well.



ROLES OF THE VHT

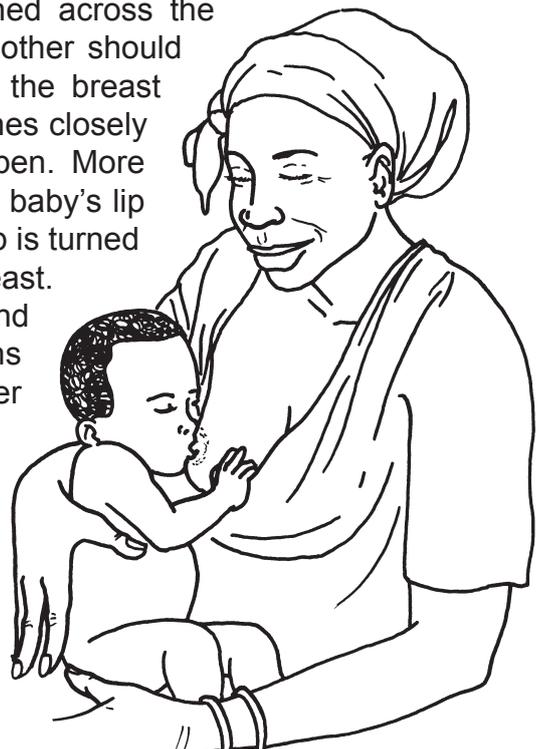
- Educate families about the importance of breastfeeding.
- Support breastfeeding mothers.
- Encourage mothers to breastfeed immediately after birth.
- Encourage exclusive breastfeeding for 6 months and identify women with breastfeeding concerns.

The Importance of Breastfeeding

Breastfeeding helps a baby grow and protects a baby from disease. Begin breastfeeding within 1 hour after birth. Colostrum (“omuhondo”) is the watery milk that comes first and lasts for 2-3 days. Colostrum protects a baby from sickness. A baby should not receive other drinks before breastfeeding begins. Feed a newborn baby often, even every 2 hours. The more often a baby breastfeeds, the more milk a mother will produce. Feed newborn babies breast milk at least 8 times every day including at night. Offer milk from one breast, emptying that breast, then offer the other, until baby is satisfied.

Begin breastfeeding a newborn positioned across the mother’s body or under her arm. The mother should use her fingers to support the base of the breast when latching. A well-feeding baby attaches closely to his mother. Baby’s mouth is wide open. More dark area of the nipple is showing above baby’s lip than below the bottom lip. Baby’s lower lip is turned outward and baby’s chin touches the breast. Baby sucks slowly and deeply with round cheeks. Exclusive breastfeeding means feeding only breast milk. Do not give other food, water or liquids to a baby in the first 6 months of life. Breast milk alone is enough for babies from birth to 6 months.

Continue breastfeeding an infant at least up to 2 years old. Pregnant mothers can still breastfeed. Mothers of twins can breastfeed. Mothers who are



HIV positive can breastfeed their newborns for the first 6 months of age if they are taking anti-retroviral therapy (Plan B+) medications from the Health Centre. Some HIV positive mothers may choose to use another milk formula. Breast milk gives the best start for a child. Expensive formula is not as good for babies as breast milk.

Feeding Sick Infants or Children

Continue to breastfeed a sick infant. Breastfeeding will help with their recovery. Extra breastfeeding is required for a sick infant, especially an infant with diarrhea. Check that post natal mothers are not having problems. Encourage mothers to eat a good diet, drink plenty of fluids and rest to ensure a good milk supply.

Women may have breast problems that interfere with breastfeeding. One common problem is a cracked nipple that hurts the mother when the baby feeds. Sometimes the nipple may bleed. Rub expressed breast milk into the nipples and let the nipple dry in air. Post natal mothers who are breastfeeding for the first time can learn from mothers with experience. Refer a mother to Health Centre if problems with breastfeeding arise.

Use cow's milk only if breastfeeding is impossible, for example if a mother dies or is critically ill and no wet nurse is available. To use cow's milk:

- Make a paste of 1 large spoon of oil and 3 large spoons of sugar.
- Slowly add 1 Tumpeco mug of cow's milk and 1 Tumpeco of safe water while stirring.
- Boil for 5 minutes.
- Cover, cool and feed to the baby every 3-4 hours during the day and night.
- Refrigerate if possible or boil at least twice during the day to prevent souring of the milk.
- Feed an infant using a cup between breastfeeds.
- Wash the cup well with soap and water.

Breastfeeding may reduce the chances of a woman becoming pregnant. However, women can still become pregnant while breastfeeding. Use another family planning method to prevent pregnancy.



QUESTIONS FOR COMMUNITY DISCUSSION

- Is “exclusive” breastfeeding from birth to 6 months common practice in our community? Why or why not?
- What can be done to help mothers to exclusively breastfeed for the first 6 months?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify the benefits of exclusive breastfeeding.
- List the key components of good breastfeeding technique.



MATERIALS

- Manila paper, markers, tape
- **Breastfeeding Questions Poster**



KEY MESSAGES

- Put baby to breast within 1 hour after birth.
- Breastfeed babies exclusively (without giving anything else including water) up to 6 months.
- Breastfeeding helps a baby stay healthy and grow well.
- Breastfeed a newborn 10-12 times every 24 hours.

Exclusive Breastfeeding

Preparation:

Find a local currently breastfeeding mother or participant who is willing to help with a demonstration of breastfeeding. Prepare the **Breastfeeding Questions Poster**.

