Millennium Villages Project

COMMUNITY HEALTH WORKER TRAINER’S MANUAL

A GUIDE TO HOME-BASED SERVICES

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UNIT 0: Introduction

This unit is an introduction to the structure and contents of the Community Health Worker Trainer’s Manual. It is designed to provide an overview of the training, as well as key techniques, pedagogical methods, and tips for training facilitators.

1. Training Overview and Objectives
2. Key Techniques for Effective Facilitation
3. Adapting Your Lessons for Local Context
About This Trainer’s Manual

Welcome to the Community Health Workers (CHW) Trainer’s Manual. This training course was developed by the Earth Institute at Columbia University to strengthen the Millennium Villages Project’s Community Health Workers program. The objectives of this curriculum are:

- To develop community health workers’ competence in communication and building relationships when making home visits
- To develop community health workers’ knowledge and understanding of basic health content, wellness protocols, and behavior recommendations that they will be introducing into the households
- To build practical skills to address the preventative and basic case management issues that the community health worker will face when making home visits.

The activities and methods used throughout this manual are meant to expand CHWs’ existing experience and knowledge through written exercises, practical group exercises, discussions, role-plays, case studies, and hands-on practice. In addition, participants will serve as resources for one another, drawing on their knowledge of their respective communities to inform the discussion. Respect for the experience of participants is crucial to the training process. Through the exercises and sharing of peer experiences, CHWs will learn the critical skills needed to promote healthy behavior change and save lives in their communities.

This manual is comprised of eight units that consist of two to six chapters per unit. Units are ordered sequentially but designed in a modular fashion so that facilitators can change the order and add or remove individual chapters or entire units according to the training context and needs of the CHWs. Facilitators should be prepared for each training session with this manual and any handouts, props, and equipment necessary for the chapter(s) assigned for the day (see Advanced Preparation).

This manual has been designed for use by the facilitator, and is not intended to be distributed to CHWs in this form.
Advanced Preparation

This manual contains step-by-step guidance for conducting a training for CHWs. Before use, the training manual should be tailored to the local context and adapted to ensure adherence to national guidelines and protocols for patient care.

<table>
<thead>
<tr>
<th>PREPARATION</th>
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<tbody>
<tr>
<td><strong>Materials:</strong></td>
</tr>
<tr>
<td>- Community Health Workers Trainer’s Manual</td>
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<tr>
<td>- Relevant CHW job aids and counseling cards for each participant</td>
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<td>- Participant worksheets and answer keys</td>
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<td>- Necessary materials (e.g., handouts, visual aids, props) for practice activities</td>
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<tr>
<td>- [Optional] PowerPoint slides and audiovisual equipment</td>
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<tr>
<td><strong>Content:</strong></td>
</tr>
<tr>
<td>- Tailor lessons according to national guidelines and local context</td>
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<tr>
<td>- Invite key personnel (e.g., Water, Sanitation and Hygiene Facilitator, Health Coordinator, Nutrition Facilitator, Sexual and Reproductive Health Facilitator, CHW Supervisors, Data Managers) to help co-facilitate relevant lessons and explain technical definitions if needed</td>
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<tr>
<td>- Practice unfamiliar role plays, demonstrations, and other activities</td>
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<td>- Identify possible questions participants may ask, and prepare answers</td>
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When organizing a training workshop, there are also many logistics that must be managed leading up to the workshop. The list below is not inclusive of all items that may need to be completed beforehand, but should give the facilitator a general idea of the preparation work needed for a successful CHW training.

<table>
<thead>
<tr>
<th>TRAINING LOGISTICS</th>
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<tbody>
<tr>
<td>- Invitations to participants and any co-facilitators or guest speakers</td>
</tr>
<tr>
<td>- Training venue (with electricity provided during hours of training)</td>
</tr>
<tr>
<td>- Food vendor (for lunch and coffee/tea breaks)</td>
</tr>
<tr>
<td>- Transportation arrangements for participants</td>
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<tr>
<td>- Per diem for participants (where applicable)</td>
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<tr>
<td>- Training timeline to be shared on the first day of the training</td>
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<td>- A timed agenda to be shared each day</td>
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The facilitator may decide to supplement the lesson with a PowerPoint presentation. While PowerPoint presentations can be a very effective training tool, none of the activities in this manual rely on the use of a laptop, projector, and energy source. Facilitators should make sure they have a backup plan with printed copies of any visual aids in case of power outage or technical difficulties. Any visual aids required for an activity are included in the appendices of each chapter.
Chapter Overview

Within each unit, chapters follow the same format for clarity. The OVERVIEW introduces the chapter to the facilitator and outlines the learning objectives for the topic. This is followed by the LESSON PLAN, which encompasses the full lesson that the facilitator is to conduct, from start to finish. This is followed by the APPENDICES, which include the worksheet, answer key to worksheet questions, and additional handouts as necessary. (Please refer to the following Key Techniques for Effective Facilitation for more information on the specific activities included in the lesson plans and their importance.)

The lesson plans contained within this manual do not have break times written into them. It is up to the facilitator’s discretion to schedule lunch breaks and coffee or tea breaks when appropriate. Typically, adult learners need a short 15-minute break every 1.5 to 2 hours to maximize participant energy and attention span.
Activity Types

Within the lesson plan, there are four types of learning activities. It is important that each type of learning activity is included in each lesson so that participants can best absorb and synthesize the knowledge they need to be effective Community Health Workers. If the facilitator needs to adapt the lesson because s/he is short on time, it is crucial that at least one of each type of activity is included in the revised lesson plan.

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>ACTIVITY OBJECTIVE</th>
<th>ACTIVITY EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONVEY INFORMATION</strong></td>
<td>Participants are exposed to new content, whether that content is delivered by the facilitator or discovered through an exploratory activity.</td>
<td>❑ Introduce New Lesson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Demonstration</td>
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<tr>
<td></td>
<td></td>
<td>❑ Lecture</td>
</tr>
<tr>
<td><strong>REINFORCE INFORMATION</strong></td>
<td>Participants review information presented earlier in the lesson to improve immediate understanding and future retention of the information.</td>
<td>❑ Discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Small Groups</td>
</tr>
<tr>
<td><strong>EXAMPLE IN ACTION</strong></td>
<td>Participants apply the content to a real life example, exploring the important role of a CHW in preventing illness and death and promoting preventative health behavior.</td>
<td>❑ Context Story</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Behavior Change</td>
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<tr>
<td></td>
<td></td>
<td>❑ Case Study</td>
</tr>
<tr>
<td><strong>PARTICIPANT PRACTICE</strong></td>
<td>Participants partake in exercises designed to improve their ability to analyze and respond to situations that might occur during a household visit and practice the skills they will need to address those situations.</td>
<td>❑ Group Activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Role Play</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Worksheet</td>
</tr>
</tbody>
</table>
## Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-Based Combination Therapy</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>BCG</td>
<td>Bacillus Calmette Guerin (vaccine)</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>CMAM</td>
<td>Community-based Management Of Acute Malnutrition</td>
</tr>
<tr>
<td>CTC</td>
<td>Community-based Therapeutic Care</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IP</td>
<td>Inpatient (Therapeutic Feeding) Program</td>
</tr>
<tr>
<td>IPTp</td>
<td>Intermittent Preventive Treatment in Pregnancy (of Malaria)</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>LAM</td>
<td>Lactational Amenorrhea Method</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
</tr>
<tr>
<td>MVP</td>
<td>Millennium Villages Project</td>
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<tr>
<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OPV</td>
<td>Oral Polio Vaccine</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Salts</td>
</tr>
<tr>
<td>OTP</td>
<td>Outpatient Therapeutic Program</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother To Child Transmission</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>RDT</td>
<td>Rapid Diagnostic Test</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready-To-Use Therapeutic Food</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SFP</td>
<td>Supplementary Feeding Program</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TFC</td>
<td>Therapeutic Feeding Center</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
The Role of the Facilitator

A facilitator helps participants learn the skills presented in this course. They guide discussions, demonstrate what a CHW needs to do, help participants practice skills, monitor performance, and provide feedback. Rather than simply lecturing on information, good facilitators try to elicit answers from the group in order to help participants apply and synthesize new content based on their experiences and present knowledge. Most importantly, facilitators give participants any support they need to successfully complete the course and learn the skills that will help them care for their households as CHWs.

### ROLE OF THE FACILITATOR

#### To Teach:
- Convey information and guide CHWs through written materials, particularly when CHWs are not very competent in reading
- Make sure that each CHW understands how to work through the materials and what he or she is expected to do in each exercise
- Lead group discussions, video exercises, demonstrations, and role play practice
- Answer questions and provide clarification on any confusing points
- Maintain energy during the sessions in order to keep trainees engaged and interested
- Assess each trainee’s work and contributions
- Help each CHW identify how to apply the skills taught in the course to their work in the community
- Give guidance and feedback as needed during classroom practice sessions
- Model good clinical and communication skills

#### To Motivate:
- Praise individual trainees and the group on improving their performance and developing new skills
- Encourage trainees to move through the initial difficulties of learning new skills by focusing on steps in their progress and the importance of what they are learning to do

#### To Manage:
- Plan ahead and obtain all supplies needed each day
- Monitor the progress of each trainee
- Work with the instruction team to identify improvements to be made each day (if applicable)
Modeling Training Methods for Community Health Workers

Trainers need a wide range of skills in order to be successful. As a trainer, simply knowing the curriculum content is not enough.

Imagine yourself as a soon-to-be-CHW. You arrive at the training. You sit down in your seat, alongside your peers. The trainer gets up in front of the room. He doesn’t smile. He doesn’t make eye contact. He just talks on and on in a professional voice. He does not seem to even notice you sitting in the room. How would you feel if this happened?

A trainer has many, many roles. Trainers must develop excellent listening skills. They must be able to observe and remember what people say during a discussion. They must communicate information clearly. They must give feedback without making people feel insulted, and they must accept feedback without taking it personally. Most importantly, they must quickly earn participants’ trust, provide support and encouragement, and have a great amount of patience.

Health workers share knowledge, skills, experiences, and ideas, and a CHW must be both a health professional and teacher. Participants will begin learning how to educate on health behavior messages by observing their facilitator. How facilitators teach and train community health workers will influence how those health workers, in turn, teach and train people in their communities. Therefore, it is essential that facilitators take the time to incorporate effective facilitation techniques into their lessons.
Tips for Effective Facilitation

To successfully provide the participants with the tools they will need as CHWs, the facilitator must be concerned with how well participants understand, synthesize, apply, and retain the content presented in the session, in addition to simply sharing the facts.

Participants learn more when they participate in the learning process, rather than passively receiving information. Facilitators should always keep in mind that:

<table>
<thead>
<tr>
<th>People remember...</th>
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<tbody>
<tr>
<td>10% of what they read</td>
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<tr>
<td>20% of what they hear</td>
</tr>
<tr>
<td>30% of what they see</td>
</tr>
<tr>
<td>50% of what they see and hear</td>
</tr>
<tr>
<td>70% of what they see, hear, and say</td>
</tr>
<tr>
<td>90% of what they see, hear, say, and do</td>
</tr>
</tbody>
</table>

By providing participants the opportunity to absorb, practice, and review the content in many different ways, the facilitator can increase the amount of information the participants retain and apply correctly when they begin to make household visits.

FACILITATION TIPS

- Open the training with "icebreaker" activities (see Sample Icebreakers below)
- Carefully explain each activity and review the instructions with the group
- Ask the group open-ended questions to stimulate discussion
- Narrow and close a discussion when a topic has been exhausted
- Break participants into small groups to work on activities and share ideas
- Do some “energizer” activities throughout each lesson to break up content-heavy sessions and to keep participants engaged (see Sample Energizers below)
- Always explain how abstract messages and lessons relate to the specific activities of a CHW’s work
- Incorporate real-time data about health issues and CHW work in the region (if available)
- Pay attention to the needs of the participants and take breaks when necessary
- Debrief with participants at the end of each activity and at the end of each day
Other crucial elements for creating a productive and fun learning environment include:

- **Dialogue**: Adult learning is best achieved through dialogue. The majority of adults have enough life experience to engage in discussion with any teacher about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue or discussion must be encouraged and used in formal training.

- **Supportive learning environment**: Help make participants feel comfortable about making mistakes. Adults are more receptive to learning when they are both physically and psychologically comfortable. Participants may not have the correct answer to a question posed for discussion, but the way their answer is corrected may influence whether they are willing to speak up again next time.

- **Respect**: Appreciate learners’ contributions and life experience. Adults learn best when their experience is acknowledged and when new information builds on their past knowledge and experience.

- **Affirmation**: Learners need to receive praise for even small attempts. They need to be sure they are correctly recalling or using information they have learned in order to improve both skill and confidence.

- **Sequence and reinforcement**: Start with the easiest ideas or skills and build on them. Introduce the most important ideas first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.

- **Practice**: Allow learners to practice first in a safe place and then in a real setting.

- **Teamwork**: Encourage people to learn from one another and solve problems together. This makes new content easier to apply to real life and also fosters relationships among CHWs.

- **Accountability**: Ensure that learners understand and know how to put what they have learned into practice through both formal and informal, as well as group and individual assessment activities.

- **Clarity**: Messages should be clear. Words and sentence structures should be familiar. Facilitators should explain technical words and make sure the learners understand the terms.

- **Feedback**: Feedback informs the learner about her/his strengths or weaknesses, and can be executed in a uniform manner by using the worksheets provided.
The Learning Cycle

Conveying and practicing information through different types of activities is important for knowledge understanding and retention. Incorporating a variety of activities is also important because different learners process information in different ways. Some people learn better through listening, others through writing or movement.

Whether we are aware of it or not, each of us moves through a series of steps in our own daily learning:

- **First, you have an experience.** For example, you might observe that more members of your community become ill with malaria from April to June.

- **Next, you reflect upon the experience.** You may ask yourself why malaria is more common during those months than other months.

- **Then, you begin to analyze what is happening.** You may attempt to generalize from what you have seen by asking yourself: “Why is this happening?” In the case of malaria, you know that malaria is spread by mosquitoes, which are more numerous where there is water. You may decide that because there is more rain in April, May, and June, there are more mosquitoes, and, as a result, more cases of malaria.

- **Lastly, you may begin to apply what you have learned to new experiences.** Perhaps you begin to take more precautions, to prevent becoming ill with malaria during the rainy season, such as sleeping under a bednet.
Some people are better at learning from one stage of the learning cycle than others. Facilitators can improve the learning process by consciously taking participants through the entire cycle of experience, reflection, generalization, and application. When it comes to designing a lesson plan, these steps can be categorized as “motivation,” “information,” “practice,” and “application.”

For example, imagine you are a CHW supervisor training CHWs on how to treat diarrhea in children. For the motivation stage, you could begin with a role play of a CHW visiting a household where a child is sick with diarrhea. Then you might give a short lecture on the importance of treating diarrhea and the proper preparation of oral rehydration solution (ORS) for the information phase. After your initial demonstration, the group could try making ORS on their own for the practice phase. Finally, the participants could read stories about sick children, applying their newly acquired knowledge to decide if the child in the story has diarrhea and if the child should be treated with ORS.

By including a variety of activities in the lesson, the facilitator can ensure that all participants are engaged and able to absorb and apply the lesson content.
A Variety of Activities for A Variety of Learners

When new content is presented, it is important to include all four categories of learning into every learning experience. In order to achieve this goal, this training manual includes a wide variety of teaching methods that have been carefully organized to maximize participant learning. Not all of the activities below occur in each chapter, but facilitators should be familiar with the general progression of the chapters, as well as the purpose for each step contained within the lesson plan.

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**TRAINER'S MANUAL EXERCISES**

- **REVIEW PREVIOUS LESSON:** The facilitator will review the learning objectives from the previous chapter, and will ask participants to demonstrate their mastery of the learning objectives by asking the specific questions found on the right-hand side column in the learning objectives in the previous chapter. The facilitator will have corrected the worksheets from the previous chapter and will review questions found on the worksheets that one or more participants have answered incorrectly. Return the previous chapter’s worksheets to participants at this time.

- **INTRODUCE NEW LESSON:** This step allows the facilitator to introduce the topic of the lesson, briefly highlighting its importance within the CHW’s scope of practice. The facilitator should explicitly state the objective of the lesson here; that is, the reason for the inclusion of this topic within the training.

- **CONTEXT STORY:** Context stories provide an "example in action" of the behaviors that a CHW may encounter within a household, and the outcomes that can occur. These are divided into *Story of a Death* and *Story of A Death Prevented*, or *Story of an Illness* and *Story of an Illness Prevented* and serve as examples of positive and negative outcomes that can be ensured or prevented by CHWs.

- **INTRODUCTORY DISCUSSION:** Before diving into the content of the lesson, it is important to allow participants to discuss their pre-existing experience and ideas on the topic presented. This will give the facilitator an understanding of the diverse experiences and viewpoints held by participants, and will allow the facilitator to tailor the lesson to the groups’ needs. Participant ideas and points will be written on a large sheet of paper by the facilitator, and kept hanging in a prominent place throughout the lesson. This allows participants to reflect back on the changes in their understanding of the topic throughout the lesson. Discussion activities can take place in pairs, small groups, or with the entire group.
LECTURE: Information on the topic is presented in a visual and verbal manner. Often, lecture by the facilitator is supported by visuals, which can be found in the appendix of each lesson. Lectures are useful for presenting content that is new to the participants, but it is important to supplement lectures with other types of activities in order keep participants active and engaged.

DEMONSTRATION: If a chapter requires that a hands-on skill be taught, demonstration is a crucial step. The gradual release of responsibility within teaching separates activities into “I do/We do/You do” allows for the facilitator to first demonstrate a skill (“I do”), followed by group or partnered practice (“We do”), followed by individual practice (“You do”). It is important that a facilitator demonstrates the appropriate and inappropriate ways to perform a task and discuss the differences.

GROUP ACTIVITY: For group activities, participants work in pairs or small groups to demonstrate the knowledge they have just acquired. Throughout this manual, participants are split into three different group sizes for the various activities: pairs (2 participants), small groups (3-6 participants), and large groups (6 or more participants - can include all participants present in the training). There are a range of activities included in the group activity category across the manual. Be sure to allow ample time for each participant to take their turn, and walk from group to group to ensure that all understand the task at hand and are participating equally.

CASE STUDY: Case studies are one type of small group activity that presents groups of participants with real-world examples of the kinds of health cases they are likely to see when visiting households. Participants will talk through the responses they think are correct given the series of details provided, and present their conclusions to the larger group for discussion.

REINFORCING DISCUSSION: Reinforcing discussion activities are different from the introductory discussion above, in that they occur after the bulk of chapter information has been presented. Reinforcing discussions allow participants to share their ideas on the chapter’s topic and discuss ways in which they can support households using the technical information shared in previously.

BEHAVIOR CHANGE: Much of the work undertaken by CHWs includes counseling household members to make changes to their typical behavior. This often challenging responsibility is addressed in depth in Unit 1 Chapter 3: CHWs as Agents of Behavior Change. Within each chapter that includes behavior change counseling, various stages of behavior change are identified for the topic, as well as specific ways that CHWs may provide counseling at each stage.

ROLE PLAY: Role play allows participants to act out situations that they may come across during household visits. Each role play consists of a background story with several facts about the household member to be acted out. This practice helps CHWs feel more comfortable formulating counseling messages when they encounter the households.
UNIT 0: INTRODUCTION
Chapter 2: Key Techniques for Effective Facilitation

- **REVIEW:** The review portion of the lesson serves to reinforce the information that was transmitted throughout the lesson. This is the facilitator’s opportunity to return to the learning objectives stated at the beginning of the chapter and ensure all important points were covered. Participants will have the opportunity to review the counseling cards and job aids associated with the chapter, and ask any questions they have about content or practice. It is important that each CHW have a copy of the appropriate counseling cards and job aids during the review.

- **WORKSHEET:** The worksheet serves both as a final reinforcement of content and a tool through which the facilitator can assess participant progress and provide feedback. It must be filled out by each individual participant to check their understanding of the lesson. Be sure to allow enough time for all questions to be answered, then collect worksheets to be scored during the break between lessons. The facilitator must score each worksheet before the next lesson begins in order to see where participants are struggling to master the material both individually and as a group. If the facilitator notices that a particular participant tends to get more questions incorrect than other participants, the facilitator should take time with him or her privately to review the correct answers one-on-one.

By making an effort to incorporate the above activities and techniques into each day’s sessions, the facilitator will build the encouraging and effective learning environment necessary to help trainees master the knowledge and skills they will need as CHWs.

**Sample Icebreakers**

Creating a supportive learning environment includes giving CHWs the opportunity to get to know, and feel comfortable with, each other. Including “icebreaker” activities at the beginning of the training – such as asking participants to share something or play a team building activity – can build a sense of community and contribute to a fun, encouraging learning environment.

**GETTING TO KNOW YOU**
Ask participants to share their name, something about themselves (favorite color, hobby, etc.), and one thing they hope to learn from the training. Make sure every participant has a chance to speak.

**FACT OR FICTION?**
Ask everyone to write on a piece of paper THREE things about themselves which may not be known to the others in the group. Two are true and one is not. Taking turns have them read out the three ‘facts’ about themselves while the rest of the group votes which are true and false.

**INTERVIEW**
Divide the participants into pairs. Ask them to take three minutes to interview each other. Each interviewer has to find 3 interesting facts about their partner. Bring everyone back to together and ask everyone to present the 3 facts about their partner to the rest of the group.
Sample Energizers

Energizers are brief activities and games that help increase the energy in a group by engaging them in physical activity, laughter or problem-solving. Use energizers at the beginning and end of each day, and between and throughout lessons to facilitate interaction among group members, encourage creative thinking, and add some fun to the training course.

**BIRTHDAY LINEUP**
Ask participants to line up in the order of their birthdays without speaking.

**SHAKEOUT**
Ask everyone to stand up and to shake each of their limbs for 5 seconds: their left arm, their right arm, their left leg, and their right leg.

**KNOTS**
Divide your group into teams of 6-8. Each team forms a small circle. Ask them to extend their right hand across the circle and hold the left hand of the other team member opposite them. Then extend their left hand across the circle and hold the right hand of another group member. The task is to unravel the spider's web of interlocking arms without letting go of anyone's hands. The group that can complete the activity first is the winner.

**LOOK UP LOOK DOWN**
Arrange participants into groups of 12-20 members. Have participants stand in a tight circle, shoulder to shoulder. Explain that when you (the facilitator) says, "look down" everyone must look at the ground. And when you say, "Look up" everyone must look up and stare directly at the face of another person. If two people look up and stare at each other, they must scream and then step out of the circle. The rest of the participants who didn't make eye contact with another person will continue staring until the facilitator says, "Look down" again. Play continues until there are only 2-3 people left in the circle.

**GROUP JUGGLE**
[This activity is best after the second day after participants have had a chance to learn each other's names.] Arrange participants in a circle and explain the rules. The facilitator will start by throwing a ball around. Each person must call out the name of the next person that they are throwing it to. They may not throw it back to the person who threw it to them or the person immediately before that. See how long the group can go without dropping the ball!
## Index of Activity Icons

Throughout each lesson, the activities outlined above are indicated using the icons present below:

<table>
<thead>
<tr>
<th>Icon</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>📝</td>
<td>Background</td>
</tr>
<tr>
<td>⌚️</td>
<td>Learning Objectives</td>
</tr>
<tr>
<td>📚</td>
<td>Lesson Plan</td>
</tr>
<tr>
<td>☑️</td>
<td>Lesson Preparation</td>
</tr>
<tr>
<td>🗣️</td>
<td>Introduce New Lesson</td>
</tr>
<tr>
<td>🏡</td>
<td>Context Story</td>
</tr>
<tr>
<td>📘</td>
<td>Lecture</td>
</tr>
<tr>
<td>💬</td>
<td>Discussion</td>
</tr>
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<td>🔂</td>
<td>Behavior Change</td>
</tr>
<tr>
<td>🎗</td>
<td>Demonstration</td>
</tr>
<tr>
<td>⬿</td>
<td>Small Groups</td>
</tr>
<tr>
<td>⭕</td>
<td>Group Activity</td>
</tr>
<tr>
<td>🔍</td>
<td>Case Study</td>
</tr>
<tr>
<td>🎭</td>
<td>Role Play</td>
</tr>
<tr>
<td>📖</td>
<td>Review</td>
</tr>
<tr>
<td>⌧</td>
<td>Worksheet</td>
</tr>
<tr>
<td>🔒</td>
<td>Worksheet Answer Key</td>
</tr>
</tbody>
</table>
The Importance of Customizing Your Lesson

Over the course of the training, you will be introducing a large volume of complex health and program information to the CHWs. Some CHWs might feel overwhelmed by the information. Others might feel that the topics covered are not relevant to their communities. Still others might have difficulty imagining the practical applications of knowledge covered in the classroom.

As a facilitator, you can help participants retain and apply the information they learn by providing as much context as possible using concrete examples from the community. This will help participants see the relevance of what they are learning and understand the important role they will play in improving the health of their community.

Throughout this manual, you will see the following icon:

![TIP: Customize the lesson plan according to local practices](image)

The purpose of this icon is to remind you to adapt the lesson content according to the local environment, circumstances, and program policies. Before each lesson, take time to review the lesson plan, edit content details based on the local situation, and brainstorm ways to incorporate concrete local examples. By doing so, you will be able to present the most pertinent information in an engaging manner.
**Helpful Tips for Customizing Your Lesson Plan**

There are many ways you can incorporate real life, site-specific examples into your lesson plan. By utilizing these creative methods for presenting information, you can make training sessions more engaging and improve participants’ comprehension of difficult material.

### TIPS FOR TEACHING TO THE LOCAL CONTEXT

- **Review policies and protocols to align with the expectations of your program.** It is crucial to review each lesson and make sure the content accurately represents what will be expected of the CHWs during their day-to-day responsibilities. This should also be in alignment with the policies of other health providers with whom the CHW will be working.

- **Edit context stories with locally appropriate details, or replace it entirely with a site-specific anecdote.** The context story is a great method for presenting how a CHW can help save lives. The context stories in each module have been provided for a topic-specific example, but you are strongly encouraged to edit the story details according to the health challenges, protocols, and resources in the local community.

- **Invite guest lecturers.** It can be helpful for participants to hear the stories of experienced CHWs, clinic staff, and other community members. Not only will the varied speakers make the training more engaging, it will also give participants the opportunity to meet some of the staff and local leaders they will be working with later on. (Keep in mind that extra time will need to be allotted in the lesson plan for guest speakers)

- **Incorporate data and other records to reinforce content covered in class.** It is important to supplement qualitative examples with data-based evidence of health trends in the local community. Data on health challenges in the community can emphasize the importance of health interventions and the specific role that CHWs play in those initiatives. The context story section of the module could be a good spot for these data-based examples.

- **Organize field trips or field-based practice.** It can be helpful for CHWs to observe the larger health system in which they will work. If possible, invite CHWs to visit a nearby health facility or attend a meeting of the village health committee. In addition to providing context to what the CHWs are learning in the classroom, it will also allow them to meet individuals that they may work with later on.
Using Data to Support Your Lesson

Data-based evidence can be a powerful tool to reinforce the health topics and CHW responsibilities introduced in this manual. Using data to illustrate current health trends in the region can help CHWs comprehend the scope and urgency of the issue, as well as the highlight CHWs’ important role in health interventions addressing these issues.

Taking a few minutes to pull examples from reports or other data collection tools can significantly increase the impact of the lesson’s message. Resources include:

- **Reports highlighting performance on health indicators**: A variety of health indicators can be used to demonstrate the need for specific services or health behavior counseling at the household level. Looking at the indicators over time can also highlight the effectiveness of home-based interventions.
- **Vital events data**: Vital events data can be used to highlight high mortality rates for a specific region or demographic.
- **Verbal autopsy (VA) reports**: VA statistics can point to epidemics or other health risks in the local community that are claiming lives.
- **Clinic log books**: Clinic log books can be used to identify health trends that can be addressed by the services that CHWs provide.

**EXAMPLE 1: HEALTHY BEHAVIOR INDICATORS**

A data-based example like the one below could be used to highlight the low percentage of women using modern family planning and emphasize the need for CHWs in educating households on the benefits of family planning.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Proportion of women 15-49 years old reporting use of modern family planning method at last visit this time period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53%</td>
<td>55%</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>382</td>
<td>703</td>
<td>813</td>
<td>270</td>
</tr>
<tr>
<td>724</td>
<td>1267</td>
<td>1469</td>
<td>485</td>
</tr>
</tbody>
</table>
EXAMPLE 2: VITAL EVENTS DATA

Pointing out a high number of deaths for a particular demographic or time period could be an impactful way to start a discussion about why the trend is occurring and what role the CHWs could play in preventing these deaths.

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of births recorded during the time period.</td>
<td>17</td>
<td>36</td>
<td>18</td>
<td>27</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>No. of Maternal deaths (pregnant or within 42 days of delivery) during the time period</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td>No. of Under-5 (0-59 months) Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Over-5 (non-maternal) deaths during the time period</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>
UNIT 1: Overview

This unit provides an overview of a CHW’s responsibilities and job expectations. The unit describes the role of a CHW and expected responsibilities, as well as rights and support – such as equipment, supplies, and supervision – that will be provided to CHWs in order to achieve their tasks. Finally, this unit expands upon the role of CHWs as agents of behavior change, providing instruction and recommendations for how CHWs can effectively transform health actions and behavior amongst their community members.

1. The Role of the CHW in a Health System
2. CHW Rights and Support System
3. CHW as Agents of Behavior Change
OVERVIEW

BACKGROUND

Over the past four decades, the role of Community Health Workers (CHWs) has trended towards one that is professionalized with strong linkages to the health system. There is movement towards CHWs functioning as the first point of access to health care for communities. This is achieved through structured interactions during regular household visits and through CHWs’ regular availability to provide urgent care in their own immediate surroundings. In each of these community-based locations, CHWs may routinely provide a limited set of primary care services, health education and responses to acute needs. Although CHWs may be a first point of contact, they are also the critical referral link to more advanced clinical care and facility-based services for severe illness or maternal care.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to understand the basic aspects of health systems | - List providers they would work with as a part of the health system  
- Understand how they should be working with other providers to ensure continuum of care |
| To be able to understand the importance of a CHW | - Understand the role of the CHW in promoting a healthy community and preventing deaths |
| To be able to identify the CHW’s responsibilities | - List their responsibilities to households, children, pregnant women, newborns, communities, and the overall project |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Health Systems
5. Lecture: The Millennium Villages Health System
6. Small Group: Value of CHWs
7. Lecture: CHW Responsibilities
8. Small Group: Behavior in a Household
9. Lecture: CHW Code of Conduct
10. Review Key Messages
11. Worksheet
LEsson Preparation

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- For Lecture on Millennium Village Health Systems, choose one:
  a) Images of MV Health System as a handout or
  b) PowerPoint presentation
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aids:
  o CHW RESPONSIBILITIES: 20 TASKS
  o CODE OF CONDUCT

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

"Do you know how many children die in your community every year? There are 8,000,000 children who die each year across the globe, with the highest concentration in communities such as ours. The worst news is that most die from illnesses that are treatable and preventable, but many of our children and caregivers cannot reach health care.

CHWs are frontline workers for the health system – they are crucial to ensuring that every caregiver, child, and vulnerable household has access to care. As a CHW, it is important to understand the health system with which you will work. It is also important to understand each of the tasks for which you will be responsible. You are the crucial link between vulnerable households and life-saving care, and you will make a difference in the health of your neighbors and your community.

In this lesson you will learn your responsibilities as a CHW, how you relate to the rest of the health system – including midwives, nurses, and doctors – and finally, what will be expected of you as an employee of the community health system. By the end of this lesson, you should understand your responsibilities and be able to explain how you fit in with the rest of the health system. You should also have a clear understanding of what behaviors and attitudes meet the expectations for a Millennium Villages employee."

1.1 ROLE OF THE CHW
EXAMPLE IN ACTION
3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

<table>
<thead>
<tr>
<th>STORY OF A DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in a nearby village, Aminata, had 5 children including 1 baby girl.</td>
</tr>
<tr>
<td>Aminata, her husband, and her children were often sick with fever.</td>
</tr>
<tr>
<td>Aminata did not know what was causing the illness. She was using the bednet she received for free as a fishing net.</td>
</tr>
<tr>
<td>When the baby also became ill with fever, Aminata tried to give the child panadol.</td>
</tr>
<tr>
<td>The baby died. The clinic was only 10 km away, but Aminata did not realize that bringing her baby to the clinic could have saved the child’s life.</td>
</tr>
<tr>
<td>Her next youngest child became sick with fever as well, and Aminata did not know what to do.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF A DEATH PREVENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in another village, Josephine, had 4 children and was pregnant.</td>
</tr>
<tr>
<td>Josephine and her family did not often have fever.</td>
</tr>
<tr>
<td>There was 1 month that Josephine’s young children did not sleep under the bednet because it was too hot.</td>
</tr>
<tr>
<td>One child became sick with fever, and soon the newborn baby did too.</td>
</tr>
<tr>
<td>Josephine immediately called her CHW using her husband’s mobile phone.</td>
</tr>
<tr>
<td>The CHW came to visit and observed that the baby had fever. She referred the caregiver to the clinic immediately and helped to arrange for transport.</td>
</tr>
<tr>
<td>Meanwhile, the CHW conducted a rapid diagnostic test for the other young child. The test was positive for malaria, and the CHW gave the child antimalarial drugs.</td>
</tr>
<tr>
<td>The CHW explained in a follow-up visit that it is important to sleep under a bednet, even when it is hot because it prevents the malaria, a disease that causes death.</td>
</tr>
<tr>
<td>Now Josephine always makes sure her children sleep under bednets.</td>
</tr>
<tr>
<td>It has been almost a year since anyone in her household has suffered from a severe case of fever and malaria.</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION

4. Discussion: Health Systems

Lead a discussion with participants about what constitutes a health system. Sample questions may include:

- What are the different parts of a health system?
- What happens if someone gets sick? Who do they go see? Where do they go for care?
- What options exist in the community?
- What are the roles of the different health professionals?
- What added value do CHWs bring to this system?
- How are CHWs responsibilities different from other health professionals?

Write the group’s answers on the chalkboard or flipchart, making sure that all of the content below is covered, adding to the list as required.

KEY CONTENT

- Community health workers are the first point of care
- Community health workers link households to clinics by providing surveillance for danger signs/sickness and providing referrals
- Nurses at the clinic provide general care
- Midwives at the clinic provide pregnancy care, including antenatal care (ANC), assisted delivery, and postnatal care (PNC)
- Doctors and physician assistants at the referral hospital provide advanced care
- Doctors at the health clinic provide advanced care (Dependent on site)
- The Millennium Village health team, including the health coordinator, health facilitators, and CHW manager, provide oversight and management for the entire health system
- The district health office interacts with the Millennium Village health team to identify district trends in health (e.g. epidemics)
CONVEY INFORMATION

5. Lecture: The Millennium Villages Health System

Use the following image to present the different parts of a MV Health System. Provide participants with a copy of this as a handout or project it on a screen using PowerPoint (recommended).

Explain the role of each person or institution in the image. Explain why the CHW is the core piece that is needed for this entire system to function. Remember to include the following points:

- **District Health Office**
- **Hospitals**
- **Primary Health Care (PHC) Facilities**
- **CHWs**
- **Supervisors**
- **Private Clinics**
- **Referral Transport**
- **NGOs, Universities**

**TIP:**
Give positive reinforcement to continue breastfeeding exclusively for the first 6 months (no water).

**TIP:**
Provide positive reinforcement.

**TIP:**
If child does not have a bednet, assist mother in obtaining one.

**TIP:**
Preventing Malaria with bednets. How to use and maintain a bednet.
CHWs conduct household visits, which allow them to conduct surveillance for danger signs, provide first point of care for basic sicknesses, and prevent illness through counseling and household education. This is called “community health care” and is often the first point of contact for communities with the health system.

When a baby, child, or mother is very sick, it is important for them to access care immediately. The CHW can facilitate access to care by calling an ambulance or arranging for transport to the primary health care clinic (PHC Facility).

For emergency health care scenarios, transport of the sick person to the referral hospital can also be arranged by either the CHW or the primary health care facility.

This system of providers is managed by the Millennium Village health team (not pictured on this image), which interacts with the district health office, universities, and NGOs.

This Millennium Village health team includes supervisors that will function as both CHW mentors and the CHW’s direct link to the project management and administration teams.

Maintaining relationships with the district health office and universities is important in order to keep the government aware of the contribution of CHWs to a country’s overall health.

The district health office can assist in management and policy development, learning from CHW best practices to inform similar country-wide efforts.