Starter:

- In the large group, ask: *What is exclusive breastfeeding?*
- **Review Key Messages.**

Activity 1:

- In a large group, ask: *In your community, what do mothers give their babies in the first 6 months?*
- Discuss the challenges of avoiding feeding the baby anything other than breast milk. Ask: *What are the dangers of giving other fluids or foods? What are the benefits of exclusive breastfeeding for 6 months?*

Activity 2:

- Put up the **Breastfeeding Questions Poster**.
- Demonstrate a role play to the large group using the poster.
- Ask the large group to give feedback about the role play.
- Ask participants to break into pairs.
- 1 participant role plays a pregnant woman who has some questions about breastfeeding her soon-to-be baby. The other participant plays the role of a VHT, answering her questions.
- Ask participants to switch roles.
- After both participants have role played the VHT, ask 1 or 2 groups to volunteer to role play in front of the large group.
- The large group gives feedback about the role play.

Breastfeeding Questions

- Should I give my baby the colostrum (the first milk that comes)?
- Why should I give breast milk instead of formula or cow's milk?
- What if I cannot produce enough milk?
- Should I supplement breastmilk with water or with porridge?
- Should I continue to breastfeed if my child falls sick?
- Is breast milk alone enough when my child is sick?

Activity 3:

- Have a currently breastfeeding mother demonstrate her breastfeeding technique.
- Show the different positions that may be used.
- Emphasize signs of good attachment.



Discussion Question

- *What is the role of the VHT in encouraging and supporting exclusive breastfeeding?*



Check Understanding

- *Ask a participant to summarize what exclusive breastfeeding means and another participant to summarize exclusive breastfeeding benefits.*



Summarize Key Messages

Complementary Feeding



KEY MESSAGES

- Local weaning foods such as millet porridge are good for babies.
- Add Protecting and Body Building foods to porridge “base”.
- Introduce new weaning foods slowly, one at a time.
- Wash your hands before preparing weaning foods.
- Feed a child with his/her own plate.



ROLES OF THE VHT

- Educate families about weaning foods and their preparation.

Complementary feeding is locally known as weaning. Weaning is a gradual process by which an infant becomes used to food other than breast milk. A baby needs the important nutrients in breast milk until he or she is 2 years old. After 6 months of age, a baby is growing so fast he or she needs extra food as well as breast milk. Weaning foods do not take the place of breast milk; they add to it. When the baby is 6 months old, begin to add other food to breast milk. Give breast milk as often as the child wants. Continue breastfeeding until the child is 2 years old.

Preparation of Weaning Foods

Weaning foods must be prepared carefully. If weaning foods are not prepared cleanly, a baby can become sick. Mothers should wash their hands before preparing food and when feeding the child. If the baby touches the food, her/his hands also need to be washed. Infection can be avoided by keeping food and hands clean. Feed babies with a clean cup and spoon.

Weaning Foods

When the baby is 6 months old, start weaning with thin, and then increasingly thick porridge made from freshly prepared Energy Giving food base such as millet, maize, soybean flour or cassava. Millet porridge is one of the best weaning foods for babies. Make the porridge thick with not too much water. Mix milk, and fat into porridge to make it richer and easy to swallow.

Once a baby eats basic porridge well, make enriched porridge. Enriched porridge should be made from a cereal (Energy Giving) base. Enriched porridge means adding Protecting and Body Building foods like groundnuts, egg, and avocado to the porridge base. Add:

- 2 servings of Body Building food.
- 1 serving of Protecting food.
- 1 Fat food if available.

Give porridge at least 3 times per day if the baby is still breastfeeding. Give porridge 5 times per day if the baby is not breastfeeding.

Some choices for porridge ingredients:

Energy Giving Foods (Base):

All cereals (millet, sorghum, maize or rice) are good choices for the porridge base. Millet is the best choice if available because it is a good source of iron.

Body Building Foods (Add 2 types):

All Body Building foods are excellent choices for addition to cereals. Milk instead of water can be used to increase the goodness, using one cup of milk and 2 cups of water instead of 3 cups of water. Groundnuts, beans, fish/makene, egg, and meats make nutritious porridge.

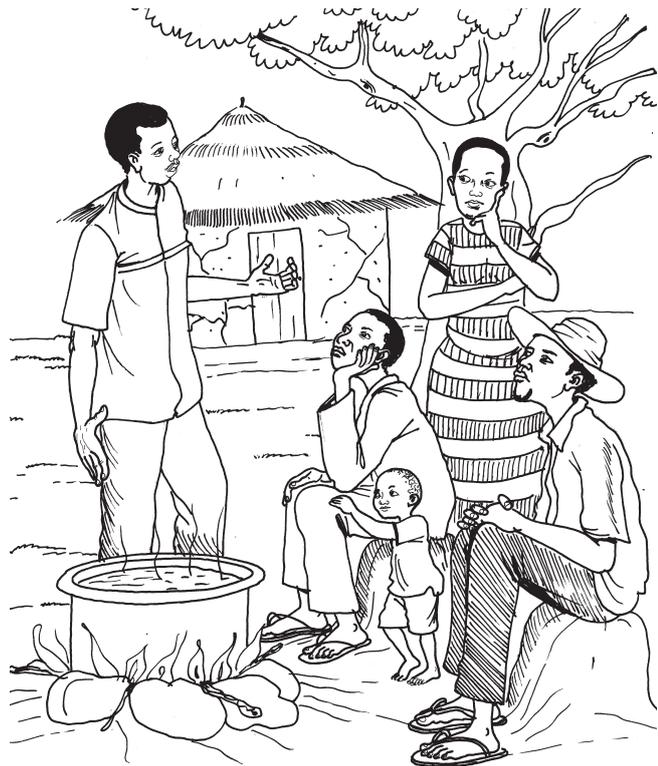
Protecting Foods

(Add 1 type):

Any Protecting food can be added to the meal, such as a green, yellow, or orange fruits or vegetables. Try pumpkin, carrots, orange sweet potato, or pawpaw.

Fats (Add if possible):

Add avocado, ghee, oil, or margarine to cereal. Oil and margarine may be expensive for many families. Avocado and ghee are less expensive, and avocado has other health benefits.



Mashed Foods

Once a child takes porridge well, add mashed foods to the diet. To make a balanced diet, include food from all the 3 food groups. (Weaning foods can also be made from rice, yam, Irish potato, sweet potato, breadfruit and banana.)

After the infant has eaten mashed Energy Giving food for 2 weeks, add mashed Protecting and Body Building foods to the meals for the baby. Continue with breastfeeding. Babies can eat food from the family pot. Mash the food. It is good to add some oil, dark leafy vegetables and egg.

QUESTIONS FOR COMMUNITY DISCUSSION

- What weaning foods do we use in our village for children?
- How do we prepare weaning foods?



Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Identify basic food safety concepts.
- Prepare a healthy weaning porridge.



MATERIALS

- Manila paper, markers, tape
- Porridge ingredients and equipment list
- Hand-washing facility
- Cookstove
- **Enriched Porridge Ingredients Poster**



KEY MESSAGES

- Local weaning foods such as millet porridge are good for babies.
- Add Protecting and Body Building foods to porridge “base”.
- Introduce new weaning foods slowly, one at a time.
- Wash your hands before preparing weaning foods.
- Feed a child with his/her own plate.

Making Enriched Porridge

Preparation:

Write the porridge ingredients and equipment list on a manila paper and post it the day before this session. Assign 2 participants to each item on the list so if 1 person forgets or is absent, the demonstrations can continue. Advise participants not to buy items. Bring what they have available at home. Prepare the **Enriched Porridge Ingredients Poster**.

Porridge Ingredients and Equipment List

Item	Responsibility	
	Person 1	Person 2
Saucepan		
Orwiko (stir stick)		
Tumpeco Mug		
Millet, maize or sorghum – about one handful		
Egg		
Mukene (dried silver fish) – 1/3 handful		
Groundnuts – about 1 handful		
Avocado		
Sugar – about 6 tablespoons		
Personal mug (to taste porridge)	ALL	

Starter:

- In the large group, ask: *What should we consider before feeding a child?*
- **Review Key Messages.**

Activity 1:

- Participants move to the food preparation area. Ask: *How do you usually make/serve porridge for a young child? What ingredients do you normally add? How could you increase the goodness?*

Activity 2: (Porridge Preparation)

- Put up the **Enriched Porridge Ingredients Poster**.
- Highlight the food groups being used. Highlight the ingredients and the amount of each one.
- Remind participants to always prepare food in a clean place using clean pots and utensils.
- Prepare porridge, adding ingredients as in the detailed porridge recipes found in the appendices – (pages 124-125).
- Involve participants in collecting firewood, measuring ingredients, washing, cutting, stirring, etc.
- To keep the session on time, prepare and cook Recipe 1 and Recipe 2 from the appendix at the same time. This involves more participants in the preparation and cooking process.
- Discuss nutritional value of alternative ingredients (e.g. millet flour is a better choice than maize flour as it is higher in iron).
- Show the correct thickness of the porridge (thick, not runny, but for a baby starting weaning foods the porridge should not be too thick or the baby might gag).

Enriched Porridge Ingredients

- 1/2 Tumpeco mug (1 handful) flour (millet, maize or sorghum)
- 1 egg
- 1/4 Tumpeco mug (about 1/3 handful) mukene (dried silver fish)
- 1/2 Tumpeco mug (1 handful) groundnut flour
- 1 avocado
- 6 tablespoons of sugar

- This recipe provides enough porridge to feed 3-4 young children.
- Adjust texture according to age of child:
 - **Early weaning** (6-9 months old): Porridge should be very smooth.
 - **Later weaning** (9-12 months old): Porridge may contain some small chunks.
- Have all participants taste the porridge using their personal mug.



Discussion Questions

- *How can we keep the protective nutritious elements of vegetables when cooking? How can we properly store and reheat leftover food?*
- *What are some common practices and beliefs around weaning foods and practices in your community? For example: mothers prefer to give matooke only as a weaning food.*
- *Do you think these help or harm the nutrition of the child? If harmful, what could be done differently?*
- *What might be the barriers to families making this kind of porridge?*
- *What is the role of VHTs in promoting healthy weaning porridge?*



Check Understanding

- Ask participants to tell you the ingredients in healthy weaning porridge.



Summarize Key Messages

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Growth Monitoring and Malnutrition



KEY MESSAGES

- Weigh and immunize newborns before they are 1 week old.
- Weigh children each time they are immunized.
- Support mothers who have children who are not growing well.
- Take a child with red MUAC measurement or swelling of both feet to the Health Centre immediately.



ROLES OF THE VHT

- Ensure all children have a Child Health Card.
- Encourage weighing for children under 1 year old when immunized.
- Identify children who are not growing well and support families.
- Observe children for malnutrition danger signs.
- Make follow-up visits to homes of underweight children.
- Measure MUAC during home visits for children 6 months to 5 years old.
- Follow-up progress of a poorly growing child with the family each month.
- Promote good nutrition and growth of children with the whole community.

What is malnutrition?