**REINFORCE INFORMATION**

6. Small Group: Value of CHWs

Break participants up into groups of 3-5. Read the following prompt and ask the group to discuss.

“What do you think is the value that the CHWs add to this system? What type of responsibilities do you think the CHW has that empowers him/her to keep this system functional AND reduce death in our communities?”

Ask 1 representative from each small group to present the results of their discussion.
UNIT 1: OVERVIEW
Chapter 1: The Role of the CHW in the Health System

CONVEY INFORMATION

7. Lecture: CHW Responsibilities

Ask participants to refer to the CHW RESPONSIBILITIES: 20 TASKS job aid in the OVERVIEW section of the job aids. Present the following information to the group and answer any questions that arise.

### KEY CONTENT

<table>
<thead>
<tr>
<th>CONDUCT ROUTINE HOUSEHOLD VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct at least 1 visit to all households every 90 days</td>
</tr>
<tr>
<td>2. Conduct at least 1 visit to all under 5 children every 30 days</td>
</tr>
<tr>
<td>3. Conduct at least 1 visit to each newborn in days 0, 3, 7, once between days 14-21, and day 28</td>
</tr>
<tr>
<td>4. Conduct at least 1 visit to each pregnant woman every 6 weeks, and in the 8th and 9th month</td>
</tr>
<tr>
<td>5. Screen for danger signs and assist household members during referrals to facilities when necessary</td>
</tr>
<tr>
<td>6. Assess and treat symptoms of uncomplicated pneumonia, diarrhea, and malaria. Refer all other danger signs as necessary</td>
</tr>
<tr>
<td>7. Provide counseling on healthy behavior for all household members including bednet usage, hygiene and sanitation, and proper nutrition</td>
</tr>
<tr>
<td>8. Provide counseling on nutrition and immunizations for children under 5</td>
</tr>
<tr>
<td>9. Provide counseling on antenatal care, newborn care, exclusive breastfeeding, and family planning for all pregnant women and mothers</td>
</tr>
<tr>
<td>10. Provide family planning counseling for all women ages 15 to 49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDUCT FOLLOW-UP HOUSEHOLD VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Respond to emergency health situations as necessary</td>
</tr>
<tr>
<td>12. Visit sick members previously treated or referred within 48 hours to check on condition</td>
</tr>
<tr>
<td>13. Refer sick members if condition has not improved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLECT AND REPORT HOUSEHOLD DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Track and register all new pregnancies, births and deaths</td>
</tr>
<tr>
<td>15. Track and monitor health outcomes (malnutrition), case management data (danger signs, referrals, treatment), and utilization of health services (immunization, ANC visit, delivery at facility, and modern contraceptive use)</td>
</tr>
<tr>
<td>16. Record and submit household visit data on a mobile phone and/or paper form after every visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDUCT COMMUNITY-BASED HEALTH ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Support community leaders in organizing for health</td>
</tr>
<tr>
<td>18. Function as a link between the community and the facilities</td>
</tr>
<tr>
<td>19. Support health staff in executing health days and campaigns</td>
</tr>
<tr>
<td>20. Provide health-related support as needed in the community</td>
</tr>
</tbody>
</table>
UNIT 1: OVERVIEW
Chapter 1: The Role of the CHW in the Health System

REINFORCE INFORMATION
8. Small Groups: Behavior in a Household
Ask students to break up into groups of 3-5. Read the following prompt and ask the group to discuss.

“If a CHW were to come to your home to take care of your family, how would you want him/her to behave?”

CONVEY INFORMATION
9. Lecture: CHW Code of Conduct
The CODE OF CONDUCT job aid can be found in the job aids. Explain the CHW Code of Conduct as the expectations that the Millennium Villages Project has for their employees. Ensure that each expectation is clear to each student. Communicate that violation of any of these rules risks dismissal from their post.

REINFORCE INFORMATION
10. Review Key Messages
Ask the group a few questions to check their understanding of the lesson. For example:

- Why are CHWs valuable to the communities they serve?
- How are CHWs unique within the health system?
- What do you consider to be the most important responsibility of a CHW?

PARTICIPANT PRACTICE
11. Worksheet
Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
1. Name two CHW responsibilities related to household data.

2. What are three types of illness that a CHW may assess and provide treatment for?

3. How often are CHWs required to visit households of children under five?

4. CHWs should conduct a follow-up visit after a sick person has been treated or referred within ________ hours.

5. True or false (circle one)? A CHW’s primary responsibility for pregnant mothers is to assist in delivery at the home.
   True   False

6. True or false (circle one)? A CHW’s only responsibility at the household level is to provide care for sick children, infants and mothers, and educate caregivers on prevention of sickness.
   True   False

7. True or false (circle one)? A CHW should provide at least 12 visits every year to each household.
   True   False

8. How does the CHW link households to clinics?

9. What other health providers might the CHW work with in order to ensure continuum of care?
UNIT 1: OVERVIEW
Chapter 1: The Role of the CHW in the Health System

WORKSHEET: ANSWER KEY

1. Name two CHW responsibilities related to household data.
   Any two of the following:
   - Track and register all new pregnancies, births and deaths
   - Track and monitor health outcomes, case management data, and utilization of health services
   - Record and submit household visit data on a mobile phone or paper form after every visit

2. What are three types of illness that a CHW may assess and provide treatment for?
   - Pneumonia
   - Malaria
   - Diarrhea

3. How often are CHWs required to visit households of children under five?
   Once every 30 days / Once every month.

4. CHWs should conduct a follow-up visit after a sick person has been treated or referred within forty-eight (48) hours.

5. True or false (circle one)? A CHW’s primary responsibility for pregnant mothers is to assist in delivery at the home.
   True  ✓ False

6. True or false (circle one)? A CHW’s only responsibility at the household level is to provide care for sick children, infants and mothers, and educate caregivers on prevention of sickness.
   True  ✓ False

7. True or false (circle one)? A CHW should provide at least 12 visits every year to each household.
   True  ✓ False

10. How does the CHW link households to clinics?
    Community health workers link households to clinics by providing surveillance for danger signs and sickness, and providing referrals.

11. What other health providers might the CHW work with in order to ensure continuum of care?
    Answers may include: Doctors, nurses, midwives, physician assistants
OVERVIEW

BACKGROUND
As a professional cadre of workers, CHWs should expect adequate support and just treatment by their employers. Such rights are meant to assure that CHWs are not mistreated or misused by their employers. Furthermore, their employers are required to provide an adequate support system for operations, including timely supplies and mentorship through field supervisors.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to understand CHW employee rights</td>
<td>☐ List their rights as employees of the project</td>
</tr>
<tr>
<td>To be cognizant of CHW safety</td>
<td>☐ Name two questions to ask when assessing safety before entering households</td>
</tr>
</tbody>
</table>
| To know about supplies, Job Aids, and Counseling Cards | ☐ List essential supplies and job aids  
 |                                               | ☐ Understand the function of each of the supplies           |
| To become familiar with supervisory support and mentorship | ☐ Understand the role of their supervisor  
 |                                               | ☐ Understand issues for which they can approach their supervisors for help |
UNIT 1: Overview
Chapter 2: CHW Rights and Support System

LESSON PLAN SUMMARY
1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Lecture: Locally Developed CHW Rights
5. Lecture: CHW Safety Guidelines
6. Discussion: Essential Supplies, Job Aids, and Counseling Cards
7. Discussion: CHW Expectations
8. Lecture: Program Structure for Supervisory Support and Mentorship
9. Discussion: Shared Expectations
10. Review Job Aid(s)
11. Review Key Messages
12. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Photocopies of ‘CHW Rights’ (locally developed) for each participant
- Photocopies of ‘CHW Safety Guidelines’ (locally developed) for each participant
- Photocopies of ‘CHW Supply List’ (locally developed/adapted) for each participant
- Chart of CHW supplies and purposes
- Chalkboard and chalk or flipchart and markers
- [Optional] Sample CHW supply kit
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: CODE OF CONDUCT
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“This section will focus on your rights as employees of the Millennium Villages Project (MVP). It is important to be aware of what you can expect as MVP employees in order to avoid mistreatment. We will summarize this lesson in four components: your rights, your safety guidelines, the supplies and job aids you should be provided, and the support and mentorship system you should expect to assist you in executing your responsibilities. During your tenure as an employee of this program, be sure to inform the CHW manager, health coordinator, or team leader if you observe a violation of any of these rights and expectations owed to you. This is important not only for your own ability to be successful at your job, but for the entire program’s ability to reach its goals.”
EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

**STORY OF A DEATH**

- Winnie is a new CHW and excited about her job.
- Winnie carries her new CHW backpack, MUAC tape and ORS packets on her household visits.
- At one household visit, the child had fever. Winnie recalled learning about rapid diagnostic tests (RDTs) for malaria but did not have any. Winnie referred the mother to take the child to the clinic.
- Upon a follow-up visit, Winnie learned that the child’s condition got worse and was never taken to the clinic. Winnie provided another referral and asked the mother to go to the clinic.
- When Winnie returned in 2 days, the family was in mourning. The child had passed away.
- The mother saw Winnie and yelled at her in tears, asking why Winnie could not do anything.
- Winnie felt unable to do her job as a CHW.

**STORY OF A DEATH PREVENTED**

- Shallon is a new CHW and excited about her job.
- Shallon carries her new CHW backpack, with her MUAC tape, malaria treatment, and ORS packets on her household visits.
- At one household visit, the child had fever. Shallon did not have RDTs with her so she instead gave the mother a referral to bring the child to a clinic.
- At the end of the day, Shallon called her supervisor to ask where she could receive more RDTs. The supervisor indicated that the clinic would receive more stock the next day.
- Shallon picked up the RDTs the next day and decided to return to the household.
- The child had not gone to the clinic yet. Shallon conducted an RDT and found the child to be positive for malaria. Shallon provided malaria treatment.
- Upon a follow-up visit, Shallon learned that the child was not getting better. Shallon provided another referral to the mother.
- Remembering that the mother did not previously bring the child to the clinic, Shallon tried to explain the importance of bringing the child to the clinic. The mother explained that her husband was away, and she could not go to the clinic without him being present.
- Shallon called her supervisor to help explain the situation. The supervisor and Shallon worked with the mother to find a transport solution and called the husband to explain they were going to the clinic.
- The child visited the clinic, received treatment and soon became healthy again.
CONVEY INFORMATION

4. Lecture: Locally Developed CHW Rights

It is crucial that local stakeholders, including those whom the CHWs ultimately report to, develop a set of employee rights. These rights should be gold standard and should not change without the consent of all employees (including those who abide by such rights and those who expect such rights to be adhered to). It is recommended that CHW rights be developed collaboratively with CHWs, supervisors, and other members of the health system at the outset of program development.

The following rights are suggestions and examples based on international employer rights and should be adapted according to local needs and capabilities.

| KEY CONTENT |
| What are CHW Rights? |
| - On time pay |
| - At least 1 supervisory visit per month |
| - Supportive mentorship from a supervisor on a weekly basis |
| - Clear guidelines for how to refer cases to advanced care facilities |
| - Pre-service and in-service trainings, and opportunities for continuing education on all skills and services CHWs are expected to provide (see Roles and Responsibilities) |
| - Steady flow of supplies |
| - Travel support as necessary |
| - Safe workplace, including basic equipment such as gloves, soap, detergent, clean water |
| - Access to data from one's cohort of households to use for decision making |
| - Quarterly performance evaluation, including a follow up discussion with supervisor and CHW manager |
| - Reasonable notice before termination of contract |

Why are these rights important?
- CHWs play the important role of ensuring all members of their community have access to health services and education. They not only provide active surveillance to prevent worsening of danger signs that could lead to death, they also provide basic treatments and important health counseling for healthy behavior and prevention of disease.

TIP:
The Team Leader and Health Coordinator should work with relevant stakeholders (including CHWs) to develop a set of employee rights and context-specific supplies lists and aids.
CONVEY INFORMATION

5. Lecture: CHW Safety Guidelines

Explain the importance of CHW safety as health care providers. Lack of attention to safety guidelines can result in life-threatening risks to the CHW. Safety guidelines should be adapted to local customs and capacity. The following safety guidelines are suggestions based on emergency medicine safety guidelines for first responders. They should be adapted according to local needs and capabilities, and a copy should be provided to all CHWs:

What are CHW safety guidelines? Before entering a household, always ask:

1. IS THE SCENE SAFE?
   - Never enter a household if there is any chance of violence, weapons, domestic disputes, violent mentally ill patients, or dangerous animals and insects
   - Never enter a household if there is any chance of potential injury, fire, poison, or electrical or chemical hazards

2. DO I HAVE THE RIGHT SUPPLIES SO I DON’T CONTRACT OR SPREAD DISEASES?
   - Always wear gloves when dealing with sick patients, especially if there is a chance you will come into contact with body fluids, such as blood, vomit, sputum, urine, feces, pus, or open infections

Why are the CHW Safety Guidelines important?
   - The most important thing when working in the field is putting your personal safety first. If you get sick or injured you cannot (and should not) help anyone, and you also become another patient who needs care. What’s more, if you get sick you can even make other, originally healthy, people sick when you visit them. Your personal safety is always your first and greatest priority!
CHWs should be aware of the essential supplies and commodities they are expected to carry during their visits. Continuous adaptation is necessary as CHW responsibilities shift. If available, show volunteers sample supplies. Ask volunteers in the group to guess for what each supply is used. After collecting guesses about each supply, provide the accurate description of each supply’s function, using the table you prepared beforehand. Explain to the group that details on how to use each supply will be provided throughout the training.

**SAMPLE SUPPLY KIT**

- **CHW Job Aids**: summary of workflow to guide a CHW through a household visit
- **Counseling Cards**: health behavior messages and images to review with households during visits
- **Backpack**: to carry supplies
- **Mobile phone**: decision-aid and data collection tool
- **Data Collection Forms**: backup in case of mobile phone malfunction
- **MUAC Tapes**: malnutrition assessment tool
- **Rapid Diagnostic Tests for Malaria**: malaria assessment tool
- **Oral Rehydration Solution packets**: treatment for diarrhea
- **Zinc tablets**: treatment for diarrhea
- **Antimalarial Drugs** (Coartem): treatment for malaria
- **Antibiotics**: treatment for pneumonia
- **Gloves and soap**: to protect CHWs from illness
- **(Optional) Sputum Containers**: Collects sputum to bring to lab for TB testing
- **(Optional) Anti-pyretics**: remedy to lessen effects of fever (NOTE: does not cure malaria)
- **(Optional) Bicycle**: transport to households
- **(Optional) Weighing Scale**: to measure the child’s weight up until five years
- **(Optional) Length Mat**: to measure the child’s length up until five years

Ensure that the following points are also covered during this presentation:

- Inform CHWs of the supplies and commodities they can expect to carry (as provided by the Program)
- Reiterate to CHWs the importance of ensuring they have enough supplies before their household visits
- Inform the CHWs of where they can replenish their supplies and whom they can speak to if they need assistance obtaining essential supplies.
- Note that demonstrations of how to use these supplies will be covered in later units in the context of when they should be used
- Note that the discussion on mobile phone usage and CommCare forms will be covered in the section on **Using Information to Improve Health**
7. Discussion: CHW Expectations

Read the following prompt to the entire group. Conduct a large group discussion.

“What do you expect of a supervisor? What support should he/she provide you? How often would you want to see him/her? Or, asked another way, if you were a supervisor of a CHW, what do you think would make you a good supervisor?”

Do the following points arise? Are there any other points that come up? New ideas from the CHWs can be considered for adaptation of the supervisory program.

- Mentorship
- Information feedback from managers
- Information feedback from community
- Instructions and corrections on methods for delivering services
- Weekly meetings to discuss data and new information
- Clear and prompt communication of management decisions

8. Lecture: Program Structure for Supervisory Support and Mentorship

Ask CHW supervisors to help present this section. This section needs to be prepared with the supervisors ahead of time and should be tailored to each site’s specific supervision system.

Key focal points for supervision to present should include:

- The role and responsibilities of CHW supervisors
- Interaction points between supervisors and CHWs, including meeting frequency, performance review sessions, data review sessions
- Supervisory tools and performance evaluations that supervisors will use to monitor CHWs
- Supervisor role in a CHW’s performance evaluation (including quantitative performance evaluation, qualitative performance evaluation, community input on attitude/leadership)
CONVEY INFORMATION

9. Discussion: Shared Expectations

Ask each supervisor to meet with his/her group of CHWs. Provide each group with a flip chart and markers to document their shared expectations of each other. Each supervisor should explain his/her expectations of his team to the participants – including, but not limited to:

- Expected frequency of meetings, both with individual CHWs and the group, to discuss performance strengths, weaknesses, and action plans
- Expected frequency of performance evaluations and an explanation of how a performance evaluation is conducted
- Expectations of his/her team’s goals and performance improvements over each quarter
- Expectations of when each of his/her CHWs should be able to go to him/her for assistance
- Contact information to reach the supervisor

The participants should also explain their expectations of their supervisor. Suggest the following questions to the participants to discuss with their supervisor during this meeting:

- As my supervisor, how will you support me?
- What challenges do you think I might face in the field that you could help me with?
- When can I reach you during the day?
- How will you communicate to me any broad strategy changes that are made to the program (including, but not limited to, changes in my responsibilities)?
- On what criteria will you evaluate me?
- Over what does my performance evaluation have influence?

At the end of the session, each group should present their shared expectations of both supervisors and CHWs to the rest of the group.

REINFORCE INFORMATION

10. Review Job Aid(s)

Allow the group to review the CODE OF CONDUCT job aid for a few minutes. Answer any questions they may have.
**UNIT 1: Overview**
Chapter 2: CHW Rights and Support System

**REINFORCE INFORMATION**

11. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Name 10 supplies that a CHW should carry with him/her at all times.
- Name 3 issues that a CHW can expect to be able to go to a supervisor for help on.
- What are 2 safety principles to keep in mind before entering a household?

**PARTICIPANT PRACTICE**

12. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

1. List five rights of a CHW:

2. Which of the following items are NOT parts of the CHW supply kit?
   - CHW Job Aids
   - Household Counseling Cards
   - Backpack
   - Mobile phone
   - Backup Data Collection Forms
   - Thermometer
   - MUAC Tapes
   - Water purifier
   - Rapid Diagnostic Tests for Malaria
   - Oral Rehydration Solution packets
   - Zinc tablets
   - Antimalarial Drugs (Coartem)
   - Antibiotics
   - Antiretroviral drugs
   - Immunizations
   - Gloves
   - Soap
   - Sputum Containers
   - IUDs
   - Anti-pyretics
   - Bicycle

3. What are the two questions to ask to ensure a household is safe to enter?

4. What are CHW job aids used for? What are CHW counseling cards used for? What is the difference between the two tools?

5. Name three responsibilities that CHW supervisors have.
WORKSHEET: ANSWER KEY

1. List five rights of a CHW:
   
   Any 5 of the following:
   - On time pay
   - At least one supervisory visit per month
   - Supportive mentorship from a supervisor on a weekly basis
   - Clear guidelines for how to refer cases to advanced care facilities
   - Pre-service and in-service trainings, and opportunities for continuing education on all skills and services CHWs are expected to provide
   - Steady flow of supplies
   - Travel support as necessary
   - Safe workplace, including basic equipment such as gloves, soap, detergent, clean water
   - Access to data from one’s cohort of households to use for decision making
   - Quarterly performance evaluation, with follow up discussion with supervisor and CHW manager
   - Reasonable notice before termination of contract

2. Which of the following items are NOT parts of the CHW supply kit?
   
   - Thermometer
   - Water purifier
   - Antiretroviral drugs
   - IUDs
   - Immunizations
   - Soap

3. What are the two questions to ask to ensure a household is safe to enter?
   
   1) Is the scene safe?
   2) Do I have the right supplies so I don’t contract or spread diseases?

4. What are CHW job aids used for? What are CHW counseling cards used for? What is the difference between the two tools?
   
   - CHW job aids are a summary of workflow to guide a CHW through a household visit
   - CHW counseling cards are health behavior messages and images to review with household members during visits
   - CHW job aids are primarily for the use of the CHWs, while the counseling cards are to be shown to household members

5. Name three responsibilities that CHW supervisors have:
   
   Any three of the following:
   - Mentorship
   - Information feedback from managers
   - Information feedback from community
   - Instructions and corrections on methods for delivering services
   - Weekly meetings to discuss data and new information
   - Clear and prompt communication of management decisions
OVERVIEW

BACKGROUND
One of the key responsibilities of a CHW is to provide education and counseling on healthy behavior to prevent disease. The counseling messages that CHWs are sharing may be sensitive, and the behaviors they are promoting may conflict with traditional practices and widespread belief. It is likely that new behaviors will not be adopted by households immediately, and the success of the CHW’s counseling will depend on their ability to build a relationship of trust and openness with the household. In order to promote healthy habits for preventing illness, it is crucial that CHWs understand the basic principles of promoting behavior change and master effective communication techniques.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
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<tbody>
<tr>
<td>To be able to understand the importance of behavior change</td>
<td>❑ Describe the difference between education and behavior change</td>
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<tr>
<td>To be able to use the behavior change model for effective counseling</td>
<td>❑ Identify the 4 stages of behavior change</td>
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<td></td>
<td>❑ Describe counseling strategies for each stage of change</td>
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<td>To be able to use communication skills and build trust with household members</td>
<td>❑ List at least 3 communication tips</td>
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<td></td>
<td>❑ Explain how to demonstrate empathy</td>
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</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: What is Behavior Change?
4. Lecture: The Stages of Behavior Change
5. Small Group: Case Study
6. Discussion: What are Good Communication Skills?
7. Small Group: Effective Communication Tips
8. Role Play: Household Visit
9. Review Job Aid(s)
10. Review Key Messages
11. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Choose one for Lecture on Stages of Behavior Change:
  a) Handout on the Stages of Behavior Change
  b) PowerPoint presentation
- For Small Group: Effective Communication Tips 1-4 handouts
- For Role Play: Script handout
- Chalkboard and chalk or flipchart and markers
- [Optional] Two chairs for role play
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: COMMUNICATION
- Counseling Cards: VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“One of the most important tasks you will do as a CHW is to visit families in their homes in order to provide education and counseling on healthy behaviors to prevent disease. Each household the CHW visits will have had a different exposure to, and understanding of, these messages. It is important to listen to the household, assess their needs and level of understanding, and then tailor the counseling messages to most effectively encourage healthy decision-making. To do this well, you need to develop good relations with the family, listen to them, understand the situation, provide relevant information, and encourage them to make their own decisions. By the end of this lesson, you will understand the importance of behavior change and be able to explain how the four stages of behavior change relate to counseling messages for the household. You will also be able to use important communication techniques to develop a good relationship with the family and deliver counseling messages effectively.”

CONVEY INFORMATION
3. Discussion: What is Behavior Change?

Ask the group to define behavior change and give some examples of good and bad ways to promote behavior change.

Write down the participants’ responses on the chalkboard or flipchart. Ask the group to remind you to add to the list and continue to revise it throughout the lesson.
CONVEY INFORMATION

4. Lecture: The Stages of Behavior Change

Present the following information to the group using the chalkboard/flipchart, handouts or PowerPoint presentation. Ask participants to reflect on the importance of key points.

KEY CONTENT

Understanding the process of behavior change is key to effective counseling. It is important not to assume that resistance to behavior change is always related to ignorance or lack of awareness. There are a number of reasons why people choose unhealthy behaviors. By understanding the stages of change, you can tailor educational and counseling messages according to the needs of each household.

Effective behavior change counseling requires:
- First, recognizing that there are many reasons why a household member may be resistant to change
- Second, understanding what motivates people to change their behavior
- Third, asking the right questions and listening actively to determine what “stage of change” a household member is in and what techniques would be most effective in promoting change
- Fourth, using effective communication and behavior change strategies based on the household member’s current situation

Stages of Behavior Change
1) **UNAWARE**: does not know about the benefits of the healthy behavior, or its importance
2) **THINKING ABOUT IT**: has some awareness of the importance and benefits of the healthy behavior, but is not taking any steps to change
3) **TRYING**: understands the importance and benefits of the healthy behavior and has taken steps in adopting it; however, does not maintain the behavior 100% of the time
4) **MAINTAINING**: recognizes the healthy behavior as essential and actively endeavors to maintain it, without exception

<table>
<thead>
<tr>
<th>STAGE OF CHANGE</th>
<th>EFFECTIVE COUNSELING TECHNIQUE</th>
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<tr>
<td>Unaware</td>
<td>Give information about the behavior and explain its benefits.</td>
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<tr>
<td>Thinking About It</td>
<td>Encourage the household member to try the behavior. Identify barriers to adopting the behavior and try to help solve those problems.</td>
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<tr>
<td>Trying</td>
<td>Praise the household member for trying the behavior and offer encouragement to continue it. Identify and solve any remaining barriers to maintaining the behavior.</td>
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<tr>
<td>Maintaining</td>
<td>Praise the household member and give recognition that they are a model for the community. Point out any positive outcomes the household may be experiencing as a result of the healthy behavior change.</td>
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REINFORCE INFORMATION / PARTICIPANT PRACTICE

5. Small Group: Case Study

Divide participants into small groups. Give each group the set of scenarios below (either written on the board, displayed on PowerPoint, or as a handout) and ask them to decide, for each scenario;

1. Which stage of behavior change is the woman in?
2. What would be an effective counseling message?

**SCENARIO 1**
Chinara has heard that delivering at a health facility is safer than delivery at home. She has discussed this with her husband and mother-in-law, who think it is also a good idea. Chinara is going to start saving money so that she can deliver at the health facility; she believes it will be best for her and her child.

**SCENARIO 2**
Wankyo started to breastfeed her last two babies immediately after the cord was cut and breastfed them for their first two years of life. Both of her children are healthy and strong. She is pregnant again and plans to do the same for her third baby.

**SCENARIO 3**
Lucy has delivered a small baby. She was told by the CHW that feeding small babies every three hours is important to make them strong and healthy. She has been feeding the baby regularly almost once every three hours, but on occasion lets the baby sleep up to 4 hours because he gets very irritable.

After the groups are finished, ask a volunteer from each group to present one of the prompts and explain their answer and why. If time permits, allow all groups to share their counseling message for each prompt to compare counseling strategies.

Read out loud the following counseling tips:

“**Good counseling is not:**
- Simply giving information without regard for what the household member already knows
- Scolding the family and focusing on the negative

**Good counseling is:**
- A two-way communication between you and the household member
- Trying to understand the household’s situation and providing advice that is relevant
- Helping the household address any barriers they might face in adopting the behavior
- Offering praise and encouragement”
### CONVEY INFORMATION

#### 6. Discussion: What are Good Communication Skills?

Ask the group to define what good communication skills are and why they are important, particularly for CHWs. Make sure that all of the following points are covered:

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
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<tr>
<td>Good communication skills involve both verbal and non-verbal conduct, including:</td>
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<tr>
<td>- Appropriate language</td>
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<td>- Eye contact</td>
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<tr>
<td>- Body language</td>
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<tr>
<td>- Tone of voice</td>
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<tr>
<td>- Attentive listening</td>
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<td>Good communication skills are important because:</td>
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<tr>
<td>- They help establish trust between CHWs and household members</td>
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<tr>
<td>- They demonstrate respect and professionalism</td>
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<tr>
<td>- They promote two-way communication</td>
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<tr>
<td>- They facilitate understanding and acceptance of counseling messages</td>
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<tr>
<td>During a household visit, you should:</td>
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<tr>
<td>1. Greet the household in a warm and friendly manner</td>
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<tr>
<td>2. Ask questions and listen actively to understand the situation; balance use of the phone with engaging members in conversation</td>
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<tr>
<td>3. Offer counseling on relevant topics; do not impose any information that the household member is unwilling to hear</td>
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<td>4. Check for understanding</td>
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<tr>
<td>5. Discuss what the next steps are</td>
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<tr>
<td>6. Problem solve together to address any barriers to change</td>
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<tr>
<td>7. Thank the household member and remind them when you will visit next</td>
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</tbody>
</table>
CONVEY INFORMATION / PARTICIPANT PRACTICE

7. Small Group: Effective Communication Tips

Break participants into four groups and give each group one handout on effective communication tips. Allow the group a few minutes to review the effective communication tips, which they will then present to the larger group.

Encourage the groups to have fun and get creative with this activity. They may act out good communication skills or demonstrate poor communication skills and correct them. After each group presents, make sure one group member reads the list of tips out loud for reinforcement and ask the larger group to reflect on why these communication tips are important.

PARTICIPANT PRACTICE

8. Role Play: Household Visit

Ask two volunteers to participate in a role play; one will play the role of “CHW” and the other will play the role of “household member.” Provide each volunteer with a copy of the script (in the appendix), then ask them to perform it for the group. The “CHW” should also have a copy of the VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY counseling card.

Afterwards, ask the group to share what good and bad communication techniques they saw in the role play. Using the script, draw attention to specific examples. If they point out any bad techniques, ask them how they would do it differently.

REINFORCE INFORMATION

9. Review Job Aid(s)

Allow the group to review the COMMUNICATION job aid for a few minutes. Answer any questions they may have.
10. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important for CHWs to understand the stages of behavior change?
- How will this lesson make you a more effective CHW?
- Which communication techniques are you most likely to use, and why?

11. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: ______________________

1. Name the four stages of behavior change.

2. List at least two effective communication skills for listening.

3. Rephrase this into an open-ended question: “Did you stop breastfeeding your child because it is inconvenient?”

4. Rephrase this command as a suggestion: “Everyone in your household must sleep under a bednet every night.”

5. True or false (circle one)? If a household member refuses to change, it must be because he or she is ignorant.

6. True or false (circle one)? Providing information about healthy behaviors to households ensures that they will change their habits.

7. True or false (circle one)? The following are examples of good nonverbal communication:

   a. Crossing arms across the chest
   b. Nodding while listening
   c. Looking around the room while the other person is talking
   d. Leaning forward
WORKSHEET: ANSWER KEY

1. Name the four stages of behavior change.
   1) Unaware
   2) Thinking about it
   3) Trying
   4) Maintaining

2. List two effective communication skills for asking.
   Ask open ended questions; ask important questions in more than one way.

3. Rephrase this into an open-ended question: “Did you stop breastfeeding your child because it is inconvenient?”
   Example: Why did you stop breastfeeding your child?

4. Rephrase this command as a suggestion: “Everyone in your household must sleep under a bednet every night.”
   Example: Sleeping under a bednet each and every night protects you and your family from malaria.

5. True or false (circle one)? If a household member refuses to change, it must be because he or she is ignorant.
   True ☑️ False

6. True or false (circle one)? Providing information about healthy behaviors to households ensures that they will change their habits.
   True ☑️ False

7. True or false (circle one)? The following are examples of good nonverbal communication:

   a. Crossing arms across the chest ☑️ False
   b. Nodding while listening True False
   c. Looking around the room while the other person is talking True ☑️ False
   d. Leaning forward True False
The four steps below show the stages people usually go through when they are adopting a new behavior. It is important to try to understand which “stage of change” a household member is in at the time of your visit so that you can choose the most effective counseling techniques.

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</tr>
<tr>
<td>Thinking About It</td>
<td>Encourage the household member to try the behavior. Identify barriers to adopting the behavior and try to help solve those problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Praise the household member for trying the behavior and offer encouragement to continue it. Identify and solve any remaining barriers to maintaining the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praise the household member and give recognition that they are a model for the community. Point out any positive outcomes the household may be experiencing as a result of the healthy behavior change.</td>
</tr>
</tbody>
</table>
**Handout: 7. Small Groups: Effective Communication Tips 1**

**Skills for Greeting and Building Good Relations**
- Be friendly and respectful
- Speak in a gentle voice
- Talk to the whole family
- Explain why you are visiting

**Skills for Asking Questions**

**Ask open-ended questions, for example:**
- Are you only giving breast milk to your baby?
- Please tell me how you are feeding your baby.

**Ask important questions in three different ways**
- Let the household member respond to each one if you are having difficulty getting important information from them
- Summarize their responses and ask them if your understanding of their answer is correct
HANDOUT:
7. Small Groups: Effective Communication Tips 2

SKILLS FOR LISTENING

Use body language to show you are listening to the family
- Lean forward
- Maintain eye contact
- Look relaxed and open (i.e. Don’t cross your arms)
- Do not rush or act as if you are in a hurry
- Use gestures, such as nodding, smiling, and saying ‘mmm’ or ‘ah’
- Touch as appropriate

Be sensitive to nonverbal cues that may show that the household member is feeling uncomfortable or defensive
- Not making eye contact
- Speaking reluctantly and quietly
- Shrugging
- Crossing arms
- Furrowing of the brow or tightening of the mouth

Reflect back what the household member is saying to you
- This shows that you are listening and understanding what is being said
- For example, if a caregiver says, “My baby was crying too much last night.” You could say, “He was crying a lot?”

Listen non-judgmentally and empathetically
- Imagine the household member’s point of view by putting yourself in their position
- For example, if the household member says, “I am tired all of the time now.” You could say, “You are always tired? That must be difficult for you.”

Avoid “judging” words
- Judging words are words that signal that a behavior is good or bad
- “Is your baby sleeping enough?” uses the judging word “enough”
- “How is your baby sleeping?” does not use a judging word
SKILLS FOR GIVING RELEVANT INFORMATION

Accept or acknowledge what the household member thinks or feels, even if you do not agree
- The household member will be less receptive to a counseling message if you strongly criticize or scold them

Give a little information at a time, based on the household’s situation and where they are in adopting a new behavior
- Tell a story to give information that does not sound like an instruction or command
- Make suggestions instead of commands, such as: Have you considered…?, Would it be possible…?, What about trying…?
- For example:
  - Command: “You should save money to pay for delivery at the health facility.”
  - Suggestion: “Would it be possible to put aside a little money each week during your pregnancy, so that you can pay the expense of delivering your baby at the health facility?”

Give information in short sentences and use simple language
HANDOUT:
7. Small Groups: Effective Communication Tips 4

SKILLS FOR CHECKING UNDERSTANDING AND SOLVING PROBLEMS

- Use open-ended questions to check the household’s understanding. If necessary, repeat your advice in a different way.
- Discuss what the family plans to do. Do not assume they will do what you have said.
- Try to solve any problems the family may face when adopting the behavior, such as a lack of resources like money or time.
- Praise the household if they have understood correctly or they are doing something well.
- For example, “It was very good that you called me so quickly when you were concerned about the baby.”
HANDOUT:
8. Role Play

CHW: Hello Mara. How are you? I can see you are growing ([Greet, smiles and makes eye contact])
Mara: I’m fine.

CHW: I’ve come to visit you since you are pregnant and that is now part of the work I do. ([Explain reason for visit])
Mara: You are welcome.

CHW: Mara, have you been to the clinic yet?
Mara: Not yet, I think it’s still too early.

CHW: Oh, but it is very important to start early. I have something to show you ([Visit a Health Facility for a Healthy Pregnancy]). What do you see in this picture? ([Uses visual aids appropriately])
Mara: Let’s see... a pregnant woman is walking towards a clinic. Here she is getting an injection ([CHW says 'hmm,' to show he/she is listening])... and here she is getting some pills.

CHW: Yes, that’s right. Good.
Mara: But I don’t understand, why is she getting an injection?

CHW: The injection is to protect the mother and child from tetanus, which can kill. It is very important that a pregnant mother gets at least 2 shots during pregnancy. That is why it is important to go early. And these pills are iron and folic acid to strengthen the blood ([Uses simple language]).

Mara: Really? Okay. I remember my sister took those pills but she was very nauseous.

CHW: That is a very normal reaction ([Acknowledges feelings]). It is best to take the pills with meals and with citrus or lemonade. If there are any problems with the tablets you can always call me and we can discuss it further.

CHW: When you start these check-ups early, the doctor or nurse can check for any other problems. It is advised that the pregnant mother should have at least 4 check-ups during her pregnancy. In case there is high blood pressure or other problems, the doctor or the nurse can take care of them, because they can be dangerous to both the mother and the baby.

Mara: Okay

CHW: Yes, it is very important. Mara, do women in your family go for check-ups during pregnancy? ([Ask to find out where the family is in adopting the behaviour of going for ANC])

Mara: Most of them go. I went one or two times with my last pregnancy. But now I know it is important.
UNIT 1: OVERVIEW
Chapter 3: CHWs as Agents of Behavior Change & Effective Communication Skills

CHW: Very, very important. So now that you are pregnant again what will you do? *(Asks open-ended question to check what she understands and will do now)*

Mara: I will definitely go for antenatal care….I will start this week.

CHW: That is really good. *(Praises)*

CHW: Mara, let me ask you a question….have you had an HIV test? *(Deals with a sensitive and personal issue carefully)*

Mara: No, not yet.