Children become malnourished when they do not receive enough nutritious food. Malnutrition can be seen as low weight for age (wasting), low height for age (stunting) or both. Malnutrition is serious in children. Malnourished children are ill more often than healthy children. Malnourished children become sicker when they become ill. Feeding children well protects them against illness. Some malnourished children may be very thin and small. Some malnourished children may have swelling of the stomach and both feet. Malnutrition is most common between 6 to 18 months of life. Malnutrition occurs more frequently around the time of weaning a child from breast milk to other food. Most children are growing well by 1 year of age. A child who does not grow well is more prone to infection.

Growth monitoring needs to begin early. Weighing children less than 1 old is the first priority. Children less than 1 year old need to be weighed and charted on the Child Health Card every time they are immunized. Children who are growing well after 1 year of age can be weighed every 6 months when they receive Vitamin A drops and deworming. Children who are not growing well between 1 and 5 years need to be weighed frequently until their weight improves. Growth monitoring identifies the underweight child.

Effective Growth Monitoring

- Start early
- Involve mothers
- Understand local beliefs
- Follow up underweight children
- Promote growth

Explain the meaning of the child's weight and the place on the Child Health Card every time the child is weighed. Most mothers soon learn to understand growth charts. If growth of a child is poor, try to understand why. Discuss practical ways to improve the child's growth with the mother and family.



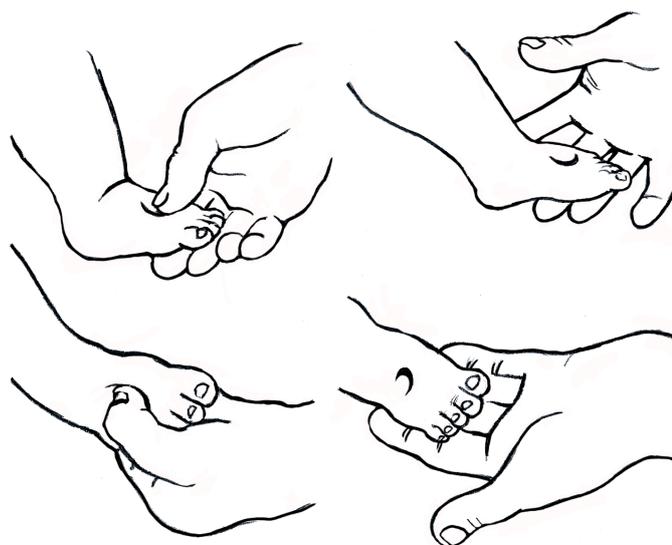
Actively follow up with children who are underweight. VHTs and Health Centre staff can work together to identify and support children at risk or with malnutrition. VHTs can help explain good nutrition to the family. VHTs can help families take action. VHTs can also involve community leaders and neighbors to assist a family to improve the diet of a child. In times of war and insecurity, all children may be undernourished. Counsel mothers on home management of malnutrition. Cover the essential information without overloading the mother with too much to remember. A mother treats malnutrition in her children depending on how well she has been counselled.

MUAC means "Mid-Upper Arm Circumference". A MUAC measurement can assess a young child for signs of poor growth. A MUAC strip measures the size of the upper arm of a child. Use an MUAC strip on a child over 6 months of age until 5 years old. A child with MUAC measurement in the "Red" zone may have severe malnutrition. A child with a "Yellow" zone MUAC may also be malnourished. Refer a child with a MUAC which is red or one which is yellow for 2 months in a row to health centre. A child with green MUAC is not likely malnourished so praise the caregiver for providing good nutrition.

Measuring MUAC

- Ask the child's age (use MUAC for 6 months up to 5 years old).
- Sit child in mother's lap with child's left arm facing out.
- Hold MUAC strip with blank side facing up and fat end to the right.
- Position strip halfway between child's left shoulder and elbow.
- Wrap strip around upper arm.
- Thread thin end of strip through small slit in fat end of strip.
- Pull gently to tighten strip around child's arm. Do not pull tight, or too loose.
- Record colour seen through small open square fat end of strip

Another sign of possible malnutrition in a young child is pitting oedema of both feet. A malnourished child may have swelling of both feet which leaves an indentation (a "pit") when pressure is applied for five seconds. Refer any child with oedema of both feet to the Health Centre immediately.



Pressure for 5 seconds

Release & Observe



QUESTIONS FOR COMMUNITY DISCUSSION

- How much of a problem is child malnutrition in our village?
- What can we do about underweight children in our village?
- Have we seen children who did not gain weight or who lost weight? Why did it happen?

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Gain skills in measuring MUAC.
- Counsel a mother about her child's MUAC status.
- Gain skills in identifying oedema.



MATERIALS

- Manila paper, markers, tape
- **MUAC Zones Poster**
- MUAC strips, 1 per participant
- **Steps to Measuring Using MUAC Poster**



KEY MESSAGES

- Weigh and immunize newborns before they are 1 week old.
- Weigh children each time they are immunized.
- Support mothers who have children who are not growing well.
- Take a child with red MUAC measurement or swelling of both feet to the Health Centre immediately.

Identifying Malnutrition

Preparation:

Prepare the **MUAC Zones Poster** and **Steps to Measuring MUAC Poster**. Find children over 6 months, below 5 years of age to practice MUAC measurements with.

Starter:

- In the large group, ask: *What is malnutrition? What does a child with malnutrition look like?*
- **Review Key Messages.**

Activity 1:

- Put up the **MUAC Zones Poster**.

MUAC Zones

- "Green" zone MUAC → NORMAL → Advise and praise.
 - "Yellow" zone MUAC → CAUTION → Recheck next month. Advise to see health worker if remains yellow.
 - "Red" zone MUAC → DANGER → Refer immediately.
- Hand a MUAC strip to each participant.
 - Put up the **Steps to Measuring Using MUAC Poster**.
 - Describe the steps for measuring MUAC and explain colour "zones".
 - Demonstrate the correct MUAC measurement technique using a volunteer participant. Repeat the process three times on the same person to get a consistent measurement.

Steps to Measuring MUAC

- Ask the child's age (use MUAC for 6 months up to 5 years old).
- Sit child in mother's lap with child's left arm facing out.
- Hold MUAC strip with blank side facing up and fat end to the right.
- Position strip halfway between child's left shoulder and elbow.
- Wrap strip around upper arm.
- Thread thin end of strip through small slit in fat end of strip.
- Pull gently to tighten strip around child's arm. Do not pull tight or too loose.
- Record colour seen through small open square fat end of strip.

Activity 2:

- Ask participants to get into pairs and practice MUAC measurement on each other. Repeat the measurement 3 times on the same partner to ensure consistent measurement technique.
- Facilitator should move to all the groups to make sure that the technique is correct.
- Change partners and repeat.
- Practice on children if available.

Activity 3:

- Ask 1 participant to role play being a mother, and 1 participant to role play being a VHT who has just completed a MUAC measurement on their child. The child has a MUAC measurement in the **RED** zone.
- Ask them to role play the answer to these questions:
 - Is there a problem with the child being in this MUAC zone?
 - Does the child need to go to the health centre?
 - What has the mother already done about it?
 - What more can the mother do about it?
- Ask participants to switch roles, and now the child has a MUAC measurement in the **YELLOW** zone (Recheck next month).
- Ask participants to role play the answers to the same questions above.
- Ask participants to switch roles again and now the child has a MUAC measurement in the **GREEN** zone (Praise the mother).
- Ask participants to role play the answers to the same questions.

Activity 4:

- Demonstrate to the large group how to check for oedema. Refer to the picture on page 109.
 - Demonstrate counting to 5 slowly using the technique: 1001, 1002, 1003, 1004, 1005 (say the numbers aloud as “one-thousand one, one-thousand two”).
 - Remind participants to take a child with swelling of both feet to the Health Centre immediately.
- Ask participants to get into pairs and practice checking on each other.
- Practice the technique on any available children.



Discussion Questions

- *What is the role of VHT in identifying malnutrition?*
- *What should you do for measuring a child under 6 months old? (Refer a child under 6 months to be examined by a health worker.)*



Check Understanding

- What advice should you give to a mother with a child with a MUAC measurement in the “Red” zone? “Yellow” zone? Bilateral oedema?



Summarize Key Messages

Session Time
60 minutes



OBJECTIVES

At the end of this session, the participant will be able to:

- Counsel mothers about their nutrition and their children's nutrition.



MATERIALS

- Manila paper, markers, tape
- **Nutrition Counselling Case Cards** (page 111)
- **ASK – PRAISE – ENCOURAGE – ADVISE – CHECK Poster**



KEY MESSAGES

- Support mothers who have children who are not growing well.

Nutrition Counselling

Preparation:

Make enough copies of the **Nutrition Counselling Case Cards** so that there is 1 case card per participant. Prepare the **ASK – PRAISE – ENCOURAGE – ADVISE – CHECK Poster**.

Starter:

- In a large group, read Shamena's story.
- Ask participants: *How did the story make you feel? Who are children in your community at high risk for malnutrition?*
- **Review Key Messages.**

Shamena

On her Child Health Card, Shamena has very low weight for her age of 9 months. Martin, a VHT, is concerned that if Shamena gets sick she may die. Martin talks to Shamena's grandmother, Amina, who is looking after Shamena. He thanks Amina for keeping Shamena alive and well even though she had no breast milk for her. He encourages her to continue feeding Shamena millet. He advises her to add more green leafy plants, fruit and groundnuts when she can. Martin talks to the local committee about creating a small fund for additional food. Each week, Martin brings a few eggs or avocados from Shamena. Within a couple of months, Shamena has begun to thrive and gain weight.

Activity 1:

- Explain to the large group that it is important to give advice to mothers about nutrition in a helpful way that is easy for them to understand and remember.
- Show them the **ASK – PRAISE – ENCOURAGE – ADVISE – CHECK Poster**.

(continued on next page)



- Ask participants to make pairs. One participant role plays a VHT and their partner role plays a mother using 1 of the Nutrition Counselling Case Cards. After 2 minutes, ask partners to change roles and use a new card.
- Return to the large group. Ask participants to describe what advice they received and what was helpful about the way they were given that advice.
- Make a list of what works best in counselling. Some things they may notice that improve counselling are:
 - Being attentive, both verbally and non-verbally, eye contact, using names.
 - Appreciating what I was doing already, not blaming me, and thanking me for caring about healthy pregnancy.
 - Asking questions about support, about what I had done, giving practical advice, agreeing to see me again soon, and listening carefully.
- Ask participants to share any helpful tips for teaching mothers about nutrition.
- In a large group, ask 1-2 volunteer pairs to role play before the rest of the participants.
- Ask the other participants to give feedback on the role plays.



Discussion Question

- *What is the role of the VHT in nutrition counselling?*



Check Understanding

- *What are important elements of counselling?*



Summarize Key Messages

Nutrition Counselling Case Cards

A mother is asking what she should feed her 18-month-old child.

Nutrition Counselling

A mother has heard about exclusive breastfeeding but she doesn't know what it means.

Nutrition Counselling

A mother is at Child Health Days with her child who is underweight.

Nutrition Counselling

A mother is starting to wean her child.

Nutrition Counselling

A mother has just returned from her first antenatal care visit. She wants to know how she should change her diet during pregnancy.