CHW: Why not? *(Asks about concerns or problems)*

Mara: I’m afraid that if I am positive the other women will not talk to me.

CHW: I understand how you are feeling *(empathizing).* There are many women in the same situation as you. But don’t be afraid. Our government is asking everyone to come out openly and talk about this disease. *(Body language shows caring)* But if you go for this test the doctor will be able to take care of both you and the baby. Do you know that the virus can be passed from you to the baby during pregnancy and delivery?

Mara: Really?

CHW: Yes. So when you go for the test and if you are positive, they can give you drugs to protect the baby, treat you, and also give you advice. So you see it is very important. So Mara, what will you do? *(Asks open-ended question)*

Mara: I will ask my husband to go for the test this week

CHW: That is excellent Mara! *(Encourages)* I will be visiting you in the next two months to see how you are doing *(Advises about next visit)*

Mara: You can come as many times as you want. Go well.

*END OF ROLE PLAY*
UNIT 2: Overview of the Household Visit

This unit provides a step-by-step overview of the principle activities a CHW should conduct in a household visit. First, it helps the CHW to set priorities and plan for activities in a household visit by describing the key milestones in the target population: healthy pregnancy, growth, and development. The unit then goes into depth on the steps the CHW should undergo in every household visit from the moment they walk into a household to the moment they leave. Finally, the unit expands upon the role of CHWs in collecting information during all household visits in order to improve quality of services and inform operational needs.

1. Introduction to the 1,000 Days Framework
2. Six Steps of the Household Visit
3. Using Information to Improve Health
OVERVIEW

BACKGROUND

The 1,000 days between conception and a child’s second birthday represent a critical window of opportunity for maternal and child health. Each year, more than 350,000 women die during pregnancy or from childbirth-related complications and over eight million children do not survive to reach their fifth birthday. Undernutrition is an underlying cause in more than one-third of child deaths - around 2.6 million preventable deaths annually. Inadequate nutrition during a child’s first two years can also lead to permanent physical and cognitive damage, including stunting and developmental delays.

The 1,000 days framework aims to save lives and improve maternal and child health outcomes by employing an “opt-out” approach for essential health care services. Instead of relying on households’ care-seeking behaviors, the 1,000 days approach is a proactive strategy for promoting and providing access to maternal and child health care services in order to improve survival and long-term wellbeing.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to understand the significance of the 1,000 day window of opportunity</td>
<td>❑ Explain 5 preventable causes of maternal and child death</td>
</tr>
<tr>
<td></td>
<td>❑ Describe how proactive care during the 1,000 days could help prevent those deaths</td>
</tr>
<tr>
<td>To be able to understand the CHW’s role in proactive care during the 1,000 Day Framework</td>
<td>❑ Explain at least 3 counseling topics the CHW should provide during the 1,000 days</td>
</tr>
<tr>
<td></td>
<td>❑ Describe the CHW household visit schedule during this period</td>
</tr>
<tr>
<td>To be able to better manage and prioritize households with pregnant women and children under 2</td>
<td>❑ Describe at least 4 tasks required at every household visit for a pregnant woman</td>
</tr>
<tr>
<td></td>
<td>❑ Describe at least 4 tasks required at every household visit for a child under 2</td>
</tr>
<tr>
<td></td>
<td>❑ Fill out the 1,000 Days Checklist</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Causes of Maternal and Child Death
4. Lecture: The 1,000 Days Schedule and Role of the CHW
5. Small Groups: The 1,000 Days Checklist
6. Discussion: The Importance of Longitudinal Tracking During the 1,000 Days
7. Review Job Aid(s)
8. Review Key Messages
9. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Photocopies of the ‘1,000 Days Checklist’ for each participant
- [Optional] Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: 1,000 DAYS SCHEDULE
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

"The time between when a woman gets pregnant and when a child turns two years old is known as the 1,000 day window of opportunity. During this time, essential health care services and counseling on proper nutrition, hygiene, bednet usage, early care-seeking behavior for sick children, and routine care are vital for positive health outcomes for mother and child.

The MVP’s integrated package of interventions already includes the majority of these key services. However, you as CHWs can strengthen the care that the mother and child receive by proactively reminding mothers to visit the health facility, providing key counseling messages, and following up regularly. Each of you is responsible for ensuring that mothers and infants receive the essential services and care outlined in the matrix.

The 1,000 days offers a conceptual framework for synthesizing the work that you already do. In particular, two new tools – a 1,000 Days Schedule and a 1,000 Days Checklist – aim to help you longitudinally and comprehensively track all health services that a mother and child should receive during this critical time. These tools will help you proactively remind women to visit the health facility ahead of schedule, offer services in a timely manner, and follow up if a service is overdue. With these efforts to improve service delivery during the 1,000 days, no mother or child should fail to receive regular follow up and care.

By the end of this lesson, you should recognize the important role you play in improving nutrition outcomes and in saving lives of pregnant women and children under age two."
CONVEY INFORMATION

3. Discussion: Causes of Maternal and Child Deaths

Ask the group to share any experiences with mothers and children under two who did not survive in their community. Ask them to consider the causes of death and how they could have been prevented. Make sure to cover the following content, which may be presented on the chalkboard / flipchart, as handouts, or using a PowerPoint presentation.

<table>
<thead>
<tr>
<th>Leading cause of death</th>
<th>Preventive service and Intervention</th>
</tr>
</thead>
</table>
| Undernutrition         | ❑ Counseling on nutrition and age-appropriate feeding practices  
                        | ❑ Early detection and treatment through MUAC screening and CMAM program  
                        | ❑ Deworming  
                        | ❑ Vitamin A supplementation  
                        | ❑ Growth monitoring and promotion |
| Pneumonia              | ❑ Hygiene promotion, particularly handwashing with soap |
| Diarrhea               | ❑ Household water treatment and safe storage  
                        | ❑ Food hygiene  
                        | ❑ Hygiene promotion, particularly handwashing with soap  
                        | ❑ Use of an improved sanitation facility |
| Malaria                | ❑ Intermittent preventive treatment for pregnant women  
                        | ❑ Insecticide-treated bednets covering all sleeping sites  
                        | ❑ Rapid diagnostic testing and treatment at household and clinic |
| Complications during childbirth | ❑ Regular antenatal care visits  
                        | ❑ STI testing  
                        | ❑ Tetanus immunization  
                        | ❑ Skilled birth attendance/institutional delivery  
                        | ❑ Newborn resuscitation capability  
                        | ❑ Referral system (mobile phone communication and ambulance) |
| HIV and AIDS           | ❑ Prevention of Mother to Child Transmission (PMTCT)  
                        | ❑ HIV testing for couples  
                        | ❑ Early infant diagnosis  
                        | ❑ ARV treatment |
| Measles, meningitis, polio, rotavirus, pertussis, and other deadly illnesses | ❑ Immunizations |

“Of course, not every cause of death is preventable. However, CHWs are frontline health workers who can make certain that pregnant women and children under two take every precaution and receive essential health services to reduce preventable deaths.”
CONVEY INFORMATION

4. Lecture: Present the 1,000 Days Schedule and Role of the CHW

Make sure that each participant has a copy of the 1,000 DAYS SCHEDULE job aid in front of him/her. The comprehensive set of 1,000 day interventions includes both services offered at the household and those provided at the health facility.

“Your primary responsibility as a CHW is to counsel mothers on key topics that are critical to having a healthy pregnancy, safe delivery, and a well-nourished, healthy child. Additionally, during these household visits it is important to remind the mother about antenatal care (ANC) sessions, bringing the child to the health facility immediately when sick and for routine assessment, immunizations, and preventive services. You must also counsel on family planning and provide growth monitoring outreach every 3 months. Using the mHealth platform and 1,000 days checklist, you can keep track of the care that you are providing to these vulnerable populations and ensure follow up accordingly. No pregnant woman or child is to be left out of the continuous follow up. It is up to you to make sure all pregnant women and children get the services they need.”

Review the services/interventions as a group and highlight the following schedule of household visits for pregnant women and children under 2.

<table>
<thead>
<tr>
<th>Target</th>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td>9 months (conception – delivery)</td>
<td>Every 6 weeks&lt;br&gt;5 visits:&lt;br&gt;• Day 0 (if not born in a health facility)&lt;br&gt;• Day 3&lt;br&gt;• Day 7&lt;br&gt;• Once between days 14-21&lt;br&gt;• Day 28&lt;br&gt;</td>
</tr>
<tr>
<td>Infant</td>
<td>1 month (birth to 1 month)</td>
<td></td>
</tr>
<tr>
<td>Infant / Young Child</td>
<td>23 months (month 1 – year 2)</td>
<td>Every month</td>
</tr>
</tbody>
</table>

“The job aids and mHealth system will guide you through routine care services and prompt you to remind mothers of key occasions to visit the health facility. Additionally, the counseling cards can be used to explain the comprehensive package of services that the mother can expect to receive, for her or her child, during the health facility visits.

Growth monitoring and promotion (i.e., MUAC, weight, and length measurements), which may take place in the health facility or through community outreach, are also essential to ensuring the healthy development of children under 2.”
CONVEY INFORMATION

5. Small Groups: Present the 1,000 Days Checklist

Give each participant a copy of the 1,000 Days Checklist.

“The 1,000 Days Checklist is a tool to help you keep track of priority target households in your caseload. Together with the 1,000 Days Schedule, the Checklist will help you monitor the services that each pregnant woman, newborn and child under 2 receives during the critical 1,000 day window of opportunity. By enabling you to track these services longitudinally, the Checklist can help you identify which households are overdue for a visit or essential service so that you may prioritize them among your caseload.

The Checklist highlights the minimum number of household visits for pregnant women and newborns, as well as preventive health care services that children under 2 should receive at key times according to recommendations by the World Health Organization and/or your country’s Ministry of Health.

The Checklist does not list every single task that you are responsible for performing when visiting a pregnant woman, newborn or child under 2. Please refer to your job aids and the 1,000 Days Schedule for a comprehensive list of tasks to be conducted at the household visit. You may also refer to the 1,000 Days Schedule to explain to the pregnant woman or mother what services she should expect to receive at the health facility for her and/or her child.”

Ask the participants to form small groups according to their village/parish or by supervisor. Using their paper registers and/or mHealth application, each participant should beginning making a list of the pregnant women and children under 2 in their catchment area in reverse chronological order. (Beginning with the child that is closest to the age of 2 will help keep the list organized so that new pregnancies and births can be added towards the bottom of the list on new pages.) If the information is readily available, they can also begin to “check off” which essential health services have already been received by the woman or child.

Once the participants are comfortable with reading and filling in the Checklists, ask for some qualitative feedback from the group. The Checklist is meant to be adapted to local contexts and national policies so it may be necessary to revise the Checklist before use.

TIP:
Walk around the room and check to make sure that the CHWs know how to complete the checklists.

Invite the eHealth Specialist to participate in this activity if CHWs are having trouble locating the relevant information in their phones.
6. Discussion: The Importance of Longitudinal Tracking During the 1,000 Days

Ask the group why it is important to track the provision of services to pregnant women and children under 2 during the 1,000 day window of opportunity. Make sure that all of the points below are mentioned:

**KEY CONTENT**

- Longitudinal tracking with the 1,000 Days Checklist:
  - Provides a holistic view of how each individual health service contributes to improved maternal and child health and to reducing preventable deaths
  - Prevents pregnant women or children from being neglected
  - Helps the CHW manage their caseloads and prioritize the most vulnerable households
  - Encourages CHWs to be proactive in promoting and providing essential health services
  - Ensures that services are prompted in advance, provided on time, or followed up when overdue
  - Clarifies the frequency of routine care visits for pregnant women, newborns, and children under 5
  - Allows CHW supervisors to monitor performance of household visits to priority households
  - Bridges a gap between services offered at the household and those offered at the health facility
  - Strengthens provision of critical services that will promote each child’s long-term growth and development
  - Promotes better record keeping by both the mother and CHW
  - Offers an additional source of data verification, if necessary

7. Review Job Aid(s)

Allow the group to review the **1,000 DAYS SCHEDULE** job aid for a few minutes. Answer any questions they may have.
8. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- What is the significance of the 1,000 day window of opportunity?
- What is the CHW’s role in providing proactive care during the 1,000 days?
- What is the difference between the 1,000 Days Schedule and the 1,000 Days Checklist?
- How often should CHWs visit pregnant women, newborns, and children under 5?

9. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
After a woman has given birth, CHWs are required to visit her and her newborn up to ______ times during the first month.

CHWs are expected to visit pregnant women at least once every ____________________.

Name three preventable causes of child death.

Name two things that a CHW can do to improve maternal and child nutrition during the 1,000 days.

Counseling on hygiene and handwashing with soap can prevent these two leading causes of death in children under 2: ____________________ and ____________________.

True or false (circle one)? CHWs can save lives by ensuring that pregnant women and children under 2 receive essential health care. True False
WORKSHEET: ANSWER KEY

1. After a woman has given birth, CHWs are required to visit her and her newborn up to **five (5)** times during the first month.

2. CHWs are expected to visit pregnant women at least once every **six (6) weeks**.

3. Name three preventable causes of child death.
   
   Any three of the following:
   - Undernutrition
   - Diarrhea
   - Pneumonia
   - Malaria
   - HIV
   - Measles
   - Meningitis
   - Polio
   - Rotavirus
   - Other

4. Name two things that a CHW can do to improve maternal and child nutrition during the 1,000 days.
   
   Any two of the following:
   - Education and counseling on nutrition and age-appropriate feeding practices
   - Early detection and treatment through MUAC screening and CMAM program
   - Deworming
   - Vitamin A supplementation
   - Growth monitoring

5. Counseling on hygiene and handwashing with soap can prevent these two leading causes of death in children under 2: **diarrhea** and **pneumonia**.

6. True or false (circle one)? CHWs can save lives by ensuring that pregnant women and children under 2 receive essential health care.
   - True
   - False
# 1,000 Days Schedule: Pregnancy

## Household

<table>
<thead>
<tr>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits by Community Health Worker</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Register pregnancy</td>
<td>✓ (first visit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assess danger signs; treat and refer as needed</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remind mother to attend antenatal care sessions</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Measure MUAC; counsel on nutrition &amp; diet diversification</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Check and counsel on bednet usage and maintenance</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Develop a birth plan with mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Counsel on exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Counsel on family planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Health Facility

<table>
<thead>
<tr>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Antenatal Care Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Medical assessment, treatment &amp; counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Obtain daily supply of iron/folate supplements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- De-worming medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HIV testing; prophylaxis and treatment as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>- Testing for syphilis and other STIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tetanus immunization (2 doses, 4 weeks apart)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Testing for malaria if febrile; treatment as needed</td>
<td></td>
<td></td>
<td></td>
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<td>✓</td>
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<tr>
<td>- Intermittent Preventive Treatment with SP</td>
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<td>✓</td>
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</table>
## 1,000 Days Schedule: Child Under 2

### Household

<table>
<thead>
<tr>
<th>MONTH</th>
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<th>21</th>
<th>22</th>
<th>23</th>
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</thead>
<tbody>
<tr>
<td>Visits by Community Health Worker</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Register baby</td>
<td>✓ (first visit)</td>
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<tr>
<td>Assess danger signs; treat and refer as needed</td>
<td>✓</td>
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<tr>
<td>Measure MUAC; refer as needed</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Check child health card for immunization and growth monitoring visits</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Check and counsel on exclusive breastfeeding</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Counsel on bednet usage and maintenance</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Counsel on continued breastfeeding &amp; complementary feeding</td>
<td>✓</td>
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</tr>
</tbody>
</table>

### Health Facility or Outreach

<table>
<thead>
<tr>
<th>MONTH</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<th>22</th>
<th>23</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical assessment, treatment and counseling</td>
<td>✓</td>
<td>✓</td>
<td>(wk 6)</td>
<td>(wk 10)</td>
<td>(wk 14)</td>
<td></td>
<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>

### Nutrition and Preventive Services

| ❌ | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| --- | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Deworming medication | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Vitamin A supplementation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Early infant diagnosis for HIV-exposed infants | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

### Immunizations

| ❌ | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| --- | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| BCG (except for confirmed HIV+ infants) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| OPV - 0,1,2,3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Penta (DTP, Hep B, Hib) - 1,2,3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pneumococcal - 1,2,3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Rotavirus - 1,2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Measles - 1,2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

### Growth Monitoring and Promotion

| ❌ | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| --- | (birth) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Length | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Weight | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
## 1,000 DAYS CHECKLIST FOR PREGNANT WOMEN AND CHILDREN UNDER 2

**Directions:** For each pregnant woman and child under 2, please check off or record the date of each ANC visit, PNC visit, immunization, growth monitoring, or nutrition service received. Confirm with antenatal cards and child health cards if available.

<table>
<thead>
<tr>
<th>PREGNANCY REGISTER</th>
<th>BIRTH REGISTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL DATA</td>
<td>VITAL EVENTS</td>
</tr>
<tr>
<td>MOTHER'S NAME / HOUSEHOLD ID</td>
<td>EXPECTED DATE OF DELIVERY</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
</tbody>
</table>

- **Directions:** For each pregnant woman and child under 2, please check off or record the date of each ANC visit, PNC visit, immunization, growth monitoring, or nutrition service received. Confirm with antenatal cards and child health cards if available.
OVERVIEW

BACKGROUND
Each household visit has six key steps: (1) Preparation, (2) Enter the Household and Plan the Visit, (3) Assess Danger Signs, (4) Case Management, (5) Routine Care and (6) Close the Visit. To guide the CHW through a visit, there are job aids and counseling cards that provide the steps that should be undertaken with each service in the household. To ensure that all necessary services are covered, the CHW should properly plan the visit in the preparation stage and in the beginning of the household visit. This can be done through observation and asking key questions to household members on their health and environmental status. If danger signs or symptoms are encountered, the CHW should provide referral or treatment. When there are no danger signs and symptoms, CHWs should perform a routine visit to check on bednet usage, child immunization schedules, proper hygiene & sanitation practices, and proper nutrition. The goal of this section is to provide tips and instruction to the CHWs to help them conduct effective household visits and be successful agents of change in their communities.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To Be Able to Understand and Practice the Six Steps of a Household Visit | ❑ Explain the importance of each step in a household visit  
❑ Name the 6 steps of a household visit |
| To Be Able to Properly Greet a Caregiver and Household Members in a Household Visit | ❑ Identify the proper caregivers in a household |
| To Be Able to Properly Close a Household Visit | ❑ Identify key activities to do when closing each visit |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story: Two Household Visits
4. Discussion: Who Are Caregivers?
5. Role Play: Meeting the Caregivers for the First Time
6. Discussion: Key Actions for Each Household Visit
7. Lecture: The Six Steps of a Household Visit
8. Lecture: Key Questions to Help Identify Priorities During a Visit
9. Lecture: The Use of Job Aids and Counseling Cards During a Visit
10. Group Activity: When to Use Each Tool
11. Role Play: Practicing a Typical Household Visit
12. Review Job Aid(s)
13. Review Key Messages
14. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- All Job Aids
- All Counseling Cards

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“For every household visit, you should go through a standard six steps. These six steps are: (1) Preparation, (2) Enter the Household and Plan the Visit, (3) Assess Danger Signs, (4) Case Management, (5) Routine Care and (6) Close the Visit. There is a decision tree included in each job aid that can help you determine how to navigate these steps. Many of the job aids have additional guidance to help you decide on the best course of counseling, treatment or referral. By the end of this lesson, you should be able to properly greet caregivers, walk through a comprehensive household visit, understand how to use the job aids and other tools during the visit, and properly close the visit.”
EXAMPLE IN ACTION

3. Context Story: Two Household Visits

Provide examples and/or data from the community that demonstrate positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns. Discuss what the CHW in the “Story of Death” could have done better to help avoid the tragedy of death.

STORY OF A DEATH

- Lydia, a CHW, conducted her first visit to the Mensah household where there was a 2 day old newborn and a 3 year old child.
- Lydia knew that at each visit she should check for fever and bednet usage, and conduct a MUAC.
- Upon visiting the household, Lydia immediately greeted the mother and asked if she could do a MUAC on the 3 year old child and counsel on bednets. Lydia also checked for fever in both children.
- After finishing the MUAC and counseling, Lydia submitted her data and informed the mother that she would be back in a month.
- A few days later, the two children fell sick with diarrhea. When the children did not get better, the mother immediately started walking to the clinic with the children. However, the trip took her nearly 5 hours in the rain.
- While the 3-year-old was able to make it to the clinic, the newborn died on the way. The diagnosis was malnutrition and severe dehydration from diarrhea – the mother was not exclusively breastfeeding and was giving the baby water. Both child and baby were sipping water that was not treated and boiled.

STORY OF A DEATH PREVENTED

- Ama, a CHW, was visiting the Fajobi household where there was a 4 day-old newborn baby.
- Ama intended on providing breastfeeding tips and counsel the mother on newborn care.
- Upon arriving at the Fajobi household, Ama immediately noticed her surroundings – there was a bednet drying in the sun, the handwashing station had soap, and the area was relatively clean. It appeared that the family had healthy practices.
- When the new mother came out with the baby, Ama said her greetings and asked if she could check on the baby’s health.
- Ama first checked for any danger signs with the baby and noticed dark red rashes. She knew this was a severe danger sign and let the mother know that the baby needed to go to the clinic.
- Ama called the ambulance for the baby and waited with the mother. While waiting, she checked on the baby’s health and reassured the mother.
- After the ambulance arrived, Ama informed the mother she would return in two days to check on the baby and provide more tips for newborn care and breastfeeding. Ama gave the mother her phone number and asked her to call at any time if the baby seemed to get sicker.
- The mother and baby went to the clinic and the baby was treated for infection.
CONVEY INFORMATION

4. Discussion: Who Are Caregivers?

Before beginning the discussion, divide participants into small groups. Instruct each small group to prepare a blank sheet of paper and a pen, and choose one person to be the writer. Give the groups one minute to write down who they think are the caregivers in the community and in the household. Have the groups read their answers for the discussion. Make sure all the points below are mentioned during the discussion.

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the Caregiver?</strong></td>
</tr>
<tr>
<td>The caregiver is the most important person to the young child. The caregiver feeds and watches over the child, gives the child affection, communicates with the child, and responds to the child’s needs. If the child is sick, the caregiver is usually the person who brings the child to you.</td>
</tr>
<tr>
<td>Often the caregiver is the child’s mother. But the caregiver may be the father or another family member. In some communities, children have several caregivers. A grandmother, an aunt, an older sister, and a neighbor may share the tasks of caring for a child.</td>
</tr>
<tr>
<td>It is important to encourage caregivers to contact you about sick children without delay. If they have any questions or concerns about how to care for the child, welcome their questions.</td>
</tr>
</tbody>
</table>
PARTICIPANT PRACTICE
5. Role Play: Meeting the Caregivers for the First Time

Divide participants into pairs. Tell them that they will be practicing a household conversation about speaking to caregivers about their children’s health. Give the prompt below to each pair of participants, and instruct participants to take turns playing the CHW. The “CHW” should have a copy of the job aids and counseling cards. Have them identify what stage of behavior change the household has reached.

**PROMPT 1 (FOR “ENTERING THE HOUSEHOLD FOR THE FIRST TIME”)**
You are a CHW entering a household to provide services for the first time. What do you do?

**PROMPT 2 (FOR “MEETING THE CAREGIVER FOR THE FIRST TIME”)**
You are a CHW who just met a caregiver of three children. What are the first things you say to her? How do you begin assessing her child’s health?

After giving participants time to practice in pairs, ask one or two pairs to perform for the group. Ask the group to offer feedback. Make sure all points below are covered in discussion.

**KEY DISCUSSION POINTS**

**Prompt 1: Entering the Household for the First Time**
- The CHW should identify the household head and introduce him/herself to the family as a community health service provider
- The CHW should explain his/her responsibilities to the family
- The CHW should identify the primary caregiver or caregivers of the children in the household

**Prompt 2: Meeting the Caregiver for the First Time**
- The CHW should introduce him/herself personally to the caregiver
- The CHW should explain his/her responsibilities to the caregiver’s children
- The CHW should stress that he/she is there to work with the caregiver to ensure the children have proper growth, development, and healthy lifestyle
CONVEY INFORMATION

6. Discussion: Key Actions for Each Household Visit

Before beginning the discussion, divide participants into small groups. Instruct each small group to prepare a blank sheet of paper and a pen, and choose one person to be the writer. Give the groups one minute to write down what they think are the key actions that should happen in a household visit. Have the groups read their answers for the discussion.

Make sure all the points below are mentioned during the discussion. Explain that these points appear in the job aid and all CHWs must know them to ensure that each household visit includes all necessary services.

KEY CONTENT

What are the major steps of a household visit?

- Preparation of supplies
- Assessment of the health status and situation
- Planning the visit priorities
- Assessment of danger signs and provision of referral as necessary
- Assessment of symptoms and provision of case management as necessary
- Routine care and counseling on: bednets, general nutrition, water and food safety, hygiene and sanitation, recognizing danger signs, antenatal care, family planning, newborn care, and child care including nutrition and vaccinations
- Submission of data
- Calling an ambulance for referrals as necessary
7. Lecture: Six Steps of a Household Visit

Present the following information to the group and ask them to reflect on why it is important to understand the six steps.

### KEY CONTENT

**Six Steps of a Household Visit:**

1. **PREPARATION: Preparing for the household visit**
   - Ensuring there are sufficient supplies for the household visits
   - Reviewing the profiles and needs of the households to be visited

2. **ENTER THE HOUSEHOLD: Assessing the situation and planning the household visit**
   - Greeting the caregivers
   - Checking to see if all children and pregnant women are home
   - Assessing the health situation at the household through observation and key questions
   - Planning the key activities for the visit

3. **ASSESS DANGER SIGNS: Assessing danger signs and provision of referral as necessary**
   - Checking for danger signs that require advanced care at the health facility
   - Providing ambulance, emergency, or basic referrals as necessary

4. **CASE MANAGEMENT: Assessing symptoms and provision of case management as necessary**
   - Checking for symptoms that can be treated at the household
   - Treating malaria, diarrhea, and pneumonia as necessary

5. **ROUTINE CARE: Counseling the family on healthy behavior**
   - Counseling the family on nutrition, bednet usage, water and food safety, hygiene and sanitation, recognizing danger signs using the COUNSELING CARDS
   - Counseling pregnant women on antenatal care and family planning using the COUNSELING CARDS
   - Counseling caregivers of children on under 2 care and under 5 care using the COUNSELING CARDS

6. **CLOSE THE VISIT**
   - Providing any referrals
   - Scheduling follow-up visits
   - Submitting all data
CONVEY INFORMATION

8. Lecture: Key Questions to Help Identify Priorities During a Visit

Present the following information to the group and ask them how they would respond to a “yes” or “no” to any of the key questions.

TIP:
The details on how a CHW should respond to a “yes” or “no” to any of the key questions will be introduced and reviewed in the other chapters of this training manual.

KEY QUESTIONS TO ASK DURING A HOUSEHOLD VISIT

<table>
<thead>
<tr>
<th>Entering the Household and Planning the Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greet Household</td>
</tr>
<tr>
<td>- Are all the children and pregnant women home?</td>
</tr>
<tr>
<td>- Do you observe unhealthy practices in the environment - I.e. Uncovered water supply, improperly disposed waste, unimproved latrine?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assess the Situation for Emergencies and Refer/Treat as Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Is this visit a response to an emergency, thus requiring referrals?</td>
</tr>
<tr>
<td>- Is this visit a follow-up visit, thus requiring reassessment of symptoms for treatment or referral?</td>
</tr>
<tr>
<td>- Is anyone sick? Can it be treated or should it be referred?</td>
</tr>
<tr>
<td>- Do you observe any unhealthy practices?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide Routine Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Are there any new pregnant women, newborns, or children under 5 to be registered and cared for?</td>
</tr>
<tr>
<td>- Are there any pregnant women or children under 2? What is their progress on the 1000 days milestones chart?</td>
</tr>
<tr>
<td>- Are there any other children under 5?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Close the Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Were there any referrals?</td>
</tr>
<tr>
<td>- Did you provide any treatment?</td>
</tr>
<tr>
<td>- Will a follow-up visit need to be scheduled?</td>
</tr>
</tbody>
</table>
9. Lecture: Use of Job Aids and Counseling Cards During a Visit

Both for preparation and use during a household visit, each CHW will have a set of Job Aids and Counseling Cards. Different job aids and counseling cards target different population groups – overall household or all family members, pregnant women, newborns, and children under 5.

The job aids are for the CHW to use as a decision-guide for key action steps, including questions to ask, assessment protocols, treatment protocols, and referral protocols. There are also some job aids that function as documentation for the CHW including:

- CODE OF CONDUCT
- COMMUNICATIONS
- SUPPLIES
- HEALTHY VERSUS NON-HEALTHY HOUSEHOLD

The counseling cards are for the CHW to use in counseling family members. One side is an illustration that can be shown to the family member being counseled. The other side summarizes the key messages that the CHW should convey during counseling. Counseling cards include:

- HAVING A HEALTHY PREGNANCY
- VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY
- PREPARING FOR BIRTH
- FAMILY PLANNING METHODS
- WHAT TO EXPECT DURING PREGNANCY
- BENEFITS OF FAMILY PLANNING
- EATING WELL DURING PREGNANCY
- PREVENTING MALARIA WITH BEDNETS
- HOW TO USE AND MAINTAIN A BEDNET
- CARING FOR YOUR YOUNG CHILD BETWEEN 0 AND 2 YEARS
- EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS
- BREASTFEEDING TIPS
- COMMON BREASTFEEDING PROBLEMS
- PROTECTING YOUR CHILD WITH VACCINES
- UNDERSTANDING MALNUTRITION
- FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS
- NUTRITIOUS FOOD AND DIET DIVERSITY
- DISPOSING OF WASTE SAFELY
- FOOD SAFETY
- HOW TO SET UP A HANDWASHING STATION
- PREVENTING ILLNESS BY WASHING HANDS WITH SOAP
- PROPER SANITATION
- PROTECTING WATER FROM CONTAMINATION
- MAKING WATER SAFE TO DRINK
- DIARRHEA CARE
The job aid decision flow-charts guide the CHW to each counseling card that should be used. During the household visit, the following job aids should be used:

<table>
<thead>
<tr>
<th>Visit Point</th>
<th>Job Aids To Use</th>
</tr>
</thead>
</table>
| At the beginning of all household visits | - HOUSEHOLD VISIT OVERVIEW  
- DANGER SIGNS: PREGNANT WOMEN  
- DANGER SIGNS: NEWBORN  
- DANGER SIGNS: UNDER 5 CHILDREN |
| When speaking to pregnant women | - OVERVIEW: 1000 DAYS SCHEDULE  
- ROUTINE VISIT: ANTENATAL CARE  
- ROUTINE VISIT: FAMILY PLANNING |
| When speaking to caregivers of newborns | - OVERVIEW: 1000 DAYS SCHEDULE  
- ROUTINE VISIT: NEWBORN CARE |
| When caring for children under 5 who have symptoms of cough, diarrhea, fever | - CASE MANAGEMENT: COUGH  
- CASE MANAGEMENT: DIARRHEA  
- CASE MANAGEMENT: FEVER |
| When speaking to caregivers of children under 5 | - OVERVIEW: 1000 DAYS SCHEDULE  
- ROUTINE VISIT: UNDER 2 CARE  
- ROUTINE VISIT: UNDER 5 CARE |
| When speaking to women 15-49 years old | - ROUTINE VISIT: FAMILY PLANNING |
| When speaking to caregivers or any household member | - ROUTINE VISIT: MALARIA PREVENTION WITH BEDNETS  
- ROUTINE VISIT: HYGIENE AND SANITATION  
- ROUTINE VISIT: WATER SAFETY  
- ROUTINE VISIT: HOUSEHOLD NUTRITION |
| When finishing the visit | - CLOSE OF VISIT |
**REINFORCE INFORMATION / PARTICIPANT PRACTICE**

10. **Group Activity: When to Use Each Tool**

Before beginning the exercise, divide participants into pairs. Instruct each small group to prepare a blank sheet of paper and a pen, and choose one person to be the writer. Write the household profile on the left column of the following chart on the flip chart. Ask the participants to indicate which job aids and counseling cards they would use for each household profile. Have the groups read their answers for the discussion. Make sure the answers on the two right columns in the following chart are reviewed.

<table>
<thead>
<tr>
<th>Household Profile</th>
<th>Job Aids to Use</th>
<th>Counseling Cards to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aida Household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months pregnant woman</td>
<td>HOUSEHOLD VISIT OVERVIEW</td>
<td>HAVING A HEALTHY PREGNANCY</td>
</tr>
<tr>
<td>4 year old child</td>
<td>DANGER SIGNS: PREGNANT WOMEN</td>
<td>VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY</td>
</tr>
<tr>
<td>12 year old boy</td>
<td>DANGER SIGNS: NEWBORN</td>
<td>PREPARING FOR BIRTH</td>
</tr>
<tr>
<td>16 year old girl</td>
<td>DANGER SIGNS: UNDER 5 CHILDREN</td>
<td>FAMILY PLANNING METHODS</td>
</tr>
<tr>
<td>Husband</td>
<td>OVERVIEW: 1000 DAYS SCHEDULE</td>
<td>WHAT TO EXPECT DURING PREGNANCY</td>
</tr>
<tr>
<td>Environment:</td>
<td>ROUTINE VISIT: ANTE NATAL CARE</td>
<td>BENEFITS OF FAMILY PLANNING</td>
</tr>
<tr>
<td>No handwashing station</td>
<td>ROUTINE VISIT: FAMILY PLANNING</td>
<td>EATING WELL DURING PREGNANCY</td>
</tr>
<tr>
<td>Standing water with mosquitoes observed</td>
<td>ROUTINE VISIT: UNDER 5 CARE</td>
<td>PREVENTING MALARIA WITH BEDNETS</td>
</tr>
<tr>
<td>History of diarrhea with the children</td>
<td>ROUTINE VISIT: MALARIA PREVENTION WITH BEDNETS</td>
<td>HOW TO USE AND MAINTAIN A BEDNET</td>
</tr>
<tr>
<td>Availability of animal products and vegetables</td>
<td>ROUTINE VISIT: HYGIENE AND SANITATION</td>
<td>DISPOSING OF WASTE SAFELY</td>
</tr>
<tr>
<td></td>
<td>ROUTINE VISIT: WATER SAFETY</td>
<td>FOOD SAFETY</td>
</tr>
<tr>
<td></td>
<td>CLOSE OF VISIT</td>
<td>HOW TO SET UP A HANDWASHING STATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PREVENTING ILLNESS BY WASHING HANDS WITH SOAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROPER SANITATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROTECTING SANITATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MAKING WATER SAFE TO DRINK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIARRHEA CARE</td>
</tr>
</tbody>
</table>
REINFORCE INFORMATION / PARTICIPANT PRACTICE

11. Role Play: Practicing a Typical Household Visit

Divide participants into pairs. Tell them that they will be practicing a household visit based on a given prompt describing observations at the household upon entering the property. Give the prompt below to each pair of participants, and instruct participants to take turns playing the CHW, with the other playing the pregnant mother and caregiver. The CHW should have a copy of the job aids and counseling cards.

**PROMPT 1 (FOR “CHW”)**

The Ndiaye household just moved into the community. There is one pregnant mother and three children - ages four months, two years, and four years. Upon entering the household, you observe that the mother is breastfeeding the four month old. The two year old is crying and appears to be malnourished. The latrine looks improved; you also see water storage tanks and a handwashing station with soap.

**PROMPT 2 (FOR “MOTHER”)**

You are 5 months pregnant and not practicing family planning. You have been to one ANC visit at the facility. You have not observed any sickness in your children – specifically no diarrhea, cough, or fever. Your children sleep under bednets at night, however you do not as it is too hot. You feed your children at least two times a day with ugali. You eat the same meals though also with some leafy green vegetables as you heard that it is good for pregnancy. You have a handwashing station with soap, and your water is all stored with covers and spouts. You boil water before you or any of your children drink it. Your waste is properly disposed, and you have an improved latrine.

After giving participants time to practice in pairs, ask one or two groups to perform for the group. Ask the group to offer feedback. Make sure all points below are covered in discussion.

**TIP:**

The details of what the CHW should do might not be understood clearly until the rest of the training is provided. That being said, look for key actions during the role-play, such as the following:

- Greetings and introductions, including explanation of the role of the CHW
- Asking key questions to the caregiver to assess the health status of the household
- Assessing danger signs and referring as necessary
- Treating any child that has cough, diarrhea, or fever
- Looking at the 1000 days schedule during the role-play for the pregnant mother and 4 month old child
- Using the **ANTENATAL CARE, UNDER 2 CARE, and UNDER 5 CARE** job aids and relevant counseling cards if there are no emergencies
- Closing the visit

After the training on the other units have been provided, it may be worthwhile to revisit this household visit role-play to see if the CHW did anything differently.
KEY DISCUSSION POINTS

- The CHW should start the visit with proper greetings, introducing herself to the new family.
- The CHW should explain to the mother that she is there to help her have a successful pregnancy, and ensure all her children lead a healthy life.
- The CHW should assess the children for danger signs that have to be referred using the DANGER SIGNS job aids. This should include conducting a MUAC for the two year old and four year old. If the child has a danger sign and requires referral, the CHW should assist in identifying transport.
- If any of the children have cough, diarrhea, or fever, the CHW should use the CASE MANAGEMENT job aids to assess for referral or treatment.
- The CHW should check where the mother and four month old are on the 1000 DAYS SCHEDULE job aid. The 1000 days schedule should indicate that the mother should receive counseling by the CHWs and reminders to attend the ANC sessions. The four month old should go to the facility for appropriate services such as immunizations and medical assessment, treatment, and counseling.
- The CHW should provide the mother with counseling using the ANTENATAL CARE and FAMILY PLANNING job aids and the VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY, PREPARING FOR BIRTH, FAMILY PLANNING METHODS, WHAT TO EXPECT DURING PREGNANCY, BENEFITS OF FAMILY PLANNING, and EATING WELL DURING PREGNANCY counseling cards.
- The CHW should provide counseling to the mother for the four month old using the UNDER 2 CARE job aid. Walking through this job aid, the CHW should counsel on vaccinations and nutrition using the EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS and PROTECTING YOUR CHILD WITH VACCINATIONS counseling cards. You may also use the BREASTFEEDING TIPS and COMMON BREASTFEEDING PROBLEMS counseling cards as necessary.
- The CHW should provide counseling to the mother for the two year old and five year old using the UNDER 5 CARE job aid. The CHW should counsel on nutrition for the children using the FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS counseling card.
- The CHW should conduct counseling for the entire family using the job aids on MALARIA PREVENTION WITH BEDNETS, HYGIENE AND SANITATION, WATER SAFETY, and HOUSEHOLD NUTRITION, which would direct usage on the counseling cards for NUTRITIOUS FOOD AND DIET DIVERSITY and FOOD SAFETY.
- The CHW should close the visit using the CLOSE OF VISIT job aid.
- The CHW should submit data at the end of the visit and schedule a follow-up visit if any child was referred or treated.
UNIT 2: OVERVIEW OF THE HOUSEHOLD VISIT
Chapter 2: Six Steps of the Household Visit

**REINFORCE INFORMATION**

12. Review Job Aid(s)

Allow the group to review the HOUSEHOLD VISIT OVERVIEW, and 1,000 DAYS SCHEDULE job aids.

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**REINFORCE INFORMATION**

13. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important to follow the six steps of the household visit?
- Why is it important to identify caregivers in a visit?
- Why should the CHW always carry all job aids and counseling cards?
- Why should the CHW check for danger signs before any counseling?

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**PARTICIPANT PRACTICE**

14. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
UNIT 2: OVERVIEW OF THE HOUSEHOLD VISIT
Chapter 2: Six Steps of the Household Visit

WORKSHEET

Name: _________________________

1. Name two activities that should be done before conducting a household visit.

2. Name three examples of caregivers in the community.

3. What are the six steps of a household visit?

4. What are three things you should do to close a household visit, if necessary?

5. What are the two key questions to ask yourself during greetings / upon entering the household.

6. What are three key questions to ask to assess for whether a household members needs a referral or treatment?

7. What job aids and counseling cards might you use for the following households?

<table>
<thead>
<tr>
<th>HOUSEHOLD PROFILE</th>
<th>JOB AIDES TO USE</th>
<th>COUNSELING CARDS TO USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Three week old child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Handwashing station observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bednet observed over sleeping area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Water storage containers observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Improved latrine observed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORKSHEET: ANSWER KEY

1. Name two activities that should be done before conducting a household visit.
   (1) Ensure there are sufficient supplies for the household visit. (2) Review the profiles and needs of the households to be visited.

2. Name three examples of caregivers in the community.
   Child's mother, grandmother, or aunt

3. What are the six steps of a household visit?
   (1) Preparation, (2) Enter the Household and Plan the Visit, (3) Assess Danger Signs, (4) Case Management, (5) Routine Care, and (6) Close the Visit

4. What are three things you should do to close a household visit, if necessary?
   Provide referrals, schedule a follow-up, and submit all data

5. What are the two key questions to ask yourself during greetings / upon entering the household.
   (1) Are all the pregnant women and children under 5 present? (2) Do you observe any unhealthy practice in the environment?

6. What are three key questions to ask to assess for whether a household member needs a referral or treatment?
   (1) Is this visit a response to an emergency, thus requiring referrals? (2) Is this visit a follow-up visit, thus requiring reassessment of symptoms for treatment or referral? (3) Is anyone sick? Can it be treated or should it be referred? (4) Do you observe any unhealthy practice?

7. What job aids and counseling cards might you use for the following households?

<table>
<thead>
<tr>
<th>HOUSEHOLD PROFILE</th>
<th>JOB AIDES TO USE</th>
<th>COUNSELING CARDS TO USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three week old child</td>
<td>ENTERING THE HOUSEHOLD</td>
<td>PREVENTING ILLNESS BY WASHING HANDS WITH SOAP</td>
</tr>
<tr>
<td>Environment:</td>
<td>DANGER SIGNS: NEWBORN</td>
<td>CARING FOR YOUR YOUNG CHILD BETWEEN 0 AND 2 YEARS</td>
</tr>
<tr>
<td>Handwashing station observed</td>
<td>OVERVIEW: 1000 DAYS SCHEDULE</td>
<td>EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS</td>
</tr>
<tr>
<td>Bednet observed over sleeping area</td>
<td>ROUTINE VISIT: NEWBORN CARE</td>
<td>BREASTFEEDING TIPS</td>
</tr>
<tr>
<td>Water storage containers observed</td>
<td>CLOSE OF VISIT</td>
<td>COMMON BREASTFEEDING PROBLEMS</td>
</tr>
<tr>
<td>Improved latrine observed</td>
<td></td>
<td>PROTECTING YOUR CHILD WITH VACCINATIONS</td>
</tr>
</tbody>
</table>
OVERVIEW

BACKGROUND
By capturing the complex and dynamic epidemiological and community shifts at the household level, CHWs provide vital information that allows for rapid response to health risks at household and population levels. Adequate and accurate data on health status and health services allow health management teams to be able to identify public health strategy in order to prevent and prepare for future health dangers. Furthermore, data can also help CHWs evaluate health progress in their catchment areas and their own performance gaps and needs.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand the importance of information for patient monitoring</td>
<td>List 3 reasons explaining the importance of information collected by CHWs</td>
</tr>
<tr>
<td>To understand data collection at the household level</td>
<td>Explain where data is collected in the health system</td>
</tr>
<tr>
<td></td>
<td>List at least 5 examples of the type of data that is collected at the household</td>
</tr>
<tr>
<td>To understand how the data collected by CHWs is used</td>
<td>Give 3 examples of how data collected by CHWs is used by the health system to monitor performance</td>
</tr>
<tr>
<td>To be informed on performance improvement</td>
<td>Give 2 examples of how data can be used to inform CHW improvement needs</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY
1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Use of Information
5. Lecture: Community-Based Information System
6. Lecture: CommCare Data Entry and Decision-Guide System
7. Lecture: CommCare Reporting System
8. Discussion: Using Reports for Performance and Health Analysis
9. Role Play: CHW Supervision Using Data Reports
10. Discussion: Strengths and Challenges of Using CommCare
11. Review Job Aid(s)
12. Review Key Messages
13. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Mobile phones for each CHW
- For Role Play:
  - 2 copies of a sample CommCare report from the site for the “CHW supervisor” and the “CHW”
  - Photocopies of the sample CommCare report to provide as handouts or a screen shot of the report that can be projected on the wall/screen
- Chalkboard and chalk or flipchart and markers
- [Optional] Two chairs for role play
- [Optional] For Lecture: Screenshots of CommCare application
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: CLOSE OF VISIT
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“This section will focus on the importance of your role in collecting information at the household level. The data collected by you not only allows management teams to be able to continuously strengthen public health strategies, but also allows for you to understand how you can improve and maximize your performance. We will summarize this lesson in three components: (1) WHY it is important to collect information for patient monitoring, (2) HOW you will be able to do so through mobile phones, and (3) WHAT information can be analyzed in order to inform service delivery strategy and performance improvement.”
EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrate positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

STORY OF DELAYED RESPONSE

- Hasani is a CHW who has a mobile phone but does not like to bring it to the community for fear of it getting stolen. He believed that he could track the data on paper and enter it later in the evening; however, he would often not remember to do so.
- Many of Hasani’s fellow CHWs felt the same way or would forget to charge their phones. For this reason, they did not collect data regularly.
- In one of the villages, there was an outbreak of malaria.
- Hasani and the CHWs treated as many cases as they could; however, they soon ran out of RDTs.
- The supervisors were informed too late that there were not enough RDTs, and the cluster had to wait another month before receiving a new shipment.
- The CHWs had to send malaria cases to the clinic. However, the clinic also began to run out of antimalarials. Some of the children began to get worse, and many babies could not recover.

STORY OF A CRISIS PREVENTED

- Mame is a CHW who always registers new pregnant women and children on her mobile phone.
- During all of her visits, she uses her mobile phone as a decision-guide and data entry tool. At the end of each visit she submits the data.
- One month, the data collected by Mame and her fellow CHWs seemed to indicate a trend: there were more cases of diarrhea than normal. Many children had to go to the clinic.
- Because the supervisors and managers could see this data, they made sure to order more supply of ORS and Zinc to distribute to the CHWs. They also organized an investigation of water sources, as well as an outreach day on hygiene and sanitation.
- It was discovered that one of the water sources in the village was contaminated with waste. The village worked together to clean up the water source quickly, and cases of diarrhea began to decrease.
CONVEY INFORMATION

4. Discussion: Use of Information

Ask the group the following question and listen to the answers. Encourage the answers in the box below if they do not come up during discussion.

“What type of information from the household should be collected at each household visit in order to help CHWs perform their job? How can this information be used to inform overall program strategy?”

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data to collect at the household level may include:</strong></td>
</tr>
<tr>
<td>- # of household members</td>
</tr>
<tr>
<td>- # of vulnerable members including children under 5 years of age and pregnant women</td>
</tr>
<tr>
<td>- Danger signs and symptoms observed</td>
</tr>
<tr>
<td>- Drugs and commodities provided</td>
</tr>
<tr>
<td>- Month of pregnancy</td>
</tr>
<tr>
<td>- # of antenatal care visits a caregiver has attended</td>
</tr>
<tr>
<td>- # of weeks since last antenatal care visit</td>
</tr>
<tr>
<td>- # of deaths that have occurred since last visit</td>
</tr>
<tr>
<td>- # of births that have occurred since last visit</td>
</tr>
<tr>
<td>- # of women using family planning</td>
</tr>
<tr>
<td>- Change in a household member’s condition since last visit</td>
</tr>
<tr>
<td>- Referrals to the clinic or hospital</td>
</tr>
<tr>
<td>- Status of exclusive breastfeeding</td>
</tr>
<tr>
<td>- Status of child immunizations</td>
</tr>
<tr>
<td>- MUAC measurements</td>
</tr>
<tr>
<td>- Weight</td>
</tr>
</tbody>
</table>

**This information can be used to inform public health strategy in the following ways:**

- Data can inform program managers of gaps in service quality, allowing them to schedule trainings or ensure that CHWs are supported with supplies and adequate supervision
- Data allows for timely recognition of potential health risks in vulnerable households, where likelihood of mortality may be high without adequate access and surveillance from the health system
- Health status data can influence decisions on updating CHW responsibilities, adding new trainings, reducing or increase household assignments, scheduling health campaigns and mass immunizations, and more
5. Lecture: Community-Based Information System

Present the following information and explain the importance of using a community-based information system to ensure that no caregiver, child, or household is subject to the service delivery gaps.

**KEY CONTENT**

**How does the community-based information system work?**

- The information collected in the community provides valuable information about WHO is in the community and WHAT their health status is. This then informs the overall community on their health status and trends, helping CHWs and the health team to identify program changes that should be made to target specific disease trends.

**There are three major points of data collection that occur regularly for monitoring of the health system:**

- **Data collected at the health facility:** collected in registers by data entry clerks, midwives, nurses, and sometimes CHWs who rotate through the facility.
- **Data collected at the household:** collected in mobile phone applications (such as CommCare or CC+) by CHWs during service delivery.
- **Verbal autopsies conducted after death:** collected in mobile phone applications by VA specialist, Senior CHWs, or sometimes CHWs.

Sometimes data is also collected at outreach centers.

Each of these data is fed into a database system that is analyzed by the cluster’s team. The data collected informs on health status for patients and communities, causes of mortality, as well as any health trends. Additionally, data helps to identify vulnerable populations who are covered and NOT covered by health services in the community. This data is used by the health team to then strategically position service providers such as CHWs, Senior CHWs, nurses, and midwives to provide health services to those most in need in the community.
What is the role of the CHW in this system?
The CHW plays 3 vital roles in this system:

- **Counting all caregivers, newborns, and children under 5:** By registering all caregivers, newborns, and children under 5, CHWs ensure there is a database of vulnerable community members whom should receive active, regular health services.

- **Collecting health status data on caregivers, newborns, children under 5, and households:** During household visits, CHWs collect health data (e.g. MUAC scores, whether RDTs are conducted, danger signs identified, etc.) simultaneous to service delivery. This data is aggregated and provides information on commonly provided services, supply stock-outs, and quality of care.

- **Responding to health trends:** In the CHWs’ day-to-day jobs, they respond to health trends that are identified by patterns in the data. For example, data trends for one particular household may indicate that malaria recurs quite frequently and bednets are used sparingly; the CHW can use these trends to identify behavior change steps or other interventions needed to improve health.

How does the data inform performance and health status?
Data collected in the system is interpreted via indicators on coverage (whether all households and people receive services needed), quality of care and supplies (whether danger signs that appeared elicited the expected diagnosis and treatment response), health outcomes (% of population malnourished, delivering in clinics, participating in ANC, etc.), and mortality and morbidity (% of population dying, causes of mortality).

These indicators then inform the program management team on operational needs such as (but not limited to):

- People who are not receiving service and may need additional attention
- The need for wider, faster health education via outreach campaigns
- Additional training to fill quality of care gaps
- Supply gaps
- Changes in strategy and task profile to address emerging disease trends
CONVEY INFORMATION

6. Lecture: CommCare Data Entry and Decision-Guide System

Provide a brief overview on the CommCare system, which will be the primary mobile data collection system the CHWs should use to collect data. If possible, show sample images from each of the modules and forms while describing each function.

### KEY CONTENT

**What is CommCare?**
CommCare is a mobile phone application designed to serve as a decision guide during household visits, a counseling aid, and a data collection tool. The application was developed by a company called Dimagi and implemented by the Millennium Villages Project.

**How is the CommCare application structured?**
When entering the application, there are 4 types of "modules" to go through:

1. **Child**: Used to edit the case registration details, conduct a visit, or to close a case (due to death, turned 6 years old, etc.), for any child 0-5
2. **Pregnant**: Used to edit the case registration details, conduct a visit, or to close a case (due to death, completion of pregnancy, etc.) for any pregnant woman
3. **Household**: Used to edit the case registration details, conduct a visit, or to close a case (due to family moving) for any household
4. **Registration**: Used to register all new pregnant, child, or household “cases”

**Key Features of CommCare for CHWs to Understand**
- Each household, pregnant woman, newborn, and child under 5 needs to be registered before going through a “visit”
- Each “visit” form goes through the key questions to ask pregnant women or caregivers of young children to identify danger signs, symptoms that can be treated, and targeted counseling messages
- The counseling messages in the “visit” section are accompanied by illustrations and audio recordings of messages in the local language
- A case should be closed if the registered household or individual moves, passes away, or, in the case of pregnant women, gives birth
- At the end of each form, the CHW should click “submit form.” Because each caregiver and child has their own form, this means a CHW will have to “submit form” multiple times during the household visit
- If there is no coverage at the time of submission, the form will automatically save and automatically submit when there is coverage
- All of the data submitted by the CHW can be seen in “real time” by the CHW manager. This includes when and what data is submitted. The data is then analyzed and interpreted as indicators on health outcomes and CHW performance
### KEY CONTENT

**Where does CommCare data go?**

Each time the CHW clicks “submit data,” the data for each household, pregnant woman, and under 5 child is sent to a computer system. The CHW manager can then see this data anytime he wants, including when data was submitted, what was submitted, and how many times a day a CHW submitted data. This data allowed the CHW manager and CHW supervisors to assess the following:

- Is each household and vulnerable community member receiving health services?
- How frequently are households and vulnerable community members receiving health services?
- How many times a day can a CHW conduct a visit?
- What is the health status of individual community members and households?
- What are the health outcomes in the community on malaria, diarrhea, pneumonia, and other danger signs?
- What are supply gaps in the community?

**What types of indicators does the CHW manager look at?**

**Visit Indicators:**

These indicators show the number of visits to households, pregnant women, newborns, and under 5 children in a certain amount of time. These include:

- Proportion of households receiving a visit in the last 90 days
- Proportion of households receiving a visit in the last 30 days
- Proportion of under 5 children receiving a visit in the past 30 days
- Proportion of pregnant women receiving a visit in the past 30 days
- Proportion of pregnant women receiving a visit in the past 6 weeks
- Proportion of newborns receiving a visit in the past week
- Proportion of newborns receiving a visit in first 7 days since birth

For each of these indicators, the numerators are calculated using the # of forms submitted by the CHW for each “module” or type of form (household, pregnant, children). The denominators are calculated using the # of cases (i.e. # of unique pregnant women, unique households, unique children) within each module assigned to them.
### 2.3 USE OF INFORMATION

#### KEY CONTENT CONTINUED

**Case Management Indicators:**
These indicators show how services were provided in response to danger signs or symptoms. These may include:
- Proportion of under 5 children with diarrhea who received ORS
- Proportion of under 5 children with fever who received an RDT test
- Proportion of under 5 children who were RDT+ who received antimalarial drugs
- Proportion of under 5 children who received a MUAC in the past 30 days
- Proportion of under 5 children with danger signs who were referred

For each of the indicators, the numerators are calculated based on how many times a CHW indicates in the CommCare application that a drug, test, or referral was provided. This is then measured against the denominators, which are calculated based on how many times a CHW indicates in the CommCare application that a danger sign or symptom occurred.

**Health Outcome Indicators**
These indicators show health outcomes of the pregnant women or under 5 children in the CHW’s caseload. These may include:
- Proportion of births delivered in the health facility
- Proportion of pregnant women with at least 4 ANC visits
- Proportion of children under 6 months reported as exclusively breastfeeding
- Proportion of under 1 children up-to-date on all immunizations
- Proportion of children with MUAC score <125mm or malnourished

The data collected by the CHW in CommCare while asking the caregiver or mother questions during a visit are used to calculate these indicators.
PARTICIPANT PRACTICE

8. Discussion: Using Reports for Performance and Health Analysis

Ask participants the following question:

“If you were a CHW supervisor, how would you use these data to supervise and support your CHWs?”

Allow the group time to discuss with neighbors and at least 30 min to discuss as a large group. Listen to answers from the CHWs and observe whether the following answers arise.

KEY CONTENT

- Look at each CHW’s ability to conduct all household visits within 90 days
- Look at each CHW’s ability to conduct visits for all under 5 children within 30 days
- Look at whether a CHW is providing correct treatment or referrals when symptoms arise. If not, investigate potential supply or quality issues
- Look for the best performing CHWs to provide performance-based incentives
- Look for the worst performing CHWs to see if additional training or supervision is needed
- Identify whether common symptoms are emerging in particular locations, indicating a need for a public health investigation
EXAMPLE IN ACTION

9. Role Play: CHW Supervision Using Data Reports

Invite a volunteer to participate in a role play on CHW supervision. You will play the role of “CHW supervisor” and the participant will play the role of “CHW”. You should each have a copy of a CommCare CHW Manager Report in front of you during the role-pay, which you will use to review the performance of the “CHW” and conduct supervision.

Also provide handouts of the CHW Manager Report to participants or project it on the screen using audiovisual equipment. It is important for the participants to see the data that is being used to provide supportive supervision and performance review.

Make sure to follow the guidelines below on CHW supervision.

SUPERVISION GUIDELINES

- The CHW supervisor should discuss not only CommCare data that is specific to the CHW, but also qualitative observations and community input on his/her performance.
- Discussion on CommCare data should include the CHW’s indicators for household coverage and quality of services provided (whether RDT+ children receive Coartem, whether diarrhea symptomatic children receive ORS and zinc, etc.).
- Discussion on CommCare data should include both strengths and weaknesses, as well as improvements from previous months.
- CHW supervisor should be supportive yet firm if the CHW performance quality is low. The CHW supervisor should investigate reasons behind gaps and whether they are caused by system-wide or specific CHW quality problems.
- The CHW supervisor should work with the CHW to identify action steps for improvement over the next month.

Allow the group 15-20 min to discuss the role-play and what they observe to be the benefits of information collection and usage. Answer any questions they may have.

TIP:
If possible, invite 2 CHW supervisors to help conduct this role play, with one playing a supervisor role and the other playing a CHW.
10. Discussion: Strengths and Challenges of Using CommCare

Invite the eHealth specialist to this session to help answer any questions that the CHWs may have on challenges with CommCare. This session should not preclude a full training on CommCare for all CHWs. Ask the participants the following prompt:

“What have you liked about using CommCare? And what are challenges you have experienced?”

11. Review Job Aid(s)

Allow the group to review the CLOSE OF VISIT job aid, focusing on the importance of data submission. Answer any questions they may have.

12. Review Key Messages

Ask 1-2 questions to check participant’s understanding of the lesson. For example:

- Where can data be collected in the health system?
- Why is it important to collect health status information?
- How can data be used to improve CHW operations?

13. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: ____________________________

1. List five reasons why information collected by the CHW is important.

2. List five types of data that can be collected by the CHW during a household visit.

3. What are the four types of “modules” or forms in CommCare and what is the purpose of each one?

4. List four questions that a manager or supervisor can answer by using data collected by a CHW.

5. True or false (circle one)? If there is no mobile coverage in the area, the CHW needs to try to “hit send” and submit the form again at home where there is network.

   True          False
Exercise: Answer Key

1. List five reasons why information collected by the CHW is important.
   - Data can inform program managers of mishaps in service quality
   - Data allows for immediate recognition of potential health risks in vulnerable households
   - Health status data can influence decisions on updating CHW responsibility, adding trainings, changing household assignments, and scheduling health campaigns

2. List five types of data that can be collected by the CHW during a household visit.
   - # of household members
   - # of vulnerable members including children under 5 and pregnant women
   - Danger signs and symptoms observed
   - Drugs and commodities provided
   - Month of pregnancy
   - # of antenatal care visits a mother has attended
   - # of weeks since last antenatal care visit
   - # of deaths that have occurred since last visit
   - # of births that have occurred since last visit
   - # of women using family planning
   - Change in a household member’s condition since last visit
   - Referrals to the clinic or hospital
   - Status of exclusive breastfeeding
   - Status on child immunizations
   - MUAC measurements
   - Weight

3. What are the four types of “modules” or forms in CommCare and what is the purpose of each one?
   - Registration module: To register new pregnant women, children, or households
   - Child Module: To edit registration, conduct a visit, or close a child case
   - Pregnancy module: To edit registration, conduct a visit, or close a pregnant case
   - Household module: To edit registration, conduct a visit, or close a household case

4. List four questions that a manager or supervisor can answer by using data collected by a CHW.
   - Is each household and vulnerable community member receiving health services?
   - How frequently are households and community members receiving health services?
   - How many times a day can a CHW conduct a visit?
   - What is the health status of individual community members and households?
   - What are the health outcomes in the community on malaria, diarrhea, pneumonia?
   - What are supply gaps in the community?

5. True or false (circle one)? If there is no mobile coverage in the area, the CHW needs to try to “hit send” and submit the form again at home where there is network.
   - True  ✔ False
UNIT 3: Identifying Danger Signs

This unit instructs on key danger signs that CHWs should always look for in pregnant women, newborns, and children under 5. In addition to describing how a CHW should identify a danger sign in a vulnerable population, the unit also describes appropriate life-saving measures that the CHW can take to ensure the health and survival of the affected individual.

1. Newborn Danger Signs
2. Child Danger Signs
3. Pregnant Woman Danger Signs
OVERVIEW

BACKGROUND

During follow up visits after the baby is born, the CHW is responsible for identifying danger signs that might threaten the life of the baby. The CHW should discuss potential danger signs with the caregiver, so the caregiver can recognize them as well. If any danger signs are present, the CHW must know how to refer the baby to the health facility. The goal of this section is to teach the CHW how to identify danger signs for the infant and refer to the health facility when necessary.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| Identify danger signs in infants when entering a household | - Identify at least 8 danger signs and understand what condition they may indicate  
- Explain to caregivers what each danger sign may indicate |
| Take necessary action to address danger signs | - Identify the different types of referrals according to the associated danger sign  
- Make appropriate referrals to the next point of care |
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 1: Newborn Danger Signs

LESSON PLAN SUMMARY
1. Review Previous Lesson
2. Introduce New Lesson
3. Lecture: The Danger Signs
4. Group Activity: Reviewing the Danger Signs
5. Group Activity: Hot Potato
6. Review Job Aid(s)
7. Review Key Messages
8. Worksheet
LEsson Preparation

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Choose one for Group Activity:
  a) Images of danger signs for newborns as handouts
  b) PowerPoint presentation
  c) Other format for entire group to see
- For Group Activity: 1 ball
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: DANGER SIGNS: NEWBORN
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“At the end of this session, you should be able to explain and identify the danger signs and risks of complication for newborns. You should also be able to follow the referral protocol based on the type of danger sign.”
3. Lecture: The Danger Signs

Present the following information to the group, using visuals wherever possible.

"When visiting the newborn, you must ask the caregiver if the newborn is experiencing or has experienced any of the following danger signs. If the caregiver does not know or is unsure, check for danger signs through observation. If any of the danger signs are present, the caregiver must seek care for the newborn at the health facility immediately. You should follow the procedure for the type of referral assigned to that danger sign:

- **Ambulance**: Call the ambulance to take the caregiver and newborn to the health facility immediately, waiting until the ambulance arrives to pick up the patient
- **Emergency**: Have the caregiver seek care for the newborn at the health facility immediately, and help arrange transportation
- **Basic**: Have the caregiver seek care for the newborn at the health facility within 24 hours"

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Type of Referral</th>
<th>Why is it a danger sign?</th>
<th>How do you identify it?</th>
</tr>
</thead>
</table>
| Dark red rash                                    | Ambulance        | Dark red rashes suggest sepsis, which is a dangerous infection of the blood.           | Look for a purple rash or a rash that does not whiten/blanche when you put pressure on it. The rash may be difficult to see, so you should also ask the caregiver, "Is there a purple rash or a rash that does not whiten when you put pressure on it?"
<p>| Bulging fontanelle (soft spot on top of head)    | Ambulance        | A bulging fontanelle is the result of fluid building up in the brain or a swelling of the brain. Emergency care is needed for an infant with severe bulging of the fontanelle, especially if it occurs along with fever or excessive drowsiness. | Look: Is the soft spot on top of the baby's head (the fontanelle) bulging? |
| Pus draining from umbilical cord                  | Ambulance        | This suggests an infection and is potentially very dangerous to the newborn.           | Look: Is there yellow fluid draining from the umbilical cord? |</p>
<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Ambulance</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dehydrated (skin pinch goes back slowly)</td>
<td>Ambulance</td>
<td>Serious complications can arise from dehydration, including swelling of the brain, seizures, kidney failure, and death.</td>
<td>If the baby has NOT urinated in the past 24 hours, the baby might be dehydrated.</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Ambulance</td>
<td>A convulsion indicates severe illness in a baby or child and needs to be investigated immediately at a facility.</td>
<td>You should use local words that the caregiver understands to mean a convulsion. You should explain that a child is convulsing if his or her arms and legs stiffen and/or shake uncontrollably. The child may even stop breathing and become blue. The child may lose consciousness, and for a short time cannot be wakened. Often, there may only be a recurring movement of a part of the body, such as twitching of the mouth or blinking of eyes. Ask the caretaker, &quot;Have the baby's arms and legs suddenly stiffened with uncontrolled shaking? Has the baby suddenly stopped breathing?&quot;</td>
</tr>
<tr>
<td>Accident or trauma</td>
<td>Ambulance</td>
<td>Accidents or trauma could lead to the death of the newborn and should be addressed immediately.</td>
<td>Ask the caregiver, &quot;Has the baby been in an accident or experienced a significant injury recently?&quot;</td>
</tr>
<tr>
<td>Fever or feels cold</td>
<td>Ambulance</td>
<td>A fever can indicate severe malaria, pneumonia, sepsis (blood infection) or meningitis (a serious infection of the spinal cord), or other potentially fatal diseases.</td>
<td>Ask the caregiver, &quot;Does the baby have fever now or did the child have fever anytime during the last 3 days?&quot; You need to ask about fever anytime during the last 3 days because fever may not be present all the time. Fever caused by malaria, for example, may not be present all the time, or the body may be hotter at some times than other times. If the caregiver does not know, feel the child’s stomach or underarm. If the body feels hot, the child has a fever now.</td>
</tr>
<tr>
<td>Rigidity</td>
<td>Ambulance</td>
<td>Rigidity can be a sign of meningitis, a serious infection of the brain and spinal cord.</td>
<td>Look: Are the baby's muscles stiff and difficult to move?</td>
</tr>
</tbody>
</table>
### 3.1 NEWBORN DANGER SIGNS

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pallor</td>
<td>Ambulance</td>
<td>If a child has severe pallor, s/he may be severely anaemic, which can be life-threatening as the body does not have enough red blood cells. Other causes of pallor could be heart disorders or shock. Look: Does the baby's palm appear very pale or white in color (when compared to the palms of other children)?</td>
</tr>
<tr>
<td>Unusually sleepy or unconscious</td>
<td>Ambulance</td>
<td>Altered state of consciousness, such as difficulty waking the child, is a sign of serious problem. It could be from infection of brain and spinal cord or injury to the brain. Look: If the child has been sleeping and you have not seen the child awake, ask the caregiver if the child seems unusually sleepy. Gently try to wake the child by moving the child’s arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.</td>
</tr>
<tr>
<td>Difficult or fast breathing</td>
<td>Emergency</td>
<td>Difficult or fast breathing indicates possible pneumonia. If left untreated, it can progress to severe pneumonia, which can cause death quickly. Look for fast breathing by counting the child’s breath for one full minute. If a child has cough or cold, you should check for this danger sign. If the child is 2-12 months of age: 50 breaths or more in 1 minute (60 seconds) is considered fast breathing. If the child is 12 months-5 years of age: 40 breaths or more in 1 minute (60 seconds) is considered fast breathing.</td>
</tr>
<tr>
<td>Unable to suck or sucking poorly</td>
<td>Emergency</td>
<td>If unsure, see if baby can breastfeed. Ask the caregiver, “Is the baby able to suck when breastfeeding?” If the caregiver is unsure, see if the baby can breastfeed (with the caregiver’s permission).</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Emergency (Ambulance if heavy bleeding)</td>
<td>Depending on the source and amount of bleeding this could potentially be a time sensitive situation leading to death. Look: Is the baby bleeding? Note: Drops of blood from a baby girl’s vagina is normal during the first week or two of life.</td>
</tr>
<tr>
<td>Skin infection</td>
<td>Emergency</td>
<td>Skin infections range from minor conditions to a marker of potentially fatal disease. Look: Is the child’s skin red, or are there pimpls or swellings that contain yellowish fluid? You may not be able to easily see the infection. Ask caregiver, “Have you noticed any skin abnormalities?”</td>
</tr>
<tr>
<td>Pus draining from eye</td>
<td>Emergency</td>
<td>This suggests an infection. Look: Is there yellow fluid draining from the baby’s eye?</td>
</tr>
<tr>
<td>Not passing stool</td>
<td>Emergency</td>
<td>This could be due to a blocked intestine which should be addressed immediately. Ask the caregiver: “Has the baby not passed any stool in 2 days? Has the baby ever passed stool?”</td>
</tr>
<tr>
<td>Condition</td>
<td>Level</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Blood in stool</td>
<td>Emergency</td>
<td>Blood in the baby’s stool suggests an infection.</td>
</tr>
<tr>
<td>Swelling of both feet (Oedema)</td>
<td>Emergency</td>
<td>Oedema is an abnormal accumulation of fluid beneath the skin or inside the body that produces swelling, which is caused by severe malnutrition and other disorders.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Emergency</td>
<td>If the baby keeps vomiting everything, the baby is very sick. In severe cases, dehydration and/or wasting will develop because the baby is not retaining fluids or food. This can lead very quickly to death if left untreated.</td>
</tr>
<tr>
<td>Yellowness of skin</td>
<td>Basic</td>
<td>Yellowness of the skin might be a sign of infant jaundice, a disease caused by toxins in the blood.</td>
</tr>
<tr>
<td>Cough</td>
<td>Basic</td>
<td>If you notice that a child is coughing, it could be anything ranging from a minor throat irritation or pneumonia. Untreated pneumonia risks becoming more severe and can lead to death.</td>
</tr>
<tr>
<td>Born at home and has not visited health facility</td>
<td>Basic</td>
<td>It is important to take the baby to the clinic to make sure the child is healthy and feeding well, to receive life-saving immunizations, and to treat any infections. A baby who was not born in a health facility should be referred to the clinic immediately.</td>
</tr>
</tbody>
</table>
“The newborn is at a greater risk for health complications if the caregiver responds “yes” to any of these symptoms. If any of these danger signs appear, the caregiver should seek care for the newborn at the health facility as soon as possible. You must refer the caregiver and the newborn to the health facility for follow up.

If there are no danger signs, you should ask the following questions and counsel on the necessary topics (using the ROUTINE CARE job aids and COUNSELING CARDS). Inform participants that these topics will be addressed in detail later in the training.”

<table>
<thead>
<tr>
<th>Question</th>
<th>Relevant Counseling Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you feeding your baby anything other than breast milk?</td>
<td>EXCLUSIVE BREASTFEEDING FOR FIRST SIX MONTHS</td>
</tr>
<tr>
<td>A lot of women have challenges when breastfeeding. May I provide you with some tips?</td>
<td>BREASTFEEDING TIPS, COMMON BREASTFEEDING PROBLEMS</td>
</tr>
<tr>
<td>Do you wash your hands with soap every time before breastfeeding your child?</td>
<td>CARING FOR YOUR YOUNG CHILD BETWEEN 0 AND 2 YEARS</td>
</tr>
<tr>
<td>Does your newborn sleep under a bednet?</td>
<td>PREVENTING MALARIA WITH BEDNETS</td>
</tr>
<tr>
<td>May I see your child’s healthcare card? (Check card for vaccinations)</td>
<td>PROTECTING YOUR CHILD WITH VACCINATIONS</td>
</tr>
<tr>
<td>When will your next visit to the health facility be?</td>
<td>CARING FOR YOUR NEWBORN</td>
</tr>
</tbody>
</table>

**REINFORCE INFORMATION**

**4. Group Activity: Reviewing Danger Signs**

Round 1: Divide participants into 2-4 groups. Show Group 1 an image of a danger sign. If the group can identify it, they get a point. If not, give the next group an opportunity to answer. Continue group by group until all of the images have been used. The group with the most points at the end of the game wins. When applicable, ask a bonus question, “What illness is this danger sign a symptom of?”
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 1: Newborn Danger Signs

REINFORCE INFORMATION

5. Group Activity: Hot Potato

Ask the participants to stand in a circle. When the music plays, participants pass the ball in a clockwise motion. When the music stops, the participant holding the ball must answer a review question from the list below. If that participant doesn’t know, ask for volunteers to answer. Play for 10 minutes or until all questions have been answered. Repeat some of the questions that the participants struggle with.