Nutrition Counselling

A mother has just returned from her 2nd post natal visit. She wants to know how she should change her diet for breastfeeding.

Nutrition Counselling

A mother asks you about feeding her 4 year-old child with diarrhea.

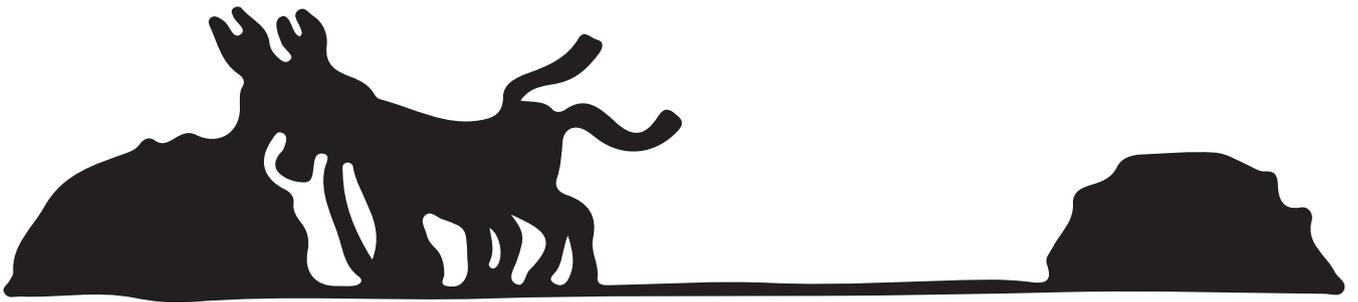
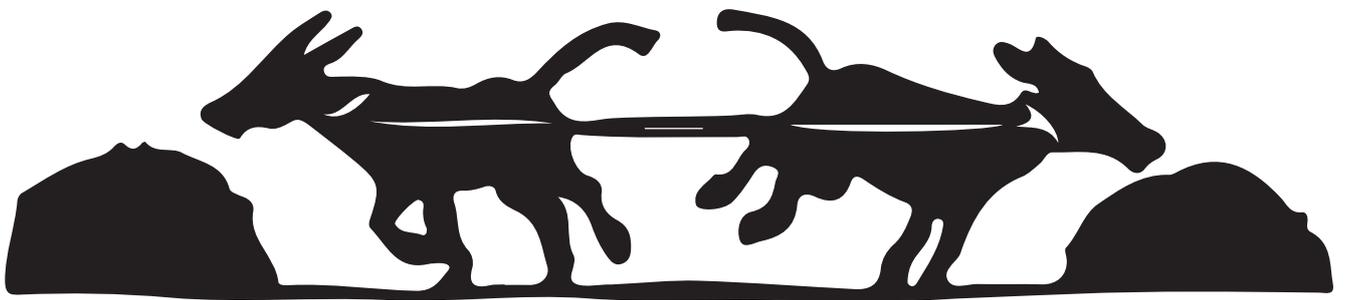
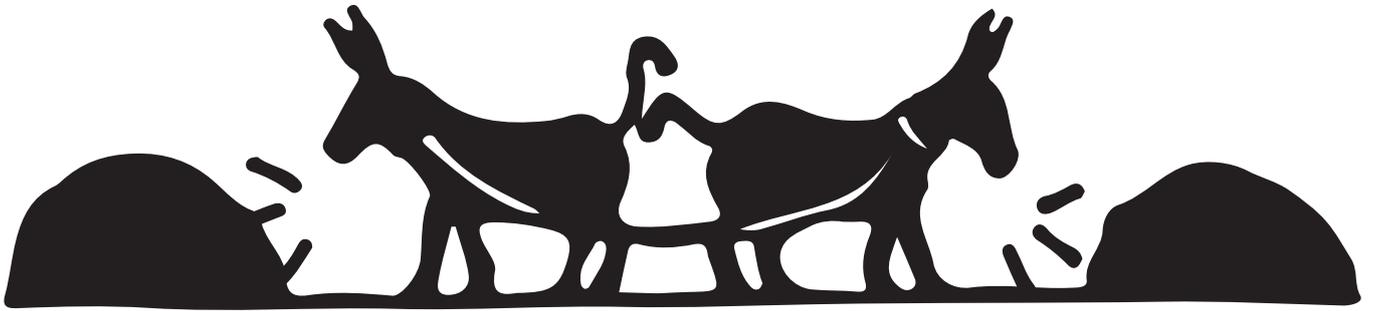
Nutrition Counselling

A mother is asking how long she should breastfeed her new baby, and when she should start feeding her baby solid foods.

Nutrition Counselling



Cooperation Donkeys



Child Health Days Checklist

A variety of activities may occur at a National Child Health Day:

- Immunization
- Deworming
- Vitamin A supplementation
- Weighing
- Child Health Card/ANC Card completion
- Health education and counselling

Ways that VHTs can support Child Health Days:

- Mobilize community
- Notify families, teachers, church leaders, Local Councilors
- Help collect and transport equipment and supplies
- Assist with setting up at the venue
- Organize and help direct attendees
- Register children under 5 and pregnant women
- Fill out Child Health Cards
- Fill out ANC Cards
- Give Vitamin A capsules
- Give deworming tablets
- Undress and prepare children for weighing
- Weigh children
- Record weights and plot on Child Health Cards
- Counsel families with low and very low weight children
- Prepare food displays, posters, pictures
- Organize health education such as demonstrations, games, drama, puppets, health talks, individual counselling
- Help to clean up the area after a Child Health Day

With health workers, prepare and bring important supplies:

- Immunization supplies
- Deworming tablets
- Vitamin A capsules
- Weighing Scales (hanging and standing)
- Child Health Cards
- ANC Cards
- Tables, chairs
- Papers, pens, markers, manila paper, tape
- Health education props, supplies and posters

VHT Antenatal Home Visit Checklist

1st VHT Antenatal Home Visit – Check

When? As soon as you are aware a woman is pregnant

- Discuss Health Centre ANC Visits.
 - Has she attended ANC at the Health Centre? How many times?
 - Advise to attend ANC at Health Centre at least 4 times.
- Check ANC Card (if she has one yet).
- Discuss Healthy ANC Practices.
 - Sleep under an insecticide-treated net.
 - Eat a balanced diet.
 - Get more rest than usual.
- Discuss Birth Plan.
 - *Components:* Mama Kit, Health Facility, Transport, Family Support, Personal Supplies for Mother and Baby, PMTCT (if needed), Family Planning
- Discuss and Assess Pregnancy Danger Signs (Use Job Aid).

Try to involve the husband.

2nd VHT Antenatal Home Visit – Check

When? In the 6th month of pregnancy

- Discuss Health Centre ANC Visits.
 - Did she attend Health Centre ANC visit yet? How many times?
 - Advise to attend Health Centre ANC visit at least 4 times.
- Check ANC Card.
- Discuss Healthy Antenatal Practices.
 - Sleep under an insecticide-treated net.
 - Eat a balanced diet.
 - Get more rest than usual.
- Discuss Birth Plan.
 - *Are the following prepared? Mama Kit, Health Facility, Transport, Family Support, Personal Supplies for Mother and Baby, PMTCT (if needed), Family Planning*
- Discuss and Assess Pregnancy Danger Signs (Use Job Aid).

Try to involve the husband.

VHT Post Natal Home Visit Checklist

1st VHT Post Natal Home Visit – Check

When? 1st day after delivery

Newborn:

- Discuss Healthy Newborn Care.
 - Breastfeed babies exclusively for 6 months.
 - Keep a newborn warm and dry (Review “Kangaroo Care”).
 - Sleep under an insecticide-treated net.
- Check Child Health Card.
- Assess the newborn.
 - Breastfeeding well?
 - Umbilical cord clean and dry?
- Discuss and Assess Newborn Danger Signs (Use Job Aid).

Mother:

- Discuss Health Centre PNC Visits.
 - Did mother and newborn attend 1st Health Centre PNC visit?
 - Remind to attend Health Centre PNC visit on 6th Day after delivery.
- Discuss Mother’s Health.
 - Any concerns or challenges?
- Discuss and Assess Post Natal Mother Danger Signs (Use Job Aid).

2nd VHT Post Natal Home Visit – Check

When? 3rd day after delivery

Newborn:

- Discuss Healthy Newborn Care.
 - Breastfeed babies exclusively for 6 months.
 - Keep a newborn warm and dry.
 - Sleep under an insecticide-treated net.
- Check Child Health Card.
- Assess the newborn.
 - Breastfeeding well?
 - Umbilical cord clean and dry?
- Discuss and Assess Newborn Danger Signs (Use Job Aid).

Mother:

- Discuss Health Centre PNC Visits.
 - Did mother and newborn attend 1st Health Centre PNC visit?
 - Remind to attend Health Centre PNC visit on 6th Day after delivery.
- Discuss Mother’s Health.
 - Any concerns or challenges?
- Discuss and Assess Post Natal Mother Danger Signs (Use Job Aid).

3rd VHT Post Natal Home Visit – Check

When? 7th day after delivery

Newborn:

- Discuss Healthy Newborn Care.
 - Breastfeed babies exclusively for 6 months.
 - Keep a newborn warm and dry.
 - Sleep under an insecticide-treated net.
- Check Child Health Card.
- Assess the newborn.
 - Breastfeeding well?
 - Umbilical cord clean and dry?
- Discuss and Assess Newborn Danger Signs (Use Job Aid)

Mother:

- Discuss Health Centre PNC Visits.
 - Did mother and newborn attend 2nd Health Centre PNC visit?
 - Remind to attend Health Centre PNC visit 6 weeks after delivery.
- Discuss Mother’s Health.
 - Any concerns or challenges?
- Discuss and Assess Post Natal Mother Danger Signs (Use Job Aid).

Active Listening

Active listening lets us learn from each other, respect each other and understand each other. When we listen actively, we show the other person that we accept them. We take seriously what they say. To listen actively, it is best to ask open questions. Active listening will stop you from assuming that you know that a person thinks, needs or wants. No two people are the same.

- **Watch.** Give your full attention. Encourage the person if she seems uncertain. Eye contact and nodding encourage people. Silence and asking what happened next can encourage someone to continue.
- **Wait until the person is finished.** Do not interrupt.
- **Repeat what the person says using their own words.** Repeating shows people that you are paying attention and encourages them to talk more.
- **Check that you have understood.** Use what you hear, see and know, to fully understand what people think and want. Checking allows people to correct any wrong assumptions you have made. Checking gives people a chance to expand on what they have said. If you have not understood them, ask them to repeat.
- **Ask open questions.** A closed question can be answered by yes or no. An open question requires more than yes or no. Open questions ask, what? When? Why? Or how? Open questions allow a person to give more information.
- **Listen for Feelings.**

Health Talks

Health talks are health education and can take place anywhere. A health talk can be as simple as answering your neighbor's questions. A health talk can also take place at a community gathering in front of many people. To give a good health talk, we need the right information. Giving a health talk uses skills which we need to practice and build. Throughout this manual, we have used the Health Talk Tips poster below.



Other tips for giving health talks include:

- Make it interesting and fun
- Involve people
- Encourage and support people
- Be friendly
- Be practical.