<table>
<thead>
<tr>
<th>REVIEW QUESTION LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name five newborn danger signs.</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> Fever or feels cold, bulging fontanelle, pus draining from umbilical cord, rigidity, unable to suck or sucking poorly, pus draining from eye, not passing stool, yellowness of skin, cough, difficult or fast breathing, severe pallor, unusually sleepy or unconscious, swelling of both feet (oedema), bleeding, dark red rashes, skin infection, dehydration, convulsions, blood in stool, baby was born at home and has not visited a health facility, accident or trauma.</td>
</tr>
<tr>
<td>A fever could be a symptom of which diseases?</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> Severe malaria, pneumonia, tuberculosis, or other potentially fatal diseases.</td>
</tr>
<tr>
<td>How can you ask to see if the baby is unable to suck or sucking poorly?</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> Ask the caregiver, “Is the baby able to suck when breastfeeding?” If the caregiver is unsure, see if the baby can breastfeed (with the caregiver’s permission).</td>
</tr>
<tr>
<td>True or False: If there are drops of blood from a baby girl’s vagina, the caregiver should seek care for the newborn at the health facility.</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> False. Drops of blood from a baby girl’s vagina are normal.</td>
</tr>
<tr>
<td>Why is it considered a danger sign if the baby was born at home and has not visited the health facility?</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> It is important for the mother to take her baby to the clinic to make sure the child is healthy and feeding well, to receive life-saving immunizations, and to treat any infections. A baby who was born at the clinic will already have received these services; a baby who has not should be referred to the clinic immediately.</td>
</tr>
<tr>
<td>Name three danger signs that require you to call an ambulance for the caregiver and newborn.</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> Dark red rashes, bulging fontanelle, pus draining from umbilical cord, dehydration, convulsions, accident or trauma, fever or feels cold, rigidity, severe pallor, unusually sleep or unconscious, bleeding (if heavy).</td>
</tr>
<tr>
<td>How can you tell if the newborn is dehydrated?</td>
</tr>
<tr>
<td><strong>ANSWER:</strong> When you pinch the baby’s skin it goes back slowly or if the baby has not urinated in the past 24 hours.</td>
</tr>
</tbody>
</table>
How can you tell if the baby is suffering from rigidity?

**ANSWER:** The baby’s muscles are stiff and difficult to move.

True or False: The baby had a fever two days ago but does not have a fever now, so the caregiver does not need to take the newborn to the health facility.

**ANSWER:** False. If the child has had a fever in the past three days, the caregiver must seek care for the newborn at the health facility, even if the fever is not present all of the time.

Explain how to test for oedema.

**ANSWER:** To check for oedema, gently press with your thumbs on the top of each foot for three seconds (count 1001, 1002, 1003). The child has SEVERE malnutrition if the dents remain on the tops of BOTH feet when you lift your thumbs. The dent must clearly show on both feet.

What should you do if there are no danger signs present?

**ANSWER:** Ask the caregiver routine care questions, following the job aid. Counsel on any necessary topics.

How can you test to see if a child is unconscious?

**ANSWER:** Gently try to wake the child by moving the child’s arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.

Yellowness of the skin might be a symptom of which illness. How do you check for this danger sign?

**ANSWER:** Yellowness of the skin is a symptom of jaundice. To check for jaundice, gently press your finger gently on the baby’s forehead or nose. If the skin looks yellow where you pressed, it’s likely the baby has jaundice. It’s best to examine the baby in good lighting conditions, preferably in natural daylight.

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**REINFORCE INFORMATION**

6. Review Job Aid(s)

Allow the group to review the DANGER SIGNS: NEWBORN job aid for a few minutes. Answer any questions they may have.
REINFORCE INFORMATION

7. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important to look for danger signs when visiting a newborn?
- What should you do if any danger signs are present?

PARTICIPANT PRACTICE

8. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

1. Name at least eight danger signs for a newborn.

2. Yellowness of the skin might be a sign of ____________.

3. If a child is 2-12 months of age, ____________ breaths or more in one minute is considered fast breathing; if a child is 12 months-5 years of age, ____________ breaths or more in one minute is considered fast breathing.

4. If a newborn has a cough, it could be a symptom of ____________ or ____________.

5. How should you check for oedema (swelling of both feet)?

6. What is the referral procedure if you notice pus draining from the newborn’s umbilical cord?
WORKSHEET: ANSWER KEY

1. Name at least eight danger signs for a newborn.

   Possible answers include: dark red rashes, bulging fontanelle, pus draining from umbilical cord, dehydration, convulsions, accident or trauma, fever or feels cold, rigidity, severe pallor, unusually sleepy or unconscious, difficult or fast breathing, unable to suck or sucking poorly, bleeding, skin infection, pus draining from the eye, not passing stool, blood in stool, swelling of both feet (oedema), vomiting, yellowness of skin, cough, born at home and has not visited health facility

2. Yellowness of the skin might be a sign of jaundice.

3. If a child is 2-12 months of age, 50 breaths or more in one minute is considered fast breathing; if a child is 12 months-5 years of age, 40 breaths or more in one minute is considered fast breathing.

4. If a newborn has a cough, it could be a symptom of _____________ or _____________.

   Possible answers include: minor throat irritation, tuberculosis, pneumonia

5. How should you check for oedema (swelling of both feet)?

   To check for oedema, gently press with your thumbs on the top of each foot for three seconds (count 1001, 1002, 1003). The child has severe malnutrition if the dents remain on the tops of both feet when you lift your thumbs. The dent must clearly show on both feet. (Answers may vary slightly.)

6. What is the referral procedure if you notice pus draining from the newborn’s umbilical cord?

   Pus draining from the umbilical cord is an “ambulance” referral. You should call the ambulance to take the caregiver and newborn to the health facility immediately.
Images: Danger Signs for the Newborn

3.1 Newborn Danger Signs
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 1: Newborn Danger Signs

3.1 NEWBORN DANGER SIGNS
3.1 NEWBORN DANGER SIGNS

Normal fontanelle vs. Bulging fontanelle:

- Normal fontanelle:
  - Flattened or sunken when pressed gently.
  - Usually less than 1 cm in diameter.

- Bulging fontanelle:
  - Pulsating or raised when pressed gently.
  - Can indicate increased intracranial pressure, requiring immediate medical attention.
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 1: Newborn Danger Signs

3.1 NEWBORN DANGER SIGNS
OVERVIEW

BACKGROUND
After greeting household members, the first thing the CHW should do is check whether any member of the household has an urgent need for attention, including children ages 28 days to 5 years. The CHW should discuss potential danger signs with the caregiver, so the caregiver can recognize them as well. If any danger signs are present, the CHW must know how to refer the child to the health facility. The goal of this section is to teach the CHW how to identify danger signs for the child and refer to the health facility when necessary.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| Identify danger signs in children when entering a household | □ Identify at least 5 danger signs and understand what condition they may indicate  
□ Explain to caregivers what each danger sign may indicate |
| Take necessary action to address danger signs | □ Identify the different types of referral according to the associated danger sign  
□ Make appropriate referrals to the next point of care |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Lecture: The Danger Signs
4. Lecture: Community-based Management of Acute Malnutrition (CMAM)
5. Demonstration: Fast Breathing Assessment
6. Demonstration: How to Conduct a MUAC Assessment for Malnutrition
7. Group Activity: Hot Potato
8. Review Job Aid(s)
9. Review Key Messages
10. Worksheet
LESION PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Choose one for Group Activity:
  a) Images of danger signs for newborns as handouts
  b) PowerPoint presentation
  c) Other format for entire class to see
- For Group Activity: 1 ball
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: DANGER SIGNS: CHILD

TIP: Customize the lesson plan according to local practices
LESSON PLAN

**REINFORCE INFORMATION**

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

**CONVEY INFORMATION**

2. Introduce New Lesson

Read or summarize this out loud:

“By the end of this session, you should be able to explain and identify the danger signs in children, illnesses they may indicate, and the ways to refer caregivers to the health facility.”
CONVEY INFORMATION

3. Lecture: The Danger Signs

Present the following information to the group, using visuals as much as possible.

“When visiting the household, you must ask the caregiver if the child is experiencing or has experienced any of the following danger signs. If the caregiver does not know or is unsure, check for danger signs through observation. If any of the danger signs are present, the caregiver must seek care for the child at the health facility immediately. You should follow the procedure for the type of referral assigned to that danger sign:

- **Ambulance**: Call the ambulance to take the caregiver and child to the health facility immediately
- **Emergency**: Have the caregiver seek care for the child at the health facility immediately, and help arrange transportation
- **Basic**: Have the caregiver seek care for the child at the health facility within 24 hours”

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Type of Referral</th>
<th>Why is it a danger sign?</th>
<th>How do you identify it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough (for 21 days or more)</td>
<td>Basic</td>
<td>If you notice that a child is coughing, it could be anything ranging from a minor throat irritation to tuberculosis or pneumonia. Untreated tuberculosis or pneumonia risks becoming more severe and can lead to death.</td>
<td>Ask the caregiver: “How long has your child been coughing?”</td>
</tr>
<tr>
<td>Fever (for 3 days or more)</td>
<td>Emergency (under 3 months old); Basic (over 3 months old)</td>
<td>A fever for more than 3 days can indicate severe malaria, pneumonia, meningitis (an infection of the spinal cord), or other potentially fatal diseases. The child needs to be sent to a facility for diagnosis and proper treatment.</td>
<td>Ask: “Does the child have fever now or did the child have fever anytime during the last 3 days?” You need to ask about fever anytime during the last 3 days because fever may not be present all the time. Fever caused by malaria, for example, may not be present all the time, or the body may be hotter at some times than other times. If the caregiver does not know, feel the child’s stomach or underarm. If the body feels hot, the child has a fever now. If the child has had fever for less than 3 days, then proceed to the CASE MANAGEMENT: FEVER job aid.</td>
</tr>
</tbody>
</table>

3.2 CHILD DANGER SIGNS
### Chest In-drawing or Nasal Flaring

**Ambulance**

- Chest in-drawing indicates severe respiratory distress, which may be due to pneumonia, and can quickly lead to death if not treated promptly.

If the child has chest in-drawing, then you will observe that when a child breathes in, the chest below the ribs pull in instead of filling with air. The lower chest wall will go IN when the child breathes in. This will be clearly visible and present at each breath. The child does **NOT** have chest in-drawing if it is only visible when the child is crying or feeding.

### Fast Breathing

**Ambulance**

- Fast breathing indicates possible pneumonia. If left untreated it can progress to severe pneumonia, which can cause death quickly. **If CHWs in your location are allowed to treat pneumonia with antibiotics, then fast breathing is not a danger sign but instead a symptom that can be treated at the household level, as indicated by the CASE MANAGEMENT: COUGH job aid.**

Look for fast breathing by counting the child’s breath for one full minute. If a child has cough or cold, you should check for this danger sign. If the child is 2-12 months of age: 50 breaths or more in 1 minute (60 seconds) is considered fast breathing. If the child is 12 months-5 years of age: 40 breaths or more in 1 minute (60 seconds) is considered fast breathing.

### Severe Pallor

**Emergency**

- If a child has severe pallor, s/he may be severely anaemic, which can be life-threatening as the body does not have enough red blood cells. Other causes of pallor could be heart disorders or shock.

You should observe the color of the child’s skin. If the child’s palms are extremely pale in color (so light that they almost look white), the child has severe anaemia. If there are other children present in the household, you may compare their palm colors to determine whether or not a child’s palm is pale.

### Unusually Sleepy or Unconscious

**Ambulance**

- Altered state of consciousness, such as difficulty waking the child, is a sign of serious problem. It could be from infection of brain and spinal cord or injury to the brain.

If the child has been sleeping and you have not seen the child awake, ask the caregiver if the child seems unusually sleepy. Gently try to wake the child by moving the child’s arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.
### UNIT 3: IDENTIFYING DANGER SIGNS

#### Chapter 2: Child Danger Signs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Level</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling of both feet (oedema)</td>
<td>Basic</td>
<td>Oedema, an abnormal accumulation of fluid beneath the skin or inside the body that produces swelling, which is caused by malnutrition.</td>
<td>To check for oedema, gently press with your thumbs on the top of each foot for three seconds (count 1001, 1002, 1003). The child has SEVERE malnutrition if the dents remain on the tops of BOTH feet when you lift your thumbs. The dent must clearly show on both feet.</td>
</tr>
<tr>
<td>MUAC score of under 125mm</td>
<td>Basic</td>
<td>This is an indication of undermalnutrition or other disorder.</td>
<td>MUAC measurements of all children between the ages of 6 months and 5 years is expected to be conducted once every 90 days. Refer to the DANGER SIGNS job aid for steps.</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Emergency</td>
<td>Depending on the source and amount of bleeding this could potentially be a very time sensitive situation leading to death.</td>
<td>Ask, “Is the child bleeding?”</td>
</tr>
<tr>
<td>Skin infection</td>
<td>Basic</td>
<td>Skin infections range from minor conditions to a marker of potentially fatal disease.</td>
<td>Look: Is the child’s skin red, or are there pimples or swellings that contain yellowish fluid? Infection may be in an area that you cannot see; ask caregiver if any skin problems have been noticed.</td>
</tr>
<tr>
<td>Dark red rashes</td>
<td>Ambulance</td>
<td>This suggests sepsis, a dangerous blood infection.</td>
<td>Look: Is there a purple rash or a rash that does not whiten/blanche when you put pressure on it?</td>
</tr>
<tr>
<td>Dark red rashes</td>
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<td>Look: Is there a purple rash or a rash that does not whiten/blanche when you put pressure on it?</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Emergency</td>
<td>Serious complications can arise from dehydration, including swelling of the brain, seizures, kidney failure, and death.</td>
<td>Ask the caregiver if the child has been urinating or sweating recently. Also, ask if the child has a dry mouth, frequent muscle cramps, or heart palpitations. Ask if the child feels lightheaded (especially when standing) or experiences nausea (or vomits).</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Ambulance</td>
<td>A convulsion indicates severe illness in a baby or child and needs to be investigated further at a facility to look for meningitis (a spinal cord infection) or other disorder affecting the brain.</td>
<td>You should use local words the caretaker understands to mean a convulsion from this illness. You should explain that a child is convulsing if his or her arms and legs stiffen suddenly. The child may even stop breathing and become blue. The child may lose consciousness, and for a short time cannot be wakened. Often, there may only be a recurring movement of a part of the body, such as twitching of the mouth or blinking of eyes. Ask the caretaker, “Has the child convulsed ever?”</td>
</tr>
</tbody>
</table>
### Diarrhea (for 7 days or more)

**Emergency**
A child with frequent or persistent diarrhea will rapidly lose fluids and become dehydrated. Dehydration can lead to swelling of the brain, seizures, kidney failure, and death. A child with diarrhea can die as quickly as within 2 days after the onset of diarrhea.

Ask the caregiver if any of the children in the house have diarrhea. Use words the caregiver understands. For example, ask whether the child has had loose or watery stool. If yes, then ask how many times a day. It is diarrhea when there are 3 or more loose or watery stools in 24-hour. Frequent passing of normal, formed stools is not diarrhea. If the caregiver answers “Yes,” indicating 3 or more loose, watery stools, then ask “For how long?”

### Vomiting

**Emergency**
If a child is vomiting everything, the child is very sick. In severe cases, dehydration or wasting will develop because the child is not retaining fluids or food. This can lead very quickly to death if left untreated. Note that a child who is vomiting everything cannot be given ORS or Zinc for dehydration. It is important to help the child access advanced care immediately to treat the underlying cause of the vomiting.

If the child is vomiting, ask: “Is the child persistently vomiting?” A child who is not able to hold anything down at all shows the danger sign “persistent vomiting.” Ask the caregiver how often the child vomits. “Is it every time the child swallows food or fluids, or only some times?” A child who vomits several times but can hold down some fluids does not “persistently vomit.”

### Blood in stool

**Emergency**
Diarrhea with blood in the stool, with or without mucus, is dysentery, or an internal inflammation of the intestine. If left untreated, dysentery can be fatal. If there is blood in the stool, the child needs medicine that you do not have in the medicine kit and must be referred immediately.

If the caregiver indicated that a child in the house has diarrhea, ask the follow-up question: “Is there blood in the stool?”
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 2: Child Danger Signs

Not responding to treatment | Emergency | If the child’s condition has not improved, there may be other complications that need to be addressed at the facility. If the child received treatment by you or by the clinic last time, ask the caregiver: “Has the child’s condition improved?” Explain to the parent that although the child has been seen by a CHW or even treated at the clinic, if the child is not better in 2 days, he/she will need to return for reevaluation.

Accident or trauma | Ambulance | Accidents or trauma could contribute to major health concerns which should be addressed immediately. Ask the caregiver, “Has the child been in an accident or experienced a significant injury recently?”

“The child is at a greater risk for health complications throughout his/her life if the caregiver responds “yes” to any of these symptoms. If any of these danger signs appear, the caregiver should seek care for the child at the health facility as soon as possible.

If there are no danger signs, you should ask the following questions and counsel on the necessary topics (using the ROUTINE CARE job aids and COUNSELING CARDS). Inform participants that these topics will be addressed in detail later in the training.”

<table>
<thead>
<tr>
<th>Question</th>
<th>Relevant Counseling Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your infant under 6 months of age?</td>
<td>EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS</td>
</tr>
<tr>
<td>Are you breastfeeding exclusively?</td>
<td>BREASTFEEDING TIPS</td>
</tr>
<tr>
<td>Have you had any difficulty breastfeeding?</td>
<td>COMMON BREASTFEEDING PROBLEMS</td>
</tr>
<tr>
<td>Have all of the children in your household received their vaccinations?</td>
<td>PROTECTING YOUR CHILD WITH VACCINATIONS</td>
</tr>
<tr>
<td>(If the child is between 6 months and 2 years) What are you feeding your child?</td>
<td>FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS</td>
</tr>
<tr>
<td>What steps do you take to care for your baby?</td>
<td>CARING FOR YOUR BABY</td>
</tr>
<tr>
<td>What kinds of foods do you and your family consume each day?</td>
<td>NUTRITIOUS FOOD AND DIET DIVERSITY</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION

4. Lecture: Community-based Management of Acute Malnutrition (CMAM)

Ask participants to define acute malnutrition and discuss why it is important. Make sure all the points below are mentioned during the discussion.

KEY CONTENT

- Acute undernutrition is a form of malnutrition that occurs rapidly and is indicated by thinness, weight loss or “wasting.” It is usually caused by a decrease in food consumption, a lack of nutritious foods, diarrhea and/or illness resulting in oedema and weight loss.
- It is different from chronic malnutrition, which occurs over a longer period of time and is indicated by slow linear growth and shortness or "stunting."
- A child can suffer from both acute malnutrition and chronic malnutrition simultaneously.
- Over one million children under 5 die each year from acute malnutrition.

Present the key principles and components of CMAM and review the key terms.

<table>
<thead>
<tr>
<th>4 KEY PRINCIPLES</th>
<th>4 MAIN COMPONENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maximum access and coverage</td>
<td>1. Community outreach</td>
</tr>
<tr>
<td>2. Timeliness</td>
<td>2. Outpatient therapeutic program (OTP) for SAM without medical complications</td>
</tr>
<tr>
<td>3. Appropriate medical and nutritional care</td>
<td>3. Inpatient care program (IP) for SAM with medical complications</td>
</tr>
<tr>
<td>4. Care for as long as it is needed</td>
<td>4. Supplementary feeding program for MAM without medical complications</td>
</tr>
</tbody>
</table>
KEY TERMS

- **Severe Acute Malnutrition (SAM)** is indicated by a MUAC measurement of <115 mm.
- **Moderate Acute Malnutrition (MAM)** is indicated by a MUAC measurement >115 mm and <125 mm.
- An **Outpatient Therapeutic Program (OTP)** provides children with SAM (without medical complications) with routine medical treatment and ready-to-use therapeutic foods (RUTF) for nutritional rehabilitation outside of the health facility.
- An **Inpatient Care Program (IP)** treats children with SAM who also have medical complications in a health facility with 24-hour care. The child is treated with F75, F100 and/or RUTF until the medical complication is resolved and weight recovery is achieved.
- A **Supplementary Feeding Program (SFP)** is a form of outpatient treatment in which the caregiver receives a nutrient-dense food supplements to give the child in addition to breast milk and/or usual diet.
- "**Medical complications**" in the context of CMAM refers to the concurrence of any other danger sign with acute malnutrition.
**PARTICIPANT PRACTICE**

5. Demonstration: Fast Breathing Assessment

Demonstrate how to count breaths to determine fast breathing. Ask for a volunteer in the group and make sure that you are able to see the person’s distinct breaths. Have a watch ready and count breaths for 60 seconds. When you are done counting, tell the group how many breaths you counted and let them know if that would be considered fast breathing, depending on the age of the child.

Ask the participants to practice in pairs. Ask them to look for breathing movements of their partner and count full breaths aloud. Then continue reading aloud:

“If the breathing rate is more than 40 or 50 breaths (depending on age of child), you should repeat the count. If the second count still follows the same criteria, the child 2-12 months of age has “fast breathing,” which is a danger sign. A child with fast breathing should be referred to a health facility or hospital.”

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**PARTICIPANT PRACTICE**

6. Demonstration: How to Conduct a MUAC Assessment for Malnutrition

Ask for a volunteer from the group and assess his/her nutrition status using the MUAC. The steps to use a MUAC tape are as follows:

1. Gently bend the volunteer’s left arm at a 90 degree angle.
2. On the upper arm, find the midpoint between the shoulder and the elbow. Use a pen to mark the midpoint if possible.
3. Holding the large end of the tape against the upper arm at the midpoint, straighten the child’s arm so that it is hanging down the side of the body in a relaxed manner.
4. Put the other end of the tape around the volunteer’s arm.
5. Slide the green end of the tape through the first opening and then the second opening of the tape.
6. Pull both ends until the tape fits closely, but not so tight that it creates folds in the skin.
7. Read the measurement through the window and note the color where the arrows are pointing.
8. The color indicates the nutritional status. For a child, if the color is RED at the two marks on the tape, the child has severe malnutrition.

Show the color indicated by the tape to the group and ask the group what the volunteer’s nutritional status must be. Ask the CHWs to form pairs and practice conducting a MUAC on each other.
7. **Group Activity: Hot Potato**

Ask the participants to stand in a circle. When the music plays, participants pass the ball in a clockwise motion. When the music stops, the participant holding the ball must answer a review question from the list below. If that participant doesn’t know, ask for volunteers to answer. Play for 10 minutes or until all questions have been answered. Repeat some of the questions that the participants struggle with.

**REVIEW QUESTION LIST**

- How many days must a child have a cough for it to be considered a danger sign?
  **ANSWER:** 21 days.

- If the child is 2-12 months of age, how many breaths per minute is considered fast breathing?
  **ANSWER:** 50 breaths.

- If the child is 12 months – 5 years of age, how many breaths per minute is considered fast breathing?
  **ANSWER:** 40 breaths.

- Name five danger signs for the child.
  **ANSWER:** Cough 21 days or more, fever 3 days or more, chest in-drawing or nasal flaring, fast breathing, severe pallor, unusually sleepy or unconscious, swelling of both feet (oedema), MUAC score less than 125mm, bleeding, dark red rashes, skin infection, dehydration, convulsions, diarrhea 7 days or more, vomiting, blood in stool, not responding to treatment, accident or trauma.

- Blood in the stool is a symptom of which illness?
  **ANSWER:** Dysentery.

- When are loose stools considered diarrhea?
  **ANSWER:** 3 or more loose stools

- What are some signs of dehydration?
  **ANSWER:** Dry mouth, frequent muscle cramps, heart palpitations; Child feels lightheaded or nauseous; Child has not urinated or sweat recently.

- What are dark red rashes a symptom of, and how can you test for them?
  **ANSWER:** Dark red rashes suggest a blood infection. If the rash does not whiten when you press it, refer the child to the clinic.

- What is the referral type for a MUAC score under 125mm? What if the child has also had a fever for four days?
  **ANSWER:** Basic. If there is another danger sign present, then you must call an ambulance.
3.2 CHILD DANGER SIGNS

- **Explain how to test for oedema.**
  
  **ANSWER:** To check for oedema, gently press with your thumbs on the top of each foot for three seconds (count 1001, 1002, 1003). The child has SEVERE malnutrition if the dents remain on the tops of BOTH feet when you lift your thumbs. The dent must clearly show on both feet.

- **What condition might cause severe pallor?**
  
  **ANSWER:** Anaemia, heart disorders, or a shock.

- **How can you test to see if a child is unconscious?**
  
  **ANSWER:** Gently try to wake the child by moving the child’s arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.

- **Name three child danger signs that require you to call an ambulance.**
  
  **ANSWER:** Chest in-drawing or nasal flaring, fast breathing, unusually sleepy or unconscious, dark red rashes, convulsions, accident or trauma.
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 2: Child Danger Signs

REINFORCE INFORMATION
8. Review Job Aid(s)

Allow the group to review the DANGER SIGNS: CHILD job aid for a few minutes. Answer any questions they may have.

REINFORCE INFORMATION
9. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- What are some child danger signs you can identify by looking?
- What are some child danger signs you can identify by asking?
- What should you do if one or more danger signs are present?

PARTICIPANT PRACTICE
10. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: __________________

1. The CHW should refer a child to the health facility if the cough has persisted for more than ________ days.

2. Persistent diarrhea can cause a child to become ________, which can result in serious complications such as ________, ________, and ________.

3. A(n) ________________________________ provides children with SAM (without medical complications) with routine medical treatment and ready-to-use therapeutic foods (RUTF) for nutritional rehabilitation outside of the health facility.

4. How do a child’s feet indicate malnutrition? How can you check this?

5. True or false (circle one)? Dark red rashes are categorized as an emergency referral. The CHW should refer the child to the health facility and help arrange transportation.
   True    False

6. True or false (circle one)? A child with severe pallor may be severely anemic, which can be life threatening because this means the body does not have enough blood.
   True    False

7. True or false (circle one)? MUAC measurements should be conducted every 6 months for children ages 1 year to 5 years.
   True    False
WORKSHEET: ANSWER KEY

1. The CHW should refer a child to the health facility if the cough has persisted for more than twenty-one (21) days.

2. Persistent diarrhea can cause a child to become dehydrated, which can result in serious complications such as swelling of the brain, kidney failure, and death.

3. A(n) Outpatient Therapeutic Program (OPT) provides children with SAM (without medical complications) with routine medical treatment and ready-to-use therapeutic foods (RUTF) for nutritional rehabilitation outside of the health facility.

4. How do a child’s feet indicate malnutrition? How can you check this?
   A swelling of both feet (oedema) can indicate malnutrition. To check for oedema, gently press with your thumbs on the top of each foot for three seconds (count 1001, 1002, 1003). The child has SEVERE malnutrition if the dents remain on the tops of BOTH feet when you lift your thumbs. The dent must clearly show on both feet.

5. True or false (circle one)? Dark red rashes are categorized as an emergency referral. The CHW should refer the child to the health facility and help arrange transportation.

   True ☑️ False

6. True or false (circle one)? A child with severe pallor may be severely anemic, which can be life-threatening because this means body does not have enough blood.

   ☑️ True False

7. True or false (circle one)? MUAC measurements should be conducted every 6 months for children ages 1 year to 5 years.

   True ☑️ False
3.2 CHILD DANGER SIGNS
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 2: Child Danger Signs

3.2 CHILD DANGER SIGNS
OVERVIEW

BACKGROUND

When visiting a pregnant woman, the first thing the CHW should do is check for any danger signs that might indicate complications with the pregnancy. In order to protect the life of the woman and the unborn baby, the CHW must be able to identify danger signs during pregnancy and support the woman in seeking advanced care when necessary.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify danger signs in pregnant women</td>
<td>- Identify at least 5 danger signs and understand what condition they may indicate</td>
</tr>
<tr>
<td></td>
<td>- Explain to caregivers what each danger sign may indicate</td>
</tr>
<tr>
<td>Take necessary action to address danger signs</td>
<td>- Identify the different types of referrals according to the associated danger sign</td>
</tr>
<tr>
<td></td>
<td>- Make appropriate referrals to the next point of care</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Lecture: The Danger Signs
4. Lecture: Checking for Anaemia
5. Demonstration: How to Conduct a MUAC Assessment for Malnutrition
6. Group Activity: Hot Potato
7. Review Job Aid(s)
8. Review Key Messages
9. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- For Group Activity: 1 ball
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: DANGER SIGNS: PREGNANT WOMAN
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“In order to protect the life of the woman and the unborn baby, you must be able to identify potential health risks and danger signs that put a woman and her baby at risk of complications. This can be done both by observing for potential danger signs and asking key questions. By identifying specific danger signs, you will be able to know how to best help the mother seek advanced care at health facilities.”
“During all visits to the pregnant woman, you must ask her if she has experienced or is experiencing any of the following danger signs. It is important to ask about danger signs carefully and gently, as some of the questions may be sensitive.

If any of the danger signs are present, the pregnant woman should seek care at the health facility. You should follow the procedure for the type of referral assigned to that danger sign:

- **Ambulance:** Call the ambulance to take the woman to the health facility immediately, stay until the patient is safely in the ambulance
- **Emergency:** Refer the woman to the health facility immediately, and help arrange transportation
- **Basic:** Have the woman seek care at the health facility within 24 hours

### Danger Sign Table

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Type of Referral</th>
<th>Why is it a danger sign?</th>
<th>How do you identify it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convulsions</td>
<td>Ambulance</td>
<td>A convulsion indicates severe illness and needs to be investigated further at a facility.</td>
<td>You should use local words the caregiver understands to mean a convulsion from this illness. You should explain that signs of convulsing include a sudden stiffening and uncontrollable shaking of the arms or legs or sudden difficulty breathing. Often, there may only be a recurring movement of a part of the body, such as twitching of the mouth or blinking of the eyes. Ask, “Have you experienced your arms and legs stiffening suddenly or had sudden difficulty breathing?”</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Ambulance</td>
<td>This could be a sign of preeclampsia (when the blood is poisoned by toxins), dehydration, or infection.</td>
<td>Ask, “Have you lost consciousness during your pregnancy?”</td>
</tr>
<tr>
<td>Fever</td>
<td>Ambulance</td>
<td>A fever indicates an infection, potentially dangerous and even fatal to both mother and unborn child.</td>
<td>Ask, “Do you have a fever now, or have you had a fever in the last 3 days (fever may not be present at this time)?” If she does not know, feel her forehead to see if it is abnormally hot.</td>
</tr>
</tbody>
</table>

**CONVEY INFORMATION**

### 3. Lecture: The Danger Signs

Present the following information to the group, using visuals as much as possible.
## Unit 3: Identifying Danger Signs

### Chapter 3: Pregnant Woman Danger Signs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Level</th>
<th>Description</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident or trauma</td>
<td>Ambulance</td>
<td>This presents concerns for the life of the mother and fetus/unborn child.</td>
<td>Ask, “Have you been in an accident or experienced a severe injury recently?”</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>Emergency</td>
<td>Vaginal bleeding indicates possible complications with the pregnancy.</td>
<td>Ask, “Have you seen any blood from your vagina?”</td>
</tr>
<tr>
<td>Baby stopped moving</td>
<td>Emergency</td>
<td>If the baby stops moving or is moving a lot less than usual, it could be a sign that the baby is in distress, with a potential risk of stillbirth.</td>
<td>Ask, “Have you felt any decrease or stopping of the baby’s movement?” (Only applicable after the baby has already started moving.)</td>
</tr>
<tr>
<td>Severe headaches and/or blurred vision</td>
<td>Emergency</td>
<td>Severe headaches and/or blurred vision might be a sign of vascular disorders that can cause complications.</td>
<td>Ask, “Have you experienced severe headaches or blurred vision?”</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Emergency</td>
<td>Severe abdominal pain could be a sign of complications with the pregnancy.</td>
<td>You should explain that severe abdominal pain is very bad pain that differs from labor pains in that it does not come and go at regular intervals but is usually constant. Ask, “Have you been experiencing any abdominal pain?”</td>
</tr>
<tr>
<td>Swelling of face or hands</td>
<td>Emergency</td>
<td>Swelling of the face and hands could be a sign of preeclampsia (when the blood is poisoned by toxins).</td>
<td>Ask, “Is there abnormal swelling?”</td>
</tr>
<tr>
<td>Burning while urinating</td>
<td>Basic</td>
<td>Burning while urinating could be a symptom of an infection and could be dangerous to the health of the mother and baby.</td>
<td>Ask, “Do you feel a pain or burning sensation when you urinate?”</td>
</tr>
<tr>
<td>Unusual green/brown vaginal discharge</td>
<td>Basic</td>
<td>This kind of vaginal discharge could be a sign of an infection or even preterm labor.</td>
<td>Ask, “Have you seen any unusual green or brown liquid from your vagina?”</td>
</tr>
<tr>
<td>Night blindness</td>
<td>Convenient</td>
<td>Night blindness is often caused by a deficiency in Vitamin A and is associated with increased illness and mortality among women.</td>
<td>Ask, “Have you experienced abnormal difficulty seeing at night or in poor light?”</td>
</tr>
<tr>
<td>MUAC under 210mm</td>
<td>Basic</td>
<td>This is an indication of malnutrition.</td>
<td>MUAC measurements of pregnant and lactating women should be done at each visit.</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION

4. Lecture: Checking for Anaemia

Present the following information to the group on the importance of checking for anaemia.

**KEY CONTENT**

Anaemia is often caused by iron deficiency and can put the woman at greater risk for complications during pregnancy and birth. All pregnant women should receive and take iron and folate supplements daily during the entire pregnancy. Some women are anaemic in spite of that and need additional treatment. Symptoms include:

- Weakness and fatigue
- Headache
- Shortness of breath
- Lack of appetite
- Pale skin color; pale conjunctivae, palms, tongue and lips

If these symptoms are present, provide iron supplements immediately, if available, and refer the woman to the clinic for further testing.

“The mother is at a greater risk for complications during pregnancy and birth if she has any of these symptoms. If any of these danger signs appear, she should seek care at the health facility, ideally with her partner. Provide the appropriate referral to the health facility for follow up.

If there are no danger signs, you should ask the following questions and counsel on the necessary topics (using the ROUTINE CARE job aids and COUNSELING CARDS). These topics will be addressed in detail later in the training.”

<table>
<thead>
<tr>
<th>Question</th>
<th>Relevant Counseling Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently take any medications?</td>
<td>HAVING A HEALTHY PREGNANCY</td>
</tr>
<tr>
<td>Do you consume alcohol and/or smoke?</td>
<td>HAVING A HEALTHY PREGNANCY</td>
</tr>
<tr>
<td>Has your diet changed recently?</td>
<td>EATING WELL DURING PREGNANCY</td>
</tr>
<tr>
<td>Are you taking iron and folate supplements?</td>
<td>EATING WELL DURING PREGNANCY</td>
</tr>
<tr>
<td>Are you having trouble sleeping under your bednet? Is your bednet damaged?</td>
<td>PREVENTING MALARIA WITH BEDNETS</td>
</tr>
<tr>
<td>What are your plans for delivering your baby at the facility?</td>
<td>PREPARING FOR BIRTH</td>
</tr>
<tr>
<td>When is the next time you plan to visit the facility for an antenatal care visit?</td>
<td>VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY</td>
</tr>
<tr>
<td>When was the last time you visited the facility for ANC services, such as supplements, immunizations, and malaria prevention?</td>
<td>VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY</td>
</tr>
</tbody>
</table>
PARTICIPANT PRACTICE

5. Demonstration: How to Conduct a MUAC Assessment for Malnutrition

Ask for a volunteer from the group and assess his/her nutrition status using the MUAC. The steps to use a MUAC strap are as follows:

1. Gently bend the volunteer’s left arm at a 90 degree angle.
2. On the upper arm, find the midpoint between the shoulder and the elbow. Use a pen to mark the midpoint if possible.
3. Holding the large end of the tape against the upper arm at the midpoint, straighten the child’s arm so that it is hanging down the side of the body in a relaxed manner.
4. Put the other end of the tape around the volunteer’s arm.
5. Slide the green end of the tape through the first opening and then the second opening of the tape.
6. Pull both ends until the tape fits closely, but not so tight that it creates folds in the skin.
7. Read the measurement through the window and note the color where the arrows are pointing.
8. The color indicates the woman’s nutritional status. If the color is RED at the two marks on the strap (less than 210 mm), the woman has severe malnutrition.

Show the color indicated by the strap to the group and ask the group what the volunteer’s nutritional status must be. Ask the CHWs to form pairs and practice conducting a MUAC on each other.

TIP:
If an adult MUAC tape is not available, a child’s MUAC tape may be used as long as the measurement and
REINFORCE INFORMATION

6. Group Activity: Hot Potato

Ask the participants to stand in a circle. When the music plays, participants pass the ball in a clockwise motion. When the music stops, the participant holding the ball must answer a review question from the list below. If that participant doesn’t know, ask for volunteers to answer. Play for 10 minutes or until all questions have been answered. Repeat some of the questions that the participants struggle with.

REVIEW QUESTION LIST

- Name three danger signs that you must look for when visiting a pregnant woman.
  
  **ANSWER:** Vaginal bleeding, convulsions, loss of consciousness, fever, accident or trauma, baby stopped moving, severe headaches and/or blurred vision, abdominal pain, burning while urinating, unusual green/brown discharge, MUAC under 210 mm.

- Name two danger signs that require you to call an ambulance for the pregnant woman?
  
  **ANSWER:** Convulsions, loss of consciousness, fever, accident or trauma.

- What is the difference between severe abdominal pain and labor pain?
  
  **ANSWER:** Severe abdominal pain is very bad pain that differs from labor pains in that it does not come and go at regular intervals but is usually constant.

- Finish the sentence: Burning while urinating is often a symptom of ___________.
  
  **ANSWER:** An infection.

- What causes night blindness?
  
  **ANSWER:** A deficiency of Vitamin A.

- What MUAC score indicates malnutrition in a pregnant woman?
  
  **ANSWER:** MUAC < 210 mm.

- What can you ask to determine if the mother has a fever?
  
  **ANSWER:** Do you have a fever now, or have you had a fever in the last 3 days?

- Describe signs of a convulsion.
  
  **ANSWER:** Signs of convulsing include a sudden stiffening of the arms or legs or a sudden difficult breathing. Often, there may only be a recurring movement of a part of the body, such as twitching of the mouth or blinking of eyes.

- What is the referral type for vaginal bleeding?
  
  **ANSWER:** Emergency.
Finish the sentence: Anaemia is often a result of ____________.

**ANSWER:** A deficiency of iron.

List three symptoms of anaemia.

**ANSWER:** Weakness and fatigue, headache, shortness of breath, lack of appetite, pale skin color or pale conjunctivae, palms, tongue and lips.

What should you do if a pregnant woman has signs of anaemia?

**ANSWER:** Provide iron supplements immediately, if available, and refer the woman to the clinic for further testing.

What should you do if no danger signs are present?

**ANSWER:** Ask the pregnant woman routine care questions, following the job aid, and counsel on any necessary topics.

What is the referral type for MUAC under 210mm?

**ANSWER:** Basic.

What is the referral type and procedure if the pregnant woman has recently experienced an accident or trauma?

**ANSWER:** Ambulance.
UNIT 3: IDENTIFYING DANGER SIGNS
Chapter 3: Pregnant Woman Danger Signs

REINFORCE INFORMATION

7. Review Job Aid(s)

Allow the group to review the DANGER SIGNS: PREGNANT WOMAN job aid for a few minutes. Answer any questions they may have.

REINFORCE INFORMATION

8. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important to look for danger signs when visiting a pregnant woman?
- Why is it important to check for anaemia in a pregnant woman?

PARTICIPANT PRACTICE

9. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

1. Name at least five danger signs for a pregnant woman.

2. How might you ask a pregnant woman if she has experienced any convulsions?

3. A deficiency of __________ can cause anaemia.

4. A pregnant woman with a MUAC measurement under __________ should be referred to a health facility for __________.

5. List at least three symptoms of anaemia.

6. What is the referral type and procedure if the mother says that the baby has stopped moving?
WORKSHEET: ANSWER KEY

1. Name at least five danger signs for a pregnant woman.

   Any 5 of the following:
   - Convulsions
   - Loss of consciousness
   - Fever
   - Accident or trauma
   - Vaginal bleeding
   - No movement of baby in womb
   - Swelling of face or hands
   - Severe headaches and/or blurred vision
   - Abdominal pain
   - Burning while urinating
   - Unusual green/brown vaginal discharge
   - Night blindness
   - MUAC under 210 mm

2. How might you ask a pregnant woman if she has experienced any convulsions?

   “Have you experienced your arms and legs stiffening suddenly or had sudden difficulty breathing?” (Answers may vary slightly.)

3. A deficiency of iron can cause anaemia.

4. A pregnant woman with a MUAC measurement under 210 mm should be referred to a health facility for malnutrition.

5. List at least three symptoms of anaemia.

   Any three of the following
   - Weakness or fatigue
   - Headache
   - Shortness of breath
   - Lack of appetite
   - Pale skin color
   - Pale conjunctivae, palms, tongue, or lips

6. What is the referral type and procedure if the mother says the baby has stopped moving?

   Emergency. You must refer the mother to the health facility immediately and help arrange transportation.
UNIT 4: Case Management

This unit provides protocols for the key case management activities that CHWs perform in the household for symptoms of cough, diarrhea, and fever. The unit teaches CHWs how to identify when a symptom of cough, diarrhea, or fever is severe enough to require referral, as well as conditions that allow for home-based treatment. The unit provides detailed assessment protocols for symptoms to determine whether the afflicted individual has pneumonia, diarrhea, or malaria, as well as appropriate treatment steps.

1. Cough
2. Diarrhea
3. Fever
OVERVIEW

BACKGROUND

The CHW is responsible for assessing the severity of cough symptoms and directing the treatment of children through the use of antibiotics or referral to clinics. The CHW will learn to identify more serious degrees of respiratory symptoms that require a visit to the clinics. The CHW must be able to clearly explain the necessity for clinical intervention and help caregivers arrange a visit to the clinic. The overall objective of this section is to communicate the necessary information to identify cough danger signs and understand when treatment at home is sufficient or when medical intervention is needed.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to assess cough symptoms | ☐ Explain the 3 steps to assess for chest wall in-drawing  
☐ Explain the 3 steps to assess for fast breathing |
| To be able to educate a household on symptom implications and treat when necessary | ☐ List at least 3 of the possible illnesses of which cough might be a symptom  
☐ Explain when the CHW should treat a cough and why |
| To be able to refer severe cases of cough | ☐ Explain at least 3 danger signs that require referral  
☐ Summarize cough referral guidelines |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Evaluating Every Cough
5. Lecture and Demonstration: Chest In-Drawing and Fast Breathing
6. Demonstration: Fast Breathing Assessment
7. Lecture: Antibiotic Dosage and Administration
8. Lecture: Cough Referral Guidelines
9. Role Play: Assessing Cough Symptoms
10. Small Group: Case Study
11. Group Activity: Hot Potato
12. Review Job Aid(s)
13. Review Key Messages
14. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- 1 bottle of antibiotics
- MP3 player, mobile phone, or other device that plays music
- 1 ball
- Chalkboard and chalk or flipchart and markers
- For Demonstration: Child doll for assessment of chest in-drawing and fast breathing
- [Optional] Two chairs for role play
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides
- [Optional] Video to demonstrate assessment of chest in-drawing: http://www.youtube.com/watch?v=dvb04Hh7RkA
- [Optional] Video to demonstrate assessment of fast breathing (2:56-3:55): http://www.youtube.com/watch?v=m6MBM0pylpA

The facilitator and participants should have a copy of the following:

- Job Aid: COUGH
LEsson Plan

Reinforce information
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

Convey Information
2. Introduce New Lesson

Read or summarize this out loud:

“For every household visit, you are responsible for checking and evaluating cough symptoms present in any child. Cough may be a symptom of tuberculosis or pneumonia, two life-threatening illnesses for children under five. Early detection, treatment and referral at the household may save a child’s life.”
EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

<table>
<thead>
<tr>
<th>STORY OF A DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in a nearby village, Awa, had 2 sons and 1 daughter.</td>
</tr>
<tr>
<td>Awa’s 3 year old son had been coughing for several days, but, thinking it was just a small cold, Awa was not concerned.</td>
</tr>
<tr>
<td>When her son’s cough continued for a few days, Awa gave her son a local remedy to soothe his throat.</td>
</tr>
<tr>
<td>When the cough worsened and her son began to lose weight, Awa finally took him to the clinic, but it was too late.</td>
</tr>
<tr>
<td>Awa was very sad; She blamed herself for not being able to take her baby to the clinic early enough to get treated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF A DEATH PREVENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in another village, Fatim, had four children and was pregnant with her fifth.</td>
</tr>
<tr>
<td>Fatim's youngest daughter came down with a cough.</td>
</tr>
<tr>
<td>Fatim didn’t think it was serious, but she mentioned it to her CHW when she came to visit.</td>
</tr>
<tr>
<td>The CHW became alarmed when she noticed the child in-drawing her ribcage when she breathed.</td>
</tr>
<tr>
<td>The CHW referred the child to the clinic, where she was treated for pneumonia.</td>
</tr>
<tr>
<td>Fatim’s daughter got well, and Fatim now knows to take her children to the clinic when they have a persistent cough.</td>
</tr>
</tbody>
</table>
### CONVEY INFORMATION
**4. Discussion: Evaluating Every Cough**

Ask participants the following:

> “Why is it important for every cough to be evaluated?”

Ensure that all the points below are mentioned during the discussion. Explain that these points appear in the job aid and all CHWs must know them to be able to evaluate all cough symptoms for possible further treatment.

#### KEY CONTENT

- Cough can be a symptom of tuberculosis, pneumonia, or a common cold.
- Children must be referred for clinical evaluation if they are showing more severe symptoms listed in the job aid, such as blood in the cough or the presence of cough together with another danger sign.
- Children are prone to colds and may have 8 to 12 in a year, make sure to look for danger signs that indicate something more severe than the common cold.
- There are 2 things that you should look for if a child has a cough: fast breathing and chest wall in-drawing. If the child has fast breathing, s/he has pneumonia and should be treated with antibiotics. If the child has chest wall in-drawing s/he has severe pneumonia and should be BOTH treated with antibiotics and given an ambulance referral.
- Though a fever for more than 14 days may indicate a need for TB screening, any encounter with fever for more than 3 days should be referred for other potential sickness.
CONVEY INFORMATION

5. Lecture and Demonstration: Chest In-Drawing and Fast Breathing

In this portion of the lesson, it is important that participants are taught how to perform both of these tasks in order to correctly evaluate other symptoms that would indicate necessary clinical evaluation.

Review the following information and show the CHWs on a child doll where to look on the child for chest in-drawing and fast breathing.

If audiovisual equipment is available, project the following videos to demonstrate how to conduct assessments:

Chest In-drawing and Referral: [http://www.youtube.com/watch?v=dvb04Hh7RkA](http://www.youtube.com/watch?v=dvb04Hh7RkA)
Fast Breathing (2:56-3:55): [http://www.youtube.com/watch?v=m6MBM0pylpA](http://www.youtube.com/watch?v=m6MBM0pylpA)

Note to the participants how their protocol for treatment and referral of chest in-drawing and fast-breathing may differ from the video.

<table>
<thead>
<tr>
<th>CHEST IN-DRAWING</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Expose the doll’s chest</td>
</tr>
<tr>
<td>b) Look at lower chest wall (lower ribs)</td>
</tr>
<tr>
<td>c) Look for chest in-drawing when the child breathes in</td>
</tr>
<tr>
<td>- Normally when child breathes in, chest and stomach move out together</td>
</tr>
<tr>
<td>- For a child that is in-drawing, chest below ribs pulls in instead of filling with air</td>
</tr>
<tr>
<td>- In-drawing is not visible when child breathes OUT, only when child breathes IN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAST BREATHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Choose a place on child’s chest or stomach where you can easily see the body expand as child breathes in</td>
</tr>
<tr>
<td>b) Put timer in a place where you can see both the timer and the child’s breathing</td>
</tr>
<tr>
<td>c) Look for breathing movement anywhere on child’s chest or stomach</td>
</tr>
<tr>
<td>d) Start counting breaths when child is calm</td>
</tr>
<tr>
<td>e) When time reaches 60 seconds, stop counting breaths</td>
</tr>
</tbody>
</table>

FAST BREATHING:

- 2 months to 12 months: 50+ breaths per minute
- 12 months to 5 years: 40+ breaths per minute

An infant’s breaths may be irregular. You should only count breaths when the child is calm or resting quietly. Count again if you are uncertain.
PARTICIPANT PRACTICE

6. Demonstration: Fast Breathing Assessment

Demonstrate how to count breaths to determine fast breathing. Ask for a volunteer in the group and make sure that you are able to see the person’s distinct breaths. Have a watch ready and count breaths for 60 seconds. When you are done counting, tell the group how many breaths you counted and explain if that would be considered fast breathing, depending on the age of the child.

Ask the participants to practice in pairs. Ask them to look for breathing movements of their partner and count full breaths aloud. Then continue reading aloud:

“If the breathing rate is more than 40 or 50 breaths (depending on age of child), you should repeat the count. If the second count still follows the same criteria, the child has “fast breathing,” which is a danger sign. A child with fast breathing should be treated with antibiotics. If treatment for pneumonia is not available, the child should be given an emergency referral to a health facility or hospital.”
CONVEY INFORMATION
7. Lecture: Antibiotics Dosage and Administration

Show the group the bottle of antibiotics. Show them where to find the expiration date and dosage instructions. Then present the following information following:

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>When administering antibiotics, always check the expiration date and any instructions on the antibiotic package.</td>
</tr>
</tbody>
</table>

**Steps to administering antibiotics:**
- Ensure the antibiotic package is NOT EXPIRED.
- Give oral antibiotic (Amoxycillin – 250 mg). Help caregiver give first dose now.
- Advise caregiver on regimen:
  - Dose: ¾ tablet for a child 2 months – 12 months; 1 ½ tablet for a child 12 months – 5 years
  - Frequency: Twice daily (morning and night) for 5 days

**Check the dosage:**
- Oral antibiotic pill dosage should be determined by the child’s age. Check instructions on the antibiotic package to identify the exact dosage to be administered based on the child's age, and how frequently the dosage should be taken. Generally, the pills will be swallowed orally.

**Finish the whole course:**
- It is important to remember to complete the whole course of the antibiotics to prevent the infection from coming back, even if the child seems to have recovered. This point is very important. If one does not complete the course, there is a higher chance the household member will become resistant to future treatments. Make sure the caregiver administering the antibiotic understands this point.

**Read the label:**
- Some antibiotics should not be consumed with certain food or drink. Always check the instructions on the antibiotic package to make sure of any necessary precautions. Explain any precaution to the caregiver, making sure they understand.

**Always check the package for special instructions and communicate them to the caregiver!**
CONVEY INFORMATION

8. Lecture: Cough Referral Guidelines

Read or summarize the following:

**Cough Referral Guidelines:**
- If child is being referred for possible pneumonia and can drink, provide pre-referral treatment of first dose of antibiotics
- Explain why it is necessary to go to clinic even though you gave first dose of antibiotic
- While traveling, it is important to keep the child well hydrated
- Assist in arranging transport to the health facility right away
- After referral, you must follow up on the child’s status within 48 hours of your initial visit

PARTICIPANT PRACTICE

9. Role Play: Assessing Cough Symptoms

Ask for two volunteers to participate in a role play. One will play the role of the household member and the other will play the role of a CHW. After performing the scene, ask the group to provide feedback.

**PROMPT (FOR “HOUSEHOLD MEMBER”)**

You have a child with a cough. There is no blood, no fever, no fast breathing, and no chest in-drawing.

**PROMPT (FOR “CHW”)**

Check the cough of a child following the job aid according to the household member’s answers.

After each group has provided their answers, review the correct answers with the class:

The CHW should advise the caregiver that the cough may just be from a cold, but to contact her if the condition worsens. The CHW should return in 2 days to check on the condition.
PARTICIPANT PRACTICE
10. Small Group: Case Study

Divide participants into small groups. Give each group one of the case studies below. Give each group 4-5 minutes to discuss how to assess the symptoms and decide on appropriate actions. Have each group share their scenario and assessment, and ask the group for questions and feedback.

PROMPT 1:
The child has had a cough for seven days. There are no other danger signs. There is also no chest in-drawing or fast breathing.

PROMPT 2:
The child has a cough and has had a fever for five days.

PROMPT 3:
The child has a cough. There is no chest in-drawing, but there is fast breathing.

PROMPT 4:
The child has a cough, and there is chest in-drawing when the child breathes.

After each group has provided their answers, review the correct answers with the class:

- **PROMPT 1**: If the child has no other danger signs, his or her cough may just be a simple cold. Follow-up with the child in 2 days to see if there are any danger signs.
- **PROMPT 2**: Provide an emergency referral as there are two danger signs that may cause complications.
- **PROMPT 3**: If the child is under 2 months, an emergency referral is required. If the child is older than 2 months and under 5 years, count his or her breaths. If the child is less than a year and has over 50 breaths, the child has fast breathing. If the child is older than one year and less than 5 years old and has over 40 breaths, the child has fast breathing. Provide the first dosage of oral antibiotics to the child based on his or her age: ¾ tablet for child between 2 and 12 months; 1 ½ tablets for child between 1 and 5 years.
- **PROMPT 4**: Advise the caregiver on the treatment regiment: twice daily (morning and night) for 5 days total. Provide the caregiver with the proper supply of 10 tablets for children under 12 months and 15 tablets for children under 5 years. Follow up with the child in 2 days to see if the condition has improved. If not, refer.
- **PROMPT 4**: The child has possible severe pneumonia. Call the ambulance for a referral. Wait with the mother and child until the ambulance arrives. Follow up in 2 days to check on the condition.
11. Group Activity: Hot Potato

Ask the participants to stand in a circle. When the music plays, participants pass the ball in a clockwise motion. When the music stops, the participant holding the ball must answer a review question from the list below. If that participant does not know, ask for volunteers to answer. Play for 10 minutes or until all questions have been answered. Repeat some of the questions that the participants struggle with.

### REVIEW QUESTION LIST

- A household member tells you that her child has a cough. What do you do first?
  
  **ANSWER:** Check for fever. Ask if the cough has had blood in it now or in the past year. Ask if the child has lost weight or failed to gain weight in the past year. Ask if anyone in the house has ever had tuberculosis.

- There is blood in the sputum/mucus when the child coughs. What should you do next?
  
  **ANSWER:** Refer the child immediately with an emergency referral.

- What are the guidelines for a cough referral?
  
  **ANSWER:** If the child has had fever more than 3 days as well, cough in the blood now or in the past year, has lost weight or failed to gain weight in the past year, or if anyone in the house has ever had tuberculosis, provide an emergency referral. If the child has chest in-drawing, provide an ambulance referral.

- When should you give antibiotics to a child with a cough?
  
  **ANSWER:** If the child is 2-12 months with more than 50 breaths, or 12 months-5 years with more than 40 breaths.

- The child has a cough and has had a fever for five days. What should you do next?
  
  **ANSWER:** Provide an emergency referral for possible tuberculosis.

- Name two illnesses of which a cough could be a symptom?
  
  **ANSWER:** The common cold, tuberculosis, pneumonia.

- Explain how to assess for fast breathing.
  
  **ANSWER:** Choose a place on child’s chest or stomach where you can easily see the body expand as the child breathes in. Place the timer in a place where you can see both the timer and the child’s breathing. Look for breathing movement anywhere on child’s chest or stomach. Start counting breaths when child is calm. When time reaches 60 seconds, stop counting breaths.

- How many breaths per minute must a child 1-5 years old be taking to qualify as fast breathing?
  
  **ANSWER:** 40 breaths.
UNIT 4: CASE MANAGEMENT
Chapter 1: Cough

- How many breaths per minute must a child 2-12 months be taking to qualify as fast breathing?
  **ANSWER:** 50 breaths.

- Name two things you should do before giving antibiotics to a child with a cough.
  **ANSWER:** Check for expiration date and read instructions on the package.

- True or False – A child can stop taking the antibiotic as soon as he/she is no longer coughing and/or feels much better.
  **ANSWER:** False. The child must take the full regiment for 5 days.

- Where on the child’s body must you look to assess for chest in-drawing?
  **ANSWER:** The chest.

- True or False – A patient may mix medications if the CHW has first discussed it with another CHW.
  **ANSWER:** False.

- For which disease does fast breathing assess?
  **ANSWER:** Pneumonia.

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**REINFORCE INFORMATION**

12. Review Job Aid(s)

Allow the group to review the COUGH job aid for a few minutes. Answer any questions they may have.

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**REINFORCE INFORMATION**

13. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- A cough might be a symptom of which illnesses?
- Why is it important to check for fever as well in a child with cough?
- What two assessments do you need to perform and what illnesses do they assess for?
PARTICIPANT PRACTICE

14. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: __________________________

1. Cough can be a symptom of two severe conditions; _____________ and _____________,
   and should be referred for clinical assessment immediately if suspected.

2. ________________ is a possible sign of severe pneumonia.

3. Local remedy for sore throat should be recommended if there is no ________________,
   ________________, ________________, or ________________.

4. True or false (circle one)? Local remedy for sore throat should be administered if there is blood in
   the cough. True False

5. True or false (circle one)? Chest in-drawing is a symptom of possible severe pneumonia.
   True False

6. True or false (circle one)? Fast breathing has the same criteria for all ages.
   True False
WORKSHEET: ANSWER KEY

1. Cough can be a symptom of two severe conditions; tuberculosis and pneumonia, and should be referred for clinical assessment immediately if suspected.

2. Chest in-drawing is a possible sign of severe pneumonia.

3. Local remedy for sore throat should be recommended if there is no blood, fever, fast breathing or chest in-drawing.

4. True or false (circle one)? Local remedy for sore throat should be administered if there is blood in the cough.
   True ✓ False

5. True or false (circle one)? Chest in-drawing is a symptom of possible severe pneumonia.
   ✓ True False

6. True or false (circle one)? Fast breathing has the same criteria for all ages.
   True ✓ False
OVERVIEW

BACKGROUND

Although diarrhea may be a common symptom experienced by sick children, it is important that CHWs understand that each case should be examined carefully. CHWs should be able to identify the degree of severity in a child experiencing diarrhea, perform treatments, and provide recommendations appropriate for the degree of severity. For severe cases of diarrhea, CHWs must provide the child with an emergency referral to the health clinic and help the caregiver make preparations for this visit. For less severe cases of diarrhea, CHWs may administer the proper treatments and talk with the caregiver about how and when these treatments should be performed. Finally, CHWs must be able to communicate well with the caregiver at all times, including engaging the caregiver in an active discussion on how to care for the child while he/she is experiencing diarrhea, as well as ways in which diarrhea may be prevented in the future.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
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</thead>
<tbody>
<tr>
<td>To be able to assess diarrhea symptoms</td>
<td>□ Explain how to assess for diarrhea</td>
</tr>
</tbody>
</table>
| To be able to treat diarrhea symptoms | □ Explain and demonstrate how to administer ORS solution to treat diarrhea  
□ Explain and demonstrate how to administer zinc pills to treat diarrhea  
□ Explain how to prepare and give homemade ORS |
| To be able to educate on diarrhea prevention | □ Explain at least 3 ways to help prevent diarrhea |
| To be able to recognize and refer severe diarrhea cases | □ Name at least 3 possible symptoms of severe diarrhea  
□ Summarize diarrhea referral guidelines |
LESSON PLAN SUMMARY

1. Review: Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Diarrhea Assessment and Prevention
5. Lecture: ORS and Zinc Dosage and Administration
6. Demonstration: ORS Preparation
7. Discussion: Counseling on Diarrhea Care
8. Lecture: Diarrhea Referral Guidelines
9. Role Play: Assessment of Diarrhea Symptoms
10. Small Group: Case Study
11. Review Job Aid(s)
12. Review Key Messages
13. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- For Discussion: List of main causes of diarrhea on a large piece of paper or PowerPoint
- For Demonstration on Preparing and Administering ORS:
  - ORS packets
  - Soap for washing hands
  - 1 clean 1-litre container
  - 1 litre of boiled or disinfected water
  - 1 clean mixing stick or utensil
  - 1 teaspoon
- 1 package of zinc pills
- Chalkboard and chalk or flipchart and markers
- [Optional] Two chairs for role play
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: DIARRHEA
- Counseling Cards: DIARRHEA CARE

TIP: Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“Diarrhea is a common and dangerous symptom that is one of the leading killers of young children. It is often caused by diseases transmitted from the stool of one person to the mouth of another through contaminated water, food, or directly from hand to mouth. Children who are malnourished and exposed to poor environmental conditions are particularly susceptible to diarrhea. Without prompt treatment to replace the water lost in diarrhea, children’s organs and bodies can quickly shut down and they can die.

As CHWs, you are responsible for identifying children experiencing diarrhea and assessing the severity of the child’s condition. You are also responsible for treating the child according to the severity of the child’s condition and engaging the caregiver in an active discussion on how to improve the child’s condition, as well as how to prevent diarrhea in the future. By the end of this lesson, you should be able to explain how to care for a child who is experiencing diarrhea. You should also be familiar with the ways in which future cases of diarrhea can be prevented.”
EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrate positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

<table>
<thead>
<tr>
<th>STORY OF A DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in a nearby village, Sarah, had 2 sons and 1 daughter.</td>
</tr>
<tr>
<td>- Sarah’s 3 year old son had 3 or more loose stools a day for the past 3 days.</td>
</tr>
<tr>
<td>- From experience with her other children, Sarah knew that it was common for children to get diarrhea from time to time and was not concerned.</td>
</tr>
<tr>
<td>- Even when her son’s symptoms continued for more than a week, Sarah merely gave her son a local remedy and was confident he would recover soon.</td>
</tr>
<tr>
<td>- As her son’s condition worsened and he became very weak, Sarah finally took him to the clinic, but it was too late.</td>
</tr>
<tr>
<td>- Sarah was very sad; she blamed herself for not taking her child to the clinic sooner to get treatment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF A DEATH PREVENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in another village, Adimu, had 2 children and was pregnant with her 3rd.</td>
</tr>
<tr>
<td>- Adimu’s 2 year old daughter had diarrhea for more than 8 days.</td>
</tr>
<tr>
<td>- Adimu didn’t think it was serious, but she mentioned her child’s condition to her CHW when she came to visit.</td>
</tr>
<tr>
<td>- Alarmedly, the CHW referred the child to the clinic. Because the child was not vomiting, the CHW also administered ORS and zinc treatments while arranging how to get to the clinic.</td>
</tr>
<tr>
<td>- During her follow up visit, the CHW told Adimu how to help prevent diarrhea, including frequent handwashing and water treatment methods.</td>
</tr>
<tr>
<td>- There has not been a case of severe diarrhea in Adimu’s household for many months now.</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION

4. Discussion: Diarrhea Assessment and Prevention

Read the following scenarios. Ask participants to explain if the situation qualifies as diarrhea (severe or not severe) and what is the correct course of action for the CHW to take.

Scenarios:
- The child has had diarrhea for 2 days.
- The child has had diarrhea for 8 days.
- The child has had one loose stool in the past 24 hours.
- The child has diarrhea and there is blood in the stool.

After discussing, present the correct answers:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child has had diarrhea for 8 days.</td>
<td>This is a severe case of diarrhea, and the CHW should provide an emergency referral to the clinic.</td>
</tr>
<tr>
<td>The child has had one loose stool in the past 24 hours.</td>
<td>The child's condition does not yet count as diarrhea, but the caregiver should contact the CHW if symptoms persist.</td>
</tr>
<tr>
<td>The child has diarrhea, and there is blood in the stool.</td>
<td>This is a severe case of diarrhea, and the CHW should refer the child to the clinic.</td>
</tr>
<tr>
<td>The child has had diarrhea for 2 days.</td>
<td>The child should receive ORS and Zinc treatment but does not need to be immediately referred to the clinic.</td>
</tr>
</tbody>
</table>

Be sure that all of the points in the box below are covered. This information is taken from the DIARRHEA job aid. All CHWs must be familiar with these points when treating or referring any case of diarrhea.

KEY POINTS

- Diarrhea is defined as 3 or more loose stools within 24 hours (for children older than 6 months)
- If a child is less than 2 months of age and the caregiver reports an abnormal change in the child’s stool, an emergency referral should be provided
- If the child has had diarrhea for 7 days or more, then the child has a severe case of diarrhea and should referred for advanced care
- If the child has had blood in his/her stool, then the child has a severe case of diarrhea and should be referred for advanced care
- Severe cases of diarrhea must be referred to the health clinic immediately and a follow-up visit should be made within 48 hours of initial visit
- Cases of diarrhea that have either not lasted 7 days or more or do not feature blood in stool are not classified as requiring an emergency referral and must be treated carefully with ORS and Zinc
When you have completed the above prompt, ask the group to discuss the prompt below.

"From your understanding, what are the causes of diarrhea, and how can they be prevented?"

Make sure all the points below are covered during the discussion, calling participants attention to each as they are mentioned. At the end of the session, review all of them at once using the chart that you have prepared beforehand and place emphasis on any of those that were not mentioned. Explain that these points appear in the job aid and all CHWs must be familiar with these points when advising caregivers on how to prevent diarrhea in the future.

**KEY POINTS**

- Wash hands as frequently as possible
- Always use latrines for defecation
- Keep livestock stands separate from households and far away from shallow water sources
- Boil, filter, or use chlorine tablets to disinfect water for household consumption
- Store food and drinking water in close containers that are clean and disinfected
CONVEY INFORMATION

5. Lecture: ORS and Zinc Dosage and Administration

Show the group a packet of Oral Rehydration Salts (ORS) and Zinc. Show them where to find the expiration date and dosage instructions. Then present the following information:

### ORAL REHYDRATION SALTS

ORS, or “oral rehydration salts” prevent the child from getting sicker by replacing the water and salts that are lost in diarrhea. ORS solution is not tasty but is important in preventing death from diarrhe.

**Steps to administering ORS:**
- Ensure the ORS package is NOT EXPIRED
- Check the package for special instructions and communicate them to the caregiver
- Prepare the ORS solution by mixing the contents of 1 packet into a clean water container with 1 L of water. Make sure you wash your hands before mixing the solution
- Give the solution to the child. If the child vomits, wait 10 more minutes before giving more ORS in frequent small sips
- Instruct the caregiver on home-based treatment: the child should sip ORS frequently for 2-3 days, with at least ½ cup consumed after each loose stool. A new batch of ORS should be made every day
- If the mother is breastfeeding the child, it is important for her to continue breastfeeding
- Sweet juices or drinks should not be given to the child while taking ORS

### ZINC

If a child has diarrhea, zinc should be administered for 10 days to ensure that the diarrhea is less severe with shorter duration.

**Steps to administering zinc:**
- Ensure the zinc package is NOT EXPIRED
- Check the package for special instructions and communicate them to the caregiver
- Determine the dose to give to the child:
  - If the child is between 2 months – 6 months, give ½ a tablet once daily for 10 days
  - If the child is between 6 months – 5 years, give 1 tablet daily for 10 days
- Help the caregiver give the first dose and provide remaining supply
- Check caregiver’s understanding on the dosage and frequency

**Finish the whole course:**
- It is important for the caregiver to remember to complete the whole 10 day course of zinc to reduce severity of diarrhea and prevent future cases, even if the child seems to have recovered. This point is very important. Make sure the caregiver administering the antibiotic understands this point
6. Demonstration: ORS Preparation

Take a packet of ORS powder and the necessary materials to show the group how to prepare an ORS solution. The information in the box below is from the job aid and teaches how one should properly prepare ORS solution.

Make sure that all the points in the box are read or explained to the participants.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Wash your hands with soap and water</td>
</tr>
<tr>
<td>2.</td>
<td>Pour all the powder from 1 ORS packet into a freshly washed clean container. The container should be large enough to hold at least 1 litre</td>
</tr>
<tr>
<td>3.</td>
<td>Pour 1 litre of clean water into the container</td>
</tr>
<tr>
<td>4.</td>
<td>Mix well until the powder completely dissolves</td>
</tr>
<tr>
<td>5.</td>
<td>Give the ORS in small sips to the child</td>
</tr>
</tbody>
</table>

If enough supplies are available, ask each participant to practice making and tasting ORS solution.

**TIP:**

If ORS is not available, advise the CHW to show the household how to make a homemade ORS solution. Directions: Dissolve half a small spoon of salt and six small spoons of sugar into one liter of clean (preferably treated) drinking water.
CONVEY INFORMATION

7. Discussion: Counseling on Diarrhea Care

Ask the group to discuss the prompt below as a large group and listen to the answers. Make sure you also cover the information on diarrhea listed below.

“From your understanding, why is ORS and zinc important for diarrhea care? How should a child with diarrhea be cared for in addition to ORS and zinc treatment?”

Make sure all the points below are covered during the discussion, calling participants attention to each as they are mentioned. At the end of the session, review and place emphasis on any of those that were not mentioned. Explain that these points appear in the job aid and all CHWs must be familiar with these points when advising caregivers on how to prevent diarrhea in the future.

KEY CONTENT

- The ORS Solution replaces the water and salts that the child loses in the diarrhea. It prevents the child from getting sicker
- Zinc helps to make the diarrhea less severe, and it shortens the number of days of diarrhea
- It replenishes the child’s micronutrients and can help prevent future diarrhea. So the dosage should be given for 10 days even if child is already well within a few days
- To ensure water is clean, boil or disinfect first. See WATER AND FOOD SAFETY for more information
- Advise to give the child as much liquids and breast milk as s/he wants
- NO sweet teas, soft drinks, coffee, or herbal infusions
- If the child is under six months of age, advise for child to be breastfed exclusively and frequently, IN ADDITION to receiving ORS according to TREATMENT #1: ORS Guidelines
- If the child is over six months, advise for the child to be given complementary healthy nutrition in between breastfeeding. The child should be encouraged to eat frequently
- Give ORS for 2 to 3 days and continue Zinc for a full 10 days
CONVEY INFORMATION
8. Lecture: Diarrhea Referral Guidelines

Some cases of diarrhea are severe and require emergency referral. This criteria is as follows:

- The child has had diarrhea for more than 7 days, and/or
- There is blood in the stool, and/or
- The child is weak, unable to walk, dehydrated, or unconscious.

If the child is unable to walk or is unconscious, the child requires an ambulance. Review the following referral guidelines:

Diarrhea Referral Guidelines

- Explain why a referral is necessary
- The child being referred should also receive the first dose of ORS if the child can drink. The child should sip ORS often while travelling
- Assist in arranging transport to the health facility
- While waiting, counsel on PREVENTING ILLNESS BY WASHING HANDS
- While travelling, it is important to keep the child warm and nourished, if possible
- After referral, you must follow up on the child’s status within 48 hours of your initial visit
PARTICIPANT PRACTICE
9. Role Play: Assessment of Diarrhea Symptoms

Ask for two volunteers to participate in a role play. One will play the role of the household member and the other will play the role of a CHW. Give a prompt to each volunteer and ask them to conduct a role play based on the prompt. Make sure the participant playing the role of “CHW” has a copy of the DIARRHEA job aid and DIARRHEA CARE counseling card. Also provide the “CHW” character with the following materials: ORS packet, water, zinc, container.

PROMPT (FOR “CHW”) 
As the CHW, you will use this job aid during the household visit to greet the caregiver and determine:
- whether any child of the household has diarrhea;
- if so, whether the diarrhea is severe or not; and
- what the next step you take should be.

PROMPT (FOR “MOTHER”)
The child has had diarrhea for 4 days, and there are no other danger signs.

Ask the group to provide feedback after the role play is over, paying particular attention to what the “CHW” character did well and what s/he could have done better.

Review and emphasize the correct procedures for that particular scenario:

The proper steps for case management in this scenario are:
- The CHW should provide the first dose of ORS and zinc
- The CHW should then advise the caregiver on home-based care, including how to mix the ORS solution
- If no ORS solution is available, the CHW could demonstrate how to prepare a homemade solution using salt and sugar
- The CHW should provide the caregiver with his/her phone number and make an appointment to follow up in 2 days
- The CHW should return to the house within 48 hours to check on the child’s condition
- If the condition worsens, the CHW should then provide a referral to the health facility


**PARTICIPANT PRACTICE**

10. Small Group: Case Study

Divide participants into small groups. Give each group one of the case studies below. Give each group 4-5 minutes to discuss the following questions:

a) whether any child of the household has diarrhea;

b) if so, whether the diarrhea is severe or not; and

c) what the next step you take should be

Have each group share their scenario and answers. Ask the group for questions and feedback.

**CASE 1:** The child has had diarrhea for 5 days, but there is no blood in the stool.

**CASE 2:** The child has had diarrhea for 10 days and has been losing weight.

**CASE 3:** The child has had 3 loose stools in the past week.

**CASE 4:** The child has had diarrhea for 2 days, and there is blood in the stool.

**CASE 5:** The child has not had any loose stools recently but appears to be unconscious.

After each group has provided their answers, review the correct answers with the group.

- **CASE 1:** Provide ORS and zinc treatment. Instruct the caregiver on a home-based treatment regimen: ORS for 2-3 days and zinc dosage one daily for 10 days total. Follow-up in two days to check on condition.

- **CASE 2:** Refer the child immediately. If the child can drink, then mix and provide the first dose of ORS. If the child is unable to walk or is unconscious, then call an ambulance. If the child can drink, then mix and provide first dose of ORS. Follow-up in 2 days to check on condition.