How something is taught is as important as what is taught.

Giving Advice to Mothers

ASK - PRAISE - ENCOURAGE - ADVISE - CHECK

ASK questions about what the mother has done for the child before coming to the VHT or health facility. Ask about the drinks, food and treatment she has given to the child.

PRAISE and **ENCOURAGE** the mother's helpful actions. Every mother with a sick child has done something right. Identify and praise her correct actions. Praise encourages her and builds confidence. Confident mothers are more likely to follow health advice.

ADVISE - Give the mother suggestions she can use. Warn her tactfully against harmful practices. Remind her about the danger signs which mean her child needs to be brought back for further care.

CHECK - Find out what the mother understands. Ask her to describe what she will do when she returns home.

- Modified text from the World Health Organization

Energizers

ELEPHANT EARS

- In a circle, point to someone and say “Elephant”.
- The person pointed at, puts their 2 arms together out front, with the fists closed to form a trunk.
- The 2 people on either side of the person making the trunk now make an elephant ear for their side, by using their arm closest to the person.
- Now, the one in the middle points at someone else.
- Start slowly until everyone can do it and then increase the pace.
- As people make mistakes, they are dropped from the circle.

HOT POTATO

- Prepare a ball using layers of newsprint.
- In each layer, put a piece of coloured paper with a role, task or question on it.
- Have someone drum, sing or play music with their back to the group, which the group tosses the “hot potato”.
- When the music stops, the person with the hot potato unwraps a layer of the ball and reads their job, task or question.
- The game continues until all the jobs, tasks or questions are distributed.

NAMES IN A HAT

- Each person writes 3 things about themselves on a piece of paper.
- The papers are collected and the Trainer pulls one out of the hat, and reads the 3 items describing one of the participants.
- People try to guess who the items describe.

NAME GAME

- Each person picks an adjective that begins with the same letter as their first name and describes them. For example, Eve is exciting.
- The Trainer starts.
- The person on their right repeats the Trainer’s name and adjective and adds his own.
- The next person repeats those coming before her and adds her own.

BIG FISH, LITTLE FISH

- People are asked to make the sign of a big fish when little fish is said and the sign of little fish when big fish is said.
- Then the Trainer says big fish, little fish, little fish, big fish, mixing them up.

Enriched Porridge Recipes

Each recipe provides enough porridge to feed 3-4 young children.

Cereal with Fish and Egg

Ingredients:

One handful or approximately ½ Tumpeco mug of cereal flour (millet, sorghum, maize or rice)

1 egg

⅓ handful of dried small fish

2 tablespoons of sugar (if available)

3 Tumpeco mugs of clean water **OR** 1 Tumpeco mug of milk and 2 Tumpeco mugs of clean water

⅓ handful of mashed avocado **OR** 1 tablespoon of oil or ghee

Directions:

- Grind dried small fish until very fine. Put aside.
- Cook cereal porridge (gruel as usual) by combining the cereal and boiling water, and then stirring until smooth.
- Add ground dried small fish to the porridge.
- Beat the egg and mix in the porridge.
- Cook porridge another 3-5 minutes to thicken and cook egg.
- If using avocado, mash in a separate mug. Add some porridge to this and blend together, prior to adding the mixture to the porridge.
- Add sugar.

Cereal with Nuts

Ingredients:

One handful or approximately ½ Tumpeco mug of cereal flour (millet, sorghum, maize or rice)

One handful of groundnuts, cashews or sim-sim seeds

2 tablespoons of sugar (if available)

3 Tumpeco mug of clean water **OR** 1 Tumpeco mug of milk and 2 Tumpeco mugs of clean water

⅓ handful of mashed avocado **OR** 1 tablespoon of oil or ghee

Directions:

- Roast the nuts
- Discard bad nuts, remove cover and pound/grind to a soft paste.
- Mix with a small quantity (less than ½ Tumpeco mug) hot water to make a thick smooth soup
- Cook cereal porridge (gruel as usual) by combining the cereal and boiling water and stirring until smooth.
- Add nut or seed paste to cereal porridge, and simmer together for 2-3 minutes.
- Mash the avocado in a separate mug. Add some porridge to this and blend together, prior to adding the mixture to the porridge.
- Add sugar.

Enriched Porridge Recipes

Cereal with Legumes

Ingredients:

One handful or approximately ½ Tumpeco mug of cereal flour (millet, sorghum, maize or rice)

One handful of pulses/legumes (beans, peas, pulses, or soya)

2 tablespoons of sugar (if available)

3 Tumpeco mugs of clean water **OR** 1 Tumpeco mug of milk and 2 Tumpeco mugs of clean water

⅓ handful of mashed avocado **OR** 1 tablespoon of oil or ghee

Directions:

- Soak legumes overnight.
- Remove testa and boil until soft.
- Mash legumes until very smooth.
- Cook cereal porridge (gruel as usual) by combining the cereal and boiling water and stirring until smooth.
- Add mashed legumes to cereal porridge, and simmer together for 2-3 minutes.
- Mash the avocado in a separate mug. Add some porridge to this and blend together, prior to adding the mixture to the porridge.
- Add sugar.

Adjust texture according to age of child:

- **Early weaning** (6-9 months old): Porridge should be very smooth.
- **Later weaning** (9-12 months old): Porridge may contain some small chunks

Conversion

1 Tumpeco mug = 500 millilitre = ½ litre

½ Tumpeco mug = 1 handful = 90 grams

1 Tablespoon = 10 grams

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HCU Muskoka Project Partners: Mbarara University of Science and Technology, Bushenyi and Rubirizi Health Districts, Canadian Paediatric Society, and University of Calgary