- **CASE 3:** Provide ORS and zinc treatment. Instruct the caregiver on home-based treatment and follow-up in 2 days to check on condition.

- **CASE 4:** Refer the child immediately. If the child can drink, then mix and provide first dose of ORS. If the child is unable to walk or is unconscious, then call an ambulance. If the child can drink, then mix and provide first dose of ORS. Follow-up in 2 days to check on condition.

- **CASE 5:** See if you can wake the child by clapping. If the child does not respond, call the ambulance immediately.
11. Review Job Aid(s)

Allow the group to review the DIARRHEA job aid, and DIARRHEA CARE counseling cards for a few minutes. Answer any questions they may have.

12. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- When should a child with diarrhea be referred to the clinic?
- When should a child with diarrhea receive ORS and Zinc treatment?
- Name at least three ways to help prevent diarrhea.

13. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

NAME: _______________________

1. Circle one: A child has had two loose stools over the course of the past two weeks. The child
   a) likely does not have diarrhea.
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

2. Circle one: A child has had four loose stools since yesterday. After you question the caregiver, he/she informs you that the child has just begun having loose stools in the past two days there has been blood in some of the stools. The child
   a) likely does not have diarrhea.
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

3. Circle one: A child has had three loose stools in the past twenty-four hours. After you question the caregiver, he/she informs you that the child has been in a similar condition for four days and there has not been any blood in the stools so far. The child
   a) likely does not have diarrhea.
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

4. Circle one: A child has had three loose stools since last night. After you question the caregiver, he/she informs you that the child has been having loose stools for two weeks now and there has not been any blood in the stools so far. The child
   a) likely does not have diarrhea.
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

5. Circle one: A child has had numerous (at least three) loose stools in the past day. After you question the caregiver, he/she informs you that the child has been having loose stools for several (at least three) weeks now and that, on occasion, there is blood in the stools. The child
   a) likely does not have diarrhea.
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.
6. A child with diarrhea should receive ORS for _______ days and zinc supplements for _______ days.

7. After referring a child with severe diarrhea to the clinic, you should follow up within _______ hours.

8. True or false (circle one)? When a child has diarrhea and is taking ORS, he or she should avoid sugary drinks, carbonated water, and caffeine.
   True      False

9. If a child vomits while drinking an ORS solution, the caregiver should halt ORS treatment immediately and wait until the next day to try again.
   True      False

10. If a child under ___________ of age is experiencing diarrhea, advise for the child to be breastfed exclusively and frequently.

11. In order to prevent cases of diarrhea in the future, the CHW should counsel the household on ___________.
WORKSHEET: ANSWER KEY

1. A child has had two loose stools over the course of the past two weeks. The child
   a) likely does not have diarrhea.

2. A child has had four loose stools since yesterday. After you question the caregiver, he/she informs you that the child has just begun having loose stools in the past two days and there has been blood in some of the stools. The child
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

3. A child has had three loose stools in the past twenty-four hours. After you question the caregiver, he/she informs you that the child has been in a similar condition for four days and there has not been any blood in the stools so far. The child
   b) has diarrhea but it is not severe; the next step is to administer ORS and Zinc.

4. A child has had three loose stools since last night. After you question the caregiver, he/she informs you that the child has been having loose stools for two weeks now and there has not been any blood in the stools so far. The child
   c) has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

5. A child has had numerous (at least three) loose stools in the past day. After you question the caregiver, he/she informs you that the child has been having loose stools for several (at least three) weeks now and that, on occasion, there is blood in the stools. The child
   has diarrhea and it is severe; the next step is to refer the child immediately to the clinic.

6. A child with diarrhea should receive ORS for two to three (2-3) days and zinc supplements for ten (10) days.

7. After referring a child with severe diarrhea to the clinic, you should follow up within forty-eight (48) hours.

8. True or false (circle one)? When a child has diarrhea and is taking ORS, he or she should avoid sugary drinks, carbonated water, and caffeine.
   ✓ True    False

9. If a child vomits while drinking an ORS solution, the caregiver should halt ORS treatment immediately and wait until the next day to try again.
   True ✓ False
10. If a child under **six (6) months** of age is experiencing diarrhea, advise for the child to be breastfed exclusively and frequently.

11. In order to prevent cases of diarrhea in the future, the CHW should counsel the household on **PREVENTING ILLNESS BY WASHING HANDS** and **MAKING WATER SAFE TO DRINK**.
OVERVIEW

BACKGROUND

CHWs are responsible for assessing the severity of fever symptoms and directing treatment of children through the use of antimalarials or referral to clinics. A CHW must be able to clearly explain the necessity for clinical intervention and be able to assist parents with setting up a visit to the clinic. The overall objective in this section is to train CHWs on recognizing fever symptoms, administering Rapid Diagnostic Tests (RDTs) and dispensing antimalarials.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to assess severity of fever symptoms</td>
<td>☐ Explain when a child with fever should be referred to the clinic</td>
</tr>
<tr>
<td>To be able to assess for malaria</td>
<td>☐ Demonstrate how to perform an RDT for malaria</td>
</tr>
<tr>
<td></td>
<td>☐ Explain the implications of RDT results</td>
</tr>
<tr>
<td>To be able to treat uncomplicated malaria cases</td>
<td>☐ Demonstrate how to administer antimalarials</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY
1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Evaluating Fever
5. Demonstration: Rapid Diagnostic Tests
6. Lecture: Antimalarial Dosage and Administration
7. Lecture: Fever Referral Guidelines
8. Large Group Role Play
9. Pair Practice: When and How to use RDTs and Antimalarial Drugs
10. Group Activity: Hot Potato
11. Review Job Aid(s)
12. Review Key Messages
13. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- For Demonstration: 1 Rapid Diagnostic Test
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aids:
  - FEVER
  - MALARIA PREVENTION WITH BEDNETS
- Counseling Cards:
  - PREVENTING MALARIA WITH BEDNETS
  - HOW TO USE AND MAINTAIN A BEDNET

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“Fever in a child can be indicative of malaria, tuberculosis, or other deadly diseases. As a CHW, you are responsible for assessing the severity of fever symptoms and directing treatment of children or referral to clinics. You must know how to administer and read a rapid diagnostic test for malaria and distribute necessary antimalarial drugs. You must be able to clearly explain the necessity for clinical intervention and assist parents in setting up a visit to the clinic. The overall objective of this section is to master the rapid diagnostic test for malaria, know how to distribute antimalarial drugs, and educate caretakers on how to prevent malaria.”
EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

### STORY OF A DEATH

- A woman in a nearby village, Grace, had 3 sons and 2 daughters.
- Grace and her family members were often sick with fevers.
- Grace did not know what was causing the fevers and tried to treat her family with a local remedy.
- Despite her efforts, members of her household continued to fall ill with fever.
- Grace’s husband often could not work in the field.
- Sometimes Grace felt so ill she had trouble finishing the housework and caring for her children.
- The older children missed many days of school.
- When her youngest child fell ill, the fever quickly became severe, and the child died.
- Grace was very sad. She blamed herself for not taking the child to the health facility.

### STORY OF A DEATH PREVENTED

- A woman in another village, Jackline, had 2 children and was pregnant with her 3rd.
- Jackline’s neighbor and close friend told Jackline that her child had been sick with fever for several days, and she was worried. Other villagers talked about experiencing the same symptoms.
- Jackline was concerned she too would become ill with fever, and that it would hurt her unborn baby.
- When the CHW visited Jackline’s home, she asked about how to keep herself and her children healthy.
- The CHW explained to Jackline that the fever was caused by malaria, which was carried by certain mosquitoes.
- The CHW helped Jackline obtain bednets for all sleeping sites in the home and taught her how to use and care for it. The CHW also reminded Jackline to visit the health facility for antenatal care and to receive Intermittent Preventive Treatment for malaria.
- Jackline and her family members now sleep under bednets every night.
- To date Jackline’s children have not fallen ill with malaria, and Jackline has given birth to a healthy baby.
**CONVEY INFORMATION**

4. Discussion: Importance of Evaluating Fever

The information in the box below is taken from the fever education section of the job aid. Make sure all the points below are mentioned during the discussion. Explain that these points appear in the job aid and all CHWs must know them to be able to evaluate all fever symptoms for possible further treatment.

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever can be a symptom of a serious disease, such as severe malaria</td>
</tr>
<tr>
<td>Malaria is a serious threat and can be evaluated using a RDT</td>
</tr>
<tr>
<td>Some cases of malaria are “uncomplicated” while others are “severe”. Severe malaria can lead to rapid deterioration and death, especially in children under five. Severe malaria requires medical attention right away</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPES OF REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based care (no referral): If a child has a fever for less than three days, a positive malaria RDT, and no other danger signs, he or she most likely has “uncomplicated” malaria and can be treated at home with an antimalarial</td>
</tr>
<tr>
<td>Emergency Referral: If a child is less than six months old or has had a fever for more than three days, administer antimalarial and provide emergency referral</td>
</tr>
<tr>
<td>Ambulance Referral: If a child has a fever for more than three days and is not alert/unconscious, administer antimalarial and provide ambulance referral</td>
</tr>
</tbody>
</table>
5. Demonstration: Rapid Diagnostic Tests

Invite a volunteer participant to the front of the room. Use a malarial Rapid Diagnostic Test (RDT) to demonstrate how to administer an RDT test. In this portion of the lesson, it is important that participants are actively involved in performing the RDT.

*Optional activity: Before explaining steps below, show the group a list with the steps out of order. Have the group put them in order. Check their work, and then read together. (This activity can also be done in small groups.)

### Preparation
- Collect new unopened test packet, new unopened alcohol swab, new unopened lancet, new pair of disposable gloves, buffer, and timer
- Ensure test is NOT EXPIRED
- Put on new gloves for each patient
- Open packet and remove: test, loop, and desiccant sachet
- Write patient’s name on test

### Test
- Open alcohol swab. Clean the 4th finger on the patient’s left hand with the alcohol swab. Let dry.
- Open lancet and test packet. Prick patient’s finger to get drop of blood.
- Discard the lancet in the sharps box immediately after pricking the finger. Do not set the lancet down before discarding it.
- Squeeze the bulb of the loop and touch the drop of blood in the finger with the tip. Release the bulb to draw blood.
- Transfer the blood in the loop to the small hole in the RDT
- Discard the loop in the sharps box
- Put 2 drops of buffer into the large round hole.
- Wait 20 minutes before reading the results. (Waiting less than 20 minutes may give false results)
- Discard the gloves and alcohol swab in plastic bag to be disposed of
- *** Each RDT can be used only once. It is very important to safely dispose of the test materials. Do not leave materials in the household

### Reading The Test
- **Positive**: One red line in C AND one red line in T
- **Negative**: One red line in C and no line in T
- **Invalid**: No line in window C
- *(Line C is the “Control.” A line indicates that the test is valid. No line means the test is invalid)*
CONVEY INFORMATION

6. Lecture: Antimalarial Dosage and Administration

Explain the steps to administering antimalarial pills, covering all of the following points:

<table>
<thead>
<tr>
<th>ADMINISTERING ANTIMALARIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ When administering antimalarials, always check the expiration date on the package. Do not use if expired</td>
</tr>
<tr>
<td>❑ Oral antimalarial tablets should be administered according to patient’s weight</td>
</tr>
<tr>
<td>❑ A supply for 3 days must be given to the caregivers, with the first dose administered by the CHW in front of the caregiver</td>
</tr>
<tr>
<td>❑ Future administration of antimalarials must be taught to the caregivers. (See the TREATMENT section of the job aid.)</td>
</tr>
<tr>
<td>❑ 2nd dose after 8 hours</td>
</tr>
<tr>
<td>❑ Dose twice daily for 2 more days</td>
</tr>
<tr>
<td>❑ Recommend administering with food</td>
</tr>
<tr>
<td>❑ Inform caregiver that you will be back in 2 days to check on the child’s condition</td>
</tr>
</tbody>
</table>
Some cases of fever require emergency referral. This criteria is as follows:

- The child has had fever for more than 3 days AND/OR
- The child is less than 6 months old, AND/OR
- The child has a negative RDT or an RDT test is not available

Review the following referral guidelines.

**FEVER REFERRAL GUIDELINES**

- Explain why a referral is necessary
- Assist in arranging transport
- While waiting for transport, counsel on PREVENTING MALARIA WITH BEDNETS
- While traveling, it is important to keep the child warm and nourished, if possible
- After referral, you must follow up on the child’s status within 48 hours of your initial visit. If the child’s condition has not improved, ensure a repeat visit the facility. Otherwise, reinforce bednet usage with the MALARIA PREVENTION WITH BEDNETS job aid PREVENTING MALARIA WITH BEDNETS and HOW TO USE AND MAINTAIN A BEDNET counseling cards
PARTICIPANT PRACTICE
8. Large Group Role Play

Ask a volunteer to act out a household visit with the facilitator. After performing the scene, ask the group to provide feedback. You, the facilitator, will answer the questions based on the prompt below (Prompt - Facilitator). Have the volunteer use their copy of the job aid and read or explain the situation of the household visit to the group (Prompt – CHW) and to the person playing the role of the CHW.

After the role play, ask the group to discuss what the CHW did correctly or incorrectly in the role play. Be sure to address any points that the CHW missed in the role play.

PROMPT (FOR “FACILITATOR”)

You are a household member whose child has a fever lasting longer than 2 days.

PROMPT (FOR “CHW”)

As the CHW, you will follow the FEVER job aid during the household visit to greet the caregiver(s) and check the fever of the child.

After each group has provided their answers, review the correct scenario:

- If the child is under 6 months, he or she should be referred by ambulance
- If the child is over 6 months, the CHW should conduct an RDT
- If positive, determine the antimalarial dosage needed for the child and provide the first dose. Instruct the caregiver on home-based treatment of one dose, 2 times daily for 2 more days. Counsel on bednet usage with the PREVENTING MALARIA WITH BEDNETS and HOW TO USE AND MAINTAIN A BEDNET counseling cards. Provide a follow-up visit in 2 days
- If negative, provide an emergency referral to check on other possible causes of disease. Provide a follow-up visit in 2 days

PARTICIPANT PRACTICE
9. Pair Practice: When and How to use RDTs and Antimalarial Drugs

Instruct the participants to find a partner. Each participant must explain and demonstrate to their partner:

1) when and how to administer an RDT, and
2) when and how to administer antimalarial pills to a child with fever. Monitor the pairs’ conversations and provide group feedback after everyone has had a chance to talk.
4.3 Fever

**REINFORCE INFORMATION**

10. Group Activity: Hot Potato

Ask the participants to stand in a circle. When the music plays, participants pass the ball in a clockwise motion. When the music stops, the participant holding the ball must answer a review question from the list below. If that participant does not know, ask for volunteers to answer. Play for 10 minutes or until all questions have been answered. Repeat some of the questions that the participants have difficulty with.

**REVIEW QUESTION LIST**

- A household member tells you that her child has a fever. What do you do first?
  
  **ANSWER:** Ask how many days that child has had a fever. If more than 3 days, provide an emergency referral. If less than 3 days, perform an RDT test to check for malaria.

- A 4-month-old child has a fever. What should you do next?
  
  **ANSWER:** Refer the child immediately with an emergency referral.

- What is the dosage of antimalarial for a child?
  
  **ANSWER:** Depends on the weight. 1 tablet for a child less than 15kg, 2 tablets for a child between 15-25kg, 3 tablets for a child between 25 and 35kg, 4 tablets for adults and children 35 kg and above.

- The child has had a fever and cough for 2 days. What should you do next?
  
  **ANSWER:** Provide an emergency referral for possible tuberculosis.

- The child you test for malaria is negative on her RDT. What do you do next?
  
  **ANSWER:** Provide an emergency referral for further diagnosis.

- How many lines should appear if the RDT result is positive?
  
  **ANSWER:** 2 lines.

- No line shows up for in the “C” section of the RDT. What does this mean and what do you do?
  
  **ANSWER:** Invalid result. Open a new RDT and repeat the test.

- No line shows up in the “T” section of the RDT. What does this mean and what do you do?
  
  **ANSWER:** The child is negative for malaria. Refer immediately for further diagnosis.

- For how many days should a child take antimalarial drugs?
  
  **ANSWER:** 2-3 days.

- What types of food or drink should a child take the antimalarial tablet with?
  
  **ANSWER:** High-fat foods or drinks such as milk.

- If you do not know the child’s weight, how do you determine the dosage of antimalarial drugs?
  
  **ANSWER:** By age. If the child is 6 months to 3 years, give 1 tablet twice a day for 3 days. If the child is 3 to 5 years, give 2 tablets twice a day for 3 days.
REINFORCE INFORMATION

11. Review Job Aid(s)

Allow the group to review the FEVER and MALARIA PREVENTION WITH BEDNETS job aid for a few minutes. Answer any questions they may have.

REINFORCE INFORMATION

12. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important to carry RDTs on household visits?
- What does a positive result in RDT mean?
- What might cause a fever and what are possible ways to address it in the household?

PARTICIPANT PRACTICE

13. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
1. Fever can be an indicator of ________________.

2. Fever for more than ________________ days must be referred for clinical evaluation.

3. _____________ are used to prevent the spread of malaria by protecting people when sleeping from mosquitoes.

4. True or false (circle one)? The CHW should administer the first dose of antimalarials in front of the caregiver.
   
   True   False

5. True or false (circle one)? A Rapid Diagnostic Test for malaria can be used multiple times.
   
   True   False

6. True or false (circle one)? Fever for less than three days means that there is no malaria.
   
   True   False

7. True or false (circle one)? Severe malaria can lead to death.
   
   True   False
1. Fever can be an indicator of *malaria*.

2. Fever for more than **three (3)** days must be referred for clinical evaluation.

3. **Bednets** are used to prevent the spread of malaria by protecting people when sleeping from mosquitoes.

4. True or false (circle one)? The CHW should administer the first dose of antimalarials in front of the caregiver.
   - True ✅ False

5. True or false (circle one)? A Rapid Diagnostic Test for malaria can be used multiple times.
   - True ☑ False

6. True or false (circle one)? Fever for less than three days means that there is no malaria.
   - True ☑ False

7. True or false (circle one)? Severe malaria can lead to death.
   - True ✅ False
UNIT 5: Routine Care for the Pregnant Woman

This unit instructs on routine care for the pregnant woman, including proper steps to educate mothers on having a healthy pregnancy and on preparing for birth.

1. Having a Healthy Pregnancy
2. Preparing for Birth
OVERVIEW

BACKGROUND

Pregnant women must take certain steps to keep themselves and their babies as healthy as possible. CHWs are responsible for explaining to pregnant women why they should visit the health facility at least four times before giving birth, and provide counseling on maintaining good habits for a healthy pregnancy. By the end of this chapter, the CHW will be able to counsel mothers on having a healthy pregnancy through regular antenatal care visits to the health facility, maintaining a proper diet and healthy daily routines.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to counsel pregnant women on attending Antenatal Care (ANC) sessions at the health facility | - List at least 3 services provided during ANC visits and explain why they are important  
- Explain the frequency and timing of ANC visits                              |
| To be able to counsel pregnant women on healthy behavior during pregnancy  | - Explain at least 2 healthy behaviors and their importance   |
UNIT 5: ROUTINE CARE FOR THE PREGNANT WOMAN
Chapter 1: Having a Healthy Pregnancy

LESSON PLAN SUMMARY
1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Keeping a Pregnant Woman Healthy
4. Context Story
5. Lecture: Importance of Antenatal Care Sessions
6. Small Groups: Addressing Challenges to Antenatal Care
7. Lecture: Maintaining a Healthy Pregnancy
8. Behavior Change: Healthy Pregnancy
9. Role Play: Counseling on Antenatal Care
10. Review Job Aid(s)
11. Review Key Messages
12. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: ANTENATAL CARE FOR PREGNANT WOMEN
- Counseling Cards:
  - HAVING A HEALTH PREGNANCY
  - VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY
  - PREPARING FOR BIRTH; WHAT TO EXPECT DURING PREGNANCY
  - EATING WELL DURING PREGNANCY

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“Antenatal care sessions are critical to ensuring that pregnant women have a healthy pregnancy and delivery. As a CHW, you are responsible for visiting all pregnant women in your caseload at least once every six weeks, including visits in the eighth and ninth months of pregnancy.

Most antenatal care (ANC) is provided at the health facility; your role is to encourage pregnant women to visit the health facility for ANC and to follow up with them regularly to ensure that they are getting the services they need. In addition, you will learn how to provide essential counseling on proper nutrition, preventing illness, and basic antenatal care.”

CONVEY INFORMATION
3. Discussion: Keeping a Pregnant Woman Healthy

Ask participants what they know about keeping a pregnant woman healthy.

Keep a list of participant responses on a large piece of paper or chalkboard. If using paper, hang the list in a prominent place within the room, explaining that the group will continue to check and revise it throughout the lesson.
EXAMPLE IN ACTION

4. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

<table>
<thead>
<tr>
<th>STORY OF A DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in a nearby village, Niesha, has 2 daughters and a son.</td>
</tr>
<tr>
<td>- Last year, Niesha became pregnant with her fourth child.</td>
</tr>
<tr>
<td>- The clinic was over an hour away, and Niesha was busy caring for her other children.</td>
</tr>
<tr>
<td>- After having given birth to three healthy children, Niesha felt confident that she did not need the advice of health professionals. She did not visit the clinic during her pregnancy.</td>
</tr>
<tr>
<td>- Niesha had heard that the larger the baby, the more difficult the birth is, so she tried to eat less during pregnancy to avoid gaining weight and to keep her baby small.</td>
</tr>
<tr>
<td>- Niesha began to feel weak and tired. She had frequent headaches and became short of breath when she had to walk even short distances.</td>
</tr>
<tr>
<td>- One day Niesha noticed that she was bleeding. During her previous pregnancies, she would occasionally spot blood, so she did not think it was serious.</td>
</tr>
<tr>
<td>- Only 6 months into her pregnancy, Niesha began to have contractions. She tried to get to the clinic but could not find a car to take her in time.</td>
</tr>
<tr>
<td>- Niesha gave birth to a stillborn boy.</td>
</tr>
<tr>
<td>- Niesha was very sad and blamed herself for not going to the health facility when she began spotting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF A DEATH PREVENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in another village, Hala, was also pregnant. She was very happy.</td>
</tr>
<tr>
<td>- Hala's family was as poor as others in the village. A CHW visited her and encouraged her to go to the clinic for antenatal care. She went to the clinic 4 times during pregnancy.</td>
</tr>
<tr>
<td>- The CHW also explained that it was important for Hala to eat extra portions of food, especially animal-based foods and leafy green vegetables, and take iron and folate supplements.</td>
</tr>
<tr>
<td>- Hala gained weight during her pregnancy, and she could feel her growing baby strong and active inside her.</td>
</tr>
<tr>
<td>- When labor started, Hala immediately contacted her neighbor to take her and her husband to the clinic, where she gave birth to a healthy daughter.</td>
</tr>
<tr>
<td>- The baby is 1 year old now.</td>
</tr>
</tbody>
</table>
**CONVEY INFORMATION**

5. Lecture: Importance of Antenatal Care Sessions

Ask the group to discuss what they think happens at an antenatal care visit, making sure to cover the following:

- Why should pregnant woman visit the health facility for antenatal care?
- How frequently should pregnant women visit the health facility during pregnancy, and how many times in total?
- What happens at an antenatal care visit?

Make sure all of the key points below are covered and ask them to reflect on why they are important.

<table>
<thead>
<tr>
<th><strong>KEY CONTENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnant women should visit the health facility for antenatal care at least four times during pregnancy. Visits should take place as follows:</strong></td>
</tr>
<tr>
<td>- 1st visit: no later than the 3rd month of pregnancy</td>
</tr>
<tr>
<td>- 2nd visit: no later than the 6th month of pregnancy</td>
</tr>
<tr>
<td>- 3rd visit: at least once during the 8th month of pregnancy</td>
</tr>
<tr>
<td>- 4th visit: at least once during the 9th month of pregnancy</td>
</tr>
</tbody>
</table>

Antenatal care sessions are necessary to

- prevent mother and baby from falling ill
- assess and treat illness, should it occur
- help the family prepare for a safe birth

During antenatal care sessions, a pregnant woman will receive:

- routine examination to check blood pressure, weight, danger signs, etc.
- iron and folate supplements to prevent anaemia and strengthen blood
- at least 2 tetanus immunizations
- intermittent preventive treatment in pregnancy (IPTp) to prevent malaria
- deworming tablets
- nutrition counseling
- birth preparedness counseling
- HIV and STI testing and treatment (*HIV testing should take place during a pregnant woman’s first visit to the health facility*)

**TIP:**
Frequency of antenatal care visits should be consistent with national guidelines.

**TIP:**
Remind participants that CHWs may not inquire about or make assumptions about HIV status; it is important to offer counseling in a non-judgmental way.
PARTICIPANT PRACTICE

6. Small Groups: Addressing Challenges to Antenatal Care

Ask the large group to brainstorm some reasons why women may not go to the health facility for antenatal care. Write their answers on the chalkboard or flipchart. Possible answers include:

- Reluctance of husband or other family members to attend ANC visits with the pregnant woman
- Distance of the health facility; cost or access to transportation
- Lack of time; other obligations (e.g., caring for other children)
- Poor attitude of clinic staff; bad experience during previous visit
- Long wait times at the health facility
- Impression that ANC visits are not free; financial constraints

Next, divide the group into small groups and assign each group one or two of the challenges raised. Give each small group a few minutes to brainstorm solutions to their assigned challenge, including what kind of counseling messages they might use and/or how they could problem solve with the pregnant woman to overcome barriers to ANC.
CONVEY INFORMATION

7. Lecture: Maintaining a Healthy Pregnancy

Present the following information to the group and ask them to reflect on why it is important.

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition for a Healthy Pregnancy</strong></td>
</tr>
<tr>
<td>- A pregnant woman should eat more than usual because she is now feeding herself and a growing baby</td>
</tr>
<tr>
<td>- She and the baby need extra nutrients to grow stronger, physically and cognitively</td>
</tr>
<tr>
<td>- Babies who are born small are at greater risk of getting sick and dying</td>
</tr>
<tr>
<td>- A pregnant woman should eat at least 5 times a day, including 3 meals and 2 snacks</td>
</tr>
<tr>
<td>- She should also increase her intake of foods rich in vitamin-A, iron and folic-acid (i.e., more animal-based foods and leafy green vegetables)</td>
</tr>
<tr>
<td>- A pregnant woman should always cook with iodized salt to prevent goiters and support healthy child development</td>
</tr>
<tr>
<td>- During pregnancy, a woman should also take iron and folate supplements daily to prevent anaemia and make blood stronger. She can obtain these supplements for free at the clinic</td>
</tr>
<tr>
<td><strong>Staying Healthy During Pregnancy</strong></td>
</tr>
<tr>
<td>- A pregnant woman should not take any medications unless it was prescribed by a health worker</td>
</tr>
<tr>
<td>- Washing hands with soap frequently helps prevent illness</td>
</tr>
<tr>
<td>- It is important to sleep under an insecticide-treated bednet each night to prevent malaria</td>
</tr>
<tr>
<td>- A pregnant woman should never drink alcohol, smoke cigarettes, or handle chemicals. These can cause irreversible damage to the baby</td>
</tr>
<tr>
<td>- A pregnant woman should use condoms to prevent transmission of sexually transmitted infections, including HIV</td>
</tr>
</tbody>
</table>
EXAMPLE IN ACTION

8. Behavior Change: Healthy Pregnancy

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of antenatal care. It is important to listen to the household, assess their needs and level of understanding, and then tailor counseling messages to most effectively encourage healthy decision-making.

Choose one of the following methods to analyze the following behavior change examples with the group.

a) Read the behavior change examples and corresponding counseling strategies,
b) Read the scenarios, ask the participants to guess which “stage of change” the individual is in, and then brainstorm effective counseling techniques as a group, or
c) Divide participants into pairs or small groups and ask them to identify the ”stage of change” and develop an effective counseling message. After they are done, ask a few volunteers to share their examples.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Lilly has not gotten sick since she became pregnant, so she has not been to the health facility.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Patience has heard that it is important to take iron and folate supplements during her pregnancy. She has asked her CHW for a referral to the clinic so she can obtain the supplements.</td>
</tr>
<tr>
<td>Trying</td>
<td>Prisca knows it is important for her to visit the clinic four times during her pregnancy. She has been twice, but recently her husband went to visit relatives in another province and she has not had time to go in for her third visit.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Joy is eight months pregnant. She has visited the clinic three times and is careful to take iron and folate supplements every day. She eats extra servings of food and sleeps under a bednet every night.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Niesha?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about having a healthy pregnancy. Explaining the benefits of following these practices.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the pregnant woman to try the behaviors. Identifying the problems she may have in visiting the clinic, using supplements, and eating well during her pregnancy.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of healthy practices throughout the duration of the woman’s pregnancy. Identifying and solving any problems the mother is having in adopting the behaviors.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the mother and encouraging her to continue proper practices. Pointing out positive outcomes that have occurred or are occurring as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
PARTICIPANT PRACTICE

9. Role Play: Counseling on Antenatal Care

Ask a volunteer to act out a household visit with you. You will play the role of the “pregnant woman” and the volunteer will play the role of the “CHW”. The “CHW” should have a copy of the job aids and counseling cards.

PROMPT (FOR “PREGNANT WOMAN”)

You are a woman who:
- Is six months pregnant and has visited the clinic only once
- Does not have any danger signs
- Eats a healthy, varied diet and has been eating more since becoming pregnant
- Does not take iron or folate supplements
- Sleeps under a bednet most of the time, except when it is very hot

PROMPT (FOR “CHW”)

- Using the ANTENATAL CARE FOR PREGNANT WOMEN job aid, ask the woman about her pregnancy and offer counseling accordingly
- This is your first visit to the household since discovering that the woman is pregnant
- She does not exhibit any danger signs

Ask the group to identify what stage of behavior change you, the “pregnant woman”, are in. Encourage the group to offer constructive feedback on the role play and suggest alternative counseling messages or techniques that may be effective.

REINFORCE INFORMATION

10. Review Job Aid(s)

Allow the group to review the ANTENATAL CARE FOR PREGNANT WOMAN job aid, and HAVING A HEALTHY PREGNANCY; VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY; and EATING WELL DURING PREGNANCY counseling cards for a few minutes. Answer any questions they may have.
REINFORCE INFORMATION

11. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why are antenatal care sessions important?
- What is your role in promoting antenatal care?
- What types of services does a pregnant woman receive at the health facility?

PARTICIPANT PRACTICE

12. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
1. What is the minimum number of times that a pregnant woman should visit the health facility for antenatal care?

2. Name at least three services provided at the health facility during an antenatal care visit.

3. A pregnant woman should take ____________ and ____________ supplements daily.

4. True or false (circle one)? A pregnant woman can consume alcohol and smoke cigarettes as long as it is in small amounts. True False

5. True or false (circle one)? Eating too much meat and fish is not good for pregnant women. True False

6. True or false (circle one)? A couple should continue using condoms during pregnancy. True False

7. True or false (circle one)? Antenatal care sessions at the health facility are free. True False

8. True or false (circle one)? Husbands and family members are not welcome at antenatal care sessions. True False
WORKSHEET: ANSWER KEY

1. What is the minimum number of times that a pregnant woman should visit the health facility for antenatal care?
   Four (4)

2. Name at least three services provided at the health facility during an antenatal care visit.
   (Any three of the following):
   - routine examination to check blood pressure, weight, danger signs, etc.
   - iron and folate supplements to prevent anaemia and strengthen blood
   - at least 2 tetanus immunizations
   - intermittent preventive treatment (IPT) to prevent malaria
   - deworming tablets
   - nutrition counseling
   - birth preparedness counseling
   - HIV and STI testing and treatment

3. A pregnant woman should take iron and folic acid / folate supplements daily.

4. True or false (circle one)? A pregnant woman can consume alcohol and smoke cigarettes as long as it is in small amounts.
   True ✔ False

5. True or false (circle one)? Eating too much meat and fish is not good for pregnant women.
   True ✔ False

6. True or false (circle one)? A couple should continue using condoms during pregnancy.
   ✔ True False

7. True or false (circle one)? Antenatal care sessions at the health facility are free.
   ✔ True False

8. True or false (circle one)? Husbands and family members are not welcome at antenatal care sessions.
   True ✔ False
OVERVIEW

BACKGROUND
Complications during childbirth and immediately after delivery are a major cause of maternal and child mortality. Delivery at a health facility by a skilled birth attendant is one of the best ways to increase safe outcomes for mother and child. Labor can begin unexpectedly, so it is important for pregnant women to have a birth plan for delivery and arrange transportation and necessary supplies in advance. CHWs play a critical role in helping pregnant women with birth preparedness and are responsible for encouraging delivery at the health facility.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to develop a birth plan with a pregnant woman | ☐ Explain at least 3 factors that should be considered in a birth plan  
☐ Explain at least 2 reasons to give birth in a clinic |
| To be able to explain the labor process | ☐ Explain at least 2 signs that labor has begun  
☐ Explain at least 3 ways to ease the process of labor |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Lecture: Creating a Birth Plan
5. Discussion: Encouraging Women to Give Birth in a Health Facility
6. Behavior Change: Preparing for Birth
7. Small Groups: Counseling on Birth Preparedness and Delivering at the Facility
8. Lecture: Stages of Pregnancy and the Labor Process
9. Review Job Aid(s)
10. Review Key Messages
11. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: ANTENATAL CARE FOR PREGNANT WOMEN
- Counseling Cards:
  - PREPARING FOR BIRTH
  - WHAT TO EXPECT DURING PREGNANCY
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“Childbirth is a very dangerous time for pregnant women and babies. At a health facility, childbirth is facilitated by a highly trained, skilled birth attendant, who has access to medical equipment and life-saving supplies. Institutional delivery reduces the likelihood of maternal and child mortality. As a CHW, it is your role to encourage pregnant women to deliver at a health facility and to help them develop a birth plan, including identifying any potential challenges and working together to find solutions.

In addition, you are responsible for counseling pregnant women on the stages of pregnancy and signs of labor so they know what to expect and can prepare accordingly. It is recommended that you engage male partners and relatives in these discussions so that pregnant women have the proper support during this critical time. By the end of this lesson, you will be able to clearly explain the benefits of institutional delivery, describe the stages of pregnancy and signs of labor, and help women develop a thorough birth plan.”
Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

### STORY OF A DEATH
- A woman in a nearby village, Tisa, had 3 sons and 2 daughters and was pregnant with her 6th child. Because Tisa had given birth to 5 healthy children, she was not feeling worried about this pregnancy.
- Around her 9th month of pregnancy, Tisa set aside some money for transportation to the clinic.
- Her husband was very tired when he came home from the fields, and Tisa did not want to bother him by talking about what they would do when she went into labor.
- When Tisa’s contractions began, her husband was in the fields and she could not reach him.
- She left her children by themselves and hurried to the home of a neighbor who had taken her to the clinic in the past, but he was on business in another town.
- Tisa finally found a taxi, but when she went to get the money she had saved for transportation to the clinic, she discovered it was missing.
- Tisa did not get to the clinic in time and her baby died because of complications during labor.
- Tisa was very sad and blamed herself for not having a birth plan.

### STORY OF A DEATH PREVENTED
- A woman in another village, Kehinde, had one child and was pregnant with her 2nd child.
- A CHW visited Kehinde and discussed where Kehinde wanted to give birth. The CHW explained the benefits of health facility delivery and Kehinde and her family agreed to deliver in the health center. The worker discussed how the family could plan for this delivery.
- When Kehinde’s labor began, her husband borrowed a neighbor’s phone to call a man in a nearby village who was a taxi driver. He had agreed in advance to take them to the health facility.
- Kehinde then used her neighbor’s phone to call her sister, who came over to watch Kehinde’s young children while she went to the clinic.
- They reached the health center in time, and Kehinde was able to deliver in a health facility. When the baby was first born, he had trouble breathing, but the health facility had the proper equipment to perform neonatal resuscitation. The midwife was able to get the baby breathing and Kehinde returned home with her healthy son the next day.
4. Lecture: Creating a Birth Plan

Present the following information and ask participants to reflect on why preparing for birth is important. Make sure all of the following points are covered.

### KEY CONTENT

#### Giving birth at the clinic is important because:
- Having a birth plan can reduce confusion at the time of birth and increase the chance that the woman and her baby will receive appropriate, timely care
- In the case of illness or infection, the health facility will be able to provide life-saving treatment which may not be available at home
- Delivering at the health facility increases the chance that the baby will survive birth and will receive life-saving immunizations to prevent disease
- For HIV positive mothers, delivering at the clinic can help prevent transmission to the baby

#### When preparing for birth, a pregnant woman should:
- Identify the place of delivery with her male partner and health worker
- Identify how she will get to the clinic & make transportation arrangements in advance (Things to consider: Who will they call? Do they have a phone, or is there one they can borrow nearby? Who will drive? Who will watch their children during delivery?)
- Arrange understanding with husband/partner in case he is not around at time of labor and delivery
- Have a backup transportation option
- Make sure she has the phone number of an ambulance or CHW
- Set aside items she will need for delivery (For example, sanitary pads, clean cloths, blankets, soap, money for medical expenses)
- Arrange return transportation from clinic to home with baby

#### Why should male partners and family members be included in the discussion?
- Giving birth in a facility may involve money, so this decision should be made along with the husband and any others involved
- If everyone agrees beforehand, when labor starts there will be no problem in making the decision to go to the health facility
- Leaving home means that there needs to be someone to look after the house and other children; this may involve other family members
CONVEY INFORMATION

5. Discussion: Encouraging Women to Give Birth in a Health Facility

Summarize or read the following paragraph out loud:

“It is safest for all women to deliver with a skilled birth attendant and in a health facility because health workers have the skills and equipment needed to help ensure a safe delivery and a healthy baby. Sometimes problems arise during labor and delivery, like bleeding or convulsions, which require skilled health workers, medications and equipment to treat, without which the mother and baby could die. Therefore it is safest to deliver in a facility that can manage these and other problems. However, many women in this area do not deliver in a health facility.”

Ask the group why some women in their communities may choose not to deliver in a health facility. Ask them to consider financial barriers, social or cultural reasons, and issues of access, among other possibilities. Write their answers on the chalkboard or flipchart, making sure that all of the following possible reasons are covered:

KEY CONTENT

Possible reasons some women may choose to deliver at home:
- Distance of nearest health facility (too far to walk)
- Can’t afford cost of transportation
- No convenient access to a phone
- Most women in her community give birth at home without any problems
- Her neighbor or relative is a traditional birth attendant
- She has given birth before without problems and does not think it is necessary
- Cost of delivering in a health facility
- Unaware about benefits of institutional delivery
- Poor experience at the health facility in the past
- Male partner or family members are unsupportive
- No one else to take care of other children during delivery
EXAMPLE IN ACTION

6. Behavior Change: Preparing for Birth

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of giving birth at the health facility. It is important to listen to the household, assess their needs and level of understanding, and then tailor counseling messages to most effectively encourage healthy decision-making.

Choose one of the following methods to analyze the following behavior change examples with the group.

a) Read the behavior change examples and corresponding counseling strategies,

b) Read the scenarios, ask the participants to guess which “stage of change” the individual is in, and then brainstorm effective counseling techniques as a group, or

c) Divide participants into pairs or small groups and give each pair/small group a scenario. Ask them to identify the “stage of change” and develop an effective counseling message. After they are done, ask a few volunteers to share their examples.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Kya is planning to give birth at home because she lives far from the health facility and does not want to spend any money on transportation.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Aisha has discussed the importance of giving birth at the health facility with her CHW but has not decided what she will do yet.</td>
</tr>
<tr>
<td>Trying</td>
<td>Lela has decided to give birth at the health facility. She has packed a bag of things she will need when goes to the facility, including money, blankets, and soap. Her neighbor drives a taxi and might be able to take her to the health facility, but she has not had time to ask him yet.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Gracious plans to give birth at the health facility. She has packed a bag with everything she will need to bring with her. Her brother has a car and will take her to the facility. If she cannot reach her brother, she will contact her neighbor who drives a taxi.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Tisa?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about the importance of giving birth at the health facility. Explaining the benefits of following these practices.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the pregnant woman to give birth in a health facility, reiterating the benefits for her and her child. Identifying the problems she may face in getting to the health facility and helping solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Continuing to encourage the pregnant woman to give birth at the health facility and help her plan what she will need to bring with her. Identifying and solving any problems the mother is having in adopting the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the mother on her decision to give birth at the health facility. Pointing out positive outcomes that have occurred as a result of her decision.</td>
</tr>
</tbody>
</table>
PARTICIPANT PRACTICE

7. Small Groups: Counseling on Birth Preparedness and Delivering at the Facility

Divide participants into small groups and assign each group 2-3 challenges that were mentioned during the discussion in Activity 5 (“Encouraging Women to Give Birth in a Health Facility”). For each challenge, ask them to 1) identify which stage of change that woman might be in, 2) brainstorm possible solutions, and 3) provide some counseling messages that they would use to encourage the woman to deliver at the facility.

Ask each group to share 1 or 2 of their challenges and solutions. Offer alternative solutions and tips on how they can make the counseling message more effective. After each group has presented, read or summarize the following:

“It may not be possible for all women to give birth in a health facility. If a family decides not to deliver in a health facility even after discussions, it is important that you help them make the home birth as safe as possible. Do not judge or scold them for their choice.”
CONVEY INFORMATION

8. Lecture: Stages of Pregnancy and the Labor Process

Present the following information to the group. Answer any questions they may have.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>First trimester (1-3 months)</td>
<td>Nausea, tiredness, tender breasts, mood swings, headache, constipation, frequent urination, heartburn, changes in weight</td>
</tr>
<tr>
<td>Second trimester (4-6 months)</td>
<td>Body aches, stretch marks, darker areolas, blotchy skin, swelling of ankles/fingers/face, numbness in hands</td>
</tr>
<tr>
<td>Third trimester (7-9 months)</td>
<td>Heartburn, shortness of breath, tender breasts, hemorrhoids, trouble sleeping, swelling of ankles/fingers/face</td>
</tr>
</tbody>
</table>

⚠️ Heavy leakage of blood or fluids is not a normal symptom of pregnancy. If this occurs, go to the health facility immediately.

KEY CONTENT

Signs that a woman is about to go into labor:
- clear or pink-colored mucus comes out of the vagina
- clear water comes out of the vagina
- pain (contraction) begins

⚠️ When labor pains are 10 minutes apart, call for transport to the health facility immediately. If your planned transportation is unable to take you, call an ambulance or your CHW immediately.

What you can do to ease the process of labor:
- take deep, slow breaths during contractions and breathe normally between them
- urinate often
- eat light foods; avoid heavy or oily foods
- drink sweet liquids and warm tea
- only push when there is a strong need to push
REINFORCE INFORMATION

9. Review Job Aid(s)

Allow the group to review the ANTENATAL CARE FOR PREGNANT WOMEN job aid, and PREPARING FOR BIRTH and WHAT TO EXPECT DURING PREGNANCY counseling cards for a few minutes. Answer any questions they may have.

REINFORCE INFORMATION

10. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why is it important to deliver at the clinic?
- Why is it important to have a birth plan?

PARTICIPANT PRACTICE

11. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: __________________________

1. List at least three things to consider when making a birth plan.

2. Explain one challenge that might prevent a woman from delivering at the clinic, AND give one suggestion to alleviate that challenge.

3. Signs that labor has begun include ______________________ and ____________________

4. List three things a woman can do to ease the labor process.

5. True or false (circle one)? For HIV-positive women, delivering at the clinic can help reduce the risk of transmission to the baby. True False

6. True or false (circle one)? The pregnant woman alone should decide the birth plan. True False

7. True or false (circle one)? If a woman refuses to give birth at the clinic, you should scold her and use negative reinforcement to persuade her. True False
Worksheet: Answer Key

1. List at least three things to consider when making a birth plan.

Any three of the following:
- Identify the place of delivery with her male partner and health worker
- Identify how she will get to the clinic & make transportation arrangements in advance
- Discuss with husband/partner in case he is not around at time of labor and delivery
- Have a backup transportation option
- Make sure she has the phone number of an ambulance or CHW
- Set aside items she will need for delivery (including money)
- Arrange return transportation from clinic to home with baby

2. Explain one challenge that might prevent a woman from delivering at the clinic, AND give one suggestion to alleviate that challenge.

Answer varies. Draw from the discussions during activities 5 & 7 and use your best judgment.

3. Signs that labor has begun include __________________ and __________________.

Any two of the following:
- Clear or pink-colored mucus coming out from the vagina
- Clear water coming out from the vagina
- Pain (contractions) begin

4. List three things a woman can do to ease the labor process.

Any three of the following:
- Take deep, slow breaths during contractions and breathe normally between them
- Urinate often
- Eat light foods
- Avoid heavy or oily foods
- Drink sweet liquids and warm tea
- Only push when there is a strong need to push

5. True or false (circle one)? For HIV-positive women, delivering at the clinic can help reduce the risk of transmission to the baby.  ✓ True    False

6. True or false (circle one)? The pregnant woman alone should decide the birth plan.  True    ✓ False

7. True or false (circle one)? If a woman refuses to give birth at the clinic, you should scold her and use negative reinforcement to persuade her.
UNIT 6: Routine Care for the Newborn

This unit instructs on routine care for the newborn baby, including proper steps to educate mothers on keeping their baby healthy as well as exclusive breastfeeding. This unit also describes proper breastfeeding techniques and tips to assist the mother in ensuring her newborn is properly nourished.

1. Keeping the Baby Healthy
2. Exclusive Breastfeeding
OVERVIEW

BACKGROUND
After a woman’s pregnancy, she must take certain steps to keep herself and her baby as healthy as possible. The CHW is responsible for explaining the importance of taking a baby to the clinic, how to keep a baby warm, and other important reminders that are crucial to taking care of a baby. By the end of this unit, the CHW will be able to communicate how caregivers can take care of their newborns by taking them to the clinic and other healthy lifestyle tips.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to educate the caregiver on proper newborn care</td>
<td>☑ Explain at least 2 practices for keep the baby healthy</td>
</tr>
<tr>
<td></td>
<td>☑ Demonstrate how to keep the baby warm through skin-to-skin contact</td>
</tr>
<tr>
<td></td>
<td>☑ Explain at least 2 steps for keeping the baby clean</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: How to Keep the Baby Healthy
5. Lecture: Importance of Taking the Baby to the Clinic
6. Lecture: Importance of Vaccinations
7. Discussion: Keeping the Baby Warm
8. Lecture: Keeping the Baby Clean
9. Behavior Change: Healthy Baby
10. Demonstration: Skin to Skin Contact
11. Case Study: Caring for a Newborn
12. Review Job Aid(s)
13. Review Key Messages
14. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- For Demonstration:
  - 1 model baby
  - Cloth napkin or small blanket
  - Baby hat
  - Baby socks
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aid: NEWBORN: ROUTINE CARE
- Counseling Cards:
  - CARING FOR YOUR YOUNG CHILD BETWEEN 0 AND 2 YEARS
  - PROTECTING YOUR CHILD WITH VACCINATIONS

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION
1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION
2. Introduce New Lesson

Read or summarize this out loud:

“After a woman’s pregnancy, she must take certain steps to keep herself and her baby as healthy as possible. As a CHW, it is your responsibility to promote the newborn’s health and take basic precautions to prevent death. At the end of this session, you should be able to explain how the caregiver can keep her baby healthy by taking the baby to the clinic, ensuring the baby receives all necessary vaccinations, keeping the baby warm, and keeping the baby clean.”
UNIT 6: ROUTINE CARE FOR THE NEWBORN
Chapter 1: Keeping the Baby Healthy

EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

STORY OF A DEATH

- A woman in a nearby village, Efia, gave birth to her first child. She was very happy.
- Efia’s family was as poor as others in the village. She did not give birth at the health facility because she was worried about the cost.
- Soon after the baby was born, Efia’s sister came to visit her and the baby. Her sister said she was glad to see that everyone was healthy, since she herself had just gotten over a bad cough.
- Without first washing her hands, Efia’s sister held the baby while Efia prepared food for her husband, who would be home soon.
- A couple of days after the visit, Efia noticed that her baby had a cough.
- Efia asked her sister, who had 4 children, what she should do. The sister recommended a local remedy and assured Efia that it was not serious and it is normal for small children to have a little cough.
- The baby’s condition worsened until Efia decided to take him to the health facility, but it was too late.
- Efia was very sad and blamed herself for not taking her baby to the health facility sooner.

STORY OF A DEATH PREVENTED

- A woman in another village, Jackie, also gave birth to her first child. She was very happy.
- Jackie’s family was as poor as others in the village.
- The CHW visited Jackie three times in the first week after the baby was born. Because the baby had not been born at the clinic, the CHW explained the importance of taking the baby to the health facility to receive an examination and immunizations. She also explained how to care for the baby; how to keep the baby in skin-to-skin contact; the need to breastfeed exclusively for the first 6 months; the importance of keeping the baby clean and away from people who are sick; and to take the child to the health facility immediately if he or she falls sick.
- The CHW also observed her breastfeeding to confirm that attachment and bonding was good.
- Following the advice of her CHW, Jackie asked visitors to wash their hands before holding her baby. She didn’t even let her husband hold the baby during the week he was sick with a respiratory infection.
- Jackie’s baby grew healthy and strong. The baby is now 1 year old.
4. Discussion: How to Keep the Baby Healthy

Ask participants to share what they know about keeping a new born healthy.

Keep a list of participant responses on a large piece of paper or chalkboard. If using paper, hang the list in a visible place in the room, explaining that the group will continue to check and revise it throughout the lesson.

5. Lecture: Importance of Taking the Baby to the Clinic

Throughout the lecture, refer to the list that the group brainstormed at the beginning of the lesson. Highlight correct points and add points that are missing or incorrect.

The caregiver should bring her baby to the clinic twice in the first 30 days
- Once as soon as the baby is delivered (if not delivered at a facility)
- At 28 days (or 1 month)

The baby needs to go to the clinic to:
- Make sure he/she is healthy and gaining weight steadily
- Receive life-saving immunizations
- Get treated for any infections
- During this time, the CHW will also visit at days 1, 3, 7, 14, 21, and 28 to make sure caregiver and baby are well

***If the baby was not born at the health facility and has not yet been seen at the clinic, refer the caregiver immediately
CONVEY INFORMATION
6. Lecture: Importance of Vaccinations

Throughout the lecture, refer to the list that the group brainstormed at the beginning of the lesson. Highlight correct points and add points that are missing or incorrect.

It is important that the newborn receives all necessary vaccinations because:
- Vaccines prevent childhood illnesses
- They could protect a child and save a baby’s life from diphtheria, whooping cough, hepatitis, measles or a life-long disability with polio

The CHW should always ask to see the baby’s health card to check to see if all vaccinations have been received. If not all vaccinations have been received or the CHW is unsure:
- The newborn should be referred to the facility
- The caregiver should be educated on the importance of vaccines

CONVEY INFORMATION
7. Discussion: Keeping the Baby Warm

Ask participants:

1) Has anyone in your family just had a newborn?
2) What is the best way to keep the newborn warm?
3) Does a newborn need to be kept warm?

Listen to their answers and add correct ones to the newborn care list started at the beginning of the lesson. Make sure the following key points are covered:

KEY CONTENT

- The best way to keep a small baby warm is skin-to-skin contact
- A baby should be dressed in a napkin-wrap, hat and socks
- Show the caregiver how to place the baby on his or her chest, or between her breasts, with the baby’s legs along the ribs and his/her head turned to one side
- The caregiver can wrap the baby to his or her body with a cloth and secure
- When it is very hot outside, the caregiver should avoid using heavy or warm clothes and fabrics
6.1 KEEPING THE BABY HEALTHY

CONVEY INFORMATION

8. Lecture: Keeping the Baby Clean

Throughout the lecture, refer to the list that the group brainstormed at the beginning of the lesson. Highlight correct points and add points that are missing or incorrect.

Keeping the Umbilical Cord Clean
- The cord can easily be infected
- Keep the cord clean and dry until it heals to prevent possible infections
- If it gets soiled, wash it with soap and clean water and dry it well
- Do not apply harmful substances like ash, clay, mud, cow-dung etc.
- Apply an antiseptic only if recommended by the health worker
- If there is bleeding from the cord, take the baby immediately to the nearest health facility!

Keeping Your Baby Clean
- Ask anyone who touches your baby to wash their hands with soap first
- Keep your baby away from people who are sick, especially those with difficulty breathing or skin infections
- Delay bathing for the first few days; instead, clean the baby with a wet cloth and towel dry
- Babies only need to be bathed 2-3 times a week for the first year of their life
EXAMPLE IN ACTION

9. Behavior Change: Healthy Baby

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of healthy newborn care practices. It is important to listen to the household, assess their needs and level of understanding, and then tailor counseling messages to most effectively encourage healthy decision-making.

Choose one of the following methods to analyze the following behavior change examples with the group.

a) Read the behavior change examples and corresponding counseling strategies,

b) Read the scenarios, ask the participants to guess which “stage of change” the individual is in, and then brainstorm effective counseling techniques as a group, or

c) Divide participants into pairs or small groups and give each pair/small group a scenario. Ask them to identify the "stage of change" and develop an effective counseling message. After they are done, ask a few volunteers to share their examples.

---

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Masara has heard that vaccinations are good for newborns but she does not know that they prevent illness.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Dawa knows her newborn of 14 days still needs to receive his vaccinations. She wants to take him to the clinic, but the weather has been bad lately.</td>
</tr>
<tr>
<td>Trying</td>
<td>Patricia knows it is important for people to wash their hands before holding her newborn, and she often asks household members and visitors to do so. But sometimes when good friends and relatives come over, she allows them to hold the baby without washing hands first.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Khadija keeps her baby warm through skin-to-skin contact, feeds her baby exclusively with breastmilk, wrapping the baby securely to her body with a cloth. She doesn’t dress her baby in too many clothes or in clothes that are too warm, especially when it is hot outside.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Efia?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about keeping baby healthy, clean, and warm. Explaining the benefits of following these practices.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the family to try the behaviors. Identifying the problems the caregiver may have in properly caring for her newborn and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of proper care of newborn through praise. Identifying and solving any problems the caregiver is having in adopting the behaviors.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the caregiver and encouraging her to continue proper practices for keeping her newborn healthy. Pointing out positive outcomes that have occurred or are occurring in their lives as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
10. Demonstration: Skin to Skin Contact

Take out the model baby and demonstrate various forms skin-to-skin contact. Model the steps outlined during the discussion section. If possible, also have a napkin, hat and socks to show how to properly dress the baby.

Select six participants to assist with the demonstration. Ask one participant to demonstrate the same steps with the model baby, while a second participant provides counseling support during each step. Repeat two more times with the four additional participants.

11. Case Study: Caring for a Newborn

Divide participants into small groups. Give each group one of the case studies below. Give each group 4-5 minutes to discuss how to assess which counseling messages are appropriate and practice delivering those messages. Have each group share their scenario, assessment, and explanation, and ask the group for questions and feedback.

**PROMPT 1 (FOR “CHW”):**
You notice that the baby is wearing too many clothes, and the caregiver leaves the baby lying on a blanket during the visit.

**PROMPT 2 (FOR “CHW”):**
You ask for the newborn’s health care card, but the caregiver says she doesn't have one.

**PROMPT 3 (FOR “CHW”):**
When you arrive at the household, the oldest daughter is caring for the newborn while her caregiver cooks the meal. The daughter has a cough.

**PROMPT 4 (FOR “CHW”):**
A member of the household has recently given birth to a baby boy. The birth took place at home.
REINFORCE INFORMATION

12. Review Job Aid(s)

Allow the group to review the NEWBORN: ROUTINE CARE job aid, and CARING FOR YOUR YOUNG CHILD BETWEEN 0 AND 2 YEARS and PROTECTING YOUR CHILD WITH VACCINATIONS counseling cards for a few minutes. Answer any questions they may have.

REINFORCE INFORMATION

13. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Name at least two practices for keeping a newborn healthy
- When should a newborn visit a clinic?
- How can you keep a newborn warm?

PARTICIPANT PRACTICE

14. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

Name: __________________________

1. How should the caregiver position the baby to best keep him/her warm?

2. The umbilical cord should be kept ________________ and ________________ until it is healed.

3. Babies should be kept away from sick people, especially those with ________________ and ________________.

4. Explain at least two reasons why it is important for the caregiver to take her baby to the clinic.

5. For the first year, the baby should be cleaned ________________ per week.

6. True or false (circle one)? The baby should be bathed as soon as it is born.
   True   False

7. True or false (circle one)? The baby should always wear a napkin/wrap, hat, and socks.
   True   False

8. True or false (circle one)? Anyone who touches the baby should wash hands with soap first.
   True   False

9. True or false (circle one)? The baby should visit the clinic once in the first 30 days.
   True   False
WORKSHEET: ANSWER KEY

1. How should the caregiver position the baby to best keep him/her warm?
   - Place your baby between your breasts, with his legs along your ribs and his head turned to the side
   - Wrap the baby to your body with a cloth and secure

2. The umbilical cord should be kept clean and dry until it is healed.

3. Babies should be kept away from sick people, especially those with difficulty breathing and skin infections.

4. Explain at least two reasons why it is important for the caregiver to take her baby to the clinic.
   - Make sure he/she is healthy and gaining weight steadily
   - Receive life-saving immunizations
   - Get treated for any infections

5. For the first year, the baby should be cleaned no more than 2-3 times per week.

6. True or false (circle one)? The baby should be bathed as soon as it is born.
   - True ✅ False

7. True or false (circle one)? The baby should always wear a napkin-wrap, hat, and socks.
   - True ✅ False

8. True or false (circle one)? Anyone who touches the baby should wash hands with soap first.
   - True ✅ False

9. True or false (circle one)? The baby should visit the clinic once in the first 30 days.
   - True ✅ False
OVERVIEW

BACKGROUND

In order for babies to grow strong physically and mentally, it is important for the mother to start breastfeeding the baby soon after he/she is born. The CHW is responsible for explaining the importance of exclusive breastfeeding for the newborn and counseling mothers on how to properly breastfeed. By the end of this lesson, the CHW will be able to communicate to the mother why, how, and when she should breastfeed her baby. The CHW will also be able to counsel on common breastfeeding problems.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to counsel mothers on breastfeeding practices</td>
<td>- Explain when and how often to breastfeed</td>
</tr>
<tr>
<td></td>
<td>- Describe proper breastfeeding positioning and attachment</td>
</tr>
<tr>
<td></td>
<td>- Describe at least 2 common breastfeeding problems and advice for addressing the problem</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Exclusive Breastfeeding
5. Lecture: Breastfeeding Techniques
6. Lecture: Breastfeeding Problems
7. Behavior Change: Exclusive Breastfeeding
8. Role Play: Household Visit
9. Small Group Activity: Case Study
10. Review Job Aid(s)
11. Review Key Messages
12. Worksheet
LESSON PREPARATION

Materials to prepare before the start of the lesson:

- Photocopies of the ‘Overview’ page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- Photocopies of the ‘Worksheet’ for each participant
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- Job Aids: NEWBORN: ROUTINE CARE
- Counseling Cards:
  - EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS
  - BREASTFEEDING TIPS
  - COMMON BREASTFEEDING PROBLEMS

TIP:
Customize the lesson plan according to local practices
LESSON PLAN

REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter’s lesson. Revisit that section’s learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.

CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“The goal of this section is to promote and to counsel mothers on proper breastfeeding. By the end of this section you should be able to advise about how and when to breastfeed. CHWs will also be able to identify breastfeeding problems and advise mothers on what to do when a problem occurs while breastfeeding.”
EXAMPLE IN ACTION
3. Context Story

Provide examples and/or data from the community that demonstrates positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns.

STORY OF A DEATH

- A woman in a nearby village, Serwa, was pregnant with her first child. She was very happy.
- Serwa’s family was poor, and she did not receive any health care during the pregnancy.
- When labor started Serwa’s husband called a traditional birth attendant to deliver the baby at home. The baby was born small and weak. Serwa did not breastfeed the baby. Her mother-in-law fed the baby sugar water with a spoon because she thought that the thick liquid that comes from the breast during the first few days after birth was not good for the baby, especially since it was so small.
- By the end of the second day, the baby stopped accepting sugar water, became cold and died the next morning.
- Serwa was very sad. She blamed herself for not knowing what to do and wished she had sought help at the clinic.

STORY OF A DEATH PREVENTED

- A woman in another village, Ona, was also pregnant with her first child. She was very happy.
- Ona’s family was as poor as others in the village. A CHW visited her and encouraged her to go the clinic for antenatal care. She went to the clinic 4 times during pregnancy and received counseling on newborn care, family planning and breastfeeding.
- Once labor started, Ona and her husband took a taxi to the health facility. They reached the health center in time.
- The baby was born small but crying loudly. The midwife dried her and placed her on Ona’s abdomen, covered with a dry cloth. After some minutes, the baby showed signs of wanting to feed, and the midwife helped Ona breastfeed the baby. The next day, Ona and the baby went home.
- That same morning, the CHW visited Ona and checked the baby for signs of illness. Since the baby was small (weighing 2.1 kg. at the health facility) the worker encouraged Ona to feed the baby breast milk whenever he wanted – at least once every 2 hours - including at night.
- Over the next 6 months, Ona continued to exclusively breastfeed her baby day and night. Her baby grew strong, reaching a healthy weight.
- The baby is 1 year old now.
6.2 EXCLUSIVE BREASTFEEDING

CONVEY INFORMATION

4. Discussion: Importance of Exclusive Breastfeeding

Ask participants to share why it is important for a mother to breastfeed her child. Keep a list of participant responses on a large piece of paper or chalkboard. Put the list aside, explaining that the group will continue to check and revise it throughout the lesson.

CONVEY INFORMATION

5. Lecture: Breastfeeding Techniques

Present the following information.

**Why breastfeed:**
- All babies under 6 months should be breastfed exclusively
- Do not give babies any water, foods or other fluids during this time. Breast milk contains all the nutrients a baby needs
- Exclusive breastfeeding during the first 6 months reduces the risk of HIV transmission from mother to child
- Breast milk contains lots of antibodies that protect babies from infections
- Breastfeeding also helps mother and child bond and feel close

**When to breastfeed:**
- Immediately after birth, the mother should put her baby on her chest and initiate skin to skin contact
- Mother should feed the baby breast milk immediately, within the first hour
- During the first few days after giving birth, the mother can expect to produce a thick milk that is yellowish in color called colostrum. This is very good for the baby and protects him/her from infection
- In some cultures, it is common to give babies honey or other foods before breastfeeding. This is very dangerous for the baby and exposes him or her to infection
- The mother should breastfeed day and night, as often as the baby wants (at least 8 times in 24 hours)
- Frequent feeding produces more milk
- Mother should look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips
- If the baby is small (low birth weight), it should be fed at least once every 3 hours
- Wake the baby for feeding after 3 hours, if baby does not wake itself
- It is best if mothers breastfeed for the first two years of life (except HIV+ mothers)
- HIV+ mothers should breastfeed exclusively for the first 6 months. They should seek advice at the health facility for appropriate feeding practices after 6 months, which varies on a case-by-case basis
### How to breastfeed (Correct positioning and attachment):

- **Positioning** is how a mother holds the baby and how the baby’s head and body are angled.
- **Attachment** is how well the baby latches onto mother’s breast.
- Baby’s head and body are straight.
- Baby is turned towards you so that your tummies are touching.
- Baby’s mouth is wide open.
- Baby’s nose is opposite the nipple.
- Baby’s head is tilted slightly back so his chin pressed against your breast, not his or her chest.
- Baby’s head and bottom are supported.
- Most or all of the areola is in the baby’s mouth.

### Other tips to review:

- Drink more fluids and eat more so you can produce enough milk.
- Eat nutritious foods and continue to take iron supplements.
- Keep nails trimmed and wash your hands before breastfeeding.
- Offer baby second breast if baby empties the first.
- Alternate breasts when breastfeeding to prevent one breast from getting engorged.
- If nipples become cracked, apply breast milk as a moisturizer.
- Continue breastfeeding even when child is sick.
- Increase breastfeeding frequency during and after infant’s illness.
- If your baby misses a feed, you may express breast milk into a cup by gently squeezing behind and around your nipple. Do not squeeze the nipple directly; squeeze around the areola.
- Expressed breast milk can be safely stored in a cool place for a maximum of 6-8 hours.
CONVEY INFORMATION
6. Lecture: Breastfeeding Problems

Please read or summarize the following:

“You should ask if a mother is having trouble breastfeeding. It is not unusual for mother’s to feel shy or defensive if they are experiencing problems. You must be sensitive to this, explaining that it is common for women to have challenges breastfeeding and offering to provide helpful tips.

To counsel on breastfeeding problems, you should:
- Talk to the mother about some problems that could arise when breastfeeding
- Counsel mothers on what to do when breastfeeding problems occur

The following are breastfeeding problems that can/may occur:

<table>
<thead>
<tr>
<th>SORE NIPPLES</th>
<th>NOT ENOUGH MILK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore nipples can be caused by poor attachment or positioning at breast. To lessen the pain:</td>
<td>Not enough milk can be caused by:</td>
</tr>
<tr>
<td>- Ensure that the baby is attaching and positioned correctly (see BREASTFEEDING TIPS)</td>
<td>- Delayed breastfeeding</td>
</tr>
<tr>
<td>- Wash your breasts no more than once a day (without soap) to prevent dryness</td>
<td>- Infrequent feeding</td>
</tr>
<tr>
<td>- Put some breast milk on your nipples after feeding to lubricate the nipple</td>
<td>- Giving other fluids besides breast milk</td>
</tr>
<tr>
<td>- Wear loose clothing to avoid irritation; let nipple air dry before covering</td>
<td>- Mother’s anxiety or stress</td>
</tr>
<tr>
<td>- If nipples are very red, shiny, flaky, and itchy – and the condition does not get better in several days, visit clinic for treatment</td>
<td>- Mother’s exhaustion</td>
</tr>
</tbody>
</table>

To produce more milk:
- Breastfeed your baby immediately after delivery
- Feed your baby more often and on a regular schedule
- Ensure that your baby is positioned correctly (see BREASTFEEDING TIPS)
- Get plenty of rest, food and water
### ENGORGED (VERY FULL) BREASTS

Engorged (very full) breasts can be caused by:

- Beginning breastfeeding late
- Infrequent feeding
- Poor attachment
- Incomplete emptying of breasts
- Restricting length of feed

To fix this problem:

- Breastfeed immediately (within an hour) after delivery and often
- Ensure baby is attached and positioned correctly (see **BREASTFEEDING TIPS**)
- If baby cannot attach, try applying a warm compress to breast and massaging from outside toward the nipple until the areola is soft
- If your baby does not feed often, you can express milk yourself by massaging breasts
- If you have engorged breasts and fever, go to clinic

### FLAT OR INVERTED NIPPLES

Flat or Inverted Nipples is a common problem that affects many women

- You can still breastfeed your baby since babies feed from the entire areola and breast, not the nipple

If it is very painful, you may try the following strategies:

- Rub or massage the nipple to get it to stand
- Encourage the baby to suckle from the breast
- If it continues to be a challenge, you may express the milk directly into baby’s mouth or feed with a clean spoon
EXAMPLE IN ACTION
7. Behavior Change: Exclusive Breastfeeding

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of exclusive breastfeeding. It is important to listen to the household, assess their needs and level of understanding, and then tailor counseling messages to most effectively encourage healthy decision-making.

Choose one of the following methods to analyze the following behavior change examples with the group.

a) Matching – Present the four scenarios below without sharing the stage of behavior change. Participants match the example with correct stage as individually or in small groups. Then discuss effective counseling messages for each stage.

b) Small Group Case Study – Divide participants into pairs or small groups. Give each group one of the examples below. Each group should decide the stage of behavior change for their example and develop an effective counseling message. Ask 2-3 groups to share their answer with the group.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Biruh has started to give her baby small amounts of mashed fruits and vegetables at four months.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Esset is pregnant. In the past, Esset has given her babies formula. She recently heard that breast milk is better and is considering exclusively breastfeeding her baby after it is born.</td>
</tr>
<tr>
<td>Trying</td>
<td>Tewedaj breastfeeds her baby frequently. When she goes to the market, her oldest daughter watches the baby. Usually Tewedaj expresses breast milk before she leaves, but sometimes she does not have time.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Salem exclusively breastfeeds her baby, feeding him at night as well. When her baby is ill, she tries to feed him more frequently.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Serwa?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
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</thead>
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<tr>
<td>Unaware</td>
<td>Giving information about the importance of exclusive breastfeeding. Explaining the benefits of following these practices.</td>
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<tr>
<td>Thinking about it</td>
<td>Encouraging the mother to try the behavior. Identifying the problems the mother may have in properly caring for her newborn and help solve these problems.</td>
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<tr>
<td>Trying</td>
<td>Encouraging continuation of exclusive breastfeeding. Identifying and solving any problems the mother is having in adopting the behavior.</td>
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<td>Maintaining</td>
<td>Praising the mother and encouraging her to continue exclusive breastfeeding. Pointing out positive outcomes that have occurred or are occurring for her baby as a result of their continued maintenance.</td>
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</table>
PARTICIPANT PRACTICE

8. Role Play: Household Visit

Ask a volunteer to act out a household visit with the facilitator. After performing the scene, ask the group to provide feedback. You will play the role of the mother and answer questions based on the prompt below. Give the volunteer a copy of the job aid and read or explain the situation of the household visit to the group and to the person playing the role of the CHW.

After the role play, ask the group to discuss what the CHW did correctly or incorrectly in the role play. Be sure to address any points that the CHW missed in the role play.

PROMPT (FOR “MOTHER”)

- You gave birth at the clinic and have a health care card for the newborn
- You usually breastfeed the baby but sometimes gives animal milk
- You sometimes wash your hands before breastfeeding the baby
- You sleep under a bednet

PROMPT (FOR “CHW”):

As the CHW, you will follow the NEWBORN: ROUTINE CARE job aid during the household visit to greet the caregiver and check on the care of the baby. There are no other danger signs.
**PARTICIPANT PRACTICE**

9. **Small Groups: Case Study**

Divide participants into small groups. Give each group one of the case studies below. Give each group 4-5 minutes to discuss how to assess which breastfeeding counseling messages are appropriate and practice delivering those messages. Have each group share their scenario, assessment, and explanation, and ask the group for questions and feedback.

<table>
<thead>
<tr>
<th>SCENARIO 1:</th>
</tr>
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<tbody>
<tr>
<td>The mother is exclusively breastfeeding her baby but has sore nipples.</td>
</tr>
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<tr>
<th>SCENARIO 2:</th>
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<tr>
<td>The baby is healthy, but small.</td>
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<tr>
<th>SCENARIO 3:</th>
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<tr>
<td>There are no danger signs, but the baby is ill.</td>
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</table>

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<tr>
<th>SCENARIO 4:</th>
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<tr>
<td>The mother is suffering from flat nipples.</td>
</tr>
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</table>

**REINFORCE INFORMATION**

10. **Review Job Aid(s)**

Allow the group to review the NEWBORN: ROUTINE CARE job aid, and EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS; BREASTFEEDING TIPS; and COMMON BREASTFEEDING PROBLEMS counseling cards for a few minutes. Answer any questions they may have.
REINFORCE INFORMATION

11. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- Why should a mother breastfeed her baby exclusively until 6 months?
- How often should a mother breastfeed her baby?

PARTICIPANT PRACTICE

12. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson’s review.
WORKSHEET

1. What can the mother do to produce more milk?

2. The baby should be breastfed exclusively for ________________ months.

3. The mother should try to breastfeed the baby for ________________ years.

4. Two common breast feeding problems are ________________ and ________________.

5. (Circle one) When the baby is sick, the frequency of breastfeeding should
   a. increase
   b. decrease
   c. stay the same.

6. True or false (circle one)? After birth, the mother should wait several hours before beginning breastfeeding.
   True  False

7. True or false (circle one)? A mother should eat more nutritious foods and drink more fluids while breastfeeding.
   True  False

8. True or false (circle one)? Anxiety or stress can affect a mother’s milk production.
   True  False
WORKSHEET: ANSWER KEY

1. Name two things that a mother can do to produce more milk.
   
   Any two of the following:
   - Breastfeed your baby immediately after delivery
   - Feed your baby more often and on a regular schedule
   - Ensure that your baby is positioned correctly
   - Get plenty of rest, food and water

2. The baby should be breastfed exclusively for six (6) months.

3. The mother should try to breastfeed the baby for two (2) years.

4. Two common breastfeeding problems are _______________ and _______________.
   
   Any two of the following:
   - Sore nipples
   - Engorged breasts
   - Flat or inverted nipples
   - Not enough milk

5. (Circle one) When the baby is sick, the frequency of breastfeeding should

   a. increase
   b. decrease
   c. stay the same.

6. True or false (circle one)? After birth, the mother should wait several hours before beginning breastfeeding.

   True  ✔ False

7. True or false (circle one)? A mother should eat more nutritious foods and drink more fluids while breastfeeding.

   ✔ True  False

8. True or false (circle one)? Anxiety or stress can affect a mother’s milk production.

   ✔ True  False